Public Meeting – Bernard Wetherill House

6pm to 8pm on Wednesday 1 March 2017

Community Rooms, 8 Mint Walk, Croydon

Introduction to the event

An open public meeting was held on Wednesday 1 March 2017 to discuss the NHS Croydon CCG proposal to stop the provision of IVF. The meeting was attended by key members of Croydon CCG's commissioning and clinical team:

- Paula Swann, Chief Officer, Croydon CCG
- Dr Tony Brzezicki, Clinical Chair, Croydon CCG
- Elaine Clancy, Director of Quality and Governance, Croydon CCG
- Agnelo Fernandes, Assistant Clinical Chair, Croydon CCG
- Emily Symington, GP and Governing Body member
- Stephen Warren, Director of Commissioning
- Tom Cleary, Senior Commissioning Programme Lead, Croydon CCG

Lauretta Kavanagh acted as an independent facilitator for the event. The aim of the event was for the local NHS to explain the proposed service change and to listen to public and patients' views on the changes.

Presentations were given: Tony Brzezicki introduced the consultation exercise; Paula Swann explained the purpose and process of Croydon CCG's review of IVF provision; Agnelo Fernandes, detailed the proposal to stop the provision of IVF. An hour of questions and answers followed the presentations. The meeting ended with table discussions between members of the public and NHS staff focused on concerns about the proposal, how Croydon CCG should address these concerns and any exemptions to the proposal.

Summary of the Q&A session

A complete list of all the questions and answers can be found at Appendix A. This section provides a brief summary of the key points.

A few of the questions concerned the amount of money that could be saved through ceasing the routine provision of IVF – both in terms of the total after costs for IFR patients and mental health funding were taken into account and in relation to the over budget savings that needed to be made. CCG staff explained any service savings added up over time and in relation to other savings made, even if they seemed small compared to the total budget. They noted the total costs for IFR patients or exempt groups could not be accurately calculated in advance, so these figures would be estimates.

A question was asked about how much of a postcode lottery local CCG decisions about IVF would create. It was pointed out that Richmond and Merton CCG are also engaging on proposal to change IVF provision. Attendees were pointed towards Fertilty Fairness website for a full list of what IVF provision was by CCG.

What other areas had been looked at for savings was questioned. CCG staff explained they had looked at programmes of administration processes – the CCG's running costs – to make savings. Work had been done on recommissioning services to get value for money - to re-provide services but at better value. Some areas, such as children's mental health services, had been looked at for savings but rejected due to concerns about long term impacts.

A question was asked about what would be an exceptional circumstance that would enable a person to continue to receive IFR funding if routine provision of IVF is stopped. It was explained that it is difficult to define exceptional circumstances since there are too many possibilities to cover.

Summary of the table discussions

One of the key concerns mentioned at two of the tables was the sense couples with fertility issues were being targeted for funding cuts, at the same time people with preventable conditions caused by poor lifestyle choices continued to receive treatment. In essence, some people felt those who lived responsible lifestyles, putting off having children until they were financially secure, were being 'punished' for being responsible.

The cost of private IVF treatment was a concern for some tables. The cost was seen as being prohibitively expensive even for some couples in full time work. Some couples where one person did not work did not earn enough to be able to access private IVF treatment.

Much of the discussion on one table related to the transparency of the consultation process. Participants wanted to know the process for choosing IVF as a service for cost savings and whether details of the process were published in the public domain. CCG staff pointed to previous Governing Body papers which detailed the areas that had been examined and the criteria used in the process.

There were also concerns about the lack of other areas for savings put forward by the CCG. Without being shown other options for cost savings, some participants questioned whethere the CCG had any room to make a decision other than to decommission IVF.

Several of the participants in the table discussions were reluctant to suggest groups who could be exempt from the proposal to cease the routine provision of IVF. The reluctance was due to a sense that everyone who needed IVF should be able to have it, rather than making decisions about what conditions deserved treatment and which did not.

One group asked for details about Independent Funding Requests. They had concerns about the ability of IFR panel members to make clinical decisions about who should receive IFR funding, especially as 'exceptional circumstances' did not have any criteria and CCG staff could not put forward an example where exceptional circumstances would apply.

Appendix A – Minutes of the Q&A

Q: What other services would you cut if you don't cut IVF?

A: We don't have an additional list now, and we have covered the current areas of savings in the presentation, but we will need to given the size of our financial challenge.

Q: Let's say IVF is cut, you'll still have to keep all the machines, so you're not going to get £800,000?

A: We are proposing to cut IVF funding not the CHS clinic. We provide most of the funding for CHS, so the consequence for them would need to be worked through. They've been involved in the consultation and they know what we're doing. If we go ahead, and only exceptional cases are taken through IFR, and the CCG would fund it and would look to see where it could be provided on the NHS should Croydon University Hospital IVF clinic close. We would expect to see savings. Clearly it wouldn't be the whole amount this year, as we have people on the waiting list. But it would taper off as the year goes on.

Q: I would like to hear more about the exceptional clinical circumstances. Could you give some examples?

A: We don't have a list of exceptional circumstances, they are by definition unusual and rare.

Q: Does the fact that Croydon's in special measures mean that it will get less in the future to compensate for overspending in the past?

A: Croydon is not in special measures because it is overspent. It has been significantly underfunded in the past. But it's now in the normal range and we must live within our means

The task of the CCG right now is to get to what we call recurrent balance, so we don't spend more than we're funded in any given year. We have run up a £60m deficit over the last few years, there is a risk we need to pay that back.

In the last four years we've made no decommissioning decisions, despite making over £50 million of savings. Now with the NHS reset, we need to live within our means. We don't like being in this position, it's not easy, we have to make these decisions.

Q: This is something I have great passion for, and I understand your problems with funding. You don't have to be in the health service to know the glaring underfunding to provide services for the growing population for elderly people. It's such a small part of the budget. It's the cost of a posh house. And to not help people who desperately need help... They are decent couples who can't have babies – cruel to bullying – to say that's nothing, you don't have to have children. The fall out is obviously going to impact on mental health. There is money thrown at cancer research. Why can't we have some more compassion for people who need IVF. Obviously the government needs to look at funding for the health service and I know how difficult it is to provide a service with funding and more cutting and slicing of the budget so I would urge you to please have compassion and understand and help people.

A: Absolutely I acknowledge what you've said, and I agree with much of it. The CCG is responsible for the health of the whole population in Croydon and a result of that we have to make tough decisions. Some services statutory we have to provide, for vulnerable people, mental health, learning disabilities, urgent care. And there other services that have less impact on the population and are less effective. By itself £800k sounds a small amount of money, over five years its nearly 4million. We have a savings requirement this year of 36 million. We currently have plans of 21 million – we have a long way to go to find that other 15 million. We have been able to deliver what we've delivered so far without making cuts to services this is not something we would choose to do. I absolutely acknowledge everything you've said.

The whole team sympathises with you and our raison d'etre is to support people and to run health services. We have fought very hard to do this. The ground rules have changed markedly. We've gone and are going through every single line of spend and looking how much we spend and if it is justified. We know we're doing too many hip replacements, that aren't effective we're looking to reduce that. If we do everything we can think of and we're still 15 m short, if anyone else can make. Notwithstanding we all feel exactly the same as you.

Q: I am a nurse, there is so much waste in the health service, I know there is a lot of unnecessary you need to ask the people who work in the health services. Speak to them and go to them. There are malingerers, I'm not being unkind because I think everyone ends help. We have to be practical with our health, and to go and target little old IVF it's just so cruel. The government needs to listen to this. They need to be nagged. They need to acknowledge it is the only means many people can have babies.

A: Absolutely. As clinicians, this is not where we want to be. The question is how else are we going to reach that 36 m?

Q: I acknowledge the efforts of the CCG over the last four years, but we're talking about how you commissioned other services. IVF is currently a block contract, are you looking at how you could commission it smarter to save money. Also could you be looking across South West London to make savings.

A: You're absolutely right we've been looking across to make savings. I suppose the bottom line is we have significant savings to achieve, and we currently don't have the plans in place to deliver the savings that we need. We're not the only CCG to be looking at IVF. Richmond CCG are out to consultation, Merton CCG are engaging on a proposal. And Kingston and Sutton and Wandsworth are highly like to proceed with similar proposals very soon indeed.

So I don't think we can commission the care significantly cheaper that would help us get to our targets. There are minimum costs to go into the service. A block contract also pays for buildings and staff and so on. If we go to an alternative method it's almost certain the costs will still be high.

South West London CCGs are in the same position, we all have a deficit, so we don't think that it's possible to keep IVF by pooling our resources.

Q: What work has been done with Croydon Hospital Services staff – I understand not a lot has been done with them. You're effectively shutting Croydon's unit, how does that effect the diagnostics pathway?

A: Makes no difference to maternity services. It may cast into doubt other fertility services. We have a statutory obligation that overrides trying to save this service. CHS have known what we're doing and have contingency plans – I don't know those. They haven't been shared with us.

Q: I totally agree with the lady over there, it seems like such a small amount of money. We've seen gluten free food and vitamin D – then the next thing is IVF – it's the only chance and it's only 800k. How do I know that you've considered this fairly, because I haven't seen the other options that you've considered alongside IVF. I don't know that this is better than other things you've considered. Can't see this in your consultation document. So to me this is an unfair decision.

A: To answer that question, we have taken a number of papers to our GB in public on how we would arrive at our decisions to make savings. We went thorough a process of looking at a whole range of different services, for example protecting children services like CAMHS – some significant issues around waiting times and the long term benefits of that. We also looked at programmes of administration processes- our running costs. We've done a lot of work on recommissioning services to get value for money. To re-provide services but at better value. Including diabetes.
We have been reinforcing some existing policies and thresholds in a number of areas. For example the prescribing areas. We recently closed an eight bed unit for mental health patients that is separate from the hospital unit . So although this doesn't seem to be a large amount of money we wouldn't describe this as a small amount of money. We have shared the prioritisation process and a number of criteria.

Q: You said that those who are on the waiting list already will get the treatment but I understand that there are a number of people where a decision has not been made yet, so what will happen to those people?

A: GB on 14 March will make a decision. Referrals that have come to the CCG and are on the waiting list for IVF - we will honour that. Going forward ,the Governing Body will make a decision as to what date the waiting list will close if we accept the proposal.

Q: Could you clarify – will the minutes of the Governing Body be available to the public?

A: The GB is held in public, not a public meeting, but people can attend. And a week before the following meeting papers will be available on our website. The papers for this meeting will be available in advance of the meeting. You might want to look at the website, look at the paper we're taking to the GB to the meeting. But certainly for everyone who has expressed an interest – if we have your contact details we will write to you and advise of the outcome.

Q: Thank you for listening and appreciate you're doing a quite and I did talk to Gavin Barwell last week and he said Croydon has had its funding formula wrong and that will be put right. I was told at last meeting, that £240k would be spent on existing cases and 40k would be spent on mental health – so difference is £556k not £800k: it's the cost of a semi attached house in Croydon. So not an enormous amount of money.

I understand one cycle of IVF has 1/3 chance – but it informs subsequent cycles . It feels like you don't care that infertility is a disease, not self induced. Some people think we shouldn't have left it to our late 30s. I just think it's so cruel if you can't help people.

A: First point about net savings from implementing a proposal: We don't know for sure what we would spend for special circumstances, because we have no criteria. We don't know what decisions clinicians will decide. All we know is what we currently spend, so as I've said we won't make the full saving in the first year, the full effect won't be until the following year. All we know is we have been set an absolute immutable target for what we're allowed to spend. If you look at other things, I accept they might fell pretty trivial compared to IVF. We're only saving 83k from stopping gluten free foods, 10% for what we're saving here, it all adds up. A long way short of what we're expecting to be.

A: With regards toinfertility being a health condition – everyone in this room agrees with that.

Q: I wanted to ask what is particularly galling is the postcode lottery of this proposal. Richmond CCG was mentioned – how many are there – and how many are proposing an end to this funding?

A: The most authoritative source for that information is the Fertility Network uk website – so my memory is there are currently 4 CCGs who implement out of 209. All others have variations.

Q: I read the news from the Metro yesterday – Spain is introducing a new Ministry to increase the birth rate in Spain, for the purpose to increase their budget.

Q: Just following up on that legal point that you can't do means testing – is it possible you deconstruct the IVF path so you say you are not going to fund one part of this the rest will be

A: We've actually sought legal advice on this to make sure we consider everything in our decision making. The end result is equal to the sum of all the components – in other words they add up to one outcome. So it would be deemed a co-payment and these are deemed illegal under NHS constitution. Certainly something we've looked into.

Q: My friend is overweight and he smokes – he's just had a six hour operation – week in a hospital bed after that. Five or ten of him would come to 800k.

What I want to know why haven't you looked at ring fencing IVF.

A: It isn't about a judgemental process – although we recognise some budget spend is brought on by poor lifestyle. We also spend a huge amount on people using the NHS inappropriately, going to their GP with a shopping list of requirements. If the government ring-fenced money it would be there;tThere is no ringfencing for anything in the CCG budget. Not operating on people who smoke is illegal too. I've been a doctor for 37 years in Croydon and I'm doing this job to help people and it does hurt having to make decisions about what services we can afford to provide. It doesn't' hurt me like it does you – I know.