

Greater Manchester Joint Health Scrutiny Committee

Date: 9 December 2025

Subject: Standardisation of NHS Greater Manchester Funded IVF Cycles

Report of: Harry Golby, Associate Director Delivery & Transformation (Salford), and
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Purpose of Report

To update Scrutiny on the public consultation and next steps in the plans to standardise the number of NHS Greater Manchester funded In Vitro Fertilisation (IVF) cycles.

Recommendations:

The Joint Health Scrutiny Committee is requested to:

1. Review the level of Consultation undertaken by NHS Greater Manchester, and
2. Note the plans to proceed through NHS Greater Manchester's governance.

Contact Officers

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Report authors must identify which paragraph relating to the following issues:

Equalities Impact, Carbon and Sustainability Assessment:

A full equalities impact assessment is being maintained by the project – latest version attached as Appendix

Risk Management

This programme of work is to reduce the risk of challenge due to unequal access to IVF services across Greater Manchester.

Legal Considerations

This report is part of the discharge of NHS Greater Manchester's legal duties to engage with scrutiny committees

Financial Consequences – Revenue

This proposal seeks to ensure appropriate use of resource in Greater Manchester.

Financial Consequences – Capital

Not applicable

Number of attachments to the report:

Two – consultation report and latest equality impact assessment

Comments/recommendations from Overview & Scrutiny Committee

Not applicable

Background Papers

[July 24 Health Scrutiny Paper](#)

Tracking/ Process

Does this report relate to a major strategic decision, as set out in the GMCA Constitution

No

Exemption from call in

Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency?

No

GM Transport Committee

Not applicable

Overview and Scrutiny Committee

Not applicable

1. Introduction/Background

NHS Greater Manchester inherited an Assisted Conception Clinical Policy Statement from its predecessor organisations such that eligible patients are entitled to different numbers of NHS GM funded In Vitro Fertilisation (IVF) cycles depending on the locality of their GP practice. It is clearly unsustainable and avoidable for NHS GM to have such variation in access written into its policy so a project to standardise the number of IVF cycles is underway.

Greater Manchester Joint Health Scrutiny Committee received a paper on the project at its meeting in July 2024. The paper noted NHS Greater Manchester was following good practice with respect to engagement and consultation. This had included:

- February to March 2024 - desktop review of previous relevant engagement,
- May to June 2024 - focused engagement to address gaps from desk top review, seek feedback on current services, gain an understanding of people's experiences, and to explore the support for standardisation across Greater Manchester.
- Formation of a Lived Experience Advisory Group ('LEAG') to work with and act as a 'critical friend' to the Project Group

The Committee heard the Project Group and Lived Experience Advisory Group were in process of undertaking an Option Appraisal prior to an eight week consultation.

The Committee confirmed that the review and proposals to standardise IVF cycles across Greater Manchester constituted substantial variation, which required consultation.

In May 2025 the Board of NHS Greater Manchester received an update on the project and:

- Approved a recommendation to consult, and
- Endorsed the preferred option to standardise to the offer of 1+ cycles (i.e. 1 cycle plus an additional attempt should that first cycle be abandoned or cancelled), and
- Approved a single option consultation on the preferred option.

2. Public Consultation and feedback

We shared the consultation information widely to encourage as many people as possible to get involved, including contacting lots of organisations, networks and community groups with a reach of over 10,000, as well as running a comprehensive organic and paid social media campaign. Advertisements were also placed in local newspapers across Greater Manchester, with readership of over 350,000, distributed posters across all localities promoting both focus groups and local engagement opportunities, as well as links to the consultation survey.

We provided information and a facilitator pack to stakeholders who wished to deliver their own engagement sessions as well as offering one to one conversations and the facility to submit video messages.

In total, over 2,200 people engaged with us in a variety of different ways:

- ✓ 1074 people completed the survey. These were completed online and over the phone, with paper copies provided and returned using a freepost envelope
- ✓ 5 focus groups were held, 2 online and 3 face to face. 122 people took part in the focus groups
- ✓ We visited 8 community groups to reach diverse communities
- ✓ We visited each locality in Greater Manchester and interacted with over 829 people at 28 events, including shopping centres, community hubs and libraries
- ✓ Our social media posts were seen a total of 22,700 times and we had 4,600 visitors to the consultation page, making a total of 7,893 visits
- ✓ We circulated 2 media releases, which led to 22 articles or media pieces
- ✓ We attended meetings with colleagues and organisations across Greater Manchester to tell them about the consultation and encourage them to get involved.

What people told us

Proposal of standardising to 1+ cycles

There was significant support from respondents for the number of NHS funded IVF cycles to be standardised across Greater Manchester.

Despite this, most respondents strongly oppose the change to a 1+ cycle offer, citing clinical evidence, personal experiences, and concerns about “real equity” and the impact any change could have on individuals’ mental health.

Almost all supported maintaining the current higher offers in those localities which offer 2 or 3 cycles, with many also wanting to see an increase in the number of funded cycles, in line with NICE guidelines.

Many respondents expressed strong opposition to reducing to a single cycle, citing that one cycle was insufficient for most women to achieve a successful pregnancy. Many referenced anecdotal clinical data that success rates per cycle typically range between 20 - 35%, and shared personal experiences of initial IVF attempts being unsuccessful.

Respondents frequently described the first IVF cycle as a “trial run” or “exploratory,” with further cycles offering the opportunity for “bespoke treatment” and much improved outcomes.

Some individuals reported that success was only achieved on the second or third attempt, reinforcing the need for multiple cycles.

There was widespread frustration and concern about implementing a GM-wide offer of 1+ cycles, especially reducing the current offers in those localities which currently provide more (Tameside - 3, Salford - 2, Stockport - 2, and Wigan - 2).

There was a strong feeling that the offer should be “levelled up” to meet NICE guidelines and not “levelled down” to the number of cycles offered by the majority of other Integrated Care Boards, across the country.

While the majority supported funding three cycles, a significant number proposed at least two cycles as a fair compromise.

Many viewed the proposal as a cost-cutting measure disguised as fairness, which could widen existing health inequalities, particularly for those unable to afford privately funded IVF treatment. This approach was viewed to increase financial hardship and emotional strain for individuals unable to self-fund additional attempts.

Respondents highlighted the emotional distress and mental health challenges associated with limiting IVF to a single cycle, with pressure of having only one chance being viewed as potentially impacting positive treatment outcomes.

A small minority supported limiting or removing NHS-funded IVF altogether, citing financial constraints and reallocating this funding to other front line health services or being used to bring down waiting lists for treatment.

To conclude, respondents strongly opposed the implementation of a policy which reduces the number of NHS funded cycles offered to those eligible to receive IVF treatment across Greater Manchester.

Applying the policy

People felt that the policy should be applied fairly and consistently, however there were different reasons for what people thought was a fair application.

The majority of people felt that any negative change should only apply to people who had not yet been approved for IVF and that applying it to people mid-journey would be emotionally and financially damaging and break a “promise”.

If the change was positive, people were more likely to think that the policy should be implemented at the same time for everyone so that more people got the opportunity to have more chance for success.

Impact on health inequalities

Throughout the consultation, concerns were raised about a particular impact on some communities that were expected to be more affected by the proposals.

The most commonly reflected challenge was the cost of additional cycles for people on a low income. This was seen to be heightened by the added impact on single-sex couples and single women who already have to pay for some parts of the pathway.

Further and significant concerns were raised about the impact on people with long term health conditions or disabilities that may either reduce fertility or make it harder to get pregnant and reach full term. It was regularly raised that infertility is a medical condition.

Many people highlighted the potential impact of the policy and infertility on long term mental and emotional health.

Finally, infertility and IVF is already a sensitive issue in some faiths and cultures and there were concerns that this could exacerbate these.

Financial impact on low-income households

It was considered by many that this policy could cause considerable financial hardship on deprived communities and low-income households. If the first cycle was unsuccessful, they would either have to take on the financial burden of funding their own next cycles or give up on their IVF journey.

People with more financial stability or on higher incomes were viewed as more likely to be able to afford additional privately fund cycles, creating a two-tier system based on income and wealth, with those families who can afford it more likely to be able to have a baby.

Alternative proposals

A number of alternative proposals were submitted through the consultation for consideration. Some of these were detailed and specific, while others were more general in nature.

Almost all of those who responded emphasised that if the aim is to achieve standardisation, the offer of cycles should be levelled up rather than reduced.

The following alternative proposals shared were:

- 2 and 2+ cycles
- 3 cycles and NICE Guidance
- Unlimited cycles
- Individual circumstances
- Means tested/part-funded
- Stay the same
- 0 cycles/do not fund via NHS.

A few other suggestions in relation to other alternatives were as follows:

- Phased implementation or pilot in one locality first. One respondent suggested phasing in the change in one area before rolling out across GM
- Applying policy by age group. One idea which was raised in a group discussion was to apply the policy only to patients under 35, as older patients may need more cycles
- Use of grants for disabled people. A suggestion was made to provide grants to support disabled people with infertility
- As an alternative to IVF, use new and existing fertility drugs.

Key considerations from the consultation

Some of the key points which have been raised which decision makers need to consider, include:

- Carefully consider the strength of opinion of respondents agreeing that there was a need to standardise the number of IVF cycles, to make the offer fair.
- Consider that there are many different views relating to what actually makes an offer 'equitable'.

- Carefully consider all the feedback on the current proposal to standardise to 1+ cycles, particularly the concerns raised and the potential impact on health inequalities.
- Consideration needs to be given to those people already on their IVF journey and the impact on their mental health and wellbeing, when implementing any policy change to the number of cycles available.
- When reviewing the proposals, consider relating to any potential knock-on effect with demand for other health services increasing, which may have future cost implications e.g. GP and mental health service appointments.
- When reviewing the policy, ensure that infertility is a medical condition and the impact of infertility as a life-changing issue is recognised.
- Recognise and be aware of the value of IVF to those people who need it.
- Carefully review all the alternative proposals put forward against the evidence to see whether they would be appropriate for implementation and preferred against the option consulted on.
- Consider how to incorporate the feedback into the Equality Impact Assessment and include any mitigations that need to be implemented.
- Consider the feedback from the consultation and any other engagement in any future review of the eligibility criteria.

The Consultation Report (appendix A) contains the full findings and is being shared widely with the public and key stakeholders.

3. NHS & Private Sector IVF Trends

At the July 2024 meeting the Greater Manchester Joint Health Scrutiny Committee requested information on private and NHS funded IVF cycles.

The Human Fertilisation & Embryology Agency, the UK's IVF regulator, publishes IVF related data and trends on its website [Research and data | HFEA](#). The most recent figures relate to 2022 and 2023 although the latter years data are marked as preliminary.

The data shows a general pattern of increasing activity (activity fell during the pandemic but has since recovered).

IVF Cycles by Funding

Year	2015	2016	2017	2018	2019	2020	2021	2022
NHS Funded	26,698	27,929	27,782	25,494	24,270	15,875	20,352	20,736
Private Fund	38,757	40,252	41,911	43,391	45,421	39,918	55,274	56,379
Total	65,455	68,181	69,693	68,885	69,691	55,793	75,626	77,115

However, the proportion of IVF cycles which are NHS funded has fallen.

Proportion of IVF cycles funded by the NHS, 2019 and 2023

Nation/Region	2019	2023
Overall UK	35%	27%
England	32%	24%
North West	52%	31%

The HFEA state the decrease in NHS-funded IVF treatments across the UK may relate to increased waiting times for further investigations prior to accessing NHS-funded treatments; or changes in NHS funding criteria. Integrated Care Board's policies have numerous criteria for example definition of childlessness, age, body mass index, smoking status, etc. in addition to the number of cycles funded.

4. Next Steps

Through the consultation over 2,000 people gave personal testimony and spoke very passionately about their own experience and views around fertility care generally and IVF. Whilst there was a strong appetite for a standardised NHS IVF offer across Greater Manchester, the majority of people did not support standardising to an offer of 1+ cycles and there were many different views as to what would make the GM policy "fair" or "equitable". Many inequality issues were raised including impact on low-income households, same-sex couples, long term conditions, gender issues, religious and cultural sensitivities, mental health, etc.

The consultation highlighted many inequalities relating to fertility treatment and IVF, which would not be directly impacted by a standardisation of the number of cycles – the project's Equality Impact Assessment and Quality Impact Assessment are being updated. Most of the alternative options suggested through the consultation had already been considered by the project but there were a couple (e.g. unlimited number of cycles, means testing / partial

NHS funding) of new options to be considered, and feedback from the consultation have been considered as part of a review of the activity and finance modelling methodology.

The next steps following consideration of this matter at Joint Health Scrutiny Committee is a decision at NHS Greater Manchester's Board in January 2025.

The plan is for Board to receive the following information:

- General project update,
- Full copy of the Consultation Report,
- Updated Equality Impact Assessment and Quality Impact Assessment,
- Updated short list of options (with a recommended option and proposal for implementation)
- A recommendation that the IVF cycles project group continues to meet for a time limited period to oversee implementation and to consider significant issues, that have emerged during the project but will not be directly addressed by the standardisation of the number of cycles.

5. Recommendations

The Joint Health Scrutiny Committee is requested to:

- Review the level of Consultation undertaken by NHS Greater Manchester, and
- Note the plans to proceed through NHS Greater Manchester's governance with recommended option for change