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North Central London CCG Fertility Policy

22 November 2021

This policy will, if implemented, replace the legacy policies of the previous Barnet CCG, Camden CCG, Enfield CCG, Haringey CCG and Islington CCG.

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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. 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-cervical insemination (ICI).
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	Where there are no sperm in the ejaculate.
Cryopreservation	The freezing and storage of embryos, sperm or eggs for future use in IVF treatment cycles.
Donor insemination (DI)	DI is a type of fertility treatment in which high quality donor sperm is injected directly into the womb (IUI) or cervix (ICI). DI is commonly used when either the male partner has no sperm or for lesbian couples/ single women.
Egg (oocyte) donation	The process by which a fertile woman donates her 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 age of the woman and the quality of the embryos.
Endometriosis	A condition where tissue similar to the lining of the womb starts to grow in other places, such as the ovaries and fallopian tubes.
Fertilisation	The union of an egg and sperm.
Fertility policies	CCGs are responsible for commissioning most fertility treatments; most therefore have policies in place specifying which interventions are funded and eligibility criteria for access to these. These policies typically explain when the CCG will fund fertility treatments for people experiencing infertility and assisted conception treatments 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 freezing 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 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 infertility such as some chemotherapies.

Infertility	Infertility is the period of time people have been trying to get pregnant (conceive) without success after which formal investigation is justified and possibly treatment implemented.
In vitro fertilisation (IVF)	IVF involves ovarian stimulation and then collection of a woman's eggs. They 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 back to the woman's womb to hopefully continue to a pregnancy. Ideally one embryo is transferred to minimise the risk of multiple pregnancy. In older women, or those with poor quality embryos, two 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 best quality sperm are separated from sperm that are sluggish or non-motile. This sperm is then placed directly in the womb. This can either be performed with the woman's partner's sperm or donor sperm (known as donor insemination or DI). Sometimes ovarian stimulation is used in conjunction with IUI.
Male factor infertility	Problems with male fertility are related to sperm, sperm production and the reproductive tract.
Men/ male	Due to the nature of policies on assisted reproductive technologies, it is necessary to refer to the sex of patients on occasion. This document therefore refers to 'men' and 'male'. When these terms are used in this document, unless otherwise specified, this refers to sex defined by biological anatomy. It is acknowledged that this may not necessarily be the gender to which individual patients identify.
Natural cycle IVF	An IVF procedure in which one or more oocytes 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. NICE guidelines 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 women who are excessively sensitive to medicines used for ovarian stimulation.
Ovarian reserve	A woman's fertility is related to the number of eggs remaining in her ovaries, referred to as 'ovarian reserve', which influences the chance of becoming pregnant.
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 from a girl or woman. At a later date, the ovarian tissue strips can be thawed and either re-implanted into the ovary, to allow them 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	A technique used to identify inherited genetic defects in embryos created through

genetic diagnosis	IVF. Only embryos with a low genetic risk for the condition are then transferred back to the woman's uterus. Any resulting pregnancy should be unaffected by the condition for which the diagnosis is performed.
Premature ovarian failure	When a woman's periods stop before the age of 45. Also known as primary ovarian insufficiency or early menopause.
Rhesus (Rh) isoimmunisation	A condition where antibodies in a pregnant woman's blood destroy her baby's blood cells. Also known as rhesus disease.
Sperm donation	The process by which a fertile man donates his 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 women using IUI or used to fertilise eggs in IVF or ICSI.
Supernumerary embryos	Un-transferred embryos created from a fresh IVF cycle.
Surgical sperm retrieval (SSR)	Surgical sperm retrieval means 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 woman carries and gives birth to a baby for another person or couple. This may involve the eggs of the surrogate, the intended mother or a donor.
Unsuccessful cycle of IVF/ ICSI	Includes failure of fertilisation, failure of development of embryos and failure to conceive following transfer of embryos.
Women/ female	Due to the nature of policies on assisted reproductive technologies, it is necessary to refer to the sex of patients on occasion. This document therefore refers to 'women' and 'female'. When these terms are used in this document, unless otherwise specified, this refers to sex defined by biological anatomy. It is acknowledged that this may not necessarily be the gender to which individual patients identify.

Background

It is estimated that infertility affects about one in seven heterosexual couples in the UK. About 84% of couples will conceive naturally within a year if they have regular unprotected sex (every 2 or 3 days).

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

People concerned about their fertility are normally referred for clinical assessment and investigation where:

- there is a known clinical cause of infertility or a history of predisposing factors for infertility, or
- the individual or couple has been trying to conceive through either 1 year of unprotected vaginal sexual intercourse or 6 cycles of artificial insemination.

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

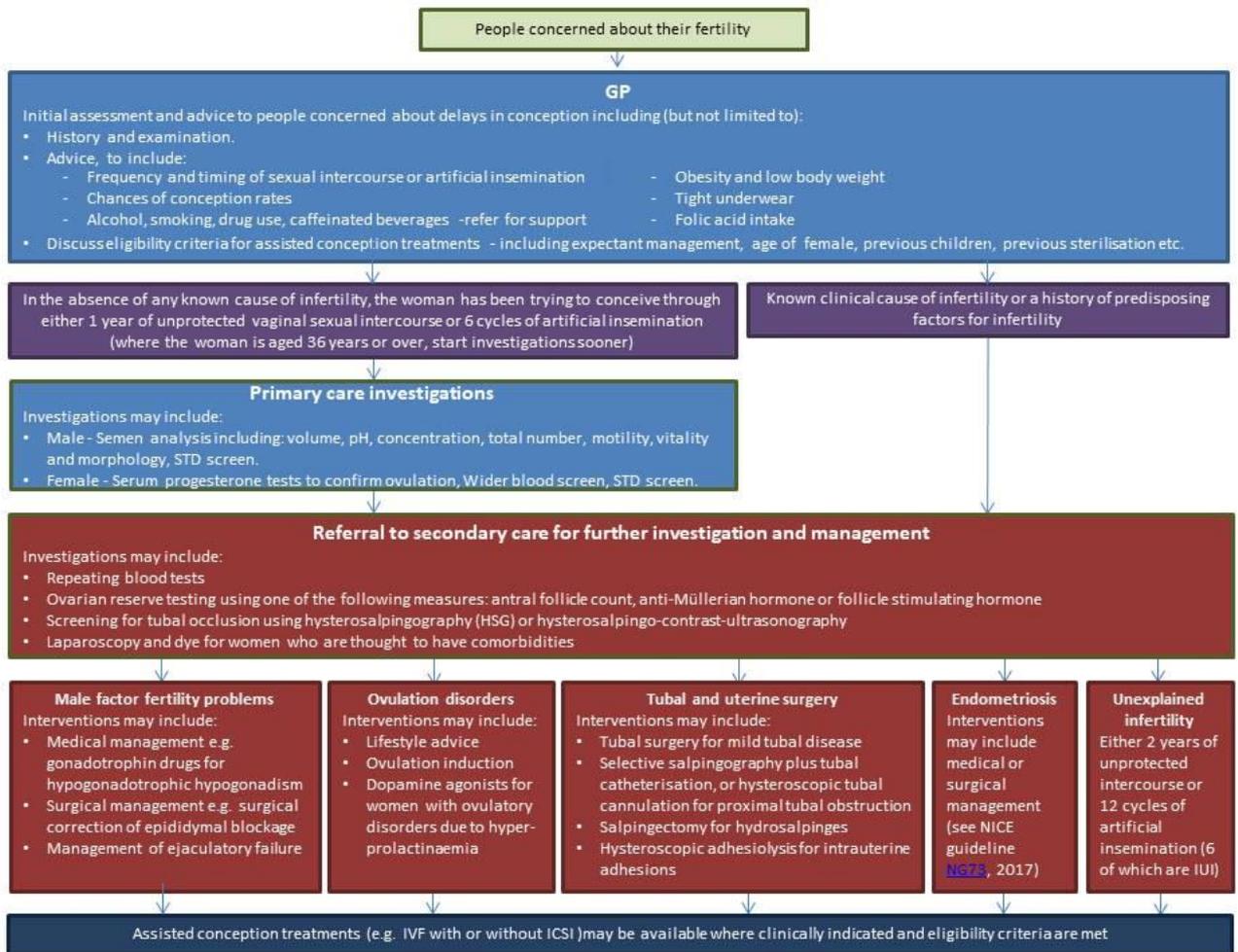
- medical treatment such as ovulation induction for ovulation disorders (no periods or irregular periods).
- surgical procedures such as those used to treat endometriosis or tubal obstruction.
- assisted conception such as intrauterine insemination (IUI) or in vitro fertilisation (IVF)

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 NCL CCG.

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.

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



Note: The above pathway does not apply to all patient groups, for example, where treatment is planned that might result in infertility (such as treatment for cancer) or where people are known to have chronic viral infections (e.g. HIV) and are concerned about their fertility; in such cases other pathways will be followed.

Purpose of this document

North Central London Clinical Commissioning Group (CCG) is responsible for commissioning a range of health services including hospital, mental health and community services for the local population. The CCG has a statutory duty to maintain financial balance. When exercising its discretion to determine what service 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, CCGs 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 CCG will 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, the CCG has sought to adopt NICE guidance wherever feasible. 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.

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

Scope of this document

The scope of the NCL CCG fertility policy is limited to setting the criteria for CCG funding for treatment for patients for whom it is the responsibility of NCL CCG to pay for the provision of healthcare services as outlined in [Who pays?](#) guidance (NHS England, 2020)¹.

The following groups of patients are excluded from the scope of the policy:

- Members of the Armed Forces, their families or veterans; NHS England commission assisted conception services for these groups
- Patients who pay the immigration surcharge; assisted conception services are not included in the [scope](#) of services available for free for these patients

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 infertility, 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 CCG

NCL CCG will follow Department of Health [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
- 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.

¹ The individual who will be undergoing the fertility procedure will need to be of NCL CCG responsibility. It is not necessary for their partner (if they have one) to also be of NCL CCG responsibility.

Policies: Assisted conception treatments (ACTs)

1. IVF, with or without ICSI

- 1.1 In order to access NHS funded IVF, with or without ICSI, patients are required to fulfil relevant eligibility criteria set out in [Section 9](#).
- 1.2 For eligible patients requiring IVF where the woman is aged under 40, the CCG will fund up to six embryo transfers from a maximum of three fresh cycles. All good quality frozen embryos should be transferred before starting the next NHS funded fresh cycle.
- 1.3 For eligible patients requiring IVF where the woman is aged 40–42, the CCG will fund up to two embryo transfers from one fresh cycle.
- 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.
- 1.5 Cryopreservation of supernumerary embryos will be funded for a maximum of two years following each fresh cycle^{2,3}
- 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 funded by NCL CCG.

² Patients will have the opportunity to fund continued storage of any unused embryos for future self-funded frozen embryo transfer after the NHS funded storage period concludes.

³ Cryopreservation of embryos for fertility preservation for patients receiving gonadotoxic treatment is addressed by a separate policy (see [Section 8](#)).

2. IUI using partner sperm

2.1 In order to access NHS funded IUI using partner sperm, patients are required to fulfil relevant eligibility criteria set out in [Section 9](#).

2.2 Up to six cycles of unstimulated IUI using partner sperm is funded where there is evidence of normal ovulation, 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, or
- (b) people who are clinically indicated to receive IUI following a successful sperm washing procedure where the man is HIV positive (access to NHS funded sperm washing is addressed in a separate policy – see [Section 7](#))

2.3 IUI is not routinely funded for people with unexplained infertility, mild endometriosis or mild male factor infertility⁴ 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]

⁴ 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, and where the effect on the chance of pregnancy occurring naturally through vaginal intercourse within a period of 24 months would then be similar to people with unexplained infertility or mild endometriosis.

Policies: ACTs using donated genetic materials

3. ACT (IUI and IVF) using donor sperm

- 3.1 In order to access NHS funded ACT using donor sperm, patients are required to fulfil relevant eligibility criteria set out in [Section 9](#).
- 3.2 Up to six cycles of unstimulated IUI using donor sperm is funded 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 intracytoplasmic sperm injection (ICSI)
 - B. Where one of the following have been confirmed/ diagnosed by an appropriate specialist:
 - there is a high risk of transmitting a genetic disorder to the offspring
 - there is a high risk of transmitting infectious disease to the offspring or woman from the man
 - severe rhesus isoimmunisation
 - C. Same-sex couples or single people who have evidence of normal ovulation and tubal patency, 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 the IVF/ICSI policy (see [Section 1](#)) in either one of the following circumstances:
- 1. Patients fulfil one of the criteria A, B or C outlined above AND investigations show IVF is the only effective treatment option
 - 2. Patients fulfil one of the criteria A, B or C outlined above AND have not conceived after 12 cycles of IUI
- 3.4 The CCG will fund the cost of the IUI and/ or IVF and the donor sperm where required.
- 3.5 The CCG will only fund assisted conception treatment using donor sperm at UK clinics subject to HFEA regulations.

4. IVF using donor eggs

- 4.1 In order to access NHS funded IVF using donated eggs, patients are required to fulfil relevant eligibility criteria set out in [Section 9](#). Women accessing IVF using donor eggs will not be required to fulfil the ovarian reserve criterion.
- 4.2 IVF using donated eggs will only be funded for eligible patients as per the IVF policy (see [Section 1](#)) where either criteria A or B are met:
- A. The patient has fertility problems associated with one of the following:
- premature ovarian failure
 - gonadal dysgenesis including Turner syndrome⁵
 - bilateral oophorectomy
 - ovarian failure following chemotherapy or radiotherapy
- 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 The CCG will fund the cost of the IVF and the donor egg where required. Patients may be able to provide an egg donor⁶. Alternatively the patient can be placed on a waiting list until a donor becomes available. If, during their time on the waiting list, patients waiting for a donor egg no longer fulfil the eligibility criteria, NHS funding will not be available.
- 4.4 The CCG will only fund IVF using donor eggs at UK clinics subject to HFEA regulations.

⁵ Pre-treatment screening should have excluded phenotypic manifestations of Turner syndrome that might jeopardise successful pregnancy, including aortic dilation and cardiac lesions.

⁶ Known donors will need to meet and follow HFEA regulations for donating eggs.

Policies: 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 CCG
- 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 man with azoospermia has undergone successful surgical sperm retrieval funded by NHS England, cryopreservation and storage will be funded by the CCG for a maximum of two years⁷.
- 5.4 In order to access cryopreservation of surgically retrieved sperm, men are required to fulfil relevant eligibility criteria set out in [Section 9](#).

IVF with ICSI using surgically retrieved sperm

- 5.5 Eligible couples, where the man has undergone successful surgical sperm retrieval funded by NHS England, will have ICSI funded as per the IVF/ICSI policy⁷ (see [Section 1](#)).
- 5.6 In order to access ICSI using surgically retrieved sperm, couples are required to fulfil relevant eligibility criteria set out in [Section 9](#).

6. Assisted conception treatments involving surrogates

- 6.1 Assisted conception treatments involving surrogates are not routinely funded by NCL CCG for any patient group

⁷ Cryopreservation of sperm for fertility preservation and subsequent assisted conception treatments for patients receiving gonadotoxic treatment is addressed by a separate policy (see [Section 8](#)).

Policies: ACTs for people with conditions other than infertility

7. Sperm washing

- 7.1 In order to access NHS funded sperm washing and subsequent assisted conception treatments, patients are required to fulfil relevant eligibility criteria set out in [Section 9](#).
- 7.2 Sperm washing will be funded for couples where the man is HIV positive and the female partner is HIV negative and either:
- the man is not compliant with antiretroviral treatment, or
 - his plasma viral load is 50 copies/ml or greater
- 7.3 Where a man has undergone successful sperm washing procedure, cryopreservation and storage of washed sperm will be funded for a maximum of two years.
- 7.4 Where the procedure is successful, couples may access IVF/ICSI or IUI, depending on their clinical circumstances, in line with the relevant policy (see [Section 1](#) and [Section 2](#) respectively)

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 are not currently infertile 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 has confirmed 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 for men if they fall within 8.1 above
- 8.3 Cryopreservation of eggs or embryos will be funded for fertility preservation for women if they fall within 8.1 above and fulfil all of the following criteria:
- They are aged under 43 years
 - They are 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.
- 8.4 Ovarian tissue cryopreservation is not routinely funded for adult women.
- 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 of sperm, eggs or embryos
- 8.6 Storage of sperm, embryos and eggs will be funded for up to ten years after cryopreservation⁸. NHS funding of storage will cease either after ten years or sooner where:
- Patients are no longer eligible for NHS fertility treatment, or
 - The patient dies and no written consent has been left permitting posthumous use

⁸ 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.

8.7 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 infertility ([Section 9](#)). An exception to this is the criterion for ovarian reserve, which women who have accessed NHS funded fertility preservation will not be required to fulfil.

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Eligibility criteria

9. Eligibility criteria

See matrix of which eligibility criteria apply to which policies on [page 20](#) of this document.

Demonstrating infertility for eligibility of 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 and IVF is the only effective treatment, OR
- Patients have not conceived after either 2 years of regular unprotected intercourse⁹ OR 12 cycles of IUI.

Age of the women

9.2 The woman receiving fertility treatment must be aged under 43 years. Women undergoing IVF must start medication with the provider before their 43rd birthday. Women must only be referred to fertility clinics if there is adequate time to complete work up.

9.3 If the woman 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 the IVF policy (see [Section 1](#)).

Previous IVF cycles

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

9.5 Treatment will not be funded for women aged 40–42 years if they have undergone any previous IVF treatment, irrespective of how this was 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 Women undergoing treatment must have a BMI within the range 19–30 kg/m².

⁹ Defined by NICE as unprotected vaginal intercourse every 2 to 3 days.

Smoking

- 9.8 Treatment will not be funded if the woman undergoing treatment smokes¹⁰.
- 9.9 Treatment will not be funded if the man undergoing treatment or providing sperm for treatment smokes¹⁰.

Ovarian reserve

- 9.10 There should be no evidence of low ovarian reserve in women undergoing treatment. Low ovarian reserve is defined as:

- 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 partner in a couple should not have a living child from their relationship or any previous relationship.

Single persons: Individuals should not have a living child.

- 9.12 An adopted child is considered to have the same status as a biological child. Foster children are excluded from 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 The above criteria still apply where sterilisation reversal has unsuccessfully been attempted.

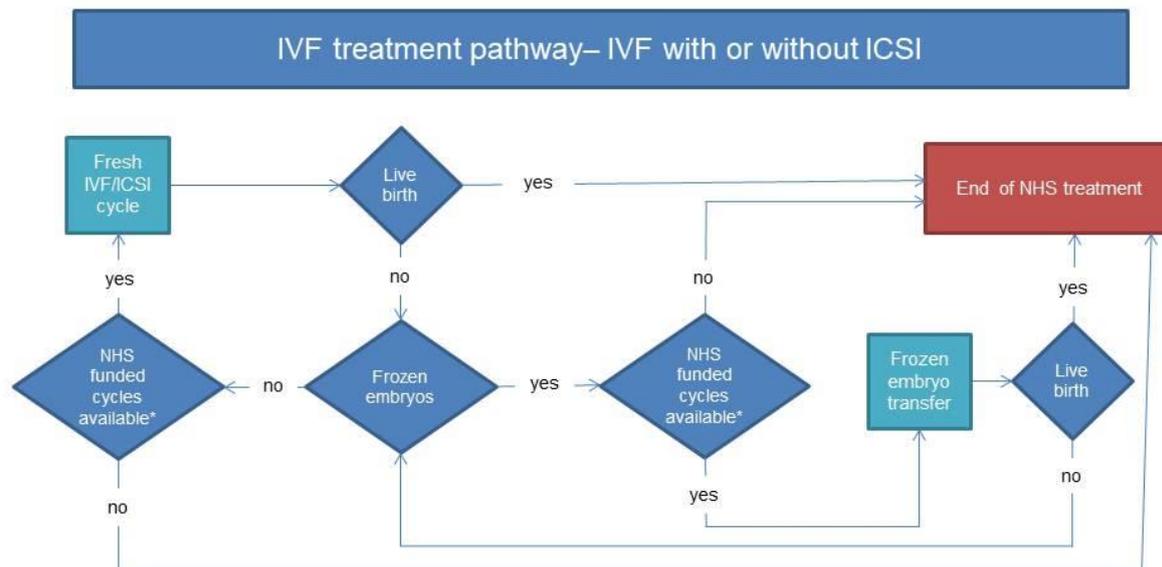
¹⁰ Vaping is not included within the definition of smoking.

Matrix of which eligibility criteria apply to which policies

Eligibility criteria (see Section 9 for details)	Policy*											
	<u>1. IVF/ICSI</u>	<u>2. IUI using partner sperm</u>	<u>3. IUI using donor sperm</u>	<u>3. IVF using donor sperm</u>	<u>4. IVF using donor eggs</u>	<u>5. Cryopreservation of surgically retrieved sperm**</u>	<u>5. ICSI using surgically retrieved sperm</u>	<u>7. Sperm washing</u>	<u>8. Cryopreservation of sperm for FP</u>	<u>8. Cryopreservation of embryos or eggs for FP</u>	<u>8. ACT using sperm cryopreserved for FP</u>	<u>8. ACT using embryos or eggs cryopreserved for FP</u>
Demonstrating sub-fertility (prior to IVF)	✓			✓		✓	✓				✓	✓
Age of woman	✓	✓	✓	✓	✓		✓	✓		✓	✓	
Previous IVF cycles	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓
Body mass index (BMI)	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓
Smoking	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓
Ovarian reserve	✓	✓	✓	✓			✓	✓			✓	
Previous children	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓
Previous sterilisation	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓

ACT = Assisted conception treatment; FP = Fertility preservation; **Additional criteria apply – see relevant policy for details.

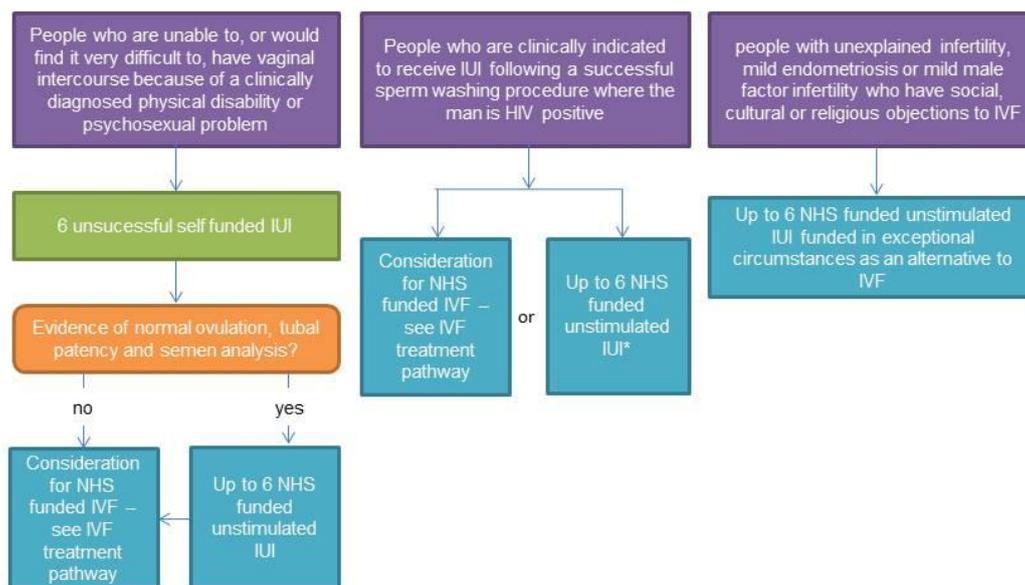
Flow charts of pathways for fertility treatments



*For women aged under 40, the CCG will fund up to 6 embryo transfers from a maximum of 3 fresh cycles. For eligible patients requiring IVF where the woman is aged 40–42, the CCG will fund up to two embryo transfers from one fresh cycle.

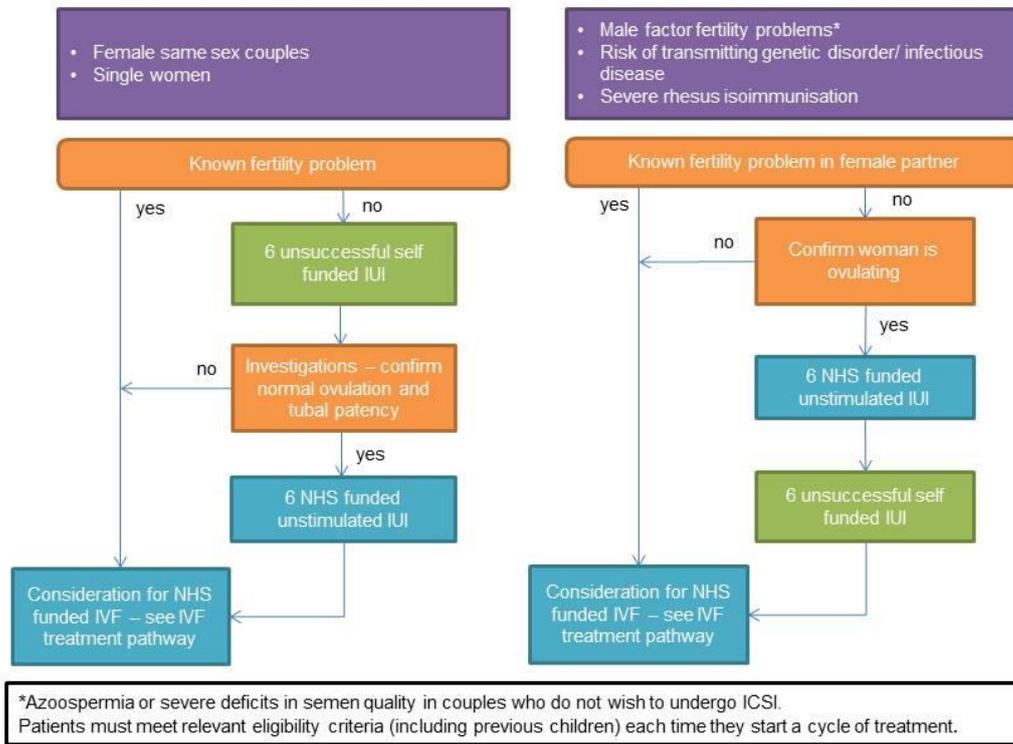
- All good quality frozen embryos should be transferred before starting the next NHS funded fresh cycle.
- Patients must meet relevant eligibility criteria (including previous children) each time they start a cycle of treatment.
- Storage of frozen embryos will be funded for a maximum of two years for each fresh cycle.
- In order to undergo FET frozen embryos must be deemed by the clinician suitable for implantation.

Pathways for intra-uterine insemination (IUI) using partner sperm

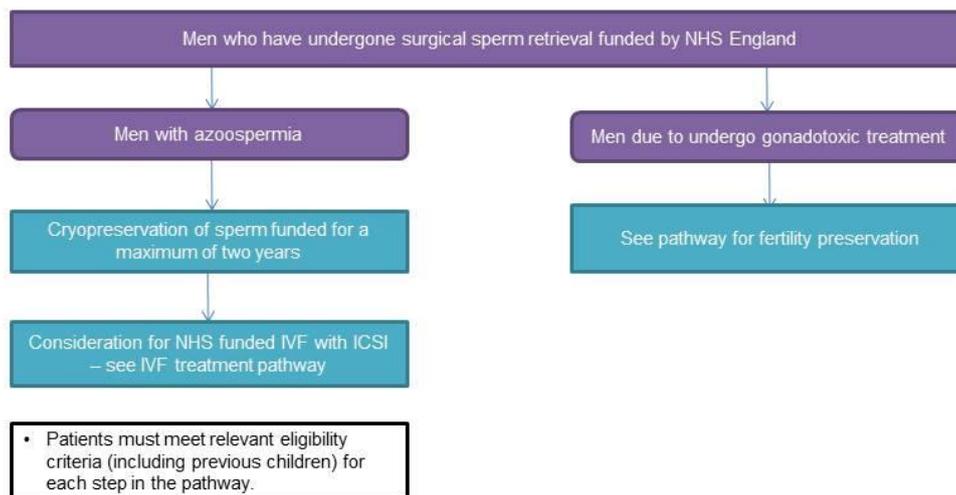


- Patients must meet relevant eligibility criteria (including previous children) each time they start a cycle of treatment.
- *Where there is evidence of normal ovulation, tubal patency and semen analysis.

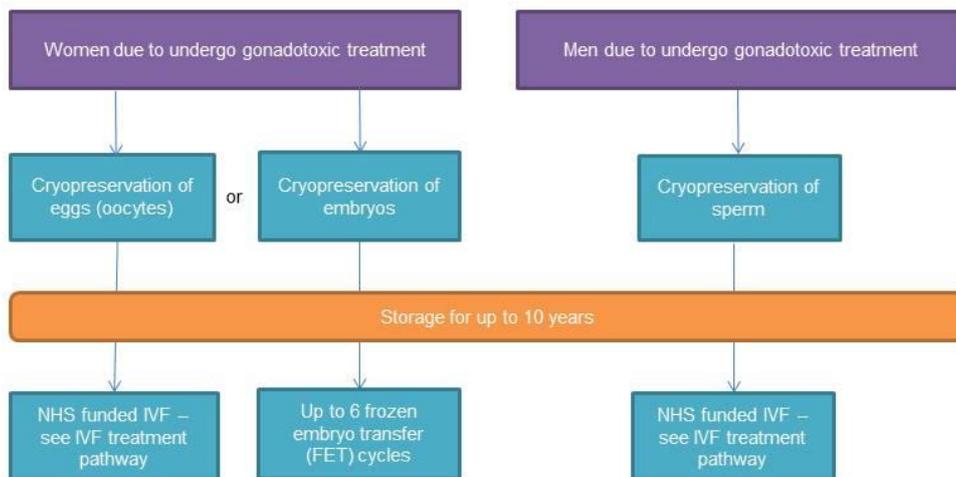
Pathways for assisted conception treatments using donor sperm



Pathways for surgical sperm retrieval



Pathways for fertility preservation



- Patients do not need to fulfil the same eligibility criteria as patients with infertility in order to access cryopreservation of eggs, embryos or sperm for fertility preservation. See policy in Chapter 8 for more information.
- However, in order to access assisted conception treatments (IVF or IUI) using cryopreserved materials, fertility preservation patients will be required to fulfil the same eligibility criteria as other patients with infertility. An exception to this is the criterion for ovarian reserve, which women who have accessed NHS funded fertility preservation will not be required to fulfil.

DRAFT