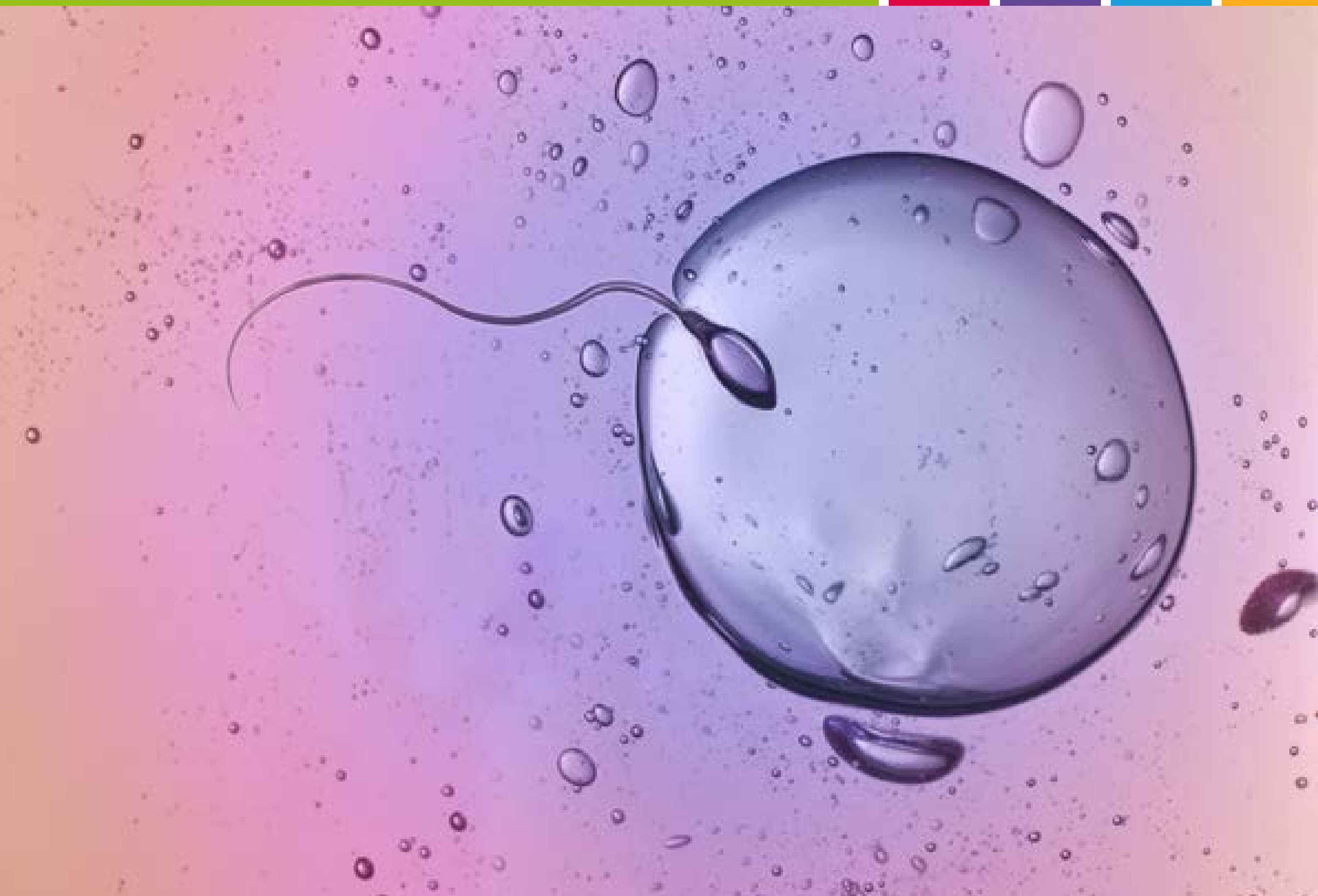
Royal College of Nursing

Fertility Care Provision for the UK

July 2023

POSITION STATEMENT



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RCN position

1. The RCN supports full implementation of the National Institute for Health and Care Excellence (NICE) guidelines including the recommendation that at least three full treatment cycles are made available to couples undergoing in vitro fertilisation (IVF) treatment regardless of location within the UK.
2. Clinical, social and lifestyle access criteria should be implemented on an equitable basis.
3. The RCN supports the need to raise awareness among nurses and midwives of the social-political challenges in provision of fertility services across the UK.
4. Nurses should be equipped with leadership skills that enhance their ability to have a positive impact on education and service commissioning at local level.

Introduction

This position statement was approved by RCN committee in 2014, and subsequently published in 2015. In 2023, this statement remains valid and we reaffirm the need to support increasing and equitable access to fertility care across the UK, in line with NICE guidelines.

The medium for supporting this commitment is via the RCN Fertility Nursing Forum, one of the member-focused vehicles of the RCN. The forum works with nurse, midwife and registered nursing associates and health care support workers who work in fertility services and associated services across the UK. The forum is an active supporter of *Fertility Network UK* which has summarised the current provision of IVF across the UK and can be found at: **https://fertilitynetworkuk.org/access-support/nhs-funding**

Background

Since the birth of Louise Brown in 1978, it is estimated that more than eight million babies have been born worldwide through in vitro fertilisation (IVF). Despite one in seven couples in the UK having problems conceiving and the social and psychological effect this can have, the provision of NHS fertility services has remained varied and inequitable throughout the UK. As a result, many people have little option other than to explore treatment in the independent sector or abroad.

Current situation

In 2018, NICE updated the fertility guideline originally published in 2004. The recommendations included reaffirmation that three full cycles IVF should be available on the NHS for women aged up to 39 inclusive. In addition, NICE recommended that one full cycle of IVF should be available for women aged between 40 and 42 who have never previously had IVF treatment (where no evidence of low ovarian reserve and there has been a discussion of the additional implications of IVF and pregnancy at this age). A full cycle of IVF is considered to be one which includes the transfer of any viable embryos which have been frozen and stored after the fresh cycle (NICE, 2018). NICE guidelines are currently under revision in 2023.

Over the past twenty years entitlement to NHS funded treatment has ranged from no funded treatment to a full three cycles, often depending on local policy. While some NHS services have commissioned services based on the guidelines, many continue to fall short of the recommendations. The consequences for those unable to conceive naturally remains a consistent, inequitable access to NHS funded IVF and the financial burden of self-funding their fertility treatment.

Whilst national guidance now exists in Scotland, Wales & N. Ireland, (* See below) there still appears to be a 'postcode lottery' approach to treatment in England, where both the number of cycles funded and the criteria for eligibility is inconsistent, subject to local commissioning of services.
https://fertilitynetworkuk.org/access-support/nhs-funding/england

In Scotland, from April 2017, all health boards have been expected follow the same criteria, as determined by NHS Scotland.
https://fertilitynetworkuk.org/access-support/nhs-funding/scotland

In Northern Ireland, the Health and Social Care Board (HSC) is responsible for the commissioning of fertility services. Further details can be found at:
https://fertilitynetworkuk.org/access-support/nhs-funding/northern-ireland

In Wales, two full cycles of NHS fertility treatment are currently funded and access criteria are standard across the country.
https://fertilitynetworkuk.org/access-support/nhs-funding/wales

NHS funded fertility treatment is important

In order to maintain an equitable and fair fertility service across the UK, access to NHS funded treatment is critical. NHS funding for IVF cycles varies considerably across the UK. In 2023, data from the Human Fertilisation and Embrology Authority for 2021 reported that the use of private funding by patients across the UK aged 18-34 has continued to increase with 63% of IVF funded privately in 2021 compared to 52% in 2019. The number of IVF cycles funded by the NHS continued to vary across the UK with an overall decrease to 20,000 in 2021 from around 24,000 in 2019 (-16%). Scotland had the highest rate of NHS-funded IVF cycles at 58% compared to 30% in Wales and 24% in England (HFEA reported that data was not available for Northern Ireland) (HFEA, 2023). In 2022, the HFEA published that donor conception led to more than 4,100 births in 2019, accounting for one in 170 of all births and for nearly one in six births using IVF in the UK. Further information on the cost of treatment can be found on the HFEA website at:
hfea.gov.uk/treatments/explore-all-treatments/costs-and-funding

For those who do not meet NHS criteria, the cost of private treatment can vary from between £5000-£20,000 (CMA, 2021a), depending on factors including the type of procedures and the drugs used. The high cost of IVF in the UK is encouraging many couples to seek treatment abroad, which also has long term consequences for the NHS. Furthermore, private treatment may not be an option for those on low or medium incomes, adding to access inequalities. A report from the Public Policy Project (Public Policy Project, 2022) recommended that *"access to fertility treatment should be based on need, not by geographical location*, and concluded that disparities in funding must be addressed.

The Competition and Markets Authority (CMA, 2021b) has produced guidance on fairness and equitable access to treatment, as well as information on consumer law rights for those considering fertility treatment.

The new Women's Health Strategy (DHSE, 2022) has reiterated that access to NHS-funded fertility services was raised as a concern, in particular around inconsistent implementation of fertility treatment guidelines and varying access to and levels of funding across local areas. This suggests that where patents live and whether they are in a heterosexual relationship can affect access to NHS-funded IVF provision.

The HFEA also reported the challenges some people from ethnic minority groups face when accessing fertility care (HFEA, 2018).

The importance of elective single embryo transfer (eSET)

One of the challenges associated with the success of fertility treatment has been the management of multiple births. It is recognised internationally that multiple births are one of the greatest complications arising from IVF, because of the increased risk to the health and welfare of mothers and babies. This includes the cost of antenatal care, complicated vaginal deliveries, along with an increased risk of caesarean section and associated with more frequent and longer maternal and neonatal hospital admissions. Babies from multiple births are also more likely to need neonatal care and have ongoing health problems. The updated NICE guideline (2018) recommends the use of elective single embryo transfer.

The HFEA (2022) multiple births minimisation strategy has been effective and should be maintained to reduce the risks associated with multiple births. The most recent HFEA *Fertility Trends* (HFEA, 2023) reported that the average multiple birth rates are now at 5%, the lowest ever recorded.

Reproductive tourism

There has also been a rise in people choosing to go abroad for IVF treatment. The main reasons include the cost of treatment, along with dissatisfaction with the services and a shortage of donor eggs availability in the UK. One of the key challenges around fertility treatment tourism is the varied and differently regulated services outside the UK, including the use of eSET. The policy of eSET has been widely implemented in Northern Europe, but is not applied in other regions and continents. The main consequences for the NHS, could be the need to support a woman with a multiple pregnancy, birth and postnatally, which, as outlined previously, has a number of possible complications associated with it. There are also risks to the women, such as Ovarian Hyper Stimulation Syndrome, on their return to the UK, where the NHS may have to bear costs of treatment.

The role of registered nurses working in fertility services

Registered nurses are key health professionals in the provision of effective fertility treatment, supporting women and men undergoing IVF and using their full range of skills to provide care.

Nursing practice: The nurse's role includes both psychological support for prospective parents and the utilisation of extended clinical skills, including egg retrieval, the transfer of embryos and/or sedation to ensure continuity of care for women.

Informed choice: When prospective parents are exploring IVF, it is crucial that they are fully informed regarding the options and implications of treatment and supported psychologically throughout the process. This is of particular importance when fertility treatment does not result in a successful pregnancy.

Commissioning services: Fertility nurses have a key role to play in supporting best practice around commissioning of fertility services. They can contribute to the overall understanding of the issues by ensuring that concise, accurate, evidence-based information is disseminated and readily available to commissioning authorities, and all who may engage in local service provision.

Nurses as leaders: Nurses use their leadership skills to actively understand the socio-political dimension of access to, and provision of treatment locally, as well as lobbying nationally to support best practice.

Nurses as policymakers: Changes to local policies are not always readily accessible or comprehended and the extent of consultation prior to changes can vary considerably. Nurses can use their links and exert influence on commissioning authorities to ensure that policy decisions are conducted in a fair, open and inclusive manner.

As a crucial first step to achieving the above objectives, nurses should aim to familiarise themselves with local commissioning authorities across the UK, with regard to their assisted conception policy, the timings of any review and how this compares to NICE's recommendations.

With regard to developing skills and knowledge to support best practice for nurses specialising in fertility services, the RCN has developed a career pathway (RCN, 2022), which will enable the development of the skills required to ensure improvements in fertility services across the UK.

Conclusion

To ensure equality of access to all those seeking treatment, the RCN supports implementation of the NICE guidelines including the recommendation that at least three full treatment cycles are available to those undergoing IVF treatment.

Nurses play a central role in ensuring this position is realised. In order to achieve this, nurses need to understand and interpret the available evidence, whilst continuing to be aware of, and use the systems available to lobby (locally and nationally) for fair and equitable treatment for those who suffer with infertility.

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