

Your views on **Specialist Fertility Services**

Consultation on a proposed change in policy

Final date for feedback 8 September 2014

This consultation is part of a series of discussions to inform healthcare commissioning plans for 2014-2019 for the residents of mid Essex, including Braintree, Chelmsford and Maldon.

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A summary of what's in this document is also available on our website
<http://www.midessexccg.nhs.uk/public-consultations/fertility-services-consultation>

**Do you need hard copies of this document?
Do you need this document in a different format, such as large type, different language, audio version?**

Please contact us on 01245 459 459.

Final date for feedback 8 September 2014

You can let us know your views in writing by completing our feedback questionnaire, available via the following link, or by returning a hard copy to the CCG. *See further details in section 8.*
[Specialist Fertility Services Survey](#)

If your group or organisation would like a meeting, please contact us on **01245 459 459.**

1. What this document is about

Consulting your views on specialist fertility services

Mid Essex Clinical Commissioning Group (CCG) is proposing a change to its policy on commissioning specialist fertility services. A change in policy would affect anyone registered with a GP in the districts of Braintree, Chelmsford or Maldon who might be looking to receive specialist fertility services free of charge on the NHS.

The issue is also a matter for wider views as it concerns the way we spend public money on healthcare for the population of mid Essex.

This document sets out the current facts about specialist fertility services and why we are proposing a change. It explains three possible options and asks for your views on the pros and cons of each option.

We want to consider all perspectives: the implications for people who may be facing problems with infertility, what staff think and a range of views from local people; alongside expert opinions, national guidelines and financial pressures.

After a period of consultation, the Mid Essex CCG Board will take a decision on its policy for specialist fertility services at its Board meeting on 25 September 2014.

2. Why we need a change

Mid Essex CCG has a financial deficit. The annual cost of health care in mid Essex is currently greater than our annual funding allocation. Mid Essex CCG must reduce expenditure, find savings and get back into balance in order to move forward with sustainable healthcare services in future years.

The options for specialist fertility services explained in section 6 of this document include estimates of potential savings from a proposed change in policy.

The financial challenge for mid Essex

As your local Clinical Commissioning Group (CCG), we are the leaders of your local NHS. One of our main duties is to buy health services on your behalf, to make sure that they are there when you need them and that they meet the requirements, safety and quality standards of the NHS. We must do this every year, and remain strictly within the limits of the funds that are allocated to us in mid Essex.

This is commissioning - a complex job that requires a tight grip on what's happening in our local NHS week by week. We aim to keep up with new

technology and bring the best of modern health care to the people of mid Essex. We do this under a statutory duty to contain expenditure within our allocated funds.

Mid Essex has a particular financial challenge that is greater than most other CCGs. Like all organisations in the NHS, we are grappling with the pressures of rising demands on healthcare, while funding levels remain broadly the same each year.

Some of the particular difficulties in mid Essex are:

- Funding per head of population is in the lowest 15%, because the population overall is in better health than other areas and therefore the national funding formula assesses the Mid Essex need for funding as relatively low.
- National funding allocations are not exactly in line with calculated needs and Mid Essex CCG is currently receiving less than our assessed funding requirement.

Mid Essex has been managing these financial pressures throughout the last decade. Many opportunities have already been seized to reduce waste and create efficiency savings. For example, our use of hospital procedures and services compares well with other similar areas.

The NHS in mid Essex delivers high quality services, frequently ranking above other areas in terms of performance against NHS standards. The CCG is keen to maintain this for its patients and part of this is about taking difficult commissioning decisions.

For details where the CCG ranks nationally on performance, visit <http://www.nhs.uk/Service-Search/Clinical-Commissioning-Group/sq88ra/Results/589/0.110971868038177/52.0172004699707/1/0?distance=25>

Seeking your involvement in plans for 2014/15 and the next five years

Currently, we are working on two main plans:

- **Part 1 - *Back into Balance***
A plan for 2014/15 and 2015/16 that shows how the CCG intends to reduce costs while maintaining services and service quality as set out in the NHS Constitution. This is a plan to stop the in-year deficit continuing to rise.
- **Part 2 – *Fast Forward to Better Care***
A five-year strategy with a programme of major transformation in all aspects of healthcare services. This is a plan to meet increasing future demands with a sustainable, high quality health and social care system for

the people of mid Essex, as well as returning the CCG to financial balance by 2017/18.

More information on these two plans is available from our website, along with details of our programme of discussion events and other ways to help shape these plans.

http://www.midsexccg.nhs.uk/about-us/ccg-board-meetings/board-papers/doc_download/978-26-june-2014-governing-body-papers

The proposed policy change for specialist fertility services is one part of the CCG's proposals for prioritising our expenditure within the available resources. Over the next few months, we are listening to local views on this and all plans for the immediate short term and the medium to long term.

See also section 8 in this document on how to give your views.

3. Summary of proposals

Currently, Mid Essex CCG buys the following specialist fertility services to help people with fertility problems to conceive a child. Around 70-100 people per year have accessed these specialist treatments in recent years.

Specialist Fertility treatments include:

- In-vitro fertilisation (IVF) and Intra-cytoplasmic sperm injection (ICSI)
- Surgical sperm retrieval methods
- Donor Insemination
- Intra Uterine Insemination (IUI)
- Sperm, embryo and male gonadal tissue cryostorage and replacement techniques and other micro-manipulation techniques including sperm washing.
- Egg donation, where no other treatment is available

These specialist fertility treatments are only available from specialist centres (not usually in your local hospital). Only hospital consultants make referrals to these specialist services, after all other possibilities have been considered.

The CCG already has a policy in place which defines the criteria when patients are eligible to have these treatments funded by the NHS, and which takes into account the clinical guidance on 'Fertility' issued by the National Institute for Health and Care Excellence (NICE) in 2004 (CG 11).

NICE issued new guidance on 'Fertility' in 2013 (CG 156) and the CCG is now reviewing its policy for fertility services.

At the same time, the CCG is looking at all aspects of healthcare services to reduce expenditure. The annual costs of healthcare are currently greater than

the money available and the CCG must get back into financial balance as a matter of urgency.

We are therefore considering the priority and affordability of commissioning specialist fertility services alongside other healthcare services that we buy on your behalf.

Mid Essex CCG is therefore considering the following three options:

Option 1 – No change to the existing policy

This option means continuing to offer specialist fertility services under the current eligibility criteria set by the CCG's existing policy.

Option 2 – Tighten restrictions from three cycles to one cycle of IVF

This option means continuing to offer specialist fertility services under the criteria set by our existing policy, but would restrict females to receiving one full cycle of IVF (not three as is the current policy).

Option 3 – Restrict specialist fertility services to two particular groups of patients

This would limit access to specialist fertility services to:

- Cancer patients who wish to preserve fertility before treatment that is likely to affect their fertility
- Men who are HIV positive and where there is high risk of viral transmission to their female partner.

4. Essential background

What are specialist fertility services?

According to the National Institute for Health and Care Excellence (NICE), a woman of reproductive age who has not conceived after one year of unprotected sexual intercourse, in the absence of any known cause of infertility, should be offered further clinical assessment and investigation along with her partner.

For people with unexplained infertility, your GP would be your first point of call. If clinically appropriate, your GP may refer you to a gynaecologist for further investigations. This may lead to treatment at your local hospital, which could include drug treatments to induce ovulation or surgical treatment, for example, to treat endometriosis.

Beyond these treatments, there is assisted conception, which is any treatment that deals with a means of conception other than vaginal intercourse. These specialist fertility services frequently involve the handling of eggs and embryos.

The specialist fertility services covered within the Mid Essex CCG service restrictions policy are:

Service type	Brief explanation
In-vitro fertilisation (IVF)	IVF is a procedure where eggs are removed from the woman and mixed with sperm in a laboratory. Once the eggs have been fertilised, they are placed in the womb. IVF can be carried out with the couple's own sperm and eggs or with donor sperm or donor eggs. An IVF procedure includes the stimulation of the women's ovaries to produce eggs.
Surgical sperm retrieval methods	Sperm is retrieved directly from the man's testis using surgery.
Donor Insemination	Donor insemination is the process of conceiving a baby using donated sperm. This may or may not need IVF.
Intra Uterine Insemination (IUI)	IUI involves taking fast-moving sperm and placing them inside the womb close to the time of ovulation.
Intra-cytoplasmic sperm injection (ICSI)	ICSI is similar to IVF, but in ICSI a single sperm is injected into an egg in the laboratory and the resulting embryo is transferred to the womb.
Sperm, embryo and male gonadal tissue cryostorage and replacement techniques and other micro-manipulation techniques including sperm washing.	Cryopreservation is the freezing of embryos, sperm, or eggs. Cryopreservation of embryos allows couples to undergo subsequent IVF cycles without ovulatory stimulating drugs. Micromanipulation procedures involve microsurgery on sperm, eggs or embryos and are used to assist sperm in fertilizing the egg or to assist the embryo in leaving the protective coating that surrounds the embryo. Sperm washing is a procedure used to remove components other than sperm from a semen sample prior to being used for intrauterine insemination.
Egg donation	Egg donation is a treatment offered to women who no longer produce their own eggs, or who have eggs of poor quality due to age or genetic factors. Eggs harvested from the donor are fertilised in the laboratory before being transferred into the recipient's womb.

Centres providing these specialist services include Imperial College Healthcare NHS Trust in London and Bourn Hall Clinic, a private sector organisation with clinics in Colchester and Wickford, as well as other areas outside of Essex.

There are other specialist services commissioned by NHS England, which are available separately, and not covered by the Mid Essex service restrictions policy. For example, Mid Essex CCG is not responsible for commissioning Pre-implantation Genetic Diagnosis and associated IVF/ICSI and specialist fertility services for members of the Armed Forces.

NICE guidance

NICE Clinical Guideline (CG11-Fertility) was updated in February 2013 (CG 156).

Key points of the NICE guideline relating to access for IVF:

- Women up to 40 years of age should be offered three full cycles of IVF
- Women between 40 and 42 who meet certain criteria should be offered one full cycle of IVF
- Both men and women with a body mass index greater than 30 should be advised to lose weight as this may restore fertility
- Women who smoke should be offered a smoking cessation programme.

Current policy in Mid Essex CCG

NICE clinical guidelines set standards that all CCGs should aspire to achieve. They are a valuable source of good practice, which the CCG takes into account in developing policy. However, it remains for the CCG and its partners to determine the services it will commission locally, taking into account all clinical, financial and other factors such as equality.

This is why policies on specialist fertility services vary across the country. Currently, Mid Essex CCG offers up to three full cycles of IVF, as recommended by NICE. Very few CCGs offer three cycles. Some offer two cycles, some offer one cycle and some CCGs do not offer IVF treatment.

Most of the eligibility criteria in the CCG's current policy are based on well-established clinical evidence. Things like age, weight and whether someone smokes are all factors that can affect the success of fertility treatment.

Examples of the eligibility criteria in the current Mid Essex CCG policy include:

- Women must be aged between 23 and 40.
- They must not have had NHS funded treatment previously. They may have had self-funded treatment, but this would be taken into account by the responsible clinician in deciding appropriate treatment. In line with current clinical evidence, couples should undergo no more than five IVF cycles in total.
- Any treatment cycle must start before the male is 55 years of age.
- There should be no living child (biological or adopted) from the couple's current or any previous relationships, regardless of whether the child resides with them.
- The woman must have a body mass index (BMI) of at least 19 and up to and including 30.

- Where one or both partners smoke, only those who agree to take part in a supportive programme of smoking cessation will be accepted on the IVF treatment waiting list, and should be non-smoking at the time of treatment.
- Couples are ineligible if previous sterilisation has taken place (either partner), even if it has been reversed.

Mid Essex CCG does not commission surrogacy.

Outside the agreed eligibility criteria, clinically exceptional cases are considered by application to the CCG's exceptional cases panel.

To see a full version of the current service restrictions policy see the CCG website at http://www.midessexccg.nhs.uk/about-us/ccg-board-meetings/board-papers/doc_download/592-meccg78-service-restriction-policy.

5. The financial situation

Mid Essex has been recognised as one of the 11 most financially challenged health economies in the country. In 2013/14, the CCG was not able to contain expenditure within the resources allocated to it. We incurred a deficit of £9.1m in that year. Service expenditure and cost pressures are rising faster than our funding increase and the forecast annual deficit is increasing.

The CCG has been working with NHS England, external advisors, local health economy partners and other national monitoring bodies to identify how costs can be reduced.

Part of a short-term savings plan

Ideally, Mid Essex CCG would commission specialist fertility services to the standard set by the NICE guideline, but current circumstances are not ideal.

The annual cost of healthcare in mid Essex is currently greater than our annual funding allocation. For 2014/15, we have identified a savings target of around £8m. However, even after delivering these savings we expect to incur a deficit in 2014/15 of £15.7m on a total annual healthcare budget of around £406m.

To secure our local health service for the future, we have to clear this annual deficit. We need to make changes and get back into financial balance.

We know that - by radically changing the way local healthcare works, by doing more in terms of prevention, by simplifying emergency and urgent care and by caring for frail and vulnerable people with more personal care at home - we can achieve better outcomes for patients and save money.

However, this type of service transformation takes time, possibly two or three years or more. In the meantime, we need to take some immediate short-term action to reduce spending.

A change to commissioning policy for specialist fertility services is one of many things we are considering as part of the short term action to reduce spending.

By adding further restrictions to specialist fertility services, we estimate we have the opportunity to save up to £550,000 every year.

Why restrict specialist fertility services?

The proposals in this consultation document have been selected by the CCG after careful consideration of the possible ways in which the CCG could achieve immediate short-term savings.

Specialist fertility services was highlighted in 2012 by a majority of mid Essex GPs as an area that could, and should, be reviewed in terms of spending. There was a general agreement among CCG member practices that other types of healthcare should take priority over fertility services in any spending decisions.

It is the purpose of this consultation to find out what others think, including those who may need fertility services and those who champion fertility services nationally.

6. Proposed options for a policy on specialist fertility services

Option 1 – No change to the existing policy

This option means continuing to offer specialist fertility services under the current eligibility criteria set by the CCG's existing policy.

Option 2 – Tighten restrictions from three cycles to one cycle of IVF

This option means continuing to offer specialist fertility services under the criteria set by our existing policy, but would restrict females to receiving one full cycle of IVF (not three as is the current policy).

Option 3 – Restrict specialist fertility services to two particular groups of patients

This would limit access to specialist fertility services to:

- Cancer patients who wish to preserve fertility before treatment that is likely to affect their fertility

- Men who are HIV positive and where there is high risk of viral transmission to their female partner.

Pros and cons of option 1 – No change to the existing policy

Option 1 maintains the status quo. Assisted conception, including offering three cycles of IVF, would continue to be available to those who meet the eligibility criteria. Outside the agreed eligibility criteria, clinically exceptional cases would be considered by application to the CCG's exceptional cases panel.

Impact on patients

No change from current policy.

There remains a consideration about equality with this option. Other CCGs may update their policies, in line with the updated NICE guideline, to offer one cycle for women aged 40-42. This would not be available to women in mid Essex.

Clinical effectiveness

Of the three options, this one is closest to the NICE guideline, but still does not meet the guideline in full e.g. by not extended access to one IVF cycle to women between 40 and 42.

Impact on financial recovery plan

This option does not offer any potential financial savings. The CCG would have to find another way to make savings as part of its Financial Recovery Plan to get back into balance.

Current budget for specialist fertility services - £750,000 per year
Annual planned saving from option 1 - £0

Total budget allocation for mid Essex - £406m

Total savings needed for 2014/15 - £8m

Current forecast deficit for 2014/15 - £15.7m

Pros and cons of option 2 – Tighten restrictions from three cycles to one cycle of IVF

Option 2 would operate in a similar way to option 1, but with the possibility of having one cycle of IVF, if this was considered clinically appropriate.

Implementation of this policy would be similar to option 1 above. Outside the agreed eligibility criteria, clinically exceptional cases would be considered by application to the CCG's exceptional cases panel.

Impact on patients

Depending on the clinical circumstances of each individual case, this option could reduce the chances of a successful outcome compared with option 1.

As in option 1 above, this option has equality implications. Other CCGs may continue to offer wider access to specialist fertility services, which would not be available to residents of mid Essex.

Clinical effectiveness

This option is some way short of meeting the NICE guideline on specialist fertility services.

Impact on financial recovery plan

Option 2 does offer potential savings, but is not as beneficial to the CCG's short-term savings plan as option 3. The larger proportion of the cost of IVF is at the start of the process, with a smaller cost for each successive cycle.

Current budget for specialist fertility services - £750,000 per year
Annual planned saving from option 2 – Around £250,000

Total budget allocation for mid Essex - £406m
Total savings needed for 2014/15 - £8m
Current forecast deficit for 2014/15 - £15.7m

Pros and cons of option 3 – Restrict specialist fertility services to two particular groups of patients

Option 3 is the CCG's preferred option.

The main reason is that this option offers the maximum potential savings every year, and the change in policy could be implemented immediately.

The CCG would keep a close eye on the impact of the change on both services and people with fertility problems. There would be a review of the policy annually and further changes could be applied, including a return to wider access to specialist fertility services, if this was considered to be affordable.

Impact on patients

If the revised policy were to be approved, it means that people having difficulties conceiving would still be able to consult their GP and, if appropriate, see a local gynaecologist for further investigation; but only in the defined clinical circumstances would funding support an onward referral to a specialist centre for assisted conception.

There are two instances where specialist fertility services would be funded. One is for men who are HIV positive and where despite treatment there remains a high risk of viral transmission to their female partner. The other would be in the case of a person diagnosed with cancer who wishes to protect

their chances of conceiving in the future by freezing and storing semen, eggs or embryos and using assisted conception such as IVF.

Outside of these instances, clinically exceptional cases would be considered by application to the CCG's exceptional cases panel.

For those experiencing fertility problems, who may have been eligible for specialist fertility services under the CCG's previous policy but are no longer eligible under the amended policy, there would undoubtedly be some disappointment during the period that a change in policy was applied.

There is also a consideration about equality. Other CCGs may continue to offer wider access to specialist fertility services, which would not be available to residents of mid Essex.

Should this option be approved, the advice to new patients who may be having difficulty with conception would be that they should seek help from their GP. The GP would then decide whether to refer them to a local gynaecologist for further investigation. Services at the local hospital, such as surgical treatment or ovarian stimulation, would continue to be funded.

Clinical effectiveness

This option is quite a long way short of meeting the NICE guideline on specialist fertility services.

Impact on financial recovery plan

Option 3 would offer the biggest potential savings contribution to the CCG's financial recovery plan.

Current budget for specialist fertility services - £750,000 per year
Annual planned saving from option 3 – Around £550,000 per year

Total budget allocation for mid Essex - £406m

Total savings needed for 2014/15 - £8m

Current forecast deficit for 2014/15 - £15.7m

7. Implementing a change

Notifying and informing local people

During this consultation, we aim to raise public awareness about any proposed policy change for specialist fertility services. We will be aiming to reach as wide an audience as possible, including the age group to which this service might apply. We are communicating with national and local representative bodies and fertility champions, with the aim of reaching the target group of service users.

Following a decision of the Mid Essex CCG Board in September, we would publish the outcome of consultation and policy decision.

Information about the policy, amended or unchanged, would be available from the CCG website and through leaflets in GP surgeries, as well as general information via the local press.

The decision-making process

All feedback whether written or in face to face discussions will be independently collated, analysed and summarised in a report to the Mid Essex CCG Board. Alongside the outcome of consultation there will be an equality impact assessment.

The Board will then consider the outcomes of consultation and equality impact assessment together with commissioning and financial information before reaching a view about the policy for specialist fertility services.

The Board's consideration and final decision will be taken in public at the Board's meeting on 25 September 2014.

If a policy change was agreed

The CCG would make available clear information for GP practices, clinicians and service users explaining the policy for specialist fertility services, the reasons behind it and how to apply to the CCG's exceptional cases panel.

The CCG's Patient Experience Team, which includes the local PALS service, would provide help and advice for service users by telephone, letter and email, including support to those who may wish to apply to the CCG's exceptional case panel.

Future policy reviews

The CCG reviews all of its service restriction policies annually, usually around July time, as part of the CCG's annual planning cycle.

Patient feedback, national guidelines and all aspects of local commissioning are taken into account as part of an annual policy review.

8. How to give your views

- You can express your views in writing, by using the online feedback form or by completing and returning the feedback form by email or by post (see *details below*).
- You can book a place at one of the open public workshops we are holding to discuss the full picture of our commissioning plans, including the proposed change in policy for specialist fertility services.
- If you would like a separate discussion for your group or organisation, please contact us using the contact details below.

Online feedback

To submit your views online, please go to: [Specialist Fertility Services Survey](#).

Open public discussion workshops

The following events are designed to involve people in discussions about the full picture of commissioning plans for the next five years, but there will be an opportunity during the workshop to hear views on specialist fertility services.

Date	Time	Place
Monday 28 July 2014	7pm – 9pm	Maldon Town Hall Market Hill, Maldon, Essex, CM9 4RL.
Tuesday 29 July 2014	7pm – 9pm	Spring Lodge, Witham The Barn, Spring Lodge Centre, Powers Hall End, Witham, CM8 2HE.
Wednesday 30 July	2pm – 4pm	Chelmsford Cathedral, Chapter House, New Street, Chelmsford, Essex, CM1 1TY.

To book places at any of the events above, please go to <http://www.midessexccg.nhs.uk/public-consultations/fertility-services-consultation/consultation-events>

Or contact the CCG offices at the number given below.

Request a meeting for your group or organisation

If you would like to arrange a meeting for your group or organisation, please contact the CCG offices at the number given below.

Address for returning your feedback form and contact for further information

Specialist Fertility Services
Mid Essex Clinical Commissioning Group
Wren House
Hedgerows Business Park
Colchester Road
Chelmsford
Essex CM2 5PF

Email: meccg.ppe@nhs.net

Telephone: 01245 459 459

Appendix 1 – Initial distribution list

BME minority liaison contacts in mid Essex
British Fertility Society
British Infertility Counselling Association
Care Fertility
Children's Centres in Mid Essex
District, Town and Parish Councils in mid Essex
Essex CCGs and CSU
Essex County Council (including Adult Social Care Services and Children and Young People's Care Services)
External support organisations involved in mid Essex health economy
Fertility UK
Health and Wellbeing Board
Health overview and Scrutiny Committee
Healthwatch
Hospitals and service providers in Essex
Infertility Network UK
Local MPs
Mid Essex contacts for groups representing people with disabilities
Mid Essex Patient Reference Groups
Mid Essex Primary Care Forum
Mid Essex System Leadership Group
National Childbirth Trust covering mid Essex
NHS England (Essex and Midlands and East)
Patient participation groups (Trusts and GP practices)
Press and media contacts
Specialist Fertility Services providers
Voluntary sector organisations in mid Essex

Appendix 2 – Feedback questionnaire

For information, below is a copy of the feedback questionnaire that is available online or in paper copies during this consultation.

Consultation on a proposed change in policy for specialist fertility services

We appreciate you taking the time to let us know your views on a proposed policy change for specialist fertility services.

If you have access to the Internet, you may find it easier to submit your responses online. The online feedback form is at the following link: [Specialist Fertility Services Survey](#)

You can also download a copy of this questionnaire from our website at the following link: <http://www.midessexccg.nhs.uk/public-consultations/fertility-services-consultation>

If you need a paper copy of this questionnaire, please contact us on email: meccg.ppe@nhs.net or telephone: 01245 459 459.

Completed questionnaires may be returned by email to: mceeg.ppe@nhs.net, In writing - please send your correspondence, marked Specialist Fertility Services, to: Mid Essex Clinical Commissioning Group, Wren House, Hedgerows Business Park, Colchester Road, Chelmsford, Essex CM2 5PF.

Please complete the online feedback form, or send us your completed feedback form by **8 September 2014**.

Specialist Fertility Services Survey 2014

Mid Essex Clinical Commissioning Group (CCG) is proposing a change to its policy on commissioning specialist fertility services. A change in policy would affect anyone registered with a GP in the districts of Braintree, Chelmsford or Maldon who might be looking to receive specialist fertility services free of charge on the NHS.

The issue is also a matter for wider views as it concerns the way we spend public money on healthcare for the population of mid Essex.

For each question please tick clearly inside one box using a black or blue pen.

If you would prefer to complete this questionnaire online, please go to:

<https://www.surveymonkey.com/s/G67YYXB>

Personal information

Q1 What is your age?

- 14 and under
- 15-24
- 25-44
- 45-64
- 65-74
- 75-84
- 85+

Q2 Sex

- Male
- Female
- Add your own term here

Q3 Ethnic origin

- White
- Mixed/Multiple Ethnic groups
- Asian or Asian British
- Black/African/Caribbean or Black British
- Other ethnic group (please state)
.....

Q4 Do you have a registered disability?

- Yes
- No

Q5 Where in mid Essex do you live, or represent?

- Braintree District
- Maldon District
- Chelmsford City
- All three parts of mid Essex
- Outside of mid Essex (please state)
.....

Q6 Of the following categories, please tick the one that best represents your position relevant to this consultation

- Local resident
- Experienced user of fertility services
- Community representative (e.g. councillor, patient group member)
- Voluntary sector representative
- GP / GP practice
- Primary care provider
- Hospital / community services staff
- If you are responding on behalf of a group or organisation, please give the name of your group or organisation
.....

Please state your position in the group or organisation

.....
.....

Your views

Having read the consultation document and considered the pros and cons of the proposed changes in policy, please indicate your preferences by numbering the following options 1 to 3, where number 1 is your first preference.

Option 1 – No change to the existing policy (No financial savings)

Option 2 – Tighten restrictions from three cycles to one cycle of IVF (Savings up to £250,000)

Option 3 – Restrict specialist fertility services to two particular groups of patients (Savings up to £550,000)

Given the reasons for a proposed change in policy, how do you feel that your preferred option is in the best interests of local people?

What particular things do you think the CCG should consider when making its policy decision about specialist fertility services?

In relation to people with fertility problems:

In relation to the mid Essex population as a whole:

What particular things do you think should be considered when putting policy into practice?

Any other comments?

Please complete this survey by 8 September 2014 and post it to:

**Specialist Fertility Services
Mid Essex Clinical Commissioning Group
Wren House
Hedgerows Business Park
Colchester Road
Chelmsford
Essex CM2 5PF**

Thank you for taking the time to complete this questionnaire.