Dear Maureen

Fertility Treatment

As you will be aware the Health and Sport Committee has been considering the provision of NHS fertility services in Scotland. The Committee has taken formal evidence from representatives from: Infertility Network Scotland; Fertility Fairness; NHS Tayside; NHS Grampian; NHS Lothian; and NHS Greater Glasgow and Clyde. It has also received correspondence from the Chair of the National Infertility Group and several other NHS Boards.

The purpose of writing to you is to highlight some of the main issues which arose during this evidence with a view to informing the work of the National Infertility Group.

As a Committee we welcome the progress that has been made since the National Infertility Review Group was established in April 2010 to tackle inequitable access to IVF treatment across Scotland. The Committee notes that the Scottish Government has provided £12m of funding over three years to drive down waiting times. The Infertility Network told the Committee that as a result of this investment all NHS Boards in Scotland have achieved the reduction of waiting time for treatment to 12 months or less.

The Committee is aware that the Scottish Government has reconvened the National Infertility Group to review the implementation of the access criteria changes made in July 2013 and the emerging clinical evidence, before considering further criteria changes.

Detailed below are some of the main issues which emerged from the Committee’s evidence taking. I hope they provide an indication of the Committee’s key areas of interest.
Capacity for third cycle provision

The National Infertility Group report had an ultimate aim of providing eligible couples with three cycles of IVF. Patient groups are now calling for the full recommendation to be implemented. They highlight NICE guidelines that three cycles is optimal in relation to being the most clinical and cost effective option. The Committee notes the need to assess the potential impact provision of a third cycle would have on capacity in the system, the cost of its provision and how equity of provision across NHS boards can be maintained.

The Committee is aware that data is being collected to assess the impact of changing the number of IVF cycles to three, to provide approximate numbers to enable forecasting to be undertaken for each NHS board. This forecasting, which I understand is due to be completed by the end of 2015, may indicate that additional funding would be required to ensure an additional cycle of IVF would not led to an upturn in waiting times.

The Committee asks the Scottish Government and National Infertility Group to consider as part of its review how it might be possible to fund three cycle of IVF treatment without adversely affecting waiting times.

Treatment methods

The Committee received evidence of the service improvements in recent years to the extended embryo culturing, single embryo transfer and in embryo freezing. It was suggested in evidence to the Committee that these changes especially with regard to the numbers, cost and effect of frozen transfer are factors that are changing the delivery of fertility services.

The Committee asks the Scottish Government and National Infertility Group to assess as part of its review how these changes are likely to affect the delivery of fertility services in the future.

Self-funding treatment

The Committee considers that it is important that changes to the eligibility criteria for fertility treatment take into account the possible impact on the number of patients seeking to self-fund treatment and any knock on effect this may have on income received by NHS boards.

The Committee asks that the review include an assessment of whether there would be any financial implications for NHS boards if there were changes to the number seeking to self-fund treatment.

Child in the home criteria

As you will be aware the current eligibility criteria exclude couples where one of the partners has a child living with them in the home. The recommendation from the National Infertility Review Group was that this criterion should eventually change to allow IVF where one partner does not have a child in the home that is genetically linked to them.
Although the Committee recognises the challenges in gathering data which assesses the impact this would have on provision of services, the Committee is of the view that this recommendation should be taken forward as a matter of urgency. Whilst many of the eligibility criteria are based on factors likely to influence the success of treatment this current criterion could be seen to be about prioritising couples based on perceived need.

The Committee also asks that the National Infertility Review Group give consideration to the impact of other aspects of the current criteria relating to whether one member of the couple seeking infertility treatment has received treatment in a previous relationship.

Counselling

The Committee considers that it is important for those receiving fertility services that they feel well supported throughout their treatment, whether this be receiving treatment and support from the same named individuals or having access to counselling services.

The Committee heard about the importance of providing counselling services to patients receiving fertility treatment. Patient groups told us that waiting times for counselling after a final unsuccessful cycle of IVF could be too long. The Committee received evidence which suggested that there was a need for greater investment in counselling services.

The Committee asks that the National Infertility Group review ensures there is recognition of the psychological impact receiving fertility services can have on patients. The Committee also requests further information on what assessment is currently conducted on the provision of counselling services to patients receiving fertility treatment.

Terminology

The Committee received examples of patients attending clinics entitled ‘The Infertility Clinic’ and recognises the merit in ensuring that positive terminology is used instead, including use of ‘fertility services’ or ‘assisted conception’. One NHS board highlighted to the Committee that whilst its clinic name was ‘Assisted Conception Unit’, it issues correspondence which refers to ‘infertility services’.

The Committee’s view is that there should be a positive ethos associated with the provision of fertility services. One aspect of this is ensuring that positive terminology is used in all aspects of a patient’s treatment. The Committee asks that this issue be taken into account as part of the review.

Response to the Committee

The Committee has raised a number of issues which it believes should be considered as part of the National Infertility Group review. I would welcome your assurance that these issues will be included in the review and given careful consideration.
The Committee intends to return to these issues once the National Infertility Group has issued its report. I understand that this report is due by the end of 2015. It would therefore be much appreciated if you could provide the Committee with an update following your receipt of this report.

Yours sincerely

Duncan McNeil MSP
Convener of the Health and Sport Committee