

# Does a Postcode Lottery for IVF funding exist in England?

## A Dataset Analysis looking at IVF policy and activity

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### Background

NICE Guidelines recommend that women under 40 years old should be offered 3 full cycles of IVF funded by the NHS. However, ultimate policy is determined by Clinical Commissioning Groups (CCGs) who control the NHS budget for their given local region.

Alternatively, patients can fund their treatment - a full cycle of privately-funded IVF typically costs at least £5000.

There have been many reports of a Postcode Lottery across the country, which leads to differences in access to reproductive medicine.

The aims of this study were:

1. To identify differences in policy for NHS funding of In-Vitro Fertilisation (IVF) across England
2. To identify how policy differences affect activity

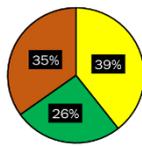
### Methods

The data came from 3 separate data sets - 2 from the HFEA and 1 from Fertility Fairness. Data relates to the year 2012-2014.

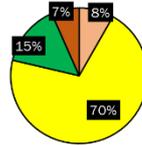
The HFEA data related to the activity of the different clinics, whereas the Fertility Fairness data detailed the different funding policies of each CCG in England.

These data were transformed to give information about the relationships between policy, activity and funding of IVF across different regions. Further transformation determined the proportions of NHS-funded and privately-funded treatments occurring at each clinic, as well as activity of the different regions. This included the activity of the larger national regions as well the 'local' regions.

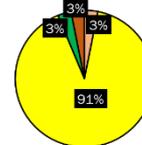
North of England



Midlands and East



London



South of England

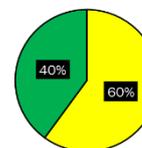
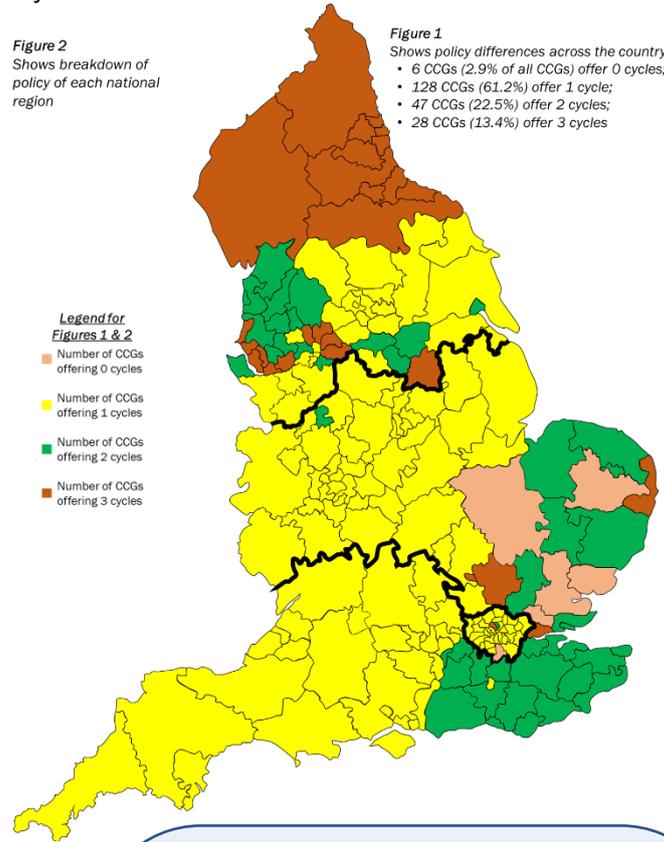


Figure 2  
Shows breakdown of policy of each national region

Legend for Figures 1 & 2  
 ■ Number of CCGs offering 0 cycles  
 ■ Number of CCGs offering 1 cycle  
 ■ Number of CCGs offering 2 cycles  
 ■ Number of CCGs offering 3 cycles

Figure 1

Shows policy differences across the country  
 • 6 CCGs (2.9% of all CCGs) offer 0 cycles;  
 • 128 CCGs (61.2%) offer 1 cycle;  
 • 47 CCGs (22.5%) offer 2 cycles;  
 • 28 CCGs (13.4%) offer 3 cycles



Effect of Policy on Activity

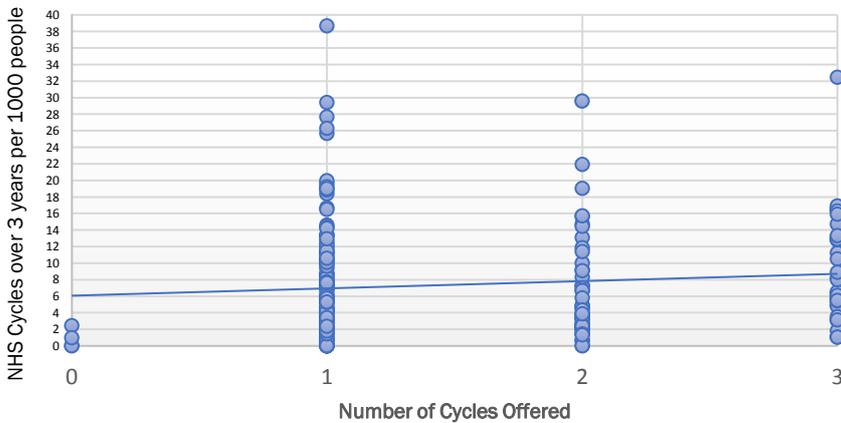


Figure 3  
Shows how policy differences affects activity of each CCG. Each point represents 1 CCG

Number of Cycles Done Per Capita in Each Local Region

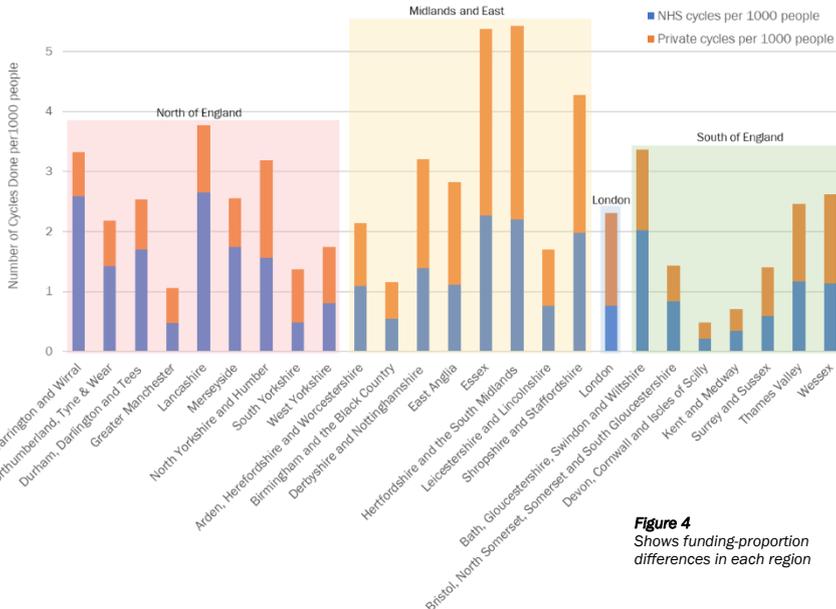


Figure 4  
Shows funding-proportion differences in each region

### Results and Discussion

The recommendation for 3 cycles is because that pregnancy rates increase cumulatively. The policy of those CCGs which offer 1 cycle therefore appears to mitigate against a live birth outcome, as well as providing regional bias. The policy of 1 funded cycle is the most common amongst CCGs in all regions of England, except for the North of England where 3 funded cycles is most common.

The effect of these policy differences can be seen in Figure 3, which shows the correlation (0.09) between policy and activity. This is lower than expected, owing to the fact that many clinics offer 1 cycle and very few offer 3, yet still carry out a similar number of cycles.

The most active region of England in terms of IVF cycles carried out per capita is Hertfordshire and the South Midlands, where 5.43 IVF cycles were carried out per 1000 people living there. Perhaps these residents delay starting a family in order to prioritise careers in London, at which point, their fertilisation rates would be much lower than earlier in life and so assistance through IVF is often relied upon. London carries out the lowest proportion of NHS-funded IVF in the country - only 33.0% of IVF cycles here were NHS-funded. London is generally a wealthy area, so CCGs assume that more people here can afford to privately-fund IVF and so their policy reflects this. In contrast, the North of England sees 55.8% of all cycles being NHS-funded. The Local Region of Cheshire, Warrington and Wirral, which lies in the North of England, is where the highest proportion of IVF cycles were funded by the NHS - 77.9% of cycles. This seems to fit in with the idea of CCGs tailoring their policy to the demographic i.e. in a poorer region like the North of England, residents are deemed not wealthy enough to privately-fund, so the local health budget provides for them.

### Key Messages

Apparent from this study is that the North of England prioritises IVF funding more than any other region, and thereby a greater proportion of NHS-funded cycles take place here than anywhere else in the country.

### References

A.Borini; Fertility Fairness; HFEA: I.Messinis, NICE; The Online Receruitment Resource: Your Fertility