

ALL YOUR EGGS IN ONE BASKET

**A comprehensive study into the continuing
postcode lottery in IVF provision through the NHS**

by Grant Shapps MP

A follow up report to *The Messy Business of Conception*

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Key Findings

- More than 8 out of 10 PCTs are still failing to offer the full three cycles of IVF treatment as recommended by the National Institute for Health and Clinical Excellence (NICE)
- The survey received an 80 per cent response rate from Primary Care Trusts (PCTs)
- Two PCTs confirmed that they had, in the previous two years, refused to provide IVF
- One in every eight PCTs are failing to comply with NICE guidelines with regards to the age of the female partner meaning the continuation of the bizarre scenario which sees the same woman being too old for treatment in one area and too young in another.
- 54 per cent of Trusts include in their eligibility policies criterion which excludes couples in which one of the partners has a child from a previous relationship, even if that partner has been widowed.
- Two years on from the last survey by the author, widespread variations between regions and within regions continue:
 - In the East Midlands all Trusts will offer just one full cycle of treatment. In the London 39 per cent offer one cycle per couple, 26 per cent will provide two and a further 26 per cent fund the full three cycles
 - 41 per cent of South East PCTs responding confirmed that they were not providing IVF to women aged 23-39, as instructed to do so by NICE.
 - In the East Midlands, no responding PCT would offer treatment to couples in which one partner already has a child. In the North East, 70 per cent said they *would* provide treatment in such circumstances.
- Nationwide, almost half of Trusts ask that couples be in a relationship for more than three years. Others said one or two years while some merely asked that the relationship is “stable”.

Summary

This report is based on a survey carried out amongst NHS Primary Care Trusts (PCTs), using the Freedom of Information Act, into their provision for couples who suspect they may be sub-fertile. The survey, which was conducted between May and June 2009 comes just over two years after the author conducted a similar, less comprehensive study into the same issue.

Four out of five PCTs responded to the survey with the disclosure of the required information.

Recent efforts by the Government to improve the level of available information on the subject of IVF provision around the country are welcome but the Department of Health's PCT survey takes a year to compile and only covers very few of the key access criteria.

The results of this comprehensive investigation will surprise those who believed at the time of the first report's publication that the Government would – as had been claimed by ministers – put greater energy into ending the postcode lottery that prevailed in IVF provision up until that point. The inequality in infertility treatment is persistent.

Today – in June 2009, more than five years after the recommendation from NICE that IVF should be funded and four years after the planned introduction of a more comprehensive approach to fertility care – thousands of couples are still suffering the agony of being prevented from the chance of a family based on arbitrary restrictions or NHS financial constraints.

The survey found that 1 in 8 Primary Care Trusts are still not complying with the National Institute for Health and Clinical Excellence guidance when it comes to the age of the female partner.

Even more startling is the finding that more than 8 out of 10 PCTs are failing to offer the full 3 cycles of treatment.

The level of variation in criteria both between and within regions is surprising and proves that rather than being a regional lottery, in most cases, IVF provision boils down to a genuine postcode lottery. For instance, a London couple will, in 39 per cent of cases, receive one cycle of treatment. Just over a quarter will benefit from two cycles and a lucky 26 per cent will receive the full three.

Background

In March 2007, the author of this report, inspired by his own experiences and those of his constituents, carried out an investigation into the local and regional variations in the provision of fertility treatment.

The report, entitled *The Messy Business of Conception* was the most comprehensive survey of NHS assisted conception provision and highlighted the inconsistencies around the country.¹ It found, for instance, that couples in some parts of the country would be denied treatment if the female partner was older than 35 while other Primary Care Trusts (PCTs) would only conduct treatment if the female was below the age of 35.

The reaction to the publication of the report and the resulting media coverage was astounding. The author received letters from around the country with heart-rending stories of couples desperate to conceive being turned away from their local PCT.

Parliament took the matter seriously as well. Just a few weeks after the publication of the report, the author led a debate in the House of Commons.²

The Minister speaking in that debate promised to review provision around the country, saying that the Government would take 'specific action by examining whether, and how, we can eradicate some of the variations that have been mentioned.'³

Since then some regions, sub-regions and counties have acted to provide standardised assisted conception criteria.

However, having received correspondence from disheartened couples from all over the country who were still being denied access to assisted conception treatment due to arbitrary health boundaries, a follow up survey was distributed to NHS Primary Care Trusts – using the Freedom of Information Act to ensure their participation.

¹ *The Messy Business of Conception: Report by Grant Shapps MP*, available to view and download at www.shapps.com/reports/The-NHS-IVF-Lottery.pdf

² *Hansard*, 26 March 2007, col. 1272-8

³ *Ibid.* col. 1278

Introduction

Treatment for infertility is allocated based on the commissioning policies of the Primary Care Trust in which the female partner's General Practitioner's surgery is located.

This investigation was carried out using the Freedom of Information Act 2000 and all Primary Care Trusts in England were asked to release details of the eligibility criteria they employ when deciding on eligibility for assisted conception techniques, specifically, IVF, IUI and ICSI.⁴

Around a quarter of couples will, at some time in their lives, encounter problems conceiving⁵ with as many as one in seven requiring medical assistance.⁶

It is now more than thirty years since the birth of the first 'test tube baby', Louise Brown in 1978 and treatment for infertility should no longer be considered a marginal health problem. Almost 40,000 women undergo fertility treatment in the private and public sector every year and around 1 in 70 babies born in the UK are conceived artificially.

At a cost of approximately £5,000 per cycle of IVF treatment,⁷ NHS provision for non-acute treatments is always likely to be rationed but this investigation has revealed the continued inequality of treatment opportunities around the country.

Spending on the NHS is finite and funding is precious. This report acknowledges that priorities must be made but that those prioritisations must be made equitably and that unfounded pronouncements should not be made by politicians or others if the effect is to increase the hopes of emotional couples beyond what they can reasonably expect.

⁴ For a summary and explanation of the varying assisted conception methods, please see the glossary at the end of this report.

⁵ Gunnell D.J. and Ewings P. Infertility prevalence, needs assessment and purchasing, *Journal of Public Health Medicine* 1994; 16: 29-36 cited in *Key Facts on Infertility, IVF and NHS Provision* (British Fertility Society Factsheet)

⁶ BBC Health, http://www.bbc.co.uk/health/womens_health/reproductive_infertility.shtml

⁷ 'Quick Facts About Fertility - Funding', Human Fertilisation and Embryology Authority, <http://www.hfea.gov.uk/103.html#1265>

NHS Guidelines

2004: New Hope for Childless Couples

Until 2004, the provision of treatment for infertility, funded by the NHS, was an entirely down to chance. While some health trusts offered IVF or ICSI, others simply refused to consider treatment for even the most worthy of candidates.

In 2004, following reports of widespread inequality, the National Institute for Clinical Excellence (NICE) drew up a set of national guidelines setting out to whom the NHS should offer IVF, and what exactly should be on offer. Their key recommendation of NICE was:

*'You should be offered up to three cycles of IVF if the woman is between 23 and 39 years old at the time of treatment.'*⁸

The guidance meant that NICE considered it appropriate to provide IVF to couples with a 10 per cent or greater chance of conceiving via that method.⁹

The then Secretary of State for Health, John Reid MP, declared that the new guidelines would 'mean that thousands more couples should be able to have fertility treatment on the NHS'.¹⁰ The Government announced that from 2005 all PCTs would be asked to

- Offer all women aged 23-39 who meet the NICE clinical criteria a minimum of one full cycle of IVF from April 2005
- Give priority to couples who do not already have a child living with them

2007: A 'Messy Business'

As stated above, *The Messy Business of Conception* (2007) represented the widest ranging survey of NHS assisted conception provision carried out up until that point.

The report, published more than two years after the implementation of the new national guideline found considerable regional and local variations in provision.

⁸ Fertility: Assessment and Treatment for People with Fertility Problems: NICE Clinical Guidance (February 2004): Appendix A, page 149

⁹ Success rates for IVF for females aged 39 and under range from 18% (for 38-39 year olds) to 31% (for under 35s), *HFEA Facts and Figures 2006 – Fertility Problems and Treatment*

¹⁰ 'Health Secretary welcomes new fertility guidance' *Department of Health Press Release* (25 February 2004), PR Ref Number: 2004/0069

The effect of a living child from a previous relationship on the eligibility of a couple split PCTs almost straight down the line. In cases where a partner was widowed or divorced, the chance of receiving treatment may as well have been defined by a flip of a coin.

In 46 per cent of Primary Care Trusts the presence of a child from a former relationship meant the couple would be judged ineligible while such couples would remain eligible in 49 per cent of PCTs. A small minority of PCTs did not even mention this criterion in its eligibility documentation. Of the five PCTs in Essex, the split was 3 to 2 in favour of the couple remaining eligible.¹¹

Rules governing the age of the female partner at the time of the treatment were particularly confusing. In some areas the eligible age ranges were especially narrow. For instance, in Wiltshire only women aged 31-35 would be considered.

In many instances, PCTs' policies directly contradicted one another. In Lincolnshire, Swindon and Luton, IVF would be funded if the female partner was aged 35 or under. In Hampshire and the Isle of Wight, a woman had to be at least 36 before GPs could refer the couple for treatment.

In Somerset eligibility depended on the female being older than 35 despite medical opinion clearly stating that the number of successful cycles for women of that age or older, is significantly less than for those of a younger age.

More than half of Trusts in 2007 rejected couples who had previously had NHS IVF treatment, while around 1 in 6 would not consider couples that had previously self-funded treatment for infertility.

There was even considerable disparity in what PCTs offered. In Thames Valley, one full free cycle would be funded while health authorities in Merseyside and Cheshire would offer two and couples in Lancashire could receive up to three cycles.

Other hoops to jump through around the country included the proviso that couples in Gloucestershire must have been in a stable relationship for a period of more than three years while Kensington and Chelsea residents would only have had to be in a relationship of 12 months. Furthermore, a confusing hotchpotch of PCTs included criteria relating to non-smoking and Body Mass Index.

¹¹ South East Essex PCT and West Essex PCT excluded couples where a partner had a child from a previous relationship. Mid Essex PCT, South West Essex and North East Essex did not; *The Messy Business of Conception*, page 7

2008: Fresh Hope or False Dawn?

After four years of persisting with a failing and inequitable system, the establishment of an expert group on commissioning NHS infertility provision by Health Minister, Dawn Primarolo in early 2008 was a sign that the Government had begun to take the issue of fertility more seriously.

The group's interim report recommended that NICE, the body responsible for advising on the commissioning of treatments and medications for the NHS, 'be clearer about whether it intends to review its clinical guideline on fertility, to provide greater clarity for PCTs'.¹²

Disappointingly, in a letter to PCTs, Dawn Primarolo, said the NICE review of its guidelines is 'timetabled for 2010-11'.¹³ This delay condemns thousands of couples to an agonising wait and means that many of them will fall through the net.

The interim report also revealed that the group were considering 'whether there is a role for the National Specialised Commissioning Group (NSCG) in the provision of infertility services, to improve consistency in commissioning'.¹⁴

With the conclusions of the expert group seemingly still some way off, this report investigates the provision of NHS fertility treatment midway through 2009, more than five years since the Department of Health claimed the new guidelines would lead to a revolution for infertile couples and two years since Ministers acknowledged the inherent unfairness of a system which discriminates against childless families based solely on their postcode.

2009: The Government's own attempt at a survey

In June 2009, the Department of Health published a survey of Primary Care Trust IVF provision.¹⁵ Any attempt to improve access to information in this field is welcome but the survey had a number of serious flaws.

The information contained in the Government's *Primary Care Trust Survey – Provision of IVF in England in 2008* is almost a year out of date and with PCTs continually updating their policies in this area according to their finances and priorities, there is a limit to the usefulness of the data. Freedom of Information disclosures by PCTs suggest that at least

¹² 'Letter to Chairs of PCTs by Minister of State, Rt. Hon. Dawn Primarolo MP, 22 August 2008:

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_087134

¹³ *Ibid.*

¹⁴ *Interim Report of the Expert Group on Commissioning NHS Infertility Provision*, page 4

¹⁵ *Primary Care Trust Survey – Provision of IVF in England in 2008*, Department of Health website,

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101073

22 primary care providers in England have updated their guidance since the Department of Health survey was conducted.

PART II: 2009 Investigation

Methodology

Over the period in which the Freedom of Information survey took place, responses were received from 80 per cent of local Primary Care Trusts. Although there have been signs of progress, the results provide evidence of an ongoing disparity in services provided to sub-fertile couples.

Encouragingly, since the last investigation in March 2007, 62 of the 120 PCTs responding had updated their eligibility criteria for IVF.

Findings

Funding of IVF

The survey results reveal that there are two Primary Care Trusts in the country that have taken a decision in the last two years to not fund assisted conception in any form due to ongoing pressures on local NHS budgets.

In 2008/9, North Lincolnshire PCT had a policy not to pay for any local couples to receive fertility treatment. Having appeared to reverse that ban, it now imposes tight eligibility criteria on those seeking IVF.¹⁶

Meanwhile, NHS North Staffordshire has carried forward its decision from 2008/9 not to provide IVF into the current year, 2009/10. For couples requiring treatment for infertility in North Staffs, the chance of having a family is ebbing away more each day due to a 'decision made as a result of [the PCT's] annual prioritisation process'.¹⁷

Number of Cycles

One contentious issue amongst health providers is the number of IVF cycles that should be offered. It has been recommended that, in order to limit the chances of multiple births, a cycle should involve the transfer of two embryos – a factor that appears to have been universally adopted..

NICE recommends couples with fertility problems should receive NHS funding for up to three cycles of in-vitro fertilisation as live birth rates remain relatively high over the first three cycles before declining rapidly beyond that point.¹⁸

NICE has recently been trumpeting success in achieving equality in this area. On 23 June 2009, using data from 2008, the Institute published a press release stating that 'more than a quarter of primary care trusts now offer the full number of cycles recommended by NICE', reporting a rise from 5 per cent in 2007.¹⁹

However, it would appear that the scope of fertility treatment is in retreat in 2009 as just over 18 per cent of Primary Care Trusts responding to Freedom of Information requests offered the full three-cycle treatment. This means that more than 8 out of 10 PCTs are failing to provide 3 cycles of treatment as recommended by NICE.

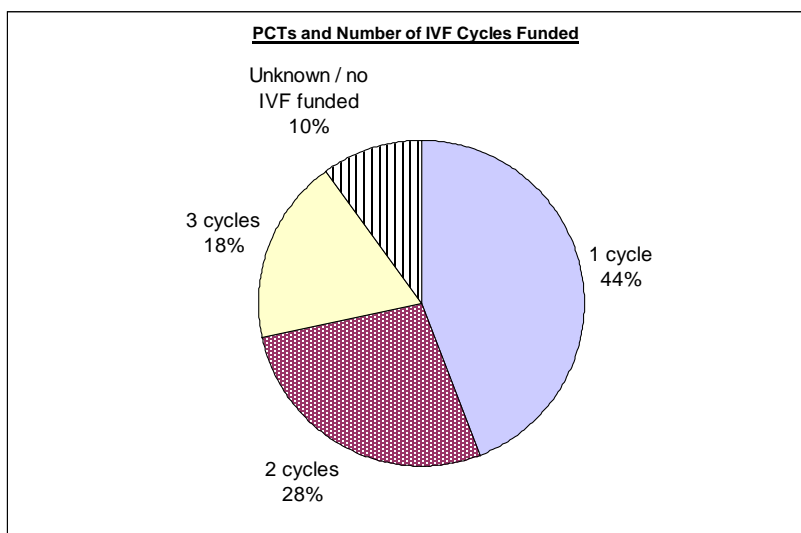
¹⁶ For a couple to expect assistance, the woman must be aged between 37 and 39.

¹⁷ Response to Freedom of Information request

¹⁸ *NICE Guidance Note CG11*, February 2004, page 16

¹⁹ 'NICE guideline helps end regional variation of access to fertility treatment', *NICE press statement*, 23 June 2009, <http://www.nice.org.uk/newsroom/pressstatements/FertilityTreatmentVariation.jsp>

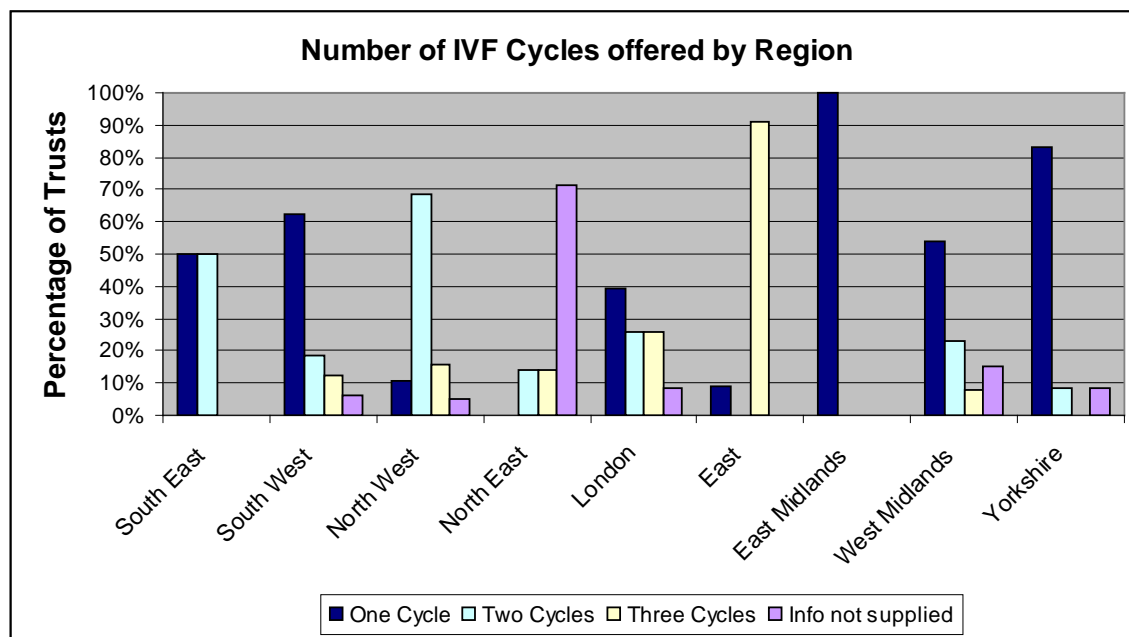
The survey found that 45 per cent of Trusts which offered IVF at all were offering a single full cycle of treatment.



Within regions, a widespread disparity was evident in this most vital of criterion. In the South East, 50 per cent of Trusts offer one cycle while another 50 per cent agree to fund two cycles. No South East PCT replying to the survey provides the full three cycles.

In the North West, more than two-thirds of Primary Care Trusts fund two cycles while 91 per cent of Eastern region PCTs make three cycles accessible. To compound the regional complexities, of the 13 West Midlands PCTs taking part in the survey, just over half one cycle – a state of affairs mirrored in 63 per cent of South West PCTs.

Consistency is evident in the East Midlands. Unfortunately for sub-fertile couples, all PCTs are in agreement that a single IVF cycle should be provided. Indeed, the East Midlands is one of three regions, along with the South East and Yorkshire & Humber, in which not one of the Trusts taking part in the survey offers the full treatment advocated by NICE.



Age

The survey found that around 86 per cent of primary care providers now offer IVF to couples in which the female is aged 23 to 39, as advised by the National Institute for Health and Clinical Excellence (NICE). However, more than 1 in 8 are still restricting access based on age.

In Southampton, Portsmouth and the Isle of Wight, access is restricted by PCTs until the female partner reaches the age of 36 even though the most expert of medical opinions estimate that the chances of conceiving through IVF diminish by between 16 per cent and 35 per cent after the age of 35.²⁰

Five of the 12 Primary Care Trusts in the South East that responded to the survey reported eligibility criteria which were not in accordance with NICE guidance. The following trusts had policies which only made eligible couples in which the female partner is between the ages of 34 and 37:

- Berkshire PCT
- NHS Berkshire East
- Buckinghamshire PCT
- Milton Keynes PCT

²⁰ Human Fertilisation and Embryology Authority 'facts and figures' on infertility states that IVF success rates for women up to the age of 35 are estimated at 28.2%. This declines to 23.6% between the ages of 35 and 37 and to 18.3% for 38 and 39 year olds. http://www.hfea.gov.uk/docs/facts_and_figures_03-04.pdf

- NHS Oxfordshire

Similarly, in the South West, 6 of the 16 PCTs responding offered eligibility criteria which did not conform to national guidance. They were:

- NHS Gloucestershire (30-39)
- Isle of Wight PCT (36-39)
- Portsmouth City Teaching PCT (36-39)
- NHS Southampton (36-39)
- Swindon PCT (30-39)
- Wiltshire PCT (30-39)

The other PCTs in the region offered 23-39 year olds treatment, in accordance with NICE recommendations.

In the West Midlands, in addition to NHS North Staffordshire which does not offer IVF at present, three of the other 12 respondents reported policies which did not comply with the NICE age guideline. These include Telford and Wrekin PCT which will only provide assisted conception for women until the age of 37 and a half.

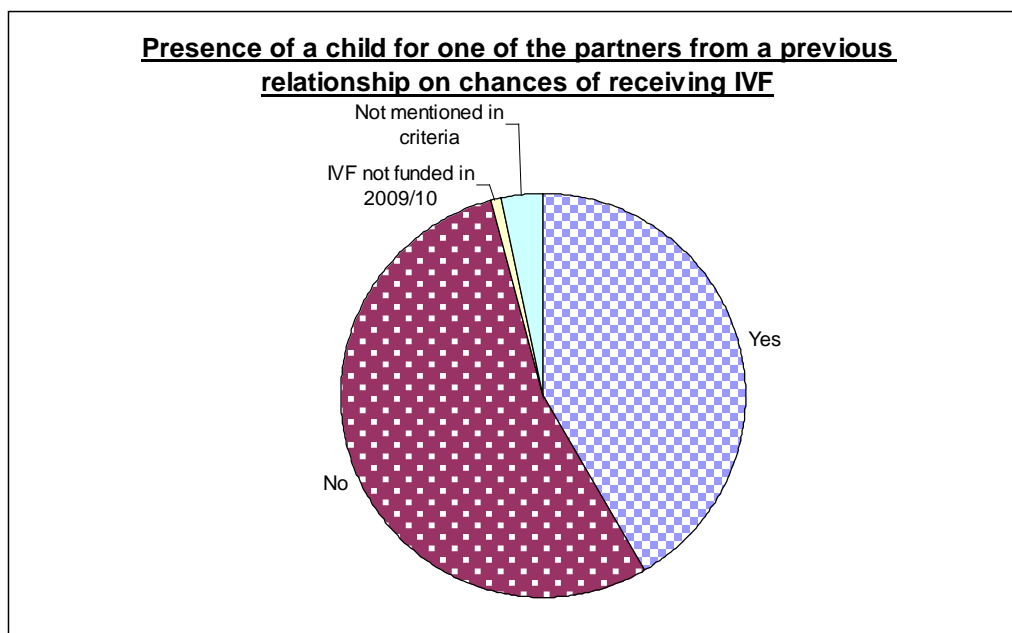
In North Lincolnshire, having now decided to offer IVF again, the PCT will only fund treatment for women between the ages of 37 and 39 who, as noted above, have a far lower chance of successfully conceiving via this method.

Wide levels of regional consistency with regard to the age criterion were evident in the Eastern, East Midlands, North East, London and North West regions.

Previous Children from former relationships

Primary Care Trusts face a difficult decision when deciding whether or not to fund IVF treatment for couples where one of the partners already has a child from a previous relationship.

Unfortunately, the differing policies adopted by officials in each locality have created a situation in which the split is almost 50:50. So, to take a hypothetical example, a couple which includes a widower father would be unable to access treatment in 54% of PCT areas.



The disparity is accentuated when one looks at regional examples. In the North East, more than 70 per cent of PCTs responding confirmed that the presence of a child from a partner's previous relationship would *not* have any impact on his eligibility for accessing IVF with a new partner.

In the East Midlands, none of the PCTs will consider funding a couple's IVF treatment in such circumstances.

In the North West, the figure is somewhere in between those two extremes. 57 per cent of Trusts will not treat couples in which one partner already has a child.

Length of a couple's relationship

Around 4 out of 5 PCTs prescribed a length of time in which the couple should have been in the relationship as part of their IVF eligibility criteria. A further 8.5 per cent stated merely that the relationship should be 'stable'.

Of the 92 Trusts with a properly defined minimum length of relationship or period in which the couple must have been attempting to conceive naturally, 9 felt that one year was a reasonable restriction; 38 set the barrier at two years; and 45 Trusts (49 per cent) required that couples be together for at least three years prior to accessing NHS-funded fertility treatment.

Conclusion

The survey conducted for this report has once again revealed that the progress achieved by local healthcare providers in rectifying the cruel postcode lottery of IVF provision is as evident today as it was when the author conducted the original survey in early 2007.

Trusts' criteria have converged in some respects with more consistency in their application of age restrictions for female partners but clear differences persist. The news that some Trusts have maintained bizarre criteria which means that women do not qualify until after their chances of conceiving have plummeted calls into question whether or not this is the best use of finite NHS resources.

Instead of age restrictions, Trusts have increasingly turned to other means by which to ration IVF treatment. Some PCTs will now discriminate against couples in which one partner already has a child regardless of the personal circumstances or tragedy which may have led up to that situation while others will reduce the number of cycles available to couples who meet the eligibility criteria, in many cases opening up a clear divide between their provision and the neighbouring PCT's offer.

While not necessarily advocating that local Trusts offer the full NICE-recommended treatment, some degree of national, or even regional, standardisation would be fairest for all concerned, even if that means an effective tightening of the criteria in some areas. The continuation of this lottery means that couples are going so far as considering moving to areas in which their dreams of having a baby can be realised. Clearly that is an unfair situation for what should be a *national* health service.

About the Author

Grant Shapps is married to Belinda. He was elected to Parliament in 2005 and promoted to the Shadow Cabinet as Shadow Minister for Housing in 2007.

In 1999/2000 Grant Shapps was treated for Hodgkin's Lymphoma. A year of treatment and chemotherapy meant that when it came to starting a family IVF presented the only chance.

Two out of three IVF cycles attempted were successful and all three of his children (an 8 year old boy and twins – a girl and a boy aged 5) are through IVF.

The research for the original report, *The Messy Business of Conception*, was undertaken following complaints from constituents who were unable to access IVF treatment on the NHS, despite meeting all PCT criteria.

Having continued to receive correspondence from constituents and others who, having read the original report, contacted Grant with their own experiences of being frozen out of fertility treatment, a re-investigation was initiated in 2009. The results are presented here.

Quote on report from Grant Shapps: "IVF remains a postcode lottery in this country. This new research reveals that in 8 out of 10 areas couples will not receive the cycles of IVF recommended by Ministers. Budgets are tight and the NHS must set its priorities, but it is wrong to raise expectations in couples who are desperate to start a family only for them to find out later that they won't get the real help they expected. Going through IVF is mentally and physically exhausting enough without these additional pressures."

APPENDIX 1

For detailed results see separate spreadsheet.

APPENDIX 2

IVF Provision Metric: A rating of all Primary Care Trusts' policies

In order to better compare the assisted conception policies of different care trusts, an unscientific metric has been developed especially for this report, in order to rate provision in different locations. It is a points based system based on the number of cycles offered, age criteria, the expected length of a couple's relationship and whether or not the Trust funds treatment for couples where one partner has a child.

The points allocation subtracts the minimum age criterion from the maximum age criterion; assigns differing numbers of points according to the PCT's position with regards to a couple's relationship and the existence of children from former relationships and multiplies by the number of cycles offered.

Inputting of the data from the Freedom of Information survey shows nine PCTs achieving the top ranking. Of those nine, six are in London, two in the North West and one in the West Midlands.

The standardised policy that most of Eastern PCTs subscribe to meant that 9 PCTs in the region have policies which were very close to achieving the top rank. The Eastern policy was kept off of the top spot due to the requirement for couples to have been trying for 3 years to have a natural pregnancy compared with others which require one year or merely that the couple's relationship is stable.

Patients in the South West and South East would appear to be least well served by their health providers.

Of the ten PCTs scoring lowest on this measurement, four are in the South West and four are in the South East. However, the two lowest scoring Trusts, North Staffs and North Lincs, are located in the West Midlands and the Yorkshire and Humber regions.

Ratings for IVF provision according to key criteria

	Primary Care Trust	Region	Rating
1	Barking and Dagenham	London	660
1	Newham PCT	London	660
1	Ashton, Leigh, Wigan PCT	North West	660
1	Heywood, Middleton and Rochdale NHS	North West	660
1	Tower Hamlets NHS	London	660
1	Redbridge PCT	London	660
1	Coventry PCT	West Midlands	660
1	City and Hackney NHS	London	660
1	Havering PCT	London	660
10	South East Essex PCT	East	630
10	Peterborough PCT	East	630
10	North East Essex PCT	East	630
10	Mid Essex NHS	East	630
10	Cambridgeshire NHS	East	630
10	West Essex PCT	East	630
10	Norfolk NHS	East	630
10	Hertfordshire PCTs	East	630
10	Luton PCT	East	630
19	Bury	North West	460
19	Islington NHS	London	460
19	Ealing PCT	London	460
19	Westminster NHS	London	460
23	Stockport PCT	North West	440
23	Worcestershire PCT	West Midlands	440
23	Salford PCT	North West	440
23	North Lancashire PCT	North West	440
27	Swindon PCT	South West	420
27	Wiltshire NHS	South West	420
27	Camden PCT	London	420
27	Wandsworth NHS	London	420
27	South of Tyne and Wear NHS	North East	420
27	Blackburn with Darwen Teaching PCT	North West	420
33	Somerset PCT	South West	360
33	Sutton & Merton PCT	London	360
35	Surrey NHS	South East	300
36	Liverpool PCT	North West	280
36	Wirral PCT	North West	280

36	Central Lancashire NHS	North West	280
36	Sefton NHS	North West	280
36	West Cheshire PCT	North West	280
36	Central and Eastern Cheshire PCT	North West	280
36	Warrington PCT	North West	280
36	Halton and St Helens NHS	North West	280
44	Hastings PCT	South East	260
44	Bournemouth and Poole NHS	South West	260
44	West Kent NHS	South East	260
44	Cumbria PCT	North West	260
44	Brighton & Hove NHS	South East	260
44	Dorset NHS	South West	260
44	West Sussex PCT	South East	260
44	East Riding of Yorkshire NHS	Yorks & Humber	260
44	North of Tyne NHS	North East	260
53	Telford and Wrekin PCT	West Midlands	250
54	Walsall Teaching PCT	West Midlands	240
55	Haringey NHS	London	220
55	Warwickshire NHS	West Midlands	220
55	Brent PCT	London	220
55	Oldham PCT	North West	220
55	Enfield NHS	London	220
55	Rotherham NHS	Yorks & Humber	220
55	Bath & North East Somerset NHS	South West	220
55	Hounslow PCT	London	220
55	Solihull Care Trust	West Midlands	220
64	South Gloucestershire	South West	210
64	Doncaster PCT	Yorks & Humber	210
64	Stockton on Tees Teaching PCT	North East	210
64	Hartlepool PCT	North East	210
64	Middlesbrough PCT	North East	210
64	Redcar & Cleveland PCT	North East	210
64	Sheffield PCT	Yorks & Humber	210
64	County Durham PCT	North East	210
64	Croydon NHS	London	210
73	Trafford PCT	North West	190
73	Lincolnshire NHS	East Midlands	190
73	Stoke on Trent NHS	West Midlands	190
76	NHS Oxfordshire	South East	180
77	Kirklees PCT	Yorks & Humber	160
77	Kingston PCT	South East	160
77	Plymouth NHS	South West	160

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77	Plymouth Teaching PCT	South West	160
77	Bromley PCT	London	160
77	Devon PCT	South West	160
77	Torbay Care Trust	South West	160
77	Cornwall & Isles of Scilly NHS	South West	160
85	Wakefield District NHS	Yorks & Humber	150
85	Leeds NHS	Yorks & Humber	150
85	Bradford & Airedale NHS	Yorks & Humber	150
88	Heart of Birmingham PCT	West Midlands	140
88	Calderdale NHS	Yorks & Humber	140
88	Derbyshire County PCT	East Midlands	140
88	Leicester City NHS	East Midlands	140
88	Nottinghamshire County Teaching PCT	East Midlands	140
88	Manchester PCT	North West	140
88	Nottingham City NHS	East Midlands	140
88	Bassetlaw PCT	East Midlands	140
88	Derby City NHS	East Midlands	140
88	Northamptonshire NHS	East Midlands	140
88	Hull NHS	Yorks & Humber	140
99	Hillingdon PCT	South East	130
99	Wolverhampton PCT	West Midlands	130
99	Lewisham NHS	London	130
99	North Yorkshire & York PCT	Yorks & Humber	130
99	Hammersmith & Fulham NHS	London	130
99	South West Essex NHS	East	130
99	South Birmingham NHS	West Midlands	130
99	Dudley PCT	West Midlands	130
99	Bexley Care Trust	London	130
99	Lambeth PCT	London	130
99	Southwark PCT	London	130
110	Herefordshire PCT	West Midlands	110
111	Gloucestershire NHS	South West	60
112	Portsmouth City Teaching PCT	South West	20
113	Berkshire PCT	South East	10
113	Berkshire East NHS	South East	10
113	Southampton NHS	South West	10
113	Milton Keynes NHS	South East	10
113	Buckinghamshire PCT	South East	10
113	Isle of Wight PCT	South West	10
119	North Lincolnshire PCT	Yorks & Humber	0
119	North Staffordshire NHS	West Midlands	0