WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
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QUESTION SUBMITTED ON MONDAY 14th APRIL 2025
ANSWER TO BE TABLED ON WEDNESDAY 23rd APRIL 2025

Question

"In relation to intrauterine insemination (IUI) treatment, will the Minister advise –

(a) the processes and pathways for accessing both public and private treatment;
(b) the treatment costs for private patients, including pharmacy costs;
(c) the current waiting times, for both public and private treatment;
(d) how many Health and Care Jersey staff are currently qualified to carry out IUI treatment; and
(e) how many cycles of IUI were carried out in each of the years 2022, 2023, 2024 and so far in 2025, broken down by year into publicly-funded and private cycles;

and will he also provide any policy documents that detail the qualification criteria for publicly-funded treatment?"

Answer

a. <u>the processes and pathways for accessing both public and private treatment;</u>

Intrauterine insemination (IUI) is considered as a treatment option as an alternative to vaginal sexual intercourse for a variety of reasons, these include:

- people who are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual 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.

For people with unexplained infertility, mild endometriosis or mild male factor infertility, who are having regular unprotected sexual intercourse:

- intrauterine insemination is not routinely offered, either with or without ovarian stimulation
- the individual is advised to try to conceive for a total of 2 years before IVF will be considered.

The pathway commences when the individual sees their GP, and the GP agrees to consider referring if indicated by the presenting symptoms / situation and the results of initial investigations. The GP will arrange for a seminal fluid analysis and several investigations for the female, including ovulation and hormone tests. The GP can refer to the Assisted Reproductive Unit (ARU) regardless of whether there is sperm, as IVF or DI may be appropriate for those with no sperm present.

When the ARU receive the GP referral, eligibility for publicly funded treatment will be assessed in accordance with HSJ criteria for treatment. NICE guidance was used to develop this such as Fertility problems: assessment and treatment, as published in Clinical Guideline Reference number: CG156

Published: 20 February 2013 Last updated: 06 September 2017. If the criteria for publicly funded treatment is not met, then discussions can subsequently take place whether private treatment is appropriate.

a. Pathways and processes for private treatment

For private treatment, IUI / DI (Donor Insemination) is often used in combination with exogenous FSH ovarian stimulation in women who already spontaneously ovulate. Although this may give a higher pregnancy rate the multiple pregnancy rate is >12%. With the associated prematurity and infant morbidity associated with multiple pregnancies stimulated IUI /DI should not be carried out. DI is also available privately for single women and same-sex couples.

Patients may be seen privately because:

1. They self-refer to ARU
2. They have been referred to ARU by their GP but do not meet the eligibility criteria
3. They have completed all cycles of publicly-funded treatment, but want to continue trying to conceive through assisted means.

The pathways are:

1. Self-referral is achieved by the patient contacting the service
2. The patient is informed that they are not eligible for publicly-funded treatment in their initial ARU appointment, or they have completed all the publicly-funded cycles. Options are discussed, and if the patient decides to pursue private treatment and is clinically appropriate, they are accepted into the private pathway.

b. <u>the treatment costs for private patients, including pharmacy costs;</u>

The treatment costs for IUI for private patients, is £650 per cycle. This is cost includes sperm preparation. There is no pharmacy cost as IUI / DI is not carried out with ovarian stimulation.

For patients who require DI, there are additional costs for the purchase, transport, documentation and storage of donor sperm.

c. <u>the current waiting times, for both public and private treatment;</u>

There is no waiting list at present, i.e., the ARU team will contact the patient once the referral has been received and will normally schedule a first outpatient appointment within 2 weeks.

IUI / DI treatment will then commence after appropriate investigation and work-up. The time from referral to the first cycle commencing will vary, depending on factors such as whether donor sperm is required (which needs to be delivered), and whether the women's menstrual cycle is such that ovulation occurs during the week, when ARU is open.

d. <u>how many Health and Care Jersey staff are currently qualified to carry out IUI treatment;</u>

Each of the four HCJ consultant gynaecologists are qualified to carry out IUI.
There are also plans for the current 2 Fertility nurses in ARU undergo training in 2025 and 2026.

e. how many cycles of IUI were carried out in each of the years 2022, 2023, 2024 and so far in 2025, broken down by year into publicly-funded and private cycles;

Year	Publicly-funded	Private	Total
2022	1	14	15
2023	3	17	20
2024	4	12	16
2025 (01 Jan – 15 Apr)	3	4	7