

Key facts on infertility, IVF and NHS provision

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British Fertility Society Factsheet



www.fertility.org.uk

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How common is infertility?

It has been estimated that at some time in their reproductive lives at least a quarter of couples experience a period of infertility (inability to conceive) lasting over 1 year¹. Some of these couples continue to be unable to conceive, leading to at least 1 in 6 couples seeing an infertility specialist at a hospital². After assessment by the specialist, many couples can be reassured that they do not need treatment, just more time with regular sex. Others may require some form of treatment to assist with conception. The most well known treatment is In Vitro Fertilisation (IVF), but there are a number of other options, including life style modification, certain drugs, surgery and a range of Assisted Reproduction Technologies (ART).

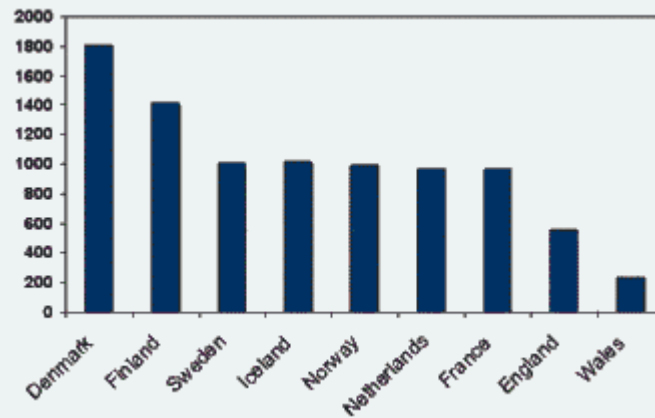
For more information on different forms of ART go to:
<http://www.hfea.gov.uk/HFEAPublications/HFEAleaflets>

How do we compare with Europe?

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 treatment³. In 2004 it was shown that the UK is 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 ART⁴. 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%.

Number of IVF cycles per million people

National Institute for Clinical Excellence (2004). *Fertility: assessment and treatment for people with fertility problems. NICE Clinical Guideline No.11*. London: National Institute for Clinical Excellence. Available from: www.nice.org.uk. Reproduced with permission. (src: http://www.nice.org.uk/pdf/CG011_Costing_for_clinical_guideline_england.pdf)



The postcode lottery of treatment

The highly publicised 'postcode lottery' refers to the extreme variables in amount and type of fertility treatment offered by different NHS trusts. This could literally mean that an infertile couple living on one side of a street, under the control of one NHS trust, could have access to three free cycles of IVF (widely considered to be an acceptable amount of IVF treatment, giving a good chance of pregnancy) whilst an infertile couple on the other side, under the control of a different trust, could be offered no NHS-funded IVF cycles at all.

This situation was highlighted in 1998 when a study revealed a postcode variation in NHS service provision (measured as IVF treatments per 100,000 people) from a high of 21.5 in Scotland to a low of 0.3 in the South West of England⁵. Since this survey the situation has worsened.

NHS IVF per 100,000 people in 1998



Source: NIAC estimates

Calls for changes to the service

In 2002 a survey of over 800 members of the public revealed overwhelming support for NHS funded infertility services and an end to the postcode lottery of provision⁶. In 2002 the Health Secretary Alan Milburn acknowledged that infertility caused distress to thousands of couples and NHS fertility services varied massively around the country. Milburn said it was time to tackle infertility using some of the new funds being pumped into the NHS. Accordingly, Milburn referred "infertility" to the National Institute for Clinical Excellence (NICE) to develop national guidelines to end the postcode lottery.

NICE guidelines

National guidelines called 'Fertility: assessment and treatment for people with fertility problems' were published by NICE in February 2004. The full guideline can be found at: <http://www.nice.org.uk/page.aspx?o=104435>

Included in these guidelines was the recommendation that the NHS should provide 3 cycles of IVF treatment for suitable patients in England and Wales. The current Health Secretary, John Reid, and the Welsh Assembly Government Minister for Health and Social Services, Jane Hutt, responded positively to the guidelines. They both called for all patients meeting the eligibility criteria established by NICE to be offered one cycle of IVF treatment on the NHS by April 2005, with the longer term aim of full implementation including three cycles of IVF per appropriate patient. However, they added an additional initial priority criterion above those recommended by NICE that couples with a child/children from the current or previous relationship should not have access to NHS treatment.

Initial Steps towards implementation of NICE guidelines

The publication of the NICE guidelines and subsequent political support should be seen as a major step forward towards equality of access of NHS-funded assisted conception treatment.

However, to date, there has been no central guidance from the Department of Health to Strategic Health Authorities (SHAs) or Primary Care Trusts (PCTs) on implementation of the NICE guidelines. Nor has there been any central guidance for SHAs or PCTs on how to prioritise treatment for patients with varying social criteria.

This lack of a national work plan has led to concerns that some areas of England and Wales are further advanced in implementation than others. A national survey of PCTs, presented in June 2004⁷, seemed to justify these concerns. Further, it is possible that some SHAs/PCTs who previously funded more than one cycle of IVF per patient, will in fact reduce the number of cycles they currently fund.

These concerns need to be addressed to ensure that the potential improvements in treatment provision promised by the NICE guidelines are to be met.

References

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- 3 HFEA, 2000 Ninth Annual Report & Accounts, p10
- 4 ESHRE. Assisted reproduction technology in Europe, 2000. Results generated from European registers by ESHRE. Human Reproduction, 2004; 19: 490 – 503
- 5 Lord J, Shaw L, Dobbs F and Acharya U Provision of fertility services A time for change and a time for equality - infertility services and the NHS Human Fertility 2001; 4: 256-260
- 6 Jenkins 2003 Public awareness of infertility and views on provision of NHS treatment
- 7 Infertility Network UK 2004 Impact of NICE Clinical Guideline on Fertility Services in Primary Care Trusts

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