

Dr Gary Howsam
Cambridgeshire and Peterborough CCG

By email

18th September 2017

Dear Dr Gary Howsam,

The suspension of NHS commissioning of specified IVF services for people in Cambridgeshire and Peterborough

It was clear that the Healthwatch Cambridgeshire and Peterborough (HWCP) response to the consultation on this matter, and numerous other responses against the suspension of these services, were listened to by the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) on 5th September. Our points were directly supported by some of the governing body and the Director of Public Health, acting in her advisory capacity.

I acknowledge the funding pressures for the NHS in Cambridgeshire and Peterborough, and that there are specific expectations of NHS England that tough decisions need to be made.

There is no doubt that the decision made to suspend treatments until review in April 2019 has been a tough one. The impact on local people affected is likely to be significant in clinical, psychological, and social ways. Knowing that their fertility issues cannot be addressed for a year or 18-month window at the least, and knowing the essentially economic context of the decision due to funding shortages will surely be even more painful.

Following the debate at the CCG Governing Body meeting on 5th September, I am clear that this is a tough decision but also a wrong decision.

- The HWCP consultation response¹ pointed to the inequalities impact of the decision. We believe that the decision is inequitable based on ability to pay for treatment, a point not disputed in the CCG discussion.
- These infertility treatments are safe and effective, and importantly they are deemed cost-effective if NICE guidance is followed. The CCG's own consultation document referenced that 'The CCG has to evaluate every service that it commissions to see if it offers good quality, good outcomes, and good value for money, as well as whether it is an effective and equitable way of allocating our resources for the benefit of the whole

¹ <http://www.healthwatchcambridgeshire.co.uk/news/healthwatch-raises-concerns-about-proposed-fertility-service-cuts>

population.' The decision therefore goes against the consultation's stated objective. The CCG discussion indicated a commitment to understand the impacts on the local population, but it seems to me to be illogical and wrong to stop a service with such a robust underpinning evidence base to then evaluate it, and with blatantly limited resources to do so.

- It is also wrong, in my view, to address cost cutting of specific services in isolation of a systematic process involving the public to inform priorities. This has not happened via the Sustainability and Transformation Programme (STP), where 'invest to save' planning is ongoing across a number of healthcare pathways. The CCG appears to have a parallel process of finding savings, equally lacking in transparency to the public. The CCG is in effect embarking on its own cuts outside of its own stated main vehicle for doing this in a coherent way across the wider health system - the STP. The public will want to know What is next, and Why is that service next?

Questions to the CCG following the decision to suspend specific IVF services locally

The HWCP Board would like a response to the following questions.

1. What is the timeline around review of this decision? If the review is completed by April 2019 then services may or may not be reinstated at that point. Should a review commence in April 2019, it is assumed a decision would be forthcoming much later in the year.
2. How will the existing CCG process for considering individual exceptional requests for funding be affected by the decision to cut IVF services? What local guidance will support the panel on IVF issues?
3. What is the CCG planning to do to understand better the public values and priorities involved in making tough decisions on their behalf?

Offers from us

The HWCP team and with its networks offer the following:

1. HWCP plan talk to IVF service providers to understand better their response to the CCG decision, as support has been pledged to local people and we can help to articulate that through our statutory signposting role.
2. HWCP will collect experiences of people at various points in what appears to be an 18-month suspension of commissioning.
3. HWCP requests to be part of a CCG review group to design a health impact assessment, and identify data sources on the health economic, and population and communities' impacts that result from the decision. Mental health impacts will be hard to identify with locally high thresholds for services.

4. We offer our experience and practical support to future initiatives to support public involvement in broader issues of societal values and priorities.

5. We want to understand more about the ‘funding shortfall’ that the CCG believes it unfairly suffers from, so that Healthwatch can consider its role in championing the needs and experiences of local people within the national debate.

The HWCP Board absolutely realise the difficulty for individuals who have collectively made this decision, faced as you were on the day by people directly affected. We also recognise the work undertaken by your team so far. As you can see we believe there is more work to be done, and offer our constructive, independent support.

I look forward to your response.

Yours sincerely



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cc Jessica Bawden

Dr Liz Robin