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20th December 2023

Deputy Bacik
Dáil Éireann,
Leinster House
Dublin 2

PQ 51892/23: To ask the Minister for Health the number of IVF-related patients accessing care in a HSE-associated healthcare setting in each of the years 2018 to 2023.

Dear Deputy Bacik,

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

A commitment to “introduce a publicly funded model of care for fertility treatment” is included in the Programme for Government. The Model of Care for Fertility was developed by the Department in conjunction with National Women and Infants Health Programme (NWIHP) in order to ensure that fertility-related 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 (in-vitro fertilisation), ICSI (intra-cytoplasmic sperm injection) and other advanced 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 six Regional Fertility Hubs within the existing six maternity networks. These were established in order to facilitate the management of a significant proportion of patients presenting with fertility-related issues at this level of intervention.

Patients are referred by their GPs to their local Regional Fertility Hub, which provides a range of treatments and interventions, including relevant blood tests, semen analysis, assessment of tubal patency, hysteroscopy, laparoscopy, fertility-related surgeries, ovulation induction and follicle tracking. A significant cohort of patients presenting with fertility challenges can be managed successfully at this level of intervention and as such will not require further advanced tertiary treatment.

Phase Two of the roll-out of the Model of Care was targeted at introducing tertiary fertility services, including IVF, to be ultimately provided through the public health system. In this regard, funding was secured in Budget 2023 to support access to advanced AHR treatments, including, crucially, to allow the commencement of Phase Two of the roll-out of the Model of Care.

It is the strategic position of the Department of Health and the Health Service Executive that tertiary fertility service will be directly provided by the public health service via a network of public AHR centres to be developed in Ireland. These public AHR Centres will accept referrals for advanced treatment from the six regional fertility hubs.

The first of these public AHR Centres has been approved and funded by the Department of Health and is currently under development in Cork under the auspices of the Cork University Maternity Hospital. Pending its development and the further development of a network of public AHR Centres over the coming years, it has been determined that in the short to medium term, tertiary AHR services will be outsourced by the HSE to the private sector.

To this end, the HSE under the auspices of its National Women and Infants Health Programme undertook a national tender process during the course of 2023. This process resulted in eight private AHR Providers being authorised by the HSE for the provision of advanced fertility treatment inclusive of IUI, IVF and ICSI. Referrals to these providers by the HSE commenced in late September 2023. As of the 18th December 2023, 172 referrals have been made by the HSE and its regional fertility hubs for couples requiring advanced fertility treatment.

In order for patients to be referred for such advanced treatment, they must be accessed and investigated by one of the six regional fertility hubs and thereafter a clinical determination made that such advanced treatment is required **and** confirmation that the patients meet the national access criteria for publicly funded AHR treatments as defined by the Minister of Health and the Department of Health.

The oversight of this service is provided at national level by the HSE's National Women and Infants Health Programme with governance arrangements including a regular two weekly engagement with the clinical leads of all six regional fertility hubs via an NWIHP convened National Professional Network and structured quarterly review meetings with all HSE authorised private AHR Providers.

Additional work programmes actively underway in the area of fertility care within the HSE include the deployment of a national structured communication campaign regarding fertility care, development of the direct provision of IUI by a number of regional fertility hubs in 2024 and exploration regarding the development of urology provided male factor fertility specialised clinics in the public system that will further expand and support clinical fertility services available to male patients at secondary level care.

I trust this clarifies the matter.

Yours sincerely,



MaryJo Biggs, General Manager, National Women and Infants Health Programme