



Understanding the drivers behind fertility tourism in the UK

A joint research study by:

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March 2017

1. EXECUTIVE SUMMARY

1.1 Introduction

Fertility Clinics Abroad, an online hub providing advice for people considering fertility treatment abroad and Fertility Network UK, a registered charity that provides essential support services to couples that struggle to conceive in the UK, have released the findings of a joint research report into the drivers behind fertility tourism in the UK.

The online research project was conducted between August 2016 and February 2017 – during this time 241 people who have either undergone fertility treatment or were considering it, shared their views on the current state of the fertility industry in the UK and the factors that motivate them to seek treatment abroad. A summary of the questions and key responses can be found in section 2 (KEY FINDINGS).

This research comes at a time when the NHS has threatened to cut fertility funding, with a number of Clinical Commissioning Groups (CCGs) in England, either reducing the number of cycles they offer to people, or cutting them completely. This is despite NICE's 2013 recommendations that all women aged 40 or under who have not conceived in two years, should have access to a minimum of three cycles.

Fertility Clinics Abroad and Fertility Network UK hope that their findings will highlight some of the key challenges facing the fertility industry in the UK - particularly the reasons why people are seeking fertility treatment outside of the UK – as well as help inform the Government, Clinical Commissioning Groups (CCGs) in England and Wales, Scottish NHS Boards, private and NHS funded fertility clinics and health professionals, of the public's perception of fertility treatment in the UK. They also hope it will act as a catalyst for improving standards and best practice.

1.2 Cost is king

It is perhaps unsurprising that the majority of survey respondents painted a negative picture of fertility treatment provision in the UK – the media has long highlighted some of core issues including; long waiting lists, inconsistent access to NHS funded treatment, low supply of donor eggs and the spiralling cost of private fertility treatment. The research reflects many of these factors, with some people clearly angry at the state of affairs. There are also some surprising additional insights which are perhaps less well covered and help illustrate the public's mood.

In summary, it is without doubt the inconsistent coverage of NHS funded fertility treatment - often dictated by postcode - and the high cost of private fertility treatment, that represent the main drivers behind UK fertility tourism. When asked to share their views on the key problems with fertility treatment in the UK, 76% of respondents felt private fertility treatment was very expensive with nearly 80% believing it is at best over twice as expensive as they are willing or able to pay. According to the survey, IVF using your own eggs was the most sought after treatment and people were willing to pay between £1000 and £5000 for the treatment. In the UK, IVF can often exceed £10K when additional expenses are taken into account. Greater clarity over 'hidden costs' is a challenge the industry has been slow to tackle.

The research also shows that people often have to resort to desperate measures to fund their treatment. 62% were using their life savings, putting added pressure on their ability to fund pensions, pay for educational fees or support other family members. Some of the respondents had to re-mortgage their houses or sell personal belongings. Other popular ways to fund treatment were to ask for help from family and friends, securing banks loans, starting a crowd funding campaign or using credit cards.

1.3 Fertility tourism – push factors

There is a clear apathy towards the standard of NHS fertility treatment provision in the UK – over 60% of respondents have had a treatment in the UK, so the responses are from a position of experience. The survey suggests that the majority of people feel it is either passable or substandard, with 44% believing it was average and 25% saying it was poor. Only 3% of respondents felt it was excellent. Drilling down into

this a bit further - 65% pointed to the fact that access to free NHS treatment is dependent on where you live, with 36% saying service and aftercare is poor. 35% said long waiting lists and a lack of egg donors were important push factors.

Some people were worried about the lack of person centred care in the NHS, with a 'one size fits all' approach. Some patients felt they were treated as a statistic rather than an individual. There were some who felt the lack of funding for people experiencing secondary infertility was unacceptable.

There were a number of positive factors for staying in the UK – the majority felt the convenience of not having to travel far (33%) and being near friends and family (17%) were important factors. Also, the very fact that there is access to some free or reduced cost treatments in the UK is a major benefit (22%). There were a proportion of respondents who felt the standard of treatment in the UK is high (7%) and there is good service and aftercare (3%).

1.4 Fertility tourism – pull factors

The research shows a considerable appetite for fertility treatment outside of the UK - over 93% of respondents say they would consider it and those that have already been abroad for a fertility procedure, would go back again. Once again, cost seems to be the determining factor, with 68% saying they would go abroad because the treatments on offer are generally cheaper. 50% believe foreign clinics can offer higher success rates and 46% would consider going because of positive reports from other people. People are also drawn by the promise of shorter waiting lists and access to more egg donors, the polar opposite of what is happening in the UK.

Looking at some of the qualitative responses, other pull factors of importance include greater access to anonymous egg donors (though interestingly this was also seen as a barrier) and a wider range of treatments. It is also believed there is less bureaucracy abroad and fewer restrictions, such as basing access to treatments on Body Mass Index. People generally felt that the NHS is paralysed by bureaucracy, which has a direct impact on waiting times. One woman was told they had to wait five years for their IVF treatment. There were also concerns that no special consideration is given for older women who have a limited time window to conceive. There is a perception that the NHS adopts a 'one size fits all' policy when it comes to the provision of fertility treatment.

Women in their 40s felt there were more options for them abroad, with more clinics catering to their age group. People also generally felt there was a more personal approach to care abroad, though this could be a reflection of private rather than funded care.

1.5 Where are people going?

Over 60% of respondents wanted to have their treatment in Spain with Greece (43%), Czech Republic (41%) and Cyprus (29%) also popular destinations. Over twenty different countries were mentioned in the survey across Europe and the world. Some surprising destinations included Tunisia, Nigeria and South Africa, showing the continued globalisation of the fertility tourism industry.

1.6 Barriers to fertility tourism

Despite the growing demand for fertility treatment abroad, there remains a number of barriers that can deter people from going. According to the research, the main barrier is the inconvenience of having to travel, with 45% saying this was a contributing factor. 30% were worried that some countries were less heavily regulated than the UK and 33% were concerned about the language barrier. Other factors included being away from friends and family, lack of access to fertility performance figures in Europe and the perception that cheaper may not mean better.

There was also a feeling that there is a lack of information available for people seeking fertility treatment abroad. 73% felt having access to a centralised database of performance figures by country, would be helpful. 62% felt there should be more organisations dedicated to providing advice and resources for people considering fertility treatment abroad. There is also a demand for GPs and health professionals to provide more information and more funding and support from Government. One interesting point made by a number of respondents, is that success rates abroad can be confusing and sometimes misleading - more information and detail on this would be helpful.

1.7 Conclusion

There is little doubt that the cost of private fertility treatment and the inconsistent provision of free or reduced cost treatment by the NHS are driving people away from the UK. Cost is the determining factor that is both pushing people away – high cost of private treatment in UK – and attracting people to countries such as Spain and Greece, where the cost of fertility treatment is up to 50% cheaper. With people having to re-mortgage their houses, dig into their life savings or sell personal possessions, the impact of high treatment costs is likely to have lasting ramifications for people and their families. It also demonstrates how far people are willing to go to pay for a treatment.

There is also a clear perception that treatment can be offered more quickly abroad with shorter waiting lists and access to a higher number of anonymous egg donors. Many are attracted by well publicised success rates by some foreign clinics, though there is some confusion over what success actually means in some countries. There is a perception that the standard of care is better abroad, with a more person-centre, individual approach. There was no obvious comparison between private care in the UK and private care abroad, but there are some concerns about the NHS provision of care, with complaints of a 'one size fits all' approach and long waiting times due to bureaucracy.

There are a number of barriers to fertility tourism, the key one being the inconvenience of having the travel and being away from support networks at home. However, the fact that 93% of respondents would consider going abroad, it seems these barriers are unlikely to be strong enough to stop people from travelling.

2. KEY FINDINGS

Total respondents 241

1. Age

Majority of respondent were between 36-45 (135 respondents - 56.96% of total)

2. Sex

Majority of respondents were female (232 - 97.89%)

3. Location

Majority of respondents were from London and south east (71 - 29.96%)

Other key regions included:

- South West (29 - 12.24%)
- Northern Ireland and Midlands (27 - 11.39%)
- Scotland (25 – 10.55%)
- East Anglia (20 - 8.44%)
- North West England (15 – 6.33%)
- Wales (13 – 5.49%)

4. Fertility type

The most popular fertility treatment is IVF using own eggs (109 - 46.19%)

Other popular treatments in order of preference:

- Donor egg treatment (63 - 26.69%)
- Donor embryo treatment (13 – 5.51%)
- Sperm Donation (6 – 2.54%)
- We're not seeking treatment yet (6 – 2.54%)
- Pre-implantation Genetic Diagnosis (PGD) (3 – 1.27%)
- Pre-implantation Genetic Screening (PGS) (3 – 1.27%)

5. What is a reasonable price to pay for IVF?

Most people felt between £1000 to £5000 (187 - 79.24%)

- 26 (11.02%) felt under £1000
- 23 (9.75%) more than £5000

6. How are people paying for treatment?

Most people are using savings to pay for their treatment (148 - 62.98%)

Other ways of paying in order of preference:

- Bank loans (40 - 17.02%)
- Friends and family (35 - 14.89%)
- Free on NHS (18 – 7.66%)
- Re-mortgage property (11 – 4.68%)
- Crowdfunding (3 – 1.28%)

7. Have you or your partner previously had fertility treatment in the UK?

- Majority of respondents have (149 - 63.14%)
- 80 (33.90%) haven't had treatment in UK

8. Have you or your partner ever had fertility treatment abroad?

- Slight majority of people have not been abroad for fertility treatment (130 - 55.08%)
- 104 (44.07%) have been abroad for treatment

9. Have you had a pregnancy leading to live birth following treatment?

- Most people have not (139 - 68.47%)
- 31 (15.27%) have as a result of treatment at an overseas clinic
- 8 (3.94%) have as a result of treatment at a UK clinic

10. Would you consider going abroad?

- Vast majority would consider going abroad (221 93.25%)
- 16 (6.75%) would not consider it

11. What would be your primary reasons for seeking fertility treatment abroad?

Most people say because it's cheaper to go abroad than to have private treatment in UK (151 - 68%)

Other important opinions in order of preference:

- Higher success rates (112 - 50%)
- Positive reputation (103 - 46.61%)
- Shorter waiting lists (100 - 45.25%)
- Access to more egg donors (69 – 31.22%)
- Wider range of treatment options (61 – 27.60%)
- Anonymity of egg donors (55 – 24.89%)
- Fewer restrictions on the number of embryos transferred (36 – 16.29%)
- Some clinics abroad allow you to choose the baby's sex (3 – 1.36%)

12. Which countries would you consider going to for treatment?

- Spain the most popular (140 - 60%)
- Greece (101 - 43.72%)
- Czech Republic (96 - 41%)
- France (39 – 16.88%)

- Denmark (33 – 14.29%)
- USA (29 – 12.55%)

13. What would stop you going abroad for treatment?

The main reason is the inconvenience of having to travel (94 - 45%)

Other reasons in order of preference:

- The language barrier (70 - 33%)
- Some European countries are less regulated than UK (64 - 31%)
- Lack of access to fertility performance figures (45 – 21.63%)
- Does cheaper mean quality of treatment will be worse (44 – 21.15%)
- I'm further away from family and friends (41 – 19.71%)

14. What is your view of fertility treatment provision in the UK?

When given the option Excellent, Good, Average and Poor – most thought it was average:

- Average (105 – 44.68%)
- Good (63 – 26.81%)
- Poor (59 – 25.11%)
- Excellent (8 – 3.40%)

15. What is good about fertility treatment in UK?

Convenience was a big factor with people pointing to the fact that you don't need to travel far for treatment (77 - 33%)

Other factors in order of preference::

- Access to free or reduced cost treatments (51 - 22%)
- Support of friends and family nearby (41 - 17%)
- The quality of treatment is good (17 - 7.46%)
- Good service and aftercare (7 - 3.07%)
- Access to wide number of treatment options (5 - 2.19%)

16. What are the key problems with fertility treatment in the UK?

The majority feel private fertility treatment in the UK is too expensive (178 - 76%)

Other important factors in order of preference:

- Access to free NHS treatment is dependent on where you live (153 - 65%)
- Service and aftercare are poor (85 - 36%)
- Waiting lists high because of lack of egg donors (82 - 35%)
- Success rates are lower (75 - 31.62%)
- Not enough treatment options available (73 - 31.20%)

17. What resources do you use for research?

Most seek opinion online from others who have had treatment abroad (189 - 80%)

Other important factors in order of preference:

- Contact clinics directly (185 – 78.72%)
- Desktop research (129 – 54.89%)
- Speak to a friend or colleague (74 – 31.49%)
- Speak to your GP or fertility specialist (61 – 25.96%)

18. Is there enough information to make informed choice about having fertility treatment abroad?

- Slight majority believe there isn't enough information (115 – 48%)
- 104 (44.07%) felt there was

19. What additional resources would be helpful?

The majority want a centralised database showing clinic performance by country (173 - 73%)

Other useful resources in order of preference:

- More organisations dedicated to fertility treatment abroad (146 - 62%)
- More support/funding from government (129 - 55%)

- More information provided by GPs/health service (126 - 53%)
- More events dedicated fertility tourism abroad (94 – 40.17%)

20. How will you research travel/accommodation options?

The majority would do everything themselves (187 - 79%)

- Ask clinic for help (112 – 47.68%)
- Use travel agency associated with a particular clinic 29 – 12.34%)
- Use independent travel consultant (12 – 5.11%)

21. Have you used complimentary therapies such as acupuncture to prepare for your trip?

The majority have tried complimentary therapies (113 49%)



3. RESEARCH PARTNERS - BACKGROUND

3.1 Dr Caroline Phillips - Fertility Clinics Abroad

Between 1992 and 1994 Dr Phillips worked at the Roslin Institute, responsible for the cloning of the first sheep, affectionately known as Dolly (Dolly was born 1996). At the time, Caroline was a post-doctoral researcher in the team having completed a PHD in mammalian embryology between 1989-92. After completing her PHD and post-doctoral placement she worked as a clinical embryologist at the London Fertility Centre, Harley Street and senior embryologist at the IVF Unit at the Chelsea and Westminster Hospital. In 2012, Dr Phillips set up an information portal called 'Fertility Clinics Abroad' <https://www.fertilityclinicsabroad.com/> which provides advice and clinic reviews for people considering fertility treatment outside of the UK.

3.2 Fertility Network UK

Fertility Network UK is the nation's leading patient-focused fertility charity www.fertilitynetworkuk.org. The charity provide free and impartial help, support, advice and understanding for anyone affected by fertility issues. The charity is suitable for anyone considering their future fertility, those trying to become parents, anyone facing the challenges of childlessness, people successful after fertility issues and anyone needing help to access NHS-funded fertility treatment.

4. CONTACT DETAILS

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