NHS
Sussex

Policy for Assisted Conception Treatment for Infertile Patients

Improving Lives Together

Document Control

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Change Record

Date	Change	Comments
01/10/23	New policy	First draft of new policy
13/12/22	Existing policy update	Policy approved by SPG on condition that work on separating preservation and assisted conception took place
27/09/24	Policy amendment	Revised wording for clarity.
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January 2025	Existing policy major amendment / revision	Policy endorsed by Chief Medical Officer
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26/02/2025	Existing policy major amendment / revision	Provided comments to commissioning team to consider ahead of submission to the Health Policy Group in March 2025
20/03/2025	Existing policy major amendment / revision	Policy revised and agreed by CMO.

26/03/2025	Existing policy major amendment / revision	Health Policy Group agreed the update reflected the changes requested by Commissioning Group and endorsed the policy.
08/04/2025	Existing policy major amendment / revision	Commissioning Group endorsed the policy for onward submission to Executive Committee for final approval.
07/05/2025	Existing policy major amendment / revision	Policy approved by Executive Committee.

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1. Introduction

1.1. This policy sets out the NHS Sussex position for funding assisted conception services for infertile patients. The policy takes into consideration the National Institute for Health and Care Excellence (NICE) Clinical Guideline CG 156 'Fertility: assessment and treatment for people with fertility problems', 2013 (updated 2017).

2. Purpose and objectives

2.1. The overall aim of the local policy is to support the commissioning of the highest quality, most clinically and cost effective and affordable fertility services, that maximise health outcomes in terms of live births and patient / baby safety.

2.2. This policy supersedes and updates the positions of the former CCGs NHS Brighton and Hove CCG, NHS East Sussex CCG and NHS West Sussex CCG policies. This is a further revision to the policy implemented on 1 November 2021 across Sussex and updated on 1 May 2023. This policy further updates the NHS Sussex policy published on the 11 February 2025.

3. Scope

3.1. The policy affects couples and individuals who have diagnosed or undiagnosed infertility, seeking assisted conception services.

- Patients will only be referred for NHS-funded assisted conception services (including ovulation induction) if they meet the eligibility criteria in this policy and when all appropriate tests and investigations have been successfully completed in primary and secondary care in line with NICE clinical guidelines.
- NHS Sussex does not partially fund treatments for patients who do not meet the eligibility criteria in this policy. Patients accessing assisted conception services should be fully informed of likely success rates and alternative approaches to parenting, including fostering and adoption.
- Patients should also be advised that impartial advice and information is available via the Human Fertilisation and Embryology Authority, which regulates assisted reproductive therapies.

3.2. Pre-implantation Genetic Diagnosis (PGD) and the associated assisted conception services are commissioned by NHS England through Specialised Commissioning Area Teams, as per NHS England Clinical Commissioning Policy (2014) Pre-implantation Genetic Diagnosis.

4. Equality Statement

4.1. Promoting equality and addressing health inequalities are at the heart of NHS Sussex's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

5. Definitions

5.1. **Clinical definition: infertility** is a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse (International Committee for Monitoring Assisted Reproductive Technology and the World Health Organization revised glossary of ART terminology, 2009).

5.2. To be eligible for IVF / ICSI under this policy:

- A heterosexual couple is expected to be two people in a relationship, who have tried to conceive over 2 years of regular unprotected intercourse.
- A same-sex female couple or a heterosexual couple who for whatever reason are unable to have unprotected intercourse who have tried to conceive over 12 cycles of artificial insemination (AI) (i.e. 6 self-funded cycles and 6 NHS funded cycles).
- an individual who has tried to conceive over 12 cycles of artificial insemination (AI) (i.e. 6 self-funded cycles and 6 NHS funded cycles).

5.3. Vaginal sexual intercourse every 2 to 3 days optimises the chance of pregnancy. People who are using AI should have their insemination timed around ovulation.

5.4. Overall, eligible people will be funded for **one cycle of IVF treatment**.

5.5. The **definition of a Cycle of IVF / ICSI** for the purpose of this policy refers to a full cycle of IVF treatment which, with or without intracytoplasmic sperm injection (ICSI)comprises all of the following:

- Ovulation induction.
- Gamete retrieval.
- Fertilisation.
- Transfer of one resultant fresh and one frozen embryo.

5.6. This includes appropriate diagnostic tests, scans, and pharmacological therapy.

5.7. The policy allows for a maximum of one cycle, comprising the transfer of up to one fresh and one frozen embryo.

5.8. For people at moderate or high risk of ovarian hyperstimulation syndrome (OHSS) frozen embryo transfers can replace a fresh cycle, meaning they could have up to two frozen embryos.

5.9. NHS Sussex does not fund shared motherhood / intra-partner / reciprocal IVF.

5.10. **Expectant management** is a formal approach that encourages conception through unprotected vaginal intercourse or artificial insemination (AI), involving the provision of advice and information about the regularity and timing of intercourse and any lifestyle changes which might improve a couple's chances of conceiving. Expectant management does not involve any active clinical or therapeutic interventions.

5.11. NICE CG156 advice:

- People who are concerned about their fertility should be informed that over 80% of couples in the general population will conceive within 1 year if:
  - The woman is aged under 40 years; and
  - They do not use contraception and have regular sexual intercourse.
- Of those who do not conceive in the first year, about half will do so in the second year, cumulative pregnancy rate over 90%.
- Inform people who are using artificial insemination to conceive and who are concerned about their fertility that:
  - Over 50% of women aged under 40 years will conceive within 6 cycles of intrauterine insemination (IUI).
  - Of those who do not conceive within 6 cycles of intrauterine insemination, about half will do so with a further 6 cycles, cumulative pregnancy rate over 75%.

5.12. **Intrauterine insemination (IUI)** is a form of **artificial insemination (AI)**, the placement of sperm into the vagina, cervix, or womb. IUI is a form of treatment where sperm are inserted into the uterine cavity around the time of ovulation.

6. Eligibility Criteria

Assisted conception services for infertile patients - Eligibility criteria	
1. Registered with local GP	Patients must be registered with an NHS Sussex GP Practice.
2. Patients moving into Sussex	For patients moving into Sussex who have already started the fertility process elsewhere in the country, the following applies: • Must meet all NHS Sussex eligibility criteria. • Any NHS fertility investigation results from the previous 12 months should be used as part of the clinical decision-making process as to whether they meet the current policy.
3. **Sub-fertility:** Initial investigations	People who are concerned about delays in conception should be offered an initial assessment. A specific enquiry about lifestyle and sexual history should be taken to identify people who are less likely to conceive.

	• A woman of reproductive age who has not conceived after 1 year of unprotected vaginal sexual intercourse, in the absence of any known cause of infertility, should be offered further clinical assessment and investigation along with her partner. • A woman of reproductive age who is using artificial insemination (AI) to conceive (with either partner or donor sperm) should be offered further clinical assessment and investigation if she has not conceived after 6 cycles of AI treatment (self-funded), in the absence of any known cause of infertility. Where a couple is attempting to conceive using AI with the male partner's sperm, or a single woman is using AI with a known donor's sperm, the referral for clinical assessment and investigation should include both parties. If patients have chosen to self-fund IVF instead of AI, each embryo transfer will count as one cycle of AI. Where the woman is aged 36 years and over, she should be offered an earlier referral, after 6 months of unprotected vaginal sexual intercourse, for specialist consultation to discuss the options for attempting conception, further assessment, and appropriate treatment. Male same sex couples and single men can be referred for infertility investigation if no pregnancy results following 6 cycles of AI (self-funded) for which the man's donated sperm has been used. Of note is that the NHS does not fund any type of surrogacy arrangement (as per point 19. Surrogacy below). This includes any costs associated with the use of a surrogacy arrangement and any associated fertility treatment costs.
4. **Pregnancy loss**	Patients who have a pregnancy loss following **a natural conception** will need to attempt to conceive for a further 2 years. Please see section 3. Sub-fertility: Initial investigations, for any exceptions. If a person who has conceived via NHS-funded ART has miscarried, they do not need to attempt to conceive naturally before recommencing treatment.
5. **Sub-fertility:** Treatment of diagnosed and unexplained infertility	Individuals / couples with a diagnosed cause of absolute infertility which precludes any possibility of natural conception, and who meet all the other eligibility criteria, should be referred without delay for appropriate assisted conception assessment. For all other patients, including those with unexplained infertility, they need to either: • Have not conceived after 2 years of regular unprotected sexual intercourse. This includes expectant management up to 1 year before their fertility investigations; or • Have not conceived after 12 cycles of artificial insemination, to establish fertility status.

6. Age of woman at time of referral and number of cycles funded	For women under the age of 40 (at the point of GP referral, the patient needs to be no older than 39 years and 6 months): • One full cycle of IVF, with or without ICSI is funded for all women. If the woman reaches the age of 40 during treatment, complete the current full cycle. • If the woman has a pregnancy loss of any kind, or requires treatment that delays her fertility treatment, and she reaches the age of 40 before completing cycle, she will be able to complete any remaining frozen embryo transfers up to the maximum allowance, as per page 4 above. • If following fertility treatment, the consultant clinical opinion is that further treatment will not be successful, NHS Sussex will not fund further treatment. For women aged 40-42 (defined as between 40th and 43rd birthdays): 1 full cycle of IVF, with or without ICSI is funded provided that all of the following three criteria are fulfilled: • They have never previously had IVF treatment. • There is no evidence of low ovarian reserve. • There has been a discussion of the additional implications of IVF and pregnancy at this age. A woman over the age of 40 should be no older than 42 years and 6 months at referral in order to meet the age criterion at treatment. All fertility treatments, regardless of pathway or age, should be completed within 18 months of referral to the Assisted Conception Unit (ACU). If the ACU considers the patient's circumstances to be exceptional they can request an extension from NHS Sussex. If fertility treatment is delayed for whatever reason, patients must continue to meet all eligibility criteria as set out in this policy in order to receive further treatment.
7. Ovarian reserve Testing; Anti-Müllerian hormone (AMH)	AMH measure to predict the likely ovarian response to gonadotrophin stimulation in IVF will be requested by the specialist fertility services. Patients can therefore be referred to the specialist service prior to receiving these test results if they fulfil the remaining eligibility criteria. An AMH test will be undertaken at point of referral for fertility investigations. An AMH of less than or equal to 5.4 pmol/L predicts a low response and therefore patients with a score of 5.4 pmol/L or lower will not be funded for assisted conception treatment but will be eligible for a specialist consultation, counselling and discussion about other non-NHS funded options to start a family.

	Private AMH test results will not be accepted. AMH may only be retested by the ACU and only in order to support treatment plans. If the AMH result is less than or equal to 5.4 pmol/L, the consultant clinician overseeing the patient's care will use their clinical judgement to determine the best course of treatment. This may include use of donor eggs, if eligible, or discussion of non-NHS funded options to start a family.
8. Previous NHS or private treatment and total number of cycles	In women aged under 40 years any previous full IVF cycle, whether self or NHS funded, counts towards the one cycle. In women aged 40-42 any previous full IVF cycle, whether self or NHS funded, counts and they will not be eligible for any further NHS-funded fertility treatment.
9. Cancelled cycle	A cancelled cycle is one where an egg collection procedure has not been undertaken. Once egg collection has commenced, this is considered a complete cycle and will count towards the NHS funded cycles. If a patient decides to decline or withdraw from a treatment cycle, then this will count as a full cycle for the purpose of the number of attempts at assisted conception. Cycles cancelled for medical reasons will not count as a cancelled cycle.
10. Storage of surplus embryos following fresh cycle of NHS funded IVF	The cryopreservation (freezing and storage) of good quality embryos following NHS funded IVF / ICSI will be funded for up to 5 years to enable patients to have the option to use the frozen-thawed embryos in subsequent self-funded cycles.
11. IUI	6 unstimulated IUI cycles are offered as an alternative to vaginal sexual intercourse, following 6 unsuccessful self-funded rounds of AI, for: • People who are unable to, or would find it difficult, to have vaginal intercourse (such as people with a clinically diagnosed disability or psychosexual problem). • People with conditions that require specific consideration in relation to methods of conception (such as couples where the male is HIV positive). • Single women and women in same-sex relationships.
12. Childlessness	Couples must not have any living children from their current relationship. The couple may have children from previous relationships. A single woman must not have any living children. A child adopted by a patient or adopted in a previous relationship is considered to have the same status as a biological child. If a child is removed by social services, the patient is not considered childless.

13. Sterilisation	Assisted reproduction services will not be available if infertility is the result of a voluntary sterilisation procedure in either partner.
14. BMI	Women must have a BMI of between 19 and 29.9 inclusive, at the time of referral for specialist assisted reproduction assessment and at the time of any specialist treatment. Should the woman's BMI fall outside of this range, treatment will be paused until such time as they are within the required range, assuming they continue to meet all other eligibility criteria. Men who have a BMI of 30 or over should be informed that they are likely to have reduced fertility.
15. Smoking	A couple must be non-smokers for a minimum of 6 months before referral to specialist assisted reproduction assessment and remain non-smokers at the time of any specialist treatment. All women should be informed that passive smoking is likely to affect their chance of conceiving. This criterion applies to the use of e-cigarettes and vaping, but not to the use of nicotine replacement therapies.
16. The use of donor sperm and donor eggs	Patients who meet the criteria for treatment with donor materials will be funded for one cycle of IVF / ICSI treatment. In a same sex (both female) partnership only one partner will be eligible for NHS-funded assisted conception treatment as specified in this policy. <u>Donor sperm:</u> The use of donor insemination is considered effective in managing fertility problems associated with the following conditions: • Obstructive azoospermia. • Non-obstructive azoospermia. • Severe deficits in semen quality in couples who do not wish to undergo ICSI. Donor insemination should be considered in conditions such as: • Where there is a high risk of transmitting a genetic disorder to the offspring. • Where there is a high risk of transmitting infectious disease to the offspring or woman from the man. • Severe rhesus isoimmunisation. <u>Donor eggs:</u> The use of donor oocytes is considered effective in managing fertility problems associated with the following conditions: • Premature ovarian failure. • Gonadal dysgenesis including Turner syndrome. • Bilateral oophorectomy. • Ovarian failure following chemotherapy or radiotherapy. • Certain cases of IVF treatment failure.

	Oocyte donation should also be considered in certain cases where there is a high risk of transmitting a genetic disorder to the offspring. If a patient has viable embryos stored, it is expected that these embryos would be used first. An AMH score of less than or equal to 5.4 pmol/L does not automatically indicate ovarian failure: patients with an AMH of less than or equal to 5.4 pmol/L should be offered a specialist consultation, counselling and discussion about other non-NHS funded options to start a family. Funded treatment with donor eggs is only available to women aged under 40, referral to the ACU must be made before 39 years and 6 months. If a woman turns 40 before a donor egg is sourced, she will no longer be eligible for NHS-funded treatment. Donor materials can only be sourced from HFEA licensed clinics in the UK, or from overseas where the supplier meets HFEA licensing standards and is recommended by a specialist fertility consultant. Please note that, whilst this policy supports treatment using donated materials, there is a limited supply of donated materials which may result in a delay in identifying suitable materials. Patients purchasing gametes is an exception to the Department of Health rules about mixing private and NHS funding. Patients are able to use privately purchased gametes in NHS-funded treatment as long as the gamete bank meets the strict criteria of the Human Fertilisation and Embryology Authority (Using donated eggs, sperm, or embryos in treatment | HFEA) and their chosen fertility clinic is licenced for imports from abroad.
17. Blood borne viruses and sperm washing	People who are concerned about their fertility and who are known to have chronic viral infections such as hepatitis B, hepatitis C or HIV should be referred to centres that have appropriate expertise and facilities to provide safe risk-reduction investigation and treatment. For couples where the man is HIV positive and either he is not compliant with Highly active antiretroviral therapy (HAART) or his plasma viral load is 50 copies/ml or greater, one episode of sperm washing can be offered.
18. Surgical sperm retrieval (SSR)	Surgical sperm retrieval for azoospermia (SSR) is supported and funded by NHS England as per the criteria outlined in the NHSE Clinical Commissioning Policy: 'Surgical sperm retrieval for male infertility.'
19. Surrogacy	NHS Sussex does not fund any type of surrogacy arrangement due to the significant medico-legal issues involved in surrogacy arrangements. Commissioning parents need to undertake the whole process, including any associated fertility treatment, themselves.

7. Accountabilities, Duties and Responsibilities

	Responsibilities
Board	The NHS Sussex Board members have ongoing responsibility to ensure commissioning of high-quality Assisted Conception for the population they are responsible in line with applicable guidance. All references to staff in this policy also apply to NHS Sussex Board members.
Chief Medical Officer	The Chief Medical Officer has lead responsibility for overseeing the development and review of this policy.
Responsible Committee / Meeting	Reports in relation to the policy will be received by the Health Policy Group.
Contracting Team, Acute Commissioning Clinical Effectiveness Team	A multidisciplinary team including Contracting, Acute Commissioning and Clinical Effectiveness will be responsible for managing Assisted Conception Policy processes and monitoring compliance.

8. Training

8.1. There are no training requirements as the policy is aimed at commissioned providers and not NHS Sussex staff.

9. Implementation

9.1. NHS Sussex Senior Managers, or their designated representatives, will implement this policy by:

- Notifying all staff of its existence. New staff will be informed of this policy as part of their induction.
- Destroying all superseded paper-based versions of the policy and electronic versions retained in their area.
- Discussing with staff as part of their regular one-to-ones how they seek to achieve their individual objectives around.
- Ensuring themselves and their teams remain compliant, and relevant declarations are made in line with the policy.

10. Ratification Process and Review

10.1. This document will be reviewed every two years, or sooner if required, in order to ensure that it is current, relevant and reflects the strategic aims, objectives, organisational structures and responsibilities of NHS Sussex.

11. Monitoring Compliance and Effectiveness

11.1. NHS Sussex will review its performance in the area of the Policy for Assisted Conception Treatment for Infertile Patients through activity reports.

11.2. Any trends resulting from possible policy non-compliance will be raised with providers through contracting and performance routes.