

Policy Category:

CBA

Who usually applies for funding?

Not applicable

Assisted Conception Policy

Commissioning decision	The ICB will provide funding for Assisted Conception Treatment for people who meet the criteria defined within this policy.
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Policy Statement:

The specialist assisted reproduction treatments described in Section 2 below will be commissioned for infertile couples who meet the eligibility criteria set out in Section 1.

All other assisted reproduction interventions are a **LOW PRIORITY** for NHS funding with Gloucester.

Amendments to NHS (Charges to Overseas Visitors) Regulations 2015 were introduced into Parliament on 19 July 2017. As a result, from 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.

Scope of this policy.

The following indications for assisted reproduction services are outside the scope of this policy:

- Preimplantation Genetic Diagnosis and the associated in-vitro fertilisation (IVF) / Intracytoplasmic sperm injection (ICSI) (this service is commissioned by NHS England through their Specialised Commissioning Area Teams)

Underpinning evidence and equalities framework

This policy was developed following a review of the NICE Clinical Guideline for Fertility¹ (CG156), published in February 2013 and updated September 2017; NICE Fertility Problems² Quality Standards (QS73) published October 2014 and QS55 Cancer Services for children and young people, February 2014. It also takes account of the Equality Act 2010, including age discrimination legislation, The Human Fertilisation and Embryology Association (HFEA) Code of Practice (Apr 2015) and The NHS Gloucestershire Integrated Care Board (ICB) Ethical Framework for Decision Making.

Definitions

- **Expectant management** is a formal approach that encourages conception through unprotected vaginal intercourse, involving the provision of advice and information about the regularity and timing of intercourse and any lifestyle changes which might improve a couple's chances of conceiving. Expectant management does not involve any active clinical or therapeutic interventions.
- **One fresh cycle of IVF with or without intracytoplasmic sperm injection (ICSI) treatment comprises:**
Ovulation induction, egg retrieval, fertilisation and implantation, and include appropriate diagnostic tests, scans and pharmacological therapy.
- **One cycle of NHS funded IVF treatment** within Gloucestershire is either:
 - One fresh cycle (as defined above)
 - One frozen cycle (where up to two frozen embryo(s) are transferred)
 - Up to six ovulation induction/gonadotrophin (OI) cycles

- **Abandoned/cancelled cycle of IVF** is defined as one where an egg collection procedure is not undertaken. If an egg collection procedure is undertaken, it is considered to be a full cycle.

- **How to refer eligible couples**

Patients/couples requesting specialist infertility treatment must be referred to an infertility specialist in secondary care (not a general gynaecologist) and couples should meet the eligibility criteria for further assisted conception treatment based on the Integrated Care Board (ICB) Assisted Conception Policy.

NB. It is anticipated that, rarely, patients who are not eligible for treatment because they do not fulfil these criteria may, by virtue of their individual circumstances, be considered an exceptional case for NHS funding. If this is thought to be applicable, the patient's GP or Hospital Consultant may apply to the ICB 'Individual Funding Request' panel.

Provider responsibilities

The NHS-funded specialist fertility unit providing the care will be solely responsible for the initial consultation, treatment planning, counselling/advising patients, treatment consent, all drugs, egg collection, semen analysis, embryo transfer (fresh or frozen), cryopreservation for patients on the fertility pathway for up to one year, pregnancy test(s), all consumables, pathology/urine tests, scans and the Human Fertilisation and Embryology Authority (HFEA) fee.

NB. All fertility drugs, such as gonadotrophins, (including gonadotrophin releasing hormone analogues and antagonist), and progestogens, should be prescribed only by the treating consultant.

GPs should not prescribe any fertility drugs. (The only exception will be Clomiphene citrate (Clomid). Clomid treatment has to be initiated only by the secondary care specialist after full assessment and the GP can prescribe only as per the Secondary care specialist's instructions. It will however be the responsibility of the secondary care specialist to monitor the patient subsequently).

With regard to ovarian stimulation, the ICB will fund all necessary drugs up to 12 days of stimulation.

Following secondary clinical investigation, patient/couples who require assisted conception treatment and meet the eligibility criteria within this policy will have access to a choice of four HFEA Licensed providers of IVF and other fertility treatments. The tertiary referral pathway for Gloucestershire patients is to one of the following providers:

Care Fertility Bath
Create Fertility Bristol
London Women's Clinic (Wales) Ltd
Oxford Fertility

The Commissioner will not make any contribution to privately funded care to cover the cost of treatment that the patient could have accessed on the NHS.

SECTION 1 –REFERRAL CRITERIA

1. Residency.

Both partners should be resident in Gloucestershire or be Gloucestershire residents with a General Practitioner (GP) registered in Wales.

2. Stable relationship

All couples seeking NHS funded assisted reproduction services must have been in a stable relationship for a period of at least two years. This requirement supports the welfare of the child assessment as per HFEA Code of Practice.

3. Fertility investigations prior to referral

All couples must undergo the fertility investigations in primary and secondary care appropriate to them before eligibility for NHS-funded assisted reproduction service is considered.

4. Age of woman at time of referral to tertiary care from secondary care

Female fertility declines with age and therefore women should seek help for fertility problems as early as possible, especially given that a period of expectant management and/or treatment is required before assisted reproduction services can be commenced.

Women should be referred from primary care to secondary care in sufficient time for all necessary interventions to be undertaken so that couples found to be infertile can be referred to a specialist assisted reproduction service. To initiate assisted conception treatment, referral is required at least three months before the woman's 40th birthday. (This decision is based on the fall in assisted conception success rates to 20% in women over 40 years of age).

5. Age of woman at time of treatment

Following referral to a specialist assisted reproduction service (before the woman's 40th birthday) treatment must be completed within six months from referral to specialist.

6. Age of partner

There is no upper age limit for the partner of the woman undergoing fertility treatment.

7. Ovarian Reserve Assessment

At the time of treatment, the prospective mother's serum Follicle Stimulating Hormone (FSH) must be less than or equal to 12iu/l, further assessment of ovarian reserve will be considered; anti-Müllerian hormone (AMH) of greater than or equal to 5.4pmol/l and/or an antral follicle count (AFC) of at least 4 in total.

8. Diagnosed and unexplained infertility access to specialist services

People within the Gloucestershire eligibility criteria with a diagnosed cause of infertility which significantly reduces the possibility of natural conception, and who meet all the other eligibility criteria, will have immediate access to NHS funded assisted reproduction services, including IVF/ICSI. (E.g., Azoospermia, severe oligo astheno-terato- globozoospermia, tubal blockage and severe tubal dysfunction or damage from severe endometriosis or infection).

All other couples, including those with unexplained infertility, must have infertility of at least:

- Three years duration for women under 35 years of age
- Two years duration for women who are 35 – 40 years of age

(i.e. All women with unexplained infertility who reach their 35th birthday will be referred after 2 years of trying to become pregnant).

In both of the above time scales this includes one year of expectant management in primary care, despite regular unprotected vaginal sexual intercourse, before referral to NHS-funded assisted conception services.

For women in same-sex relationships, 12 cycles of artificial insemination in licensed clinics (where 6 or more are by intrauterine insemination (IUI)) is deemed to provide an equivalent chance of pregnancy as is two years of unprotected intercourse in heterosexual women.

The ICB policy decision is based on affordability grounds and prioritising treatment for couples where the woman is over the age of 35 years when the success rate of live births begins to decline.

9. Previous infertility treatment – NHS and privately funded

Couples, where either partner in current or previous relationship has undergone two or more previous IVF/ICSI cycles (as defined above) (either NHS or privately funded) resulting in two or more embryo transfers, will NOT be eligible for NHS funding within Gloucestershire.

However, if couples have previously undergone an IVF/ICSI cycle (either NHS or privately funded) which resulted in only one attempt of embryo transfer, they will only be eligible for one NHS funded cycle to bring the total number of cycles/embryo transfer to two (as defined above).

The outcome of previous self-funded IVF treatment will be taken into account when assessing the likely effectiveness and safety of any further IVF treatment.

10. Childlessness

Treatment for infertility will be funded by the ICB for couples:

- Who have no living child from the current partnership (applicable to both partners)

And

- No living children from a previous relationship (applicable to both partners)

Couples will become ineligible if they adopt a child or achieve a pregnancy leading to a live birth after they have been accepted for NHS funded assisted conception services. The ICB policy decision was based on affordability grounds and prioritising treatment for childless couples.

11. Sterilisation

Assisted reproduction services will not be available if infertility is the result of a sterilisation procedure in either partner.

12. Body Mass Index (BMI)

Women must have a BMI of between 19 and 30 inclusive at the time of referral for specialist assisted reproduction assessment and at the time of any specialist treatment. Couples presenting with fertility problems in primary care should be provided with information about the impact of BMI on their ability to conceive naturally. Where appropriate, couples should be offered advice and support to achieve weight loss, and women should be informed of the weight criterion in relation to NHS-funded assisted reproduction services at the earliest

appropriate opportunity in their progress through infertility investigations in primary care and secondary care.

Couples will be informed of weight checks throughout NHS funded treatment, and where the eligibility criteria is not met the treatment cycle will be deferred until BMI falls within above limits.

13. Smoking, alcohol, recreational drug use and opiate substitution therapy status of both partners

Couples who smoke, are suspected/known alcohol or substance misusers, use recreational drugs (e.g. cannabis) or who are undergoing current treatment with opiate substitution (e.g. Methadone) will not be eligible for NHS-funded specialist assisted reproduction assessment or treatment. Couples should be informed of this criterion at the earliest possible opportunity in their progress through infertility investigations in primary care and secondary care.

Couples presenting with fertility problems in primary care should be provided with information about the impact of smoking, alcohol, the use of recreational drugs and the effect of opiate substitution treatment on their ability to conceive naturally. They should also be informed of the adverse health impacts of maternal and passive smoking, excessive alcohol consumption, recreational drugs and opiate substitution on the foetus, and the adverse health impacts of passive smoking on any children.

Support to stop smoking, treat alcohol misuse, stop taking recreational drugs or come off opiate substitutions should be provided as necessary by early GP referral to Gloucestershire NHS Stop Smoking Service or Turning Point.

Couples must have evidence that they have maintained their non-smoking status, undergone treatment for alcohol misuse, stopped using recreational drugs and have come off opiate substitution treatment for at least six months at the time of referral from secondary care for specialist infertility assessment and treatment.

During initial consultations couples will be informed that random carbon monoxide breath tests and where appropriate, urine tests (cotinine), or blood tests will be undertaken during assisted conception treatment to enforce this requirement.

Where it is identified that during fertility treatment the couple no longer complies with the eligibility criteria as defined within this section of the policy (e.g. has resumed smoking), NHS funded fertility treatment will be deferred until there is evidence to support compliance. (E.g. six months evidence of non-smoking status supported by Gloucestershire NHS Stop Smoking Service).

This deferral of fertility treatment will also result in the forfeiting of one treatment cycle.

14. Human Fertilisation and Embryology Authority (HFEA) Code of Practice

To meet their duties under the HFEA Code of Practice, tertiary specialists will assess eligible couples to determine whether it is appropriate for NHS-funded assisted reproduction services to be provided to them. The Code of Practice⁴ states:

“No treatment services regulated by the HFEA (including intrauterine insemination – IUI) may be provided unless account has been taken of the welfare of any child who may be born as a result (including the need of that child for supportive parenting) and of any other child who may be affected by the birth”

15. Women in same sex partnerships, and couples unable to undertake vaginal intercourse

When trying to conceive, women in same sex partnerships, and couples unable to have vaginal intercourse, should have access to advice from NHS specialists in reproductive medicine on the clinical effectiveness and safety of the options available to them.

The assisted reproduction services described in Section 2 below will be available to women in same sex partnerships (provided they meet the criteria in 8 above), and couples unable

to have vaginal intercourse because of, for example, a clinically diagnosed disability or health problem, or a psychosexual problem, if those couples seeking NHS treatment are infertile.

In circumstances in which women in same sex partnerships, and couples unable to have vaginal intercourse, have established their fertility status and are seeking NHS-funded assisted reproduction services, the other criteria for eligibility for NHS-funded treatment will also apply.

NHS funding is not available for access to donor insemination facilities for fertile women. In the case of women in same sex partnerships in which only one partner is infertile, clinicians should discuss the possibility of the other partner becoming pregnant before proceeding to interventions involving the infertile partner.

16. Surrogacy

The ICB does not support or fund treatments for surrogacy. In addition support and funding will not be provided for any associated treatments (including fertility treatments)* related to those in surrogacy arrangements.

*See the fertility preservation policy for patients who are potentially at risk of infertility through an NHS pathway.

Assisted conception treatment may be denied on other medical grounds not explicitly covered in this document.

SECTION 2 –TREATMENTS FUNDED FOR ELIGIBLE COUPLES

17. In vitro fertilisation (IVF) and intracytoplasmic sperm injection (ICSI) and Gonadotrophin Ovulation Induction (OI)

17.1 Number of treatment cycles

- All eligible women will continue to receive two opportunities to have an elective single embryo transferred (unless advised differently by the embryologist to a maximum of up to 2). This is equivalent to up to two cycles as defined above.
- Where frozen embryos can successfully be developed, the ICB will fund implantation (transfer) of these in preference to new fresh embryos, for a second cycle.
- If no frozen embryos are available, women will receive one or two further fresh embryos to ensure they receive two implantation attempts.

The ICB considers that up to two cycles (as outlined above where suitable frozen embryos are transferred in preference to a new fresh cycle) maximise the success rate of a live birth within financial constraints and provides a choice of fertility treatment options. Consideration has been given to the success rate of live births following frozen embryo transfer. Assisted Conception treatment techniques continue to develop and improve.

If a cycle has to be abandoned after the initiation of ovarian stimulation due to failure to respond, the abandoned cycle will count as one of the two funded cycles. If a cycle has to be abandoned for medical reasons i.e. Ovarian Hyperstimulation Syndrome, the abandoned cycle will not be counted.

If gonadotrophin ovulation induction (OI) is indicated, up to six cycles of OI will be offered to selected patients with anovulatory cycles. This will replace one cycle of IVF/ICSI. A further assessment will be made after either three or six OI cycles and if unsuccessful, couples will then be eligible for up to two IVF/ICSI cycles as described in the policy.

17.2 In vitro maturation (IVM)

In vitro maturation will not be funded, due to limited evidence of effectiveness.

17.3 Donor eggs in IVF/ICSI

IVF/ICSI using donated eggs from UK clinics licensed by the HFEA will be commissioned for eligible couples.

17.4 Donor sperm in IVF/ICSI

The use of donor sperm in IVF/ICSI will be funded for:

- Women in same sex partnerships where the female partner to be treated has either diagnosed or unexplained infertility. Same sex couples will need to have had 12 cycles of donor sperm insemination (where 6 or more are by intrauterine insemination) in licensed clinics over 2 years to have the diagnosis of unexplained infertility. Donor sperm IVF will be offered to same sex couples where there is diagnosis of absolute infertility.
- Heterosexual couples where the male partner has diagnosed infertility or where medical, surgical or other treatments are unlikely to result in sperm of the necessary quality; or where the use of partner sperm is contraindicated; or where infertile couples are unable to undertake vaginal intercourse also require donor sperm.
- Couples with unexplained infertility where there is normal ovulation, tubal patency and semen analysis, who have social, cultural or religious objections to IVF, may be offered up to 3 cycles of unstimulated intrauterine insemination as an alternative to one cycle of IVF/ICSI as described in the policy.

17.5 Surgical Sperm Retrieval

This will not be funded by the NHS within Gloucestershire

17.6 Intrauterine insemination should not be offered routinely

17.7 The patient will forfeit a cycle of IVF in the following circumstances:

- Cancelling treatment once started for non-medical reasons or avoidable circumstances.
- Termination of a viable foetus for a non-clinical reason.

18. Smoking, alcohol misuse, recreational drugs and treatment with opiate substitutes

GP surgeries, Gloucestershire NHS Stop Smoking Service and Turning Point should be supportive of couples trying to fulfil criteria for IVF. Evidence of smoking cessation, treatment for alcohol misuse and of being 'clean' from recreational or other opiate substitute drugs is necessary to fulfil criteria for IVF referral.

19. Novel assisted reproduction technologies

The following interventions are a low priority for NHS funding as there is currently insufficient clinical evidence of their clinical and cost effectiveness:

- embryo 'glue'
- endometrial scratch
- embryoscope
- assisted hatching
- morphologically selected intracytoplasmic sperm injection (IMSI)

20. People undergoing NHS treatments which may render them infertile

See the fertility preservation policy.

Rationale:

Assisted conception services funded by the NHS within Gloucestershire have been revised to maximise the number of live births for eligible couples.

This policy was developed following a review of the NICE Clinical Guideline for Fertility¹ (CG156), published in February 2013 and NICE Fertility Problems² Quality Standards (QS73) published October 2014. It also takes account of the Equality Act 2010, including age discrimination legislation, The Human Fertilisation and Embryology Association (HFEA) Code of Practice (Apr 2015) and The NHS Gloucestershire Integrated Care Board (ICB) Ethical Framework for Decision Making.

Plain English Summary:

Treatment for people within Gloucestershire who are having difficulty conceiving a baby may be medically assisted in certain circumstances.

All the criteria on which eligibility is based are outlined in detail within the policy. All the criteria must be met for referral and assessment but a brief description of these are outlined below:

1. Residency.

Both partners should be registered with a Gloucestershire family doctor

2. Stable relationship

All couples seeking NHS funded assisted conception services must have been in a stable relationship for a period of at least two years.

3. Fertility investigations prior to referral

All couples must undergo tests to determine why they are having problems conceiving a child by their own family doctor and by the care within a hospital setting, which is appropriate to them before they can have NHS-funded treatment for childlessness.

4. Age of woman at time of referral to specialist

The ability of a woman to have a baby reduces as her age increases therefore, women should seek help for fertility problems as early as possible. Couples should be referred to a specialist assisted conception service at least three months before the woman's 40th birthday

5. Age of woman at time of treatment

Assisted conception treatment should be commenced before the woman's 40th birthday and be completed within six months.

6. Age of partner – There is no upper age limit for the partner of the woman undergoing assisted conception treatment

7. Diagnosed infertility access to specialist services

People, who meet the Gloucestershire requirements for assisted conception treatment and have a diagnosed cause of infertility which greatly reduces the possibility of having a baby without treatment, will not have to wait for referral to NHS funded assisted conception services.

8. Unexplained infertility

All couples without diagnosed infertility, including those with unexplained infertility, must have been trying to conceive a baby for at least:

- Three years duration for women under 35 years of age
- Two years duration for women who are 35 – 40 years of age before they can be referred to NHS-funded services to treat infertility.

9. Previous infertility treatment – NHS and privately funded

Couples, where either partner in current or previous relationship has undergone two or more previous IVF/ICSI cycles (as defined above) (either NHS or privately funded) resulting in two or more embryo transfers, will NOT be eligible for NHS funding within Gloucestershire.

However, if couples have previously undergone an IVF/ICSI cycle (either NHS or privately funded) which resulted in only one attempt of embryo transfer, they will only be eligible for one NHS funded cycle to bring the total number of cycles/embryo transfer to two (as defined above).

The outcome of previous self-funded IVF treatment will be taken into account when assessing the likely effectiveness and safety of any further IVF treatment.

10. Childlessness

Assisted conception treatment will be funded by ICB for couples who have no living child from their current partnership and neither partner has a living child from any prior relationships.

11. Sterilisation

Assisted conception services will not be available if infertility is the result of a sterilisation procedure in either partner.

12. Body Mass Index (BMI)

Women must have a BMI of between 19 and 30 inclusive at the time of referral for specialist assisted reproduction assessment and at the time of any specialist treatment.

13. Smoking, alcohol misuse, recreational drug use and opiate substitution therapy status of both partners

Couples who smoke, misuse alcohol, use recreational drugs (e.g. cannabis) or who are undergoing current treatment with opiate substitution (e.g. Methadone) will not be eligible for NHS-funded specialist assisted reproduction assessment or treatment. Within the policy is information about what support is recommended to become eligible.

14. Human Fertilisation and Embryology Authority (HFEA) Code of Practice

To meet their duties under the HFEA Code of Practice, specialists will assess eligible couples to determine whether it is appropriate for NHS-funded assisted reproduction services to be provided to them. The Code of Practice includes a requirement for providers of specialist assisted reproduction services to consider the, *“welfare of the child who may be born as a result (including the need of that child for supportive parenting) and of any other child who may be affected by the birth”*

15. Women in same sex partnerships, and couples unable to undertake vaginal intercourse

When trying to conceive, women in same sex partnerships, and couples unable to have vaginal intercourse, should have access to advice from NHS specialists in reproductive medicine on the clinical effectiveness and safety of the options available to them.

The assisted reproduction services described in Section 2 below will be available to women in same sex partnerships (provided they meet the criteria in 8 above), and couples unable to have vaginal intercourse because of, for example, a clinically diagnosed disability or health problem, or a psychosexual problem, if those couples seeking NHS treatment are infertile.

In circumstances in which women in same sex partnerships, and couples unable to have vaginal intercourse, have established their fertility status and are seeking NHS-funded assisted reproduction services, the other criteria for eligibility for NHS-funded treatment will also apply.

NHS funding is not available for access to donor insemination facilities for fertile women. In the case of women in same sex partnerships in which only one partner is infertile, clinicians should discuss the possibility of the other partner becoming pregnant before proceeding to interventions involving the infertile partner.

16. Surrogacy

The ICB does not support or fund treatments for surrogacy. In addition support and funding will not be provided for any associated treatments (including fertility treatments)* related to those in surrogacy arrangements.

*See the fertility preservation policy for patients who are potentially at risk of infertility through a NHS pathway.

Assisted conception treatment may be denied on other medical grounds not explicitly covered in this document.

SECTION 2 -TREATMENTS FUNDED FOR ELIGIBLE COUPLES

This section within the policy above details the level and type of treatment funded within Gloucestershire.

17. In vitro fertilisation (IVF) and intracytoplasmic sperm injection (ICSI) and Gonadotrophin Ovulation Induction (OI)

This policy covers three procedures which may be involved in the process of assisted conception:

- In vitro fertilisation (IVF) where the sperm is mixed with the egg in a test tube to facilitate fertilisation
- Intracytoplasmic sperm injection (ICSI) where the egg is physically injected with a sperm to facilitate fertilisation
- Gonadotrophin Ovulation Induction (OI) this is where medicines are used to help a woman ovulate if she is not having her ovulating naturally

17.1 Number of treatment cycles

- All eligible women will continue to receive two opportunities to have an elective single embryo transferred (unless advised differently by the embryologist to a maximum of up to 2). This is equivalent to up to two treatment cycles as defined above.
- Where frozen fertilised eggs can be developed during the treatment, the ICB will fund the transfer of these in preference to freshly fertilised eggs, for a second cycle.
- If no frozen embryos are available, women will receive one further fresh cycle to ensure they receive two implantation attempts.

The ICB considers that up to two cycles (as outlined above where suitable frozen embryos are transferred in preference to a new fresh cycle) maximise the success rate of a live birth within financial constraints and provides a choice of fertility treatment options. Consideration has been given to the success rate of live births following frozen embryo transfer. Assisted Conception treatment techniques continue to develop and improve.

If a cycle has to be abandoned after the initiation of ovarian stimulation due to failure to respond, the abandoned cycle will count as one of the two funded cycles. If a cycle has to be abandoned for medical reasons i.e. Ovarian Hyperstimulation Syndrome, the abandoned cycle will not be counted.

If gonadotrophin ovulation induction (OI) is indicated, up to six cycles of OI will be offered to selected patients with anovulatory cycles. This will replace one cycle of IVF/ICSI. A further assessment will be made after either three or six OI cycles and if unsuccessful, couples will then be eligible for one IVF/ICSI cycles as described in the policy.

17.2 Fertilised egg is incubated to mature before the transfer to the womb

Where the fertilised egg is incubated to mature outside the body for a few days before it is transferred into the womb is called in vitro maturation. This process will not be funded, due to limited evidence of effectiveness.

17.3 Use of another woman's eggs for fertility treatment

Sometimes it may be necessary for couples to have another woman's eggs for the fertility treatment. These are known as 'donor eggs' which must only be obtained from clinics which are licensed in the UK by the HFEA. This will be funded if necessary for eligible couples.

17.4 Donor sperm in IVF/ICSI

The use of donor sperm in IVF/ICSI will be funded for:

- Women in same sex partnerships where the female partner to be treated has either diagnosed or unexplained infertility. Same sex couples will need to have had 12 cycles of donor sperm insemination (where 6 or more are by intrauterine insemination) in licensed clinics over 2 years to have the diagnosis of unexplained infertility. Donor sperm IVF will be offered to same sex couples where there is diagnosis of absolute infertility.
- Heterosexual couples where the male partner has diagnosed infertility or where medical, surgical or other treatments are unlikely to result in sperm of the necessary quality; or where the use of partner sperm is contraindicated; or where infertile couples are unable to undertake vaginal intercourse, also require donor sperm.
- Couples with unexplained infertility where there is normal ovulation Tubalpatencyand semen analysis, who have social, cultural or religious objections to IVF, maybe offered up to 2 cycles of unstimulated intrauterine insemination as an alternative to one cycle of IVF/ICSI as described in the policy.

17.5 Surgery to obtain the man's sperm (in men with low sperm production)

This will not be funded by the NHS within Gloucestershire

17.6 Medical insertion of the sperm is funded where appropriate

It should not be offered routinely

17.7 The patient will forfeit a cycle of IVF in the following circumstances:

- Cancelling treatment once started for non-medical reasons or avoidable circumstances.

- Termination of a viable foetus for a non-clinical reason.

18. Smoking, alcohol misuse, recreational drugs and treatment with opiate substitutes

GP surgeries, Gloucestershire NHS Stop Smoking Service and Turning Point should be supportive of couples trying to fulfil criteria for IVF. Evidence of smoking cessation, treatment for alcohol misuse and of being 'clean' from recreational or other opiate substitute drugs is necessary to fulfil criteria for IVF referral.

19. Novel assisted reproduction technologies

The following interventions are a low priority for NHS funding as there is currently insufficient clinical evidence of their clinical and cost effectiveness:

- embryo 'glue'
- endometrial scratch
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- assisted hatching
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20. People undergoing treatment which may render them infertile

See the fertility preservation policy.

Evidence base:

1. <http://publications.nice.org.uk/fertility-cg156>
2. <http://www.nice.org.uk/guidance/qs73>
3. <http://publications.nice.org.uk/fertility-assessment-and-treatment-for-people-with-fertility-problems-cg11>
4. <http://www.hfea.gov.uk/5473.html>

• "A multiple birth is the single biggest risk of IVF for both mothers and babies" (HFEA, 12 January 2012 <http://www.hfea.gov.uk/6876.html>)

For further information please contact GLICB.IFR@nhs.net

Date of publication	20.08.2015
Policy review date	September 2022

Policy sign off

Reviewing Body	Date of review
Integrated Governance and Quality Committee	20.08.2015
Minor Changes signed off by Executive Nurse and Quality Lead	16.08.2016 23.01.2018 05.06.2019
Minor change agreed by Quality and Governance Committee	13.06.2019

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Not applicable

Version Control

Version No	Type of Change	Date	Description of Change
0.1	Adoption from PCT Policy	Aug 2015	
0.2		Aug 2016	Preference of using frozen embryos to fresh.
0.3	Ratified by Quality & Governance Committee.	Dec 2018	Reduction of number of assisted attempts amended to 2 from 3. Plain English Summary amended
0.4	Minor word change	Mar 2019	17.7 The patient will forfeit a cycle of IVF in the following circumstances: Cancelling treatment once started for non-medical reasons or avoidable circumstances. Termination of a viable foetus for non-clinical reason. Agreed by Marion Andrews-Evans and Mark Walkingshaw 5.6.2019
0.5	Minor word changes to incorporate the new fertility preservation policy ratified at QGC.	June 2019	16. Surrogacy "See the fertility preservation policy." 20. People undergoing NHS treatments which may render them infertile Change of wording to reference the fertility preservation policy agreed at Quality and Governance Committee.
0.6	Review date Minor word changes	17 Sept 2020	Review date changed to September 2022. Minor wording changes at 9 . To clarify funding position where couples have undergone previous infertility treatment. 17.1 Fuller definition of 2 treatments cycles. Policy Statement. Additional

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			information for GP prescribing.
0.7	Clarification of wording	May 2021	Clarification of wording under Policy Statement re contracted providers and ICB contributions to privately funded care. Agreed by Marion Andrews-Evans and Mark Walkingshaw 6.5.2021