

Review of Kent and Medway CCGs' policies on assisted reproductive technologies (ART) – Paper for HOSCs

Purpose

Kent and Medway CCGs are considering undertaking a review of their current policy on in vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI)¹. This paper details the change to policy that is being considered and the estimated impact this change might have on the local health economy.

Background

Although NICE Clinical Guideline 156 ([CG156](#)) *Fertility problems* (2013) recommends the NHS fund up to three full² IVF cycles, with or without ICSI, for eligible couples where the woman is aged under 40 years, it is widely acknowledged that this level of provision is unaffordable to the NHS in most areas.

[Fertility Fairness](#) audits the number of NHS funded IVF cycles provided by English CCGs. In May 2017 they reported:

- Five CCGs (2.4%) have decommissioned NHS funded IVF and provide 0 cycles
- 61% of CCGs offer 1 NHS funded IVF cycle³ for eligible patients
- 23% of CCGs offer up to 2 NHS funded IVF cycles³ for eligible patients
- 13% of CCGs offer up to 3 NHS-funded IVF cycles³ for eligible patients

In recent years there has been a marked reduction in access to NHS funded IVF in England. Fertility Network UK reports the number of CCGs offering three cycles of IVF has reduced by 46%, from 50 in 2013 to 27 in 2017. Thirteen CCGs have made reductions to provision of fertility treatment since the beginning of 2017. Across England, there are potential further cuts ahead with

¹ During IVF, eggs are removed from the woman's ovaries and fertilised with sperm in a dish. The best one or two embryos that are created are then placed in the woman's womb a few days later. If there are a number of unused good quality embryos left following a treatment cycle, these may be cryopreserved (frozen) for use in later cycles, called frozen embryo transfers. The procedure for ICSI is similar to that for IVF, but instead of fertilisation taking place in a dish, a single sperm is injected directly into each egg by an embryologist.

² NICE define a full cycle of IVF as one episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryos i.e. a fresh cycle and an undefined number of subsequent frozen cycles.

³ IVF 'cycle' is not defined but it is likely to refer to the number of fresh cycles available to eligible patients.

a number of CCGs currently consulting on reducing or stopping their NHS funded fertility treatment.

Due to the financial challenges they are currently facing, Kent and Medway CCGs are considering reducing the number of IVF cycles they commission, and a process has been proposed to facilitate a policy review.. Additional work summarised in a report will include: consideration of NICE recommendations, a review of relevant published research evidence, current Kent and Medway activity and expenditure, other English CCGs policies, views and opinions of local clinicians and fertility clinics, estimated impact of change to policy on local health economy, and equality analysis. Kent and Medway CCGs will determine future policy on the basis of this report.

Comparison of current policy and potential future policy

Currently Kent and Medway CCGs offer eligible couples a maximum of four embryo transfers including no more than two transfers from fresh IVF cycles; this equates a maximum of either:

- two fresh IVF cycles plus two frozen embryo transfer cycles or
- one fresh IVF cycle plus three frozen embryo transfer cycles.

This may be considered locally as up to two ‘full’ IVF cycles, though it does not comply with the NICE definition of ‘full’ cycles which does not put a limit on the number of frozen embryo transfers undertaken.

The potential future policy that is being considered would be a maximum of:

- one fresh IVF cycle and one frozen embryo transfer cycle (also see Annex 1).

This may be considered locally as one ‘full’ IVF cycle, though as above, it does not comply with the NICE definition of ‘full’ cycles. See Table 1 for comparison of draft policy wording.

Table 1 – Comparison of current Kent and Medway IVF policy and potential future policy

Current policy	Potential future policy (draft)	Change
Eligible couples requiring IVF, with or without ICSI, will have available to them a maximum of four embryo transfers including no more than two transfers from fresh cycles	Eligible couples requiring IVF, with or without ICSI, will have available to them a maximum of one fresh IVF cycle and one frozen embryo transfer cycle.	Reduction in number of cycles available.
In order to access NHS funded IVF, with or without ICSI, patients will be required to fulfil relevant eligibility criteria.	In order to access NHS funded IVF, with or without ICSI, patients will be required to fulfil relevant eligibility criteria.	Unchanged.
Cryopreservation of supernumerary embryos will be funded for a maximum of two years following each fresh cycle.	Cryopreservation of supernumerary embryos will be funded for a maximum of two years following the fresh cycle.	Materially unchanged.

In order to access NHS funded fertility treatment, Kent and Medway patients must fulfil a number of eligibility criteria addressing: duration of subfertility, the woman's age, previous IVF cycles undertaken, the BMI of the woman, smoking status of the couple, ovarian reserve of the woman, previous children and previous sterilisation. Eligibility criteria are reapplied before each cycle of treatment is started. There is no plan to review these eligibility criteria.

For people meeting specific eligibility criteria, Kent and Medway CCGs also fund intrauterine insemination (IUI) using partner sperm, sperm washing for couples where the male partner has HIV and fertility preservation (egg, sperm or embryo cryopreservation and subsequent IVF) for people who are due to undergo gonadotoxic treatments. There is no plan to review these policies.

Assisted conception treatments (ACT; i.e. IUI and IVF) using donated genetic materials (eggs, sperm or embryos) and involving surrogates are not currently funded for any patient groups in Kent and Medway. These policies are currently under review. Because of the complex clinical, equalities, legal and ethical issues relating to ACT using donated genetic materials and involving surrogacy these policy reviews will run in parallel but will be separate from the policy review to consider reducing the number of IVF cycles.

Potential impact of changes to IVF policy

Table 2 shows the estimated impact on patients and expenditure should CCGs choose to move from their current policy (maximum of four embryo transfers including no more than two transfers from fresh IVF cycles) to reduced provision (maximum of one fresh IVF cycle and one frozen embryo transfer cycle). The estimates set out in Table 2 are based on the available data from 2016/17 provided by the lead commissioner (Medway CCG) in March 2017.

The [Human Fertilisation and Embryology Authority](#) (HEFA) publish statistics relating to treatment and success rates for all UK fertility clinics. The below percentages show the average chance of a live birth after one, two, three and four cycles of IVF for women aged under 40 years:

- One cycle – 32%
- Two cycles – 49%
- Three cycles – 58%
- Four cycles – 63%

Table 2 – Estimated impact of changes to Kent and Medway CCGs' IVF policy (annual)

CCG	Current policy		Potential future policy	
	Maximum of four embryo transfers including no more than two transfers from fresh IVF cycles		Maximum of one fresh IVF cycle and one frozen embryo transfer cycle	
	Number of patients receiving treatment	Expenditure	Number of patients no longer receiving two 'full' cycles	Reduction in expenditure
Ashford	28	£115,700	15	-£43,600
Canterbury and Coastal	45	£182,200	23	-£79,100
Dartford, Gravesham and Swanley	72	£291,600	32	-£95,800
Medway	96	£372,400	34	-£97,800
South Kent Coast	39	£167,400	15	-£46,300
Swale	25	£119,400	13	-£40,700
Thanet	27	£131,500	10	-£27,500
West Kent	176	£806,600	74	-£235,100
Kent & Medway Total	508	£2,186,700	216	-£665,900
Estimates based on 11 months of data from 2016/17 from local clinics contracted to undertake ART for the Kent and Medway CCGs' population (extrapolated to 12 months) plus nine months of activity from 2016/17 from Guy's and St Thomas' NHS Foundation Trust for North Kent CCGs only (extrapolated to 12 months). Any additional activity from other providers has not been captured here. Data provided by Medway CCG in March 2017.				

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Annex 1

Draft policy option for discussion

In-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI)

- Eligible couples requiring IVF, with or without ICSI, will have available to them a maximum of one fresh IVF cycle and one frozen embryo transfer cycle.
- In order to access NHS funded IVF, with or without ICSI, patients will be required to fulfil relevant eligibility criteria⁴.
- Cryopreservation of supernumerary embryos will be funded for a maximum of two years following the fresh cycle

⁴ In order to access NHS funded fertility treatment, Kent and Medway patients must fulfil a number of eligibility criteria addressing: duration of subfertility, the woman's age, previous IVF cycles undertaken, the BMI of the woman, smoking status of the couple, ovarian reserve of the woman, previous children and previous sterilisation. There is no plan to review these eligibility criteria.