

5 February 2019



Dear 

**RE: Official Information Act request - publicly funded fertility treatment**

Thank you for your Official Information Act request of 21 December 2018 seeking the following of Waitemata District Health Board (DHB):

1. *Data on how many non-residents have applied for publicly funded fertility treatment during the last 10 years, broken down by year, and treatment type as raw figures and as a percentage of the total number of people who have applied for publicly funded fertility treatment*
2. *Data on how many non-residents have received publicly funded fertility treatment during the last 10 years, broken down by year, and treatment type as raw figures and as a percentage of the total cost of received publicly funded fertility treatment*
3. *Data on the total cost of publicly funded fertility treatments non-residents have received during the last 10 years, broken down by year, and treatment type as raw figures and as a percentage of the total cost of publicly funded fertility treatment*
4. *The average wait time for publicly funded fertility treatment of non-residents and residents/citizens for the last five years, broken down by year*
5. *Data on how many residents have been declined for publicly funded fertility treatment during the last 10 years, broken down by year, age of patient, and reason they were declined*
6. *Data on how many people who have been diagnosed with unexplained infertility who have applied for publicly funded fertility treatment, during the last 10 years, broken down by year, age of patient and whether their application was accepted or denied.*

This response is provided for the four northern district health boards - Northland, Waitemata, Auckland and Counties Manukau. Services are contracted on behalf of the Northern Region DHBs by Waitemata DHB.

*Response to questions 1, 2 and 3*

We do not have data relating to non-residents and are, therefore, unable to provide the information you have requested. However, the following information may be of assistance.

Everyone who is eligible for publicly funded fertility services is allocated to a service provider. Eligibility is determined on the basis of meeting various criteria. This includes consideration of residency as with eligibility for most publicly funded health services in New Zealand. Ministry of Health information regarding eligibility for publicly funded health services may be found at the following link: <https://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services>

Eligibility for publicly funded fertility services provided by the Northern Region Fertility Service (NRFS) is also outlined in “Detail on Eligibility for Publicly Funded Fertility Services”. This document is available on the NRFS website: <https://www.healthpoint.co.nz/public/fertility/northern-region-fertility-service-nrfs/>. The section of NRFS guidance (updated late 2018) pertaining to eligibility with respect to residency has been appended (**see Appendix**).

Residency is a key eligibility criteria and, if this is met, all referrals for publicly funded fertility services, whether for a first specialist appointment (FSA) or for treatment, are checked for eligibility against factors such as age and BMI (as these materially affect the chances of conceiving, even with treatment). If eligibility criteria are met for either FSA or for treatment, they are allocated to one of the three contracted fertility services providers - Repromed, Fertility Associates and Fertility Plus who score them against a nationally consistent tool. NRFS does not disaggregate patient data on the basis of residency, so we cannot provide the data requested in the first three points of this request.

*Question 4: The average wait time for publicly funded fertility treatment of non-residents and residents/citizens for the last five years, broken down by year*

We have only been collecting this data for the last three years. The average wait time during that period was up to three months. The wait time for treatment was up to 17 months. Our data is not collected according to residency status but it is not expected that there would be a difference between wait times for residents and non-residents.

It is also important to note that patients may choose to obtain services privately from any of the Northern Region Fertility Service contracted providers: Repromed, Fertility Associates or Fertility Plus (ADHB).

*Question 5: Data on how many residents have been declined for publicly funded fertility treatment during the last 10 years, broken down by year, age of patient, and reason they were declined.*

We do not collect the data you are requesting and, therefore, do not hold this information.

As stated above, everyone who is eligible for the service is allocated to a service provider i.e no eligible patients are declined access to the service. We can, however, advise based on the past three years, that of those referred to the public service for first specialist appointments, approximately 30% were not eligible for publicly funded treatment and this rate has been stable over this time. We do not collect data on why patients do not meet the eligibility criteria, however, we can provide the following age breakdown:

<= 30 years	36%
31 - 35 years	29%
36 – 40 years	25%

*Question 6: Data on how many people who have been diagnosed with unexplained infertility who have applied for publicly funded fertility treatment, during the last 10 years, broken down by year, age of patient and whether their application was accepted or denied.*

We cannot provide this information as requested as we do not collect this data.

Unexplained fertility is a criterion for publicly funded fertility treatment. If someone is referred to a publicly funded First Specialist Appointment for fertility treatment, the cause of infertility will be considered. Sometimes investigations are required to inform the decision. A nationally consistent

scoring tool (CPAC) is used to determine if the patient with unexplained fertility problems is eligible for publicly funded treatment. Generally, they must have been attempting to conceive for a number of years as a couple. The reason for declining treatment is on the basis of eligibility or CPAC score and not in relation to a specific cause of biological infertility.

Unexplained in this context is defined as no evidence of endometriosis, male factor, ovulation, tubal disease or other known cause of infertility. The CPAC score system requires that a couple with no identifiable reason for their infertility must have been trying to achieve a pregnancy for five years in order to be eligible for publicly funded treatment. This is because of the probability that those with unexplained infertility can become pregnant without treatment. This time requirement means that people with unexplained infertility are more often ineligible at referral because they have sought medical assistance prior to the five-year threshold being met.

All ineligible patients are declined. We do know that 45% of patients who are declined as ineligible have unexplained infertility. Ineligibility (hence declined) at referral rates by diagnosis is:

Endometriosis	7%
Male factor	8%
Ovulation factor	8%
Tubal disease	6%
Other conditions	5%
Mixed conditions	38%
Unexplained:	45%

I trust that this information meets your requirements. Waitemata DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Yours sincerely



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**Director Funding**  
**Waitemata and Auckland District Health Boards**

## Appendix – Eligibility Criteria for Publicly Funded Fertility Treatment

(Detail on Eligibility for Publicly Funded Fertility Services, NRFS 2018 pp9)

### Eligibility for FSA based on residency

- The following criteria must be met for a patient/couple to receive a publicly funded FSA:
  - Both partners of a couple must meet the residency requirement.
  - A photo-copy of proof of eligibility should be included with the referral and checked by Northern Region Fertility Service (NRFS). The ultimate responsibility for checking residency eligibility is with the clinic providing the fertility services.
  - Any of the following are sufficient to demonstrate residency eligibility:
    - New Zealand birth certificate plus photo ID (such as Driver's Licence)
    - New Zealand passport
    - Niue, Tokelau or Cook Island birth certificate plus photo ID
    - Certificate of Citizenship and photo ID page from passport
    - Passport photo with old Returning Resident's visa and Residence Permit or Indefinite Returning Resident's visa or new Residence visa and arrival NZ stamp or Permanent Resident's visa
    - Work visa, which enables holder a continuous stay in New Zealand of two years or more from arrival visa stamp, OR when added to a previous visa/s, allows a stay of 2 years — plus passport photo ID page
    - Student visas which enable holder to study in New Zealand for a period, which when added to a current work visa, allow for a continuous stay of two or more years. Photo ID page plus ALL prior student visas and work visas required to assess eligibility.
  - Australian citizens and residents who can prove their intention to stay in New Zealand for 2 years or more. Examples of how this can be demonstrated include; proof of marriage to a New Zealander, home purchase documents, shipping of personal effects.

(Detail on Eligibility for Publicly Funded Fertility Services, NRFS 2018 pp5)

NRFS also require the following as of late 2018:

### Criteria and process for publicly funded fertility treatment

#### Eligibility based on NZ residency for fertility treatment

- In addition to the criteria for eligibility for FSA, residency status must apply for the duration of the treatment (that is, have a minimum of 20 months guaranteed residency at the time of FSA) and during the treatment the couple must provide a New Zealand contact address.