Oxfordshire PCT talks to local people about changes to fertility treatment

Oxfordshire residents are being given a voice in local health priorities. Until now there have been differing policies within the nine PCTs in the NHS South Central region for In Vitro Fertilisation (IVF). In future everyone in the region will have the same chance of access to IVF. But before any final decisions are made residents of Oxfordshire are being asked to make their comments.

The Primary Care Trusts (PCTs) across NHS South Central (Hampshire, Isle of Wight, Portsmouth, Southampton, Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire) recognise that there needs to be a single policy to make sure everyone gets the same access to IVF treatment.

The main changes proposed in the development of a single policy will include:

- Reducing the woman’s age-range for treatment from 35-38 to 30-34.
- Allowing those people who have self-funded no more than two cycles of IVF to undergo an NHS-funded cycle.
- Funding the freezing of embryos that result from fertility treatments funded by Oxfordshire for three years, or until the woman reaches the age of 40. These embryos could be used in privately-funded fertility treatment.
- Intra Uterine Insemination (IUI) will no longer be funded.

People can give their comments via an online survey available on www.oxfordshirepct.nhs.uk or by contacting the 01865 336790. Representatives of the PCT will be attending meetings locally during this time and would be happy to hear from anyone interested.
Dr Ljuba Stirzaker, Consultant in Public Health Medicine said: “We are encouraging people to give us their views about IVF treatment. This process is a way for people to help shape the future policy for IVF in Oxfordshire and the wider area of South Central England. If the proposed changes are accepted Oxfordshire residents will see an improvement in access to IVF”

After the closing date (17 April 2009) all the comments and feedback received will be collated to agree the next steps. Anyone who wants know about these outcomes will be able to find them on the PCT website or they can be sent on request by the Communications and Involvement Team.

Access to the online survey and the discussion documents is available at www.oxfordshire.nhs.uk

- Ends -

For further information please contact the Communications and Involvement Team at NHS Oxfordshire on 01865 336 831

Notes to editors
www.oxfordshirepct.nhs.uk - Provides links to all the documents and access to the on-line survey
www.smart-survey.co.uk/v.asp?i=9812zjqej – Online survey
For editorial enquires contact media.office@oxfordshirepct.nhs.uk

All couples and individuals must meet the following criteria to be eligible for treatment:
- The woman must be aged between 35 and 38 inclusive, and must be neither overweight nor underweight (Body Mass Index between 19 and 30)
- Both the man and woman must be non-smokers

Couples and individuals who are not eligible for treatment:
- If the man and the woman have had a child together (including an adopted child) OR if either of them has had a child in a previous relationship, (including an adopted child), they are not eligible for treatment
- To fertile women who are in a same sex partnership, or fertile women who are single
- If the woman has previously had NHS or privately-funded fertility treatment (IVF and ICSI), they are not eligible for treatment.
A review of the fertility treatment policies across Buckinghamshire, Oxfordshire, Berkshire, Hampshire and the Isle of Wight took place in November 2008, and found variation across the region. To provide a fairer system and to ensure that the most effective treatments are funded, some changes are now recommended. These include:

- Reducing the woman’s age-range for treatment from 35-38 to 30-34.
- Allowing those people who have self-funded no more than two cycles of IVF to undergo an NHS-funded cycle.
- Funding the freezing of embryos that result from fertility treatments funded by Oxfordshire for three years, or until the woman reaches the age of 40. These embryos could be used in privately-funded fertility treatment.
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Several other changes are proposed which are outlined in the documents now on the website.