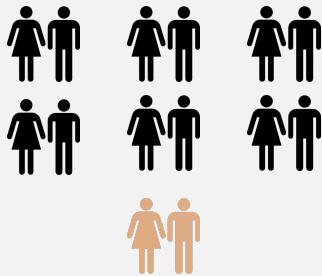


2016 Political Briefing for England

1. About Infertility

Infertility is a disease that will affect 1 in 7 couples in the UK ¹



Difficulty conceiving is a widespread problem. It is the second most common reason for women to visit their GP, the most common reason being pregnancy.

*The World Health Organisation classifies infertility as a disease and, as with any other medical condition, it is deserving of treatment. **If left untreated infertility can result in stress, anxiety, depression and the breakdown of relationships.***

2. IVF Provision on the NHS in England

The National Institute for Health and Clinical Excellence (NICE) is the expert body responsible for issuing evidence-based recommendations on the provision of health services.

In 2004 NICE issued a clinical guideline on infertility, which recommended that all eligible couples should have access to 3 full cycles of IVF where the women is aged under 40.² An update in 2013 further recommended that women aged between 40-42, meeting specific criteria, should have access to 1 full cycle. According to NICE a full cycle of IVF treatment should include 1 round of ovarian stimulation, followed by the transfer of any resultant fresh and frozen embryos.

Despite this clear and long-standing guidance, IVF provision across England has remained consistently below the NICE recommendations and is subject to considerable regional variation.

This postcode lottery stands in stark contrast to the rest of the UK. In Scotland, Wales and Northern Ireland, access criteria and provision are *standardised* and patients within each of the devolved nations have equality of treatment.

A major development this year was the Scottish Government's announcement that it intends to implement the provision of 3 cycles of treatment early in 2017. During 2016 it also introduced a measure to relax access criteria and allow couples living with existing children from previous relationships to IVF on the NHS so long as one partner does not have a biological child.

It is the view of Fertility Fairness that the Government and NHS England should be actively following Scotland's lead.

¹ <http://www.nhs.uk/conditions/Infertility/pages/introduction.aspx>

² <https://www.nice.org.uk/guidance/cg156>

Professor Gillian Leng, the Deputy Chief Executive of NICE, has criticised the existing inequity, writing:

*“It is unacceptable that parts of England are choosing to ignore NICE recommendations for treating infertility. This perpetuates a postcode lottery and creates inequalities in healthcare across the country”.*³

Fertility Fairness could not agree more strongly, and believes that action needs to be taken to standardise treatment across England.

2.1 The Number of Cycles Available

In 2016 Fertility Fairness (FF) conducted an audit of every CCG in England, and found that **just 16% of commissioners provided the NICE recommended 3 cycles of IVF**, with 22% offering 2 cycles and with a majority of 60% offering only 1 cycle.ⁱ When compared with data from FF’s 2015 audit, the 2016 figures reveal a **5% increase in the number of CCGs only offering 1 cycle of IVF** and a corresponding fall in the number of CCGs offering 2 and 3 cycles.

When this audit is compared with the 3 years of data Fertility Fairness has gathered, it is clear that the number of 3 cycle providers has been steadily declining.

	0 Cycle Providers	1 Cycle Providers	2 Cycle Providers	3 Cycle Providers
2016	2%	60%	22%	16%
2015	1%	57%	24%	18%
2014	1%	52%	29%	18%
2013	3%	49%	24%	24%

2.2 The Definition of a Cycle

The above figures do not fully capture the limited and variable access available to patients, as almost half of all CCGs are not using the correct definition of a full cycle of IVF treatment. Rather than using the NICE recommended definition, **45% of CCGs substitute their own definition**, which usually represents a substantially more limited treatment.

These alterations hide the degree to which many CCGs are departing from NICE’s recommendations with a commensurate reduction in the chance of a successful treatment for the patient. As NICE has noted this is also likely to compromise the cost effectiveness of the treatment.

2.3 Access Criteria

In addition to the inequity faced by couples across England, in terms of what treatment is available, many CCGs use strict and arbitrary access criteria to limit access to treatment even further.

These criteria are without clinical justification and include age, the number of years spent attempting to conceive (even with a known cause of infertility) and children from previous relationships. For example, **9% of CCGs deny treatment to women over the age of 35**, despite NICE’s recommendation that women up to 40 receive 3 cycles and women aged 40-2 receive at least 1 cycle.

2.4 Decommissioning

There is a pattern of sustained disinvestment in NHS fertility services in England. North East Lincolnshire CCG, Somerset CCG, Wiltshire CCG, Herts Valley CCG, Cambridgeshire and Peterborough CCG and

³ <https://www.nice.org.uk/news/article/nice-calls-for-an-end-to-postcode-lottery-of-ivf-treatment>

Bedfordshire CCG all slashed NHS fertility services in 2016 and now offer just one funded IVF cycle. Basildon and Brentwood CCG announced in November 2016 their decision to entirely decommission fertility services, reducing the cycle number from three to zero.

The following CCGs are considering cutting the number of NHS-funded IVF cycles they offer: **Eastern Cheshire CCG, West Cheshire CCG, Wirral CCG, South Cheshire CCG, Vale Royal CCG** (consulting on reducing provision from 3 cycles to 2 cycles or 1 cycle); all of eight of Lancashire's CCGs- **Blackpool CCG, Fylde & Wyre CCG, Lancashire North CCG, Chorley and South Ribble CCG, Greater Preston CCG, Blackburn with Darwen CCG; East Lancashire CCG, West Lancashire CCG** (consulting on reducing the number of embryo transfers provided within a cycle), **South Worcestershire CCG, Redditch and Bromsgrove CCG, Wyre Forest CCG** (consulting on reducing provision from 2 cycles to 1 cycle), **St Helens CCG (consulting on cutting specialist fertility services for those aged 37 and under)**. The following CCGs are considering decommissioning NHS IVF: **Mansfield and Ashfield CCG, Newark and Sherwood CCG, Croydon CCG, Ipswich and East Suffolk CCG, and West Suffolk CCG.**

10.5% of all CCGs are currently consulting on reducing IVF provision

Simon Stevens, chief executive of NHS England has cautioned against rationing, stating that the test for treatment on the NHS should be "*will the patient benefit from this treatment*".⁴ Working to this principle, it is clear that CCGs should not seek to deny patients' access to IVF. Action needs to be taken on a national level to make it clear that decommissioning a service in its entirety is not the answer to financial restrictions, instead CCGs must seek sustainable long-term solutions.

3. Commissioning IVF Services: 2016 and Beyond

Fertility Fairness believes that in many areas the IVF postcode lottery is being exacerbated by non-evidence-based commissioning decisions and fundamental misapplications of the NICE guidelines.

NHS England has published a factsheet on the commissioning of fertility services, which recognises the specialist nature of the field and encourages collaboration between CCGs. Despite this guidance CCGs continue to commission in silos. FF's audit revealed the continuation of a wide variation in the amount that CCGs were paying for a cycle of IVF.

The price for a single cycle (as standard) varied from as low as £2,098 from a CCG in the North of England to more than triple this from a CCG in the South at £6,500, with a mean of £3,545.

Fertility Fairness believes that a key barrier to CCGs becoming NICE compliant is the cost of IVF. The introduction of a national tariff would eliminate these wide cost variants and help CCGs to increase their services to 3 full cycles of IVF.

WHAT IS FF ASKING FOR?

- **Full implementation of the NICE guideline including the provision of 3 full cycles of IVF to all eligible couples regardless of locality.**
- **Standardisation of eligibility criteria across England.**
- **The development of a national tariff in England for tertiary fertility services.**

⁴ http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/31_05_15_simon_stevens.pdf

4. About Fertility Fairness

Fertility Fairness is an umbrella body, which has the support of a number of organisations working in the field of infertility, from professional bodies to patient support groups.

For more than 20 years Fertility Fairness has campaigned for people to have comprehensive equal access to a full range of appropriate NHS investigations and treatments for infertility.

We are supported by the following organisations:

This briefing document was drawn up the Fertility Fairness secretariat. The views expressed within do not necessarily represent the views of the supporting organisations listed below.



British Fertility Society



fertilitynetworkuk

