

1 Impact assessment

The impact of changing the existing Kent and Medway policy to fund ACT using donated genetic materials is estimated below. These estimates should be treated with caution as they are based on HFEA reported activity from 2016 which includes both NHS and privately funded cycles; this has the following limitations:

- NHS funding of ACT using DGM is not available throughout the UK and where it is, limitations on the number of cycles available and eligibility criteria are variable. Overall demand may therefore be underestimated.
- Although the HFEA activity relates only to women aged under 40 years, as per the Kent and Medway CCGs eligibility criteria, those who have self-funded treatment may not fulfil additional eligibility criteria most NHS organisations have in place (e.g. no previous children).
- NHS organisations have in place limitations on the number of cycles of treatment they will fund – normally 6 cycles of IUI and 1 or 2 cycles of IVF/ICSI. There is no equivalent limitation on the number of cycles patients who self-fund treatment can undertake.

See Table 1.4 for a full list of assumptions used in calculations along with comments regarding their limitations.

1.1 ACT using donor sperm

The estimated annual impact of funding IUI and IVF using donor sperm can be found in Table 1.1.

Table 1.1 – Estimated annual impact of funding ACT using donor sperm for Kent and Medway patients where the woman receiving treatment is aged under 40

	IUI using donor sperm	IVF using donor sperm (fresh and frozen)	All ACT using donor sperm*
Number of cycles	127	87	215
Expenditure	£191,100	£310,400	£501,500
Live birth	18	30	47
Cost per live birth	£10,800	£10,500	£10,600

*Figures do not add up due to rounding.

1.2 ACT using donor oocytes

The estimated annual impact of funding IVF using donor oocytes can be found in Table 1.2.

Table 1.2 – Estimated annual impact of funding IVF using donor oocytes for Kent and Medway patients where the woman receiving treatment is aged under 40

	IVF using donor oocyte and partner sperm (fresh and frozen)	IVF using donor oocyte and donor sperm (fresh and frozen)	All IVF using donor oocyte
Number of cycles	27	15	42
Expenditure	£117,800	£62,000	£179,800
Live birth	9	5	14
Cost per live birth	£13,000	£13,000	£13,000

1.3 ACT involving surrogates

The estimated annual impact of funding ACT involving surrogates can be found in Table 1.3.

Table 1.3 – Estimated annual impact of funding ACT involving surrogates in Kent and Medway

	IVF using surrogates (fresh and frozen)
Number of cycles	6
Expenditure	£15,800
Live birth	2
Cost per live birth	£10,000

Table 1.4 – Assumptions used in impact calculations

Assumption	Source	Comments
Estimated numbers of cycles of ACT using DGM undertaken on Kent and Medway patients are based on 2016 UK data in women aged under 40.	Fertility treatment 2014-16: Trends and Figures and accompanying datasheet (HFEA, 2018).	Includes both NHS and privately funded cycles. This data may not accurately predict the number of Kent and Medway patients presenting for treatment – the reasons for this are outlined above.
Estimated numbers of cycles of IVF using surrogates for Kent and Medway patients are based on 2016 UK.	Fertility treatment 2014-16: Trends and Figures and accompanying datasheet (HFEA, 2018).	As above. In addition, as overall numbers are small the HFEA do not report data by age range. The total number has been used which may overestimate activity.
Live birth rates for ACT using DGM are based on 2016 UK data in women aged under 40.	Fertility treatment 2014-16: Trends and Figures and accompanying datasheet (HFEA, 2018).	As outlined above HFEA data may not represent the Kent and Medway NHS patients accessing treatment. People accessing NHS funded treatment must be subfertile – HFEA data will include data on same sex couples and single women who are fertile. Estimates may therefore be higher than actual number of live births.
Live birth rates for IVF using surrogates are based on 2016 UK data.	Fertility treatment 2014-16: Trends and Figures and accompanying datasheet (HFEA, 2018).	As above. In addition, as overall numbers are small the HFEA do not report data by age range. The overall success rate has therefore been used.
The Kent and Medway population represents 2.77% of the UK population.	ONS 2016 population for UK: 65,648,100. ONS 2016 population for Kent and Medway: 1,820,435.	Applying this proportion to the HFEA activity means demographic variations in the population are not taken into account.
Estimated costs are as follows: <ul style="list-style-type: none"> • IUI using donor sperm: £1,500 • IVF using donor sperm: £4,773 • IVF using donated oocyte: £6,500 • IVF using donor sperm and oocyte: £7,500 • Frozen embryo transfer (FET): £783 • IVF using a surrogate: £6,500 	Average cost of a Kent and Medway CCG funded IVF/ICS cycle at commissioned providers in 2017/18 is £3,773. The equivalent cost for FET is £783. Price lists obtained from clinic websites for private treatment indicates donor sperm costs ~£1,000 and IVF using donor eggs costs £6,500.	NHS commissioners might expect to pay slightly lower costs than those paid for private treatment. Additional costs for drugs etc. may be applicable.