

Briefing for the Citizen Participation and Public Petitions Committee on petition [PE2146](#): Allow the use of privately sourced donor eggs in NHS funded IVF treatment lodged by Jamie Connelly

Brief overview of issues raised by the petition

The petitioner is calling on the Scottish Parliament to urge the Scottish Government to:

- allow couples and individuals to purchase altruistically donated eggs from private clinics for use in NHS funded IVF treatment
- instruct NHS Scotland to create a clear clinical pathway to support those using private donor eggs

Legislation covering egg donation and fertility treatment in Scotland and the UK

Certain aspects of legislation relating to fertility treatments are reserved to the UK Parliament through the [Human Fertilisation and Embryology Act 2008](#). This Act modifies and replaces the 1990 Act of the same name, as well as the Surrogacy Arrangements Act 1985. The more recent Act also implemented three EU directives relating to 'quality and safety standards for the donation, procurement, testing, processing, preservation, storage and distribution of human tissue and cells intended for human application'.

There is a UK regulator, the Human Fertilisation and Embryology Authority (HFEA), which is a statutory body, but independent of government. Its role is to ensure that all clinics and research centres comply with the relevant legislation as well as rules and standards, contained in their Code of Practice.

[A post-legislative assessment of the Act was carried out in 2013-14.](#)

HFEA has carried out some detailed work on [modernising fertility law in 2023](#), following a public consultation. It has come up with a set of recommendations alongside the case for change, including an updating of HEFA's regulatory powers in the context of changes in practice:

“The fertility sector in the UK has changed significantly since the HFEA was set up. Today fertility treatment is provided predominantly through self-funding by patients, although this varies across the nations and regions of the UK. The majority of clinics are privately owned, many as part of large groups with external finance. Elements of fertility care and associated treatments are increasingly offered online or outside of our regulation.”

All fertility clinics and embryo research centres are required to apply for a licence from HEFA, every four years. By law, inspections are carried out every two years.

The legislation applies across all clinics, whether private or NHS. All the NHS clinics in Scotland also offer private treatment. This is explained below.

Egg donation in the UK

[HFEA has published a factsheet on egg donation](#). This is primarily aimed at those considering becoming a donor.

A key facet of egg donation in the UK is that it is altruistic and it is illegal to pay for eggs. However, compensation can be paid to donors and the rates set apply across the UK. Currently, egg donors receive £985 compensation and sperm donors £45.

This is a complex area, because it is possible to purchase donor eggs from abroad, via a UK or international egg bank or donor recruitment agency. This is not the same as paying a donor directly, and these facilities would not be regulated by HEFA, because, if abroad, they would be subject to the legislation of that country.

Egg donation and NHS treatment

[The Scottish Government has sent a submission to the Citizen Participation and Public Petitions Committee](#) in response to the petition:

“The Scottish Government expects NHS Boards to meet the needs of couples who are eligible for NHS fertility treatment and require donor gametes (eggs and sperm) for that treatment. We have always been clear that couples who are eligible for NHS fertility treatment should not pay for any aspect of their treatment, and this includes the purchase and use of donor gametes.”

Scottish Government policy is further outlined via these two FOI requests on the matter: [Egg and sperm donation campaign: FOI release - gov.scot](#) and [Policy for purchasing donor eggs: FOI release - gov.scot](#).

Fertility treatment and funding

Fertility treatment in Scotland is slightly odd in the mix of co-located private and NHS services in the large NHS hosted clinics. [Separate waiting lists for treatment](#) are maintained depending on whether someone is self-funding or awaiting NHS treatment.

If someone is receiving NHS treatment, then all of that treatment is funded, as stated above. Equally, if someone does not meet the criteria for NHS

treatment they can be offered private treatment. They will then pay for all aspects of treatment.

[Access to NHS Scotland treatment](#) is not, of course, based on any ability to pay, but on explicit criteria relating to the person's age, health, residency etc. These criteria apply to the whole of Scotland NHS fertility services, but will vary between the four UK nations because policy around the delivery of fertility services is devolved (within the parameters of the 2008 Act).

Potential for shared care arrangements (private and NHS)

In some circumstances, shared care does happen between NHS and private providers. [Updated guidance was issued to health boards in 2009](#) about the combination of NHS and private treatment. (This is a separate issue from the use of private providers to address waiting times. See this [SPICe FAQ blog on private healthcare](#)).

The issue of shared care within fertility treatment appears to be unique. The [NHS Lothian Fertility Centre](#) offers all the treatments at a cost to people who don't fulfil the access requirements for NHS funded treatment. There are three other NHS clinics in Scotland. NHS Grampian and NHS Tayside operate in a very similar way to NHS Lothian, having a clear split between NHS funded care for those who meet the access criteria, and offering private treatment for those who don't meet the NHS funding criteria. NHS Greater Glasgow and Clyde is slightly different in that it offers the NHS treatment, but partners with the only private clinic in Scotland the [Glasgow Royal Fertility Clinic](#) in providing the paid-for care. It states that it is a not-for-profit clinic. This is a unique set up, as it is situated in the Glasgow Royal Infirmary. They partner with [an egg donation supplier in Spain](#).

[A number of clinics abroad are approved as 'third country suppliers'](#), and imported gametes (eggs and sperm) or embryos must meet UK safety and quality standards around testing, transportation and procurement.

According to HEFA:

“Clinics wishing to import from a third country supplier need to apply to the HFEA for a certificate. As part of this process, the UK clinic will need to provide documents that guarantee the third country supplier meets UK quality and safety standards. If a clinic imports gametes or embryos without this certificate they will be non-compliant with HFEA General Directions.”

HEFA then lists the UK clinics importing from third country suppliers. Aberdeen, Glasgow Royal Infirmary and Edinburgh Fertility Centres are listed, along with the suppliers, but only for the import of sperm (It is the private clinic in Glasgow, the Glasgow Royal Fertility Clinic that partners with the egg supplier in Spain).

There is nothing to stop people travelling abroad for fertility treatment, but they would have to meet all of the costs.

The use of privately sourced eggs in fertility treatment

Many of the private clinics in the UK will source donor eggs from suppliers abroad, mainly in Europe. However, in a personal communication, SPICe has been told that there are risks associated with sourcing eggs abroad and with their transportation.

[Donors in the UK are provided with support throughout the process and undergo genetic testing and testing for a range of infections.](#) This provides reassurance to any recipient of donated genetic material. There is no guarantee that donors in other countries are supported and tested in the same ways, nor whether there are additional inducements, beyond compensation, offered.

Eggs are very fragile, much more so than sperm, and the risks associated with any transportation are considerable. This would potentially affect the outcome of any insemination procedures, and could increase the risk of failure.

However, as stated above, imported gametes and embryos do have to meet UK-set standards.

Is there a shortage of donor eggs?

According to data published by HEFA in 2024:

“The total number of new donors increased by 21% from 2019 to 2022 ([Figure 5](#)). New egg donors increased by 19% from 1,495 in 2019 to 1,782 in 2022, while sperm donors increased by 23% from 841 to 1,037. Since 1991 the increase in donors has steadily increased with two periods when there was a drop (when donor information disclosure regulations were introduced and during the COVID-19 pandemic). 96% of new egg donors in 2022 were UK-based.”

HFEA surmises that the higher proportion of UK egg donors (compared with sperm donors) is due to the fragility and consequent problems in transporting eggs.

One [change in the law might have an impact on the availability of donor eggs is the extension of the statutory storage period from 10 years to 55 years.](#)

However, the factsheet does not provide data on the number of people waiting for donor eggs and this data does not appear to be available in the public domain in Scotland. [Public Health Scotland does publish data on IVF waiting times, including for referrals and screening appointments.](#) [NHS Grampian's Aberdeen Fertility Centre states that the current wait for donor eggs, once accepted onto the waiting list is up to 6 months.](#)

The Scottish Government's submission provides some information on wait times, depending on whether someone is using a donor known to them or waiting for an altruistic donor:

“If a couple uses eggs from a known egg donor, they will be treated within the same timeframe as those using their own gametes. The current wait time for these couples is approximately eight to nine months. Couples who require an altruistic egg donor may wait between three to four years for treatment.”

Clinics collect their own statistics, as does HEFA, on the success rates for different treatment options, [although available data appears to be out of date](#) (2019).

Anne Jepson
Senior Researcher, Health and Social Care
2 April 2025

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Published by the Scottish Parliament Information Centre (SPICe), an office of the Scottish Parliamentary Corporate Body, The Scottish Parliament, Edinburgh, EH99 1SP