

PRESS RELEASE

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IMMEDIATE RELEASE

Increase in NHS funded IVF treatment and choice for couples in the East of England: Implementation from May 2009

From the 1st May 2009 Primary Care Trusts (PCTs) in the East of England will implement a new fertility policy that will offer more chances to childless couples by raising and standardising the number of fertility treatment cycles that were previously offered in the region. Couples will also be offered treatment at a choice of five fertility service providers, all of which are centres of excellence and leaders in the field of infertility treatment.

The new East of England fertility policy means that couples who experience difficulty in conceiving, who meet recommended eligibility criteria, will have the possibility of up to three cycles of treatment. The policy recommends a maximum of six embryo transfers in total. The East of England region is one of the first to fully implement guidance on In-Vitro Fertilisation (IVF) made by the National Institute for Health and Clinical Excellence (NICE) in 2004.

Previously, PCTs across the region have offered only one or two cycles of NHS funded IVF treatment, under policies that vary depending on the local position. The new policy will mean consistency across the East of England and fulfils a pledge made by NHS East of England in its regional vision 'Towards the best, together' to agree a standard set of criteria for IVF and to increase the number of NHS funded IVF cycles.

Patients registered with GPs in the East of England and who meet specific eligibility criteria, will be offered a choice of five fertility service providers for their treatment. Following a period of procurement, the successful bidders have been named as Barts and The London Centre for Reproductive Medicine, Bourn Hall Cambridge, IVF Hammersmith, Leicester Fertility Centre, and Oxford Fertility Unit. Patients previously have not had the benefit of such a wide choice of treatment centres.

In the general population 70 percent of couples will conceive naturally within 18 months of trying for a baby and 90 percent after two years. The chance of natural conception can be improved through greater awareness of the woman's monthly cycle and by making life-style changes such as

stopping smoking, improving diet and losing weight. Couples that have already taken these measures and not conceived, or have a diagnosed cause of infertility, should see their GP to discuss the next steps.

Establishing and implementing this policy in the region has been the work of the East of England Specialised Commissioning Group, which has the responsibility for commissioning specialised fertility services on behalf of the 14 PCTs in the East of England.

Said Trevor Myers, Director of the East of England Specialised Commissioning Group:

“This new policy is the result of an extremely successful collaboration of clinical experts, patients and NHS managers that will ensure a much fairer approach across the region. We are very grateful for the help of Infertility Network UK, which has represented patients in this work.”

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For further information, please contact:

Subfertility Team, East of England Specialised Commissioning Group: subfertility@eoescg.nhs.uk

Communications Team: 01371 877265

Notes for Editors

1. For further information, please see the attached background notes. A copy of the Fertility Services Commissioning Policy is available from www.escg.nhs.uk.
2. Further websites for reference:

The National Institute for Health and Clinical Excellence (NICE): www.nice.org.uk

The Human Fertilisation Embryology Authority (HFEA): www.hfea.gov.uk
3. Further information concerning the selected fertility service providers can be found on their websites as follows:

Barts and The London Centre for Reproductive Medicine: <http://www.bartsandthelondon.nhs.uk/fertility/>

Bourn Hall Cambridge: <http://www.bourn-hall-clinic.co.uk/>

IVF Hammersmith: <http://www.ivfhammersmith.com/>

Leicester Fertility Centre: <http://www.leicesterfertilitycentre.org.uk/>

Oxford Fertility Unit: <http://www.fert.org.uk/>
4. In addition to in-vitro fertilisation (IVF), the Fertility Services Commissioning Policy also covers Intra-Cytoplasmic Sperm Injection (ICSI), Intra-Uterine Insemination (IUI) and other

methods of assisted conception. Details of these procedures can be found in the full policy at www.escg.nhs.uk and on the Infertility Network UK website www.infertilitynetworkuk.com.

5. Key points of the policy criteria include:

- Patients must be registered with an East of England GP and referred as a result of proven infertility or 3 years unexplained infertility.
- Women seeking treatment must be aged between 23 and 39 at the commencement of their treatment cycle.
- Couples must have no children from the current relationship, including adopted children.
- Couples must have stopped smoking before treatment (they will be supported by an NHS smoking cessation programme).

For more details on the policy criteria, see the full policy at www.escg.nhs.uk.

5. PCTs may consider exceptional cases. People who do not meet the criteria and consider their case to be exceptional can appeal to their local PCT.

6. The policy highlights that treatment includes up to three fresh cycles. In IVF, the first fresh cycle stimulates the woman to produce eggs which are removed and transported to a specialised environment where they may be fertilised using the sperm of the partner or donor if necessary. If an embryo results, then this is transferred back to the woman's womb with the aim of a successful pregnancy. If more than one embryo is produced from the cycle, then the remaining embryos are frozen so that they may be used if the first transfer is unsuccessful. Subsequent transfers will utilise the frozen embryos until only one frozen embryo remains, at which point a further fresh cycle will be considered.

A fresh embryo transfer represents one transfer and each subsequent transfer of a frozen embryo constitutes another transfer, up to a maximum of 6 transfers in total. This is to minimise the risk of Ovarian Hyperstimulation Syndrome which can occur following the fresh cycle procedure and can lead to the need for intensive care and prolonged hospitalisation with attendant health risks. Therefore, frozen embryos should be transferred before further fresh cycles are commenced.

7. The NICE guideline considered following a single embryo transfer rather than multiple embryo transfers (which have been used in the past), depending on age and in cases where there are no medical mitigating circumstances. This has since been promoted in the report "One Child at a Time" published by the Expert Group on Multiple Births after IVF (available at www.hfea.gov.uk/en/505.html). The aim is to reduce the possibility of multiple births, which carry serious risk for mother and baby. For example, there are risks during pregnancy, during childbirth and babies often need neonatal intensive care. Other implications include long term problems for the children and, in some case, social problems that can have an impact on health and wellbeing.

8. NICE Fertility guidance was published in February 2004. It was endorsed by the then Secretary of State for Health, John Reid, who accompanied the publication of the guidance with a statement that he expected all PCTs to offer a minimum of 1 cycle of IVF by April 2005, working towards full implementation in the longer term.

9. A period of procurement has taken place during which five successful bidders were selected. All 14 PCTs in the East of England are commissioning the services jointly through the East of England Specialised Commissioning Group. This partnership approach will ensure and maximum value for money for the residents of the East of England.