When it comes to treatments like In Vitro Fertilisation (IVF), NHS organisations must evaluate the demand for the service, effectiveness of the treatment and its cost to ensure that finite resources are spent in a way which best serves local people. There are currently two policies for access to IVF services across the NHS South Central region.

As a result of feedback from local couples that the current policies are confusing and inconsistent, all nine Primary Care Trusts (PCTs) in the NHS South Central region have undertaken a joint review of IVF policies.

The review was carried out by four Priorities Committees that cover the region. These committees are made up of clinicians, lay representatives and NHS managers. The review was completed at the end of December 2008 and the recommendations from the review were considered by the Specialised Commissioning Group on January 23 and agreed for wider discussion.

We are now testing proposed changes to the existing policy with local couples, patient groups and local stakeholders to ensure that their views are properly reflected.

It is anticipated that this work will be completed by spring of 2009 with implementation of any changes to the policy later in 2009.

**Why is the Review being conducted?**

There are currently two different policies in NHS South Central which were inherited from the predecessor organisations (Thames Valley Strategic Health Authority and Hampshire and the Isle of Wight Strategic Health Authority). Local people have told us that this is confusing and inconsistent. We want to ensure that everyone living in the area has the same access to services. The aim of the review is to develop a single policy across South Central which takes into account the views of local people.

**Who has conducted the Review?**

The review has been conducted by the four Priority Committees covering NHS South Central - Oxfordshire; Buckinghamshire (including Milton Keynes); Berkshire; and Hampshire and the Isle of Wight (including Southampton and Portsmouth). The Committees are made up of a range of professional and lay people including doctors, pharmacists, nurses and academics.
How have stakeholders influenced the policy?
The views of stakeholders have been taken into account by using the comments we have received on the existing policies, from complaints, requests for individual case reviews and other general feedback. The next twelve weeks are a period for local people to have their say on the proposals.

How was the Review conducted?
The four Priority Committees were asked to review the existing policies with the aim of:
- maximising clinical and cost effectiveness
- promoting alignment with national policy and guidance
- maintaining affordability
- ensuring equitable access across South Central

They have now put forward their recommendations to the Specialised Commissioning Group (SCG). This group works on behalf of all the PCTs in South Central and is responsible for buying these services on behalf of the PCTs.

Why has the review taken so long?
The review has taken some time because it is a complex subject and there are many possible options which have been considered. The Priority Committees have had to consider all areas very carefully and also agree the final recommendation across all four committees.

What happens to existing patients while the review is taking place?
The current policies continue to apply until the new policy has been agreed and implemented. People can continue to have their care funded under the current policies.

What happens if a patient is not eligible under the existing policy but may be eligible under the new policy?
Patients can only be considered for treatment under the agreed policies that are in place. Any patient seeking treatment is always able to ask for a specialist review of their case on an exceptional basis if they feel they should be funded for a particular treatment that is not usually available. However the principle is the current policy is the one that will be used until the new policy has been widely discussed and finalised.

Why does South Central not follow the NICE guidance?
Healthcare resources are limited and so choices have to be made about what should be funded. To fully implement the NICE guidance would cost about £16m compared to our current spend of £1.9m. To spend an extra £14 million on assisted conception is more that the total growth money that is likely to be available to the specialist services in 2009/10
How many patients are affected?
About 420 patients within the South Central area were funded in 2007/8 and it is likely to be a similar number funded this year resulting in an estimated 77-80 live births

How many women will be treated under the new policy?
Under the existing policy about 420 women are treated resulting in the 77 – 80 live births.
Under the proposed policy about 448 women would be treated resulting in about 91 live births pa (with an extra 18 during the year of transition to the new policy).

Why are you proposing to treat the age range of 30-34 not 30-39?
Access to IVF services needs to be targeted where it is most likely to benefit people trying to have a baby. The clinical evidence shows the benefits of IVF decline with age. IVF is more effective in women under 35 years. Between ages 30 and 34 there is about a 25% chance of having a baby with a single cycle of IVF. From ages 35 to 39 there is about a 19% chance of having a baby with a single cycle of IVF. For ages 40 - 42 the chance of having a baby with a single cycle of IVF reduces to about 10%.

Why not allow 23-30 year olds to access treatment?
Many couples have not decided until their late 20s whether they wish to have a family. Funding women age 30-34 gives time for pregnancy to occur naturally but if this does not occur IVF is still effective.

Why only allow one cycle of IVF treatment?
It is not possible to predict which couples will have most success with IVF. It is therefore proposed to target funding on the maximum number of people by giving each couple a single chance at IVF rather than giving more than one opportunity to fewer couples.

Why not allow one cycle for everyone regardless of the number of previous cycles of IVF treatment they have had?
Evidence shows that the chance of success declines with the number of cycles.

Why allow the use of donated eggs?
Evidence shows that donated eggs results in a higher success rate with IVF so the proposal is that they should be funded.
Why pay for storage of frozen embryos when you will not transfer them on the NHS
The success rate for frozen embryos is lower than for fresh but by providing storage for 3 years this will assist patients who wish to self fund further IVF cycles

Why is Intra-uterine insemination (IUI) not funded?
It is less effective than IVF

Will sperm and eggs or embryos be funded for people about to undergo treatment that will render them infertile?
Sperm storage for post–pubertal men up to the age of 55 will be funded. Request for egg storage is a low priority as this is still experimental. Request for embryo storage will be considered on an individual basis. Where a woman has had NHS funded IVF then embryos from that may be frozen and stored up to three years or the female partner’s 40th birthday (whichever is earlier)

Who will the proposed policy be discussed with?
The proposals are being circulated widely. The SCG is keen to hear a wide range of views and will be seeking comments from service users, local groups, LINks (the new local involvement organisations set up to work with the NHS), local politicians, assisted fertility support networks and local partner organisations.

How long will the discussion period last?
About 12 weeks during the spring – from 29th January to 17th April 2009

Will local people really have a say on the policy?
Yes. The discussion period will provide an opportunity for all nine PCTs in South Central to hear local views on the detail of the policy. These views will be taken into account when the policy is finalised.

When will final decision be made on the new policy?
After the 12 week discussion period we will collate all the comments received. These will be presented to a meeting on 7th May when a decision about the next steps will be taken. The outcome will be reported to the Hampshire PCT board (as the host for the SCG) on 28th May. Updates on the decision making timetable and next steps will be posted on the web site as the process will depend on the comments received.

24.1.09