

ASSISTED CONCEPTION POLICY

Amendment Consultation – Outcomes Report

September 2014



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1. Introduction

- 1.1 NHS Dorset Clinical Commissioning Group (CCG) has carried out a nine week formal written consultation on proposed amends to its Assisted Conception Policy. The consultation closed on Friday 15th August 2014.
- 1.2 The consultation process was in line with “[Transforming Participation in Health and Care](#)”2013 ¹(NHS England’s statutory guidance around public involvement for CCGs and NHS England commissioners) and the Governments “[Consultation Principles](#)”2012 ².
- 1.3 This report describes the consultation process followed by the quantitative and qualitative responses provided.
- 1.4 This report will be given due consideration by the following:
 - NHS Dorset CCG Maternity, Reproduction and Family Health Clinical Commissioning Programme
 - NHS Dorset CCG Clinical Commissioning Committee, and
 - NHS Dorset CCG Governing Body
- 1.5 A final Consultation Report will then be produced, including NHS Dorset CCGs response to the Consultation.
- 1.6 NHS Dorset CCG is clear that engagement with patients, carers, the public and other interested stakeholders is not limited simply to periods of formal consultation. Throughout its commissioning function NHS Dorset CCG will seek to remain open, engaged and transparent.

(1) <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

(2) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255180/Consultation-Principles-Oct-2013.pdf

2. Background

- 2.1 The NHS Policy for Assisted Conception in Dorset was produced in 2011/12. It was a joint policy produced by both NHS Dorset Primary Care Trust and NHS Bournemouth and Poole Primary Care Trust. These Primary Care Trusts ceased to exist when the new NHS Dorset Clinical Commissioning Group (CCG) was established in April 2013. All policies transferred to the CCG.
- 2.2 The policy defines what assisted conception treatments are offered by the NHS in Dorset and sets out eligibility criteria for patients wishing to access these services.
- 2.3 The policy was developed following extensive stakeholder consultation with GPs, service providers (including assisted conception clinicians), patients and the public.
- 2.4 When published, this policy defined that the assisted conception service was restricted to women aged 30 – 35 at the time of referral into the services, with completion of all cycles by age 37. Two cycles of IVF were offered. One full cycle of treatment is defined as a full IVF treatment, which should include 1 episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s).
- 2.5 Since the policy was agreed the National Institute for Clinical Excellence (NICE) Clinical Guidance has been updated and republished ([NICE Clinical Guidance 156](#), February 2013³) and the [Equality Act 2010](#)⁴ (amended 2012) has come into force. This necessitated a review of the current policy.
- 2.6 In April 2014, in line with the Equality Act, NHS Dorset CCG introduced changes to the age limits that women living in Dorset can qualify for assisted conception, including in vitro fertilisation (IVF). The lower age limit of 30 was removed and the upper age limit was increased from 35 to 39, with treatment being completed by the woman's 40th birthday.
- 2.7 The widening of the age limit for access to treatment means that more couples in Dorset can have fertility treatment, across a longer period of their lives.
- 2.8 Same sex and heterosexual couples have equal access to the service.
- 2.9 The policy with the addendum is an interim policy for a year i.e. April 2014 – March 2015. The current policy with the addendum can be seen [here](#).⁵
- 2.10 An overview of national guidance, clinical effectiveness and financial considerations was provided within the consultation document (see section 3.00).
- 2.11 Having considered all of the national guidance, financial information and clinical evidence in detail NHS Dorset CCG Governing Body proposed, within the consultation document, that from April 2015 the wider age limits continue to be recognised, with same sex and heterosexual couples having equal access to the service, while the number of full IVF cycles be reduced from two to one.

2.12 In conducting a thorough consultation on the future commissioning practice of assisted conception within Dorset, with a focus upon the number of treatment cycles to be commissioned, NHS Dorset CCG is seeking to ensure that its commissioning is well informed, evidence led and informed by the views of local people.

(3) <http://www.nice.org.uk/nicemedia/live/14078/62769/62769.pdf>

(4) <http://www.legislation.gov.uk/ukpga/2010/15/contents>

(5) <http://www.dorsetccg.nhs.uk/Downloads/aboutus/Policies/Clinical/Fertility%20Policy.pdf>

3. Consultation Process

- 3.1 The consultation process was in line with “[Transforming Participation in Health and Care](#)”2013 ¹(NHS England’s statutory guidance around public involvement for CCGs and NHS England commissioners) and the Governments “[Consultation Principles](#)”2012 ².
- 3.2 A copy of the Consultation Document can be accessed [here](#) ⁶. An easy-read version of the Consultation Document was also produced and can be accessed [here](#) ⁷.
- 3.3 A copy of the consultation questions is included in Appendix A.
- 3.4 This consultation was open to all Dorset residents, people registered with a Dorset GP and other interested stakeholders for a period of nine weeks, from Monday 16th June through to Friday 15th August 2014.
- 3.5 A thorough audience analysis was carried out, to ensure that a full range of stakeholders, including hard-to-reach or vulnerable groups were given the opportunity to provide their views.
- 3.6 The Market Research Group (MRG) was commissioned to undertake the analysis of the survey findings. MRG is an independent market research agency based within Bournemouth University.
- 3.7 A comprehensive communication plan was developed, based on the audience analysis. This plan was implemented across the consultation period as detailed in Appendix B.
- 3.8 Consultation responses were submitted online (via a survey software), via e-mail and by post to a freepost address.

(6) <http://www.dorsetccg.nhs.uk/Downloads/aboutus/CCP/Maternity%20CCP/Assisted%20Conception%20Policy%20-%20Amendment%20Consultation%20June%202014.pdf>

(7) <http://www.dorsetccg.nhs.uk/Downloads/news/Assisted%20Conception%20Policy%20Easy%20Read%202014%20CIRC.pdf>

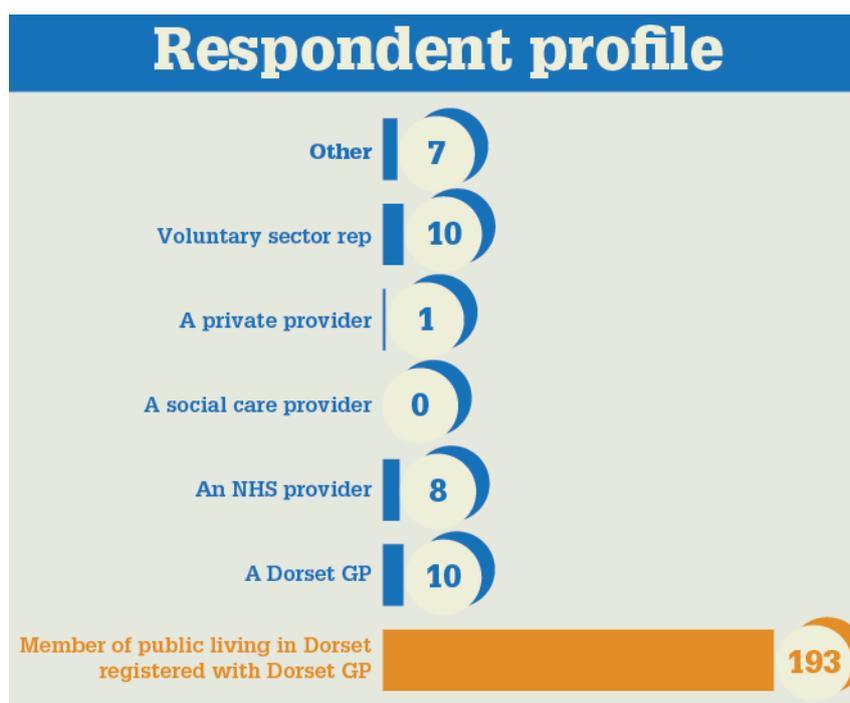
4. Consultation Findings

Introduction

- 4.1 When considering the results from this consultation, attention should be given to both the quantitative and qualitative data in equal measure and in conjunction with each other, as independently they only provide half the story.
- 4.2 The quotes presented in the report have been chosen as those most representative of the theme they are used to illustrate.

Respondent profile

- 4.3 There were a total of 229 responses to the consultation. Of these, the majority were from members of the general public living in Dorset or who were registered with a Dorset GP. There were 10 responses from both a representative from the voluntary sector and Dorset GPs.



BASE: 229

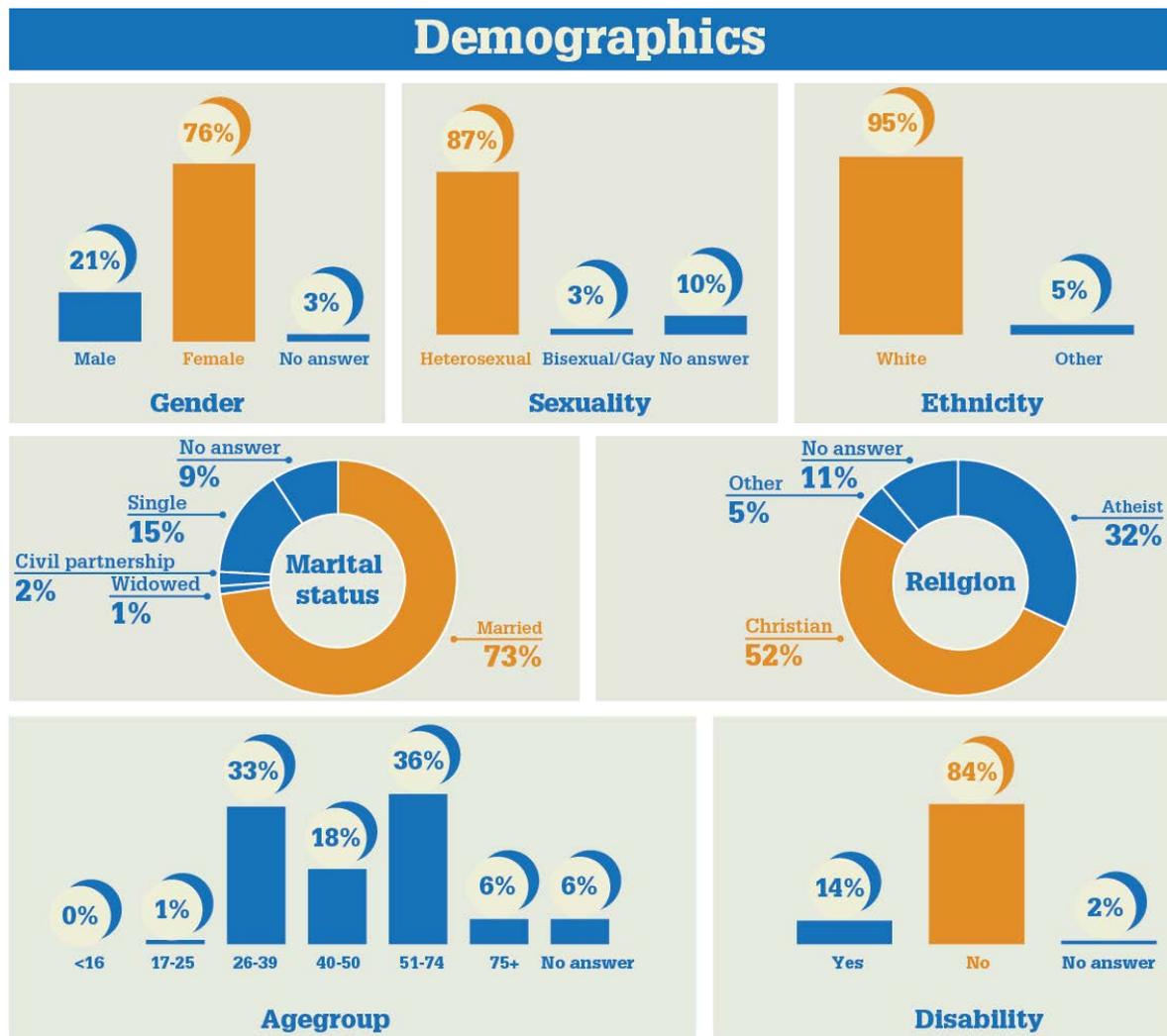
Figure 1: Who respondents are

- 4.4 Three quarters of respondents were female (76%). The age group with the highest responses were aged 51-74 (36%), while a further one-third of respondents (33%) were aged 26-39. 1% of responses were from respondents aged 25 years or younger.
- 4.5 While 95% of respondents were White, 5% were of another ethnicity, which is a strong representation of BME groups. Similarly, while 87% of respondents indicated that they were heterosexual, 3% indicated that they were bisexual or gay, which is

also a good representation. Lastly there was also a very good representation of people with some form of disability answering the questionnaire (14%).

4.6 Three-quarters of respondents indicated that they were married (73%), and 15% were single.

4.7 Just more than half of the respondents indicated that their religion/faith/belief was Christianity (52%), while one-third (32%) indicated that they were Atheist. 5% of respondents were from a different religion/faith/belief.



BASE: Various

Figure 2: Demographics

Findings

4.8 **Consultation Question:** Having read the information provided do you believe NHS Dorset CCG should be commissioning assisted conception services for the people of Dorset?

4.9 Just less than three quarters of respondents (73%) indicated that they do believe NHS Dorset CCG should be commissioning assisted conception services for the people of Dorset. Reasons given for this focused on the following themes.

4.10 **Consultation Comments:** People were asked to explain their answer. These comments have been themed.

4.11 Themes and representative sample comments from respondents who felt that NHS Dorset CCG should be commissioning assisted conception services for the people of Dorset are listed below.

- **The idea that those who want a child should be given the opportunity to have one (19 comments)**

“Women who are unable to conceive should be given support to have a family.”

“Yes having children is a massive part of people's life and a great gift and I do believe the NHS should help some couples with it.”

- **Comments suggesting that there should be equality of service according to location and provision of service for those who would otherwise be unable to afford it (20 comments)**

“In other counties, members of the public are given more than one opportunity of assisted conception. Everyone should be given the same across the UK”

“Assisted conception is offered on the NHS to varying degrees throughout other counties in England. If not offered at all in Dorset this creates a further / more extreme postcode lottery.”

“It would be unaffordable for most couples”

- **Women/couples have a right or a need to have a child (12 comments)**

“Everyone should be entitled to have a child if they so desire.”

“Having a child is not only a right and a privilege, but also crucial to a person's mental health and wellbeing if they dream of becoming a parent.”

- **Infertility is a medical issue and the NHS should therefore provide treatment (11 comments)**

“It is the responsibility of the NHS to help all people with their medical issues, including getting pregnant.”

“Infertility is a medical condition that should be treated by the NHS.”

- **Treatment should be offered because of the negative impact of not having children on women/couples (9 comments)**

"Infertility, like any illness, can have a fundamental impact upon the quality of life of those individuals and couples affected and therefore I believe that we have a moral obligation to offer them treatment."

"I believe this is necessary for psychological health of some couples"

- **IVF should be offered but with certain stipulations (8 comments)**

"...Due to the current "financial straitjacket" I think that it should not be available to couples who have not tried or thought of having children until they are older, and fertility has decreased"

"Some support for couples who cannot conceive naturally should be provided as we now have the ability to do so but I do believe that a thorough screening and assessment should take place first. It should not be offered without the couples showing they are willing to improve their own health and well-being"

- **Treatment offered should conform to NICE guidelines (7 comments)**

"Because NICE guidelines indicate that this is an expected service in this country"

"It is a NICE recommended procedure and Dorset should comply with national standards of care."

- **The negative impact on women/couples will result in further costs to the NHS (in treatments for depression etc.) (6 comments)**

"The distress suffered by those who struggle to conceive may lead to other mental stresses and illnesses that will cost NHS Dorset even more to treat."

"Infertile couples have emotional and psychological difficulties which may lead to demands on mental health services as a result."

- **Offering IVF is fair or the right thing to do (7 comments)**

"It is an important service."

"Because it's right"

- **Comments citing personal experience or reasons (5 comments)**

"As a person who received assistance with fertility in the past, I am very grateful that the funding existed, as we would otherwise not have been able to have afforded it."

Other – there were also eighteen other comments which could not be coded because themes covered were too disparate to form a new category or be included in an existing one.

4.12 Themes and representative sample comments from the 27% of respondents who felt that NHS Dorset CCG should not be commissioning assisted conception services for the people of Dorset, are listed below.

- **The idea that the NHS has to or should prioritise other things (17 comments)**

"I don't believe the NHS should be offering these services in an overpopulated world with many other pressing health care needs."

"I'm not sure that I believe in a human right to have children, even though I know that the inability to have children does make some people very unhappy. I think that there are currently more pressing problems for the NHS."

- **The NHS should only pay for essential treatments (10 comments)**

"In my opinion any 'procedures of choice' are not the responsibility of the NHS and should be funded by the person requesting the procedure."

"To have this service on the NHS, is depriving other services far more valuable and life-saving. Assisted conception should be private only. It is not essential and should have no place in the NHS which is already in melt-down."

- **The NHS cannot afford to pay for IVF (6 comments)**

"Whilst I would like to be able to commission these services, and recognise the distress infertility can cause, I do not feel that the NHS has adequate funds available over the next years to do this."

"I believe that there isn't the money in the NHS for it to be spent on assisted conception when people are suffering from illness who are alive that need to be treated and there is insufficient funding."

- **IVF should not be publicly funded (5 comments)**

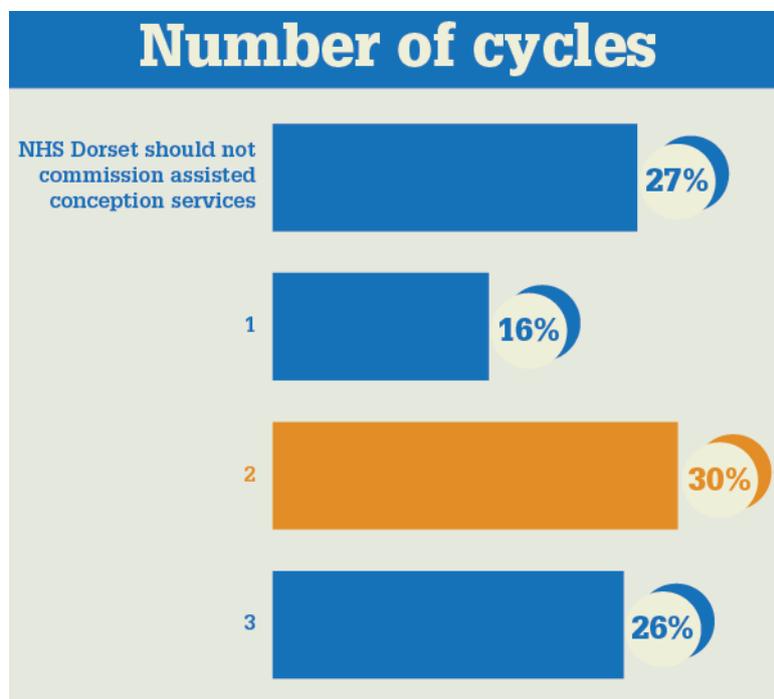
"Assisted Conception should be a personal matter, not for taxpayers to fund."

"I think people should pay for this non urgent non-medical condition. I understand it is frustrating not to be able to conceive, but it does not hamper life or limb."

Other – there were also five other comments which could not be coded because themes covered were too disparate to form a new category or be included in an existing one.

4.13 **Consultation Question:** If people answered “Yes” to the previous question they were asked how many full cycles of treatment they thought NHS Dorset CCG should commission for women up to the age of 39, with treatment being completed by the woman’s 40th birthday?

4.14 Respondents that believe NHS Dorset should be commissioning assisted conception services were asked to indicate how many full cycles of treatment should be commissioned for women up to the age of 39, with treatment being completed by the 40th birthday. For the purpose of analysis, those that had previously stated that they do not think NHS Dorset should be commissioning assisted conception services were included in this analysis and coded that they should not commission any cycles of treatment. More than half (56%) of all respondents felt that NHS Dorset should commission either 2 or 3 full cycles of treatment.



BASE: 182

Figure 3: Number of full cycles that NHS Dorset should commission

4.15 **Consultation Comments:** People were asked to explain their answer. The comments of respondents in this section were coded according to the number of cycles they had suggested should be commissioned. These comments have been themed.

4.16 Themes and representative sample comments from respondents who felt that NHS Dorset CCG should be commissioning one cycle are listed below.

- **The provision of one cycle of IVF is the best option given lack of funds (13 comments)**

"1 cycle gives a couple two attempts and the NHS finances/resources are stretched and need to meet the needs of whole population"

"With all the financial constraints on the NHS I think the minimum should be funded."

- **Given the lack of funds one cycle would make the service available to more people (7 comments)**

"I know very little about this subject but feel that on grounds of cost and fairness this would make treatment available to as many people as possible."

"There is a finite resource available and at one cycle per couple then hopefully more couples can access the treatment."

4.17 Themes and representative sample comments from respondents who felt that NHS Dorset CCG should be commissioning two cycles are listed below.

- **There's a better chance of success with 2 cycles (21 comments)**

"I think it should be 2 cycles as it does not always work first time."

"Not all interventions are successful and what happens if the patient has a miscarriage. 2 full cycle would give the best possible chance for the patient."

- **Comments indicating that 2 cycles would be the best compromise given limited funds. (15 comments)**

"Although 3 cycles would be the optimum, in view of the cost of the process I think two full cycles would be acceptable. Reducing it to 1, however, would be unacceptable."

"Balancing the evidence for effectiveness with the cost of the treatment, I think at least two cycles should be offered."

- **Two cycles would be more appropriate given the stress and level of intervention involved in the procedure (4 comments)**

"The cycles of treatment are very demanding on the patient and take a serious physical and emotional toll. One cycle is not enough, and three could just prolong the stress."

"I think one chance only would put women under too much pressure."

4.18 Themes and representative sample comments from respondents who felt that NHS Dorset CCG should be commissioning three cycles are listed below.

- **Offering 3 cycles would give the best chance of success to patients (16 comments)**

"Looking at the graph on the consultation document I had not previously realised what the odds are of conceiving with IVF. Personally I would want to be given the best chance possible."

"Success is not guaranteed on the first attempt and therefore I do believe that 3 is a fair number of attempts on the NHS."

- **Provision of 3 cycles would mean the treatment was in accordance with NICE guidelines (14 comments)**

“1 in 3 chance of success plus in accordance with NICE guidelines that recommends 3 cycles.”
“Nice guidelines are there for a reason!!”

- **To offer 3 cycles would mean that there was less pressure on patients and practitioners (3 comments)**

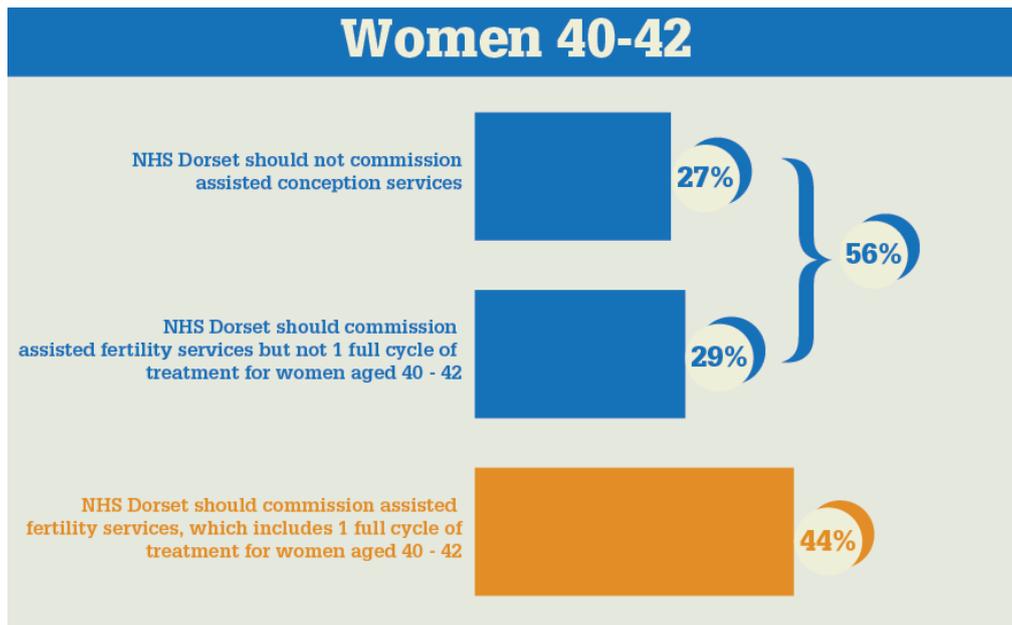
“The IVF process is a very stressful time, if only one cycle was offered per couple it would make the process even more stressful”

“Providing only one cycle would place pressure on those providing the treatment and the individuals receiving it: there would be only one chance for success”

A total of 36 people across all numbers of proposed cycles made comments that were coded 'other'. This category is used when comments are too disparate in subject matter to form a new category or become part of one that has already been created.

4.19 **Consultation Question:** People who answered “Yes” to the provision of assisted conception services for the people of Dorset were asked whether they felt NHS Dorset CCG should commission 1 full cycle of treatment for women aged 40-42.

4.20 Of all respondents, more than two-fifths (44%) feel that 1 full cycle of treatment should be commissioned for women aged 40 – 42. Just less than one-third (29%) of respondents felt that NHS Dorset should commission assisted fertility services, but should not commission 1 full cycle of treatment for women aged 40 – 42.



BASE: 181

Figure 4: Percentage of respondents who feel that NHS Dorset should commission 1 full cycle to women aged 40 - 42

4.21 **Consultation Comments:** People were asked to explain their answer. The comments of respondents in this section were coded according to the number of cycles they had suggested should be commissioned. These comments have been themed.

4.22 Themes and representative sample comments from respondents who felt that NHS Dorset CCG should be commissioning 1 cycle for women aged 40 – 42 are listed below.

- **Many women/couples are choosing to or are unable to avoid starting a family later in life (25 comments)**

“Many women are delaying starting a family. It is taking longer for women to complete their education“

“Many women have to delay childbearing owing to employment and other caring responsibilities“

- **Treatment should be offered but with certain conditions attached (8 comments)**

“But only if other usual criteria are met, i.e. correct weight for height, non-smoker, no previous children of their own etc.”

“But only if they haven’t already had their 3 attempts.”

- **Providing treatment at this age would conform to NICE guidelines (5 comments)**

“As per my previous comment, it meets national guidelines and ensures fairness in treatment received.”

- **It is a ‘right’ or is fair to offer the treatment at this age. (5 comments)**

“Everyone should have the right to be a mother regardless of age.”

“Every woman has the right to decide when they wish to start a family and should not feel pressured in to it before they are ready just because society says so.”

- **Comments suggesting the treatment should be offered because women at this age can still conceive naturally. (4 comments)**

“Healthy babies are being born to women over the age of 42 - why do we need a cut-off point.”

“Because it is possible of a woman of this age to conceive”

- **Women at this age can be fit, healthy and financially secure (4 comments)**

“A woman in their 40’s can still be healthy and active enough to have a child, so we should not restrict this”

“Although the chances of getting pregnant at this age range are reduced, most women should still be fit and healthy enough to conceive if it is their wish to.”

- **Investigations into fertility issues can take many years to complete meaning women are older when it’s confirmed they have problems. (3 comments)**

“Because by the time a couple has been diagnosed i.e. the reasons for infertility have been discovered, a woman is very often approaching this age.”

“It takes a long time to go through diagnostic tests in the NHS. If for example, you start trying for a baby at 35, you could easily be nearly 40 by the time you have tried for a couple of years, had a laparoscopy, other investigations etc.”

4.23 Themes and representative sample comments from respondents who felt that NHS Dorset CCG should not be commissioning 1 cycle for women aged 40 – 42 are listed below.

- **Treatment at this age is less likely to be successful (20 comments)**

“The chances of it working are so low.”

“Unfortunately the reduced success rate of this treatment as you get older must be evidence enough to limit offering this, there is a limited amount of resources.”

- **Women over 40 are too old (8 comments)**

“Women of this age should be considered too old if they are unable to conceive naturally.”

“I personally feel this is too old to be starting a family.”

- **There are greater risks associated with pregnancy at this age (5 comments)**

“The risk of miscarriage and risk of abnormalities increases dramatically after 40, and I don’t think this justifies the cost.”

“Women over 40 have a much higher risk of having a disabled child.”

- **More than one cycle of IVF is required (6 comments)**

“They should commission 2 cycles.”

“I have read the Consultation document. My opinion is that 1 full cycle offered to woman 40-42 years of age is insufficient in number.”

A total of 34 responses across those who agreed and disagreed with offering treatment to 40-42 year olds were coded as ‘other’ because themes covered were too disparate to form a new category or be included in an existing one.

4.24 At the end of the questionnaire respondents were asked to add any further comments they might have. The comments provided were categorised into the following themes.

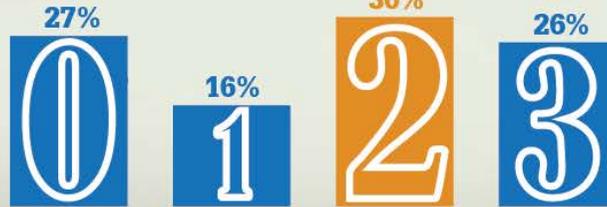
- Comments regarding the research itself and the supporting documentation (10 comments)
- Infertility is not essential/life threatening so not a priority (8 comments)
- There should be equality of provision in Dorset and other areas (7 comments)
- The lower age limit should be removed (5 comments)
- Comments citing personal experiences (5 comments)
- The lower age limit should not be removed (4 comments)
- A total of 2 cycles should be offered (4 comments)
- Older people should not be parents or should not be offered treatment (3 comments)
- Other (25 comments)

Assisted Conception Policy

Summary of consultation quantitative results

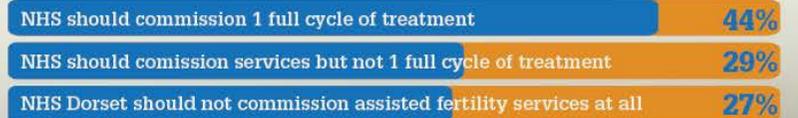
Assisted fertility services up to the age of 39

73% believe that NHS Dorset CCG should be commissioning assisted conception services for the people of Dorset



Number of treatment NHS Dorset CCG should commission

Should NHS Dorset offer 1 full cycle of treatment to women aged 40-42?



Demographics



APPENDIX A: CONSULTATION QUESTIONS

Question 1: Please tell us whether you are (please tick one box):

Member of the general public living in Dorset/registered with a Dorset GP.	
A Dorset GP	
An NHS provider	
A social care provider	
A private provider	
A representative from the voluntary sector	
Other (please specify)	

Question 2: Having read the information provided above do you believe NHS Dorset CCG should be commissioning assisted conception services for the people of Dorset?

Yes No

Question 3: Please explain your answer to Question 2.

If you answered 'No' please go to Question 8.

Question 4: If you answered “Yes” to Question 2 - how many full cycles of treatment do you think NHS Dorset CCG should commission for women up to the age of 39, with treatment being completed by the woman’s 40th birthday?

1 2 3

Question 5: Please explain your answer to Question 4.

Question 6: Do you think NHS Dorset CCG should commission 1 full cycle of treatment for women aged 40 – 42?

Yes No

Question 7: Please explain your answer to Question 6.

Question 8: Please feel free provide us with other comments about this consultation.

Question 9: We need to show that we are consulting with a representative demographic. To help us to do this please complete the following information. Thank you.

What is your age range?

Up to 16 17 -25 26-39 40-50 51-74 75 +

I do not wish to disclose my age

What is your gender?

Male Female Transgender

I do not wish to disclose my gender

What is your marital status?

Single Married Civil partnership Widow/widower

I do not wish to disclose this information

What is your ethnic origin?

Asian or Asian British

Bangladeshi Indian Pakistani Other Asian background

Black or Black British

African Caribbean Other Black background

Multi-cultural

White & Asian White & Black African White & Black Caribbean

Other mixed background

White

British English Irish Scottish Welsh

Other White background

Other Ethnic Group

Chinese Gypsy Traveller Eastern European

Other ethnic group Please state.....

I do not wish to disclose my ethnic origin

Which best describes your sexuality?

Heterosexual Bisexual Lesbian Gay

I do not wish to disclose my sexuality

What is your religion or belief?

Christianity Atheism Buddhism Islam Jainism Sikhism

 Judaism Hinduism None

Other (please state).....

I do not wish to disclose my religion or belief

Disability

Do you consider yourself to have a disability?

Yes No I do not wish to disclose this information

If you are hard of hearing, have sight impairment, English is not your first language or you require this in an easy read format please contact the Engagement and Communications Team on e-mail communications@dorsetccg.nhs.uk or telephone 01305 368908.

APPENDIX B: CONSULTATION COMMUNICATIONS PLAN

Audience/ Outlet	Stakeholders / method	Date published/completed/notes
Media (Regional Media)	Via CCG PR Manager to Dorset Echo Bournemouth Echo Blackmore Vale Heart FM Bridport News Western Gazette Wessex FM View From The Breeze BBC Solent Healthwatch Dorset daily newsround	 Press release 2.docx <ul style="list-style-type: none"> 16/6/14 – Press release 2 above sent to regional media listed. Following coverage was given:- <ul style="list-style-type: none"> 25/6/14 – Blackmore Vale magazine published ‘Proposed changes to Assisted Conception Policy’ 16/7/14 – BBC Radio Solent (Breakfast in Dorset) interview with GP Karen. 16/7/14 - BBC Radio Solent interview with Karen Kirkham. 16/7/14 – Stour and Avon magazine published, ‘Changes to assisted conception policy’. 23/7/14 – Wessex FM news report, and interview with GP Karen Kirkham
Online media	Twitter - @Dorsetccg (2284 followers) (With request for re-tweeting with each entry.) Facebook - facebook.com/NHS DorsetCCG (With please share request for each posting.) NHS Dorset CCG website Published on opening page newsfeed and Maternity and Family Health CCP	<ul style="list-style-type: none"> 1/4/14 16/4/14 17/6/14 Link to consultation tweeted by Healthwatch 17/7/14 – Easy read version launch tweeted 28/7/14 – Healthwatch tweeted Easy read version and ‘still time to have your say’. 7/8/14 – ‘still time to have your say’, re-tweeted by Healthwatch on 13/8/14 14/8/14 – ‘Last time to have your say’ 2/4/14 – 55 people reached 16/6/14 – launch of easy read version, 382 people reached 7/8/14 – 86 people reached 16/6/14 – together with launch of easy read version 17/7/14 15/8/14

Audience/ Outlet	Stakeholders / method	Date published/completed/notes
	pages.	
Public and Local Residents	<p>Involvement networks and other groups</p> <p>NHS Dorset CCG Health Involvement Network (HIN)</p> <p>NHS Dorset CCG Locality Involvement Networks (LIN)</p> <p>GP Patient Participation Groups (PPGs)</p> <p>Big Ask Respondents</p> <p>Dorset Age Partnership members</p> <p>Over 50 Forums</p>	<ul style="list-style-type: none"> • 16/6/14 – Email sent to 180 members • 16/6/14 – Email sent to 300 members • 16/6/14 – Email disseminated to them Unknown numbers) via their group chairs who are members of HIN or LIN • 16/6/14 – Email sent to 600 registered people <p>Also published in July edition of NHS Dorset CCG Feedback bulletin reaching all of the above.</p> <ul style="list-style-type: none"> • 16/6/14 – Email to members via Ann Harris, Health Partnerships Officer • 16/6/14 – Over 50 forums emailed via Hilary Foggo, Over 50 forums. • 16/6/14 - Email via Ann Harris, Health Partnerships Officer, DCC • 16/6/14 – Email via Hilary Foggo, Over 50 Forums
Provider/ NHS partners	<p>Hospital Foundation Trusts</p> <p>Poole Hospital</p> <p>Bournemouth and Christchurch Hospitals</p> <p>Dorset County Hospital</p> <p>Salisbury Hospital</p> <p>Yeovil</p>	<ul style="list-style-type: none"> • 16/6/14 - Information emailed to all Communications leads for attention of Obstetrics and Gynae departments for those with special interest in infertility investigations via NHS Dorset CCG PR Manager • 16/6/14 - Salisbury hospital emailed separately to Patrick Butler for attention of Chief Executive and Assisted Conception services.
Private Healthcare Providers	<p>Winterbourne Hospital (Dorchester)</p> <p>Poundbury Clinic (Dorchester)</p> <p>Harbour Hospital, (Poole)</p>	<ul style="list-style-type: none"> • 16/6/14 – Email sent to all for attention Assisted Conception services.
Patients/ service users	<p>Via:-</p> <p>Salisbury Hospital (provider of Assisted Conception services.)</p> <p>Media (as above)</p> <p>Support groups (see special interest groups below)</p>	<ul style="list-style-type: none"> • 16/6/14 – Email to Patrick Butler at Salisbury Hospital for attention Assisted Conception Services patient group.

Audience/ Outlet	Stakeholders / method	Date published/completed/notes
	Health Involvement Networks as above	
Hospitals League of Friends and Foundation Trust Governors	Salisbury Hospital Yeovil Hospital Bournemouth & Christchurch Hospital Dorset County Hospital Poole Hospital Dorset Healthcare Comm. hospitals	<ul style="list-style-type: none"> • 16/6/14 – Email to Patrick Butler at Salisbury Hospital • 16/6/14 – Email to all trusts Communications leads (except Salisbury) for onward transmission from NHS Dorset CCG PR Manager.
Voluntary Sector, Faith Groups, Minority Groups, BME groups	Via:- Dorset Community Action Poole Council for Voluntary Services Bournemouth Council for Voluntary Services Dorset Race Equality Council	<ul style="list-style-type: none"> • Email sent 16/6/14 with request for dissemination to groups and for promotion via their websites and social media channels. DCA forwarded it to 854 groups on 26/6/14 June. It was also featured in the News feed on DCA website which was visible to 1,741 visitors during the period 20th June to 15th August. • Email sent 16/6/14 with request for dissemination to groups and for promotion via their websites and social media channels. They forwarded it to 109 groups or contacts on 26/6/14. • Email sent 16/6/14 with request for dissemination to groups and for promotion via their websites and social media channels. • Email sent 16/6/14 with request for dissemination to groups and for promotion via their websites and social media channels. Group chair circulated to key religious leaders on two occasions and published on group Facebook page.
Disability and Mental Health Groups	Via:- Access Dorset Bournemouth People First Dorset People First Poole Forum Dorset Mental Health Forum Rethink	<ul style="list-style-type: none"> • 16/6/14 – Email sent to all with request for publication on their websites and social media outlets. • 3/7/14 - Easy Read version of consultation created by Dorset People First and circulated to their associated groups and members. Consultation considered by their management committee who recommended amends to the easy-read version to make it even more accessible to people with Learning/Cognitive difficulties. • 10/7/14 - updated version of consultation circulated to Dorset People First and Poole Forum groups and members.

Audience/ Outlet	Stakeholders / method	Date published/completed/notes
Politicians	<p>County Councillors Bournemouth and Poole Borough Council</p> <p>District Councillors</p> <ul style="list-style-type: none"> • Christchurch & East Dorset DC • West Dorset DC • Purbeck • Weymouth and Portland DC • North Dorset <p>Town and Parish Councillors</p>	<ul style="list-style-type: none"> • 16/6/14 – Email to DCC electoral services • 16/6/14 – Email to Bournemouth and Poole electoral services • 16/6/14 – Email to all District Council offices or relevant electoral services offices • 16/6/24 – Email to DAPTC Chair with request for publication on their website newsfeed. <p>Note – information also sent to some councillors who are registered on the Health Involvement Network.</p>
MPs	<p>Christchurch – Christopher Chope OBE Mid Dorset and North Poole – Annette Brooke</p> <p>North Dorset – Robert Walter South Dorset – Richard Drax West Dorset – Oliver Letwin Bournemouth East – Tobias Ellwood Bournemouth West – Connor Burns Poole – Robert Syms</p>	<ul style="list-style-type: none"> • 16/6/14 - Email to Head of Information Governance, NHS Dorset CCG for onward transmission to MPs.
Health Scrutiny Committees	<p>Bournemouth Adult & Community Services Overview & Scrutiny Panel Poole Health Scrutiny Committee Dorset Health Overview and Scrutiny Committee</p>	<ul style="list-style-type: none"> • 16/6/14 – Email via Bournemouth electoral services. • 16/6/14 – Email via Poole electoral services • 16/6/14 – Email via Ann Harris, Health Partnerships Officer, DCC
Health and Wellbeing Boards	<p>Dorset Health and Wellbeing Board Bournemouth and Poole Health and Wellbeing Board</p>	<ul style="list-style-type: none"> • 16/6/14 – Email via Ann Harris, Health Partnerships Officer, DCC • 16/6/14 – Email via David Harrison at Bournemouth Borough Council
Regulatory bodies	<p>Healthwatch Dorset (Twitter page has 2298 followers)</p> <p>NHS England LAT</p>	<ul style="list-style-type: none"> • 16/6/14 – Email to Martyn Webster, Annie Dimmick, Louise Bate with request for publication on their website and tweets. • 16/6/14 – Email to Communications lead via NHS Dorset CCG PR Manager.

Audience/ Outlet	Stakeholders / method	Date published/completed/notes
CCG/Internal	GP Locality leads and GPs Practice Managers Locality Managers Governing Body Governing body lay members Non-governing body lay members Locality managers Directors Deputy Directors CCP Leads Customer Service Team Staff	<ul style="list-style-type: none"> 16/6/14 and 27/6/14 - Via NHS Dorset CCG GP Bulletin & via cluster Principle Locality Leads 16/6/14 – Via Email from Corporate Office 16/6/14 and 23/6/14 – Email and publication on weekly Staff Bulletin
Education	Bournemouth University Weymouth College	<ul style="list-style-type: none"> 16/6/14 – Email to both Communications and Engagement Teams with request for featuring, where appropriate, on websites and via social media channels and for attention of any students pursuing health and social care studies.
Partner Organisations	Dorset County Council Poole Borough Council Bournemouth Borough Council DCC Social Services Public Health	<ul style="list-style-type: none"> 16/6/14 – Email to all Communications leads via NGHS Dorset CCG PR Manager.
Special Interest Groups	Maternity Voices (linking to following groups via Facebook) One Bump or Two Bumps and Babies (Bournemouth) Ringwood Sling Meet National Childbirth Trust (South Dorset & New Forest) Mums make and create Bournemouth and Poole Babies 2012 Bournemouth attachment parents Public via Children's Centres (including the following) Playgroups (for universal parents) Groups for parents of children with learning disabilities Groups for parents of children with	<ul style="list-style-type: none"> 16/6/14 - Contact for all via Maternity Voices Facebook Page 16/6/14 – via DCC Early Years parents newsletter

Audience/ Outlet	Stakeholders / method	Date published/completed/notes
	special educational needs Groups for teenage parents Groups for parents of twins, triplets etc Groups for Dads Infertility UK Homestart	<ul style="list-style-type: none"> • 16/6/14 - Email from Acting Head of Review, Design and Delivery, NHS Dorset CCG to Susan Seenan Chief Executive Infertility UK • 16/6/14 – email to project manager

APPENDIX C: OPEN ENDED COMMENTS

Listed below are the open ended comments received. Please note that a number of comments have been removed due to them being of an offensive nature. They have however been stored in accordance with the Data Protection Act 1998.

Question 3: Please explain your answer to Question 2.

(Do you believe NHS Dorset CCG should be commissioning assisted conception services for the people of Dorset?)

Comments from those who answered 'yes'

Treatment should be offered because of the negative impact of not having children on women/couples (9 comments)

High prevalence of fertility problems, the impact of infertility on couples and individuals - enabling access to treatment that would otherwise be denied to those on lower incomes
(No information given)

Important for the well-being of infertile couples, especially their mental health
(40 - 50, Female, Married)

Infertility is a serious problem that can deeply affect patients, partners and families
(40 - 50, Male, Married)

Having a chance of a family is important for peoples' overall health and wellbeing.
(26 - 39, Female, Married)

Infertility, like any illness, can have a fundamental impact upon the quality of life of those individuals and couples affected and therefore I believe that we have a moral obligation to offer them treatment.
(26 - 39, Female, Married)

Having a longed-for child is a major issue for many couples. We were lucky and had children easily but I have a number of friends and relatives who have benefitted from assisted conception services
(40 - 50, Female, Married)

Inability to conceive a child impacts detrimentally on the physical and mental health of women and their families. I strongly believe that all people of Dorset should have the opportunity to become parents should they wish to do so.
(40 - 50, Female, Married)

I believe this is necessary for psychological health of some couples
(No information given)

Infertility causes huge distress
(51 - 74, Female, Married)

The negative impact on women/couples will result in further costs to the NHS (in treatments for depression etc.) (6 comments)

It can cause great sadness and place tremendous pressure on a couple unable to have children. This could lead to relationship breakdown and mental health issues which may in turn cost the NHS. Also, some women may find themselves to be infertile through contracting illness; men too - so their difficulties in conceiving may be the direct result of health problems - something the NHS has a duty to help with. Surely everyone has the right to a family life - it brings such happiness.

(51 - 74, Female, Married)

Infertility is crippling. It destroys lives, careers and tears families apart. Giving people the opportunity to be parents may cost money, but when you don't there is a longer term cost of having to treat the depression that ensues with prescriptions and GP appointments and counselling and the lost days off work due to the depression which can lead to dismissal and then the individual claiming benefits because they have lost their job.

(26 - 39, Female, Married)

The distress suffered by those who struggle to conceive may lead to other, mental stresses and illnesses that will cost NHS Dorset even more to treat.

(51 - 74, Male, Married)

Assisted conception isn't just about having or not having a family. It affects all aspects of your life if you want a family and cannot achieve this naturally. Mental Health can certainly suffer and the NHS has to pay for this. Assisted conception is becoming more mainstream and should be available on the NHS if really necessary, it's very expensive for individuals to pay for endless treatments.

(40 - 50, Female, Married)

Inability to conceive can result in other health problems because of the grief and loss people experience; apart from the humanitarian argument for funding this, there may be hidden costs in NOT providing these services e.g. Treatments for mental I'll health.

(51 - 74, Female, Civil partnership)

Infertile couples have emotional and psychological difficulties which may lead to demands on mental health services as a result.

(51 - 74, Female, Married)

Infertility is a medical issue and the NHS should therefore provide treatment (11 comments)

I believe that funding of assisted conception is an important aspect of healthcare and that Dorset CCG should be funding this.

(26 - 39, Female, Married)

It is the responsibility of the NHS to help all people with their medical issues, including getting pregnant.

(26 - 39, Female, Married)

Infertility requiring assisted conception is a medical need. Couples do not choose to be infertile

(51 - 74, Female, Married)

Most definitely. The NHS treats people for illnesses brought on through lifestyle. In many cases, the need for assisted conception is an unexplained factor beyond an individual's control.

(40 - 50, Female, Married)

Infertility is a medical condition that should be treated by the NHS.

(26 - 39, Female, Married)

Infertility is a medical condition, those suffering from it deserve access to treatment as recommended by NICE

(Respondent did not wish to disclose personal details)

Action for Frances - to check that this can stay in with amendment to personal details brackets.

Definitely, there is a clinical need for this input with the appropriate couples

(26 - 39, Female, Married)

There are many causes for infertility. We are happy to use medical intervention to prevent pregnancy and so it is just to intervene to aid conception

(51 - 74, Female, Married)

Couples who have proven medical problems with natural conception should have chance to have a baby

(51 - 74, Female, Single)

Infertility is apparently a medical problem and therefore should be treated by the NHS

(75 and over, Male, Married)

It is part of the service the NHS is obliged to provide, it must however have limitations set.

(51 - 74, Male, Single)

Women/couples have a right or a need to have a child (12 comments)

Everyone should be entitled to have a child if they so desire.

(51 - 74, Female, Married)

I believe it is everybody's right to have a child

(26 - 39, Female, Single)

Absolutely yes, women should be supported through this process. Every woman has a right to have a baby and if the help is needed to this process, I do believe it should be supported. Assisted conception not only helps women to get pregnant, but also increases numbers of our younger generation, brings happiness and fulfilment to the couples.

(26 - 39, Female, Married)

Having a child is not only a right and a privilege, but also crucial to a person's mental health and wellbeing if they dream of becoming a parent

(26 - 39, Female, Married)

people who need help to conceive have the right to ask for help

(26 - 39, Female, Single)

It is a basic right for people to be able to try to conceive their own children in cases where biology/disease etc. prevents this.

(51 - 74, Female, Married)

If they choose to, every woman should have the right to have a child. In today's society women are almost obliged to have a career before having a baby, and take some time to find that right person to have a baby with. So finding the right time to conceive is getting later, but because it is getting later it shouldn't mean it should restrict your choice to have a baby.

(26 - 39, Female, Single)

Because it is every woman's right to have the chance to have a baby

(26 - 39, Female, Married)

Every woman has a right to try and have a baby if they are unable to naturally.

(26 - 39, Female, Married)

I believe in equality and the right to choose, so even though I feel adoption is a preferable solution to infertility, others don't and they have the right to try to have their own child.

(51 - 74, Female, Married)

I think everybody has the right to try for a child and this document would make it more available for people that couldn't apply for this before

(26 - 39, Female, Married)

I think having children is a basic need for most women

(51 - 74, Female, Married)

Comments suggesting that there should be equality of service according to location and provision of service for those who would otherwise be unable to afford it (20 comments)

I have read the consultation document. A woman's innate desire is to child bare and any perceived disparity of service offered between counties would have great implication upon social mobility i.e. people will move county to get what they perceive they want.

(51 - 74, Female, Married)

For equal opportunities and support for families.

(26 - 39, Female, Married)

in other counties, members of the public are given more than one opportunity of assisted conception. Everyone should be given the same across the UK

(26 - 39, Female, Single)

It is only fair that all Women get the chance to conceive no matter where they live. Every woman living in the UK should be given an equal chance.

(26 - 39, Female, Married)

It will provide much needed funding for people that cannot afford to pay privately for such treatment. It is unfair that funding differs so dramatically from one county to another. Surely everybody should be entitled to the right to have a baby and not offering funding could take this right away from a couple if they cannot afford it

(26 - 39, Female, Married)

To provide equal opportunities

(26 - 39, Female, Married)

Not all couples who need IVF can afford to go private

(51 - 74, Female, Widow/widower)

It should be the same age & number of tries for all county e.g. Dorset , Somerset & Wiltshire.

(26 - 39, Female, Married)

Assisted conception is offered on the NHS to varying degrees throughout other counties in England. If not offered at all in Dorset this creates a further / more extreme postcode lottery.

(26 - 39, Female, Single)

Why should the people of Dorset be excluded from this?

(51 - 74, Female, Married)

Because there is a very real need for this service and because not commissioning such services would put Dorset residents with fertility problems or medical conditions that require IVF for conception would be put at a considerable disadvantage compared to those CCG areas where NICE guidance is adhered to.

(26 - 39, Female, Single)

it would be unaffordable for most couples

(51 - 74, Female, Married)

Cost if going privately, not everyone able to afford to pay.

(51 - 74, Female, Civil partnership)

NHS should provide a basic service as the alternative is assisted conception only for those that can afford it (or are so desperate they put themselves in debt to do so)

(26 - 39, Female, Married)

If you have trouble conceiving your ability to have children shouldn't depend on your ability to pay.

(26 - 39, Female, Married)

Limited assistance should be available to people, regardless of status or wealth

(51 - 74, Female, Single)

Everybody in need of such services should have access to them in their area.

(40 - 50, Female, Married)

NHS postcode lottery shouldn't be allowed on any service.

(26 - 39, Female, Married)

Because no one has money

(No information given)

For those able and willing, but have no or little financial resources. People who have a disability may find it more difficult than other people to get pregnant.

(No information given)

The idea that those who want a child should be given the opportunity to have one (19 comments)

To give those who are unable to naturally conceive an opportunity to. You may have circumstances such as marines who have been exposed to certain chemicals then as a result have reduced sperm

count making it difficult to conceive, and not providing this service would mean they are unable to have children should they want to.

(17 - 25, Female, Married)

Women who are unable to conceive should be given support to have a family.

(26 - 39, Female, Married)

Many people struggle with conception those who are and have always been healthy why shouldn't they get their opportunities to become parents

(17 - 25, Female, Married)

Assisted conception should be available to anyone who requires it

(40 - 50, Female, Married)

Some couples do have difficulty conceiving because of various reasons and should receive help.

(75 and over, Female, Married)

I feel very strongly that those unable to conceive naturally have the opportunity to become parents.

(26 - 39, Female, Married)

All should have the opportunity to conceive

(40 - 50, Male, respondent chose not to disclose marital status)

I believe that all women of childbearing age, say up until age 45 should have the opportunity to receive assisted conception if they are unable to conceive naturally.

(51 - 74, Female, Married)

Everyone should have all the help they need to conceive a child

(51 - 74, Female, Married)

I believe that all those who wish to become parents should have an opportunity

(40 - 50, Female, Married)

Yes having children is a massive part of people's life and a great gift and I do believe the NHS should help some couples with it.

(26 - 39, Female, Married)

Yes, because everybody should have the opportunity to have a family.

(26 - 39, Female, Married)

I feel it's important that people have the best opportunity to have a child if they want to

(26 - 39, Female, Single)

AC is unaffordable to some couples and everyone should have the chance to be parents

(26 - 39, Female, Single)

Every couple should be able to have a child

(51 - 74, Female, Married)

Patients should have support and access to treatment

(26 - 39, Female, Civil partnership)

Many people have a strong desire to have children and it is right for the Health Service to give some assistance to those who have difficulty in conceiving.

(75 and over, Male, Married)

To give couples a chance to be parents within certain guidelines

(51 - 74, Female, Single)

Every family should have the opportunity to at least try for a family if that's what they want

(51 - 74, Female, Married)

Comments citing personal experience or reasons (5 comments)

Having experienced infertility myself I know first-hand how extremely distressing and emotionally straining it is. My husband and I have paid our taxes all our working lives and to be told that we wouldn't get any NHS help due to my age (28) at such a difficult time for us is devastating. Even though we both have good full time jobs, to find £5,000 or more that we would need to fund a cycle is a huge stain on us financially and something we could just not afford, especially more than once. I cannot comprehend how the NHS can justify funding cosmetic surgery, treatment for smokers and the obese and other self-inflicted conditions and not help a couple who really need it through no fault of their own. The emotional stress that goes with infertility is enormous and I have at times dealt with depression, so the last thing I needed was to be worrying about our finances. At times I have experience prejudice and pure unprofessionalism from some members of the Dorset NHS team and if anything, I feel that more money should be spent understanding the emotional struggle that people with infertility have to deal with, certainly not less. It is very simple for someone who hasn't been through it to say not to fund it as there is no way they can appreciate how incredibly painful and utterly heart breaking infertility is.

(26 - 39, Female, Married)

As someone who is under the age of 30 and having difficulty becoming pregnant I think it is important for women in Dorset to feel safe in the knowledge that there are options out there no matter the age. There are so many requirements to meet to enable you to have to a chance of help that by at least removing the age limit it can provide fresh hope

(26 - 39, Female, Married)

There are many people who are currently working and paying national insurance and yes maybe we should have thought about having children earlier in life, I don't think you should be penalised by your age.

(26 - 39, Female, Married)

I absolutely think that there should be assisted conception to help people who cannot conceive naturally, through no fault of their own. My husband was diagnosed with cancer 4 years ago and after extensive chemo/radiotherapy, has been left infertile. We have been trying to conceive for over a year now with funding for IUI and a fresh cycle of IVF. We are now trying a frozen cycle. If this was to unfortunately be unsuccessful and you were to take away funding for our second cycle, we would be left devastated. The cost is so high for most people to afford themselves. I believe that restricting the number of cycles would put even more pressure on couples for it to work, which in turn could lead to more stress and more unsuccessful results.

(26 - 39, Female, Married)

As a person who received assistance with fertility in the past, I am very grateful that the funding existed, as we would otherwise not have been able to have afford it.

(26 - 39, Female, Married)

Treatment offered should conform to NICE guidelines (7 comments)

In line with nice guidelines and also an area that would benefit so many people Dorset CCG is one of the wealthiest, so how about it spends some of its cash on its local people!

(Respondent chose not to disclose personal information.)

With the new NICE guidelines would be difficult not to
(40 - 50, Female, Married)

These are what national guidelines suggest and would reduce the number of cycles to one which is not appropriate.

(26 - 39, respondent chose not to disclose other personal information)

I believe it should be offered as per the NICE guidelines.

(26 - 39, Female, Married)

As supported by the NICE guidelines I believe three cycles should be offered on the NHS. Availability of IVF and number of cycles is a real post code lottery. It can be a very difficult stressful process for couples involved.

(26 - 39, Female, Married)

Because Nice guidelines indicate that this is an expected service in this country

(51 - 74, Female, Married)

In line with NICE and national policies. Makes sense to change from two funded cycles for a smaller number of people to one funded cycle for a larger number of people

(26 - 39, Female, Married)

Those who meet the criteria should be allowed at least one cycle of treatment as suggested by NICE.

(51 - 74, Female, Married)

It is a NICE recommended procedure and Dorset should comply with national standards of care.

(51-74, Female, Married)

IVF should be offered but with certain stipulations (8 comments)

Women under 40 (who meet certain criteria) be offered 3 full cycles of IVF. I do not agree with anyone receiving 3 funded cycles - 2 should be maximum

(51 - 74, Male, Married)

People should be able to have 2 cycles on the NHS.

(26 - 39, Female, Married)

Assisted conception should be available to all people in Dorset. However, I think the age range is too wide and the older a patient becomes the % of viable births is decreased considerably. In article 3.10 to 3.12 it shows that the fresh egg cycle is a better % than frozen. My worry is that the older the patient the less likely the eggs are to be of good quality and therefore the likelihood of non-conception.

(51 - 74, Female, Married)

It is extremely important to allow assisted conception up to a higher age limit. However I STRONGLY believe that there should be a lower age limit, say 25, as I don't believe we should be encouraging 16 year olds to have children which COULD be the case if you remove lower age limits.

(51 - 74, Male, Married)

The service offered is guided by the Equality Act rather than medical best practice and guidance. My view is that full treatment should be available for 25-35 year olds. Has any research been carried out on the long term effects/health/well-being of the offspring from IVF births?

(51 - 74, Female, Married)

I feel that couples who are unable to conceive, for whatever reason, should be able to access some assistance if there is a likelihood of success. Due to the current "financial straitjacket" I think that it should not be available to couples who have not tried or thought of having children until they are older, and fertility has decreased. This is unfortunate, but it seems that there might be a choice to be made - furtherance of a career, a life free of responsibility, or a family.

(51 - 74, Female, Single)

Some support for couples who cannot conceive naturally should be provided as we now have the ability to do so but I do believe that a thorough screening and assessment should take place first. It should not be offered without the couples showing they are willing to improve their own health and well-being for example giving up smoking, addressing obesity issues which may well be affecting their ability to conceive.

(51 - 74, Female, Married)

I think that if a couple is desperate for a family they should be helped to have one. However this should go hand in hand with a policy that ensures that people who physically and mentally abuse their children do not produce more!

(51 - 74, Female, Married)

Offering IVF is fair or the right thing to do (7 comments)

We need to help young people under 40 with fertility problems.
(75 and over, Female, respondent chose not to disclose marital status)

There is a need for this
(51 - 74, Female, Married)

It is an important service
(40 - 50, Male, respondent chose not to disclose marital status)

Because its right
(26 - 39, Male, Married)

This service is needed
(51 - 74, Female, Married)

If a couple are infertile they need help.
(40 - 50, Female, Married)

Really helps people. To help women that would like babies but can't do it on their own
(No information given)

Other (18 comments)

One cycle only as some men can have a low sperm count - and I know of couples who have parted company through the problem - where the wife wanted a child.

(51 - 74, Female, Single)

I have been living in this country for 9 years now, so I not in a position to compare the way it was done before.

(26 - 39, Female, Married)

family involvement

(51 - 74, Female, Married)

Current medical knowledge is such that those with fertility issues/problems can be helped to have their own biological family, and many can have success with assisted conception

(26 - 39, Female, Single)

Sadly, "normal" conception is difficult due to many factors.

(40 - 50, Female, Married)

IVF is a cost effective treatment with an excellent quality of life outcome - two happy parents and a new baby

(Respondent chose not to disclose age, Male, respondent chose not to disclose marital status)

Yes. I actually worked on the NICE guideline for this issue, and support the changes that you plan to implement.

(40 - 50, Female, Single)

Not applicable as answered yes to the question above - system wouldn't allow me to move on without filling in this box!

(No information given)

Enables family life and best option for children .

(51 - 74, Female, Married)

If people have exhausted all other options, including any advised diet changes and are not smoking/drinking etc. then they should be allowed one cycle of IVF on NHS

(26 - 39, Female, Married)

They do seem to have made adjustment from the NICE guidance from the original position of age limits to 35 years

(40 - 50, Male, Married)

Local decision making should make for a better result suited to local needs, but should follow national guidelines set

(26 - 39, Female, Married)

Many need help

(No information given)

NICE guidelines suggest 3 cycles funded with associated FET's.

(Respondent chose not to disclose personal information)

This is not too do with keeping people healthy and alive but rather assisting with 'lifestyle choices'. At almost half a million pounds per treatment it is not cheap. But, to be kind, maybe a minimum service should be provided by the NHS since such a service seems to be generally expected by the population.

(51 - 74, Male, Married)

I believe it is reasonable to INVESTIGATE inability to conceive in any couple wishing to start a family; I also believe this should include any medical intervention if there is an identifiable cause. I can understand the anguish of couples unable to produce a child but further treatment often exacerbate this. I know of three cases, one where a couple unable to conceive, adopted a child and immediately discovered the wife was five months pregnant, the another was a couple awaiting investigation into IVF who produced twins and were offered an appointment to see the Specialist the day they were discharged from Hospital; the third was a couple who successfully underwent IVF and produced triplets, all disabled, one died within ten days, another died before her second birthday and the third is so severely disabled that he has to have everything done for him and this has become very difficult as he reaches his teens. It has resulted in the breakdown of the marriage. I am not sure how relevant those cases are to my response but they obviously colour my views.

(75 and over, Female, Married)

Due to people having careers, they are trying for a family later and I am glad this is being recognised.

(40 - 50, Female, Single)

Get it for free. Clinical Commissioning Group should pay to help people

(No information given)

People should get help for free

(No information given)

Comments from those who said 'No'

The NHS cannot afford to pay for IVF (6 comments)

I believe that there isn't the money in the NHS for it to be spent on assisted conception when people are suffering from illness who are alive that need to be treated and there is insufficient funding.

(51 - 74, Female, Married)

Whilst I would like to be able to commission these services, and recognise the distress infertility can cause, I do not feel that the NHS has adequate funds available over the next years to do this.

(40 - 50, Female, Single)

Not enough money to go round all the services and money allocated should be spent on the living rather than creating new lives - however there may well be some exceptions.

(Respondent chose not to disclose age, Female, respondent chose not to disclose marital status)

With ever increasing cuts - we just cannot afford to help everyone. Many, many women choose not to have children until late in life and to follow a career - why should the public pay for them to have this privilege.

(Respondent chose not to disclose age, Female, respondent chose not to disclose marital status)

Cost is too great

(Respondent chose not to disclose age, Female, respondent chose not to disclose marital status)

The NHS should only pay for essential treatments (10 comments)

My concern is for the survival of the NHS it is its responsibility to care for the HEALTH of the people of this country. In my opinion any 'procedures of choice' are not the responsibility of the NHS and should be funded by the person requesting the procedure

(26 - 39, Male, Married)

Very high costs involved. Not a life-saving activity

(75 and over, Male, Married)

This is not something that is essential for tax payers to be doing. There are other options, whether privately paying or adoption, where we need many more people coming forward. Also the birth rate is going up so much we might end up restricting births like China.

(40 - 50, Male, Married)

Whilst understanding childlessness is deeply upsetting for couples with problems conceiving I believe NHS money has to be spent on supporting those with specific health conditions. With restricted funding I'm afraid assisted conceptions a luxury not a necessity these days.

(75 and over, Male, Married)

I do not consider it necessary given the financial pressures already placed on the NHS for IVF or assisted conception services to be freely available on the NHS.

(40 - 50, Female, Married)

NHS money should be spent on people with illnesses ie drugs, care, more nursing staff, more consultants to reduce waiting times. Fertility treatment should be paid by individuals.

(No information given)

To have this service on the NHS, is depriving other services far more valuable and life-saving. Assisted conception should be private only. It is not essential and should have no place in the NHS which is already in melt-down.

(51 - 74, Female, Married)

1) Too expensive, money should be spent on sick people. 2) Should be undertaken privately. Cost equivalent to a couple of good holidays/luxuries/ etc. or help from family members. If can't afford it, should they be bringing children into the world? 3) Certainly not same sex couples. They can make their own arrangements with a male "friend", as I have known to happen -- theirs is not usually inability to conceive, but distaste in using the normal act of sexual intercourse with a man. 3) If one goes privately, it is often possible to have free treatment, in return for donating own eggs, for people whose eggs are not good. (a family member did this) 4) The maternity services are stretched as it is. These need improving before more potential births.

(40 - 50, Female, Married)

Although an emotive subject to some people it is still possible for those who cannot conceive to have children either by paying for IVF or by adoption. The failure to conceive is not an illness per se and will not kill anybody. I believe that there are more important conditions to treat and/or prevent that will have serious health consequences on people if left untreated. As an example, I am only 5 feet tall and would like to be taller. However, I would not expect the NHS to pay for me to be lengthened! Sometimes, in a world of finite resources and infinite demands, we have to accept the deal that life has dealt us and not to expect the NHS to make everything perfect for us.

(40 - 50, Female, Married)

Assisted contraception is not a medical problem and should be a privately funded issue.
(51- 74, Female, Single)

The idea that the NHS has to or should prioritise other things (17 comments)

There are more important and pressing needs for limited funds
(51-74, Female, respondent chose not to disclose marital status)

NHS will not survive. Priority is to focus on OBESITY ALCOHOLISM and CANCER due to funding problems
(75 and over, Male, Married)

The investment would be better spent on prevention of disease and serve a wider population
(51 - 74, Male, Married)

Priorities are: (1) Cancer (2) Alcoholism (3) Obesity. The procedures are costly for assisted conception. They should be costed and charged if required.
(51 - 74, Female, Married)

Too expensive - other priorities(40 - 50, Male, Married)
I feel money could be better spent on other healthcare
(51 - 74, Female, Married)

The money spent on assisted conception services could be used more effectively on other health care services, or on preventing development of infertility in the first place (e.g. healthy eating, chlamydia screening). Having a child is not a right and treatment is costly for limited return
(51 - 74, Female, Married)

Although the desire for a child can be overpowering the well-being of the elderly, infirm or sick is of greater importance
(51 - 74, Female, Married)

I fully understand how important it is for people to be able to have children and I know the fact some cannot conceive can devastate relationships. However, I also understand how devastating the closures of hospital facilities and the consequential pressures put on staff and patients through waiting for procedures can be. We currently live in a time where the amount of funding does not cover the cost of providing all services within the NHS and, rather than adjusting qualifying age ranges and number of cycles for the assisted conception service (which still does not conform to NICE guidelines), now may be the time to withdraw the service completely and direct the funds towards other more essential services. It could be reviewed if funding allows at a later date.
(40 - 50, Female, Married)

This is of low priority in an over-populated country.
(51 - 74, Female, Married)

It is a lifestyle choice and not a right. Having children is a costly business and assisted conception should be seen as part of the decision whether to pursue pregnancy. In the ideal world the NHS would provide but it is low priority when we struggle to fund care for the living who are ill. We already have to fund expensive care for children who have disabilities and struggle with this.
(51 - 74, Male, Married)

Not every woman can have children. Funds can be better used

(51 - 74, Female, Married)

There are so many children needing adoption by kind and loving families. The population is already growing too fast. With all the 'cutbacks' there are more important treatments needing the money
(75 and over, Male, Married)

The time and money these surveys & services cost must be excessive. The NHS should be spending on more urgent aspects, e.g., hospital acquired infections, waiting lists, bed-blocking, etc.
(51 - 74, Female, Married)

Funding should be used to improve services, treatment & operation procedures. Employ more Doctors / Nurses to reduce hospital waiting lists & improving services generally for the residents of Dorset.

(51 - 74, Male, Single)

There may be exceptional circumstances, however I feel that funding is better spent on other healthcare issues and if people are unable to conceive naturally they should consider alternatives such as fostering and adoption given the great need for families for children already born and in desperate need of a loving home.

(No information given)

I'm not sure that I believe in a human right to have children, even though I know that the inability to have children does make some people very unhappy. I think that there are currently more pressing problems for the NHS.

(No information given)

I don't believe the NHS should be offering these services in an overpopulated world with many other pressing health care needs

(51 - 74, Male, Married)

IVF should not be publicly funded (5 comments)

Assisted Conception should be a personal matter, not for taxpayers to fund.

(75 and over, Male, Married)

This should be funded privately

(51 - 74, Female, Married)

I think people should pay for this non urgent non-medical condition. I understand it is frustrating not to be able to conceive, but it does not hamper life or limb.

(51 - 74, Female, Single)

Tax payers should not fund people to breed

(51 - 74, Female, Married)

People paying themselves means they are taking responsibility & taking it seriously.

(No information given)

Other (5 comments)

Only natural conception should be allowed. We must also be aware of the substantial birth rate increase and what this means to society as a whole e.g. school places, assistance to the non-working

family regarding financial help etc. Why should the taxpayers help those who do not help themselves e.g. those who smoke or are obese. Let nature take its course
(40 - 50, Female, Single)

If a person is unable to conceive it is, presumably, due to some defect in either of the persons involved. Is this defect going to be passed on and thus make the problem worse?
(Respondent chose not to disclose age or gender, Married)

The population is high enough
(No information given)

There are lots of children in care/waiting to be adopted or fostered.
(No information given)

If someone can't afford to pay for the treatment themselves they perhaps can't afford to bring up a child.
(No information given)

Question 5: Please explain your answer to Question 4

(Do you think NHS Dorset CCG should commission for women up to the age of 39, with treatment being completed by the woman's 40th birthday?)

Those who felt 1 cycle should be offered

The provision of one cycle of IVF is the best option given lack of funds (13 comments)

1 cycle gives a couple two attempts and the NHS finances/resources are stretched and need to meet the needs of whole population.
(51 - 74, Female, Married)

With all the financial constraints on the NHS I think the minimum should be funded.
(40 - 50, Female, Married)

It is a long, stressful and emotional process. Also the costs are substantial and the CCG has to provide for all, not just couples wanting a family.
(26 - 39, Female, Single)

It's a costly process and with savings to be made, I prefer funds to go towards care to the living. It's a hard choice to make.
(40 - 50, Female, Married)

It would be draconian not to provide assisted conception services in the 21st century. However failure to conceive is not life threatening and these services must compete with other more vital medical services to meet budgetary constraints. I support the changes recommended in the consultation document as I hope that they represent the best compromise.
(51 - 74, Female, Married)

With limited funds available this seems fair
(51 - 74, Female, Married)

The NHS does not have unlimited resources
(40 - 50, Female, Married)

Any more than one cycle should have to be private due to the cost to the NHS.
(26 - 39, Female, Married)

Money is limited
(51 - 74, Female, Married)

See previous answer - it is a balance between spending money on this or something else that might be deemed to be more important like preserving life that does exist.
(51 - 74, Male, Married)

Limited help should be made available, but not at great expense to the rest of the NHS
(51 - 74, Female, Single)

Finances are limited and this would be a fair limitation on this particular treatment
(75 and over, Male, Married)

It is expensive treatment, but at least give people a chance.
(40 - 50, Female, Married)

Given the lack of funds one cycle would make the service available to more people (7 comments)

If having fewer cycles means that we can offer this service to more women of childbearing age, then I propose that this would be for the greater good.
(40 - 50, Female, Married)

Costs are understandably high but giving 1 chance to most will allow more to be treated.
(No information given)

Again my answer is a compromise; if more people have to be treated then resources rather than common sense will have to prevail.
(51 - 74, Female, Married)

A wider range of access is better than niche access but the funding needs to be within budget.
(26 - 39, Female, Civil partnership)

I know very little about this subject but feel that on grounds of cost and fairness this would make treatment available to as many people as possible.
(51 - 74, Female, Single)

Every family should have the opportunity to at least try for a family if that's what they want.
(51 - 74, Female, Married)

There is a finite resource available and at one cycle per couple then hopefully more couples can access the treatment. The data also shows that there is limited effectiveness and therefore how many times would be the right number.....just one more attempt ?
(51 - 74, Female, Married)

Other (9 comments)

I do not think we should be funding at all above 35 years as success rates drop
(40 - 50, Female, Married)

I think 40 is too old to have a child - my parents were 34 mother and father 37 years of age - I have a sister 6 years older than me - my parents at that age of me being born were too old for them to enjoy the things I liked as a teenager i.e. loud music etc.
(51 - 74, Female, Single)

However I think it depends on the person's health, age and potential success rate.
(17 - 25, Female, Married)

See answer to question 3.
(26 - 39, Female, Married)

One full cycle - (One live plus one frozen sample)
(26 - 39, Female, Married)

To try one cycle of treatment is being fair.
(51 - 74, Female, Married)

I think help should be limited because there are other priorities to consider. There are not only more important health priorities to consider but also the overall need to limit population growth overall.
(75 and over, Male, Married)

I feel it is immoral to keep using public money on infertility treatments when there are state looked-after babies and children needing families. If it doesn't work after one go then they should adopt or pay for it themselves.
(51 - 74, Female, Married)

I would rather not have a fixed figure but leave it to the clinician to decide according to the patient's circumstances, in some cases I would be happy for 2 or even 3 cycles to be undertaken.
(51 - 74, Male, Single)

Those who felt 2 cycles should be offered

There's a better chance of success with 2 cycles (21 comments)

Not all interventions are successful and what happens if the patient has a miscarriage. 2 full cycles would give the best possible chance for the patient.
(51 - 74, Female, Married)

Statistically, I feel it is a real attempt at aiding pregnancy if 2 'gos' are given
(26 - 39, Female, Married)

Being given one chance is not sufficient enough
(26 - 39, Female, Single)

I believe the treatment is too 'hit and miss' to limit the cycle to one attempt yet clearly cost is an issue.

(51 - 74, Male, Married)

I know many women that have become pregnant by the 2nd cycle of IVF.

(26 - 39, Female, Married)

Getting pregnant doesn't always happen first time and most couples have been trying for some time before they seek help from the NHS. Allowing them only one cycle on the NHS is unfair.

(26 - 39, Female, Married)

Treatment is not always successful after just 1 cycle, 2 would give couples more chances of conception, ideally 3 but costs would be too high

(51 - 74, Female, Widow/widower)

I think it should be 2 cycles as it does not always work first time.

(26 - 39, Female, Married)

The first cycle is often unsuccessful but a lot can be learnt from that cycle. I conceived twin boys on my 2nd cycle (funded by the NHS). The Poundbury clinic used a tailor made drug prescription that had been 'tweaked' by my private consultant on the basis of information he learnt from the first cycle (which was private).

(40 - 50, Female, Married)

One cycle is sometimes needed just to get things right but on the 2nd try, lessons will have been learned about the process for that person, so only the 2nd opportunity should be given.

(51 - 74, Male, Married)

With only one embryo now being implanted in each cycle, success rates are reduced therefore a second cycle should be offered using the already harvested eggs.

(26 - 39, Female, Married)

everybody deserves two chances in life whatever the cause as mistakes can and often are made if we have the science to do this we must use it.

(51 - 74, Female, Married)

The first cycle of IVF is often a test and I personally know more people who have needed the second cycle to become pregnant. It would be interesting to look at the evidence to back this up - I feel it would be a real miss to reduce to only 1 cycle. Could the second cycle not include a frozen transfer, i.e. this would have to be paid for if needed? 3 cycles would be ideal however I understand the financial implications and you do have to stop somewhere.

(26 - 39, Female, Married)

The rate of success plus the stress of the process the first time may directly affect the chances of successful implantation.

(26 - 39, Female, Married)

Two cycles should give a fair chance of conception.

(51 - 74, Female, Single)

Because of the % success rates two cycles would help.

(51 - 74, Female, Married)

As treatment is chancy - one is not enough.

(51 - 74, Female, Married)

I think that 2 cycles would give a much better chance.

(51 - 74, Female, Single)

One is not enough, I have known a number of people who have needed assisted conception and I believe it is less likely to work on the first time.

(51 - 74, Female, Married)

Difficult, but with two opportunities all is not lost the first time. I would rather see 1 full cycle offered and the age limit raised if there had to be a choice.

(40 - 50, Female, Single)

It doesn't always work first time

(No information given)

Two cycles would be more appropriate given the stress and level of intervention involved in the procedure (4 comments)

If we are going to do a work up on these ladies we need to give them a good chance of conceiving

(40 - 50, Female, Married)

The cycles of treatment are very demanding on the patient and take a serious physical and emotional toll. One cycle is not enough, and three could just prolong the stress.

(40 - 50, Male, Married)

Again giving women the knowledge that they are able to access 2 cycles if needed can reduce the amount of stress the women will face hoping that the cycles work. Which will hopefully provide a better success rate. By going in to something knowing you only have one chance it can place a lot of stress on the women which is one out of a long list of things that can prevent someone falling pregnant.

(26 - 39, Female, Married)

I think one chance only would put women under too much pressure.

(26 - 39, Female, Married)

Comments indicating that 2 cycles would be the best compromise given limited funds. (15 comments)

There is a balance between cost to NHS and assisting childless couples

(40 - 50, Female, Married)

Although 3 cycles would be the optimum, in view of the cost of the process I think two full cycles would be acceptable. Reducing it to 1, however, would be unacceptable. I know many couples who have only conceived on their second IVF cycle. My family also carry a genetic mutation resulting in Duchenne Muscular Dystrophy and, as carriers, my sisters and I have no choice but to use IVF if we are to avoid passing this terrible disease on.

(26 - 39, Female, Single)

Cost implications

(51 - 74, Female, Married)

I believe that the current 2 full cycles of treatment is a good compromise if you cannot be fully compliant with the 2013 NICE guidelines. However, I think that it would be better for you to treat women aged 26-35 with two full cycles of IVF rather than all comers with one full cycle. My reasoning for this is that women under 26 are not compromised in any way by waiting until age 26 for treatment and that it is not unreasonable to have an upper limit based on likelihood of successful outcomes. I also think that it should be at least 3 years of trying under the age of 30 or 2 years over the age of 30 before IVF is considered unless there is an absolute cause of infertility (e.g. non-obstructive azoospermia or absent tubes).

(Respondent chose not to disclose age, Male, respondent chose not to disclose marital status)

Balancing the evidence for effectiveness with the cost of the treatment, I think at least two cycles should be offered.

(40 - 50, Female, Single)

I think 2 full cycle treatments are enough psychologically for the women as it is a stressful time anyway. If the woman has 2 unfulfilled cycles of treatment, then the NHS should not have to bear the cost. The chances have been given.

(51 - 74, Female, Married)

Funding a single cycle puts an enormous amount of stress on that cycle, meaning it's less likely to be successful. I agree the funding should be limited though, so two seems reasonable. I'm aware one cycle includes a second frozen cycle, but there are not always embryos left for a frozen cycle.

(26 - 39, Female, Married)

This is hard as I can see that there are great cost implications- its hard to make the decision as you did not give us information on how quickly it works but 2 chances seems fair.

(26 - 39, Female, Married)

Cost is also important

(No information given)

Constraints of cost and equity across all health care needs

(51 - 74, Female, Married)

I understand the current rules are 3 cycles but if the age range were to be extended then the number would need to go down to be viable.

(26 - 39, Female, Single)

Two chances is fair

(40 - 50, Female, Married)

1 may not be sufficient, 3 is probably too many financially but 2 would be a happy medium.

(26 - 39, Female, Married)

I think this is a reasonable proposal. A single attempt may well not be effective and a second chance should be offered but no more. This may seem harsh but with the limited finances available to NHS Dorset and the vast number of other issues deserving funding there has to be a cut-off point.

(75 and over, Female, Married)

I think that two attempts is a fair compromise on the NHS
(51 - 74, Female, Married)

Other (13 comments)

2 cycles are the gold standard for patients as research suggests there is no difference in success rates between 1 and 2 cycles. Hence you have just as good a chance of getting pregnant on cycle 2 so I think it should be offered.

(26 - 39, Female, Married)

I think at least two cycles should be offered ideally 3. Three cycles would fit in with NICE guidelines. The availability of IVF on the NHS is a real post code lottery and I do not think this is fair.

(26 - 39, Female, Married)

There may not be any eggs to freeze thus preventing a second attempt on the first full cycle. NICE recommend 3 cycles. Dorset is already not complying with this by supporting two. Reducing to one is extreme and would create more problems than it solves in terms of the indirect costs created through the impact on the wellbeing of those affected.

(51 - 74, Female, Married)

I think there should be criteria for assessment on a more individual basis. Perhaps there are occasions when a second cycle should be offered, even if not always.

(51 - 74, Female, Civil partnership)

It is a devastating loss not to be able to have children and very stressful

(40 - 50, Male, respondent chose not to disclose marital status)

It was the amount offered to women under the previous age limit and thus I think should still remain the same, regardless of increasing upper age limit. Younger women should not be disadvantaged due to an increase of upper age limit.

(26 - 39, Female, Married)

To give opportunity for treatment when medically suitable

(51 - 74, Female, Married)

I would like number of cycles offered to be evidence based and UNIFORM across NHS

(40 - 50, Male, respondent chose not to disclose marital status)

Going through the first cycle provides couples with an experience they may or may not choose to repeat but if they do wish to try again, this is usually a really considered move.

(51 - 74, Female, Married)

NHS helps people

(No information given)

When people are over 50

(No information given)

Those who felt 3 cycles should be offered

**Provision of 3 cycles would mean the treatment was in accordance with NICE guidelines
(14 comments)**

It would meet NICE guidance and (draft) quality standards.
(No information)

I have read the Consultation document. The current provision is written as 3 full cycles of treatment (subject to certain criteria). My opinion is that this number of offered cycles up to age 39 years, should remain. It offers hope.
(51 - 74, Female, Married)

1 in 3 chance of success plus in accordance with NICE guidelines that recommends 3 cycles.
(26 - 39, Male, Married)

Three is the recommended amount from the government and is offered in some of the surrounding counties, like Wiltshire for example. If this is standard in one county surely it should be applied everywhere. Funding should not be a postcode lottery
(26 - 39, Female, Married)

Nice guidelines are there for a reason!!
(Respondent chose not to disclose personal information)

The nice guidelines suggest 3 and as we all know things don't always happen first time. As well as the low success rates in themselves are a good reason. Also if they are driving on only transferring one embryo many people may need further cycles to be successful
(17 - 25, Female, Married)

Nice guidelines state women should be offered 3 cycles of IVF on the NHS. If different CCG's offer different options it creates a postcode lottery that is unfair. For example over the border in Wiltshire 3 cycles are offered. In Hampshire it is 1. This is unfair. All counties should offer the same provision.
(26 - 39, Female, Single)

These are the guidelines stated by nice. If not 3 cycles then include funding for IUIs in appropriate cases.
(26 - 39, respondent chose not to disclose gender or marital status)

NICE recommended three cycles of IVF should be offered.
(26 - 39, Female, Married)

NICE recommends 3 full cycles for women up to age 39 based on cost and clinical effectiveness
(Respondent chose not to disclose personal information)

Meets national guidelines and ends postcode lottery of fertility treatment across country if all follow guidelines provided.
(26 - 39, Female, Married)

That is the standard recommended by NICE and I do not agree with the post code lottery of treatment by a service funded from national taxation should vary according to where one lives. Everybody in England should have the same treatment.
(51 - 74, Female, Married)

NICE Guidelines.

(Respondent chose not to disclose personal information)

NICE guidance is written to ensure equity for all. Avoid NHS postcode lottery at all costs.
(26 - 39, Female, Married)

To offer 3 cycles would mean that there was less pressure on patients and practitioners (3 comments)

The IVF process is a very stressful time, if only one cycle was offered per couple it would make the process even more stressful.
(26 - 39, Female, Married)

The higher the better for the number of cycles, this would help couples to feel less pressure and stress and hopefully help with more successful results. A normal couple with no problems conceiving naturally would get twelve 'free' chances a year to conceive, why is it fair that couples with complications only get one 'free' chance in their lifetime?
(26 - 39, Female, Married)

Providing only one cycle would place pressure on those providing the treatment and the individuals receiving it: there would be only one chance for success
(No information given)

Offering 3 cycles would give the best chance of success to patients (16 comments)

Looking at the graph on the consultation document I had not previously realised what the odds are of conceiving with IVF. Personally I would want to be given the best chance possible.
(26 - 39, Female, Single)

Normally, the first try isn't very successful as it's quite a new thing to the woman that she's not acquainted with, so a bit of stress and feeling of unknown is involved. The second or third process, in my opinion, would be more successful, as the couple already have experienced the whole treatment and can be more relaxed, which in turn helps the woman psychologically to be more calm and ready to conceive.
(26 - 39, Female, Married)

I think that the first fresh cycle is really a test to assess how the body is going to react to the drugs. The cycle can be aborted due to Ovarian Hyperstimulation syndrome. Therefore I believe that a woman who is hoping to get pregnant via assisted conception deserve to have more attempts as the first one not always work. If the 2nd cycle works, then the 3rd cycle would no longer be available. However, if the 2nd cycle fails then the final 3rd cycle should be there.
(26 - 39, Female, Married)

It takes on average 3 FULL cycles of IVF to become successful. A full cycle includes one round of ovarian stimulation, egg collection and transfer - it should NOT include any frozen transfers - these are to be included in the cycle from which they were produced.
(26 - 39, Female, Married)

The chances that any cycle is successful is low and this gives an increased chance of having a successful birth.
(26 - 39, Female, Married)

This may be a long standing problem and takes a bit longer.

(75 and over, Female, Married)

It could take three cycles to achieve a pregnancy. The woman's biological clock is ticking away and there isn't necessarily time to save up for the treatment.

(51 - 74, Female, Married)

Obviously the earlier a woman starts trying for a baby the safer it will be, so 3 cycles would give a woman the best chance possible

(26 - 39, Female, Single)

Because it is unlikely to be successful on the first attempt.

(26 - 39, Female, Married)

Often the 1st 2 treatments don't seem to work. The stress of this and then not being able to afford the 3rd must be devastating. Maybe those who can afford to pay should.

(75 and over, Female, respondent chose not to disclose marital status)

Success is not guaranteed on the first attempt and therefore I do believe that 3 is a fair number of attempts on the NHS

(51 - 74, Male, Married)

Every effort should be made to help couples conceive - one attempt is not enough.

(51 - 74, Female, Married)

Only one seems too limiting. The chances of success are greater in 2012 than previous year but still at 255 for those in a n older age bracket. finding myself and my partner at an early stage of fertility treatment using medication which has had no success yet with several cycles tried so far, one shot at IVF doesn't seem very realistic of offering much more than is currently offered.

(40 - 50, Male, Married)

Not always the first or second try is a positive one

(No information given)

Other (14 comments)

Women should be supported to have a family if they are struggling to conceive. This should be put in context with other treatments that are funded (e.g. drug and alcohol)

(26 - 39, Female, Married)

I've known people who have suffered with infertility and it has destroyed them. They need to be given every opportunity to have children. Sometimes it is down to lifestyle issues but in a lot of cases no cause for infertility can be found. Why should someone be denied treatment for a condition that is not their fault when those who smoke or take drugs through their own choice are given free treatment for the resulting conditions on the nhs.

(26 - 39, Female, Married)

It is clinically appropriate to attempt at least 3 cycles of treatment for many women, therefore this should be funded by the CCG.

(26 - 39, Female, Married)

As explained previously, we are experiencing infertility and have only recently be granted NHS funding due to my age (28). To be then told that I might only be getting one go now as opposed to someone say who went through the system last year at 32 and got 2 NHS funded cycle is heart breaking. How is that fair? How can you give and then take away at the same time. More money should be spent helping poor people like us who are struggling everyday with the total fear that they might never get to experience being a parent, not less. Also what are the stats for people getting a successful result first go at IVF? doesn't it take an average of 3 IVF cycles for a woman to become pregnant? So one simply isn't good enough if you are really looking at supporting and helping desperate couples.

(26 - 39, Female, Married)

As cycles at younger ages aren't always successful

(26 - 39, Female, Married)

Care should be given to the service provided and FET offered wherever possible to be as economical as possible. Also rather than going straight for IVF, could cheaper options be available on the NHS such as IUI?

(40 - 50, Female, Married)

Because that is a fair number based on 1 in 3 chance.

(26 - 39, Female, Married)

if the NHS are looking at equal opportunity and do not discriminate against age then people of this age should have the same opportunity

(26 - 39, Female, Single)

Women should be given every opportunity to conceive, even beyond the age of 40. I think it should be extended to the age of 45

(40 - 50, Female, Married)

as many chances as possible.

(26 - 39, Female, Married)

It seems unfair to limit a woman's chances of conception by only offering 1 or 2 cycles.

(51 - 74, Female, Married)

As many as needed

(51 - 74, Female, Civil partnership)

with the increased age ranges 3 seems fair.

(26 - 39, Female, Married)

As per my previous response I think everyone who wants to have a child should be given the best opportunity to do so.

(26 - 39, Female, Single)

Question 7: Please explain your answer to Question 6

(Do you think NHS Dorset CCG should commission 1 full cycle of treatment for women ages 40 – 42?)

Comments from those who felt 1 cycle should be offered to women aged 40-42

Many women/couples are choosing to or are unable to avoid starting a family later in life

(25 comments)

Some people come to relationships later in life and it may have taken time to realise that natural conception is not possible.

(51 - 74, Female, Married)

Not everyone wants children at a younger age and also provides those who meet a partner at an later age opportunity

(26 - 39, Female, Single)

Women are getting older before trying for a baby and it seems only fair to give every women a chance to conceive, women in their 40's have babies naturally so why take away a woman's chance to at least have one attempt

(26 - 39, Female, Married)

Many women do not find their life partners until later in life they should not be punished for that

(17 - 25, Female, Married)

Times are changing now and some women are wanting children later on in life. Different circumstances to their personal life may mean that they have only just wanted to start a family and shouldn't be penalised for their age by not having any funding accessible at all.

(26 - 39, Female, Married)

Many couples do not start trying for a family until mid 30s and may not know they have a problem until much later in life

(51 - 74, Female, Married)

Everyone should have a chance as sometimes you do not find out you cannot have a baby till you are older .

(26 - 39, Female, Married)

It may not be the woman's 'fault' for being in her early 40s - there may be other medical problems which have caused this delay. This is still an OK age for successful treatment

(40 - 50, Female, Married)

Women are having children much later in life - women are expected to have careers and be mothers, therefore their careers have been coming first but that doesn't mean that they have less of a right to try for their own baby than someone who found the right person or who wanted children earlier

(26 - 39, Female, Single)

I was 40 when I had my 2nd child. I would have been devastated if had been told I was too old for assisted conception if I had required it

(40 - 50, Female, Married)

Thus peri menopausal age still produces live healthy births. Being a female; successful and independent means the average is increasing. Why shy from this fact? I would feel it very naive of the CCG to suggest no funding for this age group.

(26 - 39, respondent chose not to disclose gender or marital status)

Many women have to delay childbearing owing to employment and other caring responsibilities. Plus, with the length of time it takes to be referred for fertility treatment, women may pass the age of 40 still jumping through the hoops.

(26 - 39, Female, Married)

I am 42. 3 of my female peers have had babies when they were 40 -42.

(40 - 50, Female, Married)

Many women are delaying starting a family. It is taking longer for women to complete their education. It can take many years to medically establish that a person is having fertility issues, to have tests etc. By the time this is realized, the cut-off date to access help is currently passed. I have always been of the opinion that the eligible age should be increased.

(51 - 74, Female, Married)

The evidence suggests that this is cost effective, and will offer an opportunity to couples who decide to start a family late and then require assisted conception.

(40 - 50, Female, Single)

It mirrors ages of parents

(51 - 74, Female, Married)

Lots of women over 40 now have babies

(26 - 39, Female, Married)

Until the government addresses fundamental causes of women having children later in life, this service should be offered

(40 - 50, Male, respondent chose not to disclose other personal details)

People are making very different lifestyle choices now than in the past. It is no longer unusual for a woman to want to pursue a career into her thirties before she thinks about starting a family

(26 - 39, Female, Single)

A lot of women make sure they can afford a child before embarking on this course of treatment

(51 - 74, Female, Married)

Women are choosing to have a family later in life

(26 - 39, Female, Civil partnership)

Many people may not want children until later in life

(51 - 74, Female, Single)

More women are having children much later than the social norm and should be given as much opportunity as possible to conceive.

(26 - 39, Female, Married)

Changes in working practices and life expectancy means this is feasible despite the costs involved.

(51 - 74, Female, Married)

women are forced to wait longer than in earlier years so 42 is not unreasonable

(51 - 74, Female, Married)

Women are having families later now. Who are we to stop them just because they turn 40?
(40 - 50, Female, Married)

Providing treatment at this age would conform to NICE guidelines (5 comments)

It would meet NICE guidance and (draft) quality standards. Not all women aged 40-42 would qualify for treatment. There is still a reasonable chance of success (over 1 in 5)
(No information given)

As per my previous comment, it meets national guidelines and ensures fairness in treatment received.
(26 - 39, Female, Married)

To follow NICE guidelines.
(51 - 74, Female, Married)

NICE Guidelines.
(Respondent chose not to disclose personal information)

NICE guidance
(26 - 39, Female, Married)

Comments suggesting the treatment should be offered because women at this age can still conceive naturally. (4 comments)

Because it is possible of a woman of this age to conceive
(26 - 39, Female, Married)

Healthy babies are being born to women over the age of 42 - why do we need a cut-off point.
(51 - 74, Female, Married)

Still young enough to have children
(51 - 74, Female, Civil partnership)

As women of this age are able to conceive they should be given a chance to have a cycle of treatment
(51 - 74, Female, Single)

Women at this age can be fit, healthy and financially secure (4 comments)

A woman in their 40's can still be healthy and active enough to have a child, so we should not restrict this
(26 - 39, Female, Single)

If it is clinically appropriate for women of this age to receive treatment then the CCG should fund this.
(26 - 39, Female, Married)

Although the chances of getting pregnant at this age range are reduced, most women should still be fit and healthy enough to conceive if it is their wish to.
(26 - 39, Female, Single)

It is a 'right' or is fair to offer the treatment at this age. (5 comments)

I think it's fair that a woman of that age has a final chance at assisted conception.

(51 - 74, Female, Single)

Everyone should have the right to be a mother regardless of age.

(26 - 39, Female, Married)

Every woman has the right to decide when they wish to start a family and should not feel pressured in to it before they are ready just because society says so. I do think though there should be restrictions placed on this and the health of both parents be a factor as to whether they can access the treatment or not.

(26 - 39, Female, Married)

Because it's fair

(26 - 39, Female, Married)

Women deserve to have a chance for a baby and 42 should be the final cut off age.

(40 - 50, Female, Married)

Investigations into fertility issues can take many years to complete meaning women are older when it's confirmed they have problems. (3 comments)

Because by the time a couple has been diagnosed i.e. the reasons for infertility have been discovered, a woman is very often approaching this age.

(75 and over, Female, Married)

It takes a long time to go through diagnostic tests in the NHS. If for example, you start trying for a baby at 35, you could easily be nearly 40 by the time you have tried for a couple of years, had a laparoscopy, other investigations etc.

(51 - 74, Female, Married)

Sometimes it takes too long to access and the 40 limit is too limiting

(51 - 74, Female, Married)

Treatment should be offered but with certain conditions attached (8 comments)

However again, I think it depends on the person's health and success rate, if it is highly unlikely to be successful then no.

(17 - 25, Female, Married)

I only ticked yes because I do support a woman's right to have a baby. However, in the case of over the age of 40, only if she hasn't had a support before after 40 the possibility to get pregnant even with the assisted conception is quite low, so I do believe there should be more research done and some kind of criteria created.

(26 - 39, Female, Married)

Treatment should be completed before the 42nd birthday as success rates fall dramatically after this

(26 - 39, Female, Single)

Limited number of women in this age group with good ovarian reserve who have not previously had treatment can benefit from one cycle as defined by NICE

(Respondent chose not to disclose personal information)

Yes, but only 1. Complications increase after 40 and it seems many young women tend to leave it too late to consider a family these days

(75 and over, Female, respondent chose not to disclose marital status)

But only if other usual criteria are met, i.e. correct weight for height, non-smoker, no previous children of their own etc.

(26 - 39, Female, Married)

But only if they haven't already had their 3 attempts.

(26 - 39, Female, Married)

Other (23 comments)

Should help the ladies have a chance at having babies.

(Respondent chose not to disclose age, Male, respondent chose not to disclose marital status)

If women don't get the opportunity to have a child before this age, it's age discrimination to deny them this opportunity.

(26 - 39, Female, Married)

The statistics show a significant drop in success rates after this age range, but Dorset does need to try and rebalance the ageing demographic.

(40 - 50, Male, Married)

It's important to treat fertility and 42 is not too old.

(26 - 39, Female, Married)

Becoming a parent should not be age related to below 40.

(51 - 74, Male, Married)

Because many women don't even know that they may have a problem conceiving. Maybe if services were offered to find these problems out earlier, more could be done through less expensive treatments?

(26 - 39, Female, Married)

Older women have a harder time getting pregnant and have probably tried lots of options before getting to this point.

(26 - 39, Female, Married)

But I think it should be more than one cycle, especially where the couple have a medical condition affecting ability to conceive

(26 - 39, Female, Married)

Would rather it was 2.

(51 - 74, Female, Widow/widower)

Absolutely, women at this age are often acutely aware that their dream of becoming a mother is slipping away - one cycle may be all they need to achieve their dream.

(26 - 39, Female, Married)

Yes because one has to think of the future and having much older parents is not a good idea.
(75 and over, Female, Married)

It may still work and may change a couples life forever
(26 - 39, Female, Married)

Fertility is an emotive subject and if you have eaten slept and lived the want for a baby we can and must try for that opportunity to be given perhaps the question should be, do you want the science to be discovered so this could happen
(51 - 74, Female, Married)

I think a person's circumstances should be considered, such as whether they have the means to pay for such treatment privately and if there is a reasonable chance of success.
(26 - 39, Female, Married)

Fertility can vary according to the individual. I was pregnant at 45, though miscarried at 7.5 weeks.
(51 - 74, Female, Married)

Please see my responses to Q4 and Q5.
(26 - 39, Female, Single)

At least 1; sometimes 2.
(51 - 74, Female, Civil partnership)

Give them an opportunity
(No information given)

Sometimes it takes too long to access and the 40 limit is too limiting
(51 - 74, Female, Married)

See previous answer(s).
(51 - 74, Male, Married)

If you have any service of this kind, 40 is too low a cut-off point.
(75 and over, Male, Married)

I agree with it
(No information given)

Women after 40 can be less fertile and chances of becoming pregnant are slimmer.
(No information given)

Comments from those who did not feel that 1 treatment should be offered to women aged 40-42

Treatment at this age is less likely to be successful (20 comments)

Not a good return on investment compared to other health interventions
(40 - 50, Female, Married)

Effectiveness has fallen off even more by this age and therefore it is not a cost effective use of NHS resources

(40 - 50, Female, Married)

Success rates for this age group are very low.

(26 - 39, Male, Married)

I think most couples should consider infertility treatment by age 37 or so. the older the less success and riskier pregnancy

(40 - 50, Female, Married)

I think that trying for a baby up to the age of 40 is more than adequate - and over 40 the chances of this working are much less with higher risks.

(26 - 39, Female, Married)

Maybe? But maybe not. The success rates of IVF over 40 drop drastically. Extending the age range of IVF offered on the NHS up to 39 and below 30 was a massive step in the right direction. However, to extend to over 40 - maybe money can be better spent elsewhere.

(26 - 39, Female, Single)

The chances of it working are so low.

(26 - 39, Female, Married)

Statistically a successful outcome is less likely therefore I would suggest that this would not be economically viable with the finite resources currently available.

(40 - 50, Female, Married)

Because the likelihood of success is quite low

(51 - 74, Female, Married)

Unfortunately with the success rates reducing I feel you do need to stop somewhere. Perhaps with a certain criteria only if this is absolutely needed?

(26 - 39, Female, Married)

Given the significantly lower success rate

(26 - 39, Female, Married)

Unfortunately the reduced success rate of this treatment as you get older must be evidence enough to limit offering this, there is a limited amount of resources.

(26 - 39, Female, Married)

I think that the treatment should be restricted to younger females that may be more successful. Individuals make their own decisions re becoming a parent & if they are aware of the age restrictions they should plan accordingly

(40 - 50, Female, Married)

I think it would be better to offer more to those up to 40 as their chance of success is greater and I think an higher proportion of women are likely to be requesting this, particularly as first time mothers, than those in higher age bracket.

(40 - 50, Male, Married)

I think that if it is very unlikely to work then this is where we should save money.

(26 - 39, Female, Married)

The statistical likelihood of conception is so very much reduced. (51 - 74, Female, Married)
There has to be a cut-off point; the chances of success decline rapidly with age as does risk to the foetus

(51 - 74, Female, Married)

I understand the chances of falling pregnant after 40 are decreased by quite a large percentage

(26 - 39, Female, Single)

I need to analyse the figures further but there seems to be quite a drop in effectiveness of treatment after age 40, so taking the cost/effectiveness approach only it does not seem value for money.

(51 - 74, Male, Single)

the percentage of success is severely reduced for older women so is a waste of resources if they are only allowed one chance it should be offered at the optimum time

(51 - 74, Female, Married)

At the age of over 40 the success rate is so low it would be a waste of resource

(51 - 74, Female, Married)

There are greater risks associated with pregnancy at this age (5 comments)

I do not feel it is in the benefit of the child and mother for pregnancy to occur at this age- higher risks etc.

(26 - 39, Female, Married)

I said no because I feel that paying just the once is enough and I'm concerned the older the woman got the more problems with health could occur

(Respondent chose not to disclose age, Male, respondent chose not to disclose marital status)

The risk of miscarriage and risk of abnormalities increases dramatically after 40, and I don't think this justifies the cost.

(26 - 39, Female, Married)

Women over 40 have a much higher risk of having a disabled child. Women over 40 have already had plenty of years to consider their fertility solutions and have chosen to leave it till later in life; if it is important to them, they should have done something earlier.

(51 - 74, Female, Married)

I think that the risks of having a baby at this age are quite high and may lead to extra costs for the NHS

(51 - 74, Female, Single)

Women over 40 are too old (8 comments)

I think that the age of 40+ is past the reproductive time. Hopefully, the women who wanted to conceive would have gone through and IVF cycles before they reach age of 40. I understand there are cases, where the women did not meet the right partner to start the family, however at the age of 40 the couples should have available funds to sponsor the private IVF cycles.

(26 - 39, Female, Married)

This age limit seems to old.

(Respondent chose not to disclose personal information)

Women of this age should be considered too old if they are unable to conceive naturally
(51 - 74, Female, Married)

I think the age limit should be 40 after which adoption/fostering should be considered
(51 - 74, Female, Married)

I personally feel this is too old to be starting a family.
(26 - 39, Female, Married)

Important to consider the resultant child's needs through their whole life and not just the 'baby' years
(51 - 74, Female, Married)

It is preferable for women to have children earlier than age 40
(75 and over, Male, Married)

They're too old
(No information given)

More than one cycle of IVF is required (6 comments)

They should commission 2 cycles
(51 - 74, Female, Married)

I have read the Consultation document. My opinion is that 1 full cycle offered to woman 40-42 years of age is insufficient in number, I qualify my reasoning by acknowledging the numbers of women who do not have opportunity for childbearing within marriage, until 30 - 40 years. Financial implications may suggest that women currently offered treatment at the lower end of the age spectrum be deferred until an age of 'greater maturity', for example commencement at 25 years following two years of unprotected sexual intercourse in a regular relationship.
(51 - 74, Female, Married)

I think as with other women they should be given 2 opportunities, in that they have less chance due to less eggs being produced. Really they should have more attempts
(51 - 74, Male, Married)

I believe Dorset CCG should aim to comply with NICE guidelines.
(51 - 74, Female, Married)

At least two is needed
(51 - 74, Female, Married)

Two lots
(No information given)

Other (11 comments)

I do not feel this is an appropriate use of NHS money

(40 - 50, Female, Married)

I do not consider it should be available at all.

(51 - 74, Female, Married)

See question 4 and my answer. Also I never married and ended up being the sole carer for my parents. My father died in 1990 aged 82 and my mother in 2000 aged 90. My elder sister told me it was my duty to look after our parents as I had never married. Dad had heart problems, Mum several health problems.

(51 - 74, Female, Single)

Fertility naturally declines as women age so infertility at this age is not an illness so shouldn't be NHS funded.

(40 - 50, Female, Married)

It is a waste of valuable resources

(Respondent did not wish to disclose age, Male, respondent chose not to disclose marital status)

People should be applying before this age

(40 - 50, Male, respondent chose not to disclose marital status)

I say no, because as mentioned earlier, I think at that age, the woman would not be conceiving easily anyway and that they may also unluckily for a few be entering the peri-menopausal stage. I would find no reason for delaying treatment up to this age.

(51 - 74, Female, Married)

If women think that they can get "Treatment" up to 42 this may encourage people to put off having a family till much later and in my view it is better for the parent AND the child to reproduce before 40.

(51 - 74, Male, Married)

I think the 40yr age limit is sufficient. Most people will discover infertility safely before that age.

(26 - 39, Female, Married)

I have answered this on an earlier question! If you have suddenly discovered, when fertility is low that you cannot conceive, that is very sad. It has been left too late. You have made a choice of many "child-free" years, perhaps you could pay for private treatment?

(51 - 74, Female, Single)

There does come a point where enough is enough and if someone has been trying or left it too late then they should not be offered this for free.

(40 - 50, Female, Single)

Question 8: Please feel free to provide us with other comments about this consultation

There should be equality of provision in Dorset and other areas (7 comments)

It is difficult enough for people to have to wait 3 years to get a chance at IVF let alone the then added stress that it needs to happen first time of IVF. Why does Dorset need to differ so dramatically from other counties?

(17 - 25, Female, Married)

It would be unfair to discriminate against people in Dorset by reducing the number of cycles being offered

(Respondent chose not to disclose personal information)

Please make the guidelines a) easy to find, and b) consistent with neighbouring NHS areas. The guidelines changed for us at just the wrong moment (after 5yrs of infertility issues), our doctor told us we would be ok until my 35th birthday but when we went to see her about it in early Jan that year the guidance had come in as 'before the year in which you are 35'. If I had changed to a doctors in Hampshire we would have had 3 free cycles. That is obviously unfair - please just make the new system both clear and fair!

(26 - 39, Female, Married)

It would be good to have equity across England and not depend on where you live. Hopefully also supports more people applying to adopt are doing this for the child not because they cannot have a birth child

(51 - 74, Female Married)

My friend who went down this route when unable to conceive naturally, underwent all the tests and consultations over a period of two years. At the end of those two years the conclusion was that her husband had a very low sperm count and therefore IVF was the only option available to them. However at the time my friend had just turned 36 and so was not at the time eligible for NHS IVF. Having gone through all the heartache and upset associated with the testing and then the outcome, and to know that if you had a Yeovil postcode you were eligible for IVF up to age 39, was particularly upsetting. I am pleased that the guidance has been changed; my friend has decided that even though she is now eligible for IVF, she doesn't want to go through with all of the testing again, in case of failure. I just feel sad its taking this amount of time to bring all postcodes into line, and in the case of my friend destroyed any thoughts she had about having a family of her own.

(26 - 39, Female, Married)

I feel very strongly that there should be no postcode lottery on the NHS everybody should be entitled to the same treatment regardless of where they live. We happen to live in an area with a large elderly population, should the young be discriminated against(I am not young)?If Dorset is following NICE guidelines in all areas and is efficient as the national average in services if there is a shortfall in funding then it is time to mobilise local politicians to address the funding issue.

(51 - 74, Female Married)

A few years back assisted conception was available to all up to the age of 39 with 2 cycles of IVF/ICSI. It appears that someone made a retrograde decision without realising the implications against the equality act. Dorset people should have the same access to all services offered across the country. Politics should not get in the way and necessary funding provided - either that or NICE takes finance into account before publishing clinical guidelines!

(26 - 39, Female Married)

Infertility is not essential/life threatening so not a priority (8 comments)

I feel that ALL procedures unnecessary to the HEALTH of the public should be funded by the person/persons requesting the treatment, such as IVF, cosmetic procedures etc.

(51 - 74, Female, Married)

Not an essential procedure for longevity of life

(75 and over, Male, Married)

It would be draconian not to provide assisted conception services in the 21st century. However failure to conceive is not life threatening and these services must compete with other more vital medical services to meet budgetary constraints. I support the changes recommended in the consultation document as I hope that they represent the best compromise.

(51 - 74, Female, Married)

I feel very strongly that failing to conceive is not a life threatening illness or disease and the money spent on these treatments would be better spent elsewhere.

(51 - 74, Female, Married)

I honestly believe that the only way for our NHS Service to survive as a state funded free-to-use facility, is for it to go back to its roots and provide the same necessary care to the British people. It cannot be sustained in its current do-all-for-all manner.

(40 - 50, Male, Married)

It is more important to spend the limited money on severe illnesses.

(75 and over, Male, Married)

I know I sound cynical, but I know people who are not receiving good treatment, when needed for genuine conditions.

(51 - 74, Female, Married)

Inability to have children is distressing but not a life-threatening condition and some limits must be put on public expenditure for this work.

(75 and over, Male, Married)

The lower age limit should be removed (5 comments)

I personally think a lower age limit of 25 would be sensible, after all they have to be in a stable relationship and have tried to conceive regularly with no success for 2 years. IVF is very stressful so some maturity would help! This is not discrimination, just sensible medicine

(40 - 50, Female, Married)

I believe that there should not be a minimum age of 30 (as I believe is the current situation) for assisted conception treatment such as IVF. I have recently been through fertility treatment having started trying to conceive at 26 (married and in a professional job, employed by NHS). If my last round of Clomid (following surgery) at age 29 had not resulted in my beautiful baby girl I would currently be still waiting to turn 30 to be able to start IVF - that is a cruel wait!

(26 - 39, Female, Married)

1.2: I completely agree that the lower age limit was nonsensical given that we are so often told that women should have their children before the age of 30. However, I think that it is wrong that fertility treatment is not offered to single women. I believe that this constitutes discrimination under the Equality Act on the grounds of marital status (3.8). 3.2: I think people should be expected to address lifestyle factors that affect their fertility before being offered treatment (I presume this is already the case). I would also suggest that more money is invested in educating women and girls about how female fertility declines with age so that they can plan accordingly.

(26 - 39, Female, Married)

I am pleased that the lower age limit is being removed, I myself faced the news that I wouldn't conceive naturally at 27, I didn't have the means for private treatment and this was the only criteria I didn't meet as I was too young, it destroyed me as I faced the thought of never having a child, fortunately I conceived my natural miracle a year later if I hadn't then I don't know what I would've done

(26 - 39, Female Married)

I am please to see that the lower age range has been removed as some people are well aware that they are likely to have issues conceiving due to existing medical conditions/problems, therefore this gives them the best chance of conceiving, by having the treatment earlier with evidence to suggest better outcome.

(26 - 39, Female, Married)

The lower age limit should not be removed (4 comments)

I feel the CCG should definitely keep the lower age limit of 30 in place, but initial investigative tests should be carried out after a year of trying regardless of age in case a time-sensitive problem is found (such as a 25 year old with a low AMH/high FSH). Obviously in this case, treatment would be offered. Otherwise, treatment would not begin until the woman is 30. The CCG should absolutely give all couples 3 full cycles of IVF treatment, with a FET to be included as treatment from the cycle from which the embryos were produced.

(26 - 39, Female, Married)

I strongly feel the lower age limit should be retained as anyone under the age of 30 still has lots of time to try and conceive naturally. I also think IVF should only be offered to women who have no children (partners children not included).

(26 - 39, Female, Married)

I don't think the lower age limit of 30 should be 'done away with'. Up until that age women should keep trying to have a baby as there is the chance the woman might get pregnant naturally. Only when they get to 30 should they be able to start on assisted conception. So I think 30-42 is the right age to be eligible.

(51 - 74, Female, Single)

Unsure of the lower age restriction being completely removed, I think 25 would be a suitable age to start assisted conception. I think that women should be encouraged to keep trying naturally prior to this.

(26 - 39, Female, Married)

Comments regarding the research itself and the supporting documentation (10 comments)

Under section 1.4, the DCCG's consultation document states that "one full cycle of treatment would consist of both one fresh cycle and one frozen cycle, where embryos have been stored during the fresh cycle". However, in section 4.5, it is stated that "one full cycle is defined as a full IVF treatment, which should include one episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s)". The implication of the latter statement is that more than one transfer of frozen embryos might be undertaken. This needs clarification. Given that NICE are currently reviewing the quality standards for fertility problems (draft standards based on the 2013 Guidance were circulated for consultation between 15 May and 12 June 2014), why not wait until the final publication of the NICE quality standard in October 2014 before making changes to the local policy? Although NICE guidance is not statutory, there have been cases where CCGs have been the subject of litigation as a result of not following it. In particular, in May 2014 Thanet CCG were instructed

that their policy on oocyte cryopreservation was unlawful, in that they refused treatment to an individual, having claimed there were no exceptional circumstances. Despite there being no legal duty to comply with NICE guidelines, the court ruled that the CCG was under an obligation in public law to have regard for them and to provide clear reasons for any general policy that did not follow the guidelines. The Dorset Health Scrutiny Committee would be concerned that if the Dorset CCG adopts its proposed policy it could be at risk of legal challenge. The Dorset Health Scrutiny Committee recognises the financial pressures that the CCG is under. However, the consultation documents do not provide any detailed data on the current or additional number of women who would qualify for treatment, or the associated costs. It is difficult therefore for the Committee to establish all the facts or to establish whether Dorset is achieving value for money via its current assisted conception services.

(No information given)

Public consultation is considered an excellent arena for gathering the opinion of those who have interest in, but not requirement of, fertility services. Therefore, an unbiased leaning on service provision.

(51 - 74, Female, Married)

The questions to this are going to produce a biased response there is no discussion like last time about a targeted approach to investment where outcomes will be greater

(40 - 50, Female, Married)

I think if this is a choice between retaining 2 cycles for those up to age 40 or reducing it to one cycle for women up to 42 years, this should be stated in a direct question. I think the CCG is on dodgy ground in the way this has been presented.

(51 - 74, Female, Married)

I think it is positive that you are consulting with public on this matter.

(40 - 50, Female, Single)

I cannot understand how increasing the age range multiplies the cost by 5-fold. Surely many people would simply apply earlier because they have been trying for at least 1-2 years without success. The policy does not explain the criteria to obtain IVF.

(40 - 50, Male, respondent chose not to disclose marital status)

You should also consult on how many cycles for women between 40-42 and if it should be funded for older women

(26 - 39, Female, Married)

The public need to know what the cost of this proposal would fund.

(51 - 74, Male, Married)

I would be interested to know statistics of live birth rates in Dorset for the 1st, 2nd and 3rd cycle of each patients, and how the number of cycles addresses infertility. This document does not provide any information on the predicted number of women who would now not be given further cycles and therefore not become pregnant. Where is the data to justify the movement to 1 cycle?

(Respondent chose not to disclose personal information)

It is important for a wide variety of views to be sought. Congratulations!

(75 and over, Female, Married)

Comments citing personal experiences (5 comments)

I am personally undergoing 1st FET cycle after we have failed the 1st fresh ICSI cycle in Feb 2014. I now find it distressing to hear that NHS Dorset CCG is planning to cut the commissioning of the 2nd IVF cycle. Our hopes of having our own family are therefore getting shattered by this proposal. I hope that the new proposal won't be approved and the criteria for the assisted conception in Dorset will not change to the worse!

(26 - 39, Female, Married)

If you look at all the money that gets spent on helping obese people to have gastric bands etc or people on drug rehabilitation, they chose for their lives to head down that road to ill health, people do not choose to have cancer. My husband and I lead very healthy lives and are desperate to start a family and need as much help as we can get.

(26 - 39, Female, Married)

Unless you have experienced the sorrow childlessness gives then I find it hard to discuss these issues. The sorrow seen in this patients is quite frankly depressing. You only need to google some forums to read blog entries by women. I understand funding in this current climate is tough but it is incompatible to patients pain.

(26 - 39, respondent chose not to disclose gender or marital status)

I have myself undergone investigation for infertility. We chose not to undergo treatment as we were aware of the stress and strain of treatment along with the limited effectiveness compared to continued watch and wait for many (but recognise this is not the same for all groups). I subsequently fell pregnant naturally and now have two children.

(40 - 50, Female, Married)

I have myself been through IVF & ICSI so understand the highly emotive nature of this topic. All I can add is that whatever the number of cycles for some it is never enough. At some stage you have to accept the reality of infertility.

(40 - 50, Female, Married)

Older people should not be parents or should not be offered treatment (3 comments)

I think it would be better for parents to have children in their 20's - 30's years. Older parents cannot keep up with young children - and found my childhood restricted. One always had to be quiet as dad came home from work tired. My sister left home when she was 17 and was married and a mother when she was 18. She had 5 children quickly only one to two years between them. You should do another questionnaire for children of the older parents - mothers and fathers of 40+ years of age. Years gone past - some ladies conceived when they were 49 - 52 but in those days there was no 'pill' on the market to stop conception.

(51 - 74, Female, Single)

Having been given therapy of Clomiphene in the 1970's I know how it feels not be able to become pregnant and the disappointment each month. I do think the age range is too wide. If you do not become pregnant by 40 then alternatives of being a parent should be available. Whilst I understand people's need for a child, this is considerably costly for the Dorset area when there are other medical areas which are in as much need.

(51 - 74 Female, Married)

A total of 2 cycles should be offered (4 comments)

I feel very strongly that at least two cycles of IVF should be provided on the NHS. So much money is spent on treating people with smoking related illnesses or obesity, for example, yet people seem to

think that if you can't conceive it is tough luck! Having difficulty conceiving is emotionally complex and often, there is no clear cause. It is also wrong to allow a situation where people with financial means can access treatment privately but if you don't have the money, you suffer!

(40 - 50, Female, Married)

The majority of fertility specialists working for this trust and others collectively agree that two cycles should be offered to all.

(40 - 50, Male, Married)

Having spoken to experts in this field they recommend 2 cycles be available on the NHS. I think the CCG should listen to the experts rather than merely save money.

(26 - 39, Female, Married)

I think they should be eligible for two full cycle treatments as the younger ladies.

(51 - 74, Female, Married)

Other (25 comments)

Resources are too limited & with the strain on NHS & so many issues, conception assistance should self-fund.

(51 - 74, Female, Married)

People who wish to have this service should be prepared to pay for a substantial contribution if not for all of the treatment as a demonstration of their being able to afford children.

(40 - 50, Female, Married)

Any procedures started should be concluded and completed

(75 and over, Male, Married)

It's good to help people have the chance to get pregnant and have a baby.

(Respondent chose not to disclose age, Male, respondent chose not to disclose marital status)

All said in 3

(40 - 50, Male, Married)

Many people will see the title of this consultation on not believe it has any implications for them

(51 - 74, Female, Married)

Donor eggs could be offered to ladies over 40 rather than just a flat 'no - you are too old'

(40 - 50, Female, Married)

Commissioning agencies are also a drain on the public purse. We must consider the financial implications on the whole population and let nature take its course. To increase the age of conception results in a very small percentage increase in success rate. We are also not helping those who smoke, drink or eat in excess to curb their existing habits that naturally prevent conception. Only by say NO to this age rise and giving the many reasons for it, will the older women who may also be obese, etc. will / may do something about it themselves by cutting down on their food, alcohol and smoking. This aspect of self-help along with other ways the government can reduce cost on the public purse, will help the older population, education and other groups of people in greater need.

(51 - 74, Male, Married)

I don't agree that same sex couples should have equal access with heterosexual couples as same sex couples are infertile for none medical reasons. Also after one cycle, couple should be encouraged to look into fostering/adoption

(26 - 39 Female, Single)

It should not be down to a person's age only. e.g. I don't think it should be available to smokers, drug users or heavy drinkers, no matter how young they are. Lifestyle should be taken into account.

(51 - 74, Female, Married)

There could be some restrictions i.e. non-smoking, not obese to show real commitment to being a healthy parent. It is not just the cost of the cycle(s) but the "through life" costs if there are problems in pregnancy or with multiple birth babies. I do think only one embryo should be implanted at a time.

(40 - 50, Female, Married)

I would be happy to talk informally to the commissioners at any time we can arrange it.

(Respondent chose not to disclose age, Male, respondent chose not to disclose marital status)

It is difficult to balance finances for all the health needs in a region. The fact is, we all need to pay more in via taxes. But I am a firm believer in prevention being better than cure where possible, and this is one way to look after people, keep them healthy physically and mentally.

(51 - 74, Female, Civil partnership)

When more money is available provide IV again

(51 - 74, Female, Married)

I believe the new NHS structures are wrong. Other countries can afford a higher % of GDP spend on health. We can do the same if we have the will

(40 - 50, Male, respondent chose not to disclose marital status)

This is messing with nature if a woman cannot conceive naturally then it is not meant to be, also the amount of multiple births due to this is unacceptable.

(51 - 74, Female, Married)

Too politically correct

(51 - 74, Male, Single)

Couples should be assisted even if one of them already has a child

(51 - 74, Female, Married)

The original concept for the National Health Service was to improve the wellbeing in every aspect of the whole of society. That sort of service will always be unaffordable.

(51 - 74, Female, Married)

Overall higher priority should be given to educating young people to understand the issues around family planning so that they can be better prepared to make sensible decisions. Overall helping people to limiting childbirth and only having children that are really wanted is the key principle.

(75 and over, Male, Married)

Many families will know someone who has needed this service. After a successful treatment and the birth of their first child, are they excluded from a further cycle to provide a sibling?

(51 - 74, Female, Married)

You need to know I am a single man aged 60, my responses would probably be very different were I part of an infertile couple desperate for a child.

(51 - 74, Male, Single)

I know very little about this subject. My answers and comments have been made on the grounds of fairness and affordability.

(51 - 74, Female, Single)

I do hope that Dorset continues to provide these services and reconsiders providing them for women over 40 as per the NICE guidelines.

(40 - 50, Female, Married)

I think it is fine

(51 - 74, Female, Married)

Everyone has the right to have a baby

(No information given)