



MPs condemn “arbitrary” decisions on infertility treatment

Matthew Limb

London

MPs have called on ministers to end “devastating” disparities in access to infertility services across England.

They said that “crude, discriminatory, and arbitrary” funding decisions by clinical commissioning groups (CCGs) were causing suffering to people denied treatments, including stress, anxiety, depression, and the breakdown of relationships.

In a cross party debate on 19 January MPs said that wide variations in service provision should be investigated and a national tariff introduced to end anomalies in treatment costs.

Steve McCabe, Labour MP for Birmingham, Selly Oak, said that some CCGs were withdrawing fertility services altogether because of budgetary pressures. Many other CCGs were funding fewer treatment cycles than recommended by national guidelines or changing local eligibility criteria to restrict access.

“There is a strong feeling that what is going on isn’t fair and needs to change,” he said.

The National Institute for Health and Care Excellence (NICE) recommends that couples who have been unsuccessful in conceiving after two years should be offered three full cycles of in vitro fertilisation (IVF) for women under 40, and one cycle for women between 40 and 42.

McCabe said some CCGs had, “without explanation,” lowered the age to 35, while others were applying different, arbitrary restrictions.

Couples had been refused treatment where one party had a child from a previous relationship, and same sex couples had to demonstrate that they had already paid privately for six cycles of treatment before being considered by the NHS.

“This doesn’t look like medical criteria to me, it looks like crude, discriminatory rationing based on pseudo moralistic prejudices,” McCabe said. “Efforts to provide IVF on the cheap are perversely wasting resources because the incomplete offer is rarely successful and compromises the cost effectiveness of IVF. It’s a bit like giving less than the recommended dosage of any drug or treatment.”¹

MPs cited a recent audit of 209 CCGs by Fertility Fairness, a national group that represents patient, professional, and industry

bodies.² Figures published in December 2016 showed that more than one in 10 CCGs (10.5%) were consulting on reducing or decommissioning NHS fertility treatment, and only four CCGs (1.9%) fully followed NICE guidance.

Ed Vasey, Conservative MP for Didcot and Wantage, said that unfair constraints and high costs charged by providers forced many couples to seek treatment abroad where different regulations applied.

Vasey said, “It is often the case that many more embryos are implanted in treatment abroad and that can lead to multiple pregnancies. These can lead to greater complications and that of course can lead, paradoxically perhaps, to increased costs for the NHS.”

Justin Madders, Labour MP for Ellesmere Port and Neston, said, “If the government doesn’t take a more robust stance they are not only accepting but also entrenching the notion of a postcode lottery.”

Public health minister Nicola Blackwood said that infertility was a serious medical condition and it was both “disheartening” to learn that access to IVF treatment on the NHS had been reduced in many places and “deeply disappointing” that some CCGs had stopped routinely commissioning IVF.

She said, “I will be writing to NHS England to ask that it communicates clearly with CCGs the expectation that NICE fertility guidelines should be followed by all.”

Blackwood also said the Department of Health, NHS England, and professional and stakeholder groups would “redouble efforts” to develop benchmark pricing for fertility services which was a step towards NHS England introducing a national tariff.

1 Wise J. Extending IVF cycles beyond usual three or four shows benefit. *BMJ* 2015;356:h6913. doi:10.1136/bmj.h6913 PMID:26702087.

2 Fertility Fairness. IVF provision, best and worst places to live, 2016. 2016. www.fertilityfairness.co.uk/ivf-provision-best-and-worst-places-to-live-2016.

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