All Party Parliamentary Group on Infertility

Holding back the British IVF revolution?

A report into NHS IVF provision in the UK today

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Foreword from Anne Milton MP

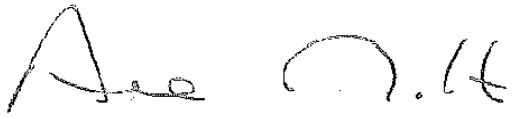
I am very pleased to provide the foreword to this report by the All Party Parliamentary Group on Infertility and was honoured to be asked to speak at the Group's inaugural meeting.

An inability to conceive can place extraordinarily high levels of stress and anxiety on couples and their families. The difficulties that such couples face should be more widely recognised, as should the need to assure them of high quality investigation and follow-up provision in fertility services throughout the NHS.

Many PCTs have made good progress towards implementing the National Institute of Health and Clinical Excellence (NICE) recommendations on the provision of IVF treatment. I am aware, however, that a small number of PCTs with historical funding problems have temporarily suspended provision of IVF services. I have already expressed my concerns about this approach and would encourage all PCTs to have regard to the current NICE guidance.

I also urge commissioners to make use of the resources provided by the Department. The Commissioning Aid on infertility services, which is available on the Department's website, was written by an expert group of commissioners, patients and clinicians. I hope that everyone reading this is aware of the publication and that it has been well used to inform commissioning decisions.

It is important that PCTs fully appreciate the extent to which infertility can lead to family breakdown and other negative consequences and to recognise IVF as a legitimate clinical need. I am pleased to support this report and believe that it goes some way towards highlighting some of the difficulties that infertile couples can face in accessing treatment.



Anne Milton MP

Parliamentary Under Secretary of State for Public Health

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1. Introduction

The aim of this report is to provide a snapshot of IVF provision across the UK and to assess the extent to which the National Institute for Clinical Excellence (NICE) guidelines are being implemented 'on the ground'. It is hoped that the information that has been collected and analysed will provide a valuable resource for both the public and policymakers alike. IVF is a British innovation and I am keen to celebrate it as well as express concern for its provision across the country today.

Please note - The information on which this report is based was collected through Freedom of Information (FoI) requests to Primary Care Trusts (PCTs)[1] in March 2011. As such, it is important to note that individual PCTs may have amended their level of IVF provision in the intervening months. Whilst every effort has been made to check the accuracy of the information in this report PCTs should be referred to directly for the most up-to-date information.

2. A background to infertility in the UK

Fertility problems affect one in seven couples in the UK – approximately 3.5 million people[2].

The earliest studies into the prevalence of infertility in the UK were conducted in the mid 1980s – a fact due, in part, to the birth of the first IVF baby in 1978 and the subsequent increase in research interest in the field.

Recent research has indicated that the prevalence rates discovered in these studies have remained largely the same since then. In 2007 a survey was conducted of over 60,000 women in the UK and concluded that although both

[1] Not all PCT's responded individually, some responded as part of a grouping or as the equivalent body
[2] http://www.hfea.gov.uk/docs/2010-12-08_Fertility_Facts_and_Figures_2008_Publication_PDF.PDF#page=3

the number of women seeking medical care for infertility and the proportion reporting pregnancies as a result of infertility treatment had increased, there was no evidence to support an overall increase in unresolved infertility over the past 15 years.[3]

This is echoed in a British Medical Journal Clinical Evidence briefing which states that there is no evidence of a major change in the prevalence of female infertility but that many more couples are seeking help than previously.[4] This illustrates the need for IVF provision in the UK today and the demand for the procedure.

Furthermore, data from the Human Fertilisation and Embryology Authority (HFEA) suggests that the reasons underpinning fertility treatment may be shifting. Since 2000, HFEA have collated data on the main reasons why couples undergo fertility treatment. The table below shows that tubal disease, multiple female and multiple male factors are become less frequent reasons for seeking treatment than other conditions like male factor infertility and unexplained infertility.

Reasons for undergoing infertility treatment in the UK

Reasons for undergoing fertility treatment, UK 2000 and 2008

	2000	2008	2000-08 % change
Male Factor	27.6	29.8	2.2
Multiple factors female and male	19.1	10.3	-8.8
Tubal Disease	19	12.4	-6.6
Endometriosis	2.5	3.5	1.0
Ovulatory disorder	7.4	8	0.6
Multiple female factors	5.7	4	-1.7
Uterine	0.2	0.4	0.2
Other	0.8	4.7	3.9
Unexplained	17.5	26.1	8.6

Source: Human Fertilisation and Embryology Authority

[3] Oakley (2007)

[4] Clinical Evidence Briefing

In addition to the increase in the number of couples seeking IVF and the shifting reasons for treatment being sought, there has also been a marked improvement in success rates, with the live birth rate for IVF treatments increasing from 14% in 1991 to 24% in 2008 (see table below).

The number of babies born as a result of IVF in the UK

IVF patients, treatment and births: England 1991 to 2008

Year	Total number of patients	Total number of treatment cycles	IVF live birth rate	Total live babies
1991	6,184	6,650	14.0	1,227
1992	14,061	18,338	13.0	3,115
1993	16,566	21,867	14.4	4,125
1994	19,295	24,866	14.3	4,687
1995	22,647	29,325	15.0	5,791
1996	25,353	33,462	16.3	7,153
1997	26,283	33,998	16.6	7,327
1998	27,225	35,478	17.9	8,255
1999	27,778	34,844	19.1	8,558
2000	27,544	35,509	19.4	8,823
2001	28,316	36,294	19.8	9,114
2002	28,975	37,506	20.8	9,760
2003	29,337	37,566	21.6	10,076
2004	30,850	40,142	20.6	10,190
2005	32,626	41,933	21.6	11,268
2006	34,855	44,275	23.1	12,596
2007	36,861	46,829	23.7	13,672
2008	39,879	50,687	24.1	15,082

Source: Human Fertilisation and Embryology Authority

The two general trends that have been identified above (an increase in the number of couples seeking IVF, and improving success rates) are undoubtedly interlinked, and together have placed increasing pressure on NHS IVF provision.

It can also be suggested from this data that as more IVF procedures are performed then success rates improve. Therefore we should be seeking to develop this great British innovation further.

3. NICE Guidelines on IVF provision

In 2004 NICE produced clinical guidelines entitled *Fertility: assessment and treatment for people with fertility problems*[5]. These guidelines suggested a number of criteria for the provision of IVF for infertile couples. The criteria suggested in the guidelines have been adopted by PCT's across the country in varying degrees.

The NICE guidelines recommend that 3 cycles of IVF treatment should be provided to infertile couples. In addition to this the guidelines recommend that the age ranges of the woman in receipt of the treatment should be between 23-39. Interestingly the NICE guidelines do not suggest that IVF should be offered only to non-smokers or to those with a certain BMI, instead they suggest that patients should be encouraged to remain a healthy weight and to undergo smoking cessation where applicable.

The NICE guidelines also suggest that caffeine and alcohol consumption should be limited for patients wishing to undergo IVF which very few PCTs set down as criteria for treatment. This therefore illustrates how much of the content of the NICE guidelines has been taken out of context by PCTs and used to place arbitrary restrictions on the provision of IVF.

Perhaps one of the most contentious areas of the NICE guidelines is the area focusing on children from previous relationships. According to the NICE guidelines if a woman has a child from a previous relationship she should not be eligible for publicly funded IVF. However if a male partner has children from a previous relationship this should not be taken into account. Again different PCTs have varying interpretations of this guideline.

[5]Nice Guidelines

4. Survey of PCTs

Freedom of Information requests were made to 177 PCTs[6], the questions asked can be seen in Appendix A.

4.1. PCTs offering IVF treatments to infertile couples

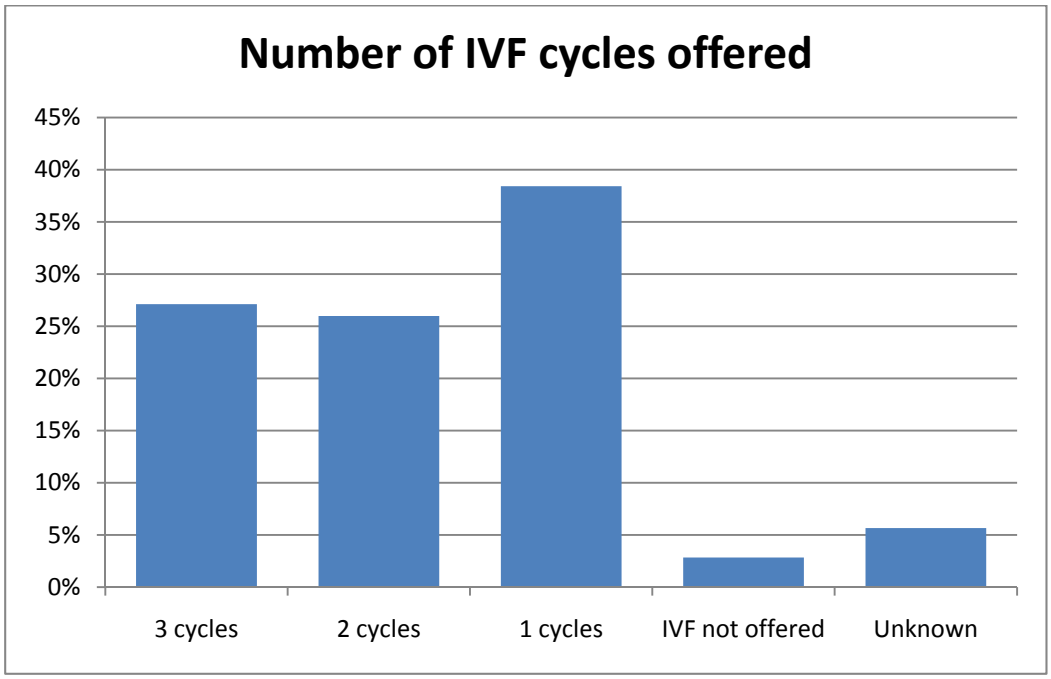
Of the 171 PCTs that information was obtained from[7], 166 confirmed they were currently offering IVF treatment to patients.

5 PCTs responded that they were not offering any cycles of IVF.

[6] PCTs or the equivalent in the area
[7] See notes Appendix B

4.2. Number of cycles offered

Of the PCTs offering IVF to patients, 39% only offered one cycle of treatment. 26% of PCTs offered two and a further 27% offered three cycles. Therefore 73% PCTs are offering less than the three cycles recommended by NICE. [8]



4.3. Age of those receiving treatment

The majority of PCTs offer IVF to those between the ages of 23 and 39. However some PCTs set the cut off at a lower age, such as 35. It is interesting to note that only a small number of PCTs placed restrictions on a male partner's age and of the ones that did, the limit was commonly 54 years of age.

However, these age restrictions only portray part of the true picture. Most PCTs will only offer IVF to those who have been trying to conceive with a known cause of infertility for two years. This means that in many cases, the *effective* upper age limit for beginning the process of seeking treatment for infertility is two years lower than the stated figure (in most cases, 37).

[8] These statistics have been rounded to the nearest full decimal place

Furthermore, varying waiting times in different parts of the country can lower this *effective* upper limit even further.

It is important to note that this increased waiting time does not just cause emotional distress to the couple involved. As a woman gets older the chance of IVF procedures being successful is greatly reduced. According to the NICE guidelines:

"for every 100 women who are 23 to 35 years old, more than 20 will get pregnant after one cycle of IVF treatment, for every 100 women who are 36 to 38,around 15 will get pregnant, for every 100 women aged 39, around 10 will get pregnant"

4.4. Children from current or previous relationships

The NICE guidelines recommend that if a woman already has a child she should not be eligible for IVF. However, the guidelines do not stipulate that neither partner should have a child from a previous relationship.

Many PCTs stipulate that neither parent can have a living child. This can be extremely restrictive to those wanting to have IVF as they may in fact have no contact with their partner's child. For example, an infertile woman may have a partner who has a grown up child who she has had little or no contact with. Few would describe circumstances such as these as being a parent, yet a number of PCTs choose to interpret these as such.

This also illustrates the impact that IVF provision can have on families as it can mean that couples are not eligible for IVF because of the existence of step-children. Arguably this can put a huge strain on families and relationships between step-parents and step-children.

4.5. Other restrictions

Many PCTs also put other restrictions on the provision of IVF including ones that are contrary to the NICE guidelines. For example, the NICE guidelines do not specify that those undergoing IVF should be non-smokers, yet many PCTs stipulate this as a requirement. Indeed, many PCTs require not only the female partner but also the male to be non-smokers for treatment to be offered, even if there are no fertility issues with the man.

The same is true for BMI which several PCT's specified both male and female limits for IVF provision.

5. Case studies

The following case studies illustrate the some of the effects of the differing levels of provision, and of the restrictions identified above.

Case study 1

"I was 28 when myself and my husband lost the ability to conceive a family naturally. We had been trying for a baby for almost a year when I was rushed into hospital with severe pain and fever. After a 6 hour operation I awoke to be informed that I had suffered a perforated bowel and peritonitis which had almost certainly destroyed my fallopian tubes and left my abdomen full of scar tissue. I was told that I would never be able to get pregnant without IVF. I was on holiday in another part of England when I was admitted to hospital and the Consultant there told me that if I was living in that area I would be entitled to 3 cycles of IVF, as recommended by NICE. He also told me that he felt I would be a very good candidate for IVF treatment as I was young and produced eggs with no apparent problems. I was therefore devastated to be informed by my GP, when I asked to be referred for IVF treatment at my local hospital, that my PCT only offer one cycle of IVF and that there were no exceptions to this. We went through our only NHS IVF cycle in October 2010 and tragically this ended in a miscarriage six weeks into the pregnancy. As our PCT will not offer us any more funding we are now having to face the stark reality that we must save over £6000 to pay privately for another cycle of IVF treatment."

(Provided by NIAC)

Case Study 2

"We live in North Hertfordshire and our PCT is East and North Hertfordshire NHS Trust. We married in 2005 and after three years of trying to conceive, undertaking various tests, examinations and failed treatments we discovered that my husband has infertility issues. The cause of his infertility is anti-sperm antibodies which is likely to have been caused by a football accident he had when he was 18 years old that twisted his testes. We requested to be referred for ICSI IVF treatment as at that time I was 34 and the PCT

guidelines stipulated that they would fund one cycle in November 2008. We were referred to Hammersmith Hospital in West London which is not straightforward to access from North Hertfordshire and added to the stress of the treatment, but obviously we were desperate to have a baby and felt lucky that our PCT were funding a cycle. Unfortunately the cycle was not successful. Desperate to have our own family we used our savings to pay for a second ICSI cycle privately at a London clinic and this time we were successful and now have a beautiful baby boy."
(Provided by NIAC)

Case Study 3

"Living in North Yorkshire we felt the full brunt of the so-called postcode lottery when it came to our IVF needs... We live in Harrogate – an affluent town with a (one time) well-performing hospital. However we share a PCT with Scarborough whose hospital regularly underperformed and found our funding being skimmed off to help them. When we were struggling to conceive, we found that our GP could investigate our initial problems, they could even refer us to the hospital for tests but when we got the results (that suggested IVF was the best option) we were told that it was not routinely funded by the PCT – due in main to the redirection of funds to a failing hospital. Of course they WILL provide the service based on some very strict covenants – that neither party could have any children and that the female party has to be between 39yrs 6mths and before her 40th birthday – a token 6 month window at a time when her chances of conceiving are drastically reduced anyway."
(Provided by NIAC)

As these accounts illustrate IVF provision isn't merely about meeting guidelines, it affects people every day in their desire for a family and the discrepancies in provision can have a dramatic impact on their lives.

6. International comparisons

Whilst in can be difficult to make direct comparisons with other countries due to funding structures and other factors, comparisons between IVF provision in the UK and other parts of Europe can be made.

In 1999 there were 595,000 babies born in the UK. 8,337 (1.4%) of these were born as a result of Assisted Reproduction Treatment (ART). In 2004 it was shown that the UK was falling behind our Northern European counterparts with the amount of fertility treatment we provide, and consequently, the proportion of babies born as a result of ART. The survey showed that during the year 2000 in the UK there were 580 cycles of fertility treatment per million people, compared to an average of 1057 per million in other Northern European countries. In Denmark, the proportion of babies born following ART was 3.7% of the national total births. In the UK, over the same period, this figure was 1.0%.[9]

Whilst Britain is not the lowest provider of IVF in Europe it can be seen that it is by no means topping the league tables. I believe that we should be doing more to provide this great British innovation.

[9] http://www.britishfertilitysociety.org.uk/public/factsheets/docs/BFS-keyfacts.pdf

7. Conclusion

When I commenced work on this report I had a hunch that there would be a wide variation in IVF provision around the country - the so called 'postcode lottery'. I do not claim to be a healthcare expert but it seemed to me that there was little consistency in IVF availability on the NHS.

What I was not prepared for was the existence of so many conditions and restrictions that are placed upon infertile couples even in PCT areas that offer IVF treatment.

In order for IVF treatment under the NHS to be truly available for infertile couples PCTs need to uphold not only the letter of the NICE guidelines but also the spirit.

The NICE guidelines provide a good basis upon which IVF treatment should be offered to infertile couples. Many PCTS have used the guidelines as a basis for their own policy and allow infertile couples up to three cycles of IVF treatment within certain restrictions. This is exactly how the guidelines should be used. However some other PCTs have used the guidelines as a mechanism of adding their own more stringent restrictions on who is eligible for treatment.

IVF is one of Britain's greatest innovations. Professor Robert Edwards received the Nobel Prize for medicine for his pioneering work with infertile couples. The result of this work was Louise Brown, the first so called 'test tube' baby in the world. Britain, more than any other country should be championing the use of IVF treatment.

There will always be limits on the amount of infertility treatment that can be given on the NHS. The NICE guidelines achieve a fair balance between the

needs of infertile couples and the limits that have to be placed on funding. It is therefore vital that PCTs adhere to them.

Thousands of couples who otherwise would not have been able to conceive are parents because of the IVF revolution. Right around the world thousands of children are alive today because of Professor Edward's work.

That work should be celebrated, and its provision across all parts of the NHS – in accordance with the NICE guidelines – should be ensured.

I hope that as a result of this report more PCTs will think the same.

Gareth Johnson MP
Chairman, APPG on Infertility

Appendix A: Freedom of Information requests

1. Does _____ PCT currently offer IVF/ICSI treatments to infertile couples?

2. How many cycles of IVF/ICSI treatment are routinely offered to eligible infertile couples?

3. What maximum and minimum ages are applied when offering IVF/ICSI treatment?

4. What maximum and minimum BMI criteria if any are applied when offering IVF/ICSI treatment and is treatment offered to those who smoke?

5. What is the average age of patients treated for infertility for both male and female patients?

6. What is the average waiting time after GP referral before IVF/ICSI treatment commences?

7. Can drugs alone be prescribed?

8. Are any other criteria applied when infertile couples already have a child or have previously had either NHS or private IVF/ICSI treatment?

9. What criteria if any are applied for the length of the relationship of an infertile couple?

Notes:

Question 5- the majority of PCTs did not hold this information.

Question 6- PCT's had different interpretations of this question- some used statistics including referral time from initial appointment with GP whilst others referred to time between meeting a specialist and undergoing treatment.

Question 7- a large number of PCTs misinterpreted this question. The question was set to find out if patients could receive fertility drugs on the NHS whilst funding a private course of IVF. Hence this data has not been used.

Question 8 & 9 – the majority of the data provided in response to these questions was qualitative and therefore has not been used as a statistic in this report. However it has been referred to in the report and can be accessed in full by contacting Gareth Johnson MP.

Appendix B: Survey responses

If you would like a full copy of the data used for this report please contact Gareth Johnson MP on 0207 219 7047 or email gareth.johnson.mp@parliament.uk

Primary Care Trust	Offers IVF?	No of cycles	Female min age	Female max age
Abertawe Bro Morgannwg University Health Board	Yes	2	38.5	40
Aneurin Bevan Health Board	Yes	2	38.5	40
Ashton, Leigh and Wigan	Yes	2	23	39
Ayrshire and Arran	Yes	3	none	38
Barking and Dagenham	Yes (through North-East London Reproductive Medicine Network)	3	23	39
Barnet	Yes	1	23	39
Barnsley	Yes (through the Yorkshire & the Humber Specialised Com. Group)	2	23	39
Bassetlaw	Yes (through the East Midlands Specialised Commissioning Group)	1	23	39
Bath and North East Somerset	Yes	1	23	40
Bedfordshire	Yes	3	23	40
Belfast Health and Social Care Trust	Yes	1	none	39
Berkshire East	Yes	1	30	35
Berkshire West	Yes	1	30	35
Betsi Cadwaladr University Health Board	Yes	2	38.5	40
Bexley	1			
Birmingham East and North	Yes	1	23	39
Blackburn with Darwen	Has not responded to information request			
Blackpool	Yes	2	none	40
Bolton	Yes	1	23	39
Borders	Yes	3	none	40
Bournemouth and Poole Teaching	Yes	2	30	35
Bradford and Airedale Teaching	Yes (through the Yorkshire & the Humber Specialised Com. Group)	1	23	39
Brent	Yes	1	23	39
Brighton and Hove City	Yes	3	23	39
Bristol	Yes	1	none	37
Bromley	1			
Buckinghamshire	Yes	1	30	35
Bury	Yes	3	39	40
Calderdale	Yes (through the Yorkshire & the Humber Specialised Com. Group)	1	23	39
Cambridgeshire	Yes	3	23	40
Camden	Yes	3	23	39
Cardiff & Vale University Health Board	Yes	2	38.5	40
Central and Eastern Cheshire	2			
Central Lancashire	Yes	2	23	39
City and Hackney Teaching	Yes (through North-East London Reproductive Medicine Network)	3	23	39
Cornwall and Isles of Scilly	Yes	1	23	40

Primary Care Trust	Offers IVF?	No of cycles	Female min age	Female max age
County Durham and Darlington	Yes	3	23	39
Coventry Teaching	Yes	1	23	40
Croydon	Yes	1	none	39
Cumbria	Yes	2	23	39
Cwm Taf Health Board	Yes	2	38.5	40
Derby City	Yes (through the East Midlands Specialised Commissioning Group)	1	23	39
Derbyshire	Yes (through the East Midlands Specialised Commissioning Group)	1	23	39
Devon	Yes	1	23	40
Doncaster	Yes (through the Yorkshire & the Humber Specialised Com. Group)	2	23	39
Dorset	Yes	2	30	35
Dudley	Yes	1	23	39
Dumfries and Galloway	Yes	2	none	38
Ealing	1			
East Lancashire	Yes	2	23	39
East Riding of Yorkshire	Yes (through the Yorkshire & the Humber Specialised Com. Group)	unknown	23	39
East Sussex Downs and Weald	Yes	2	23	39
Eastern and Coastal Kent	Yes	2	23	39
Enfield	Yes	2	33	40
Falkirk	2			
Fife	Yes	3	none	38
Forth Valley	Yes	2	none	40
Gateshead	3			
Gloucestershire	Yes	1	30	39
Grampian	Yes	3	none	40
Great Yarmouth	Yes	3	23	40
Greater Glasgow and Clyde	Yes	2	18	38
Greenwich Teaching	Yes	1	23	39
Halton and St Helens	2			
Hammersmith and Fulham	Yes	3	23	39
Hampshire	Yes	1	30	34
Haringey	Yes	1	23	39
Harrow	Yes	1	23	40
Hartlepool	Has not responded to information request			
Hastings and Rother	2			
Havering	Yes (through North-East London Reproductive Medicine Network)	3	23	39
Heart of Birmingham Teaching	Yes	1	23	39
Herefordshire	Yes	1	25	39
Hertfordshire	3			
Heywood, Middleton and Rochdale	Yes	3	23	39
Highland	Yes	3	none	40
Hillingdon	1			
Hounslow	1			
Hull	Yes (through the Yorkshire & the Humber Specialised Com. Group)	unknown	23	39
Hywel Dda Health Board	Yes	2	38.5	40

Primary Care Trust	Offers IVF?	No of cycles	Female min age	Female max age
Isle of Wight	Yes	1	30	35
Islington	Yes	2	23	39
Kensington and Chelsea	1			
Kingston	1			
Kirklees	Yes (through the Yorkshire & the Humber Specialised Com. Group)	unknown	23	39
Knowsley	Yes	2	none	40
Lambeth	Yes	1	23	39
Lanarkshire	Has not responded to information request			
Leeds	Yes (through the Yorkshire & the Humber Specialised Com. Group)	1	23	39
Leicester City	Yes (through the East Midlands Specialised Commissioning Group)	1	23	39
Leicestershire County and Rutland	Yes (through the East Midlands Specialised Commissioning Group)	1	23	39
Lewisham	Yes	1	23	39
Lincolnshire	Yes (through the East Midlands Specialised Commissioning Group)	1	23	39
Liverpool	Yes	2	23	40
Lothian	Yes	2	none	39
Luton	Yes	3	23	40
Manchester	Yes	1	23	39
Medway	Yes	2	23	39
Mid Essex	Yes	3	23	39
Milton Keynes	Yes	1	30	34
Newcastle	3			
Newham	Yes (through North-East London Reproductive Medicine Network)	3	23	39
Norfolk	Yes	3	23	39
North East Essex	Yes	3	23	40
North East Lincolnshire	Yes (through the Yorkshire & the Humber Specialised Com. Group)	unknown	23	39
North Lancashire	Yes	2	none	39
North Lincolnshire	Yes (through the Yorkshire & the Humber Specialised Com. Group)	3	23	39
North Somerset	Yes	1	23	39
North Staffordshire	No	n/a	n/a	n/a
North Tees	Yes	3	23	39
North Tees	Has not responded to information request			
North Tyneside	Yes	3	23	39
North Yorkshire and York	No (despite being part of the Yorkshire & the Humber SCG)	n/a	n/a	n/a
Northamptonshire	Yes (through the East Midlands Specialised Commissioning Group)	1	23	39
Northern Health and Social Care Trust	Yes (but is provided by Belfast Health and Social Care Trust)	1	none	39
Northumberland	3			
Nottingham City	Yes (through the East Midlands Specialised Commissioning Group)	1	23	39
Nottinghamshire County	Yes (through the East Midlands Specialised Commissioning Group)	1	23	39
Oldham	Yes	3	23	39
Orkney	Yes	3	none	39
Oxfordshire	Yes	1	30	35
Peterborough	Yes	3	23	40
Plymouth Teaching	Yes	1	23	40
Portsmouth City Teaching	Yes	1	30	35

Primary Care Trust	Offers IVF?	No of cycles	Female min age	Female max age
Powys Teaching Health Board	Yes	2	38.5	40
Redbridge	Yes (through North-East London Reproductive Medicine Network)	3	23	39
Redcar and Cleveland	Has not responded to information request			
Richmond and Twickenham	Yes	1	none	39
Rotherham	Yes (through the Yorkshire & the Humber Specialised Com. Group)	2	23	39
Salford	Yes	2	23	39
Sandwell	Yes	2	23	39
Sefton	2			
Sheffield	Yes (through the Yorkshire & the Humber Specialised Com. Group)	1	23	39
Shetland	Yes	3	none	39
Shropshire County	Yes	1	23	37.5
Solihull Care Trust	Has not responded to information request			
Somerset	Yes	2	23	39
South Birmingham	Yes	1	23	39
South East Essex	3			
South Eastern Health and Social Care Trust	Yes (but is provided by Belfast Health and Social Care Trust)	1	none	39
South Gloucestershire	Yes	1	23	39
South Staffordshire	Yes	1	23	39
South Tyneside	Yes	3	23	39
South West Essex	Yes	3	23	40
Southampton City	Yes	1	30	34
Southern Health and Social Care Trust	Yes (but is provided by Belfast Health and Social Care Trust)	1	none	39
Southwark	Yes	1	23	39
Stockport	No (existing patients up to 2 cycles)	n/a	n/a	n/a
Stoke on Trent	Yes	2	23	39
Suffolk	Yes	3	23	40
Sunderland Teaching	3			
Surrey	Yes	2	none	39
Sutton and Merton	Yes (but waiting list closed on 1st April)	1	30	36
Swindon	Yes	3	23	39
Tameside and Glossop	Yes	3	23	39
Tayside	Yes	3	none	40
Telford and Wrekin	Yes	2	23	37.5
Torbay	1			
Tower Hamlets	Yes (through North-East London Reproductive Medicine Network)	3	23	39
Trafford	Yes	1	23	29
Wakefield District	Yes (through the Yorkshire & the Humber Specialised Com. Group)	1	23	39
Walsall Teaching	Yes	1	25	40
Waltham Forest	Yes (through North-East London Reproductive Medicine Network)	3	23	39
Wandsworth	Yes	2	23	39
Warrington	No	n/a	n/a	n/a
Warwickshire	Yes	1	24	39
West Essex	Yes	3	23	40
West Kent	Yes	2	23	39

Primary Care Trust	Offers IVF?	No of cycles	Female min age	Female max age
West Sussex	No (existing patients only)	n/a	n/a	n/a
Western Cheshire	Yes	2	none	40
Western Health and Scoial Care Trust	Yes (but is provided by Belfast Health and Social Care Trust)	1	none	39
Western Isles	Yes	3	none	38
Westminster	Yes	3	23	40
Wiltshire	Yes	3	30	40
Wirral	Yes	2	23	39
Wolverhampton City	Yes	2	23	39
Worcestershire	Yes	2	23	39

Notes:

Whilst every effort has been made to ensure the accuracy of this data PCTs were not challenged or asked for clarification on any of the information that they provided.

Several PCTs did not respond to the Freedom of Information Requests and therefore this information was gathered from the Fertility Policy provided on their website: these PCTs are in italics.

IVF services for all residents of Wales are provided by the Welsh Health Specialised Services Committee (WHSSC). Its responses have been used for all Welsh Health Boards.

IVF services for all NI residents are provided by Belfast Health and Social Care Trust's Regional Fertility Centre. Its responses have been used for all NI Health and Social Care Trusts.

IVF services for Newham, Tower Hamlets, City & Hackney, Barking and Dagenham, Havering, Waltham Forest and Redbridge PCTs are provided through the North-East London Reproductive Medicine Network. Its responses have been used for all member PCTs.

East Midlands Specialised Commissioning Group. IVF services for the 9 PCTs in the East Midlands (Bassetlaw, Derby City, Derbyshire County, Leicester City, Leicestershire County & Rutland, Lincolnshire, Northamptonshire, Nottingham City, Nottinghamshire County) are provided in accordance with the policy laid down by the East Midlands Specialised Commission Group.

For the most up to date information PCTs should be contacted directly.

Appendix C: Previous Reports

This report is not the first to consider the complexities of IVF provision across the UK.

In August 2009 Grants Shapps MP released the report- *All your eggs in one basket: A comprehensive study into the continuing postcode lottery in IVF provision through the NHS.* Whilst some of the data collected for this report is different to that gathered by Grant Shapps some comparisons can be made.

By comparing the two reports it can be seen that whilst there is still a long way to go to improving IVF provision across the UK, steps forward have been made since 2009.

A copy of Grant Shapps report can be accessed at:
http://www.shapps.com/reports/

Appendix D: Key Facts

- 1 in 7 couples in the UK suffer from infertility problems.
- Of the 171 PCTs that information was obtained from 166 confirmed they were currently offering IVF treatment to patients.
- 5 PCTs responded that they were not offering any cycles of IVF.
- Of the PCTs offering IVF to patients, 39% only offered one cycle of treatment. 27% of PCTs offered two and a further 27% offered three cycles.
- Only 27% of PCTs are offering the recommended number of cycles of IVF to NHS patients.

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