

Share your views on changes to fertility treatment policies in Cheshire and Merseyside



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What is happening?

NHS Cheshire and Merseyside Integrated Care Board (ICB) is responsible for planning local health care services.

Currently, we have ten separate policies covering NHS fertility treatments for people in Cheshire and Merseyside who are having problems getting pregnant. Because there are some variations in these policies, it means that people's access to fertility treatments depends on where they live.

We're proposing a new, single policy for the whole of Cheshire and Merseyside, which would mean that everyone would get equal access to treatment in our area.

Our new policy would include a number of changes based on the latest national guidance, but we are also proposing to make some changes for financial reasons. This includes reducing the number of in vitro fertilisation (IVF) cycles the NHS funds (pays for).

Between **3 June - 15 July 2025**, we are holding a six-week public consultation, so that people can find out more, and share their views. We will use the feedback we receive to make a final decision.

We are expecting new national guidance on fertility treatments to come out from The National Institute for Health and Care Excellence (NICE) later this year, so our new policy would be an interim one.

When this new guidance comes out, we will review it again to make sure our policy is up-to-date with the latest medical evidence.

The current situation

Cheshire and Merseyside includes nine different local authority areas (sometimes called 'places').

In the past, a number of smaller NHS organisations called clinical commissioning groups (CCGs) were responsible for setting local health policies across these areas.

NHS Cheshire and Merseyside took over the responsibilities of our local CCGs, when it was set up in 2022. Although CCGs no longer exist, we are still using some of their policies, including the ten separate ones which cover IVF, called 'NHS Funded Treatment for Subfertility' policies.

You can view the ten NHS Funded Treatment for Subfertility policies for Cheshire and Merseyside at:

<https://www.cheshireandmerseyside.nhs.uk/your-health/clinical-policies/>.

Simply scroll to the map at the end of the page and click on the area you want to see the policy for.

(**Note:** there are ten policies because Sefton has two separate policies – one from South Sefton CCG and one from Southport and Formby CCG).

What are we are proposing?

NHS Cheshire and Merseyside is proposing to replace its ten separate fertility policies with one single policy, so that in the future people have the same level of access to NHS fertility treatment wherever they live in our area.

Because our current policies have some differences, moving to a single policy would mean some changes.

Over the next few pages, we describe each of the changes we are looking to make, what they would mean for patients, and why we want to make them.

The table below gives an overview of the things we're looking at:

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PROPOSED CHANGE 1: Change to the number of IVF cycles funded

In vitro fertilisation (IVF) is a type of fertility treatment that can help people who have difficulty getting pregnant. It involves an egg being fertilised by sperm outside of the body in a laboratory to create an embryo, which is then transferred into a uterus to achieve a pregnancy.

The National Institute for Health and Care Excellence (NICE) defines a 'full cycle' of IVF treatment as involving each of the following steps:

- **Ovarian stimulation:** Using medications to stimulate the ovaries to produce multiple eggs
- **Egg and sperm retrieval:** Mature eggs are collected from the ovaries
- **Fertilisation:** Eggs are fertilised with sperm in a laboratory setting which then develop into embryos
- **Embryo transfer:** One or more embryos are transferred into the uterus

- **Embryo freezing:** Any additional good quality embryos created in the cycle will be frozen and stored for use at a later date

A full cycle of IVF treatment only ends when either every viable embryo has been transferred, or one results in a pregnancy.

What happens at the moment?

Currently, around 734 people in Cheshire and Merseyside access NHS IVF each year. This figure is based on the number of first cycles that take place.

Treatment is provided by The Hewitt Fertility Centre at Liverpool Women’s Hospital, which is part of NHS University Hospitals of Liverpool Group, and has facilities based in both Cheshire and Merseyside.

At the moment, people living in different parts of Cheshire and Merseyside have different numbers of IVF cycles paid for by the NHS, depending on where they live.

The table below shows how many cycles of IVF the NHS offers to people who are 39 or younger and meet the criteria for treatment:

Place	Number of IVF cycles
Cheshire East	1 cycle
Cheshire West	2 cycles - or 1 if Intrauterine insemination (IUI), has already been undertaken
Halton	3 cycles
Knowsley	3 cycles
Liverpool	2 cycles - although 3 may be considered in exceptional clinical cases
Southport and Formby	3 cycles
South Sefton	3 cycles
St Helens	2 cycles
Warrington	3 cycles
Wirral	2 cycles

People aged 40 and up to 42 are currently offered one cycle in all of the above areas.

NICE published clinical guidelines for assessing and treating fertility problems in 2013 which recommend that women aged under 40 years should be offered three full cycles of NHS funded IVF. You can read this at: www.nice.org.uk

Updates to this guidance were expected during 2024, with a focus on providing clearer and more equitable access to fertility treatment, but are now expected to be published later in 2025.

However, across England, 66% of Integrated Care Boards (ICBs), the organisations which make decisions about local NHS treatment policies, only provide one funded cycle of IVF.

What are we proposing to change?

We are proposing that in the new policy, everyone in Cheshire and Merseyside who is eligible for IVF would have one cycle paid for by the NHS.

This cycle would include one fresh and one frozen embryo transfer, followed by the transfer of all good quality frozen embryos until there is a successful live birth.

What would this change mean for patients?

If the change went ahead, it would mean that the number of cycles of IVF paid for by the NHS would reduce for people aged up to 39 in all areas of Cheshire and Merseyside, except in Cheshire East, where it would stay the same as it is now.

There would be no change for people aged between 40 and up to 42, as they are already offered one cycle in all of our areas.

If the change went ahead, once they had received a first cycle, people would no longer be able to have any additional cycles funded by the NHS.

Why are we proposing this?

Financial pressures

Across the country, the NHS is facing a serious financial challenge. ICBs like NHS Cheshire and Merseyside are given a fixed amount of money by NHS England each year to spend on local health care.

With demand for NHS services increasing, and the cost of providing care rising, we are facing some difficult decisions about how we spend this money.

Unfortunately, this means we might no longer be able to fund some of the things that we have in the past, and that for some areas of treatment, such as IVF, we are looking at reducing the overall costs of this care, so that we can continue providing it.

We need to decide how we best use our budget to have the biggest impact on the health and wellbeing of our local population. This is not an easy task, as it involves finding a balance between different priorities and the needs of different groups of people.

We know that some people will be concerned about the proposal to change the number of IVF cycles, and we understand that this is a sensitive issue for many.

However, we believe that moving to a single IVF cycle across our area is the best way to continue providing this treatment, while making sure that it remains affordable for the NHS.

Consistent care

We also want to ensure that people are offered the same number of NHS funded IVF cycles, wherever in Cheshire and Merseyside they live or are treated, which isn't the case at the moment.

Making this change would mean that the same level of NHS treatment was available to all eligible people living in our area.

What else did we look at before proposing changes to the number of IVF cycles?

1. Making no changes

NHS Cheshire and Merseyside is not considering keeping things as they currently are, because this would mean continuing with a situation where the number of NHS funded IVF cycles offered, and who has access to those cycles, varies depending on where people live. Whatever decision we take, we want to make sure that we have a more consistent approach in the future.

Also, if we keep things as they are now, we would not be able to reduce the cost, which is something we need to do.

2. Two cycles

We did consider whether we could provide two cycles of IVF to everyone who is eligible, and this was the option that local NHS fertility specialists supported. However, it is estimated that to do this would cost around £40,000 extra each year, compared to what is currently spent on IVF.

Because the NHS is facing such a serious financial situation, we do not believe this would be the best way to spend our limited resources. We need to look at options which would reduce the amount we spend on IVF cycles, not increase it.

3. Three cycles

We also looked at the impact of providing three cycles to everyone who was eligible, but it is estimated that this would cost around £734,000

extra each year. Again, for financial reasons we do not believe this would be the right approach.

Current costs and potential savings

Currently, NHS Cheshire and Merseyside spends more than £5 million each year funding IVF cycles. These costs (based on 2024/25) are broken down below by area:

Place	Cost (annual)
Cheshire East	£524,792
Cheshire West	£592,073
Halton	£200,291
Knowsley	£366,694
Liverpool	£1,627,967
Sefton	£663,716
St Helens	£235,435
Warrington	£257,001
Wirral	£575,113

The table below shows the estimated financial impact for the NHS, depending on whether one, two or three cycles of IVF were offered across Cheshire and Merseyside in the future:

Number of cycles	Approximate cost each year to the NHS in Cheshire and Merseyside
Offering 1 cycle across the whole of Cheshire and Merseyside	Would save £1.3 million per year
Offering 2 cycles across the whole of Cheshire and Merseyside	Would cost an extra £40,000 per year
Offering 3 cycles across the whole of Cheshire and Merseyside	Would cost an extra £734,000 per year

PROPOSED CHANGE 2: Change to eligibility on BMI (body mass index) in Wirral

BMI (body mass index) is a measure of whether you are a healthy weight for your height.

At the moment, nine out of ten Cheshire and Merseyside policies state that women need to have a BMI of between 19 and 29.9 in order to begin NHS fertility treatment. This is in line with national NICE guidelines, which recommend this weight range for the best chance of successful treatment.

However, the current Wirral policy says that a male partner should also meet this BMI in order for a couple to be eligible.

We are proposing that the new Cheshire and Merseyside policy would state that women intending to carry a pregnancy need a BMI of between 19 and 29.9 for fertility treatment to begin.

Men with a BMI of more than 30 would be advised to lose weight to improve their chances of conceiving, but this would not necessarily be a barrier to the couple accessing NHS fertility treatment.

What would this mean for patients?

If the new single policy was introduced, it would mean that in the future people living in Wirral would have the same access to fertility treatment based on BMI as people in other parts of Cheshire and Merseyside.

Why are we proposing this?

To bring our local approach in line with national NICE guidance, and to make it clearer that only a female partner's BMI would be considered when deciding on eligibility. It would also mean that the same approach is taken for everyone across Cheshire and Merseyside.

PROPOSED CHANGE 3: Change to eligibility on smoking

NICE guidelines state that maternal and paternal smoking can adversely affect the success of fertility treatment. This includes passive smoking.

However, our current policies for Halton, Knowsley, Liverpool, Sefton and St Helens only make reference to the female partner needing to be a non-smoker.

We are proposing that the new Cheshire and Merseyside policy will say that both partners will need to be non-smokers in order to be eligible for NHS fertility treatment. This would include any form of smoking, including the use of e-cigarettes and vapes.

This is because of the impact of on treatment outcomes, and the increased risk of complications in pregnancy.

What would this mean for patients?

If the new single policy were introduced, it would mean that in future people in Halton, Knowsley, Liverpool, Sefton and St Helens would not be eligible for NHS funded fertility treatment if either partner was a current smoker.

This wouldn't be a change for people in Cheshire East, Cheshire West, Wirral or Warrington, because the policies for these areas already say this.

Why are we proposing this?

To bring our local approach in line with national NICE guidance, and to ensure that the same approach is taken for everyone across Cheshire and Merseyside.

PROPOSED CHANGE 4: Change to the definition of ‘childlessness’ in Cheshire East and Cheshire West

In the majority of areas in Cheshire and Merseyside, IVF will only be made available on the NHS where a couple has no living birth children or adopted children, either from a current or any previous relationship. This is consistent with the majority of other areas across England too.

This means that if someone had a baby through IVF, they would not be eligible for any further funded IVF cycles either.

However, the current policies for Cheshire East and Cheshire West state that where a patient has started a cycle of IVF treatment, they can have further embryo transfers to complete their current cycle, even if they achieve a pregnancy leading to a live birth or adopt a child during the cycle.

We are proposing that the new policy would not include this wording, meaning that funding would only be made available where a couple have no living children.

What would this mean for patients?

If this change went ahead, it would mean that people in Cheshire East and Cheshire West would no longer be offered more embryo transfers once they have become a parent.

Why are we proposing this?

To ensure that the same approach is taken for everyone across Cheshire and Merseyside.

PROPOSED CHANGE 5: Change to IUI commissioning in Wirral¹

Intra uterine insemination (IUI), also sometimes known as artificial insemination, is a fertility treatment where sperm is put directly into the womb when a female is ovulating.

Female same-sex couples are often asked to self-fund IUI before they can access NHS funded fertility treatment as a means to prove their infertility.

Currently in most areas of Cheshire and Merseyside, in line with NICE guidance, the use of NHS funded IUI is also permitted for treating each of the following groups:

- People who are unable, or would find it difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psycho-sexual problem, who are using partner or donor sperm
- People with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the man is HIV positive)
- People in same sex relationships

However, the Wirral policy currently states that IUI is not routinely commissioned, and this does not reflect NICE recommendations nor is it consistent with neighbouring areas.

In practice, NHS funded IUI is not carried out very often – Cheshire and Merseyside data shows that a total of just 56 NHS funded IUIs have been provided at Liverpool Women’s Hospital over the past six years, which is an average of just nine per year.

We are therefore proposing that the single Cheshire and Merseyside policy would allow NHS funded IUI in the groups listed above, across all areas.

This change would not impact on the current requirement for self-funded IUI for same sex couples.

¹ Please note, this title was amended on 06/06/25 – the previous version was incorrect and did not reflect the change being proposed

What would this mean for patients?

This would mean NHS funded IUI is only offered to those patients who meet the above criteria, in line with NICE guidance. However, with such low numbers of patients accessing IUI, we believe that there would be minimal impact on people if this change went ahead.

Why are we proposing this?

It would mean a more consistent approach across Cheshire and Merseyside, and it would also bring our local policy in line with NICE guidance.

Wording on the lower and upper ages

In addition to the five changes listed above, we are also proposing that the new policy includes clearer wording around the upper and lower ages for fertility treatment.

This is because our ten current policies all say that NHS IVF treatment should be available to those from 23 years old up to 42 years of age in Cheshire and Merseyside.

However, we are proposing that the new policy doesn't state a lower age limit, which would bring it in line with current NICE guidance.

We are also proposing to use clearer wording around the upper age limit, to make it clear that people are eligible until their 43rd birthday.

We don't believe that amending the wording for the upper and lower age limits will have a significant impact on the number of people accessing treatment, but it will bring our local approach in line with current NICE guidelines, and make sure there aren't different ways to interpret what the policy says.

How to share your views

Before we make a final decision, we want to hear what people think, which is why we are holding this public consultation.

To share your views on the proposed changes to the policy, including the number of NHS funded IVF cycles offered to people in Cheshire and Merseyside, you can complete a short questionnaire. You can do this online at www.surveymonkey.com/r/9C72THS

The consultation closes on **15 July 2025** – so please make sure you've submitted your views by then.

If you're part of a community group or network, and you'd like us to come along to a meeting or event to talk about the proposal, or to share views on behalf of a group, charity or organisation, then please email us at: engagement@cheshireandmerseyside.nhs.uk

Need extra help?

If you would like some help to complete the questionnaire, or you need to request a printed version or an alternative format or language, please contact us using the details below.

If you would prefer, we're also happy for you to call us to share your questionnaire responses with us over the phone.

Phone: 0151 295 3052

Email: engagement@cheshireandmerseyside.nhs.uk

Post: Engagement Team, NHS Cheshire & Merseyside, No 1 Lakeside, 920 Centre Park Square, Warrington, WA1 1QY

Next steps

After the consultation period ends, we will analyse the findings and compile them into a report.

This report will be used to develop a final proposal for a single subfertility policy, which will then be put to the Board of NHS Cheshire and Merseyside, so that it can make a decision. This is likely to happen in late summer or early autumn 2025.

When a decision has been made, we will share information about the outcome, and what this means for people who use fertility services.

Until then, our current policies will apply, so people can continue to access treatments as they do now.

Stay updated

If you would like to stay in touch you can **sign up to receive monthly NHS Cheshire and Merseyside email updates at:**

www.cheshireandmerseyside.nhs.uk/latest/sign-up-for-updates/

You can **join our Community Voices group** to be invited to share your views on other health issues that matter to you at:

www.cheshireandmerseyside.nhs.uk/get-involved/community-voices/

Glossary

Term	Definition
In vitro fertilisation (IVF)	A full cycle of IVF is defined as one episode of ovarian stimulation and the transfer of all resultant fresh and/or frozen embryo(s). If there are any remaining frozen embryos, the cycle is only deemed to have ended when all these embryos have been used up or if a pregnancy leads to a live birth.
Embryo	A fertilised egg.
Egg collection	As part of the IVF cycle, eggs are collected from the womb. The collection involves attempts to retrieve all eggs within the stimulated follicles in the ovary.
Embryo transfer	After egg collection, the best quality embryo(s) available are transferred into the womb. Often more than one embryo will be transferred at a time.
Embryo storage	This involves freezing and storing any embryos for a later transfer.
Fresh embryo transfer	This is when an embryo(s) is transferred fresh from collection, without being frozen and stored for later use.
Frozen embryo transfer (FET)	This is when a frozen embryo is warmed and transferred into the womb.
Intra-cytoplasmic sperm injections (ICSI)	Intra-cytoplasmic sperm injection. A common treatment for sperm-related male infertility. It is performed as part of IVF and involves the sperm being injected directly into the egg.
Intrauterine insemination (IUI), or artificial insemination	Sperm is put directly into the womb when the female is ovulating.

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