

## Belfast Trust 2017/18 Savings Plan

The aim of this consultation is to obtain views from stakeholders and the Trust would be most grateful if you would respond by completing this questionnaire. Please answer each question by writing your comments in the space provided. The closing date for this consultation is 5 October 2017 and we need to receive your completed questionnaire on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

### Chief Executive

Belfast Health & Social Care Trust, c/o Corporate Communications, 1st Floor, Nore Villa,  
Knockbracken Healthcare Park, Saintfield Road, BELFAST, BT8 8BH

Tel: 028 9504 4500

Mobile Text: 0782 514 6432

E-mail: [stakeholdercomms@belfasttrust.hscni.net](mailto:stakeholdercomms@belfasttrust.hscni.net)

So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

Name:	Sharon Davidson
Position:	Northern Ireland Co-ordinator
Organisation (if appropriate):	Fertility Network UK
Address:	20 Egerton Drive
Greenwich	
London, SE10 8JS	

I am responding: as an individual ☐

(please tick)

on behalf of an organisation ☒

**1. This document sets out a range of proposals to contribute to the Trust share of a regional £70m in-year savings plan.**

**Question:** Do you consider that the Trust has identified reasonable actions to deliver our share of this regional savings plan given the timescale available and principles of safety, deliverability, impact and strategic direction?

Fertility Network UK welcomes the opportunity to respond to this consultation document. Our response is specifically aimed at the proposed action to defer access for new NHS patients for fertility treatments within the Regional Fertility Centre until 1 April 2018 with an indicative saving of £0.75m.

The World Health Organisation defines infertility as an illness, but because there is still a reluctance to treat it as such, treatments like IVF are often viewed as a luxury. The facts are that 1 in 6 couples suffer the effects of infertility and 96% of women affected by infertility suffer depression. One in five has suicidal thoughts and some have acted on them. Fertility Network UK is the only national charity providing a UK wide support network for those experiencing fertility problems.

Asking the public and their representatives to comment on the reasonableness of these potential cuts is unfair, unethical and cruel. The National Institute for Health and Clinical Excellence (NICE) is the expert body responsible for issuing evidence-based recommendations on the provision of health services. NICE clinical guidelines on infertility recommend that all eligible couples should have access to 3 full cycles of IVF where the woman is aged under 40 (2004, 2013). The proposed deferment of NHS fertility treatment are contrary to these expert guidelines and may save £0.75M in the short term, but in fact will cost significantly more in the medium to long term. These proposed cuts will affect the principle of safety as within the past 2 years staff in N. Ireland have dealt with two calls from patients who were having suicidal thoughts due to infertility and on both occasions we had to get further specialist services involved. Patients often struggle to hold down jobs whilst dealing with infertility, and face an increased rate of marriage breakdown. Key findings on "The Impact of Fertility Problems 2016" from Fertility Network UK with Middlesex University London highlighted: 90 per cent of respondents reported feeling depressed; 42% suicidal; nearly 50% of respondents reported on average feeling sad, out of control, frustrated, helpless, fearful and worried nearly all of the time. There is therefore real value in continuing to fund infertility treatment without any deferral. Fertility Network are currently dealing with an upsurge in communications from distressed patients about the proposed cuts and this additional worry is adversely affecting the mental health of patients already struggling with the effects of infertility.

**2. The Trust has identified that if implemented some of these proposed actions are likely to have some impact on the delivery of front line services.**

**Question:** Do you consider that there are any alternative proposals that could be brought forward that would deliver the equivalent reduced spend in-year, taking account of the principles set out in this document? If so please describe the nature of these alternative proposals below.

[Click here to enter text.](#)

We feel that it is the job of the Department of Health to find the funds to stop these potential cuts through other strategic health service efficiencies.

If these cuts to fertility services go ahead there will be a significant impact on the delivery of front line services. We believe these proposed cuts are economically short-sighted as delaying people from getting fertility treatment will cost the NHS more on GP appointments, stress, anxiety, depression, time off work, relationship problems and increased debt as one cycle of IVF treatment in the private sector costs around £4000. Forcing people into debt to find the £4000 for an IVF treatment cycle is unethical. The *National Health Service Act (1946)* set up the National Health Service (NHS). The underpinning principle of the NHS was that provision of care should be based on need and not ability to pay, and that it should be free at the point of use. Fertility treatment will be available only to those who can afford it and this will create a two tier society.

**3. In setting out these proposals for spend reduction in-year; the Trust has indicated the expected impact on service delivery.**

**Question:** Can you propose any further actions that could be taken to manage the risks presented due to the impact of the implementation of these proposals? Please set out your response below.

[Click here to enter text.](#)

Fertility Network UK are concerned with the way the proposed cuts by the Belfast Health & Social Care Trust area have been communicated and delivered. This potential deferment will affect patients across all five Health Trust Areas, not just Belfast. The Regional Fertility Centre in Belfast is a regional service however there is no mention of potential cuts to fertility services in any of the other 4 health trust consultation documents, beyond Belfast. In our view, this makes this proposal automatically unfair as those affected by the proposals, outside of the Belfast Health & Social Care

Trust are not being afforded an equal opportunity to comment on the proposed cuts, suggest alternative plans or be aware of the detrimental impact this will have on them.

**4. An outcome of initial equality screening considerations is available in Appendix 1.**

**Question:** Please detail below your views on the assessed impact of the proposals and any other potential impacts you feel we should consider.

Due to the nature of the service the proposal will impact on women of childbearing age. Approximately 320 people would be impacted. Couples without a recognised cause of their infertility already have to wait up to three years before they are referred as an outpatient and those with a medial diagnosis have to wait for one year. The current NHS waiting time is then 15 weeks for outpatients followed by a further nine months for IVF and ICSI cycles. These waiting times would be extended by a further five months for all new NHS patients. This will reduce patient's chances of a successful outcome as their biological clock keeps ticking while their treatment is delayed

This proposal to try to prioritise NHS patients at the upper age limit once the service resumes will have a major knock on effect across fertility services. Female patients will have to enter the outpatients system in their 37<sup>th</sup> year as they will have to wait 23 months (almost 2 years) before they reach the top of the waiting list for IVF or ICSI treatment. The age of the female patient needs to be seriously considered in terms of equality impact. A delay of 5 months+ could contribute to irreversible egg quality damage for female patients.

Another worrying impact that the Belfast Health Trust should consider is the fact that couples may be forced to go abroad for lower-cost fertility treatment: treatment abroad does not follow the single embryo transfer guidelines we have in the UK and these patients could potentially return to the UK having had multiple embryo transfers. This is likely to drive up the number of multiple pregnancies/births. At least half of twins and 90% of triplets are born before 37 weeks, and many are born sufficiently prematurely that they are at high risk of severe health problems and even death. There is a huge financial cost to the Trusts in dealing with premature births, not to mention the emotional cost to the parents and wider family.

**5. The Rural Needs Act places a duty on public authorities, including government departments, to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services.**

**Question:** Do you have any evidence to suggest that the proposals within our proposals would create an adverse differential impact

Anecdotal evidence within N. Ireland suggests that people living in rural areas do not seek support for their fertility issues as readily as people living in the cities. Fertility Network UK organises and facilitates 6 patient support groups across N. Ireland. Historically we have found that the support groups in Omagh and Portadown are more challenging for us in terms of attendance numbers when compared with Belfast and Londonderry. When we drilled into the reasons for this, beyond the obvious reason of cities having more people, we found that people in rural areas are more concerned that there is a stigma associated with infertility and they are worried about going to a support group in case they meet a friend, colleague or neighbour. Worryingly people in rural areas are already isolated in terms of proximity to others and they can be reticent to ask for help thus suffering in silence with the loneliness of infertility which can lead to a break down in their mental health.

## 6. General comments

Please provide any other comments

The NHS IVF fertility services face a potential cut of £0.75M. If these cuts go ahead waiting times at the Regional Fertility Centre (RFC) at Belfast's Royal Hospital site for the **one NHS IVF treatment cycle will be increased by approximately 5 months.** According to NICE a full cycle of IVF treatment should include one round of ovarian stimulation, followed by the transfer of any resultant fresh and frozen embryos.

In N. Ireland patients who meet set clinical criteria only receive:-

**one cycle of IVF/ICSI treatment and one cycle of frozen embryo treatment**

The seriousness of this potential deferment cannot be underestimated and could lead to the temporary closure of the Regional Fertility Centre for five months. The RFC do not just provide 'IVF' but the full range of complex (tertiary level) reproductive medicine and surgery as well as fertility preservation for many male and female patients. Fertility Network UK recognises the skills, experience and knowledge required of the staff who currently work in the Regional Fertility Centre (RFC) in Belfast. These include specialist Service Managers, Clinical Consultants, Embryologists, Fertility Nurses, Fertility Counsellors and Clerical staff. Although a skeleton staff would have to remain at the RFC, to comply with the requirements of the Human Fertilisation & Embryology Authority, the majority of staff would have to be redeployed within the Belfast Health & Social Care Trust. In this respect, there is a risk of the 5 months becoming much longer due to potential staffing shortages as potential redeployment carries the risk of staff leaving to work in the private sector or staying in their redeployed position if a vacancy arises. Redeployment also demotivates staff, causes low morale and causes additional stress on staff who are concerned about the welfare of patients. There will also be significant costs associated with organising and managing the redeployment of the RFC staff.

--

*Before you submit your response, please read the following section on Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.*

### **Trust Response and Freedom of Information Act (2000)**

The Belfast Health and Social Care Trust will publish an anonymised summary of the responses received to our consultation process. However, under the Freedom of Information Act (FOIA) 2000, particular responses may be disclosed on request, unless an exemption(s) under the legislation applies.

Under the FOIA anyone has the right to request access to information held by public authorities; the Belfast Trust is such a public body. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality issues will be carefully considered before any disclosures are made.

**Thank you for taking the time to complete this questionnaire.**