

Strategy 2017-2020

Strategic delivery:

Setting standards

Increasing and
informing choice

Demonstrating efficiency
economy and value

Details:

Meeting	Authority
Agenda item	8
Paper number	HFEA (18/01/17) 822
Meeting date	18 January 2017
Author	Paula Robinson, Head of Business Planning

Output:

For information or decision?	For decision
Recommendation	The Authority is asked to approve the draft strategy for publication.
Resource implications	In budget.
Implementation date	Throughout 2017/18-2019/20 business years.
Communication(s)	Launch at HFEA annual conference; publication on HFEA website.
Organisational risk	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Annexes	Annex A: Strategy 2017-2020

1. Summary

- 1.1. Improved quality lies at the heart of the strategy, and we believe this will come from safe, effective, evidence-based care, high quality science and research, treatment information that is well explained, consistency in care and outcomes, excellent support during and after treatment, and making full use of the recent improvements to our information and our engagement channels.
- 1.2. The Authority has redefined its quality model to reflect the needs of patients, donors and donor-conceived people throughout, and after, their treatment journey. Our strategic objectives have been written with the aim of meeting these needs.
- 1.3. Throughout, we will retain the same strong vision, of high quality care for everyone affected by assisted reproduction.

2. Development of the strategy

- 2.1. The Authority developed its strategy through a series of workshops over the past year, and has publicly discussed several agenda items about the strategy.
- 2.2. We are grateful for a range of useful input, during the drafting phase, by stakeholders including the Professional Stakeholders Group, the Licensed Centres Panel, the Association of Fertility Patient Organisations, and some patients who kindly participated in a survey. A summary of the responses is included below.
- 2.3. We are now confident in our strategic direction, and ready to agree the final document so that we can launch this at our annual conference, and subsequently publish it on our website.
- 2.4. The executive's corporate management group (CMG) has also considered the implementation of the strategy across the next three business plans. Teams are now in the process of discussing delivery for the coming business year and beyond, so as to ensure that the strategy is delivered as planned. This work will enable us to build on the successes of the last three years, in particular the culmination of the Information for Quality programme work to create a new clinic portal and website, a restructured Register of treatments and outcomes, and a new data submission system.

3. Stakeholder feedback

- 3.1. All of our stakeholder feedback has been supportive. We took an earlier draft of the strategy to our three main stakeholder groups – the Professional Stakeholders Group, the Association of Fertility Patient Organisations and the Licensed Centres Panel. We also sent a short survey to 30 patients who had recently volunteered to participate, 28 of whom responded.

- 3.2.** In summary, there has been no disagreement with our vision or our objectives. Most comments were about how we might tackle particular aspects of the strategy, or editorial suggestions, or insights into the current status of issues.

Professional Stakeholder Group (PSG)

- 3.3.** The discussion at PSG focused mainly on:

- Success rates – agreement that there could be scope to improve outcomes.
- Support – agreement that we should clarify what ‘good support’ means; and an observation that this should include donation-related support such as donor traceability.
- Access to donation – questioned our focus being on sperm donation rather than egg donation (but noted that the reason for this is that we believe there is more scope for us to have a positive impact on sperm donation).
- Various useful editorial points were also made, which have been picked up in the attached final draft.

Association of Fertility Patient Organisations (AFPO)

- 3.4.** The main discussion points at AFPO were:

- Wrap-around support – recent survey information was cited, in which less than half of respondents said they were offered counselling. Provision was described as erratic and variable, often with poor timescales, and counselling availability prior to surgery was said to be ‘limited’.
- The importance of support for patients at the very earliest stage of the journey, before they have reached a fertility clinic or started treatment, was particularly emphasised. This is the stage at which we want to provide good information and sign-posting, and ensure people can and do find this information at the right time.

Licensed Centres Panel (LCP)

- 3.5.** The main discussion points at LCP were:

- Consistency and quality – acknowledgement that some clinics had repeat non-compliances, avoidable incidents and the like. The consistency and quality point applies to us, too, when inspecting.
- NHS resources – we were asked to be sensitive to NHS staffing and resource restrictions when asking for improvements or setting expectations.
- Incidents and alerts – suggested more frequent trend analysis of incidents, and that the new clinic portal could be very useful as a channel for this.
- Donation – the panel liked the way donation was incorporated throughout the strategy rather than presented as a separate issue. Strong support for giving people more advice about overseas treatment and increasing the availability of donor sperm.

- Data submission and intelligence – strong support, but with a reminder that any technical problems with data submission can take time to resolve and may require our assistance in some instances.

Patient survey

3.6. We asked patients to let us know their highest priorities and to tell us what improvements they would like to see in these areas.

3.7. The highest three priorities among the 28 respondents were:

- Improvements in success rates
- Getting access to treatment and donation
- Receiving good support.

3.8. There were some themes in the suggested improvements comments, for example:

- The largest number of comments on any one issue were about success rates, including the statistics we publish, including suggestions that a breakdown of success rates by diagnosis could be useful
- Waiting times were mentioned several times, in the context of both treatment and access to donation
- The cost of treatment was the lowest overall priority, but comments about treatment cost were made under a range of other headings (access to NHS cycles, support, add-ons)
- The phrase ‘postcode lottery’ appeared several times, in the context of geographical access and funding
- In relation to support, a number of the comments were about issues affecting donor-conceived people, such as contactability of donors and siblings, linkage with overseas donors, encouraging open/known donation, and consistency in the provision of non-identifying information
- There is a clear appetite for better information for the lay reader about science, research, and different treatments, including clarity about add-ons and their effectiveness.

3.9. All of the feedback on the strategy supports our vision and our plans for the next three years, and some of the comments will be useful when planning our detailed approach to different elements of the strategy.

4. Next steps

4.1. The strategy, once approved by the Authority, will next have its design finalised, ready for publication on our website in April, with a launch prior to that at the annual conference in March.

4.2. Alongside the development of our new organisational structure, we will be preparing a people strategy to ensure we have the skills and capacity in place to deliver all our strategic aims for the next three years.

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- 4.3.** A communications strategy is also being prepared, with a view to promoting and influencing particular issues, namely:
- evidence based treatment (the right treatment at the right time for the right patient, at the right cost)
 - giving research a helping hand (helping to develop new treatments and improve existing ones)
 - one at a time (treatment focused on the best outcome – the birth of a healthy singleton baby)
 - excellent support (a great experience of treatment, with good support throughout).

5. Recommendation

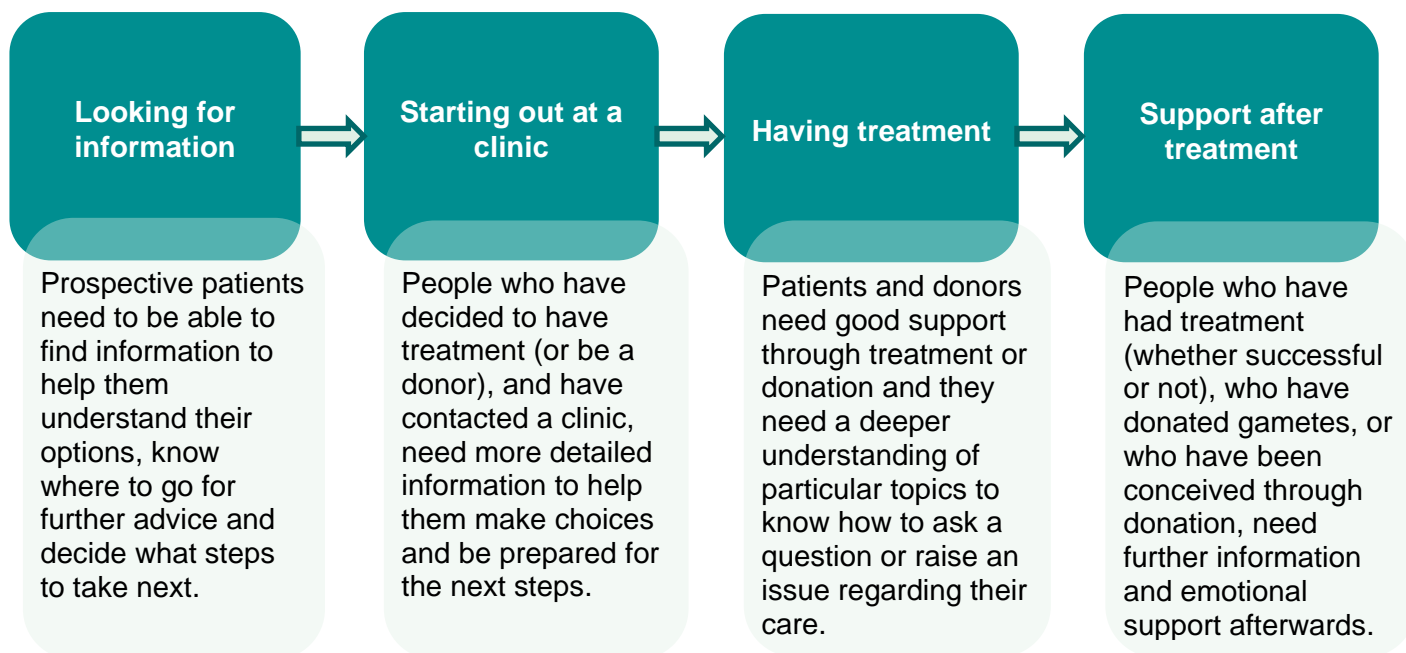
- 5.1.** The Authority is asked to approve the HFEA's new strategy for 2017-2020.

Our strategy 2017-2020

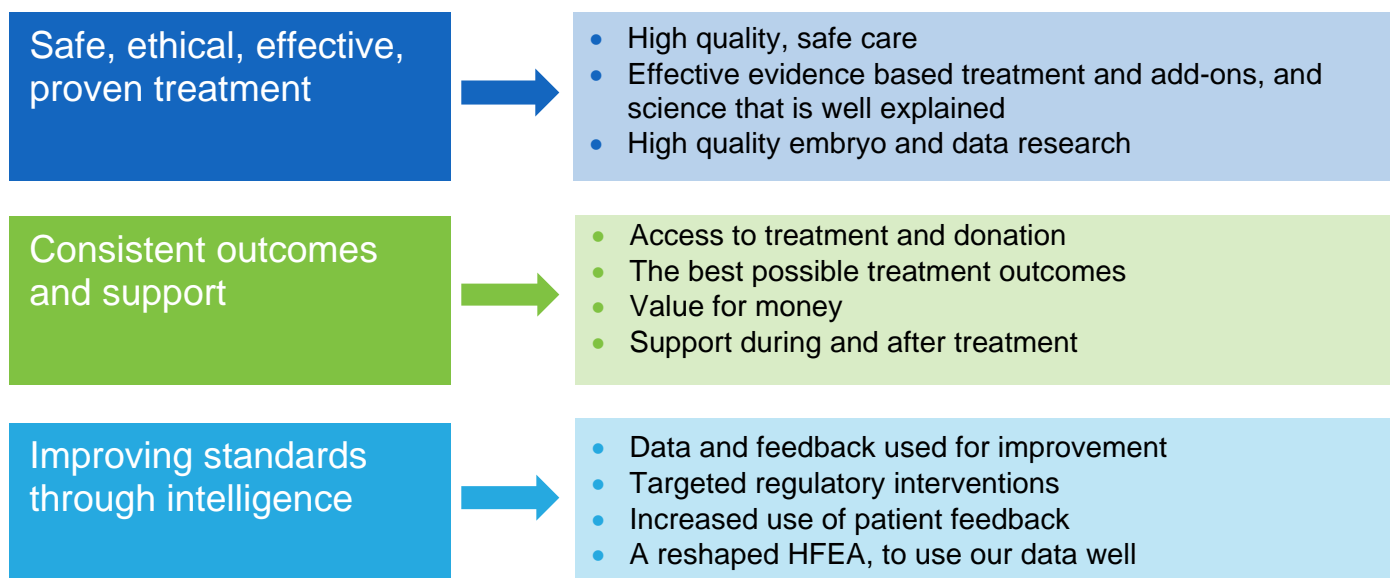
Our vision is high quality care for everyone affected by fertility treatment

Patients, donors and donor-conceived people are at the heart of our strategy, and our work. We want them all to receive high quality care and support, at every stage in their journey through fertility services.

What do people need?



To meet these needs, we will focus our efforts on the following areas:



How we will achieve our vision

Our strategic objectives describe how we will work towards our vision, focusing on people's needs throughout their fertility journey.

Safe, ethical, effective, proven treatment

Objective 1:

Ensure that consistent high quality, safe, treatment is provided by all clinics

Aim: patients know all clinics provide a high quality, consistent, safe service.

Standards	We want:	We will:
	<ul style="list-style-type: none">patients to know clinics are safefewer non-compliances and incidents in clinics, maintained over time.	<ul style="list-style-type: none">define 'good performance'help clinics to be more compliantencourage clinics to show greater consistency over timeincentivise effective, safe, ethical services.

Objective 2:

Publish clear information for patients about the efficacy and safety of treatments and treatment add-ons, while supporting innovation

Aim: increase patients' insight into science and evidence-base of treatments, including add-ons.

Evidence	We want:	We will:
	<ul style="list-style-type: none">people to turn first to us for clear, unbiased and authoritative informationpatients to know whether there is evidence of efficacy and safety for a treatment or add-onpatients to be able to make informed choices about the most effective treatment for them.	<ul style="list-style-type: none">publish information about new developmentsrefine our published datasay which add-ons are proven, effective and saferespond to science stories and correct misperceptions.

Objective 3:

Support and promote high quality embryo and data research

Aim: improve the quality of research and the rate and accuracy of patient consents.

Research	We want:	We will:
	<ul style="list-style-type: none">patients to understand the benefits of research for future patientsconsents to be recorded and reported accurately by clinicspatients to easily be able to donate embryos for research and research centres to have access to donated embryosmore patients to take part in research.	<ul style="list-style-type: none">incentivise high quality research (embryo research and data research)promote and explain research projects and their outcomesencourage more patients to participate in data research and donate embryosfocus on consent reporting accuracy in clinics.

Consistent outcomes and support for patients and donors

Objective 4:

Use our data to improve access to donation and treatment

Aim: provide advice about access to treatment and improve access to donated gametes.

Access

We want:

- people understand the process and feel prepared for donation and treatment
- people can readily find information on our website to inform their next steps
- increase in UK-based sperm donation.

We will:

- explain how to access services in UK rather than abroad
- work with others to improve donor sperm availability
- encourage better donation support, including for those considering using unlicensed services.

Objective 5:

Increase consistency in treatment standards, outcomes, value for money and support for donors and patients

Aim: increase birth rates, while avoiding adverse outcomes.

Outcomes

We want:

- the chances of a live birth to be maximised
- patients to understand the risks of multiple births
- a shared understanding of success rates
- evidenced success factors.

We will:

- involve our stakeholders
- define 'success rates'
- establish success factors
- analyse outcome data
- identify improvements
- publish information.

Aim: patients and NHS commissioners receive good value fertility services.

Value

We want:

- patients to pay what they expect to pay
- patients to question costs more often
- less variation in the price of treatment
- the NHS to pay a fair price for fertility services.

We will:

- ask patients whether they paid what they expected to
- share benchmark data with commissioners.

Aim: improve the emotional experience of care by clinics, during and after treatment or donation.

Support

We want:

- people to have a positive experience of care and aftercare
- patients (and others) to know they can expect support from the clinic beyond treatment.

We will:

- define 'good support'
- seek feedback on the quality of support
- focus on support at inspections
- make excellent support a core message.



Improving standards through intelligence

Objective 6:

Use our data and feedback from patients to provide a sharper focus in our regulatory work and improve the information we produce

Aim: use our data and intelligence to drive quality improvements for patients.

Data

We want:

- our role and intentions to be clear
- donors, parents and donor-conceived people to understand how their information is stored and how they can access it
- patients to have confidence in their clinic as a life-long information guardian
- better outcomes from NHS treatment.

We will:

- publish an information strategy for how we will analyse, publish and use our data
- ensure we have the analytical capability and capacity to extract more value from the data we hold
- use our data to radically improve the information we publish
- use our data to improve the quality of NHS commissioning decisions.

Aim: targeted and responsive regulatory interventions in the interests of quality and consistency.

Regulation

We want:

- the ability to make earlier and more responsive regulatory interventions
- regulatory performance to be more consistent across the inspection cycle.

We will:

- apply the intelligence available to us to improve the quality and consistency of regulatory performance
- enable clinics to have access to a wider range of feedback about their own performance.

Aim: gain insight into patient experience in clinics and promote good practice based on feedback.

Feedback

We want:

- patients and donors to feel listened to
- the quality of services and support to improve as a result of patient feedback.

We will:

- collect high quality patient feedback
- analyse and use this intelligence in our activities
- share the feedback with professional stakeholders
- use patient feedback to focus inspections.

Aim: work more smartly with our resources, and capitalise on recent systems improvements.

Efficiency

We want:

- to make best use of our new website and Register
- to ensure we have the right capabilities and capacity are in place
- stakeholders to see the HFEA as a good value regulator.

We will:

- re-shape our organisation so that the capabilities and capacity we need are in place
- continue to be a good value regulator for all of our stakeholders.