

English clinical commissioning groups (CCGs) are continuing to reduce the number of IVF treatment cycles they fund. How is this affecting demand for self-funded MF? asks **Ann McGauran**

A fair deal for would-be parents

According to the Human Fertilisation and Embryology Authority report *Fertility treatment 2014-16*, in 2013 24% of CCGs followed the National Institute for Health and Care Excellence (NICE) guideline for women under the age of 40 who meet certain criteria to be offered three full cycles of IVF. By 2017 this had reduced to 12%. In 2013 only 1% of CCGs were offering no service. By 2017 this had increased to 3%, with a further 7% consulting on a reduced or removed service.

The majority of IVF treatment is carried out in the independent sector. In 2016, 41% of IVF treatments in the UK were funded by the NHS, which has remained broadly the same since 2010. The East of England has seen the largest decrease in the proportion of NHS-funded cycles in the past five years (see figure 1), from 63% in 2011 to 46% in 2016.

Aileen Feeney is chief executive of Fertility Network UK, a patient charity providing support, advice and information for those affected by fertility issues. It also campaigns for fair and equitable access to NHS-funded IVF treatment. She is also co-chair of Fertility Fairness, which campaigns for the right to access up to three full cycles of IVF treatment free on the NHS.

According to Feeney, cutbacks in NHS

provision are turning it more and more into 'a classic postcode lottery'. The result, she says, is that 'more people are having to pay for access, so this is obviously adding lots of stress, not only financial but also more and more emotional stress'.

NHS England is currently looking at the potential for benchmarking costs. Fertility Fairness carried out an investigation last year which found the average cost paid by a CCG per cycle ranged from £1,300 up to £5,788. Feeney said: 'If you got every CCG down to £1,300 that would mean they would be able to offer more treatment.'

MORE PEOPLE ARE HAVING TO PAY FOR ACCESS...WHICH IS OBVIOUSLY ADDING A LOT OF STRESS

Research on the impact of patients' fertility struggles carried out by Fertility Network in 2016 found the 780 respondents who completed the entire survey had spent on average £11,378 on investigations and treatment. A tenth had spent more than £30,000 and in a few cases respondents spent up to £100,000. Feeney believes clinics need to ensure they are 'very clear on their pricing, and not adding things on as patients go through'.

Some independent sector clinics are focusing on bringing down treatment fees. Abc Ivf offers a price guarantee to patients that they will pay no more than £2,500 per IVF cycle. According to its website, it is able to offer 'successful MF at the most affordable cost in the UK without compromising our quality of care or treatment success rates'. It said this is due to a combination of simplified

treatment protocols, technology and a streamlined patient journey.

Praful Nargund is the chief executive of abc ivf and the managing director of its partner clinic CREATE Fertility. He said around 20% of the patients come from outside London, and its web traffic comes from right across the UK. While currently London-based, the company is planning to open new clinics in the north west and south west of England.

Nargund estimates that around three quarters of those coming to abc ivf 'would just not have been able to access IVF treatment without abc ivf existing'. He said many had been excluded from NHS IVF 'for very minimal reasons such as they'd already had a child, or their ovarian reserve is lower than the NHS criteria'.

Nargund is adamant that 'from a moral point of view we have an obligation to try to find ways of bringing down the cost. If we don't then MF is only going to be possible for people who can afford it. I think there is something dystopian about that'.

The Fertility Partnership is a network of 11 fertility clinics across the UK and Poland which includes multiple satellites offering patients treatment closer to home. It is the largest provider of fertility treatment cycles in the UK. Some patients of The Fertility Network use third party provider Access Fertility to fund their treatment. The Fertility Partnership's medical director and founding director Tim Child said Access Fertility 'is essentially a financial company - we send the bill for their treatment to Access Fertility rather than the patient and there are some packages that are money back guarantees (if patients don't have a baby)'.

Access Fertility has a network of over 50 partner clinics across the UK. Child called their approach 'innovative', with some patients liking the fact that 'they can pay Access an upfront sum that covers them for a number of treatments'.

He said the 'hub and spoke system' it developed in Oxford about 20 years ago offering as much treatment as possible close to patients' homes in satellite centres has been replicated across its



Aileen Feeney
CEO, Fertility Network

other clinics in the UK. 'Patients if they live near a satellite clinic can just go there for the monitoring and consultations and just come to the central laboratory for the egg collection, making the embryos and the embryo transfer. That decreases time off work, travelling time, and reduces the effects of going through treatment on someone's personal, work and home life. We ensure that administration runs smoothly and that all the staff know what they are talking about and they get the correct information first time.'

One CCG's change of funding policy was unlikely to have an impact on any particular unit within The Fertility Partnership, he added: 'Most of our IVF units will have contracts with a number of CCGs with different funding criteria.'

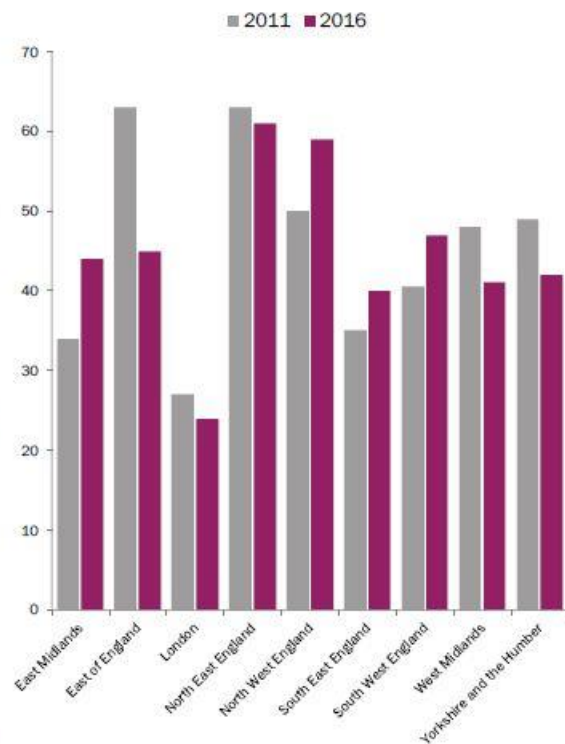
Do patients forced to self-fund their IVF treatment get a different treatment approach compared to those who are NHS-funded? 'Within The Fertility Partnership, the quality of treatment is exactly the same whether they are NHS funded or self-funded. There are clinics who will use different drugs on NHS and self-funded patients - but our view has always been that is not fair and the best thing to do is to aim to treat everyone to the same high standard. It's important that we are seen as a very good choice to go to.'

When it comes to future trends in IVF treatment, he highlights 'a somewhat controversial area in terms of whether genetic testing of embryos during IVF helps improve success rates, and that's research we're actively involved in. That's an area that will become more and more important, probably through ways of us being able to tell the genetic composition of an embryo without having to biopsy it. I think that's going to be a massive growth area and if that comes off then that should result in fewer IVF cycles having to be performed.'

Returning to abc ivf's chief executive Nargund, he said it was 'quite shameful that in a country where IVF originated so many people just can't afford treatment - either because the NHS won't fund it, or it's totally inaccessible in the private sector'.

He added: 'There's a duty for us as healthcare providers to be innovating on both outcomes and on costs. If we aspire to be better, to grow, and to be successful we need to stand up and show that we deserve it.'

PROPORTION OF NHS FUNDED IVF BY ENGLISH REGION



SOURCE: HFEA

Key Statistics CCG IVF practices

In 2016 there were just over 68,000 IVF treatment cycles, resulting in 20,028 births. This was a 4% increase from 2015 to 2016.

Since 2014, frozen IVF treatment cycles have increased by 39%.

In 2015, birth rates for frozen cycles exceeded fresh for the first time.

In 2016 42% of IVF patients were under 35, with 58% over 35.

In 2016 12% of IVF treatment cycles used donor eggs, sperm or both.

SOURCE: HFEA REPORT FERTILITY TREATMENT 2014-15