



**Aylesbury Vale Clinical Commissioning Group  
Bracknell and Ascot Clinical Commissioning Group  
Chiltern Clinical Commissioning Group  
Newbury and District Clinical Commissioning Group  
North and West Reading Clinical Commissioning Group  
Oxfordshire Clinical Commissioning Group  
South Reading Clinical Commissioning Group  
Slough Clinical Commissioning Group  
Windsor, Ascot and Maidenhead Clinical Commissioning Group  
Wokingham Clinical Commissioning Group**

## **Specialist infertility treatments in Berkshire, Buckinghamshire and Oxfordshire INFORMATION FOR PATIENTS**

The ten NHS Clinical Commissioning Groups in the Thames Valley (listed above) have agreed a local policy for specialist infertility treatments - the **Assisted Reproduction** policy. The policy sets out:

- **who is eligible for treatment by the NHS**
- **the specialist treatments (*for example, IVF*) that will be funded by the NHS**

The policy was developed by a group of GPs, specialist fertility doctors and local commissioners of health care. When writing the policy, the group took into account

1. the recently published national guidelines produced by the *National Institute for Health and Care Excellence* (NICE) which can be read in full here: <http://guidance.nice.org.uk/CG156>
2. new government laws on age discrimination (the Equality Act 2010). Further details available here: <https://www.gov.uk/equality-act-2010-guidance>

### **Background**

The local NHS recognises the life-long distress that childlessness causes for some couples, and that IVF is a clinically effective treatment that enables many infertile couples to have a child.

Unfortunately, the cost of IVF means that the NHS cannot afford to provide this treatment for all infertile couples. To fund treatment for all couples who might benefit from IVF would require other health care services to be cut.

The local NHS has therefore had to make difficult decisions about how to allocate the funding it has available for infertility services. With the advice of fertility specialists and GPs, a local policy has been developed that

- offers IVF treatment to those couples who are most likely to have a successful outcome - a healthy baby and a healthy mother
- by providing only one cycle of IVF treatment per couple, allows more couples to be treated

An outline of the key points in the policy is given below. A copy of the full policy can be obtained from your GP Practice or on this website: <http://www.fundingrequests.cscsu.nhs.uk/>

## Who is eligible for NHS-funded treatment in Berkshire, Buckinghamshire and Oxfordshire?

Please note that ALL of the following criteria apply:

1. **Childlessness** Couples who already have a living child from their relationship, or from any previous relationship, are not entitled to NHS-funded IVF treatment. This includes adopted children.

The reason for this is that the local NHS has limited funds available for IVF and other specialist treatments, and has decided that couples without any children should be a priority.

2. **Age** For specialist treatments such as IVF, the female partner should be under 35 years of age when treatment starts.

The reason for this is that, in general, women in this age group are more likely to have a successful pregnancy through IVF than women who are older than 35. There is no age limit for men, as age has less impact on male fertility.

3. **Cause of infertility** Couples who have been diagnosed as infertile (and who meet all the other criteria) can be referred for IVF treatment straight away. Couples who have 'unexplained infertility' must have been trying for a baby for two years before they can start IVF treatment.

The reason for the delay in treating couples with 'unexplained infertility' is that it can take longer for some couples to conceive naturally, and they might also need to take steps to improve their chances, such as reducing weight, stopping smoking, and drinking alcohol within recommended limits. Also, IVF treatment carries some health risks for women, so it is important not to start this treatment unless it is really necessary.

4. **Previous NHS funded IVF treatment** Couples who have already had IVF treatment on the NHS are not entitled to another NHS cycle of IVF treatment.

This is for similar reasons as in No. 1 above. The local NHS has limited funds available for IVF and other specialist treatments so – on grounds of fairness - has decided to offer one treatment cycle only so that more couples have one (NHS-funded) chance of having a baby

5. **Previous privately-funded IVF treatment** People who have paid privately for IVF treatment are eligible for one NHS-funded cycle as long as they have not already undergone more than two (unsuccessful) 'fresh' cycles.

The reason for this criterion is that couples who have already had 3 unsuccessful IVF treatments are less likely to have a successful outcome from a 4<sup>th</sup> treatment.

6. **Sterilisation** The local NHS will not fund IVF for couples who have chosen to be sterilized.

If an individual has made a personal choice to be sterilized so that they can't have children, then the NHS will not normally pay for surgery for sterilization reversal or for fertility treatment.

7. **Body Mass Index** For a minimum period of 6 months before undergoing IVF treatment, a woman must maintain a BMI of above 19 and below 30.

The reason for this is that weight/BMI affects a woman's ability to become pregnant. Women who are overweight can improve their chances of conceiving naturally by losing weight; underweight women can improve their chances by gaining weight.

8. **Smoking** The local NHS will not fund IVF treatment for couples if either person smokes.

This is not just because smoking and passive smoking can affect fertility - smoking and 'passive smoking' affects the health of the unborn child, and the health of any child living in a

home with people who smoke. The NHS provides help and advice for people who wish to stop smoking.

9. **Women in same sex relationships and heterosexual couples unable to have vaginal intercourse** The local NHS will fund IVF treatment for women in same sex relationships, and heterosexual couples unable to have vaginal intercourse, if they have diagnosed or undiagnosed infertility, and meet the same eligibility criteria as heterosexual couples. More information regarding IVF treatment for these couples is provided in the policy statement which can be obtained from your GP practice or from this website:  
<http://www.fundingrequests.cscsu.nhs.uk/>

Fertility treatment for men in same sex relationships is outside the scope of this policy, and is not normally funded as this would involve the services of a surrogate mother. Men in same sex relationships seeking fertility services should apply through the 'individual funding request' process described in the 'Frequently Asked Questions' section below.

10. **National Code of Ethics: Human Fertilisation and Embryology Authority** Couples not conforming to the HFEA's *Code of Ethics* will be not be eligible for NHS-funded IVF treatment.

The Code of Practice places a legal duty on fertility specialists to consider the 'welfare of the child which may be born'.

### Treatments that will be funded for eligible couples

Couples who meet all the criteria outlined above may be offered the following services associated with IVF, if their fertility specialist recommends them:

- **One 'fresh' cycle of *in vitro* fertilisation (IVF) plus intracytoplasmic sperm injection (ICSI), using donor sperm and/or donor eggs if necessary**

IVF involves collecting a woman's eggs and her partner's (or donor's) sperm and mixing them together in a laboratory to achieve fertilisation outside the body. One or two of the embryos produced may then be transferred into the female patient.

ICSI is a technique where a single sperm is injected directly into the woman's egg.

Donor sperm and/or donor eggs may be used. A donor is a person who consents to allow their sperm or egg to be used in the treatment of others. Although donors are the genetic parents of children created using their sperm or egg, if the treatment is provided at a licensed centre in the UK, the donors are not the legal parents of any children.

- **Surgical sperm retrieval**

If a man is unable to produce sperm through ejaculation, a small operation known as 'surgical sperm retrieval' may be carried out to remove the sperm from the epididymis or directly from the man's testicles. The collected sperm can be used to fertilise the woman's eggs by intra-cytoplasmic sperm injection (ICSI).

- **Transfer of the best quality embryo produced, developed to blastocyst stage**

Embryos produced in the laboratory may be 'grown' for 5-6 days after fertilisation; one of the embryos (the highest quality embryo) will then be transferred to the woman's womb. Two embryos may be transferred if no top-quality embryos are available. The risks associated with transferring two embryos and having twins is always discussed with those couples affected.

- **Freezing and storage of unused embryos resulting from NHS-funded IVF for up to three years.** This enables couples to have the option to use their frozen-thawed embryos in any future treatments they chose to fund privately. The NHS will not fund IVF cycles using frozen-thawed cycles.

## Frequently Asked Questions

### Q. Why doesn't the Thames Valley Clinical Commissioning Groups (the local NHS) fund three cycles of IVF, as recommended in the national clinical guidelines published by NICE in 2013?

NICE Clinical Guidelines provide the NHS with evidence-based 'best practice' recommendations. However, there is no requirement for local NHS Clinical Commissioning Groups to implement these recommendations. The **Department of Health**<sup>1</sup> says the following about the status of NICE Clinical Guidelines:

"NICE's clinical guidelines relate to a whole pathway of care and can make a large number of recommendations spanning all stages of care from diagnosis to treatment. In view of their complexity, NICE clinical guidelines are not subject to statutory funding directions, and their implementation is at the discretion of local commissioners of NHS care".

In addition, **NHS England's policy: *Implementation and funding of NICE guidance***<sup>2</sup> states: Given that demand for healthcare is greater than the resources available, prioritisation of competing needs cannot be avoided. At present it is not possible to fully implement all NICE guidance on the grounds of affordability.

Nevertheless, the Thames Valley Clinical Commissioning Groups considered NICE's recommendations very carefully when developing their local policy, and took on board a number of NICE's recommendations, for example:

- the period of 'expectant management' for couples with undiagnosed infertility (two years);
- improved access to fertility services for women in same sex partnerships, and couples unable to undertake vaginal intercourse;
- the provision of blastocyst culture and single embryo transfer to improve IVF success rates and child/mother outcomes.

### Q. What are our options for NHS funded treatment if we don't meet one or more of the eligibility criteria?

Each of the ten Clinical Commissioning Groups has an '**Individual Funding Request**' process to enable patients and their clinicians to apply for treatments that are not normally provided by the local NHS. The application process asks patients and their clinicians to give the reason(s) why the NHS should provide the treatment requested to them, when it isn't available to others. In other words, what are the 'exceptional circumstances' that warrant NHS funding.

Details of the Individual Funding application process are available as follows:

- People living in Buckinghamshire and Berkshire: <http://www.fundingrequests.ccsu.nhs.uk/>
- People living in Oxfordshire: <http://www.oxfordshireccg.nhs.uk/professional-resources/priority-setting/individual-patient-funding-requests/>

## Further information

Individuals and couples who have questions about their eligibility for NHS treatment for infertility should **speak to their GP** who will be able to advise them. General background information about fertility and treatments can be found at the following websites:

**Human Fertilisation and Embryology Authority** <http://www.hfea.gov.uk/fertility.html>  
**NHS Choices** <http://www.nhs.uk/conditions/Infertility/pages/introduction.aspx>

<sup>1</sup> Personal correspondence: Email correspondence from Catherine Davies, Policy Partner (Equalities & Inclusion), Department of Health, Rm 8E10, Quarry House, Quarry Hill, Leeds, LS2 7UE, 2 October 2012

<sup>2</sup> Ref NHSCB/CP/05, April 2013 (<http://www.england.nhs.uk/wp-content/uploads/2013/04/cp-05.pdf>)