NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

Fertility Policy

10 July 2017

Note: This updated policy supersedes all previous fertility policies and reflects changes agreed by BHR CCGs' governing bodies in June 2017.

Introduction

BHR CCGs are responsible for commissioning a range of health services including hospital, mental health and community services for the local population. The CCGs have a statutory duty to maintain financial balance, which means that it must make judgements about the affordability of any proposed service for local patients.

This clinical policy is intended to support individuals and couples who want to have a baby, but who have a clinical problem which means that they are potentially infertile. The CCGs aim through this policy is to offer the opportunity to have a baby to as many patients as possible within the context of its overall financial position.

This policy has been developed following discussions with stakeholders, including local GPs and lead clinicians from fertility units in local hospitals. In developing this policy, the CCGs have also considered and adopted relevant NICE guidance wherever feasible. However, the need to balance service access demands with affordability has meant that in some sections the policy varies from the full recommendations made by NICE.

The NICE Clinical Guidance 156, Fertility can be accessed here:
www.nice.org.uk/guidance/CG156

Individual Funding Requests (IFR)

This policy cannot anticipate every possible individual clinical presentation. Clinicians are invited to submit IFR for patients who they consider to have exceptional clinical circumstances and whose needs are not fully addressed by this policy. The CCGs will consider such requests in accordance with its policy on IFR.

Patients accessing IVF should be fully informed of likely success rates and alternative approaches to parenting, including fostering and adoption.

Eligibility criteria

Couples will **only** be referred for assisted conception if they meet the eligibility criteria below and when **all** appropriate tests and investigations have been successfully completed in primary and secondary care in line with NICE guidelines.

1. Definition of a treatment cycle	For the purposes of this policy, an IVF cycle will be defined as the process which starts with ovulation stimulation and ends with the implantation of either a fresh embryo/ blastocyst **or** the implantation of a frozen embryo/ blastocyst. **This may include the transfer of two embryos where this is clinically appropriate (see 7 below)**
2. GP registration status	Patients should be registered on the medical list of Barking and Dagenham, Havering or Redbridge CCGs.
3. Age of the female patient	IVF is offered to women aged under 40 years. Referring clinicians should be aware of the work up time required by the provider, and ensure that referrals are made in time for women to start their embryo transfer treatment before their 40th birthday.
4. Lifestyle factors	The woman must have a body mass index (BMI) of between 19 and 30 at the time treatment begins. Patients must be non-smokers in order to access any fertility treatment and continue to be non-smokers throughout treatment.
5. Children from previous relationships	IVF will not be offered to couples who have a child together or single applicants who already have a child. IVF will be offered to couples where one of the partners has a child from a previous relationship, but the other does not. Both partners must confirm they have NOT previously undergone a sterilisation procedure. Foster children are not included in these restrictions.
Number of cycles funded NICE guidance argues that there is limited evidence for continuing to offer IVF to women who do not achieve pregnancy beyond a third cycle of fresh/ frozen embryo transfer. The guidance recommends that all cycles, whether funded by the NHS or privately be considered. The CCGs, therefore, will not fund additional treatment to a patient who has already had three fresh cycles of IVF.	
6. Number of cycles to be funded for women aged up to 39 years old who have previously had no more than one cycle of ovarian stimulation	BHR CCGs will support patients to have a single embryo transfer. This would normally be the transfer of a single fresh embryo, but a frozen embryo may be used where clinical circumstances dictate that this is the best clinical option for the patient. Treatment will not be funded for patients who have previously had any NHS funded treatment cycles. Treatment will not be funded for patients who have previously had three cycles of IVF including privately funded cycles.

leading to an embryo transfer	BHR CCGs require providers to adhere with the HFEA multiple birth restriction strategy. **One child at a time guidance** Fertility service providers will be expected to follow the HFEA's guidance on minimising multiple births. Providers are be expected to observe the following rule when considering the number of fresh or frozen embryos to transfer in IVF treatment: • Use single embryo transfer if there are one or more top-quality embryos. • Consider double embryo transfer only if there are no top-quality embryos.
7.Cancelled and abandoned cycles	NICE guidelines define a cancelled cycle as occurring when egg collection is not undertaken following ovarian stimulation. An abandoned cycle is not defined by NICE but is defined by this policy as including treatment leading to a failed embryo transfer. Occasionally there may be good clinical or non-clinical reasons why a cycle needs to be cancelled or abandoned. For this reason the first two abandoned/ cancelled cycles will not count towards the total number of funded cycles in section 6 above.
Treatment pathway This policy is intended, as per NICE guidance, for people who have a possible pathological problem (physical or psychological) to explain their infertility. BHR CCGs will fund investigation and treatment for all individuals and couples provided there is evidence of subfertility. The process for demonstrating subfertility will necessarily be different for heterosexual couples than for same sex couples or single people and these differences are reflected in the sub clauses below.	
8. Subfertility **Heterosexual couples**	Individuals/couples with a known cause of infertility should be referred without delay for appropriate assisted conception assessment. Women who have not become pregnant after one year of regular unprotected vaginal intercourse two to three times per week should be referred with their partner for further assessment and possible treatment. If the woman is aged 36 or over then such assessment should be considered after six months of unprotected regular intercourse. If a cause for infertility is found, the individual should be referred for appropriate treatment without further delay. IVF treatment can be offered to women with unexplained infertility who have not conceived after two years (this can include up to one

	year before their fertility investigations) of regular unprotected sexual intercourse (or 12 months for women aged 36 and over).
8.1 Subfertility **Same sex female couples and single women**	Female same sex couples and single women who have not become pregnant after six cycles of IUI undertaken in a clinical setting should be referred for further assessment and possible treatment. If a cause for the infertility is found, the individual should be referred for appropriate treatment without further delay. Where no cause of infertility can be identified women should be offered access to assisted conception if they have subfertility demonstrated by a further six cycles of IUI (12 in total) If the woman is aged 36 or over then such assessment should be considered after six cycles of IUI. As per section 9 below, the CCGs will not routinely fund the IUI cycles described above. As per section 14 below, the CCGs will not routinely fund the use of donated sperm used in the IUI cycles described above.
8.2. Subfertility Same sex male couples and single men	Male same sex couples and single men will be referred for infertility investigation if no pregnancy results following six cycles of IUI for which the man's donated sperm has been used.
9. Intra Uterine Insemination (IUI)	BHR CCGs will not routinely fund the use of unstimulated IUI. IUI will, however, be offered as a treatment option for the following groups as an alternative to vaginal sexual intercourse: • 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) As per section 14 below, whilst paying for the IUI procedure, BHR CCGs will not fund the use of donor sperm. A woman who has not become pregnant following six cycles of IUI carried out within a clinical setting should be referred for further assessment and appropriate treatment for infertility.
10. Ovarian reserve testing	**Low Ovarian Reserve** Women with low ovarian reserve are less likely to achieve pregnancy through IVF. Women referred for IVF assessment shall be offered an ovarian reserve test as per NICE guidance to identify and exclude those with low chance of conception.

	NICE guidance describes three tests which may be used: • Total Antral Follicle count(AFC) • Anti-Müllerian hormone (AMH) • Follicle-stimulating hormone (FSH) BHR CCGs will fund IVF only for women who have demonstrated that they have sufficient ovarian reserve on one of these three tests described in the NICE fertility guidance. This means that the patient must have either: • Total antral follicle count (AFC) of **greater than** 4 **or** • Anti-Müllerian hormone (AMH) of **greater than** 5.4 pmol/l **or** • Follicle-stimulating hormone (FSH) **less than** 8.9 IU/l Ovarian reserve testing should only be conducted within the overall context of a fertility assessment carried out by a specialist centre. GPs should not order these tests prior to referral to a Fertility Unit.
12. Fertility preservation	BHR CCGs will fund the collection and storage of eggs, embryos and sperm for individuals with cancer or other illnesses which may impact on their future fertility with the following conditions: • BHR CCGs will fund the storage for first five years only • BHR CCGs will not fund for the continued storage of eggs/embryos for a woman aged 40 years and over • BHR CCGs will not fund for the storage of sperm for a man aged over 55. The eligibility criteria set out in this policy must be applied to any subsequent use of the stored material.
13. Egg donation	BHR CCGs will not fund the use of donated eggs but will fund the associated IUI/IVF/ICSI treatment in line with the criteria in this policy. Patients wishing to use donor eggs treatments must make their own arrangements to access these and are advised to check with the treating provider unit to ensure compliance with best practice guidelines.
14. Sperm donation	BHR CCGs will not fund the purchase of donor sperm but will fund the associated IUI/IVF/ICSI treatment in line with the criteria in this policy. Patients wishing to access donor sperm treatments must make their own arrangements to access these and advised to check with the

	treating provider unit to ensure compliance with best practice guidelines.
15. Reversal of sterilisation / surgical sperm retrieval	BHR CCGs will not fund treatment for couples where subfertility is the result of a sterilisation procedure in either partner. BHR CCGs will not fund the surgical reversal of either male or female sterilisation. BHR CCGs will not fund treatment where sub fertility remains after a reversal of sterilization treatment. Surgical sperm retrieval **will** be funded in appropriately selected patients, provided that the azoospermia is not the result of a sterilisation procedure.
16. Sperm washing	BHR CCGs will fund sperm washing for IUI/IVF/ICSI for couples where the male partner is HIV positive and the female partner is HIV negative in order to prevent the transmission of HIV to an unborn child.
17. Surrogacy	IVF using a surrogate mother will not be funded by BHR CCGs