

Herts Valleys Clinical Commissioning Group SPECIALIST FERTILITY SERVICES

Agenda Item: 8

REPORT TO:	HVCCG Board	
DATE of MEETING:	31 st October 2013	
SUBJECT:	Specialist Fertility Services	
PRESENTED BY:	Charles Allan Director of Commissioning & Strategy	
AUTHOR:	Paper - Zillah Turner, Deputy Director – Commissioning & Strategy, Herts Valleys CCG Appendix 1 - Raj Nagaraj - Consultant in Public Health, East and North Hertfordshire CCG,	
STATUS of REPORT:	To approve <input checked="" type="checkbox"/>	To discuss <input type="checkbox"/>
	To ratify <input type="checkbox"/>	To note <input type="checkbox"/>
	To consider <input type="checkbox"/>	For information <input type="checkbox"/>
PURPOSE of the REPORT:	This paper and its appendices explore the options available, the financial impact and the risks in order for Herts Valleys Clinical Commissioning Group (CCG) to decide its IVF policy so that the service can be re-procured to commence service delivery from April 2014.	
RECOMMENDATIONS:	The Board is asked to approve the policy being amended to include: 1) Reduction to 2 full cycles of IVF and include age range extension but do not adopt guidance on waiting time reduction. 2) Retention of current EoE fertility policy guidelines on smoking status, BMI, residency, childlessness, and sterilization status 3) That ENCCG (as lead CCG for EofE CCGs) and public health develop a service specification to ensure maximum value per live birth on behalf of the EofE consortia on specialise fertility services. This to include guidance on referral pathways from primary to secondary to tertiary centres and NICE guidance embryo selection and transfer.	
Is this report exempt from public disclosure?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Specialist Fertility Services

Which ASSURANCE FRAMEWORK objectives are supported by this paper?	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Does this paper support the CCG CLINICAL STRATEGY?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
ENGAGEMENT: <i>Has appropriate engagement and consultation taken place?</i>	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
LEGAL ISSUES: <i>Has legal advice been sought?</i>	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
THE NHS CONSTITUTION: <i>Does this paper support the NHS Constitution Principles and Values?</i>	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>

Definitions

- To approve An item of business that requires the Board to take a formal decision
- To ratify An item of business where the Board is required to ratify the action(s) taken on behalf of The Board, for example, by a formal committee established by the Board
- To discuss An item of business that requires discussion by the Board prior to agreement of a formal resolution or a general policy steer to the executive officers.
- To consider A report containing a positional statement relating to the delivery of the CCG's functions for which the Board has a corporate responsibility but is not explicitly required to make a decision.
- To note An item of business for which the Board is required to give due regard to but for which there is not expected to be discussion.
- For information An item of information that is of general interest but is not of significance to the Board's corporate or operational activities.

Specialist Fertility Services

1. Purpose of the Report

Until March 2013 specialist fertility services, including In Vitro Fertilisation (IVF), Intra-cytoplasmic Sperm Injection (ICSI), Donor Insemination (DI) have been commissioned by the East of England Specialised commissioning Group (EoE SCG).

East and North Hertfordshire Clinical Commissioning Group (ENCCG) became the lead CCG for contracting and commissioning for specialist fertility services on behalf of all the CCGs in East of England with effect from April 2013.

There are currently IVF contracts with five providers which are due to come to an end on 31st March 2014 and services will be re-procured to commence service delivery from April 2014.

The existing IVF policy was last updated in June 2011; however updated NICE guidelines were issued in February 2013. The publication of the NICE update, which differs from the currently used EoE fertility guidelines, has given rise to variation in interpretation and commissioning of service.

In light of this, the policy needs to be reviewed with preferably a single EoE position and policy agreed across all collaborative commissioners.

This paper and its appendices explore the options available, the financial impact and the risks in order for Herts Valleys Clinical Commissioning Group (CCG) to decide its IVF policy so that the service can be re-procured to commence service delivery from April 2014.

This paper does not include discussion on other NICE recommendations that are considered to have no significant financial impact. These include intrauterine uterine insemination, IVF in same sex couple, gamete storage and others funded mainly through individual funding request route.

2. Current Provision

Specialist fertility services for the whole of the East of England population are currently provided by five providers:-

- Barts and the London NHS Trust
- Bourn Hall Clinic
- Imperial College Healthcare NHS Trust
- Oxford Fertility Unit
- University Hospitals of Leicester NHS Trust

There is variation in outcomes of the five providers. Table 1 within Appendix 1 offers a more in-depth analysis.

CCGs in the EoE are one of the very few CCGs in the country that offer 3 cycles.

Specialist Fertility Services

2.1 Activity and cost of specialist fertility treatments in EoE

The average annual spend on all specialist fertility related treatments for the East of England is £11m, nearly £10 million is spent on IVF related treatment.

HVCCG spend annually an estimated £1.2 million on all fertility services, just over £1m of this is for IVF services (328 cycles per year). This equates to an annual spend on all specialist fertility services of £216k per 100,000 population for HVCCG.

The average EoE annual spend is £192k per 100,000 population. This varies across the region with Luton - £292k per 100,000 populations to £111k per 100,000 in Great Yarmouth and Waveney. Tables 2 & 3 within Appendix 1 offers a more in-depth analysis.

2.2 EoE fertility guidelines and the updated NICE fertility guidelines (CG156, Feb 20113)

The updated NICE guideline provides specialist fertility treatments to certain section of population for whom it was not previously available and shortens the waiting time for treatment from 3 years to 2 years. The three NICE criteria that may have significant financial impact are

- 1) **Access to IVF after 2 years rather than 3 with earlier access for women aged 36 or over.** According to NICE, the cost of implementing reduced waiting period is estimated to be an additional cost of £201k per 100,000 population, spread over 3 years.
- 2) **Inclusion of 40-42 year age group women for one cycle of IVF treatment.** The additional cost of including 40-42 year age group women is expected be £26k per 100,000 populations.
- 3) **Use of single rather than double embryo transfers** to reduce the multiple pregnancy rates and save costs. Use of single rather than 2 embryos is expected save £4k per 100,000 populations.

Estimated Financial Impact on HVCCG	Year 1	Year 2	Year 3	Total
Reducing waiting time period (Appendix 1 Table 4)	£294k	£396k	£447k	£1137k
Inclusion of 40-42 year age group (Appendix 1 Table 5)	£162k	£162k	£162k	£486k
Single embryo transfer saving (Appendix 1 Table 6)	£23k	£23k	£23k	£69k
Total Additional Costs (Appendix 1 Table 7)	£433k	£535k	£586k	£1554k

3. Options

To assist CCG Boards across the East of England, ENCCG as lead commissioners have drawn together nine possible options below and have explored the risks and benefits of each option. Section 6.1 of Appendix 1 offers further details and Table 8 of Appendix 1 provides costs for each of these possible options.

- a) Do not adopt new NICE guidance as detailed above and continue with current EoE policy
- b) Adopt NICE Guidance
- c) Adopt new NICE Guidance but reduce to 2 full cycles of IVF
- d) Adopt new NICE guidance on age range extension with 3 full cycles of IVF but do not adopt guidance on waiting time reduction
- e) Adopt NICE guidance on waiting time reduction with 3 full cycles of IVF but do not adopt guidance on age range extension
- f) Reduce to 2 full cycles of IVF and do not adopt guidance on waiting time reduction and age range extension
- g) Reduce to 2 full cycles of IVF and include age range extension but do not adopt guidance on waiting time reduction.
- h) Reduce to 2 full cycles of IVF and include guidance on waiting time but do not adopt recommendation on age range extension.
- i) Do not fund specialist fertility treatments

4. Recommendations

The Clinical Executive discussed Appendix 1 on 10th October 2013 and put forward the following recommendation:-

- 1) Adopt option g) reduce to 2 full cycles of IVF and include age range extension but do not adopt guidance on waiting time reduction.
- 2) Current EoE fertility policy guidelines on smoking status, BMI, residency, childlessness, and sterilization status are retained
- 3) ENCCG and public health develop a service specification to ensure maximum value per live birth. This to include guidance on referral pathways from primary to secondary to tertiary centres and NICE guidance embryo selection and transfer.