

Help us to shape local IVF services for the future

Engagement Report: Fareham and Gosport

1 Introduction

The eight Clinical Commissioning Groups (CCGs) across Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) commissioned Solutions for Public Health to identify and review the most recent evidence of clinical and cost effectiveness for In-vitro fertilisation (IVF) and Intra-cytoplasmic sperm injection (ICSI).

This review is intended to support the CCGs in reviewing the existing SHIP IVF policy in light of the 2013 NICE Clinical Guideline – ‘Fertility: assessment and treatment for people with fertility problems (CG156)’.

The SHIP Priorities Committee discussed the evidence review and the views of clinical experts in August 2014 and asked Solutions for Public Health to draft a policy recommendation to reflect the conclusions of the Committee. This has been approved by the SHIP Priorities Committee. Concurrently the eight CCGs carried out a joint engagement programme asking key interest groups, stakeholders and local people for their views on IVF.

The results of this engagement programme and the SHIP Priorities Committee Policy Recommendation will be considered by the Governing Body of each CCG.

2 Objectives

A joint period of engagement was undertaken across the eight SHIP CCGs. The objectives of this work were to:

- Capture the views of key interest groups, stakeholders and local people to inform and add value to the commissioning process
- Inform key interest groups, stakeholders and local people the CCGs will be considering the SHIP Priorities Recommendation in light of their views
- Meet the communication and engagement requirements expected of the NHS.

3 Stakeholders/Audiences

For the purpose of this engagement work, stakeholders and audiences were defined as:

Any individual, group, or institution who has a vested interest in the project and/or who potentially will be affected by project activities and have something to gain or lose if conditions change or stay the same.

The following stakeholders were identified and approached for their views.

External	
1.	Key interest groups
2.	Local residents
3.	MPs
4.	Hampshire County Councillors
5.	Borough/District Councillors
6.	Council Leaders
7.	Council Chief Executives
8.	Directors of Public Health
9.	Health and Adult Social Care Select (Overview and Scrutiny) Committee (Chairs and supporting officers)
10.	Wessex Local Medical Committee
11.	Hampshire Health and Wellbeing Board
12.	Hampshire Healthwatch
13.	Local media
14.	Voluntary sector organisations
15.	Patient Participation Groups
Internal	
16.	Members of each CCGs Governing Body
17.	GP practices
18.	CCG Community Engagement Committees (or similar)
19.	NHS England Wessex Area Team (for information)

4 Communications and engagement methods and routes

Views were gathered using an online survey. The survey asked for views on access criteria and whether we should implement full NICE guidance, retain existing criteria, or – in some cases – extend the criteria. The access criteria in question were:

- Age
- Fresh and frozen cycles
- Number of cycles
- BMI eligibility
- Smoking status.

The survey was promoted through a range of communications including:

- Emails/letters to key interest groups and stakeholders (these included groups such as the Infertility Network UK, National Childbirth Trust local groups, minority ethnic representatives and groups, and transgender groups)
- Briefing existing groups such as Community Engagement Committees
- Press releases
- CCG stakeholder newsletters
- Voluntary sector online newsletters
- CCG websites and Twitter accounts
- PIP sites (Primary Information Portals – extranet sites for GP practices).

5 Equality Impact Assessment

A SHIP wide Equality Impact Assessment has been carried out and is available in full. The conclusions are:

- The CCGs consider increasing the upper age limit to 37 years
- Decision making processes are demonstrably fair and transparent to reduce risk of Judicial Review
- To support demonstration of due regard to Equality Act 2010, that collection and analysis of equalities information about people who receive NHS funded infertility treatment, and those who apply for Individual Funding Review is commenced by providers and the CSU. As a minimum this should include age, gender, disability status, sexual orientation and post code. Where this data highlights differential access for equality groups this can be considered as part of future reviews of this policy in order to demonstrate fairness.

6 Survey results

The survey is available in full along with this report, and the full results for Fareham and Gosport also accompany this paper. Along with all CCGs Fareham and Gosport has also reviewed any comments and complaints received about IVF between April 1, 2013 and September 30, 2014.

6.1 SHIP-wide results

Sample:

In total 1,133 people responded to the survey, which ran from 22 September, until 7 November. The initial engagement period had been set for four weeks, but this was extended to allow more people to participate.

More than half of the survey (52.48%) were aged 39 or younger, and more than a quarter (26.37%) of respondents had direct personal experience (either relating to them or their partner) of seeking IVF treatments.

The overwhelming majority of respondents (91.38%) described themselves as 'members of the public', with the remainder being GPs, or representatives of organisations. During the engagement period the CCGs actively sought to engage with interested parties, including those organisations who represent people who have required the use of fertility services.

Result summary:

Across the SHIP area, opinion was relatively evenly divided on the overarching issue (Question 1) of whether or not IVF treatments were a priority for the NHS. Slightly more people (46.98%) felt that IVF was *not* a priority for the NHS, than felt that it was (44.40%).

There were 250 'free text' comments relating to this question. Among those stating that IVF was *not* a priority for the NHS, the primary themes were either a straightforward opposition to the idea, or a belief that IVF was less important than other treatments or

priorities. Of those who said that IVF was a priority, most people simply felt that such treatments were important, and should be provided on the NHS. The other themes in the responses included calls for consistency with NICE guidelines and the end of a 'postcode lottery', and references to the distress and potential impact on emotional wellbeing/mental health for couples who are unable to conceive.

Questions 2-4 all related to issues of provision – respectively, the age at which IVF should be provided, whether or not fresh and/or frozen cycles of treatment should be available, and the number of cycles which should be offered.

For each of these three questions, more respondents stated a preference for the local NHS to follow NICE guidelines, than for the available alternatives. For Question 3 (fresh/frozen treatments) and Question 4 (number of cycles) that preference was stated by an absolute majority of the sample.

For the free text responses associated with all of Questions 2-4 there were large numbers of respondents again stating either an outright opposition to the provision of IVF on the NHS, or complete support. Again, a sizeable proportion also advocated the importance or equity of following NICE guidelines, or an opposition to geographical variation.

For Question 2 (relating to the maximum age) specifically, other themes included: the SHIP criteria not reflecting the changing patterns of family life, with women increasingly having children later in life, and complaints that IVF treatment could not be funded at a younger age when infertility had been diagnosed in women in their twenties, or earlier.

For Question 3 (fresh/frozen) specifically, one additional theme was opposition to the idea of the 'waste' – both in terms of efficiency, and morality – of frozen embryos, because only a single, fresh treatment was available in the SHIP area.

For Question 4 (number of cycles) specifically, the responses included comments relating to specific reasons why more/three cycles should be funded, usually stating that such an approach was either clinically more likely to succeed, or more cost-effective. There was also a group of respondents who advocated a 'middle ground' – either that the NHS should fund two cycles, one additional frozen cycle, or more cycles within specific age limitations.

Questions 5-6 relate to the potential recipients of IVF treatment. Question 5 asks for views relating to the weight/Body Mass Index (BMI) of the woman seeking treatment, and Question 6 relates to the smoking status of the couple. In both cases there were clear majorities in favour of retaining the SHIP criteria, particularly so with regard to smoking.

Comments submitted for Question 5 (weight) were largely related, once again, to more general opinions about whether IVF treatments should be available. Among those comments specifically related to the question, there were groups (albeit small) of respondents questioning the validity of weight/BMI as a suitable criteria for determining access to funded treatment, and also advocating a more individual-centred approach which took more account of personal circumstances, rather than being based upon broadly-applied criteria.

Comments relating to Question 6 (smoking status) were overwhelmingly opposed to funding IVF treatments to people who smoked.

6.2 Fareham and Gosport

Sample:

In total 126 responses were received from the Fareham and Gosport area. The respondents in this area were older than was the case for the total sample (just under 39% were 39 years old or younger, compared to 52.48% for the whole SHIP area.)

Fareham and Gosport respondents were less likely to say that they or their partner had direct experience of IVF treatment than was the case for the total sample (23.02% compared to 26.39%)

Result summary:

In response to the question “Do you think funding for IVF is a priority for the NHS?” a majority (54.40%) said ‘no’ – higher than the proportion for the total sample (44.40%).

With regard to the upper age limit for IVF treatment, more people supported the adoption of NICE guidelines (48.80%) than the retention of the existing SHIP criteria (24%) or an extension of the criteria to include women up to their 38th birthday (21.60%). This result was not significantly different to the responses across the whole SHIP area.

When asked about the availability of fresh and frozen cycles, there was a majority (55.20%) in favour of following NICE guidelines. This was slightly higher than the support for this option across the whole sample (52.12%).

A clear majority (64.23%) of Fareham and Gosport respondents said that NICE guidelines should be followed regarding the number of cycles available.

In Fareham and Gosport there were majorities in favour of retaining the SHIP criteria which withholds funding for those who have an BMI of 30 or more (56.35%) and for couples where one or both partners smokes (71.43%).

Please note: Analysis of the ‘free text’ comments submitted by respondents have only been analysed on a SHIP-wide basis, rather than for each individual CCG, because the sizes of the geographical subgroups are not large enough to enable reliable analysis to be carried out.

7 Decision required

Each CCG Governing Body is asked to consider the outcomes of engagement programme and equality impact assessment when reaching a view about the SHIP Priorities Committee recommendation for specialist fertility services.