NHS
Greater Manchester

Standardising IVF Cycles

Consultation Report

September 2025

Standardising IVF Cycles Consultation Report

Version control

Date	Version	Updates from	Reason for change
15.09.2025	V1	R Whitehead, A Mitton, M Atack, T Clarke	1st draft
19.09.2025	V2	H Golby, R Whitehead	Minor amendment, as suggested by Commissioner and members of the IVF Lived Experience Advisory Group
26.09.2025	V3	R Whitehead	Minor amendment, as suggested by GM IVF Project Group suggested amendments.
30.09.2025	V4	H Golby	Minor amendments removing “draft” from title and watermark. V4 to be used for internal NHS GM governance (i.e. Chief Officers, Exec Comm, COG)
10.11.2025	V5	R Whitehead	Clarified language relating to the IVF journey length of same sex and single persons to reflect this view is a patient’s perspective and not a factual statement.

Contents

Executive summary

During June and July 2025, a 6-week public consultation was held to seek the views on a proposal to standardise the number of NHS-funded IVF Cycles offered to eligible people, as part of Greater Manchester Assisted Conception Policy.

This consultation report sets out the feedback from the over 2,000 people who engaged with NHS Greater Manchester (NHS GM) in a variety of different ways, including: a survey, focus groups, community workshops and at pop-up events across Greater Manchester. Some also participated by sharing their views via 1:1 telephone calls, submitting texts, letters and emails.

Through the consultation we clearly heard that there was a strong appetite to provide a consistent and equitable offer across Greater Manchester. People told us that this would make it fair for all those eligible to receive treatment and was the “right thing to do”.

Despite this, many people did not support NHS GM’s preferred option which formed the basis of the consultation, to replace the existing various offers to a universal 1 cycle plus an additional attempt should this be cancelled or abandoned (1+) option, voicing very strong opposition.

It was viewed by many as a cost-cutting exercise, an opportunity to “level down” and a “backward step”. For some there was a strong belief that infertility should be treated in the same way as other medical conditions, and reducing funding for this service indicated that it was not.

People feel that the proposal will increase health inequalities, particularly affecting same-sex couples, people with disabilities, and other marginalised groups including low-income households.

Many were concerned that the policy change could push individuals and families into poverty due to the financial burden of accessing fertility treatment privately, creating a two-tier system, where only those who can afford to pay for additional cycles are able to have a family.

People are concerned that these changes could lead to significant mental and emotional health challenges for many hoping to have a family.

There were a number of alternative options suggested, with almost all advocating towards a more favourable offer, for all.

When considering the roll out of any proposed change, opinions varied depending on whether the change was an increase or decrease of cycles. If cycles are being decreased, many believed the fairest course of action was to apply it only to those who have not yet been approved for IVF as those already on their journey were expecting to get more cycles. If the cycles are being increased, it is fairest to apply to everyone wherever they are in their journey.

The report contains much more detail about the consultation, how it was promoted, who engaged with us and how, and what we were told.

It will be considered – alongside other information, to review the proposals and inform the final decision on how the policy will be changed.

Thank you to everyone who contributed throughout the consultation.

Section 1: Introduction and overview

Introduction

NHS Greater Manchester held a public consultation to seek feedback from residents, communities, stakeholders and staff about the number of In vitro fertilisation (IVF) cycles eligible people should be offered across Greater Manchester.

In vitro fertilisation (IVF) is one of several ways available to help people with fertility problems. People with fertility problems may find it harder to get pregnant. People who need IVF can get one or more tries on the NHS, if they meet the criteria. Each try is known as a cycle.

At the moment, depending on where a person lives in Greater Manchester, they will get offered a different number of cycles – from 1 cycle to 3 cycles. We believe that this isn't fair and needs to change.

So, we are reviewing the policy to make sure that wherever someone lives in Greater Manchester, they get offered the same number of NHS funded cycles. As part of this review, we held a 6-week consultation asking if people agreed with a proposal of 1 cycle, plus an additional attempt should this be cancelled or abandoned (referred to as 1+) offered to eligible women aged 39 and under.

Through the consultation we heard from over 2,000 people who shared their views about our proposals. This consultation report sets out the feedback from those people so commissioners and decision-makers can consider it alongside all available evidence when they make a decision.

Our thanks go to all our colleagues and partners who have supported us to involve people. Our greater thanks go to all those who took the time to engage with us and share their experiences, thoughts and ideas – we are very grateful. Particular gratitude goes to the members of our Lived Experience Advisory Group (LEAG), including representatives from Fertility Network and LGBT Foundation, who have worked with us for over 12 months, advising, challenging and supporting throughout the development of the plans and the consultation. We'd like to extend a special thanks to The Fertility Alliance who not only had representation on our LEAG but were also members of the GM IVF Cycles Project Group, over the past 18 months.

This report will be published on our website and shared widely. If you would like it in a different format or language, would like a printed copy, or have any questions, please contact us.

Email: gmhscp.engagement@nhs.net

Call, text or WhatsApp: 07786 673762

What people told us – the key themes

- People strongly supported standardising the number of cycles across Greater Manchester, with some wanting it standardised nationally.
- Most people strongly disagree with the proposal to standardise at 1+ cycle across Greater Manchester.
- People feel the proposal will increase health inequalities with some communities, particularly for low-income households, same-sex couples, people with disabilities, amongst others.
- There was a strong feeling that infertility is a medical condition and should be viewed and treated as such, which it's believed not to be currently.
- There was concern that the policy change could push people into poverty.
- People were concerned that this would create a two-tier system with only those able to pay for more cycles able to have a family.
- There was concern that this would cause significant mental and emotional health impacts.
- People felt that this was a cost-cutting exercise and levelling down of a service rather than creating equity.
- Most people felt that any reduction in cycles should only be applied to people who are yet to be assessed and approved for IVF with all people currently in the system having their initial number of cycles offered honoured.

Section 2: Consultation delivery

How we engaged

In total, we engaged with over 2,200 people through a variety of methods, both online, face-to-face, in the community, over email and telephone.

Online survey (support offered over the phone)

1,074 people completed the survey, either online themselves or with help through our phone number. We have also had printed surveys and promoted the survey and involvement at all events across Greater Manchester. The details of who responded is in the next section.

Focus groups

We held 5 focus groups - 2 online and 3 face to face. The face-to-face focus groups were held in Tameside, Salford and Stockport; one was booked for Wigan, but was cancelled due to lack of interest. The focus groups were open to anyone interested in the consultation to share their thoughts and feelings with us – they were predominantly attended by people with lived experience.

We also visited 8 community groups to hold targeted focus groups with their members, and 1 group – Fertility Action – held a focus group themselves and shared the feedback with us.

In total, 123 people engaged with us through focus groups.

Locality engagement

We took our survey and information out into each locality on our information and engagement stalls throughout the period of engagement. Through this we interacted with approximately 829 people over 28 events across Greater Manchester.

Other engagement opportunities

On top of the activities above, we attended a number of meetings with colleagues and organisations across Greater Manchester to promote the consultation.

We also received:

- 18 emails
- 1 phone call
- 3 texts/WhatsApp messages
- 1 letter (not including posted surveys)

Promotion

We promoted the consultation as widely as we could.

This included paid for advertising in local newspapers across Greater Manchester, social media (more details below), and communications across our networks with a reach of over 10,000 people without social media.

We also put up posters across Greater Manchester promoting both local engagement opportunities and the consultation more generally.

Social media

Throughout the engagement period we published 29 posts across our Facebook, Instagram, X, and LinkedIn accounts, not including the paid for promotion.

The posts were seen a total of 22,700 times, with an engagement rate of 2.8%, which is above industry average.

In terms of engagement, our posts were shared or reposted 230 times, liked 179 times and there were 25 comments on our social media posts, all of which have been fed into the consultation responses to be included in this report.191 people clicked the link to find out more and take part in the engagement.

Three posts were boosted across Facebook with paid for advertising. These boosted posts reached 120,000 people and 2,704 people clicked on them.

We promoted the consultation activity in local community Facebook groups, which increased our local, targeted reach. This approach led to people taking the time coming down to speak to us at engagement stalls across Greater Manchester.

Partners from across Greater Manchester, including hospital trusts, Healthwatch, community groups, local councils and fertility charities also shared on their social media platforms to promote the activity to increase our reach, and we thank them all for this.

Website

During the consultation, we had 4,600 visitors to the IVF consultation page, making a total of 7,893 visits.

The news items on the website were visited 413 times, and pop-up reminders which appear when entering the page were visible during both the first week and the last week of the consultation and were seen 30,651 times.

The translation tool on the website was used to translate the consultation information 272 times into Polish (32%), Arabic (13%), Urdu (13%), Portuguese (12%), Chinese (10%), Punjabi (8%), Bengali (6%) and Romanian (6%). We also had the postcards and posters translated into Urdu and produced in easy read.

Media

We paid for advertising in local papers, including:

- Bury – Bury Times
- Bolton – The Bolton News (5 consecutive days)
- Manchester – Manchester Evening News (M.E.N) best circulation day (Friday)
- Oldham – The Oldham Times, Oldham Reporter
- Rochdale – Rochdale Observer, Heywood and Middleton Guardian
- Salford – Salford Post
- Stockport – Stockport Express
- Tameside – Tameside Reporter
- Trafford – Sale and Altrincham Messenger
- Wigan – Wigan and Leigh Journal, Wigan Observer

The collective estimated readership for these papers is 358,282 people.

As well as paid for advertising, we released 2 press releases, 1 at the beginning to announce the launch, and a follow up part way through the consultation.

This led to 22 articles or media pieces:

- 18 June – Manchester World, MSN, Wigan Today, news item on Granada Reports.
- 19 June – About Manchester, BBC online, BBC Radio Manchester (news bulletin)
- 21 June – Mancunian Matters
- 22 June – Manchester Evening News
- 23 June – Progress Educational Trust (PET), Bio News (PET's specialist publication)
- 25 June – BBC Radio Manchester (drivetime interview with Katherine Sheerin)
- 26 June – Press Reader (note: Press Reader is a digital newsstand platform providing access to newspapers and magazines from around the world)
- 15 July – Not Really Here Media Tameside (local independent website)
- 27 July – Bolton News
- 29 July – Manchester Evening News
- 4 August – Health Service Journal (included mention of NHS Greater Manchester in context of wider ICB IVF proposals)

Who we engaged with

We wanted to make sure that we engaged with people from across Greater Manchester, with a particular focus on Salford, Stockport, Tameside and Wigan where people would be most impacted by the proposals. Table 1 sets out how many people we reached in each locality, and how that compares to the Greater Manchester population.

We also targeted some specific demographic communities based on the information from the equality impact analysis. This is set out in Table 2.

We also liaised with our internal colleagues, including patient services department, who shared correspondence with patients who either had enquiries and complaints relating to IVF services, with the relevant also being included within the findings of this report.

The number of people accessing IVF treatment across Greater Manchester each year is approximately 900, so it was anticipated that we may not hear a large number of personal testimonies, outside of those participating in focus groups. The majority of participant discussions were believed to arise from those linked to organisations and individuals from cohorts we were specifically targeting. It was therefore no surprise that we heard many testimonies from those who passionately spoke about their experiences and shared their views about the IVF proposals.

What we had not anticipated was the sheer number of people we randomly met and spoke to across Greater Manchester whilst engaging at public events, in such settings as libraries, who had either received fertility treatment themselves or had a family member or friend who used IVF services. It was also a humbling experience to meet so many IVF children and adults along the way, hear their stories and the gratitude they had for the NHS and the chance of welcoming a “miracle” into their family.

Table 1. Reach by locality

Locality	Survey response**	Face-to-face reach	Total	% GM population	% of total response
Bolton	82	31	113	10.3%	5.4%
Bury	62	27	89	6.8%	4.3%
Manchester	140	36	176	19.2%	8.5%
Oldham	68	51	119	8.4%	5.7%
Rochdale	44	169	213	7.8%	10.3%
Salford*	122	117	239	9.4%	11.5%
Stockport*	192	136	328	10.3%	15.8%
Tameside*	94	150	244	8.1%	11.7%
Trafford	90	31	121	8.2%	5.8%
Wigan*	127	228	355	11.5%	17.1%
GM/ Other	38	42	80	-	3.8%
Totals	**1,060****	**1,018**	**2,078****	**100%**	**100%**

*Localities that were targeted

**15 people did not answer this question; the totals include these 15 people.

Table 2. Targeted engagement activities by demographic

Target group	Groups we engaged with:
Women under 40	• GM Maternity and Neonatal Voices Partnership Leads • Flourish Together (Trafford & Stockport) • Feel Good Family Picnic (Rochdale) • Westwood Women's Community (Oldham)
Adults with a disability	• Disabled People's community health equity sounding board (Manchester)
Long term condition or prescribed medication that impacts fertility	• Fertility Action Network (GM) • The Wait UK (GM)
People with learning disability	• Manchester People First • Listening to People (Salford)
Black African / Caribbean communities	• BHA for Health • De-butterfly (Stockport) • SAWN (Oldham) • Flourish Together (Stockport) • The Wait UK (GM)
South Asian communities	• Kashmir Youth Project (Rochdale) • Westwood Women's Community (Oldham)
Same sex couples	• Pride in Leigh (Wigan)
Deprived communities	Stalls in: • Bolton Skills Fair (Bolton) • Wythenshawe Forum (Manchester) • Pendleton Gateway (Salford) • Broughton Hub (Salford) • Eccles Gateway (Salford) • Brinnington Library (Stockport) • Mersey Way Shopping Centre (Stockport) • Ashton Library (Tameside) • Armed Forces Day (Tameside) • Hattersley Library (Tameside) • Atherton Library (Wigan) • Grand Arcade (Wigan)

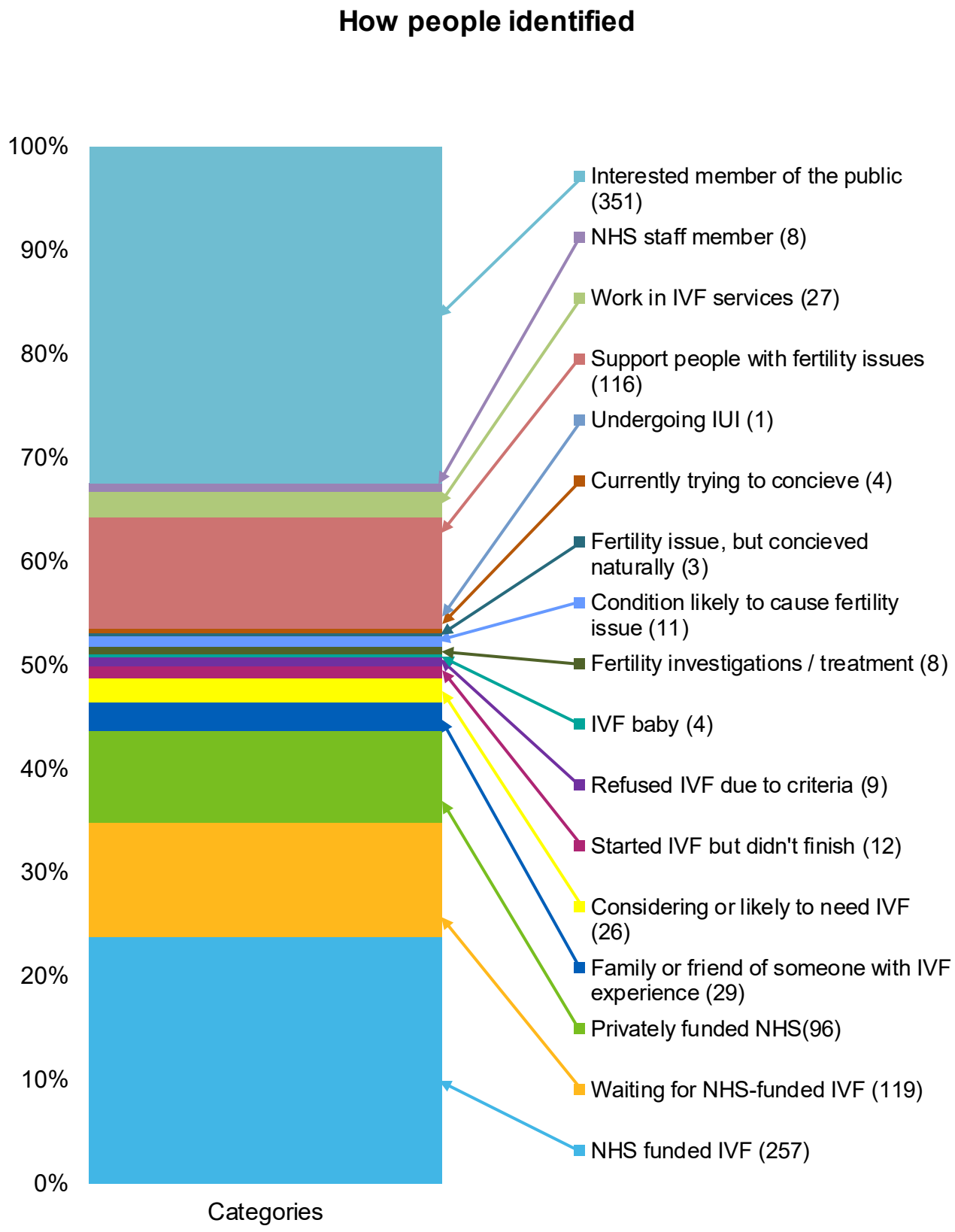
Who answered our survey

Whilst we were unable to collect demographic details in pop-up stalls or community groups, everyone who took part in the survey was asked to complete demographic questions, but this was optional. Nearly 1,000 people chose to answer at least 1 of the questions. An overview of this demographic data is included below, with full details in Appendix 1.

As can be seen in the charts below the survey was mostly completed by people who have experience of IVF or infertility in different ways.

Please note that some people identified as more than one category, for example, both as having IVF on the NHS and privately.

Chart 1. The numbers of the different people who completed the online survey



Partnership work

To enable us to reach as many people as possible to have their say, we reached out to lots of organisations and contacts. We provided information in numerous ways including a facilitator pack to deliver own sessions to engage, one to one conversations, presentations and generic emails.

Whilst we don't know what happened with all these organisations, we know that many of these contacts reached out wider to audiences they related to. Examples of the organisations can be seen on the next page, with a full list in Appendix 2.

Prior to launching the consultation, the engagement team identified and reached out to a range of stakeholders, including many groups and organisations, in an attempt to set-up a series of focus groups. We were particularly interested to hear from those from protected characteristic groups, who we had identified in the equality impact assessment as likely to be disproportionately impacted by a change in policy. We managed to arrange almost 30 sessions, but unfortunately not all ended up taking place due to some organisations struggling to bring group members, likely to be due to the sensitive nature of the discussions.

We reached out to some organisations who work with people with learning disabilities as we were aware that this group already experience some health inequalities. We wanted to obtain individuals views on IVF but were informed that this would prove difficult as many in this cohort do not have a basic level of sexual health knowledge, which may prevent participation. We therefore contacted parent and carer support organisation to involve family members in the discussions.

On these occasions, we offered to hold 1:1 telephone conversations or signposted members to the online survey so they could still share their views.

Throughout the consultation period, we also continued to identify and contact new groups and organisations who we believed would be interest in participating.

- Local Councils in all 10 localities
- Local infrastructure organisations
- Manchester Community Explorers
- Pennine Mencap
- Wigan Life Centre
- Local Participation and Equality Groups
- St Marys Reproductive Medicine
- SAWN Oldham
- Proud to be Parents
- Local NHS provider trusts
- GP practices across GM
- Endometriosis UK
- LGBT Foundation
- Breakthrough-UK Manchester
- Stockport Family Partnership Board
- GM Maternity and Neonatal Voices Partnerships
- Maggie's Manchester
- GM Indian Association
- Local Healthwatches
- GM VCFSE Leadership Group
- Gambian Women's Organisation
- Manchester People First
- Salford Disability Forum
- Greater Manchester Cancer Alliance
- Lived Experience Advisory Group Alliance
- Holy Trinity Church
- Salford Visionaries Group

Section 3: Writing the report

This report has been written by NHS GM's engagement team with the support of artificial intelligence (AI) analysis tools. This has included NHS GM's Go Vocal system which uses AI to support coding and theming of the thousands of responses and to identify trends. It is important to note that whilst AI has been helpful it has not been solely relied on but has been used to support the manual analysis.

Section 4: Political, clinical and organisational responses

We had several responses from MPs, councillors and clinicians involved in the delivery of the services as part of the formal consultation. In addition to The Fertility Alliance's continued involvement throughout the entirety of this change programme, we also received an organisational response from another charity that supports people with their fertility journey, who too campaign for improved access to care and equitable policies.

Summaries of these are included below, with the full submissions in Appendix 5.

Fertility Action

Fertility Action Charity strongly opposes the preferred option and sees it as an "unjustified levelling down". They advocate for maintaining a minimum of 2 cycles across Greater Manchester with a plan to expand to the NICE-recommended 3 cycles.

They believe the policy is harmful because:

- It undermines the principles behind the NHS of providing care on clinical need, not by postcode or personal wealth.
- It will worsen mental health outcomes with 1 cycle being clinically and psychologically out of step with those who need the service.
- It will deepen health inequalities and create a 2-tier system for those who can afford private treatment.
- It disregards NICE guidance and clinical evidence.
- It undermines trust in the NHS.

They also recommend further engagement with people who have lived experience of people who face infertility and ensuring that the policies enhance equality and support people from diverse communities.

Navendu Mishra, MP for Stockport

Navendu Mishra, MP, raised concerns about the proposed changes. They highlight that the current services do not meet NICE guidelines and suggests that the objective should be to level up, not down.

This concern was due to:

- The first cycle being a trial run due to success rates being low to start with.
- This perpetuating health inequalities and disproportionately affect those on a low income.

- It will intensify the mental health implications that can be associated with fertility related health problems, negatively impacting the wider family and support networks too.

They urge “decision makers to fully consider all responses to the consultation, thoroughly assess all available options, and thoughtfully evaluate impacts on patients’ physical and mental health.”

Rebecca Long-Bailey, MP for Salford

Rebecca Long-Bailey, MP, also expressed their concern at the proposal to reduce NHS funded IVF and asked NHS GM to reconsider the decision, instead exploring how the provision can be maintained or improved.

They highlight the *“profound and distressing impact on individuals and couples in Salford and across Greater Manchester who are already facing the emotional, physical, and financial strain of infertility*” and raise that *“The current proposal disregards both clinical guidance and human dignity.”*

Further concerns include:

- Failure to meet NICE guidelines.
- Undermining health equity, placing additional pressure on people who are experiencing emotional and physical hardship.
- Ethical concerns in limiting medical treatment for a recognised condition based on local finances, which would not happen for hip replacement or cancer care.
- The human right enshrined in article 16 of the Universal Declaration of Human Rights to start a family.

Councillor John Merry and Councillor Mishal Saeed, Salford City Council

Councillor Merry, Lead member for adult social care and health, and Councillor Saeed, Executive support member for social care and mental health, from Salford City Council expressed their strong opposition to the proposals to reduce the IVF cycles in Salford. They are concerned about the impact this would have on their residents and feel the decision would be unjust and harmful.

They ask that the following is considered:

- National guidance and best practice of 3 full IVF cycles for women under 40.
- The profound emotional and psychological impact of infertility, which is a recognised medical condition.
- The moral and economic imperative to support people to access fertility treatment when national birth rates are declining.

- The alignment with the Greater Manchester Integrated Care Partnership Strategy vision for improving access to care and tackling health inequalities.

They urge NHS GM to maintain the current offer, consider aligning it with the NICE guidelines by expanding the offer, and engage meaningfully with local communities, clinicians, residents and stakeholders before making a final decision.

Healthwatch Stockport

Healthwatch Stockport submitted their response to the consultation on behalf of the local members and community representatives who they engaged with on the topic of IVF.

They raise the following points:

1. They strongly support the proposal to standardise IVF provision across Greater Manchester as a consistent, GM-wide policy which would help reduce health inequalities and be fair and equitable.
2. They support a recommendation that 3 cycles should be offered in line with NICE guidelines as the fairest and most clinically appropriate approach.
3. A standard offer must also include *"transparent, inclusive and evidence-based eligibility criteria"* that does not discriminate against single individuals or single-sex couples, avoids additional financial or lifestyle-based criteria, and has clear and accessible information on eligibility, timelines and the referral process.
4. There is a need for emotional support alongside IVF treatment as part of the wider fertility pathway.

Manchester University NHS Foundation Trust

Ursula Martin, Chief Executive Officer Specialist Hospitals Clinical Group submitted a response on behalf of Mark Cubbon, Chief Executive Officer Manchester Foundation Trust, highlighting some key considerations regarding the proposed "1+" cycle model.

Whilst recognising the need to reducing the disparity in current access, if this proposed model is implemented then, understandably this will significantly impact patients who are currently eligible for two or three cycles and may lead to:

Access and Patient Equity

- Perceived inequity, particularly among those from lower socio-economic backgrounds who are unable to proceed for private/fee paying treatment if unsuccessful from their funded cycles.
- Potential impact on Mental health and relationship strains, as highlighted in ICB-led engagement, which may have an impact on wider services.

- A likelihood of increased patient dissatisfaction and complaints directly into the service, which would require additional resources to manage and address these concerns. The service already receives a high volume of complaints related to the funding cycles provided which would be likely to increase with greater restrictions.

Financial Impact and Service Sustainability

Proceeding with this option would have a direct impact on the number of cycles which are currently provided at MFT, with a projected reduction per annum. It is unknown what the conversion would be from funded cycles to a fee-paying model, noting that there are alternative providers for such a service.

Acknowledging the approach that is currently being undertaken, we respectfully request that the following is undertaken:

- To continue with the collaborative engagement with ourselves and other providers to co-design a model that balances equity, affordability, and service viability.
- Ensure that tariff arrangements are sustainable under a cost-and-volume model in order for any proposed model is viable for the future.

Section 5: Proposal of standardising to 1+ cycles

Summary

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.

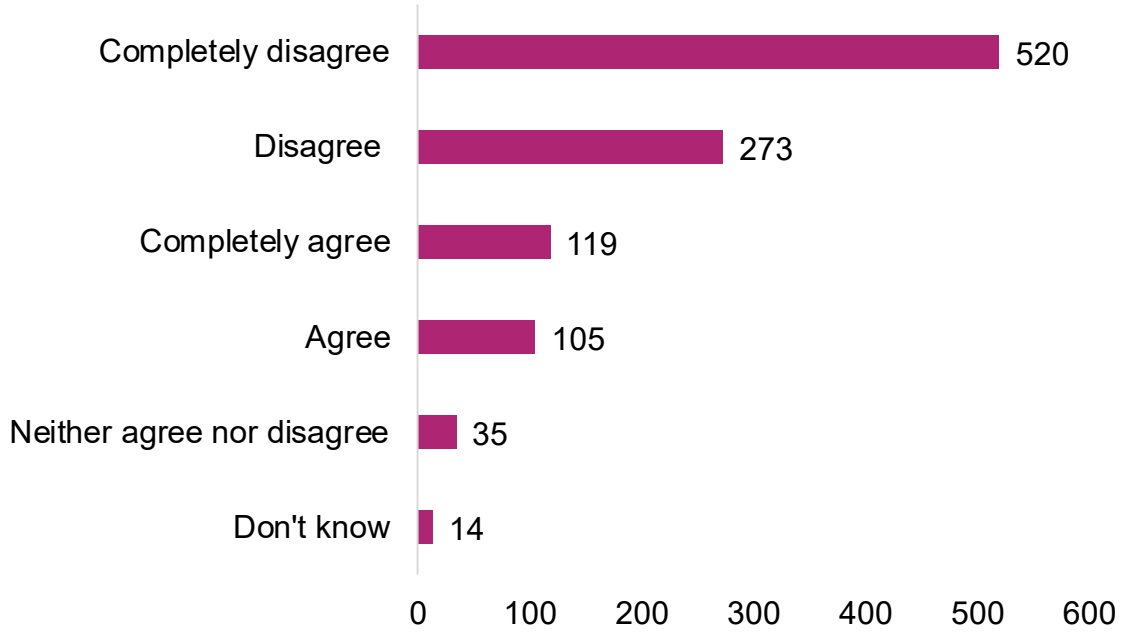
To conclude, respondents strongly opposed the implementation of a policy which reduces the number of NHS funded cycles offered to those eligible to receive IVF treatment across Greater Manchester.

Feedback

What people told us

Within the survey, we asked participants to say whether they agreed with the proposal to standardise the NHS funded number of cycles across all localities of Greater Manchester to 1+ cycles. Most either completely disagreed or disagreed with the proposal. Some agreed with setting the universal offer with only a very few not deciding either way. The chart below has more details.

Chart 2: To what extent do you agree or disagree with our preferred option of a 1+ cycle offer.



This section will highlight the reasons provided from both those who participated in the survey as well as those who attended focus groups.

It will demonstrate the strength of feeling, theming conversations as well as using direct quotes received during the consultation process.

There was a level of scepticism from some people, who believed that the decision had already been made prior to consultation and that this was merely a “tick box exercise”, which was challenged at face-to- face events.

Cycle offer variations

Many respondents who completed the survey and participated in focus groups criticised the current "different offer" based upon where someone was registered with a GP and strongly argued that standardisation was required and overdue.

Everyone should be treated the same regardless of where they live. Standardisation should be put in place to implement equal opportunities and diversity for all".

"I strongly agree that no matter where you live, you should be entitled to the same amount of treatment cycles".

"The NHS system is founded on the idea that care should be based on need, NOT location or ability to pay".

Many respondents said that this offer was insufficient to ensure a reasonable chance of pregnancy, with many stating that the proposed reduction was a "backward step".

There was also some significant frustration that reducing provision was a "race to the bottom" and that standardisation should represent a raising of access to the highest level, not cutting it to the lowest, therefore in reality for many this change did not truly represent equity and fairness.

"If inequality between boroughs is the reason for the change, then surely other boroughs should be brought in with the highest amount of care, rather than bringing all boroughs down to only 1 round".

There were a few comments especially from Oldham residents who were surprised NHS GM were proceeding with such a low IVF cycle of, in the "birthplace of IVF".

Alternative offer

As previous stated, the 1+ proposal was not widely supported by many, and a range of alternative options were suggested to be considered. There was most support for a universal two cycle offer, closely followed by three or more, with a minority of people suggested no NHS funded cycles should be offered at all. There were also a few wanting the offer to be increased to more than three cycles. The rationale provided by respondents can be found throughout this section.

"Funding two IVF cycles through the NHS provides a more equitable and clinically effective pathway for individuals facing infertility. Statistically, the success rate of IVF increases significantly across multiple attempts, offering a realistic chance of conception than a single cycle may not deliver".

Equity & fairness

The word 'equity' was mentioned a significant number of times, but respondents' interpretation of the meaning differed somewhat.
Whilst most acknowledged the importance of standardisation, some argued that implementing only one cycle wasn't fair nor did it make things equitable for all.

"Creating equity by everywhere receiving worse access should not be an aim!"

Equity was raised as a major concern by many, with a significant number of respondents believeing that moving to a single cycle provision didn't actually represent this, as the true meaning should be interpreted as remedying existing inequalities, with this proposed shift actually making the offer worse for many.

"Restricting 1 cycle for all is likely to result in a discrepancy between different economic groups creating a divide between those who can afford private treatment and those and those who are denied a further chance because they cannot afford it".

Many viewed fairness as making a situation better or more beneficial, whereas this move would in fact do the opposite and detrimentally impact more people than the existing different locality offers currently do.

Therefore, many believed that equity and fairness could only be truly achieved by increasing the provision in areas with fewer cycles.

"This approach is not equitable, compassionate or clinically responsible. Infertility is a recognised medical condition, not a lifestyle choice".

NICE guidelines

There was some support from both respondents and participants for NHS GM to implement NICE guidelines, which would mean applying a universal offer of three cycles for all eligible women under 40 across Greater Manchester. This was mentioned by some as being the appropriate benchmark for care which would be a much fairer and more compassionate approach. There was also some anger, with many citing funding as the real reason why the GM proposal wasn't pitched higher.

"Your 'preferred option' does not reflect evidence-based healthcare. NICE guidance does not say that you should fund whatever number from 3 cycles that you feel you can afford".

"You quote NICE guidance when it suits you – but ignore it when it doesn't".

A small number of respondents voiced concerns about NHS GM ignoring clinical effectiveness and alignment with national guidelines.

There were also a couple of people who supported the implementation of a national IVF cycles offer, with NICE guidance being mentioned as the preferred offer, should this happen.

First time success rates

As previously stated, some participants from both groups highlighted that IVF rarely works the first time, with success rates commonly cited between 25–35%.

The view that the first round of IVF was more of "trial and error" procedure, "trial run" or "test" was a common one amongst some of the respondents.

"From personal experience, the first cycle is a complete gamble".

As many viewed the success rate of a single round of IVF being relatively low, it was also perceived that this was an opportunity for clinicians to assess how a patient

responds to medication and treatment. It was therefore the common belief by those who thought this that any subsequent cycles would significantly lead to better outcomes, as adjustments could be made based on the initial response.

"It is not unusual for a patient's first cycle to be a 'trial run'. Sometimes it takes the first cycle to understand what's going on".

Many respondents shared personal stories or accounts from friends and family who only achieved a successful pregnancy after two or more IVF cycles. Several highlighted that success on the first attempt is uncommon, reinforcing the argument for funding multiple cycles to improve overall effectiveness, with a few suggesting that there might be little point providing just one as it would not be "cost effective" and a waste of NHS resources.

"Doctors told us that the first round was a trial to understand how the body reacted to the drugs, this was followed with fine tuning in rounds 2 and 3 to be successful".

This raised the issue of the importance placed on individualised treatment as this process could also be successful in identifying any previously unknown underlying medical conditions. This issue was thought to be a more flexible and compassionate approach which recognises the clinical realities of fertility treatment and the emotional needs of patients.

"I think it should be tailored to each individual couple how many rounds are provided based on individual circumstances rather than one size fits for all. Base the number of rounds on the likelihood of success rate factoring in a couple's individual health problems and circumstances".

"Only one cycle available to women increases the pressure, stress and anxiety incredibly, in what is already an extremely stressful and worrying process".

There were many personal stories and experiences shared by respondents which reinforced the view that multiple attempts are typically required for many to achieve a successful pregnancy.

This did raise the issue by a few people who had used both NHS and private clinics believing there was a clear difference in the care received from different providers, with much better care and more empathy being displayed within an NHS setting. Private clinics were perceived to be more modern and technologically advanced in their approaches.

IVF funding

Many participants believed that a reduction in IVF funding reductions was being justified due to it being a divisive treatment and therefore not worthy of finding additional resources to increase the offer and "level up". It was believed by a few that this approach of "levelling down" across GM could create a regional variation and increase inequalities further.

"This feels like levelling down and making IVF an easy target for cuts".

Some acknowledged the pressure on local and national NHS finances, with some having little sympathy for funding infertility services, which a few viewed as being "a luxury the NHS could no longer afford". This group felt resources allocated to IVF could be used more effectively across the healthcare system, to reduce waiting lists or spent on lifesaving treatments.

"It is such an expense - and other treatment I think has to be prioritised - one session is at least an opportunity".

"I think 1 cycle is enough as we have to consider the cost and how the budget is affected for other serious conditions".

"The health service is under significant financial pressure and all services need to be reviewed in order to continue prioritise the most important work done".

Impact on mental health

For some, the stress and anxiety whilst having IVF was described as "immense" and should the chance of having a child be restricted to just one attempt, this could significantly increase the "psychological pressure" to potentially being "too much to bear", to the extent where this could have a detrimental impact on the IVF outcome.

"Knowing we could have had a second round really took the pressure and worry off going through the first for us, which meant we could focus on staying healthy and happy during such an emotive, uncertain time".

"The pressure that is put on us as couples by reducing the number of funded rounds is ridiculous, and pressure causes stress, stress reduces your chances".

"Reducing NHS-funded IVF to just one cycle per patient would be deeply damaging to women's mental and emotional wellbeing."

A few who took part in focus groups spoke of the stress leading to suicidal feelings.

Some clinical staff working in fertility clinics believed that consideration should be given to provide support to those couple impacted by any negative change to those expecting to receive more cycles, when starting their IVF journey.

It was also viewed by a few people that should the number of IVF cycles be standardised to the suggested 1+, the cost of providing mental health support to those individuals and couples could exceed the cost of an IVF cycle.

Affordability of privately funded cycles

Many respondents spoke about the high cost of privately funded IVF treatment available in the UK, as well as abroad, with figures ranging between £7-12k being stated as the cost per IVF cycle. This was identified as a barrier to having a family, as the price was unaffordable and out of reach for many couples.

Of those who spoke about the financial burden, for those who still proceeded with IVF in their desperation to have a child, this could result in getting into debt, either from borrowing money from parents or in the form of bank loans.

“The financial debt is overwhelming, and it's hard to see a way out”.

“The debt is crushing for many families”.

This step was said to have had long-term implications some including, living in inadequate housing without the finances to move and having to make “impossible financial choices” which added stress, impacted couples and wider family relationships and their health and wellbeing. Having to take these measures to have a family were viewed as being unfair and preventable if more NHS-funded cycles were available.

"It is heartbreaking not to be able to have my own child without support and do not have loads of money to be able to go private".

For many who couldn’t raise the funds to pay for private treatment or chose not to go into debt and proceed with privately funded IVF treatment, the decision was said to have left a devastating impact on their mental health.

“The psychological pressure of IVF is bad enough, but to think this is your one and only shot at having a baby, the stress is crippling not affording to go private”.

For a few who spoke at a focus group, this resulted in an “empty feeling” with some people describing later feelings of “remorse” and “regret” for not finding a way to proceed.

One suggested option was to ‘means test’ eligibility based upon family income, providing an extra cycle for those who fell below a pre-determined threshold.

Right to a family

For some, there was a strong feeling that everyone deserved the right to have the chance to start a family with the assistance of NHS-funded cycles and that for many a reduction in the current policy would negatively impact the possibility.

“Having a child should be treated as a right we should all be entitled to, not a luxury”.

"Anyone who wants it enough to put their body through the sacrifices of hormone treatments and IVF has the right to experience parenthood”.

“Having a family is important. NHS needs to give people best chance”.

Again, many of those who held this view stated that a denial could have a serious impact on their mental health and wellbeing. During one conversation, a couple from the South Asian community said that children were expected by their community, as a condition of marriage and that should this not happen then they would be “shunned” by family members, with one woman stating that regardless of circumstances she would be blamed. It was believed that if she could not have a child, it would be acceptable grounds for her husband to take another wife.

A few respondents didn't believe that the NHS should be funding IVF treatment at all and that this wasn't a commitment within the NHS constitution, as treatment and funding for procedures should be preserved for saving lives and improving health.

There were alternative suggestions for those who couldn't have children, which included fostering and adoption.

There were a couple of people feeling even more strongly, believing it was ethically the wrong thing to do, from a creationist standpoint.

"Nobody has a right to reproduce if their body just doesn't function in that way.

Impact on population decline

There were some participants who voiced their views on the potential impact of offering a universal cycle offer of 1+, citing that this could further compound the declining UK birthrate which was already being affected by people choosing to have children later in life. This was said by a few to have implications for some GM community populations and also could financially affect the wider UK economy, with less people making future tax contributions.

"This limitation would further reduce the population when it is already declining. It would put further strain on the NHS due to a loss of tax revenue from a lower birth rate and lacks sufficient big picture thinking".

"Fertility rate is decreasing in the UK, a rate now that cannot maintain a stable population. It is now more than ever to direct resources to prevention and proactive care".

There were some other issues raised by a small number of respondents including that:

- IVF should be means tested for those with greatest need and with the most complex health conditions.
- The assessment and treatment of those with infertility treatment was inconsistence, depending on who and where you received care.
- The use of Metformin medication, used in the control of diabetes was prescribed in other countries for the successful treatment of polycystic ovaries and that this should also be prescribed in the UK.
- By not providing a fair and "fit for purpose" NHS funded IVF service went against the NHS constitution, NHS principles and values, specifically relating to equality and an individual's ability to pay.
- Although one person also felt providing NHS principles were being contravened, but this was because they felt that IVF treatment didn't provide best value for the taxpayer.
- A reduction of NHS-funded treatment could increase the number of people seeking cheaper unregulated treatment abroad.

Health Inequalities

Some of the comments raised related to the existing health inequalities already faced by individuals from protected characteristic groups, including some people with long-term fertility conditions, such as endometriosis, polycystic ovaries and disabilities such as cystic fibrosis. For those who raised this point, they viewed that a "blanket offer" did nothing to reduce existing health inequities, and that decreasing the number of cycles would widen this issue even further.

"As someone with cystic fibrosis and a partner with a uterine abnormality we are unable to conceive naturally. NHS should be funded for us as we have no other option to have children... This is simply discrimination".

"Fertility treatment and women's healthcare should be improving not going backwards".

"The failure rate is too high for one cycle to be enough, particularly when people have underlying gynae issues".

It was felt by a few that women often get blamed for having fertility issues prematurely, with the common belief that the issue couldn't relate to a man. This was further reinforced during a conversation with a couple of women from the South Asian community who spoke of shame being cast of the female in a relationship, regardless of the medical history.

It was also widely felt by this cohort of people, that infertility should be treated in the exact same way as for those people with a medical condition and other treatments and should not solely come down to cost, just because it only impacts a small number of the GM population.

"Framing cost cutting as fairness is deeply dishonest and a betrayal of the women who live in the region".

This was the same view from those few people who highlighted that many same sex couples and single women too already experienced "discrimination" as it was often perceived that their journey to access IVF was much longer, due to having to firstly go through self-funded rounds of Intrauterine Insemination (IUI), commonly known as 'artificial insemination'. This form of fertility treatment is required prior to acceptance for IVF and the required number of treatments can be extremely costly and out of reach for many.

"Currently fertility treatment is not available to women in same-sex relationships. If you wish to address equity you need to first address this. Why should a heterosexual couple be offered this with no private treatment, but we had to spend thousands before being considered".

Those who voiced this opinion strongly felt that two cycles was a much fairer offer, to not only increase the chance of pregnancy but also to mitigate the previous financial outlay and subsequent cost of privately funding additional IVF cycles.

There were a couple of comments which viewed the proposed policy change as targeting women and “sexist” with one describing it as being “medical misogyny” designed to discriminate against women.

“I think it's a sexist policy only adding to women's rights being restricted”.

“This is a misogynistic and completely unfair policy”.

There were strong views and much empathy from many respondents for those couples from low-income families would be specifically discriminated against, especially from those localities where the current offer is higher than the proposal.

“Tameside has a lower average income than other areas, therefore prospective parents are less likely to be able to afford further rounds of IVF themselves”.

This cohort of respondents felt that a negative cycles policy change could effectively end some people’s chances of having a family or further push them into poverty, should they make the decision to go into debt, in an attempt to have a child. This could mean that those with the financial means to pay for additional IVF cycles had a much-increased chance of having children meaning that the working classes were disadvantaged and a “two tier system”.

“Restricting to 1 cycle for all is likely to result in a disparity between different economic groups creating a divide between those who can afford private treatment and those who are denied a further chance because they cannot afford it”.

More information relating to health inequalities can be found in Section 7.

Section 6: Applying the policy

Summary

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.

Feedback

The majority of people felt that any reduction to the number of cycles offered under the policy should not be applied to people or couples who had already started their IVF in any way.

“People who are already in the process should be allowed to finish what they started”.

“You cannot in good conscience take away from someone who is already on their journey”.

“It’s quite cruel to apply it to people when they are already on the IVF journey. It’s like pulling the rug from under people”.

In contrast, a significant minority of people felt that the policy should apply to everybody at the same time regardless of where they were in the journey.

“More important things to spend NHS money on”.

“Rules are rules. It should apply to everyone”.

“The waiting list and current backlog across the NHS has not helped some patients who require further investigations prior to IVF…hence the policy should apply to all irrespective of stage in referral, diagnosis or treatment”.

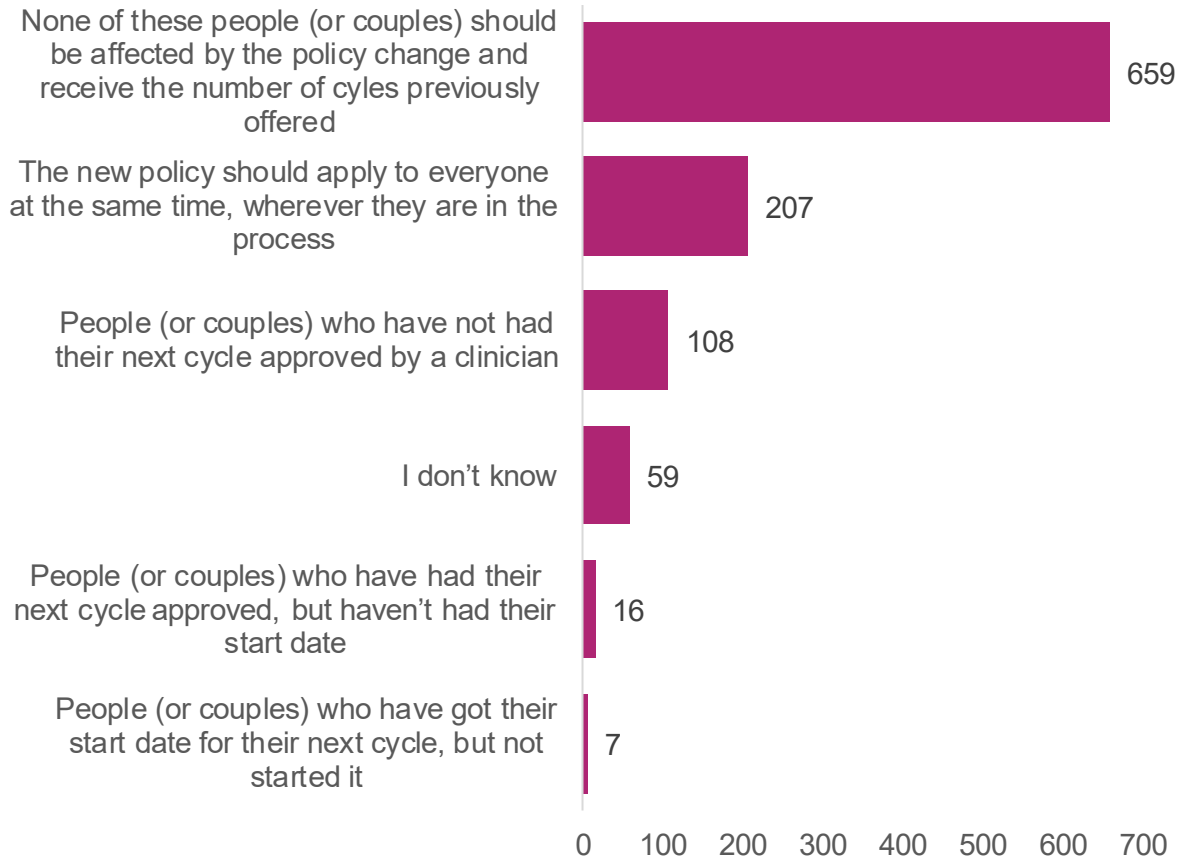
A few people felt that the policy should apply to people at a particular part of their journey.

This was consistent across both the survey and face-to-face engagement activities.

There were wider suggestions made that any change should only be implemented a few years after the policy change was approved to allow people time to come to terms with it.

Most of the feedback was about fairness and equity and not changing goalposts which would create emotional distress.

Chart 3: Who the policy should be applied to



Reasons for the choices

The reasons people gave for feeling the policy should be applied at a certain point in the process, centred around fairness and the impact on people of changing how many cycles they could have once they were in the process. There were differing and sometimes contradictory reasons for why one application of the policy would be fairer than others.

There were also some nuances depending on if policy change means more or less cycles. If the cycles are going up, people think that the policy change should apply to everybody wherever they are in the process, but if the cycles are going down, it should only apply to people who haven't yet begun the IVF process and been approved for funding.

"Just because a person started treatment earlier should not mean they benefit from more cycles".

"It would be soul destroying for people already in the process to get more attempts. Everyone should be given the chance".

"I've been through months and months of waiting on the NHS waiting list, seen counsellors, seen numerous doctors, nurses, injected myself with hormones, had an invasive procedure, had 2 weeks off work on sick. Would you not include me in this new policy? Just because I'm a few months late from the change happening."

More details on the reasons people gave for their choice of when the policy should be applied are set out below under each choice.

None of these people should be affected

- This is the only fair and ethical way to implement any change.
- People already in the system should be protected.

Most of the comments were about the impact of not applying changes in this way.

- It would be unfair and unethical to "move the goalposts" after people have been approved as eligible for IVF and would create emotional distress and potential long-term psychological harm.
- Approval for IVF under a particular policy was considered a promise that changing the offer would break and undermine trust in the NHS.
- All other options are "cruel" or "insensitive".
- Not applying the policy in this way could disproportionately impact low-income households most.

Policy should apply to everyone

- A uniform approach was considered the most fair and equitable approach.
- If the number of cycles goes up for some areas, then this would mean everyone would get access to the increase.
- Concerns that any approach that staggers the policy implementation could lead to resentment among different groups of people, particularly if there were delays due to service challenges and waiting times.

Next cycle not yet approved

- People who have not had their cycle approved are not as far along in the process and so may have to accept any changes.

Cycle approved, but no start date

- It is fair to prioritise those who have already been approved as they are further down the process.
- This provides a clear and transparent cut-off.
- Delay to approval may have been outside their control and so they could be penalised by having a

cycle removed for reasons outside of their control.

Not started the next cycle but have a date

- Most people who chose this were concerned about the prioritisation of NHS resources and felt that whilst emotive, it was not life-saving treatment and that this was the quickest way to make financial savings.

Don’t know

- There are individual circumstances that need considering and a nuanced approach is required.
- Don’t have enough information or knowledge to give an informed answer.

Overall, the key themes from the feedback are that the change needs to be applied fairly and negatively impact as few people as possible. There will be an emotional, mental health and financial impact on changing the policy part way through the journey that needs to be considered.

If the number of cycles is decreased, delays due to waiting times, services, and factors outside the control of the couple may mean that they are unfairly disadvantaged. This and other individual circumstances should be taken into account.

This needs to be weighed against the small number of comments that IVF is not a life-saving service and in the current financial climate is not essential.

Section 7: Health inequalities

Summary

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.

Feedback

It was commonly raised throughout the engagement that implementation of these proposals could widen health inequalities for a number of reasons. These are set out below.

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 are more likely to be able to afford to privately fund additional 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.

"Many people can't afford the costs to go private. It's totally unachievable amount of money".

"Only the select few can afford privately funded IVF treatment".

"The IVF process is heartbreaking and devastating without having to consider the financial burden as well, and why is the choice of if I can have a child down to Greater Manchester council?"

"We're just a working-class couple and this would place us in loads of debt".

Same-sex couples

This is a particular concern to single women and same-sex couples with people saying that the proposals is discriminatory to them as they already have to pay and go through a longer process to prove that they are infertile.

"I'm in a same sex relationship and may need to use IVF. I'm in my 30s and my fertility may already reducing. I have no other option if I have difficulties but need to pay for God knows how many rounds of IUI first. This means it already costs same sex couples much more even before they start IVF. This is discriminatory."

"I think there would be a greater impact on LGBTQ communities because straight couples have more chance to conceive naturally."

Long term conditions

Women in particular were likely to share their concerns that infertility and long-term conditions that make it harder for women to get pregnant or carry a baby to term are likely to be more impacted by these proposals.

This is because they are more likely to need additional cycles in order to have a successful outcome.

"I've got endometriosis and even though my AMH levels seemed to be okay for a 35 year old woman, I know that statistics and from the information doctors have shared with me that the process of getting pregnant can take more than 2 cycles. Without the support from the NHS, many women won´t be able to pay for their IVF."

"I have stage 4 endometriosis, PCOS (Polycystic Ovaries Syndrome) and I am 30 years old. All of which make it desperately harder to conceive. One cycle of IVF may not work, and I do not have thousands of pounds lying around to go private."

"My husband has cystic fibrosis and it's therefore impossible for us to conceive naturally".

Some women express that they feel the proposals treat infertility as a "women's issue" and ignore the fact that infertility is a medical condition and should be treated like other medical conditions, with IVF seen as a "luxury".

"What next - you can only have one cycle of cancer treatment? One round of immunosuppression if you have rheumatoid arthritis? Infertility doesn't go away for people, just like these diseases don't go away."

"I have PCOS and one fallopian tube. Which is not my fault".

Gender

Some women express that they feel the proposals treat infertility as a "women's issue" and that this adds to a broader inequality in health care for women.

"As a woman I have spent my life facing medical gaslighting and having my health needs neglected because of my gender."

"Women are constantly unfairly impacted by medication they take on a daily basis because said medication is not tested enough on women to observe the consequences it has on us. Therefore, I believe taking away IVF rounds would negatively impact many women in Greater Manchester who struggle with the unfairness of the medical and pharmaceutical systems."

"[I have] infertility due to Endometriosis, Adenomyosis and PCOS (which are already under researched and underfunded leading me and other people in my position being at an already higher disadvantaged and suffering from health inequity)"

There is concern from a couple of people that the proposals undermine the biological role of women and their identity.

"If my body can't do what its biologically built for then what's the point?"

"If I can't be a mother what's the point of life? That's literally what women are biologically built to do".

In contrast, there were also concerns raised that infertility is seen as too much of a women's issue, even when there is male infertility present which was described as "de-masculating".

"Men are as vulnerable as women regarding IVF as infertility is such a stigma with men and may be ridiculed. I supported someone who was called a "[anonymised]". He laughed along with the toxic masculinity, but it affected him emotionally so much".

Religious and cultural sensitivities

For some communities, there are additional barriers to access for IVF that may be made worse by the proposals.

One couple shared that they have been trying for a baby for 15 years with no success, they had no family or friends support and due to cultural issues, the male could not talk to anyone within his community due to shame and embarrassment. They felt lost and abandoned and that the system and services are too rigid and not designed for them due to cultural, religious and language barriers.

Mental health

Many respondents highlighted the significant impact of infertility on the mental health of the couple, particularly the woman. The emotional burden of being unable to start a family can lead to depression, anxiety and in some cases, suicidal thoughts and self-harm. This can be heightened by a reduction in cycles.

"I was aware that I only had 1 cycle so there was more pressure. Thankfully I didn't need more than 1 but it does already start your journey off with pressure before you even start taking medication."

"I am currently undergoing my first cycle of IVF. My clinic has informed me that I am eligible for 2 cycles, and this is in my written plan. If the 2nd cycle is taken away from me, I will not be able to afford privately funded IVF. This will significantly impact my mental wellbeing."

"Having fertility issues is already a very tough mental and physical draining issue to go through, IVF gives hope and a chance. To take funding away when your already in a process is going to have a massive emotional and detrimental affect on a lot of people's mental health."

"I am a GP and it impacts on a lot of my patients…I see the impact it has mentally on couples."

"Had I not been successful eventually I truly do not know if I could have carried on living."

Section 8: 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.

These proposals will all need to be considered and assessed by decision makers.

Alternative proposal: 2/2+ Cycles

Almost all respondents felt that offering only 1 IVF cycle would not be enough and would also not be fair. The majority strongly advocated for a minimum of 2 cycles to be available to those eligible, with many emphasising that 2 cycles should be standardised across all regions to ensure equity.

There was also support for the 2+ model, where a third cycle is offered if 1 of the first 2 is cancelled or abandoned.

In summary, the most widely supported alternative proposal is that at least 2 IVF cycles should be offered as standard to those eligible.

"All couples should be entitled to 2 cycles at least"

"2 cycles, as during the first cycle, timings etc are not always right so with a second cycle there is more chance of a positive outcome if changes are made learning from mistakes from the first cycle."

"Instead of lowering our commitment to the bare minimum, we should be striving to provide the level of care that the community they serve both need and deserve. Anything less is a step and undermines the progress GM has made as a lead in the IVF sphere."

Alternative proposal 2: 3 Cycles and NICE Guidance

Some respondents suggest that 3 IVF cycles should be offered as standard to anyone eligible, with many comments just stating, "3 cycles".

Several respondents highlighted that 3 cycles would provide a fairer chance of overall success and would reduce stress related to only one chance, especially given the emotional and financial toll of infertility and IVF.

Some respondents noted that offering less than 3 cycles could lead to increased mental health issues and greater long-term costs for the NHS and reduce people seeking unregulated treatment abroad.

Many referenced NICE guidance directly and called for local policy to match national recommendations. Some highlighted the importance of equity and consistency

across regions, mentioning that financial considerations should not override evidence-based recommendations.

"NHS greater Manchester should follow the NICE guideline and offer all eligible couples the recommended 3 cycles".

"3 full IVF cycles should be standard for all eligible patients".

"You should reconsider 3 cycles in line with NICE guidance".

"Healthwatch Stockport supports the recommendation that up to three full IVF cycles should be funded for eligible individuals and couples, in line with NICE clinical guidelines (CG156). NICE recommends three cycles because evidence shows that cumulative success rates significantly improve with multiple cycles, especially for younger women or those with unexplained infertility'.'

Alternative proposal 3: Unlimited cycles

Many respondents stated that IVF is rarely successful on the first attempt and that offering only one cycle significantly reduces the chances of having a family.

A notable number of responses called for unlimited or as many cycles as medically feasible, especially where there is a clear cause of infertility or where additional cycles could statistically increase the chance of success.

A few respondents suggested a cap based on embryos rather than cycles or continuing until a live birth is achieved.

"A minimum of 3 cycles on the NHS should be offered and if achieve a pregnancy to birth no further cycles available, some people will achieve a pregnancy/birth on 1st attempt, others 2nd or 3rd…. Others maybe on 4th/5th or more".

"I am an IVF baby and would not be here if it wasn't for this process and more than one go this makes me so grateful".

"IVF isn't simple or straightforward. Multiple rounds are needed".

Alternative Proposal 4: Individual circumstances

A few people support tailoring the number of cycles to individual circumstances, such as offering more cycles to those with medical conditions affecting fertility (e.g. PCOS, endometriosis) younger women same-sex couples or those affected by cancer treatments.

Respondents most frequently emphasised the need for a personalised, case-by-case approach to IVF provision, rather than a "one size fits all" model.

As mentioned, many respondents felt strongly for the offer to be more than 1 cycle, some suggesting a nuanced approach where eligibility for further cycles depends on individual factors and outcomes.

Some suggested cycles should be increased for those with no chance of natural conception or who received only one egg in a round.

There was repeated mention of the importance of thorough diagnostic testing and health checks before starting IVF, to identify treatable conditions and improve chances of success, by following the clinical evidence. Some respondents highlighted gaps in current testing protocols and the need for tailored treatment protocols from the start.

"It depends on the age and health issue of the people involved. A cancer survivor [that affected fertility] is more a case for 2 cycles than unexplained fertility."

"Consider the people receiving the treatment and treat people as human's not numbers. Have some compassion. You are not trying to get a robot pregnant."

"We urge the Board to reconsider this proposal and uphold the NHS's duty to provide evidence-based, compassionate, and equitable care to all who need it."

Alternative Proposal 5: Means tested/part-funded

Another suggestion made by a few respondents is to introduce means testing or partial funding for IVF cycles. This was proposing that those on higher incomes could contribute towards the cost of additional cycles, while those on lower incomes would continue to receive full funding.

A few other respondents suggested a sliding scale where the first cycle is fully funded, and subsequent cycles are partially funded or discounted.

Another option by a respondent is to target funding to areas with greater deprivation or health inequalities.

Other ideas around this area made by individual respondents were:

- offering a set funding window rather than a fixed number of cycles
- subsidising private treatment or providing discounts for further cycles
- funding a certain number of embryo transfers rather than cycles and allowing patients to pay for supplementary treatments or additional testing to improve outcomes.

"Subsidise private treatment to help those with low incomes. Means test people as part of consideration to give more cycles".

"The first cycle should be free, the second charged at 25% of cost the third at 50% of cost then full cost for any further attempts".

Alternative Proposal 6: Stay the same

A few respondents expressed a preference for keeping things as they are to ensure that existing offers or provisions in certain areas are protected and not reduced.

"Whatever the offer was in areas should be protected".

Alternative Proposal 7: 0 cycles/do not fund via NHS

A few respondents strongly oppose NHS funding for IVF, with comments explicitly recommending zero cycles or no IVF provision at all.

Several suggest IVF should be privately funded or only available in very limited circumstances, such as clear medical indications or genetic diagnosis.

A few respondents expressed concern about NHS resources and prioritisation, with respondents arguing that IVF is not an essential procedure, and that funding should be directed towards more urgent health needs.

There are also comments about personal responsibility, with some feeling that individuals should pay for their own fertility treatments and that NHS support encourages dependency.

Within the few people who felt this way it was questioned whether fertility should be considered a health issue at all.

"I think 0 cycles is correct. If we cannot afford new medication for existing people, we can't afford to bring new people into the world. I don't object to privately funded IVF".

"I don't think IVF treatment should be offered on the 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.

Section 9: Wider feedback

In the process of engaging and getting feedback on the service and the proposals, we have heard lots of wider comments of importance or for consideration, but that don't naturally have a home within this report as they are out of scope of the consultation. However, it is important that they are acknowledged.

The feedback will be forward to the relevant team within the organisation for review and held on file should it be relevant to future reviews.

Eligibility criteria and support for access

- The eligibility criteria for same sex couples and single women needs to be reviewed as it is currently discriminatory, due to the extended timeframe proving attempts to conceive and additional costly steps prior to IVF treatment.
- Genetic testing should be part of the eligibility criteria, as standard.
- GPs need to be better informed about the eligibility policy as there are inconsistencies in the messages being shared with patients, e.g. length of wait, providers.
- Health advice messages for couples who are trying to conceive.
- Support for those after miscarriage, to then access IVF treatment.

Frozen embryos

- Frozen embryo storage time – review policy to extend storage or allow a financial contribution to do this and also the option to transfer embryos to other providers.

Fertility testing

- Change the process of an hour slots for men to provide a sperm sample, as this adds undue pressure.
- Provide more rigorous and earlier fertility testing and diagnostics before IVF takes place, to reduce delays and improve outcomes.

Support before and during treatment

- Additional weight loss support, to achieve BMI for IVF.
- Ongoing mental health and wellbeing support offered as standard throughout IVF, due to the difficult emotional journey.

- Additional information and advice from private IVF providers on how to maximise positive results. This was viewed as already being provided by the NHS.

Fertility advice and information

- Additional information and education to be provided to people, on how to increase their fertility.

Feedback on existing services

- A small number of people shared their experiences of using IVF both NHS and private services. Comments ranged from helpful, kind and positive staff to state of the art to poor and crumbling building. This feedback will be shared directly with the providers.

Employment

- Some people don't tell their employers about IVF as they believe some don't have IVF friendly policies and may discriminate against people who are receiving or exploring IVF. Employment law protection as part of information should be available for employers.

National policy

- A regional or national policy, so there's a fair and equitable offer across the whole of England and Wales.

Process and consultation

- It was believed that the numbers of people reportedly receiving IVF treatment during the consultation in GM is inaccurate as it doesn't include people having private treatment and at home and overseas. This information should be made clearer.
- For a few they believed that the process was a tick box exercise and that consulting on one option meant that NHS GM's mind had already been made up. Therefore, it was asked not to proceed with a one option consultation in the future.
- A few believed there was not enough data to enable them to make an informed decision during the consultation.
- There was not enough information relating to the number of cycles and a breakdown of their success rates.

Section 10: Key points to consider and next steps

Key points for decision makers to consider

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.

Next steps

This report will be shared with those people responsible for commissioning IVF services. We will also update the equality impact assessment (EIA) using the feedback and the things we have learnt.

Commissioners will give the feedback and updated EIA careful consideration. They will use the feedback along with wider evidence to consider the number of cycles

that should be offered across Greater Manchester and how to implement it any change.

The recommendation will go through our governance process with this report and the equality impact assessment, along with any other relevant evidence. The NHS Greater Manchester Board will make a final decision.

The report will be published on our website and shared with those directly involved through focus groups etc, along with regular updates on what has changed as a result of the engagement.

If you would like to be kept up-to-date, or get involved in the next steps, please contact us:

Email: gmhscp.engagement@nhs.net

Ring, text or WhatsApp: 07786 673762

Section 11: Glossary and Accessibility

Glossary

Assisted conception

Treatments which help people conceive by controlling the way that the sperm and the egg are brought together.

Body mass index

The ratio of your weight in kilograms to the square of your height in metres. Your BMI is an indicator of whether your weight is healthy. A healthy weight increases the chance of successful IVF treatment.

Cervix

The cervix is the lower portion or 'neck' of the womb which opens into the vagina.

Clinical pregnancy

A confirmed pregnancy, shown by both high levels of hCG (hormone) in the blood and ultrasound confirmation of a fetal heartbeat.

Crystorage

The preservation of blastocysts, unfertilised eggs, or sperm, at very low temperatures for use in future treatment cycles.

Cycle

The IVF treatment cycle describes the complete round of treatment, incorporating all stages of IVF.

Egg collection

The process of collecting eggs from the follicles in your ovaries during IVF treatment.

Embryo

A fertilised egg where the cells have begun to divide. After five or six days, the embryo becomes a blastocyst.

Embryo transfer

The process of transferring embryos from the culture in which they have been developing in the lab, into the womb.

Embryologist

Clinical scientist working in the field of fertility. The embryologist is responsible for checking fertility levels, collecting eggs and sperm and processes of bringing them together during fertility treatment. Embryologists are also involved in research, supporting IVF and other fertility treatments.

Endometriosis

Condition in which tissue similar to the lining of the womb (endometrium) grows in other parts of the body, most commonly on the ovaries. It can contribute to infertility.

Frozen embryo transfer

The process of transferring embryos into your womb, using embryos which have been frozen after previous IVF treatments. The embryos will have been carefully thawed for use in the current treatment.

IVF

IVF is often used as the shortened clinical name for ‘in vitro fertilisation’. A fertility treatment used to help individuals with infertility issues conceive a baby.

IUI

IUI is the shortened name for Intrauterine insemination. This is a procedure to help you get pregnant. Sperm are put directly into your womb (uterus) when you're ovulating. It's also called artificial insemination.

Miscarriage

Loss of a pregnancy in the first 23 weeks.

Multiple birth

The birth of more than one baby from a single pregnancy, usually twins or triplets.

NHS GM

The shortened name of NHS Greater Manchester, otherwise referred to as Greater Manchester Integrated Care Board.

Ovaries

Part of the female reproductive system, the two ovaries are attached to the womb by the fallopian tubes. When functioning normally, they produce and release eggs as part of the menstrual cycle. They also produce hormones which are essential for reproduction. Problems with the ovaries may be a cause of fertility problems in women.

Ovary stimulation

The use of drugs to stimulate the ovaries to develop follicles and thus produce more eggs.

Polyscystic ovaries

Polycystic ovary syndrome is a condition in which small cysts develop around the ovaries. This can affect hormone production and hence fertility, as it can result in no ovulation taking place.

Uterus

Part of the female reproductive system and another name for a woman’s womb.

Accessibility and translation

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Section 12: Appendices

Appendix 1: Survey Equality Monitoring Data

Chart 1: Age

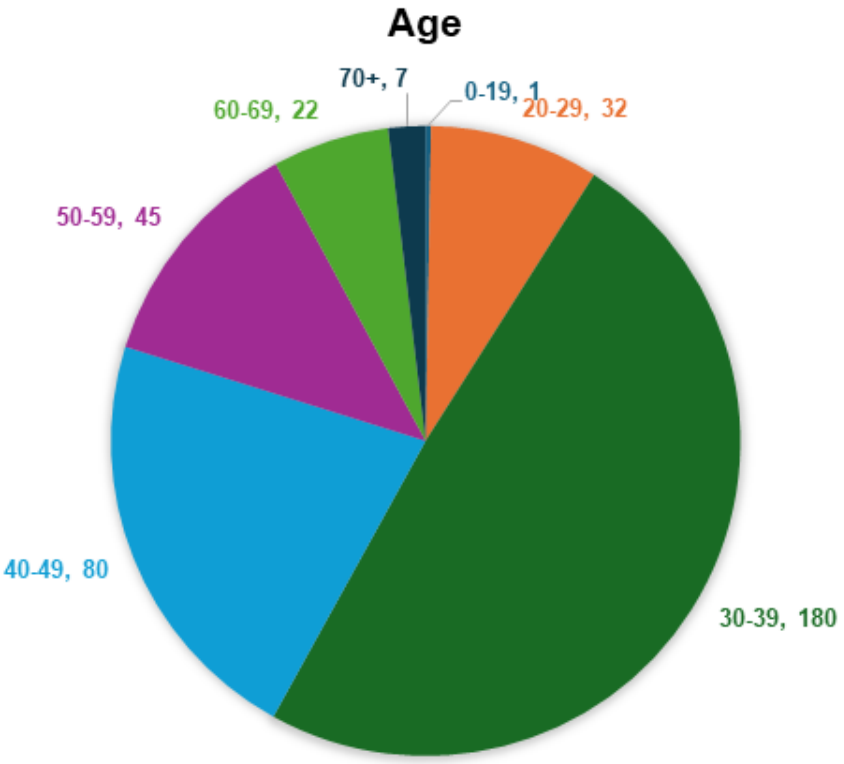


Chart 2: Ethnicity

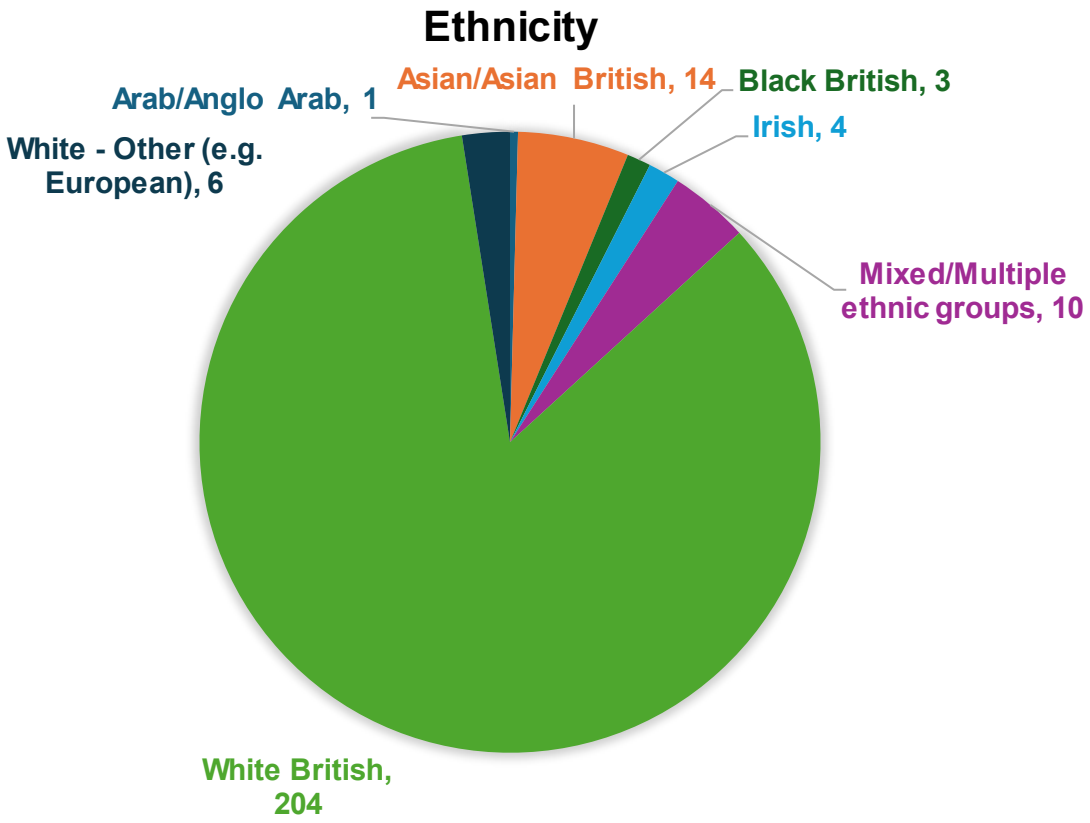


Chart 3: Gender

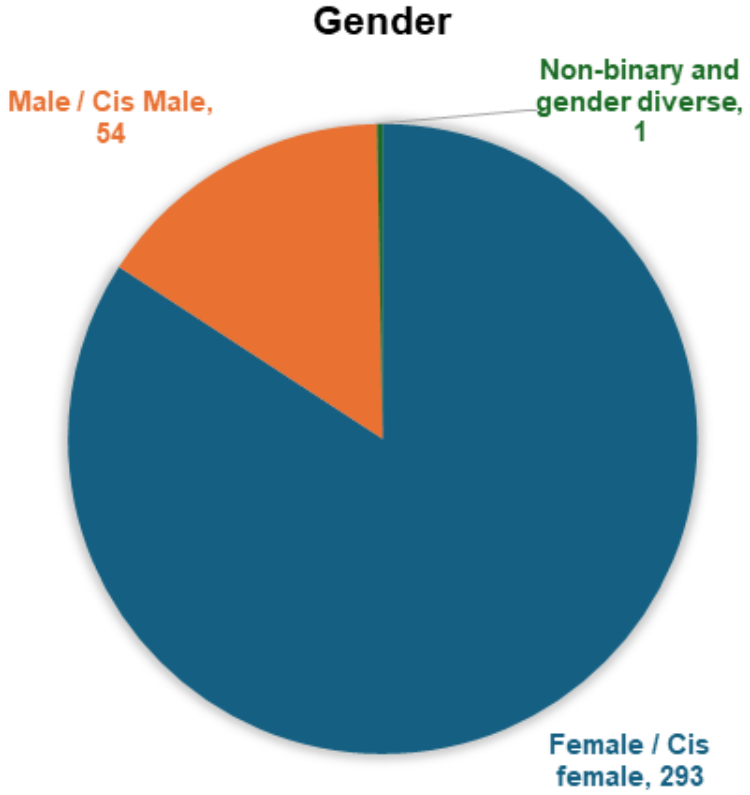


Chart 4: Transgender

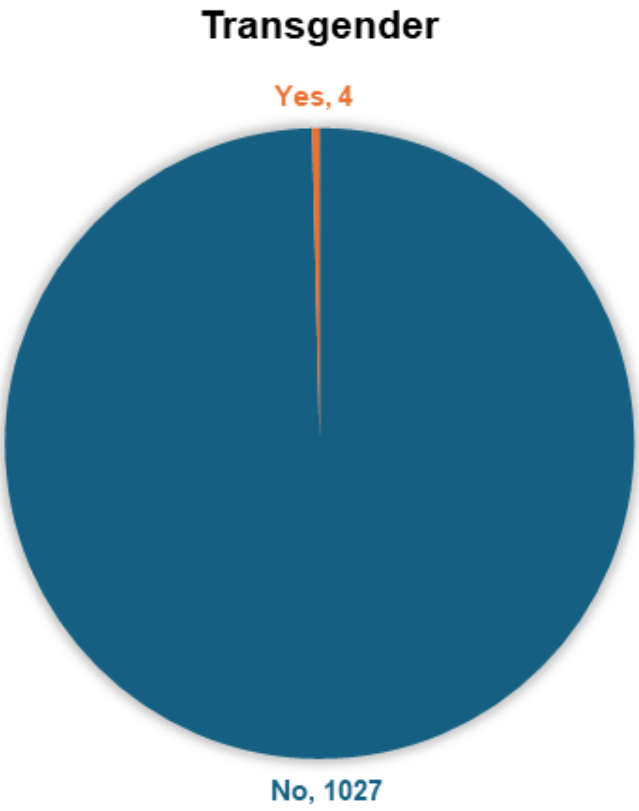


Chart 5: Relationship status

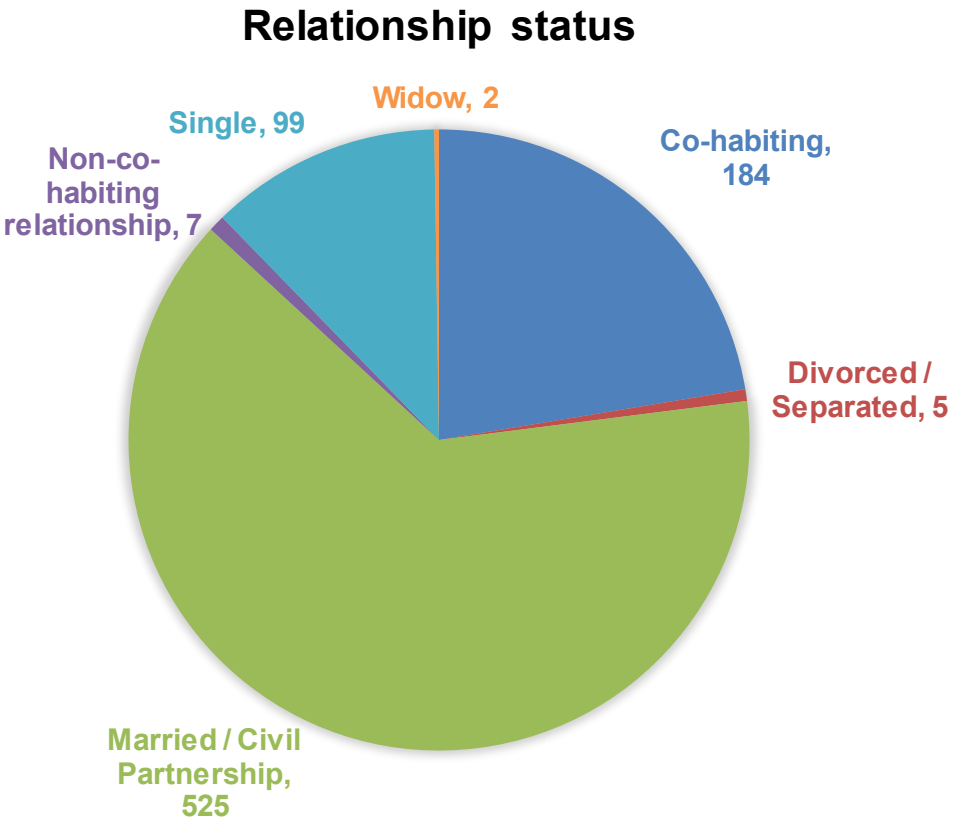


Chart 6: Faith

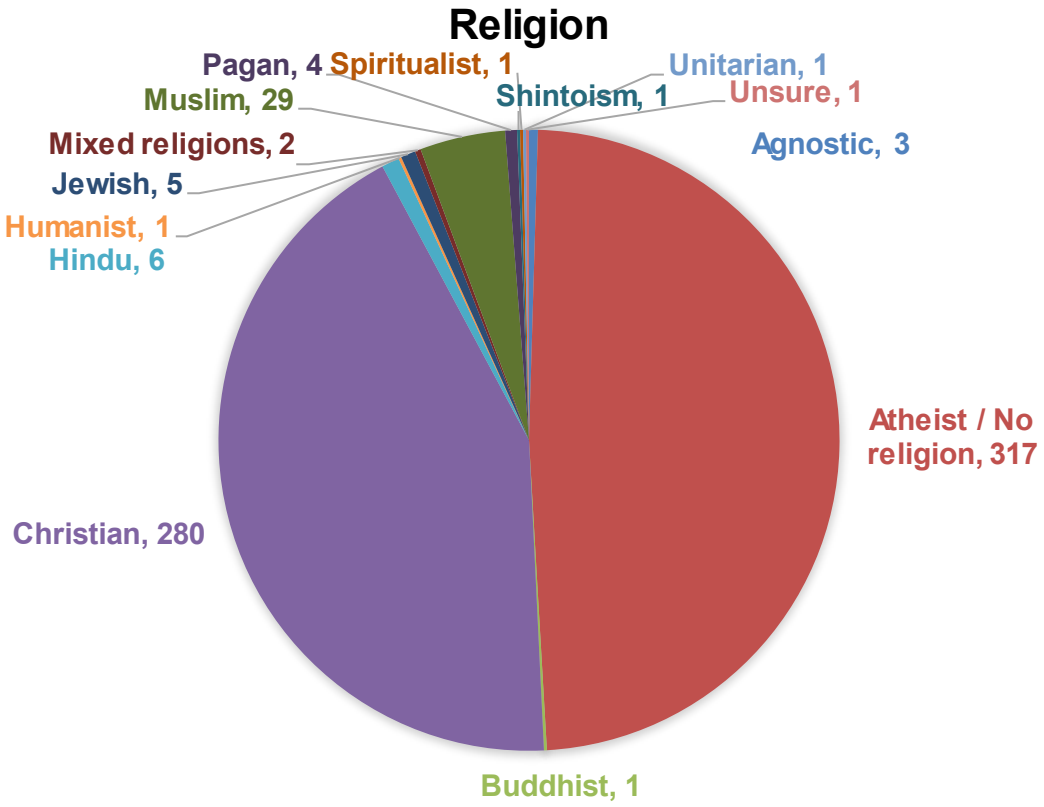


Chart 7: Sexual orientation

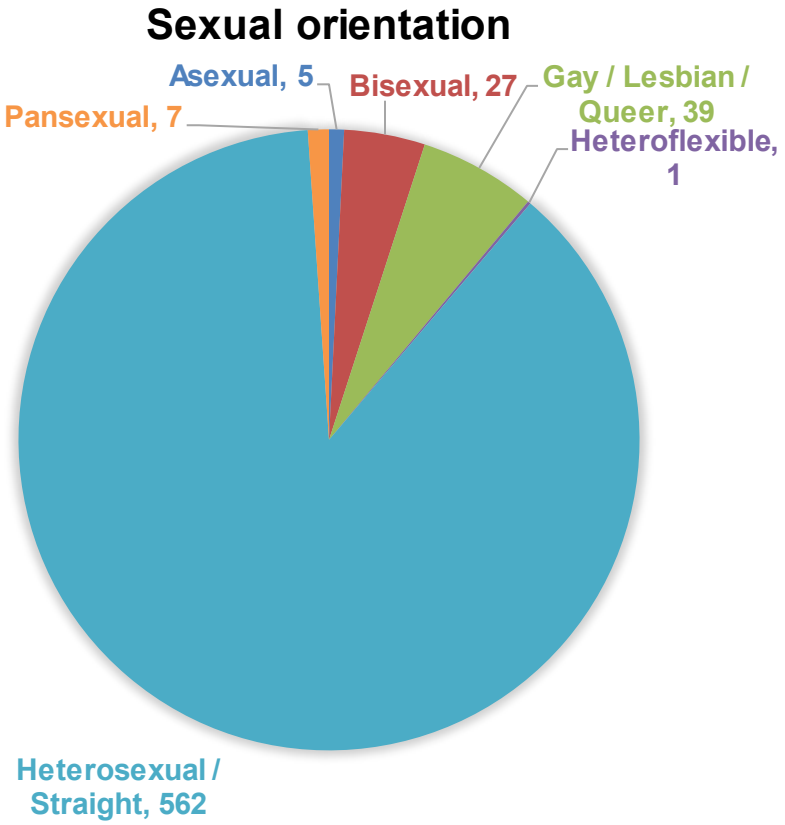


Chart 8: Employment status

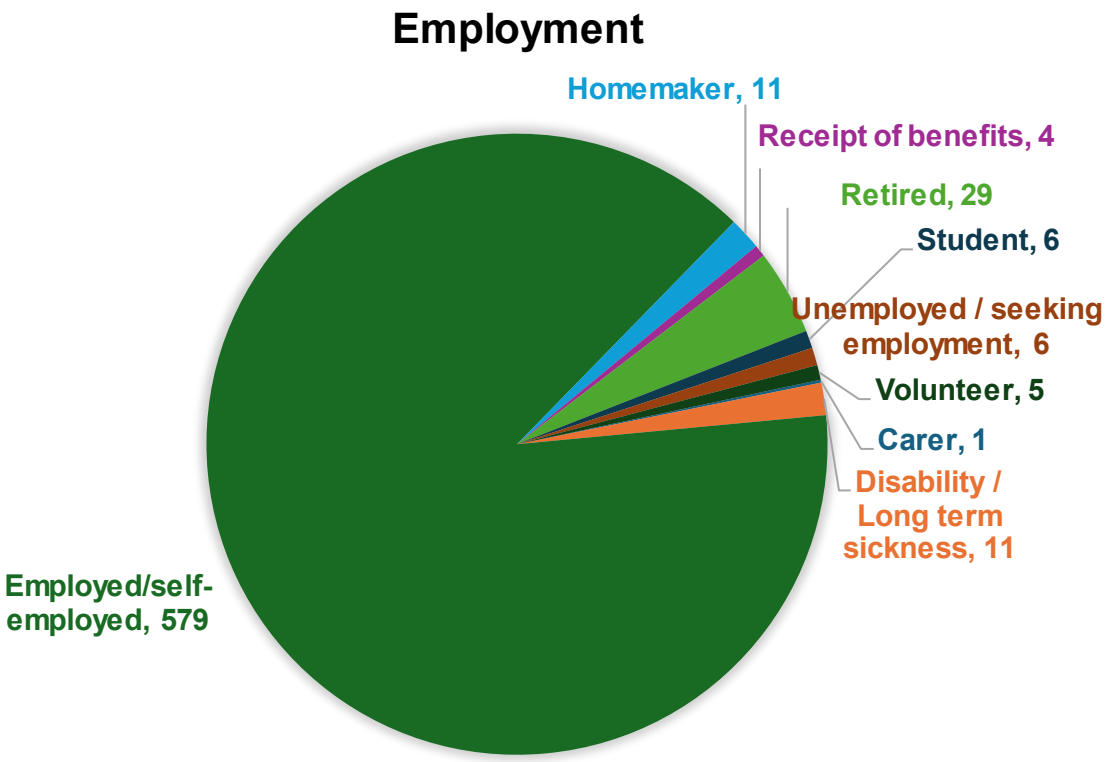


Chart 9: Disability

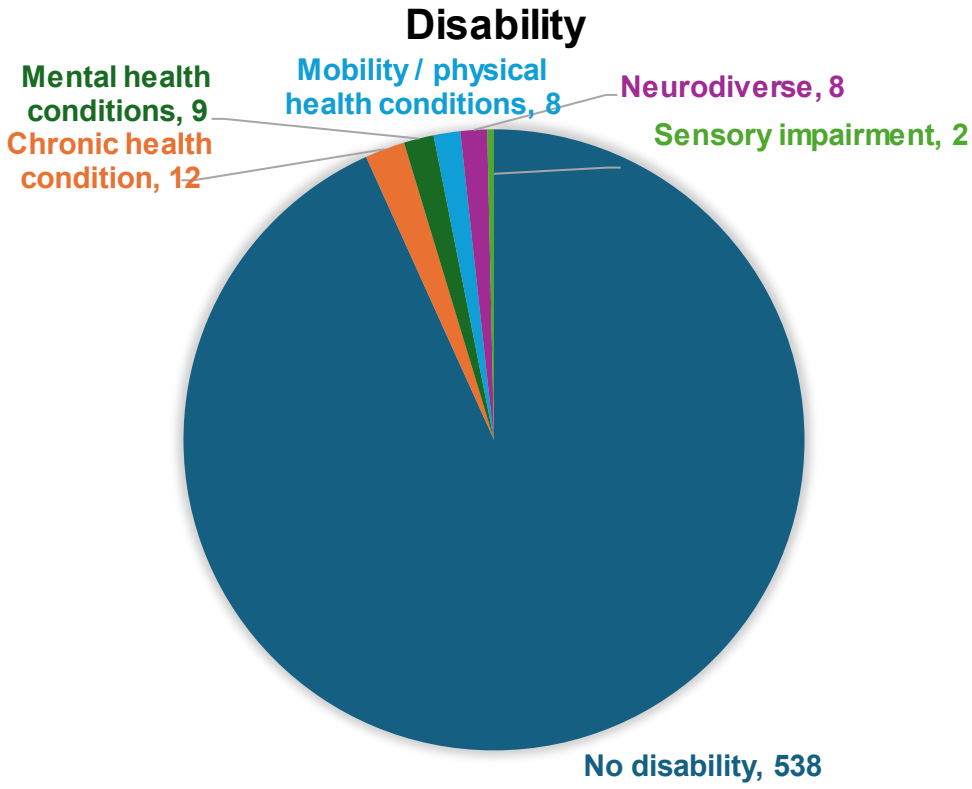


Chart 10: Armed forces (currently serving and veterans)

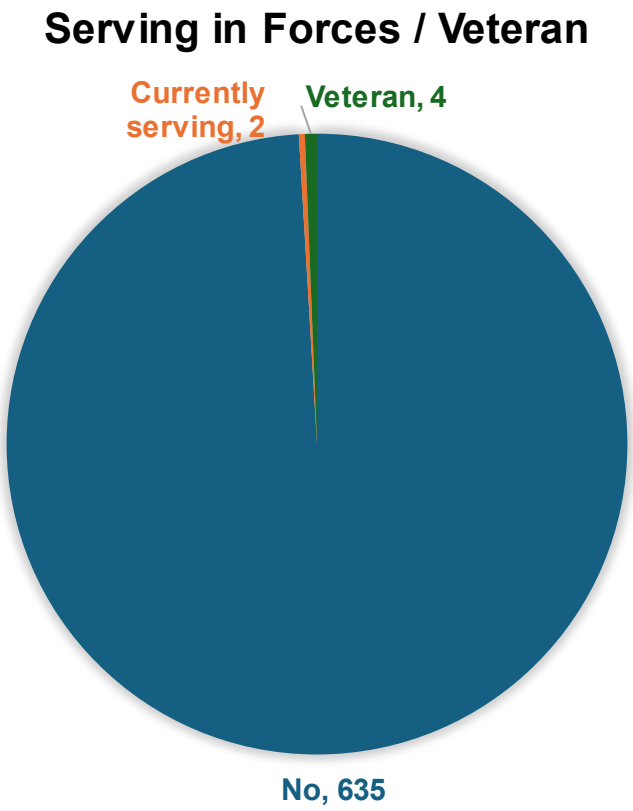
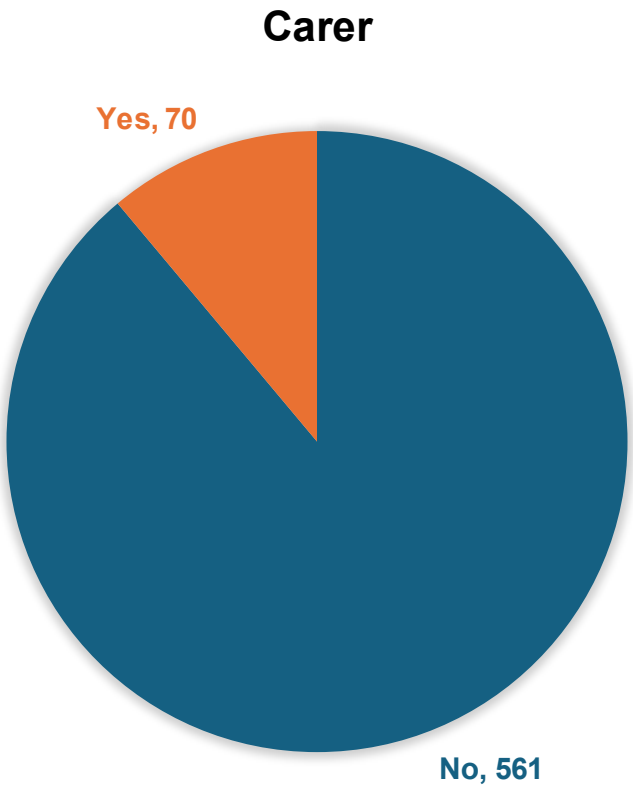


Chart 11: Carers



Appendix 2: Focus groups write ups

Online Focus Group – 26th June 2025

Attendees:

RW, HG, ML, TC, MA and 4 participants who will remain anonymous.

Context

Participants discussed proposals to standardise the number of NHS-funded IVF cycles across Greater Manchester. The focus was on the option of making it one cycle (plus another if abandoned or cancelled) of IVF treatment in all areas of Greater Manchester. This would reduce the offer in 4 areas (Tameside, Salford, Wigan and Stockport) of GM however make it an equitable offer across the geographical footprint. There was also significant discussion around patient experience, cost-efficiency, fairness, and the importance of transition planning.

Participants were all at different stages of their IVF experience and were all women under the age of 42.

Key Themes and Insights

Opposition to Reducing to One NHS Cycle

- Two participants expressed strong disagreement with the proposal to reduce funded IVF cycles to one and two participants said they neither agreed nor disagreed.
- People mentioned the common perception of the first IVF cycle as a "trial" or "learning" cycle, helping clinics tailor treatment. Success often comes in later attempts from experience.
- Reducing to one cycle risks significantly decreasing chances of success and increases emotional burden on patients.

Personal Experience and Cost Implications

- One participant shared a detailed personal story of how being unable to self-fund embryo genetic testing likely contributed to multiple failed transfers and a miscarriage.
- They highlighted that allowing patients to pay privately for certain add-ons (like embryo testing) could save the NHS thousands by avoiding repeated failed treatments.
- Mental health costs, time off work, and wider societal costs were also raised as overlooked financial impacts.

Inequities in the Current System

- Participants criticised the postcode lottery, where access to number of cycles and clinic options depends on where you live.

- A specific example from Wigan was cited, where the local policy restricted the right to choose where treat took place, unlike the offer in other boroughs.
- One person shared that simply changing GP practice to a neighbouring borough made them eligible for preferred treatment — a workaround seen as unfair.

Call for Transparent Transition Planning

- Many raised concerns about how changes would apply to those already in treatment or with cycles approved.
- There was confusion over who qualifies under which stage (e.g., approved but not started, waiting to be approved, etc.).
- Clarity and communication about timelines and criteria are essential to avoid distress and uncertainty.

Support for Self-Funding Top-Ups

- Several participants supported the idea that if NHS funding is reduced, patients should be allowed to self-fund second or third cycles or certain elements (e.g. testing), without losing access to NHS care or breaching policy.
- This would make treatment more accessible while reducing overall NHS burden.

Same-Sex Couples and Eligibility Gaps

- A participant raised that same-sex couples are often excluded or face inequitable criteria in accessing NHS IVF, even though it's their only route to conception.
- The group agreed this issue needs to be addressed within any future review to ensure fairness.

The Broader Value of IVF

- IVF was framed not as a lifestyle choice but as treatment for a medical condition — often caused by endometriosis, blocked tubes, or other diagnosed reproductive issues.
- Participants urged decision-makers to consider the true value of helping people become parents, rather than focusing narrowly on upfront costs.

Recommendations

- Retain at least two funded cycles, aligning with NICE guidance.
- Allow self-funding of embryo testing or additional cycles without penalty.
- Ensure clear and consistent transition rules, so those currently approved for multiple cycles don't lose access.
- Review clinic access inequalities across different localities (e.g., Wigan's restriction on private clinic access).
- Include same-sex couples' access in future policy reviews.

- Consider long-term cost savings and health system burden when evaluating funding cuts.

Summary

While participants welcomed efforts to ensure fairness and consistency across Greater Manchester, there was broad concern that reducing IVF provision to one cycle would negatively impact success rates, emotional wellbeing, and financial efficiency. The group advocated for greater patient choice, transparency, and equitable access, especially for underrepresented groups and those already in treatment.

Pendleton Gateway (Salford) Face to Face Focus Group – 2nd July 2025

This focus group was attended by just one person which involved a short presentation and full explanation given as to what the consultation was.

Issues here centred around communication difficulties with a clinician. This person had been to GP about 3 years ago after having fertility issues, but she was told that she was not eligible for IVF. Because of a potential language barrier, she did not challenge this at the time and had been left wondering why she is not eligible. She felt "abandoned" with no advice or explanation given and felt there was nowhere to turn to for help. She felt her GP was very unhelpful.

Holy Trinity Church (Tameside) Face to Face Focus Group – 8th July 2025

This focus group was not a group discussion, rather than 2 separate conversations.

A South Asian couple spoke of experiencing fertility issues, which had been compounded due to cultural and religious issues.

They have been trying for a baby for 15 years without success, and due to this felt alienated by family, friends and the wider community who offer no support. The male could not talk to anyone and wanted to speak to a male from outside of his community, at the focus group. The couple felt abandoned and lost, alongside feelings shame. They were also embarrassed at the process of providing samples, required to access fertility support, prior to potentially receiving IVF.

They felt that the system in its current form is too rigid and is not geared for them, there needs to be more flexibility. They found it very difficult to navigate the system due to cultural, religious and language barriers. They also feel great shame because they cannot conceive and their family is expecting them to have children, with the female very anxious because she is worried about her relationship if she cannot get pregnant, fearful that her husband will leave her and remarry, which is also adding extra pressure onto them.

One of the other females who attended felt extremely strongly that the 1+ cycles was not enough as she had conceived using IVF services getting pregnant on the second round of treatment. She said that that if the 1+ offer was only available she would not have her precious baby, as additional treatment would have been unaffordable to her.

Flourish Together (Trafford) Face to Face Focus Group – 16th July 2025

Attendees:

MA (NHS GM), TC (NHS GM), 3 members of Flourish Together Network.

Participants at the session had a wide and varied mix of experience:

- Experience of using IVF (NHS and self-funded)
- Having a family member or friends who have used IVF
- Advocate for those who are going through IVF
- Volunteer with Fertility Matter in the Workplace
- Working in NHS/HR/Wellbeing & IVF training
- HR and networking
- Social media and support groups relating to IVF.

These women are based in Stockport, Trafford and Manchester.

Background to Flourish Together - Flourish Together is a Community Interest Company that supports women changemakers and helps them create positive change in the communities. They have hubs based in Stockport and Trafford and were keen to promote the IVF Cycles consultation with their contacts and host a discussion group at their hubs. They are supporting over 20 people who are currently going through the IVF process across Greater Manchester.

Background to Fertility Matters at Work – Fertility Matters at work is an accredited CIC training provider for fertility support in the workplace. They are dedicated to improving fertility support at work. They have a large social media following.

Agenda for the session

- Welcome and introductions
- Background to NHS GM IVF Cycles consultation
- Discussion on suggestion to move to 1+ cycle
- Discussion on when to implement change
- Other comments and ideas.

Welcome and introductions

The facilitator welcomed all to the session and asked all to introduce themselves. All introduced themselves.

The member from Flourish Together apologised that not as many people had turned up as expected. She suggested that as IVF was such an emotional topic, some may not have attended the session as it was personal to them and may have sent their comments in via the online survey instead. NHS GM recognised there may be some reluctance to share personal experiences in a group setting and sought support from members at the session to help promote other ways to get involved or share any feedback directly to the engagement team, so that they can understand any impact further.

Background to the NHS GM IVF Cycles consultation

NHS GM provided some background to the IVF Cycles Consultation using a short presentation. They advised that NHS wished to standardise the number of NHS-funded IVF cycles across Greater Manchester. The focus was on the option of making it one cycle (plus another if abandoned or cancelled) of IVF treatment in all areas of Greater Manchester. This suggestion would reduce the offer in 4 areas (Tameside, Salford, Wigan and Stockport) of GM however make it an equitable offer across the geographical footprint. The consultation is only focused on the cycles and is not about the criteria to access IVF. This may be considered by NHS GM at a later date.

The consultation would run until 29 July and people are able to have their say via online survey, attending focus and discussion groups (online and face to face), or visit our pop-up stalls. NHS GM is keen to gain further insight from those who have used IVF services, considering IVF and those who may possibly impacted by any change (highlighted from our Equality Impact Assessment).

General discussion

Standardisation

The group all agreed that everyone should be entitled to the same offer across Greater Manchester.

"We all pay national insurance so should get the same offer".

"It'll end the unfair and confusing postcode lottery".

The group had time to reflect on the background information and were able to ask general questions, to seek further clarification.

NHS GM provided further clarification regarding:

- The main driver for the consultation was to ensure standardisation of cycles across GM. This was based on evidence collected so far, including feedback from people using IVF services. 1 cycle is affordable for NHS GM.
- The reason why localities have different offers was because there were 10 Commissioning Groups who made decisions about healthcare in Greater Manchester. These were replaced by one organisation known as NHS Greater Manchester in July 2022. One participant advised: *"I'm amazed that Oldham doesn't offer 3 cycles, especially as it's the birthplace of IVF".*
- The difference between an abandoned or cancelled cycle. A cancelled cycle is one where the ovaries are stimulated, but the egg collection procedure is not undertaken. An abandoned cycle is one where the eggs are collected, but they are not implanted into the uterus.

Thoughts on NHS GM's proposal to move to 1+ cycle

We asked participants their thoughts on the proposal to move to 1+ cycle for everyone across Greater Manchester. Key themes and thoughts raised by participants are listed below.

- Effectiveness of One IVF cycle
- Most people do not have success with one cycle
- One cycle often serves as a trial to understand the body's reaction
- 29%–41% success rates depending on age, with lower rates in older people
- Offering only one cycle is not cost-effective and may waste NHS resources
- One cycle offer may put additional anxiety on couples, which may have negative outcome
- An increased wellbeing support offer may help increase effectiveness.

"Most people I know haven't been successful on their first cycle, it's often seen as a trial. Throwing money at just 1 cycle is a pointless exercise".

"Often the first cycle will be used to understand how the body reacts to the treatment and can be tweaked on the 2nd cycle. It's a complete waste of time and money just going for one cycle only".

"One cycle puts so much pressure and anxiety on individuals going through IVF as they worry this may be the only chance they will get".

"Everyone I know who has had IVF treatment had to have at least 2 tries". If you're only considering 1 cycle, I'd rather it go into cancer instead".

"The NHS seems to go from step to step without really investing in wellbeing and undertaking any route cause analysis to help people have the best chance of having a successful pregnancy. If this happened, then the 1 cycle option could potentially work for more people. But not as it is at the moment".

Equity and Access to Treatment

- A one-cycle policy creates a two-tier system (rich vs. poor)
- The change disproportionately impacts those unable to self-fund further cycles
- Concerns about fairness across Greater Manchester (GM) and nationally.

"Does the NHS really think those living in areas of deprivation or on benefits can afford to self-fund? It's cruel to stop those on lower incomes not to have the same chance to have a baby as those who can afford to self-fund".

Value for money, Funding and Policy Decision-Making

- Financial constraints driving decision-making (2 or 3 cycles may not affordable)
- Question raised on how many decision-makers have IVF experience
- Value for money concerns from taxpayers—some prefer funds go to other services like cancer treatment if IVF is ineffective.

"How many of your board have experience of IVF? How can they make an informed decision without emotional intelligence?"

"As a taxpayer, I don't want to see my money get wasted by the NHS only offering 1 cycle which does not seem to achieve a very good outcome for most people".

"The NHS needs to fund at least 2 cycles otherwise its a total waste of resources. This preferred option does not seem to provide value for money in my eyes".

Holistic and Preventative Approaches (maybe put this under anything else)

- NHS IVF service lacks holistic support (nutrition, sperm/egg health)
- Success stories from private clinics with a more holistic approach
- Calls for NHS to incorporate education, lifestyle, and nutritional support into its offer.

"I think it would be more cost effective for the NHS to learn from private clinics and focus on education re diet / nutritionists / therapies to help increase chances of IVF treatment being successful rather than just focusing on cycles and treatment".

"This is a big gap in the NHS. I was the person being treated on the NHS but actually the issue was that my husband's sperm count was low. After meeting with the Nutritionist after paying to go private, my husband changed his diet and his sperm count went up 450%. I had a successful pregnancy".

Emotional and Psychological Impact

- IVF journey is emotionally and physically draining.
- Anxiety increases when only one cycle is offered.
- Many avoid telling employers due to stigma and fear of discrimination.
- Social media negativity significantly impacts mental health.

"The term 'just have IVF" is so hurtful. People don't understand the pain and heartache people go through with IVF".

"They don't know we often have to fight to even be accepted onto NHS funding".

"After having unsuccessful IVF, my sister has never spoken to anyone about it as it pained her so much".

Fertility Education and Awareness

- Need for more fertility education for young people (15–30 age group)
- Encouragement to consider egg/sperm freezing earlier
- America highlighted as a model for early education and action.

"People assume that men's sperm health quality stays good until late in life and this is wrong. Many men's sperm health decreases with age."

"Young people need to be told about the options to them if they are planning to delay starting a family, so they are more prepared".

Employment and IVF

- Lack of IVF-friendly policies and inclusive workplace culture
- Financial burden on small employers to support IVF or maternity leave
- IVF support may be seen as burden by employers
- Reduced support from employers may lead to increased anxiety and stress for those considering or using IVF, which may impact on effectiveness of IVF.

"Businesses are facing real challenges because of National Insurance increases and increases in minimum wage and may not be as flexible to offer people support".

"I'm a caring employer but the financial challenges put additional pressure on small social enterprises to support their employees well".

"Many staff members won't tell an employer that they are going through IVF as they don't want to be penalised by the employer. This might cause undue stress on the person which might impact the effectiveness of the IVF treatment".

Declining Fertility and Societal Trends

- Declining fertility rates across Europe and UK
- Causes: sperm health issues, environmental factors, delayed parenthood, socio-economic challenges
- If unaddressed, long-term demographic and economic risks.

"It seems strange that the NHS wishes to reduce its offer to help people conceive when fertility is declining".

"I'd think the NHS would want to help those with infertility problems more, not punish them."

"If the NHS does not put provision in place to support people with fertility issues to get pregnant, we will have too big a gap to help the economy thrive".

"If fertility rates keep declining there won't be enough people to support the older generation and there won't be sufficient people to run the businesses".

Gender and Cultural Considerations

- Male infertility under-discussed; education and stigma around male infertility
- Cultural sensitivity required in policy and support
- Inclusive language (people vs. women) encouraged.

"Men are as vulnerable as women regarding IVF as infertility is such a stigma with men and may be ridiculed. I supported someone who was called a "jaffa". He laughed along with the toxic masculinity but it affected him emotionally so much".

"We get an increasing number of men on our webinars now compared to 3 years ago, but still low proportions, but at least more men are talking about infertility these days".

"In our organisation we try to ensure we use language like people rather than women to ensure we don't exclude men in our fertility education and conversations".

Younger people are delaying parenthood

- High house prices and rentals mean it is difficult to move out of family
- Reduced employment, challenges with childcare costs
- Relying on building a carer or being more financially stable
- Many will be seeking IVF treatment when their fertility rates may have dropped, making one cycle less effective.

"There's nowhere affordable for younger people to bring up a family, so they have to delay parenthood".

"UK childcare costs are the highest in the world".

People with certain medical conditions may be negatively affected

- Endometriosis - has an 8-10 year diagnosis rate, which means many start IVF treatment later

- Those with conditions such as PCOS and fibroids can be affected by infertility
- Those with disabilities taking medication which could affect their fertility and asked by clinicians to hold off trying to conceive (such as high-risk diabetics, those with multiple sclerosis, parkinsons)
- People born with two wombs
- Overweight, underweight.

Self-funding considerations

- Financial Barriers and Inequality
- Not everyone can afford to self-fund: IVF is expensive, and the ability to self-fund creates an inequitable system where only those with sufficient financial means can continue treatment after NHS-funded cycles.
- Socioeconomic disparity: Policy changes that reduce funded cycles may disproportionately impact those on lower incomes, increasing inequality in access to fertility treatment.

"As my sister was only entitled to one IVF cycle she had to delay a further cycle because of cost – it took her ages to save up for another cycle."

"Poorer people with limited finances and infertility (which is increasing) will not be able to have children. This is mean"

Delays Due to Financial Constraints

- Saving up causes treatment delays: Patients often need time to gather the money for additional cycles, which may result in long breaks between treatments, potentially reducing success rates due to aging or changes in fertility status.
- Emotional Toll of Financial Stress
- Added emotional pressure: The financial burden adds another layer of stress to an already emotionally and physically demanding process.
- Difficult decisions: Couples or individuals may be forced to choose between financial security and trying to conceive.
- Ethical Considerations in Policy
- Policies should not assume everyone can self-fund: Reducing access to NHS-funded cycles under the assumption that people can pay privately fails to acknowledge the financial realities of many patients.
- Emphasis on fairness: There's a strong desire to design equitable policies that support those who cannot afford private IVF.
- Impact on Planning and Readiness
- People may need time to plan or recover financially: Delays between cycles due to self-funding needs should be factored into any transition period following a policy change.

"The cost-of-living crisis, expensive housing and high rental costs means people have less capacity to self fund".

"Many of the areas affected have areas of deprivation, how can this be fair to reduce the number of cycles?"

"My sister had to delay a further cycle because of cost – she had to save up for another cycle."

Implementing the policy fairly

We asked the group how we should apply any change in policy. There was general support for protecting those already in the system, especially those:

- Awaiting clinician approval
- With approval but no start date
- With a start date but treatment not begun

Below are the key themes raised by participants:

Fairness and Clarity in Policy Application

- Clear cut-off date is essential: Most agreed a cut-off date is needed to ensure fairness and transparency.
- New policy should apply only after the cut-off: Many participants felt that those already in the process (even early stages) should not be affected.
- Everyone needs to know where they stand: Communication is key to prevent confusion and distress.

"People need time to plan."

"Any change needs clear communications so everyone knows and understands – the current offer is so confusing".

Transitional Planning and Lead Time

- Adequate lead time needed (18–24 months): Suggested to allow individuals already in the system enough time to complete existing or planned cycles.
- Comparisons made to other public health policy changes (e.g. smoking bans) – successful when well-communicated and implemented with sufficient notice.
- Short notice (6–12 months) seen as unreasonable, given the long duration and complex nature of IVF treatment and recovery between cycles.

"An 18-24 month cut off seems reasonable".

"If it went to two tries everywhere, then maybe people who would have normally only had one, may hold back and take their time and have a successful pregnancy after one cycle".

"NHS needs to think more about application to change management to ensure any change is supportive and clearly understood".

Impact on Individuals Undergoing IVF

- Emotional and psychological burden: Sudden changes can negatively affect mental health and wellbeing
- Medical and financial barriers delay treatment: Recovery time after complications (e.g. OHSS), emotional readiness, and financial capacity can all delay subsequent cycles
- Important to factor in downtime between cycles – people cannot immediately proceed to next cycle due to health or personal reasons.

"I had to take a 6-month break for emotional recovery before I moved onto my next cycle. The process is physically and emotionally draining".

Risk of System Overload

- Anticipated surge before the cut-off date: People might rush to begin cycles before the new policy takes effect, straining existing capacity
- Could result in longer waiting times and delays for prep work like required testing.

Any other option we should consider?

Participants were asked if there was any other option we should consider? All agreed that the NHS should standardise the offer to either 2 or 3 cycles.

They cited the following reasons:

- one cycle is not cost effective because it often doesn't work first time
- helps reduce anxiety in people starting IVF for the first time, which could help achieve a better outcome on the first and subsequent cycle
- a second try can be used to tweak treatment during the first perceived "trial" cycle which hopefully will be more effective
- cost of living financial burdens mean many people won't be able to afford to pay privately for a 2nd or 3rd cycle.

"Poorer people with limited finances and infertility (which is increasing) will not be able to have children. This is mean"

"Why not 2 cycles for everybody? Why not 3 cycles? That's fair and equitable too".

Anything else you wish NHS GM to know?

The following were other things that participants wished to share with NHS Greater Manchester:

- NHS IVF services lack basic wellbeing and holistic support (nutrition and exercise advice, sperm/egg health,). It was suggested that if the IVF funded service also included emotional, physical and lifestyle advice and support, as this may lead to improved patient experience and outcomes for those going through IVF.

"I felt like I was on a conveyer belt at my NHS IVF appointments - have these drugs, it doesn't work, have these drugs, it doesn't work. They were so clinical, no wellbeing advice".

"The NHS IVF service is very limited already and it doesn't offer things that might help women have a successful pregnancy with one cycle. Nobody really analyses what is going on or offers advice and support on how to stay the healthiest you can. My private clinic looked at my egg quality, sperm health, provided holistic advice too."

"This is a big gap in the NHS. I was the person being treated with IVF on the NHS but actually the issue was that my husband's sperm count was low. After meeting

with the Nutritionist my husband changed his diet, and his sperm count went up 450%. I had a successful pregnancy".

"Holistic and preventative work to support IVF is key to the NHS IVF offer and this is lacking".

- Better awareness regarding infertility - Participants suggested that more awareness raising was required for women/people aged 15-30 to discuss fertility, egg freezing - especially as younger people may delay having children.
- NHS GM and National statistics anomalies: A participant advised that IVF is underrepresented in HFEA statistics due to overseas data not being captured.
- Criteria - The policy for same sex couples isn't fit for purpose and it needs reviewing. *"IUI requirements for same sex and solo women means that the NHS IVF process can take much longer for these people. So there definitely needs to be sufficient lead time for any proposed change to be implanted to ensure these are not disproportionally affected, as it's seems so unfair".*
- Private companies may increase cost of IVF.

"If the NHS doesn't fund more than one cycle then I'm presuming the private sector has free reign on what will charge further cycles".

"Pharmaceutical companies will be pleased too".

- "Infertility is defined by the World Health Organisation as a disease of the reproductive system, so why doesn't the NHS treat it like a disease?"

Close

The facilitator thanked all for their contributions and advised that feedback from the consultation would be presented to NHS GM Board later this year or early in 2026.

Guild Hall (Stockport) Face to Face Focus Group – 23rd July 2025

Attendees:

3 attendees, 2 men 1 woman

Feedback:

Feel very strongly about what's going on in NHS in general, much wider issues than this particular one. Wider longer-term trend of constraints in the economy

Do not want to see this implemented!

Why are we not following NICE guidelines?

Why are we not waiting until NICE have done their consultation?

NICE, revised guidance – how long will this take, also NICE guidance is much broader than number of cycles.

Just because 70% of the country offers 1 cycle does not mean this is right for GM.

Can a question be put to the board – why they are pushing through this policy now and not waiting for NICE?

What are the CLINICAL benefits of doing this?

Too many people don't know about this consultation/proposal.

HW Stockport report 2019 stated that the consultation (then) was not fit for purpose and should be suspended.

Asked whether we were aware of MP enquiry from Karen Smith – KS had been asked whether her department had been in discussion with NHS GM on the proposal. She responded that there had not been any discussion, and she expected ICBs to implement NICE guideline services.

Thoughts on proposal

Strongly disagree (all 3 people) that we should go to 1 cycle.

Decision should be made on clinical need – we should be levelling up not down.

It is about finance, rationalising NHS services – there are other services too – discriminates against women (women's health in general is a concern) – someone with damaged ovaries should be dealt with like any other illness – discrimination on people on grounds of socio-economic position – saving up for treatment could take so long they would be over the age limit

The WHO definition of infertility is that it is a disease.

The 1+ option has consequences on other things – GP services, MH services etc. What impact does infertility have on these services?

What would happen to services offered to women who have/had cancer – freeze eggs?

Even if service was preserved for women with cancer would they fail in 1 cycle and have to find funding moving forward?

Geographical disparity across GM – reframing question could put different complexion on how someone would answer the question – it's not about equity it's about budgets!

''There is nothing good about this proposal''.

No one knows if they are going to need this until they need the treatment, it could affect a whole generation.

Treatment should be given NOW for condition not pushed to future when it may be too late to do anything (someone with polycystic ovaries told to leave for now and come back when looking to have children and then can start treatment)

Commit to preventative treatment at earlier stage for other conditions linked to fertility.

METFORMIN – GPs cannot prescribe for polycystic ovaries (but this is prescribed in other countries)

Lack of metformin in gm

Entire generation who won't have a say on this consultation as they won't know they need this service for another 10/20 year's time.

1+ (make sure the provider is very clear what the + means and make sure there are some regulations around that).

Clinical need of population is not being met with 1 cycle. Need should be adequately met by levelling up not down.

Fertility Action Network Focus Group (Greater Manchester) – 28th July 2025

Context

The discussion explored participants' views on Greater Manchester ICB's consultation proposing to standardise NHS-funded IVF treatment at one cycle plus an additional attempt if the first is cancelled/abandoned.

Participants were all women with lived experience of infertility and/or IVF.

They were asked about fairness, emotional and financial impacts, and what they felt would be an acceptable number of cycles.

Things which came out of the discussion

Unfairness and Inequality

Strong sense of unfairness between neighbouring areas (e.g., Stockport vs Oldham; Manchester vs Wigan) where eligibility differs despite close proximity. Reducing to one cycle felt like levelling down, not levelling up. Several participants argued that the NICE guidance of three full cycles should be the national benchmark.

One Cycle is Not Enough

Participants repeatedly stressed that IVF rarely works on the first attempt, many times protocols are adjusted, and learning happens over multiple rounds.

One participant said, *"Limiting IVF to a single round assumes one try is enough, but it's not."*

Offering only one attempt was seen as giving false hope and sending the wrong message that IVF is a quick fix.

Two cycles minimum, with three as the gold standard in line with NICE. Participants felt two cycles would at least give couples a chance to adjust treatment and improve success rates. Consensus that reducing to one is unacceptable.

Financial Burden

All participants said they would struggle to afford further treatment privately. Some would need loans or credit cards. Some would rely on family support. A few had been saving for years, but said it was an enormous strain. Concern that financial stress compounds emotional stress and may leave families in debt without a child.

Emotional & Mental Health Impact

All participants described profound emotional stress. Feelings of grief, loss, and being "a shell" of themselves. Social isolation and difficulty relating to peers having children. Strain on relationships; differences in how men and women are treated in clinics. Several spoke openly about suicidal thoughts linked to infertility and fear that

reducing cycles would push more women into crisis. The belief is that this could increase NHS mental health costs long-term.

Infertility

Infertility often treated as a "women's problem", even when male factor issues are present. Men seen as secondary in consultations, with women bearing most of the testing, interventions, and emotional burden. Fertility treatment still perceived by policymakers as a luxury rather than a medical necessity.

Quotes

"It's like giving someone one heart operation and saying, if it doesn't work, that's it."

"One cycle is stripping people of their families – you're deciding their future."

"The bar is already too low. Instead of raising it, you're lowering it further."

"The difference between one round (31% success) and three (62%) is life changing."

Summary

- Strong opposition to the proposal to reduce to one cycle.
- Genuine concern about mental health, financial inequity, and loss of hope if the policy is adopted.
- Participants urged Greater Manchester ICB to raise provision to at least two cycles and ideally three, aligning with NICE.
- Belief that cutting back now will cause greater long-term harm and costs to both individuals and the NHS.

Online Focus Group – 29th July 2025

Attendees:

3 participants who have either used IVF services or are due to use IVF services.

1 participant from an IVF provider service.

RW, MA (NHS GM)

Introduction

A presentation was delivered with introductions, along with background and context to the consultation.

A copy of the presentation will be shared along with the notes from the session.

Participant Introductions

Participants introduced themselves and shared their experiences and reasons for attending the focus group:

- One male explained that he and his partner will be starting their IVF journey having discussions currently with GP, they discovered information about the consultation only a couple of weeks ago and know this proposal will impact them as they live in Tameside. They know IVF is necessary for them and are keen to learn more and ask questions.
- A female participant introduced herself as a trainee embryologist based at a clinic in South Manchester. She works in the fertility industry and is attending in a professional capacity.
- A female participant shared her personal experience with fertility treatment, noting that she was only eligible for one NHS-funded cycle in her area and has since paid for multiple private cycles.
- A female participant joined the group around an hour into the discussion. She was the partner of the male who had been on the call from the start.

A question was asked about the clarity of the definition of abandoned and cancelled which is described in the 1plus option.

Response:

A cancelled cycle refers to any IVF cycle that is stopped before egg retrieval, for example due to poor response to medication or adverse reactions.

An abandoned cycle occurs after egg collection, such as when no eggs fertilise, or the process cannot continue for another reason.

Question - What do you think about the proposal to offer 1+ cycles to everyone across Greater Manchester?

This generated discussion which covered numerous reasons for participants responses which are detailed below.

In summary 3 participants strongly disagreed with the proposal and one participant disagreed.

Question - Why do you think that?

- The first cycle is often a "practice" round, with learning that informs better outcomes in future cycles.
- The proposal places too much emphasis on consistency across Greater Manchester, which is arbitrary and unfair.
- NICE recommends three cycles, and reducing access undermines equity and clinical best practice.
- It would be ethically wrong to change entitlements for those already in the system who were expecting more cycles.
- There is a need for better planning to allow people to access private IVF cycles through NHS clinics, which are more affordable than private ones.
- Question around where the cost savings from reduced IVF cycles would go and a call for transparency on whether these funds would stay within fertility services.
- It was highlighted that fertility should be treated like any other health condition, and limiting access sends a message that it's less important.

Importance of Multiple Cycles

Concern was expressed around limiting patients to one cycle:

  - Reduces the opportunity to refine treatment based on clinical learning from the first attempt.
  - Could force patients into expensive private care to pursue improved outcomes.
  - Represents a shift toward a "minimum standard" rather than striving for best practice, especially disappointing in Manchester—the birthplace of IVF.

Transparency and Community Engagement

- This feels like a tick box exercise and is tokenistic given there is only one option.
- Appreciate efforts put into the consultation and transparency.
- Not seen this advertised anywhere, it was by chance we found out about it. Concerned it may not have reached those who may want to answer. *"I'm a bit concerned about as to how you know how you have managed to capture the views accurately of the people that is going to be directly impacted."*
- Recently been sat with GP discussing this very issue yet not been told about the consultation.

- It was made clear the board's decision to consult on "One Plus" was not unanimously supported by clinicians.

Fairness

There was challenge around the logic of reducing cycles if only a small percentage of people are successful on the first round:

  - Argued that if Greater Manchester currently meets NICE guidelines, this should be maintained.
  - Expressed concern about disproportionate impacts on more deprived areas like Tameside.
  - Parts of Tameside come under Glossop and therefore Derbyshire which is important for residents to understand as that again will be a different policy.
  - It seems unjust and unfair.
- A participant shared they have a medical condition necessitating IVF and asked whether exceptions would be considered under the new policy. They stressed that for some, IVF is not a choice but a medical necessity, and a 'one cycle' policy risks being inequitable.
- Is there a process to appeal?

Emotional and Mental Health Support

- Participants emphasised the need for ongoing emotional and psychological support for those who do not conceive after their first NHS-funded IVF attempt.
- Concerns were raised that patients could be left with no support structures after their funded cycle ends, particularly if they are unable to afford further treatment.

Access to Further Treatment and Private Sector Considerations

- There were questions about the accessibility and affordability of private IVF treatment, especially for those needing to continue their fertility journey after one NHS cycle.
- Some participants highlighted cost discrepancies between private clinics and NHS-affiliated providers offering private options - *"I choose to pay privately in an NHS clinic because it's still far cheaper."*
- Concern was raised over the potential surge in private demand, and whether private providers in Greater Manchester are equipped to meet increased need.
- The lack of regulation and inconsistency in private sector pricing was seen as problematic and should be reflected in the consultation report.

Quality of Care

- There was concern about the continuity of care if patients are pushed into the private sector—highlighting potential risks of fragmented care and reduced communication between private and NHS providers.
- One attendee flagged the risk of patients turning to less reputable clinics due to lack of guidance and oversight, emphasising the need for transparency, patient protection, and standards if more people are expected to go private.

Question - Who do you think any new policy should be applied to?

Timing of Eligibility and Fairness

- All participants were strongly united in the view that anyone already referred by their GP for NHS-funded IVF should retain access to the offer in place at the time of referral.
- Several individuals expressed concern about the absence of formal “start dates” in IVF treatment journeys, which makes the proposed implementation criteria unclear and potentially unfair.
- It was argued that changing entitlements mid-journey is not only ethically questionable but also logistically confusing, especially as many people wait months between referral and actual treatment.
- There was a consensus that the date of GP referral should be used as the fair and logical cut-off for any policy changes.

Financial Implications

- Reducing from two or three cycles to just one was seen as financially pressurising and emotionally distressing, especially for patients who had structured their fertility plans and finances around the original offer.
- People often save during their first and second cycles with the understanding they will have a third opportunity privately, removing a second cycle without notice could leave families unable to continue treatment.
- There was concern that a sudden change could lead to confrontational experiences for clinical staff, who would be expected to explain a complex and unpopular change to patients.

Accessibility and Communication

- The lack of clear terminology around “start dates”, “cycles”, “cancelled”, and “abandoned” treatments was noted as a barrier to understanding—especially for patients new to the fertility journey.
- Participants suggested the need for plain-language information about what the policy means in practice, including examples and defined terms, to support informed consent and planning.

Strategic Decisions

- Participants stated the One Plus proposal aligns with NICE guidelines, which still recommend up to 3 cycles.
- It was argued that limiting access forces couples into strategic and emotionally difficult decisions, such as who in a couple gets to try, particularly when only one cycle is guaranteed.
- This could be the difference in becoming a biological parent or not, this could lessen the chance of success.

Impact on Trust and Patient Experience

- Several attendees highlighted that care through the NHS is trusted and better regulated, whereas private services may lack transparency and continuity of care.
- There was anxiety about private sector motivations and the loss of holistic, NHS-based emotional support if people are forced to go private.
- IVF terminology needs to be clear, general members of the public need things explaining.

Inclusivity and Representation

- A concern was raised that men's voices, and the experiences of male partners may be underrepresented in the consultation, fertility issues affect all genders.
- There was appreciation that the engagement had targeted diverse groups, including those with disabilities, long-term conditions, and from racially minoritised and lower-income backgrounds, but a suggestion that more explicit male representation may be needed.

Final thoughts and Close

The team confirmed that survey responses will be cross-referenced by respondent type, such as whether someone has had IVF themselves, is currently receiving treatment or is supporting someone else will allow NHS GM to understand views from different groups within the consultation. The public consultation closes at midnight on the day of this session (29th July 2025). A draft report will be produced within 8 weeks, using survey data, focus group input, correspondence from individuals, MPs, and councillors and any other additional data.

Participants were encouraged to view:

- **The business case**
- **The options appraisal**
- **The assisted conception policy**
- **Consultation document**

Thanks, and close

NHS GM team thanked participants for engaging in such a sensitive discussion. Attendees appreciated the opportunity to understand the process more clearly and have their voices heard.

Appendix 3: Face-to-face engagement

Dates and locations

- 18 June 25 – Presentation, Wythenshawe MNVP members
- 18 June 25 – Information stall, Merseyway Shopping Centre, Stockport
- 18 June 25 – Presentation, Salford LPG
- 19 June 25 – Presentation, Trafford LPG
- 19 June 25 – Information stall, Bolton Learning skills and Job Fair
- 24 June 25 – Information stall at Stockport Sports Village
- 26 June 25 – Presentation, Stockport Public Involvement Network
- 26 June 25 – Information stall, Kashmiri Youth Group, Rochdale
- 27 June 25 – Information stall, Spa Medica, Bolton
- 28 June 25 – Information stall, Tameside armed forces, Denton
- 1 July 25 – Information stall, Ashton library stall, Tameside
- 1 July 25 – Information stall, Healthwatch Salford Health Fair
- 2 July 25 – Focus group, Pendleton Gateway, Salford
- 3 July 25 – Online focus group
- 3 July 25 – Information stall, Broughton Hub, Salford
- 4 July 25 – Information stall, One Riverside, Salford
- 7 July 25 – Information stall, Oldham Integrated Care Centre
- 7 July 25 – Information stalls, Hattersley Library/Tesco/Community centre
- 8 July 25 – Focus Group, Holy Trinity Church, Tameside
- 9 July 25 – Discussion, Manchester People First
- 9 July 25 – Information stall, Eccles Gateway, Salford
- 10 July 25 – Presentation, Engagement & Insight Group
- 10 July 25 – Presentation, GM MNVP Coordinators
- 10 July 25 – Presentation, Healthwatch Board, Tameside
- 10 July 25 – Presentation, Tameside Community Engagement Practitioners
- 11 July 25 – Presentation, De-Butterfly, Stockport
- 12 July 25 – The Wait focus group
- 15 July 25 – Information stall, Grand Arcade Shopping Centre
- 16 July 25 – Information stall, Spinning Gate Shopping Centre
- 16 July 25 – Focus group, Flourish Together, Altrincham, Trafford
- 18 July 25 – Information stall, Cheadle Hulme Library, Stockport
- 18 July 25 – Information stall, Walkden Gateway, Salford
- 18 July 25 – Presentation, Stockport Family Partnership meeting
- 21July 25 – Information stall, Mill Gate Shopping Centre, Bury
- 21 July 25 – Information stall, Wigan Warriors and Latics Training Day, Wigan
- 22 July 25 – Information stall, Ashton Mass Leisure Park, Tameside
- 22 July 25 – Discussion, One Stop, Sale Moor, Trafford
- 23 July 25 – Information stall, Limelight Health and Wellbeing Hub
- 23 July 25 – Focus group, Stockport
- 24 July 25 – Information stall, Wythenshawe Forum
- 24 July 25 – Presentation, WCWA Women's Group
- 25 July 25 – Information stall, Brinnington Library, Stockport

- 26 July 25 – Information stall, Pride in Leigh, Wigan
- 28 July 25 – Focus Group, Fertility Action Network
- 28 July 25 – Information stall, Atherton library, Wigan
- 29 July 25 – Presentation, Disabled Peoples Sounding Board, Manchester
- 29 July 25 – Online focus group
- 29 July 25 – Information stall, Feel Good Family Picnic, Rochdale
- 29 July 25 – Presentation Healthwatch Stockport

Appendix 4: Communications

Key partners and colleagues

- Clinical lead
- Commissioning Lead
- Project leads
- Programme Management
- NHS GM Board
- Chief Officer
- Chief Officer for Strategy & Innovation
- Chief Medical Officer
- Chief Pharmacist
- Deputy Place Based Leads
- NHS England
- NHS GM Chief Officers
- Clinical Effectiveness Committee
- Executive Committee
- GM ICP Board
- Primary Care Blueprint Delivery Group
- Trust Provider Collaborative
- Primary Care Provider Board
- GM Locality Boards
- Extended Leadership Team
- NHS Trust Boards via Chair & Chief Execs
- Council Chief Execs
- Directors of Public Health
- Equalities Lead
- Equalities Lead for GMCA
- Provider Service Leads (Trafford General Hospital: Care Fertility, Manchester Foundation Trust, Wigan, Wrightington and Leigh and Care First)
- Trusts Comms Lead
- Council Comms Leads
- Locality Participation Groups
- Programme Director for Commissioning Development
- Deputy Chief Medical Officer
- GM PLCV Policy Development Steering Group (EUR?)
- GM IVF Programme Board
- GM IVF Cycles Project Group

GM Partners

- GMCA
- GM Healthwatch
- 10GM
- GM Equals

Foundation Trusts or hospitals

- Pharmacy
- Dentistry
- Primary Care leads
- Provider services
- System Participation Group
- IAG
- Health Innovation Manchester
- Joint Scrutiny Committee
- Local HOSCs
- Community Pharmacy GM
- GM Local Medical Council (LMCs)
- Primary Care Network Leads

External bodies, networks and patient groups

- Lived Experience Advisory Group
- LGBT Foundation
- Fertility Network
- Fertility Alliance
- The Wait UK
- Action Together Tameside
- Action Together Oldham
- Action Together Rochdale
- Maternity and Neonatal Voices Partnerships

Locality groups for targeted engagement

VCFSE organisations representing equality groups (via NHS GM Engagement Team)

- ABCollectables CIC
- Access to all areas
- Achieve
- Active Tameside
- African and Caribbean Women's Centre
- African Caribbean Care Group
- Age UK Bolton
- Ahmed Iqbal Ullah Education Trust
- Akhlaq Dar Ul Uloom Mosque
- Alexandra Children's Centre
- All FM - Dragons voices (Chinese radio)
- Al-Quba Mosque & Shahporan Islamic Centre
- Ananna (previously M/Cr Bangladeshi women's organisation
- Anna Sukoon Women's Group
- Arising Futures CIO
- Art For You CIC
- Asian Elders' Resource Centre
- ASPECS - Autistic Spectrum People of Every Category of Sexuality
- AspireHer Consultancy CIC
- Associate Director of Delivery & Transformation (Trafford), NHS GM
- Autistic Society Greater Manchester
- Autistic Wigan
- Autizma
- Baby Basics Bolton and Bury
- Backup North-West
- BAND
- Barbodhan Muslim Welfare Society
- Base X
- Be Strong Project
- BHA for Equality
- BIG in Mental Health
- Black Girls Hike
- Bollyfit
- Bolton Carers Support
- Bolton CVS (Bolton Community and Voluntary Services)
- Bolton Maternity Voices
- Bolton Solidarity Community Association
- Bolton VCSE team
- Boothstown and Worsley WI
- Boroughwide Community Network (newsletter)
- Bridge community church pantry & community lounge (Radcliffe)
- Bridges Partnership
- British Muslim Heritage Centre
- Bury Council Communications Team
- Bury Libraries
- Bury - on-line directory
- Bury Together
- Can Survive UK
- Caring and Sharing Rochdale
- Caribbean African Health Network (CAHN)
- Chinese Health Information Centre
- Collaborative women (housing and support)
- Communities 4 all
- Community Health Equity Manchester (CHEM)
- Community Hub – Bolton
- Community Revival
- Connecting Steps Manchester Project
- DarulUloom Islamia
- Dar-us-Salam Mosque & Islamic Centre
- Disability Action Group
- Disability Awareness Training
- Disabilities Forum (Wigan Council run)

- Diverse Women's support group
- Early Break
- East Bury Community Hub
- Eccles WI
- Elite Community Hub
- Embrace
- Eritrean community In Greater Manchester
- Ethnic Health Forum
- Europia
- Fact - Autism support group
- First Point Family Support Services
- Food Pantry – Parkhills
- Food Pantry – Whitefield
- Global Vision Initiative
- GM Homebirth Support Group
- Greater Manchester Coalition of Disabled people
- Friends, Families & Travellers
- Halal Fusion Food Bank / Bury Active Women's Centre
- Happy Women's group Whitefield
- Hattersley & Longdendale Community Explorers
- Healthwatch Wigan & Leigh
- Home Start
- Hopewell
- Hopewell CIC
- Housing 21
- Indian Association
- Ingeus Hub, Bury Town Centre
- Islamic Academy of Manchester
- Anderton Centre (LOAI) Lancashire Outdoor Activities Initiative
- Leap
- Leigh Deaf Club
- Let's Talk
- LGBT Foundation
- Lifted
- Limelight health and wellbeing hub, Trafford
- Listening to families
- Listening To People
- Lowton Women's institute
- MADDchester
- Makki Masjid
- Manchester BME Network
- Manchester Central Mosque
- Manchester Congolese Organisation
- Manchester Council of Mosques
- Manchester Islamic Centre & Didsbury Mosque
- Manchester Maya Project
- Manchester People First
- Manchester Refugee Support Network
- Manchester Students Union
- Manchester Youth Zone
- Manna House
- Markaz Dar-ul-Ehsan Manchester
- MASH
- Maternity Voices Greater Manchester & Eastern Cheshire
- Maternity Voices Network - Manchester and Trafford
- Maternity voices partnership
- Mencap
- Men in sheds
- Merseyway shopping centre
- Millgate Shopping Centre, Bury
- My Life, Standish & Leigh
- Mustafia Sharif Charity
- Neesa Well Women
- Next Steps
- North Bury Community Hub
- North Manchester Maternity Voices Partnership
- North Manchester Maternity Voices Partnership
- Oldham Council
- Oldham Council Commissioner
- Oldham Council youth worker
- Olive Pathway
- Olympic Sports Gym
- Organic Soul
- Pennine Mencap
- Point
- Positive Steps
- Prestwich Community Hub

- Prestwich Social Prescribers
- Rainbow Haven
- Rainbow Noir
- Rainbow Surprise
- Red Door
- Restore Life
- Rethink
- Rethink Rebuild Society – Syrians
- Roshani
- Saheli
- SalahAdeen Al Ayubi Mosque
- Salford Angels WI
- Salford Autism
- Salford Deaf community
- Salford Disability Forum
- Sendiass Service – Tameside
- Shah Jalal Mosque
- Shree Radha Krishna Mandir
- Six Town Housing
- Social Prescribers for Bury
- Social Prescribers in Wigan
- Standish Lipreading Society
- St Andrew's Community hub
- Stockport Libraries
- Stockport Race Equality Partnership
- Stockport Women and Girls Network
- Support and Action Women's Network (SAWN)
- Tameside College
- Tameside Community adult education centre
- Tameside Diversity Network (Action together)
- Tameside LGBT+ Peer Support Group
- Tameside women and families support services
- Tameside Women's Community Cycling Group
- The Attic Project
- The Better Inclusion Centre
- The carers centre, Tameside
- The Fed Manchester
- The Flowhesion Foundation
- The Greater Manchester Step Change Consortium
- The Jamia Mosque
- The National Association of Women's Groups
- The Proud Trust
- The Salford Poverty Truth Commission
- The Sikh Association Manchester
- The Studio Women's Gym
- The Sugar Group
- Think Ahead Community Stroke Group
- Time out for carers
- Topping Fold Community Centre
- Total Fitness women's only gym
- Trafford community collective (collective of VCFSE orgs in Trafford)
- Trafford Council, Public Health Director
- Trust House Redvales, Bury
- UKIM - Manchester North - Khizra Mosque
- VCFA Bury
- VCSE Leaders Network
- Voice of BME Trafford
- Wai Yin Society
- Well Women
- West Bury Community Hub
- Whitefield Community Hub
- Whitefield Social Prescribers
- Who cares, support group
- Wigan Borough Community Partnership
- Wigan Deaf without speech society
- Wigan & Leigh Warblers
- Wigan Maternity voices
- Women Arise
- Women of Worth
- Women with wings
- Women's Diverse community café
- Women's Voices
- Yaran Northwest CIC

- Zimbabwe Women's Organisation-ZIWO
- Manchester Metropolitan University
- Greater Manchester Youth Network
- 4CT
- 42nd Street
- Abraham Moss Warriors
- Anson Cabin Youth Project
- Dimobi Children Disability Trust
- Connect Support
- Manchester's Got Talent Youth Group
- ReflecTeen Hub
- Rehoboth for families, children & young people
- Mohebban Al Mahdi Youth Foundation
- Nicky Alliance Centre/Mcr Jewish Community Care
- Trinity House
- Moss Side Millenium Powerhouse
- Moss Side Social stitching group
- SASCA
- Martenscroft Children's Centre
- Across Ummah
- Little Lions
- 422 community Hub
- Save the children
- Brunswick Church
- North Moor Community Association
- Manchester People First
- Better Things
- Lifted
- Talbot House
- Rethink Mental Illness Manchester Group
- Manchester Users Network
- Manchester Hearing Voices
- Moodswings
- African Caribbean Mental Health Services
- Manchester Mind
- Self Help Services
- Together Dementia Support CIC
- Himmat
- Henshaws
- Greater Manchester Coalition of Disabled People
- RNIB
- Sign Health
- Action for Blind People
- Dyslexia Institute UK
- Breakthrough UK
- Stroke Association
- Lords Taverners
- Hulme Library and Leisure Centre
- Longsight Library
- Tahera Better We
- Longsight learning centre
- Mermaids
- Maternity Voices Network - Manchester and Trafford
- GM Homebirth Support Group
- Barlow Moor Community Association
- Women Arise
- Restore Life
- The Men's Room
- Survivors Manchester
- Men's Shed, Openshaw
- Andy's Man Club
- Bideford Community Centre
- Carers Manchester Contact Point
- Manchester Carers Network
- Manchester Carers Forum
- The Gaddam Centre
- Mustard Tree
- Coffee for Craig
- Barnabus
- Back on Track
- Lifeshare
- TS4E
- MRSN
- City of Sanctuary
- The Boaz Trust
- Women Asylum Seekers Together
- Revive Manchester
- British Red Cross

- TS4SE Cooperative Ltd
- Migrant Support
- FM Radio - Chinese community

Organisations and system wide boards, committee's groups and individuals

- NHS GM Involvement and Assurance Group
- NHS GM Clinical effectiveness committee
- NHS GM Executive Committee
- NHS GM Board
- Greater Manchester ICP board
- NHS GM Clinical Effectiveness Committee
- NHS GM Executive Committee
- NHS GM Primary Care Blueprint Delivery Group
- GM Trust Provider Collaborative
- GM Primary Care Provider Board
- GM Locality Boards
- NHS GM Extended Leadership Team
- NHS Trust Boards
- Equalities Lead for Greater Manchester Combined Authority
- GM SEND Oversight Board
- GM Mental Health Partnership Board
- NHS GM Associate Programme Director Children & Young people
- NHS GM Programme Director for Commissioning Development
- NHS GM Deputy Chief Medical Officer
- NHS GM Programme Director Mental Health
- Salford Safeguarding Children Partnership/Chair of a peer support network for neurodiversity
- NHS GM Adult ADHD Steering Group
- NHS GM Neurodiversity Staff Peer Support Group
- NHS GM AADHD Steering Group
- NHS GM Head of MH Strategic Commissioning
- NHS GM Clinical Director for Mental Health
- NHS GM Assistant Director of Mental Health Strategic Commissioning Children and Young People
- NHS GM Head of Mental Health Clinical Effectiveness
- NHS GM Director of Contract Management
- Ancoats Urban Village Medical Practice
- GMMH Associate Director of Strategic Development and Performance
- NHS GM Integrated Commissioning Manager (Learning Disabilities/Complex Needs) Salford
- NHS GM Head of Mental Health, Learning Disabilities, Autism & Neurorehabilitation (Manchester)
- NHS GM Head of Mental Health and Learning Disability
- NHS GM Head of Programmes - Bury Integrated Delivery Collaborative
- NHS GM Assistant Director of Delivery & Transformation (Wigan)
- Pennine Care Foundation Trust, Network Director of Operations
- NHS GM Associate Director of Transformation and Delivery (Heywood, Middleton and Rochdale)
- NHS GM Adults Mental Health Transformation & Delivery Commissioning Manager (Heywood, Middleton and Rochdale)
- NHS GM Programme Management Officer – Mental Health, Learning Disabilities & Autism Strategic Mental Health Commissioning Team

- NHS System Participation Group
- GM Placed Based Leads
- GM Deputy Place Based Leads
- Directors of Adult Social Services (via NHS Trust communications leads)
- GM Councils: Chief executives, Directors of Education, Directors of Public Health, Exec Leads for Health, Council Chief Execs and Communication Leads
- Locality Participation Groups
- GM VCSE Leadership Group
- Transport for Greater Manchester

External boards

- GM Joint Health Overview and Scrutiny Committee
- Local Health and Overview and Scrutiny Committee chairs

Political

- MP's & LA Councillors
- GM Mayor
- Deputy Mayor
- Exec Leads for Health

Other external

- Media – North-West and GM wide
- Specialist media

Appendix 5: Organisational, clinical and political responses

Fertility Action

Submission from Fertility Action Charity on the Proposed IVF Policy Change – Manchester ICB Consultation (July 2025)

29th July 2025

Dear Greater Manchester ICB,

On behalf of **Fertility Action Charity**, we write to express our strong opposition to the proposed change in the IVF funding policy that would reduce provision across Greater Manchester to **one NHS-funded cycle**, with a second only in the event of cancellation or abandonment ("1+" model).

This change represents a serious and unjustified "**levelling down" of care**, particularly for patients in boroughs like **Tameside (currently offering 3 cycles)** and **Stockport, Wigan, and Salford (currently offering 2)**. Equalising access to IVF should be about **raising the standard** of care across all boroughs, not aligning to the **lowest common provision**. Equality in healthcare should mean **equal access to adequate treatment**, not equal access to inadequate care.

As one of our founding Trustees Dr Carole Gilling-Smith says "there is no justification for the NHS to exclude fertility treatment from funding when NICE guidelines clearly state that 3 cycles of IVF should be offered in cases where fertility is unexplained or due to male factor, tubal disease etc. This is based on reasonable cumulative rates of conception being achieved after 3 fresh cycles and all associated frozen cycles as opposed to a single cycle".

Why This Proposal Is Harmful:

1. It undermines the principles of the NHS

The NHS was founded on the principle of providing care based on **clinical need, not postcode or personal wealth**. Infertility is a recognised medical condition by the **World Health Organization**, and IVF is a **medically recommended treatment** for around 1 in 6 people - we must stop treating it as an elective luxury. The current proposal contradicts these principles by restricting access to those who cannot afford private care and reducing medically supported options for those who need more than one cycle to conceive.

2. It will worsen mental health outcomes

We have submitted evidence of the **extreme emotional and psychological toll** of infertility and unsuccessful treatment. Our charity supports **40–50 people every week** across Greater Manchester in our support groups, and that number is **rapidly growing**. Many of these individuals are navigating not only the physical and financial demands of fertility treatment but also the **devastating emotional aftermath** of failed IVF attempts.

The idea that one funded cycle is enough is **clinically and psychologically out of step** with the lived experience of those undergoing treatment. The NICE guideline clearly recommends **up to three cycles** for women under 40, because success rates improve significantly with multiple cycles. Reducing access to only one undermines both science and compassion.

3. It deepens health inequality rather than achieving your desired "fair approach for everyone"

If implemented, the "1+" model would **strip access from those who previously qualified for two or three cycles**, while **failing to raise the standard** for those with only one. This is not equity - it's austerity masked as fairness.

In reality, this policy would **create a two-tier system**:

- Those who can afford private IVF will continue treatment.
- Those who can't will face the trauma of halted care after a single failed attempt.

This disproportionately affects **low-income families, minority ethnic groups, and those already facing barriers to healthcare access**, including single people, members of the **LGBTQIA+ community** and those with medical complexities.

4. It disregards clinical evidence and established medical guidelines

The **NICE guidance** (CG156) recommends up to **three full IVF cycles** for eligible women under 40 because this significantly increases the chance of success. It also reduces emotional stress, as couples are not burdened with the unrealistic expectation that IVF must work on the first try. Success rates increase significantly (~62%) with 3 cycles whilst offering fewer cycles leads to worse outcomes and wasted investment. This is a long-term investment which leads to taxpayers and contributors to the economy - which in a country with a severely declining Fertility Rate - is something we need to seriously consider. It is important to consider also that this will encourage increased reliance on unregulated or unsafe overseas fertility options.

5. It undermines trust in the NHS

When guidelines like those from NICE are ignored or inconsistently applied, it not only damages the trust in the fairness and integrity of the NHS, but it also signals to the public that their needs are secondary to short-term budget concerns. Fertility treatments are continually under-prioritised.

Other Considerations

1. Male fertility needs focus

Evidence shows that **education surrounding male fertility and preliminary testing/early diagnosis is extremely poor in the UK currently** (with 80% of GP's that we surveyed saying they have no education on this topic. We know that men contribute to up to 50% of infertility/sub-fertility diagnosis, and have recently sent this submission to The Men's Health Strategy to highlight this important issue.

2. Other countries provide better - the UK is falling behind

Sweden, Finland, Denmark and France all offer more cycles, better access and include single people and those from the LGBTQIA+ community, setting an international standard of reproductive support. The UK appears increasingly regressive in stark comparison sending a message that only certain family make-ups are "worthy" of support. Surely our country can do better.

3. We're not listening to the people who are affected

Our support groups are growing, and we are continually hearing stories of serious mental health impacts. Male fertility is drastically declining. Nutritional and holistic practitioners are telling us that lifestyle factors and choices might improve chances. Research is showing us that DNA Fragmentation testing might avoid recurrent baby loss in females. Fertility and Reproductive Health needs so much more conversation, education and understanding.

What Should Happen Instead:

- Maintain a **minimum of two funded IVF cycles** across all boroughs as a baseline, aligning with the most common current offer in Greater Manchester.
- Create a plan to **expand toward the NICE-recommended three cycles** in future phases.
- Conduct **further consultation with lived-experience groups**, including the voices of the 40–50 individuals we support weekly, who face infertility with resilience but need a system that doesn't give up on them after one try.
- Ensure **equity-enhancing policies** that support people from **diverse socioeconomic, racial, cultural, and sexual backgrounds** who are already underrepresented in successful fertility outcomes.

Final Statement from Katie Rollings, Founder & CEO of Fertility Action:

Reducing funded IVF cycles to a single attempt is not equality - it is, simply put, **levelling-down** medical treatment. In the name of "consistency," we risk making care worse for thousands of people across Greater Manchester who already face tremendous barriers and trauma in accessing fertility treatment.

We urge the Board to reconsider this proposal and uphold the NHS's duty to provide **evidence-based, compassionate, and equitable** care to all who need it.

Yours sincerely,

Katie Rollings

Founder & CEO
Fertility Action Charity
www.fertilityaction.org
Registered Charity number: 1212260

Navendu Mishra, MP for Stockport

Sir Richard Leese
NHS Greater Manchester
4th Floor
3 Piccadilly Place
Manchester
M1 3BN

Via email and post

2nd July 2025

Dear Sir Richard Leese,

I am writing to voice my concerns regarding the future of NHS funded in vitro fertilization (IVF) treatment in Greater Manchester and Stockport.

As I am aware, NHS Greater Manchester are considering plans to scale back NHS funded IVF treatment in numerous boroughs across Greater Manchester, including Stockport Metropolitan Borough. From my understanding, the proposal is that only one full IVF cycle will be available to people with uteruses aged 39 and under, plus an additional attempt if the first cycle is cancelled or abandoned. Currently, as I am aware, Stockport offers two free cycles as does Salford and Wigan. Tameside is the only borough to offer three cycles.

The National Institute for Health and Care Excellence (NICE) fertility guidelines recommend that three cycles should be offered to those under 40. Thus, even current provision falls short of recommendations.

In recent days, I have been contacted by constituents and a national charity expressing their deep concerns and distress over this proposal. As you may be aware, the first cycle of IVF is often considered a trial run, as success rates are likely to be low initially, so one cycle alone is seemingly wholly inadequate.

It is important to note that this decision will further perpetuate health inequalities across the region and Stockport. Simply, it is almost certain that this will disproportionately affect those with a lower income, who will likely struggle immensely to fund further treatment cycles themselves.

Not only this, but I am also aware from correspondence with constituents that this will continue and likely intensify the mental health implications that can come from fertility related health problems. This will not only negatively impact the patient but also their partners, family, friends and wider support networks.

I am aware that a factor behind this proposal is to standardise the availability of IVF treatments across the boroughs in Greater Manchester, as currently Trafford, Manchester, Oldham, Rochdale, Bury and Bolton offer only one cycle. While I understand the need to ensure equality between boroughs and eliminate the experience of a ‘postcode lottery’, I believe that the objective should be to level up the availability of IVF treatment across boroughs, not level down.

I am pleased to see that NHS Greater Manchester is currently consulting on these plans until 29th July 2025, and I hope and encourage that all those concerned share their opinions and experiences. As such, I urge decision makers to fully consider all responses to the consultation, thoroughly assess all available options, and thoughtfully evaluate impacts on patients' physical and mental health.

With this, I should also note that I intend to raise this issue in the Chamber of the House of Commons.

Finally, I would like to extend my sincere thanks and gratitude to all NHS staff in Greater Manchester, their care and determination continues to be a great source of strength and comfort for many.

I look forward to your response.

Yours sincerely,

Navendu Mishra MP

Member of Parliament for Stockport

Rebecca Long-Bailey, MP for Salford

Mr Mark Fisher
Chief Executive
Greater Manchester ICB

Sent by email.

Our Ref: RL28221 11 July 2025

Dear Mark,

Re: Proposed Reduction in NHS-Funded IVF Cycles

I am writing to express concern to the Greater Manchester Integrated Care Board's proposal to reduce the number of NHS-funded IVF cycles from two to one. This move would have a profound and distressing impact on individuals and couples in Salford and across Greater Manchester who are already facing the emotional, physical, and financial strain of infertility.

A Salford constituent recently shared with me the deeply personal challenges she has faced in her ongoing IVF journey. She suffers from endometriosis, adenomyosis and polycystic ovary syndrome (PCOS), all of which significantly impair fertility. Her treatment has already involved multiple abandoned or cancelled cycles, considerable personal expense for medication and investigations, and the heartbreaking loss of a pregnancy. While she currently has one embryo remaining from her funded cycle, the future remains uncertain.

Her experience is not unique. Infertility is a recognised medical condition, and treatment should reflect this. IVF is not elective—it is necessary healthcare for those who need it. The current proposal disregards both clinical guidance and human dignity.

The National Institute for Health and Care Excellence (NICE) recommends that eligible women under 40 should receive up to three full IVF cycles. Reducing the already limited provision to one funded cycle not only falls short of these guidelines but exacerbates the existing postcode lottery that governs fertility treatment access across England. This undermines health equity and places additional pressure on people already enduring significant emotional and physical hardship.

Furthermore, this policy raises broader ethical concerns. It is unacceptable to effectively limit access to medical treatment for a recognised condition based on local financial decisions. Just as we would not deny a second hip replacement or cancer treatment cycle due to cost, we should not ration fertility treatment in this manner. The right to try to conceive and start a family—enshrined in Article 16 of the Universal Declaration of Human Rights—must be respected and supported by our public health system.

I know many local Councillors and residents share these concerns, particularly in relation to mental wellbeing, equality of access, and consistency with NICE recommendations. I am therefore seeking greater clarity on the policy and financial

rationale for this proposal and, critically, its likely impact on patient outcomes in Salford and Greater Manchester.

I would be most grateful if the ICB would reconsider this decision and instead explore how current IVF provision can be maintained—or ideally improved—so that those affected by infertility in our community are not left behind.

I look forward to your reply.

Yours sincerely,

Rebecca Long-Bailey MP

Member of Parliament for Salford

Councillor John Merry and Councillor Mishal Saeed, Salford City Council

Mark Fisher
Chief Executive
NHS Greater Manchester Integrated Care

Colin Scales
Deputy Chief Executive
NHS Greater Manchester Integrated Care

Sent via email

21st July 2025

Dear Mark and Colin

Objection to Proposed Reduction in NHS-Funded IVF Cycles

We write to express our strong opposition to any proposal by the Greater Manchester Integrated Care Board to reduce the number of NHS-funded IVF cycles to one. In Salford, we are extremely concerned about the impact this would have on our residents, many of whom have expressed deep worry and distress over the potential change.

One resident shared, “This is shocking, I was an IVF baby—and a second round one at that,” powerfully illustrating how critical access to multiple cycles can be. Another stated, “Money shouldn't be a barrier to healthcare, and equality of service doesn't mean giving everyone less,” reflecting a widespread concern that this proposal undermines the very principle of equity. Residents have also emphasised that “IVF should be equitable, non-discriminatory, and treated with the same dignity as any other health condition.”

Perhaps most poignantly, a mother who struggled to conceive for eight years said, “Reading the IVF engagement report brought back all the pain… it’s disgraceful we’d even consider reducing residents’ rights to having a family by 50%, especially considering NICE guidelines are three cycles.” These voices must not be overlooked. They reflect a community that feels this decision would not only be unjust, but deeply harmful.

1. Upholding Equity and Access

Greater Manchester has long championed health equity and reducing inequalities. Moving to a policy of only offering a single IVF cycle risks undermining this commitment by disproportionately affecting those who cannot afford private treatment, exacerbating existing disparities in reproductive healthcare.

In Salford, the current offer of two NHS-funded IVF cycles remains in place, and we are deeply concerned that reducing this to a single cycle would violate the principle of equitable healthcare and risk causing significant harm to our residents. While the intention behind the proposal is to promote equity, reducing the number of cycles available does not feel equitable in practice.

Salford has a higher proportion of residents living in areas of deprivation compared to the national average. For many, private fertility treatment is simply not an option. Making equitable access to NHS-funded services all the more critical.

2. National Guidance and Best Practice (NICE)

The National Institute for Health and Care Excellence (NICE) recommends offering up to three full IVF cycles for eligible women under the age of 40. While we recognise that Integrated Care Boards (ICBs) have discretion in commissioning services, a reduction to just one cycle would move Greater Manchester further away from national best practice and risk deepening the postcode lottery in fertility care.

This proposal also represents a further reduction in NHS-funded IVF provision for Salford. In the early 2000s, residents were able to access the full three-cycle offer recommended by NICE. This latest cut is a blow for our community, further limiting access to essential reproductive healthcare.

3. Emotional and Mental Health Impact

Infertility is a recognised medical condition with profound emotional and psychological consequences. Reducing access to treatment may increase mental health pressures on individuals and couples already facing significant distress.

At a time when national birth rates are in decline, restricting access to fertility services appears counterintuitive. There is both a moral and economic imperative to ensure that residents are supported in accessing fertility treatment, recognising its importance to individual wellbeing and the broader demographic landscape.

4. Strategic Alignment

The Greater Manchester Integrated Care Partnership Strategy (2023–2028) outlines a vision for improving access to care and tackling health inequalities. We believe that maintaining or enhancing IVF provision aligns more closely with this vision than reducing it.

5. Call to Action

We urge the ICB to:

- Maintain the current provision of two NHS-funded IVF cycles.
- Consider aligning with NICE guidance by expanding access where possible.
- Engage meaningfully with local communities, clinicians, residents and stakeholders before finalising any changes.
- Provide timely updates to elected representatives and ensure they are actively included in the decision-making process.

We would welcome the opportunity to meet with you to discuss this matter further and ensure that Greater Manchester continues to lead the way in equitable, compassionate healthcare.

Yours sincerely,

Councillor John Merry Councillor

Lead Member Executive Support Member, Salford Council City

Councillor Mishal Saeed

Adult Social Care and Health Social Care and Mental Health, Salford City Council

Healthwatch Stockport

Healthwatch Stockport Response to Greater Manchester IVF Consultation

Date: July 2025

Submitted by: Healthwatch Stockport Website: www.healthwatchstockport.co.uk Contact: 0161 974 0753

Response to IVF Provision Consultation (July 2025)

Healthwatch Stockport welcomes the opportunity to respond to the Greater Manchester Integrated Care Partnership's consultation on proposed changes to the provision of NHS-funded IVF. https://gmintegratedcare.org.uk/announcement/ivf-consultation-launching-this-month/

As the independent champion for people using health and social care services in Stockport, we have engaged with our local members and community representatives on this issue. We are submitting this response on their behalf, informed by lived experience, feedback, and our commitment to health equality.

Core Feedback

1. Support for Equal Access to IVF Across Greater Manchester

Our members strongly support the proposal to standardise IVF provision across GM. Currently, residents in different boroughs experience varying levels of access, which is perceived as both unfair and inequitable.

We believe that people should not be disadvantaged based on their postcode when accessing reproductive healthcare support. A consistent, GM-wide policy would help reduce health inequalities and ensure that all residents have the same opportunity to try to start a family.

2. Support for Offering 3 IVF Cycles in Line with NICE Guidelines

Healthwatch Stockport supports the recommendation that up to three full IVF cycles should be funded for eligible individuals and couples, in line with NICE clinical guidelines (CG156).

NICE recommends three cycles because evidence shows that cumulative success rates significantly improve with multiple cycles, especially for younger women or those with unexplained infertility.

We believe that aligning NHS provision in Greater Manchester with national guidance is the fairest and most clinically appropriate approach.

3. Ensuring Fair and Inclusive Access Criteria

Our members wish to emphasise that any standardised offer must also include transparent, inclusive, and evidence-based eligibility criteria. Specifically, we encourage GMICP to:

- Ensure access criteria do not unfairly discriminate against single individuals, same-sex couples, or those from different ethnic or socioeconomic backgrounds.
- Avoid introducing additional financial or lifestyle-based barriers that disproportionately affect certain groups.
- Provide clear and accessible information about eligibility, timelines, and the referral process.

4. Access to Emotional Support and Counselling

While not the main focus of this consultation, our members also highlighted the need for emotional support alongside IVF treatment, both during and subsequently and both who experience treatments which have failed or have been successful. Undergoing fertility treatment can be psychologically challenging, and consistent access to counselling and peer support should be part of the wider fertility pathway.

Summary Position

Healthwatch Stockport supports the Greater Manchester-wide move to standardise IVF provision and strongly endorses the option that provides:

3 funded IVF cycles, in line with NICE guidance.

We believe this approach:

- Promotes fairness and consistency across boroughs
- Reduces postcode-based health inequality
- Aligns with national evidence-based standards
- Supports the reproductive rights and wellbeing of GM residents
- Bears the greatest opportunity for potential families.

Contact for Further Discussion

We are happy to provide further insight or share local experiences on this topic. Please contact:

Maria Kildunne, Healthwatch Stockport

Manchester University NHS Foundation Trust

Ursula Martin, Chief Executive Officer Specialist Hospitals Clinical Group submitted a response on behalf of Mark Cubbon, Chief Executive Officer Manchester Foundation Trust, highlighting some key considerations regarding the proposed “1+” cycle model.

Whilst recognising the need to reducing the disparity in current access, if this proposed model is implemented then, understandably this will significantly impact patients who are currently eligible for two or three cycles and may lead to:

Access and Patient Equity

- Perceived inequity, particularly among those from lower socio-economic backgrounds who are unable to proceed for private/fee paying treatment if unsuccessful from their funded cycles.
- Potential impact on Mental health and relationship strains, as highlighted in ICB-led engagement, that may have an impact on wider services.
- A likelihood of increased patient dissatisfaction and complaints directly into the service, which would require additional resources to manage and address these concerns. The service already receives a high volume of complaints related to the funding cycles provided which would be likely to increase with greater restrictions.

Financial Impact and Service Sustainability

Proceeding with this option would have a direct impact on the number of cycles which are currently provided at MFT, with a projected reduction per annum. It is unknown what the conversion would be from funded cycles to a fee-paying model would be, noting that there are alternative providers for such a service.

Recognising that there may be an activity impact and in conjunction to moving to a cost and volume contract for IVF services, there would be a need to review tariff arrangements, in order to ensure that the service remains sustainable. This is in recognition of there being a number of fixed overheads, in order to provide the service given its highly complex and specialist nature.

Acknowledging the approach that is currently being undertaken, we respectfully request that the following is undertaken:

- To continue with the collaborative engagement with ourselves and other providers to co-design a model that balances equity, affordability, and service viability.
- Ensure that tariff arrangements are sustainable under a cost-and-volume model in order for any proposed model is viable for the future.