

PE2020/D: Provide fertility treatment to single women

National Fertility Group submission, 4 July 2024

Thank you for your letter of 17 May 2024 in relation to public petition [PE2020: Provide fertility treatment to single women](#) calling on the Scottish Parliament to urge the Scottish Government to provide the same fertility treatment to single women, as is offered to couples through the NHS for the chance to have a family. I note from your letter that you are asking for a further update on the National Fertility Group's work to understand the implications of any future expansion of access to NHS IVF for single women and whether the Group has considered expanding the criteria for intrauterine insemination (IUI) to single people.

I am responding to the Committee's request in my capacity as Chair of the National Fertility Group.

I would like to begin by explaining that access to NHS IVF treatment in Scotland is the most generous in the UK with all new couples referred, subject to [access criteria](#), eligible for up to three full cycles of In vitro fertilization/ Intracytoplasmic sperm injection (IVF/ICSI) treatment. This pathway also includes any NHS funded IUI that couples, including same sex couples, need before moving to NHS IVF/ICSI treatment.

The National Institute for Health and Care Excellence (NICE) recommend that up to 3 cycles of IVF should be offered on the NHS. However, the provision of NHS IVF treatment varies across England and depends on local Integrated Care Board (ICB) policies. Most ICBs only offer 1 cycle, or only offer NHS-funded IVF in exceptional circumstances (most ICBs require same sex couples to self-fund IUI prior to IVF treatment and this can be up to 12 rounds). Further information on this can be found here [Find out how many cycles of IVF are funded by the NHS in each area of England on GOV.UK](#).

Additionally, whilst single people in some parts of England may be able to access treatment, which parts of the treatment pathway are funded differ geographically, according to ICB policies. Patients may be asked, for example, to fund their own IUI before they can progress to IVF treatment.

The latest report from the UK fertility regulator, the Human Fertilisation and Embryology Authority: [Fertility treatment 2021: preliminary trends and figures | HFEA](#) includes that "NHS funding for IVF cycles varies considerably across the UK. In 2021, Scotland had the highest rate of NHS-funded IVF cycles at 58% compared to 30% in Wales and 24% in England".

During a debate held in Westminster, [IVF Provision - Hansard - UK Parliament](#), it was noted that the Progress Educational Trust (independent charity that advocates for people affected by fertility issues) held Scotland as 'providing the gold standard for NHS IVF Treatment'.

As the Committee will be aware, any proposed changes to national access criteria for NHS Fertility Treatment (including IUI, as this is part of the whole pathway) in Scotland are formulated within the National Fertility Group. The group brings together experts in their field, to consider clinical research, evidence and data and make recommendations to Scottish Ministers who make the final decisions in relation to access criteria.

Since my last letter dated 2 October 2023, the National Fertility Group has met twice, with the most recent meeting taking place on 29 April 2024. Public Health Scotland (PHS) colleagues presented the modelling in relation to the work they have been carrying out to better understand the eligibility, demand and cost implications of any future expansion of NHS IVF treatment, including IUI for single people. There is still further work to be done to better understand the capacity implications for the four NHS Assisted Conception Units (ACU), which will involve reconciling demand against capacity, and I am unable to provide a specific timescale for the completion of this work at this time. Once this work is complete, the National Fertility Group will need to schedule time to properly discuss the modelling implications and consider whether a criteria change recommendation could be supported in the medium to long term as an aspiration for when health budgets could support the increase in funding and capacity that this would require.

I hope the Committee finds this information helpful and reassuring that Scotland has better access to NHS fertility treatment than the rest of the UK and is the only part of the UK to follow [NICE Clinical Guideline CG156 : Fertility problems: assessment and treatment](#) and that whilst we are still looking at the impact of expanding treatment to single people using scenarios and assumptions presented within PHS models, this is not a quick process and will have to take account of the views of the National Fertility Group, Scottish budget and available funding, and ACU capacity in future.