Assisted Reproductive Unit Consultation

NHS Hartlepool and Stockton-on-Tees CCG
Audit and Governance Committee
Hartlepool
28 July 2016
Purpose

• To provide brief overview of background
• To provide outline of consultation process
• To provide overview of consultation findings
• To provide recommended option for future service
Background: Events preceding court order

- NTHFT informed the CCG and the Council, of its decision to no longer administer licensed fertility services at University Hospital Hartlepool (UHH) due to clinical safety, effective 31 March 2016.
- The Audit and Governance Committee of the Council requested attendance of the CCG and NTHFT to scrutinise matters relating to the decision to stop provision.
- The CCG requested an independent clinical review of the service and approached the Northern England Clinical Senate.
- Senate agreed to convene a panel of independent clinical experts to undertake a clinical review from outside of the region to avoid any conflicts of interest.
Background:
Events preceding court order

• Audit and Governance meetings convened Feb 16/March 16 - both local and joint (due to the affected area spanning beyond Hartlepool)
• 4 March 2016: The Council submitted papers to High Court for the case to undergo a judicial review
• 10 March 2016: The CCG received a copy of the subsequent court order and notice that the case would be heard on 5 April 2016 – court order outlined the requirement for the Provider to continue to deliver services until hearing date
• Proceeding the hearing, a consent order was issued on 16 April 2016, requiring the Trust alongside the CCG to use best endeavours to undertake consultation/engagement with a decision on the future of ARU services at UHH to be made by 31 July 2016
Post Consent Order – Consultation preparation

• It was agreed due to commissioning responsibilities and to ensure transparency the CCG would lead the engagement/consultation
• Agreement sought from Chair – Audit and Governance to undertake 6 week consultation
• Project group established to:
  – Develop viable options to be presented to the public regarding the future location of service
  – Develop the communication and engagement plan
  – Engage with stakeholders; and,
  – Produce associated consultation documents.
Consultation preparation (continued)

- CCG engaged the **Consultation Institute (CI)** to undertake an external assurance of the consultation process.
- Timeline for the consultation process was developed to enable compliance with the court order and in order to achieve the deadline of 31 July.
- The CCG engaged **Local Healthwatch** representatives across the affected **Local Authorities** in order to review documents and engagement activities to ensure they were fit for purpose from a patients perspective prior to publication.
- Consultation ran from 31 May through to 17 July.
- Materials made available to the public via press release, online, email to trust and My NHS members, information sent to primary care, providers, partners and other key stakeholders through email along with briefing from the CCG Chief Officer.
OPTIONS & ENGAGEMENT
Options

Option 1 - A comprehensive assisted reproductive service including HFEA licensed and unlicensed provision remains at Hartlepool delivered by an alternative provider

Option 2 - Unlicensed assisted reproductive services continue to be delivered at Hartlepool and patients requiring licenced provision choose to go to an alternative site e.g. James Cook University Hospital, Queen Elizabeth University Hospital, Gateshead and Newcastle Fertility Centre for Life

Option 3 - A comprehensive assisted reproductive service including HFEA Licensed and unlicensed provision will no longer be available at Hartlepool but will be delivered at other sites in the region
How we communicated

- Press releases
- MP and Councillor briefings
- My NHS members
- Trust members
- Social media
- Staff
- Attendance at scrutiny
How we have engaged – Key points

• **On street surveys:**
  • **750** surveys were carried out in total (majority paper)
  • 250 across each locality

• **Focus Groups:**
  • **19** focus groups carried out
  • 137 people engaged

• **Website:**
  • 1334 visits to the fertility services web page

• **Social media:**
  • 31,518 Total reach
How we engaged - equality

Gender

- 73% Female
- 27% Male

Less than 0.5% preferred not to say

Age

<table>
<thead>
<tr>
<th>Age band</th>
<th>Consultation responses stating age - 1,040</th>
</tr>
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<tbody>
<tr>
<td>20-24</td>
<td>11%</td>
</tr>
<tr>
<td>25-34</td>
<td>27%</td>
</tr>
<tr>
<td>35-44</td>
<td>27%</td>
</tr>
<tr>
<td>45-54</td>
<td>14%</td>
</tr>
<tr>
<td>55-64</td>
<td>10%</td>
</tr>
<tr>
<td>65-74</td>
<td>6%</td>
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<tr>
<td>75 over</td>
<td>4%</td>
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Ethnicity

- 91% answered 'White'
- 2% answered 'Other ethnic group'
- 2% answered 'Asian/Asian British'
- 3% answered 'Mixed/Multiple ethnic groups'

Disability

- 14% answered 'Yes'
- 84% answered 'No'

1% preferred not to say
## Who we have engaged with

<table>
<thead>
<tr>
<th>Groups</th>
<th>% response rate</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>An existing patient</td>
<td>8</td>
<td>91</td>
</tr>
<tr>
<td>Have used the service before</td>
<td>11</td>
<td>121</td>
</tr>
<tr>
<td>Considered using the service</td>
<td>9</td>
<td>103</td>
</tr>
<tr>
<td>A member of staff</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>A representative of an organisation</td>
<td>2</td>
<td>27</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td></td>
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<tr>
<td>39% members of the general public (45)</td>
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<td></td>
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<tr>
<td>34% were friends or family of a patient (40)</td>
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<td>15% represented a community group (18)</td>
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<tr>
<td>11% were NHS staff - even though there was an option of NHS in the previous question (13)</td>
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<tr>
<td>3% were former patients (4)</td>
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*640 did not give any further explanation to none of the above.*
How we ensured independence and transparency in the process

- Healthwatch involvement in production of documentation
- Independent consultation support from voluntary sector
- On street survey undertaken by independent organisation (Maureen Halkyard Independent Researchers)
- Consultation Institute – undertook mid-point and end-point review of process
- Independent clinical review undertaken
- Self-assurance completed in line with NHSE Planning, Assuring and Delivering Service Change for Patient’s guidance
- Consultation findings recorded and reported by independent organisation (Proportion Marketing)
OUTCOMES
Respondents were asked ‘Do you think we could have considered any other alternative options?’

<table>
<thead>
<tr>
<th>%</th>
<th>What was said</th>
</tr>
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<tbody>
<tr>
<td>50%</td>
<td><strong>Recruitment</strong> calling for the hospital trust to recruit clinicians or criticising past attempts to recruit</td>
</tr>
<tr>
<td>29%</td>
<td><strong>Alternative proposals</strong> and these were variations to the options presented (including but not limited to; use of other sites, privatisation, transfer of staff from other sites and training schemes).</td>
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<tr>
<td>27%</td>
<td>Called for the unit to remain as is and the <strong>status quo</strong> maintained</td>
</tr>
<tr>
<td>5%</td>
<td>Commented on <strong>funding</strong> asking for monies to be made available for staff or questioning if this was a money saving exercise</td>
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<tr>
<td>3%</td>
<td><strong>Consultation</strong> including the decision was a ‘done deal’ or commenting on how proposals were set out to the public.</td>
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What respondents told us

Travel

Respondents were asked ‘How far do you think it is reasonable to travel to receive assisted reproductive treatment?’

Respondents were asked ‘If you were or are a patient would you be prepared to travel to an alternative site in the North East for assisted reproductive treatment?’

What was said. 258 free text comments

**Travel** received the highest number of comments when the ‘No’ response was qualified

- cost of travel
- time involved
- questioning why people would have to travel when there is a local unit
- time with work commitments.

**Patient impact** - adding stress on top of an already stressful situation

repeated calls for the **status quo**.

**Other** and included ‘supporting Hartlepool Hospital’

‘The nature of IVF means that **frequent appointments are necessary** - sometimes daily, sometimes without much notice. It would be difficult to do this if the alternative site was too far away, or if you didn’t drive/have access to a car. After some of the procedures it wouldn’t be appropriate to then travel on public transport for up to an hour.’
Feedback on the consultation proposals

Respondents were asked to rank each of the three options first, second or third.

- **Option 1** was ranked the highest of the three options. 58% (of 1,037 respondents) ranking this option as the first preferred choice, with 19% ranking this option second and another 23% ranking this option third.

- **Option 2** was ranked second highest of the three options. 23% (of 991 respondents) ranking this option as the first preferred choice, with 63% ranking this option second and 14% ranking this option third.

- **Option 3** was ranked lowest of the three options. 22% (of 989 respondents) ranking this option as the first preferred choice, with 17% ranking this option second and 61% ranking this option third.

The number of respondents in this question varies and is lower than the total number of respondents because not all paper surveys were completed in full.
Consultation Institute – Assurance outcome

• Mid point review 28 June 2016
• End point review 21 July 2016

“This consultation has been monitored by the Consultation Institute under its Consultation Quality Assurance Scheme. The Institute is happy to confirm that the exercise has fully met its requirements for good practice.”
Decision

- Governing Body considered key reports, risks and benefits and agreed the recommended option to progress was:

**Option 1** - A comprehensive assisted reproductive service including HFEA licensed and unlicensed provision remains at Hartlepool delivered by an alternative provider

- Existing provision will be maintained and patients will unlikely see any changes
- Patients will receive all treatment in Hartlepool
- There would be no (nil) patients potentially impacted
Decision

What happens next:

– Timeframe for implementation of option - would require a procurement exercise to be undertaken which could take up to 9 months and is dependant on who contract is awarded to

– Any new provider has to secure a HFEA licence which can take 3-4 months once contract awarded – most likely achievable April/May 2017, further discussions will be undertaken with NTHFT re sustaining the service until this time