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Debate Pack
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By Elizabeth Parkin

General debate: IVF provision

Summary
There will be a general debate on IVF provision in Westminster Hall on 24 October 2023 at 9:30am. The debate will last for 90 minutes. This debate was chosen by the Backbench Business Committee and will be led by Kate Osborne MP.

1 Background

Difficulty conceiving is a problem that affects around one in seven couples in the UK. According to NHS Choices, more than 8 out of 10 couples, where the woman is under 40, will conceive naturally within a year if they have regular unprotected sex. For couples who have been trying to conceive for more than 3 years without success, the likelihood of getting pregnant naturally within the next year is 1 in 4, or less.

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 Integrated Care Boards (ICBs) are not legally required to implement them.

There is variation between ICBs in England in terms of what fertility treatments are routinely funded. The Government have published data taken from ICB commissioning policies which indicates how many IVF cycles are funded by the NHS in each area of England: NHS-funded in vitro fertilisation (IVF) in England (August 2023).

There is variation between the devolved administrations regarding funding for IVF:

- In Scotland, eligible women under 40 are entitled to three cycles; eligible women aged between 40 and 42 are entitled to one cycle.
- In Wales, all Health Boards have the same access and eligibility criteria. Eligible women under 40 are entitled to two cycles of IVF; women aged between 40 and 42 are entitled to one cycle.
- In Northern Ireland, eligible women under 42 are currently entitled to one cycle. The Executive has committed to providing three funded cycles of IVF, but that has not yet been implemented; the Executive have said that the required funding is not yet in place.

NHS funding for IVF cycles varies considerably across the UK. In 2021, Scotland had the highest rate of NHS-funded IVF cycles at 58% compared to 30% in Wales and 24% in England. Figures for Northern Ireland were not available.

NHS-funded IVF cycles in England decreased from 19,634 in 2019 to 16,335 in 2021 (-17%). In Wales, they decreased from 1,094 to 704 over the same period (-36%). There was also a slight decrease (-1%) in Scotland.

1.1 NICE guidelines

The National Institute for Health & Care Excellence (NICE) provides guidelines on IVF eligibility criteria: Clinical Guideline 156 Fertility problems: assessment and treatment. The guidelines make recommendations about who should have access to IVF treatment on the National Health Service (NHS) in England and Wales.

However, NICE guidelines are not mandatory and ultimately decisions about providing and accessing fertility services within the NHS in England are made locally by Integrated Care Boards (ICBs). There is considerable variation between different geographical areas, both in relation to who gets access to fertility services and how much is offered (for example the number of treatment cycles).[1]

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

> **Women aged under 40 years**
>
> If you are a woman aged under 40 you should be offered 3 full cycles of IVF if:
>
> - 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 to 42 years**

[1] NICE, Guideline scope: Fertility problems (update), November 2022

If you are a woman aged 40 to 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 update

The guidelines were last updated in September 2017. There are new NICE guidelines on fertility problems under development, expected to be published in November 2024.

NICE will review evidence and recommendations relating to access criteria for IVF. As described below, the Government have made a commitment to removing non-clinical access criteria for IVF, such as one partner having a child from a previous relationship.

1.2 The Women's Health Strategy for England

The Women's Health Strategy for England (published August 2022) sets out Government actions to improve women's health across the life course, focusing on women-specific health services. It aims that within the next ten years, the Strategy will boost health outcomes for all women and girls and radically improve the way the health system listens to and engages with them.

The Government have appointed the first Women's Health Ambassador for England, Professor Dame Lesley Regan, to champion women's voices and support delivery of the Women's Health Strategy.

Fertility and infertility services were one of the priority areas within the strategy. In the public call for evidence, access to NHS funded fertility services was a key theme. Written submissions from organisations raised

[2] NICE, Clinical Guideline 156 Fertility problems: assessment and treatment, updated September 2017

concerns regarding inconsistent implementation of fertility treatment guidelines, varying funding levels across local areas and differences in access for people in opposite and same-sex relationships.[3]

Over the ten-year course of the strategy, the Government made a commitment to addressing the current geographical variation in access to NHS-funded fertility services across England and removing the additional financial burden on female same-sex couples accessing treatment (further information is provided below).

The Government committed to working with NHS England to assess fertility provision across ICBs, with a view to removing non-clinical access criteria. The strategy also committed to improving information provision on fertility and fertility treatments, including privately funded fertility treatment 'add-ons':

> We recognise this is an important issue for anyone struggling to have children, and we are clear that patients' access to NHS fertility treatment should only be based on clinical factors. We are committed to ensuring the system offers effective care and support for women across the country – regardless of sexual orientation or other non-clinical factors – and transparency over what patients can expect from the NHS.
>
> We will work with NHS England to review and address the current geographical variation in access to NHS-funded fertility services across England to ensure all NHS fertility services are commissioned in a clinically justifiable way.
>
> To support this, we will remove non-clinical access criteria to fertility treatment, such as one partner having a child from a previous relationship, to create more equality in access to fertility services.
>
> We are also aware that the interpretation and implementation by the NHS of the access criteria for female same-sex couples has also been variable, placing greater financial burdens on female same-sex couples, and, in some instances, led to difficult choices about family formation. We will relieve those additional burdens, so that there is no requirement for self-funding and the NHS treatment pathway for female same-sex couples will start with 6 cycles of artificial insemination, prior to accessing IVF services if necessary.
>
> We are also committed to greater transparency of the provision of IVF services across the country and will therefore explore mechanisms to publish data nationally on provision and availability of IVF.
>
> In parallel, NICE is updating its guidelines on fertility problems: assessment and treatment, which will consider whether the current recommendations for access to NHS-funded treatment are still appropriate. This is expected to be ready in 2024.

[3] Department of Health and Social Care, Results of the Women's Health Strategy call for evidence – written responses from organisations and experts, 13 April 2022

> We will improve information provision regarding fertility over the next 2 years. We will work with NHS England and the Human Fertilisation and Embryology Authority (HFEA), the regulator of the UK fertility sector, to promote easily accessible information to women. This will be done by working with trusted healthcare professionals, by updating the NHS website on fertility, and improving the signposting to other trusted resources such as the HFEA website.
>
> The HFEA will also continue to work with royal colleges and professional groups to consider how best to improve understanding among healthcare professionals about infertility, so that referrals to treatment services are quicker and easier for women.
>
> We will consider whether any change to regulatory powers is necessary to cover fertility treatment add-ons, in light of the HFEA's report following their current stakeholder dialogue about priorities for reform of the Human Fertilisation and Embryology Act 2008, which is due at the end of 2022.[4]

IVF for same-sex female couples

As part of the Women's Health Strategy for England, the Government has committed to removing the requirement for female same-sex couples to pay privately for artificial insemination cycles before they are eligible for NHS funded IVF treatment.

The current requirement is that same-sex couples are expected to self-fund six Intrauterine Insemination cycles before they are eligible for NHS IVF treatment. In comparison, opposite sex couples are not required to self-fund any treatments before being eligible for NHS IVF treatment.

NHS England are intending to issue commissioning guidance to Integrated Care Boards to support implementation, which the Government have said "is expected shortly".[5]

Eligibility for upcoming IVF changes

There has been discussion on whether the changes will also apply to all women, include single women.

Current NICE guidance and the scope for the new NICE guidance applies to all women, regardless of relationship status. NICE explicitly says the guidelines apply to all:

> The guideline will be applicable to all people seeking assessment and treatment of health-related fertility problems who meet these criteria, irrespective of their sexual orientation, partnership status or gender reassignment. This includes single people, people in heterosexual relationships, people in same sex relationships, people who are non-binary,

4 Department of Health and Social Care, Women's Health Strategy for England, August 2022

5 PQ 197118 [on IVF: LGBT+ people], 1 September 2023

> undergoing or have undergone gender transition and people using a surrogate.[6]

Further detail was provided by NICE in relation to scoping its updated fertility guidelines:

> In relation to your second point about same sex couples or single people, the focus of the guideline is on health-related fertility problems, and it does not make assumptions about social or personal situations or scenarios. Therefore, the guideline will cover everyone as long as the main criteria of health-related fertility problems are met, and this has now been clarified in the scope.[7]

This has also previously been confirmed in PQs – see for example PQ 291091 on IVF: Single People (September 2019):

> In taking clinical decisions about fertility treatment and taking account of their public sector equality duty, CCGs should make assessments based on clinical infertility and not on relationship status.

However, more recently PQ 18116 on NHS: IVF (June 2022) contradicts the above and states:

> These guidelines are based around the treatment of clinical infertility in couples. Single people are therefore not routinely treated by the NHS for in-vitro fertilisation.

Although the Government have said that the proposed changes brought in through the women's health strategy apply to same-sex female couples, the underlying NICE guidance, which provides the national best-practice policy on IVF, will also apply to single women.

However, as noted above, NICE guidelines are not mandatory and local ICBs can make their own commissioning decisions and don't have to apply the NICE guidance in full.

6 NICE, Guideline Scope: Fertility problems (update), 22 November 2022

7 NICE, Fertility problems: assessment and treatment: Consultation on draft scope Stakeholder comments table, page 44, 4 January 2023

2 Parliamentary material

2.1 Parliamentary Questions

Fertility: Medical Treatments
11 September 2023 | UIN 197159

Asked by: Charlotte Nichols

To ask the Secretary of State for Health and Social Care, what progress his Department has made on reducing barriers to access of fertility treatment.

Answering member: Maria Caulfield | Department: Department of Health and Social Care

In the first year of the Women's Health Strategy, we have achieved a significant amount, including better health information for women and girls, investing in the expansion of women's health hubs, improving access to hormone replacement therapy, and increasing support for bereaved parents who experience a loss before 24 weeks.

We have published a tool to summarise fertility commissioning policies for integrated care boards in England, to provide patients with more information and introduce greater transparency about local provision. We are continuing to work with NHS England on commitments to improve access for female same-sex couples and to end the use of non-clinical eligibility criteria in access to in-vitro fertilisation.

IVF: LGBT+ People
11 September 2023 | UIN 197118

Asked by: Feryal Clark

To ask the Secretary of State for Health and Social Care, what recent discussions he has had with NHS England on improving access to IVF for female same-sex couples.

Answering member: Maria Caulfield | Department: Department of Health and Social Care

There are regular ongoing discussions with NHS England on improving access to in-vitro fertilisation for female same-sex couples.

We remain committed to remove the requirement for female same-sex couples to self-fund six rounds of artificial insemination before being able to access National Health Service-funded treatment. NHS England are intending to issue commissioning guidance to integrated care boards to support implementation, which is expected shortly.

Fertility: LGBT+ People

10 July 2023 | UIN 188998

Asked by: Daisy Cooper

To ask the Secretary of State for Health and Social Care, with reference to his Department's publication entitled Women's Health Strategy for England, published 30 August 2022, what recent steps his Department has taken to require integrated care boards to provide equal access to NHS fertility treatment for LGBTQ+ people.

Answering member: Maria Caulfield | Department: Department of Health and Social Care

Funding decisions for health services in England, including in vitro fertilisation (IVF), are made by integrated care boards (ICBs) and are based on the clinical needs of their local population. We published the first Women's Health Strategy on 20 July 2022, which contained a number of important changes and future ambitions to improve the variations in access to National Health Service funded fertility services. This includes improving access to IVF for female same-sex couples by removing the additional financial burden they face when accessing treatment. We expect this to take effect during 2023.

IVF

9 May 2023 | UIN 182627

Asked by: Rachael Maskell

To ask the Secretary of State for Health and Social Care, whether IVF is available to couples on the NHS if one partner in that couple has a child from a former relationship.

Answering member: Maria Caulfield | Department: Department of Health and Social Care

Funding decisions for health services in England, including IVF, are made by integrated care boards (ICBs) and are based on the clinical needs of their local population. We expect these organisations to commission fertility services in line with National Institute for Health and Care Excellence guidelines, ensuring equal access to fertility treatment across England.

We are aware that some ICBs apply non-clinical access criteria to National Health Service fertility treatment, such as one partner having a child from a previous relationship.

The Women's Health Strategy was published on 20 July 2022 and contained a number of important changes and future ambitions to improve the variations in access to NHS-funded fertility services. As part of this work, we will work with NHS England to assess fertility provision across ICBs with a view to removing non-clinical access criteria.

IVF: LGBT+ People
20 January 2023 | UIN 125527

Asked by: Kim Leadbeater

To ask the Secretary of State for Health and Social Care, whether the commitments to deliver equitable IVF access set out in the Women's Health Strategy include (a) trans men and (b) non-binary people assigned female at birth.

Answering member: Maria Caulfield | Department: Department of Health and Social Care

We expect fertility services to be commissioned in line with National Institute for Health and Care Excellence (NICE) guidelines, ensuring equal access to fertility treatment and preservation across England. Partners who are transgender men, or non-binary people assigned female at birth, fall within the NICE definition of same-sex couples, as they require Intrauterine Insemination as a first line of treatment. The Women's Health Strategy has ambitions to improve variations in access to National Health Service funded fertility services. Commitments in the Strategy in respect of same sex couples include these groups.

2.2 Private Member Bills

Fertility Treatment (Transparency)
18 January 2023 | House of Commons | 726 cc380-2

Member: Alex Davies-Jones

I beg to move,

That leave be given to bring in a Bill to require providers of in vitro fertilisation to publish information annually about the number of NHS-funded IVF cycles they carry out and about their provision of certain additional treatments in connection with in vitro fertilisation; to require such providers to publish a report about their provision of NHS-funded IVF treatment in certain circumstances; and for connected purposes.

It is an honour to speak on this Bill about a subject that colleagues will know is very close to my heart. I thank the Bill's sponsors, many of whom are here today, for their support. Indeed, I am extremely grateful to have support from colleagues across the House who have recognised that there are currently gaps in IVF policy more widely.

Ask anyone who has experience of IVF, whether personally or from watching loved ones go through the process, and they will tell you that IVF is one of the most emotionally and mentally challenging processes that someone can ever undertake. My own IVF journey began in 2018, and I have been very open

about the fact that I knew from the start that my road to pregnancy would be difficult. While I am certainly one of the very lucky ones—after only one round of IVF, I was blessed with my beautiful son Sullivan—I still had many eye-opening experiences during my fertility journey that have led me to this point today.

Let us be clear: the current state of the IVF offering across the UK is far below what would-be parents deserve. I will be honest with the Minister: none of the devolved nations, or England, is currently getting it right.

It was those first-hand experiences that brought me to this issue and prompted me to introduce the Bill. Since I was elected three years ago, I have campaigned extensively to "right"' the "wrongs" that I have experienced at first hand as an IVF patient. I passionately believe that many of the problems that currently affect patients seeking IVF can be addressed by an improvement in the transparency requirements to which clinics must adhere.

In my view, there are two areas in which inadequate transparency levels are most pressing. First, there is an unacceptable lack of transparency in respect of the number of NHS-funded cycles that IVF clinics are offering. We need to be able to hold the clinics to account for their failures to adhere to guidelines from the National Institute for Health and Care Excellence which clearly state that NHS England should offer three full cycles of IVF to all women under 40 if they have been trying unsuccessfully to have a child for more than two years. The reality is that across the UK fewer than half of all IVF cycles for under-35s were funded by the NHS, and in England it is even worse: just 36% of IVF cycles are funded by the NHS. The result is a patchwork of different IVF services across the country, with unacceptable regional disparities. Not only will compelling clinics to publish the extent to which they are abiding by NICE guidelines empower patients to make informed choices about paying for treatment, but we will be holding clinics to account over where they fall short. Because of these regional disparities, the vast majority of clinically eligible patients ultimately face funding their own treatment. Such a high proportion is plainly and simply against NICE guidelines. Some couples are having to pay up to £15,000 for a single IVF cycle, and that cannot be right.

The second transparency issue that the Bill seeks to address relates to the controversial "add-on" treatments that IVF clinics market to their patients, often without sufficient information about their efficacy. Different clinics call these products by a wide variety of names. Some refer to them as "supplementary" treatments or "adjuvant" treatments, or, most ambiguously of all, simply "embryology treatments". These add-ons often add thousands of pounds' worth of extra "treatment" to the overall cost of IVF, and the science behind them is often murky, or at least unclear.

The mis-selling of IVF add-ons is an issue of particular importance to me. I know at first hand that for many would-be parents seeking IVF treatment, especially those on low incomes and those who have endured several rounds of IVF already, being offered these additional products can often mean

making heart-wrenching decisions. When you feel that you would do anything just to increase your chances of successfully having a baby, perhaps even by just 1%, shelling out thousands of pounds for procedures including "endometrial scratching", "preimplantation genetic testing" or perhaps an "intrauterine culture" seems a reasonable—perhaps even routine—step to take, but the reality is that none of those add-ons has a solid evidence base to support its effectiveness, no matter how scientific they sound. We know that they lack solid clinical evidence because of the work of the Human Fertilisation and Embryology Authority and its "traffic-light" system for rating add-ons.

Of course that rating system is useful to many thousands of IVF patients and I commend the HFEA for its work, especially its calls for clinics to be more open about the add-ons they provide, but I strongly believe that we need to do more, which is why the Bill's second primary purpose is to mandate that clinics publish data on the number of add-on treatments that they sell. We cannot allow a situation in which desperate would-be parents are not properly informed about the efficacy of eye-wateringly expensive add-on treatments, and are exploited and seen as cash cows by clinics that just want to make money. As with the regional disparities issue that I mentioned earlier, by requiring the publication of data on add-on services we can hold clinics to account far more easily, and use that data as a key tool to improve the way in which IVF services are offered across the country.

Put together, the transparency issues that plague our IVF services contribute to what is commonly known as the "postcode lottery" of IVF. Up and down the country, IVF clinics are offering vastly different levels of NHS-backed IVF, often in breach of NICE guidelines, and all with differing approaches to selling add-ons. The NHS's new integrated care systems, introduced by the Government's Health and Care Act 2022, were set up specifically to tackle inequalities in access and health outcomes, including IVF outcomes, but if the issues of transparency are not addressed, those inequalities will simply continue to persist. That is why I believe that the Bill is a vital step in ensuring that ICSs fulfil their obligations.

This Bill is a starting point. With the useful data that it will provide, we will have the tools to address the issues that I have raised today. In no way is it trying to fix all the problems that prospective IVF parents currently face. Indeed, I pay tribute to colleagues on both sides of the House who have campaigned tirelessly on other important issues relating to fertility access. I pay particular tribute to one of my co-sponsors, the hon. Member for Cities of London and Westminster (Nickie Aiken), for her work on her own Private Member's Bill requiring employers to provide paid fertility leave.

We have much more to do if we are to improve the way in which our country provides IVF, and improving our cultural attitudes to it, including attitudes in the workplace, is no exception. I believe that the Bill is an important starting point. From transparency will come accountability, and with accountability we can finally address the IVF postcode lottery once and for all.

Question put and agreed to.

Ordered,

That Alex Davies-Jones, Nickie Aiken, Tonia Antoniazzi, Steve Brine, Stella Creasy, Dame Caroline Dinenage, Christine Jardine, Dame Diana Johnson, Justin Madders, Siobhain McDonagh, Charlotte Nichols and Caroline Nokes present the Bill.

Alex Davies-Jones accordingly presented the Bill.

Bill read the First time; to be read a Second time on Friday 24 March, and to be printed (Bill 230).

NOTE: This is a ten-minute rule Private Members Bill and as such is unlikely to progress much further. This mechanism is often used by MPs to raise awareness of an issue.

3 Press and Journal material

Landmark survey seeks women's views on reproductive health
Department for Health and Social Care
7 September 2023

Lesbian couple claim victory for equality as NHS group changes same-sex IVF rules
The Independent
23 July 2023

NHS Fertility Treatment: Wouldn't It Be NICE to Have a Workable Guideline?
Progress Educational Trust
12 June 2023

The Power of Three IVF Cycles
Progress Educational Trust
22 May 2023

Male GPs in England less likely to refer patients for IVF, report finds
The Guardian
19 May 2023

The hidden costs facing potential LGBTQ+ parents
Stonewall
18 April 2023

Blurring the divide: Navigating the public/private landscape of fertility treatment in the UK
Health & Place journal
March 2023

New research shows lack of NHS cash forcing IVF patients into private care they can't afford
Queen Mary University of London
28 February 2023

'A giant step': charities welcome plan to widen access to IVF on NHS
The Guardian
20 July 2022

Patients 'get around' rationing rules by registering with out-of-area practices
Pulse Today
2 August 2019

4 Further reading

IVF - NHS

LGBT Mummies

Fertility treatment 2021: preliminary trends and figures
Human Fertilisation and Embryology Authority
June 2023

The Power of Three IVF Cycles [PDF]
Progress Educational Trust
22 May 2023

Women's Health Strategy for England
Department for Health and Social Care
20 July 2022

It's shocking that LGBTQI+ couples don't have equal access to IVF treatment
Kate Osborne MP
8 March 2022

National Patient Survey 2021
Human Fertilisation and Embryology Authority
April 2022

The DIVA survey - LGBT+ Women and Non-Binary People's Insight 2021 [PDF]
(Please see page 18 on physical health and fertility)
Stonewall
April 2021

NICE guidelines for fertility treatment
National Institute for Health and Care Excellence
6 September 2017

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