NHS
North Central London
Integrated Care Board

North Central London Fertility Policy

North Central London Integrated Care Board (ICB)

25 July 2022

Document details

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Document history

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25 July 2022	1.0	New single NCL policy

Contents

Glossary

Abandoned IVF cycle	Defined as an IVF cycle where an egg collection procedure has not been undertaken. Usually occurs due to a lack of response (where fewer than three mature follicles are present) or conversely if there has been an excessive response to ovarian stimulation and the patient is at risk of severe ovarian hyperstimulation syndrome (OHSS). May also be referred to as a 'cancelled cycle'.
Artificial insemination (AI)	AI is the introduction of sperm into cervix or uterine cavity for the purpose of achieving pregnancy. Intrauterine insemination (IUI) is a type of AI undertaken at a fertility clinic where sperm is filtered to produce a concentrated 'healthy' sample which is placed directly into the uterus. AI undertaken at home would normally be intra-vaginal insemination.
Assisted conception treatment (ACT)	The collective name for treatments designed to lead to conception by means other than sexual intercourse. Includes: intrauterine insemination (IUI), in vitro fertilisation (IVF), intracytoplasmic sperm injection (ICSI) and donor insemination (DI).
Azoospermia	A condition where there are no sperm in the ejaculate.
Cryopreservation	The freezing and storage of embryos, sperm or eggs for future use in assisted conception treatment cycles.
Donor insemination (DI)	Artificial insemination using donated sperm.
Egg (oocyte) donation	The process by which a fertile donor donates eggs to be used in the treatment of others.
Embryo transfer	The procedure in which one or more embryos are placed in the uterus.
Embryo transfer strategies	Defines the number of embryos that should be transferred in an embryo transfer procedure, depending on factors such as the quality of the embryos and the age of the woman or person trying to conceive.
Endometriosis	A condition where tissue similar to the lining of the uterus starts to grow in other places, such as the ovaries and fallopian tubes. Endometriosis is a known clinical cause of fertility problems.
Expectant management	NICE define expectant management as a formal approach that encourages conception through unprotected vaginal intercourse. It involves supportively offering an individual or couple information and advice about the regularity and timing of intercourse and any lifestyle changes which might improve their chances of conceiving. It does not involve active clinical or therapeutic interventions.
Fertilisation	The union of an egg and sperm.
Fertility policies	Integrated Care Boards (ICBs) are responsible for commissioning most fertility treatments; most ICBs therefore have policies in place specifying which interventions are funded and eligibility criteria for access to these. These policies typically explain when the ICB will fund assisted conception treatments for people experiencing fertility problems and for patients who require interventions for other reasons e.g. fertility preservation for patients due to undergo a gonadotoxic treatment.
Fertility preservation (FP)	Fertility preservation involves storing eggs, sperm, embryos or reproductive tissue with the aim of having biological children in the future.
Fresh IVF cycle	Comprises an episode of ovarian stimulation and the transfer of embryos created that have not previously been frozen.
Frozen embryo transfer (FET)	Where an excess of embryos is available following a fresh IVF cycle, these embryos may be frozen for future use. Once thawed, these embryos may be transferred to the patient as a 'frozen embryo transfer'. Also known as a 'frozen IVF cycle'.

Full IVF cycle	Defined by NICE as one episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s).
Gonadal dysgenesis	Abnormal development of a gonad (ovary or testicle).
Gonadotoxic treatment	Treatments that can cause fertility problems, such as some chemotherapies.
HFEA	Human Fertilisation and Embryology Authority. The HFEA is the UK's independent regulator of fertility treatment and research using human embryos. They license and inspect clinics and set standards.
Infertility	The World Health Organisation states infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. NICE indicates that for people trying to conceive using artificial insemination (including, but not limited to, female same sex couples and single women), infertility may be indicated after 6 unsuccessful cycles. In the male reproductive system, infertility is most commonly caused by problems in the ejection of semen, absence or low levels of sperm, or abnormal shape (morphology) and movement (motility) of the sperm; this is commonly called 'male factor infertility'. In the female reproductive system, infertility may be caused by a range of abnormalities of the ovaries, uterus, fallopian tubes, and the endocrine system, among others.
In vitro fertilisation (IVF)	IVF involves ovarian stimulation and then collection of eggs. The eggs are then fertilised with sperm in a lab. If fertilisation is successful, the embryo is allowed to develop for between two and six days and is then transferred to the uterus to hopefully continue to a pregnancy. Ideally one embryo is transferred to minimise the risk of multiple pregnancy. Where the woman or person trying to conceive is older, or the quality of the embryos is poor, two embryos may be transferred. It is best practice to freeze any remaining good quality embryos to use later on in a frozen embryo transfer if the first transfer is unsuccessful.
Intracytoplasmic sperm injection (ICSI)	IVF with ICSI treatment is similar to standard IVF. However, instead of mixing the sperm with the eggs and leaving them to fertilise in a dish, an embryologist will inject a single sperm into each mature egg. This maximises the chance of fertilisation as it bypasses any potential problems the sperm may have in penetrating the egg.
Intrauterine insemination (IUI)	IUI is a type of fertility treatment in which the better quality sperm are separated from sperm that are sluggish, non-moving or abnormally shaped. This sperm is then placed directly in the uterus. This can either be performed with partner sperm or donor sperm (known as donor insemination).
Natural cycle IVF	An IVF procedure in which one or more eggs are collected from the ovaries during a spontaneous menstrual cycle without any drug use.
NICE	National Institute for Health and Care Excellence. NICE provide national guidance and advice to improve health and social care. One of the ways that NICE does so is by publishing clinical guidelines, which are evidence-based recommendations for health and care in England. Organisations commissioning and delivering services are expected to take the recommendations contained within NICE clinical guidelines into account when planning and delivering services. NICE has published a Clinical Guideline (CG 156) on fertility problems.
Oophorectomy	An operation to remove one or both ovaries.
Ovarian Hyper-Stimulation Syndrome (OHSS)	A condition in which the ovarian response to stimulation results in clinical problems, including abdominal distension, dehydration and potentially serious complications due to thrombosis and lung and kidney dysfunction. It is more likely in patients who are excessively sensitive to medicines used for ovarian stimulation.

Ovarian reserve	Ovarian reserve tests were developed by fertility clinics to predict how a person having IVF treatment would respond to the drugs used to stimulate the ovaries and ultimately how many eggs they may produce. Ovarian reserve can be assessed through blood tests to measure two important hormones: follicle stimulating hormone (FSH) and anti-Müllerian hormone (AMH) or by an ultrasound scan that counts the growing follicles within each ovary (antral follicle count; AFC).
Ovarian stimulation	Stimulation of the ovary to achieve growth and development of ovarian follicles with the aim of increasing the number of eggs released.
Ovarian tissue cryopreservation	Involves removing and freezing ovarian tissue. At a later date, the ovarian tissue can be thawed and either re-implanted into the ovary, to allow the patient to try to conceive naturally, or the eggs can be retrieved and fertilised in vitro and the embryo implanted in the uterus.
Pathological problem	One that relates to medical conditions/ diseases (physical or psychological).
Pre-implantation genetic diagnosis	A technique used to identify inherited genetic defects in embryos created through IVF. Only embryos with a low genetic risk for the condition are then transferred to the uterus. Any resulting pregnancy should be unaffected by the condition for which the diagnosis is performed.
Premature ovarian insufficiency	If menopause happens before the age of 40 it is called premature ovarian insufficiency (or premature menopause).
Rhesus (Rh) isoimmunisation	A condition where antibodies in a pregnant woman's or pregnant person's blood destroy the baby's blood cells. Also known as rhesus disease.
Sperm donation	The process by which a fertile donor donates sperm to be used in the treatment of others. The HFEA regulates sperm donation undertaken at UK fertility clinics.
Sperm washing	Sperm washing is used to reduce the viral load (for example, of HIV) in prepared sperm to a very low or undetectable level. The washed sperm can then be transferred to the uterus using IUI, or used to fertilise eggs in IVF or ICSI.
Supernumerary embryos	Embryos created from a fresh IVF cycle that are left over after an embryo(s) have been transferred.
Surgical sperm retrieval (SSR)	Extracting sperm by a surgical procedure. Types of SSR include: percutaneous epididymal sperm aspiration (PESA), microsurgical epididymal sperm aspiration (MESA), testicular sperm aspiration (TESA), testicular sperm extraction (TESE) and microscope-assisted testicular sperm extraction (MicroTESE).
Surrogacy	Surrogacy is where a person carries and gives birth to a baby for another person or couple. This may involve the eggs of the surrogate, the intended mother/ parent, or a donor.
Unsuccessful cycle of IVF/ ICSI	Includes failure of fertilisation, failure of development of embryos and failure to become pregnant following transfer of embryos.

Background

NHS fertility treatment is available for eligible couples and individuals who want to become parents but who have a possible pathological problem (physical or psychological) leading to fertility problems.

NICE state that people are normally referred for clinical assessment and investigation where the woman trying to conceive is of reproductive age[1] and:

- there is a known clinical cause of infertility or a history of predisposing factors for infertility, or
- the individual or couple has not conceived after either 1 year of unprotected vaginal sexual intercourse or 6 cycles of artificial insemination (earlier referral for assessment and investigations may be offered where the woman is aged 36 years or over).

The treatment options offered will often depend on what the cause of the fertility problems are. Fertility treatments may include:

- medical treatment such as ovulation induction for ovulation disorders (no periods or irregular periods)
- surgical procedures such as those used to treat endometriosis or tubal obstruction
- assisted conception treatments such as intrauterine insemination (IUI) or in vitro fertilisation (IVF)

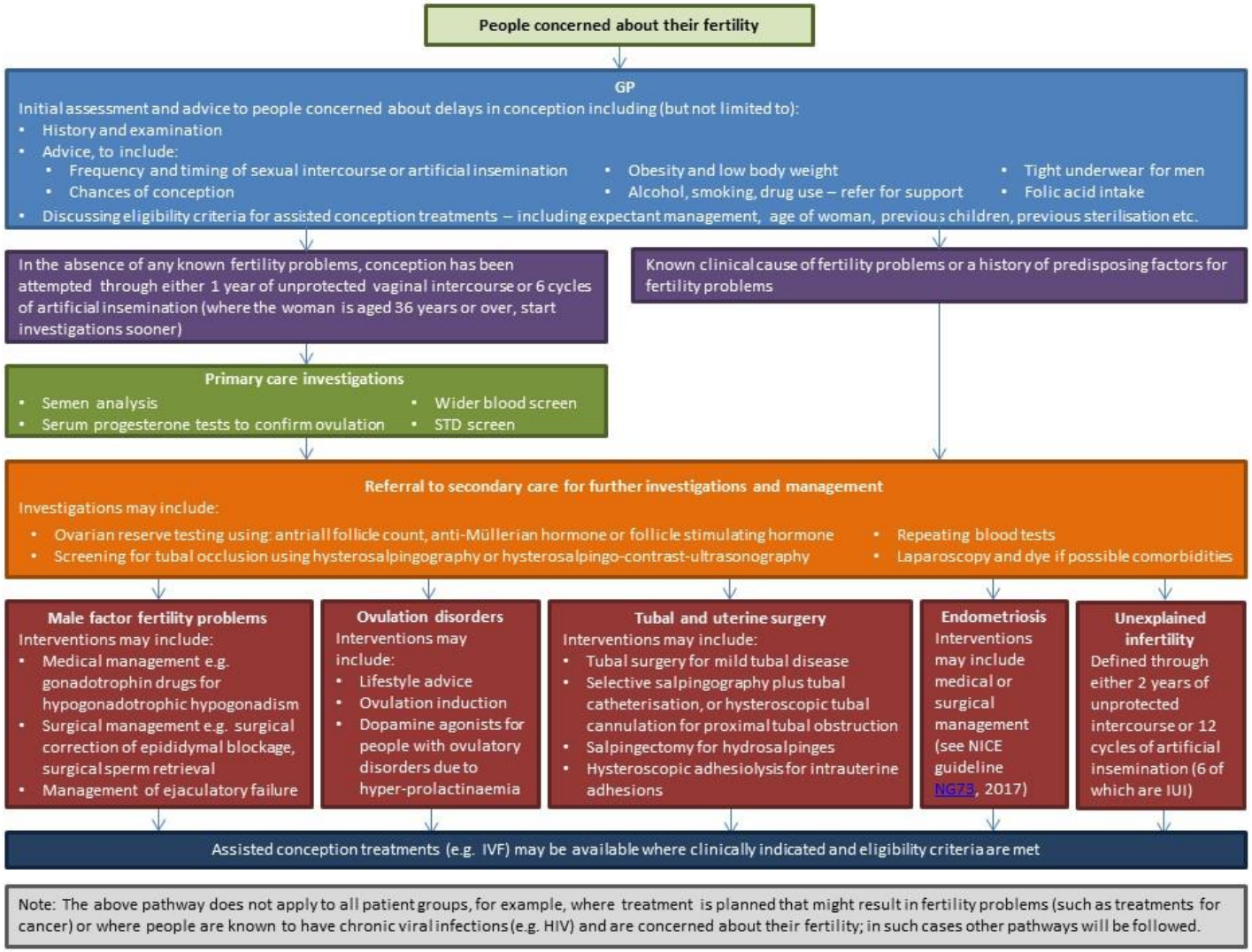
Not all patients who have fertility problems will require assisted conception treatments like IVF. This policy document sets out the criteria patients must meet in order to access assisted conception treatments funded by North Central London Integrated Care Board (NCL ICB).

Figure 1 outlines a summary of the NICE pathway for people who are concerned about their fertility.

The eligibility criteria outlined in this policy document only apply to assisted conception treatments. Patients do not have to meet the eligibility criteria outlined in this document to access NHS funded investigations or medical or surgical treatment for fertility problems which do not fall within the definition of assisted conception treatments.

[1] The recommendations made by NICE in this paragraph would also apply to trans and non-binary people who are of reproductive age and would like to conceive.

Figure 1 – Summary of NICE pathway for patients concerned about their fertility



Purpose of this document

North Central London Integrated Care Board (NCL ICB) is responsible for commissioning a range of health services including hospital, mental health and community services for the local population. The ICB has a statutory duty to maintain financial balance. When exercising its discretion to determine what services it will commission it must make judgements about which services are appropriate and affordable for its local population.

Across the country most, if not all, ICBs have a policy or set of fertility policies addressing funding of assisted conception treatments such as in vitro fertilisation (IVF) and intrauterine insemination (IUI). This policy document describes the circumstances where NCL ICB will routinely fund these treatments.

This policy has been developed following:

- Consideration of NICE Clinical Guideline (CG) 156, other national guidance and the current evidence base
- Discussions with stakeholders including specialist clinicians, service users and residents
- Identification and consideration of potential equality and equity issues

In developing this policy, NCL ICB's starting point has been to consider the relevant NICE guidance. However, it has also taken into account wider system factors such as service demand and population health needs. Consequently, some sections of the policy vary from the full recommendations made by NICE.

Eligibility for NHS funding is not the same as a guarantee of treatment. The treatment should only be considered if the eligibility criteria are met, but it is important that the final decision to treat is an informed decision between the responsible clinician and the patient.

This policy cannot anticipate every possible individual clinical presentation. Clinicians may submit Individual Funding Requests (IFR) to the ICB for patients who they consider to have exceptional clinical circumstances falling within NCL ICB's IFR policy and whose needs are not fully addressed by this policy. NCL ICB will consider such requests in accordance with its policy on Individual Funding Requests; you can read about this on the NCL ICB website.

Scope of this document

The scope of the NCL ICB fertility policy is limited to setting the criteria for ICB funding for treatment for patients for whom it is the responsibility of NCL ICB to pay for the provision of healthcare services as outlined in *Who pays?* guidance (NHS England, 2020)[2].

The following groups of patients are outside the scope of the policy:

- Members of the Armed Forces, their families or veterans; NHS England commission assisted conception services for these groups
- In general, patients who pay the immigration surcharge are not eligible for assisted conception services funded by the ICB. NCL ICB will comply with government guidance regarding these patients[3].

The following interventions are excluded from the scope of the policy:

- Interventions which do not fall within the scope of assisted conception treatments (for example: investigations of conditions causing fertility problems, and medical or surgical treatments to restore fertility)
- Pre-implantation genetic diagnosis (PGD), which is the commissioning responsibility of NHS England
- Surgical sperm retrieval, which is the commissioning responsibility of NHS England
- Treatment add-ons with limited evidence (as outlined on the HFEA website), which are not funded by NCL ICB

NCL ICB will follow Department of Health and Social Care Guidance on the interface between NHS and private care, Principles of which include the following:

- The NHS provides a comprehensive service, available to all; access to NHS services is based on clinical need, not an individual's ability to pay
- Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves
- The NHS should never subsidise private care with public money, which would breach core NHS principles

[2] The individual who will be undergoing the fertility procedure will need to be of NCL ICB responsibility. It is not necessary for their partner (if they have one) to also be of NCL ICB responsibility.

[3] Department of Health and Social Care Guidance on implementing the overseas visitor charging regulation (May 2022).

- Patients should never be charged for their NHS care, or be allowed to pay towards an NHS service (except where specific legislation is in place to allow this) as this would contravene the founding principles and legislation of the NHS.

Assisted conception treatments (ACTs)

1.	IVF, with or without ICSI
1.1	In order to access IVF, with or without ICSI, that is routinely funded by NCL ICB, patients must meet relevant eligibility criteria set out in Section 9 of this document.
1.2	For eligible patients requiring IVF where the woman or person trying to conceive is aged under 40, NCL ICB will fund up to six embryo transfer procedures from a maximum of three fresh IVF cycles[4]. All good quality frozen embryos should be transferred before starting the next NHS funded fresh IVF cycle. Once the patient has undergone six embryo transfer procedures, no further fresh IVF cycles or frozen embryo transfer cycles will be funded[5].
1.3	For eligible patients requiring IVF where the woman or person trying to conceive is aged 40–42, NCL ICB will fund up to two embryo transfer procedures from one fresh IVF cycle[5].
1.4	One abandoned cycle (defined as a cycle where an egg collection procedure has not been undertaken) does not count towards the number of commissioned cycles. However, further cycles will not be undertaken if not clinically appropriate.
1.5	Storage of cryopreserved supernumerary embryos will be funded for a maximum of two years following each fresh cycle[6,7].
1.6	Embryo transfer strategies outlined in NICE CG156 should be followed in order to minimise the number of multiple births.
1.7	Natural cycle IVF is not routinely funded by NCL ICB.
See also flow chart of IVF pathway on page 25 of this document.	

[4] If egg collection takes place but embryo transfer does not because of medical reasons, such as risk of ovarian hyperstimulation syndrome, this would count as one fresh cycle but not one embryo transfer.

[5] When patients become ineligible for further NHS treatment, they will have the opportunity to self-fund frozen embryo transfer using any supernumerary embryos created from NHS funded IVF cycles.

[6] Patients will have the opportunity to self-fund continued storage of any unused embryos for future self-funded frozen embryo transfer after the NHS funded storage period concludes.

[7] Storage of embryos for fertility preservation for patients who have a condition or need to undergo treatment which will impact on their future fertility is addressed in Section 8 of this document.

2. IUI using partner sperm

2.1 In order to access IUI using partner sperm that is routinely funded by NCL ICB, patients must meet relevant eligibility criteria set out in Section 9 of this document.

2.2 Up to six cycles of unstimulated IUI using partner sperm is funded for eligible patients where there is evidence of normal ovulation (spontaneous or induced), tubal patency and semen analysis for:

a) 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 and have not conceived after six cycles of self-funded IUI[8], or

b) people with the following conditions that require specific consideration in relation to methods of conception[9]:

- those living with HIV who have undergone a successful sperm washing procedure (access to NHS funded sperm washing is addressed in Section 7 of this document)
- people with spinal cord injury or other conditions that means they require electro-ejaculation

2.3 IUI is not routinely funded for people with unexplained infertility, mild endometriosis or mild male factor infertility[10] except in the following circumstances:

- Up to six cycles of unstimulated IUI using partner sperm is funded in exceptional circumstances for people with unexplained infertility, mild endometriosis or mild male factor infertility who have social, cultural or religious objections to IVF [note: this would be an alternative to receiving IVF treatment and therefore IVF would not subsequently be funded for patients accessing IUI in these circumstances]. To access IUI in these circumstances, patients must meet the eligibility criteria to access IVF as set out in Section 9 of this document.

See also flow chart of IUI pathway on page 25 of this document.

[8] If the nature of the patient's disability/ psychosexual problem means that they would require IVF to conceive, they would not be required to undergo IUI (see eligibility criteria 9.1 on page 22).

[9] Note, NCL ICB will fund the initial 6 cycles of IUI for eligible patients as per section 2.2b. If this does not lead to pregnancy, patients may need to subsequently self-fund an additional 6 IUI cycles in order to be eligible for IVF (see eligibility criteria 9.1 on page 22).

[10] Defined by NICE as: two or more semen analyses that have one or more variables which fall below the 5th centile as defined by WHO (2010).

ACTs using donated genetic materials

3. ACT (IUI and IVF) using donor sperm

3.1 In order to access ACT using donor sperm that is routinely funded by NCL ICB, patients must meet relevant eligibility criteria set out in Section 9 of this document.

3.2 Up to six cycles of unstimulated IUI using donor sperm is funded for eligible patients where there is evidence of normal ovulation (spontaneous or induced) and tubal patency, AND where either criteria A, B or C are met:

A. The patient has fertility problems associated with one of the following conditions:

- obstructive azoospermia
- non-obstructive azoospermia
- severe deficits in semen quality in couples who do not wish to undergo intra-cytoplasmic sperm injection (ICSI)

B. Where one of the following have been confirmed/ diagnosed by an appropriate specialist:

- using partner sperm would lead to a high risk of transmitting a genetic disorder to the offspring
- using partner sperm would lead to a high risk of transmitting infectious disease to the offspring or partner
- severe rhesus isoimmunisation

C. Same-sex couples, single people or other couples trying to conceive using donor insemination, but who have not conceived after six cycles of self-funded IUI.

3.3 IVF using donated sperm will be funded for eligible patients, as per Section 1 of this document, in either one of the following circumstances:

- Patients fulfil one of the criteria A, B or C outlined above AND investigations show IVF is the only effective treatment option

- Patients fulfil one of the criteria A, B or C outlined above AND have not conceived after 12 cycles of IUI[11]

3.4 NCL ICB will fund the cost of the IUI and/ or IVF; the donor sperm will need to be sourced and paid for by the patient[12].

3.5 NCL ICB will only fund assisted conception treatment using donor sperm at UK HFEA licensed clinics, with all elements of treatment subject to HFEA regulations.

See also flow chart of ACT using donor sperm pathway on page 26 of this document.

[11] Note, NCL ICB will fund the initial 6 cycles of IUI for eligible patients who fall under categories A and B, which relate to issues with partner sperm. If this does not lead to pregnancy, patients may need to subsequently self-fund an additional 6 IUI cycles in order to be eligible for IVF (see eligibility criteria 9.1 on page 22).

[12] There are significant practical and logistical issues relating to NHS funding of donor sperm. NCL ICB intends to fund donor sperm for use in NHS funded assisted conception treatments in the future once arrangements have been put in place to resolve these issues.

4. IVF using donor eggs

4.1 In order to access IVF using donated eggs that is routinely funded by NCL ICB, patients must meet relevant eligibility criteria set out in Section 9 of this document. The ovarian reserve criterion does not need to be met by patients undergoing IVF using donor eggs.

4.2 IVF using donated eggs will only be funded for eligible patients, as per Section 1 of this document, where either criteria A or B are met:

A. The patient has fertility problems associated with one of the following:
   - premature ovarian insufficiency
   - gonadal dysgenesis including Turner syndrome[13]
   - bilateral oophorectomy

B. Where it has been confirmed by an appropriate specialist that there is a high risk of transmitting a genetic disorder to the offspring.

4.3 NCL ICB will fund the cost of the IVF; the donor eggs will need to be sourced and paid for by the patient[14].

4.4 NCL ICB will only fund assisted conception treatment using donor eggs at UK HFEA licensed clinics, with all elements of treatment subject to HFEA regulations.

[13] Pre-treatment screening should have excluded phenotypic manifestations of Turner syndrome that might jeopardise successful pregnancy, including aortic dilation and cardiac lesions.

[14] There are significant practical and logistical issues relating to NHS funding of donor eggs. NCL ICB intends to fund donor eggs for use in NHS funded assisted conception treatments in the future once arrangements have been put in place to resolve these issues.

Other ACT interventions

5. Surgical sperm retrieval

Surgical sperm retrieval

5.1 Surgical sperm retrieval (SSR) is the commissioning responsibility of NHS England and will not be funded by NCL ICB.

5.2 NHS England state they will only fund SSR where the patient meets eligibility criteria and has confirmed funding for subsequent stages of the pathway (i.e. cryopreservation and/ or ICSI treatment), as set out in the NHS England Clinical Commissioning Policy: Surgical sperm retrieval for male infertility (2016). The responsible clinician should therefore ensure the patient meets the relevant eligibility criteria prior to undertaking SSR (see 5.4 and 5.6 below).

Cryopreservation and storage of surgically retrieved sperm

5.3 Where a patient with azoospermia has undergone successful surgical sperm retrieval funded by NHS England, cryopreservation and storage will be funded by NCL ICB for a maximum of two years[15].

5.4 In order to access cryopreservation of surgically retrieved sperm that is routinely funded by NCL ICB, patients must meet relevant eligibility criteria set out in Section 9 of this document.

IVF with ICSI using surgically retrieved sperm

5.5 Where a patient with azoospermia has undergone successful surgical sperm retrieval funded by NHS England, IVF with ICSI will be funded as per Section 1 of this document[15].

5.6 In order to access IVF with ICSI using surgically retrieved sperm that is routinely funded by NCL ICB, couples must meet relevant eligibility criteria set out in Section 9 of this document.

See also flow chart of surgical sperm retrieval pathway on page 26 of this document.

[15] Cryopreservation of sperm for fertility preservation and subsequent assisted conception treatments for patients who have a condition or need to undergo treatment which will impact on their future fertility is addressed in Section 8 of this document.

6.	Assisted conception treatments involving surrogates
6.1	Assisted conception treatments involving surrogates are not routinely funded by NCL ICB.

ACTs for people with conditions other than infertility

7.	Sperm washing
7.1	In order to access sperm washing and subsequent assisted conception treatments that is routinely funded by NCL ICB, patients must meet relevant eligibility criteria set out in Section 9 of this document.
7.2	Sperm washing will be funded for eligible couples where the woman or person trying to conceive is not living with HIV but the sperm is from a partner who is living with HIV, and is either: • non-adherent with antiretroviral treatment, or • has an HIV viral load is 50 copies/ml or greater
7.3	Where a successful sperm washing procedure has been undertaken, cryopreservation and storage of washed sperm will be funded for a maximum of two years.
7.4	Where the sperm washing procedure is successful, depending on their clinical circumstances, couples may access IUI as set out in Section 2 of this document and/ or IVF/ICSI as set out in Section 1 of this document.

8. Cryopreservation of gametes for fertility preservation

8.1 Cryopreservation of sperm, eggs or embryos will be funded for eligible patients (as defined in paragraphs 8.2 and 8.3 below) who do not currently have fertility problems but meet one of the following criteria:

- The patient is under the care of a specialist clinician who confirms they are due to undergo a gonadotoxic treatment; this may include patients undergoing interventions for gender reassignment
- The patient is under the care of a specialist clinician who confirms they have a medical condition that, in their case, is likely to progress such that it will lead to infertility in the future

8.2 Cryopreservation of sperm will be funded for fertility preservation if the patient falls within 8.1 above.

8.3 Cryopreservation of eggs or embryos will be funded for fertility preservation if the patient falls within 8.1 above and fulfils all of the following criteria:

- The patient is aged under 43 years
- The patient is well enough to undergo ovarian stimulation and egg collection, and this will not worsen their condition
- Enough time is available before the start of their gonadotoxic treatment, where applicable.

8.4 Ovarian tissue cryopreservation is not routinely funded for adults.

8.5 Other than those listed in paragraphs 8.1–8.3 above, patients are not required to meet any additional eligibility criteria in order to access cryopreservation and storage of sperm, eggs or embryos for fertility preservation.

8.6 For patients aged under 32 years at the time of cryopreservation: storage of sperm, embryos and eggs will be funded until the patient reaches their 43rd birthday[16,17].

For patients aged 32 and over at the time of cryopreservation: storage of sperm, embryos and eggs will be funded for 10 years duration[16,17].

NHS funding of storage will cease sooner where:

- Patents are no longer eligible for NHS fertility treatment, or
- The patient dies and no written consent has been left permitting posthumous use

8.7 In order to access assisted conception treatments using cryopreserved materials that is routinely funded by NCL ICB, fertility preservation patients must meet the same eligibility criteria as other patients with fertility problems as set out in Section 9 of this document. An exception to this is the ovarian reserve criterion, which does not need to be fulfilled by patients who have had their eggs or embryos stored for fertility preservation.

See also flow chart of fertility preservation pathway on page 27 of this document.

[16] Patients will have the opportunity to fund continued cryopreservation of any unused sperm, embryos or eggs for future self-funded assisted conception treatment after the NHS funded storage period concludes.

[17] Storage of supernumerary embryos following fresh IVF cycles not undertaken for the purpose of fertility preservation is addressed in Section 1 of this document.

Eligibility criteria

9. Eligibility criteria

See matrix of which eligibility criteria apply to which interventions on page 24 of this document.

Demonstrating infertility for eligibility for IVF

9.1 In order to be eligible for IVF, infertility must be demonstrated in one of the following ways:

- Investigations show there is no chance of pregnancy with expectant management[18] and IVF is the only effective treatment, OR
- Patients have not conceived after either 2 years of regular unprotected intercourse[19] OR 12 cycles of IUI.

Age of the woman or person trying to conceive

9.2 The woman or person trying to conceive who is receiving fertility treatment must be aged under 43 years. IVF medication must start with the provider before their 43rd birthday. Referrals should be made to fertility clinics allowing adequate time for work up.

9.3 If the woman or person trying to conceive reaches the age of 40 during treatment, the current full cycle will be completed but no further full cycles will be available. A full cycle of IVF treatment, with or without ICSI, should comprise one episode of ovarian stimulation and the transfer of resultant fresh and frozen embryo(s), in line with Section 1 of this document.

Previous IVF cycles for the woman or person trying to conceive

9.4 Treatment will not be funded for those aged under 40 years if three previous fresh cycles of IVF have been received, irrespective of how these were funded[20].

9.5 Treatment will not be funded for those aged 40–42 years if they have undergone any previous IVF treatment, irrespective of how this was funded.

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[18] Or artificial insemination where patients are not trying to conceive through vaginal intercourse.

[19] Defined by NICE as unprotected vaginal intercourse every 2 to 3 days.

[20] If a patient has had 1 previous fresh IVF cycle, up to 2 NHS funded fresh IVF cycles will be funded. If a patient has had 2 previous fresh IVF cycles, 1 NHS funded fresh IVF cycle will be funded. This is irrespective of how previous IVF cycles were funded.

9.6 One abandoned cycle (defined as a cycle where an egg collection procedure has not been undertaken) does not count towards the number of 'previous' IVF cycles.

Body mass index (BMI)

9.7 The woman or person undergoing treatment with the intention of trying to conceive must have a BMI within the range 19–30 kg/m^2.

Smoking

9.8 Treatment will not be funded if the woman or person undergoing treatment with the intention of trying to conceive smokes[21].

9.9 Treatment will not be funded if the man or partner providing sperm for treatment smokes[21].

Ovarian reserve

9.10 There should not be evidence of low ovarian reserve, defined in this policy as more than one of the following:

- antral follicle count (AFC) of less than or equal to 4
- anti-Müllerian hormone (AMH) of less than or equal to 5.4 pmol/l
- follicle-stimulating hormone (FSH) greater than 8.9 IU/l

Previous children

9.11 Couples: At least one individual in a couple must not have a living child from their relationship or any previous relationship.

Single persons: Individuals should not have a living child.

9.12 Foster children are outside the scope of this criterion. 'Child' refers to a living son or daughter irrespective of their age or place of residence.

Previous sterilisation

9.13 Couples: Neither individual in a couple should have undergone sterilisation.

Single persons: Individuals should not have undergone sterilisation.

9.14 Criteria 9.13 still applies where sterilisation reversal has unsuccessfully been attempted.

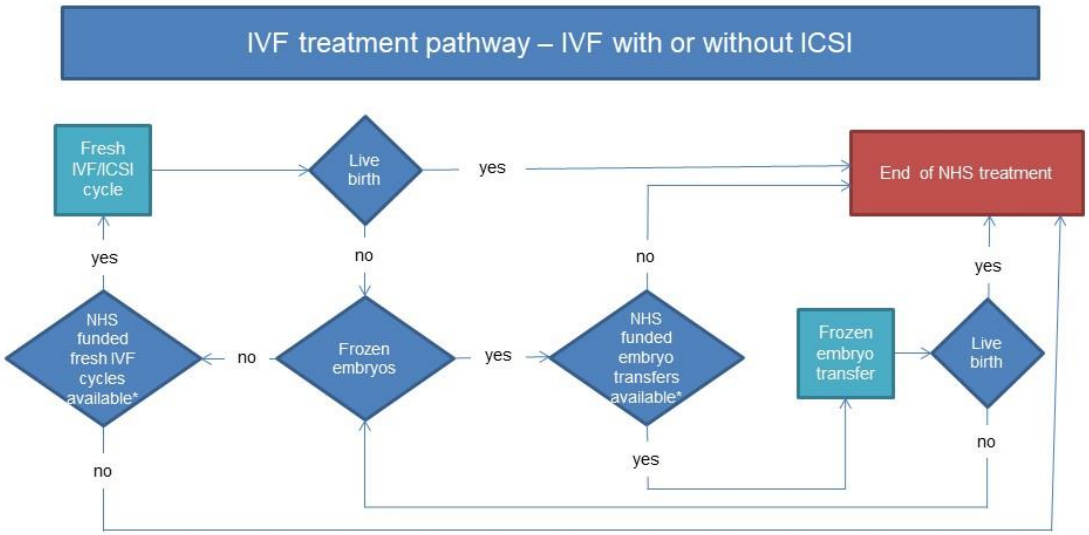
[21] Vaping is not included within the definition of smoking in this policy.

Matrix of which eligibility criteria apply to which interventions

Eligibility criteria (see Section 9 for details)	Intervention*											
	1. IVF/ICSI	2. IUI using partner sperm	3. IUI using donor sperm	3. IVF using donor sperm	4. IVF using donor eggs	5. Cryopreservation of surgically retrieved sperm	5. ICSI using surgically retrieved sperm	7. Sperm washing	8. Cryopreservation of sperm for FP	8. Cryopreservation of embryos or eggs for FP	8. ACT using sperm cryopreserved for FP	8. ACT using embryos or eggs cryopreserved for FP
Demonstrating infertility for eligibility for IVF	✔			✔		✔	✔				✔	✔
Age of the woman or person trying to conceive	✔	✔	✔	✔	✔	✔	✔	✔		✔	✔	
Previous IVF cycles for the woman or person trying to conceive	✔	✔	✔	✔	✔	✔	✔	✔			✔	✔
Body mass index (BMI)	✔	✔	✔	✔	✔	✔	✔	✔			✔	✔
Smoking	✔	✔	✔	✔	✔	✔	✔	✔			✔	✔
Ovarian reserve	✔	✔	✔	✔		✔	✔	✔			✔	
Previous children	✔	✔	✔	✔	✔	✔	✔	✔			✔	✔
Previous sterilisation	✔	✔	✔	✔	✔	✔	✔	✔			✔	✔

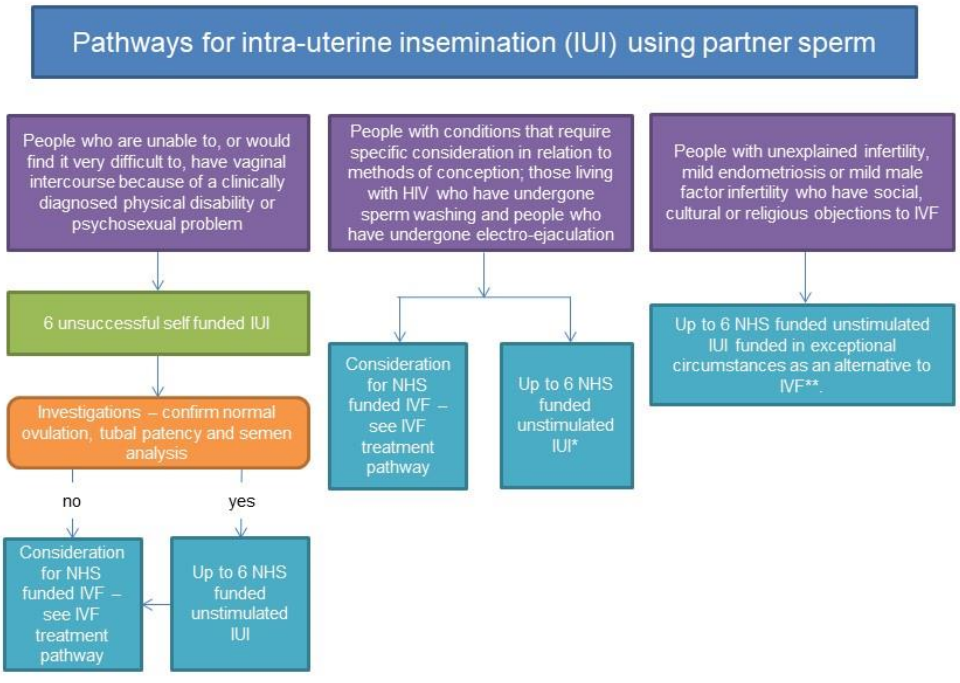
*ACT = Assisted conception treatment; FP = Fertility preservation; *Additional criteria apply – see relevant section of this document for details.*

Flow charts of pathways for fertility treatments

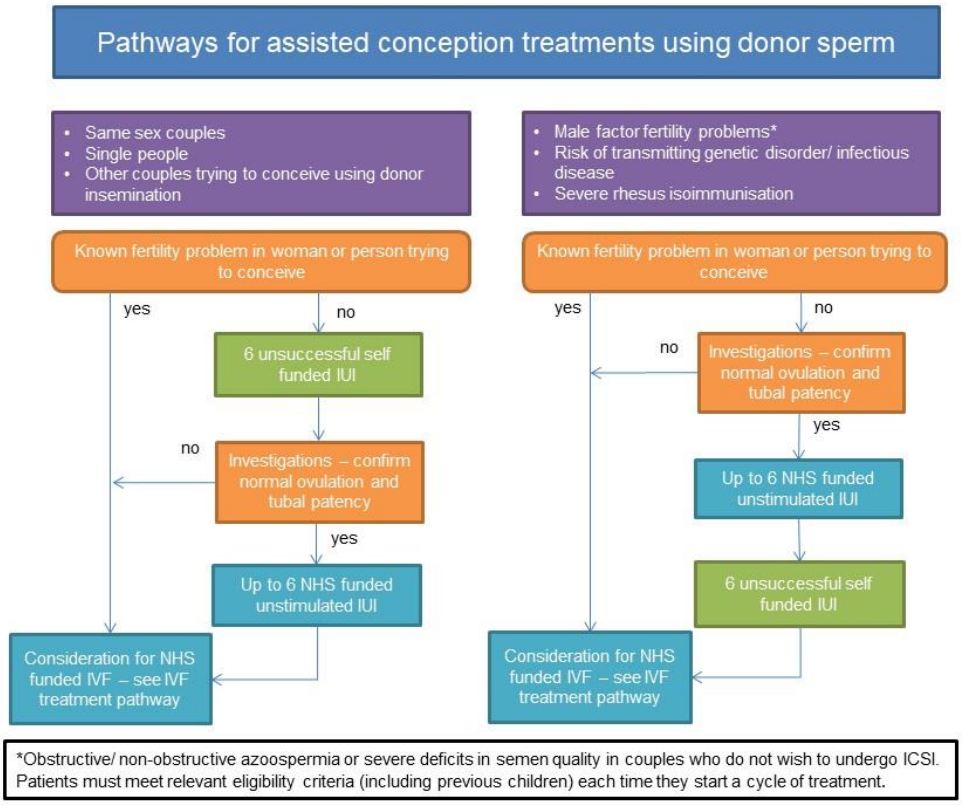


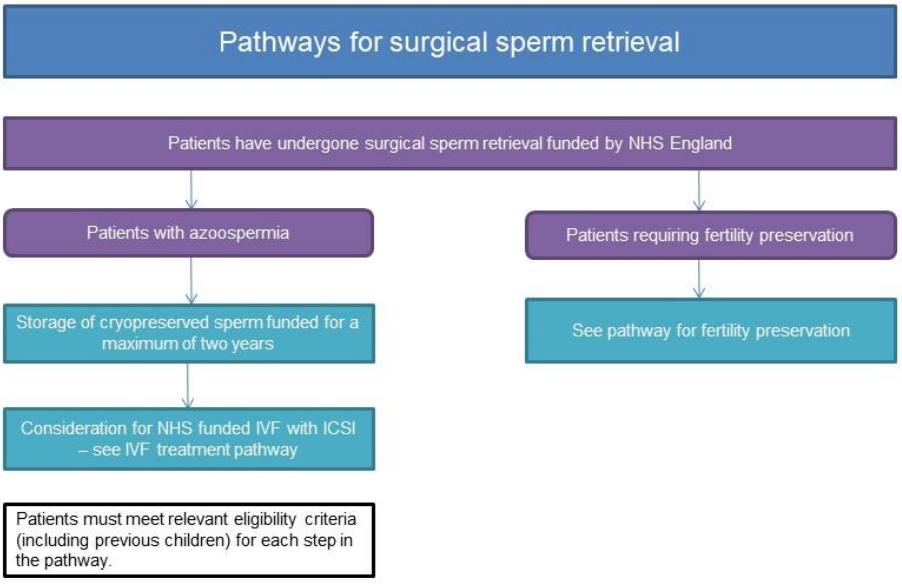
*For eligible women or people trying to conceive who are aged under 40, the ICB will fund up to 6 embryo transfer procedures from a maximum of 3 fresh IVF cycles. For eligible women or people trying to conceive who are aged 40–42, the ICB will fund up to two embryo transfer procedures from one fresh IVF cycle.

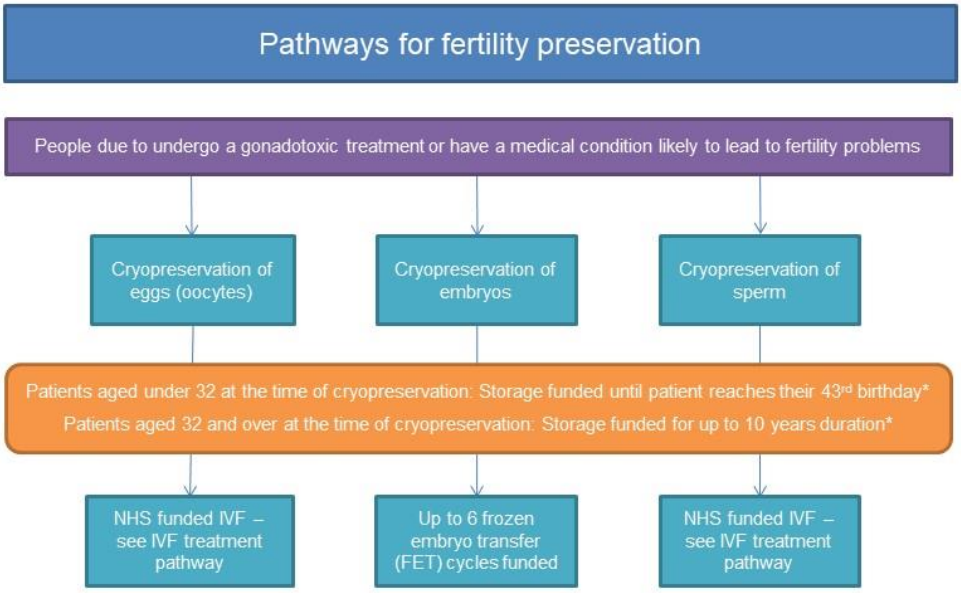
- All good quality frozen embryos should be transferred before starting the next NHS funded fresh cycle.
- Patients must meet relevant eligibility criteria (including previous children) each time they start a cycle of treatment.
- Storage of cryopreserved supernumerary embryos will be funded for a maximum of two years following each fresh cycle.



Patients must meet relevant eligibility criteria (including previous children) each time they start a cycle of treatment.
*Where there is evidence of normal ovulation, tubal patency and semen analysis.
**IVF would not subsequently be funded for patients accessing IUI in these circumstances.


Pathways for assisted conception treatments using donor sperm
Same sex couples
Single people
Other couples trying to conceive using donor insemination
Male factor fertility problems*
Risk of transmitting genetic disorder/ infectious disease
Severe rhesus isoimmunisation
Known fertility problem in woman or person trying to conceive
Known fertility problem in woman or person trying to conceive
yes
no
6 unsuccessful self funded IUI
no
Investigations – confirm normal ovulation and tubal patency
yes
Up to 6 NHS funded unstimulated IUI
Consideration for NHS funded IVF – see IVF treatment pathway
yes
no
no
Investigations – confirm normal ovulation and tubal patency
yes
Up to 6 NHS funded unstimulated IUI
6 unsuccessful self funded IUI
Consideration for NHS funded IVF – see IVF treatment pathway
*Obstructive/ non-obstructive azoospermia or severe deficits in semen quality in couples who do not wish to undergo ICSI. Patients must meet relevant eligibility criteria (including previous children) each time they start a cycle of treatment.


Pathways for surgical sperm retrieval
Patients have undergone surgical sperm retrieval funded by NHS England
Patients with azoospermia
Patients requiring fertility preservation
Storage of cryopreserved sperm funded for a maximum of two years
See pathway for fertility preservation
Consideration for NHS funded IVF with ICSI – see IVF treatment pathway
Patients must meet relevant eligibility criteria (including previous children) for each step in the pathway.



*NHS funding of storage will cease sooner in some circumstances – see Chapter 8 for details.

- Patients who require cryopreservation of eggs, embryos or sperm for fertility preservation do not need to fulfil the same eligibility criteria as patients undergoing other assisted conception treatments - see Chapter 8 for details.
- In order to access assisted conception treatments using cryopreserved materials, fertility preservation patients will be required to fulfil the same eligibility criteria as other patients with fertility problems. An exception to this is the ovarian reserve criterion, which does not need to be fulfilled by patients who have undergone fertility preservation.

Translations

This policy describes what specialist fertility treatments, such as IVF (in vitro fertilisation), are available on the NHS in Barnet, Camden, Enfield, Haringey and Islington to help you get pregnant and the criteria that need to be met to have these treatments. If you would like this fertility policy translated contact: nclicb.fertility@nhs.net

تصف هذه السياسة علاجات الخصوبة المتخصصة، مثل IVF (الإخصاب في المختبر)، المتوفرة في هيئة خدمات الصحة الوطنية في بارنت وكامدن وإنفيلد وهارينجي وإيسلينجتون لمساعدتك على الحمل والمعايير التي يجب تلبيتها للحصول على هذه العلاجات. إذا كنت تريدين ترجمة سياسة الخصوبة هذه، فيمكنك التواصل عن طريق: nclicb.fertility@nhs.net

এই নীতিটি আপনাকে গর্ভবতী হতে সহায়তা করার জন্য বার্নেট, ক্যামডেন, এনফিল্ড, হ্যারিঙ্গি এবং ইসলিংটনের NHS-এ IVF (ইন ভিট্রো ফার্টিলাইজেশন) এর মতো এমনকি বিশেষ প্রজনন সংক্রান্ত চিকিৎসা উপলভ্যধ রয়েছে এবং এই চিকিৎসা করানোর জন্য যে মানদণ্ডি পূরণ করতে হবে সেটির বর্ণনা করে। আপনার যদি এই প্রজনন সংক্রান্ত নীতির অনুবাদ প্রয়োজন হয় তাহলে যোগাযোগ করুন এখানে: nclicb.fertility@nhs.net

Niniejsza polityka opisuje jakie specjalistyczne metody leczenia niepłodności, takie jak zapłodnienie in vitro (IVF), są dostępne na NHS w Barnet, Camden, Enfield, Haringey oraz Islington, aby pomóc w zajściu w ciążę, oraz kryteria, które należy spełnić, a by skorzystać z tych metod leczenia. Jeśli potrzebujesz tłumaczenia tej polityki niepłodności, skontaktuj się z: nclicb.fertility@nhs.net

Xeerkaan wuxuu sharxayaa noocyada daawooyinka bacriminta dhalmada ee taqasuslaha, sida IVF (daawada vitro ee bacriminta dhalmada), ee laga heli karo caymiska NHS ee Barnet, Camden, Enfield, Haringey iyo Islington si lagaaga caawiyo inaad uur yeelato iyo shuruudaha ay tahay inaad buuxiso si aad u hesho daawooyinkaan. Haddii aad doonayso in xeerkaan ku saabsan daawooyinka bacriminta dhalmada laguu turjumo la xariir: nclicb.fertility@nhs.net

Esta política describe qué tratamientos de fertilidad especializados, como la FIV (fertilización *in vitro*) están disponibles en el Servicio Nacional de Salud (National Health Service, NHS) en Barnet, Camden, Enfield, Haringey e Islington para ayudarla a quedar embarazada y los

criterios que debe cumplir para recibir estos tratamientos. Si quiere recibir esta política traducida, comuníquese con: nclicb.fertility@nhs.net

Bu politika Barnet, Camden, Enfield, Haringey ve Islington'daki hangi uzman doğurganlık tedavilerinin, örneğin IVF'nin (laboratuvar ortamında / in vitro döllenme) gebe kalmanıza yardımcı olmak üzere mevcut olduğunu ve bu tedavileri almak için karşılanması gereken kriterleri açıklamaktadır. Bu doğurganlık politikasının tercüme edilmesini isterseniz lütfen temasa geçiniz: nclicb.fertility@nhs.net