

healthwatch Hillingdon

June 2016



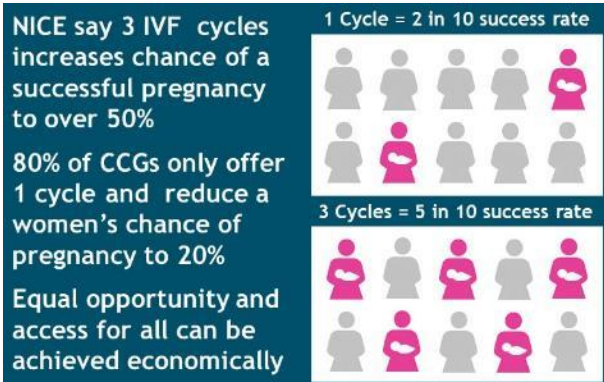
Fertility: Is Variation Fair?

Fertility matters, fairness matters

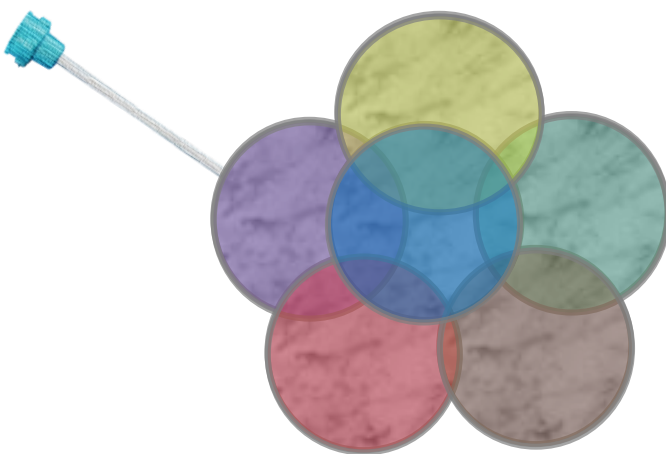
Shouldn't all women having NHS IVF have equal chance of a successful pregnancy?

Introduction

Over the past 3 years Healthwatch Hillingdon has heard from Hillingdon women and couples who have expressed their views on the unfairness that they face in access to NHS-funded fertility services including in vitro fertilisation (IVF). These people, in our view, represent seldom heard members of our community.



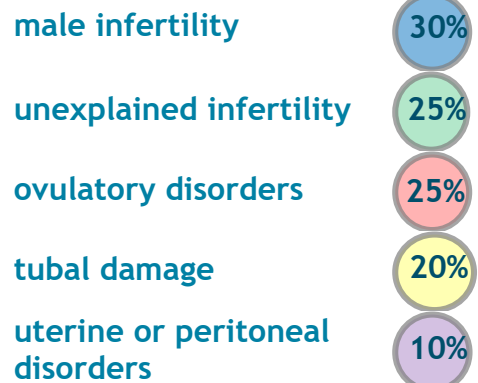
The main causes of infertility in the UK



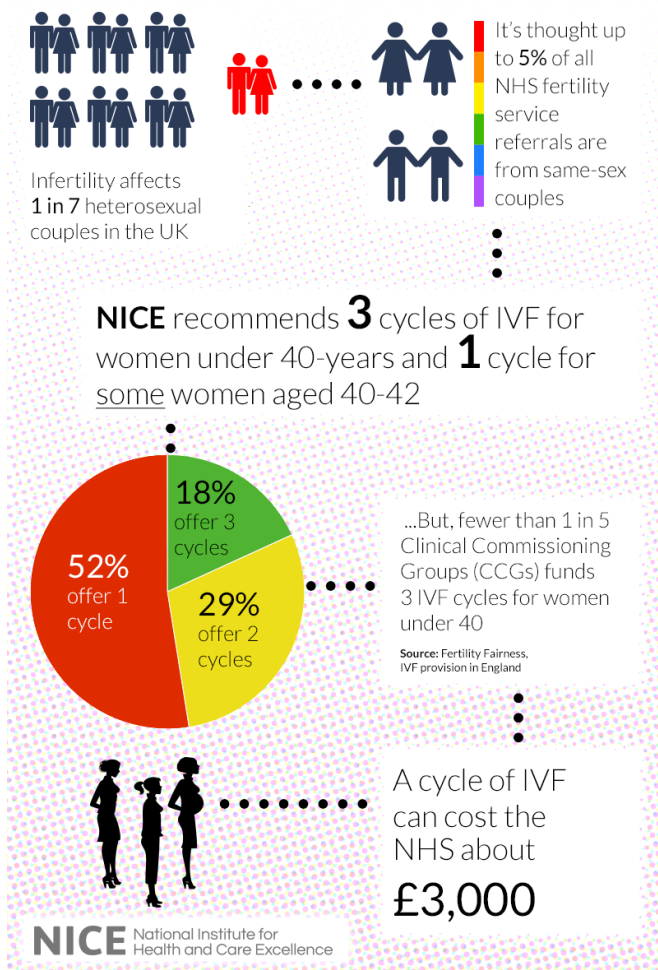
The facts about fertility

- Most couples seek medical advice after 1-2 years of trying to conceive.
- Fertility issues are second to pregnancy, as the most common reason for women to visit their GP.
- If left untreated, infertility can result in stress, depression, emotional distress and breakdown in relationships.
- The chances of IVF success fall sharply after the age of 42.
- The National Institute of Clinical Excellence (NICE) recommends that women under 40, who have been trying to get pregnant for 2 years, should be offered 3 full cycles of IVF.¹
- For women aged between 40 and 42, who have been trying for 2 or more years, and have not previously received IVF, NICE recommends 1 full cycle of treatment.

1. <https://www.nice.org.uk/Guidance/CG156>



Decisions on whether IVF treatment is offered to patients are made by local NHS bodies (CCGs), which is leading to a “postcode lottery” in access to IVF.



In the London Borough of Hillingdon and across the 8 London Boroughs of North West London (NWL), the NHS NWL CCGs have chosen to implement a blanket policy which only allows eligible women (under 40) to have 1 cycle of IVF and no cycles for 40-42 year olds. This does not follow the national NICE IVF recommendations.

“Infertility is a recognised medical condition. People affected should be able to receive treatment as a core NHS service..... It is

unacceptable that parts of England are choosing to ignore NICE recommendations for treating infertility. This perpetuates a postcode lottery and creates inequalities in healthcare across the country”

Professor Gillian Leng, deputy chief executive and director of health and social care at NICE.

Offering solutions

Over the past 3 years, Healthwatch Hillingdon has attempted, on numerous occasions, to put the case forward for a fairer and equitable approach to improving access to IVF across North West London. The suggestions we have made include phasing in of the commissioning of IVF services at scale across NWL with a single, common contract. This practical approach could realise much needed financial efficiencies for the NHS, by reducing the cost per treatment, and lead to improved outcomes for families by increasing the chances of a successful pregnancy for women.

“The Claimant observes that the perceived vice which has to be tackled is the so-called “postcode lottery”, but in my view it goes further than that. Any system which has the duty of distributing finite resources must do so not merely on a basis which is not

arbitrary (c.f. the happenstance of the postcode) but also on a basis which recognises the patient's fundamental human right to be treated in exactly the same way as anyone else with the same clinical need”

MR JUSTICE JAY, in the case of Rose v Thanet NHS CCG April 2014, Case No: CO/1272/2014, Royal Courts of Justice.

We have recently highlighted to the NHS Hillingdon CCG that in addition to only receiving one procedure, some NHS-funded patients from Hillingdon are being asked to pay for additional IVF procedures that NHS patients in other areas are not charged for.

Local women have told us that at a very emotive time in their life, when they feel this one procedure is their only chance of having a child, they felt pressured and compelled to pay in excess of £1000 in additional charges.

We have requested that the NHS NWL CCGs undertake a review of current IVF contracts they commission, so that NHS-funded patients in NWL are not being financially disadvantaged by this other example of inequality for NHS patients receiving the same IVF treatment.

NHS England has a national IVF policy for service personnel in the armed forces and their families, which does allow for 3 IVF cycles and follows NICE recommendations. This creates further inequality in access to IVF as women

living on the same street could have completely different access to NHS-funded IVF. Naturally, armed service personnel and their families give fantastic service to their county and rightly deserve access to the best that the NHS can offer them, but this inequality raises the question: “are other women in England less deserving to have reduced access to NHS IVF treatment?”

Sadly, to date, the NHS NWL CCGs have not been sympathetic to the views we have put across and we have been unable to improve fair access to fertility treatment for NWL residents.

“Access to NHS funded IVF is not easy and women already need to meet strict medical criteria before they can be considered for IVF and must have tried all other options first. This is not a life-style choice, nor an “easy option” for women but changes to our society and demands made on women, make starting a family difficult enough without facing a postcode lottery in access to IVF. Women across North West London are facing an uphill struggle to access fertility treatment that has been recommended by NICE as being both clinically effective and cost-effective.”

Graham Hawkes CEO, Healthwatch Hillingdon.

“This represents a postcode lottery in care. Our members have paid taxes all their lives for a National Health Service and do not expect the NHS to deny women an opportunity to have a child in this random manner.”

- *Oak Farm Residents Association*

“Today we should live in a society of equality so I can not understand how a select few CCG’s can justify a post code lottery of entitlement to IVF treatment.” - *Ms E*

“Not my fault that we lost the baby, but not able to get NHS IVF as we had used our 1 cycle of IVF.” - *Ms D*

“why as a 30 year old woman who has been trying to fall pregnant for 3 years and after various health checks, blood tests, procedures and an operation why I am unable to get a referral for IVF treatment. My partner who I love has a child from a previous relationship is the reason.” - *Ms B*

Due to having a medical procedure years ago, G was advised that her fertility would be affected and would need IVF.

“I pay tax to the government and I don't understand why I am unable to get the same NHS service as other women in England. This is really unfair on women. We are now thinking of moving to a neighbouring area, Hertfordshire, so that we can get NHS-funded IVF. But is sad that I am been forced to move from where I live (Hillingdon) due to stupid local NHS rules.” - *Ms F*

“I believe that this is very unfair and would ask that this issue is taken up urgently. Being unable to conceive naturally is a very alarming situation and to be discriminated due to age is not acceptable” - *Ms A*

“Living within the London Borough of Hillingdon, I wasn't entitled to an AMH blood test ... All my taxpaying life I've lived here (Hillingdon) and I'm being penalised for living here, whereas my friends in High Wycombe got three rounds of IVF and Hampshire gets two and they're only a couple of miles down the road either way. It really does depend on where you live and I think that's absolutely appalling.” - *Ms C*

Healthwatch Hillingdon Recommendations

- 1 NHS England to consider publishing robust national guidance to CCGs which may (a) assist in improving access to NHS-funded IVF treatment that meets NICE Clinical Guidelines and (b) assist NHS England in meeting its equality duty obligations.
- 2 Recommend that NHS England and Healthwatch England/CQC considers undertaking a national review of the access to fertility services for NHS patients and consumers.
- 3 We recommend that this national fertility review should give careful consideration of the merits of nationally commissioning NICE recommended fertility treatment at scale rather than delegating this responsibility to the local level.
- 4 Recommend that the national fertility review explores whether the current provision and commissioning arrangements are working in the best interests of patients and consumers or are placing unnecessary hurdles and/or significant financial burdens on consumers who should be able to access NHS fertility services based on clinical need.

Healthwatch Hillingdon believes that commissioning fertility services at scale across England, with a fixed national NHS tariff, incorporating nationally agreed outcome measures, and phasing in the services over a number of years, will be more cost effective for the NHS. It will eliminate the current inequality in access

to fertility services and most importantly, improve the clinical outcomes for people needing IVF treatment and increase the chances of a successful pregnancy.

Healthwatch Hillingdon stands ready and willing to contribute its insight to a national fertility review.



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