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11th July 2022

Deputy Hourigan
Dáil Éireann,
Leinster House
Dublin 2

PQ Ref 30867/22: To ask the Minister for Health the partners that his Department will work with to ensure the availability of appropriate and timely fertility services for cancer patients as per the HSE Service Plan 2022; the fertility services that will be provided; the estimated timeframe over which persons living with and beyond cancer will be eligible to access these services; if this initiative will be integrated into the planned assisted human reproduction legislation; and if he will make a statement on the matter.

Dear Deputy Hourigan,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

The service currently funded by the HSE is for cancer patients aged 18 whose treatment is likely to impact their fertility.

These patients may be referred for fertility preservation in advance of their cancer treatment. This is based on clinical decisions regarding the individual patient's cancer treatment, how soon that treatment needs to start and the patient's ability to undergo fertility preservation. The current service provider of the preservation service works closely with the relevant oncology teams in this regard and to date responds to referrals received within a matter of days.

Fertility preservation for cancer patients is for the cryopreservation of sperm for males, and oocytes or embryos for female cancer patients. Approximately 300 patients avail of the service funded by the HSE each year (approximately 100 females and 200 males). Other patients may choose to attend private facilities outside of the fertility preservation funded by the HSE.

The fertility preservation service funded by the HSE is for fertility preservation only, not for fertility treatment (e.g. IVF etc.) following cancer treatment. Any subsequent use of stored samples is outside the remit of the current service funded by the HSE as set out above.

The Government is committed to introducing a publicly funded model of care for fertility treatment as provided in the Programme for Government.

The model of care for infertility was developed by the Department of Health in conjunction with the HSE in order to ensure that infertility issues are addressed through the public health system at the lowest level of clinical intervention necessary.

This model of care comprises three stages, starting in primary care (i.e., GPs) and extending into secondary care (i.e., Regional Fertility Hubs) and then, where necessary, tertiary care (i.e., IVF, and other advanced assisted human reproduction (AHR) treatments), with patients being referred onwards through structured pathways.

Phase One of the roll-out of the model of care has involved the establishment, at secondary care level, of Regional Fertility Hubs within maternity networks, in order to facilitate the management of a significant proportion of patients presenting with infertility issues at this level of intervention. The completion of Phase One of the roll-out, envisaged before the end of this year, will result in fully operational Regional Fertility Hubs in each of the six Hospital Groups across the country.

Phase Two of the roll-out of the model of care will see the introduction of tertiary infertility services, including IVF, in the public health system. Substantial planning, development and policy work is required to establish the scope, design and requirements for this component of the model of care. At this juncture, the design and scope of this aspect of the model of care have not been finalised as detailed consideration of a range of issues including service and treatment design, eligibility and access criteria, and associated resource implications is required. This work will also need to be informed by the final Health (Assisted Human Reproduction) Act, the progress of this Bill and associated regulations that will be developed following the enactment of this legislation. The HSE is continuing to engage with the DoH in relation to the necessary programmes of work required to further advance consideration of the issues which arise in respect of the commencement of Phase Two of the roll-out of the model of care, including the current provision of fertility preservation services for cancer patients.

I trust this clarifies the matter.

Yours sincerely,

Mary-Jo Biggs, General Manager, National Women and Infants Health Programme