NHS
North East London

NHS help to try to have a baby

Engagement feedback report
Analysis of engagement and survey responses

September 2022
NHS North East London

Disclaimer: Please note the views presented here are those of individuals and groups who responded to this engagement exercise. They do not necessarily reflect the views of NHS North East London.

Contents

1. Executive summary

As an Integrated Care System (ICS) our purpose is to work with and for all the people of north east London to create meaningful improvements in health, wellbeing and equity. In doing this, we will seek to achieve the four aims of an ICS – to improve quality and outcomes; secure greater equity; create value; and deepen collaboration – whilst focusing on our four priorities:

- Employment and workforce
- Long term conditions
- Babies, children and young people
- Mental health.

These elements have framed our approach to reviewing the five fertility policies currently in place in north east London, which offer different levels of treatment and support depending on where you live and so potentially contribute to creating an inequitable model of delivery of care.

We set out to review these policies and to create one single north east London fertility policy, in order to make treatment and support fairer, closer to the latest national guidelines and in line with best practice. It is our intention that it will also recognise the variety of fertility situations and needs today when providing NHS help to try to have a baby.

In order to ensure local residents, health and social care professionals and other stakeholders were involved in the development of this new policy, a 10-week public engagement period ran from 13 June – 22 August 2022.

During this period, we sought views and feedback on the new proposed single policy. We promoted extensively how individuals and organisations could share their feedback, on multiple channels across north east London. Online engagement sessions, supporting documents, comprehensive information and a feedback survey were accessible throughout this period on our website, on social media channels, through media coverage and shared directly by partners and stakeholders through their own communication channels.

Of the 273 survey responses received…

88% support or strongly support our plan to introduce a single, updated fertility policy across all of north east London.

68% support or strongly support the proposed eligibility criteria for NHS funding of assisted conception treatments.

Our plans for IVF treatment:

- 84% support or strongly support our proposal to increase to three full IVF cycles for people trying to get pregnant aged 39 and under
- 77% support or strongly support our proposal to increase to one full IVF cycle for people trying to get pregnant who are aged 40, 41 and 42
- 67% support or strongly support our proposed additional eligibility criteria for IVF.

Our plans for IUI:

- 80% support or strongly support our proposal to fund six cycles of IUI for people who are eligible
- 67% support or strongly support our proposed changes to the groups of people who are eligible for NHS funded IUI
- 66% support or strongly support our proposal to introduce additional eligibility criteria for IUI.

Our proposal for funding donor eggs and sperm:

- 70% support or strongly support our proposal about funding donor eggs
- 65% support or strongly support our proposal about the conditions for which donor eggs are funded
- 66% support or strongly support our proposal about funding donor sperm
- 66% support or strongly support our proposal about the conditions for which donor sperm are funded.

How we could approach funding of donor eggs and sperm:

- 64% support or strongly support our suggestion to have a spending limit for buying donor eggs and sperm
- 57% support or strongly support our suggestion to use donor eggs and sperm from abroad due to a shortage of UK sperm donors
- 49% support or strongly support our suggestion to use donor eggs and sperm from the UK only, because they may be less expensive.

Our proposals for NHS funding of storing eggs, sperm and embryos for fertility preservation:

- 79% support or strongly support our proposal that if you are aged 31 or under the NHS will fund to store eggs/sperm/embryos up until your 43rd birthday for eligible people
- 79% support or strongly support our proposal that if you are aged 32 and over the NHS will fund to store eggs/sperm/embryos to be stored for 10 years for eligible people
- 67% support or strongly support our proposal about the conditions for which fertility preservation is funded.

57% support or strongly support our proposals for ovarian reserve criteria.

While the majority of respondents were supportive of changes to this policy, many didn't feel it was change enough. There was a strong narrative around providing equitable treatment and support for same sex couples and individuals. There were also a number of respondents who didn't support fertility treatment or the NHS spending money in this way.

Through analysing all the responses, five key themes were identified:

- Eligibility criteria
- Fairer access to fertility treatment
- Equity of access to treatment
- Not an appropriate use of NHS money
- Fertility treatment being against people's beliefs.

All of these themes are explained in more detail in this report.

Finally, it must be noted that fertility and fertility problems are a highly personal and emotive topic, and every individual has different needs and expectations of what NHS support should be provided.

With this in mind, we acknowledge that our proposed new policy does not address all of the concerns of some residents who feel this policy does not offer equitable access to fertility treatment. However, the aim of the proposed policy is to make access to treatment the same across all boroughs in north east London to ensure it is fairer for our communities, whilst recognising the variety of fertility situations and needs today, and prioritising treatment for those individuals with proven fertility issues.

This report outlines our engagement activities as well as analysing the feedback and responses received. It forms part of the evidence that will be submitted to NHS North East London's fertility policy clinical review group. The group will review this report, the responses received and other evidence to inform a recommendation to NHS North East London's board on the final content of the proposed policy. The recommendation will also be reviewed by the NHS North East London Quality and Finance committees before going to the board. The board will consider the decision-making business case, including this report, and make a final decision about the proposed policy.

Note: North East London Clinical Commissioning Group (CCG) ceased to exist on 1 July 2022, after the engagement launched. NHS North East London took over the responsibility for the engagement from that date. For ease we refer to NHS North East London throughout this report.

2. Background

For historic reasons there are currently five different fertility policies being used in north east London. Changes have seen seven organisations become one with a key focus on health equity, and as a result we are working through the development of more consistent and equitable arrangements for the people of north east London. The existing five policies mean that people in boroughs next to one another may not be eligible for the same treatment and we want to make sure access to treatment is the same across all boroughs in north east London. While we're not responsible for creating a single policy across London, when developing our proposed new policy we took into consideration the policies of the other London boroughs.

We also want to make our policy fairer and closer to the latest National Institute for Health and Care Excellence (NICE) guidelines and best practice, while recognising the variety of

fertility situations and needs today. Our proposed new policy covers a number of treatments and eligibility criteria, as well as fertility preservation.

While the purpose of the proposed policy is not to save money, we do need to make best use of NHS money, as is the case across the country. We need to make carefully considered and difficult decisions about who we can help to try to have a baby. It would cost any NHS organisation too much money to help everyone. Given we do not have an unlimited budget, our priority for NHS fertility treatment is for those who have a proven fertility issue.

We have used the latest national guidelines, research and best practice to develop the proposed policy. Clinicians, including GPs and fertility experts, have also helped to shape it.

To gain the public's, health and social care professionals' and stakeholders' views on our proposed policy we ran a 10-week engagement period where the proposed policy and how to have your say was extensively promoted across all of north east London. A range of materials, messages and channels, as well as virtual engagement events, were used to ensure people had the opportunity to see, engage with and feedback on the proposed policy.

2.1. Objectives of the engagement

The aims of the engagement were to:

- Involve the public, health and social care professionals and stakeholders in the development of a single fertility policy for north east London, and hear their views
- Raise awareness of the reasons for introducing a new single fertility policy for north east London, and our priority of reducing health inequalities.

3. NHS help to try to have a baby – in numbers

Below is a snapshot of the engagement activity that took place during the 10-week engagement period for the proposed new fertility policy, which ran from Monday 13 June 2022 to 11.59pm on Monday 22 August 2022.

Table 1: Engagement response

273 responses to the online survey	**16** engagement meetings
2,737 webpage views with an average dwell time of **3 minutes 3 seconds**	**252,902** direct contacts through our own and partner channels
291,075 people potentially reached via social media	**879,175** people potentially read media coverage

4. Proposed policy

Our proposed new policy covers a number of assisted conception treatments and eligibility criteria, as well as fertility preservation. The main areas where there are changes to the current policies are:

- **Who can get NHS funded help to try to get pregnant**

For assisted conception treatments, unless otherwise stated, you need to meet eligibility criteria. This includes things like not being too over or under weight, if you or your partner (if you have one) have a child already, the age of the woman or person trying to get pregnant, and if you smoke.

Most of these criteria are the same as the existing fertility policies, however we want to increase the upper age limit for treatment to be under 43 years old. In the existing policies this is aged 39 or 41 depending on where you live in north east London.

- **How many IVF cycles you can have at what age**

We want to change how many embryo transfer procedures we should fund for people of different ages, so it is the same across north east London.

The proposed policy increases the amount of treatment available to give people more chances to get pregnant, as well as making treatment the same across all areas of north east London.

- **Funding of intrauterine insemination (IUI)**

We want to increase who is eligible for NHS funded IUI in north east London, to include individuals and couples trying to get pregnant using donor insemination who have fertility problems, and some people with social, cultural or religious objections to IVF.

- **Funding of assisted conception treatments using donor eggs or sperm**

We want to pay for the donor eggs or sperm that are used in some NHS funded assisted conception treatments for people with fertility problems or certain conditions.

We are also asking for views, suggestions and feedback on how we could approach funding of donor eggs and sperm. We will then use the feedback as a basis for local NHS guidelines on this.

- **Fertility preservation**

We want to increase how long eggs, sperm and embryos are stored for people with conditions or who need a treatment that can cause infertility. This would be for up to 10 years of storage or up until their 43rd birthday.

- **Ovarian reserve criteria**

We want to be clear about what criteria you have to meet around the quality or number of eggs you have, known as ovarian reserve, to be eligible for NHS funded assisted conception treatment.

Our proposed policy is not the same as NICE guidelines, which recommend that for women or people trying to get pregnant who are aged 40-42 only, there should be no evidence of a low ovarian reserve. Our proposed policy, and current policies, include ovarian reserve criteria for people of all ages.

Full details of the proposed policy were set out in our engagement document. The proposed policy itself and a table of all proposed changes compared to the existing policies were available on our website throughout the engagement.

4.1 Update to government fertility policy during the engagement period

On 19 July 2022, while halfway through our engagement period, the government announced it was publishing a new Women's Health Strategy, which sets out ambitions for improving the health and wellbeing of women and girls in England over the next 10 years. It includes a national approach which addresses the current variation in accessing fertility treatment depending on where you live in the country; more equal access for female same-sex couples as they will no longer have to pay for artificial insemination at a private clinic to prove they are having difficulty getting pregnant before being able to access IVF services on the NHS. It also plans to end non-clinical eligibility criteria.

Some of the changes to access were already proposed in our policy, others go beyond what we proposed in the policy. We recognise and welcome the ambitions set out in the government's strategy around NHS help to try to get pregnant and are awaiting more detail on the strategy and the relevant commissioning guidance. We will then be able to consider these changes and the implications for our proposed fertility policy. In the meantime, we will continue with the process to agree a finalised fertility policy for north east London.

Following the announcement of the Women's Health Strategy we added information to our websites and updated our frequently asked questions to let the public, health and social care professionals and stakeholders know how it affects our proposed policy.

5. Governance and responsibilities

5.1. Clinical leadership

Dr Anju Gupta and Dr Gary Marlowe were the clinical leads for this project, supported by Diane Jones, Chief Nursing Officer, as senior responsible officer.

The information in this report will be carefully reviewed by the Fertility Clinical Review Group, which is made up of the clinical leads, senior responsible officer, specialist clinicians and officers, and used alongside other evidence to inform a recommendation to NHS North East London's board on the final content of the proposed policy. The recommendation will also be reviewed by the NHS North East London Quality and Finance committees before going to the board. The board will consider the decision-making business case, including this report, and make a final decision about the proposed policy.

5.2. Policy overview

In north east London we believe people and communities have the right to participate in all aspects of our work. We know that by working alongside residents and communities we are better able to address inequalities, improve access, experience and outcomes. We also knew (and our residents told us) that our existing fertility policies were inequitable and this needed to be addressed.

We also have a legal duty to involve the public in commissioning plans. There are two main relevant legal requirements relating to consultation and engagement:

For the NHS to promote public involvement and consultation

(Section 14Z2, Health and Social Care Act 2012, as amended)

This duty applies where there are changes proposed in the way in which services are delivered, or in the range of services available. The duty applies to health services commissioned by clinical commissioning groups, which are responsible for involving or consulting the people who are or may be using the service.

For the local authority to review and scrutinise the NHS

(Part 4, Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013)

Under the Local Authority Regulations 2013, local authorities may review and scrutinise any matter relating to the planning, provision and operation of the health service in their area.

Cabinet Office and NHS England/Improvement statutory guidance, as well as other best practice guidance was followed for the engagement process, document and survey.

6. Engagement preparation

It was recognised that fertility is a sensitive topic and for those who have experienced or are experiencing fertility problems engaging with information about the subject could be very emotive or triggering. We considered the language and communications messaging to take these sensitivities into account. In the engagement document we also included information about mental health support for those going through treatment, as well as signposting people to free NHS mental health support for anyone experiencing stress, low feelings or anxiety as a result of fertility problems.

It was also anticipated that the majority of respondents to the survey, and those that engaged with our communications around the proposed policy, would be people with personal experience of fertility problems or treatment. It was also expected that many would only provide feedback on the area of fertility treatment or the proposed new policy that they have knowledge or experience of.

6.1 Pre-engagement

We met a range of people from across north east London, who represent people who live in the area, or who have an interest in fertility treatment and our plans for a proposed new policy. We discussed the high-level plans for the proposed policy, how we would promote the opportunity for local residents, health and social care professionals and stakeholders to have their say, and how we could make our communications and language inclusive. This included discussions with Joint Health Overview and Scrutiny Committees (JOSCs), north east London Healthwatches, local MPs and our staff network groups who represent women, LGBTQ+ people, those living with a disability, and Black and Minority Ethnic people, during a pre-engagement period from January-May 2022.

In addition, the draft engagement document and survey were sent directly to the JOSC officers and north east London Healthwatches for comment. The inclusivity of the language and survey was tested with LGBTQ+ representatives, as well as shared with groups who represent women, those living with a disability, and Black and Minority Ethnic people for comment.

We also discussed with NHS North Central London the learnings from the engagement they undertook in 2021/22 on their updated fertility policy, and used this to inform our engagement and communications approach, messages and survey questions.

6.2 Engagement timings

During the pre-engagement meetings with the JOSCs and officers, the timings of the engagement on the proposed policy were discussed in detail. It was agreed that the engagement would run for 10 weeks, as this was deemed to provide sufficient time for people to see and respond to the proposals.

6.3 Engagement document

An engagement document was created to clearly set out our proposed new fertility policy. The document explained that we had developed a single policy, gave the reasons why, outlined the proposed changes in the policy compared to the existing five policies, and who it would apply to. The engagement document also included information on what assisted conception and fertility preservation is, mental health support available for those experiencing fertility problems and how the proposed policy was developed.

The aim of the document was to provide the information needed to support a response to the proposed policy. It was written in plain English and designed to be as easy as possible for the public to understand. Clinical terms were explained and the language throughout aimed to be inclusive and accessible.

Healthwatch representatives and health scrutiny committee officers were asked to review and comment on the engagement document at draft stage. We incorporated the comments received, where appropriate.

The document included a statement on the back page in 11 other languages asking people to contact NHS North East London if they wanted to know more about the proposed changes to healthcare, but could not read the document. It asked them to say what help they might need and if they needed a large print version or different format. No requests for other formats or languages were received.

The document also included contact details – a dedicated engagement email address and phone number. These were publicised so that people could direct any questions and queries to NHS North East London.

The public, health and social care professionals and stakeholders were encouraged to view the engagement document and proposed policy online, and complete the online survey. Printed copies of the full engagement document, easy-read version and proposed policy were available on request. A summary of the proposed policy, and how to have your say was printed and distributed to key locations.

6.4 The survey

The engagement document included a survey, where respondents were asked to indicate how they felt about a set of questions. The questions were developed in line with Cabinet Office, NHS England/Improvement and The Consultation Institute best practice guidance and were shared with local council, Healthwatch and LGBTQ+ group representatives before the survey was finalised.

Open questions were included in the survey for respondents to provide any further comments, including giving more information for the answer they selected, and anything else they wanted to tell us about the proposals.

The public, health and social care professionals and stakeholders were encouraged to complete the survey online via a link on the NHS North East London and North East London Health and Care Partnership websites. The link to the survey was provided in all communications and promoted throughout the fertility policy webpages and on our Twitter accounts.

Printed copies of the survey were available on request, as well as available to print from an online PDF. A freepost address was publicised so people could post their responses without incurring cost.

6.5 Other engagement materials

A range of supporting materials were developed and made available on the websites alongside the engagement document:

- Summary engagement document
- Simplified easy guide engagement document
- Proposed fertility policy
- Table of proposed changes
- Online survey link
- Survey document
- Health Inequality and Equality Impact Assessment
- Questions and answers
- Posters.

Following the public engagement event on 20 July, a video recording of the proposals being explained by the clinical lead was also uploaded to the websites and shared via our Twitter accounts.

The questions and answers were updated throughout the 10 week engagement period as we received questions from the public, health and social care professionals and stakeholders.

A set of slides was developed for us to present the proposed policy to the JOSCs, the public and other groups, on request. These were revised slightly depending on the audience and their areas of interest.

6.6 Health Inequality and Equality Impact Assessment

An initial Health Inequality and Equality Impact Assessment (HIEIA) was carried out to assess if the proposals might discriminate or disadvantage against the following characteristics:

- Age
- Disability
- Gender
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation.

The initial HIEIA was available to download from the NHS North East London and North East London Health and Care Partnership websites. NHS North East London will take in to account the responses received to the proposed policy and this will inform a more detailed final HIEIA, which will go to NHS North East London's board to consider before any decisions are made.

7. Engagement launch

The 10-week public engagement ran from Monday 13 June 2022, closing at 11.59pm on Monday 22 August 2022.

7.1. Stakeholders

On the day the engagement launched, emails were sent to stakeholders with a link to the proposed policy page on NHS North East London's website and information on how to have their say on the proposals.

The stakeholders contacted were:

- MPs
- Council health scrutiny committees
- Cabinet members for health and adult services
- Health and wellbeing board chairs
- Council leaders, Mayors and chief executives
- Directors of public health and adult services
- Healthwatch
- North East London CCG governing body members
- GPs
- Fertility treatment providers – Barking, Havering and Redbridge University Hospitals NHS Trust, Barts Health NHS Trust, Homerton University Hospital, Guys and St Thomas Hospital
- Transgender and mental health support providers – North East London NHS Foundation Trust, East London NHS Foundation Trust, Tavistock and Portman NHS Foundation Trust
- Ability, Black and minority ethnic, LGBTQ+ and women's staff networks – NHS North East London, local provider Trusts and local authorities
- NHS England London
- Neighbouring CCGs (now Integrated Care Boards)
- Fertility Network UK

- Local groups, interest groups and community and voluntary organisations, including those representing parents and families, women, minority ethnic communities, people with cancer and HIV, those living with a disability, the LGBTQ+ community, young people and faith groups.

7.2 Public launch

The NHS North East London and North East London Health and Care Partnership websites had a news item on the engagement at launch, and additional news items at the midway point and towards the end of the engagement, which included a link to the proposed policy, engagement document and easy read version, online survey and initial HIEIA. The engagement was prominently advertised on the homepage of the NHS North East London website throughout the engagement period. Tweets were also sent from each of the Twitter accounts throughout the engagement period with links to the engagement page on the websites.

Coverage in the local media, stakeholder newsletters and websites, printed materials, and partners' social media provided multiple opportunities for the public to see the information and respond to the proposals.

More than 2,100 members of the public who are part of the North East London Citizens' Panel were sent the information and the survey link directly via the panel platform. As were 1,000 residents from City and Hackney who had registered for information on women's health. Over 5,000 local parents and parents-to-be received the information via a number of notifications on the Baby Buddy app.

7.3 Ongoing communications methods and activity

Throughout the 10-week engagement period we continued to promote the proposed policy and raise awareness of how to provide views on it, through the NHS North East London and North East London Health and Care Partnership Twitter accounts, websites, stakeholder newsletters, staff and GP intranets and newsletters, emails to partners and community groups, media articles, and virtual public events.

At the mid-way point of the engagement period we analysed the demographics of those who had responded so far to identify groups in our community that were under-represented in the responses, as well as the boroughs which had a lower response rate. This information was used to reach out to representatives of these groups, and to work with partners and networks to encourage responses from under-represented groups.

Towards the end of the engagement, emails were sent to all stakeholders who received our initial launch email, to encourage them to respond and share the survey with their networks, and remind them of the date the engagement closed.

8. Engagement activity

8.1. Attending meetings

As part of the engagement launch communications we offered to attend the meetings or events of local groups to present on the proposed policy, how to have your say and answer questions. We did not receive any requests to attend any existing meetings.

At the request of the cabinet member for health and the director for public health for City and Hackney, a briefing session for City and Hackney councillors was held to talk them through the proposals and answer their questions. Attendance at the briefing was lower than anticipated due to extreme hot weather and a last-minute council members' meeting held at the same time.

The feedback, comments and questions received at the meeting have been analysed and included in section 10.3.2.

8.2. Public events

During the engagement period we hosted four virtual public events to explain the proposals and take questions. The dates of these were promoted widely through our launch communications, listed in media coverage, on our websites, and regularly through social media and partner communications.

The public was asked to register to attend an event to support us in identifying the number of attendees, and to ensure the events were secure environments by sharing the link only with those who chose to register. Interest in the events was low and the majority of those that did register didn't attend a session. For the first two events, this could in part be due to the extreme hot weather at the time. In total, nine members of the public attended the events.

Questions were asked at two of the four public events. These ranged from whether eggs stored privately could be used in NHS treatment; if people with endometriosis will be expedited for IVF; and what health advice could be provided to help people to increase their chance of conceiving before fertility treatment was needed.

The questions and answers from these sessions were included in our published Q&A on our websites, where relevant, following each event.

The feedback, comments and questions from those that attended the events has been analysed and included in section 10.3.2.

Following the events, an email was sent to thank everyone who registered to attend, to ask for feedback on the events and to remind them to complete the survey.

8.3. Engagement with GPs

Local GPs were emailed encouraging them to respond when the engagement launched and again towards the end of the 10-week period. Information was also shared with them through the GP intranet and weekly email bulletin, including midway through the engagement.

Posters and public-facing information were shared with practices for them to promote to their patients.

8.4. Engagement with seldom heard groups

We promoted the proposed policy and how to have your say directly with seldom heard groups via our stakeholder newsletter, local voluntary and community groups, and groups we had identified as having a potential interest. The information was shared again at the half way point and towards the end of the engagement period to further encourage responses.

We received no requests to attend any voluntary or community group meetings, or develop any further information for their group/community.

8.5 Engagement with health scrutiny committees

North east London health scrutiny committee officers were sent an email on the day the engagement launched, to be shared with the committee members providing them with information about the engagement and proposed policy. As the launch of the engagement came soon after the local elections, members of the health scrutiny committees were undecided, hence why the information was sent to the officers to distribute to councillors.

They also received the information at the start and midway point through our stakeholder newsletter, and again towards the end of the 10-week engagement period. The emails included links to the relevant page on the website, information on how to respond and a request to share the information widely across their networks.

Halfway through the engagement period we shared with scrutiny officers the number of responses to the proposals that we had received so far, and the promotion of the proposals, and requested ideas and support to further encourage more people to review and respond to the proposals.

The clinical lead and senior responsible officer discussed the proposals in detail with councillors at the Joint Health Overview and Scrutiny Committees (JOSCs) in July.

The JOSCs expressed support and appreciation for the proposed increased access and levelling-up of access to treatment across north east London.

Questions from councillors included the financial cost and commitment to funding the proposed changes, and support available for residents to reduce their Body Mass Index or stop smoking to enable them to become eligible for treatment. They also wanted to understand if increasing access would impact on patient treatment or waiting times, and what mental health support was available for those going through treatment.

The questions were managed in the meetings, and councillors were encouraged to submit responses.

The feedback, comments and questions received at the meetings have been analysed and included in section 10.3.2.

8.6. MP engagement

All north east London MPs were sent an email on the day the engagement launched providing them with information about the engagement and proposed policy, at the start and midway point through our stakeholder newsletter, and again towards the end of the 10-week engagement period. The emails included links to the relevant page on the website, information on how to respond and a request to share the information widely across their networks.

We received one email from Stella Creasy, MP for Walthamstow, on behalf of a constituent who was enquiring about the impact of the government's Women's Health Strategy on our proposed policy, in particular access to IVF and IUI for same sex couples. We responded to Stella Creasy during the engagement period.

9. Other interest

9.1. Correspondence and calls

Throughout the engagement period we responded to correspondence from stakeholders and the public. In total, we received:

- Five emails:
    - Confirmation from Fertility Network UK that they shared information about the proposed new policy and the survey link via their social media channels and within their relevant London Fertility Groups
    - Informal feedback on the proposed policy from an elected representative who works in fertility
    - An enquiry from Stella Creasy MP on behalf of a constituent (refer to section 8.6 for more information)
    - An enquiry from a member of the public about how the government's Women's Health Strategy would impact on the proposed policy and engagement
    - A request for information from a member of the public under the Freedom of Information Act, requesting information about the engagement and communications process, what proportion of LGBTQ+ people responded to the survey, and estimates of how many LGBTQ+ people would be eligible for or excluded from NHS-funded fertility treatment under the proposed new policy
- No letters
- No phone calls.

NHS North East London responded to each request for additional information and explained the proposed policy when asked to do so.

9.2. Webpage views

A page was created on NHS North East London's website, as well as on the North East London Health and Care Partnership website. These were regularly updated and included information about why we are proposing a new policy and supporting documents – namely the full engagement document, the easy read version, the proposed policy, the initial HIEIA and a summary of the proposed changes. Each of the documents was available to download as a PDF, which is the preferred format as the Adobe software required to read a PDF document is free to obtain.

Page views were as follows:

- Engagement webpage unique page views:
    - NHS North East London: 759
        - Average dwell time: 3 minutes 46 seconds
    - North East London Health and Care Partnership: 1,978
        - Average dwell time: 2 minutes 21 seconds
    - Total unique page views: 2,737
    - Total average dwell time: 3 minutes 3 seconds
- Presentation video views: 37

9.3. Media coverage

We issued a media release at the launch of the engagement period, which received coverage in both print and online local media. We also featured the proposed policy as the topic for our July and August GP columns in the following local papers: Barking and Dagenham Post, Docklands and East London Advertiser, Hackney Gazette, Ilford Recorder, Newham Recorder and Romford Recorder.

This secured positive and extensive coverage across local media.

Table 2: Media coverage

Publication	Print readership / website users
Barking & Dagenham Post - online	113,823
Barking & Dagenham Post - print	10,428
Barking & Dagenham Post GP column - print	*As above*
Docklands & East London Advertiser - online	72,875
Docklands & East London Advertiser - print	9,456
Docklands & East London Advertiser GP column - print	*As above*
Hackney Gazette - online	101,189
Hackney Gazette - print	3,664
Hackney Gazette GP column - print	*As above*
Ilford Recorder - online	154,209
Ilford Recorder - print	10,170
Ilford Recorder GP column - print	*As above*
Newham Recorder - online	126,943
Newham Recorder GP column - print	16,103
Romford Recorder - online	221,717
Romford Recorder - print	38,598

Romford Recorder GP column - print	*As above*
Waltham Forest Echo - online	*Not publicly available*
Total	**879,175**

We did not receive any media enquiries during the engagement period.

9.4. Social media

Social media was a significant way of promoting the engagement, and NHS North East London and North East London Health and Care Partnership Twitter accounts tweeted about the proposed policy regularly.

The following table breaks down engagement-related Twitter activity, showing the number of tweets about the engagement during the period, as well as the potential reach of those tweets.

Table 3: Social media activity

Twitter account	Followers	No of tweets*	No of retweets**	Potential reach
NHS North East London	944	106	152	54,433
NHS North East London (Barking and Dagenham, Havering and Redbridge)	6,820	33	1	16,371
NHS North East London (City and Hackney)	6,201	12	10	24,897
NHS North East London (Tower Hamlets, Newham and Waltham Forest)	3,712	25	3	10,124
North East London Health and Care Partnership	2,506	29	4	2,618
Partner accounts	158,349	30	17	182,632
Total	**178,532**	**235**	**187**	**291,075**

**Includes retweets of other accounts' tweets.*
***Refers to retweets of the account's original tweets.*

As well as our Twitter activity, the engagement was the subject of tweets by 13 partner Twitter accounts – Hackney Council, Healthwatches in Barking and Dagenham, Hackney, Newham, Redbridge and Tower Hamlets, Fertility Network UK Twitter and LinkedIn accounts, Barking and Dagenham Post, East London Advertiser, Hackney Gazette, Ilford Recorder, Newham Recorder and Romford Recorder.

A basic estimate of potential reach for each Twitter activity is calculated by adding the account's followers to the followers of all unique users who retweeted at least one tweet

from that account. The followers of users who retweeted more than one account have been included once only.

Potential reach indicates the absolute maximum number of people who could have potentially been exposed to the Twitter activity; it does not adjust for individuals who may follow more than one of the Twitter users whose followers were counted.

9.5. Other mentions: newsletters and stakeholder communications

Following communications to partners, stakeholders and GPs requesting assistance in promoting the engagement, survey and events to the public, their staff, patients and networks, the proposed policy was the subject of 25 articles in stakeholder emails, newsletters and on their websites.

These included:

- Stella Creasy MP's 'Working for Walthamstow' public newsletter
- Havering and Waltham Forest councils' public newsletters
- Hackney council emails to their Sexual and Reproductive Health Forum members, their LGBTQIA+ Significant Interest Group, their LGBTQ+ staff network and the Rainbow Boroughs Project network
- Barking, Havering and Redbridge University Hospitals NHS Trust's (BHRUT) and Barts Health NHS Trust's stakeholder newsletters
- Homerton Healthcare NHS Foundation Trust's (Homerton) staff newsletter
- Statham Grove Surgery (Hackney) website
- Barking and Dagenham, Hackney, Havering, Redbridge, Tower Hamlets and Waltham Forest Healthwatches' websites and/or newsletters
- Barking and Dagenham, Hackney and Tower Hamlets Councils for Voluntary Services' websites and/or newsletters
- Lifeline Community Resources stakeholder email.

In addition, posters promoting the proposals and survey were displayed in BHRUT's maternity units, and Homerton and St Bartholomew's Hospital's fertility clinics.

Special thanks to everyone who promoted the engagement and encouraged responses.

10. Responses

10.1. Summary of responses

10.1.1. Number of responses

A total of 273 survey responses were received, one of which was via a printed version of the survey.

From the demographic data collected from the survey responses, we know that 45% of respondents have personal experience of fertility treatment or wish to have treatment and therefore may be directly affected by the proposed policy. We expected that the majority of responses would be from people with personal experience of fertility treatment and that this may have an impact on the survey findings. Further commentary on this is included in section 10.3 of this report.

All responses have been read and analysed. To provide an accurate analysis of the feedback received it was analysed by individual respondent, and presented as such in this report.

10.1.2. Key findings of the survey

As expected, not all of the 273 survey respondents provided feedback on all of our questions about our proposed policy. Of those who answered the eight questions about our proposals:

- **88% support or strongly support** our plan to introduce a single, updated fertility policy across all of north east London.

- **68% support or strongly support** the proposed eligibility criteria for NHS funding of assisted conception treatments.

- Our plans for IVF treatment:
    - **84% support or strongly support** our proposal to increase to three full IVF cycles for people trying to get pregnant aged 39 and under
    - **77% support or strongly support** our proposal to increase to one full IVF cycle for people trying to get pregnant who are aged 40, 41 and 42
    - **67% support or strongly support** our proposed additional eligibility criteria for IVF.

- Our plans for IUI:
    - **80% support or strongly support** our proposal to fund six cycles of IUI for people who are eligible
    - **67% support or strongly support** our proposed changes to the groups of people who are eligible for NHS funded IUI
    - **66% support or strongly support** our proposal to introduce additional eligibility criteria for IUI.

- Our proposal for funding donor eggs and sperm:
    - **70% support or strongly support** our proposal about funding donor eggs
    - **65% support or strongly support** our proposal about the conditions for which donor eggs are funded
    - **66% support or strongly support** our proposal about funding donor sperm
    - **66% support or strongly support** our proposal about the conditions for which donor sperm are funded.

- How we could approach funding of donor eggs and sperm:
    - **64% support or strongly support** our suggestion to have a spending limit for buying donor eggs and sperm
    - **57% support or strongly support** our suggestion to use donor eggs and sperm from abroad due to a shortage of UK sperm donors
    - **49% support or strongly support** our suggestion to use donor eggs and sperm from the UK only, because they may be less expensive.

- Our proposals for NHS funding of storing eggs, sperm and embryos for fertility preservation:
    - **79% support or strongly support** our proposal that if you are aged 31 or under the NHS will fund to store eggs/sperm/embryos up until your 43rd birthday for eligible people

    - **79% support or strongly support** our proposal that if you are aged 32 and over the NHS will fund to store eggs/sperm/embryos to be stored for 10 years for eligible people
    - **67% support or strongly support** our proposal about the conditions for which fertility preservation is funded.

- **57% support or strongly support** our proposals for ovarian reserve criteria.

Although the majority of respondents supported our plan to introduce a single, updated fertility policy across all of north east London, not all the suggestions we explored were supported.

Just under a quarter (23%) of respondents said they are against or strongly against our suggestion to use donor eggs and sperm from abroad due to a shortage of UK sperm donors.

Survey respondents also provided further feedback and comments on the proposed policy. From this, five key themes were identified which are set out in section 10.3.2.

10.2. Who responded to the survey

The majority of survey respondents provided additional information about themselves or their organisation. However, they did not all provide information on all the demographic categories discussed below.

178 respondents identified in what capacity they were responding to the proposed new policy, 84 (31%) stated that they are someone who has had or wishes to have fertility treatment, and 19 (7%) stated that they are a family member or carer of someone who has had or wishes to have fertility treatment – six of these respondents stated they were responding in both of these capacities. In addition, there were 25 (9%) respondents who did not answer in what capacity they were responding, but did state that they or their partner has experience of one or more medical treatments to try to have a baby.

From this we can assume that these 122 (45%) individuals may be directly affected by the proposed policy, and for the purpose of the analysis we have identified them as a group who have personal experience of fertility treatment. We expected that a significant proportion of respondents would have experience of fertility treatment or wish to have treatment, and this may impact upon the findings of the survey.

3 (1%) respondents were representing local organisations – London Borough of Redbridge public health team, Healthwatch Havering and Romford Endometriosis support group. 28 (10%) respondents stated that they were health or social care professionals and 123 (45%) were local residents.

The majority of respondents who answered the question stated they live in Waltham Forest (18%), Barking and Dagenham (11%) or Havering (11%), but there was representation from all eight north east London boroughs.

Where respondents completed the survey we were able to gather additional demographic information. This information is shown in Table 4.

Table 4: Respondent demographic insight

Capacity in which individuals were responding*	**Number of respondents**	**Percentage of total respondents**
As a local resident	123	45%
As someone who has had or wishes to have fertility treatment	84	31%
As a family member or carer of someone who has had or wishes to have fertility treatment	19	7%
As a health or social care professional	28	10%
As a representative of an organisation or group	4	1%
Other**	13	5%
Prefer not to say	10	4%
Representation from local organisations	**Number of respondents**	**Percentage of total respondents**
London Borough of Redbridge public health team	1	0.4%
Healthwatch Havering	1	0.4%
Romford Endometriosis support group	1	0.4%
NHS employee	**Number of respondents**	**Percentage of total respondents**
Yes	56	21%
No	133	49%
No response	84	31%
Borough	**Number of respondents**	**Percentage of total respondents**
Barking and Dagenham	30	11%
City of London	4	1%
Hackney	17	6%
Havering	30	11%
Newham	9	3%
Redbridge	13	5%
Tower Hamlets	21	8%
Waltham Forest	48	18%
Other	19	7%

Experience of medical treatment to help to try to have a baby	Number of respondents	Percentage of total respondents
Respondent or their partner has or is receiving assisted conception through the NHS	54	20%
Respondent or their partner has paid or is paying themselves for assisted conception	41	15%
Respondent or their partner has had frozen or is freezing eggs, sperm or embryos for medical reasons through the NHS	13	5%
No	132	48%
Prefer not to say	66	24%

**Note: respondents were able to select more than one category when identifying in what capacity they were responding to the survey.*

***People selecting "other" for the capacity in which they were responding to the survey included:*

- *A birth and postnatal doula*
- *A civil servant at the Medicines and Healthcare products Regulatory Agency (responding as an individual)*
- *Individuals who have experience of fertility treatment*
- *Individuals who might require fertility treatment in the future*
- *Individuals who work in north east London.*

The demographic information below relates to the individuals who completed the additional questions on the survey and not all respondents provided this information.

The majority indicated their gender with 124 (45%) respondents identifying as women, including trans women, 21 (8%) as men, including trans men and 20 (7%) preferring to self-describe. 172 (63%) respondents stated that their gender is the same as it was assigned at birth.

When it came to sexual orientation, the majority of respondents (145, 53%) stated they are 'heterosexual or straight', 13 (5%) stated they are 'gay or lesbian', 7 (3%) that they are 'bisexual' and five (2%) as 'other'.

Most respondents indicated their age with the majority aged 25-34 (60 respondents, 22%) or aged 35-44 (62 respondents, 23%). No one under the age of 17 responded.

In regards to ethnicity, 112 (41%) respondents identified themselves as 'White', with the majority (92 or 34%) identifying as 'English, Welsh, Scottish, Northern Irish or British'. 25 (8%) respondents identified as 'Asian or British Asian', 16 (5%) respondents identified as 'Black, Black British, Caribbean or African', 12 (4%) respondent identified as 'mixed/multiple ethnic groups' and one (0.4%) respondent as 'any other ethnic group'.

When asked to describe their religion, the majority (78 or 29%) of respondents stated that they have no religion or are Atheist. A fifth (55) of respondents stated they are Christian, 16 (6%) that they are Muslim, 4 (1%) that they are Hindu, 3 (1%) that they are Jewish, 1 (0.4%) that they are Sikh and 10 (4%) of respondents stated they have another religion.

Finally, 26 (9%) respondents stated they have a disability and/or long-term health condition.

Table 5: Further respondent demographic insight

Gender	**Number of respondents**	**Percentage of total respondents**
Man including trans man	21	8%
Woman including trans woman	124	45%
Non-binary/third gender	2	1%
Prefer to self-describe	20	7%
Prefer not to say	17	6%
Gender the same as it was assigned at birth	**Number of respondents**	**Percentage of total respondents**
Yes	172	63%
No	2	1%
Prefer not to say	11	4%
Sexual orientation	**Number of respondents**	**Percentage of total respondents**
Heterosexual or straight	145	53%
Gay or lesbian	13	5%
Bisexual	7	3%
Other	5	2%
Prefer not to say	16	6%
Age	**Number of respondents**	**Percentage of total respondents**
Under 16	0	0%
17-24	2	1%
25-34	60	22%
35-44	62	23%
45-54	23	8%
55+	29	11%
Prefer not to say	11	4%
Ethnic group	**Number of respondents**	**Percentage of total respondents**
Asian or Asian British		
Bangladeshi	6	2%
Chinese	4	1%
Indian	6	2%
Pakistani	6	2%
Any other Asian background	3	1%

Black, Black British, Caribbean or African		
African	4	1%
Caribbean	11	4%
Any other Black, African, or Caribbean background	1	0.4%
Mixed/multiple ethnic groups		
White and Asian	2	1%
White and Black African	2	1%
White and Black Caribbean	4	1%
Other mixed or multiple ethnic background	4	1%
White		
English, Welsh, Scottish, Northern Irish or British	92	34%
Irish	1	0.4%
Gypsy or Irish Traveller	0	0%
Roma	0	0%
Any other white background	19	7%
Other ethnic group		
Arab	0	0%
Any other ethnic group	1	0.4%
Prefer not to say	19	7%
Religion	**Number of respondents**	**Percentage of total respondents**
Buddhist	0	0%
Christian (including Church of England, Catholic, Protestant, and other Christian denominations)	55	20%
Hindu	4	1%
Jewish	3	1%
Muslim	16	6%
Sikh	1	0.4%
No religion/Atheist	78	29%
Other	10	4%
Prefer not to say	18	7%
Disability or long-term health condition	**Number of respondents**	**Percentage of total respondents**
Yes – a physical/mobility issue	12	4%

Yes – a learning disability	4	1%
Yes – a mental health issue	10	4%
No	143	52%
Prefer not to say	14	5%

10.3. Analysis of responses

An engagement exercise and supporting survey are valuable ways to gather opinions about a topic. However, when interpreting the responses it is important to note that while the survey was open to everyone to respond to:

- The respondents were self-selecting, and certain types of people may have been more likely to contribute than others
- The responses therefore cannot be assumed to be representative of the population as a whole.

Typically, with such engagement exercises there can be a tendency for responses to come from those more likely to consider themselves affected and particularly from anyone who believes they will be negatively impacted by the implementation of proposals or proposed change.

Not all of the 273 survey respondents provided feedback on all of our questions and proposals – this is reflected in the analysis.

Throughout the survey, respondents were given the opportunity to provide more detailed feedback on elements of the proposed policy or other things that we should consider. These responses have been analysed, key themes identified and detailed in section 10.3.2.

Whilst we extensively promoted the survey, including reaching out to groups that we know may be affected by the changes in the proposed policy compared to the existing policies, are more likely to need fertility treatment or preservation, or that we identified as under-represented in the survey responses at the mid-point of the engagement, we recognise the response rate is low. We received limited enquires from the public about our proposals or to request more information, and had limited interest in our public engagement events.

We are satisfied that we provided enough high-quality opportunities to see the proposed policy and information about how to have your say using our own channels, local media, partners and community channels and networks, that the response rate is due to a reduced interest in the proposed policy, rather than a lack of awareness of the engagement exercise taking place.

10.3.1. Responses by question

Below is the analysis of responses received for each survey question. Verbatim comments have been used to demonstrate the views and feedback of those who responded.

Note, due to the need to round percentages up/down, some total calculations may be 1% above or below 100%.

1. Our plan to introduce a single, updated fertility policy across all of north east London

The majority of respondents (88%) said they 'support' or 'strongly support' our plan to introduce a single, updated fertility policy across all of north east London.

> *I see no downsides to this. It will simplify things for providers and patients.*
>
> *It's fairer to all, we are subjected to [a] postcode lottery.*

7% of respondents said they are 'against' or 'strongly against' the plan to introduce a new policy, 4% said they are 'neutral' and 1% did not answer the question.

> *I think the NHS is so stretched that all available funding needs to go to A&E, cancer and life-saving and pain-relieving treatment and chronic illnesses. I don't think this is an appropriate time for this policy. Sorry.*

2. Proposed eligibility criteria for NHS funding of assisted conception treatments

Over two thirds of respondents (68%) said they 'support' or 'strongly support' the proposed new eligibility criteria for NHS funding of assisted conception treatments.

> *It is evidence based and sensible.*
>
> *Due to my current age, 38, I support especially the decision to make the age 43.*
>
> *I have read the information and it seems reasonable and in line with NICE recommendations.*

12% of respondents were 'against' or 'strongly against' the proposed criteria. The reasons people gave for not supporting the proposals were very varied and so cannot be fully captured here. Please refer to section 10.3.2 for quotes and analysis.

Of the remaining respondents, 12% said they are 'neutral', 4% said they 'don't know' and 4% did not answer the question.

3. Our plans for IVF treatment

Respondents provided feedback on the below three proposals regarding IVF treatment.

- Increase to three full IVF cycles for people trying to get pregnant aged 39 and under
  - 84% of respondents said they 'support' or 'strongly support' this proposal
  - 11% of respondents said they are 'against' or 'strongly against' this proposal
  - 4% of respondents said they are 'neutral'
  - 1% of respondents did not answer the question.

- Increase to one full cycle for people trying to get pregnant who are aged 40, 41 and 42
  - 77% of respondents said they 'support' or 'strongly support' this proposal
  - 13% of respondents said they are 'against' or 'strongly against' this proposal
  - 6% of respondents said they are 'neutral'
  - 4% of respondents did not answer the question.

- Additional eligibility criteria for IVF
    - 67% of respondents said they ‘support’ or ‘strongly support’ this proposal
    - 15% of respondents said they are ‘against’ or ‘strongly against’ this proposal
    - 12% of respondents said they are ‘neutral’
    - 7% of respondents did not answer the question.

    I feel that this would be so beneficial for anyone trying for a family. It would increase the chances of having a family.

    Increase [to] more than 3 cycles. 3 is not enough.
    It discriminates against LGBT couples.

    IVF is expensive and NHS money should not be spent on this at all.

4. Our plans for intrauterine insemination (IUI)

Respondents gave feedback on the below elements of our plans for IUI.

- Fund six cycles of IUI for people who are eligible
    - 80% of respondents said they ‘support’ or ‘strongly support’ this proposal
    - 10% of respondents said they are ‘against’ or ‘strongly against’ this proposal
    - 10% of respondents said they are ‘neutral’
    - 1% of respondents did not answer the question.

- The change to groups of people who are eligible for NHS funded IUI treatment
    - 67% of respondents said they ‘support’ or ‘strongly support’ this proposal
    - 10% of respondents said they are ‘against’ or ‘strongly against’ this proposal
    - 16% of respondents said they are ‘neutral’
    - 6% of respondents did not answer the question.

- Introduce additional eligibility criteria for IUI
    - 66% of respondents said they ‘support’ or ‘strongly support’ this proposal
    - 14% of respondents said they are ‘against’ or ‘strongly against’ this proposal
    - 16% of respondents said they are ‘neutral’
    - 4% of respondents did not answer the question.

    Overall the guidance means that individuals most likely to have success through fertility treatment will be able to access it.

    To require lesbians to self-fund 6 proposals is discriminatory and against government stated policy to remove this barrier to conception.

    This will rule some people out of IVF because they are not able to afford the IUI treatment to get to the IVF.

    The NHS is not able to treat all those who are seriously ill. There are lots of children needing families for those who cannot have children naturally, and these families can feel well rewarded just as they would with a genetically similar child to them.

5. Our proposal for funding donor eggs and sperm

Respondents were asked to provide feedback on our proposal for funding donor eggs and sperm.

- Funding donor eggs
    - 70% of respondents said they ‘support’ or ‘strongly support’ this proposal
    - 12% of respondents said they are ‘against’ or ‘strongly against’ this proposal
    - 15% of respondents said they are ‘neutral’
    - 3% of respondents did not answer the question.

- Conditions for which donor eggs are funded
    - 65% of respondents said they ‘support’ or ‘strongly support’ this proposal
    - 13% of respondents said they are ‘against’ or ‘strongly against’ this proposal
    - 17% of respondents said they are ‘neutral’
    - 5% of respondents did not answer the question.

- Funding donor sperm
    - 66% of respondents said they ‘support’ or ‘strongly support’ this proposal
    - 13% of respondents said they are ‘against’ or ‘strongly against’ this proposal
    - 16% of respondents said they are ‘neutral’
    - 4% of respondents did not answer the question.

- Conditions for which donor sperm are funded
    - 66% of respondents said they ‘support’ or ‘strongly support’ this proposal
    - 12% of respondents said they are ‘against’ or ‘strongly against’ this proposal
    - 18% of respondents said they are ‘neutral’
    - 4% of respondents did not answer the question.

    The proposal is in line with NICE guidelines.

    I support the proposed changes but donor sperm and eggs should also be funded for single and lesbian patients without proven infertility.

    Again, I take issue with "You are an individual or couple trying to get pregnant using donor sperm who have not become pregnant after six cycles of IUI paid for yourself" - it seems unfair that people need to be able to pay and this needs further consideration.

    I am ambivalent about donor treatment, but I agree that if you have a medical condition which means you have no chance to conceive without it that the opportunity should be available.

    Fertility treatment using donors should receive no funding.

6. Views, suggestions and feedback on how we could approach funding of donor eggs and sperm

We asked respondents to give their views, suggestions and feedback on how we could approach the funding of donor eggs and sperm.

- Have a spending limit for buying donor sperm and eggs
    - 64% of respondents said they ‘support’ or ‘strongly support’ this suggestion

- 16% of respondents said they are ‘against’ or ‘strongly against’ this suggestion
- 16% of respondents said they are ‘neutral’
- 4% of respondents did not answer the question.

- Use donor sperm and eggs from abroad due to a shortage of UK sperm donors
  - 57% of respondents said they ‘support’ or ‘strongly support’ this suggestion
  - 23% of respondents said they are ‘against’ or ‘strongly against’ this suggestion
  - 16% of respondents said they are ‘neutral’
  - 3% of respondents did not answer the question.

- Use donor sperm and eggs from the UK only, because they may be less expensive
  - 49% of respondents said they ‘support’ or ‘strongly support’ this suggestion
  - 19% of respondents said they are ‘against’ or ‘strongly against’ this suggestion
  - 28% of respondents said they are ‘neutral’
  - 4% of respondents did not answer the question.

Spotlight on: NHS funding of donor eggs and sperm feedback

As there are practical and logistical barriers to the NHS funding of donor eggs and sperm, we asked respondents to provide their views, suggestions and feedback on how we could approach funding. Below is a sample of the responses we received.

For or against the suggestions

Not happy with the moral issues of donated sperm and eggs.

I agree that people should be happy with any attempt and with the help of medicine to have a child.

Whether or not to fund

Similar to responses to other questions, there were a variety of comments around funding donor eggs and sperm, including from those who did not support it:

People should self-fund infertility treatment. It shouldn’t be funded by NHS.

As above, this is a waste of NHS funds which could be spent on people with illness.

My only palpable concern is how high spending gets on this and in which ways this might affect other NHS areas of funding. (And in particular funding for serious illnesses - which I believe should be the priority.)

Those who did support it:

NHS should pay for this, but agree on the max cost otherwise this will be exploited by profit seekers. Infertility is a stressful journey, couples might have spent a lot of money, time and efforts before they reached IVF stage. So please cover this in the package if needed.

Continued on the next page…

Costs of donor eggs and sperm are enormous for individuals, but tiny relative to other things the NHS funds. Also suspect not many people will be doing this each year.

Donor sperm and eggs should also be funded for single and lesbian patients without proven infertility.

Some respondents felt the individuals should fund some of the costs involved or identify someone willing to donate:

The amount the person having treatment has to pay for donor egg/sperm should be tiered according to household income.

If the couple want a more expensive option and are able to fund a portion of the treatment then I think the NHS should allow for flexibility for the couple to pay for part of the treatment.

It might be preferable to have eligibility criteria for who has to pay as it's quite cruel that you may not be able to afford it especially if you've been forced to pay for IUI beforehand as well.

If a patient wants to buy sperm/eggs then they can but the free option of asking friends and family also exists. There are already quite a lot of options in this area and this should remain the case.

A cap or budget limit was also suggested:

I think if a budget was to be given for paying towards and/or for privately obtained so that a person/couple can chose to pay any additional costs themselves. I think the current rules for UK based sperm only needs to be amended urgently.

There needs to be a cap on the price paid though to discourage donor banks from raising their prices.

Ethnic minority donors

Concerns were raised about the availability of donors from ethnic minorities and whether restrictions would adversely impact on people seeking a donor from that group:

Due to the shortage of donors from ethnic minorities, I am against placing spending limits or location limits on those seeking donations. This is to allow inclusivity. If you do make these limitations please allow concessions for those looking for donors of the same or similar ethnicity.

UK only banks for donor egg and sperm will disadvantage UK people from ethnic minorities who need donor conception route.

As I'm concerned that a spending limit/only using UK donors discriminates against those from minority ethnic groups getting donors that match their own ethnicity.

Or similarly, a spending limit might mean one can access more UK and potentially more white donor eggs/sperm, but fewer ethnic minority donors from abroad.

Continued on the next page…

Donations from abroad
Some respondents were supportive of opening up to donations from abroad:

> *I understand that cutting costs needs to be done to be efficient in other areas and perhaps using donors from abroad can help with this.*

> *The shortage of UK donors is unlikely to change in the near future so in the absence of a stronger programme to encourage donations then using donors from abroad is a pragmatic approach. This should then be reviewed if UK donor shortage ends.*

> *There is major shortage of donor eggs and sperm in the UK, so limiting to UK supplies would ultimately limit care. I would support the requirement for a person or couple trying to get pregnant to pay for the donor sperm or eggs if they are sourcing from overseas in order to expand the choice available.*

While others were not supportive for a variety of reasons:

> *I would prefer UK sourced sperm as it saves money.*

> *There are plenty of people or men out there or willing to donate semen for someone to have a chance to have a baby. So why pay for semen abroad does not make any sense to me.*

Who donates
Respondents suggested that the NHS look into encouraging people to donate and widening who is able to donate sperm and eggs:

> *If there are more cycles of IVF paid for by the NHS in NEL - hopefully more eggs and sperm will be donated during this process.*

> *Can there be a campaign to recruit more donors?*

> *They could ask for donations of eggs and sperms from people in exchange for other services.*

Developing a policy on funding donor sperm and eggs
There were comments about how complicated a policy focused on donation would be and that it would need to be detailed and robust to protect all involved. Some respondents also said that they needed further information to make an informed decision.

> *I don't think this has been researched enough for me to give a definite view. I would need more information about how the NHS would assess the ethics around gamete donation, e.g. only using genuinely altruistic donors.*

> *I can't fully grasp the ethical debate surrounding this.*

> *Current methods can be unaffordable and people take dangerous routes to fulfil their needs. With the rise of sperm donor websites, it's important to safeguard communities. Where support can be given - it should be.*

> *Don't have any trust that this will be monitored/governed/managed effectively.*

> *I would consider that the cost of developing a UK wide egg/sperm donation service under the auspices of the NHS would prove cost effective over time and may encourage more donors to come forward with assurance around safe health processes/legal protection.*

7. Our proposals for NHS funding of storing eggs, sperm and embryos for fertility preservation

Respondents were asked to tell us what they think about proposals for NHS funding of storing eggs, sperm and embryos for fertility preservation.

- If you are aged 31 or under the NHS will fund to store eggs/sperm/embryos up until your 43rd birthday for eligible people
    - 79% of respondents said they 'support' or 'strongly support' this proposal
    - 10% of respondents said they are 'against' or 'strongly against' this proposal
    - 8% of respondents said they are 'neutral'
    - 3% of respondents did not answer the question.

- If you are aged 32 and over the NHS will fund to store eggs/sperm/embryos to be stored for 10 years for eligible people
    - 79% of respondents said they 'support' or 'strongly support' this proposal
    - 11% of respondents said they are 'against' or 'strongly against' this proposal
    - 7% of respondents said they are 'neutral'
    - 3% of respondents did not answer the question.

- Conditions for which fertility preservation is funded
    - 67% of respondents said they 'support' or 'strongly support' this proposal
    - 9% of respondents said they are 'against' or 'strongly against' this proposal
    - 19% of respondents said they are 'neutral'
    - 5% of respondents did not answer the question.

    It allows a chance to have a family for people who have an illness.

    Gives more clarity to storage and leaves options open longer. This mitigates the need for intrusive, difficult conversations at times when patients aren't always ready when the 5 year end of storage looms.
    Should be till 43rd birthday for both - essentially if 32 and paid for 10 years it is till 42...what about the last year until 43rd birthday - think wording should be the same.

    People needing radiotherapy may need it but apart from medical reasons, this should not be necessary.

8. Our proposals for ovarian reserve criteria

Nearly two thirds of respondents (57%) said they 'support' or 'strongly support' our proposals for ovarian reserve criteria.

10% of respondents said they are 'against' or 'strongly against' our proposals, 22% said they are 'neutral', 6% said 'I don't know' and 5% did not answer the question.

Spotlight on: Ovarian reserve criteria feedback

Ovarian reserve criteria is a complex topic and is our only proposal that differs from NICE guidelines, which recommend that for women or people trying to get pregnant aged 40-42 only there should be no evidence of a low ovarian reserve. Our proposed policy, and current policies, include ovarian reserve criteria for people of all ages.

People shared how frustrating they find it that our policy proposes stricter ovarian reserve criteria. Some felt the proposed new criteria – or having any ovarian reserve criteria at all – is unfair considering people can still get pregnant using IVF if they have low ovarian reserves.

> *I think it isn't fair to take away the opportunity of fertility treatment for people with a low ovarian reserve - offering them at least one round to give them a sense of their opportunity to conceive.*
>
> *I think a low ovarian reserve shouldn't rule an individual out of care. Due to the lower success rate I can understand the limitations, but I believe those suffering from a low ovarian reserve should be allowed at least one cycle so they can understand the process and feel supported by the NHS, then further rounds could be privately funded.*
>
> *I do not agree with the criteria around a low ovarian reserve. Surely that is a) punishing the woman and b) a key cause of infertility?*
>
> *Ovarian reserve criteria should only be used as a clinical guide rather than cut off criteria...*
>
> *Sometimes [a] woman can have low ovarian reserves but that doesn't mean they can't have children or wouldn't want a child.*
>
> *Fertility treatment is probably required because some women do not meet those medical requirements so I don't agree that there should be an ovarian reserve criteria as a woman may still get pregnant via IVF even if she does not meet the ovarian reserve criteria.*

One person also noted that the policy's ovarian reserve eligibility criteria needs to be clearer and easier to understand:

> *I am confused about what this means in practice - does it make it more difficult to "pass" the criteria or keep it the same? Do you need to have "passed" in 2/3 tests on the new policy whereas you only had to "pass" one test in the old criteria? This could be better worded, or an example given.*

10.3.2. Key themes

Throughout the survey, respondents were given the opportunity to provide additional feedback on our questions and statements, as well as any other comments about the proposals they thought it was important for us to consider before finalising the contents of the proposed policy.

Some of this feedback, as well as the comments shared during the public events and meetings with stakeholders, was not directly related to the questions asked. This was

reviewed and key themes identified as respondents were providing feedback on the same or very similar topics.

The key themes identified were:

1. Eligibility criteria
2. Fairer access to fertility treatment
3. Equity of access to treatment
4. Not an appropriate use of NHS money
5. Fertility treatment is against people's beliefs.

1. Eligibility criteria

While responses were supportive overall of the proposals, concerns were raised about specific elements of the proposed eligibility criteria, namely in relation to the number of IVF cycles, age limit, Body Mass Index, children, and smoking and healthy lifestyle.

Number of IVF cycles
Respondents queried the number of IVF cycles proposed, and the limit to the number of cycles depending on age.

> *I think the number of IVF cycles should be increased across all ages if eligible for treatment.*
>
> *I think that the one cycle only is wasteful for both the NHS, and the woman. For women with no children, this should be three cycles or more.*
>
> *They should all get 3 attempts up to the age of 45.*

Age limit
Comments mentioned that people are meeting their partners later in life or deciding to have children later, giving them less time to try to get pregnant. Some respondents suggested extending the age limit.

> *Having a baby is such a natural thing and when a woman's body does not function the way it does, the sense of failure is overwhelming. I therefore don't think age should be an eligibility criteria and should be stripped back to focus on follicle count and AMH levels.*
>
> *Women are thinking about starting a family later in life and a big part of the population may not realise they have fertility problems or ascertain they have a condition until 39-43 years old.*
>
> *People over 40 are not getting 3 attempts and many career women will be discriminated against. They should get the same opportunities as those aged 39 and under up to the age of 45.*
>
> *I realise 40y/o is considered a geriatric pregnancy, but plenty of patients will be healthy enough to be able to be successful during 3 cycles, so why not allow the same opportunity for them?*
>
> *The (slightly raised) age limit of 43 years old for assisted conception treatments including IVF, which I appreciate is probably grounded in thorough research and data. However there is a great emotional and financial cost involved in having a child or children, particularly where single, and I wonder if the upper age limit can be*

reviewed by a few years if safe to do so, especially given I know a couple of people who have become pregnant naturally and who have safely given birth beyond the age of 45.

Women over 45 also deserve to be included, because who determines whether a woman is too old to be a mother and why?

Body Mass Index

There was significant criticism of the use of the Body Mass Index (BMI) as an eligibility criteria – with the proposal being that treatment was only available to women with a BMI of between 18-30. A frequent comment was that BMI is a blunt tool with limitations. The NHS website explains this:

- Your BMI can tell you if you're carrying too much weight, but it cannot tell if you're carrying too much fat
- The BMI cannot tell the difference between excess fat, muscle or bone
- The adult BMI does not take into account age, gender or muscle mass.

This means:

- Very muscular adults and athletes may be classed as "overweight" or "obese" even though their body fat is low
- Adults who lose muscle as they get older may fall into the "healthy weight" range even though they may be carrying excess fat.

Comments included:

I'm unsure about the BMI criteria as feel BMI is a coarse measure of weight. Does it take into account cultural differences in body size and genetics?

Some aspects of the criteria are unnecessarily restrictive, particularly in relation to BMI. Many couples are successful with private treatment who are overweight, why are these couples discriminated by this policy?

Please increase BMI to 32 instead of 30. Lots of woman with PCOS want children but can't lose weight. Not everyone can exercise because of a bad knee or back for example.

Disagree with BMI. A parent can be a very good parent despite those aspects.
I worked [for] years in fitness and I'm a woman who lifts weights and the BMI is absolute bullshit. It's proven to be inaccurate, and it has eugenic historical roots. I lift 5 times a week and do 3x30 min spinning, my BMI is freaking 28.5! 30 is waaaay too low! Measuring the health of women based on this and not allowing them to have fertility treatment is making me really upset.

A small number supported the proposed eligibility criteria with an upper BMI limit of 30, making the points:

Encouraging normal BMI is good as it means individuals may make healthier lifestyle choices.

I think where it states that the BMI needs to be between 19-30. For those women who have a BMI 30> they should [be] referred/signposted to local Tier 2 weight management services and the document should mention this so that staff are aware

that they need to take that action and support these potential mothers to reduce their BMI to increase the chance of conceiving naturally or making them eligible for IVF.

Children
The policy proposes than in order to be eligible for fertility treatment individuals should not already have a child and couples should not already have a child together. We received comments in support of this proposal.

> *IVF for women/couples who have not been able to have children should have priority over those who already have children.*
>
> *I believe that no member of the couple should have a child either together or with another partner. Both members of the couple should be childless.*

While other respondents felt that having a child already should not exclude you from fertility treatment.

> *I do not think having prior children should prevent people from being eligible for IVF treatment. Even if you have a child you should still be able to be eligible for IVF treatment (whether as a single parent or in a couple).*
>
> *I think that couples who have had a child successfully through NHS funded IVF on cycle 1 or 2 should still be eligible to have their 2nd or 3rd cycle to try for a second child.*
>
> *I am against "Individuals trying to have a baby on their own cannot already have a child". There are people who have had a child young or through difficult situations, later in life they may want another child whether it be alone or with a partner. You're potentially encouraging people to find loopholes and present with a "partner" just so they can access treatment.*

Smoking and healthy lifestyle
There was support for requiring potential patients to be non-smokers:

> *Smoking is a criteria which should stop you accessing help.*
> *Encouraging normal BMI and non-smokers is good as it means individuals may make healthier lifestyle choices.*
>
> *The only exclusion criteria I agree with are smokers and people who already have children.*

Other eligibility criteria
Other comments suggested further additions or changes to eligibility criteria.

> *If we are saying that people "must be a non-smoker and continue to be a non-smoker throughout treatment", we should consider other drug addiction issues that may harm a foetus also.*
>
> *I believe if you are claiming benefits then this should negate you from the treatment.*
>
> *Again, if HIV status for women is or is not an inclusion criterion it should be explicitly stated. There should be no cause for hesitation or delay for women accessing services on account of their HIV status.*

Or criticised the existence of the criteria.

> *Additional criteria require people to be rich and/or straight to access NHS treatment.*

Understanding conception and fertility issues
People commented on the need to help people understand how to attempt to conceive a child, the length of time they are required to try for and the assisted conception process, including what is required of individuals.

> *Why don't we just test people early for their fertility when they come in to discuss it? Two years before starting anything is lost time and fertility if something is wrong. I would like to see fertility testing for both genders as standard at the point when they first approach their GP.*

> *For the most part I support it, but it needs to be well publicised - it's not fair for people to have to wait a year before treatment can even be discussed, only to then find out there are significant lifestyle changes they have to make.*

> *The additional eligibility criteria seem strict - two years of trying is quite long, especially given that after that, a couple will not be able to start treatment immediately - the NHS will have an inherent waiting time between appointments trying to do initial tests.*

2. Fairer access to fertility treatment

There were a number of comments from people who felt that introducing a single fertility policy across north east London will lead to fairer access to treatment for all local people.

> *It appears to make decisions fair and equal.*

> *It seems appropriate to have a single policy to ensure equal access to treatment across north east London.*

> *Standardising and widening access to fertility treatments is a positive step.*

> *We are very much in favour of the changes from a medical and clinical perspective but also from a mental health perspective…From a holistic perspective then we as a charity welcome any move to make the system more equitable to all who are in need.*

Some people also commented that depending on where you live in north east London, access to fertility treatment differs under the current fertility policies, which has resulted in a “postcode lottery”.

> *It makes much more sense to have a single updated policy for the entire area rather than it being a 'postcode lottery'.*

> *I think the postcode lottery is unfair when it comes to all medical treatments, so I would support a single updated fertility policy to provide more continuity and support for those it affects.*

> *Treatment for a medical need should depend on the need, not where you live.*

> *I know the policies are massively different across NEL and really welcome the efforts to reduce the postcode lottery effect.*

Some respondents highlighted the emotional impact on eligible people living in Barking and Dagenham, Havering and Redbridge who currently can only receive one cycle of IVF, whilst in other parts of north east London people can have up to three cycles.

> *When I had IVF at Bart's, it was very upsetting to be sitting in the same room with people from a different borough who had three cycles of IVF whereas I was only eligible for one simply because of where I lived (Barking and Dagenham).*
>
> *Living in Havering, and using the service previously I only had one IVF cycle on the NHS. It is heart-breaking that others living in different boroughs get three tries. The cost to go private is very expensive, and if I would've had more tries I may have had my baby by now. Currently I still don't.*
>
> *Currently we are only being offered one cycle in Redbridge which we have been waiting for over a year to begin. A standardised approach across all boroughs which includes more cycles (and therefore, likelihood of achieving a successful pregnancy) would be much fairer.*

A number of people also asked whether there are plans for a national or London-wide fertility policy and commented that this would remove the "postcode lottery" between north east London and the rest of London and the country.

> *Will there be future efforts to create a unified NHS policy on this topic across the whole country? It seems strange to have different NHS funding policies in different areas within the same country.*
>
> *More equitable than a postcode lottery, although a national policy may be fairer.*
>
> *I'd love it to be fully "national" but this is a move in the right direction. Why should your hope of having a family depend on where you live?*

Note that we are not able to determine a national or London-wide fertility policy. However, when developing our proposed new policy we took into consideration the policies of the other London CCGs (now Integrated Care Boards).

3. Equity of access to treatment

Equity
The "Fairer access to fertility treatment" section on p.38 looks at respondents' views on equality and the positive response received to making access to fertility treatment fairer for everyone in north east London, regardless of where they live.

However, in terms of equity and ensuring everyone has access to the treatment they need for the same outcome, many respondents shared their concerns that the proposed policy does not provide this. They highlighted a number of protected characteristics they feel are discriminated against either for themselves, people they know or people in their communities, and also raised the financial burdens some of these people will face.

The need for a more equitable policy was identified as part of the review of the current fertility policies, and is one of the key objectives of the proposed new policy.

Highlighted protected characteristics
The majority of responses regarding unfairness or inequity for certain groups of people were regarding LGBTQ+ communities, especially lesbians and gay men, as well as single women.

A few respondents also shared concerns on age discrimination and analysis regarding this is available in the “Eligibility criteria” section on p.35.

LGBTQ+ communities
Based on sex and sexual orientation, some respondents shared their concerns that the proposed policy discriminates against LGBTQ+ people.

> *There is no provision for access to treatment for same sex couples who do not have fertility issues. This is blatant discrimination.*

> *Scope says applies to people with ‘clinical problem which means they’re potentially infertile’ - this excluded LGBT people who do not necessarily have fertility issues other than that they are not in possession of both a sperm and egg.*

Lesbians and single women
For some people trying to get pregnant using artificial insemination, for example lesbians and people trying to have a baby on their own, the proposed policy will only fund IUI if you have fertility problems. This means to be eligible for treatment you will need to prove you have tried and been unsuccessful at getting pregnant by completing six cycles of IUI that you have paid for yourself.

A number of respondents highlighted that they felt the IUI eligibility criteria was inequitable for lesbians and single women.

> *For people such as lesbian couples, our fertility issue is not having the facility to obtain sperm. It's difficult to understand the equality when heterosexual couples will have been able to try for free before they get NHS funded, but lesbian couples do not have this facility, but are expected to pay before being considered for assisted conception.*

> *I feel that people trying to be solo parents are being unfairly financially disadvantaged by the policy by being forced to pay for 6 IUI cycles. Once you have purchased sperm, then paid for IUI, that is approximately £18000 of solo investment, where couples bear the costs together.*

> *The proposals for IUI are totally non-compliant with the First Women's Health Strategy, July 2022. They continue to show a blatant and insidious discrimination against lesbians, and other couples of women seeking to get pregnant. As the NEL HCP is doubtless aware, the Strategy states that it aims to "remove additional barriers to IVF for female same-sex couples. There will no longer be a requirement for them to pay for artificial insemination to prove their fertility status and NHS treatment for female same-sex couples will start with 6 cycles of artificial insemination, prior to accessing IVF services, if necessary." What the NEL HCP is proposing is entirely at odds with this, and will perpetuate the discrimination against lesbians in this area.*

> *I am 40. In a lesbian relationship. This policy would do nothing to remove, and in some cases entrench and enhance, wholly discriminatory policies that will in effect prevent me having a baby because I don’t have enough money myself. It would significantly affect my life.*

Financial burden
Many respondents raised financial unfairness in relation to lesbian couples or single women needing to self-fund six rounds of IUI treatment before being eligible for NHS help. They deemed this unequitable compared to heterosexual couples needing to have two years of

regular sex that doesn't result in pregnancy. The issue was also raised more generally for people who are not eligible for fertility treatment.

> *I support this but think you should not have to pay for 6 cycles before being given an opportunity.*
>
> *People don't have the money to pay 6 rounds of IUI themselves to prove they can't have children. Especially now with the cost of living.*
>
> *I think it's unfair to still require individuals to have had six cycles of IUI in a fertility clinic because this will still put an unreasonable 'tax' on single mothers or lesbian couples to pay around £1000 before they qualify for NHS care for what is a very frustrating process that is not legal at home. I would strongly advocate for removing the requirement to have paid for private care from same sex couples.*
>
> *If accessing IVF (for lesbian and single women) requires a series of unsuccessful IUIs then the IUI should be funded. The justification is that would be very expensive for the NHS to fund, but these same costs makes it unobtainable for many.*
>
> *As someone who was until recently, single for the significant majority of their 30s, I am sensitive to the criteria for which egg freezing and solo conception is being funded. I am financially and emotionally in a far better position to have a child than a good number of couples who conceive naturally, and yet they have priority over myself to receive NHS help. If I was to become single again, I would be financially penalised if I wanted to pursue solo parenthood. I think more could be done for potential solo parents.*
>
> *Personally, my wife and I have already spent nearly £50,000 on fertility treatment and it is unbelievably frustrating to not have been able to qualify for support on the NHS just because we want to get pregnant safely, legally and in an environment that would legally allow my wife to be considered the child's parent.*

Gay men

A number of respondents felt the proposed policy discriminates against gay men, highlighting that same sex male couples would not be able to receive support for fertility treatment.

> *Same-sex male couples will not be able to receive support for embryo creation.*
>
> *This policy excludes same-sex male couples seeking to start a family. It specifically precludes the IVF costs of surrogacy (the only option for most same-sex male couples). In addition, it does not offer support with embryo creation for same-sex male couples using donor eggs. This in particular is discriminatory. The reasoning given for excluding surrogacy is "We also felt that it would be unfair that only those who could afford to pay the expenses of a surrogate would be able to access the service". This is illogical. The NHS still pays for mending skiing injuries, despite the fact that not everyone can afford a skiing holiday. Deciding to exclude support for everybody undergoing surrogacy, because some people may still not be able to go ahead due to other costs just increases the number of people being excluded. Again, this policy is discriminatory as around 50% of surrogacy journeys are now same-sex male couples.*
>
> *This policy leaves no route for same-sex male couples to receive fertility support. This appears homophobic - the CCG will fund fertility support for heterosexuals, female same-sex couples but not male same-sex couples.*

4. Not an appropriate use of NHS money

Some people had strong views about NHS money being used for fertility treatment. They argued that infertility is not life-threatening, and therefore not an appropriate use of NHS resources, commenting that budgets would be better spent treating serious illnesses and diseases.

> *Infertility is not life-threatening so should not be funded by the NHS.*
>
> *There should be zero funding for this. As it takes three to four weeks just to get a GP appointment – this money should be allocated to improving primary care.*
>
> *This should not be funded. The money should instead be spent on treating serious diseases like cancers, Alzheimer's, asthma, heart disease, diabetes.*
>
> *NHS trusts should decide how much funding can be allocated to various treatments. Funds must not be diverted from critical care just to fulfil funding targets for IVF treatment.*

Some respondents argued that IVF doesn't have a high enough success rate to warrant spending NHS money on it, and they believed IUI could not only save on costs, but also be safer and more effective.

> *IVF is not a very successful treatment, I think it's better to be honest up front about this and support people to look at different types of parenthood rather than paying for invasive treatment which affects your mental health and is unlikely to get past the first hurdle of egg collection.*
>
> *Funding of IUI is essential to make real cost savings and with lesser risk babies and less harm for mothers.*
>
> *IUI should be offered in addition to IVF, not alternatively to.*

5. Fertility treatment is against people's beliefs

Some respondents didn't support the proposed policy because they felt that fertility treatment, including IVF, is an unnatural way of trying to get pregnant.

> *I think natural pregnancy is what should be promoted.*
>
> *IVF takes away the right of a child to be conceived in the physical act of creation.*
>
> *I do not want my tax money supporting a procedure that I do not morally support. This strips me of my rights.*

6. Other comments

We received a range of other comments that fell outside the five key themes, including:

- Comments that the proposed new policy is not easy to understand and that all documents related to the final policy must be written in simpler language.
- Linked to the above comment, the final policy should include clarification of the agreed eligibility criteria so it is easier for people to understand, including:

    - Examples of the main conditions and illnesses that would make a person infertile or lower their fertility, and therefore make them eligible for NHS-funded treatment
    - Explanation of the social, cultural or religious reasons people may object to having IVF that would make them eligible for NHS-funded IUI.
- Comments that the final policy should take into account people's individual circumstances, including any medical conditions that may affect their fertility.
- Thought should be given to male factor infertility to ensure infertility is not seen just as a "women's issue". There should be a robust pathway from GPs to urology specialists and early testing.
- Potential safeguarding issues were raised around the risk to the person trying to get pregnant and the unborn child of receiving fertility treatment at private clinics and of privately sourcing donor eggs or sperm.
- Conception advice, including how people can improve their health needs to be offered during the initial discussion with a GP to prevent some people needing a referral for fertility treatment.
- It was highlighted that infertility and undergoing fertility treatment is a very emotional experience and can impact on people's mental health. Therefore, it is important to ensure people are fully supported throughout their fertility journey. See below for the mental health and wellbeing support available in north east London.
- GPs need to have more holistic discussions about all parenthood options with their patients who have fertility issues, including about adoption.

Mental health and wellbeing support

Trying to have a baby or considering fertility preservation can be extremely stressful and have an impact on your mental health and wellbeing.

Though our proposed new policy would make more people eligible for NHS-funded help to try to have a baby, it doesn't guarantee that you will be successful. These treatments don't always work, which can be hugely disappointing and upsetting for people. For example, for people aged under 43, the national success rates of IVF range from 11-32% depending on your age.

Coping with these feelings can be difficult and lead to feeling stressed, worried, anxious, having trouble sleeping or low moods.

We believe counselling is an essential part of fertility treatment and the hospital that provides your NHS treatment may encourage you to see a counsellor and offer you an appointment with one. Counselling gives you support from a trained professional who understands what is involved in your treatment and offers you the time to talk over your options or concerns. Most people find that having someone to discuss this with makes all the difference between feeling stressed and worried, to feeling able to cope. Counsellors are trained to support you through a range of issues, before, during or after your treatment.

We also have free and confidential NHS services that provide support from an expert team who understand what you are going through, whether this is during NHS or private treatment, or fertility tests, or if you are considering treatment, who will work with you to help you feel better. The highly professional team will introduce you to effective, practical techniques specific to your needs that are proven to work. The national programme is based on evidence and all the tools and techniques used are recommended by local GPs.

Continued on the next page…

You can contact the service directly using the details below. Already these services have helped thousands of local people to feel better.

If you live in:

Barking and Dagenham, Havering, Redbridge or Waltham Forest
Call Talking Therapies on 0300 300 1554 or visit talkingtherapies.nelft.nhs.uk

City of London or Hackney
Call Talk Changes on 020 7683 4278 or visit talkchanges.org.uk

Newham
Call Talking Therapies on 020 8475 8080 or visit newhamtalkingtherapies.nhs.uk

Tower Hamlets
Call Talking Therapies on 020 8475 8080 or visit towerhamletstalkingtherapies.nhs.uk

Free online resources are also available from the NHS which provide tools to help manage your health and wellbeing:

- You can access a whole range of online resources on the Good Thinking website to help tackle sleep, anxiety, stress and depression, and mental wellbeing
- Thrive LDN has resources around emotional resilience, looking after yourself and the benefits of exercise and connecting with nature.

11. Next steps

This report is part of the evidence that will be submitted to NHS North East London's fertility policy clinical review group. They will review this report, the responses received and other evidence during a decision-making process, and will make recommendations on the final content of the proposed fertility policy.

Following this the clinical review group will present its recommendations, including an updated HIEIA, to the quality and finance committees before a final decision on the proposed policy is taken by NHS North East London's board.

We recognise and welcome the ambitions set out in the government's Women's Health Strategy around NHS help to try and get pregnant which was announced in July 2022, after we began engaging on our proposed new fertility policy for north east London. We await more detail on the strategy, the relevant commissioning guidance and how it will impact on our finalised fertility policy, which we will review as appropriate.

In the meantime, we will continue with the process to agree a finalised fertility policy for north east London.

Finally, we would like to thank everyone who supported us in promoting the proposed new fertility policy and engagement, and who took the time to tell us what they think of our proposals.