CLIN5

Assisted Conception

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Approved by	CCG Governing Body
Name of originator/author	Dr Ruchika Gupta/Andrea Golding
Owner (director)	Surrey Priorities Committee
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Version control sheet

Version	Date	Author	Status	Comments / changes since last version
1	01/04/2008	Working Group: Niki Bartrop, Abigail Groves, Marion Heron, Anna Raleigh and Sue Waters	Draft	Out for consultation
1	01/07/2008	Working Group: Commissioning	Final	Approved at Board
2	01/07/2009	Niki Baier/Avril Imison	Draft	Reviewed and agreed as part of specialist commissioning group for South East Coast
2	01/08/2009	Niki Baier/Avril Imison	Final	Approved at Risk and Clinical Governance Committee
3	01/12/2010	Kelly Morris	Draft	Reviewed to include SEC policy recommendation re: cancer treatment and sperm retrieval
3	01/12/2011	Amelia Whittaker/Michael Baker	Draft	Reviewed and now includes: - Paragraph on armed forces covenant added - Oocyte vitrification included and time limit for storage confirmed as 10 years - Smoking: details of referral to Surrey Stop Smoking Service now included - BMI changed to reflect NICE classification of a healthy weight - Confirmation that the lower age limit (23 years) will not apply to patients that are accessing Assisted Reproductive Techniques for Fertilisation Preservation - Update to current service providers - Clarification of NHS provision for self-funding patients

				- Gamete/Embryo Storage guidelines - FSH/AMH levels reviewed by clinicians - Single Embryo transfer-HFEA guidelines added - Guidance regarding women in same sex individuals and women not in a partnership - HFEA code of ethics added to criterion - Individuals to take up funding offer within 6 months
4	01/02/2012	Amelia Whitaker/Michael Baker	Final	Approved by Quality and Performance Committee
4	01/12/2012	Amelia Whitaker/Michael Baker	Final	Extended until end of NHS Surrey
5	01/04/2013	Working Group	Draft	For approval by Executive Committee
5	01/07/2013	Working Group	Final	For approval by Governing Body
5	01/07/2013	Working Group	Final	Approved by Governing Body
6	01/05/2016	Liz Saunders/Cyril Haessig	Final	Approved by Governing Body
7	01/10/2016	Dr Ruchika Gupta	Draft	For approval by each CCG
7	01/10/2016	Dr Ruchika Gupta	Final	Approved by Governing Body
8	01/07/2017	Dr Ruchika Gupta / Andrea Golding	Final	- Changed wording from “couple” to “individuals” - Inclusion of details relating to immigration health surcharge under “Introduction”
9	01/08/2017	Clare Johns/ PollyMarch Mather	Final	- In light of inclusion of details relating to immigration health surcharge. - Completed new EQIA on the policy.
9	01/08/2017	Dr Ruchika Gupta/Andrea Golding	Final	Review date extended by 6 months until August 2018 to enable Public Health to

				conduct an evidence review
9.1	01/06/2018	Surrey Priorities Committee	Draft	Statement inserted in relation to Cryopreservation of eggs and sperm for young patients
9.1	01/06/2018	Surrey Priorities Committee	Final	Approved by Governing Body
9.2	01/10/2018	Surrey Priorities Committee	Draft	Review conducted by Public Health team, no new or additional evidence available – SPC agreed to review in 3 years' time
9.2	01/12/2018	Governing Body	Final	Approved by Governing Body

Equality statement

The Surrey CCGs aim to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We take into account the Human Rights Act 1998 and promote equal opportunities for all. This document has been assessed to ensure that no employee receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

We embrace the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

See next page for an Equality Analysis of this policy.

Equality analysis

This policy has been subject to an Equality Analysis, the outcome of which is recorded below.

		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	Age Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).	No	The lower age limit in the original policy has been removed which will give greater equality in relation to age. There is evidence that fertility declines with age in both men and women. The upper age limit in this policy for women accessing treatment remains at 39 which is based on the most favourable outcome based clinical evidence taking into account the financial implications. On the basis of this evidence, Surrey CCGs have chosen to depart from NICE CG156 recommendations and will not fund fertility treatment for women aged 40-42. In the context of this policy the upper age limit is 39. National and local provider data show that young women aged 18-39 achieve a much higher live birth rate than women in the older category. **August 2017:** Following amendments to the NHS (Charges to Overseas Visitors) Regulations 2015 The policy would have a potential negative impact on all overseas visitors who would be eligible for treatment pre 21st August 2017.
	Disability A person has a disability if s/he has a physical or mental	No	This policy is inclusive to individuals with a disability. Individuals must conform to the “welfare of the child which may be born” as per the

	impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.		Human Fertilisation and Embryology Act 1990 and must take into consideration the importance of a stable and supportive environment for children as well as the pre-existing health status of the parents. There may be situations where people with a disability could have reduced access to fertility treatment if in the opinion of the fertility consultant such access would likely worsen their medical condition.
	Gender reassignment The process of transitioning from one gender to another.	No	This policy is inclusive to male, female and individuals with Gender Dysphoria therefore this should have a positive impact compared with the original policy. **August 2017:** Following amendments to the NHS (Charges to Overseas Visitors) Regulations 2015. The policy would have a potential negative impact on all overseas visitors not ordinarily resident in the UK pre 21st August 2017, undertaking gender reassignment in their country of origin
	Marriage and civil partnership In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex individuals. Same-sex individuals can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married individuals (except where permitted by the Equality Act).	No	This policy is inclusive to married individuals, people in a same sex relationship and single women.

	Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.	No	Changes to this policy will not impact women who are already pregnant. In respect of women trying to become pregnant. This policy change will have a positive impact on some women/individuals who previously were denied access to IVF because they had no source of sperm and donation was their only option. Now NHS funded sperm will be supported in eligible individuals. This policy change will have a positive impact on quality and safety in respect of the change to the NICE recommended embryo transfer strategy which will reduce multiple births. The policy will have a positive impact on the following groups by bringing the eligibility criteria for IUI in line with the recommendations of NICE CG156 : - People who are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem who are using partner or donor sperm - People with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the man is HIV positive) - People in same-sex relationships or where there is a female with no partner - People with social, cultural, or religious objections to IVF This policy change will have a positive impact on the success of IVF as the use of FSH measurement as a predictor of ovarian reserve has now been removed due to poor evidence base. As a result fertility

			providers will be expected to undertake appropriate diagnostic investigations to determine suitability for IVF in line with contemporary good practice and should take all reasonable measures to prevent the occurrence of Ovarian Hyperstimulation Syndrome (OHSS) This policy stipulates that to be eligible for fertility treatment neither partner in a relationship can have a living child from their relationship or any previous relationship. This also applies to adopted child(ren); A situation may therefore present where a woman diagnosed with fertility problems is denied access to fertility treatment because her partner already has a child(ren).This aspect of the policy has not changed.
	Race Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	No	There is no evidence that this policy will lead to a differential impact as a result of Race. **August 2017:** Following amendments to the NHS (Charges to Overseas Visitors) Regulations 2015. The policy would have a potential negative impact on all overseas visitors not ordinarily resident in the UK pre 21st August 2017
	Religion and belief Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition	No	There is no evidence that this policy will lead to a differential impact as a result of Religion or Belief; Furthermore there will be a positive impact for people with cultural or religious objections to IVF as the policy has brought its IUI eligibility criteria in line with NICE CG156. **August 2017:** Following amendments to the NHS (Charges to Overseas Visitors)

			Regulations 2015. The policy could have a potential negative impact on those overseas visitors who might have received free access to assisted conception services before 21st August 2017 because of Female Genital Mutilation (FGM) or human trafficking
	Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	No	Recent changes in civil partnership laws mean that same sex individuals have the same rights as married relationship when it comes to assisted conception and therefore do not face discrimination based on their gender; This Policy offers the opportunity for same sex individuals to apply for IVF regardless of their sexual orientation; However there are some limitations to the above regarding same sex individuals as this policy does not fund surrogacy. For women in a same sex relationship or not in a partnership, funding will now be made available for sperm donation for use in IUI or IVF but only where the sperm are donated altruistically free-of-charge or are available via an NHS sperm bank or equivalent; Egg donation will not be funded routinely.
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the document/guidance likely to be negative?	N/A	
5.	If so, can the impact be avoided?	N/A	

6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

For advice in respect of answering the above questions, please contact the Corporate Office, Surrey Downs CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

Names and Organisation of Individuals who carried out the Assessment	Date of the Assessment
Cyril Haessig/ Majorie De Vries/Andrea Golding	23.02.16
Clare Johns/ Pollymarch Mather (Assessment completed in light of amendments to the NHS (charges to overseas visitors) Regulations 2015.	17.08.2017

Contents

Assisted Conception

1. Introduction

This policy covers Intra-Uterine Insemination (IUI), In Vitro Fertilisation (IVF) and Intra-cytoplasmic sperm Injection (ICSI).

The Surrey 'Assisted Conception Policy' describes the commissioning policy and the eligibility criteria for access to assisted conception in Surrey. Assisted conception here is taken to include in-vitro fertilisation (IVF) with or without intracytoplasmic sperm injection (ICSI), and intrauterine insemination (IUI).

Over time, there have been three important pieces of policy/legislation that have meant that the assisted conception policy has needed to be updated. The first of these is the publication of the new NICE guideline on assisted conception (CG156), published in February 2013, the second is the ban on age discrimination in service provision under the Equality Act 2010 (EA 2010), which came into force on 1st October 2012 and the third is that following amendments to the NHS (Charges to Overseas Visitors) Regulations 2015 that were introduced into Parliament on 19 July 2017, as of 21 August 2017, assisted conception services will no longer be included in the scope of services available for free for those who pay the immigration health surcharge

Having considered the above the Governing Body has decided to include the following changes to its Assisted Conception Policy. These are:

- Funding will be provided for:

  - Women of reproductive age and their partners who have not conceived after 3 years of regular unprotected vaginal intercourse.

- Funding will be provided for:

  - For up to 6 cycles of IUI but only in eligible individuals meeting the criteria set out in this Policy;

- Eligibility for IVF in respect of age will be determined at the point of referral to an Assisted Conception Unit (ACU). This allows eligible women who have been referred to have appropriate cycles of treatment before their 40th birthday. Up to 2 full cycles of IVF, with or without ICSI, will be funded in eligible women who are aged not more than 39 years and zero days at the time of referral to the ACU.

- Regarding embryo transfer this Policy will adhere to the NICE recommendations set out in CG156.

- NHS funding will only be made available for sperm donation for use in IUI or IVF where the sperm are donated altruistically free-of-charge or are available via an NHS sperm bank or equivalent. Egg donation will not be funded routinely.

- Eligible individuals under the age of 40 will be funded:

- For up to two cycles of IVF, with or without ICSI, if no previous cycles have been funded by the NHS;

    - For up to one cycle of IVF, with or without ICSI, if the individuals have already received one NHS funded cycle;

    - Any privately funded cycles previously received will not be taken into account (unless they resulted in the individuals having a living child).

- Providers will be expected to undertake appropriate diagnostic investigations to determine suitability for IVF in line with contemporary good practice and should take all reasonable measures to prevent the occurrence of Ovarian Hyperstimulation Syndrome (OHSS).

- Assisted conception will not be provided to individuals if their sub-fertility is the result of sterilisation in either partner; unless the patient(s) sterilisation is the direct result of treatment for gender dysphoria.

- In the context of gender dysphoria, gamete storage will follow similar protocols as with those receiving radiotherapy and other gamete damaging procedures.

- Cryopreservation of embryos, oocytes and sperm will be funded for patients including those undertaking gender reassignment procedures (Female to Male and Male to Female) who are about to undergo medical treatment which is likely to affect their fertility, following the recommendations in ‘The effects of cancer treatment on reproductive functions’ (2007).

- Cryopreservation of eggs and sperm will be funded for young patients (18 and under and who are post pubertal), who are about to or have received treatment likely to affect their fertility. Subsequent assisted conception procedures will be funded in accordance with all eligibility criteria set out in this policy.

- Cryopreservation of good quality embryos from NHS funded IVF will be funded for up to 2 years.

- Sperm washing will be funded where the man is HIV positive in accordance with the criteria set out in this Policy.

- IVF with or without ICSI will only be funded for women who have had a BMI between 19-30 for a period of at least 6 months prior to assessment for treatment.

- Funding for Armed Forces personnel diagnosed with fertility problems will be the responsibility of NHS England.

- The changes introduced in this policy have carefully considered the entire available evidence base to ensure that NHS resources are targeted at the patient group most likely to achieve the live birth of a healthy baby.

2. Policy Outline

The management of fertility includes both primary and secondary care support and intervention where appropriate, including advice on lifestyle changes that are likely to improve the probability of conception.

2.1 Definition

Assisted conception, which is here defined to include in-vitro fertilisation (IVF), intrauterine insemination (IUI), and intracytoplasmic sperm injection (ICSI), will normally only be funded in the context of the NICE Pathway for fertility.[1]

2.2 Funding

Funding will be provided for:[2]

- Up to 6 cycles of IUI but only in the following eligible individuals:

  - People who are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem who are using partner or donor sperm

  - People with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the man is HIV positive)

  - People in same-sex relationships

  - People with social, cultural, or religious objections to IVF

  - Females with no partner requiring donor sperm

- Eligibility for IVF in respect of age will be determined at the point of referral to an Assisted Conception Unit (ACU). This allows eligible women who have been referred to have appropriate cycles of treatment before their 40th birthday. Up to 2 full cycles of IVF, with or without ICSI, will be funded in eligible women who are aged not more than 39 years and zero days at the time of referral to the ACU. If

[1] NICE pathway for fertility, available at http://pathways.nice.org.uk/pathways/fertility/fertility-overview accessed 16th April 2013
[2] Eligibility criteria are listed in full in Section 2: Criteria for access to assisted conception

the woman reaches the age of 40 during treatment, then the current full cycle will be funded but no further full cycles will be funded.

2.3 Gender Dysphoria

Funding will be provided to people with gender dysphoria in the following cases:

- for individuals whose sub fertility is the result of sterilisation in either partner, where it is established that such sterilisation is the direct result of treatment for Gender Dysphoria
- access to the cryopreservation of embryos, oocytes and sperm will be funded for patients including those undertaking gender reassignment procedures (Female to Male and Male to Female) who are about to undergo medical treatment which is likely to affect their fertility.

Eligible patients will be required to demonstrate that they have been or are going through a defined gender reassignment clinical pathway agreed by NHS England.

2.4 Access

Access to funding for specialist assisted conception treatments will normally be on the recommendation of a local NHS consultant gynaecologist or on some occasions a local NHS consultant urologist.

2.5 Providers

The current providers for treatment in Surrey are:

- Nuffield Health, Woking Hospital
- Croydon Health Services NHS Trust
- Queen Mary's Hospital, Roehampton, Kingston Hospital NHS Trust

2.6 Responsibilities

These specialist fertility units will be **solely responsible** for initial consultation, treatment planning, counselling and advising patients, consent, all drugs, egg collection, semen analysis, embryo transfer, pregnancy testing, all consumables, pathology tests, imaging, and Human Fertilisation and Embryo Authority (HFEA) fees if required. Accordingly, the cost of all IVF treatment and drugs is included in the cost of the package maintained by the lead consultant provided by the specialist unit and will not be funded as separate elements by clinicians in primary care.

2.7 Private

Private/self-funding patients who are undergoing treatment outside of an NHS pathway will **not** be funded or reimbursed for drugs or additional tests incurred as a result of self-funded/private treatment.

2.8 Commissioning Policy

This commissioning policy should be read in conjunction with the criteria for access to assisted conception. Individuals must meet all the criteria in order to be eligible for NHS funding of treatment.

2.9 Pre-implantation genetic diagnosis (PGD)

- PGD can avoid the transmission of serious genetic disease. However, funding of PGD is separate from infertility treatment and is covered by the London Genetics Panel and South East Coast Specialised Commissioning Group. Referral is made directly by the consultant to this panel.

2.10 Sperm donation, oocyte donation, in-vitro maturation (IVM), and surrogacy

Sperm donation will be funded only where the sperm are altruistically donated without charge or can be accessed from an NHS sperm bank or equivalent

- Oocyte donation will not be funded routinely
- IVM will **not** be funded, due to limited evidence of effectiveness
- **No** elements of surrogacy procedures will be funded. Therefore, the CCG will:

  - Not be involved in the recruitment of surrogate mothers

  - Not fund any element of treatment which relates specifically to addressing fertility treatments directly associated with surrogacy arrangements

  - Not fund any payments to a surrogate mother (to cover expenses, legal costs, treatments abroad or transport costs)

2.11 Blood-borne viruses and sperm washing

- Sperm washing will be funded if the man is HIV positive and either he is not compliant with HAART or his plasma viral load is 50 copies/ml or greater, as it reduces but does not eliminate the risk of HIV transmission;
- Sperm washing will not be funded for men with hepatitis B or hepatitis C, as the current evidence does not support this.

2.12 Cryopreservation to preserve fertility in people diagnosed with cancer

- Cryopreservation of sperm, embryos, or oocytes for an initial period of 10 years **will** be funded in people before starting chemotherapy or radiotherapy that is likely to affect their fertility.
- Further storage of sperm in men who remain at risk of significant infertility **will** be funded.
- The eligibility criteria used for cryopreservation will not be the same as the eligibility criteria for conventional infertility treatment. However, the conventional criteria will apply when it comes to using stored material for assisted conception in an NHS setting.

- Patients seeking oocyte donation are **not** covered by this policy.

2.13 Cryopreservation of eggs and sperm for young patients

Cryopreservation of eggs and sperm will be funded for young patients (18 and under and who are post pubertal), who are about to or have received treatment likely to affect their fertility. Subsequent assisted conception procedures will be funded in accordance with all eligibility criteria set out in this policy.

2.14 The Armed Forces Covenant

The Armed Forces community should enjoy the same standard of, and access to, healthcare as received by any other UK citizen in the area they live. Funding for Armed Forces personnel diagnosed with fertility problems will be the responsibility of NHS England. The assessment and treatment pathway for individuals with fertility problems (based on NICE CG 156) are set out in the NHS England Clinical Commissioning Policy on Assisted Conception.[3]

3. Detailed criteria for access to assisted conception in Surrey

3.1 Definitions

- **Assisted conception** is defined as including intrauterine insemination (IUI), in-vitro fertilisation (IVF), and intracytoplasmic sperm injection (ICSI).
- **Infertility** is defined in practice as the period of time people have been trying to conceive without success after which formal investigation is justified and possible treatment implemented.
- A '**full cycle**' of IVF is defined as a full IVF treatment, which should include 1 episode of ovarian stimulation and the transfer of 1 set of fresh and 1 set of frozen embryos , if available
- **Mild male factor infertility** is defined for the purpose of the recent NICE guideline (2013) and this policy document as when 2 or more semen analyses have 1 or more variables below the 5th centile (as defined by the WHO, 2010).
- **Low ovarian reserve** will be defined locally by providers. Providers will be expected to undertake appropriate diagnostic investigations to determine suitability for IVF in line with contemporary good practice and should take all reasonable measures to prevent the occurrence of Ovarian Hyperstimulation Syndrome (OHSS).

[3] NHS England Clinical Commissioning Policy : Assisted Conception, Reference N-SC/037, Gateway Number 02285

3.2 Baseline eligibility for assisted conception

3.2.1 Eligibility

All individuals will be expected to have completed the primary and secondary care pathways[4] appropriate to them before eligibility for IUI, IVF, or ICSI is considered (including all appropriate investigations and treatments). This includes consultation/specialist referral as follows:[5]

a. Initial consultations:

   i. To discuss lifestyle and sexual history in people who are concerned about delays in conception.

   ii. To discuss lifestyle and sexual history in people who are concerned about delays in conception.

b. Specialist referral for further assessment and investigation:

   i. For women of reproductive age and their partners who have not conceived after 3 years of regular unprotected vaginal intercourse, or 6 cycles of artificial insemination, in the absence of any known cause of infertility.

   ii. Earlier referral if the woman is aged 36 or over or there is a known clinical cause of infertility or a history of predisposing factors for infertility.

   iii. Early referral for individuals where treatment is planned that may result in infertility (such as treatment for cancer)

c. Appropriate specialist referral for people with chronic viral infections such as hepatitis B, hepatitis C, or HIV, to centres that have appropriate expertise and facilities to provide safe risk-reduction investigation and treatment. All individuals undergoing IVF treatment should be offered testing for HIV, hepatitis B and hepatitis C and referred in this way if found to be positive.[6]

3.2.2 Further eligibility

All individuals must be registered with general practitioners in Surrey.

3.3 Embryo transfer strategies in IVF as set out in NICE CG156

This policy advocates the recommendations from NICE when considering the number of fresh or frozen embryos to transfer in IVF treatment as follows:[7]

- For women aged under 37 years:

  - In the first full IVF cycle use single embryo transfer.

[4] NICE pathway for fertility, available at http://pathways.nice.org.uk/pathways/fertility/fertility-overview accessed 16th April 2013
[5] Following the recommendations in NICE guideline CG156, subsection 1.2.13
[6] Following the recommendations in NICE guideline CG156, subsection 1.3.9
[7] Following the recommendations in NICE guideline CG156, subsection 1.12.6

- In the second full IVF cycle use single embryo transfer if 1 or more top-quality embryos are available. Consider using 2 embryos if no top-quality embryos are available.

- For women aged 37–39 years:

  - In the first and second full IVF cycles use single embryo transfer if there are 1 or more top-quality embryos. Consider double embryo transfer if there are no top-quality embryos.

- Where a top-quality blastocyst is available, use single embryo transfer.
- No more than 2 embryos should be transferred during any one cycle of IVF Treatment.

3.4 Full List of eligibility criteria

Reference	Title	Criterion
1	Eligibility for IUI	• Up to 6 cycles of IUI will be funded for individuals who have not conceived despite evidence of normal ovulation, tubal patency, and semenalysis, if they fall into the following groups:[8] 1. People who are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem who are using partner or donor sperm 2. People with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the man is HIV positive) 3. People in same-sex relationships or where there is a female with no partner 4. People with social, cultural, or religious objections to IVF 5. Females with no partner requiring donor sperm • People with unexplained fertility, mild

[8] Current evidence shows that current evidence shows that IUI is no better than regular vaginal intercourse in achieving a live birth, and so should not routinely be offered other than in these specified groups. Instead, individuals should be advised to attempt to conceive through regular vaginal intercourse for 2 years before being considered for IVF with or without ICSI (NICE guideline CG156, subsection 1.9.1)

		endometriosis, or mild male factor infertility not falling into the above groups will not be funded for IUI, with or without ovarian stimulation, but will be considered for IVF after trying to conceive for 3 years.
2	Duration of infertility and eligibility for IVF/ICSI	• IVF with or without ICSI will be funded for women who have not conceived after 3 years of regular unprotected intercourse (which can include no more than 1 year prior to fertility investigations),[9] or a maximum of 6 cycles of IUI unless clinical judgement dictates otherwise.
3	Age of woman and eligibility for IVF/ICSI	• Eligibility for IVF in respect of age will be determined at the point of referral to an Assisted Conception Unit (ACU). This allows eligible women who have been referred to have appropriate cycles of treatment before their 40th birthday. Up to 2 full cycles of IVF, with or without ICSI, will be funded in eligible women who are aged not more than 39 years and zero days at the time of referral to the ACU. If the woman reaches the age of 40 during treatment, then the current full cycle will be funded but no further cycles will be funded even if only 1 has been completed.[10] • Where a top-quality blastocyst is available, use single embryo transfer.
4	Age of male partner and eligibility for IVF/ICSI	• There is no upper or lower age limit for the male partner (as per adoption laws)
5	Women in same sex individuals and women not in a partnership and eligibility for IVF/ICSI	• NHS funding will only be made available for sperm donation for use in IUI or IVF where the sperm are donated altruistically free-of-charge or are available via an NHS sperm bank or equivalent. • Egg donation will not be funded routinely. • Women in same sex individuals and women

[9] If the woman is aged under 40 years and the individuals have regular (every 2-3 days) unprotected sexual intercourse, over 80% of individuals will conceive in the first year and over 90% will have conceived by the end of the second year (NICE guideline CG156, subsection 1.2.1.1)
[10] Following the recommendations in NICE guideline CG156, subsection 1.11.1.3

		not in a partnership should have access to professional experts in reproductive medicine to obtain advice on the options available to enable them to proceed along this route if they so wish.
6	Surrogacy	The CCG will not commission any form of fertility treatment to those in surrogacy arrangements (i.e. the use of a third party to bear a child for another individuals).
7	Previous infertility treatment and eligibility for IVF/ICSI	Eligibility in respect of age will be determined at the point of referral to an Assisted Conception Unit (ACU). Eligible individuals under the age of 40 will be funded: 1. For up to six cycles of initial IUI, as clinically indicated and at the discretion of the referring gynaecologist 2. For up to two cycles of IVF, with or without ICSI, if no previous cycles have been funded by the NHS 3. For up to one cycle of IVF, with or without ICSI, if the individuals have already received one NHS funded cycle Any privately funded cycles previously received will not be taken into account (unless they resulted in the individuals having a living child). • Individuals must take up the offer of IUI/IVF/ICSI within six months of being referred to the IUI/IVF/ICSI service provider • If a cycle is abandoned for reasons of poor response or failure of fertilisation this will count as one full cycle • If a cycle results in a miscarriage, this will count as one full cycle • Women who have attempted IVF with or without ICSI will not be offered subsequent IUI
8	Childlessness and eligibility for	Individuals cannot have a living child from their relationship or any previous relationship in order to be eligible for IVF. A child adopted by the

	IVF/ICSI	individuals or adopted in a previous relationship is considered to have the same status as a biological child.
9	Low Ovarian Reserve	Providers will be expected to undertake appropriate diagnostic investigations to determine suitability for IVF in line with contemporary good practice and should take all reasonable measures to prevent the occurrence of Ovarian Hyperstimulation Syndrome (OHSS)
10	Sterilisation and eligibility for IVF/ICSI	Assisted conception will not be provided to individuals if their sub-fertility is the result of sterilisation in either partner; unless the patient(s) sterilisation is the direct result of treatment for gender dysphoria.
11	Eligibility for cryopreservation to preserve fertility in people diagnosed with cancer	Cryopreservation of sperm will be funded for post-pubertal males who are about to undergo medical treatment which is likely to affect their fertility, following the recommendations in 'The effects of cancer treatment on reproductive functions' (2007).[11] Subsequent assisted conception procedures using the sperm will not be funded unless all the eligibility criteria listed here are met by the individuals. In the context of gender dysphoria, gamete storage will follow similar protocols as with those receiving radiotherapy and other gamete damaging procedures. Cryopreservation of embryos, oocytes and sperm will be funded for patients including those undertaking gender reassignment procedures (Female to Male and Male to Female) who are about to undergo medical treatment which is likely to affect their fertility, following the recommendations in 'The effects of cancer treatment on reproductive functions' (2007) They also must satisfy the criteria:[12]

[11] Royal College of Physicians, The Royal College of Radiologists, Royal College of Obstetricians and Gynaecologists. (2007) The effects of cancer treatment on reproductive functions: guidance on management. Report of a Working Party. London: RCP. NICE guideline CG156, subsection 1.16.1 recommends that for cancer related fertility preservation, the eligibility criteria for conventional fertility treatment should not be used.

[12] Following the recommendations in NICE guideline CG156, subsection 1.16.1.10

		1. They are well enough to undergo ovarian stimulation and egg collection AND 2. This will not worsen their condition AND 3. Enough time is available before the start of their cancer treatment Subsequent assisted conception procedures using the embryo/oocytes will not be funded unless all the eligibility criteria listed here are met by the individuals. When deciding to offer fertility preservation to people diagnosed with cancer, take into account the following factors: 1. diagnosis 2. treatment plan 3. expected outcome of subsequent fertility treatment 4. prognosis of the cancer treatment 5. viability of stored/post-thawed material. Funding will be provided for storage for an initial period of 10 years, and beyond 10 years for sperm in men who remain at risk of significant infertility.
12	Eligibility for cryopreservation of surplus embryos following a fresh cycle of NHS funded IVF/ICSI	Cryopreservation of good-quality embryos from NHS funded IVF will be funded for up to 2 years. All frozen cycles will usually be expected to be completed prior to the commencement of a second fresh cycle.
13	Eligibility for surgical sperm retrieval for IVF/ICSI	Surgical sperm retrieval will be funded in appropriately selected patients, provided that the azoospermia is not the result of a sterilisation procedure or the absence of sperm production, and providing the individuals meet all other criteria.

14	Eligibility for sperm washing	Sperm washing will be funded where the man is HIV positive, and any of the following criteria are met:[13] • The man is not compliant with highly active retroviral therapy (HAART) • The man has a plasma viral load of ≥50 copies/ml Sperm washing will not be funded for men with hepatitis B or hepatitis C virus.
15	Body mass index and eligibility for IVF/ICSI	• IVF with or without ICSI will only be funded for women who have had a BMI between 19-30 for a period of at least 6 months prior to assessment for treatment.[14] • Women who have a BMI of 30 or over should be informed that they are likely to take longer to conceive. If they are not ovulating they should be informed that losing weight is likely to increase their chance of conception. • Women must be informed of this criterion at the earliest possible opportunity as they progress through infertility investigations in primary and secondary care. GPs are encouraged to provide unambiguous and clear information about BMI criteria to infertile individuals.
16	Smoking status and eligibility for IVF/ICSI	• IVF with or without ICSI will only be funded for individuals where both partners have been non-smokers for a period of at least 6 months prior to assessment for treatment.[15] • Smoking individuals must be referred to NHS smoking cessation services and demonstrate that they are non-smokers for a period of at least 6 months prior to assessment for

[13] Sperm washing reduces, but does not eliminate the risk of HIV transmission. If the man is HIV positive, compliant with HAART, has a plasma viral load of <50 copies/ml for 6 months, there are no other infections present, and unprotected sexual intercourse is limited to the time of ovulation, then sperm washing may not further reduce the risk of infection and may reduce the likelihood of pregnancy (NICE guideline CG156, subsection 1.3.10)

[14] Female BMI outside of the range 19-30 is likely to reduce the success of assisted reproduction procedures (NICE guideline CG156, subsection 1.10.4.1)

[15] Smoking is likely to reduce fertility in women, and there is an association between smoking in men and reduced semen quality, although the impact of this on male fertility is uncertain (NICE guideline CG156, subsections 1.2.4.1-1.2.4.4)

		treatment. • Individuals must be informed of this criterion at the earliest possible opportunity as they progress through infertility investigations in primary and secondary care. GPs are encouraged to provide unambiguous and clear information about smoking criteria to infertile individuals, including the negative effect of passive smoking. • Alongside BMI and smoking, GPs should also advise infertile individuals that the effectiveness of assisted reproduction procedures, including IVF, is reduced by the consumption of more than 1 unit of alcohol per day and maternal caffeine consumption.[16]
17	HFEA Code of Ethics and eligibility for any assisted reproduction procedures	Individuals not conforming to the HFEA 'Code of Ethics' will be excluded from having access to NHS funded assisted reproduction procedures. This includes consideration of the 'welfare of the child which may be born' which may take into account the importance of a stable and supportive environment for children as well as the pre-existing health status of the parents.
18	The Armed Forces Covenant	Funding for Armed Forces personnel diagnosed with fertility problems will be the responsibility of NHS England. The assessment and treatment pathway for individuals with fertility problems (based on NICE CG 156) are set out in the NHS England Clinical Commissioning Policy on Assisted Conception.[17]

[16] As per recommendations in NICE guideline CG156, subsection 1.10.5
[17] NHS England Clinical Commissioning Policy : Assisted Conception, Reference N-SC/037, Gateway Number 02285