



British Fertility Society

Submission to

Department of Health

On

**Liberating the NHS:
Commissioning for patients**

July - October 2010

This document represents the British Fertility Society (BFS) response to the Department of Health consultation, "Liberating the NHS: Commissioning for Patients".

The British Fertility Society is a multi-disciplinary organization representing professionals with an interest in reproductive medicine. The objectives of the society are:

- To promote high quality practice in the provision of fertility treatment.
- To provide a common forum for members of various disciplines having an interest in the science and treatment of infertility.
- To promote high quality scientific and clinical research in the causes and treatment of infertility.
- To provide professional leadership in the provision and regulation of infertility services.
- To promote the increase of NHS funding for and equity of access to fertility treatments.

This document was submitted on behalf of the BFS by the Chairman whose contact details are:

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Department of Health: Commissioning for Patients

Infertility services have traditionally been incorporated into the general gynaecological budget. There is good published epidemiological evidence that identifies that the incidence of infertility varies little across the United Kingdom, affecting approximately 1 in 6 of the population. Since 1983 the NHS has commissioned more advanced infertility treatment, such as in vitro fertilisation. In 2004 NICE recommended that all eligible couples should be offered up to three complete IVF cycles. An IVF cycle was clearly defined by the last Labour Government, as “one fresh stimulated cycle plus the replacement of all spare embryos generated during this stimulated cycle”. There are clear demarcated quality outcome indicators in IVF treatment, and due to consistent regulation by the HFEA, there are nationally collected and verified statistics available for each licensed centre. A Department of Health working party is currently in the process of developing a national tariff for licensed fertility treatment. IVF therefore is an ideal candidate

Since the inception of NHS IVF funding, there has been considerable variation in availability of service throughout the United Kingdom. This has been clearly outlined in a number of reports commissioned both by Government and performed independently. Unfortunately this has led to a great inequality in the service, often described as a “post code lottery”.

Currently there are 84 clinics licensed to provide IVF in the UK, some offering only NHS or private treatment, and others offering a mixture of both. Only around one third of the current figure of 46,000 IVF cycles performed annually in the UK, are funded through the Health Service. Although initially this service was commissioned directly from individual Primary Care Trusts, more recently this role has been provided by Specialist Commissioning Groups, for example the East of England SCG. This has allowed a more consistent approach to commissioning over a wide part of East of England. The Department of Health, working in conjunction with other specialist societies and patient groups produced a Commissioning Guide for Fertility treatment (2009). Other geographical areas have adopted similar approaches, developing clear clinical service specifications, despite IVF services falling outside the Specialised Services National Definitions set. The advantage of this approach is that the whole area has the same eligibility criteria, and uses the same quality indicators, providing a unified service to the advantage of patients, providers and commissioners.

Devolved commissioning has not been shown to be effective for this service. We have already seen how vulnerable Fertility / IVF services are to cuts, with Warrington, Bury, and central Manchester, either withdrawing or severely restricting services. As any individual GP practice will only have a small number of patients requiring this service, the GP consortia will have little or no experience on which to base their commissioning policy. A move to devolved funding for IVF services poses a great threat to what many PCTs perceive as an easy target to save money in these testing financial times. This would downgrade a service which is still one of the most poorly state funded services in Europe.

The British fertility Society firmly believes that licensed fertility treatment should be provided through the National Commissioning Board as a National Specialised Service, which would facilitate a uniform, transparent and fair service for all suffering from infertility, throughout the UK, eradicating the post-code lottery. Financially, this would allow a clear budget to be

identified nationally, based on sound national statistics. The introduction of national fertility policy could be enhanced by completing the current work on the national tariff, and using the Department of Health's own Commissioning guide, along with the revised NICE guideline on *Assessment of Fertility*, which is due to be published in 2012. Quality and value for money could be identified using current key performance indicators, with information collected as part of this sector's regulatory requirements. By adopting this approach the UK could redress the imbalance currently evident in the UK and provide a comprehensive and fair service for this vulnerable group of patients.