

NHS Greater Manchester
Tootal Buildings
56 Oxford Street
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23rd February 2026

BY EMAIL: danielle.ruane@healthwatchingm.co.uk

Dear Danielle,

Thank you for your letter of 5th February 2026 regarding NHS GM's recent decision to standardise its Assisted Conception Policy to 1+ cycles from 1 April 2026. NHS GM is committed to working with our partners and ensure patient experience and public voice is considered in its decision making.

Your letter asks NHS GM to:

- 1) Provide a clear and transparent account of how public feedback and input from the IVF consultation, were weighed in reaching the final decision
- 2) Reconsider the decision to standardise NHS-funded IVF provision to one cycle, in light of the strength and consistency of public feedback, the concerns raised regarding equity and mental health impact, and the departure from NICE clinical guidance.

Taking each in turn. The IVF cycles project commenced in January 2024 and followed the guidance described in NHS England's Major Service Change Guidance to ensure we were working with stakeholders, including patients and the public.

At the outset we established a project group with representatives of the major stakeholder groups. The Chief Executive of the Fertility Alliance has been a strong patient voice on this project group. We also established a Lived Experience Advisory Group to work in parallel with the Project Group throughout the lifetime of the project.

The Project Group's role, working with the LEAG, was to bring forward a set of options for consideration through internal NHS GM governance and our Board. The group's role was to support an options appraisal process and bring forward a set of options that could be considered through NHS GM's governance and ultimately by our Board. There were a range of different perspectives on the project group including individuals who passionately believe that the NHS should fund more IVF cycles, by inviting these perspectives into our project group we ensured they could be reflected and considered throughout the lifetime of the project. Our Board report attempts to articulate and address them in the section entitled "discussion".

Our decision had to balance off a range of factors agreed through working with the LEAG and Project Group to undertake a policy options appraisal, in the light of the consultation report and our equality impact assessment. A summary of the options appraisal can be seen at *Table 2* in the Board report - whilst the table is relatively simple, the process and information that sits behind it should not be underestimated. Your letter acknowledges that public feedback, NICE clinical guidance, the financial constraints NHS GM is under and the position of other ICBs were amongst the factors that needed to be balanced. We have been working with NICE and have been a stakeholder to its consultation on a revision to its updated guidance – NICE acknowledges that ICBs need to prioritise across different service areas and is aware that a very small number of ICBs (currently 3) nationally currently follow the 3-cycle recommendation of the 2013 guidance.

In terms of the 2025 consultation that we undertook, this was the third in a series of engagement exercises relating to this project. At the outset we undertook a desktop exercise to gather existing intelligence from previous work, in the spring of 2024 a fresh engagement exercise took place to gather general views on the topic. Consequently, when we undertook the public consultation, we deliberately focused on those people who are most likely to be negatively impacted by what we had proposed as NHS GM's preferred option, as well as those people the equality impact assessment had indicated may experience inequalities in the broader fertility pathway. To some extent the fact that the responses were so strongly against the recommended option, is evidence that we did successfully target our consultation. Despite this targeting a minority of the respondents indicated they were in favour of the proposal or stopping NHS funded IVF all together; a different approach to consultation could perhaps have led to a different balance of response – again our intent was to hear the stories of those who might be adversely affected in order ensure they were given appropriate weight in the decision making process.

Given the depth of this approach, we believe we have undertaken our engagement and consultation duties properly and accorded due weight to the responses in our final decision. As such, there is no intention to reconsider this issue.

However, we have committed to addressing risks and issues which emerged from our engagement processes which are not part of the standardisation of the number of cycles.

These may include:

- Addressing the inequalities associated with the diagnosis and treatment of fertility issues, beyond just those relating to IVF, through better data and understanding of patient experience.
- Ensuring NHS GM's IVF providers optimise patient outcomes from NHS GM funded IVF cycles.
- Ensuring NHS GM has a clear and sustainable approach with respect to fertility preservation (i.e. sperm and embryo freezing).
- Reflecting on feedback from same sex couples and single women – noting that updated NICE guidance will relate to people seeking fertility treatment for health-related issues only.

Finally, I would like to thank you for your letter and your continuing commitment to ensure patient voice is considered in all the work we need to do together in the future.

Yours sincerely,



**Sir Richard Leese, Chair
NHS Greater Manchester**