

Specialist Fertility – Thurrock CCG

A review of the current Specialist Fertility Policy and pathway for Thurrock CCG was initiated following a 45% increase in demand in Quarter 1-3 in 2018/19 leading to a predicted cost pressure of £96,978 by the end of the financial year and an indication that this trend would continue into the future.

The paper provides a review of our local offer in context to the national and regional picture and concludes with considerations for Thurrock CCG Board members to in relation to amending the current policy. The anticipated outcome would be greater clarity for service providers, consistency of approach within Thurrock and improvement to pre specialist intervention information and advice available for couples facing fertility concerns.

Specialist fertility is within the service restriction policy; currently the 5 Mid and South Essex CCGs have a wide variation in the specialist fertility offer for couples. Local variations in treatment funding decisions are clearly undesirable, but there is little guidance at national level on the process of setting priorities for funding in regards to fertility. Development of policy which describes criteria and processes clearly will however provide and ensure consistency in decision making and approach for Thurrock residents.

The review has taken the following into consideration:

- The national and local Mid and South Essex STP landscape
- Performance and activity data
- The experience within the local fertility clinic at BTUH.
- Review of other CCG approaches
- Evidence based practice
- Procurement of Specialist Service on an Mid and South Essex STP basis from April 2020.
- Guidance for CCGs in regards to fertility preservation has been issued from NHSE (May 2019)
- Commissioning Guidance for Fertility Treatment HFEA (June 2019)
- Fertility problems :assessment and treatment NICE Clinical Guidance 156 Feb 2013 (updated Sept 2017)

Introduction

Infertility is when a couple cannot get pregnant (conceive) despite having regular unprotected sex. Around 1 in 7 heterosexual couples in the UK may have difficulty conceiving. This is approximately 3.5 million people in the UK. About 84% of couples will conceive naturally within a year if they have regular unprotected sex. For couples who have been trying to conceive for more than 3 years without success, the likelihood of getting pregnant naturally within the next year is 25% or less.

Infertility is only usually diagnosed when a couple have not managed to conceive after a year of trying.

There are 2 types of infertility:

Primary infertility – where someone who has never conceived a child in the past has difficulty conceiving

Secondary infertility – where someone has had 1 or more pregnancies in the past, but is having difficulty conceiving again

Treatment for Infertility

Medical treatment – for lack of regular ovulation

Surgical procedures – such as treatment for endometriosis, repair of the fallopian tubes, or removal of scarring (adhesions) within the womb or abdominal cavity

Assisted conception – this may be intrauterine insemination (IUI) or in vitro fertilisation (IVF)

Risk factors

There are also a number of factors that can affect fertility in both men and women.

These include:

Age – female fertility and, to a lesser extent, male fertility decline with age; in women, the biggest decrease in fertility begins during the mid-30s

Weight – being overweight or obese (having a BMI of 30 or over) reduces fertility; in women, being overweight or severely underweight can affect ovulation

Sexually transmitted infections (STIs) – several STIs, including chlamydia, can affect fertility

Smoking – can affect fertility in both sexes: smoking (including passive smoking) affects a woman's chance of conceiving, while in men there's an association between smoking and reduced semen quality;

Alcohol – for women planning to get pregnant, the safest approach is not to drink alcohol at all to keep risks to your baby to a minimum; for men, drinking too much alcohol can affect the quality of sperm (the chief medical officers for the UK recommend men and women should drink no more than 14 units of alcohol a week, which should be spread evenly over 3 days or more)

Environmental factors – exposure to certain pesticides, solvents and metals has been shown to affect fertility, particularly in men

Stress – can affect your relationship with your partner and cause a loss of sex drive; in severe cases, stress may also affect ovulation and sperm production

Chances of success

The chance of a live birth following infertility treatment is consistent for the first three cycles of treatment, but the effectiveness after three cycles is less certain*

The most significant factor affecting the chances of a live birth following infertility treatment varies with female age and the optimal female age range for in vitro fertilisation is 23-39 years. Chances of a live birth per treatment cycle are:

- greater than 20% for women aged 23-35 years
- 15% for women aged 36-38 years
- 10% for women aged 39 years

- 6% for women aged 40 years or older*

*NICE: Fertility: assessment and treatment for people with fertility problems, 2013

Why Commission fertility treatment?

HFEA Commissioning Guidance 2019 identified the positive economic effect of commissioning fertility treatment and includes:

- Reduces rates of mental health issues relating to infertility in couples, and the costs associated with this
- Reduces the incidences of multiple births, which can be very costly to neonatal services and long term health and social care services
- Reduces reproductive tourism, where people travel abroad for fertility treatment, which often leads to health complications or multiple births absorbed by the NHS
- Generates long term financial gain, as the resultant child makes a significant contribution to the economy.

Current Pathway

NICE (CG 156) has recommendations on fertility treatments but it remains guidance with no national requirements to ensure parity therefore fertility treatment funded by the NHS and the eligibility criteria varies across the UK. It is the Local Clinical Commissioning Groups who have the responsibility for deciding on the local offer.

In 2017 there were around 54,700 patients who sought fertility treatment. There were approximately 70,000 cycles of IVF and around 5,500 cycles of donor insemination treatment. For IVF treatments, about 40% were funded by the NHS (compared to around 16% of DI treatments). (Human Fertilisation & Embryology Authority HFEA 2019).

Investigation, diagnosis and conservative treatments for infertility are routinely available on the NHS. Types of treatment available in primary and secondary care include:

- Advice on lifestyle changes to aid a natural conception such as weight loss and smoking cessation.
- Medical treatment for lack of regular ovulation.
- Surgical procedures – such as treatment for endometriosis.

If infertility is diagnosed, or after all treatments and recommended lifestyle changes have been tried and infertility remains unexplained, a referral to an Assisted Conception Unit for IVF / ICSI may be considered for assisted conception such as: In-vitro fertilisation (IVF) or Intracytoplasmic sperm injection (ICSI).

Where appropriate the GP may opt to refer a couple to the local NHS Consultant for routine investigations, treatments and surgery, for Thurrock the fertility clinic is part of the gynaecology service at BTUH. Once couples have gone through the primary and secondary care sub fertility pathways appropriate to individual cases and an NHS Consultant has deemed them clinically ready for IVF/ICSI the hospital facilitates an onward referral to an Assisted Conception Unit (ACU) where

the couple will complete their treatment. Staff locally assesses a couple's eligibility for NHS funding according to each CCG's eligibility criteria.

NHS East and North Hertfordshire manage the ACU Contract on behalf of the CCGs in the East of England. The CCGs have received notice from ENHCCG in regards to their role as host/lead commissioners and from April 2020 the contract will be managed by the Mid and South Essex STP. A re-procurement process has been initiated. Currently there are 5 ACU which couples can choose from and include:

- Bourn Hall Clinic
- Guys and St Thomas
- Centre for Reproductive and Genetic health
- Create health Clinic
- London Women's Clinic

Couples can research the provider websites for outcome details and seek impartial information about the clinics through the Human Fertilisation & Embryology Authority website www.hfea.gov.uk.

The majority of activity for Thurrock is at Borne Hall Clinic: Their website published the following success rates (Dec 2018)

Treatment	Aged 37 and under	Aged 38 and above
IVF with ICSI day 5 Blastocyst transfer	50.0% (176/352)	34.7% (33/95)
IVF with day 5 Blastocyst transfer	57.9% (120/207)	32.0% (24/75)
All treatments (IVF, ICSI, IMSI, Eeva and Blastocyst transfer)	46.5% (355/763)	23.5% (77/327)

Mid and South Essex 5 CCGs criteria for the range of fertility processes and treatments vary considerably and reflect the national picture. This is illustrated in a recent survey by Fertility Network UK of IVF Cycles for Essex below (table A) and also provided context to the national picture across all CCGs in England table B. At the time of survey there were 208 CCGs in England.

Essex CCG Table A	IVF Cycles offered
Thurrock CCG	3
Castle Point and Rochford CCG	2
Southend CCG	1
West Essex CCG	1
Basildon and Brentwood CCG	0
Mid Essex CCG	0
North Essex Essex CCG	0

Table B National % of CCGs offering			
0 Cycles	1 Cycle	2 cycles	3 cycles
3.4%	62.0%	23%	11.5%

Alongside the number of IVF cycles and ICSI offer access criteria applied across areas vary. Criteria for consideration include risk factors, age, and residency, children within the relationship or previous relationships and criteria applying to couples rather than the individual undergoing fertility interventions.

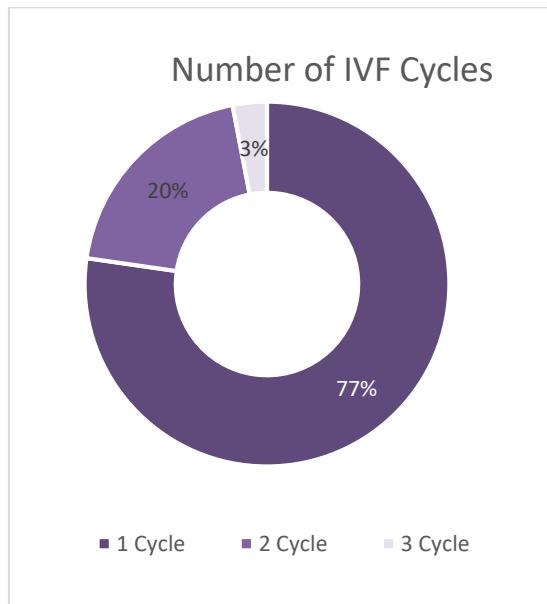
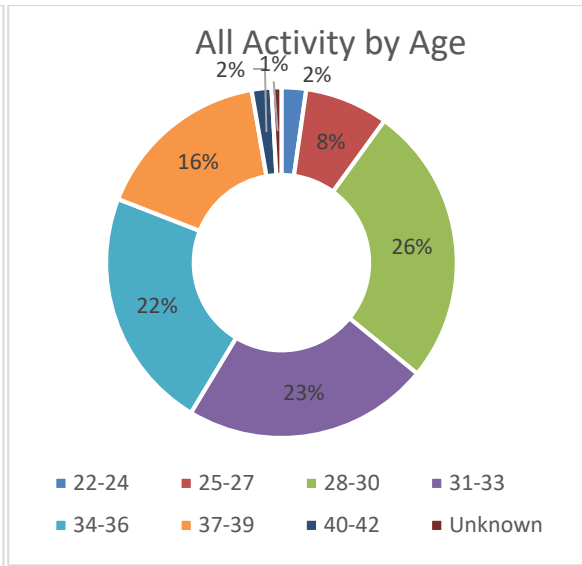
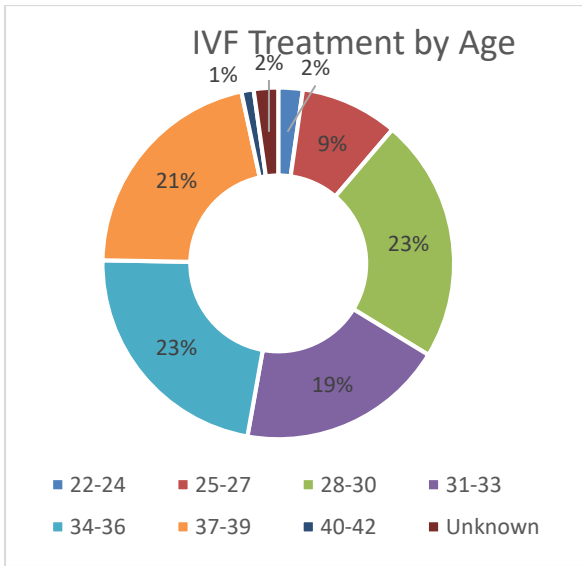
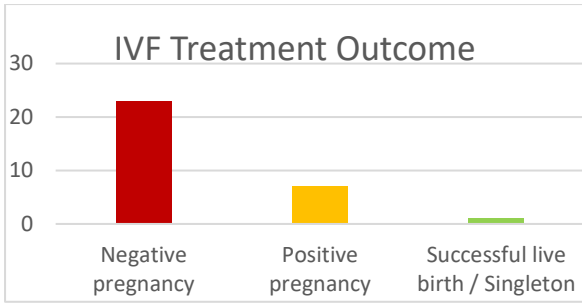
A summary of current criteria for assisted fertility can be found in appendix B.

The review included discussions with the lead consultant and fertility team at BTUH and this highlighted a number of themes

- Variation in criteria is confusing for both for frontline staff and couples. Implementing the effect of a 'post code' lottery in regards to criteria directly with service users the variation becomes acutely transparent.
- Criteria does not appear to have a consistent approach and Information for couples is of poor quality.
- BTUH staff often need to contact the SRP team for clarification.
- GP's do not routinely use the specialist referral template, although the service continues to accept.
- The BTUH team would be supportive of developing accessible information materials and resources for service users.

Finance and Performance

The data available from 5 Specialist fertility centres for Thurrock CCG has been presented in the graphs below. These illustrate the outcomes in respect of pregnancy, the age of the women undergoing IVF and fertility treatments and followed by the percentage of these women who have undergone 1, 2 or 3 IVF cycles. There is caution regarding the data as this is not consistent in terms of times frames and details provided as providers vary in the quality of data submitted. However it does provide an indication of possible impact regarding changes to the criteria.



Cycles	No	%
1 Cycle	51	77%
2 Cycle	13	20%
3 Cycle	2	3%
	66	

Financial Information

The table below demonstrates the increase in expenditure for specialist fertility treatments; this includes a range of interventions. This shows an increase in expenditure for Thurrock of 38% in comparison to Southend and Castle Point and Rochford CCGs who both have shown a decrease of 11% and 4% respectively.

Bourne Hall and London Women Clinic have seen the greatest increase in activity for Thurrock.

The current tariff is set by the lead commissioners on behalf of the CCGs in the East of England, however NHS England have published benchmark prices (2019) table 1.2. This will inform the procurement but has a potential risk of increasing the cost pressure as there is a current variation in tariffs across the providers. Bourne Hall tariff is the highest this is in line with the average tariff reported across England (Fertility Network UK) whilst LWC is one of the lowest.

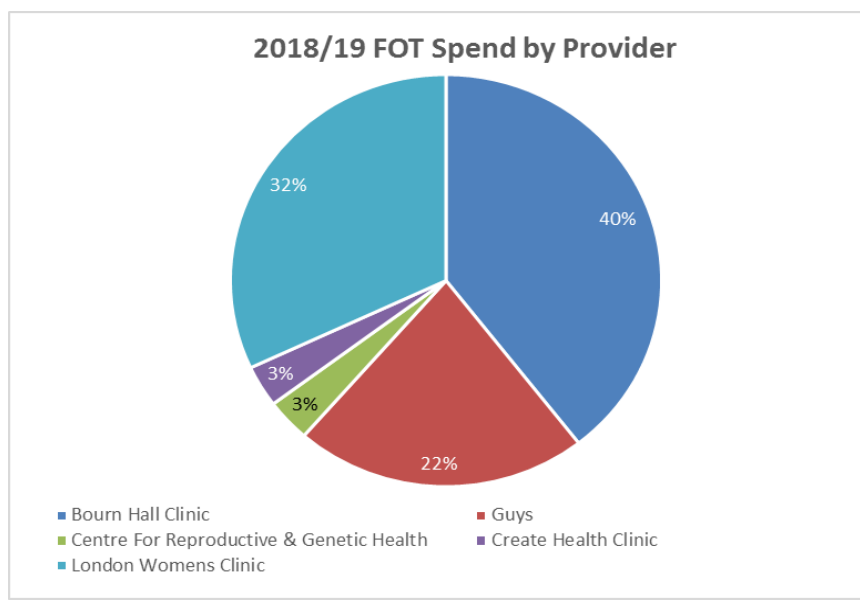
Thurrock						
	2016/17		2017/18		2018/19	
Provider	IVF Cycles	Cost (£)	IVF Cycles	Cost (£)	IVF Cycles	Cost (£)
Create Health	1	£2,500	3	£7,500	6	£7,800
LWC	12	£34,500	16	£46,000	68	£111,775
Guys	13	£38,935	14	£41,944	1	£2,998
Bourn Hall	36	£120,173	21	£70,140	59	£126,870
CRGH	3	£10,050	6	£20,100	4	£8,400
Total	65	£206,158	60	£185,684	138	£257,843
Southend						
	2016/17		2017/18		2018/19	
Provider	IVF Cycles	Cost (£)	IVF Cycles	Cost (£)	IVF Cycles	Cost (£)
Create Health	3	£7,500	4	£10,000	4	£4,000
LWC	7	£20,125	8	£23,000	10	£19,600
Guys	4	£11,980	13	£38,974	12	£20,042
Bourn Hall	40	£133,037	39	£130,260	42	£85,329
CRGH	8	£26,800	5	£16,750	32	£66,250
Total	62	£199,442	69	£218,984	100	£195,221
CPR						
	2016/17		2017/18		2018/19	
Provider	IVF Cycles	Cost (£)	IVF Cycles	Cost (£)	IVF Cycles	Cost (£)
Create Health	1	£2,500	6	£15,000	4	£3,200
LWC	3	£8,625	7	£20,125	6	£7,850
Guys	2	£5,990	3	£8,994	11	£41,400
Bourn Hall	42	£138,961	36	£120,240	36	£73,540
CRGH	4	£13,400	3	£10,050	20	£41,400
Total	52	£169,476	55	£174,409	77	£167,390

Table 1.2 NHSE/I Bench Mark information 2019. These reflect bundled packages of care, rather than individual HRGs, which do not currently reflect all the elements of care.

Benchmark prices for IVF services					
IVF and intracytoplasmic sperm injection (ICSI)					
	Women aged 37 and under	Woman aged 38 or older, or previous non-responder			
IVF (price to include one fresh and one frozen cycle)	3,100	3,500			
ICSI (price to include one fresh and one frozen cycle)	3,500	4,000			
To include drugs, scans and all components of the service including freezing of gametes and embryos for 2 years from the point the woman is seen by the consultant					
Subsequent frozen cycles	1,000	1,000			
To include average drug costs and all appropriate care in the service specification. There is no need to have age-differential prices for a frozen cycle.					

Current Specialist Fertility Provider Contract Tariffs

Package	Create Health	LWC	Guys	Bourn Hall	CRGH
In Vitro Fertilisation (IVF) with or without Intracytoplasmic Injection (ICSI)	£2,500	£2,875	£2,995	£3,340	£3,350
Frozen Embryo Transfer	£500	£650	£677.70	£850	£750
Embryo/Blastocyst Freezing and Storage	£100	£400	£275	£200	£750
Surgical Sperm Recovery (Testicular Epididymal Sperm Aspiration (TESA)/Percutaneous Sperm Aspiration (PESA) including storage where required)	£500	£950	£1,575	£1,950	£950
Intrauterine Insemination (IUI) - Unstimulated	£450	£500	£958.50	£650	£700
Donor Oocyte Cycle	£3,500	£4,500	£4,915.80	£6,400	£4,000
Refunds for abandoned cycles	£700	£300	£2,995	£1,500	£2,500
Donor Sperm Insemination	£750	£900	£4,915.80	£4,150	£1,450
Egg Storage for Patients Undergoing Cancer Treatments	£2,000	£2,000	£927.90	£2,950	£4,000
Sperm Storage for Patients Undergoing Cancer Treatments	£150	£500	£927.90	£200	£750



Equality Impact assessment and Engagement

EQIA has been completed and attached for information. The EQIA has been completed and approved by the Quality team. This indicated a low level engagement approach.

The Director of Commissioning and Commissioner met with the patient representative which was a very informative conversation, exploring the need for improved information and support for women and partners and an acknowledgement that the specialist fertility offer needs to have greater clarity. There was also a discussion exploring how we could support reducing stigma and providing support for couples facing such challenges. The recent National Fertility Week and radio 2 Campaign has produced some effective approaches and materials to consider.

Although disappointed that Thurrock CCG were proposing changes to criteria around age and for those where couples have children either within their relationship or in previous partnerships there was an understanding regarding the challenges faced due to the variation in offer seen nationally.



EHIA.xlsx

Considerations for Thurrock CCG Board Members

1. Thurrock amends the current criteria and policy for Specialist Fertility treatments to reflect the detailed criteria in Appendix A.

Nb: A summary of some of the key differences to current criteria is set out in table 1.3

2. Thurrock CCG to work in partnership with the BTUH fertility team and local women and partners ambassadors to design and produce information which promotes fertility and informs couples about their fertility options.
3. The planned procurement for 2020 supports further development of advice and guidance opportunities for women and their partners.
4. If approved by the Board the recommendation is to implement within 4 weeks.
5. Thurrock is well known currently for the full 3 cycle offer this change may attract negative publicity.

Table 1.3 Criteria	Thurrock Proposal	Current Thurrock Criteria	Rationale for change	CP&R CCG	Southend CCG.
Criteria Application	Criteria applicable to the couple	Individual women receiving IVF	Stable relationship/ cohabit	Couple	Couple
Age range	23-39 (39+ 364 days)	Up to 42	Optimum fertility age range Success rate reduces to 6% over the age of 40 Low activity in regards to women in the 40-42 age range.	Up to age of 42	Up to the age of 40
Infertility	2 years of infertility	2 years of infertility	NICE Guidelines 'A women of reproductive age who has not conceived after one year of unprotected vaginal sexual intercourse, in the absence of any known cause of infertility, should be offered further clinical assessment and investigation along with her partner (NICE Clinical Guideline 156)'. '.	3 years	3 years

Family	Children in the current relationship or previous relationships including adoption.	No current criteria	Alignment with other CCG areas		
Intra uterine Insemination IUI	3 cycles of IUI	12 Cycles	Alignment	12 self funded	12 self funded
IVF Cycle	2 Cycle IVF Move to CCG definition of the IVF Cycle	3 Cycles of IVF	CCGs in England : 1 Cycle 62% of CCGs 2 Cycles 23% 3 Cycles 11.5% Activity 1 cycle 77% 2 cycles 20% 3 cycles 3 %	<40 yrs 2 cycles 40-42 yrs 1 cycle	<40 1 cycle
Donor Gametes	Funding for one batch(5)	unlimited	Alignment		

Appendix A

ELIGIBILITY CRITERIA

All couples must be registered with a General Practitioner within the boundaries of the CCG and be eligible for NHS treatment. The couple with the identified fertility problem must be registered with a Thurrock CCG GP practice and live within Thurrock council boundary that or, if unregistered, their usual place of residence is within the Thurrock CCG boundary. The period of residence in Thurrock CCG/Council boundaries must be a minimum of 12 months.

Patients whose sperm or eggs have been stored prior to chemotherapy or radiotherapy will be entitled to NHS funded infertility treatment provided they meet the eligibility criteria.

- Couples should be living together.
- The partner who is to receive treatment must be aged between 23 and 39 years old (up to 39 years and 364 days) at the time of treatment
- Couples who have been diagnosed as having a male factor or female factor problems or have had unexplained infertility for at least 2 years, taking into consideration both age and waiting list times.
- Persons aged less than 23 years old will be considered for treatment where medical investigations have confirmed that conception is impossible without fertility treatment, e.g. following unsuccessful fallopian tube surgery.
- The female partner should not have had any previous NHS funded attempts at IVF or ICSI and not more than three NHS funded attempts at IUI
- Women will only be considered for treatment if their BMI is between 19 and 30 (Kg/m²)
Women with BMI >30 should be referred to the appropriate obesity management pathway.
- Men with a BMI of >35 will not be considered for treatment and should be referred to appropriate obesity management pathway.
- Couples should be non-smoking at the time of treatment. Couples who smoke should be referred to smoking cessation service.
- IVF cannot be used as a substitute for reversal of sterilisation.
- There are no problems with signing a form concerning the welfare of the child.
- There must be no other medical problems making the chance of success less than 20%
- This service will only be available at agreed providers and will include all clinically prescribed drugs.
- Fertility treatment will only be offered to couples where the following two criteria are met: a) where there are no living children in the current relationship b) where neither partner has children from previous relationships. This includes any adopted child within their current or previous relationships.
- If 3 or more IVF cycles have been funded privately (a cycle defined as stimulation and egg collection) then couples would not be eligible for NHS funded IVF.

- No individual (male or female) can access more than the number of NHS funded fertility treatments under any circumstances, wherever funded, even if they are in a new relationship
- If the treating clinician believes there are exceptional circumstances an application can be made to the Individual Funding Request Team for consideration. Only clinically exceptional cases will be considered by an IFR Panel.
- Eligible Couples will be offered: 3 cycles of IUI, and/or 2 full cycles of IVF+/-ICSI (CCG definition of a full cycle)

Surrogate Pregnancy

The implications of a number of important legal points related to surrogate pregnancy mean that fertility treatment involving a surrogate mother will not be funded.

Same Sex Couples

As a consequence of the above legal opinion related to surrogacy, assisted conception for couples where both partners are male will not be funded by Thurrock CCG.

Where both partners are female, funding can be provided as long as the relevant criteria above are met. Infertility needs to be demonstrated in the partner who is seeking to become pregnant; that partner has to have undergone at least six rounds of self-funded IUI, but should not have had more than two previous attempts at IVF or ICSI (either NHS or privately funded).

If six cycles of privately funded IUI have been unsuccessful, the couple will be eligible for one NHS funded cycle of IVF or ICSI.

A final criterion for these couples is that they meet the HFEA requirements for parenthood and that both partners consent to be parents of the child. The HFEA guidance and a suitable statement for both partners to sign are available on request

Single Women

Funding of assisted conception for single women is not available in Thurrock CCG.

Definition of one full cycle:

The CCG defines a full cycle (which is different to the NICE definition) as up to one fresh and one frozen embryo transfer. This will include the cost of freezing and storage. For patients who do not achieve a live birth with the fresh embryo transfer, the CCG will also fund the transfer of one frozen embryos. The age of mother at the time that the embryos are frozen is required to be within the age limits set out in the policy. This also applies to the age at transfer.

Donor Gametes - Egg Donation/Donor Insemination

The CCG will fund up to one batch (usually 5) of donor oocytes. Where more than two viable embryos are generated the CCG will only fund the transfer of up to two in line with the rest of the policy. Any remaining embryos will be subject to the same criteria as if the oocytes were the couple's own.

The CCG will fund one batch of donor sperm.

Sperm Washing (for HIV and Other Viral Infections)

Sperm washing is not a treatment for infertility and therefore is not covered by this policy. NICE guidelines should be followed.

FERTILITY PRESERVATION TECHNIQUES

The following preservation techniques: semen cryostorage, oocyte cryostorage, embryo cryostorage, will be funded by Thurrock CCG in the following circumstances:

- Where a man or a woman requires urgent medical or surgical treatment that is likely to have a permanent harmful effect on subsequent sperm or egg production. Such treatment includes radiotherapy or chemotherapy for malignant disease
- It is important to note that the eggs are extracted for cryostorage using drugs and procedures of egg collection normally used for assisted conception; therefore the funding includes assisted conception drugs and procedures as well as the storage costs. This will not progress to IVF/ ICSI or any other assisted conception procedures to form an embryo in these cases, unless this is sought separately later through the assisted conception pathway.

Note:

- Women should be offered oocyte or embryo cryostorage (without simultaneous assisted conception treatment) as appropriate if they are well enough to undergo ovarian stimulation and egg collection, provided this will not worsen their condition and that sufficient time is available.
- Women preparing for medical treatment that is likely to make them infertile should be informed that oocyte cryostorage has very limited success, and that cryopreservation of ovarian tissue is still in an early stage of development and is not funded.

Storage

If agreed, will be funded for five (5) years. The HFEA would grant a license to cryostore oocytes for ten years. The further extension up to ten years can still be offered to the patient but as a self-funded process.

- Will not be available where a man or woman chooses to undergo medical or surgical treatment whose primary purpose is that it will render her infertile, such as sterilisation.

- Will not be available where a man or woman requests cryostorage for personal lifestyle reasons, such as wishing to delay trying to conceive.
- Following a successful pregnancy and live birth NHS funding will cease for storage.
- NHS Funding for storage will cease after completion of all NHS funded treatment

Post-storage Treatment

Funding of assisted conception treatments will be made available on the same basis as other patients who have not received NHS funded storage i.e the eligibility criteria for assisted conception treatment, IVF+_ICSI and embryo transfer will be applied as it is in force at the time the IVF+_ICSI and embryo transfer is requested.

Once the period of NHS funding ceases, patients can elect to self-fund for a further period, not to exceed appropriate HFEA regulations on length of storage.

Sperm, Embryo or Oocyte Cryostorage

Funding for fertility preservation will be offered to patients who have a disease or a condition requiring urgent medically necessary treatment that has a significant likelihood of making them infertile and those whose medical treatment may compromise fertility.

The following fertility preservation methods will be considered for funding:

- Sperm retrieval and cryo-storage
- Ovarian stimulation, egg collection and either egg or embryo cryo-storage

Suitable embryo's that are not transferred in IVF/ICSI cycle - Storage will be funded for a minimum period of one (1) year.

M&SECCGs will fund storage of embryo, eggs and sperm:

- until the age of 25 if harvested before 20th birthday
- for 5 years if harvested between 20th and 38th birthday

until 43rd birthday if harvested after the age of 38

People who move out of area during treatment

Anyone who moves out of the CCG's boundary or deregisters from their Thurrock CCG GP practice will no longer be eligible for funding; this will be the case even if they are mid treatment. The CCG will fund cryostorage for any gametes or embryos for three months after move out of boundary / deregistration from Thurrock CCG GP practice, whichever comes first. If the affected patient's (s') new CCG does fund storage then storage may be self-funded. If funding is not agreed after 3 months

(or the CCG is not contacted with exceptional circumstances before the 3 months have elapsed) the gametes / embryos will be allowed to perish.

References

National Institute for Health and Clinical Excellence. NICE Clinical Guidelines 156: Fertility: Assessment and treatment for people with fertility problems, February 2013.

[Badawy SZ](#), [Lopez A](#), [Sarkar S](#), Dye T. *Cumulative Pregnancy Rates and Probability of Pregnancy in Various Indications for Intrauterine Insemination*. Arch Androl. 1996 Nov -Dec;37(3):171-7.

Cohlen BJ, Vandekerckhove P, te Velde ER, Habbema JD. *Timed intercourse versus intra-uterine insemination with or without ovarian hyperstimulation for subfertility in men*. Cochrane Database Syst Rev 2000;(2):CD000360.

Department of Health. *Regulated Fertility Services: A commissioning aid*. June 2009

Kanani N. *A Review of ICSI: Indications, Cost Effectiveness and Safety*. NHS Bromley, June 2010

[van Rumste MM](#), [Evers JL](#), [Farquhar CM](#), [Blake DA](#). *Intra-cytoplasmic sperm injection versus partial zona dissection, subzonal insemination and conventional techniques for oocyte insemination during in vitro fertilisation*. *Cochrane Database Syst Rev*. 2000;(2):CD001301.

NICE Guidance (CG 156, Feb 2013) have been noted but, due to resources prioritization, assisted conception will continue to be funded according to the current criteria.

Cheshire and Merseyside Specialised Services Commissioning team Addendum to the Cheshire and Merseyside fertility Policy. May 07 Appendix 1 Legal Advice from Hill Dickenson

Surwar U. Fertility treatment for single women and same sex couples. SE London and Public Health Acute Commissioning Group. June 2011

Stonewall Guidance Fertility

Commissioning guidance for fertility treatment HFEA 2019

Appendix B

Assisted Conception Criteria

Basildon & Brentwood CCG

No longer fund Assisted Conception

Castle Point & Rochford CCG

Unexplained infertility for **3 years** or more of regular intercourse or an equivalent 12 self-funded cycles of artificial insemination over a period of 3 years.

There is no criterion for cases with a diagnosed cause of infertility.

Women <40yrs – **2 full cycles**. If the woman reaches the age of 40 during treatment, complete the current full cycle but do not offer further full cycles.

Women 40-42yrs – **1 full cycle** if the following 3 criteria is met:-

- Never previously had IVF treatment
- No evidence of low ovarian reserve
- There has been a discussion of the additional implications of IVF and pregnancy at this age

THE COUPLE SHOULD BE REGISTERED WITH A GP IN CASTLE POINT & ROCHFORD CCG FOR 3+ YEARS.

Southend CCG

Unexplained infertility for **3 years** or more of regular intercourse or an equivalent 12 self-funded cycles of artificial insemination over a period of 3 years.

There is no criterion for cases with a diagnosed cause of infertility.

Women <40yrs who meet all eligibility criteria will be eligible for funding of **1 full cycle** of IVF. If the woman reaches the age of 40 during treatment, the cycle will be completed.

IVF for women aged 40 years and over **will not be funded** by the CCG.

THE COUPLE SHOULD BE REGISTERED WITH A GP IN NHS SOUTHEND CCG FOR 12+ MONTHS.

Thurrock CCG

Unexplained infertility for **2 years** of regular unprotected intercourse.

In women <40 years who have not conceived after **2 years** of 12 cycles of IUI are eligible for **3 cycles** of IVF.

Women 40-42 who have not conceived after **2 years** or 12 cycles of IUI – offer **1 full cycle** with or without ICS if the following 3 criteria is met:

- Never previously had IVF treatment
- No evidence of low ovarian reserve
- There has been a discussion of the additional implications of IVF and pregnancy at this age

THE PERSON WITH THE IDENTIFIED FERTILITY PROBLEM MUST BE REGISTERED WITH A THURROCK CCG GP AND LIVE WITHIN THAT BOUNDARY FOR 12+ MONTHS.

IF THEY ARE UNREGISTERED AT ANY GP SURGERY - THEIR USUAL PLACE OF RESIDENCE MUST BE WITHIN THE THURROCK CCG BOUNDARY AND HAVE BEEN RESIDENT FOR 12+MONTHS.