

Longer, healthier lives for  
all the people in Croydon

Patient and Public Consultation Report  
**Proposal to  
decommission IVF  
services**

Summary of consultation from  
Wednesday 4 January 2017 to Wednesday 1 March 2017



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# Executive Summary

This report provides a description of the consultation activities Croydon Clinical Commissioning Group has undertaken during the formal consultation period for IVF and ICSI and an overview of the responses we have received.

The formal eight-week period consultation about the proposed changes to IVF took place between Wednesday 4 January 17 and Wednesday 1 March 2017.

The consultation offered two options:

1. No change to the existing IVF service
2. To cease the routine provision of IVF. Individual Funding Requests would continue to be available.

The full consultation document can be read [here](#).

Throughout the consultation period the CCG engaged face to face with over 330 Croydon residents, patients and professionals at two public meetings, over 20 drop in and outreach sessions at different locations across the borough. We have received a total of 467 written responses through the online or paper survey.

The results of the consultation show that the majority of survey respondents, 77%, replied Croydon CCG should opt to maintain one cycle of IVF for women 39 years old or younger. Just under a quarter of respondents, 23%, thought the CCG should stop the routine provision of the IVF service.

## Exemptions

The survey asked respondents if any exemptions should be considered if Croydon CCG does stop funding IVF. Most participants did not put forward exemptions. Of those who did, the most frequently proposed were:

- Unfair to have exemptions
- Low income groups
- Younger age range
- In treatment but not on the waiting list

## Themes

Survey respondents were asked if they had any specific concerns with the proposal to stop the routine provision of IVF or anything else they would like to tell the CCG about the proposal. The main themes were:

- Affordability
- Fertility as a right
- Unfairness
- Postcode lottery
- Impact on couples
- Impact on other services
- Impact on Croydon University Hospital
- Infertility as a medical condition not lifestyle illness
- Proposal not in line with NICE guidelines
- Support for the proposal
- Criticisms of the consultation exercise

## **Suggested actions to address concerns**

Survey respondents were asked if there were specific actions the CCG could take to address their concerns about the proposal. The key actions were:

- Investigate shared funding and means testing
- Reduce staff and inefficiency
- Better public education around fertility
- Lobby government for more funds
- Target other services for savings
- Provide more counselling or self-help groups
- Promote natural fertility methods and adoption
- Pool funding/collaborate with other CCGs

# Background

Croydon CCG has consulted on a proposal to cease the routine provision of IVF and ICSI. The proposal specified that Independent Funding Requests would continue to be considered if provision was stopped routinely<sup>1</sup>.

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.

*The proposal only relates to the funding for assisted conception treatments IVF and ICSI.*

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 1 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.

Croydon currently funds one cycle of IVF/ICSI at Croydon University Hospital under a block contract. The eligibility criteria are that the woman should be 39 years or younger, with 3 years of unexplained infertility.

## Objectives of the consultation

The aims of the consultation were to:

- Engage with statutory partners, equalities groups and Croydon Health Overview and Scrutiny Committee;

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<sup>1</sup> An Individual Funding Request is where a doctor thinks a patient would benefit from a treatment that is not usually funded for others. The IFR is reviewed by a panel who decide whether or not to fund the treatment.

- Work with our community and voluntary sector partners, including Healthwatch Croydon, to identify key target groups for the consultation, including seldom heard groups;
- Consult with current and potential IVF service users, our community and voluntary sector stakeholders and the public to hear their views around the proposed change to the assisted conception pathway.

## Financial pressures on the NHS in Croydon

In July 2016, Croydon CCG was put in financial special measures by NHS England. Croydon CCG is required to make significant savings this and next financial year, needing to deliver a total of £35 million in 2017/18 which is around 6% of our commissioning budget of £482.3 million.

This leaves the local NHS with a substantial financial challenge. We must live within our means and focus our resources on the greatest health needs of our population to make sure we can secure the best possible health outcomes for local people. We must make sure that every pound we spend is focused on that will have the biggest impact on the health of local people.

There is not enough money for us to do everything we want for the people of Croydon. This is why we need to reduce our spending in some areas of our health budget. We have to prioritise and make tough decisions to secure the future of local health services for everyone. This is why the CCG has put this proposal forward.

## Developing the assessment criteria with Croydon residents

In order to develop the proposals for making savings in NHS commissioning in the borough, Croydon CCG drew up assessment criteria that contains a number of domains and considerations. Each proposal would need to be measured against these criteria before the CCG took them any further to ensure that all proposals are subject to rigorous assessment. The developed criteria include assessment against patient benefit, service delivery and future impact.

Given that these and other proposals for change will impact upon Croydon residents using health services it was imperative that patients and the public were able to have significant input into the development of the considerations against which all proposals will be assessed.

Croydon CCG holds Patient and Public Involvement Forums, which are open meetings for local people held every quarter. The forums are an opportunity for Croydon CCG to share its early thinking on commissioning areas and hear the views of patients, stakeholders and

members of the public.

The CCG's October 2016 forum meeting was used as an opportunity to work with interested patients to help us to develop the assessment criteria against which the CCG develops its proposals to support the financial recovery plan. Participants, who included representatives from the community and voluntary sector, worked with members of the senior management team to refine the domains and criteria and work up additional criteria that they felt was important to patients and carers.

The participants were asked to discuss the assessment tool and suggest any other considerations they thought the CCG should take into account when assessing each proposal for change and which domains they felt were the least important when assessing proposals.

As a result of the PPI forum several new additions were made to the criteria and an additional priority area was included: future impact. These additional criteria were largely concerned with patient access, safety and health inequalities and included:

- To what extent would the proposal impact upon equity of access for all residents across the borough?
- What is the scale of potential impact on a patient's quality of life from these changes?

This approved version of the assessment criteria is now being used by the CCG's project management office. It is this set of assessment criteria that has been used in public forums as part of the presentation of the IVF decommissioning proposal.

## Consultation methods

This section summarises the engagement around the proposal to decommission the IVF service. Full details of the consultation activity are included in Appendix B.

An eight week period of consultation about the proposed changes to IVF took place between Wednesday 4 January 17 and Wednesday 1 March 2017. The engagement period was timed to avoid the Christmas season to maximise the promotion of the consultation outside of the festive slow down. A consultation plan was developed and shared with Croydon Health Overview and Scrutiny Committee before the launch for comment.

As well as being open to the general public, the consultation focused on reaching out to the following groups:

- Current and past service users of IVF
- Those with higher risks of infertility

- BAME groups
- Residents of wards with higher levels of deprivation: Thornton Heath, New Addington, Broad Green and Norbury

A formal consultation document and survey were developed, along with posters and leaflets. The consultation offered two options:

1. No change to the existing IVF service
2. To cease the routine provision of IVF. Individual Funding Requests would continue to be available.

The consultation was formally opened on Wednesday 4 January when materials were published on the website and a media release was sent to the local press. A letter highlighting the consultation and email links to copies of the engagement document were sent to NHS staff, MPs, councillors, GPs, partners, stakeholders, local community and voluntary sector groups, and members of Croydon CCG's patient and public involvement network. Relevant organisations, such as Fertility Fairness and support groups for those suffering from conditions which increase infertility, were also informed about the consultation. Partner organisations, including Healthwatch Croydon, published details of the consultation on their website.

Throughout the consultation period, the CCG used twitter to highlight the consultation and promote the public meetings. Hard copies of the consultation document and survey were sent to local fertility treatment clinics, local GP practices and made available at the public meetings. A second wave of promotion involved posters promoting the consultation exercise and a second public meeting. This was sent to Croydon University Hospital (CUH), Croydon GP practices and community pharmacies. IVF service users and those undergoing tests were informed of the consultation exercise by letters sent by CUH on behalf of the CCG. The final week of the consultation exercise and public meeting were promoted through a second press release to the local media.

The consultation was featured in articles by Croydon's two local newspapers: the Croydon Guardian and the Croydon Advertiser which helped raise awareness of the consultation and attract responses. The CCG's consultations and engagements were also mentioned in articles in the Evening Standard

Two public meetings were held on Tuesday 24 January and Wednesday 1 March 2017. The first meeting was publicised on the CCG website, in the consultation document, the media release, through twitter and by email cascade. The second meeting was advertised on posters, through letters to those undergoing fertility testing and twitter, and direct email to everyone who had answered the survey and left contact details. The two-hour public meetings were attended by the Clinical Chair and Chief Officer of Croydon CCG. Croydon University Hospital staff also attended the first public meeting. The first half of the meeting



consisted of presentations and an extensive Question and Answer session. The second half of the meeting involved table discussions about any concerns people had in relation to the consultation. Full records of the meetings were minuted and links are provided at Appendix A.

Two drop-ins sessions were held at Croydon Town Hall for those either under-going IVF or having received IVF treatment at Croydon University Hospital who wanted to give their views in person. An additional one-to-one meeting was held with a patient unable to attend either session. Notes were taken of the main issues highlighted by attendees.

Healthwatch provided details of a range of protected characteristics groups to involve in the consultation exercise. These groups were contacted and two BME Forum meetings were attended. The mid-point review of the consultation exercise identified an under-representation of older people, those of Asian heritage and from wards with higher levels of deprivation. An extensive programme of outreach activities was undertaken to improve response rates, including attending three older people’s activity centres, two days of drop-ins at BAME businesses and thirteen drop-ins at medical centres and libraries in targeted areas of Croydon. At these outreach drop-in sessions Engagement staff explained the proposal and helped respondents to complete the survey.

People were also able to email, phone or write to the Patient and Public Involvement Manager to leave comments.

The following table summarises the engagement and numbers of participants involved:

Activity	Reach	Numbers attending	Date
Consultation materials released and uploaded to CCG website	All Croydon	n/a	4 Jan
Notice sent to PPI Contacts via Get Involved	CGG Network – patients and CVS	300+	4 Jan
Notice sent to Stakeholders and Members	Stakeholder and members list	60+	4 Jan
Online and paper survey	All	467	Launched 4 Jan
Consultation documents sent to CUH	Service users	n/a	20 Jan & 24 Jan
Consultation documents sent to all GP Practices	57 GP Practices	n/a	19 Jan
Letter sent to all current users of IVF services in Croydon and those on waiting list	Current users of IVF services in Croydon and those on waiting list (via CUH)	n/k	23 Jan & 1 Feb
BME Groups contacted	Croydon BME Forum	40+	30 Jan, 31 Jan and 2 Feb

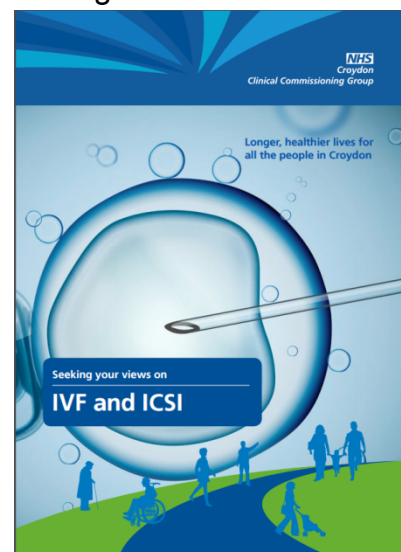
and meetings	Broad Green Asian Women's Group		
Outreach sessions	Croydon wide	200+	various
First Public Meeting CCG	Croydon wide	56 signed up	24 Jan
Drop-in sessions for IVF service users	IVF service users	4	2 Feb and 6 Feb
One-to-one	IVF service user	1	21 Feb
Second Public Meeting CCG	Croydon wide	32 signed up	1 March

Table 1: Summary of consultation activities

## Transparency

This report provides a description of the engagement activities during the formal consultation period and an overview of the results. The results of this work can be shown in different ways as set out in this report, for example returned surveys provide clear written evidence; in depth feedback at events is noted and written up following the events.

The proposals were subject to examination by Croydon Health, Social Care and Housing Scrutiny Sub Committee which senior members of the CCG attended on Tuesday 18 October 2016. The engagement plan was circulated to members of the committee for comment in the week commencing 12 December 2016.



As part of the next steps of this work the outcome of patient and public engagement activities will be shared with all stakeholders and members of the public who have agreed to be contacted by the CCG PPI team.

This report will be presented to the Governing Body at their meeting in public on Tuesday 14 March 2017 as part of the final decision making on the proposed changes to prescribing in Croydon. Croydon Health, Social Care and Housing Scrutiny Sub Committee will be informed of the decision.

## Communication materials

The following materials were used during the engagement process

[Consultation document](#)

[Consultation survey](#)

Poster and leaflets

## Response

There were 467 responses to the survey. This included surveys completed online, received as a hard copy or collected as part of the outreach. The majority of the people who responded to the survey said they were doing so as a local resident.

Are you responding as...	Percentage	Number
Local resident	92%	428
Representative of an organisation	2%	7
Clinician or other healthcare worker	5%	22
Other	7%	33
	total	464

Table 2: Response by respondent type

Twenty of the respondents specified they were responding as people who were using or had used fertility services or IVF. It should be noted that people could select multiple respondent types, such as local resident and healthcare worker, which is why the numbers and percentages do not tally to the total.

Overall, 88 people registered to attend the two public meetings. Two couples and an individual attended the drop-in sessions, with an additional meeting arranged for someone to give their views face-to-face who could not attend the drop-in sessions. In total, twelve letters, phone calls, emails and online responses were received from members of the public. Formal responses were received on behalf of Fertility Fairness and the British Menopause Society. Additionally, Chris Philps MP forwarded a letter from the Under Secretary of State for Public Health and Innovation.

## Demography: reach of engagement

Where possible, Croydon CCG collects demographic data relating to participants involved in the consultation. Not all respondents complete this information; however for this survey there was a high response rate for the demographic data, giving a clear indication of the reach of the engagement. As with all the tables of findings in the report, rounding to the nearest whole number means percentages may not add up to 100 per cent.

- **Ethnicity**

Croydon has the twelfth largest proportion of BME residents in London, comprising 43 per cent of the total population. The 2011 census shows the ethnicity breakdown for Croydon as follows:

	Local Population	IVF service users	Survey respondents
White	55%	45%	53% (243)
Black or Black British	20%	10%	17% (77)

Asian, Asian British or Chinese	16%	34%	23% (105)
Mixed	7%	1%	2% (11)
Other	2%		1% (4)
Prefer not to say/not stated		10%	3% (13)
Total			453

Table 3: Ethnic profile of survey respondents

Croydon Health Services provided the CCG with details of the ethnicity of IVF service users from 2015-17. As the table above shows, the ethnic profile of IVF service users varies from the local population as a whole. In particular, there was a higher percentage of IVF service users with Asian heritage and a lower percentage of white and black service users.

The profile of the survey respondents falls in between the local and service user profiles for all ethnicities. No group appears to be significantly over or under-represented.

- **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 population<sup>2</sup>

By comparison, from the IVF service use information provided by Croydon Health Services for 2015-17, 3 per cent of service users were aged 22-25, 54 percent were aged 26-35 and 43 per cent were aged 36 - 40.

	Percentage	Number
16-24	7%	31
25-34	29%	133
35-44	27%	124
45-54	13%	57
55-64	10%	46
65-74	7%	33
75+	5%	21
Prefer not to say	2%	10
	Total	455

Table 4: Age profile of survey respondents

<sup>2</sup> Strategic Intelligence Unit (2012) Croydon Borough Profile 2012

As the table above shows, there is a concentration of survey respondents in the age ranges 25-44 - the age profile of IVF service users. Following the mid-point review of the consultation exercise, older people were identified as an under-represented group in the survey. Three older people's day centres were attended by engagement staff to ensure older people had a voice in the consultation. Several older people stated they felt this was a decision they should not contribute to since the service was not one they could use and they had already had their families. This reluctance to express an opinion about the service probably explains the low response rate from a group who are normally over-represented in survey responses.

- **Gender**

- 49 per cent of the Croydon population is male
- 51 per cent of the Croydon population is female

	Percentage	Number
Male	26%	120
Female	72%	325
Prefer not to say	2%	8
	Total	453

*Table 5: Gender profile of survey respondents*

Table 5 shows women are over-represented in the survey respondents. This is common in relation to health surveys. Several of the men approached by engagement staff to give their views suggested this was a question for women rather than men, even though both sexes are impacted by infertility. This may account for the imbalance in respondents even though both genders were targeted equally.

- **Sexuality**

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

	Percentage	Number
Bisexual	1%	6
Gay	1%	3
Heterosexual	90%	397
Lesbian	1%	3
Prefer not to say	8%	33
	Total	441

*Table 6: Sexuality of survey respondents*

The table above shows the sexuality of the survey respondents is similar to the population as a whole.

## Meeting the collective participation duty

This engagement report will be reviewed by NHS Croydon CCG Senior Management Team (SMT) ahead of its submission for consideration by the Governing Body, as part of the formal reporting procedures that will inform the decision to be taken by the Governing Body regarding IVF provision in Croydon on Tuesday 14 March 2017.

We consider that the engagement undertaken during this period was done so in the in accordance with section 14Z2 of the Health and Social Care Act (2012) and in the spirit of meaningful participation, particularly in, “Make(ing) arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) [in the development and consideration or proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them].

# Findings

## Introduction

This section will review the findings from the survey, meetings, drop-in sessions, formal responses and emails. It will provide the statistics for quantitative survey questions and numbers of people cited specific exemptions that should be considered. A number of themes emerged during the consultation process. These have been identified through coding answers. The main themes were highly consistent across the meetings and the responses to the open questions in the survey.

It is worth noting the consultation attracted a few very long responses. With around 30,000 words of open question and email responses in total, and many suggestions made by only one person, it is not possible to represent every single point made in the findings. Instead, this report will focus on the key themes and actions identified across the consultation exercise.

## Summary of responses from organisations

### **Formal response from Fertility Fairness**

Fertility Fairness is an umbrella group of organisations working in the field of infertility. They provided Croydon CCG with a formal consultation response. Their response suggests Croydon CCG has proposed severe restrictions on access to IVF treatment which amount to an essential decommissioning of specialist fertility services. They remind the CCG that blanket bans on any treatment are not permitted and argue maintaining an administratively burdensome IFR process of availability would not amount to providing an IVF service.

Fertility Fairness argued if the CCG approved this policy change it would become one of only five in the entire country not to offer any IVF treatment, exacerbating the postcode lottery and geographical inequality of access to fertility services. They questioned why the CCG classified fertility treatment as less deserving of funding than other non-life threatening conditions and reiterated that NICE has assessed IVF to be a cost-effective procedure for the clinical success rate.

At the first public meeting, Fertility Fairness also reminded CCG staff that Nicola Blackwood, Under Secretary of State for Public Health and Innovation, had told a backbench debate she would ask NHS England to recommend CCGs follow the NICE guidelines of three cycles of IVF treatment.

### **British Menopause Society**

The British Menopause Society coordinated responses from clinicians working in the field of premature ovarian insufficiency and early menopause. The responses pointed out that of all the health conditions created by early menopause, the loss of fertility was often the most stressful. They argued IVF allows a significant proportion of women, often with refractory infertility, to achieve a successful outcome and therefore offers considerable benefits to patients with infertility. One of the responses provided By BMS questioned the statistics used in the consultation document to illustrate the success rate of IVF and suggested the opportunity to use frozen embryos if the fresh IVF cycle is unsuccessful further increases the cumulative success rate per cycle for women undergoing IVF.

Additionally, a response from the BMS argued it is important to maintain a strong publicly funded IVF service for many reasons, including research and development, setting standards and keeping down the fees charged in the private sector.

### **Chris Philps, MP**

Nicola Blackwood, Under Secretary of State for Public Health and Innovation responded to a query from Chris Philps MP on behalf of a constituent. Mr Philps forward the letter to the CCG. In it, the Under Secretary explained she would be writing to NHS England to communicate to CCGs the expectation that they should be commissioning all services, including IVF, in line with NICE guidelines. Additionally, she noted NHSE would be benchmarking IVF costs and Human Fertilisation and Embryology Association had developed commissioning guidance.

## **Survey responses by question**

This section will provide a brief overview of the survey findings by question.

### **1. Having read the document, I understand the reasons the local NHS is proposing to stop funding IVF and ISCI.**

	<b>Percentage</b>	<b>Number</b>
Strongly Agree	25%	102
Agree	42%	172
Don't know	3%	13
Disagree	5%	22
Strongly Disagree	24%	97
	total	406

*Table 7: Understanding of the proposal*

Table 7 shows 67 per cent of respondents agree or strongly agree that they understand the reasons the local NHS is proposing to stop funding IVF. A substantial amount of respondents, 24 per cent, strongly disagreed that they understood the reasons for the proposal. There were a limited number of comments from respondents suggesting there



was a lack of information about what other services or areas could be targeted for savings if the proposal is rejected, which could explain some of the lack of understanding. However, it is also possible the wording of the question was ambiguous in its meaning, with some responding they did not understand because they did not accept the reasons. In future, this wording will not be used in consultation documents.

## 2. Which option do you think Croydon CCG should choose?

	Percentage	Number
No change to the service	77%	350
Decommission IVF	23%	106
	Total	456

Table 8: Percentage agreement by option

Table 8 shows the majority of respondents, 77 per cent, think Croydon CCG should opt to maintain one cycle of IVF for women 39 years old or younger. Just under a quarter of respondents, 23 per cent, think the CCG should stop the routine provision of IVF.

Are you responding as...	No change to the service	Decommission IVF
Local resident	320	99
Representative of an organisation	7	0
Clinician or other healthcare worker	16	6
Other	31	2

Table 9: Cross tabulation of option choice by respondent type

Further analysis by respondent type reveals local residents and healthcare workers have a similar level of support for maintaining the IVF service to the overall level. However, those responding as a representative of an organisation or 'other' were far more likely to suggest the local IVF offer should continue as is.

## Exemptions

The survey asked respondents if any exemptions should be considered if Croydon CCG does stop funding IVF. Attendees at the two public meetings were also asked to consider if certain groups should be exempt from the proposal. This section will summarise the results, providing total numbers of survey respondents who cited the key groups to be exempt and acknowledging the views of the attendees of the public meetings. Most respondents did not suggest exemptions and it is important to note some people who did suggest exemptions stated they thought they would be unfair.

### Medical conditions

The largest stated set of exemptions was for people suffering from illnesses or medical conditions. Overall, 49 respondents suggested some form of illness related exemption.

Rather than specifying a specific condition, 19 respondents suggested people with medical conditions, generally, should be exempted.

*"People with medical conditions that affect fertility."*

Another 19 respondents said there should be exemptions for people with cancer or who had become infertile due to cancer treatment. Many of these responses came from face-to-face survey completions where the researcher had given examples of groups of people who might need IVF treatment.

Other named medical conditions included Polycystic Ovaries (4), endometriosis (1), autoimmune disease (1), HIV/Hep C (1) fibroids (1) and anxiety (1)

Two people suggested those who had become infertile through medical mismanagement should be exempt. Three people stated that infertility was a medical condition and should therefore be treated as an exemption.

### **Low income**

The second highest group for exemptions involved those on low incomes (28). Most responses either mentioned continuing to provide IVF for people on low incomes (14), those on benefits (3) or means testing, with those who can afford not being eligible for NHS treatment (7). Another four respondents suggested anyone who cannot afford to pay for treatment, generally, should be exempt from the proposal.

*"There should be allowance made for people who will not be able to afford IVF or ICSI privately. Poor people will be disadvantaged as always."*

By contrast, four respondents said IVF should not be available to people on benefits and three said tax payers should continue to be offered IVF.

### **Unfair to make exemptions**

The question of exemptions was highlighted as being contentious by some of those attending the public meeting. When asked to discuss exemptions in the table discussions, a few attendees suggested it was a 'no win' question: if they named exemptions then only those people would get IVF; if they did not name exemptions then no one would get IVF if the proposal was accepted by the Governing Body.

Similarly, 16 survey respondents suggested it would be unfair to stop providing routine IVF but to make some exemptions.

*"Removing treatment but making exceptions is insulting to the infertile people you choose to abandon."*

*"No, I think it would be unfair to fund some types of infertility and not others."*

At the first public meeting, some CUH staff claimed Individual Funding Requests tended to prioritise people who suffered from cancer. While they did not argue it would be unfair to make exemptions for cancer patients, they did feel the IFR system was unfair for people with other conditions. It seems, appropriate to mention this point here albeit with an acknowledgement that it is a materially different point to the question of making some groups exempt from the proposal.

### **Lower age limit**

Overall, 13 people suggested those under a lower specified age should be exempt, with another seven people simply stating 'young people' should be exempt from the proposal without giving a specific age and two said the age range should be reduced.

Of those specifying a reduced age, most (8) said IVF should continue to be available for people under the age of 35. Other answers included one person saying the range should be changed to 25-35 and another saying 25-30, three proposed reducing the top age by a year to under 38, one to under 37 and one to under 30.

### **Other reduced criteria for access**

As well as those who suggested a lower age limit for treatment, five respondents proposed exemptions should involve increasing the starting age for eligibility: one suggested starting at 25, one at 30, and one changing the age range to 30-40. Other related responses included one person arguing the CCG should give older people priority as they had less time available to seek other opportunities and a further person suggested reducing other criteria but not the upper age limit.

Additionally, four respondents suggested further tightening the access to IVF beyond the current restrictions around BMI and smoking, with another two saying people who smoke should not be able to receive IVF treatment at all. Two respondents suggested increasing the period of trying to get pregnant to five years from three.

### **Increased criteria**

A substantial number of people (24) specifying exemptions made suggestions which would imply increasing the criteria for eligibility beyond the current offer. Most of those suggesting increased criteria felt everyone without children should have access to IVF. Four argued the age range should be increased beyond 39 and three thought the period couples had been trying to get pregnant should be reduced.

### **In treatment but not on the waiting list**

The consultation document stated those either already in treatment or on the waiting list for IVF will continue to receive treatment even if the CCG makes the decision to decommission the service. In addition to this exemption, five respondents thought people who were already in the process of fertility consultation or waiting the necessary three year period to become eligible for IVF should be exempt from the proposal.

*"I believe that anyone who has gone through the consultation process for the period of time that would make you eligible for IVF (under the current process) should be the exemption as they have already suffered 2 or more years of trying without successful results and the mental strain this puts on your life and relationships."*

## Main themes

Survey respondents were asked if they had any specific concerns with the proposal to stop the routine provision of IVF or anything else they would like to tell the CCG about the proposal. The responses were analysed and grouped by theme, with both questions providing similar types of answers. The questions raised and comments given at meetings were also grouped by theme, alongside written and telephone responses. The key themes are discussed in this section.

### 1. Affordability

The affordability of purchasing IVF privately was the most mentioned concern, both in terms of the costs of private treatment and the impact on low income groups.

- **High costs of IVF**

Many people mentioned the cost for one cycle of private IVF treatment was prohibitively expensive for couples. The high cost of housing in London meant even couples with both partners working could find it difficult to save enough money to pay for IVF.

*"My husband and I both work full time in professional industries and are unable to afford ivf privately."*

A couple of respondents were concerned the costs of privately funded IVF could rise if clinics did not also treat NHS patients.

- **Income inequalities**

There were particular concerns about the impact of the proposal on people with low incomes. Several respondents suggested if routine provision of IVF is ceased then there will be a health divide between those who can afford private treatment and those who do not earn enough to afford to pay to have children.

*"Finances will dictate who can have families if this proposal is introduced."*

*"This disadvantages the poor, people with money will be able to have babies but not the poor."*

## 2. Impact on patients

The second most common concern among the survey respondents was the impact not being able to access IVF treatment would have on couples, particularly women, and the family more broadly. Often the comments were focused on the emotional impact, with concern the CCG would not take into account the 'deep longing' people have for children and the 'devastation' not being able to have them causes.

- **Family breakdown**

There were several comments suggesting a lack of children can lead to family breakdown and would end relationships. A few respondents and public meeting attendees talked about their worries for their future if they had not children to look after them in their old age.

*"I think that this could be seriously detrimental to the psychological and emotional wellbeing of the people unable to naturally conceive. This in turn results in break up and people needing therapy to deal with the impact not having a family could have on them."*

- **Mental health**

As well as concerns about the social and emotional impacts that could result from the proposal, many comments were made about the impacts on mental health. A representative of the Fertility Network pointed to a recent study that conducted showing the correlation between infertility and depression.

*"A recent comprehensive study was carried out by Middlesex University and Fertility Network and showed that of those facing infertility 90% will experience depression."*

## 3. Fertility as a right

One of the strongest themes emerging from the consultation was the idea that everyone either 'deserves' or has 'a right' to have children, making the provision of IVF a necessity for those who cannot get pregnant without assistance. There were a few different

arguments put forward by survey respondents. One involved a sense that having children was a central purpose in life, so having a family was a right. People who could be good parents were seen as deserving the opportunity to have a family life. Finally, there was a more medical argument, with people suggesting those who needed IVF had a right to expect necessary medical treatment for their condition.

*"People who have tried every option and then can't afford to have IVF - that's unfair. Everyone deserves a child. This might be a small number of people but they still matter."*

*"It is a medical right to have the funded option to try for a baby."*

A small number of participants put forward the opposite argument, suggesting it was simply an unfortunate fact of life that some people could not have children.

#### **4. Medical condition not lifestyle problem**

Infertility as a medical condition was a key theme in the survey responses and at the public meetings. Several comments pointed to the World Health Organisation's definition of infertility as a disease. In this, some suggested the CCG was making decisions about the worthiness of different medical conditions and concluding infertility was less worthy of treatment than other illnesses.

*"Who are you to decide that people who need Assisted Conception services are less worthy of receiving those services on the NHS than any other health condition. This is not a personal choice, it is a medical condition."*

One of the themes emerging from the survey was the idea of IVF treatment being a *necessary service* to treat a medical condition.

- **Punishing responsible people**

A discussion at the final public meeting related to the feeling of some of the attendees that they were being singled out by being infertile - if they had other conditions they would have access to treatment. Several people argued this was the only treatment they had asked for from the NHS as they lived otherwise healthy lives. A couple of respondents suggested a decision to stop the provision of IVF would be punishing people who had been responsible in life, waiting until they were financially secure before having children - only to later realise the drop in fertility for women in their 30s.

- **Should target lifestyle illnesses**

Several survey respondents and public meeting attendees contrasted the potential loss of IVF treatment for people who were infertile through no fault of their own with the continuation of treatment for people with lifestyle conditions. In particular, smokers, people with obesity and those who required medical assistance because of alcohol were seen as

being able to prevent their own conditions, and could therefore be targeted for budgetary savings.

*"Why not cut back funding for obesity or areas that people have control over their health & make bad choices?"*

## 5. Postcode lottery

Another frequently mentioned concern was the 'postcode lottery' in fertility treatment that would be caused by stopping the routine provision of IVF in Croydon. While people generally understood the CCG had to make decisions locally, this did not reduce their concerns about 'tax payers' paying the same amount towards the health service yet getting a lower level of fertility treatment in London than in the North of England.

*"I worry that this creates a postcode lottery for fertility treatment. Couples in Croydon have just as much right to fertility services as anyone else."*

By contrast, a couple of comments suggested if Croydon CCG stop the provision of IVF this would lead to other CCGs taking the same decision, with one person claiming this would result in the privatisation of an element of the NHS.

## 6. Not in line with NICE guidelines

A substantial number of survey respondents suggested one of their concerns was the failure of the CCG to follow the NICE guidelines for IVF.

*"1 in 6 couples in Croydon will be facing Infertility which is recognised by W.H.O as a disease and is a medical necessity. The NICE guidelines are already far from being adhered to by the CCG to totally cut would be immoral."*

A few survey respondents and public meeting attendees made reference to the backbench discussion on IVF funding, pointing out the Under Secretary of State for Public Health and Innovation's comments about asking NHS England to recommend CCGs follow NICE guidelines for IVF.

*"Parliament discussed IVF provision of 3 IVF cycles in line with NICE guidance on 19 January and encouraged CCGs to fund the recommendations."*

- **A further step away from NICE guidelines**

One particular argument made by a small number of participants in the consultation was that since the CCG was already not following NICE guidelines by only offering one cycle of IVF, this amounted to the service having faced cuts already. Therefore, following this logic,



they felt it was unreasonable to cut this service further unless all other services had already faced cuts.

A few people mentioned how valuable it was to continue to provide the one cycle of IVF currently being offered, even if the full NICE guidelines were not implemented. The first cycle was viewed as giving valuable information about the next cycles of IVF, for example around drug levels, as well as giving patient insight into the challenges of the process.

*" IVF is not a process anyone would undertake lightly, and giving women just 1 cycle enables them to make a more informed decision about the financial lengths they are happy to go to if further cycles are required."*

## 7. Impact on other services

A few comments argued the savings made through cutting IVF would be limited by the increased demand on other services. In particular, some of the cost savings would be offset by a rise in people needing to ask mental health services to treat the anxiety and depression caused by being unable to have children. Additionally, there were concerns people on low incomes would access cheaper private IVF treatment abroad, where there were not such tight regulations around how many fertilised eggs could be transferred, resulting in higher numbers of expensive multiple births locally.

*"You are risking the CCG spending more money through mental health, pre term and multiple birth."*

Several participants also suggested any savings made would be short term as there would be more isolated elderly people and fewer tax payers resulting from fewer births if IVF provision was reduced.

## 8. Impact on Croydon University Hospital clinic

There were a limited number of concerns about the impact of the proposal on Croydon University Hospital's fertility clinic. A few people suggested stopping funding for IVF would make the clinic unviable, with a couple claiming the CCG would be closing the clinic with the proposal, impacting on the clinic's team as well as disrupting continuity of care.

*"I am concerned that removal of the block contract closes the Croydon Fertility unit and will affect access not only to the IVF pathway but also the diagnostics and expertise of the staff..."*

In the public meetings, there were a couple of questions asked about local access to IVF if the CUH clinic closed. It was pointed out the those being treated needed to have a lot of appointments which limited the ability of those in work to travel to other areas for treatment.



## 9. Fairness

Fairness was a key theme in the responses to questions about concerns. The word 'unfair' was used 34 times by survey respondents expressing, largely in relation to other themes already highlighted in this section.

*"This is a deeply unfair discriminatory policy akin to eugenics.*

*"Croydon already only provides one round of IVF unlike other boroughs, to not provide it at all is very unfair for residents."*

## 10. Criticisms of the consultation

There were a few comments criticising the consultation exercise, with this being a particular issue in the second public meeting. The predominant concern was a lack of details presented about where the savings would be found if IVF provision was not reduced. This was also a frequently asked question when conducting face-to-face surveys as part of the outreach exercise.

*"Although it is clear that the CGC does need to save money, it would be helpful to know which other areas are under consideration for funding cuts. It is hard to make a judgement - I don't think that IVF is a fundamental right, but I would be happier if I knew what cutting IVF funding would mean for other areas e.g. Continuing to fund something like cancer research as opposed to other 'lifestyle' related issues. I appreciate that this is highly complex, but don't think that suggesting cuts to one service without reference to the bigger picture enables me to sufficiently understand the different options."*

The lack of alternative areas for savings led some attendees of the final public meeting to suggest it felt like the CCG had no option other than to decommission routine IVF. One emailed letter was received by the CCG arguing the decision appeared to have been made regardless of the results of the consultation. Additionally, a couple of survey responses following the meeting echoed this concern.

*"It looks like the decision has already been made."*

A smaller number of respondents were concerned the consultation exercise had not received the attention it should have, suggesting it should be debated on bigger scale and given more media coverage.

## 11. Support for the proposal

There were two emails and several open comments supporting the proposal to stop the routine provision of IVF. Most of these responses suggested there was a need to protect other services, particularly emergency care. A small number of people spoke about the

care they urgently needed and how funding for services that treated people who were very ill or in pain should be protected.

*"Given that NHS is so cash strapped, it is better to spend the money on urgent care such as Cancer, Mental Health and Elderly Care."*

*"This is a difficult decision to make but the NHS should be spending money on saving lives, not creating lives."*

## Actions to address concerns

Survey respondents were asked if there were specific actions the CCG could take to address their concerns about the proposal. By far the largest number of responses suggested it should continue to fund IVF. A range of individual actions were mentioned. Those receiving a few suggestions in common will be highlighted in this section.

### **Shared funding and means testing**

The main actions suggested, particularly at the first public meeting, involved finding ways to share the costs of IVF between the NHS and individuals. Attendees asked if some form of shared funding could be investigated, possibly around the CCG funding fertility drugs and patients funding the rest of their treatment privately. Other funding options suggested include a grant scheme or assistance in raising funds through charitable donations.

In the survey, several respondents suggested some form of means testing to ensure those on low incomes could continue to have their treatment on the NHS.

*"I think the access to a funded cycle should be means-tested."*

One of the key principles of the NHS is that it is free at the point of use. However, commissioners will be asked to explore the legality of shared funding.

### **Lobby government**

A small number of survey respondents acknowledged the funding restrictions on the CCG but felt the NHS as a whole should be doing more to pressurise central government for a better funding deal. The actions recommended included lobbying government for more funding or to raise taxation levels so the health service could be better financed.

*"CCG's should coordinate lobbying Government for more funding"*

### **Reduce staff and inefficiency**

Several respondents and meeting attendees felt there were still substantial inefficiencies in the NHS that should be addressed before any services are decommissioned. Ideas for

improvement included reductions in management staff, increased automation around appointments, further shifts towards digital communication and better recovery of costs incurred by health tourism.

*"Reduce management staff in the hospital. Look at ways to reduce administrative costs such as not posting (at the same time) lots of separate letters to patients."*

One emailed response suggested there was known overcharging for unit costs of equipment and medicines throughout the NHS, which required a systematic evaluation of prices paid by commissioners. A few respondents pointed out the local costs for a cycle of IVF were above the national average, with one recommending a renegotiation of treatment away from the block contract.

### **Target other services**

A few survey respondents suggested IVF could continue to be funded by targeting other services for cost savings, although most did not identify what these services should be. At the second public meeting, there was some discussion about the possibility of doing more to prevent the lifestyle conditions that are putting pressure on NHS funds or reduce access to services for people whose conditions are self-induced. One emailed letter to the CCG provided information about the costs of conditions caused by smoking, excessive alcohol consumption and obesity.

*"Below are extracts from two news articles, mainly about the astronomical yet avoidable cost of obesity to the NHS. £10bn a year for Type II Diabetes! Can Croydon CCG do more to prevent and reduce obesity in Croydon?"*

### **Better public education around fertility**

The need to provide better public education around the factors affecting fertility was commented on by a few respondents.

### **Provide more counselling or self-help groups**

A small number of respondents suggested the CCG could help people who might be affected by a lack of access to IVF by providing either more counselling or establishing self-help groups.

*"Set up IVF help groups."*

### **Promote natural fertility methods and adoption**

A few responses made suggestions about how people could be helped to have children without the use of IVF. This included the use of natural fertility methods and using the CCG's website to promote adoption.

*"Education on alternative natural non-invasive fertility treatment e.g. NaPro Technology. Link up with adoption agencies to promote adoption as a fulfilling alternative to having biological children."*

**Pool funding/collaborate with other CCGs**

Following the suggestion by the Under Secretary for Public Health, Nicola Blackwood, that CCGs should pool their resources to provide IVF treatment, two respondents suggested this as an action the CCG should investigate.

# Concluding remarks

The findings from the survey are outlined above. It is not the purpose of this report to suggest conclusions or recommendations for decision makers. Instead, this section will highlight some issues raised by the consultation which commissioner are asked to clarify or explore further.

1. Is it possible for the CCG to share funding of IVF treatment with patients or to part fund areas of the treatment, for example funding the fertility drugs?
2. A few patients are undergoing fertility tests, have had their treatment delayed or are waiting the required three years until they become eligible for treatment. If the CCG decided to stop the routine provision of IVF, could it provide clarification of the funding position for these groups?
3. The consultation survey asked if any groups should be exempt from the proposal to cease the routine provision of IVF. Could commissioners clarify how, in general, eligibility criteria ('exemptions' in the proposal question) are different to exceptional circumstances for Individual Funding Requests?

## Get involved

If you would like to find out more about getting involved and having your say about the work of Croydon CCG you can contact us at [getinvolved@croydonccg.nhs.uk](mailto:getinvolved@croydonccg.nhs.uk) or phone us on **020 3668 1384**

Follow us on Twitter [@NHSCroydonCCG](https://twitter.com/NHSCroydonCCG)

For more information go to our website at [www.croydonccg.nhs.uk](http://www.croydonccg.nhs.uk)

# Appendices

## Appendix A: Supporting documents

Document	Source / URL Link
Proposed changes to IVF consultation document	<a href="http://www.croydonccg.nhs.uk/news-publications/news/ivf%20docs/consultation%20doc%20IVF.pdf">http://www.croydonccg.nhs.uk/news-publications/news/ivf%20docs/consultation%20doc%20IVF.pdf</a>
Mid-term review	
Minutes from the two public meetings	
IVF Equalities Impact Assessment	Provided with Governing Body papers
Croydon CCG Website link	<a href="http://www.croydonccg.nhs.uk/news-publications/news/Pages/The-future-of-IVF-services-in-Croydon.aspx">http://www.croydonccg.nhs.uk/news-publications/news/Pages/The-future-of-IVF-services-in-Croydon.aspx</a>
Croydon IVF survey	<a href="https://www.surveymonkey.co.uk/r/KXN9GHL">https://www.surveymonkey.co.uk/r/KXN9GHL</a>

## Appendix B: Engagement log

This document is the full record of all the engagement activity, meetings and outreach events that the CCG undertook in the consultation process for proposed changes to IVF

XEngagement activity for IVF consultation					
Date of activity or dates activity ran	Type of activity e.g. press release, mailshot, meeting	Target audience e.g. Stakeholders, public, community group	How were participants informed e.g. agenda item, advertisement	No of attendees, hits etc	Evidence link e.g. folder or weblink
18th October	Attendance at HOSC meeting to announce future proposal	HOSC	Agenda item	n/a	<a href="https://secure.croydon.gov.uk/akscroydon/users/public/admin/kab14.pl?operation=SUBMIT&amp;meet=8&amp;cmte=HSC&amp;grpId=public&amp;arc=1">https://secure.croydon.gov.uk/akscroydon/users/public/admin/kab14.pl?operation=SUBMIT&amp;meet=8&amp;cmte=HSC&amp;grpId=public&amp;arc=1</a>
16.12.16	Meeting to explain proposal to CHS	n/a	n/a	n/a	Email trail
19.12.16	CVA emailed and ask to identify groups	n/a	n/a	n/a	Email trail
19.12.16	Meeting with Healthwatch to explain proposal and ask for help to identify groups to consult with	n/a	n/a	n/a	Email trail
16.12.16	Circulation of consultation plan	HOSC	Email from CO	n/a	Email trail

	to HOSC for comment				
04.01.2017	Consultation launch - Press release	Local newspapers and general public	Email, website	n/a	<a href="http://www.croydonccg.nhs.uk/news-publications/news/ivf%20docs/IVF%20press%20release.pdf">http://www.croydonccg.nhs.uk/news-publications/news/ivf%20docs/IVF%20press%20release.pdf</a>
04.01.2017	Consultation launch - Website	General public	Website	n/a	<a href="http://www.croydonccg.nhs.uk/news-publications/news/Pages/The-future-of-IVF-services-in-Croydon.aspx">http://www.croydonccg.nhs.uk/news-publications/news/Pages/The-future-of-IVF-services-in-Croydon.aspx</a>
04.01.2017	Consultation launch - Document	General public	website, twitter, press release	n/a	<a href="http://www.croydonccg.nhs.uk/news-publications/news/ivf%20docs/consultation%20doc%20IVF.pdf">http://www.croydonccg.nhs.uk/news-publications/news/ivf%20docs/consultation%20doc%20IVF.pdf</a>
04.01.2017	Consultation launch - Online survey	General public	website, twitter, press release	n/a	<a href="https://www.surveymonkey.co.uk/r/KXN9GHL">https://www.surveymonkey.co.uk/r/KXN9GHL</a>
04.01.2017	Promotion of public meeting	General public	website, twitter, press release, CVS	n/a	<a href="https://www.eventbrite.co.uk/e/proposed-changes-to-ivf-public-meeting-tickets-30692160077">https://www.eventbrite.co.uk/e/proposed-changes-to-ivf-public-meeting-tickets-30692160077</a>
04.01.2017	Consultation launch- Mailshot announcing consultation open	Stakeholders: MPs, Fertility First, Fertility Network; Croydon University Hospital; Chair of the Health and Wellbeing Board; OSC Members; GB CCG members; GP membership; all CCG staff;	email	300+	Email trail



		Community Pharmacists; All CSU staff; PPI contacts, CVS; Healthwatch; Children's Centres contact			
05.01.2017	Healthwatch promote consultation	General public	Consultation and public meeting advertised on Healthwatch website	n/a	<a href="http://www.healthwatchcroydon.co.uk/events">http://www.healthwatchcroydon.co.uk/events</a>
11.01.17	Healthwatch send list of groups	protected characteristics	List	n/a	email trail
10.01.17	Evening Standard article	General public	News article	n/a	<a href="http://www.standard.co.uk/news/health/smokers-and-obese-londoners-could-be-refused-surgery-in-bid-to-save-nhs-cash-a3436771.html">http://www.standard.co.uk/news/health/smokers-and-obese-londoners-could-be-refused-surgery-in-bid-to-save-nhs-cash-a3436771.html</a>
11.01.17	Croydon Advertiser article	Croydon residents	News article	n/a	<a href="http://www.croydonadvertiser.co.uk/the-nhs-in-croydon-wants-your-opinion-on-plans-to-cut-ivf-for-all-couples-in-the-borough/story-30050704-detail/story.html">http://www.croydonadvertiser.co.uk/the-nhs-in-croydon-wants-your-opinion-on-plans-to-cut-ivf-for-all-couples-in-the-borough/story-30050704-detail/story.html</a>
12.01.17	Croydon Guardian article	Croydon residents	News article	n/a	<a href="http://www.croydonguardian.co.uk/news/15016005.Croydon_healthcare_providers_consider_limiting_access_to_IVF_treatment_to_fill___30m_black_hole/?ref=mr&amp;lp=17">http://www.croydonguardian.co.uk/news/15016005.Croydon_healthcare_providers_consider_limiting_access_to_IVF_treatment_to_fill___30m_black_hole/?ref=mr&amp;lp=17</a>
12.01.17	CCG tweet request to	Croydon residents	Tweet	n/a	<a href="https://twitter.com/NHSCroydonCCG">https://twitter.com/NHSCroydonCCG</a>

	respond to survey				
12.01.17	London Informer tweets article	London residents	Tweet	n/a	<a href="http://london-informer.com/264205/croydon-healthcare-providers-consider-limiting-access-to-ivf-treatment-to-fill-30m-black-hole/">http://london-informer.com/264205/croydon-healthcare-providers-consider-limiting-access-to-ivf-treatment-to-fill-30m-black-hole/</a>
12.01.17	DailySurrey tweets survey link	Surrey residents	Tweet	n/a	<a href="https://twitter.com/search?f=tweets&amp;q=croydon%20ivf&amp;src=typd">https://twitter.com/search?f=tweets&amp;q=croydon%20ivf&amp;src=typd</a>
19.01.17	Hard copies of consultation document sent to all GP surgeries	NHS patients	Consultation document	57 GP practices	
19.01.17	Letters to all IVF service users sent by CUH	Service users	Letter	n/k	CUH email chain
21.01.17	Religious Organisations contacted -temple/mosques	Croydon residents	Drop in/questionnaires	1 survey completed	Email trail
24.01.17	Public meeting	General public, PPI and stakeholders	Consultation document, website, emails, article in paper	55 attendees	<a href="https://www.eventbrite.co.uk/myevent?eid=30692160077">https://www.eventbrite.co.uk/myevent?eid=30692160077</a>
25.01.17	Survey of local Afro/Caribbean businesses users	Croydon	Drop in/questionnaires	20 surveys completed	
27.01.17	Obesity groups contacted	Croydon residents	Phone call	n/a	
27.01.17	Verity - PCOS/Endometriosis contacted	Voluntary Organisation	Phone call/email/questionnaire	n/a	Email trail
27.01.17	Daisy Network - Early menopause	Voluntary Organisation	Engagement/using their contacts	n/a	Email trail

	contacted				
27.01.17	British Menopause Society contacted	Voluntary Organisation	Engagement/using their contacts	n/a	Email trail
27.01.17	Religious Organisation - Afro/Carrib	Church members	Consultation/presentation and questionnaires	n/a	Completed questionnaires
27.01.1	McMillian contacted	Voluntary Organisation	Phone call	n/a	
30.01.17	Hear Conference contacted -LGBTQI	Voluntary Organisation	Networking	n/a	Email trail
30.01.17	Asian Womens Group contacted	Community Group based at Broad Green Library	Talk/going through the document	17 Asian women (25-50)	Email trail
31.01.17	BME Forum -attended	Voluntary Organisation	Networking/drop in/questionnaires	10 attendees	Email trail
2.02.17	BME Forum attended - BAME (Diabetes)	Voluntary Organisation	Engagement/presentation and questionnaires	25 attendees	Email trail
2.02.17	Drop in at town hall	IVF service users	Letter	2 attendees	Notes
11.01.17 and 13.02.17	Tweets to BME Forum and Muslim London	Voluntary Organisation	Tweet	n/a	<a href="https://twitter.com/NHSCroydonCCG">https://twitter.com/NHSCroydonCCG</a>
04.02.17	Letters to fertility treatment users sent by CUH	Fertility service users	Letter and link to survey	n/k	CUH email chain
04.02.17	Mid-point consultation review	n/a	n/a	n/a	Midpoint review report

04.02.17	Posters and leaflets circulated to CUH, GPs and Community Pharmacies	NHS users	Poster, leaflets	57 GP practices and Community pharmacies	
6.02.17	Drop in at town hall	IVF service users	letter	2 attendees	minutes
07.02.17	Poster and leaflets to Croydon Central library	Library users	Poster, leaflets	n/a	
07.02.17	Poster and leaflets to Thornton Heath library	Library users	Poster, leaflets	n/a	
07.02.17	Drop-in Local Asian Businesses users	Thornton Heath residents	Drop in/questionnaires	20 surveys completed	Completed questionnaires
07.02.17	Drop-in Thornton Heath Library	Thornton Heath library users	Drop in/questionnaires	10 surveys completed	Completed questionnaires
07.02.17	Faith Organisations	Thornton Heath	Visited proposed engagement	5 surveys completed	Completed questionnaires
08.02.17	Asian Cancer Support Group	Voluntary Organisation	Email	n/a	Email trail
08.02.17	SE Cancer Help Centre	Voluntary Organisation	Email	n/a	Email trail
08.02.17	Asian Fertility Group	Voluntary Organisation	Email	n/a	Email trail
15.02.17	Drop-in New Addington Older People's Centre	New Addington	Drop in/questionnaires	4 surveys completed	Completed questionnaires
15.02.17	Drop-in New Addington Health Centre	NHS patients in New Addington	Drop in/questionnaires	3 surveys completed	Completed questionnaires

13.02.17	Contacted those who responded to the survey to alert them to the additional public meeting	Survey respondents	Email		Email trail
16.02.17	Drop in Selsdon Medical Centre	NHS patients	Drop in/questionnaires	12 surveys completed	Completed questionnaires
20.02.17	Drop in elderly luncheon club	Local residents	Drop in/questionnaires	3 surveys completed	Completed questionnaires
20.02.17	On-street survey of Croydon Town Centre users	Local shoppers	Stopping passersby to ask for views	6 surveys completed with shoppers	Completed questionnaires
20.02.17	Request for Healthwatch to promote second public meeting	Voluntary Organisation	Healthwatch promotes second public meeting on their websites	n/a	<a href="http://www.healthwatchcroydon.co.uk/events">http://www.healthwatchcroydon.co.uk/events</a>
17.02.17 and 19.02.17 and others	Tweets about IVF consultation and public meeting	All following IVF hashtag and CroydonCCG	Regular tweets about the survey and public meetings	n/a	<a href="https://twitter.com/NHSCroydonCCG">https://twitter.com/NHSCroydonCCG</a>
20.02.17	Drop in Hayling Park Medical Centre	NHS patients	Drop in/questionnaires	2 surveys completed	Completed questionnaires
21.02.17	On-street survey of Croydon Town Centre users	Local shoppers	Stopping passersby to ask for views	4 surveys completed with shoppers	Completed questionnaires
21.02.17	One to one with IVF service user	Service users	Letter	1 attendee	Notes
13.02.17	Fertility Network promotes consultation on	Network members	Survey links	n/a	<a href="http://fertilitynetworkuk.org/proposals-for-more-cuts-to-ivf-richmond-and-croydon/">http://fertilitynetworkuk.org/proposals-for-more-cuts-to-ivf-richmond-and-croydon/</a>

	their website				
22.02.17	Drop-in Egerton Road Walk-in Centre	NHS patients in Central Croydon	Drop in/questionnaires	7 surveys completed	Completed questionnaires
15.02.17 and 14.01.17	Mumsnet discussion started by resident and CCG tweet to Mumsnet	Mumsnet users	Tweet, forum discussion and link to survey	n/a	<a href="https://www.mumsnet.com/Talk/infertility/2855342-Croydon-CCG-proposal-to-cut-all-IVF-ICSI-funding">https://www.mumsnet.com/Talk/infertility/2855342-Croydon-CCG-proposal-to-cut-all-IVF-ICSI-funding</a>
22.02.17	Drop in South Norwood Medical Practice	NHS patients	Drop in/questionnaires	15 surveys completed	Completed questionnaires
22.02.17	South Norwood Library	Library users	Drop in/questionnaires	5 surveys completed	Completed questionnaires
22.02.17	Winterbourne Childrens Centre	Centre users	Drop in/questionnaires	10 surveys completed	Completed questionnaires
23.02.17	Drop in Leander Rd Medical Practice	NHS patients in Thornton Heath	Drop in/questionnaires	20 surveys completed	Completed questionnaires
23.02.17	Drop-in London Road Medical Centre	NHS patients in Broad Green	Drop in/questionnaires	10 surveys completed	Completed questionnaires
24.02.17	Drop-in Age UK healthy hub	Older people	Drop in/questionnaires	8 surveys completes	Completed questionnaires
27.02.17	Norbury Library	Norbury residents	Talk on recent changes to prescribing and FL and current IVF consultation	3 local residents	
28.02.17	Drop in Parchmore Medical Practice	NHS patients in Thornton Heath	Drop in/questionnaires	15 surveys completed	Completed questionnaires

01.03. 17	Public meeting	General public and stakeholders	Tweet, emails to survey respondents, letters to fertility service users, posters	33 registered to attend	<a href="https://www.eventbrite.co.uk/myevent?eid=31444508371">https://www.eventbrite.co.uk/myevent?eid=31444508371</a>
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