

Longer, healthier lives for
all the people in Croydon



Croydon

Clinical Commissioning Group

IVF/ICSI Assisted Conception Service

Equalities Impact Assessment



1. Introduction and Background

Infertility is defined as the failure to fall pregnant after regular unprotected sexual intercourse for two years in the absence of known reproductive pathology (where no reason can be found).

There are three main types of infertility treatment –

- medical management (such as drugs for ovulation induction),
- surgical treatment (e.g. laparoscopy for endometrial ablation)
- assisted conception

Assisted conception is a collective name for treatments designed to lead to conception by means other than sexual intercourse.

NHS Croydon CCG is proposing to decommission IVF and ICSI services in Croydon. This proposal is currently the subject of a formal public consultation, which runs from 4 January 2017 to 1 March 2016 inclusive.

In Vitro Fertilisation (IVF) is a technique by which eggs are collected from a woman and fertilised with a man's sperm outside the body. Usually one or two resulting embryos are then transferred to the womb. If one of them attaches successfully, it results in a pregnancy. One full cycle of IVF with or without ICSI, should comprise of one episode of ovarian stimulation, egg retrieval, fertilisation and the transfer of any resultant fresh or frozen embryo(s).

Intracytoplasmic sperm injection (ICSI) is a variation of IVF in which a single sperm is injected into an egg.

The CCG are proposing to change assisted conception funding and this will only affect IVF and ICSI.

Croydon currently funds one cycle of IVF/ICSI at CUH under a block contract (criteria 39 years or younger, waiting time for unexplained infertility 3 years).

The consultation document presents two options for patients, public and stakeholders to comment on. They are:

Option 1 - No change to the existing service

This option would mean women under 39 who meet the clinical criteria will continue to be offered one cycle of IVF on the NHS as outlined in our current policy.

If the CCG went ahead with this option, we would need to look to other areas of healthcare in order to make the savings we need to make.

Option 2 - Decommission IVF and ICSI services

The CCG would no longer routinely fund IVF or ICSI services on the NHS for Croydon residents.

If the CCG decided to stop funding IVF and ICSI services this would mean that couples living in Croydon would no longer be able to routinely access these services through the NHS.

However, Croydon residents experiencing fertility problems, at any age in the reproductive range, would still be able to consult their GP and where appropriate, be referred to a specialist for further investigation and other necessary medical or surgical treatments. In exceptional circumstances, an application from a GP or consultant could be made to the Individual Funding Request (IFR) panel.

An Individual Funding Request is where a doctor thinks a patient would benefit from a treatment that is not usually funded for others. Each request would be reviewed by a panel made up of clinicians and commissioners from Croydon CCG who would then decide whether or not to fund the treatment, based on the individual clinical circumstances of each couple.

IFR is a well-established process which covers a wide range of services.

2. Legal Context

Meeting the collective participation duty

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006, especially with regard to how NHS commissioners will function.

These amendments include two complementary duties for clinical commissioning groups with respect to patient and public participation. The individual participation duty seeks to ensure that NHS organisations promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to i) the prevention or diagnosis of illness, or ii) their care or treatment.

The second duty places a requirement on CCGs and NHS England to ensure public involvement and consultation in commissioning processes and decisions. It includes involvement of the public, patients and carers in:

- planning of commissioning arrangements, which might include consideration of allocation of resources, needs assessment and service specification.
- proposed changes to services which may impact on patients.

Section 14Z2 of the Health and Social Care Act (2012) applies to the proposed decommissioning of IVF/ISCI services.

Health Inequalities

The NHS Constitution states that the NHS has a duty to “...pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population”. This is reflected in the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), which introduced for the first time legal duties to reduce health inequalities, with specific duties on CCGs and NHS England.

These duties include a responsibility to contribute towards a reduction in health inequalities and to “Give regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities”.

The Public Sector Equality Duty

The Public Sector Equality Duty (2011) was created under the Equality Act 2010 and replaced the race, disability and gender equality duties. Croydon CCG is subject to the general Public Sector Equality Duty required by s.149 of the Equality Act 2010. S.149 of the Act states that the CCG must “have due regard to the need to:

1. Eliminate discrimination, harassment, victimisation, and any other conduct prohibited by the Act;
2. Advance equality of opportunity between persons who share a relevant protected characteristic* and persons who do not share it;

3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”

*The nine protected characteristic groups are the subject of analysis in the final section of this report.

Having due regard for advancing equality (2nd aim) involves:

- Removing or minimising disadvantages experienced by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Carrying out an Equality Analysis helps organisations to show due regard to the needs of people with protected characteristics. The purpose of Equality Analysis is twofold:

1. To identify unintended consequences and mitigate them as far as is possible.
2. To actively consider how change to policy, function or service development might support the advancement of equality and fostering of good relations.

An Equality Analysis focuses on identifying whether any equality groups/protected characteristics will be adversely affected by planned proposals.

The equality groups are those identified by the Equality Act 2010 (called protected characteristics): age, gender, gender reassignment, religion or belief, disability, ethnicity, sexual orientation, pregnancy and maternity and marriage and civil partnership.

3. Croydon Demographics – a summary

This section provides a snapshot of the demographic makeup of Croydon, including the protected characteristics, deprivation and other groups/communities.

Population and Population Growth

Croydon has a population of approximately 381,000 residents which makes it the second most populated borough in London. The population of Croydon is predicted to rise by 3% over the next decade.

Age

Overall population statistics from the 2011 Census show the age profile of Croydon is segmented as follows:

- Pre-school age band - 0-4yr olds make up 8% of the total borough population
- School age band - 5-19yr olds make up 19% of the total borough population
- Working age band - 20-64yr olds make up 61% of the total borough population
- Older people age band - 65+yr olds make up 12% of the total borough population¹

Marriage/Civil Partnership

From the 2011 Census marital status figures for Croydon show 40.4% of people are married, 9.0% cohabit with a member of the opposite sex, 1.1% live with a partner of the same sex, 32.5% are single and have never married or been in a registered same sex partnership, 9.3% are separated or divorced. There are 18,401 widowed people living in Croydon.²

Disability

16.96% (38,500) Working age people in Croydon have a disability³.

Mental Health

One in six adults in Croydon has a mental health need⁴.

¹ Strategic Intelligence Unit (2012) Croydon Borough Profile 2012

² <http://localstats.co.uk/census-demographics/england/london/croydon>

³ *Croydon Joint Strategic Needs Assessment*

⁴ *Croydon Integrated Mental Health Strategy for 2014 – 2019 Strategy*

Ethnicity and Migration

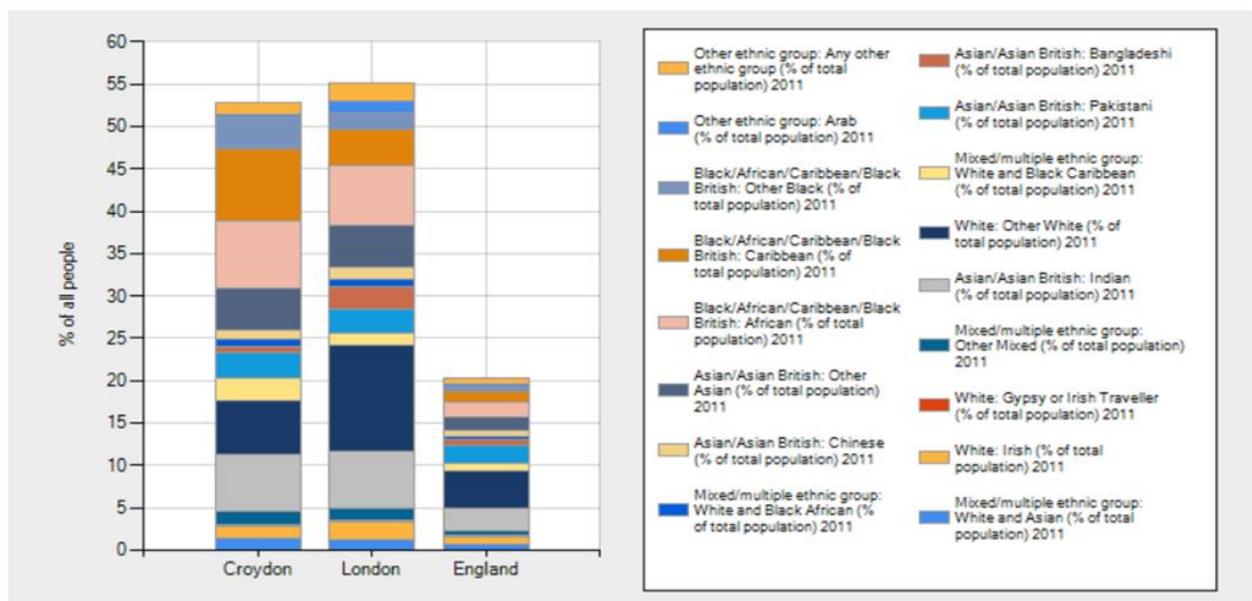
Approximately, 44.91% of Croydon's population are recorded as non-White in the 2011 Census. The most common languages spoken by people in Croydon other than English are Tamil, Urdu, Gujarati and Polish.

Croydon has 6,000-7,000 new immigrants from outside the UK per year and at least 3,000 emigrants.

The main areas immigrants have been coming from in recent years are:

- South Asia (India, Pakistan and Sri Lanka: 2,300 people per year)
- Eastern Europe (Poland, Romania, Lithuania, Bulgaria, Hungary: 1,100 people per year)
- Certain countries in Africa (Ghana and Nigeria: 500 people per year)

The chart below shows the ethnicity profile of ethnic minority groups in the local area and comparators



Gender

Approximately 51.50% of the population is female².

Sexual orientation

Of the total Croydon population, 3.2% or 11,629 people are estimated to be lesbian, gay or bisexual.

Religion and Faith

56.42% of Croydon's population identified itself as being Christian, followed by 19.9% who identified with no religion, 8.12% as Muslim, 5.98% as Hindu, 0.66% as Buddhist and 0.59% with other religions⁵.

Gender reassignment

The CCG have no figures relating to the number of transgendered people or Croydon residents who have been/are in the process of gender reassignment.

Pregnancy and Maternity

Croydon has a younger than average population, compared to neighbouring boroughs, this is reflected in the number of live births per year. In 2013 5,605 live births were recorded in Croydon⁶

Croydon has a higher than regional and England average rate of teenage conceptions, 32 per 1,000 females aged 15-17.

An average of 94 patients/couples resident in Croydon received IVF/ICSI treatment each year (2012 -16) at Croydon University Hospital. This equates to approximately 0.023% of the CCG population.

Approximately 400 Croydon residents access other services within the wider fertility service in Croydon.

⁵ *Croydon Borough Profile Quarterly Update January 2014*

⁶ Public Health England (2015) Croydon Child Health Profile

4. Prevalence of IVF service use in Equality Groups/ Protected Characteristics

The details presented below show the breakdown of users of IVF/ICSI services in Croydon in 2015-16 and 2016-17 broken down by:

- Age
- Ethnicity
- Ward/deprivation

All data has been provided by Croydon University Hospital, the main provider of IVF/ICSI services in Croydon.

Table 1 – Ethnic breakdown

Ethnicity	2015-16	2016-17
Asian	16	28
Asian other	0	1
Black	4	2
Black African	2	4
Black British	4	2
Black Caribbean	0	1
Black other	0	1
British Asian	13	9
British Indian	1	0
Chinese	0	3
Mixed White Caribbean	0	2
Mixed White/Asian	1	0
Not stated	8	13
White British	27	36
White Irish	0	1
White other	18	13
TOTAL:	94	116

Figure 1 - Ethnicity breakdown 2015-2016

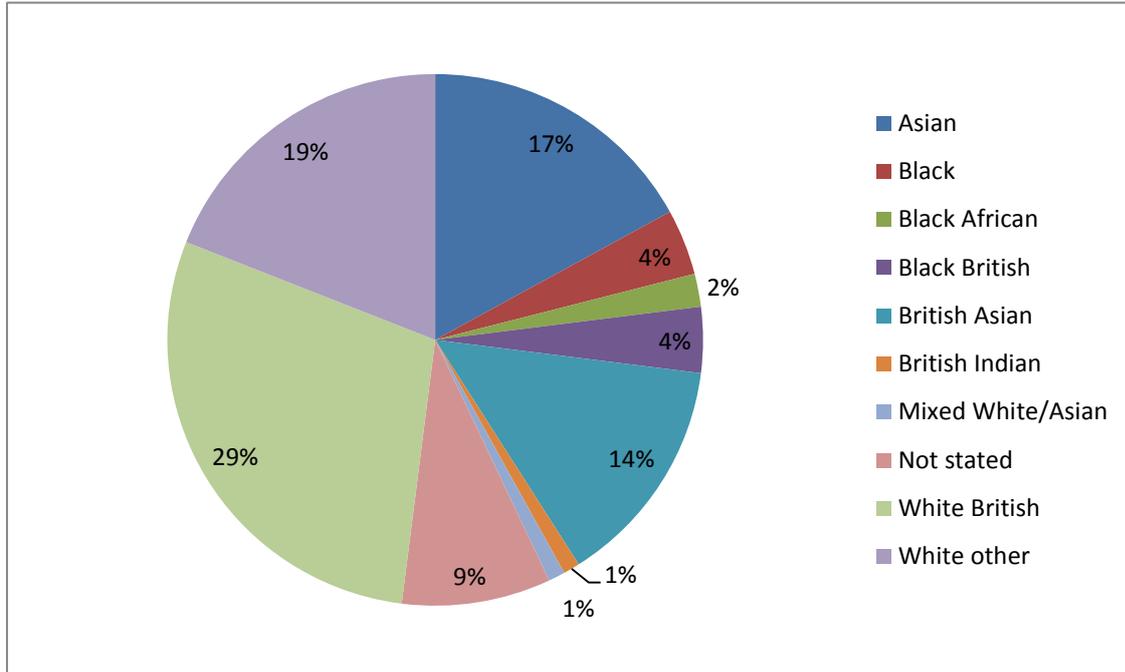


Figure 2 - Ethnicity breakdown 2016-2017

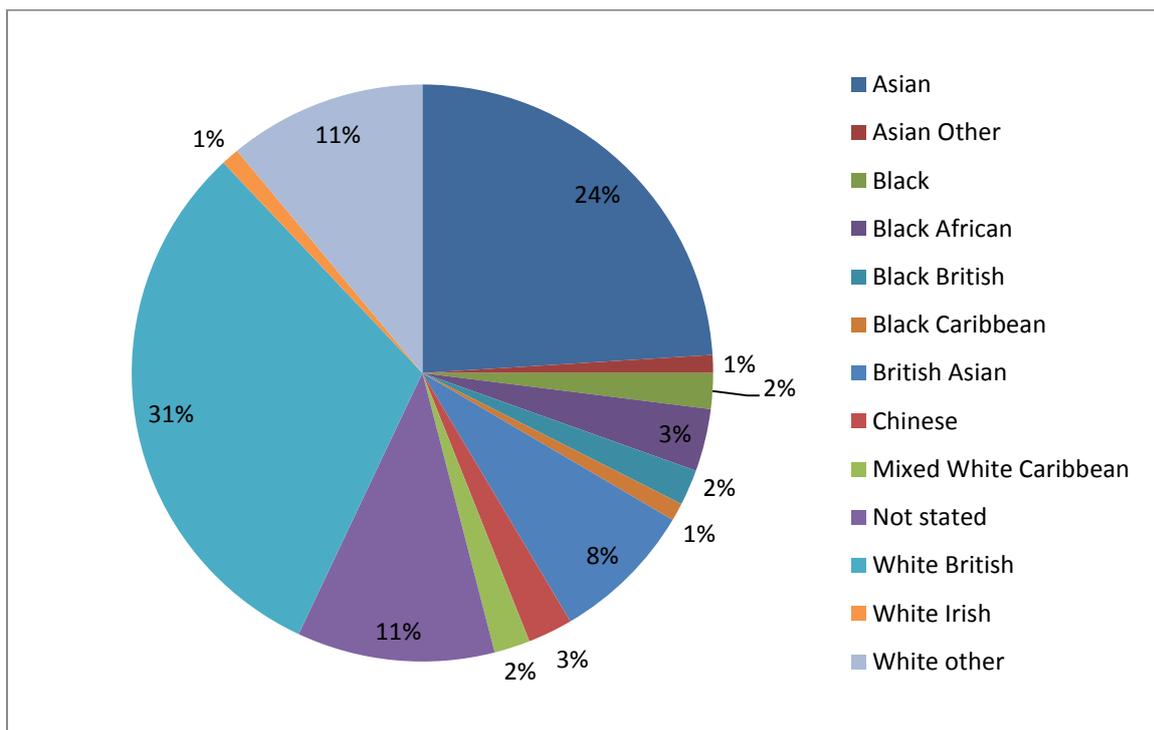


Table 2 – Age breakdown

Age	2015-16	2016-17
22-25	5	2
26-30	15	23
31-35	35	40
36-40	39	51
TOTAL:	94	116

Please note the figures in the table above are the number of individual patients. The graph shows the total percentage of patients in each age bracket, which present a slightly different figure.

Figure 3 – Age breakdown of IVF/ICSI patients 2015-2016

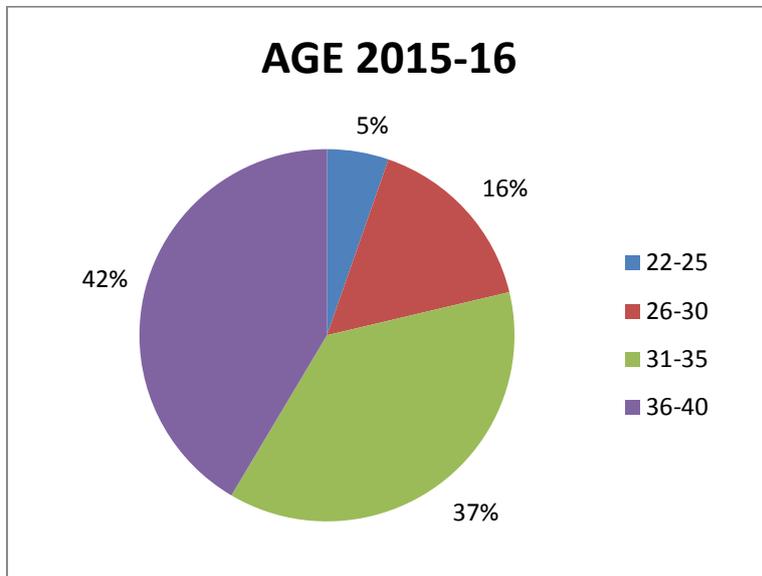
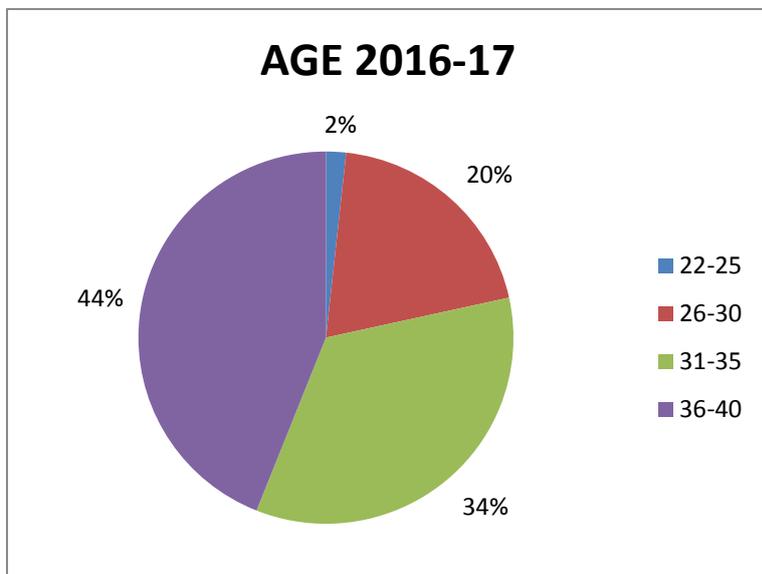


Figure 4 – Age breakdown of IVF/ICSI patients 2016-2017



Deprivation

The patients data provided for 2016-17 only included postcodes, this data was analysed against ward level Super Output Area data (SOA)⁷. SOA data is based on 32,844 area based inter-ward locations which break down the areas into populations of approximately 1,500 residents.

This helps to assess local wards at a micro-level which recognises the wide variation within wards in relation to deprivation. This is particularly pertinent to Croydon which has very wide variations in the levels of deprivation within wards. Analysing the data in this way also ensures that the original patient data is fully anonymised.

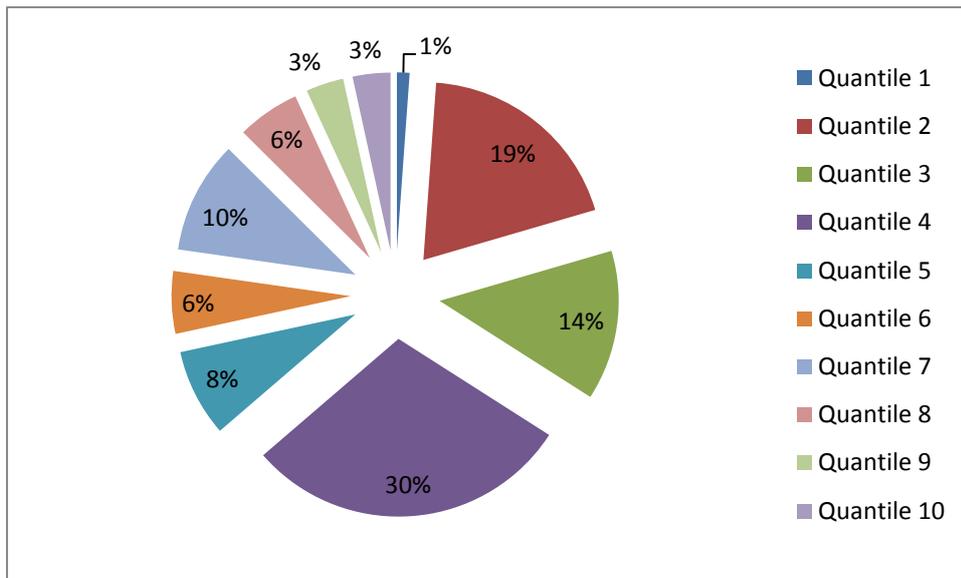
SOA data ranks the 32,844 areas into quantiles. The quantiles range from 1 to 10. The first quantile represents the wards which lay within the 10% of most deprived areas of the country. The tenth quantile represents the wards which lay within the least deprived areas of the county.

Table 3 – Deprivation quantiles

Deprivation Quantile	Number of patients	Percentage
1 – most deprived	1	1%
2	17	19%
3	12	14%
4	26	30%
5	7	8%
6	5	6%
7	9	10%
8	5	6%
9	3	3%
10 – least deprived	3	3%

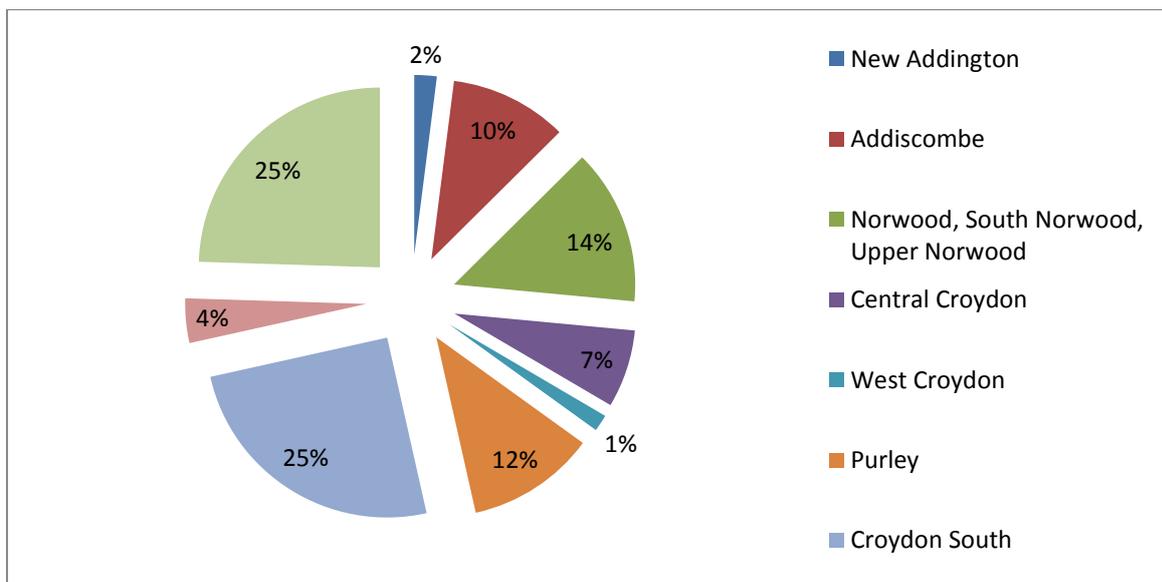
⁷ <https://data.gov.uk/dataset/english-indices-of-deprivation-2015-isoa-level>

Figure 5 - Breakdown of 2016-17 users by deprivation quantiles



The consultation survey asked people to state which are of Croydon they lived in. This question was optional and a total of 394 people answered. Of these 379 gave a recognisable Croydon postcode or area. The chart below shows the breakdown of area by response. A mid-point review during the Consultation indicated a low response rate from more deprived wards, e.g. South Norwood, Thornton Heath. The survey respondents do not match the profile of IVF/ICSI patients with an over representation towards Croydon residents living in the lower 4 quantiles of deprivation. Given the disproportionate impact that any decision to decommission NHS funded IVF/ICSI services would have on Croydon residents with low/lower than average income, as highlighted by survey respondents, it was considered valid to target areas with higher levels of income deprivation during the Consultation.

Figure 6 – Breakdown of consultation survey respondents by area



5. Impacts on protected characteristics and other groups in Croydon

The proposal to decommission IVF/ICSI services have been analysed against groups sharing the nine protected characteristics and deprivation, to understand any unequal impacts on particular groups. This section outlines the findings of that analysis under each heading. At the end of the section is a table which describes the impact, be they positive, negative or neutral against the protected characteristic and mitigations against the identified impacts.

Age

NHS Croydon CCG's current policy sets an upper age limit of 39 years of age for women to be eligible for IVF/ICSI treatment. The lower age limit is 18 years of age. The NICE guidance on IVF treatment recommends an upper age limit of 42 years of age. The proposal to decommission this service would, therefore, impact on the age band 18 to 39 of eligible women in Croydon. Data from the last two financial years show that over three quarters of users fall into the higher end of the age bracket, 31 to 40 years of age. Therefore this age group would be the most affected.

It is anticipated that requests made through an Individual Funding Request (IFR) would also only be open to women within this same age band (18-39).

Marriage/Civil Partnership

The current CCG policy does not discriminate between people who are married/in a civil partnership or unmarried.

Disability

Disability status is not included in the dataset sent over from the current largest provider; therefore we do not have local data on the number of patients who consider themselves to have a disability. Wider evidence suggests that for people with a disability or long-term health condition, fertility may be impacted. Some physical disabilities may also restrict a person's ability to engage in sexual intercourse, meaning that natural conception would not be possible. Some medical treatments can cause long-term infertility, for example, chemotherapy treatments.

Evidence suggests that around a third of all disabled adults of working age are living in low-income households. This is twice the rate of that for non-disabled [adults](#). This could impact upon disabled Croydon resident's ability to pay for IVF/ICSI treatment privately.

There may be some impact on fertility for patients with existing mental severe and enduring mental health conditions. However, this is difficult to assess on a population basis.

Race and Ethnicity

The numbers of patients with Asian heritage who have used the service in the last 2 years are substantially over represented in relation to the overall population of Croydon – 34% of service users compared to around 10% Croydon residents. IVF patients from Black African and Black Caribbean heritage are underrepresented as a percentage of the Croydon BAME profile.

Evidence indicates that members of BAME communities are more likely to live in areas of high deprivation and suffer disproportionate levels of health inequalities⁸.

Gender

Although the service predominantly delivers direct treatment to women, men also undergo fertility testing and procedures as part of IVF/ICSI.

Currently NICE guidelines recommend same-sex couples are entitled to treatment on the NHS following 6 cycles of self-funded intrauterine insemination, unless they are couples with a diagnosed cause of absolute infertility which precludes any possibility of natural conception, and who meet other eligibility criteria, who have immediate access to NHS funded assisted reproduction services.

Sexual Orientation

The current NHS Croydon policy states that “Sub fertility treatment will be funded for women in same sex couples or women not in a partnership if those seeking treatment are demonstrably sub fertile. In the case of women in same sex couples in which only one partner is sub fertile, clinicians should discuss the possibility of the other partner receiving treatment before proceeding to interventions involving the sub fertile partner. NHS funding will not be available for access to insemination facilities for fertile women who are part of a same sex partnership or those not in a partnership”.

Religion

The provider has not provided data relating to patients religion and therefore the CCG does not have access to this data.

There is on-going debate within many recognised religions about the use of IVF/ICSI services which is summarised [here](#)

Gender Reassignment

No relevant data or evidence can be sourced to assess the impact upon Croydon residents who are undergoing or have undergone gender reassignment treatment.

Pregnancy/Maternity

⁸ <https://www.evidence.nhs.uk/Search?q=health+inequalities+in+black+minority+group+in+uk>

Article 8 of the Human Rights Act (1998) provides the right to a private and family life. The most high profile case law in relation to this (Evans vs United Kingdom, 2007) helped to establish, that Article 8 should not be interpreted to include an inherent right to IVF treatment. And its spirit represents an existing family not an intended family.

Deprivation

Croydon is the 19th most deprived borough in London and the level of deprivation in Croydon is lower than the England average. However, between 2004 and 2010, levels of deprivation in Croydon increased more than in any other borough in south London. This downward trend has not shown signs of reversal to date.

IVF/ICSI services are available privately in a number of locations within a 10 mile radius of Croydon. Given the number of private providers and the variations in the level and type of treatment a women may need as part of her IVF treatment it is very difficult to provide an average cost to patients who access IVF/ICSI services through private providers.

The CCG have provided a figure of £5,575 per cycle as an average cost to the NHS within Croydon in the consultation document. If IVF/ICSI services are decommissioned by the CCG and a patient is not eligible for NHS funding through the IFR process this cost will fall to individuals to cover.

The analysis presented earlier in this report on the deprivation quantiles plotted against the postcodes of patients in 2016-17 shows that the majority of current patients live within the 40% of the most deprived areas in the country.

Summary of Impact against Equality/Protected Group

Equality/Protected Group	Positive impact	Negative impact	Neutral Impact	Explanation	Mitigation
Age	✓	✓		<p>Removal of routine access to treatment for IVF/ICSI services in Croydon would impact upon all women aged 18-39 who would have otherwise been eligible for NHS funded treatment.</p> <p>Some clinics who offer privately funded IVF/ICSI treatment have a higher upper age thresholds and/or less restrictive age requirements.</p>	It is recommended that the age range of women eligible for treatment in Croydon CCG's current policy is reflected in any IFR considerations to ensure women this cohort of women are not disadvantaged as a result of the decommissioning of IVF/ICSI IN Croydon
Marriage/Civil Partnership			✓	The decommissioning of IVF/ICSI services would impact equally on all future eligible patients regardless of relationship status.	None
Disability		✓	✓	The proposal to decommission the current IVF/ICSI service may have an impact on the mental health of some patients and the ability of disabled	Additional Increased Access to Psychological Therapies (IAPT) provision may be required in the short to medium term to support people who would be most impacted by the

				<p>people to access IVF/ICSI services. Infertility can have a significant impact on the health and well-being of individuals and wider family members. Although the CCG will have a process in place for individuals with exceptional circumstances to apply through the IFR process, this option will not be open to all currently eligible residents.</p> <p>The decommissioning of IVF/ICSI services would apply to all Croydon residents.</p>	<p>proposal to decommission services. This may require specialist couples therapy as well as individual therapy services</p>
Race and Ethnicity		✓	✓	<p>Some BAME groups may be affected disproportionately by the decommissioning of IVF/ICSI services, in part due to other external factors including income, social and health inequalities.</p> <p>The decommissioning of IVF/ICSI services would</p>	<p>The engagement process should take into account the BAME profile of recent and current users and ensure that these communities are well represented to explore any additional impacts on specific ethnic groups.</p>

				apply to all Croydon residents, regardless of race and ethnicity.	
Gender			✓	Although the service predominantly delivers direct treatment to women, men also undergo fertility testing and procedures as part of IVF/ICSI.	
Sexual orientation			✓	If the proposal to decommission services is adopted it will have a comparable impact on both male-female couples and female same-sex couple.	Should IVF/ICSI services be de-commissioned in Croydon both male-female and same-sex couples could apply for treatment through the IFR process.

Religion			✓	Should IVF/ICSI services be de-commissioned in Croydon it is not ✓ anticipated that religious belief will impact significantly on residents who seek these treatments.	None
Gender reassignment			✓	There are no identified impacts upon Croydon residents who share this protected characteristic	None
Pregnancy/Maternity	✓	✓		The cost of private IVF/ICSI treatment may prohibit a small number of Croydon women from, potentially, becoming pregnant. This assumes that they apply through the IFR process and are unsuccessful.	Croydon residents who can afford to pursue private treatment may find that their options for treatment are enhanced due to a less restrictive eligibility criteria e.g. length of time spent trying to become pregnant, age limits
Deprivation		✓	✓	For some Croydon residents the withdrawal of NHS funded services with make it financially unviable	The engagement process should take into account the potential impact of deprivation on access to

				<p>to access IVF/ICSI treatment.</p> <p>Over a third of current users live in the top five quantiles, which indicate they are living in areas with lower levels of deprivation, which may mean they have the possibility of self-funding. However, the quantiles are based on area and do not take into account income levels so this finding should be viewed with caution.</p>	<p>IVF/ICSI services and ensure that these communities are well represented to explore any additional impacts on lower income groups.</p>
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Ros Spinks

Patient and Public Involvement Manager

January 2017