

## NCL CCG – Barnet Fertility Policy (March 2022)

**Please note that patients may be referred to any NHS-commissioned provider of Assisted Conception services of their choice.**

### Introduction

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.

NCL 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.

Currently, there are individual fertility policies for each of the five boroughs in NCL CCG. This policy (Barnet Fertility Policy) applies only to those services commissioned by the Barnet Directorate on behalf of NCL CCG<sup>1</sup>.

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 varies 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, you can read this at:

<https://northcentrallondonccg.nhs.uk/contact-us/individual-funding-requests/>

<sup>1</sup> All references to 'Barnet' refer to the Barnet Directorate, responsible for commissioning services on behalf of NCL CCG

**Equality statement**

NCL CCG has a duty to have due regard for the need to reduce health inequalities in access to health services and health outcomes achieved as detailed in the Health and Social Care Act 2012. NCL CCG is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, NCL CCG will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which we are responsible, including policy development, review and implementation.

<b>Eligibility criteria</b>	
<p>Couples will <b>only</b> be referred for assisted conception if they meet the eligibility criteria below and when <b>all</b> appropriate tests and investigations have been successfully completed in primary and secondary care in line with NICE guidelines.</p> <p>Patients accessing IVF should be fully informed of likely success rates and alternative approaches to parenting, including fostering and adoption.</p>	
<b>1. Definition of a treatment cycle</b>	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 <b>or</b> the implantation of a frozen embryo/ blastocyst.
<b>2. GP registration status</b>	Patient should be registered with a Barnet GP.
<b>3. Age of the female patient</b>	<p>IVF is offered to women aged under 43 years old.</p> <p>Women aged 40, 41 and 42 will only be offered treatment if they have never previously had IVF treatment (however funded)</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 43<sup>rd</sup> birthday.</p>
<b>4. Life style factors</b>	<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>
<b>5. Children from previous relationship</b>	<p>IVF will not be offered to couples 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 <b>NOT</b> 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. Barnet therefore, will not fund additional treatment to a patient who has already had three fresh cycles of IVF.</p> <p>Intra-cytoplasmic sperm injection (ICSI) will be funded for all patients where it is deemed clinically appropriate.</p>	
<p><b>6. Number of cycles to be funded for women aged up to 40 years old</b></p>	<p>Barnet will fund one full cycle of IVF with or without ICSI to patients who have not previously had any NHS funded IVF treatment.</p> <p>The full IVF cycle will consist of one fresh <b>AND</b> one frozen embryo/ blastocyst transfer.</p> <p>Barnet will not fund IVF treatment when the woman has already 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, 41 and 42 years old</b></p>	<p>Barnet will fund one full cycle of IVF with or without ICSI to patients aged 40, 41 or 42 years old who have not previously had any IVF treatment, however funded.</p> <p>The full IVF cycle will consist of one fresh and one frozen embryo/ blastocyst transfer.</p>
<p><b>7. Cancelled, Abandoned and Failed cycles</b></p>	<p>NICE guidelines define a cancelled cycle as occurring when egg collection is not undertaken following ovarian stimulation.</p> <p>Abandoned/failed cycles are not defined by NICE but defined by this policy as including treatment leading to a failed embryo transfer/no eggs being collected.</p> <p>Occasionally there may be good clinical or non-clinical reasons why a cycle may be cancelled, abandoned or failed. For this reason the first two abandoned/ cancelled/ failed 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>Barnet 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 fertility treatment assessments.</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>Individuals/couples with a known cause of infertility should be referred without delay for appropriate fertility treatment assessments.</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, Barnet will not routinely fund the IUI cycles described above.</p> <p>As per section 14 below, Barnet 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>Individuals/couples with a known cause of infertility should be referred without delay for appropriate fertility treatment assessments.</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>Barnet 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, Barnet 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 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. 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>Barnet will fund IVF only for patients who have demonstrated that they have sufficient ovarian reserve on one of these three tests.</p> <p>This means that the patient must have <b>either</b>:</p> <ul style="list-style-type: none"> <li>• A total antral follicle count (AFC) of <b>greater than 4 Or</b></li> <li>• An Anti-Müllerian hormone (AMH) score of <b>greater than</b> to 5.4 pmol/l <b>Or</b></li> <li>• A follicle-stimulating hormone (FSH) score of <b>less than 8.9 IU/l</b></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> <p>GPs should not order these tests prior to referral to a Fertility Unit.</p>

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<p><b>11.</b> <b>Number of embryos to be transferred - “One Child at a Time”</b></p>	<p>Barnet 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><b>12.</b> <b>Fertility Preservation</b></p>	<p>Barnet will fund the collection and storage of eggs, embryos and sperm for individuals with cancer or other conditions which may impact on their future fertility with the following caveats :</p> <ul style="list-style-type: none"> <li>• Barnet will fund the storage for first five years only.</li> <li>• Barnet will not fund for the continued storage of eggs/embryos for a woman aged over 42.</li> <li>• Barnet will not fund for the storage of sperm for a man aged over 55.</li> <li>• Transgender patients must be on an approved NHSE funded care pathway and not self-treating.</li> </ul> <p>The eligibility criteria set out in this policy must be applied to any subsequent use of the stored material.</p>
<p><b>13.</b> <b>Egg Donation</b></p>	<p>Barnet 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>
<p><b>14.</b> <b>Sperm Donation</b></p>	<p>Barnet 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>



<p><b>15.</b> <b>Reversal of sterilisation Surgical sperm retrieval/</b></p>	<p>Barnet will not fund treatment for couples where subfertility is the result of a sterilisation procedure in either partner.</p> <p>Barnet will not fund the surgical reversal of either male or female sterilisation.</p> <p>Barnet will not fund treatment where sub fertility remains after a reversal of sterilization treatment.</p> <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.</p>
<p><b>16.</b> <b>Sperm Washing</b></p>	<p>Barnet 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><b>17.</b> <b>Surrogacy</b></p>	<p>IVF using a surrogate mother will not be funded by Barnet.</p>