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Dear colleague,

1 6 JUL 2019

NHS Fertility Services

I am writing to you to bring your attention to my letter of June 17 to the Chief Executives of all Clinical Commissioning Groups (CCGs) in England.

Infertility affects 1 in 7 couples of child-bearing age, but for most of these couples there are effective treatments. The NICE Fertility Guidelines set out clearly how treatment can be offered in the most clinically and cost-effective way, but sadly not all CCGs are compliant with this guidance. Some CCGs do not offer any routine access to fertility services, which is not acceptable.

The level of provision of local health services, including fertility treatment, available to patients is, and has been since the 1990s, a matter for local healthcare commissioners, who must consider the needs and priorities of all their population. This is currently determined by CCGs. I have been clear in Parliament that the Government expects CCGs to commission fertility services in line with NICE guidelines, so that there is equal access across England. The current variation is unfair to patients with infertility, who have every right to expect NHS services based on clinical need.

I know that many of you receive letters from distressed constituents about variations in the availability of NHS fertility treatment, which undermines the NHS's highly regarded reputation for fairness.

On 17 June, I wrote to Chief Executives of CCGs in England, to bring their attention to the publication of *Commissioning guidance for fertility services* by the Human Fertilisation and Embryology Authority (HFEA) in partnership with the leading professional bodies in the fertility sector. I have asked them, in robust terms, to utilise

this guidance to assist them to implement the NICE Fertility guidelines in full. Specifically, I have said that it is not acceptable for CCGs to offer no routine access to fertility services.

The HFEA's Commissioning guidance for fertility services is a new tool to help CCGs make the most effective commissioning decisions about fertility treatment and points to other supporting tools, such as the new benchmark price for IVF. In my letter, I recommended that CCGs look again at their commissioning approach to fertility services to ensure it is serving their local patients well, promoting fair and equal access and obtaining best value for money.

The publication of the commissioning guidance, taken together with the benchmark price, provide CCGs the tools to address an inequality that has, for too long, been allowed to grow – to blight the lives of patients and to damage the reputation of the NHS.

I hope that you will join me in encouraging CCGs to move towards full implementation of the NICE guidance and end the fertility treatment lottery once and for all.

JACKIE DOYLE-PRICE