

The Power of Three IVF Cycles

An investigation by PET into levels of knowledge – concerning fertility services, IVF treatment, and specifically the IVF cycle – among GPs and NHS Commissioners in England

May 2023

Introduction

The Progress Educational Trust (PET) **Power of Three** campaign aims to improve choices for people affected by infertility. This follows a recent World Health Organisation (WHO) report which argues that addressing infertility is key to helping people reach the highest attainable standard of physical and mental health.¹

Earlier PET research into public attitudes showed widespread support for the provision of NHS-funded fertility treatment to people who are infertile and wish to conceive.² This sent a strong message to Government and commissioning bodies in the UK. The NICE Guideline on fertility is similarly clear – if you are a woman aged under 40, and you or your partner have infertility, then you should be offered 3 full cycles of IVF.³

PET has commissioned and published this new independent research, conducted by research specialists 2CV with the generous support of Ferring, in order to explore understanding of the NICE Guideline at the very start of the patient's IVF journey. The gatekeeper to referral for IVF treatment in England is, for many, their General Practitioner (GP). This GP will in turn apply criteria set by NHS Commissioners at the relevant Integrated Care System (ICS) and Integrated Care Board (ICB).

People seeking help for fertility problems are embarking on a journey that can already be very demanding, both emotionally and physically. This is made worse by a lack of understanding, among GPs and NHS Commissioners, of what constitutes a full IVF cycle. This lack of understanding contributes to poor commissioning decisions, resulting in a situation where most people receive less NHS-funded treatment than the NICE Guideline recommends.

PET, through its **Power of Three** campaign, is calling for greater awareness and understanding of what NICE recommends. In this way, patients can be given the best chance of accessing treatment and having a successful outcome.

Executive summary

- The proportion of GPs reporting that their area meets or exceeds the NICE Guideline is 48%. This indicates great levels of confusion, as earlier research had indicated that only around 10-12% of areas offer the recommended three IVF cycles.⁴
- Only half (50%) of all GPs interviewed correctly identified that the NICE Guideline recommends three full cycles of treatment for women under 40.
- The profile of your GP could make a difference to your referral success, with female GPs more likely to refer patients for NHS-funded IVF treatment, compared with male GPs. For example, when there was a known cause of infertility or reduced fertility 52% of male GPs said they would refer for treatment, compared to 73% of female GPs. Younger and less experienced GPs are also more likely to refer patients for IVF treatment.
- Multiple embryos are often created as part of an IVF cycle, but only 16% of GPs correctly identified 'When all viable embryos are transferred' as the IVF cycle completion point in the NICE Guideline. Commissioning decisions which do not provide this are reducing patients' chances of a successful outcome.
- The majority of GPs (54%) stated that they had seen a change in referral criteria, with almost all access requirements becoming more restrictive. Where there was change, almost three-quarters (74%) of GPs reported at least one criterion becoming more restrictive.
- GPs identified four key patient challenges relating to NHS-funded IVF treatments: funding, access, waiting times, and emotional stress.
- Nearly three-quarters of GPs have received a complaint about access to fertility treatment, with 10% having received more than 10 patient complaints in the last 12 months.

This research was
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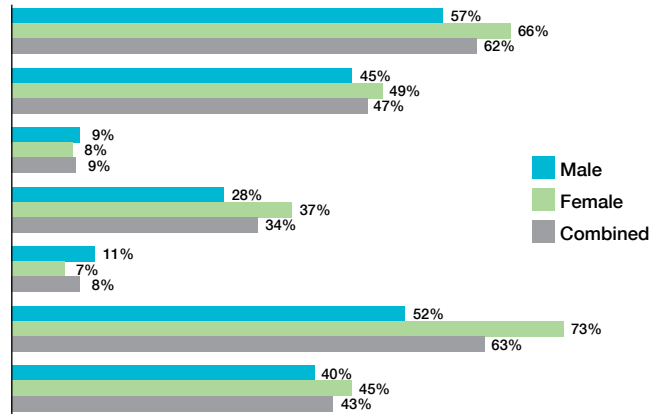


1. General Practitioner Knowledge

1.1 Triggers for referral

To the best of your knowledge, when are women aged under 40 able to be referred for NHS-funded IVF treatment by your practice or ICS/ICB?
 Sample size = 194 GPs (85 male, 107 female and 2 not specified – the 2 not specified are included in the 'Combined' figures in the chart below)

- After trying to get pregnant through regular unprotected sex for 1 year
- After trying to get pregnant through regular unprotected sex for 2 years
- After 12 cycles of artificial insemination
- After 3 miscarriages over 2 years
- After 5 miscarriages over 2 years
- Immediately if there is a known cause of infertility/reduced fertility
- Immediately if for medical reasons a women cannot have vaginal intercourse



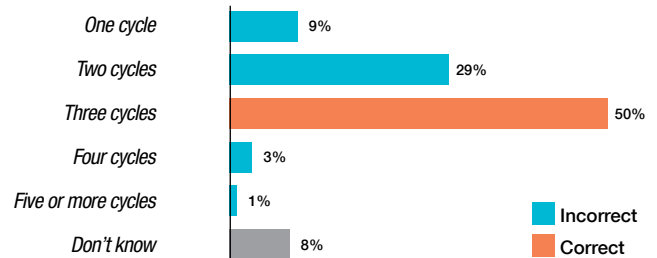
- The most common responses are 'After trying for 1 year' and 'Immediately if there is a known cause of infertility'. More than 60% of respondents agree that these patient groups should be referred.
- GPs who have been practising for more than 20 years mention fewer triggers for referral, compared with younger and less experienced GPs.
- Younger and less experienced GPs are more likely to refer immediately if there are known infertility causes, or if a patient cannot have vaginal intercourse.

- There are clear differences between male and female GPs, with female GPs significantly more likely to refer patients sooner than male GPs.
- 37% of respondents did *not* indicate that a known cause of infertility or reduced fertility would be a trigger for referral. This is higher for male respondents (48%) compared to female respondents (27%).

1.2 Knowledge of the NICE Guideline

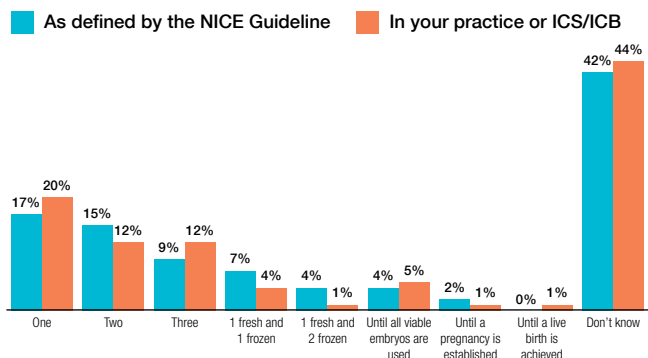
To the best of your knowledge, how many full cycles of IVF are recommended for women aged under 40 according to the relevant NICE Guideline?
 Sample size = 194 GPs

Only half of GPs surveyed correctly state that three full cycles of IVF are recommended for women aged under 40, according to the NICE Guideline. More than one-third of GPs believe fewer than three cycles are recommended.



1.3 Knowledge of the IVF cycle

How many embryo transfer procedures should/do NHS patients receive as part of one full IVF cycle?
 Sample size = 194 GPs



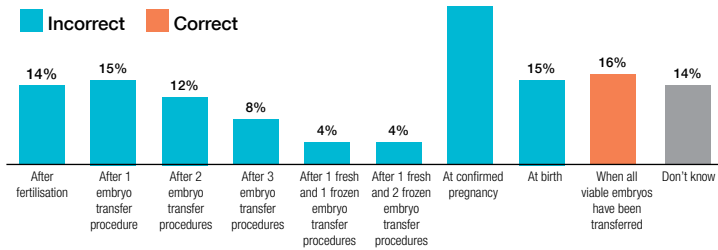
Nearly half of GPs stated that they 'Don't know' how many embryo transfer procedures NHS patients receive, and that they 'Don't know' how many embryo transfer procedures are included in a full IVF cycle, as defined by the NICE Guideline.

- Older, more experienced GPs are more likely to say 'Don't know' to these questions.
- There is no significant difference between male and female GP responses.
- Only 5% of GPs believe that their patients are offered the NICE Guideline standard of embryo transfer procedures 'Until all viable embryos are used'.
- Most GPs think that their patients receive fewer embryo transfer procedures than are recommended by NICE.

1.4 When is an IVF cycle complete?

At what point would you usually consider an IVF cycle to be complete?
Please select all that apply.

Sample size = 194 GPs

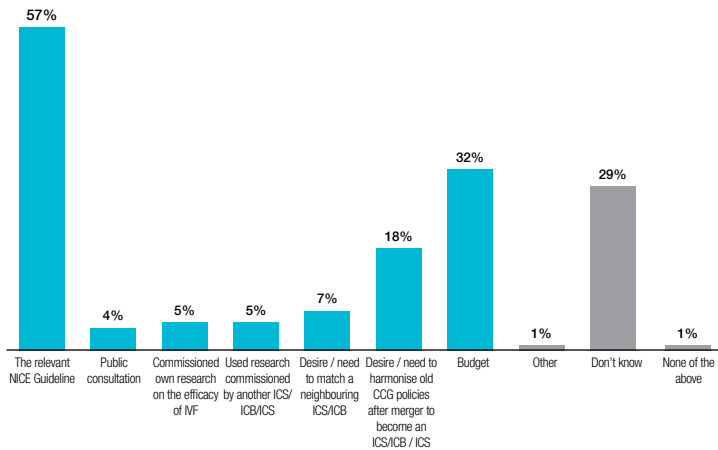


- Only 16% of GPs correctly identify the completion point of an IVF cycle, as defined in the NICE Guideline, as 'When all viable embryos have been transferred'.
- 14% of GPs consider an IVF cycle to be complete 'After fertilisation', while 28% of GPs consider an IVF cycle to be complete 'At confirmed pregnancy'. This illustrates the extent to which GPs are confused on this matter.

1.5 Determination of fertility treatment policy

Which of the following were used in your area to determine IVF treatment policies for NHS patients? Please select all that apply.

Sample size = 194 GPs

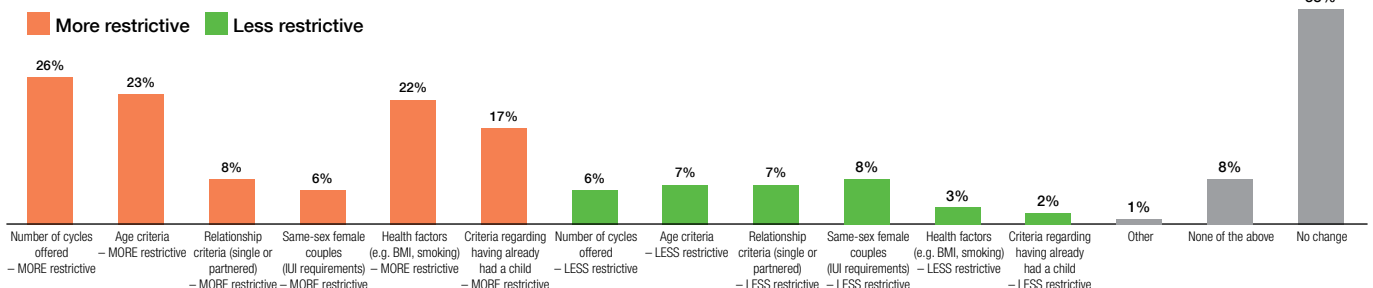


- A majority of GPs (57%) believe that IVF treatment policies in their area are based on the relevant NICE Guideline.
- One-third (32%) of GPs state that budget is used to determine IVF treatment policies in their area.

1.6 How has access to IVF treatment changed?

In which of the following ways has the NHS-funded provision of IVF changed in your area in the last year or two? Please select all that apply.

Sample size = 194 GPs



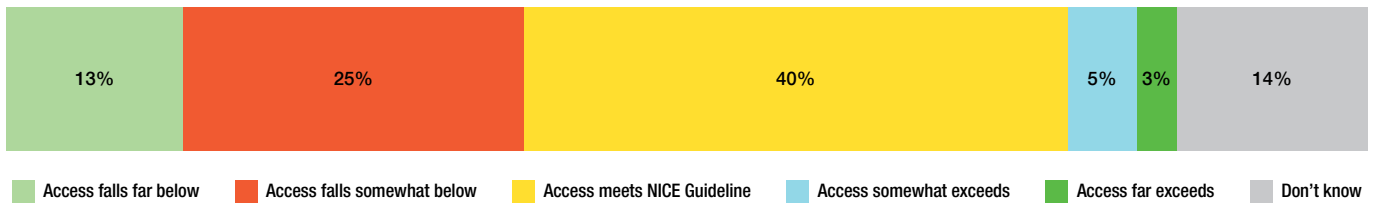
- More than half (54%) of GPs state that changes have been made to the NHS-funded provision of IVF in their area. Within that 54% of GPs, 74% report at least one criterion that has become more restrictive.
- Where changes have been made, NHS-funded provision of IVF is likely to have been restricted: fewer cycles offered, tighter age restrictions imposed, more health-related criteria (such as BMI), and more restrictions concerning second or subsequent children.
- One-quarter of GPs (26%) report greater restrictions on the number of IVF cycles offered, while only 6% of GPs report fewer restrictions on the number of IVF cycles offered.
- Of all the areas where GPs report a change in the NHS-funded provision of IVF, there is only one area – intrauterine insemination (IUI) requirements for same-sex female couples – where the proportion of GPs reporting fewer restrictions (8%) is higher than the proportion of GPs reporting more restrictions (6%).

1.7 Rating access to IVF treatment against the NICE Guideline

How would you rate access to NHS-funded IVF treatment in your area?

Sample size = 194 GPs

Along with the question, respondents were given the NICE Guideline for reference.



- 8% of GPs think that the NICE Guideline is being exceeded in their area. There are gender differences in this perceived assessment, with 7% of male GPs and only 1% of female GPs stating that 'Access far exceeds' the Guideline.
- 40% of GPs believe that access to NHS-funded IVF treatment in their area meets the NICE Guideline.
- More than one-third (38%) of GPs think that access to NHS-funded IVF treatment in their area falls short of the NICE Guideline, with 13% of GPs stating that access to NHS-funded IVF treatment in their area falls far below the NICE Guideline.
- More newly qualified GPs (who have been practising for less than 10 years), and more female GPs, are likely to state that access to NHS-funded IVF treatment in their area falls short of the NICE Guideline.
- 15% of GPs stated that they 'Don't know' how their area is performing, for this vital patient service.
- **The proportion of GPs reporting that their area meets or exceeds the NICE Guideline is 48%. This indicates great levels of confusion, as earlier research had indicated that only around 10-12% of commissioning areas in England offer the recommended three full IVF cycles.⁴**

2. NHS Commissioners' responses

Six NHS Commissioners (Commissioning Managers or Primary Care Managers) were interviewed, representing ICSs/ICBs across London, the SE and East Midlands. *Given the small sample size, please treat NHS Commissioner findings as indicative only.*

6 out of 6 think that access to NHS-funded IVF treatment in their area meets the NICE Guideline (compared to 40% of GPs)

6 out of 6 correctly state that women under 40 would be referred for NHS-funded IVF after 3 miscarriages over 2 years (compared to 34% of GPs)

4 out of 6 correctly state that three full cycles of IVF are recommended for women aged under 40, according to the NICE Guideline (compared to 50% of GPs)

3 out of 6 think that relationship criteria for NHS-funded provision of IVF have become less restrictive (compared to 7% of GPs)

Perceived challenges for IVF patients among commissioners tend to relate to the financial aspects

'Financial issues'

'Balance of financials if unable to access or meet NHS criteria'

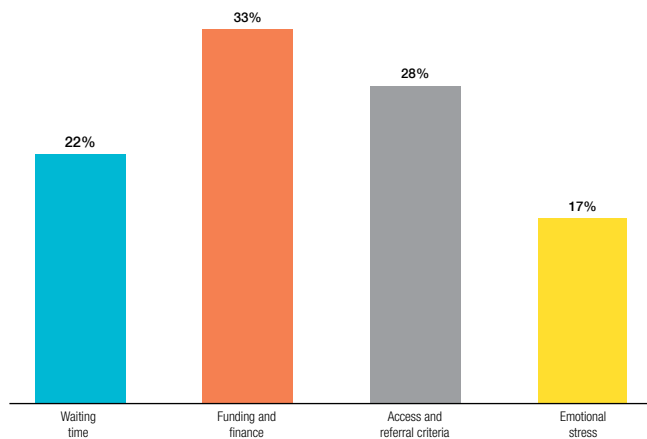
'Cost of procedure, reimbursement for patients and hospitals, lack of patient support tools/apps/trackers etc'

'Referral criteria is very strict, ie BMI<35, non smoking, no previous children either couple etc'

3. General Practitioner Understanding of Patients

3.1 Biggest patient challenges

Thinking about IVF treatments, what would you say is the single biggest challenge facing patients today?
Please be as descriptive as you can, and feel free to include emotional, financial and practical challenges, as appropriate.
Sample size = 194 GPs



Respondents were able to give multiple answers to this question. The open answer responses were analysed, and four key patient challenges were identified: funding, access, waiting times and emotional stress.

Less common but significant themes included:

- High body mass index (BMI) being a restriction.
- Women starting families later in life, or presenting late.

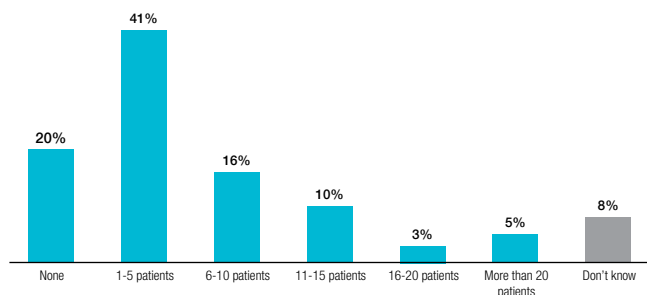
'It is very confusing for primary care and patients as there is no standard national policy'

'The restriction of which (IVF) leads to much mental health issues and relationship breakdown'

'Waiting lists for starting IVF treatment is the biggest challenge and the emotional toll this can have on a patient'

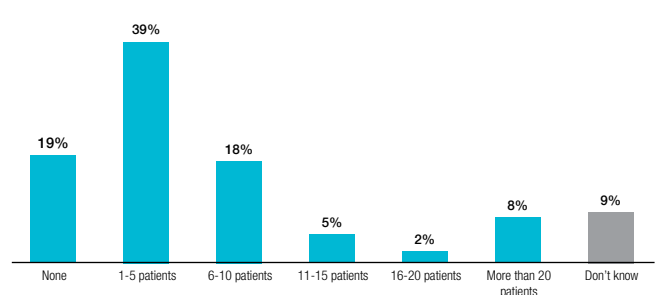
3.2 Patient requests for funding and patient complaints

Approximately how many patients have approached you (or your practice/ ICS/ICB) with individual funding requests related to IVF in the last 12 months?
Sample size = 194 GPs



- 72% of GPs state that they have been approached by patients with individual funding requests.
- 34% of GPs have received individual funding requests from more than 5 patients.

Approximately how many patients have complained about access to NHS-funded IVF services in your area in the last 12 months?
Sample size = 194 GPs



- 71% of GPs have received patient complaints about NHS-funded IVF services in their area.
- These levels of individual funding requests and complaints are striking, when placed in the context of the average annual caseload, which – per responding GP – is 12-20 patients yearly.

PET provides impartial and accurate information to people affected by infertility or genetic conditions, and provides platforms for them – and relevant experts and practitioners – to discuss scientific, ethical, legal and policy developments in these areas.

Our vision

To improve choices for people affected by infertility or genetic conditions.

Our mission

To educate and to debate the responsible application of reproductive and genomic science.



**This research was made possible
thanks to the support of**



Research sample and methodology

2CV interviewed a sample of 200 participants across England – 194 GPs and 6 NHS Commissioners, across 40 out of 42 English ICS/ICB regions. Those qualified for less than 3 years or with no fertility caseload in the last 6 months were excluded from the survey. Fieldwork was undertaken online between 6 April and 26 April 2023. The questionnaire was developed by PET and its advisers, with the input of research experts 2CV.

All research was conducted independently by specialist market research agency 2CV Ltd, in accordance with the UK Market Research Society (MRS) Code of Conduct.

All percentage calculations are rounded to the nearest whole number. In some cases, percentages will not total to 100% due to either (a) the effect of rounding or (b) the question allowing multiple responses.

References

1. *Infertility Prevalence Estimates, 1990-2021*, World Health Organisation, April 2023, p1. See www.who.int/publications/i/item/978920068315
2. *Fertility, Genomics and Embryo Research: Public Attitudes and Understanding*, Progress Educational Trust, June 2022, p9. Ipsos interviewed a sample of 2,233 adults aged 16-75 in UK using its online i:omnibus between 24 and 27 March 2022. See www.progress.org.uk/engagement/resource/fertility-genomics-and-embryo-research-public-attitudes-and-understanding
3. NICE recommends 3 full IVF cycles for women under 40 years old. A full cycle of IVF is one in which 1 or 2 embryos produced from eggs collected after ovarian stimulation are replaced into the womb as fresh embryos (where possible), with any remaining good quality embryos frozen for use later. When these frozen embryos are used later, this is still considered to be part of the same cycle. See www.nice.org.uk/guidance/cg156/ifp/chapter/What-happens-in-IVF
4. Audit of England's Clinical Commissioning Groups, produced by Fertility Network UK as part of National Fertility Awareness Week, 1-5 November 2021.

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