



Haringey Fertility Policy April 2014

Policy Updated: March 2022

Please note that patients may be referred to any NHS-commissioned provider of Assisted Conception services of their choice. (Section 2.5 is not applicable)

1	SUMMARY	This policy describes the clinical pathways and entry criteria for Haringey patients wishing to access NHS funded fertility treatment.			
2	RESPONSIBLE PERSON:	Sarah McIlwaine Director of Transformation, Haringey Directorate			
3	ACCOUNTABLE DIRECTOR:	Sarah Mansuralli Executive Director Strategic Commissioning, NCL CCG			
4	APPLIES TO:	All eligible couples registered with a Haringey GP.			
5	GROUPS/ INDIVIDUALS WHO HAVE OVERSEEN THE DEVELOPMENT OF THIS POLICY:	Guideline Development Group (task and finish) lead by Public Health			
6	GROUPS WHICH WERE CONSULTED AND HAVE GIVEN APPROVAL:	As below, plus discussion group of patient representatives.			
7	EQUALITY IMPACT ANALYSIS COMPLETED:	Policy Screened	July 2013	Template completed	October 2013
8	RATIFYING COMMITTEE(S) & DATE OF FINAL APPROVAL:	Governing Body – July 2020			
9	VERSION:	1.5			
10	AVAILABLE ON:	Intranet	Yes	Website	Yes

BEFORE USING THIS POLICY ALWAYS ENSURE YOU ARE USING THE MOST UP TO DATE VERSION

11	RELATED DOCUMENTS:	None
12	DISSEMINATED TO:	CCG Practices and Providers
13	DATE OF IMPLEMENTATION:	5th June 2014 Updated: March 2022

14	DATE OF NEXT FORMAL REVIEW:	Two years from implementation unless revised guidelines require earlier consideration.
-----------	------------------------------------	---

DOCUMENT CONTROL

Date	Version	Action	Amendments
2.4.14	1	Tim Baker drafted	
28.5.14	1.2	Jill Shattock	Final draft
December 2018	1.3		Sentence added to section 7.5: In addition patients must be on an approved NHS England funded care pathway and not self-treating.
August 2020	1.4	Delia O'Rourke	Updated to reflect Governing Body decision to increase upper age limit
March 2022	1.5	Penny Mitchell	Included statement on p1 to confirm application of patient choice guidance.

Contents

Section		Page
1	Introduction	4
2	Policies Statement	4
3	Scope of the Policy	4
4	Who the policy applies to	4
5	Definition of a treatment cycle	4
6	Eligibility criteria	5
7	Number of cycles funded	6
	Cancelled and abandoned cycles	
	Funding for donor products	
	Surrogacy arrangements	
	Fertility preservation/storage	
8	Treatment Pathway	7
	Fertility Problems	
	Intra Uterine Insemination (IUI)	
	Ovarian reserve Testing	
	Single women and same sex couples	
9	Dissemination and Implementation	8
10	Monitoring	8
11	Review	8
12	References	8

1. Introduction

- 1.1** The National Institute of Health and Care Excellence (NICE) published updated clinical guidance on fertility in February 2013 (NICE CG 156).

This policy is intended to reflect the current evidence base described by NICE and therefore replaces the previous Haringey Fertility policy which was approved in February 2010. This has been updated in August 2020.

- 1.2** 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 Haringey¹, as part of NCL CCG, will fund fertility (also known as assisted conception) treatments 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 Haringey 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 maybe fertilised.

- 2.3** 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.

- 2.4** Patients accessing fertility treatments should be fully informed of likely success rates and alternative approaches to parenting, including fostering and adoption.

- 2.5** Haringey, as part of NCL CCG, commissions fertility treatments and associated services from the Fertility Unit based at the Homerton Hospital.

- 2.6** Haringey will not routinely fund patients seeking treatment from other providers, though this may be allowed where there are strong clinical reasons why a patient 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. Scope of this policy

- 3.1** This policy replaces the previous Haringey Fertility Policy approved in February 2010 by Haringey Primary Care Trust.

¹ All references to 'Haringey' refer to the Haringey Directorate, responsible for commissioning services on behalf of NCL CCG
NCL CCG – Haringey Fertility Policy (August 2020)

4. Who this policy applies to

- 4.1 This policy applies to all patients registered with a Haringey GP who require potential referral for investigation and treatment of infertility.
- 4.2 The clinical aspects of the policy apply to any Haringey GP and any hospital consultant intending to investigate or treat infertility in a patient registered with a Haringey GP.

5. Definition of a treatment cycle

A cycle of IVF/ICSI includes ovarian stimulation, egg recovery, fertilisation and single fresh 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. A frozen cycle is one which starts when a cryopreserved embryo is removed from storage in order to be thawed and then transferred.

6. 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.	
6.1 Registration status	Must be registered with a GP on the medical list of Haringey, as part of NCL CCG.
6.2 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>In accordance with NICE guidance:</p> <p>IVF will be offered to women aged over 40, 41 or 42 only if they have never previously accessed IVF treatment, whether funded privately or by the NHS. Women aged over 40, 41 or 42 will be offered only one full cycle of IVF.</p>
6.3 Life style factors	<p>The woman must have a body mass index (BMI) of between 19 and 30 at the time when treatment starts.</p> <p>Patients must be non-smokers in order to access any fertility treatment and continue to be non-smokers throughout treatment.</p>

<p>6.4 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. Both partners must confirm they have NOT previously undergone a sterilisation procedure.</p>
<p>7. Number of cycles funded</p>	
<p>7.1 Number of cycles to be funded</p>	<p>Following NICE guidance, Haringey will not fund IVF treatment for women who have previously had three or more cycles of IVF, whether funded privately or by the NHS.</p> <p>Where eligible women have previously had one or two cycles (whether funded privately or by the NHS elsewhere), Haringey will fund one full cycle.</p>
<p>7.2 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 6 above.</p>
<p>7.3 Funding for donor eggs/ sperm</p>	<p>Haringey will not fund the use of donor eggs/sperm in any fertility treatment. Where donor sperm is required in compliance with other sections of this policy (8.2 and 8.4) couples must fund independently.</p>
<p>7.4 Surrogacy arrangements</p>	<p>Haringey 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 couple). This is due to the numerous legal and ethical issues involved.</p>
<p>7.5 Fertility Preservation/ Storage of frozen eggs/ sperm/ ovaries</p>	<p>Haringey will fund fertility preservation interventions for those at risk of future infertility as a consequence of their need to undergo life preserving treatment for cancer or other relevant conditions.</p> <p>This will include funding for the storage for the first ten years of ovaries/eggs/ oocytes/ sperm and the creation and storage of embryos.</p> <p>The subsequent use of any stored products will be subject to the patient meeting the overall requirements of the policy.</p> <p>For this reason Haringey will not fund the further storage of eggs/ sperm/oocytes for women aged 43 and over.</p> <p>In addition patients must be on an approved NHS England funded care pathway and not self-treating.</p>

8. Treatment Pathway	
8.1 Fertility problems	<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>
8.2 Intra Uterine Insemination (IUI)	<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 and 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 relationships. <p>For patients in these categories, Haringey 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>
8.3 Ovarian reserve testing	<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

	<p>carried out as below.</p> <ul style="list-style-type: none"> • 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>Haringey will not fund IVF for women whose ovarian reserve scores fall below or above the usual limits for both tests.</p>
<p>8.4 Same sex couples</p>	<p>For women in same sex relationships, who meet the eligibility criteria. Referral for investigation of infertility should be triggered by failure to conceive following 6 cycles of IUI (as a replacement for the 12 month regular intercourse for heterosexual couples). This will be carried out at the specialist centre (Homerton Hospital) using donor sperm funded by the couple undergoing the procedure. If following 6 cycles of IUI investigations show a clear cause of infertility then the woman who has undergone the IUI can be referred for IVF as per heterosexual women.</p> <p>Men in same sex relationships will not be able to access fertility treatment within their relationship but will be eligible for referral for appropriate investigation where there is evidence of subfertility (e.g. no pregnancy following 6 cycles of IUI using donated sperm).</p>

9. Dissemination and implementation

This policy will be disseminated throughout the CCG, including circulation to GP practices, and current Providers. The policy will be available via the intranet and CCG Website (www.haringeyccg.nhs.uk).

10. Monitoring

The service provider will be expected to provide quarterly activity reports to the CCG. Reports will be expected to describe:

- Number of referrals received
- Number of patients accepted for treatment
- Number of patient not accepted for treatment with reasons:
 - BMI outside agreed range
 - Ovarian reserve score outside agreed range
 - Patient age outside agreed range
 - Number of previous IVF cycles above agreed limit
- Length of current treatment waiting list
- Number of patients treated
- Number of patients achieving pregnancy/ live birth

11. Review

This policy should be reviewed on or before 1st April 2016. An earlier review may be indicated if revised or updated guidelines become available that need to be considered.

12. 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>