



More than 21,000 people have signed a Care2 petition hoping that the South Norfolk [CCG](#) (Clinical Commissioning Group) would continue to provide funding for IVF treatment. However, South Norfolk CCG is now one of the three Clinical Commissioning Groups where IVF on the NHS is no longer available.

Stephen Harbottle, consultant [embryologist](#) here at Cambridge IVF joined George Osborne on BBC Radio Norfolk yesterday evening.

To listen to conversation [click here](#) (1hr 17min in) or read below.

**"Couples seeking IVF treatment in South Norfolk will now have to pay for it themselves. The areas' Clinical Commissioning Group is almost £7,000,000 in debt, and have voted to end routine NHS funding for the fertility treatment..."**

**"I've been speaking to Stephen Harbottle and he is one of those within the health service who've campaigned against this move."**

"I'm afraid my reaction is that I'm not surprised unfortunately, this is something that we thought might happen because South Norfolk is the third Clinical Commissioning Group to withdraw the funding in the region following the same response from North-East Essex and Mid-Essex. So now what we have ended up with in the region is very clearly the phenomenon of what we call 'postcode IVF'."

**"Money is tight; we know that, of course we hear about that in the news all the time and they've got a black hole of about £7,000,000 in South Norfolk so surely this is a sensible measure?"**

"That's certainly one valid view. What we also have to bear in mind with this is that infertility is a disease (classified by the World Health Organisation) just like any other; so there is certainly a strong argument that to deny infertile people for that treatment is not really fair. I mean, obviously we have a budget, an NHS budget to balance but there are definite risks to doing this, for those people who will no longer be able to access NHS funded treatment, because the options that are available to them now of course are to remain childless or to go through the process of adoption, with no guarantee of a child at the end of that, or of course to self-fund their own treatment and the

unfortunate reality is that IVF treatment is not cheap. We are looking at several thousands of pounds for a [cycle](#) of treatment. So what some people may be forced to do is to look overseas for treatment, where treatment can be found cheaper but of course it isn't as well regulated and there are much higher risks involved both with the actual process and the incident of multiple pregnancies which could be avoided if it was delivered effectively in the UK."

**"South Norfolk though say that this isn't a blanket ending to funding IVF, there are some exemptions, people who are undergoing cancer treatments and that sort of thing, so presumably you would welcome that?"**

"Absolutely, and this is quite common, where [CCG's](#) remove the funding for everybody, they do tend to retain that funding for certain sub-categories of the population; those being patients that are undergoing cancer treatment and also those patients who have for example a viral condition such as HIV where for them to actually try to have intercourse naturally would put them at risk of infection, put the child at risk of infection. So they are retaining those services for special cases, but the reality is that the general members of the public will no longer have access to that treatment, which I think is very unfair."

**"Should IVF be a human right though? I mean obviously it hasn't been around, has it? It's almost like a luxury in terms of modern day healthcare compared with when the NHS was founded."**

"That's very true, but you could also say that about treatment for other conditions, that you know, used to decimate the population 52 hundred years ago but now we have routine treatments for. As I said previously, it is an illness, it is a disease (classified by WHO) and my view as a healthcare professional is that we should be using all of the tools we have to effectively treat any disease or condition that's experienced by the public. That's what the NHS is for."

**"Stephen Harbottle Thank you very much for coming on."**

"Thank you very much."

*(Please note that this interview is only available on the website, 30 days after being published).*