

# Camden CCG Fertility policy

Approved April 2015

## Introduction

Camden 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, which means that it must make judgements about the affordability of any proposed service for local patients.

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

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

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

## Individual Funding Requests

This policy cannot anticipate every possible individual clinical presentation. Clinicians are invited to submit Individual Funding Requests for patients who they consider to have exceptional clinical circumstances 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 [\[insert link to policy\]](#).

## Eligibility criteria

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

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

### 1. Definition of a treatment cycle

For the purposes of this policy, an IVF cycle will be defined as the process which starts with ovulation stimulation and ends with the implantation of either a fresh embryo/ blastocyst or the implantation of a frozen embryo/ blastocyst.

### 2. GP registration status

Patient should be registered on the medical list of a Camden GP.

<p><b>3.</b></p> <p><b>Age of the female patient</b></p>	<p>IVF is offered to women aged under 42 years old. Women should be referred so that they can commence a treatment cycle before their 42nd birthday.</p> <p>Women aged 40-41 will only be offered treatment if they have never previously had IVF treatment.</p> <p>Referring clinicians should be aware of the work up time required by the providing trusts, and ensure that referrals are made in time for women to start their first treatment cycle before their 42<sup>nd</sup> birthday.</p>
<p><b>4.</b></p> <p><b>Life style factors</b></p>	<p>The woman must have a body mass index (BMI) of between 19 and 30 at the time commencement of treatment.</p> <p>Patients must be non-smokers in order to access any fertility treatment and continue to be non-smokers throughout treatment.</p>
<p><b>5.</b></p> <p><b>Children from previous relationship</b></p>	<p>IVF will not be offered to couples who have a child together or single applicants who already have a child.</p> <p>IVF will be offered to couples where one of the partners has a child from a previous relationship, but the other does not. Both partners must confirm they have NOT previously undergone a sterilisation procedure.</p> <p>Foster children are not included in these restrictions.</p>
<p><b>Number of cycles funded</b></p> <p>NICE guidance argues that there is limited evidence for continuing to offer IVF to women who do not achieve pregnancy beyond a third cycle of fresh/ frozen embryo transfer. The guidance recommends that all cycles, whether funded by the NHS or privately be considered. The CCG therefore, will not fund additional treatment to a patient who has already had three fresh cycles of IVF.</p>	
<p><b>6. Number of cycles to be funded for women aged up to 39 years old</b></p>	<p>Camden CCG will fund up to three full cycles of IVF with or without ICSI.</p> <p>The full IVF cycle will consist of one fresh and one frozen embryo/ blastocyst transfer.</p> <p>The CCG will not fund further IVF treatment when the woman has had three or more previous IVF cycles, whether these have been funded privately or by the NHS.</p>
<p><b>6.1 Number of cycles to be funded for women aged 40 to 41 years old</b></p>	<p>Women aged 40-41 years old will be offered a maximum of one fresh embryo transfer and one frozen embryo transfer, provided they have not previously undertaken IVF.</p>
<p><b>7. Cancelled and Abandoned cycles</b></p>	<p>NICE guidelines define a cancelled cycle as occurring when egg collection is not undertaken following ovarian stimulation.</p> <p>An abandoned cycle is not defined by NICE but is defined by this policy as including treatment leading to a failed embryo transfer.</p>

	<p>Occasionally there may be good clinical or non-clinical reasons why a cycle needs to be cancelled or abandoned. For this reason the first two abandoned/ cancelled cycles will not count towards the total number of funded cycles in section 6 above.</p>
<p><b>Treatment Pathway</b>  This policy is intended, as per NICE guidance, for people who have a possible pathological problem (physical or psychological) to explain their infertility.</p> <p>Camden CCG will fund investigation and treatment for all individuals and couples provided there is evidence of subfertility.</p> <p>The process for demonstrating subfertility will necessarily be different for heterosexual couples than for same sex couples or singletons and these differences are reflected in the sub clauses below</p>	
<p><b>8. Subfertility</b>   <b>Heterosexual couples</b></p>	<p>Individuals/couples with a known cause of infertility should be referred without delay for appropriate assisted conception assessment.</p> <p>Women who have not become pregnant after one year of regular unprotected vaginal intercourse two to three times per week should be referred with their partner for further assessment and possible treatment.</p> <p>If the woman is aged 36 or over then such assessment should be considered after 6 months of unprotected regular intercourse.</p> <p>If a cause for infertility is found, the individual should be referred for appropriate treatment without further delay.</p> <p>IVF treatment can be offered to women with unexplained infertility who have not conceived after 2 years (this can include up to 1 year before their fertility investigations) of regular unprotected sexual intercourse (or 12 months for women aged 36 and over).</p>
<p><b>8.1 Subfertility pathway</b>   <b>Same sex female couples and single women</b></p>	<p>Female same sex couples and single women who have not become pregnant after 6 cycles of IUI undertaken in a clinical setting should be referred for further assessment and possible treatment.</p> <p>If a cause for the infertility is found, the individual should be referred for appropriate treatment without further delay.</p> <p>Where no cause of infertility can be identified women should be offered access to assisted conception if they have subfertility demonstrated by a further 6 cycles of IUI (12 in total)</p> <p>If the woman is aged 36 or over then such assessment should be considered after 6 cycles of IUI.</p> <p>As per section 9 below, the CCG will not routinely fund the IUI cycles described above.</p> <p>As per section 14 below, the CCG will not routinely fund the use of donated sperm used in the IUI cycles described above</p>

<p><b>8.2 Same sex male couples and single men</b></p>	<p>Male same sex couples and single men will be referred for infertility investigation if no pregnancy results following six cycles of IUI for which the man's donated sperm has been used.</p>
<p><b>9. Intra Uterine Insemination (IUI)</b></p>	<p>Camden CCG will not routinely fund the use of unstimulated IUI.</p> <p>IUI will, however, be offered as a treatment option for the following groups as an alternative to vaginal sexual intercourse:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• people with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the man is HIV positive)</li> </ul> <p>As per section 14 below, whilst paying for the IUI procedure, Camden CCG will not fund the use of donor sperm.</p> <p>A woman who has not become pregnant following 6 cycles of IUI carried out within a clinical setting should be referred for further assessment and appropriate treatment for infertility.</p>
<p><b>10. Ovarian reserve testing</b></p>	<p><b>Low Ovarian Reserve</b></p> <p>Women with low ovarian reserve are less likely to achieve pregnancy through IVF.</p> <p>Women referred for IVF assessment shall be offered an ovarian reserve test as per NICE guidance to identify and exclude those with low chance of conception.</p> <p>NICE guidance describes three tests which may be used:</p> <ul style="list-style-type: none"> <li>• Total Antral Follicle count(AFC)</li> <li>• Anti-Müllerian hormone (AMH)</li> <li>• Follicle-stimulating hormone (FSH)</li> </ul> <p>Camden CCG will fund IVF for women whose scores fall within the limit for low ovarian reserve on one of the three tests described in the NICE fertility guidance:</p> <ul style="list-style-type: none"> <li>• Total antral follicle count (AFC) of <b>less than or equal to 4 Or</b></li> <li>• Anti-Müllerian hormone (AMH) of <b>less than or equal to 5.4 pmol/l Or</b></li> <li>• Follicle-stimulating hormone (FSH) <b>greater than 8.9 IU/l</b> for a low response</li> </ul> <p>Ovarian reserve testing should only be conducted within the overall context of a fertility assessment carried out by a specialist centre.</p>

	GPs should not order these tests prior to referral to a Fertility Unit.
<b>11. Number of embryos to be transferred - “One Child at a Time”</b>	<p>Camden CCG will require provider Trusts to adhere with the HFEA multiple birth restriction strategy.</p> <p>Provider Trusts will be expected to counsel patients about the risks associated with multiple births, and advise them that they will receive a single embryo/blastocyst transfer unless there is a clear clinical justification for not doing so.</p>
<b>12. Fertility Preservation</b>	<p>Camden CCG will fund the collection and storage of eggs, embryos and sperm for individuals with cancer or other illnesses which may impact on their future fertility with the following conditions:</p> <ul style="list-style-type: none"> <li>• Camden CCG will fund the storage for first ten years only.</li> <li>• Camden CCG will not fund for the continued storage of eggs/embryos for a woman aged over 42</li> <li>• Camden CCG will not fund for the storage of sperm for a man aged over 55.</li> </ul> <p>The eligibility criteria set out in this policy must be applied to any subsequent use of the stored material.</p>
<b>13. Egg Donation</b>	<p>Camden CCG will not fund the use of donated eggs but will fund the associated IUI/IVF/ICSI treatment in line with the criteria in this policy.</p> <p>Patients wishing to use donor eggs treatments must make their own arrangements to access these and are advised to check with the treating provider unit to ensure compliance with best practice guidelines.</p>
<b>14. Sperm Donation</b>	<p>Camden CCG will not fund the purchase of donor sperm but will fund the associated IUI/IVF/ICSI treatment in line with the criteria in this policy.</p> <p>Patients wishing to access donor sperm treatments must make their own arrangements to access these and advised to check with the treating provider unit to ensure compliance with best practice guidelines.</p>
<b>15. Reversal of sterilisation Surgical sperm retrieval/</b>	<p>Camden CCG will not fund treatment for couples where subfertility is the result of a sterilisation procedure in either partner.</p> <p>Camden CCG will not fund the surgical reversal of either male or female sterilisation</p> <p>Camden CCG will not fund treatment where sub fertility remains after a reversal of sterilization treatment.</p>

	Surgical sperm retrieval <b>will</b> be funded in appropriately selected patients, provided that the azoospermia is not the result of a sterilisation procedure.
<b>16.</b> <b>Sperm Washing</b>	Camden CCG will fund sperm washing for IUI/IVF/ICSI for couples where the male partner is HIV positive and the female partner is HIV negative in order to prevent the transmission of HIV to an unborn child.
<b>17.</b> <b>Surrogacy</b>	IVF using a surrogate mother will not be funded by Camden CCG.