

Commissioning Policy

Fertility Preservation

Criteria Based Access (CBA)

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Version: 3

Authorisation and document control

Name of policy:	Fertility Preservation
Job title of author:	Commissioning Manager – Elective Care
Name of sign off group:	ECCP

Equality and Engagement Impact Assessment	
Date Equality and Engagement Impact Assessment was completed:	

Consultation	
Name of group	Date considered
Clinical Effectiveness Group	May 2019
Dr Sheena Yerburch - GP and CCG Lead Gynaecology	
Caroline Graham - Commissioning Manager – Planned Care	
Dr Christian Hamilton - Head of Planned Care, Gloucestershire CCG	
Mrs Kalpana Reddy - Consultant Gynaecologist, Director of Cotswold Fertility Unit, Gloucestershire Hospitals NHS Foundation Trust	
Dr Alan Lees - Consultant Medical Microbiologist, Gloucestershire Hospitals NHS Foundation Trust	
Ian Ingledew - Oncology Nurse Practitioner, Gloucestershire Hospitals NHS Foundation Trust	
Steve Parsons - Lead Andrologist, Microbiology, Gloucestershire Hospitals NHS Foundation Trust	
Liz Ponting - Senior Medicines Optimisation Pharmacist CCG	
Jacky Higgins – IFR Manager – Planned Care	

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Name of group	Date approved
Commissioning Policy Review Group (previously ECCP)	April 2019
System Quality Committee	June 2019

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Version number	Date	Summary of changes	Author/Editor	Approved by
1	April 2019	New Policy		System Quality Committee.
2	May 2021	Clarification of wording under Policy Statement re contracted providers and CCG contributions to privately funded care.		Executive Directors: Marion Andrews-Evans and Mark Walkingshaw
3	July 2025	New policy template adopted. Bristol Centre for Reproductive Medicine (BCRM) added to list of providers.		

1.0 Background

This policy sets out the ICB commissioning intentions regarding the retrieval and storage of gametes for patients in certain circumstances as outlined below.

Patients undergoing treatments such as chemotherapy for cancer or radical surgery may be made sterile by such treatments. Where there is a significant likelihood of making a patient permanently infertile as an unwanted side-effect of NHS funded treatment, including gender reassignment, those patients will be eligible, under the ICB commissioned pathway, for gamete retrieval and cryopreservation to preserve fertility, provided they meet the criteria described below. This may be done by storing gametes (eggs or sperm), prior to treatment.

Following the completion of the NHS funded treatment, these gametes may be used to assist conception. If the patient requires ICB funding for assisted conception, then the patient will be required to evidence how they meet the Assisted Conception Policy in force at the time.

Patients may also experience infertility through chromosomal abnormalities, e.g. Turner's syndrome.

2.0 Policy statement

Policy category	Policy details
CBA	<p>The ICB will fund the retrieval and cryopreservation of gametes for patients who meet the defined eligibility criteria within this policy, who are due to start an NHS pathway of care involving medical or surgical treatment that has the potential to render the patient infertile.</p> <p>This policy relates to the preservation of gametes (oocytes and semen) and embryos, for eligible patients who are due to commencing an NHS pathway of care involving medical or surgical treatment that has the potential to render the patient infertile.</p> <p>Gamete cryopreservation is available to all eligible individuals Embryo cryopreservation is available to all eligible individuals Cryopreserved material will be stored for an initial period of 10 years</p> <p>NOTE: NHS funding for the subsequent use of cryopreserved material will be subject to the assisted conception policy eligibility criteria in force at the time, when accessing fertility treatment in the future.</p> <p>Gloucestershire ICB will commission the collection and storage of eggs, embryos and sperm for patients who are due to undergo therapy with treatments which are likely to compromise their future fertility, subject to eligibility with the following criteria:</p> <p><u>Eligibility criteria</u></p> <p>The patient must be permanently registered with a Gloucestershire ICB GP practice or be usually resident in Gloucestershire with a GP registered in Wales.</p> <p>AND</p> <p>2) Age: Cryopreservation will be available for:</p> <ul style="list-style-type: none"> • Women (including adolescent girls) up to and including the age of 40. • Men and adolescent boys. <p>AND</p> <p>3) Living children: Cryopreservation will only be available if the patient does not have any living children; this includes adopted children.</p> <p>Where the patient's partner has living children, the patient will only be offered</p>

cryopreservation of their own gametes.

AND

4) Sterilisation:

Cryopreservation will not be available if the patient has received a sterilisation procedure or has undertaken a reversal of sterilisation procedure.

AND

5) Women's BMI:

5.1) Urgent clinical pathway: Women must have a BMI of under or equal to 35.

OR

5.2) Non-urgent clinical pathway: Women must have a BMI between 19 and 30 inclusive.

AND

6) Smoking, Alcohol, recreational drug use and opiate substitution therapy:

6.1) Urgent clinical pathway: if the clinician deems the patient to be on an urgent clinical pathway, then this criterion does not need to be met.

OR

6.2) Non-urgent clinical pathway: patient must be a non-smoker and must not use recreational drugs or have excessive alcohol consumption.

AND

7) The funding application must be supported by the NHS consultant providing their care

8) NHS funding of cryopreservation of materials will cease where:

8.1) Fertility is established through tests or conception, or the patient subsequently adopts a child

8.2) The patient dies and there is no written consent permitting posthumous use

NOTE: Patients who have undergone NHS funded cryopreservation but no longer meet the eligibility criteria may choose to self-fund continued cryopreservation of stored material within the terms of the Human Fertility and Embryology Act 1990.

Services funded

Oocyte, embryo and sperm retrieval and cryopreservation will be funded for eligible patients.

The ICB does not fund surgical sperm recovery.

The ICB does not fund cryopreservation of ovarian and testicular tissue.

The ICB does not fund cryopreservation of gametes in pre-pubertal patients.

Following secondary clinical investigation, patient/couples who require fertility preservation 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
The Fertility Partnership:Oxford
Bristol Centre for Reproductive Medicine (BCRM)

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.

Human Embryo and Fertility Act 1990

Cryopreservation of gametes or embryos must meet the current legislative standards.

The provider of the service must ensure the patient receives appropriate counselling and provides full consent.

In the case of embryo preservation, both partners must be made aware of the legal position regarding embryos which have been cryopreserved, should one partner remove consent to their ongoing storage or use.

The provider of the service should contact patients annually to confirm that they wish to continue storage. The patient will be responsible for ensuring the storage provider has up to date contact details.

	The provider must ensure that material is only stored where there is a valid consent in place.
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3.0 Patients who are not eligible for treatment under this policy

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

4.0 Connected policies

Assisted Conception treatment

5.0 References

NICE Guidance CG 156 Fertility: Assessment and treatment for people with fertility problems (February 2013 last updated Sept 2017):

<https://www.nice.org.uk/search?q=cg156>

“Semen cryopreservation should be considered in conditions that impair fertility or need treatment likely to impair fertility, such as malignancies of the genital tract (for example, testicular cancer and prostate cancer) or systemic malignancies (for example, non-Hodgkin's or Hodgkin's lymphoma and leukaemia).”

NHS funding should be available for the retrieval and cryopreservation of oocytes from patients who meet the criteria specified by NICE:

“Women of reproductive age (including adolescent girls) who are preparing for medical treatment for cancer that is likely to make them infertile if:

- They are well enough to undergo ovarian stimulation and egg collection and
- This will not worsen their condition and
- Enough time is available before the start of their cancer treatment.”

NHS England: Gender Identity Dysphoria

NHS England commissions the gender identity dysphoria pathway. Cryopreservation is advised in the service specification of NHS England to be the responsibility of the patient's CCG and is not commissioned by NHS England.

Glossary of terms:

Assisted Conception; medical help to become pregnant.

Conception: (getting pregnant) happens when a man's sperm fertilises a woman's egg.

In certain circumstances, a person's fertility may be compromised for a number of reasons:

- Medicines (e.g. cytotoxic therapy for conditions such as cancer) which can stop the individual producing gametes (eggs/sperm) for the rest of their life or
- Medicines (e.g. for conditions such as cancer) which can cause the eggs/sperm to become damaged or abnormal or
- The ovaries or testes may in certain clinically required circumstances, need to be surgically removed (e.g. to stop disease spreading), which results in infertility.

Cryopreservation: is the freezing and storage of eggs, sperm, fertilised eggs (or other biological material).to save them for future use. It is usually performed at very low temperatures minus196 °C to minus 321 °F in nitrogen vapour.

Cytotoxic therapy: is a medicine which kills growing cells in our bodies. It is usually taken to kill cancer cells but can also be used for other medical conditions. These medicines can also kill healthy cells such as eggs or sperm resulting in infertility.

Embryo: an embryo is a fertilised egg in its earliest stage of development. In humans it is called an embryo until about eight weeks after fertilisation from which point it is then called a foetus.

Gametes: are sex cells. The male gametes are the sperm, and the female gametes are the eggs.

Gamete retrieval: is the extraction of eggs or sperm (by surgical or non-surgical methods) which can then be stored for future use.

Infertility: the inability to become pregnant, maintain a pregnancy or carry a pregnancy to live birth.

Oocytes: are immature reproductive female egg (ovum) cells which are produced in the ovaries at a specific time in the reproductive cycle.

Ovaries: are two small organs in a woman's reproductive system which produce eggs.

Ovarian stimulation: is the use of sex hormone medicines to stimulate the ovaries to produce more than one egg at once, to enable a number to be surgically removed prior to infertility treatment.

Semen: medical terminology for a man's sperm.

Testes: or testicles are the male reproductive glands or gonads which produce sperm.