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P-725 Patient Experience of fertility treatment in the UK
J. Darragh¹, N. Cooke-O’Dowd¹

¹Human Fertilisation and Embryology Authority HFEA, Intelligence, London, United Kingdom

Study question: To understand patient experience, including wait to start treatment, experience of GP, satisfaction and clarity of information, and use of multiple-embryo transfers and donor gametes
Summary answer: Generally high satisfaction with experience of treatment, but experience of speaking to a GP more varied, with many experiencing delays to starting treatment.

What is known already: Certain aspects of patient experience were measured in 2018, acting as a benchmark for the 2021 survey. However, the recent survey also includes new information on speaking to a GP, reasons for delays to starting treatment, use of donor gametes and ease of accessing donors of matching ethnicity. It also includes questions on multiple embryo transfers, including the reasons for decisions to transfer multiple embryos, and the explanation of risks and outcomes by clinics. Many of the questions were chosen to help address unanswered questions from our recent report on Ethnic Diversity in Fertility Treatment.

Study design, size, duration: Online survey of patients, using an open link via our website and social media platforms, and shared via our stakeholders. The survey was open to anyone who had undergone fertility treatment in the past 10 years, including patients, partners, surrogates and intended parents. A total of 1,233 completed responses was achieved, which was generally representative of the UK fertility patient population.

Participants/materials, setting, methods: Online survey of fertility patients, treated in UK clinics in the past 10 years.

Main results and the role of chance: Although satisfaction is broadly high across various aspects of treatment, and with the clarity of information provided by clinics, there were a few areas which could have been higher, including level of support and access to counselling. Where patients were dissatisfied with clinics, this tended to be driven by a lack of empathy, support or involvement in treatment decisions.

Satisfaction with speaking to the GP about fertility treatment was low, and this seemed to be driven by delays in starting treatment (often due to referral times for further tests/surgeries, and NHS waiting times), but many also felt their concerns were initially ignored.

Where respondents had a multiple embryo transfer, this was largely driven by clinic advice, although some patients did choose this option to increase their chances of getting pregnant. Generally risks were explained, but clinics were less likely to explain patients own individual risk (based on age, ethnicity, health).

With regards to use of donor gametes, generally these were easy to access, although there were longer waits for donor eggs and embryos. Ethnicity was important to patients when choosing gametes, but Black, Asian, Mixed and Other ethnicity patients were more likely to wait longer for them.

Limitations, reasons for caution: The survey is self-selecting, and since it was advertised in clinics, on our website, through our social media channels, partners and on mumsnet, patients who complete the survey are more likely to be engaged. We also struggled to hit our target of Black patients, so analysis is more limited.

Wider implications of the findings: The findings will help shape the strategy of the HFEA, including working with patients, clinics and stakeholder organisations to improve patient experience and treatment, particularly in understanding and addressing treatment disparities.

Trial registration number: N/A