

Present: Councillor McLaren (Chair)
Councillors Taylor and Toor

Also in Attendance:

Mark Drury Head of Public Affairs, NHS Oldham CCG
Andrea Entwistle Principal Policy Officer Health and Wellbeing

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Leach and Williamson.

2 **OUTCOME OF PUBLIC CONSULTATION ON PROPOSED IVF CHANGES**

The Sub-Committee gave consideration to a report delivered by the Head of Public Affairs, NHS Oldham CCG, which informed them of the methodology and outcome of Oldham's CCG's consultation on the funding of In Vitro Fertilisation (IVF) and the subsequent decision of the CCG Governing Body on IVF Funding.

The Head of Public Affairs provided an overview of the consultation that took place in relation to the provision of IVF in Oldham. He explained that NICE Guidance recommends the provision of three full cycles of IVF for eligible couples where the woman is aged less than 40 years old. However, he highlighted that CCGs are allowed to make their own decision regarding the number of cycles that are funded locally. In the eight week consultation that took place between 12 October and 8 December 2018, Oldham CCG proposed a range of options for the number of IVF cycles funded, including the CCG's preferred option (at the point of consultation) of reducing funding from 3 cycles to 1 cycle. Respondents were invited to choose a preferred option and provide feedback on the proposals.

The Head of Public Affairs outlined the methodology used for the consultation and confirmed that 250 consultation surveys had been completed. Almost three quarters of all respondents (74.30%) had a preference for the CCG to continue to offer up to three funded cycles of IVF. However, it was outlined in the consultation that the CCG would have to take the responses in to account in the context of wider issues and ongoing significant financial pressures. A number of themes emerged from the consultation feedback which included:

- Civic pride – Oldham is the birthplace of IVF
- The effect of the reduction in the number of cycles on the mental health of couples affected
- The cost of private IVF and the affordability for the people of Oldham, which could have a detrimental effect on couples who could not afford this

- Reference to the NICE guidance around IVF provision
He confirmed that the Governing Body considered all of the above when reaching a decision and the views expressed by the public were conscientiously taken in to consideration.

On 17 January 2018, the CCG Governing Body met to consider the outcome of the consultation, discuss the options and take in to account the views of clinical, lay and executive partners. The Governing Body took in to consideration the strength of views expressed by those who submitted a response as part of the consultation, however, the following rationale informed their final decision:

- the potential impact on other services (and patients) of not reducing funding for IVF
- the risk of 'Health Tourism' attracting patients from other areas to seek funding for second or third cycles, particularly as only 12% of CCGs nationally now fund 3 cycles of IVF
- the position of the other coterminous CCGs in Greater Manchester
- 1 full cycle of IVF can include the transfer of several embryos.
- offering 1 cycle maintains a universal offer to all patients
- the Effective Use of Resources (EUR) route for funding in exceptional cases will continue to apply
- any decision could be revisited at a future point as circumstances change

The Head of Public Affairs confirmed that, after discussion, the Governing Body unanimously supported reducing the number of IVF cycles funded from 3 to 1 for all new patients. He confirmed that the policy is now live and that patients who were already on the pathway at the point of implementation would still receive 3 cycles.

Members asked for and received clarification of the following:

- Consideration of IVF success rates – Success rates reduce over successive cycles and the first cycle has the highest likelihood of success.
- Scope for flexibility to assist those couples who have not been successful after one cycle but may not be able to afford to access private provision – Oldham contract with 3 different providers: St. Mary's Hospital and 2 private providers. The GP can refer to St. Mary's directly but costs are fixed via a National Tariff. The two private providers are more expensive but referrals must go via the exception committee, and the numbers using this provision are small. However, it has been suggested that consideration could be given to whether it is requested that the private clinics provide the provision at the NHS Tariff which will bring money back in to the borough. It was noted that in reaching their decision, the Governing Body took in to account the Equality Impact Assessment which had identified potential differential impacts to ensure that they had a thorough understanding of the effects on different groups.
- Confirmation that the consultation reach all communities,

specifically those whether childlessness and infertility are potentially subject to cultural stigmatisation – A number of different community venues were included as part of the consultation exercise and the analysis of the responses showed that they were fairly representative of the borough, however, it was acknowledged that more could have been done with specific groups.

- Potential for couples to reapply after a period of time – the GM policy does not currently allow for couples who have received the provision available within their area to reapply or receive further treatment, unless the circumstances are considered exceptional, in which case this will be considered by the EUR panel.
- Scope for review of the position regarding IVF provision in the borough – Governing Body confirmed that the decision was not a permanent one and, whilst a specific review date was not agreed at the time of the decision, it was made clear that further consideration would continue to be given to the provision of IVF in the context of further decisions made by the Governing Body to address ongoing financial pressures. The changes to IVF provision were not considered in isolation and the decision to reduce the provision will be referred to when other matters are considered. The sub-committee confirmed that they understood the reasoning and the challenges faced in addressing the ongoing financial pressures whilst also ensuring the best possible care for patients. However, the sub-committee emphasised the need to review the decision at the earliest opportunity and requested an update be brought back for the sub-committee's consideration at such time.

RESOLVED that the contents of the report and discussion be noted. The Sub-committee requested that an update be brought back to a future meeting at the point at which funding for IVF is reviewed.

The meeting started at 6pm and ended at 7pm