



DEBATE PACK

Number 2017/0019, 16 January 2017

Decommissioning of IVF and other NHS fertility services

Antonia Jones,
Alexander Bellis

Summary

This debate pack has been prepared ahead of the debate on decommissioning of in vitro fertilisation and other NHS fertility services to be held in Westminster Hall on Thursday 19th January. The debate is being sponsored by Steve McCabe MP, Edward Vaizey MP and Tom Brake MP.

The National Institute for Clinical Excellence (NICE) has produced guidance which recommends that Clinical Commissioning Groups (CCGs) offer three full cycles of in vitro fertilisation (IVF) for women under 40, and one cycle for women between 40 and 42. However, these are guidelines, and CCGs are not legally required to implement them. There is substantial variation between CCGs in England in terms of what fertility treatments are routinely funded.

A number of CCGs have recently reduced or decommissioned IVF and other fertility treatment – four now do not routinely fund any IVF services, and others are currently consulting on whether to do the same.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

Contents

1. Background	2
1.1 Introduction	2
1.2 NICE Guidelines	2
1.3 Variation between CCGs	4
Variation in costs of providing IVF treatment to CCGs	4
1.4 Criteria imposed by CCGs	5
Age range	5
Smoking status	5
Body Mass Index	5
Relationship length and existing children	5
2. Press Articles	7
2.1 National headlines	7
Regional variation and decommissioning of services	7
Private IVF treatment	8
2.2 Local press	9
3. Reports	13
4. Parliamentary Questions	14

1. Background

1.1 Introduction

Difficulty conceiving is a problem that affects around one in seven couples in the UK. According to [NHS Choices](#), 84% of couples will conceive naturally within a year if they have regular unprotected sex, while 92% will conceive within two years.

The National Institute for Clinical Excellence (NICE) recommends that couples who have been unsuccessful in conceiving after two years should be offered three full cycles of in vitro fertilisation (IVF) for women under 40, and one cycle for women between 40 and 42. However, these are guidelines, and Clinical Commissioning Groups (CCGs) are not legally required to implement them. There is substantial variation between CCGs in England in terms of what fertility treatments are routinely funded.

According to Fertility Fairness, 35 CCGs offer three cycles of IVF to women under 40, but just four CCGs out of 209 offer funding for fertility treatment which is fully in line with the NICE guidelines, all of which are in Greater Manchester. Four CCGs currently do not routinely fund any fertility treatment: Mid Essex, North East Essex, Basildon & Brentwood and South Norfolk. A number of other CCGs are currently consulting on reducing or decommissioning existing services.¹

There is variation between the devolved administrations regarding funding for IVF, but there is no variation within Scotland, Wales or Northern Ireland.

- Scotland – eligible women under 40 are entitled to two cycles. The Scottish Government is due to begin consultations with health boards on increasing this to three cycles in April 2017.
- Wales – eligible under 40 are entitled to two cycles.
- Northern Ireland – women under 40 are entitled to one cycle.

1.2 NICE Guidelines

The National Institute for Health & Care Excellence (NICE) have published guidelines on [Fertility problems: assessment and treatment](#) (February 2013). The guidelines provide best practice advice on assisting people of reproductive age who have problems conceiving.

The NICE guidelines make the following recommendations on who should be offered IVF:

Women aged under 40 years

If you are a woman aged under 40 you should be offered 3 full cycles of IVF if:

¹ [Fertility Fairness press release](#), 8th December 2016

- you have been trying to get pregnant through regular unprotected sexual intercourse for a total of 2 years or
- you are using artificial insemination to conceive and you have not become pregnant after 12 cycles – at least 6 of these cycles should have been using intrauterine insemination.

However, if your tests show that there appears to be no chance of you conceiving naturally and that IVF is the only treatment that is likely to help, you should be referred straightaway for IVF.

Any previous cycles of IVF you have had (including cycles that you have paid for yourself) will count towards the 3 cycles you should be offered by the NHS. This is because the chances of having a baby fall with the number of unsuccessful cycles of IVF.

Your doctor should also take into account how you responded to any previous IVF treatment and what the outcome was when deciding how effective and safe further IVF would be for you.

If you turn 40 during a cycle of IVF, you can finish the current full cycle but you should not be offered further cycles. You will still be able to have any frozen embryos transferred from your most recent episode of ovarian stimulation since these count as part of the same full cycle.

Women aged 40–42 years

If you are a woman aged 40–42 years you should be offered 1 full cycle of IVF if all of the following apply:

- you have been trying to get pregnant through regular unprotected sexual intercourse for a total of 2 years or you have not become pregnant after 12 cycles of artificial insemination (at least 6 of these cycles should have been through intrauterine insemination)
- you have never had IVF treatment before
- your fertility tests show that your ovaries would respond normally to fertility drugs
- you and your doctor have discussed the risks of fertility treatment and pregnancy in women aged 40 years or older.

If your tests show that there appears to be no chance of you conceiving naturally and that IVF is the only treatment that is likely to help, you should be referred straightaway for IVF.²

NICE guidelines provide best-practice guidance for health professionals, but their application is **not mandatory**, i.e. CCGs are not legally required to implement them. Each CCG is therefore able to determine its own local policy for IVF treatment. However, the Government says “CCGs have a legal duty *to have regard* to the National Institute for Health and Care Excellence (NICE) guidelines”³.

NICE states: “The application of the recommendations in this guideline is not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the

² NICE, Fertility problems: assessment and treatment, February 2013, [Information for the public: IVF](#)

³ [PQ 35810 \[on IVF\], 4 May 2016](#)

circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.”⁴

NICE has called for an end to the “postcode lottery” for IVF. In October 2014 NICE produced a new [Quality Standard](#) – which compliments the NICE fertility guideline and provides key recommendations for commissioners and service providers. The Quality Standard emphasises the importance of treating fertility and aims to end the postcode lottery of treatment and support for people with fertility problems.⁵ It states that:

Statement 5. Women aged under 40 years who meet the criteria for in vitro fertilisation (IVF) are offered 3 full cycles of IVF.

Statement 6. Women aged 40–42 years who meet the criteria for IVF are offered 1 full cycle of IVF.⁶

NICE has said that “The NHS should stop rationing fertility treatment”.⁷

1.3 Variation between CCGs

Information about what fertility services are commissioned by CCGs is not collected centrally. However, Fertility Fairness, which campaigns for comprehensive provision of fertility treatments, carries out audits of CCGs across England and publishes findings on its website, [here](#).

In December 2016, Fertility Fairness [found](#) that less than 2% of CCGs fully follow the NICE Guidance with respect to fertility treatment (four out of 209): Bury, Heywood, Middleton and Rochdale, Tameside and Glossop and Oldham CCGs. A further 31 offer three IVF cycles, but do not meet the guidance in other areas. Around 60% of CCGs offer one cycle; and more than a fifth offer two, but four CCGs have fully decommissioned their fertility services: Mid-Essex, North East Essex, Basildon & Brentwood and South Norfolk. Fertility Fairness claims that a further 10% of CCGs are currently consulting on whether to decrease or decommission fertility services for financial reasons.

In general, CCGs in the North of England provide fertility services that are closer to the NICE Guidelines than in the South. Of the 35 CCGs that fund three cycles of IVF treatment, 28 are in the North.

Some CCGs have collaborated to produce harmonised IVF policies for a region. The North East commissioning collaborative, which covers 13 CCGs, funds three cycles of IVF⁸.

Variation in costs of providing IVF treatment to CCGs

Information on the costs for IVF, paid by CCGs, is not collected centrally.

⁴ NICE, [Fertility problems: assessment and treatment, February 2013](#): Your responsibility

⁵ NICE, [NICE calls for an end to postcode lottery of IVF treatment](#), 23 October 2014

⁶ NICE, [NICE quality standard \[QS73\]: List of quality statements](#), October 2014

⁷ NICE, [NICE calls for an end to postcode lottery of IVF treatment](#), 23 October 2014

⁸ Fertility Fairness, [“The North of England”](#)

However, in 2014 Fertility Fairness gathered information from all but one of the CCGs across England and found that average prices paid for IVF range from £2,900 to £6,000.⁹

In response to a PQ (asked by Steve McCabe) in May 2016, the Public Health Minister said:

Following a meeting with Fertility Fairness in December 2015, officials from the Department and NHS England are considering options for addressing variation in the prices that CCGs are currently paying for in vitro fertilisation treatment.

Information about the costs of individual treatments is not collected centrally.¹⁰

1.4 Criteria imposed by CCGs

CCGs apply a number of criteria regarding the circumstances and lifestyle of couples seeking IVF treatment. Most are based on factors that are likely to affect the chance of success of the treatment. Fertility Fairness regularly asks all CCGs in England about the criteria they apply, and produces a spreadsheet detailing the responses, which can be found [here](#).

Age range

Most CCGs restrict access to IVF treatment to women under 40, with a number also offering one cycle to women between 40-42, in line with the NICE guidance. However, some have decreased the upper age limit to 35, and others also impose an age restriction on the male partner (usually to under 55).

Smoking status

Most CCGs will only offer IVF treatment to non-smokers, with many also applying a minimum time that both partners should have been non-smoking, of between 3 months and 1 year.

Body Mass Index

Most CCGs will only offer IVF treatment to women who have a BMI of between 19 and 30, which is in line with the NICE guidance. A few also require the male partner to have a BMI of below 30, as the NICE guidance specifies that men with a BMI above this are likely to have reduced fertility, so the chance of conception is decreased.

Relationship length and existing children

Most CCGs do not apply criteria regarding relationship length, although there are some that require the relationship to have lasted two years or more, and some that require a 'stable relationship', without specifying length of time.

There is variation in the criteria that is applied with regard to existing children. Some CCGs require that neither partner has living children

⁹ Fertility Fairness, [Fertility Fairness reveals huge discrepancies in the cost of IVF to the NHS](#), 9 September 2014

¹⁰ [PQ 35765 \[on Fertility, Medical Treatments\]](#), 4 May 2016

from the current or previous relationships, while others have looser criteria, e.g. no living children from current relationship, or no children under a certain age (usually 16 or 18).

2. Press Articles

2.1 National headlines

Regional variation and decommissioning of services

Loss of IVF treatment funded on the NHS is 'a national disgrace'

Independent, 26 December 2016 [Hard copy only – available on NexusNews]

The stark North-South divide for women seeking to access IVF treatment on the NHS will worsen next year, according to campaigners.

Fertility Fairness said the slow but steady erosion of NHS-funded IVF treatment in a country which pioneered the procedure almost 40 years ago was "a national disgrace".

[NHS fertility services branded 'national disgrace' as just 2% of areas follow Nice guidelines](#)

Telegraph, 8 December 2016

Article concerning the report released by Fertility Fairness

[Refusing to give IVF to couples who are struggling to conceive is 'unacceptable'](#)

Daily Mail, 8 December 2016

Article concerning the report released by Fertility Fairness

[If you need IVF, you shouldn't have to check your postcode first](#)

Guardian, 3 November 2016

An article about the report on varying fertility treatment across the UK, released by Fertility Fairness

[Fewer health trusts offer free IVF](#)

Times, 23 September 2016

Article concerning the report released by Fertility Fairness

[NHS plans swingeing IVF restrictions](#)

Telegraph, 22 September 2016

The NHS has stopped funding IVF, or drawn up plans to axe or

drastically scale back provision in one in 10 parts of the country, amid deepening rationing.

[IVF rates in England 'at 12-year low'](#)

BBC News, 22 September 2016

Campaigners say the provision of free IVF on the NHS in England has fallen to its lowest level since guidelines were introduced in 2004.

[Leaders: Overhaul to IVF access a fair and just step](#)

Scotsman, 14 June 2016

This article talks about changes in Scottish government's policy and average costs for private IVF treatment

[Third of doctors want to end IVF on health service](#)

Times, 6 February 2016

Private IVF treatment

['No solid evidence' for IVF add-on success](#)

BBC News, 28 November 2016

Nearly all costly add-on treatments offered by UK fertility clinics to increase the chance of a birth through IVF are not supported by high-quality evidence proving that they work, a study has revealed.

[Couples exploited by fertility clinics offering 'add-ons'](#)

Times, 28 November 2016

[I would have given anything to have a baby. But what does IVF really cost?](#)

Guardian, 29 November 2016

An article about an 'add-on' treatment that had little proof of efficacy

[Fertility watchdog 'increasingly concerned' about dubious treatments sold by private clinics as experts warn childless couples are being exploited](#)

Independent, 15 May 2016

[Older women who have IVF abroad and give birth in the UK are crippling the NHS with complicated pregnancies, doctor warns](#)

Daily Mail, 11 March 2016

2.2 Local press

[Smokers and obese Londoners could be refused surgery in bid to save NHS cash](#)

Evening Standard, 10 January 2017

Smokers and obese Londoners could be refused surgery and IVF treatment axed in a radical bid to save NHS cash.

[NHS cuts plan will hit Cheshire couples desperate for a baby](#)

Chester Chronicle, 10 January 2017

Cash-strapped NHS bosses in Cheshire and Wirral are looking to slash free fertility treatment for couples desperate to have a baby.

Under the plans, five Clinical Commissioning Groups (CCGs) are proposing to reduce the number of IVF cycles being offered as health bosses attempt to plug a £13m budget shortfall in West Cheshire alone.

[Health chiefs 'hellbent' on closing Hartlepool's fertility unit, claims MP](#)

Hartlepool Mail, 9 January 2017

[Couple denied chance to have a baby after NHS funding cuts in north Essex](#)

Essex Country Standard/Daily Gazette, 25 October 2016

Couples desperate for children are losing out in IVF postcode lottery

Somerset Guardian, 22 December 2016 [Hard copy only – available on NexusNews]

Couples in Bath and north east Somerset are some of the biggest losers in the NHS IVF postcode lottery.

Bath and North East Somerset CCG offers just one cycle of IVF to couples struggling to conceive and only for women aged up to 40.

[IVF treatment could be axed by St Helens CCG](#)

St Helen's Reporter, 16 December 2016

[Couples in Bristol region among biggest losers in IVF postcode lottery](#)

Bristol Post, 13 December 2016

Couples struggling to conceive are offered just one cycle of IVF, and only for women aged up to 40, through Bristol, BANES, [North Somerset](#) and South Gloucestershire Clinical Commissioning Groups.

[How does Teesside fare in the IVF postcode lottery?](#)

Gazette Live, 14 December 2016

Couples on Teesside can access some of the best NHS IVF provision in England, research has found.

[NHS Warrington Clinical Commissioning Group criticised by Reproductive Health Group's Dr Luciano Nardo for sending couples on 40-mile round trip for IVF treatment](#)

This is Cheshire, 14 December 2016

[Fertility agencies 'hampered from bidding' for Hartlepool hospital contract, committee hears](#)

Hartlepool Mail, 28 November 2016

[Brentwood and Basildon CCG to stop IVF treatments to save money](#)

Essex Live, 29 November 2016

Brentwood and Basildon Clinical Commissioning Group (CCG) announced on Thursday that fertility treatment will no longer be available, despite 42 per cent of the 850 people who took part in a nine-week consultation insisting it should stay.

[Bedfordshire health group agrees to carry on funding IVF](#)

Luton Today, 25 November 2016

The decision follows a 12-week public consultation, attracting more than 1,000 responses, on whether gluten-free foods, over the counter medicines and specialist fertility services should continue to be provided by the NHS in Bedfordshire.

[IVF fertility treatment will no longer be offered to couples due to NHS cuts: Fertility charity labels decision 'shattering'](#)

Basildon, Canvey, Southend Echo, 24 November 2016

[Shock as health bosses plan host of cuts to fertility treatments including IVF](#)

Macclesfield Express, 15 November 2016

NHS Eastern Cheshire CCG have proposed reducing its treatment to infertile Macclesfield couples to save cash

[IVF funding is being reviewed in Mansfield and Ashfield](#)

Chad, 11 November 2016

Health commissioners in parts of Nottinghamshire are consulting with the public about proposals to review eligibility for NHS IVF funding.

[IVF mums 'heartbroken' that funding for fertility treatment could be cut](#)

Nottingham Post, 11 November 2016

[Derry couple who spent £20,000 for IVF call for change in 'unfair' rules in Northern Ireland](#)

Belfast Telegraph, 8 November 2016

A couple, who have begun their fifth course of IVF treatment, have set up the lobby group Fairness in Fertility, which is calling on the Department of Health to offer three free IVF cycles to infertile couples here.

[NHS fertility treatment funding review](#)

Isle of Man Today, 1 November 2016

[Croydon couples will no longer be able to get IVF on the NHS as CCG draws up plan to save £5.7m](#)

Croydon Advertiser, 27 October 2016

[Wiltshire CCG slammed for slashing IVF funding](#)

Swindon Advertiser, 14 October 2016

When they looked into NHS funded IVF she was told there was only weeks left to be accepted. They missed the deadline because a hormone level was fractionally too high so she was not put forward for treatment.

Time is now running out for the couple to have a chance of conceiving due to other medical complications.

[Proposals to reduce access to IVF in Suffolk deferred after consultation](#)

Bury Free Press, 27 September 2016

Almost 1,400 pieces of feedback were received from the public and this decision to defer will give the members more time to give in depth consideration to the implications of these proposals.

[FINANCE: Clinical commissioning groups in north west London have decided to retain their IVF restriction policy, so treatment will only be funded for couples who do not already have children, or children from a previous relationship.](#)

Health Service Journal, 8 June 2016

3. Reports

IVF provision in [England](#), [Scotland](#), [Wales](#), and [Northern Ireland](#)

Fertility Fairness, 2016

Data on IVF provision in the constituent areas of the UK and regions of England.

[2016 Political briefing](#)

Fertility Fairness, 2016

An overview of fertility services in the UK

[Sustained disinvestment in NHS fertility services in England; the southeast hardest hit, says Fertility Fairness](#)

Fertility Fairness, 20 July 2016

[Fertility Network UK Survey on the Impact of Fertility Problems](#)

Fertility Network, October 2016

A report on the emotional and financial impact of fertility problems

[Commentary: Selling unproved fertility treatments to women desperate for a baby may be unethical](#)

British Medical Journal, 1 December 2016

4. Parliamentary Questions

[Fertility: Medical Treatments](#)

Asked by: Hayes, Helen | **Party:** Labour Party

To ask the Secretary of State for Health, pursuant to the Answer of 12 September 2016 to Question 44420, whether he has sought advice from Fertility Fairness on the improvement of in vitro fertilisation services.

Answering member: Nicola Blackwood | **Party:** Conservative Party |
Department: Department of Health

The then Minister for Public Health met Fertility Fairness and other stakeholders on 14 December 2015 to discuss the National Health Service provision of fertility services and, in particular, issues around the pricing of NHS in vitro fertilisation. Fertility Fairness has subsequently provided information and intelligence to the Department about current trends. A representative from Fertility Fairness is also closely involved in the work to develop a benchmark price for infertility treatments.

07 Nov 2016 | Written questions | Answered | House of Commons | 51274

Date tabled: 31 Oct 2016 | **Date for answer:** 02 Nov 2016 | **Date answered:** 07 Nov 2016

[In Vitro Fertilisation: Finance](#)

Asked by: Brake, Tom | **Party:** Liberal Democrats

To ask the Secretary of State for Health, what steps he is taking to encourage clinical commissioning groups to abide in full by National Institute for Health and Care Excellence guidelines on funding in vitro fertilisation.

Answering member: Nicola Blackwood | **Party:** Conservative Party |
Department: Department of Health

Clinical commissioning groups have a legal duty to have regard to National Institute for Health and Care Excellence (NICE) guidelines. As such, NHS England expects that all those involved in commissioning infertility treatment services to be fully aware of the importance of having regard to the NICE fertility guidelines.

Representatives from NHS England, the British Fertility Society and Human Fertilisation and Embryology Authority are looking at how commissioning of in-vitro fertilisation (IVF) services could be improved. Commissioning of IVF will remain a local decision but there may be scope to improve the quality of commissioning through, for example, the development of a benchmark price that the National Health Service pays for infertility treatments and by encouraging the adoption of best practice when making clinical decisions.

11 Oct 2016 | Written questions | Answered | House of Commons | 47050

Date tabled: 07 Oct 2016 | **Date for answer:** 11 Oct 2016 | **Date answered:** 11 Oct 2016

[In Vitro Fertilisation](#)

Asked by: McCabe, Steve | **Party:** Labour Party

To ask the Secretary of State for Health, what assessment he has made of the extent of the practice among clinical commissioning groups in England of offering only one fresh cycle of IVF treatment.

Answering member: Jane Ellison | **Party:** Conservative Party | **Department:** Department of Health

The Government has not made an assessment of the annual cost to the National Health Service of high risk pregnancies caused by patients going abroad for in vitro fertilisation (IVF).

Multiple births are the single biggest risk to the health and welfare of children born following fertility treatment and present significant health risks to mothers and babies. Over recent years, the Human Fertilisation and Embryology Authority (HFEA) has worked to drive down multiple birth rates whilst maintaining consistent treatment success rates.

To minimise the risk of multiple pregnancies, there has been a growing trend for IVF providers to only transfer one embryo, even when more are available, in patients who have a good chance of successful treatment. Elective single embryo transfer is the most effective way of reducing multiple pregnancies. The HFEA has advised that most clinics have shown significant progress in reducing multiple births without compromising pregnancy rates. In 2008 nearly one in four IVF births resulted in a multiple birth but now, with a concerted multiple births reduction policy, this number is one in six.

Although progress has been made, this number is still higher than the rate in conceptions that do not involve assisted reproduction treatment. The overall goal is to reduce multiple births to one in ten.

The level of provision of infertility treatment, as for all health services they commission, is decided by local clinical commissioning groups (CCGs) and will take into account the needs of the population overall. The CCG's decisions are underpinned by clinical insight and knowledge of local healthcare needs. As such, provision of services will vary in response to local needs.

Information about CCGs approach to commissioning or compliance with the National Institute of Health and Care Excellence guidelines regarding IVF services is not collected centrally.

23 May 2016 | Written questions | Answered | House of Commons | 37489

Date tabled: 18 May 2016 | **Date for answer:** 23 May 2016 | **Date answered:** 23 May 2016

[In Vitro Fertilisation](#)

Asked by: McCabe, Steve | **Party:** Labour Party

To ask the Secretary of State for Health, what recent estimate he has made of the annual cost to the NHS of high-risk pregnancies caused by patients going abroad for IVF treatment.

Answering member: Jane Ellison | **Party:** Conservative Party |
Department: Department of Health

The Government has not made an assessment of the annual cost to the National Health Service of high risk pregnancies caused by patients going abroad for in vitro fertilisation (IVF).

Multiple births are the single biggest risk to the health and welfare of children born following fertility treatment and present significant health risks to mothers and babies. Over recent years, the Human Fertilisation and Embryology Authority (HFEA) has worked to drive down multiple birth rates whilst maintaining consistent treatment success rates.

To minimise the risk of multiple pregnancies, there has been a growing trend for IVF providers to only transfer one embryo, even when more are available, in patients who have a good chance of successful treatment. Elective single embryo transfer is the most effective way of reducing multiple pregnancies. The HFEA has advised that most clinics have shown significant progress in reducing multiple births without compromising pregnancy rates. In 2008 nearly one in four IVF births resulted in a multiple birth but now, with a concerted multiple births reduction policy, this number is one in six.

Although progress has been made, this number is still higher than the rate in conceptions that do not involve assisted reproduction treatment. The overall goal is to reduce multiple births to one in ten.

The level of provision of infertility treatment, as for all health services they commission, is decided by local clinical commissioning groups (CCGs) and will take into account the needs of the population overall. The CCG's decisions are underpinned by clinical insight and knowledge of local healthcare needs. As such, provision of services will vary in response to local needs.

Information about CCGs approach to commissioning or compliance with the National Institute of Health and Care Excellence guidelines regarding IVF services is not collected centrally.

23 May 2016 | Written questions | Answered | House of Commons | 37486

Date tabled: 18 May 2016 | **Date for answer:** 23 May 2016 | **Date answered:** 23 May 2016

[In Vitro Fertilisation](#)

Asked by: McCabe, Steve | **Party:** Labour Party

To ask the Secretary of State for Health, what the range of prices charged by fertility units within the NHS in England is to provide (a) a cycle of IVF and (b) a cycle of intracytoplasmic sperm injection.

Answering member: Jane Ellison | **Party:** Conservative Party |
Department: Department of Health

The level of provision of infertility treatment, as for all health services they commission, is decided by local clinical commissioning groups (CCGs) and will take into account the needs of the population overall. The CCG's decisions are underpinned by clinical insight and knowledge of local healthcare needs. As such, provision of services will vary in response to local needs.

CCGs have a legal duty to have regard to the National Institute for Health and Care Excellence (NICE) guidelines. As such, NHS England expects that all those involved in commissioning infertility treatment services to be fully aware of the importance of having regard to the NICE fertility guidelines.

Following a meeting with Fertility Fairness in December 2015, officials from the Department and NHS England are considering options for addressing variation in the prices that CCGs are currently paying for in vitro fertilisation treatment.

Information about the costs of individual treatments is not collected centrally.

04 May 2016 | Written questions | Answered | House of Commons | 35810

Date tabled: 27 Apr 2016 | **Date for answer:** 04 May 2016 | **Date answered:** 04 May 2016

[In Vitro Fertilisation: Finance](#)

Asked by: Fuller, Richard | **Party:** Conservative Party

To ask the Secretary of State for Health, what assessment he has made of the potential effect on patient welfare of proposals made by some clinical commissioning groups to discontinue funding IVF treatment.

Answering member: Jane Ellison | **Party:** Conservative Party |
Department: Department of Health

The level of provision of infertility treatment, as for all health services they commission, is decided by local clinical commissioning groups (CCGs) and will take into account the needs of the population overall. The CCG's decisions are underpinned by clinical insight and knowledge of local healthcare needs. As such, provision of services will vary in response to local needs.

The Government has made it clear that blanket restrictions on treatment are unacceptable and all decisions on treatment should be made by doctors based on a patient's individual clinical needs and in line with the National Institute for health and Care Excellence guidelines.

03 May 2016 | Written questions | Answered | House of Commons | 35120

Date tabled: 22 Apr 2016 | **Date for answer:** 26 Apr 2016 | **Date answered:** 03 May 2016

[In Vitro Fertilisation](#)

Asked by: Fuller, Richard | **Party:** Conservative Party

To ask the Secretary of State for Health, which clinical commissioning groups in England fund (a) no, (b) one, (c) two, (d) three and (e) more than three cycles of IVF treatment.

Answering member: Jane Ellison | **Party:** Conservative Party | **Department:** Department of Health

The level of provision of infertility treatment, as for all health services they commission, is decided by local clinical commissioning groups (CCGs) and will take into account the needs of the population overall. The CCG's decisions are underpinned by clinical insight and knowledge of local healthcare needs. As such, provision of services will vary in response to local needs.

CCGs have a legal duty to have regard to National Institute for Health and Care Excellence (NICE) guidelines. As such, NHS England expects that all those involved in commissioning infertility treatment services to be fully aware of the importance of having regard to the NICE fertility guidelines.

Following a meeting with Fertility Fairness in December 2015, officials from the Department and NHS England is considering options for addressing variation in the prices that CCGs are currently paying for in vitro fertilisation (IVF) treatment.

Information about cycles of IVF treatment is not collected centrally.

29 Apr 2016 | Written questions | Answered | House of Commons | 34891

Date tabled: 20 Apr 2016 | **Date for answer:** 25 Apr 2016 | **Date answered:** 29 Apr 2016

[In Vitro Fertilisation](#)

Asked by: Green, Kate | **Party:** Labour Party

To ask the Secretary of State for Health, what steps he is taking to improve provision of IVF as a result of the meeting held by the Parliamentary Under-Secretary of State with Monitor and NHS England on 14 December 2015.

Answering member: Jane Ellison | **Party:** Conservative Party | **Department:** Department of Health

Following a meeting with Fertility Fairness in December 2015, officials from the Department and NHS England are considering options for

addressing variation in the prices that clinical commissioning groups are currently paying for in vitro fertilisation treatment.

27 Apr 2016 | Written questions | Answered | House of Commons | 34539

Date tabled: 19 Apr 2016 | **Date for answer:** 21 Apr 2016 | **Date answered:** 27 Apr 2016

[In Vitro Fertilisation](#)

Asked by: McCabe, Steve | **Party:** Labour Party

To ask the Secretary of State for Health, if he will take steps to equalise access to IVF treatment through the NHS across the country.

Answering member: Jane Ellison | **Party:** Conservative Party |
Department: Department of Health

The level of provision of infertility treatment, as for all health services they commission, is decided by local clinical commissioning groups (CCGs) and will take into account the needs of the population overall. The CCG's decisions are underpinned by clinical insight and knowledge of local healthcare needs. As such, provision of services will vary in response to local needs.

NHS England expects that all those involved in commissioning infertility treatment services to be fully aware of the importance of having regard to the National Institute for Health and Care Excellence fertility guidelines.

On 14 December last year I met with stakeholders, together with colleagues from NHS England and Monitor, to discuss the issue of improving the provision of in vitro fertilisation (IVF). The Department along with NHS England and Monitor will be giving further consideration to the scope for improving the commissioning of IVF services.

05 Feb 2016 | Written questions | Answered | House of Commons | 24841

Date tabled: 28 Jan 2016 | **Date for answer:** 01 Feb 2016 | **Date answered:** 05 Feb 2016

[In Vitro Fertilisation](#)

Asked by: Elliott, Julie | **Party:** Labour Party

To ask the Secretary of State for Health, in which regions the NHS provides funding for IVF treatment.

Answering member: Jane Ellison | **Party:** Conservative Party |
Department: Department of Health

In vitro fertilisation treatment is provided in all four NHS England Regions. The level of provision of infertility treatment, as for all health services they commission, is decided by local clinical commissioning

groups (CCGs) and will take into account the needs of the population overall. The CCG's decisions are underpinned by clinical insight and knowledge of local healthcare needs. As such, provision of services will vary in response to local needs.

NHS England expects that all those involved in commissioning infertility treatment services to be fully aware of the importance of having regard to the National Institute for Health and Care fertility guidelines.

25 Jan 2016 | Written questions | Answered | House of Commons | 23477

Date tabled: 20 Jan 2016 | **Date for answer:** 25 Jan 2016 | **Date answered:** 25 Jan 2016

[Business of the House](#)

21 Jan 2016 | Business questions | House of Commons | House of Commons chamber | 604 c1564

Member: Paula Sherriff (Dewsbury) (Lab) | **Party:** Labour Party

Paula Sherriff (Dewsbury) (Lab): May we have a debate about the provision of in vitro fertilisation? The National Institute for Health and Care Excellence's 2013 guidelines recommend that three full cycles be provided, but many clinical commissioning groups still impose restrictions. Two of my constituents have had to raise £10,000 to fund a second and third cycle. Will the Leader of the House raise with Health Ministers the need to ensure that the NICE guidance is followed?

Chris Grayling: I am happy to raise that point, but I would say that we have taken a conscious decision that the provision of services should be taken by local doctors, rather than by officials in Whitehall. That was a very conscious policy decision. It does mean that different decisions may be taken in different areas. I think that is the right thing, but I will make sure the hon. Lady's concerns are raised.

[In Vitro Fertilisation](#)

Asked by: Morris, Grahame | **Party:** Labour Party

To ask the Secretary of State for Health, how many clinical commissioning groups implement in full the Infertility Network UK recommendations on access to IVF treatment.

Answering member: Jane Ellison | **Party:** Conservative Party | **Department:** Department of Health

The Department funded Infertility Network UK (INUK) to develop advice to NHS Commissioners on standardising eligibility criteria for in-vitro fertilisation (IVF) treatment. The Department has consistently

encouraged NHS Commissioners to have regard to this advice. The INUK advice is listed as a resource for clinical commissioning groups (CCG) in the NHS England “Commissioning Fertility Services Factsheet”.

National Institute for Health and Care Excellence (NICE) guidelines recommend that eligible couples should receive three full cycles of IVF treatment. The Government has made clear that blanket restrictions on treatment are unacceptable and all decisions on treatment should be made by doctors based on a patient’s individual clinical needs and in line with NICE Guidelines.

While we have not made an assessment of access to IVF treatment, we are aware of the annual survey by Fertility Fairness. I have written to stakeholders, including Fertility Fairness, and invited them to discuss what could be done to improve the provision of IVF services along with representatives of NHS England and Monitor.

24 Nov 2015 | Written questions | Answered | House of Commons | 16403

Date tabled: 16 Nov 2015 | **Date for answer:** 18 Nov 2015 | **Date answered:** 24 Nov 2015

[In Vitro Fertilisation](#)

Asked by: Morris, Grahame | **Party:** Labour Party

To ask the Secretary of State for Health, what steps he is taking to implement the Infertility Network UK recommendations on access to IVF treatment.

Answering member: Jane Ellison | **Party:** Conservative Party | **Department:** Department of Health

The Department funded Infertility Network UK (INUK) to develop advice to NHS Commissioners on standardising eligibility criteria for in-vitro fertilisation (IVF) treatment. The Department has consistently encouraged NHS Commissioners to have regard to this advice. The INUK advice is listed as a resource for clinical commissioning groups (CCG) in the NHS England “Commissioning Fertility Services Factsheet”.

National Institute for Health and Care Excellence (NICE) guidelines recommend that eligible couples should receive three full cycles of IVF treatment. The Government has made clear that blanket restrictions on treatment are unacceptable and all decisions on treatment should be made by doctors based on a patient’s individual clinical needs and in line with NICE Guidelines.

While we have not made an assessment of access to IVF treatment, we are aware of the annual survey by Fertility Fairness. I have written to stakeholders, including Fertility Fairness, and invited them to discuss

what could be done to improve the provision of IVF services along with representatives of NHS England and Monitor.

24 Nov 2015 | Written questions | Answered | House of Commons | 16402

Date tabled: 16 Nov 2015 | **Date for answer:** 18 Nov 2015 | **Date answered:** 24 Nov 2015

[Business of the House](#)

Siobhain McDonagh (Mitcham and Morden) (Lab): Given the difficult financial circumstances that the NHS finds itself in, is it not time for a debate on a national tariff for in vitro fertilisation, given that clinical commissioning groups are paying fees as varied as £2,500 and £6,500 a cycle?

Chris Grayling: My view is that we have a choice within the NHS: we can either devolve responsibilities to local practitioners or keep every decision at the centre. The moment we say that we do not like differences between areas because different local CCGs take different decisions, all the decisions will start to be centralised again. I have always believed, certainly in my own constituency, that local decisions should be taken by local doctors. That is what happens as a result of the reforms that we made and I would be very reluctant to reverse it.

29 Oct 2015 | Business questions | House of Commons | House of Commons chamber | 601 c513

Member: Siobhain McDonagh (Mitcham and Morden) (Lab) | **Party:** Labour Party

[Business of the House](#)

Jeremy Lefroy (Stafford) (Con): The National Institute for Health and Care Excellence recommends three rounds of in vitro fertilisation on the NHS, but my clinical commissioning group and many others can afford only one or two. May we have a debate on whether the commissioning of IVF should be transferred to NHS England so that we can have a standard, fair number of IVF rounds across the country?

Chris Grayling: I understand my hon. Friend's concerns, but of course there will always be differences in provision in different parts of the country under a system in which we offer power and decision-making responsibilities to local doctors. I suggest that he look to secure an Adjournment debate on the subject, as I know that it will be a matter of concern to my friends in the Department of Health.

15 Oct 2015 | Business questions | House of Commons | House of Commons chamber | 600 c508

Member: Jeremy Lefroy (Stafford) (Con) | **Party:** Conservative Party

[In Vitro Fertilisation](#)

Asked by: Berger, Luciana | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, if he will take steps to reduce geographical inequalities in provision of in-vitro fertilisation treatment.

Answering member: Jane Ellison | **Party:** Conservative Party |

Department: Department of Health

The commissioning of fertility services is the responsibility of clinical commissioning groups.

We expect all those involved in commissioning infertility treatment services to be fully aware of the importance of having regard to the National Institute for Health and Care Excellence (NICE) fertility guidelines.

The Department has made no estimate of the cost to the National Health Service of implementing the NICE Guideline for Fertility published in February 2013.

02 Jun 2015 | Written questions | Answered | House of Commons | 435

Date tabled: 28 May 2015 | **Date for answer:** 02 Jun 2015 | **Date answered:** 02 Jun 2015

About the Library

The House of Commons Library research service provides MPs and their staff with the impartial briefing and evidence base they need to do their work in scrutinising Government, proposing legislation, and supporting constituents.

As well as providing MPs with a confidential service we publish open briefing papers, which are available on the Parliament website.

Every effort is made to ensure that the information contained in these publically available research briefings is correct at the time of publication. Readers should be aware however that briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

If you have any comments on our briefings please email papers@parliament.uk. Authors are available to discuss the content of this briefing only with Members and their staff.

If you have any general questions about the work of the House of Commons you can email hcinfo@parliament.uk.

Disclaimer

This information is provided to Members of Parliament in support of their parliamentary duties. It is a general briefing only and should not be relied on as a substitute for specific advice. The House of Commons or the author(s) shall not be liable for any errors or omissions, or for any loss or damage of any kind arising from its use, and may remove, vary or amend any information at any time without prior notice.

The House of Commons accepts no responsibility for any references or links to, or the content of, information maintained by third parties. This information is provided subject to the [conditions of the Open Parliament Licence](#).