



Clár Sláinte Náisiúnta do Mhná & do Naíonáin
Feidhmeannacht na Seirbhíse Sláinte, An Foirgneamh
Brunel, An Ceantar Theas, Baile Átha Cliath D08 X01F
T: 076 695 9991

National Women and Infants Health Programme
Health Service Executive, The Brunel Building, Heuston
South Quarter, Dublin D08 X01F
T: 076 695 9991

06/02/2024

Deputy Kehoe
Dáil Éireann,
Leinster House
Dublin 2

PQ 3059/24: To ask the Minister for Health for an update on the roll-out of fertility treatment; what is the waiting time for an appointment; how many people are on the waiting list for an appointment; whether the regional hubs are operational; whether any IVF treatments have been performed to date; and if he will make a statement on the matter.

Dear Deputy Kehoe,

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. These hubs are located in the National Maternity Hospital, The Rotunda Hospital, The Coombe Hospital, Cork University Maternity Hospital, Galway University Hospital and Nenagh General Hospital. All six regional hubs are operational.

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. Many 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. It is the strategic position of the Department of Health and the Health Service Executive that in time such 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.

Funding was secured in Budget 2023 to support access to advanced AHR treatments, including funding for the outsourcing of AHR services to the private sector in the short to medium terms whilst the HSE builds and develops public capacity in this area of care. In addition, the first of the 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.

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. To date, approximately 300 referrals have been made by the HSE and its regional fertility hubs for couples requiring advanced fertility treatment with such couples being at different stages of their care pathway with their chosen Provider.

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. In terms of waiting times at regional fertility hubs, on average wait times to see a public consultant with expertise in the area of reproductive medicine are circa 12 – 14 weeks with patients being seen and worked up by clinical nurse specialists prior to such appointments. Once identified as requiring AHR treatment and as meeting the national access criteria, couples further to consenting to such referrals, are referred to their chosen Provider within a matter of a few working days.

The oversight of the public fertility service is provided at national level by the HSE's National Women and Infants Health Programme with governance arrangements including a regular 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