

Report to: STRATEGIC COMMISSIONING BOARD

Date: 24 June 2020

Executive Member: Eleanor Wills – Executive Member (Adult Social Care and Health)

Clinical Lead: Dr Christine Ahmed – Clinical Lead

Reporting Officer: Jessica Williams – Director of Commissioning

Subject: **MINIMISING THE IMPACT OF THE NATIONAL PAUSE IN ASSISTED CONCEPTION TREATMENT**

Report Summary: In line with National guidance, and to help the NHS in Greater Manchester face the outbreak of COVID-19 all three providers of Assisted Conception services were asked to pause treatment. In May new guidance advised the resumption of treatment.

The Tameside and Glossop Assisted Conception policy states for IVF:

For women aged 39 and under:

The CCG funds 3 cycles (includes abandoned or cancelled cycles).

If the woman turns 40 before all cycles are complete then no further treatment will be funded after the current cycle is completed.'

IVF for women aged 40-42 (i.e. before her 43rd birthday), - all CCGs offer 1 full cycle provided:

- They have never previously had IVF (including privately) – (For same sex female couples: neither partner has previously had IVF)
- There has been a discussion about the implications of IVF at this age

The pause in treatment due to the COVID-19 pandemic may have resulted in cancelled/abandoned cycles and may also mean that some patients reach the cut-off age for their first, or further, IVF cycles because their treatment start has had to be delayed.

In addition some patients with an ongoing cycle may have it cancelled or abandoned due to coronavirus symptoms.

This report seeks to agree a way forward that mitigates the negative impact of the COVID-19 pandemic on couples eligible for IVF under the Assisted Conception policy.

Recommendations: Strategic Commissioning Board are asked to approve

A replacement treatment cycle if the original cycle had to be abandoned due to the service pause.

Patients who reach the cut-off age before receiving all their cycles because their treatment start has had to be delayed are permitted to have those cycles missed provided no additional delays requested by the couple.

Patients who restart treatment in 20/21 who have a treatment cycle stopped due to coronavirus symptoms developing during

their treatment are permitted a replacement cycle.

Financial Implications:
(Authorised by the statutory
Section 151 Officer & Chief
Finance Officer)

Budget Allocation (if Investment Decision) £0.4m (*Annual IVF Budget*)

CCG or TMBC Budget Allocation CCG

Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration Section 75

Decision Body – SCB, Executive Cabinet, CCG Governing Body SCB

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons The proposal within this report are to continue to offer the agreed service specification and extend the period due to COVID and that activity volume following national guidance will resume following the temporary pause in April and May. Financial plans are in place that deliver the expected levels of throughput, however there are national “command and control” measures in place as outlined below for NHS Providers.

Additional Comments

The financial impact in total for IVF is a difficult one to calculate at this stage as there are still some unknown factors and in some cases the CCG does not have the granular data as outlined in section 4.3 to be able to quantify.

Under normal contracting arrangements the provision of IVF services is paid to Providers on a cost per case basis with cancelled cycles being paid at 1/3 tariff and abandoned cycles at 2/3 of the tariff. This process is technically still in place in 20/21, with some changes to NHS Providers.

For example, The NHS provider, Manchester University Hospital Foundation Trust (MFT) is subject to central “Command and Control” conditions, which places this contract on a full block basis for the initial period of April to July. (This has subsequently been extended to Oct 2020). As a result of this, payments made to MFT are based on activity M1-M11 forecast of 19/20 and therefore will indirectly pick up the average cost of delivering IVF services to T&G patients. The Provider Trust would request a top-up payment from the national team to allow for a breakeven provider position, as nationally instructed.

Whilst NHS block payments would inevitably contribute towards IVF services that got suspended, there is no current guidance about how CCGs and Providers will reconcile payments to actual service delivery in the future and at what point. However

the Independent Sector provider payments have been suspended on a cost per case basis, yet the CCG still has a full years' budget plan in place based on expected throughput of patients and therefore mitigates some of the risks highlighted in this report by offering to extend to those patients whom would of ordinarily have been treated in this financial year.

Legal Implications:

(Authorised by the Borough Solicitor)

It is expected that a full equality impact assessment was undertaken and advice provided in relation to the Tameside and Glossop Assisted Conception policy states for IVF. Therefor these legal implications are limited to the issue of the interruption of the IVF service as a result of decisions taken relating to the Coronavirus pandemic. As set out in the main body of the report it is acknowledged that the national Pause in Assisted Conception Treatment could impact access to the treatment going forward due to the passing of time. This report seeks to address this to ensure that no couple has been disadvantaged because of the delay. This appears to be a reasonable and proportionate response.

How do proposals align with Health & Wellbeing Strategy?

The recommendations ensure couples receiving treatment during the COVID -19 pandemic are not disadvantaged by national guidance

How do proposals align with Locality Plan?

The recommendations ensure couples receiving treatment during the COVID -19 pandemic are not disadvantaged by national guidance

How do proposals align with the Commissioning Strategy?

The recommendations ensure couples receiving treatment during the COVID -19 pandemic are not disadvantaged by national guidance

Recommendations / views of the Health and Care Advisory Group:

Public and Patient Implications:

Four enquiries have been received within 2 days regarding the impact of the national pause on Assisted Conception services. Across Greater Manchester other CCGs have supported the proposals to allow replacement cycles and extend the age cut off for people impacted by the pause.

Quality Implications:

There are no specific quality issues

How do the proposals help to reduce health inequalities?

The proposal mitigates the impact of the COVID-19 on eligible couples

What are the Equality and Diversity implications?

The extension in the age cut off for specific cases mitigates the impact of the COVID-19 with regard to age

What are the safeguarding implications?

There are no specific safeguarding issues

What are the Information Governance implications? Has a privacy impact assessment been

There are no IG implications

conducted?

Risk Management:

The proposal aims to mitigate the negative impact on couples eligible for Assisted Conception and this in turn mitigates any reputational risk due to adverse publicity.

The financial risk is anticipated to be minimal

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer



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1. INTRODUCTION

- 1.1 National guidance resulted in IVF treatment being suspended on 15 April 2020 including for those couples part way through a cycle.
- 1.2 New guidance issued in May permitted the resumption of treatment from 11 May subject to individual providers demonstrating that they can provide a safe service for patients and a safe working environment for clinic staff that complies with recommendations from professional guidance.

2. IMPACT OF THE PAUSE IN SERVICES

- 2.1 The Tameside and Glossop policy for Assisted Conception states:

For women aged 39 and under:

The CCG funds 3 cycles (includes abandoned or cancelled cycles).

If the woman turns 40 before all cycles are complete then no further treatment will be funded after the current cycle is completed.

IVF for women aged 40-42 (i.e. before her 43rd birthday), - all CCGs offer 1 full cycle provided:

- They have never previously had IVF (including privately) – (For same sex female couples: neither partner has previously had IVF)
- There has been a discussion about the implications of IVF at this age

- 2.2 A cancelled IVF cycle is one where the egg collection procedure is not undertaken and an abandoned cycle is one which ends before embryo implantation and after egg collection.
- 2.3 Some couples may have had a cycle cancelled or abandoned due to the requirement to stop treatment with immediate effect in April.
- 2.4 Some patients with an ongoing cycle may have it cancelled or abandoned due to coronavirus symptoms.
- 2.5 The pause in treatment due to the COVID-19 pandemic may also mean that some patients reach the cut-off age for their first, or further, IVF cycles because their treatment start has had to be delayed.
- 2.6 For some couples the national pause would reduce the opportunity to receive the number of full cycles they would have been eligible for without a pause in services.

3. MITIGATION PROPOSAL

- 3.1 Across Greater Manchester commissioners have been asked to agree to honour the original number of cycles agreed at the start of treatment with replacement cycles taking place when the original cycle had to be cancelled or abandoned and to allow an extension of the cut off age to enable completion of the original number of cycles.

4. FINANCIAL IMPACT

- 4.1 Under normal contracting arrangements the provision of IVF services is paid to Providers on a cost per case basis with cancelled cycles being paid at 1/3 tariff and abandoned cycles

at 2/3 of the tariff. This process is technically still in place in 20/21, with some changes to NHS Providers.

- 4.2 For example, The NHS provider, Manchester University Hospital Foundation Trust (MFT) is subject to central “Command and Control” conditions, which places this contract on a full block basis for the initial period of April to July. (This has subsequently been extended to Oct 2020). As a result of this, payments made to Manchester University Hospital Foundation Trust are based on activity M1-M11 forecast of 19/20 and therefore will indirectly pick up the average cost of delivering IVF services to T&G patients. The Provider Trust would request a top-up payment from the national team to allow for a breakeven provider position.
- 4.3 The CCG does not have data on the number of patients who may need replacement cycles or who may be impacted by the cut off age and for some they may have a successful pregnancy that negates the need for a replacement cycle or extension related to age.
- 4.4 The financial impact in total for IVF is a difficult one to calculate at this stage as there are still some unknown factors. For example, whilst NHS block payments would inevitably contribute towards IVF services that got suspended, there is no current guidance about how CCGs and Providers will reconcile payments to actual service delivery in the future and at what point. Whereas with the Independent Sector providers, payments have been halted on a cost per case basis, yet the CCG still has a full years’ budget plan in place based on expected throughput of patients and mitigates some of the risks highlighted in this report.

5. RECOMMENDATIONS

- 5.1 As set out at the front of the report.