Equality Analysis Template

Step 1 Evidence | Step 2 Assess | Step 3 Strengthen | Step 4 Monitor | Step 5 Approve

Step 1 Evidence

This equality analysis is being undertaken to prevent my policy, plan or project from adversely affecting people with different protected characteristics or at known disadvantage. I am using this template to identify potential discrimination or disadvantage, propose steps to strengthen against those and record and monitor the success of those strengthening actions.			
Name of your strategy/policy/plan/project	NHS GM IVF Cycles Project		
Contact details for the person completing the assessment	harry.golby@nhs.net, Project SRO		
Design date for the strategy/policy/plan/project	Policy		
Date your equality analysis is completed	Latest update 20th November 2025		
Does this template form part of a business case or investment proposal submission?	~~Yes~~	**No**	~~Unsure~~
Are you completing this as a result of organisation change?	~~Yes~~	**No**	~~Unsure~~
Is there another reason for you completing this template – e.g. renewal of a current service/change to current service – please specify:	Used by NHS GM IVF Cyclces Project, updated following consultation for Health Overview Scrutiny Cmtee, will also inform Board decision on standardising IVF policy		

If you are unsure about any part of this template, please read the accompanying guidance paper before you complete. ALL sections must be completed – N/A is not applicable in this template as it is used to inform legal compliance. If you need to explain your bespoke approach further, please do so in the text boxes.

1. Initial screening assessment

What are the main aims, purpose of your policy, plan or project?

The GM IVF Cycles Project aims to ensure standardise provision across all 10 localities in respect of the number of IVF cycles commissioned by NHS GM.

A single GM Assisted Conception Policy is in place and is consistent throughout NHS GM in every respect other than the number of cycles. The current (version 3.1, Nov 2021) NHS Greater Manchester assisted conception policy states:

For women aged 39 and under:

- Bolton, Bury, HMR, Manchester, Oldham and Trafford all commission 1 complete cycle of IVF (and allow a second attempt at a full cycle for a cancelled or abandoned cycles),
- Salford, Stockport and Wigan all commission 2 cycles (includes abandoned or cancelled cycles)
- Tameside commissions 3 cycles (includes abandoned or cancelled cycles).

The project has been established solely to consider the number of IVF cycles, ensuring standardisation across GM.

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. Over 2,000 people engaged with NHS Greater Manchester (NHS GM).

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.

What is your expected outcome? A revised NHS GM Assisted Conception Policy with a statement regarding the number of cycles that is consistent across every locality in GM.
Who will benefit? The IVF Cycles Project Group will have a better understanding of the impact of any possible changes. The Board of NHS GM, which will ultimately make the decision on the new policy, will have assurance that equality issues have been appropriately considered as options are assessed and considered, and mitigated (potentially by other parallel pieces of work).
Is your project part of a wider programme or strategy (for example, the locality plan)? Yes – the IVF Cycles Project will standardise the number of NHS GM funded IVF cycles. Other work will consider broader pathway issues and, the GM Assisted Conception Policy will consider broader aspects of eligibility for IVF and will be reviewed following publication of updated NICE Clinical Guideline on Fertility Problems: Assessment and Treatment.

2. Are there any aspects/activities of the policy, plan or project that are particularly relevant to equality, socio-economic disadvantage, or human rights?

At this stage, you do not have to list possible impacts, just identify the areas. (E.g. we are commencing a new programme of health care aimed at Caribbean men with diabetes)

Yes – there are many aspects of the broader Assisted Conception policy that are relevant.

Two aspects are particularly relevant to the current inequitable policy:

- Variation of provision – the current arrangements differ across the 10 localities of NHS GM.
- Geographical – a standardised policy will affect patients differently depending on where they live (or more accurately the location of the GP practice where they are registered). Depending on the difference between the current and new policy people from different localities will be eligible for more, fewer or the same number of cycles.

However, a number of groups will be particularly affected by a change in the number of NHS GM funded IVF cycles.

3. What existing sources of information will you use to help you identify the likely impact on different groups of people? (For example, statistics, JSNA's, stakeholder evidence, survey results, complaints analysis, consultation documents, customer feedback, existing briefings, comparative data from local or national external sources).

- Evidence of previous engagement undertaken in localities across GM prior to the establishment of this project
- EIA developed by the Engagement team
- Engagement carried out during this project.
- Public consultation undertaken in 2025 with over 2,000 responses
- National information with regards to other ICB's policies
- Activity information from IVF providers commissioned by NHS Greater Manchester on current provision

4. Evidence gaps

Are there gaps in information that make it difficult or impossible to form an opinion on how your proposals might affect different groups of people? If so, what are the gaps in the information and how and when do you plan to collect additional information? Note this information will help you to identify potential equality stakeholders and specific issues that affect them - essential information if you are planning to consult as you can raise specific issues with particular groups as part of the consultation process. EIAs often pause at this stage while additional information is obtained.

No: Please go on to question 5. (Be sure to have fully considered all communities and parts of communities – e.g. have you considered the needs of gypsies, travellers and Roma communities, other transient communities, do you need to better understand take up of your service by Muslim women or Orthodox Jewish men, for example.)

Yes: Please explain briefly how you will fill any evidence gaps. You might want to start with contacting research or policy colleagues to see whether they can point you in the right direction. Our third sector colleagues will also be pleased to offer support and direction.

Evidence gap	**How will the evidence be collated**	**Individual or team responsible and timeframe**
Insight from previous engagement is quite old and incomplete. Further engagement has been carried out to help address these gaps.	Summarised by engagement team	NHS GM Engagement Team
Activity information regarding current provision is limited. NHS GM does not routinely collect detailed information on current provision in a way that can be aggregated to describe the impact on different groups.	Project team has contacted providers direct and aggregated data.	Project Team

Engagement exercise and information from stakeholders during the project has provided significant insight, further engagement (full consultation) is recommended.	Consultation report	NHS GM Engagement Team and Project Team

5. Involvement and Engagement

Note: You are required to involve and consult stakeholders during your assessment. The extent of the consultation will depend on the nature of the policy, plan or project.

(Don't forget to involve trade unions and inclusion staff groups if staff are affected and consider socio-economic impact as well as community and third sector groups for different protected characteristics. If there is potential for different impact across different neighbourhoods, consult your neighbourhood leads)

Engagement and involvement that has taken place, who with, when and how?
Standardising IVF Cycles Consultation 2025: • 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 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.

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.

Pre 2025 insight:

- Bury CCG public consultation re IVF cycle provision (consultation 6 Aug to 16 Sept 2018)
- Heywood, Middleton, Rochdale CCG consultation re IVF cycle provision (consultation 3 Dec 2018 to 16 Jan 2019)
- Oldham CCG public consultation re IVF cycle provision (consultation 12 Oct to 3 Dec 2018)
- Stockport CCG public consultation re IVF cycle provision (consultation 9 Sept to 20 Oct 2019)
- Trafford CCG public engagement re IVF cycle provision (7 March 2018 to 19 March 2018)
- GMHSCP Assisted conception and fertility service review public consultation (28 May to 27 July 2021)
- NHS GM IVF cycles engagement exercise which encompassed a public survey, phone interviews and emails (engagement 21 May to 16 June 2024)
    - Action Together Oldham (Telephone call – 23 May 2024) to understand how best to reach South Asian communities.
    - LGBT Foundation (MS Teams call – 4 June 2024) to gain further insight re LGBT and support to promote engagement widely

- GM Equality & Diversity Team (MS Teams call – 11 June 2024) to discuss project and consider how to address gaps during pre-election period.
- Each Engagement Manager emailed their VCFSE contacts across GM to promote opportunity to get involved and asking to attend groups (May 2024)

- IVF Cycles Project Group (MS Team – monthly) multi-agency group established to support the project
- NHS GM Involvement Assurance Group (Face to face meetings - 11 March 2024 and 8 July 2024)
- IVF Lived Experience Advisory Group (MS Teams meetings: 24 June, 9 July and 22 July 2024).

How engagement with stakeholders will continue
Here you need to explain how you continue to engage throughout the course of the delivery to ensure the measures you take to address any disparity are working.

N/A – engagement and consultation has been completed

Involvement group	**Consultation dates**	**Strengthening actions**
NHS GM undertook pre-consultation engagement activity that is open to all and further targeted work in the localities highlighted as having gaps, if response rates for those localities are low. This was in the form of: • A GM-wide online and paper survey (promoted within localities and with VCFSE) • Promotion on social media channels Following a review of our engagement activities and gaps we have updated future mitigations: During any future period of engagement, we will accessibly involve the **voice of lived experience and/or special**	21 May to 16 June 2024	It should be noted that a General Election was announced by the Prime Minister on 22 May and resulting in a pre-election period from 25 May affected what public bodies can do bodies to adhere to. This impacted on NHS GM's ability to promote engagement activities during the majority of the phase 2 engagement period. Therefore: a) the engagement period was extended to mitigate against this. b) we contacted VCFSE organisations to help widen the reach and promote opportunities to get involved. c) we spoke with LGBT foundation, Action Together Oldham (South Asian population) and NHS GM Equality & Diversity Team for more advise and support to reach more audiences. d) In our promotions with VCFSE and on our website we

interest groups and target participants who have been underrepresented in the survey: including those who are **Black, Asian, Indian and Gypsy/Traveller, Disabled.** If found to be affected, we should undertake **targeted engagement in specific localities (should we reduced number of cycles in certain localities).** This should also include those who are **experiencing financial hardship**. We will also engage with possible future users of IVF services. We will aim to develop further insight prior to any formal consultation. Further details can be found below.		highlighted that we were keen to be invited to groups and highlighted " **Inviting us to your group** – we are especially interested in hearing from faith groups, those from different ethnic backgrounds and people or communities experiencing inequalities" e) We know that some communities prefer alternative communication methods such as Whatsapp or to leave telephone messages, therefore we promoted this service.
Voice of those with lived experience	Timescale July 2024 - onwards	To start to address this, we have established an IVF Cycles Lived Experience Advisory Group to help us with future planning and assist us to consider our Equality Impact Assessment further.

Step 2

Assessing impact and opportunities to promote equality and human rights

6. If you have piloted a project you want to roll out, add here what you learnt about communities not taking up, accessing or having poorer outcomes from it and what you have done to address those disparities.

N/A

7. What barriers have you identified for the different groups listed by your proposals?

Add the impacts in the box next to the group. (e.g. we have found that working age people are not taking up our services because of our opening hour restrictions)

Complete the identified barriers for each group and identify which group you have identified
You should complete each category. If you believe there is no adverse impact, you should put an explanation as to why.

Age • Young • Middle age • Older age	Yes - the IVF Cycles Project is considering the number of cycles for women aged 39 and under. All localities use this age (which is in NICE guidance) and the project is not considering changing this aspect. The fact that there is an age cut off means there is a limited amount of time that couples / women are eligible for NHS funded care. Most seek support having undergone 2 years of regular unprotected sex without conceiving and their pathway of investigations and treatment prior to IVF can take some time, engagement identified on the waiting list for IVF. Usually that pathway of investigations and treatment is through Gynaecology services. Gynaecology is one of the hospital specialties with the greatest demand and capacity challenges across Greater Manchester, and therefore some of the longest waiting times. Across Greater Manchester different services have different challenges and waiting times. The IVF Cycles Project group is considering changes to the number of cycles but not changes to the age cut off – so the total time available to access the NHS offer remains the same. The project group has considered waiting times because the longer these are, the older women will be when they access IVF. National information from the HFEA shows that women are tending to access IVF later in life. May 2024: •Women's most fertile period coincides with the crucial period for becoming established in a career. As a result, many women delay childbearing then some may suffer consequences in struggling to conceive as fertility decreases •Moving from initial NHS funded IVF treatment and then onto self-funded •IVF treatment (possibly with a different provider) may lead to longer waiting time and reduction in patient's fertility. Additional information following additional engagement May/June 2024: •Impact of waiting lists on age and fertility: "With wait times of 3 years at the moment, no wonder women are getting older and older with fertility chances reducing significantly in this time period" •Impact of having one chance of IVF on age: "I am a woman in my thirties who has been trying to conceive for 5 years. I'm terrified of blowing my one chance and it has made me hesitate on when the right time is to seek help"

	•Cost: 1 respondent said that IVF "becomes more expensive as you get older" •Policy: 1 respondent queried why someone aged 40 should be treated differently to a 32-year-old person. Following feedback from our Equalities and Inclusion team we discovered, the average age at which patients in the UK start fertility treatment was just over 35 in 2022, nearly six years older than the average age that women in England and Wales give birth (29.2). Early contact with a GP and referral to a fertility clinic, if needed, will help ensure the chances of success are as high as possible - so we need to consider our cultural competencies in our public health messages to ensure we do not widen disparities, as a result of this work.
Disability Types of impairment can be categorised as physical, sensory, psychosocial, and intellectual. There are several types of barrier that cause exclusion including • Physical • Social/attitudinal • Institutional • Communication Complete which *barriers* you will need to consider in your programme.	Whether or not an individual is disabled is not directly associated with the locality of their GP practice. So a change to a standardised policy will indirectly affect this group. However engagement does show that disabled people may be adversely affected if the number of NHS GM funded cycles is reduced in their locality, so this needs to be considered. Engagement may identify issues that need to be considered during the broader Review of GM Assisted Conception Policy. The impact on mental health of untreated infertility / not being able to have a child was a significant theme identified through engagement. A change in the number of cycles commissioned by the NHS would have an impact. From our initial desktop review of engagement insight, we discovered: •Cancer – there will be a range of medical interventions that result in decreased fertility •Mental health - For people with mental health issues, reducing the number of cycles may have a higher impact •Disability - Evidence suggests that around a third of all disabled adults of working age are living in low-income households. This is twice the rate of that for non-disabled adults. This could impact upon disabled resident's ability to pay for IVF treatment privately. From our engagement activity May/June 2024 we discovered, that for those with certain medical conditions, this meant IVF was their only option of having children. After feedback from our Equalities and Inclusion team we have discovered the following and should consider involving:

	•Women with certain disabilities are more likely to have adverse birth outcomes and experience pregnancy complications, in part because some medications interact negatively with pregnancy. Those with learning disabilities and those living with long term health conditions are often restricted from making choices about their health and childbearing.
Sex Identify any potential adverse impact to men or women.	By nature this service is accessed by women, normally (but not exclusively) by heterosexual couples. Engagement may identify issues that need to be considered during the broader Review of GM Assisted Conception Policy. After feedback from our Equalities and Inclusion team we have discovered, the total fertility rate (TFR) decreased to 1.49 children per woman in 2022 from 1.55 in 2021; the TFR has been decreasing since 2010. (ONS) The ONS data also showed that women are tending to have children later: the fertility rate was highest among women aged 30-34, whereas before 2002 it was higher in the 25-29 age group. A range of views were expressed through the consultation in relation to sex. Some women expressed 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",* some men felt that male infertility is stigmatised and men may be ridiculed when it is discussed.
Race Identify any adverse potential impact on different ethnic groups and identify which ethnic groups you may need to specifically consider.	An individual's race and ethnicity is not directly associated with the locality of their GP practice, so a change to a standardised policy will indirectly affect this group. However, engagement does show that some ethnic groups may be adversely affected if the number of NHS GM funded cycles is reduced in their locality, so this needs to be considered. Engagement may identify issues that need to be considered during the broader Review of GM Assisted Conception Policy. Various specific VCSE groups, some of which represented people from different ethnic groups, were targeted during the consultation. 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%). From desktop review:

	• There is evidence that we have insight from different ethnicities, but once we have undertaken stakeholder analysis, we will be able to undertake more targeted promotion with people of different ethnicities. • Over recent years, engagement exercises associated with Stockport's IVF services has shown a particularly high rate of engagement by residents of Pakistani heritage – 5.6% of all patients, despite making up just 1.04% of the local population. • Evidence indicates that members of Black, Asian and minority ethnic communities are more likely to live in areas of high deprivation and suffer disproportionate levels of health inequalities. Following liaison with the Lived Experience Advisory Group and our Equality and Inclusion team we have discovered the following: • There are disparities in use and outcomes of fertility treatment in the UK by ethnic group using data from 2017-21. This includes Black people less commonly used fertility treatment and more commonly single compared with other ethnic groups. • HFEA's report "Ethnic diversity in fertility treatment 2021" provides us with key information to consider: • Black people started fertility treatment later than other ethnic groups. • People from ethnic minority backgrounds undergoing fertility treatment are less likely to have a baby, with Black patients having the lowest chances of successful treatment. Whilst overall birth rates from fertility treatment have increased and are highest in patients under 35, Black patients aged 30-34 have an average birth rate of 23%, compared to 30% for Mixed and White patients. • It also highlights that 31% of Black fertility patients have fertility problems related to issues with their fallopian tubes, compared to only 18% of patients overall, with Black patients also starting IVF almost two years later (36.4 years old) compared to the average patient at 34.6 years old. • The report also shows that Black patients experienced higher than average multiple births from double embryo transfers, at around 14% from 2014-2018. • The higher the age of Black IVF patients, the higher prevalence of heart conditions in the Black population means that it is particularly important that risks should be seriously considered prior to using double embryo transfers, as multiple births represent the single biggest risk to both mother and babies. While disparities for Black patients are the most notable, other ethnic groups also have worse outcomes when going through fertility treatment. • Asian patients, who represent a larger proportion of IVF users at 14% whilst comprising 7% of the UK population may struggle to

	access donor eggs if needed. The report shows that 89% of egg donors are White, followed by 4% Asian, 3% Mixed and 3% Black, resulting in the use of White eggs in 52% of IVF cycles with an Asian patient. • Some ethnic groups may be less likely to seek/access clinical care for IVF because of adverse past experiences or community perceptions. Black African and Caribbean communities are high in this cohort. • Some ethnic groups may be less likely to get culturally competent care when they do seek clinician care. This includes Black African and Caribbean and Asian groups and GTR communities but will extend to other ethnicities where there are language or cultural barriers or misunderstandings. • Some ethnicities may experience higher levels of community and familiar pressure and consequential infertility distress. This will include some Asian, African and GTR communities (particularly women). This may also be compounded by religion or belief. • Some people may experience language and cultural barriers related to their ethnicity or disability regardless of whether they are in the above cohorts (e.g. Deaf people and those of Chinese ethnicity).
Religion/ belief Identify any adverse potential impact on different religious groups and identify which you may need to specifically consider.	Someone's religion is not directly associated with the locality of their GP practice, so a change to a standardised policy will indirectly affect this group. However, engagement does show that some religious groups may be adversely affected if the number of NHS GM funded cycles is changed in their locality, so this needs to be considered. Engagement may identify issues that need to be considered during Review of GM Assisted Conception Policy. Various specific VCSE groups, some of which represented people from different ethnic groups, were targeted during the consultation. Some people spoke about religious and cultural sensitivities and barriers which affected how they accessed support for fertility issues <u>From desktop review</u>: No specific engagement insight highlighted. No/limited number of respondents highlighted. Evidence available that localities who undertook engagement shared information with different faith groups on how to get involved. <u>From our engagement activity May/June 2024 and discussions with Equality and Inclusion team, we have discovered the following:</u> • One person who is a practising Muslim told us in the survey that some methods of overcoming fertility (such as surrogacy, donated sperm) are not accessible as they conflict with their beliefs. Therefore, IVF is one of their only options of becoming pregnant.

	After discussion with the EDI team we have learnt that IVF is acceptable in Islam, provided that it is for a married couple and both the egg and sperm come from this couple. Some religious organisations take formal positions associated with IVF. For example: • The Catechism of the Catholic Church states that IVF is "morally unacceptable" due to the destruction of embryonic life, the assault on the meaning of the conjugal act and the treatment of the child as a product not a gift IVF. • For Judaism one of the first commandments of the Torah is to be fruitful and multiply, so generally IVF is supported, and by some quarters strongly encouraged, although there is debate around the morality of certain procedures. Within some religions debate continues and some individuals' personal may differ from the formal position within their religion. People who's religious beliefs mean they do not consider IVF to be acceptable will be adversely impacted by a decision to increase NHS GM funding on IVF (as they have other different healthcare priorities), the opposite is true for people who's religious beliefs mean they consider IVF to be a priority.
Sexual Orientation Identify any adverse potential impact on different sexual orientations and identify which sexual orientations you may need to specifically consider.	Someone's sexual orientation is not directly associated with the locality of their GP practice, so a change to a standardised policy will indirectly affect this group. However, engagement does show that some groups may be adversely affected if the number of NHS GM funded cycles is reduced in their locality, so this needs to be considered. Engagement may identify issues that need to be considered during broader Review of GM Assisted Conception Policy. Specific concerns were raised during the consultation by same sex couples (and single women) regarding access criteria being discriminatory to them because they felt they might have to pay for insemination and the process might take longer for them than for heterosexual couples, whilst outside the scope of the IVF cycles project, it has been recommended that this aspect of the policy will need to be reviewed. <u>Desktop exercise Engagement insight has informed us that</u>: • This may affect same sex couples as they are unable to conceive naturally and may be more likely to require some of the specialist fertility services, which could result in them requiring to self-fund IVF treatment. • LGB patients feel discriminated against by not being eligible for NHS funding for IVF fertility testing.

	• Lack of information of services, rights to treatment as same sex couples known by GPs – means same sex couples may not receive sufficient information to inform help inform patient choice. Additional insight from engagement activity May/June 2024 we discovered: • It was suggested by some that there should be IVF standardisation between same sex couples and heterosexual couples. Some patients felt discriminated against due to their sexuality or being single, which they feel has affected their access to treatment. This has a negative impact on same sex couples. It was also suggested that Intrauterine Insemination funding should be re-evaluated. This has been noted for future reference although it is outside the scope of the review.
Transgender Identify any adverse potential impact on transgender or non-binary people.	Whether someone is transgender is not directly associated with the locality of their GP practice, so a change to a standardised policy will indirectly affect this group. However, engagement may show that this group may be adversely affected if the number of NHS GM funded cycles is reduced in their locality, so this needs to be considered. Engagement may identify issues that need to be considered during broader Review of GM Assisted Conception Policy. 4 respondents to the consultation identified themselves as transgender but no specific transgender issues or insight were highlighted.
Carer status	Whether or not someone is a carer is not directly associated with the locality of their GP practice, so a change to a standardised policy will indirectly affect this group. However, engagement may show that carers may be adversely affected if the number of NHS GM funded cycles is reduced in their locality, so this needs to be considered. Engagement may identify issues that need to be considered during Review of GM Assisted Conception Policy. No specific insight highlighted any issues. 70 people who responded to the consultation identified themselves as carers and several Carers specific support VCSE orgnaisations were targeted for the consultation.
Socio-economic status Identify any adverse potential impact because of deprived communities and identify which	Yes – the IVF cycles group is considering the number of cycles couples / women that will be funded by NHS Greater Manchester. There is an option of self-funding which is dependent on socio-economic status. There is variation across the NHS. Socio economic status and issues were often raised during the consultation. People said that policy changes which reduced the number of NHS GM funded cycles would disproportionately impact those on lower incomes,

communities you may need to specifically consider.	because they would not be able to pay for private IVF. *"Poorer people with limited finances and infertility (which is increasing) will not be able to have children. This is mean".* People also raised: • 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 Engagement has shown: • Those from low socio-economic backgrounds would be less likely to afford to self-fund IVF. • Those who considered themselves not to be on low incomes felt they may not be able to afford to pay for additional cycles (some mentioned pressure on personal finances or going into debt) • Saving to be able to self-fund additional cycles may take time – resulting in fertility reducing • Considering friend to be donor and using money on baby once born • Consider moving house to an area where the NHS commission more cycles – which is not an option for all people. Engagement showed GPs were the most common place to go when finding out about NHS funded IVF treatment, but online resources were also very commonly used – digital poverty is a consideration. • GM has a high level of poverty across communities and privately financing treatment may not be possible for many people (eg those on lower incomes/in receipt of benefits). Therefore, would be left

	without choice or children. These people may be negatively affected if number of NHS GM funded cycles is reduced. • It may take those on lower incomes/receiving benefits longer to save for IVF treatment, which may mean their fertility decreases whilst trying to save. • Patients with limited or no capacity to self-fund IVF may be at risk of poorer mental health due to stress, anxiety and worry. • Patients may be confused as to the options available to them, as information provided is confusing and difficult to understand, especially for those with lower literacy skills or if English not their first language. Therefore, they may be negatively affected. • If required to self-fund, women may choose to go abroad to access cheaper IVF, but standards may be different to UK and may result in multiple births - putting increased health risks to mothers and babies. • Additional costs if required to travel further for self-funded IVF. • If the number of cycles were reduced this could have a negative impact on the above groups.
Pregnancy or maternity Identify any adverse potential impact because of pregnancy or maternity.	*By nature, this service has a significant impact on the protected characteristic of pregnancy and maternity and views were reflective from women who were pregnant and those who wish to become pregnant.* - *GM IVF engagement Equality Impact Assessment.* (Protection against pregnancy and maternity discrimination under the Equality Act 2010 only begins when pregnancy occurs, or is deemed to have occurred in the case of IVF).
Marriage /civil partnership This category is only required for employment discrimination matters.	Whether or not someone is married or in a civil partnership is in this group is not directly associated with the locality of their GP practice, so a change to a standardised policy will indirectly affect this group. However, engagement does show that this group may be adversely affected if the number of NHS GM funded cycles is reduced in their locality, so this needs to be considered. Engagement may identify issues that need to be considered during Review of GM Assisted Conception Policy. Within the scope of numbers of cycles there were non but within the wider context female same sex couples would experience challenge if needed to evidence regular sexual activity for a period of 2 years. Specific concerns were raised during the consultation by same sex couples (and single women) regarding access criteria being discriminatory to them because they felt they might have to pay for insemination and the process might take longer for them than for heterosexual couples, whilst outside the scope of the IVF cycles project, it has been recommended that this aspect of the policy will need to be reviewed.

Other Are there other discriminations or disadvantages that you think you need to address?	• **Those who are infertile** - There was concern that patients are being penalised for being infertile and that infertility should be treated like other medical conditions. • **Geography** - If there is a reduction in cycles, patients living in those localities that currently offer more than any new proposed number of cycles could be more negatively affected than those that either stay the same or receive more cycles. If there is an increase in cycles, patients living in those localities that currently offer less than any new proposed number of cycles could be more positively affected than those that either stay the same or receive more cycles. • **Relationship status** – Some patients felt discriminated against due to being single, affecting their access to NHS treatment.

8. Can the adverse impacts you identified be justified and the original proposals implemented without making any adjustments to them? If so, please set out the basis on which you justify implementing the proposals without adjustments.

The current inequity based on locality cannot be justified hence the need to move to a standardised policy across GM. The other adverse impacts not directly associated with the locality of someone's GP practice will not be directly affected by the move to a standardise policy, but may be impacted by other parallel work.

9. Having analysed the initial and additional sources of information including feedback from consultation, is there any evidence that the proposed changes will have a *positive* impact on any of these different groups of people and/or promote equality of opportunity? Please provide details of who will benefit from the positive impacts and the evidence and analysis used to identify them.

Should NHS GM standardise the number of IVF cycles across the whole of GM:

- **If changes mean to all localities having 3 IVF cycles:** those living in Bolton, Bury, Manchester, Oldham Rochdale, Salford, Stockport, Trafford, Wigan will see a broadly **positive impact.**

- **If changes mean all localities having 2 IVF cycles:** those living in Bolton, Bury, Manchester, Oldham, Trafford will see a broadly **positive impact.**

In taking the disparities outlined above into account, a new standardised policy should offer more equitable outcomes for all.

10. Is there any evidence that the proposed changes have *no* equality impacts? Please provide details of the evidence and analysis used to reach the conclusion that the proposed changes have no impact on any of these different groups of people.

No, see above for evidence of disparities.

11. Please provide details of how you will consult and involve communities on the proposed changes. If you do not plan to consult and involve, please provide the rationale behind that decision.

- Evidence of previous engagement undertaken in localities across GM prior to the establishment of this project
- Engagement carried out during this project
- Formal public consultation undertaken across GM as part of this project – targeted at those localities and communities more likely to be impacted

Step 3 – Strengthening your policy plan or project

Please use the table below to document your strengthening actions.

12. What changes are you planning to make to your original proposals to minimise or eliminate the adverse equality impacts you have found?

Please provide details of the proposed actions, timetable for making the changes and the person(s) responsible for making the changes.

Adverse impact	Proposed action	Person responsible

13. Describe here how you could further promote equality of opportunity. What action/s do you recommend and when?

This is where you are taking the opportunity to advance addressing inequalities beyond the mitigations you are putting in place, for example, your mitigations when moving a service to digital provision will be to ensure alternatives are available for those who cannot access digital services. Your opportunity to *further promote* equality with a new digital service would be to extend a service to people from their own home where they had previously experienced physical barriers to reaching your surgery.

N/A Engagement and consultation now complete

14. Describe how you could further promote human rights principles. What action/s do you recommend and when? Please provide details.

For example, if you are putting in place improved access to interpreter provision that may enhance the human rights of those that need it to access public services.

By addressing the known preventable causes of infertility can minimise the need for costly and difficult-to-access treatments, as well as significant and lifelong physical, mental, social, and economic consequences. It can also reduce the far-reaching human rights impact of preventable infertility. We will be conscious to tackle and not exacerbate unwarranted privileging the reproduction of some while dissuading the reproduction of others in our measures to harmonise IVF in GM.

15. Describe how you could further reduce socio-economic disadvantage. What action/s do you recommend and when?

For example, if you are undertaking a focused anti-smoking campaign in areas of high deprivation, you can expect to reduce socio-economic disadvantage.

N/A – Engagement and consultation now complete

16. Describe here how you could further promote social value. What action/s do you recommend and when?

For example, you might be able to offer new jobs or apprenticeships to people struggling to get employment or offer contracts to community led social enterprises to deliver your services.

N/A

Step 4 – Monitoring and review

17. You are legally required to monitor and review the proposed changes after implementation of your strategy or programme to check they work as planned and to screen for unexpected equality impacts. Please provide details of how you will monitor, evaluate or review your proposals and when the review will take place.

What	When	How
TBC once new policy is agreed		

Step 5 – Sign off

Strategy, policy, plan, project or service owner or Work Programme Lead*	
[redacted]	[redacted]
EIA Lead (the person completing this form) This equality analysis has been quality-checked and will be passed to the senior responsible officer for final sign off.	
[redacted]	[redacted]
Director or Senior Responsible Owner * This equality impact assessment has been completed in a rigorous and robust manner and I agree with the actions identified. It will now be progressed and published where required.	
Harry Golby	26 November 2025

*By signing off your EIA you are confirming that you are satisfied that the policy/strategy/project/activity/service has been designed with the needs of different equality groups and communities in mind, and that the groups it is intended to serve will be able to access the service and experience similar outcomes from it.

For records, this EIA will also need to be copied to [redacted] to ensure we can evidence our legal duties to undertake equality analysis. However, the original version must be kept with the project documents and pro-actively used to inform the progress of the work, alongside budget, risk and health and safety monitoring.