

Assisted conception draft interim policy

Report of findings

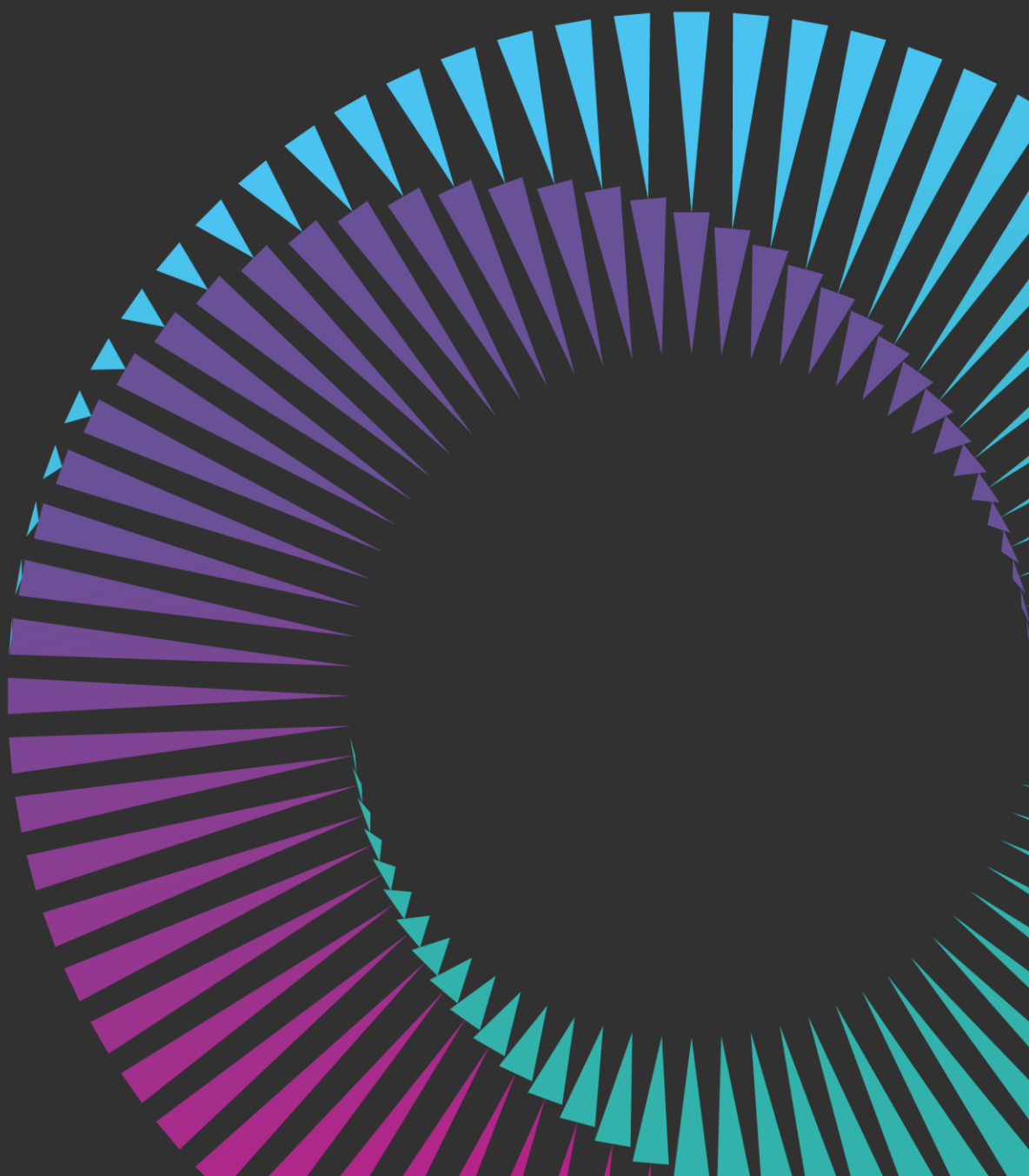


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1 Executive summary

1.1 Introduction

This report presents the findings of an involvement exercise on a draft interim policy for assisted conception proposed by NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB).

The purpose of this report is to present the views of people who took part in the involvement so they can be considered by the ICB in subsequent decision-making processes.

In 2020, the NHS in Staffordshire and Stoke-on-Trent began involvement work for the Clinical Policy Alignment programme (previously known as Difficult Decisions). This looked at five procedures, including assisted conception, where the criteria setting out which patients could have the procedures were not the same across the whole of Staffordshire and Stoke-on-Trent. The aim was to make them the same for everyone.

While the recommendations for assisted conception were being developed, the Women's Health Strategy for England (WHS) was released in summer 2022. This is a 10-year strategy, which will include a review of fertility services across England. Updated NICE guidance on fertility treatments is also expected at the end of 2024.

These national reviews may have implications for our local assisted conception services, but the results will not be known for some time. The ICB therefore decided to separate the work on assisted conception from the main Clinical Policy Alignment (CPA) programme. This would allow work on the other parts of the CPA programme to progress and be completed.

However, for assisted conception, the criteria for who could access services were still different depending on where people live, with three different policies in place across Staffordshire and Stoke-on-Trent. The ICB felt it was not right for inequalities in access to continue during the wait for further national guidance. It was therefore decided to develop an interim (temporary) policy for assisted conception. This draft interim policy aligns the access criteria across the whole of the Staffordshire and Stoke-on-Trent area. When updated guidance is received, after the national review of fertility provision, a review of the interim policy will be carried out to see if any changes are needed.

Between 1 and 23 March 2023, the public were asked for their views and comments on the draft interim policy for assisted conception.

1.2 Communications and involvement

This section provides an overview of the approach to communications and involvement.

In late 2022, an involvement plan was developed. It set out the involvement aims as being:

- to ask the public to view the draft interim policy and comment on whether there was anything that hadn't already been taken into consideration from previous involvement
- to ask the public if they could suggest mitigations for any issues they foresaw with the draft interim policy
- to communicate key messages about the draft interim policy to the public.

The plan identified some key groups with protected characteristics that should be proactively engaged with as part of the involvement. This was based on the findings of a 2018 Equalities Impact Assessment on the overarching transformation programme in Staffordshire and Stoke-on-Trent, and a gap analysis that was carried out in 2021.

The plan set out that the involvement would run for three weeks and include:

- an online survey
- two online focus group sessions in March – one in the early afternoon and one in the early evening.

Also included in the plan were:

- the intention to produce a report of the findings from the involvement
- a list of the communications channels to be used
- a list of the supporting materials to be produced.

1.3 Communications channels

1.3.1 Communicating with stakeholders

A stakeholder map and matrix were created to identify the key audience for our communications. The next step was to create a database of **more than 150 stakeholders**, who were contacted by phone or email to promote the involvement exercise and its activities. The database grew during the involvement period as more stakeholders were identified.

At an early stage, contact was made with a sample of stakeholders from local interest and equality groups. These groups identified that they had databases of relevant patients and people who were likely to be interested in the involvement. They were happy to distribute involvement information and promote the survey via their communication channels, but did not have any events already planned that could be used as part of the involvement exercise.

This feedback helped form the view that the NHS should plan and host its own activities, such as online focus groups.

Communication with stakeholders took place in three stages:

- First, stakeholders were told that the involvement was going to take place and were given a link to the involvement webpages
- A second communication alerted stakeholders to the survey going live on the webpages
- A final update signalled when the involvement would finish and reminded people of the second event.

Staff stakeholders were informed about the involvement through staff newsletters, and information about the involvement was published on the ICB's website.

1.3.2 Correspondence

Correspondence was used to engage with key stakeholders but also received from the public as feedback. A protocol was developed for receiving (and if appropriate, responding to) public correspondence.

The correspondence consisted of 46 social media posts from members of the public, three emails and one letter. As the three emails were requests for further information, they have not been included in the feedback analysis. The other correspondence has been analysed as part of this report.

The letter was from a national fertility charity (see page 46 for further information). The charity's communication was followed up by a member of NHS staff who spoke to them and listened to their concerns.

1.3.3 Involvement documents

A key part of the involvement was the survey, which was available online on the **involvement webpages**. An accessible (easy read) version of the survey was also created and made available online. There were 107 responses in total, of which 96 were responses to the main survey and 11 were responses to the accessible survey.

To explain the draft interim policy for assisted conception, an information leaflet was developed and published online. There was also an accessible version of the leaflet.

A presentation was produced for the online events.

1.3.4 Online promotion

A webpage was created that explained the background to the involvement. It contained links to the survey, the accessible version of the survey, and to a range of resources including information leaflets and a draft policy document. These resources were **downloaded more than 400 times**.

The involvement webpage also had a link to the event registration form.

1.3.5 Media releases

A media release was sent to the local media, relevant trade magazines and local MPs before and during the period of involvement.

This proactive media activity resulted in the following coverage:

Table 1. Summary of media coverage

Date	Coverage
02/03/2023	Stoke Sentinel Headline: Stoke-on-Trent IVF funding to be slashed in end to postcode lottery
03/03/2023	<i>The Sentinel</i> (circulation 28,862) Headline: IVF rethink could leave city couples worse off
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04/05/2023	Stoke Sentinel Headline: 'Shockingly poor' IVF policy in Stoke-on-Trent branded 'worst in country'*

*Please note: this coverage was received after the period of involvement activity had ended

Generally, media coverage has been balanced as it has covered the key points of the ICB's interim policy, the national landscape (for example, the Women's Health Strategy) and concerns raised by others, such as Fertility Network UK.

No responses were received from the MPs.

A reactive media statement was drafted to respond to requests from the media if any were received.

1.3.6 Social media

The social media campaign ran from 10 to 22 March on Facebook and Twitter. Two social media assets were designed to accompany the posts – one with a call to action of 'Find out more' and the other with encouragement to 'Have your say'. Nine different posts were used, almost all of which encouraged readers to register for one of the online events and to complete the survey.

The posts achieved **2,927 Facebook impressions and 1,293 Twitter impressions**.

1.3.7 Pulsar reporting

A social listening search was set up on Pulsar to monitor social media conversations relating to the involvement from 24 February to 22 March. The goal of the social media listening was to monitor relevant conversations on social media platforms and understand the underlying sentiments around these conversations.

The Pulsar results show a total of **29 posts and 14 engagements** (interactions with posts). There were several peaks of engagement – on 2 March, 8 March, 11 March and 12 March. The peaks tended to be around when promotional posts went out via the ICB and the Fertility Network. People engaged by liking and retweeting.

The social media posts gathered by Pulsar have been included in the analysis of the involvement findings.

1.3.8 Events

The communications and involvement plan outlined delivering two online events.

- These events were offered to targeted participants, who were invited to register, and to the public via the media
- The sessions covered the draft interim policy in the format of a focus group with options for Q&A and structured conversations with participants
- Sessions included the open questions from the online survey for continuity of feedback gathering.

The events were hosted on Microsoft Teams, and were held on the following dates:

- Event 1: Wednesday 15 March, 12.30pm to 2.30pm with **two participants**
- Event 2: Monday 20 March, 6pm to 7.30pm with **five participants**.

The stakeholder database was used again to send out information about the events. Media and social media channels were also used. All participants were sent a registration email which included details of who to contact if they had any IT problems.

An event presentation and Jamboards¹ were used as the mechanism for recording and collating feedback at the sessions. The clinical team involved in this programme of work delivered information through the presentation and the Jamboards were visible and used throughout the Q&A element of the session. All participants were reminded that the Jamboard would remain open until 12 noon the following day, allowing anyone to revisit, amend or add to it, to make sure that their views were accurately reflected.

After the second online event, the team contacted a participant to give them a contact to correspond with about their personal situation and how the policy might or might not affect them.

1.4 Numbers of respondents and participants

The involvement survey was live from 1 March to 23 March 2023 and received **107 responses**.

The online events were held on 15 March and 20 March 2023 and were attended by **seven participants**.

1.5 Demographic profiling

This section presents a summary profile of those participating in the involvement (survey and events combined). The demographic profile summary below is based on the 107 survey responses and the responses from four (out of a total of seven) event participants. The event participants were asked to complete a demographic profiling questionnaire during the event, but this was not a mandatory requirement, meaning they could choose not to complete it.

For a detailed profile, please see the profiling section in the main report.

- 46 (41%) participants stated they live in Staffordshire and Stoke-on-Trent, in areas like Cannock Chase, East Staffordshire, Lichfield, Newcastle-under-Lyme, Stafford,

¹ Jamboards are an anonymised method of leaving notes and comments. For further information please see: <https://support.google.com/jamboard/answer/7424836?hl=en>

Staffordshire Moorlands, Stoke-on-Trent, South Staffordshire and Tamworth. 35 (32%) stated they lived outside this area

- 109 (98%) participants were responding to the involvement as individuals, while 2 (2%) were providing a formal response from an organisation. One of the formal responses was from Fertility Network UK. The second participant did not give the name of their organisation
- 97 (89%) participants were White British
- Most respondents were under the age of 40 (94 / 84%)
- 104 (95%) participants were female, and 6 (5%) were male
- 105 (95%) stated they identified as heterosexual
- 101 (92%) stated they were married, in a civil partnership or living with a partner, while 7 (6%) stated they were single
- 86 (78%) participants stated they were not currently pregnant, and 93 (85%) stated they had not given birth in the last six months
- 97 (88%) participants stated they do not have health problems or disabilities that limit their day-to-day activities
- 93 (86%) stated they do not care for a friend or family member
- 108 (98%) stated that they have not served in the Armed Forces.

1.6 Findings

This section presents a summary of the findings from the involvement. It is split into the following sections:

- Experience of assisted conception services
- Views on the draft interim assisted conception policy.

The figures presented are calculated from the 107 survey responses. Please note, not all respondents answered all survey questions and not all percentages are calculated with a base (the number of people answering the question) of 107. In the main report, the base sizes are shown.

For the event feedback presented, the base refers to the total number of post-it notes submitted on the Jamboards in response to each question across the two online events. There were seven event participants in total across the two online events.

1.6.1 Experience of assisted conception services

- Overall, the number of respondents who completed the survey with previous experience of assisted conception services was high, with 91 (85%) respondents stating they or someone they know have used assisted conception services
- 63 (71%) of those stating they have previous experience of assisted conception services have used the services in the last three years
- The assisted conception service used most was blood tests (83 / 93%), while intrauterine insemination (IUI) (13 / 15%) was used the least
- When asked where assisted conception services were received, the most frequently mentioned responses were:

- TFP Nurture Fertility Clinic Burton (4 / 7%)
- Care Fertility (unspecified location) (3 / 5%)
- Newcastle (3 / 5%)
- TFP Nurture Fertility Nottingham (3 / 5%)
- Stoke-on-Trent (3 / 5%)
- Burton (3 / 5%).

1.6.2 Views on the draft interim assisted conception policy

1.6.2.1 Impact of the draft interim assisted conception policy

1.6.2.1.1 Involvement survey feedback

- 102 (95%) respondents stated the draft interim policy will have a negative or very negative impact on themselves or others, while 3 (3%) felt the draft interim policy would have a positive or very positive impact
- Respondents were then asked to explain the reason for their rating. In response, the most frequently mentioned themes were:
 1. Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (68 / 70%)
 2. Negative - Number of cycles - Reducing the number of cycles offered goes against NICE guidelines (31 / 32%)
 3. Negative - Specific groups - The policy excludes certain groups (same-sex couples, single women and patients with low AMH) (25 / 26%).

1.6.2.1.2 Online event feedback

When asked why they think they or others may be positively or negatively impacted by the draft interim policy, the most frequently mentioned themes were:

1. Negative - General - The policy is discriminatory/unfair (12 / 30%)
2. Neutral - General - Need a better understanding about the new policy (e.g. types of embryo transfer available, how changes will be made in line with NICE guidance) (9 / 23%)
3. Negative - Number of cycles - Policy is not in line with other organisations/ NICE guidelines (5 / 13%).

1.6.2.2 Suggested actions or changes to avoid negative impact

1.6.2.2.1 Involvement survey feedback

- When asked what actions or changes could be made to avoid any negative impact, the most frequently mentioned themes shared by survey respondents were:
 1. Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (29 / 32%)

2. Observation - Policy - Make sure that the policy is inclusive and fair (25 / 27%)
3. Observation - Policy - Provide more cycles of IVF treatment (21/ 23%).

1.6.2.2.2 Online event feedback

- When asked what actions or changes could be made to avoid any negative impact, the most frequently mentioned themes raised by event participants were:
 1. Observation - Number of cycles - Provide number of cycles in line with NICE guidelines / National policies (7 / 23%)
 2. Observation - Policy - Make sure that the policy is inclusive and fair, Negative - Specific groups - The policy should not discriminate against certain groups (same-sex couples, single women, sex of patient, and patients with low AMH) (6 / 20%)
 3. Observation - General - Provide written communication for all questions raised / feedback (6 / 20%).

1.6.2.3 Feedback from the correspondence

Feedback was also submitted through written correspondence. In total, one letter and three emails were received as well as 46 social media posts. The three emails were requests for further information and have not been included in the feedback analysis. The remaining correspondence was analysed and the most frequently raised themes were:

1. Negative - Policy - Comments about the service being poor compared to other parts of the country (10 / 12%)
2. Negative - Policy - Comments about having one cycle of IVF with one transfer of fresh or frozen embryo (8 / 10%)
3. Negative - Specific groups - Concern over the exclusion of some groups from accessing fertility treatments including IUI (e.g. same-sex couple, single people, women aged over 40) (7 / 9%) and Negative - Policy - Comments about the changes in services for different areas of Staffordshire and Stoke-on-Trent (7 / 9%).

2 Introduction

This report presents the findings of an involvement exercise on a draft interim policy for assisted conception proposed by NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB).

The purpose of this report is to present the views of people who took part in the involvement so they can be considered by the ICB in subsequent decision-making processes.

In 2020, the NHS in Staffordshire and Stoke-on-Trent began involvement work for the Clinical Policy Alignment programme (previously known as Difficult Decisions). This looked at five procedures, including assisted conception, where the criteria setting out which patients could have the procedures were not the same across the whole of Staffordshire and Stoke-on-Trent. The aim was to make them the same for everyone.

While the recommendations for assisted conception were being developed, the Women's Health Strategy for England (WHS) was released in summer 2022. This is a 10-year strategy, which will include a review of fertility services across England. Updated NICE guidance on fertility treatments is also expected at the end of 2024.

These national reviews may have implications for our local assisted conception services, but the results will not be known for some time. The ICB therefore decided to separate the work on assisted conception from the main Clinical Policy Alignment (CPA) programme. This would allow work on the other parts of the CPA programme to progress and be completed.

However, for assisted conception, the criteria for who could access services were still different depending on where people live, with three different policies in place across Staffordshire and Stoke-on-Trent. The ICB felt it was not right for inequalities in access to continue during the wait for further national guidance. It was therefore decided to develop an interim (temporary) policy for assisted conception. This draft interim policy makes the access criteria the same across the whole of the Staffordshire and Stoke-on-Trent area. When updated guidance is received, after the national review of fertility provision, a review of the interim policy will be carried out to see if any changes are needed.

The draft interim policy would make the criteria for accessing assisted conception services the same across the whole of the Staffordshire and Stoke-on-Trent area. To achieve this, some changes need to be made to align the policies.

The main changes proposed are:

- to reduce the number of cycles of IVF from two to one in Stoke-on-Trent
- to increase the upper age limit for women accessing the services, from age 35 to 39 in North Staffordshire
- to remove the upper age limit of 55 for men undergoing treatment
- people in North Staffordshire would no longer be offered three cycles of IUI if it was preferred to IVF.

From 1 to 23 March 2023, a period of involvement was held to ask the public for their views and comments on the work that is being undertaken around assisted conception and for their views on the draft interim policy.

Following this report of findings, and on receipt of the updated guidance after the national review of fertility provision, a review of the draft interim policy will be carried out to see if any further changes are needed.

2.1 Number of respondents

The involvement exercise ran from 1 to 23 March 2023. During this period, participants were able to share their views by completing the involvement survey or by attending an online event. There were 107 responses to the survey in total, of which 96 were responses to the main survey and 11 were responses to the easy read survey. Seven people took part in the two online events.

For more information about the activities undertaken to promote the involvement and gather feedback, please see the communications and involvement section below.

2.2 Report authors

NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) commissioned NHS Midlands and Lancashire Commissioning Support Unit's (MLCSU's) Communications and Engagement Service to coordinate the independent analysis of the feedback from the involvement and to produce this report of findings.

2.3 Report structure

This report is structured into the following sections:

- Introduction
- Communications and involvement
- Approach to analysis and presentation of findings
- Demographic profiling
- Findings
- Conclusion
- Appendix.

3 Communications and involvement

This section gives an overview of the approach to communications and involvement.

In late 2022, an involvement plan was developed. It set out the involvement aims as being:

- to ask the public to view the draft interim policy and comment on whether there was anything that hadn't already been taken into consideration from previous involvement
- to ask the public if they could suggest mitigations for any issues they foresaw with the draft interim policy
- to communicate key messages about the draft interim policy to the public.

The plan identified some key groups with protected characteristics that should be proactively engaged with as part of the involvement. This was based on the findings of a 2018 Equalities Impact Assessment on the overarching Transformation programme in Staffordshire and Stoke-on-Trent, and a gap analysis carried out in 2021.

The plan set out that the involvement would run for three weeks and include:

- an online survey
- two online focus group sessions in March – one in the early afternoon and one in the early evening.

Also included in the plan were:

- the intention to produce a report of the findings from the involvement
- a list of the communications channels to be used
- a list of the supporting materials to be produced.

3.1 Communications channels

3.1.1 Communicating with stakeholders

A stakeholder map and matrix were created to identify the key audience for our communications. The next step was to create a database of **more than 150 stakeholders**, who were contacted by phone or email to promote the involvement exercise and its activities. The database grew during the involvement period as more stakeholders were identified.

At an early stage, contact was made with a sample of stakeholders from local interest and equality groups. They said they had databases of relevant patients and people who were likely to be interested in the involvement. They were happy to distribute involvement information and promote the survey via their communication channels, but did not have any events already planned that could be used as part of the involvement exercise.

This feedback helped form the view that the NHS should plan and host its own activities, such as online focus groups.

Communication with stakeholders took place in three stages:

- First, stakeholders were told that the involvement was going to take place and were given a link to the involvement webpage
- A second communication alerted stakeholders to the survey going live on the webpage
- A final update signalled when the involvement would finish and reminded people of the second event.

Staff stakeholders were informed about the involvement through staff newsletters, and information about the involvement was published on the ICB's website.

3.1.2 Correspondence

NHS was used to engage with key stakeholders (as described above) but also received from the public as a form of feedback. A protocol was developed for receiving (and if appropriate, responding to) public correspondence about the involvement.

The correspondence consisted of 46 social media posts from members of the public, three emails and one letter. As the three emails were to request further information, they have not been included in the feedback analysis. The other correspondence has been analysed as part of this report.

The letter received was from a national fertility charity (see page 46 for further information). The charity's communication was followed up by a member of NHS staff who spoke to them and listened to their concerns.

3.1.3 Involvement documents

A key part of the involvement was the survey, which was available online on the involvement webpage. An accessible (easy read) version of the survey was also created and made available online. There were 107 responses in total to the two versions.

To explain the draft interim policy for assisted conception, an information leaflet was developed and published online. There was also an accessible version of the leaflet.

A presentation was produced for use in the online events.

3.1.4 Online promotion

A webpage was created that explained the background to the involvement. It contained links to the survey, the accessible version of the survey, and to the resources shown in the table. The right-hand column shows the number of downloads of each document by the end of the involvement period.

Table 2. Number of downloads of involvement documents

Resource	Downloads
Information leaflet	100
Accessible information leaflet	44
Draft policy document	136
Proposed changes to criteria for assisted conception services (table)	125

The involvement webpage also had a link to the event registration form.

3.1.5 Media releases

A media release was sent to the local media, relevant trade magazines and local MPs before and during the period of involvement.

This proactive media activity resulted in the following coverage:

Table 3. Summary of media coverage

Date	Coverage
02/03/2023	Stoke Sentinel Headline: Stoke-on-Trent IVF funding to be slashed in end to postcode lottery
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*Please note: this coverage was received after the period of involvement activity had ended

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No responses were received from the MPs.

A reactive media statement was drafted to respond to requests from the media if any were received.

3.1.6 Social media

The social media campaign ran from 10 to 22 March on Facebook and Twitter. Two social media assets were designed to accompany the posts – one with a call to action of 'Find out more' and the other with encouragement to 'Have your say'. Nine different posts were used, almost all of which encouraged readers to register for one of the online events and to complete the survey.

The posts achieved 2,927 Facebook impressions and 1,293 Twitter impressions.

3.1.7 Pulsar reporting

A social listening search was set up on Pulsar to monitor social media conversations relating to the involvement from 24 February to 22 March. The goal of the social media listening was to monitor relevant conversations on social media platforms and understand the underlying sentiments around these conversations.

The Pulsar results show a total of **29 posts and 14 engagements** (interactions with posts). There were several peaks of engagement - on 2 March, 8 March, 11 March and 12 March. The peaks tended to be around when promotional posts went out via the ICB and the Fertility Network. People engaged by liking and retweeting.

The social media posts gathered by Pulsar have been included in our analysis of the involvement findings.

3.1.8 Events

The communications and involvement plan outlined delivering two online events.

- These events were offered to targeted participants, who were invited to register, and to the public via the media
- The sessions covered the draft interim policy in the format of a focus group with options for Q&A and structured conversations with participants
- Sessions included the open questions from the online survey for continuity of feedback gathering.

The events were hosted on Microsoft Teams, and were held on the following dates:

- Event 1: Wednesday 15 March, 12.30pm to 2.30pm with **two participants**
- Event 2: Monday 20 March, 6pm to 7.30pm with **five participants**.

The stakeholder database was used again to send out information about the events. Media and social media channels were also used. All participants were sent a registration email which included details of who to contact if they had any IT problems.

An event presentation and Jamboards² were used as the mechanism for recording and collating feedback at the sessions. The clinical team involved in this programme of work delivered information through the presentation and the Jamboards were visible and used throughout the Q&A element of the session. All participants were reminded that the Jamboard would remain open until 12 noon the following day, allowing anyone to revisit, amend or add to it, to make sure that their views were accurately reflected.

After the second online event, the team contacted a participant to give them a contact to correspond with about their personal situation and how the policy might or might not affect them.

² Jamboards are an anonymised method of leaving notes and comments. For further information please see: <https://support.google.com/jamboard/answer/7424836?hl=en>

4 Approach to analysis and presentation of findings

This section outlines how the feedback gathered from the activities outlined in the communications and involvement section above has been analysed and presented in this report of findings.

Participants were able to share their views through the involvement survey or by attending an online event, hosted on Microsoft Teams.

The survey asked respondents to share their experiences of assisted conception services and their views on the interim assisted conception policy. Table 24 in the Appendix presents a full overview of the questions asked in the survey.

The online events included a summary of the activity conducted to date and provided more information on the draft interim policy. Participants were then able to raise any questions and share their views around the following questions:

- Please explain why you think you or others may be positively or negatively impacted
- What actions or changes do you think could be made to avoid any negative impact?

4.1 Analysing the feedback

The survey used a combination of 'open' free-text questions for respondents to make written comments, and 'closed' questions where respondents 'ticked' their response from a set of pre-set responses. Closed question responses are shown as percentages. These may not add up to 100% due to rounding or respondents being able to select multiple options.

The 'base' figure refers to how many respondents answered each question. When completing the survey not all respondents answered every survey question. This means that the base size may change between questions.

Open responses received to the survey have been read and coded into themes. This is a subjective process, where the responses to each open question are read and the key themes (codes) are identified to create a code frame. The code frame is then used to code all the responses to that question, by assigning responses to codes.

The findings section shows the responses to each question tabulated and broken down by local authority area. The tables show percentage figures.

Additionally, for each 'closed' question any significant differences across the following sub-groups have been included: respondent type, local authority area, ethnicity, age, religion, sex, sexual orientation, relationship status, pregnancy and maternity, disability, whether respondents are carers, whether respondents have served in the Armed Forces and Index of Multiple Deprivation (IMD).

Significance testing identifies whether the differences in sub-group responses are as a result that is not attributed to chance. Significance testing compares how different sub-groups have responded. For example, the proportion of males in agreement, compared to females, gives an indication as to whether the difference between the two sub-groups is down to chance (i.e. not significant) or not (i.e. significant). Significance testing is not the reporting of instances where large proportions of a sub-group have all answered in the same way (e.g. 95% of 20 to 24 year-olds agreed). When conducting significance testing, sub-group base sizes play a key role. If two sub-groups with large base sizes are

compared, what may appear as a small percentage difference could be significant. Alternatively, if the base size of sub-groups is small, what may appear as a large percentage difference may not be significant.

All the event feedback received has been analysed using the same method as per the 'open' questions in the survey. All the feedback gathered at the events has been read and coded into themes, and these are presented in this report of findings. For the event feedback presented, the base refers to the total number of post-it notes submitted on the Jamboards in response to each question across the two online events.

The correspondence received during this involvement exercise consists of 46 social media posts, three emails and one letter, which was a formal response on behalf of Fertility Network UK. The three emails were asking for further information about the involvement and did not provide feedback on the draft interim policy. The social media posts and letter have been analysed using the same method as per the 'open' questions in the survey. All the feedback has been read and coded into themes, and these are presented in this report of findings. The formal response from Fertility Network UK has been summarised.

5 Demographic profiling

This section presents the demographic profile of survey respondents and event participants.

5.1 Overview of survey respondents

Table 4 shows the different respondent types participating in the involvement. 95 (89%) respondents said they were a patient of assisted conception services or a member of the public.

Table 4. As an individual responding to this questionnaire which of the following best applies to you? Please tick one only. (Survey respondents)

	No.	%
Patient of assisted conception services or member of the public	95	89%
Carer	-	-
NHS employee	8	7%
From another public sector organisation	2	2%
From a health-related group, charity or organisation	2	2%
<i>Base</i>	<i>107</i>	

The 'base' refers to the total number of survey respondents who chose to answer the question. Consequently, the base is sometimes different between questions. 107 survey respondents completed this question.

For further information about the survey respondents please refer to Table 20 in the Appendix.

5.2 Overview of event participants

The event participants were asked to fill in a demographic profiling questionnaire. This was optional, rather than mandatory. Four of the seven attendees completed the questionnaire.

Table 5. As an individual responding to this questionnaire which of the following best applies to you? Please tick one only. (Event participants)

	No.	%
Patient of assisted conception services or member of the public	1	50%
Carer	-	-
NHS employee	1	50%
From another public sector organisation	-	-
From a health-related group, charity or organisation	-	-
<i>Base</i>	<i>2</i>	

The 'base' refers to the total number of event participants who chose to answer the question. Consequently, the base is sometimes different between questions. Two event participants completed this question.

When event participants were asked if they were responding as an individual or as a formal response from an organisation, two said they were responding as individuals and two said they were responding as a formal response from an organisation. When asked for the name of the organisation, one said they were giving a formal response from Fertility Network UK. The second participant did not give the name of their organisation.

For further information about the event participants, please refer to Table 21 in the Appendix.

5.3 Demographic profiling

Table 6 presents a demographic profile of survey respondents and event participants. The demographic profile below is based on the 107 survey responses and the responses from four (out of a total of seven) event participants. The event participants were asked to complete a demographic profiling questionnaire during the event, but this was not a mandatory requirement, meaning they could choose not to complete it.

Please see the Appendix for disaggregated profiles of the survey respondents or event participants.

Table 6. Demographic profiling – survey respondents and event participants combined

Demographic profiling	Number of respondents	Percentage of respondents
Ethnicity		
White: British	97	89%
White: Irish	1	1%
White: Gypsy or traveller	-	-
White: Other	7	6%
Mixed: White and Black Caribbean	1	1%
Mixed: White and Black African	-	-
Mixed: White and Asian	1	1%
Mixed: Other	-	-
Asian/Asian British: Indian	1	1%
Asian/Asian British: Pakistani	-	-
Asian/Asian British: Bangladeshi	-	-
Asian/Asian British: Chinese	-	-
Asian/Asian British: Other	-	-
Black/Black British: African	-	-
Black/Black British: Caribbean	-	-
Black/Black British: Other	-	-
Another ethnic group: Arab	-	-
Prefer not to say	2	2%
<i>Base</i>	<i>109</i>	
Age category		
16 – 19	-	-
20 – 24	2	2%
25 – 29	19	17%
30 – 34	46	41%
35 – 39	27	24%
40 – 44	10	9%
45 – 49	-	-
50 – 54	1	1%

55 – 59	2	2%
60 – 64	1	1%
65 – 69	-	-
70 – 74	-	-
75 – 79	-	-
80 and over	-	-
Prefer not to say	2	2%
<i>Base</i>	<i>110</i>	
Religion		
No religion	81	74%
Christian	23	21%
Buddhist	-	-
Hindu	1	1%
Jewish	1	1%
Muslim	-	-
Sikh	-	-
Any other religion	-	-
Prefer not to say	3	3%
<i>Base</i>	<i>109</i>	
Sex		
Male	6	5%
Female	104	95%
Intersex	-	-
Prefer not to say	-	-
Other	-	-
<i>Base</i>	<i>110</i>	
Sexual orientation		
Heterosexual	105	95%
Lesbian	2	2%
Gay	-	-
Bisexual	1	1%
Other	-	-
Prefer not to say	1	1%
<i>Base</i>	<i>110</i>	
Relationship status		
Married	67	61%
Civil partnership	1	1%
Single	7	6%
Divorced	-	-
Lives with partner	33	30%
Separated	-	-
Widowed	-	-
Other	1	1%
Prefer not to say	1	1%
<i>Base</i>	<i>110</i>	
Pregnant currently		
Yes	22	20%
No	86	78%
Prefer not to say	2	2%

Base	110	
Recently given birth		
Yes	14	13%
No	93	85%
Prefer not to say	3	3%
Base	110	
Health problem or disability		
Yes, limited a lot	5	5%
Yes, limited a little	8	7%
No	97	88%
Base	110	
Disability		
No disability	102	92%
Physical disability	2	2%
Sensory disability	1	
Mental health need	2	2%
Learning disability or difficulty	-	-
Long-term illness	2	2%
Other	1	1%
Prefer not to say	1	1%
Base	111	
Carer		
Yes - young person(s) aged under 24	5	5%
Yes - adult(s) aged 25 to 49	1	1%
Yes - person(s) aged over 50 years	5	5%
No	93	86%
Prefer not to say	4	4%
Base	108	
Armed services		
Yes	-	-
No	108	98%
Prefer not to say	2	2%
Base	110	

The 'base' refers to the total number of survey respondents and event participants who chose to answer the question. Consequently, the base is sometimes different between questions. For the list of demographic profiling questions asked, please see Table 24 in the Appendix.

5.4 Geographical profiling

Figures 1 and 2 map the postcodes of survey respondents and event participants. Figure 1 shows the location of all survey respondents and event participants across the country, while Figure 2 focuses on the Staffordshire and Stoke-on-Trent area.

Figure 1. Map of survey respondents and event participants (all responses)

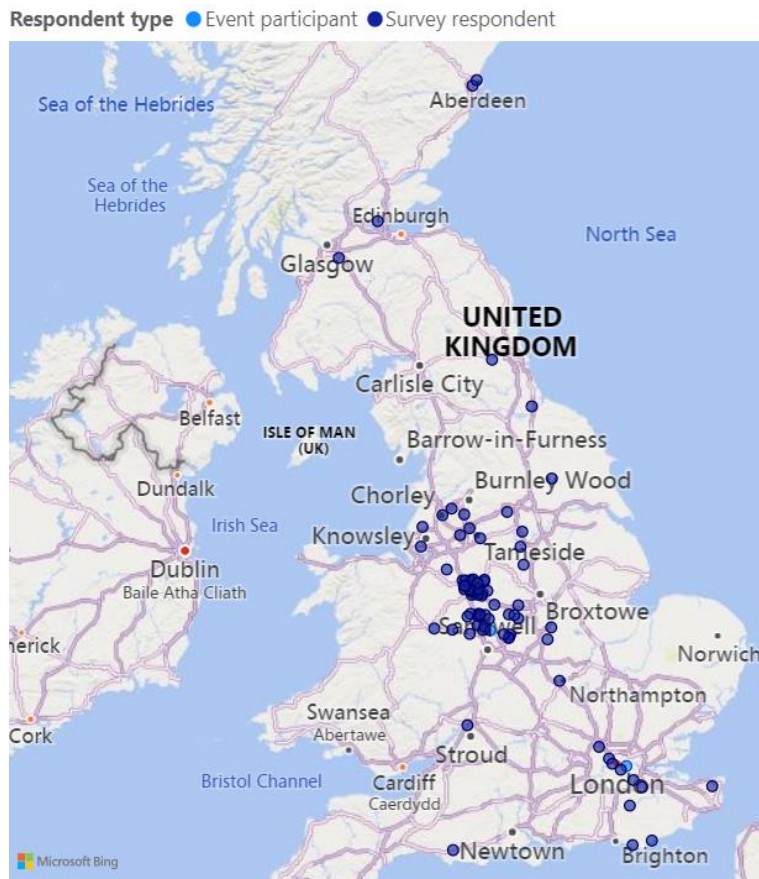


Figure 2. Map of survey respondents and event participants (Staffordshire and Stoke-on-Trent area only)

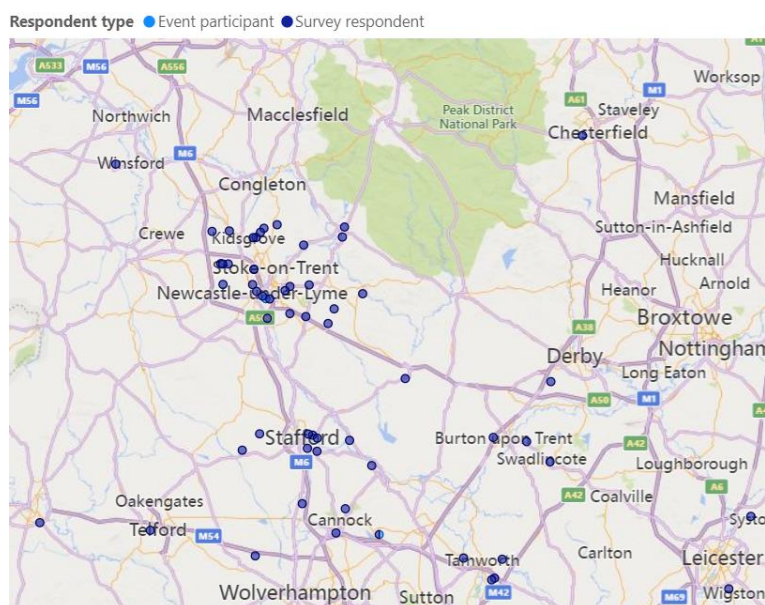


Table 7 shows the different local authority areas survey respondents and event participants were responding from.

Table 7. Local authority – survey respondents and event participants

Local authority	Number of respondents	Percentage of respondents
Cannock Chase	2	2%
East Staffordshire	2	2%
Lichfield	3	3%
Newcastle-under-Lyme	12	11%
Stafford	2	2%
Staffordshire Moorlands	7	6%
Stoke-on-Trent	9	8%
South Staffordshire	7	6%
Tamworth	2	2%
Neighbouring local authority areas	6	5%
Out of area	29	26%
No postcode provided / Postcode unable to be profiled	30	27%
Base	111	

The 'base' refers to the total number of survey respondents and event participants who chose to answer the question. Consequently, the base is sometimes different between questions. 107 survey respondents and 4 event participants completed this question.

The neighbouring local authority areas from which responses were received are: South Derbyshire, Cheshire East, Cheshire West and Chester, Shropshire and Telford and Wrekin.

The out of area responses were received from the following local authority areas: Aberdeen City, Wealden, Barnsley, Blackburn with Darwen, Brent, Bromley, Bury, Charnwood, Chesterfield, Chorley, Dorset, Dover, Fife, Gloucester, Hertsmere, Kensington and Chelsea, Kirklees, Lewes, Liverpool, Northumberland, Oadby and Wigston, Rochdale, Salford, Sevenoaks, Sheffield, South Lanarkshire, Southwark, Stockton-on-Tees, Tameside, West Lancashire, West Northamptonshire and York.

Table 8 shows the level of deprivation of participants. The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation for small areas in England, with the most deprived 10% of small areas categorised as '1' while the least deprived 10% of small areas are described as '10'.

Table 8. IMD breakdown – survey respondents and event participants

IMD decile	Number of respondents	Percentage of respondents
1 – Most deprived decile	0	0%
2	4	4%
3	10	9%
4	11	10%
5	6	5%
6	16	14%
7	10	9%
8	8	7%
9	9	8%
10 – Least deprived decile	7	6%
No postcode provided	17	15%
Postcode unable to be profiled	13	12%
Base	111	

The 'base' refers to the total number of survey respondents and event participants who chose to answer the question. Consequently, the base is sometimes different between questions. 107 survey respondents and four event participants completed this question.

6 Findings

This section presents the feedback gathered from the involvement survey, online events and correspondence. The feedback is split into the following sections:

- Experience of assisted conception services
- Views on the draft interim assisted conception policy.

6.1 Experience of assisted conception services

6.1.1 Use of assisted conception services

6.1.1.1 Involvement survey feedback

This section presents the feedback from the following questions asked in the involvement survey:

- Have you or someone you know used assisted conception services?
- Please tell us who has used assisted conception services
- For each of the following assisted conception services please tell us which you have used or are aware of someone else (partner/spouse, family member etc.) using.

Table 9 shows that 91 (85%) respondents stated they or someone they know have used assisted conception services, while 16 (15%) stated they or someone they know have not used assisted conception services.

Table 9. Have you or someone you know used assisted conception services?

	Total		Local authority area											
	Number of respondents	Percentage of respondents	Cannock Chase	East Staffs	Lichfield	Newcastle-under-Lyme	South Staffs	Stafford	Staffordshire Moorlands	Stoke-on-Trent	Tamworth	Neighbouring LA	Out of area	No postcode provided
Yes	91	85%	100%	50%	100%	67%	100%	86%	88%	86%	50%	67%	93%	90%
No	16	15%	-	50%	-	33%	-	14%	13%	14%	50%	33%	7%	10%
Base	107	-	2	2	2	12	2	7	8	7	2	6	28	29

The 'base' refers to the total number of survey respondents who chose to answer the question. Consequently, the base is sometimes different between questions. 107 survey respondents completed this question.

Significant differences across respondent groups

There were no significant differences between any of the following sub-groups.

For a full breakdown of the responses to this question by these groups and other groups, please see the Excel Appendix tables.

Table 10 shows that 63 (71%) of respondents have used assisted conception services within the last three years and 32 (36%) of respondents' family members or friends have used these services.

Table 10. Please tell us who has used assisted conception services.

	Total		Local authority area											
	Number of respondents	Percentage of respondents	Cannock Chase	East Staffs	Lichfield	Newcastle-under-Lyme	South Staffs	Stafford	Staffordshire Moorlands	Stoke-on-Trent	Tamworth	Neighbouring LA	Out of area	No postcode provided
I have used this service (within the last 3 years)	63	71%	-	100%	-	43%	100%	50%	57%	83%	100%	50%	92%	69%
A family member or friend has used this service	32	36%	100%	-	-	71%	-	50%	29%	17%	-	50%	27%	39%
A partner/spouse has used this service	7	8%	-	-	100%	-	-	-	14%	17%	100%	25%	4%	4%
Someone else, please specify	5	6%	-	-	-	-	-	-	14%	17%	-	25%	4%	4%
Base	89		2	1	1	7	2	6	7	6	1	4	26	26

The 'base' refers to the total number of survey respondents who chose to answer the question. Consequently, the base is sometimes different between questions. 89 survey respondents completed this question.

Significant differences across respondent groups

Local authority:

- A significantly higher proportion of respondents who live outside the area have used assisted conception services within the last three years (24 / 92%) compared to Newcastle-under-Lyme (3 / 43%).

There were no significant differences between the other sub-groups.

For a full breakdown of the responses to this question by these groups and other groups, please see the Excel Appendix tables.

Table 11 shows that blood tests (83 / 93%), scans to support the diagnosis of any fertility-related issues (81 / 91%) and medication (for example hormone drugs) to promote pregnancy (75 / 84%) were the top services used for assisted conception. The least used service was intrauterine insemination (IUI) (13 / 15%).

Table 11. For each of the following assisted conception services please tell us which you have used or are aware of someone else (partner/spouse, family member, etc.) using.

	Total		Local authority area											
	Number of respondents	Percentage of respondents	Cannock Chase	East Staffs	Lichfield	Newcastle-under-Lyme	South Staffs	Stafford	Staffordshire Moorlands	Stoke-on-Trent	Tamworth	Neighbouring LA	Out of area	No postcode provided
Blood tests	83	93%	100%	100%	50%	100%	50%	100%	86%	100%	100%	100%	100%	88%
Scans to support the diagnosis of any fertility-related issues	81	91%	50%	100%	50%	100%	50%	100%	100%	100%	100%	100%	96%	84%
Medication (for example hormone drugs) to promote pregnancy	75	84%	100%	100%	-	71%	50%	100%	100%	67%	-	100%	96%	80%
In-vitro fertilisation (IVF)	63	71%	100%	-	100%	71%	50%	83%	71%	17%	100%	75%	81%	68%
Sperm, oocyte (egg) or embryo storage	47	53%	-	-	-	43%	50%	50%	57%	50%	-	50%	69%	52%
Intracytoplasmic sperm injection (ICSI)	38	43%	-	-	-	43%	100%	17%	71%	50%	-	25%	50%	40%
Surgery to rectify any fertility issues	32	36%	50%	-	50%	29%	-	33%	43%	67%	-	-	46%	28%
Intrauterine insemination (IUI)	13	15%	-	-	50%	-	-	-	29%	17%	-	25%	23%	8%
Other, please specify	4	5%	-	-	-	-	-	-	-	-	-	25%	4%	8%
Base	89		2	1	2	7	2	6	7	6	1	4	26	25

This was a multiple-choice question. The 'base' refers to the total number of survey respondents who chose to answer the question and selected the choices available. 89 survey respondents completed this question. Because they were able to select multiple options, the total number of responses is higher than 89.

Significant differences across respondent groups

Age

- A significantly higher proportion of respondents aged 40 to 59 (6 / 86%) accessed surgery to rectify any fertility issues compared to those aged 40 and under (25 / 32%).

Religion

- A significantly higher proportion of respondents with no religion (64 / 97%) accessed blood tests compared to respondents who identify as Christian (13 / 77%)
- A significantly higher proportion of respondents with no religion (5 / 8%) accessed Intrauterine insemination (IUI) compared to respondents who identify as Christian (6 / 35%).

Sex

- A significantly higher proportion of females (80 / 95%) accessed blood tests compared to males (2 / 50%)
- A significantly higher proportion of females (78 / 93%) accessed scans to support the diagnosis of any fertility-related issues compared to males (2 / 50%)
- A significantly higher proportion of females (74 / 88%) accessed medication (for example hormone drugs) to promote pregnancy compared to males (2 / 50%).

There were no significant differences between the following sub-groups: respondent type, local authority, ethnicity, sexual orientation, relationship status, pregnancy, maternity, day-to-day activity, disability, carers, Armed Forces and Index of Multiple Deprivation.

For a full breakdown of the responses to this question by these groups and other groups please see the Excel Appendix data tables.

6.1.2 Accessing treatment

6.1.2.1 Involvement survey feedback

This section presents the feedback from the following questions asked in the involvement survey:

- If you can, tell us if the treatment was funded by the NHS or privately
- Please tell us where these services were received.

Table 12 shows that 49 (54%) respondents accessed NHS-funded assisted conception services with nine (10%) accessing privately funded assisted conception services. 28 (31%) of respondents used a combination of NHS and privately funded assisted conception services.

Table 12. If you can, tell us if the treatment was funded by the NHS or privately.

	Total		Local authority area											
	Number of respondents	Percentage of respondents	Cannock Chase	East Staffs	Lichfield	Newcastle-under-Lyme	South Staffs	Stafford	Staffordshire Moorlands	Stoke-on-Trent	Tamworth	Neighbouring LA	Out of area	No postcode provided
NHS-funded	49	54%	50%	100%	-	71%	-	17%	43%	100%	100%	25%	50%	65%
A mix of NHS and private funding	28	31%	-	-	50%	29%	100%	50%	29%	-	-	75%	27%	31%
Privately funded	9	10%	-	-	50%	-	-	-	29%	-	-	-	23%	-
I don't know	4	4%	50%	-	-	-	-	33%	-	-	-	-	-	4%
Base	90		2	1	2	7	2	6	7	6	1	4	26	26

The 'base' refers to the total number of survey respondents who chose to answer the question. Consequently, the base is sometimes different between questions. 90 survey respondents completed this question.

Significant differences across respondent groups

Age

- A significantly higher proportion of respondents aged 40 to 59 (3 / 43%) stated that the treatment was funded privately compared to those aged 40 and under (6 / 8%).

Sexual orientation

- A significantly higher proportion of respondents who identify as lesbian, gay, bisexual, or asexual (2 / 67%) stated that they don't know how the treatment was funded compared to those who identify as heterosexual (2 / 2%).

Pregnancy

- A significantly higher proportion of respondents who are pregnant (5 / 25%) stated that the treatment was funded privately compared to those who are not pregnant (4 / 6%).

There were no significant differences between the following sub-groups: respondent type, local authority, ethnicity, religion, sex, relationship status, maternity, limitation in day-to-day activity, disability, carers, Armed Forces and Index of Multiple Deprivation.

For a full breakdown of the responses to this question by these groups and other groups please see the Excel Appendix data tables.

Table 13 shows the responses to the question: Please tell us where the services were received. 57 responses were received. The top sub-themes were:

- Neutral - Location - TFP Nurture Fertility Clinic Burton (4 / 7%)
- Neutral - Location - Care Fertility (3 / 5%), Neutral - Location – Newcastle (3 / 5%), Neutral - Location - TFP Nurture Fertility Nottingham (3 / 5%), Neutral - Location - Stoke-on-Trent, Neutral - Location – Burton (3 / 5%)
- Neutral - Location – Staffordshire (2 / 4%), Neutral - Location - TFP Nurture Fertility Clinic Nottingham (2 / 4%), Neutral - Location - Royal Stoke Hospital (2 / 4%), Neutral -

Location - Midland Fertility (2 / 4%), Neutral - Location - Salisbury District Hospital (2 / 4%), Neutral - Location – Derbyshire (2 / 4%), Neutral - Location – Lancashire (2 / 4%), Neutral - Location - Abroad (e.g. Prague, Spain) (2 / 4%), Neutral - Location – London (2 / 4%), Neutral - Location – Sussex (2 / 4%), Neutral - Location – Nottingham (2 / 4%), Neutral - Location – Manchester (2 / 4%).

Table 13 presents the full list of themes.

Table 13. Please tell us where these services were received

Sentiment	Main theme	Sub-theme	Number of respondents	Percentage of respondents
Neutral	Location	TFP Nurture Fertility Clinic Burton	4	7%
Neutral	Location	Care Fertility	3	5%
Neutral	Location	Newcastle	3	5%
Neutral	Location	TFP Nurture Fertility Nottingham	3	5%
Neutral	Location	Stoke-on-Trent	3	5%
Neutral	Location	Burton	3	5%
Neutral	Location	Staffordshire	2	4%
Neutral	Location	TFP Nurture Fertility Clinic Nottingham	2	4%
Neutral	Location	Royal Stoke Hospital	2	4%
Neutral	Location	Midland Fertility	2	4%
Neutral	Location	Salisbury District Hospital	2	4%
Neutral	Location	Derbyshire	2	4%
Neutral	Location	Lancashire	2	4%
Neutral	Location	Abroad (e.g. Prague, Spain)	2	4%
Neutral	Location	London	2	4%
Neutral	Location	Sussex	2	4%
Neutral	Location	Nottingham	2	4%
Neutral	Location	Manchester	2	4%
Neutral	Location	Leicester	1	2%
Neutral	Location	Devon	1	2%
Neutral	Location	TFP Nurture Fertility Clinic Stoke-on-Trent	1	2%
Neutral	Location	Birmingham Women's Hospital	1	2%
Neutral	Location	St Jude's Fertility Clinic	1	2%
Neutral	Location	TFP Nurture Fertility	1	2%
Neutral	Location	Centre for Reproductive Medicine, Coventry	1	2%
Neutral	Location	King's College Hospital London	1	2%
Neutral	Location	Shropshire	1	2%
Neutral	Location	Aberdeen	1	2%
Neutral	Location	Yorkshire	1	2%
Neutral	Location	Liverpool Women's Hospital	1	2%
Neutral	Location	London Women's Clinic	1	2%
Neutral	Location	NHS St Mary's & Royal Bolton Hospital	1	2%
Neutral	Location	Tamworth	1	2%
Neutral	Location	TFP Nurture Fertility Stoke-on-Trent	1	2%
Neutral	Location	Macclesfield	1	2%
Neutral	Location	Hewitt Fertility Centre	1	2%
Neutral	Location	Sheffield	1	2%
Neutral	Location	University Hospitals of North Midlands (Stoke-on-Trent)	1	2%
Neutral	Location	Stockport	1	2%
Neutral	Location	Edinburgh	1	2%
Neutral	Location	Kent	1	2%
Neutral	General	Other	6	11%
Base			57	

The 'base' refers to the total number of survey respondents and event participants who chose to answer the question. Consequently, the base is sometimes different between questions. 57 survey respondents completed this question.

Top theme for each respondent group

Respondent type

- **An individual:** TFP Nurture Fertility Clinic Burton (4 / 7%)
- **A formal response from an organisation:** No feedback received.

Local authority

- **Cannock Chase:** No feedback received
- **East Staffordshire:** Limited feedback received
- **Lichfield:** Limited feedback received
- **Newcastle-under-Lyme:** Location - TFP Nurture Fertility Nottingham (2 / 50%)
- **South Staffordshire:** Limited feedback received
- **Stafford:** Neutral - Location – Tamworth (1 / 50%)
- **Staffordshire Moorlands:** **Neutral - Location - TFP Nurture Fertility Clinic Burton** (2 / 33%), **Neutral - Location - Care Fertility** (2 / 33%) and **Neutral - Location - TFP Nurture Fertility Clinic Nottingham** (2 / 33%)
- **Stoke-on-Trent:** Neutral - Location - Stoke-on-Trent (3 / 50%)
- **Tamworth:** Limited feedback received
- **Neighbouring Local Authority:** Neutral - Location – Derbyshire (1 / 33%) and Neutral - Location - Hewitt Fertility Centre (1 / 33%)
- **Out of area:** Neutral - Location – Newcastle (2 / 11%), Neutral - Location – Lancashire (2 / 11%), Neutral - Location - Abroad (e.g. Prague, Spain) (2 / 11%), Neutral - Location – London (2 / 11%) and Neutral - Location – Sussex (2 / 11%)
- **No postcode provided / unable to profile:** Neutral - Location - TFP Nurture Fertility Clinic Burton (2 / 15%) and Neutral - Location - Salisbury District Hospital (2 / 15%).

Ethnicity

- **White:** Neutral - Location - TFP Nurture Fertility Clinic Burton (4 / 8%)
- **Asian / Asian British:** Limited feedback received
- **Black / African / Caribbean / Black British:** No feedback received
- **Mixed/Multiple ethnic groups:** Limited feedback received
- **Other ethnic groups:** No feedback received
- **Prefer not to say:** Neutral - Location – Burton (1 / 50%).

Age

- **Under 40:** Neutral - Location - TFP Nurture Fertility Clinic Burton (4 / 8%)
- **40 to 59:** Neutral - Location - Care Fertility (1 / 20%), Neutral - Location – Staffordshire (1 / 20%), Neutral - Location – Sussex (1 / 20%), Neutral - Location – Leicester (1 / 20%) and Neutral - Location – Devon (1 / 20%)
- **60 and over:** No feedback received
- **Prefer not to say:** Limited feedback received.

Religion

- **No religion:** Neutral - Location - TFP Nurture Fertility Clinic Burton (3 / 7%), Neutral - Location - TFP Nurture Fertility Nottingham (3 / 7%) and Neutral - Location - Stoke-on-Trent (3 / 7%)
- **Christian:** Neutral - Location - Care Fertility (2 / 22%)
- **Any other religion:** Neutral - Location - London Women's Clinic (1 / 50%)
- **Prefer not to say:** Neutral - Location – Burton (1 / 50%) and Neutral –Location – Sussex (1 / 50%).

Sex

- **Male:** Neutral - Location - TFP Nurture Fertility Clinic Burton (2 / 67%)
- **Female:** Neutral - Location - Care Fertility (3 / 6%), Neutral - Location - TFP Nurture Fertility Nottingham (3 / 6%), Neutral - Location - Stoke-on-Trent (3 / 6%), Neutral - Location – Burton (3 / 6%).
- **Other:** No feedback received
- **Prefer not to say:** No feedback received.

Sexual orientation

- **Heterosexual:** Neutral - Location - TFP Nurture Fertility Clinic Burton (4 / 7%)
- **Lesbian, Gay, Bisexual, Asexual:** No feedback received
- **Other:** No feedback received
- **Prefer not to say:** No feedback received.

Relationship status

- **In a relationship / partnership:** Neutral - Location - TFP Nurture Fertility Clinic Burton (4 / 8%)
- **Single (e.g. single, divorced, widowed, separated):** Neutral - Location - Midland Fertility (1 / 25%), Neutral - Location - London Women's Clinic (1 / 25%), Neutral - Location – Macclesfield (1 / 25%) and Neutral - Location - University Hospitals of North Midlands (Stoke-on-Trent) (1 / 25%)
- **Other:** Limited feedback received
- **Prefer not to say:** No feedback received.

Pregnancy and maternity

- **Pregnant:** Neutral - Location - TFP Nurture Fertility Nottingham (2 / 17%)
- **Not pregnant:** Neutral - Location - TFP Nurture Fertility Clinic Burton (3 / 7%), Neutral - Location - Care Fertility (3 / 7%) and Neutral - Location - TFP Nurture Fertility Nottingham (3 / 7%)
- **Prefer not to say:** Limited feedback received
- **Recently given birth:** Neutral - Location - Stoke-on-Trent (1 / 14%), Neutral - Location – Burton (1 / 14%), Neutral - Location - Salisbury District Hospital (1 / 14%), Neutral - Location – Derbyshire (1 / 14%), Neutral - Location – Nottingham (1 / 14%), Neutral - Location – Manchester (1 / 14%), Neutral - Location – Tamworth (1 / 14%) and Neutral - Location - Hewitt Fertility Centre (1 / 14%)
- **Not recently given birth:** Neutral - Location - TFP Nurture Fertility Clinic Burton (4 / 9%)

- **Prefer not to say:** Neutral - Location – Shropshire (1 / 50%).

Disability

- **Day-to-day activities limited:** Neutral - Location - Care Fertility (1 / 17%), Neutral - Location - Royal Stoke Hospital (1 / 17%), Neutral - Location – Lancashire (1 / 17%), Neutral - Location - Birmingham Women's Hospital (1 / 17%), Neutral - Location – Macclesfield (1 / 17%) and Neutral - Location – Edinburgh (1 / 17%)
- **Day-to-day activities not limited:** Neutral - Location - TFP Nurture Fertility Clinic Burton (4 / 8%)
- **No disability:** Neutral - Location - TFP Nurture Fertility Clinic Burton (4 / 8%)
- **Physical disability:** Limited feedback received
- **Sensory disability e.g. Deaf, hard of hearing, Blind, visually impaired:** No feedback received
- **Mental health condition:** Limited feedback received
- **Learning disability or difficulty:** No feedback received
- **Long-term illness:** Limited feedback received
- **Other:** No feedback received
- **Prefer not to say:** Limited feedback received.

Carer

- **Carer:** Neutral - Location - Care Fertility (2 / 40%)
- **Non-carer:** Neutral - Location - TFP Nurture Fertility Clinic Burton (4 / 8%)
- **Prefer not to say:** Limited feedback received.

Armed forces

- Served in the Armed services: No feedback received
- Not served in the Armed services: Neutral - Location - TFP Nurture Fertility Clinic Burton (4 / 7%)
- **Prefer not to say:** Neutral - Location – Stockport (1 / 50%).

IMD

- **Most deprived:** Neutral - Location - Stoke-on-Trent (2 / 10%), Neutral - Location – Burton (2 / 10%) and Neutral - Location – Lancashire (2 / 10%)
- **Least deprived:** Neutral - Location - TFP Nurture Fertility Clinic Burton (2 / 8%), Neutral - Location - Care Fertility (2 / 8%), Neutral - Location – Newcastle (2 / 8%), Neutral - Location - TFP Nurture Fertility Clinic Nottingham (2 / 8%), Neutral - Location – Derbyshire (2 / 8%), and Neutral - Location – London (2 / 8%)
- **No postcode provided:** Neutral - Location - TFP Nurture Fertility Clinic Burton (2 / 15%) and Neutral - Location - Salisbury District Hospital (2 / 15%).

6.2 Views on the draft interim assisted conception policy

6.2.1 Impact of the draft interim assisted conception policy

6.2.1.1 Involvement survey feedback

This section presents the feedback from the following questions:

- To what extent do you think you or others may be positively or negatively impacted by this policy, where 1 is very positively impacted and 5 is very negatively impacted?
- Please explain why you think you or others may be positively or negatively impacted.

Table 14 shows that 102 (95%) respondents believe that the policy will have either a negative or very negative impact on themselves or others, with three (3%) believing the impact will be either positive or very positive.

Table 14. To what extent do you think you or others may be positively or negatively impacted by this policy, where 1 is very positively impacted and 5 is very negatively impacted?

	Total		Local authority area											
	Number of respondents	Percentage of respondents	Cannock Chase	East Staffs	Lichfield	Newcastle-under-Lyme	South Staffs	Stafford	Staffordshire Moorlands	Stoke-on-Trent	Tamworth	Neighbouring LA	Out of area	No postcode provided
Very positively impacted	1	1%	-	-	-	-	-	-	-	-	-	-	-	3%
Positively impacted	2	2%	-	-	-	-	-	-	13%	14%	-	-	-	-
Neither positively or negatively impacted	2	2%	-	-	-	-	-	-	-	-	50%	-	4%	-
Negatively impacted	14	13%	-	-	50%	-	-	14%	13%	29%	-	-	4%	28%
Very negatively impacted	88	82%	100%	100%	50%	100%	100%	86%	75%	57%	50%	100%	93%	69%
Base	107		2	2	2	12	2	7	8	7	2	6	28	29

The 'base' refers to the total number of survey respondents who chose to answer the question. Consequently, the base is sometimes different between questions. 107 survey respondents completed this question.

Significant differences across respondent groups

Age

- A significantly higher proportion of respondents aged 40 and under (79 / 86%) stated that they or others may be very negatively impacted by the policy compared to those aged 40 to 59 (6 / 55%).

There were no significant differences between the following sub-groups: respondent type, local authority, ethnicity, religion, sex, sexual orientation, relationship status, pregnancy, maternity, day-to-day activity, disability, carers, Armed Forces and Index of Multiple Deprivation.

For a full breakdown of the responses to this question by these groups and other groups please see the Excel Appendix data tables.

Respondents were then asked to explain why they think they or others may be positively or negatively impacted. 97 responses were received. The main theme areas raised by survey respondents were: number of cycles, specific groups, mental health, cost and finance, access, and policy.

Overall, the top sub-themes were:

1. Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (68 / 70%)
2. Negative - Number of cycles - Reducing the number of cycles offered goes against NICE guidelines (31 / 32%)
3. Negative - Specific groups - The policy excludes certain groups (same-sex couples, single women and patients with low AMH) (25 / 26%).

Table 15 presents the full list of themes.

Table 15. Please explain why you think you or others may be positively or negatively impacted - survey result feedback

Sentiment	Main theme	Sub-theme	Number of respondents	Percentage of respondents
Negative	Number of cycles	The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions)	68	70%
Negative	Number of cycles	Reducing the number of cycles offered goes against NICE guidelines	31	32%
Negative	Specific groups	The policy excludes certain groups (same-sex couples, single women, patients with low AMH)	25	26%
Observation	Mental health	Consider the impact of infertility on welfare and mental health which strains the NHS	25	26%
Negative	Cost and finance	Not everyone can afford private IVF	21	22%
Negative	General	The policy is discriminatory/unfair	18	19%
Negative	Access	Increase the age limit further	17	18%
Negative	Policy	Consider the need to reduce the inequalities caused by locality	16	17%
Neutral	General	Infertility is a medical condition, not a choice	7	7%
Negative	Policy	The removal of IUI is wrong	6	6%
Negative	Policy	Offering only 1 embryo transfer is wrong (e.g. Cannot assume viability from how an embryo looks)	6	6%
Negative	Access	Negative - Access - Consider assessing the services provided on a case-by-case basis (e.g. prior health issues)	4	4%
Positive	Access	Increasing the eligible age limit will be beneficial	3	3%
Observation	General	Consider the impact to the wider family	2	2%
Negative	Access	Increase the weight limit	2	2%
Observation	Number of cycles	Consider allowing couples to use all embryos from 1 cycle	1	1%
Observation	Policy	Consider the need for greater understanding of assisted conception to develop a more representative policy	1	1%
Observation	General	Consider the impact of couples seeking IVF abroad to the NHS	1	1%
Neutral	General	Other	2	2%
Base			97	

The 'base' refers to the total number of survey respondents and event participants who chose to answer the question. Consequently, the base is sometimes different between questions. 97 survey respondents completed this question.

Top theme for each respondent group

Respondent type

- **An individual:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (68 / 70%)
- **A formal response from an organisation:** No feedback received.

Local authority

- **Cannock Chase:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (2 / 100%)
- **East Staffordshire:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (2 / 100%), Negative - Specific groups - The policy excludes certain groups (same-sex couples, single women and patients with low AMH) (2 / 100%) and Negative - Access - Increase the age limit further (2 / 100%)
- **Lichfield:** Negative - Specific groups - The policy excludes certain groups (same-sex couples, single women and patients with low AMH) (2 / 100%)
- **Newcastle-under-Lyme:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (8 / 67%)
- **South Staffordshire:** Observation - Mental health - Consider the impact of infertility on welfare and mental health which strains the NHS (2 / 100%)
- **Stafford:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (5 / 71%)
- **Staffordshire Moorlands:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (6 / 75%)
- **Stoke-on-Trent:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (5 / 83%)
- **Tamworth:** Limited feedback received
- **Neighbouring Local Authority:** Negative - Number of cycles - Reducing the number of cycles offered goes against NICE guidelines (5 / 100%)
- **Out of area:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (22 / 82%)
- **No postcode provided / unable to profile:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (14 / 61%).

Ethnicity

- **White:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (64 / 70%)
- **Asian / Asian British:** Limited feedback received
- **Black / African / Caribbean / Black British:** No feedback received
- **Mixed/Multiple ethnic groups:** Limited feedback received
- **Other ethnic groups:** No feedback received
- **Prefer not to say:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships,

mental health, other medical conditions) (1 / 50%) and Observation - Mental health - Consider the impact of infertility on welfare and mental health which strains the NHS (1 / 50%).

Age

- **Under 40:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (62 / 73%)
- **40 to 59:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (4 / 50%)
- **60 and over:** Limited feedback received
- **Prefer not to say:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (1 / 50%) and Observation - Mental health - Consider the impact of infertility on welfare and mental health which strains the NHS (1 / 50%).

Religion

- **No religion:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (51 / 72%)
- **Christian:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (12 / 60%)
- **Any other religion:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (1 / 50%), Negative - Specific groups - The policy excludes certain groups (same-sex couples, single women and patients with low AMH) (1 / 50%), Observation - Mental health - Consider the impact of infertility on welfare and mental health which strains the NHS (1 / 50%) and Negative - Cost and finance - Not everyone can afford private IVF (1 / 50%)
- **Prefer not to say:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (3 / 100%).

Sex

- **Male:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (5 / 83%)
- **Female:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (62 / 69%)
- **Other:** No feedback received
- **Prefer not to say:** No feedback received.

Sexual orientation

- **Heterosexual:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (66 / 72%)
- **Lesbian, Gay, Bisexual, Asexual:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (1 / 50%) and Negative - Specific groups - The policy excludes certain groups (same-sex couples, single women and patients with low AMH) (1 / 50%)
- **Other:** No feedback received
- **Prefer not to say:** Negative - Number of cycles - Reducing the number of cycles offered goes against NICE guidelines (1 / 50%), Negative - Specific groups - The policy excludes certain groups (same-sex couples, single women and patients with low AMH) (1 / 50%), Negative - General - The policy is discriminatory/unfair (1 / 50%) and Negative - Policy - Offering only 1 embryo transfer is wrong (e.g. cannot assume viability from how an embryo looks) (1 / 50%).

Relationship status

- **In a relationship / partnership:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (64 / 71%)
- **Single (e.g. single, divorced, widowed, separated):** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (3 / 75%)
- **Other:** No feedback received
- **Prefer not to say:** No feedback received.

Pregnancy and maternity

- **Pregnant:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (16 / 73%)
- **Not pregnant:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (50 / 69%)
- **Prefer not to say:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (1 / 50%), Negative - Specific groups - The policy excludes certain groups (same-sex couples, single women and patients with low AMH) (1 / 50%), Negative - General - The policy is discriminatory/unfair (1 / 50%) and Negative - Access - Increase the age limit further (1 / 50%)
- **Recently given birth:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (8 / 62%)
- **Not recently given birth:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (58 / 72%)
- **Prefer not to say:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships,

mental health, other medical conditions) (1 / 50%), Negative - Specific groups - The policy excludes certain groups (same-sex couples, single women and patients with low AMH) (1 / 50%), Negative - General - The policy is discriminatory/unfair (1 / 50%) and Negative - Access - Increase the age limit further (1 / 50%).

Disability

- **Day-to-day activities limited:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (6 / 50%)
- **Day-to-day activities not limited:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (61 / 73%)
- **No disability:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (63 / 70%)
- **Physical disability:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (1 / 50%) and Negative - General - The policy is discriminatory/unfair (1 / 50%)
- **Sensory disability e.g. Deaf, hard of hearing, Blind, visually impaired:** Limited feedback received
- **Mental health condition:** Limited feedback received
- **Learning disability or difficulty:** No feedback received
- **Long-term illness:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (1 / 50%) and Negative - General - The policy is discriminatory/unfair (1 / 50%)
- **Other:** Limited feedback received
- **Prefer not to say:** Limited feedback received.

Carer

- **Carer:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (6 / 67%)
- **Non-carer:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (57 / 70%)
- **Prefer not to say:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (3 / 75%) and Negative - Access - Increase the age limit further (3 / 75%).

Armed forces

- **Served in the armed services:** No feedback received
- **Not served in the armed services:** Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (66 / 70%)

- Prefer not to say: Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (1 / 50%), Negative - General - The policy is discriminatory/unfair (1 / 50%), Negative - Access - Increase the age limit further (1 / 50%) and Negative - Access - Increase the weight limit (1 / 50%).

IMD

- **Most** deprived: Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (22 / 79%)
- Least deprived: Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (32 / 70%)
- No postcode **provided**: Negative - Number of cycles - The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions) (14 / 61%).

6.2.1.2 Online event feedback

During the online events, participants were also asked why they think they or others may be positively or negatively impacted. The main theme areas raised by event participants were number of cycles, specific groups, policy, cost and finance, and access.

Overall, the top sub-themes were:

- Negative - General - The policy is discriminatory/unfair (12 / 30%)
- Neutral - General - Need a better understanding about the new policy (e.g. types of embryo transfer available, how changes will be made in line with NICE guidance) (9 / 23%)
- Negative - Number of cycles - Policy is not in line with other organisations/NICE guidelines (5 / 13%).

Table 16 presents the full list of themes.

Table 16. Please explain why you think you or others may be positively or negatively impacted - online event feedback

Sentiment	Main theme	Sub-theme	Number of respondents	Percentage of respondents
Negative	General	The policy is discriminatory/unfair	12	30%
Neutral	General	Need a better understanding about the new policy (e.g. types of embryo transfer available, how changes will be made in line with NICE guidance)	9	23%
Negative	Number of cycles	Policy is not in line with other organisations/ NICE guidelines	7	18%
Negative	Number of cycles	The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions)	5	13%
Negative	Specific groups	Negative - Specific groups - The policy excludes certain groups (same-sex couples, single women and patients with low AMH)	5	13%
Neutral	General	Consider the requirement for storing any remaining embryos	3	8%
Neutral	General	Neutral - General - Consider the long-term impact (e.g. financial costs, demands on services)	3	8%
Negative	Policy	Consider the need to reduce the inequalities caused by locality	2	5%
Negative	Cost and finance	Not everyone can afford private IVF	2	5%
Observation	Policy	Consider the need for greater understanding of assisted conception to develop a more representative policy	2	5%
Neutral	General	What is the reason for not funding donor eggs	2	5%
Negative	Access	Increase the age limit further	1	3%
Observation	Mental health	Consider the impact of infertility on welfare and mental health which strains the NHS	1	3%
Neutral	General	Infertility is a medical condition, not a choice	1	3%
Observation	Access	Consider the impact of removing donor eggs for those who don't have any other way of conceiving	1	3%
Neutral	General	What are the timeframes?	1	3%
Negative	General	Consider the healthcare professionals that have to discuss options with patients	1	3%
Neutral	General	Will patient feedback be shared	1	3%
Neutral	General	Why isn't the policy aligned to the women's health strategy	1	3%
Neutral	General	Other	3	8%
Base			40	

The base refers to the total number of post-it notes submitted on the Jamboards in response to this question across the two online events. There were seven event participants in total at the two online events.

6.2.2 Suggested actions or changes to avoid negative impact

6.2.2.1 Involvement survey feedback

This section presents the feedback from the following questions:

- What actions or changes do you think could be made to avoid any negative impact?
Please tell us which part of the policy you are referring to in your response.

92 responses were received to this question. The main theme areas raised by survey respondents were: number of cycles, policy, access, cost and finance, and mental health.

Overall, the top sub-themes were:

1. Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (29 / 32%)
2. Observation - Policy - Make sure that the policy is inclusive and fair (25 / 27%)
3. Observation - Policy - Provide more cycles of IVF treatment (21/ 23%).

Table 17 presents the full list of themes.

Table 17. What actions or changes do you think could be made to avoid any negative impact – survey result feedback

Sentiment	Main theme	Sub-theme	Number of respondents	Percentage of respondents
Observation	Number of cycles	Provide number of cycles in line with NICE guidelines	29	32%
Observation	Policy	Make sure that the policy is inclusive and fair	25	27%
Observation	Policy	Provide more cycles of IVF treatment	21	23%
Observation	Policy	Provide three cycles	15	16%
Observation	Policy	Provide two cycles	13	14%
Observation	Policy	Increase the number of embryos that are transferred	11	12%
Neutral	Access	Consider assessing the services provided on a case-by-case basis	6	7%
Observation	Cost and finance	Funding for assisted conception services should be increased	5	5%
Observation	Mental health	Consider the mental health of those needing assisted conception services	4	4%
Negative	Policy	Do not use this policy	4	4%
Observation	Policy	Don't limit the number of cycles for those who have been unsuccessful following initial treatment	3	3%
Observation	Cost and finance	Continue providing funding for IUI	3	3%
Negative	Cost and finance	Debt is an issue for those paying privately for assisted conception services	3	3%
Observation	Policy	Consider the need for greater understanding of assisted conception in order to develop a more representative policy	3	3%
Neutral	Policy	Clear explanation required about the decisions made to reduce the number of cycles	2	2%
Observation	Policy	Remove AMH restrictions	1	1%
Neutral	General	Other	3	3%
Base			92	

The 'base' refers to the total number of survey respondents who chose to answer the question. Consequently, the base is sometimes different between questions. 92 survey respondents completed this question

Top theme for each respondent group

Respondent type

- **An individual:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (29 / 32%).
- **A formal response from an organisation:** No feedback received

Local authority

- **Cannock Chase:** Observation - Policy - Increase the number of embryos (1 / 50%) and Negative - Policy - Do not use this policy (1 / 50%)
- **East Staffordshire:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (1 / 50%), Observation - Policy - Make sure that the policy is inclusive and fair (1 / 50%), Observation - Policy - Provide more cycles of IVF treatment (1 / 50%) and Observation - Policy - Increase the number of embryos that are transferred (1 / 50%)
- **Lichfield:** Neutral - Access - Consider assessing the services provided on a case-by-case basis (1 / 50%), Observation - Mental health - Consider the mental health of those needing assisted conception services (1 / 50%), Observation - Cost and finance - Continue providing funding for IUI (1 / 50%) and Negative - Cost and finance - Debt is an issue for those paying privately for assisted conception services (1 / 50%)
- **Newcastle-under-Lyme:** Observation - Policy - Provide two cycles (6 / 55%)
- **South Staffordshire:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (2 / 100%)
- **Stafford:** Negative - Observation - Provide number of cycles in line with NICE guidelines (2 / 33%) and Observation - Policy - Provide more cycles of IVF treatment (2 / 33%)
- **Staffordshire Moorlands:** Observation - Policy - Provide more cycles of IVF treatment (3 / 38%)
- **Stoke-on-Trent:** Observation - Policy - Make sure that the policy is inclusive and fair (3 / 50%)
- **Tamworth:** Limited feedback received
- **Neighbouring Local Authority:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (3 / 75%)
- **Out of area:** Observation - Policy - Make sure that the policy is inclusive and fair (9 / 35%)
- **No postcode provided / unable to profile:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (7 / 32%) and Observation - Policy - Make sure that the policy is inclusive and fair (7 / 32%).

Ethnicity

- **White:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (27 / 31%)
- **Asian / Asian British:** Limited feedback received
- **Black / African / Caribbean / Black British:** No feedback received
- **Mixed/Multiple ethnic groups:** Limited feedback received

- **Other ethnic groups:** No feedback received
- **Prefer not to say:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (1 / 50%).

Age

- **Under 40:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (28 / 35%)
- **40 to 59:** Observation - Policy - Make sure that the policy is inclusive and fair (3 / 38%)
- **60 and over:** No feedback received
- **Prefer not to say:** Observation - Policy - Make sure that the policy is inclusive and fair (1 / 50%), Neutral - Access - Consider assessing the services provided on a case-by-case basis (1 / 50%), Observation - Cost and finance - Funding for assisted conception services should be increased (1 / 50%), Neutral - Policy - Clear explanation required about the decisions made to reduce the number of cycles (1 / 50%).

Religion

- **No religion:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (20 / 30%)
- **Christian:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (7 / 37%)
- **Any other religion:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (1 / 50%), Observation - Policy - Make sure that the policy is inclusive and fair (1 / 50%), Observation - Cost and finance - Funding for assisted conception services should be increased (1 / 50%), Observation - Mental health - Consider the mental health of those needing assisted conception services (1 / 50%) and Negative - Cost and finance - Debt is an issue for those paying privately for assisted conception services (1 / 50%)
- **Prefer not to say:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (1 / 33%), Observation - Policy - Make sure that the policy is inclusive and fair (1 / 33%), Observation - Policy - Provide three cycles (1 / 33%).

Sex

- **Male:** Observation - Policy - Make sure that the policy is inclusive and fair (2 / 33%) and Neutral - Access - Consider assessing the services provided on a case-by-case basis (2 / 33%)
- **Female:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (28 / 33%)
- **Other:** No feedback received
- **Prefer not to say:** No feedback received.

Sexual orientation

- **Heterosexual:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (29 / 33%)
- **Lesbian, Gay, Bisexual, Asexual:** Observation - Policy - Increase the number of embryos that are transferred (1 / 50%), Observation - Mental health - Consider the mental health of those needing assisted conception services (1 / 50%), Observation - Cost and finance - Continue providing funding for IUI (1 / 50%) and Negative - Cost

and finance - Debt is an issue for those paying privately for assisted conception services (1 / 50%)

- **Other:** No feedback received
- **Prefer not to say:** Observation - Policy - Make sure that the policy is inclusive and fair (1 / 50%), Observation - Policy - Provide more cycles of IVF treatment (1 / 50%), Neutral - Access - Consider assessing the services provided on a case-by-case basis (1 / 50%), Observation - Cost and finance - Funding for assisted conception services should be increased (1 / 50%) and Neutral - Policy - Clear explanation required about the decisions made to reduce the number of cycles (1 / 50%).

Relationship status

- **In a relationship / partnership:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (27 / 32%),
- **Single (e.g. single, divorced, widowed, separated):** Observation - Policy - Make sure that the policy is inclusive and fair (2 / 50%)
- **Other:** Limited feedback received
- **Prefer not to say:** Limited feedback received.

Pregnancy and maternity

- **Pregnant:** Observation – Number of cycles - Provide number of cycles in line with NICE guidelines (9 / 43%)
- **Not pregnant:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (18 / 27%) and Observation - Policy - Provide more cycles of IVF treatment (18 / 27%)
- **Prefer not to say:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (2 / 100%)
- **Recently given birth:** Observation - Policy - Provide more cycles of IVF treatment (5 / 42%)
- **Not recently given birth:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (24 / 31%)
- **Prefer not to say:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (2 / 100%).

Disability

- **Day-to-day activities limited:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (4 / 36%) and Observation - Policy - Make sure that the policy is inclusive and fair (4 / 36%)
- **Day-to-day activities not limited:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (25 / 31%)
- **No disability:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (26 / 31%)
- **Physical disability:** Observation - Policy - Make sure that the policy is inclusive and fair (1 / 50%), Neutral - Access - Consider assessing the services provided on a case-by-case basis (1 / 50%), Observation - Cost and finance - Funding for assisted conception services should be increased (1 / 50%), Observation - Policy - Don't limit the number of cycles for those who have been unsuccessful following initial treatment

(1 / 50%) and Neutral - Policy - Clear explanation required about the decisions made to reduce the number of cycles (1 / 50%)

- **Sensory disability e.g. Deaf, hard of hearing, Blind, visually impaired:** Limited feedback received
- **Mental health condition:** Limited feedback received
- **Learning disability or difficulty:** No feedback received
- **Long-term illness:** Observation - Policy - Make sure that the policy is inclusive and fair (1 / 50%), Observation - Policy - Provide two cycles (1 / 50%), Neutral - Access - Consider assessing the services provided on a case-by-case basis (1 / 50%), Observation - Cost and finance - Funding for assisted conception services should be increased (1 / 50%), Observation - Policy - Don't limit the number of cycles for those who have been unsuccessful following initial treatment (1 / 50%) and Neutral - Policy - Clear explanation required about the decisions made to reduce the number of cycles (1 / 50%)
- **Other:** Limited feedback received
- **Prefer not to say:** Limited feedback received.

Carer

- **Carer:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (3 / 43%)
- **Non-carer:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (24 / 31%)
- **Prefer not to say:** Observation - Policy - Provide more cycles of IVF treatment (2 / 50%) and Observation - Policy - Provide two cycles (2 / 50%).

Armed forces

- Served in the armed services: No feedback received
- Not served in the armed services: Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (28 / 32%)
- Prefer not to say: Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (1 / 50%) and Observation - Policy - Provide two cycles (1 / 50%).

IMD

- **Most deprived:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (9 / 33%)
- **Least deprived:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (13 / 30%)
- **No postcode provided:** Observation - Number of cycles - Provide number of cycles in line with NICE guidelines (7 / 32%) and Observation - Policy - Make sure that the policy is inclusive and fair (7 / 32%).

6.2.2.2 Online event feedback

During the online events, participants were also asked to share what actions or changes they thought could be made to avoid any negative impact. The main theme areas raised by event participants were: number of cycles, policy, specific groups, finance and cost, and access.

Overall, the top sub-themes were:

1. Observation - Number of cycles - Provide number of cycles in line with NICE guidelines / National policies (7 / 23%)
2. Observation - Policy - Make sure that the policy is inclusive and fair, Negative - Specific groups - The policy should not discriminate against certain groups (same-sex couples, single women, sex, and patients with low AMH) (6 / 20%)
3. Observation - General - Provide written communication for all questions raised / feedback (6 / 20%).

Table 18 presents the full list of themes.

Table 18. What actions or changes do you think could be made to avoid any negative impact - online event feedback

Sentiment	Main theme	Sub-theme	Number of respondents	Percentage of respondents
Negative	Number of cycles	Provide number of cycles in line with NICE guidelines / National policies	7	23%
Observation	Policy	Make sure that the policy is inclusive and fair	6	20%
Negative	Specific groups	The policy should not discriminate certain groups (same-sex couples, single women, sex, and patients with low AMH)	6	20%
Observation	General	Provide written communication for all questions raised / feedback	5	17%
Negative	Policy	Consider the need to reduce the inequalities caused by locality	4	13%
Observation	Finance and cost	Review cost of service before changing	4	13%
Neutral	Number of cycles	The impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions)	3	10%
Observation	Policy	Consider the need for greater understanding of assisted conception to develop a more representative policy	3	10%
Observation	Cost and finance	Funding for assisted conception services should be increased	2	7%
Observation	General	Consider creating a more specific involvement which looks into individual aspects of the policy	2	7%
Neutral	Access	Consider assessing the services provided on a case-by-case basis	1	3%
Observation	Policy	Provide more cycles of IVF treatment	1	3%
General	Policy	Review the storage provisions for additional embryos	1	3%
Observation	Policy	Consider the cause of infertility	1	3%
Base			30	

The base refers to the total number of post-it notes submitted on the Jamboards in response to this question across the two online events. There were seven event participants in total at the two online events.

6.3 Feedback from the correspondence

This section presents the feedback shared from the correspondence received during this involvement exercise. The correspondence received consists of 46 social media posts, three emails and one letter, which was a formal response on behalf of Fertility Network UK.

The three emails were asking for further information about the involvement and did not provide feedback on the draft interim policy. They have not been included in the information in Table 19.

The main theme areas raised were: policy, specific groups, cost and finance, and access.

Overall, the top sub-themes were:

1. Negative - Policy - Comments about the service being poor compared to other parts of the country (10 / 12%)
2. Negative - Policy - Comments about having one cycle of IVF with one transfer of fresh or frozen embryo (8 / 10%)
3. Negative - Specific groups - Concern over the exclusion of some groups from accessing fertility treatments including IUI (e.g. same-sex couples, single people, women aged over 40) (7 / 9%) and Negative - Policy - Comments about the changes in services for different areas across Staffordshire and Stoke-on-Trent (7 / 9%).

Table 19 presents the full list of themes.

Table 19. Correspondence received

Sentiment	Main theme	Sub-theme	Number of respondents	Percentage of respondents
Negative	Policy	Comments about the service being poor compared to other parts of the country	10	21%
Negative	Policy	Comments about having one cycle of IVF with one transfer of fresh or frozen embryo	8	17%
Negative	Specific groups	Concern over the exclusion of some groups from accessing fertility treatments including IUI (e.g. same-sex couple, single people, women aged over 40)	7	15%
Negative	Policy	Comments about the changes in services for different areas across Staffordshire and Stoke-on-Trent	7	15%
Negative	Cost and finance	Comments about the move for patients to a hybrid private/NHS model to get fertility treatments	5	11%
Negative	Policy	Comments about providing a service that is not in line with NICE guidance	5	11%
Negative	Access	Comment about the change to the current age limits	3	6%
Negative	Cost and finance	Comments about the policy being a cost saving exercise	1	2%
Negative	Policy	Consider the implications to patients of the length of time that embryos are stored - this should be longer	1	2%
Negative	Policy	Consider the impact of reducing the number of cycles and embryo transfers offered will be negative (e.g. stress levels, relationships, mental health, other medical conditions)	1	2%
Negative	Policy	The policy is discriminatory/unfair	1	2%
Neutral	General	Infertility is a medical condition, not a choice	1	2%
Negative	Policy	Consider the implications of individuals using all embryos from 1 cycle	1	2%
Neutral	Policy	Clear explanation required about the commissioning process for donor eggs	1	2%
Neutral	Policy	Provide more cycles of IVF treatment	1	2%
Neutral	General	Comment about services outside of the Staffordshire and Stoke-on-Trent area	23	49%
Base			47	

The base refers to the total amount of correspondence received in the form of social media posts and the letter. A total of 47 items of correspondence were received: 46 social media posts and one formal response in the form of a letter.

6.3.1 Summary of formal response received

The involvement received one formal response by letter. This was from Fertility Network UK. The letter expressed concerns about the draft interim policy under five main points, summarised below.

The provision of only one embryo transfer

Fertility Network UK's letter queried differences between the NICE definition of a full cycle of IVF and the ICB's definition, and asked how the ICB had reached its definition. It expressed concern about:

- the reduction of funded treatment in Stoke-on-Trent
- the ethical implications of creating embryos but not funding the transfer of some of the embryos
- whether the policy would affect people's decision making about how many embryos to transfer. The concern was that people "will be naturally inclined to take higher risks and transfer multiple embryos to (as it would be perceived) increase their chances in their one funded treatment".

12 months' storage

Fertility Network UK's letter expressed concern about the proposed 12-month storage period, saying it was the lowest they had seen offered by an ICB. The concerns were about strain on patients caused by either having to find funds for transfer within 12 months or for continued storage after 12 months, or facing the embryos being destroyed.

Donor eggs

Fertility Network UK asked for an explanation of the proposal not to commission donor eggs, which were previously commissioned by four of the clinical commissioning groups (the organisations preceding the ICB) for women with some specific conditions.

Single women

Fertility Network expressed concern about the proposal to align policies by not commissioning treatment for single infertile women. The concerns were that this was not in line with the Women's Health Strategy (WHS) or with UK government policy, which encourages single women to adopt children.

Same-sex couples

The concerns were that:

- the proposed policy was not in line with the WHS guidance
- the requirement to have had six cycles of self-funded donor insemination/IUI during the previous 12 months was not reasonable as the timeframe was too short.

7 Conclusion

This conclusion summarises the main findings of the involvement undertaken by NHS Staffordshire and Stoke-on-Trent Integrated Care Board on its draft interim policy for assisted conception services.

The findings are based on feedback received through the involvement survey and events.

In total, **114 responses** (107 to the survey and seven from event participants) were received from many different parts of the UK, from places as far apart as Brighton and Aberdeen. Of these, **52 (47%)** were from stakeholders in Staffordshire and Stoke-on-Trent and surrounding areas.

Most survey respondents (91 / 85%) said that they, or someone they know, have used assisted conception services. 63 (71%) said that they have used these services in the last three years, while 32 (36%) had experience of a family member or friend using these services.

The services used by most respondents were blood tests (83 / 93%), scans to support the diagnosis of any fertility-related issues (81 / 91%) and medication to promote pregnancy (75 / 84%).

When considering the impact of the draft interim policy, most respondents (102 / 95%) said it would have a negative, or very negative impact, on themselves or others. The key reasons given for this negative response were that:

- the impact of reducing the number of cycles and embryo transfers offered would be negative
- reducing the number of cycles offered goes against NICE guidelines
- the policy excludes specific groups, like same-sex couples, single women and patients with low AMH
- participants felt the policy was discriminatory/unfair
- the policy is not in line with other organisations/NICE guidelines.

Participants also expressed a need for greater understanding of the draft interim policy, asking for more information around the types of embryo transfer available and how changes will be made in line with NICE guidance.

Participants made several suggestions about how to avoid the negative impacts. The most frequently mentioned suggestions were:

- providing the number of cycles in line with NICE guidelines
- making sure that the policy is inclusive and fair
- providing more cycles of IVF treatment
- ensuring the policy does not discriminate against certain groups, like same-sex couples, single women and patients with low AMH.

This report was commissioned by NHS Staffordshire and Stoke-on-Trent Integrated Care Board and was written by the Communications and Engagement service of NHS Midlands and Lancashire Commissioning Support Unit (MLCSU). MLCSU also coordinated the independent analysis of the feedback from the involvement.

8 Appendix

8.1 Survey respondent demographic profiling

This section shows the demographic profiling of survey respondents.

Table 20. Respondent types (survey respondents)

Individuals responding as an NHS employee or from a health-related group, charity or organisation and from another public sector organisation stated they were from the following organisations
Fertility Network UK
Douglas Macmillan
Derby City Council
NHSBT
Derbyshire Community Health Services
Primary Care Network
Royal Stoke University Hospital
Stockport NHS Foundation
University Hospital of North Midlands

Table 21. Respondent types (event participants)

The individual responding as an NHS employee stated they were from the following organisation
University Hospital of North Midlands

Table 22. Demographic profiling survey respondents

Demographic profiling	Number of respondents	Percentage of respondents
Ethnicity		
White: British	94	89%
White: Irish	1	1%
White: Gypsy or traveller	-	-
White: Other	7	7%
Mixed: White and Black Caribbean	1	1%
Mixed: White and Black African	-	-
Mixed: <i>White and Asian</i>	-	-
Mixed: Other	-	-
Asian/Asian British: Indian	1	1%
Asian/Asian British: Pakistani	-	-
Asian/Asian British: Bangladeshi	-	-
Asian/Asian British: <i>Chinese</i>	-	-
Asian/Asian British: Other	-	-
Black/Black British: African	-	-
Black/Black British: Caribbean	-	-
Black/Black British: Other	-	-
Another ethnic group: Arab	-	-
Prefer not to say	2	2%
<i>Base</i>	106	

Age category		
16 – 19	-	-
20 – 24	2	2%
25 – 29	18	17%
30 – 34	46	43%
35 – 39	26	25%
40 – 44	8	8%
45 – 49	-	-
50 – 54	1	1%
55 – 59	2	2%
60 – 64	1	1%
65 – 69	-	-
70 – 74	-	-
75 – 79	-	-
80 and over	-	-
Prefer not to say	2	2%
Base	106	
Religion		
No religion	79	75%
Christian	22	21%
Buddhist	-	-
Hindu	1	1%
Jewish	1	1%
Muslim	-	-
Sikh	-	-
Any other religion	-	-
Prefer not to say	3	3%
Base	106	
Sex		
Male	6	6%
Female	100	94%
Intersex	-	-
Prefer not to say	-	-
Other	-	-
Base	106	
Sexual orientation		
Heterosexual	101	95%
Lesbian	2	2%
Gay	-	-
Bisexual	1	1%
Other	-	-
Prefer not to say	2	2%
Base	106	
Relationship status		
Married	65	61%
Civil partnership	1	1%
Single	5	5%
Divorced	-	-
Lives with partner	33	31%

Separated	-	-
Widowed	-	-
Other	1	1%
Prefer not to say	1	1%
Base	106	
Pregnant currently		
Yes	22	21%
No	82	77%
Prefer not to say	2	2%
Base	106	
Recently given birth		
Yes	14	13%
No	89	84%
Prefer not to say	3	3%
Base	106	
Health problem or disability		
Yes, limited a lot	5	5%
Yes, limited a little	8	8%
No	93	88%
Base	106	
Disability		
No disability	98	93%
Physical disability	2	2%
Sensory disability	1	1%
Mental health need	2	2%
Learning disability or difficulty	-	-
Long-term illness	2	2%
Other	1	1%
Prefer not to say	1	1%
Base	106	-
Carer		
Yes - young person(s) aged under 24	4	4%
Yes - adult(s) aged 25 to 49	1	1%
Yes - person(s) aged over 50 years	5	5%
No	90	87%
Prefer not to say	4	4%
Base	104	
Armed services		
Yes	-	-
No	104	98%
Prefer not to say	2	2%
Base	106	

The 'base' refers to the total number of respondents who chose to answer the question. Consequently, the base is sometimes different between questions. For the list of demographic profiling questions asked, please see Table 24.

8.2 Event participant demographic profiling

Table 23. Demographic profiling event participants

Demographic profiling	Number of respondents	Percentage of respondents
Ethnicity		
White: British	3	75%
White: Irish	-	-
White: <i>Gypsy or traveller</i>	-	-
White: Other	-	-
Mixed: White and Black <i>Caribbean</i>	-	-
Mixed: White and Black African	-	-
Mixed: White and Asian	1	25%
Mixed: Other	-	-
Asian/Asian British: Indian	-	-
Asian/Asian British: Pakistani	-	-
Asian/Asian British: Bangladeshi	-	-
Asian/Asian British: Chinese	-	-
Asian/Asian British: Other	-	-
Black/Black British: African	-	-
Black/Black British: <i>Caribbean</i>	-	-
Black/Black British: Other	-	-
Another ethnic group: Arab	-	-
Prefer not to say	-	-
Base	4	
Age category		
16 – 19	-	-
20 – 24	-	-
25 – 29	1	25%
30 – 34	-	-
35 – 39	1	25%
40 – 44	2	50%
45 – 49	-	-
50 – 54	-	-
55 – 59	-	-
60 – 64	-	-
65 – 69	-	-
70 – 74	-	-
75 – 79	-	-
80 and over	-	-
Prefer not to say	-	-
Base	4	
Religion		
No religion	2	67%
Christian	1	33%
Buddhist	-	-
Hindu	-	-
Jewish	-	-
Muslim	-	-

Sikh	-	-
Any other religion	-	-
Prefer not to say	-	-
Base	3	
Sex		
Male	-	-
Female	4	100%
Intersex	-	-
Prefer not to say	-	-
Other	-	-
Base	4	
Sexual orientation		
Heterosexual	4	100%
Lesbian	-	-
Gay	-	-
Bisexual	-	-
Other	-	-
Prefer not to say	-	-
Base	4	
Relationship status		
Married	2	50%
Civil partnership	-	-
Single	2	50%
Divorced	-	-
Lives with partner	-	-
Separated	-	-
Widowed	-	-
Other	-	-
Prefer not to say	-	-
Base	4	
Pregnant currently		
Yes	-	-
No	4	100%
Prefer not to say	-	-
Base	4	
Recently given birth		
Yes	-	-
No	4	100%
Prefer not to say	-	-
Base	4	
Health problem or disability		
Yes, limited a lot	-	-
Yes, limited a little	-	-
No	4	100%
Base	4	
Disability		
No disability	4	100%
Physical disability	-	-
Sensory disability		

Mental health need	-	-
Learning disability or difficulty	-	-
Long-term illness	-	-
Other	-	-
Prefer not to say	-	-
Base	4	
Carer		
Yes - young person(s) aged under 24	1	25%
Yes - adult(s) aged 25 to 49	-	-
Yes - person(s) aged over 50 years	-	-
No	3	75%
Prefer not to say	-	-
Base	4	
Armed services		
Yes	-	-
No	4	100%
Prefer not to say	-	-
Base	4	

The 'base' refers to the total number of respondents who chose to answer the question. Consequently, the base is sometimes different between questions. For the list of demographic profiling questions asked, please see Table 24.

8.3 Survey questions

Table 24. Survey questions

Survey questions
Are you responding as:
As an individual responding to this questionnaire, which of the following best applies to you? Please tick one only.
As an organisation responding to this questionnaire, which of the following best applies to you? Please tick one only.
Please give the name of your organisation.
Have you or someone you know used assisted conception services?
Please tell us who has used assisted conception services.
For each of the following assisted conception services please tell us which you have used or are aware of someone else (partner/spouse, family member, etc.) using.
If you can, tell us if the treatment was funded by the NHS or privately.
Please tell us where these services were received.
To what extent do you think you or others may be positively or negatively impacted by this policy where 1 is very positively impacted and 5 is very negatively impacted?
Please explain why you think you or others may be positively or negatively impacted. Please tell us which part of the policy you are referring to in your response.
What actions or changes do you think could be made to avoid any negative impact? Please tell us which part of the policy you are referring to in your response.
Please provide your full postcode.
What is your ethnic group? Choose one option that best describes your ethnic group or background
How old are you?
What is your religion or belief?
How do you identify?
What is your sexual orientation?
What is your relationship status?
The Equality Act 2010 protects people who are pregnant or have given birth within a 26-week period. Are you pregnant at this time?
Have you recently given birth? (Within the last 26-week period)
Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
Do you consider yourself to have a disability? (The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long-term (12-month period or longer) or substantial adverse effects on their ability to carry out day-to-day activities).
Do you provide care for someone? A carer is defined as anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support (Tick as many as appropriate)
Have you ever served in the armed services?