



PRESS RELEASE

Source: Fertility Fairness

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Bath and North East Somerset restricts NHS IVF on female age and male weight

Commenting on Bath and North East Somerset clinical commissioning group's (CCG's) decision to introduce additional criteria for access to NHS IVF based on male weight and female age, in contravention of national recommendations from the National Institute for Health and Care Excellence (NICE), Sarah Norcross, co-chair of Fertility Fairness said: 'It is not the CCG's role to rewrite national guidelines on who is clinically eligible to access NHS IVF; that is what NICE guidance is for: Fertility Fairness is appalled that the CCG has removed access for men with a BMI >30 and women over the age of 37. The Government and NHS England need to step in now and stop CCGs decimating NHS fertility services and ruining lives. Access to fertility treatment should be dependent on your medical need - and not your postcode and pay packet.'

Aileen Feeney, co-chair of Fertility Fairness and chief executive of leading patient charity Fertility Network said: 'We are extremely concerned about the effect that reducing access to NHS IVF will have on already distressed patients. Infertility is a devastating disease which can cause depression, suicidal feelings, relationship breakdown and social isolation; removing the recommended medical help is cruel and economically short-sighted. Not treating fertility problems properly costs the NHS a lot of money: through an increase in life-long mental health problems, and by increasing the likelihood that more patients will travel abroad for reduced cost fertility treatment - a move that is highly likely to drive up the number of multiple births which are of high risk to mother and babies and incur additional long-term medical costs. These costs could be saved if national guidelines were followed.'

ENDS

Notes for editors

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Fertility Network UK media volunteers are available on request.

1. Bath and North East Somerset CCG today approved recommendations to change its fertility policy so that:

1. The female partner receiving treatment must be aged between 23 and 37 years
2. The male partner of the woman receiving treatment must be aged 55 years or under
3. The female partner receiving treatment must have a body mass index (BMI) of between 19-30
4. The male partner of the woman receiving treatment must have a healthy BMI of under 30
5. Heterosexual couples must have been trying to conceive for at least 2 years where the female partner is aged 35 years or younger, and 1 year where the female partner is aged 36 -37 years.

The CCG currently funds just one full IVF cycle. The CCG also announced plans to stop funding female sterilisation, but to continue to fund male vasectomy.

National Institute of Health and Care Excellence (NICE) guidance recommends three full cycles of IVF for women under 40 years and one full cycle for women aged 40-42. According to NICE, a full cycle of IVF treatment should include one round of ovarian stimulation, followed by the transfer of any resultant fresh and frozen embryos.

In Scotland, women under 40, including couples with children from previous relationships, can access three IVF cycles; in Wales, women under 40 are entitled to two cycles and in Northern Ireland, women under 40 are offered one cycle.

2. There is a move towards sustained disinvestment in NHS fertility services in England. Fertility Fairness' updated 2017 audit of England's 208 CCGs shows a marked reduction in access to NHS-funded IVF, with potential further cuts ahead. Since Oct 16, 25 CCGs (12 per cent) have slashed services (either cut the number of cycles they offer or introduced stricter access criteria) and approaching 1 in 10 are currently consulting on cutting or removing NHS fertility treatment.

The vast majority of England's CCGs - 88 per cent - do not follow national guidance and do not offer 3 NHS-funded IVF cycles. Seven CCGs have decommissioned NHS IVF or suspended and provide 0 cycles (3.4 per cent); 62 per cent offer just 1 NHS IVF cycle; 23 per cent provide 2 NHS IVF cycles and just 11.5 per cent follow national guidance and offer 3 NHS-funded IVF cycles.

3. The Royal College of Obstetricians and Gynaecologists Scientific Impact Paper, *Multiple Pregnancies following Assisted Conception*, noted that Government funding of IVF is the most important factor that could maintain low rates of multiple pregnancies following treatment and reduce associated complications for mothers and babies, as well as costs to the NHS. It estimated the neonatal cost to the NHS for twins to be 16 times higher than that for a singleton baby, and noted the effect of fertility tourism on the risk of multiple births following IVF. <http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.14974/full>

4. Key findings of The Impact of Fertility Problems 2016 from Fertility Network UK with Middlesex University London^[1] highlighted: 90 per cent of respondents reported feeling

^[1] <http://fertilitynetworkuk.org/survey-on-the-impact-of-fertility-problems/>

depressed; 42% suicidal; nearly 50% of respondents reported on average feeling sad, out of control, frustrated, helpless, fearful and worried nearly all of the time. For further information, see <http://fertilitynetworkuk.org/wp-content/uploads/2016/10/SURVEY-RESULTS-Impact-of-Fertility-Problems.pdf>

5. Fertility Fairness is a multidisciplinary umbrella organisation representing the major patient and professional bodies working in the field of fertility. Fertility Fairness campaigns for fair and equitable access to NHS-funded fertility services in accordance with national recommendations issued by NICE. This includes the right of eligible couples to receive up to three full cycles of IVF treatment regardless of where they happen to live.