Attachment number 2011/11 - 07

Agenda item 13

Board Meeting – November 4th 2011

Assisted Conception – Review of Decision to suspend November 2011

A paper **TO AGREE**

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EXECUTIVE SUMMARY

This paper aims to highlight the factors that need to be considered in order for NHS Surrey to reach a decision about its current suspension in terms of funding access to IVF services. The paper provides a list of options, with their benefits and risks together with a financial breakdown. It concludes with a recommendation for consideration by the Board.

IMPLICATIONS

Health Impact	None
Financial Implications	Financial impact to the organisation's bottom line in terms of affordability.
Legal Implications	Potential legal implications in continuing to go against NICE guidance.
Equality impact	Equality impact in terms of limiting access to certain cohorts of patients.
Reputational impact	Essential to maintaining public confidence Surrey. Very politically volatile
Risk Register	228, 229, 230 – Failure to achieve financial balance; 233 inability to meet specific KPIs
Board Assurance Framework	1.1 QIPP Delivery; 2.1 Clinical Strategy;

RECOMMENDATIONS

The Board is asked to AGREE option A (reinstate the service from November 2011) given that NICE are currently reviewing the provision, the directive from David Flory, and that it may be difficult to justify why NHS Surrey is going against local/NICE guidance.

Review of the Specialist Assisted Conception Funding Suspension

Aim

This paper aims to highlight the factors that need to be considered in order for NHS Surrey to reach a decision about its current suspension in terms of funding access to IVF services. It then provides a list of options, with their benefits and risks together with a financial breakdown. It concludes with a recommendation for consideration by the Board.

Background

It is estimated that infertility affects one in six heterosexual couples in the UK. Over the last several decades, age related infertility has become increasingly prevalent as a relatively larger proportion of women have delayed childbearing due to easy access to effective contraception, safe and legal abortions, and greater access to education and employment.

As part of the fast steady stop initiative, in December 10 NHS Surrey suspended applications for funding of specialist assisted conception services (unless aged 39).

There are a range of treatments for infertility. This suspension only related to specialist assisted conception treatments, by which we mean IVF (In Vitro Fertilisation) and ICSI (Intracytoplasmic Sperm Injection). Investigations and diagnosis of infertility problems continued to be funded.

A number of PCTs also suspended funding for IVF services around this time including Bury, Trafford, Cheshire, Warwickshire and West Sussex. Since the suspensions most have re-instated their services.

There has been a large volume of enquiries and formal complaints lodged against the PCT for this policy and criticism from MPs and clinicians.

Current service provision

Specialist assisted conception services for Surrey are currently provided by Kingston Hospital, Woking Nuffield Hospital and Mayday Hospital. Since 1st December 2010 approval for treatment has only been given where the female patient is 39 years and all criteria are met or where exceptional circumstances have been present and approved by the IFR triage/panel. Where funding was approved prior to the 1st December 2010, couples have continued to receive their full entitlement.

Primary and secondary care provision is not affected by the funding suspension.

The success rates for IVF via local providers are in line with the national averages (see appendix 1 for individual provider rates):

Provider	Year	Under 35	35-37	38-39
National Average	2008	27.05%	22.35%	18.70%
Surrey Average	2007/09	32.88%	25.13%	21.13%

NHS constitution: ability to pay

A key principle in the 2010 NHS constitution is that access to NHS services is based on clinical need, not an individual's ability to pay. Restricting access to IVF may increase the inequality that already exists between infertile couples who can afford to pay for private treatment and those who cannot.

Department of Health position

David Flory, Deputy NHS Chief Executive wrote to all PCTs in January 2011 describing the following position on IVF treatment:

> "I am writing to update PCT commissioners on the Coalition Government's position on the provision of infertility treatment. There has been some press coverage and Parliamentary interest in this, in the light of the small number of PCTs addressing current financial challenges that have temporarily suspended local NHS provision of IVF services."
>
> "As you will know, in 2004 NICE produced a clinical guideline *Fertility: assessment and treatment for people with fertility problems.* This has proven to be a significant development in the management of infertility, appreciated across the UK by commissioners and people who need fertility treatment. The NHS has had since then to meet the challenges of implementation.
>
> "NICE is currently reviewing the guideline and its provisional timetable suggests that a final publication of any revisions will be in 2012. In the meantime, it is important that those involved in commissioning fertility services have regard to the guideline as it currently stands, including its recommendation that up to three cycles of IVF be offered to eligible couples where the woman is aged between 23 and 39".
>
> (Gateway reference 15352)

All Party Parliamentary Group on infertility: Holding back the British IVF revolution? A report into NHS IVF provision in the UK today (June 11)

This review obtained information about current provision across the UK in terms of IVF provision. It found that the majority of PCTs were following NICE guidance. However a significant minority had more stringent thresholds regarding access to treatment. Gareth Johnson MP concluded:

> "There will always be limits on the amount of infertility treatment that can be given on the NHS. The NICE guidelines achieve a fair balance between the needs of infertile couples and the limits that have to be placed on funding. It is therefore vital that PCTs adhere to them." (P.16)

Provision across South England Strategic Health Authority

South East

NHS Surrey's IVF policy (before suspension) is currently in line with the SEC wide policy (2 full cycles (1 fresh & 1 frozen)). This was due to be reviewed but has been postponed due to the forthcoming publication of NICE guidance.

South Central

South Central Specialised Commissioning Group undertook a large scale consultation exercise during 2009. This comprised an on-line survey which gained views from 509 people. They then developed their access criteria based on this consultation and taking into account clinical and cost effectiveness. The main differences to NICE is that their funding is

limited to couples aged 30-34 years old and only one fresh cycle of IVF is offered to eligible couples. Their consultation showed the often polarised view towards NHS funding for IVF. This change reduced the overall amount of funding required for IVF.

South West
There is no common policy concerning access to IVF across the South West Area. Individual PCT polities vary with some providing less provision than NICE recommendations.

Moral/Ethical Debate

The key issue is whether infertility constitutes a health need that should be treated on the NHS. Many causes of infertility can be diagnosed and there are now moderately effective treatments available. Despite this most health systems across the world limit or ration access to publically funded infertility treatment (with the exception of Israel where treatment is fully subsidised up to the birth of two children).

NHS has signed up to the South East Coast Ethical Framework. It has six principles for decision-making. The key principles are the need for decisions to be rational, socially inclusive, clear and open to scrutiny and take account of economic factors. A further principle is the requirement to allocate health care resources according to health needs, taking care to balance the needs of the individual with the needs of the wider community. The sixth principle is that a wide range of factors and perspectives should be considered when deliberating a decision.

Wider social policy implications

For individuals with infertility problems who want to have children, there are two main alternatives: adoption and infertility treatment.

In Surrey, around 70 children a year are adopted by new families, most of whom are adopters with whom there was no prior connection and most of whom have had extensive involvement with the infertility industry.

Not surprisingly, most families are motivated to adopt as young a child as possible and managing the mismatch of expectation around what adoption is able to provide is a major issue. The Surrey Adoption Service spends a great deal of time in the early stages trying to educate about the needs of the adopted child which can be considerable and the result is that a high percentage of applicants self select out of the process. As a result they have a challenge to meet the need for placements of some children, especially those over 4, with complex health and developmental needs. Sibling groups and children from black and minority ethnic groups are particularly likely to have a delay and in some instances remain looked after.

Impact on patients and their families

Infertility is regarded as an upsetting and difficult life experience for some patients and their families. Most studies report a variety of psychological and relationship problems as a result of not being able to conceive including elevated levels of anxiety and depression. [i].

Future Commissioning of IVF

We do not know who will commission IVF in the future. It may be commissioned by the National Commissioning Board or by Clinical Commissioning Groups.

Options

Option A: Re-instate the service in November 11– Continue to commission specialist assisted conception services

Benefits	Risks
Maintenance of service for infertile couples	Does not contribute to cost saving requirements
Avoidance of potentially high profile complaints	Disinvestment may have to take place elsewhere
In line with SEC guidance: provides consistency of service in the local NHS	
Maintenance of local service for the future	
PCT benefits financially from 12 month reduction in activity due to the suspension.	

Option B: Carry out review of IVF provision– Wide engagements with stakeholders and members of the public (similar to the one undertaken in South Central)

Benefits	Risks
Provide local determination of service	Resource intensive to undertake full scale public engagement exercise which has not been budgeted for.
May reduce spend whilst maintaining some access to the service	May come up with service that is not in line with NICE/SEC guidance.
	If wide support for increasing access to IVF may increase spend.
	Perceived duplication: NHS Surrey review compared with NICE.
	IVF may be nationally commissioned. This would lead to a change locally to only then be changed again nationally.

Option C: Continue suspension of the service until the publication of the revised NICE guidance

Benefits	Risks
Continued cost reduction	May be difficult to publically justify
	NICE unlikely to recommend not funding IVF so as above difficult to justify
	It is less effective to treat women aged 39 than when they are younger.
	Not in line with SEC or NICE guidance.

Costs

The suspension of specialist assisted conception services is forecast to save £711,278 (unadjusted for growth) in 2011/12 when compared to 2010/11 outturn.

Detailed below is the forecast outturn for specialist assisted conception services for each of the above options. Due to the variability in provision, unknown growth and the point at which each couple is successful, these are current best estimates of the 2011/12 year end position.

Average cost of one IVF full cycle (1 fresh & 1 frozen) is £4,800.

	Option A	Option B	Option C
2010/11	£1,994,329	£1,994,329	£1,994,329
2011/12	£1,283,051	£1,283,051	£1,283,051
2012/13	£2,072,747	TBC	£485,909

Option C costs are associated with continued suspension of the service. Risks are associated with this in terms of levels of provision that may be stipulated by NICE.

Option B costs would be determined by the outcome of a wider public consultation. This could be more or less than option A.

The difference for 2012/13 between adopting option A compared with C is £1,586,838.

Recommendation

We recommend option A be adopted given that NICE are currently reviewing the provision, the directive from David Flory, and that it may be difficult to justify why NHS Surrey is going against local/NICE guidance.

[i] Freeman EW, Boxer AS, Rickels K, Tureck R, Mastroianni L. Psychological evaluation and support in a program of in vitro fertilization and embryo transfer. *Fertil Steril* 1985;43:48–53.

Appendix 1: Local success rates of IVF

Provider	Year	Cycle Type	Under 35	35-37	38-39	40-42	43+
The Bridge	2008	Fresh	35%	32.50%	22%	11.80%	3.10%
Nuffield Woking	2008	Fresh	32.70%	27.10%	18.50%	10.90%	7.10%
The Bridge	2008	Frozen	14.90%	7.40%	12%	7.50%	14.30%
Nuffield Woking	2008	Frozen	26.70%	13.80%	23.30%	11.10%	9.10%
Queen Marys	2007/8	Fresh	41%	31%	19%	19%	0%
Queen Marys	2009	Fresh	47%	39%	32%	19%	
National Average	2008	Fresh	32.30%	27.20%	19.40%	11.80%	3.90%
National Average	2008	Frozen	21.80%	17.50%	18%	11.90%	8.10%

Source: The Human Fertilisation and Embryology Authority (HFEA)