



Cheshire and Merseyside

Proposed changes to fertility treatment policies in Cheshire and Merseyside

Public consultation feedback report

**Report prepared by NHS Cheshire and Merseyside's communications and
engagement team**

Summer 2025

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Executive summary

This report presents findings from a public consultation on proposed changes to NHS subfertility policies across Cheshire and Merseyside, which ran for six weeks between 3 June and 15 July 2025.

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

The public consultation presented a proposal for a new, single policy for the whole of Cheshire and Merseyside, which would mean that everyone would get equal access to treatment across the area. The proposed policy includes a number of changes based on the latest national guidance, but it also includes a change to the number of in vitro fertilisation (IVF) cycles the NHS funds, which was a proposal made for financial reasons.

People were asked to respond to a questionnaire or provide feedback by phone or email. A consultation summary booklet was made available alongside the questionnaire. This was also produced in Easy Read, with other formats and languages available on request. The opportunity to take part in the consultation was promoted across NHS channels, and by asking partners to share information using their own networks.

In total, there were 2,124 responses to the questionnaire. Most respondents indicated that they had personal experience of NHS fertility treatment, either personally or as a partner/spouse (38%) or as a relative/friend (34%). Responses were received from people across the nine 'Places', or areas, of Cheshire and Merseyside.

86% of respondents disagreed or strongly disagreed with the proposed change to the number of IVF cycles that are funded.

46% agreed or strongly agreed with the proposed change to the eligibility on BMI (body mass index) in Wirral. 25% neither agreed nor disagreed, and 29% disagreed or strongly disagree.

72% agreed or strongly agreed with the proposed change to eligibility on smoking.

44% disagreed or strongly disagreed with the proposed change to the definition of 'childlessness' in Cheshire East and Cheshire West. 32% answered agree or strongly agree, 25% answered neither agree nor disagree.

42% agreed or strongly agreed with the proposed change to IUI commissioning in Wirral. 37% answered neither agree nor disagree, and 21% answered disagree or strongly disagree.

In total, respondents provided more than 1,000 individual comments to elaborate on or support their answers. These comments analysed for key themes, which have been summarised in this report.

This report will be presented to the Board of NHS Cheshire and Merseyside, along with a final proposal for the policy, as part of the decision-making process.

Introduction

NHS Cheshire and Merseyside Integrated Care Board (ICB) is responsible for planning local NHS services. Currently, there are ten separate policies covering NHS fertility treatments for people in Cheshire and Merseyside. These are called *NHS Funded Treatment for Subfertility* policies.

NHS Cheshire and Merseyside is proposing a new single policy for the whole area.

The new policy would include a number of changes based on the latest national guidance, but for financial reasons we are also proposing to make some changes to the number of in vitro fertilisation (IVF) cycles funded for eligible patients.

We are expecting new national guidance on fertility treatments to come out from the National Institute for Health and Care Excellence (NICE) in early 2026, so our new policy would be an interim one. When this new guidance is published, we will review it to make sure our interim policy is up to date with the latest medical evidence.

Content and purpose

This report describes the feedback received during a six-week public consultation about the proposal for a new single subfertility policy for Cheshire and Merseyside, which was held between 3 June and 15 July 2025.

The consultation attracted responses from a range of stakeholders, including patients and the public, carers, health professionals, and charities, regarding both their views about the proposed changes to fertility treatment policies, and – where relevant – their experiences of fertility services.

This feedback will be used to inform the final version of the new interim subfertility policy for Cheshire and Merseyside.

Background

NHS Cheshire and Merseyside was established in July 2022, taking on the responsibilities of nine former clinical commissioning groups (CCGs). When this happened, we inherited each CCG's commissioning policies, which set out the circumstances when treatments and procedures are provided on the NHS. Many of these policies were old and not up to date with the latest medical evidence and guidance. Additionally, whilst some policies were the same or similar across all CCGs, there were differences between others.

Because there are some variations in the ten current policies we have for subfertility, people's access to fertility treatments can be different, depending on where they live.

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

Scope of public consultation

The consultation explored five proposed changes:

- Change to the number of IVF cycles funded
- Change to eligibility on BMI (body mass index) in Wirral

- Change to eligibility on smoking
- Change to the definition of 'childlessness' in Cheshire East and Cheshire West.
- Change to intrauterine insemination (IUI) commissioning in Wirral.

Additional clarifications were also proposed regarding age limits for treatment eligibility.

Proposed changes

The table on the next page is a summary of the proposed changes. For a full description of the changes see [Summary booklet – Share your views on changes to fertility policies](#).¹

¹ [Fertility treatment policies - NHS Cheshire and Merseyside](#)

Proposed change	Current situation	Proposed policy	Impact on patients	Reason for change
Standardisation of NHS-funded IVF cycles	Varies by area: Between 1 and 3 cycles for under 40s; 1 cycle for 40–42	1 full cycle for all eligible patients (including fresh and frozen transfers)	Reduction in funded cycles for all areas except Cheshire East; no change for 40–42 age group	Financial sustainability and equitable access
Alignment of BMI eligibility criteria	Wirral requires both partners to meet BMI criteria – others only require this of female partner	Only the female partner must have BMI between 19–29.9; male partners with a BMI over 30 advised to lose weight, but this would not be a barrier to treatment	Removal of potential barrier to access for couples in Wirral, and alignment with the rest of Cheshire and Merseyside	Align with NICE guidance and ensure there is equal access across Cheshire and Merseyside
Inclusion of smoking status for both partners	In some areas, only female partner must be a non-smoker	Both partners must be non-smokers (includes vaping/e-cigarettes)	Stricter criteria in Halton, Knowsley, Liverpool, Sefton, St Helens	Improve treatment outcomes and align with NICE guidance, and ensure equal access across Cheshire and Merseyside
Revision of definition of childlessness	In most areas of Cheshire and Merseyside, IVF is only made available on the NHS where a couple has no living birth children or adopted children, either from a current or previous relationship. However, Cheshire East and West allow continued embryo transfers even after a live birth or adoption during cycle	No further transfers once a live birth or adoption occurs	Stricter eligibility in Cheshire East and West	Standardise definition to ensure equal access across Cheshire and Merseyside
Commissioning of IUI in Wirral	IUI not routinely commissioned in Wirral	IUI to be funded in Wirral for specific groups (e.g., same-sex couples, physical psychosexual issues, HIV considerations)	More equitable access in Wirral	Align with NICE guidance and ensure consistency of access across Cheshire and Merseyside
Additional clarification: Age limits	IVF available from age 23 to 42	No lower age limit: upper limit clarified as up to 43rd birthday	Minimal impact; clearer eligibility	Align with NICE guidance and reduce ambiguity

Public consultation objectives

- To inform patients and the public, carers/family members, and key stakeholders about the proposal to have a single subfertility policy for Cheshire and Merseyside and explain what changes this would mean.
- To gather feedback on the proposal, including from people who are currently accessing or have accessed fertility services, organisations who support them (where applicable), their carers/family members, and the wider public, to understand views, including how people might be impacted if changes were to go ahead.
- To understand where there might be differences in responses between different groups/communities, including those with protected characteristics, in line with equalities duties.
- To use public consultation feedback to inform final decision-making around the proposal.

Consultation approach – involvement methods

The following approaches were utilised to create opportunities and mechanisms for people to engage during the public consultation:

Questionnaire

A short set of questions (Appendix A) was used to gather both qualitative and quantitative data about people's views and experiences. The questionnaire was hosted online, with paper copies and alternative languages/formats made available on request by emailing or calling NHS Cheshire and Merseyside's communications and engagement team.

Phone line and email account

NHS Cheshire and Merseyside's communications and engagement team took feedback from several members of the public over the phone. People who called were also asked to complete the questionnaire – either online or on a printed copy, which could be sent to them. The same telephone number was used to request alternative versions of materials.

Similarly, the email account was used for organising one to one telephone conversations, resolving queries and managing requests for printed engagement resources.

Consultations approach - communication and promotion

Online

NHS Cheshire and Merseyside's website was used as a repository of information for the consultation, hosted in the 'Get involved' section of the site: [Share your views on proposed changes to fertility treatment policies in Cheshire and Merseyside - NHS Cheshire and Merseyside](#)

The following resources were made available:

- Online consultation questionnaire
- 16-page information booklet
- Easy Read version of the booklet
- List of frequently asked questions (FAQs)
- Communication toolkit, developed for use by partners – including social media assets, a media release, and a shorter version of the news content

Webpage analytics

Over the six-week consultation period, the main consultation website page (which people were signposted to in order to take part) was accessed by 3,821 active users and received a total of 5,277 page views.

An article about the consultation which was hosted in the 'News' section of the website was accessed by an additional 509 active users and received a total of 734 page views.

Social media

NHS Cheshire and Merseyside promoted the consultation across its social media channels. All of these posts were organic (not paid-for).

Across the six-week consultation period (3 June – 15 July) there were a total of 22,437 social media impressions (the number of times the content was viewed), and 5,701 engagements (direct actions taken such as shares, likes, comments) across these 13 posts.

A total of 20 direct messages were sent to our social media accounts, and NHS Cheshire and Merseyside was tagged in comments on a further 17 public posts during the consultation period.

Social media posts also generated a total of 1,055 link clicks to the main consultation website page.

Partner organisations promoted the engagement through their own online channels, directing people to the NHS Cheshire and Merseyside website for further information and to complete the online questionnaire.

Media

NHS Cheshire and Merseyside issued a media release to promote the consultation to local and regional media channels. This resulted in a number of pieces of coverage over the six-week consultation period, including two BBC regional TV news pieces, a print newspaper article, and several online news stories.

For a full breakdown of all media coverage generated during the consultation period, please see Appendix B.

Utilising existing networks and groups

NHS Cheshire and Merseyside briefed a wide range of stakeholders at the outset of the consultation period in order to maximise awareness and encourage wider sharing of information. This included MPs, local authority leaders, Healthwatch organisations, NHS England, NHS trusts, and a wide range of community and voluntary sector partners.

The consultation was also publicised through a range of internal and external NHS Cheshire and Merseyside mechanisms, including during our all-staff meeting and in the staff newsletter; primary care bulletin; Health and Care Partnership newsletter; and monthly public email update.

Information was also shared via NHS Cheshire and Merseyside's Community Voices email list. Community Voices is an online group made up of local residents who have agreed to give their views on a number of health and care topics throughout the year.

NHS Cheshire and Merseyside worked closely with the communications team at Liverpool Women's NHS Foundation Trust, as well as colleagues at the Hewitt Fertility Centre, the provider of NHS fertility treatment in Cheshire and Merseyside, to promote the opportunity to take part in the consultation. Importantly, this helped to target current and previous users of fertility services.

The consultation was publicised on the trust's main website and social media channels, including LinkedIn, Instagram, Facebook and X (previously Twitter), on the Hewitt Fertility Centre's dedicated website and social media channels, and via internal staff communications at the trust.

In addition, posters and handouts with QR codes signposting patients to the consultation questionnaire were displayed around waiting rooms in the Hewitt Fertility Centre. A push notification/alert to a clinic news webpage was sent to registered patients of the service so that they could access further. Information about the consultation was also shared via their Patient Support Group and through the trust's patient experience team.

To help promote the consultation as widely as possible, a communications toolkit was shared with a range of partners at the outset of the six-week period. This included communications teams in local authorities and NHS trusts, Healthwatch organisations, GP practices, and other relevant networks.

The toolkit and supporting briefing information was also shared with a range of regional and national fertility charities, advocacy organisations and groups.

NHS Cheshire and Merseyside also contacted a range of relevant local voluntary, community, faith and social enterprise (VCFSE) groups who work with diverse communities and asked them to share the information and encourage people to take part.

Individual groups and networks were given the opportunity to invite NHS Cheshire and Merseyside to attend meetings or events to provide additional briefings about the public consultation. As part of this, we met with [Fertility Action](#) – you can read a summary of that meeting, and Fertility Action's consultation submission, in Appendix C. Key themes from this discussion included: Equity and access, wait times for NHS fertility treatments, mental health impacts of fertility policies, falling fertility rates, clearer policy communication and clarity for patients, and primary care education around male fertility issues.

A review was undertaken three weeks into the six-week consultation period, providing an opportunity to identify any gaps in responses from people of different demographic groups or geographical areas. At this point it was noted that the majority of responses came from people who indicated that their ethnicity was white, so additional promotion was put in place, aimed at encouraging more diverse participation.

In support of this, we did a further promotional push to remind people that it was still not too late to take part in the public consultation. This involved use of social media platforms, additional activity by Liverpool Women's, and further communication with voluntary and community sector partners (particularly those focused on reaching diverse communities).

Summary of findings from questionnaire

The main findings section (page 12 onwards below) contains a detailed breakdown of the questionnaire responses, however the following is a summary of some of the key findings in response to each proposed change.

Response to proposed change to the number of IVF cycles that are funded

- 86% (1,532) of respondents disagreed or strongly disagreed with the proposed change to the number of IVF cycles that are funded.
- Of those disagreeing with the proposal, many emphasised the psychological toll of infertility and the stress of limiting access to treatment, on the basis that IVF can require more than one cycle for a successful outcome.
- Many of those disagreeing with the proposal questioned the financial logic of reducing IVF cycles, with some comparing its broader impact on NHS budgets with the potential costs of mental health support to those left without children after only one round. Many respondents also compared the cost of providing one IVF cycle or two IVF cycles across Cheshire and Merseyside and said that the difference in cost seemed to signal that two rounds would be the most sensible option.
- There were concerns that the impact of this proposal would be to widen inequalities in access to care and increase the financial burden on individuals.
- The personal challenges associated with IVF, including emotional strain, financial burden, and relationship pressures, were consistently highlighted amongst respondents.

Response to the proposed change to the eligibility on BMI (body mass index) in Wirral

- 46% agreed or strongly agreed with the proposal, 25% neither agreed nor disagreed, and 29% disagreed or strongly disagree.
- Many respondents emphasised the importance of being in good physical condition before undergoing IVF. They linked healthy weight and lifestyle choices to improved fertility outcomes, reduced pregnancy risks, and better long-term health for parents and children.
- Many respondents shared their own journeys with IVF, weight loss, or navigating BMI requirements. These stories often highlighted the emotional and physical challenges of meeting eligibility criteria.
- Respondents frequently discussed the importance of removing barriers to treatment.
- There were calls for consistent policies across areas and genders.

Response to the proposed change to eligibility on smoking

- 72% (1,110) answered 'agree' or 'strongly agree' in response to the question about the proposed change to eligibility on smoking.
- Responses acknowledged that smoking affects fertility and pregnancy outcomes.
- There was broad agreement that support should be provided to help individuals quit smoking, rather than using smoking status as a barrier.
- Concerns about equity were voiced, especially regarding penalising individuals based on partner behavior.
- There were concerns about how smoking status would be verified and enforced.

Response to the proposed change to the definition of 'childlessness' in Cheshire East and Cheshire West

- 44% answered disagree and strongly disagree in response to the question about the proposed change to the definition of 'childlessness' in Cheshire East and Cheshire West. 32% answered agree or strongly agree, 25% answered neither agree nor disagree,
- Respondents emphasised the need for consistent policies across areas to avoid a 'postcode lottery'.
- Some respondents discussed the importance of prioritising NHS resources for those who don't already have children, while others expressed concern about financial limitations.
- There were mixed views on whether NHS should support treatment for additional children beyond the first
- Respondents highlighted the challenges of secondary infertility and called for case-by-case consideration.
- Emotional and ethical concerns were raised about the psychological impact and fairness of the proposed policy.

Response to proposed change to IUI commissioning in Wirral

- 42% answered agree or strongly agree, 37% answered neither agree nor disagree, and 21% answered disagree or strongly disagree in response to the question about the proposed change to IUI commissioning in Wirral.
- Fairness in access to fertility treatment was a recurring concern. Respondents emphasised that policies should not discriminate based on relationship type, geography, or personal circumstances.
- Many respondents highlighted the perceived inequality in requiring same-sex couples to self-fund IUI.
- IUI was frequently described as a gentler and more affordable alternative to IVF, with many advocating for its use as a first-line treatment.
- There was support for following national standards.

Main questionnaire findings

Respondents and their characteristics

The questionnaire was open between 3 June and 15 July 2025. There were 2,124 responses overall, with 71% of respondents reaching the end of the questionnaire. People could choose which questions they wished to answer, so the number of responses to individual questions varies.

Respondents were self-selecting, meaning they chose to participate in the consultation, rather than being sampled or assigned. The profile of respondents by interest, geographical area and how they found out about the consultation are shown in Tables 1 to 3 below.

The methodology is described above. The questionnaire is shown in Appendix A and the responses to the equality monitoring questions in Appendix D.

The results are presented as statistical summaries for the fixed response (quantitative) questions together with, where relevant, a thematic analysis of the free-response (qualitative) questions. The aim of the thematic analysis is to identify themes or patterns in the data that are relevant to the objectives of the consultation and identifying side issues. This analysis is a way of identifying deeper insights and meanings about the views of respondents. Not all respondents provided a comment justifying their response, and therefore the number of free responses is always fewer than the number of people answering the fixed response question.

1,129 respondents completed in part or full the equality monitoring questions, which were optional.

Please note: Percentages are only used as an indication of the proportion of people who answered that question, figures have been rounded up or down to the nearest whole number.

Table 1: Respondents' interest in fertility treatment policies

Answer choices	Responses	
Someone who has accessed (or is accessing) NHS fertility treatment, either personally or as a partner/spouse	38%	804
The carer of someone who has accessed (or is accessing) NHS fertility treatment	0.4%	9
A relative/friend of a patient who has accessed (or is accessing) NHS fertility treatment	34%	712
Someone who has accessed (or is accessing) privately funded IVF (in vitro fertilisation)	9%	187
Someone interested in responding, but without personal experience of fertility treatment.	26%	544
A health professional working in fertility services in Cheshire and Merseyside. (You will have an opportunity to complete a section for health professionals later in the questionnaire.)	4%	79
Other (please specify)	4%	82
	Answered	2,121

N.B. Respondents could select more than one category; therefore, percentages don't add up to 100.

Table 2: Where respondents live

Answer choices	Responses	
Cheshire East	6%	120
Cheshire West	9%	197
Halton	7%	143
Knowsley	6%	132
Liverpool	20%	429
Sefton	12%	244
St Helens	12%	246
Warrington	12%	258
Wirral	8%	159
Outside of Cheshire and Merseyside (please specify)	9%	191
	Answered	2,119

Table 3: How respondents found out about the consultation

Answer choices	Responses	
An email or text from the NHS	6%	90
Social media (Facebook, X etc.)	49%	775
NHS website (for example, NHS Cheshire and Merseyside or hospital trust website)	6%	87
Through a patient group and/or voluntary sector organisation I am connected to	5%	86
NHS staff communication	6%	99
Friend or family member	34%	532
I don't know	0.7%	11
Other (please specify)	5%	76
	Answered	1,575

Analysing qualitative feedback

To provide more detailed insights into why respondents agreed or disagreed with the proposed changes, people completing the questionnaire were asked to explain the reason(s) behind their views on each proposed change, with more than 1,000 comments provided.

To analyse and structure these comments into a meaningful summary, a thematic analysis was used to identify the most frequently occurring opinions and concerns. To provide balance to the analysis, the most frequently occurring themes were identified for both those in favour and against each proposal.

Questionnaire responses from the public were analysed for recurring themes and sentiments using Copilot, a Microsoft artificial intelligence (AI) tool. Ahead of this, responses were manually reviewed to remove anything which might identify individuals, ensuring compliance with data protection principles. Copilot was used in a secure, browser-based environment by a trained staff member, only cleaned, non-identifiable text was inputted, and outputs were also manually checked to ensure that any risks around misinterpretation were mitigated.

Response to proposed change to the number of IVF cycles that are funded

The proposed change

If the new single policy was introduced, it would mean everyone in Cheshire and Merseyside who is eligible for IVF would have one cycle paid for by the NHS. The number of cycles funded would reduce for people aged up to 39 in all areas of Cheshire and Merseyside, except in Cheshire East, where it would stay the same as it is now.

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

For a full explanation of the proposed change to the number of IVF cycles see the [consultation summary booklet](#).

Respondents were asked “**To what extent do you agree/disagree with the proposed change to the number of IVF cycles that are funded?**” The results were as follows:

Answer choices	Responses	
Strongly agree	6%	114
Agree	5%	85
Neither agree nor disagree	2%	33
Disagree	9%	166
Strongly disagree	77%	1,366
	Answered	1,764

Respondents who disagree or strongly disagree

86% of 1764 respondents answered ‘disagree’ or ‘strongly disagree’ to the proposed change to the number of IVF cycles that are funded.

There wasn’t any significant difference of opinion based on groups of respondents by equality characteristics or other groupings – differences in opinion were based on respondents’ interest in the consultation.

Of the respondents who answered ‘disagree’ or ‘strongly disagree’, 65% indicated they were either ‘someone who has accessed (or is accessing) NHS fertility treatment, either personally or as a partner/spouse’ or ‘a relative/friend of a patient who has accessed (or is accessing) NHS fertility treatment.’

1,291 respondents provided further explanation of why they selected ‘disagree’ or ‘strongly disagree’ with the proposal, with the following themes identified:

Mental/emotional impact - respondents highlighted the psychological and emotional toll of infertility and IVF treatment. With many describing how hard it is trying to maintain hope and keep a positive mental attitude whilst trying to conceive.

"Reducing access to further attempts can cause significant emotional distress."

"This change will strip so many people of the chance to get pregnant. IVF and infertility are hard enough."

Success rates and medical rationale - many respondents cited reasons that supported their view that IVF often requires multiple cycles.

"The first round is very often treated as a test round to test the efficacy of the treatment plan and often fails."

NHS funding concerns - respondents questioned the financial logic of reducing IVF cycles, in the context of the estimated financial impact.

"The additional £40,000 cost is small when considered in the context of the total budget for local health care."

"Reducing to one cycle will widen inequalities in access to care between those who can afford additional private cycles and those who cannot."

Equity and fairness - respondents criticised the policy as short-sighted and poorly justified. Respondents shared their own personal IVF journeys about fairness and equal access to care.

"Reducing everyone to one cycle to make it the same doesn't seem fair."

"I had to pay privately for my IVF, and this is something that not everyone can do."

Societal impact - some respondents pointed to broader consequences like declining birth rates.

"Fertility treatment is an investment in the future stability of our community."

Women's health - respondents reported a gender bias in healthcare decisions.

"Women's health is always targeted..."

Regional differences - respondents expressed frustration that Cheshire and Merseyside going to one IVF cycle meant it would fall into line with other regions in England.

"Just because other areas of the country only offer 1 cycle of IVF doesn't mean we should follow suit."

Impact on relationships - some respondents noted the strain the proposed change would have on relationships.

"This change would impact mental health and relationships."

Interpreting Strongly Agree, Agree, and Neutral Responses

There were far fewer comments made in explanation of these categories, and less distinct themes arose. Responses covered areas such as a concern for financial fairness, and recognition of financial constraints.

Common themes from all comments in response to the proposed change to the number of IVF cycles that are funded

Equity and consistency - many respondents expressed a desire for equal access to IVF treatment, regardless of geography or personal circumstances. The concept of eliminating a perceived postcode lottery was widely supported. There was a shared belief that consistency in policy is important, even if the number of funded cycles is limited.

"It should be the same for everyone, either 1 for all or more for everyone."

"I think access to the number of IVF cycles via the NHS should be equal in all areas and should not be a postcode lottery."

Financial realism - respondents acknowledged the financial constraints facing the NHS. Some saw limiting IVF funding as a necessary compromise to preserve resources for other essential services. There was a recognition that one cycle may be a fair offer, especially if it includes multiple embryo transfers.

"The NHS cannot fund everything."

Inclusive access - respondents highlighted the importance of inclusive eligibility criteria, especially for solo parents, LGBTQ+ families, and those with complex family situations. There was concern that current policies may exclude certain groups unfairly.

"I want everyone to be able to have the opportunity to be able to have IVF even if they are a solo parent, non-binary/trans."

Alternative priorities - a small number of respondents questioned whether IVF should be funded at all, suggesting that life-saving treatments should take precedence.

Impact

In response to the question '**Please use this space to let us know how the proposed change to the number of IVF cycles that are funded would impact you**' There was a clear convergence of themes and opinions that reflect the personal challenges associated with IVF and wider fertility treatments. Emotional strain, financial burden, and relationship pressures were consistently highlighted amongst respondents.

"The anxiety and stress that would be caused by knowing that you only have one round to make it work is indescribable."

"I couldn't access the current proposals because I am single. The criteria for single people were erroneous and not practicable for any person to consider. I therefore went into debt to go private."

Many respondents emphasised the importance of maintaining hope and the need for multiple IVF cycles due to low success rates, aligning with broader concerns about fairness, equity, and the logic of NHS funding decisions. People shared personal stories of loss, grief, and resilience, and talked about additional factors such as the physical toll of treatment, the stigma surrounding infertility, and the tension between career and family planning.

"I've attended support groups for those facing infertility and baby loss, and I've seen the toll it takes."

Response to proposed change to eligibility on BMI (body mass index) in Wirral

The proposed change

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

Currently, nine out of ten Cheshire and Merseyside subfertility policies state that women need to have a BMI of between 19 and 29.9 in order to begin NHS fertility treatment. In

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

In the proposed new Cheshire and Merseyside policy it would state that women intending to carry a pregnancy need a BMI of between 19 and 29.9 for fertility treatment to begin. Men with a BMI of more than 30 would be advised to lose weight to improve their chances of conceiving, but this would not necessarily be a barrier to the couple accessing NHS fertility treatment.

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

For a full explanation of the proposed change to eligibility on BMI in Wirral please see [consultation summary booklet](#).

Respondents were asked **“To what extent do you agree/disagree with the proposed change to the eligibility on BMI (body mass index) in Wirral?”** The results were as follows:

Answer Choices	Responses	
Strongly agree	19%	303
Agree	27%	424
Neither agree nor disagree	25%	383
Disagree	12%	181
Strongly disagree	17%	270
	Answered	1,561

Given that this change focussed on a particular area, we examined responses based on where people lived, but we did not find significant differences to the way respondents answered.

Similarly, we looked at responses according to gender. Broadly speaking, there was no significant difference in the way respondents answered the question. There were slightly more males in agreement (agree/strongly agree) with the change and slightly more females in disagreement (disagree/strongly disagree) with the changes however this difference may be due to respondents understanding of the proposed changes as described in the report below (further observations and considerations). It should also be noted that there were significantly more responses from those who identified as female (941 respondents) than male (88 respondents).

Not all respondents chose to leave a comment to explain more about why they agreed or disagreed with the proposed policy change, and fewer again left a comment to describe the impact of the proposed policy change.

Common themes in feedback on proposed BMI eligibility changes in Wirral

Health and lifestyle - many respondents emphasised the importance of being in good physical condition before undergoing IVF. They linked healthy weight and lifestyle choices to improved fertility outcomes, reduced pregnancy risks, and better long-term health for parents and children.

"In order for the treatment to be successful patients need to be in the best physical health they can be. To avoid wasting funds recipients of fertility treatment should be prepared to make some sacrifices to help achieve their desired outcome."

"People should be at their healthiest to have a child, being overweight comes with risks."

Respondents discussed the importance of being healthy, the limitations of BMI in reflecting true health, and the role of fitness, diet, and muscle mass.

"Completely understand that you require individuals to be at their best health wise in order for the cycles to have more chance of working but I think other factors should be considered as women with PCOS often find it difficult to lose weight."

Respondents emphasised that people can be healthy and active even with a higher BMI, and that muscle mass or body composition should be considered.

"I have a high BMI, but I believe myself to be fit, active and healthy — I exercise 5 times a week and play contact sports regularly."

Personal experience - many respondents shared their own journeys with IVF, weight loss, or navigating eligibility requirements. These stories often highlighted the emotional and physical challenges of meeting eligibility criteria.

"I had to lose over 4 stone to be eligible for IVF on the NHS. Although it was hard, I was happy to do so as being overweight can negatively impact fertility and IVF."

"In my experience, my BMI was 31 when we were assessed, and I was told I needed to lose weight before we could proceed. Although I accepted this because I knew I had some weight to lose, the pressure it added was overwhelming — both emotionally and physically — at an already difficult time."

Access to treatment - respondents frequently discussed the importance of removing barriers to treatment. Some expressed the view that BMI should not prevent couples from accessing IVF, especially when male BMI was not a requirement in other areas.

"By changing the guidelines for a male partner's BMI (if above 30) to be an advisory rather than an ineligibility is a good idea as this shouldn't be a hurdle which blocks access to a patient having treatment."

Respondents raised concerns about BMI acting as a barrier to IVF, especially for those with medical conditions or atypical body compositions.

"My partner was 0.1 over the BMI for treatment and so we had to go private. It was suggested she lose weight without considering the fact her medical condition hinders this."

Fairness and equity – a strong theme was the desire for consistency across different areas. Many people criticised the "postcode lottery" and called for equal treatment regardless of where someone lives.

"It would be fair to have the same policy across the board instead of just having a postcode lottery."

Comments focused on the need for consistent policies across regions and equal treatment for men and women. Some respondents criticised the policy for being discriminatory, especially toward women, and called for equal standards across genders and regions.

Support for policy change – some respondents expressed agreement with the proposed change, describing it as “sensible,” “logical,” or “in line with NICE guidance.” These responses often supported the idea of aligning Wirral’s policy with the rest of Cheshire and Merseyside.

“Yes, strongly agree. Sounds a suitable approach. Female BMI needs to be under 30. Male BMI not so imperative but should be encouraged to be healthy due to sperm etc. Fine policy. Should be equal across whole area – zero variation by postcode please.”

Respondents who supported the proposed change, often made further caveats or suggestions.

“I welcome the proposal to make the male BMI guidance more flexible and believe the same compassion and flexibility should apply to women as well.”

Additional views that arose in the comments that were not specifically about the proposed changes included:

BMI as a measure of healthy weight - respondents questioned the use of BMI to measure a person’s healthy weight. BMI as a tool was sometimes described as outdated, inaccurate, or inappropriate for determining health or treatment eligibility.

Poorer mental health - respondents described how trying to reach the BMI requirements to access fertility treatment could lead to poor mental health outcomes and have a high emotional impact.

Impact

In response to the question ‘**Please use this space to let us know how the proposed change to the eligibility on BMI in Wirral would impact you**’ 444 respondents stated that the change would not impact them, sometimes describing that they had already completed their IVF treatment, others stating that they did not live in Wirral, but most saying not applicable or similar. There were indications that some respondents might not have fully understood the proposed change, with just over 100 responses explicitly referencing female BMI requirements, implying that they believed the proposed change was to introduce or enhance BMI requirements for women.

However, a few respondents did talk explicitly about the removal of male BMI criteria in Wirral.

“This won’t impact me directly, as I’ve already been through IVF, but I think it’s a sensible and balanced update. Removing the male BMI restriction where it existed removes confusion and brings consistency to the policy. Couples already face enough stress and complexity when dealing with fertility — this helps remove one unfair barrier.”

Response to proposed change to eligibility on smoking

The proposed change

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

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

For a full explanation of the proposed change to eligibility on smoking please see [consultation summary booklet](#).

Respondents were asked **“To what extent do you agree/disagree with the proposed change around smoking and eligibility?”** The results were as follows:

Answer Choices	Responses	
Strongly agree	42%	645
Agree	30%	456
Neither agree nor disagree	18%	275
Disagree	6%	89
Strongly disagree	5%	80
	Answered	1,545

Not all respondents chose to leave a comment to explain more about why they agreed or disagreed with the proposed policy change.

There wasn't any significant difference of opinion based on groups of respondents by equality characteristics or other groupings.

Common themes in feedback on proposed change to eligibility on smoking

Health and treatment outcomes - people across all response categories acknowledged that smoking affects fertility and pregnancy outcomes, though their views on how this should influence eligibility differed.

Those who strongly agreed or agreed with the proposed change referred to smoking negatively impacting fertility, IVF success rates, and pregnancy outcomes.

“Agree with the proposed changes around eligibility and smoking to access NHS funded IVF. Both parents need to consider the health implications of smoking not only to their own health but potentially to that of their baby should treatment be successful.”

Those who neither agreed nor disagreed talked about the benefit of trying to promote healthy lifestyles but highlighted the need for a multi-disciplinary approach.

Those who disagreed and strongly disagreed felt that smoking should only be used as a determining factor if it is significantly affecting the health of the would-be parents.

Support for smoking cessation - there was broad agreement that support should be provided to help individuals quit smoking, rather than using smoking status as a barrier.

Fairness and discrimination - some respondents expressed concerns about equity, especially regarding penalising individuals based on partner behavior or past smoking history. Those who strongly agreed and agreed felt the proposal applies fair and medical-based criteria to improve chances of success.

Policy clarity and enforcement - some respondents expressed concerns about how smoking status would be verified and enforced.

Less frequently mentioned concerns included the issue of partner smoking and individual eligibility, where respondents strongly objected to the idea that one partner's smoking status — typically the male — could disqualify the other from accessing treatment. This was seen as unfair and overly punitive, particularly when the non-smoking partner may be fully compliant with health guidelines.

Another concern involved vaping and evidence concerns, with mixed views on whether vaping should be treated the same as smoking. While some felt vaping should be included due to its potential health risks, others questioned whether there was sufficient scientific evidence, particularly regarding its impact on male fertility.

Finally, several respondents highlighted the perceived double standards between natural conception and IVF, arguing that individuals who conceive naturally are not subject to the same lifestyle scrutiny or restrictions.

Impact

In response to the question '**Please use this space to let us know how the proposed change around smoking and eligibility would impact you**' the majority of respondents indicated that the proposed change around smoking and eligibility for fertility treatment would not affect them personally. This was often because they were non-smokers or had already completed treatment. Some highlighted health benefits, noting that smoking cessation could lead to better physical outcomes and safer pregnancies. Others expressed concern for child welfare, emphasising the importance of a smoke-free environment for newborns.

A few respondents questioned the broader implications for the NHS, critiquing what they saw as a "nanny state" approach and calling for consistency across lifestyle-related policies. There were also voices advocating for support and cessation, stressing the need for robust programs to help individuals quit smoking rather than excluding them from treatment.

Response to proposed change to the definition of 'childlessness' in Cheshire East and Cheshire West

The proposed change

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

This would not be a change for people living in Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington or Wirral because the policies for these areas already say this.

For a full explanation of the proposed change to the definition of 'childlessness' in Cheshire East and Cheshire West please see [consultation summary booklet](#).

Respondents were asked **"To what extent do you agree/disagree with the proposed change to the definition of 'childlessness' in Cheshire East and Cheshire West?"** The results were as follows:

Answer Choices	Responses	
Strongly agree	14%	183
Agree	18%	268
Neither agree nor disagree	25%	364
Disagree	18%	259
Strongly disagree	26%	384
	Answered	1,458

When looking at the responses from Cheshire East and Cheshire West for those who disagreed or strongly disagreed with the proposed change, responses were broadly in line with other areas, apart from St Helens which had a higher number of respondents indicating disagree/strongly disagree.

Not all respondents who answered this question chose to leave a comment to explain more about why they agreed or disagreed with the proposed policy change, and fewer again left a comment to describe the impact of the proposed policy change.

Common themes from all comments in response to the proposed change to the definition of 'childlessness' in Cheshire East and Cheshire West

Health and lifestyle - respondents across all categories emphasised the need for consistent policies across regions to avoid a 'postcode lottery'.

"It would be fair to have the same policy across the board instead of just having a postcode lottery."

Allocation of NHS resources - some respondents discussed the importance of prioritising NHS resources for those who do not already have children, while others expressed concern about financial limitations.

"The NHS should help people have one child, but further children should be self-funded."

There were mixed views on whether NHS should support treatment for additional children beyond the first.

"We would love a sibling for our child, but we understand the NHS has limited resources."

Secondary infertility - some respondents highlighted the challenges of secondary infertility and called for case-by-case consideration.

"Just because we have one child doesn't mean we aren't struggling to conceive again."

"This again should be circumstantial. For example, if one person has a child from a previous relationship but wants to have a child with a new partner, I do not believe that they should be excluded."

Emotional and ethical considerations - emotional and ethical concerns were raised about the psychological impact and fairness of the proposed policy.

"It feels like we're being punished for needing help to conceive."

"This proposal feels like a technicality used to withhold care, not a compassionate or patient-centred policy."

Impact

In response to the question **'Please use this space to let us know how the proposed change to the definition of 'childlessness' in Cheshire East and Cheshire West would impact you'** a small number of respondents expressed general dissatisfaction with the proposed policy changes, even if not directly impacted and objected to the definitions of childlessness, especially in blended families. 'I do not agree with the definition of childlessness referring to any living child of either partner.' In the opinion of some respondents, the impact of such a proposed policy would lead to anxiety and emotional distress.

Equally some respondents called for NHS fertility treatments and services to be applied consistently 'I am childless and would like to start a family, but I cannot do so naturally. It would be unfair if someone who already is a parent got access to NHS fertility treatment, but that I as a childless person would have my opportunities limited due to this.'

Response to proposed change to IUI commissioning in Wirral

The proposed change

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

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

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

We are therefore proposing that the single Cheshire and Merseyside policy would allow NHS funded IUI in the groups listed above, across all areas. This change would not impact on the current requirement for self-funded IUI for same sex couples.

For a full explanation of the proposed change to IUI commissioning in Wirral please see [consultation summary booklet](#).

Please note: an update was made to the consultation information and questionnaire on 6 June 2025. A previous version of the consultation information and questionnaire referred to proposed changes to the requirement for IUI before IVF treatment in Cheshire East, Cheshire West and Wirral. This was an error – the actual proposed change was for the new policy to allow NHS-funded IUI for a number of specific groups across Cheshire and Merseyside, when currently it is not routinely commissioned in Wirral. Analysis of comments indicates that this change made little or no difference to the responses received.

Respondents were asked **“To what extent do you agree/disagree with the proposed change to IUI commissioning in Wirral?”** The results were as follows:

Answer choices	Responses	
Strongly agree	19%	239
Agree	23%	292
Neither agree nor disagree	37%	469
Disagree	7%	85
Strongly disagree	14%	179
	Answered	1,264

Not all respondents who answered this question chose to leave a comment to explain more about why they agreed or disagreed with the proposed policy change, and fewer again left a comment to describe the impact of the proposed policy change.

Common themes from all comments in response to the proposed change to IUI commissioning in Wirral

Fairness and equality - fairness in access to fertility treatment was a recurring concern. Respondents emphasised that policies should not discriminate based on relationship type, geography, or personal circumstances.

“Everyone needs a fair chance”

Access for same-sex couples - many respondents, regardless of stance, highlighted the perceived inequality in requiring same-sex couples to self-fund IUI, calling for NHS-funded cycles for all.

“IUI should be free for same sex couples”

Consistency across regions - there was strong support for aligning policies to eliminate postcode-based disparities.

“Consistent criteria across the ICB”

IUI as a less invasive and cost-effective option - IUI was frequently described by respondents as a gentler and more affordable alternative to IVF, with many advocating for its use as a first-line treatment.

“IUI is often the first and less invasive treatment option... more physically and emotionally manageable than IVF.”

Alignment with NICE guidelines - respondents supported aligning local policies with national NICE guidelines to ensure best practice and fairness, though some expressed confusion about selective adherence.

“You should not pick and choose which NICE guidelines to follow.”

Impact

In response to the question ‘**Please use this space to let us know how the proposed change to IUI commissioning in Wirral would impact you**’ many comments repeated the themes above however, several responses highlighted specific concerns for medical conditions (e.g., Klinefelter syndrome, endometriosis, PCOS) that complicate fertility and increase reliance on assisted reproduction.

General additional comments

After answering questions around the five proposed changes, respondents were presented with an opportunity to provide any further information they wished to share. In response to the question “**Please use this space to share any additional information that you feel is relevant to the proposed changes to fertility treatment policies in Cheshire and Merseyside.**” 514 people provided additional comments, sharing emotional, financial, and systemic concerns surrounding fertility treatment access. The most prominent theme was the emotional impact of infertility, with respondents describing their experiences.

Treatment experiences were the most frequently mentioned theme, with respondents describing IVF cycles, miscarriages, and clinical interactions. Many advocated for increased NHS support, with repeated calls for two IVF cycles to be available on the NHS. This overlapped with themes on advocacy for change and frustration with the system, where respondents criticised postcode-based inequalities and funding cuts.

Other significant themes included the financial burden of private IVF, with one respondent noting, *“I have had to secretly save all my wages all my life and never had a holiday because I wanted a baby.”*

Concerns about discrimination and equality highlighted unequal treatment of same-sex couples and single women.

Response from health professionals

In response to the question “**If you are answering as a health professional, please use the space below to provide additional comments**” a total of 46 comments were received, offering a blend of clinical insight, personal experience, and policy critique. Many professionals highlighted the financial burden on both patients and the NHS, warning that underfunding IVF could lead to greater long-term costs. There were also reflections on the quality and availability of fertility services, with concerns about infrastructure and service provision.

Others emphasised the mental health impact, ethical concerns, and the importance of adhering to NICE guidelines. The comments also touched on equity and access, with professionals warning against postcode-based inequalities, and advocating for transparent communication and evidence-based policy implementation.

“I understand you need to save money however I strongly believe that underfunding IVF will cost the NHS more money. Please do more research into the cost of underfunding IVF

before making changes. In your consultation you have only looked at the money you will save by cutting cycles and it seems you haven't considered the true cost of cutting cycles. It will also make ethical decision making more difficult and negatively impact the mental health of patients requiring IVF treatment."

Further observations and considerations

In addition to the main findings outlined above, some further observations were made from the public consultation questionnaire responses:

Language and terminology – In some cases, comments received in the questionnaire indicated that there might be different interpretations of some key terminology. In particular, while the supporting information produced for the consultation outlined what an IVF cycle consisted of, this was potentially an area where respondents' understanding might have varied. It is therefore important that any future communications continue to clearly define key terms and definitions.

Rationale for proposals – While supporting information provided the rationale for each proposed change, in some cases this was not reflected in the responses people provided. For example, while the proposed change around BMI criteria was made in order to align the Wirral policy with the rest of Cheshire and Merseyside – and put it in line with clinical evidence – some respondents perceived this as representing a disadvantage to females, and didn't recognise the clinical rationale. Again, it is important that any future communications around this programme of work continue to clearly articulate the rationale behind any changes.

Evidence base – The summary booklet provided clinical evidence and rationale for each proposal, however, some respondents also quoted their own evidence, for example around the success rates of fertility treatments. While we have not quoted these figures in this report, we have included the sentiments expressed by respondents in the themes presented above.

Next steps

- This report was produced by the NHS Cheshire and Merseyside's communications and engagement team, which was also responsible for leading the consultation activity. It will be presented to the Board of NHS Cheshire and Merseyside, along with a final proposal for the policy.
- Once the Board has made a decision about what happens next, NHS Cheshire and Merseyside will share further information.
- If the proposed change to the number of NHS-funded IVF cycles goes ahead, there would be no change for people who had already been told by the Hewitt Fertility Centre how many cycles they would be entitled to during their care. Therefore, there would be no impact mid-treatment. However, any future change would apply to people who had not yet started their care with the Hewitt Fertility Centre at the point a decision to change the policy was made.

Ends.

Appendices

Appendix A – Consultation questionnaire

Proposed changes to fertility treatment policies in Cheshire and Merseyside

This questionnaire is for you to share your views on NHS Cheshire and Merseyside's proposal for a single subfertility policy.

Currently, there are ten separate policies covering NHS fertility treatments for people in Cheshire and Merseyside. These are called NHS Funded Treatment for Subfertility policies. You can view them at: <https://www.cheshireandmerseyside.nhs.uk/your-health/clinical-policies/>. Simply scroll to the map at the end of the page and click on the area you want to see the policy for.

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

You should read the supporting information booklet before answering this questionnaire. You can find the booklet on the [NHS Cheshire and Merseyside website by clicking here](#).

If you wish to respond to this consultation on behalf of a group, charity or organisation, send your response via email to engagement@cheshireandmerseyside.nhs.uk

How will my information be used?

Your responses to these questions are anonymous - we don't link this information with anything that identifies you. We might use comments you make in our consultation report, which will be published on the NHS Cheshire and Merseyside website. Again, these won't be linked to you.

Your data will be treated confidentially and stored in accordance with Data Protection law and NHS Cheshire and Merseyside's Privacy Notice. You can read NHS Cheshire and Merseyside's Privacy Notice at [Privacy Notice - NHS Cheshire and Merseyside](#)

Any questions marked with a * are must answer questions.

Thank you.

Q1. I am completing this questionnaire as (tick as many as apply): *Please note this questionnaire is intended for individual responses. If you are helping someone else to complete this questionnaire, please answer all the questions on their behalf rather than your own.*

- Someone who has accessed (or is accessing) NHS fertility treatment, either personally or as a partner/spouse.
- The carer of someone who has accessed (or is accessing) NHS fertility treatment.
- A relative/friend of a patient who has accessed (or is accessing) NHS-funded IVF (in vitro fertilisation) in Cheshire and Merseyside

- I am interested in responding, but I haven't had experience of NHS-funded IVF (in vitro fertilisation) in Cheshire and Merseyside as a patient/partner/spouse/relative/friend
- Someone who has accessed (or is accessing) or are aware of someone else (partner/spouse, family member, etc.) who has accessed (or is accessing) privately funded IVF (in vitro fertilisation) in Cheshire and Merseyside
- I am a health professional working in NHS fertility service in Cheshire and Merseyside. (You will have an opportunity to complete a section for health professionals later in the questionnaire).
- Other. Please state:

Q2. Where do you live?

- Cheshire East
- Cheshire West
- Halton
- Knowsley
- Liverpool
- Sefton
- St Helens
- Warrington
- Wirral
- Outside of Cheshire and Merseyside (please specify)

Proposed changes

In the next five sections, you'll have the opportunity to share your views on each of the following proposed changes to fertility treatment policies:

- A change to the number of IVF cycles that are funded
- A change to the BMI (body mass index) eligibility criteria in Wirral
- A change to the eligibility criteria related to smoking
- A change to how 'childlessness' is defined in Cheshire East and Cheshire West
- A change that would require IUI (intrauterine insemination) before accessing IVF in Cheshire East, Cheshire West, and Wirral

If you don't want to comment on this change, click 'Next Page' to continue.

Change to the number of IVF cycles that are funded

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

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

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

Why are we proposing this?

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

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

Q3. To what extent do you agree/disagree with the proposed change to the number of IVF cycles that are funded?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Q4. Please use this space to explain more about your answer to the question above.

Q5. Please use this space to let us know how the proposed change to the number of IVF cycles that are funded would impact you.

If you don't want to comment on this change, click 'Next Page' to continue.

Change to eligibility on BMI (body mass index) in Wirral

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

Currently, nine out of ten Cheshire and Merseyside policies state that women need to have a BMI of between 19 and 29.9 in order to begin NHS fertility treatment. In Wirral the policy says that a male partner should also meet this BMI in order for a couple to be eligible.

We are proposing that the new Cheshire and Merseyside policy would state that women intending to carry a pregnancy need a BMI of between 19 and 29.9 for fertility treatment to begin and men with a BMI of more than 30 would be advised to lose weight to improve their chances of conceiving, but this would not necessarily be a barrier to the couple accessing NHS fertility treatment.

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

Why are we proposing this?

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

Q6. To what extent do you agree/disagree with the proposed change to the eligibility on BMI (body mass index) in Wirral?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Q7. Please use this space to explain more about your answer to the question above.

Q8. Please use this space to let us know how the proposed change to the eligibility on BMI (body mass index) in Wirral would impact you.

If you don't want to comment on this change, click 'Next Page' to continue.

Change to eligibility on smoking

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

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

Why are we proposing this?

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

Q9. To what extent do you agree/disagree with the proposed change around smoking and eligibility?

- Strongly agree
- Agree
- Neither agree nor disagree

- Disagree
- Strongly disagree

Q10. Please use this space to explain more about your answer to the question above.

Q11. Please use this space to let us know how the proposed change around smoking and eligibility would impact you.

If you don't want to comment on this change, click 'Next Page' to continue.

Definition of 'childlessness' in Cheshire East and Cheshire West

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

This would not be a change for people living in Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington or Wirral because the policies for these areas already say this.

Why are we proposing this?

To ensure that the same approach is taken for everyone across Cheshire and Merseyside and be consistent with the majority of other areas across England.

Q12. To what extent do you agree/disagree with the proposed change to the definition of 'childlessness' in Cheshire East and Cheshire West?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Q13. Please use this space to explain more about your answer to the question above.

Q14. Please use this space to let us know how the proposed change to the definition of 'childlessness' in Cheshire East and Cheshire West would impact you.

If you don't want to comment on this change, click 'Next Page' to continue.

Change to IUI commissioning in Wirral

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

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

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

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

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

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

Q15. To what extent do you agree/disagree with the proposed change to IUI commissioning in Wirral?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Q16. Please use this space to explain more about your answer to the question above.

Q17. Please use this space to let us know how the proposed change to IUI commissioning in Wirral would impact you.

Q18. Please use this box to share any additional information that you feel is relevant to the proposed changes to fertility treatment policies in Cheshire and Merseyside.

Q19. If you are answering as a health professional, do you have any further comments you wish us to take into consideration. *

- This question does not apply to me
- Yes, I would like to make a further comment
- No, I do not wish to make a further comment

Q20. If you are answering as a health professional, please use the space below to provide additional comments.

Q21. Where did you hear about this questionnaire (tick all that apply)?

- An email or text from the NHS.
- Social media (Facebook, X etc.).
- NHS website (for example, NHS Cheshire and Merseyside or hospital trust website).
- Through a patient group and/or voluntary sector organisation I am connected to.
- NHS staff communication
- Friend or family member
- I don't know
- Other (please state)

Equality monitoring questions.

To make sure we deliver our services in a fair way for everybody, we would also like to ask you to provide a little bit of information about yourself. However, you do not have to complete this section if you would prefer not to.

All the information that you give will be recorded and reported anonymously – it will never be used with your name or contact details. NHS Cheshire and Merseyside collect this as part of its duty under the Equality Act 2010.

Your data will be treated confidentially and stored in accordance with Data Protection law and [NHS Cheshire and Merseyside Privacy Notice](#).

Thank you.

Q22. Are you happy to complete this section to help us better understand who we are reaching? *

- Yes
- No

Respondents who answered 'yes' were then directed to a detailed set of equalities questions. A breakdown of the responses is included as Appendix D.

Ends.

Appendix B - Media

Media Coverage (3 June – 15 July 2015)

1. Local and regional media

Media title & date	Link
BBC News 12 July 2025	Merseyside and Cheshire IVF rules on smoking and vaping to tighten - BBC News
Cheshire Live 24 June 2023	Major blow could be dealt to women seeking IVF treatment in Cheshire borough
Runcorn and Widnes World 23 June 2025	Number of IVF cycles for Halton women could be reduced
Warrington Worldwide 23 June 2025	MP opposes proposed changes to fertility treatment in Warrington
Liverpool Echo 22 June 2025	'Hardship and heartache' as Merseyside IVF NHS cycles to be slashed
Warrington Guardian 20 June 2025	Warrington South MP opposes proposed IVF cuts
St Helens Star 18 June 2025	NHS plan to reduce rounds of IVF treatment in Cheshire and Merseyside
Southport Lead 15 June 2025	IVF options slashed for couples in £1.3m money-saving plan
Knowsley News 9 June 2025	Share your views on proposed changes to fertility treatment policies
Runcorn Widnes and World 9 June 2025	Consultation opens on proposed changes to fertility treatment policies
Warrington Guardian 8 June 2025	Consultation opens on proposed changes to fertility treatment policies
Warrington Worldwide 4 June 2025	Fertility treatment: public asked for their views - Warrington Worldwide
BBC North West Tonight 3 June 2025	Brief mention as read out on 6.30pm, 10.30pm

2. Fertility news sites

Fertility Network UK	Have Your Say; Proposed changes to fertility treatment policies in Cheshire and Merseyside Fertility Network
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Fertility Fusion	Fertility Fusion News
Fertility Insider	New plans for just one round of IVF funded by NHS in Warrington instead of three Fertility Insider

3. NHS and partner websites

Organisation	Link
Liverpool Women's	Public asked for views on proposed changes to fertility treatment policies - Liverpool Womens NHS Foundation Trust
Hewitt Fertility Centre	Public asked for views on proposed changes to fertility treatment policies The Hewitt Fertility Centre
Alder Hey Children's Hospital	Public asked for views on proposed changes to fertility treatment policies - Alder Hey Children's Hospital Trust
Clatterbridge Cancer Centre	Public asked for views on proposed changes to NHS fertility treatment policies in Cheshire and Merseyside :: The Clatterbridge Cancer Centre
Countess of Chester Hospital	NHS Cheshire and Merseyside launches consultation on proposed changes to fertility treatment policies Countess of Chester Hospital
Healthwatch Cheshire East	Consultations - Healthwatch Cheshire East
Healthwatch Halton	Public asked for views on proposed changes to fertility treatment policies. Healthwatch Halton
Healthwatch St Helens	Consultation Launched On Proposed Changes To Fertility Treatment Policies In Cheshire And Merseyside Healthwatch Sthelens
Healthwatch Sefton	Share your views on proposed changes to fertility treatment policies in Cheshire and Merseyside - Healthwatch Sefton

Ends.

Appendix C - Fertility Action meeting notes and submission

Meeting notes: Public consultation - proposed changes to fertility treatment policies in Cheshire and Merseyside

Meeting between NHS Cheshire and Merseyside and Fertility Action

Meeting date: 9 July 2025

Held online

Attendees

3 representatives from Fertility Action Charity

4 staff from NHS Cheshire and Merseyside

Purpose of the meeting

The meeting was arranged to discuss the proposed changes to fertility treatment policies in Cheshire and Merseyside

Context

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

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

NHS Cheshire and Merseyside is proposing a new, single policy for the whole of Cheshire and Merseyside, which would mean that everyone would get equal access to treatment.

The new policy would include a number of changes based on the latest national guidance, but some changes are also being proposed for financial reasons. This includes reducing the number of in vitro fertilisation (IVF) cycles the NHS funds.

The policy is pending updated National Institute for Health and Care Excellence (NICE) guidelines, which have been delayed. When this new guidance comes out, NHS Cheshire and Merseyside will review it again to make sure the policy is up to date with the latest medical evidence.

Key themes raised by Fertility Action representatives:

- **Equity and access:** Concerns were raised about inequitable access for LGBTQ+ individuals and single people. It was pointed out that same-sex couples are required to self-fund six cycles of IUI before qualifying for NHS-funded treatment, and male same-sex couples and people in varying family formations are currently excluded from consideration.
- **Time sensitivity:** The importance of quick turnaround time between testing and treatments was emphasised, particularly as age is so critical to fertility, with reports of patients experiencing delays and having to repeat tests due to long NHS waiting times for treatments.

- **Mental health impacts:** The psychological toll of infertility and reducing access to treatment was discussed, with this linked to potential additional pressure on mental health services, affecting both men and women.
- **Falling fertility rate:** It was noted that the proposal to reduce the number of IVF cycles is being made at a time when there is a national and global fall in fertility rates, as well as going against the recommendation within NICE guidelines.
- **Male fertility and primary care education:** Insights were offered about the lack of understanding of male fertility issues in primary care issues, which it was suggested could be leading to secondary care fertility referrals which ultimately prove unsuccessful. The importance of improving early male fertility testing in primary care to reduce unnecessary secondary care fertility referrals was highlighted. It was argued that this could save ICBs money in the long term.
- **Cycle definitions and embryo banking:** Questions were raised about embryo banking and whether new egg collections are allowed before all frozen embryos from an individual cycle have been transferred. It was noted that there were disparities in the approach to this between ICBs across the country. It was stated that 80.6% of GP's surveyed by Fertility Action had little or no education on male fertility.
- **Policy communication and clarity:** The need for the new policy to include clearer language and patient guidance was highlighted.

Next Steps

- Fertility Action will continue promoting the consultation and may host a recorded support group to gather more feedback – time allowing.
- Fertility Action to share any relevant information and research e.g. around male fertility factors.
- The NHS team is open to reviewing language and clarity in new policy.
- Although outside the scope of this consultation, there was recognition of the opportunity to explore a more holistic, end-to-end fertility pathway, which also considers primary care education and referral processes.



Submission from Fertility Action Charity on the Proposed IVF Policy Change – Cheshire & Merseyside ICB Consultation (June 2025)

4th June 2025

Dear Cheshire & Merseyside ICB,

On behalf of **Fertility Action Charity**, we write to express our strong opposition to the proposed change in the IVF funding policy that would reduce provision across Cheshire & Merseyside to **one NHS-funded cycle**.

This change represents a serious and unjustified “**levelling down**” of care. Equalising access to IVF should be about **raising the standard** of care across all boroughs, not aligning to the **lowest common provision**. Equality in healthcare should mean **equal access to adequate treatment**, not equal access to inadequate care.

As one of our founding Trustees Dr Carole Gilling-Smith says “there is no justification for the NHS to exclude fertility treatment from funding when NICE guidelines clearly state that 3 cycles of IVF should be offered in cases where fertility is unexplained or due to male factor, tubal disease etc. This is based on reasonable cumulative rates of conception being achieved after 3 fresh cycles and all associated frozen cycles as opposed to a single cycle”.

Why This Proposal Is Harmful:

1. It undermines the principles of the NHS

The NHS was founded on the principle of providing care based on **clinical need, not postcode or personal wealth**. Infertility is a recognised medical condition by the **World Health Organization**, and IVF is a **medically recommended treatment** for around 1 in 6 people - we must stop treating it as an elective luxury. The current proposal contradicts these principles by restricting access to those who cannot afford private care and reducing medically supported options for those who need more than one cycle to conceive.

2. It will worsen mental health outcomes

We have submitted evidence of the **extreme emotional and psychological toll** of infertility and unsuccessful treatment. Our charity supports **around 40-50 people** across Cheshire & Merseyside in our support groups, and that number is **rapidly growing**. Many of these individuals are navigating not only the physical and financial demands of fertility treatment but also the **devastating emotional aftermath** of failed IVF attempts.

The idea that one funded cycle is enough is **clinically and psychologically out of step** with the lived experience of those undergoing treatment. The NICE guideline clearly recommends **up to three cycles** for women under 40, because success rates improve significantly with multiple cycles. Reducing access to only one undermines both science and compassion.

3. It deepens health inequality rather than achieving your desired “fair approach for everyone”

If implemented, the “one cycle” model would **strip access from those who previously qualified for two or three cycles**, while **failing to raise the standard** for those with only one. This is not equity - it's austerity masked as fairness.

In reality, this policy would **create a two-tier system**:

- Those who can afford private IVF will continue treatment.
- Those who can't will face the trauma of halted care after a single failed attempt.

This disproportionately affects **low-income families, minority ethnic groups, and those already facing barriers to healthcare access**, including single people, members of the **LGBTQIA+ community** and those with medical complexities.

4. It disregards clinical evidence and established medical guidelines

The **NICE guidance** (CG156) recommends up to **three full IVF cycles** for eligible women under 40 because this significantly increases the chance of success. It also reduces emotional stress, as couples are not burdened with the unrealistic expectation that IVF must work on the first try. Success rates increase significantly (~62%) with 3 cycles whilst offering fewer cycles leads to worse outcomes and wasted investment. This is a long-term investment which leads to taxpayers and contributors to the economy - which in a country with a severely declining Fertility Rate - is something we need to seriously consider. It is important to consider also that this will encourage increased reliance on unregulated or unsafe overseas fertility options.

5. It undermines trust in the NHS

When guidelines like those from NICE are ignored or inconsistently applied, it not only damages the trust in the fairness and integrity of the NHS, but it also signals to the public that their needs are secondary to short-term budget concerns. Fertility treatments are continually under-prioritised.

Other Considerations

1. Male fertility needs focus

Evidence shows that **education surrounding male fertility and preliminary testing/early diagnosis is extremely poor in the UK currently** (with 80% of GP's that we surveyed saying they have no education on this topic. We know that men contribute to up to 50% of infertility/sub-fertility diagnosis, and have recently sent [this submission to The Men's Health Strategy](#) to highlight this important issue.

2. Other countries provide better - the UK is falling behind

Sweden, Finland, Denmark and France all offer more cycles, better access and include single people and those from the LGBTQIA+ community, setting an international standard of



reproductive support. The UK appears increasingly regressive in stark comparison sending a message that only certain family make-ups are “worthy” of support. Surely our country can do better.

3. We’re not listening to the people who are affected

Our support groups are growing, and we are continually hearing stories of serious mental health impacts. Male fertility is drastically declining. Nutritional and holistic practitioners are telling us that lifestyle factors and choices might improve chances. Research is showing us that DNA Fragmentation testing might avoid recurrent baby loss in females. Fertility and Reproductive Health needs so much more conversation, education and understanding.

What Should Happen Instead:

- Maintain a **minimum of two funded IVF cycles** across all boroughs as a baseline, aligning with the most common current offer in Cheshire & Merseyside.
- Create a plan to **expand toward the NICE-recommended three cycles** in future phases.
- Conduct **further consultation with lived-experience groups**, including the voices of the 40–50 individuals we support weekly, who face infertility with resilience but need a system that doesn’t give up on them after one try.
- Ensure **equity-enhancing policies** that support people from **diverse socioeconomic, racial, cultural, and sexual backgrounds** who are already underrepresented in successful fertility outcomes.

Final Statement from Katie Rollings, Founder & CEO of Fertility Action:

Reducing funded IVF cycles to a single attempt is not equality - it is, simply put, **levelling-down** medical treatment. In the name of “consistency,” we risk making care worse for thousands of people across Cheshire & Merseyside who already face tremendous barriers and trauma in accessing fertility treatment.

We urge the Board to reconsider this proposal and uphold the NHS’s duty to provide **evidence-based, compassionate, and equitable** care to all who need it.

Yours sincerely,

Katie Rollings

Founder & CEO
Fertility Action Charity

katie@fertilityaction.org
www.fertilityaction.org
Registered Charity number: 1212260

Ends.

Appendix D - Equality monitoring responses

Please note.

- To simplify tables and presentation percentages have been rounded up or down to the nearest whole number.
- Some tables use one percentage decimal point to ensure small groups are represented. Therefore, percentages do not always add to 100 because of rounding errors.

I am completing this questionnaire as (tick as many as apply):

Answer Choices	Responses	
Someone who has accessed (or is accessing) NHS fertility treatment, either personally or as a partner/spouse	38%	804
The carer of someone who has accessed (or is accessing) NHS fertility treatment	0.4%	9
A relative/friend of a patient who has accessed (or is accessing) NHS fertility treatment	34%	712
Someone who has accessed (or is accessing) privately funded IVF (in vitro fertilisation)	9%	187
Someone interested in responding, but without personal experience of fertility treatment.	26%	544
A health professional working in fertility services in Cheshire and Merseyside. (You will have an opportunity to complete a section for health professionals later in the questionnaire.)	4%	79
Other (please specify)	4%	82
	Answered	2121
	Skipped	3

N.B. Respondents taking part in the questionnaire could self-select more than one category therefore percentages don't add up to 100.

Where do you live?

Answer Choices	Responses	
Cheshire East	6%	120
Cheshire West	9%	197
Halton	7%	143
Knowsley	6%	132
Liverpool	20%	429
Sefton	12%	244
St Helens	12%	246
Warrington	12%	258
Wirral	8%	159
Outside of Cheshire and Merseyside (please specify)	9%	191
	Answered	2119
	Skipped	5

Where did you hear about this questionnaire (tick all that apply)?

Answer Choices	Responses	
An email or text from the NHS.	6%	90
Social media (Facebook, X etc.).	49%	775
NHS website (for example, NHS Cheshire and Merseyside or hospital trust website).	6%	87
Through a patient group and/or voluntary sector organisation I am connected to.	5%	86
NHS staff communication	6%	99
Friend or family member	34%	532
I don't know	0.7%	11
Other (please specify)	5%	76
	Answered	1575
	Skipped	549

What is your ethnic group? Choose one option that best describes your ethnic group or background.

Answer Choices	Responses	
White: English/Welsh/Scottish/Northern Irish/British	94%	1062
White: Irish	0.8%	9
White: Gypsy or Irish Traveller	0.1%	1
White: Any other White background (please specify below)	2.4%	27
Mixed/Multiple ethnic groups: White and Black Caribbean	0.2%	2
Mixed/Multiple ethnic groups: White and Black African	0.2%	2
Mixed/Multiple ethnic groups: White and Asian	0.4%	5
Mixed/Multiple ethnic groups: Any other Mixed/Multiple ethnic background (please specify below)	0.1%	1
Asian/Asian British: Indian	0.4%	4
Asian/Asian British: Pakistani	0.2%	2
Asian/Asian British: Bangladeshi	0.1%	1
Asian/Asian British: Chinese	0.0%	0
Asian/Asian British: Any other Asian background (please specify below)	0.2%	2
Black/African/Caribbean/Black British: African	0.3%	3
Black/African/Caribbean/Black British: Caribbean	0.2%	2
Black/African/Caribbean/Black British: Any other Black/African/Caribbean background (please specify below)	0.1%	1
Other ethnic group: Arab	0.0%	0
Prefer not to say	0.4%	5
Any other ethnic group (please specify below)		20
	Answered	1129
	Skipped	995

How old are you?

Answer Choices	Responses	
Under 18	0%	0
18-24	2%	24
25-34	45%	507
35-44	33%	372
45-54	8%	94
55-64	8%	88
65-69	2%	21
70-74	0.9%	10
75-79	0.1%	1
80 and over	0.3%	3
Prefer not to say.	0.4%	5
	Answered	1125
	Skipped	999

What is your religion or belief?

Answer Choices	Responses	
No religion	51%	570
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	47%	520
Buddhist	0.2%	2
Hindu	0%	0
Jewish	0.3%	3
Muslim	0.4%	4
Sikh	0.1%	1
Prefer not to say	2%	18
Any other religion (please specify)		6
	Answered	1118
	Skipped	1006

How do you identify?

Answer Choices	Responses	
Male	8%	94
Female	91%	1017
Trans-Man	0%	0
Trans-Woman	0%	0
Non-binary	0.3%	3
Gender-non-conforming	0.1%	1
Prefer not to say	0.5%	6
Other (please specify)		3
	Answered	1121
	Skipped	1003

What is your sexual orientation?

Answer Choices	Responses	
Heterosexual	90%	1012
Lesbian	3%	39
Gay	0.3%	3
Bisexual	4%	47
Asexual	0.4%	4
Prefer not to say	2%	19
Other (please specify)		3
	Answered	1124
	Skipped	1000

What is your relationship status?

Answer Choices	Responses	
Married	59%	661
Civil Partnership	2%	17
Single	9%	100
Lives with Partner	26%	298
Separated	0.5%	6
Divorced	2%	21
Widowed	0.5%	6
Prefer not to say	1%	17
Other (please specify)		5
	Answered	1126
	Skipped	998

The equality Act 2010 protects people who are pregnant or have given birth within 26-week period. Are you pregnant at this time?

Answer Choices	Responses	
Yes	8%	91
No	91%	1022
Prefer not to say	1%	13
	Answered	1126
	Skipped	998

Have you recently given birth? (Within the last 26-week period)

Answer Choices	Responses	
Yes	5%	51
No	94%	1062
Prefer not to say	1%	14
	Answered	1127
	Skipped	997

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.

Answer Choices	Responses	
Yes, limited a lot	4%	45
Yes, limited a little	10%	113
No	86%	968
	Answered	1126
	Skipped	998

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).

Answer Choices	Responses	
Physical disability (please describe)	3%	36
Sensory disability e.g., Deaf, hard of hearing, Blind, visually impaired (please describe below)	1%	14
Mental health condition	4%	42
Learning disability or difficulty	1%	16
Long-term illness e.g., cancer, diabetes, COPD (please describe below)	5%	50
Prefer not to say	4%	39
No, I do not consider myself to have a disability	82%	914
Other (please describe)		67
	Answered	1111
	Skipped	1013

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)

Answer Choices	Responses	
Yes - Care for young person(s) aged 24 and under	6%	63
Yes - Care for adult(s) aged 25 to 49	2%	17
Yes - Care for older person(s) aged 50 and over	7%	76
No	85%	952
Prefer not to say	2%	20
	Answered	1120
	Skipped	1004

Have you ever served in the armed services?

Answer Choices	Responses	
Yes	0.62%	7
No	99%	1108
Prefer not to say	0.80%	9
	Answered	1124
	Skipped	1000

Ends.