

Fertility Policy – Enfield (August 2020)

1	SUMMARY	<p>This policy is intended to support individuals and couples who want to become parents but who have a possible pathological problem (physical or psychological) leading to them being infertile.</p> <p>Patients accessing IVF should be fully informed of likely success rates and alternative approaches to parenting, including fostering and adoption.</p>			
2	RESPONSIBLE PERSON:	Director of Transformation – Enfield Directorate			
3	ACCOUNTABLE DIRECTOR:	Executive Director Strategic Commissioning, NCL CCG			
4	APPLIES TO:				
5	GROUPS/ INDIVIDUALS WHO HAVE OVERSEEN THE DEVELOPMENT OF THIS POLICY:	Clinical Reference Group, CS, Director of Strategy and Performance, Director of Quality and Safety			
6	GROUPS WHICH WERE CONSULTED AND HAVE GIVEN APPROVAL:	Clinical Reference Group Quality & Safety Committee Governing Body			
7	EQUALITY IMPACT ANALYSIS COMPLETED:	Policy Screened		Template completed	
8	RATIFYING COMMITTEE(S) & DATE OF FINAL APPROVAL:	Governing Body – July 2020			
9	VERSION:	1.4			
10	AVAILABLE ON:	Intranet	Yes	Website	Yes
11	RELATED DOCUMENTS:	NICE			
12	DISSEMINATED TO:	All practices in Enfield CCG, Enfield Referral Service, Communications			
13	DATE OF IMPLEMENTATION:	13 August 2020			

14	DATE OF NEXT FORMAL REVIEW:	March 2022
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Date	Version	Action	Author
January 2014	1	Existing policy reviewed and redrafted to CCG standard.	Head of Primary Care Commissioning
January 2016	1.2	Dr Janet High as chair of CRG was asked to recommend re-approval of policy with no amendments. The criteria was unchanged and thus Q&S re-approved on 20th January 2016 and agreed to extend the review date by a further two years to 30 January 2018.	Clinical Governance Lead
January 2018	1.3	The criteria was unchanged and thus Q&S re-approved on 17th January 2018 and agreed to extend the review date by a further two years to 17 January 2020.	Head of Contracts
August 2020	1.4	The upper age limit has been revised following Governing Body decision	Head of Contracts

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1 Introduction

- 1.1 This policy is intended to support individuals and couples who want to become parents but who have a possible pathological problem (physical or psychological) leading to them being infertile.
- 1.2 Patients accessing IVF should be fully informed of likely success rates and alternative approaches to parenting, including fostering and adoption.
- 1.3 This policy is intended to reflect the current evidence base described by NICE and therefore replaces the previous Enfield Fertility policy which was approved in January 2017.
- 1.4 North Central London Clinical Commissioning Group (NCL CCG) was formally established in April 2020, bringing together five north London boroughs – Barnet, Camden, Enfield, Haringey and Islington.

2 Policy Statement

- 2.1 This policy describes the individual circumstances under which Enfield¹, as part of NCL CCG, will fund fertility treatments (also known as assisted conception) for local patients, namely Intra-Uterine Insemination (IUI), In Vitro Fertilisation (IVF) and Intracytoplasmic Sperm Injection (ICSI). The policy describes the expected clinical pathway for Enfield patients.
- 2.2 The term assisted conception relates to all treatments that deal with means of conception other than normal intercourse. IUI is a procedure in which sperm is placed directly into the womb. IVF is a technique whereby eggs are collected from a woman and fertilised with a man's sperm outside the body before transfer to the womb. ICSI is a variation of IVF in which a single sperm is injected into the inner structure of an egg, prior to transfer to the womb. IVF and ICSI procedures require the women to first undergo drug induced egg production termed "ovarian stimulation", to maximise the number of eggs that may be fertilised.
- 2.3 Enfield, as part of NCL CCG, commissions fertility treatments and associated services from the Fertility Unit based at the Homerton Hospital.
- 2.4 The CCG will not routinely fund patients seeking treatments from other providers, though this may be allowed where there are strong clinical reasons why a patient

¹ All references to 'Enfield' refer to the Enfield Directorate, responsible for commissioning services on behalf of NCL CCG

needs to be treated at a different unit. Applications with full clinical evidence and support should be made via the Individual Funding Request (IFR) Process;
<https://northcentrallondonccg.nhs.uk/contact-us/individual-funding-requests/>

3 Definition of a treatment cycle

- 3.1 A cycle of IVF/ICSI includes ovarian stimulation, egg recovery, fertilisation and single fresh blastocyst or embryo transfer. This includes the provision for further transfer of one frozen embryo where the initial procedure does not result in a viable pregnancy and the subsequent storage of embryos.
- 3.2 A frozen cycle is one which starts when a cryopreserved embryo is removed from storage in order to be thawed and then transferred.

4 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.	
4.1 Registration status	<p>This policy will apply to patients who are;</p> <ul style="list-style-type: none">• provided with primary medical services by GP practices who are members of Enfield CCG, or• “usually resident” in the area covered by the Enfield CCG and not provided with primary medical services by a member of any CCG. <p>Reference; NHS England - Who Pays? - Determining responsibility for payments to providers August 2013</p>
4.2 Age of the female patient	<p>IVF is offered to women aged under 43 years old.</p> <p>Referring clinicians should be aware of the work up time required by the providing trusts, and ensure that referrals for older women are made in time for them to commence a treatment cycle before their 43rd birthday.</p>

<p>4.3</p> <p>Life style factors</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>4.4</p> <p>Number of previous children</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.</p>

5 Number of cycles to be funded

<p>5.1</p> <p>Number of cycles to be funded</p>	<p>Enfield will fund 1 full cycle 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>Enfield will not fund 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>5.2</p> <p>Cancelled and Abandoned cycles</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>Cancelled and abandoned cycles will not constitute a cycle for the purpose of establishing entitlement to NHS funding as described in section 5.1 above.</p>
<p>5.3</p> <p>Funding for donor eggs</p>	<p>Enfield 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 access donor eggs must make their own arrangements but are advised to check with the treating provider unit to ensure compliance with best practice safeguards.</p>

<p>5.4</p> <p>Funding for sperm donation</p>	<p>Enfield will not fund 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 but are advised to check with the treating provider unit to ensure compliance with best practice guidelines.</p>
<p>5.5</p> <p>Surrogacy arrangements</p>	<p>IVF using a surrogate mother will not be funded by Enfield.</p>
<p>5.6</p> <p>Fertility Preservation/</p> <p>Storage of frozen eggs/ sperm/ ovaries</p>	<p>Enfield 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"> • Enfield will not fund for the continued storage of eggs/embryos for a woman aged over 40 (or 43 depending on 4.2 above) • Enfield CCG will not fund for the storage of sperm for a man aged over 55. <p>The eligibility criteria set out in this policy must be applied to any subsequent use of the stored material.</p>

6 Treatment Pathway

<p>6.1</p> <p>Fertility problems</p>	<p>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>6.2</p> <p>Intra Uterine Insemination (IUI)</p>	<p>Unstimulated IUI will be offered as a treatment option in the following groups as an alternative to vaginal sexual intercourse:</p> <ul style="list-style-type: none"> • 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) • Women in same sex relationship <p>For patients in these categories, Enfield will not pay for the provision of donor sperm if required, but will fund the IUI intervention.</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>6.3</p> <p>Ovarian reserve testing</p>	<p>Women referred for IVF assessment shall be offered an ovarian reserve test (AMH followed by AFC if necessary for those with a high or low result) as per NICE guidance to identify and exclude those with low chance of conception/ high risk of hyper-ovarian stimulation:</p> <ul style="list-style-type: none"> • Anti-Müllerian hormone (AMH) of less than or equal to 5.4 pmol/l for a low response and greater than or equal to 25.0 pmol/l for a high response. If results are high or low AFC will be carried out as below. • Total antral follicle count (AFC) of less than or equal to 8 for a low response and greater than 16 for a high response. <p>Enfield will not fund IVF for women whose ovarian reserve scores fall below or above the usual limits for both tests.</p>
<p>6.4</p> <p>Number of embryos to be transferred</p>	<p>Enfield 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>
<p>6.5</p> <p>Reversal of Sterilisation /Surgical Sperm retrieval</p>	<p>Enfield will not fund treatment for couples where subfertility is the result of a sterilisation procedure in either partner.</p> <p>Enfield will not fund the surgical reversal of either male or female sterilisation</p> <p>Enfield will not be fund assisted conception treatment where sub fertility remains after a reversal of sterilization treatment.</p> <p>Surgical sperm retrieval will be funded in appropriately selected patients, provided that the azoospermia is not the result of a sterilisation procedure.</p>

<p>6.6</p> <p>Sperm Washing</p>	<p>Enfield 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.</p>
<p>6.7</p> <p>Same Sex couples and single women</p>	<p>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>Enfield will fund investigation and treatment for female same sex couples and single women provided there is evidence of subfertility.</p> <p>Same sex male couples will not be able to access fertility treatment within their relationship but will be eligible for appropriate investigation where there is evidence of subfertility (e.g. no pregnancy following 6 cycles of IUI using donated sperm).</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 since her chances of successful conception are lower and the window of opportunity for intervention is less.</p> <p>Enfield will not fund any donor sperm used in either IUI or IVF procedures described above.</p>

7 Review

This policy should be reviewed on or before 17th January 2020. An earlier review may be indicated if revised or updated guidelines become available that needs to be considered.

8 References

1 NICE

The NICE clinical guidance on fertility NICE CG 156 can be found via the following link:

<http://www.nice.org.uk/Search.do?searchText=fertility&newsearch=true&x=14&y=15>

2 Human Fertilisation and Embryology Authority (HFEA)

The HFEA website contains useful information for patients and clinicians:

<http://www.hfea.gov.uk/IUI.html>