

New research shows lack of NHS financial support forces IVF patients into private care they can't afford

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As the U.K.'s fertility chief warns that NHS waiting lists are stopping people from starting families, and the cost of living crisis forces aspiring parents to change their plans, research from Queen Mary's School of Business and Management reveals the true cost of IVF and highlights a

postcode lottery across the country.

Only a fifth of the aspiring parents involved in the research could afford private fertility care, while 40% said it would be just about possible with substantial financial planning, and the remaining 40% could not pay for the treatment they wanted.

More than 50,000 people have fertility treatment every year in the U.K., some as NHS patients but most paying privately, at prices from £3,000–£5,000 for a standard IVF cycle to more than £20,000 with certain add-ons. It's generally assumed that people use NHS or private health care services, but this new research reveals a complex and overlapping system, where an initial round of IVF on the NHS often still leads patients into paying privately.

While hopeful that their treatment would work, participants knew that each round of IVF might not lead to a baby, and it was generally accepted by both patients and professionals that multiple attempts would probably need to be undertaken. For many, the possibility that they might become private patients in the future involved substantial financial planning, coupled with worry about financial trauma.

One participant described how she was prepared for her funded IVF cycles not to be successful and started to save money, saying: "I thought, it's going to cost us 16 grand in total to get two [private cycles of IVF]... I just needed that in my head, so I thought I could start saving, and so I'd be ready if it didn't work."

Study author Dr. Manuela Perrotta, reader in technology and organization at Queen Mary University of London, explained, "Participants in our study went into fertility treatment expecting they may need to pay thousands of pounds for it, even if they were having NHS care. People know there is limited public funding for IVF, and

each cycle has quite a low success rate which decreases further over time—so even if NHS care is available, it may not be enough."

Many participants reported not being able to afford the costs of private IVF, and a lack of other options led some to make significant life changes in pursuit of the care they need. One patient in the research moved 50 miles to be in a different catchment area with more supportive funding policies: "I found out that if I lived in certain areas I would have had three rounds funded, so we moved [to another city] within about three weeks of finding that out and got the funding."

The National Institute for Health and Care Excellence (NICE) recommends three cycles of IVF for women under 40, but access to treatment in the UK is determined by a patient's home address and registered [general practice](#), which can leave some unable to get help on the NHS. This has led to an uneven provision of IVF treatment across different regions in the U.K., with more funded cycles available in Scotland than in London and the east of England.

The study also reveals that paying for [fertility treatment](#) does not necessarily involve moving to a private clinic; one patient described her first experience of private treatment being with the same consultant and at the same clinic as her previous NHS treatment. Researchers found that movement between NHS and private fertility care was often challenging for patients, with treatment options varying significantly from place to place.

Study author Dr. Josie Hamper, post-doctoral researcher at Queen Mary University of London, said, "Our research shows that the boundaries between NHS and privately provided IVF are not as neat as they seem, and the hybrid public/private infertility landscape has had profound consequences for all IVF patients. The representation of a public/private divide contributes to inequalities in treatment experience, and does not

reflect patients' experiences of IVF in the U.K."

The work is published in the journal *Health & Place*.

More information: Josie Hamper et al, Blurring the divide: Navigating the public/private landscape of fertility treatment in the UK, *Health & Place* (2023). [DOI: 10.1016/j.healthplace.2023.102992](https://doi.org/10.1016/j.healthplace.2023.102992)

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