

# Fertility Services Commissioning Policy

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| <b>Document Control</b> |   |
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| Draft 1.2              | 29-01-2024  | Commissioning Team, BLMK Integrated Care Board  | Rewording child welfare process. Minor amends to clarify an IVF cycle, the difference between an embryo transfer and a cycle, BLMK GP registration and overseas visitors that better clarifies policy position.   |
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## Implementation Plan

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|---|---|
| <b>Development and Consultation:</b>    | <p>The following individuals were consulted and involved in the development of this document:</p> <ul style="list-style-type: none"> <li>▪ Clinical Lead for Fertility Policy Alignment (SRO)</li> <li>▪ Medical Director</li> <li>▪ Commissioning Lead</li> <li>▪ Quality Lead (Fertility)</li> <li>▪ Communications and Patient Engagement Leads</li> <li>▪ Audit and Compliance Managers</li> <li>▪ Primary Care - GP Clinical Leads (Bedfordshire, Luton &amp; Milton Keynes (BLMK))</li> <li>▪ Secondary Care – Consultants (Bedfordshire Hospitals NHS Foundation Trust and Milton Keynes University Hospital NHS Foundation Trust)</li> <li>▪ Fertility Providers – Consultants (Bourn Hall, Care Fertility, Centre for Reproductive and Genetic Health (CRGH))</li> </ul> |
| <b>Dissemination:</b>                   | <p>Staff can access this document via the website and will be notified of new / revised versions via the staff briefing.</p> <p>This document will be included in the organisation’s Publication Scheme in compliance with the Freedom of Information Act 2000.</p>   |
| <b>Training:</b>                        | <p>The following training will be provided to make sure compliance with this document is understood:</p> <ul style="list-style-type: none"> <li>▪ Communications with primary, secondary and tertiary care providers</li> </ul>   |
| <b>Monitoring:</b>                      | <p>Monitoring and compliance of this document will be carried out via:</p> <ul style="list-style-type: none"> <li>▪ Regular contract review meetings with all providers in the fertility pathway.</li> <li>▪ Clinical audit</li> </ul>  |
| <b>Review:</b>                          | <p>The Document Owner will ensure this document is reviewed in accordance with the review date on page 2.</p>   |
| <b>Equality, Diversity and Privacy:</b> | <p>Appendix 1 - Equality Impact Assessment</p> <p>Appendix 2 - Data Protection Impact Assessment</p>  |
| <b>Associated Documents:</b>            | <p>The following documents must be read in conjunction with this document:</p> <ul style="list-style-type: none"> <li>▪ BLMK ICB policy ‘Surrogacy Policy’</li> <li>▪ BLMK ICB policy ‘Gamete (sperm/egg) Storage for those undergoing fertility-threatening treatment’</li> </ul>  |
| <b>References:</b>                      | <p>The following articles were accessed and used to inform the development of this document:</p> <ul style="list-style-type: none"> <li>▪ National Institute for Health and Care Excellence (NICE), Fertility problems: assessment and treatment, Clinical guideline [CG156] <a href="https://www.nice.org.uk/guidance/cg156">https://www.nice.org.uk/guidance/cg156</a></li> <li>▪ Human Fertilisation &amp; Embryology Authority (HFEA). <a href="http://www.hfea.gov.uk">www.hfea.gov.uk</a></li> </ul>  |

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## 1 Introduction

- 1.1 NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) aims to ensure robust governance through its formal written procedural documents, such as this document, which communicate standard organisational ways of working. These documents help clarify operational requirements and consistency within day-to-day practice. They can improve the quality of work, increase the successful achievement of objectives and support patient safety, quality and experience. The ICB aims to ensure its procedural documents are user friendly, up-to-date and easily accessible.
- 1.2 The ICB must design and implement procedural documents that meet the diverse needs of our service and workforce, ensuring that none is placed at a disadvantage over others, in accordance with the Equality Act 2010. The Equality Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to the individual protected characteristics is incorporated at Appendix 1.
- 1.3 A Data Protection Impact Assessment is a process which helps assess privacy risks to individuals in the collection, use and disclosure of personal information. The Data Protection Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to an individual's privacy is incorporated at Appendix 2.
- 1.4 This Commissioning Policy sets out the criteria for access to NHS funded specialist fertility services for the population of Bedfordshire, Luton & Milton Keynes (BLMK) Integrated Care Board (ICB), along with the commissioning responsibilities and service provision.
- 1.5 This policy affects couples and single people that are able to undergo IVF treatment who are attempting to conceive and have; absolute clinical infertility, unexplained infertility, women in same sex partnerships, single people and couples unable or unwilling to undertake vaginal intercourse and other people with special circumstances. For further information about infertility please visit: <https://www.nhs.uk/conditions/infertility/>
- 1.6 This policy replaces all previous versions (covering all previous Clinical Commissioning Group (CCG) areas: Bedfordshire CCG, Luton CCG and Milton Keynes CCG). Where service users have commenced treatment in any cycle prior to this version becoming effective, they are subject to the eligibility criteria and scope of treatment set out in the relevant previous version.

## 2 Scope

- 2.1 This policy sets out the criteria for access to NHS funded specialist fertility services for the population served by BLMK ICB, along with the commissioning responsibilities and service provision. Specialist fertility services are considered as level three services, or tertiary services and are accessible to people who have completed preliminary

investigations and treatments in primary care and secondary care. The criteria in this policy is based on, and explains certain variation from, National Institute for Health and Care Excellence (NICE) Guidelines<sup>1</sup>.

2.2 Specialist Fertility Treatments within the scope of this policy are:

- In-vitro fertilisation (IVF) and Intra-cytoplasmic sperm injection (ICSI)
- Surgical sperm retrieval methods (SSR)
- Use of donor gametes: Donor Insemination (DI) and donor eggs
- Intra Uterine Insemination (IUI) unstimulated
- Blood borne viruses (ICSI + sperm washing)

2.3 Treatments **excluded** from this policy:

- Pre-implantation Genetic Diagnosis and associated IVF/ICSI. This service is commissioned by NHS England
- Specialist Fertility Services for members of the Armed Forces are commissioned separately by NHS England
- Surrogacy. This is covered in a separate BLMK ICB policy 'Surrogacy Policy'
- Gamete retrieval and cryopreservation. This is covered in a separate BLMK ICB policy 'Gamete (sperm/egg) Storage for those undergoing fertility-threatening treatment'. Patients will need to meet the eligibility criteria within this policy.

### 3 Definitions

3.1 **In Vitro Fertilisation (IVF):** is a process by which an egg is fertilized with a sperm outside the body (in vitro). The fertilised egg (embryo) is then transferred to the person's uterus.

3.2 **Intra-cytoplasmic sperm injection (ICSI):** involves injecting a single sperm directly into an egg in order to fertilise it. The fertilised egg (embryo) is then transferred to the person's uterus.

3.3 **Full cycle of IVF/ICSI:** "One full cycle" of IVF/ICSI treatment comprises: ovulation induction, egg retrieval, fertilisation and the transfer of one fresh embryo (fresh transfer) and up to three frozen embryos (frozen transfer). It also includes appropriate diagnostic tests, scans and pharmacological therapy.

3.4 **Frozen embryo transfer:** where an excess of embryos is available following fertilisation, these embryos may be frozen for future use. Once thawed, these embryos are transferred to the service user as a frozen transfer.

3.5 **Cancelled full cycle of IVF/ICSI:** A cancelled cycle is one where ovarian induction begins but does not culminate in a viable embryo transfer (fresh or frozen)

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<sup>1</sup> National Institute for Health and Care Excellence (NICE), Fertility problems: assessment and treatment, Clinical guideline [CG156] <https://www.nice.org.uk/guidance/cg156>

- 3.6 **Artificial insemination (AI):** is the insertion of sperm directly into the vagina or uterus.
- 3.7 **Intrauterine insemination (IUI):** is the insertion of sperm directly into the uterus.
- 3.8 **Mild male factor infertility or subfertility:** defined in line with NICEcg156 as; when 2 or more semen analyses have 1 or more variables below the 5th centile (as defined by the World Health Organization [WHO], 2010). The effect on the chance of pregnancy occurring naturally through vaginal intercourse within 2 years would then be similar to people with unexplained infertility or mild endometriosis.
- 3.9 **Ovarian Hyperstimulation Syndrome (OHSS):** Ovarian hyperstimulation syndrome is a potentially serious complication of fertility treatment, particularly of in vitro fertilisation (IVF).

#### 4 Policy Statement

- 4.1 Prior approval is not required but the service must record how they have established eligibility in line with this policy.
- 4.2 Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process.
- 4.3 In general, patients who pay the immigration health surcharge are not eligible for fertility services funded by the ICB. The ICB will comply with [government guidance](#) regarding these patients.
- 4.4 The ICB only commissions the following fertility techniques regulated by the Human Fertilisation & Embryology Authority (HFEA). [www.hfea.gov.uk](http://www.hfea.gov.uk)
- 4.5 Access Criteria for Tertiary Provider Fertility Services

| No | Criterion            | Description  |
|----|----------------------|--|
| 1  | Maternal age         | Women aged 23 to 39 years at the start of treatment.<br><br>Women aged 40 to 42 years at the start of treatment may be entitled to treatment where there has been a discussion of the additional implications of IVF and pregnancy at this stage.  |
| 2  | Paternal Age:        | No cut-off age specified.  |
| 3  | Parental Status      | Couples or single people are not eligible for treatment if there are any living children from the current or any previous relationships, to either partner, regardless of whether the child resides with them. This includes any adopted child/ren within their current or previous relationships; this will apply to adoptions either in or out of the current or previous relationships. |
| 4  | BLMK GP Registration | The single person or both partners of a couple must have been registered with a GP in Bedfordshire, Luton & Milton Keynes Integrated Care Board (ICB) for at least 12 months prior to referral to a tertiary fertility provider.   |

| No | Criterion   | Description  |
|----|---|--|
| 5  | Number of IVF/ICSI cycles, transfers and embryos per transfer | <p>One full cycle which includes a maximum of 4 embryo transfers (one fresh plus three frozen, or 4 frozen transfers for patients at risk of Ovarian Hyperstimulation Syndrome (OHSS)).</p> <ul style="list-style-type: none"> <li>• For women less than 37 years of age only one embryo or blastocyst to be transferred in the fresh cycle of IVF and for subsequent frozen cycles only one embryo/blastocyst to be transferred unless no top-quality embryo/blastocyst available then no more than 2 embryos to be transferred.</li> <li>• For women aged 37-39 years only one embryo/blastocyst to be transferred unless no top-quality embryo/blastocyst available then no more than 2 embryos to be transferred.</li> <li>• For women 40-42 years consider double embryo, but no more than two embryos, transferred.</li> </ul> <p>Any frozen embryos not transferred will be stored for one calendar year from the retrieval date. Service users should be advised at the start of treatment that this is the level of service available on the NHS and following this period continued storage will need to be funded by themselves or allowed to perish.</p> <p>Where couples or single people have previously self-funded a cycle of IVF then the couple or single person must utilise any previously frozen embryos, rather than undergo ovarian stimulation, egg retrieval and fertilisation again.</p> <p>Where an IVF/ICSI cycle is cancelled this would count as one full cycle.</p> <p>If a cycle is commenced and ovarian response is poor, a clinical decision should be taken as to whether one further ovarian stimulation should be attempted (maximum of two attempts before being considered a cancelled cycle).</p> <p>If any fertility treatment results in a living child, then the couple or single person will no longer be considered childless and will not be eligible for further NHS funded fertility treatments, including the implantation of any stored embryos.</p> <p>Donor semen as part of IVF/ICSI is funded up to same number of cycles of IVF. Sperm donation must be through a licensed UK fertility clinic registered with the HFEA.</p> |
| 6  | Duration of sub-fertility                                     | <p>Couples should be referred from primary care to secondary care after 12 months of unexplained infertility, or women of reproductive age who are using artificial insemination to conceive (with either partner or donor sperm) should be offered further clinical assessment and investigation if she has not conceived after 6 cycles of treatment, in the absence of any known cause of infertility.</p> <p>If the woman is aged 36 or over then referral should be considered after 6 months of unprotected regular intercourse since her chances of successful conception are lower and the window of opportunity for intervention is less.</p> <p>Couples or single people with unexplained infertility or mild male factor infertility/subfertility must have infertility of at least 2 years of ovulatory cycles, despite regular unprotected vaginal sexual intercourse, or an equivalent 6 self-</p>   |

| No | Criterion             | Description   |
|----|-----------------------|---|
|    |                       | <p>funded cycles of artificial insemination or documented IUI over a period of 2 years to establish fertility status, before being referred from secondary care to a tertiary provider for NHS funded assisted reproduction services.</p> <p>Where mild male factor infertility has been diagnosed evidence should be provided to demonstrate that any underlying treatable cause has been investigated and ruled out.</p> <p>Couples with a diagnosed cause of absolute infertility which precludes any possibility of natural conception and who meet other eligibility criteria will have immediate access to NHS funded assisted reproduction services.</p>   |
| 7  | Cause of Infertility  | <p>Where infertility is the primary factor for the request for Assisted Conception, in order to be eligible for treatment couples or single people must have experienced unexplained infertility or mild male factor infertility/subfertility for at least 2 years of ovulatory cycles, despite regular unprotected vaginal sexual intercourse, or an equivalent 6 self-funded cycles of artificial insemination or documented IUI over a period of 2 years to establish fertility status, before being referred from secondary care to a tertiary provider for NHS funded assisted reproduction services.</p> <p>Couples with a diagnosed cause of absolute infertility which precludes any possibility of natural conception and who meet other eligibility criteria, will have immediate access to NHS funded assisted reproduction services. This includes:</p> <p>(a) Tubal damage, which includes:</p> <ul style="list-style-type: none"> <li>• Bilateral salpingectomy (Excluding tubectomy for sterilisation)</li> <li>• Moderate or severe distortion not amenable to tubal surgery</li> </ul> <p>(b) Premature Menopause- amenorrhoea &gt;6m and FSH &gt;25 and aged &lt;40</p> <p>(c) Azoospermia</p> <p>(d) Male factor infertility</p> <p>(e) Ovulation problems adequately treated but not successfully treated i.e. no successful pregnancy achieved</p> <p>(f) Endometriosis where Specialist opinion is that IVF is the correct treatment</p> <p>(g) Cancer treatment causing infertility necessitating IVF/ICSI (eligibility criteria still apply)</p> <p>(h) Essential medical treatment causing infertility necessitating IVF/ICSI (eligibility criteria still apply)</p> |
| 8  | Minimum / Maximum BMI | <p>Couples should be advised that having a BMI of 30 or over (in either or both partners) is associated with reduction in fertility and chances of conceiving which may be reversed with weight loss. A BMI below 30 is a requirement as there is evidence to show that oocyte collection rates are significantly lower and early pregnancy loss rates are significantly higher, in women with BMI of 30 or more, compared with those with BMI under 30.</p> <p>BMI must be between at least 19 and up to 30 for female and less than 35 for males. Service users outside of this range will not be added to the waiting list and should be referred back to their referring clinician and/or general practitioner for management if required.</p> <p>For couples using donor sperm, BMI criteria should only apply to the partner undergoing fertility treatment.</p>  |

| No | Criterion   | Description   |
|----|---|---|
| 9  | Smoking Status  | <p>Couples or single people who smoke will not be eligible for NHS-funded specialist assisted reproduction assessment or treatment, and should be informed of this criterion at the earliest possible opportunity in their progress through infertility investigations in primary care and secondary care.</p> <p>Couples or single people presenting with fertility problems in primary care should be provided with information about the impact of smoking on their ability to conceive naturally, the adverse health impacts of passive smoking on any children and smoking cessation support should be provided as necessary.</p> <p>Both partners must be non-smoking at the time of referral to the tertiary provider, IVF treatment starting and maintained during treatment. This applies equally for all couples including same sex female couples as passive smoking may affect the fertility of the partner undergoing fertility treatment.</p> <p>Smoking status should be ascertained by carbon monoxide testing (by reading of &lt;6ppm) in secondary care prior to referral onto tertiary providers.</p>  |
| 10 | Previous fertility treatment – NHS and privately funded | <p>Any previous NHS-funded fresh cycle of IVF/ICSI treatment is an exclusion criterion. Patients who have previously self-funded treatment are eligible for one NHS-funded cycle of IVF/ICSI as long as they have not already undertaken more than two self-funded fresh cycles. The outcome of previous self-funded IVF treatment will be taken into account by the treating clinician when assessing the likely effectiveness and safety of any further IVF treatment.</p> <p>The partner of a prospective mother or father who has undertaken NHS funded fertility treatment, whether successful or not, will be deemed to have received their entitlement to NHS funded fertility treatment and will not be eligible for additional cycles with their partner or any future partners.</p>   |
| 11 | Rubella Status  | The woman must be rubella immune.   |
| 12 | Previous sterilisation                                  | Couples or single people are ineligible if previous sterilisation has taken place (either partner), even if it has been reversed.   |
| 13 | Same sex female couples:                                | <p>Couples are entitled to IVF treatment on the NHS following 6 cycles of self-funded artificial insemination or documented IUI, over a period of 2 years to establish fertility status.</p> <p>‘Shared motherhood’ or intra-partner egg donation will be accommodated as part of IVF treatment where possible. This will involve both partners undergoing clinical investigations and decision on which partner will donate eggs and which will carry the embryos. By law consent is required to use eggs or embryos before treatment can begin. Further information can be found at the following link: <a href="https://www.hfea.gov.uk/choose-a-clinic/consent-to-treatment/">https://www.hfea.gov.uk/choose-a-clinic/consent-to-treatment/</a></p> <p>Couples who are not married or in a civil partnership undergoing fertility treatment with donated sperm or embryos at a licensed UK clinic, must be made aware of the importance of giving consent if both partners are to be the legal parents of the child. Further information can be found at the following link: <a href="https://www.hfea.gov.uk/treatments/explore-all-treatments/becoming-the-legal-parents-of-your-child/">https://www.hfea.gov.uk/treatments/explore-all-treatments/becoming-the-legal-parents-of-your-child/</a></p> <p>In the case where only one partner is infertile, clinicians should discuss the possibility of the other partner becoming pregnant before proceeding to interventions involving the infertile partner.</p> |

| No | Criterion   | Description  |
|----|---|--|
|    |   | <p>Further information for same sex female couples:<br/> <a href="https://www.nhs.uk/pregnancy/having-a-baby-if-you-are-lgbt-plus/ways-to-become-a-parent-if-you-are-lgbt-plus/">https://www.nhs.uk/pregnancy/having-a-baby-if-you-are-lgbt-plus/ways-to-become-a-parent-if-you-are-lgbt-plus/</a></p>   |
| 14 | Same sex male couples:                                | <p>Couples will not be able to access fertility treatment within their relationship but will be eligible for appropriate investigation where there is evidence of subfertility.</p> <p>Further information for same sex male couples:<br/> <a href="https://www.nhs.uk/pregnancy/having-a-baby-if-you-are-lgbt-plus/ways-to-become-a-parent-if-you-are-lgbt-plus/">https://www.nhs.uk/pregnancy/having-a-baby-if-you-are-lgbt-plus/ways-to-become-a-parent-if-you-are-lgbt-plus/</a></p>   |
| 15 | Transgender or non-binary couples or single peoples   | <p>Couples are entitled to IVF treatment on the NHS following 6 cycles of self-funded artificial insemination or documented IUI, over a period of 2 years to establish fertility status.</p> <p>Couples who are not married or in a civil partnership undergoing fertility treatment with donated sperm or embryos at a licensed UK clinic, must be made aware of the importance of giving consent if both partners are to be the legal parents of the child. Further information can be found at the following link:<br/> <a href="https://www.hfea.gov.uk/treatments/explore-all-treatments/becoming-the-legal-parents-of-your-child/">https://www.hfea.gov.uk/treatments/explore-all-treatments/becoming-the-legal-parents-of-your-child/</a></p> <p>Further information for trans and non-binary people:<br/> <a href="https://www.nhs.uk/pregnancy/having-a-baby-if-you-are-lgbt-plus/ways-to-become-a-parent-if-you-are-lgbt-plus/">https://www.nhs.uk/pregnancy/having-a-baby-if-you-are-lgbt-plus/ways-to-become-a-parent-if-you-are-lgbt-plus/</a></p> <p><a href="https://www.hfea.gov.uk/treatments/fertility-preservation/information-for-trans-and-non-binary-people-seeking-fertility-treatment/">https://www.hfea.gov.uk/treatments/fertility-preservation/information-for-trans-and-non-binary-people-seeking-fertility-treatment/</a></p> |
| 16 | Child Welfare   | <p>Providers must meet the statutory requirements to ensure the welfare of the child. This includes HFEA's Code of Practice which considers the 'welfare of the child which may be born' and takes into account the importance of a stable and supportive environment for children as well as the pre-existing health status of the parents.</p> <p>Referral forms to secondary care and tertiary care fertility services require the referrer to state whether there is any reason due to past medical or social history of either prospective parents/parent, which may be of concern with regard to the welfare of the unborn child. In the event of a disclosure, a referral should be considered following a discussion with ICB Designated Nurse or Doctor for Safeguarding Children and/or local children's services in order to assess the risk.</p>   |
| 17 | Chronic Viral Infections and other Medical Conditions | <p>As there is a need to prevent the transmission from male to female partner of chronic viral infections, during conception, such as HIV, Hep C etc. any decision about fertility management should be the result of discussions between the couple, a fertility specialist and an HIV specialist where appropriate. Ref: NICE Guideline CG156 (2013) 1.3.9 and 1.3.10.</p> <p>Treatment may be denied on other medical grounds not explicitly covered in this policy. These medical grounds will always be explained to the service user/s by the consultant concerned.</p>  |

| No | Criterion  | Description   |
|----|--|---|
| 18 | Ovarian Reserve Testing  | <p>To be eligible, the patient should have Anti Mullerian hormone (AMH) levels of more than 5.4pmol/l measured in the last 12 months of referral from secondary care to the tertiary provider.</p> <p><b>Or</b></p> <p>The patient should have a follicle-stimulating hormone (FSH) of less than or equal to 8.9 IU/l on day 1, 2, 3 of any menstrual cycle done within the last 3 months of referral from secondary care to the specialist IVF provider.</p>   |
| 19 | Minimum investigations required prior to referral from secondary care to the tertiary fertility provider | <p><b>Female</b></p> <ul style="list-style-type: none"> <li>• AMH levels of more than 5.4pmo/l or FSH less than 8.9</li> <li>• If regular cycles check serum progesterone on Day 21 of 28 day cycle.</li> <li>• Rubella IgG screening</li> <li>• Chlamydial cervical swab</li> <li>• Pelvic Ultrasound scan were appropriate</li> <li>• If PCOS is suspected, TFT, Prolactin and testosterone</li> </ul> <p><b>Male</b></p> <ul style="list-style-type: none"> <li>• Male partner-Semen analysis, repeat if abnormal in 3 months, recheck ASAP if Severe-oligo or Azoospermia.</li> </ul> <p><b>Both partners</b></p> <ul style="list-style-type: none"> <li>• Screening tests for both as per preconception advice.</li> <li>• Both partners tested for Hep B including core antibodies, Hep C, HIV status and core within the last 3 months and repeated every 2 years</li> <li>• Check chlamydia status</li> </ul> <p><b><u>Information for GPs</u></b></p> <p><u>Treatment options (at Hospital fertility clinics) as advised by gynaecologist may include:</u></p> <ul style="list-style-type: none"> <li>• Female partner - tubal patency, ovulation induction, treatment for PCOS, treatment of endometriosis, adhesiolysis</li> <li>• Male partner (depending on semen analysis results) - surgery for obstructive causes, cancer Treatment.</li> <li>• Referral to tertiary centre for procedures such as IUI, IVF</li> </ul> <p>Primary care investigations must be completed before referral to secondary care investigation stage (see appendix 3).</p> |
| 20 | Intrauterine Insemination IUI (Unstimulated)   | <p>Intrauterine insemination (IUI) is a treatment option in the following groups as an alternative to vaginal sexual intercourse:</p> <ul style="list-style-type: none"> <li>• people who are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem who are using partner or donor sperm</li> <li>• people with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the man is HIV positive)</li> <li>• people in same-sex relationships</li> <li>• single people.</li> </ul> <p>For couples or single people above who have not conceived after donor or partner insemination, despite evidence of normal ovulation, tubal patency and normal semen analysis, consider offering up to 6 cycles of unstimulated intrauterine insemination (IUI) before IVF is considered. Donor insemination is</p>   |

| No | Criterion  | Description   |
|----|--|---|
|    |  | funded up to a maximum of 6 cycles of Intrauterine Insemination (IUI). Sperm donation must be through a licensed UK fertility clinic registered with the HFEA.  |
| 21 | Egg donation where no other treatment is available | <p>The couple or single person may be able to have access to egg donation; alternatively, the person can be placed on the waiting list, until an altruistic donor becomes available. If the woman exceeds the age criterion prior to a donor egg becoming available, they will no longer be eligible for treatment.</p> <p>This will be available to women who have undergone premature ovarian failure (amenorrhea &gt;6 months and a raised FSH &gt;25) due to an identifiable pathological or iatrogenic cause before the age of 40 years. Couples with diagnosed inherited disorders likely to be transmitted to their child may be eligible for egg donation where the couple meets the other eligibility criteria.</p>  |
| 22 | Surgical sperm retrieval                           | <p>This is funded by NHS England for patients who meet certain criteria: <a href="https://www.england.nhs.uk/wp-content/uploads/2018/07/Surgical-sperm-retrieval-for-male-infertility.pdf">https://www.england.nhs.uk/wp-content/uploads/2018/07/Surgical-sperm-retrieval-for-male-infertility.pdf</a>. Where NHSE funding for sperm retrieval is available, the NHS will fund further treatment with IVF where service users meet the criteria within this policy.</p>   |
| 23 | Pre-implantation Genetic Diagnosis                 | <p>PGD and associated specialist fertility treatment is the commissioning responsibility of NHS England and is excluded from the ICB commissioned service.</p>  |
| 24 | Privately funded care                              | <p>This policy covers NHS funded fertility treatment only. For clarity, other than for egg and sperm donation, patients will not be able to pay for any treatment which cannot be separated from what is included in the NHS funded package. Further information and guidance published by the Department of Health on NHS patients who wish to pay for additional private care can be found at the following link: <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/404423/patients-add-priv-care.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/404423/patients-add-priv-care.pdf</a></p> <p>Where a service user meets these eligibility criteria but agrees to commence treatment on a privately funded basis, they may not retrospectively apply for any associated payment relating to the private treatment.</p> <p>GPs can refer couples or single people that do not fit within the criteria of this policy for privately funded treatment to a tertiary centre of their choice.</p> |

## 5 Roles and Responsibilities

- 5.1 Referring and treating clinicians should ensure compliance with this policy.
- 5.2 Specialist fertility services are considered as Level 3 services or tertiary services. Preliminary Levels 1 & 2 are provided and commissioned within primary care and secondary services such as acute trusts. To access Level 3 services the preliminary investigations should be completed at Level 1 & 2.
- 5.3 Formal IVF commissioning arrangements will support the implementation of this policy including a contract between Bedfordshire, Luton & Milton Keynes Integrated Care Board (ICB) and each tertiary provider. Quality Standards and clinical governance arrangements will be put in place with these providers, and outcomes will be monitored

and performance managed in accordance with the Human Fertilisation & Embryology Authority Licensing requirements or any successor organisations.

- 5.4 Eligible couples or single people will be offered a choice of providers commissioned by the ICB (see appendix 4 – List of Bedfordshire, Luton & Milton Keynes Integrated Care Board (ICB) tertiary fertility providers). This appendix also includes information to support patients to choose a provider.

## **6 Processes and Procedures**

### **6.1 Referrals**

- 6.1.1 Couples or single people who experience problems with their fertility will attend their GP practice to discuss their concerns and options. The service users will be assessed initially within the Primary Care setting and then referred to secondary care, if indicated. Anyone can be referred for investigation of their infertility if they meet the guidelines set by NICE, regardless of their eligibility for treatment by the tertiary provider set out in this policy.
- 6.1.2 A decision to refer a couple or single person to a tertiary provider (for IVF or other fertility services) will be based on an assessment against the eligibility criteria in this document, which are based on the NICE guidelines and the HFEA recommendations.
- 6.1.3 Referral to the tertiary provider will be via a consultant gynaecologist.
- 6.1.4 For couples or single people who do not meet the criteria in this policy see section 4.4 No. 24.

### **6.2 Psychological effects of fertility problems**

- 6.2.1 When couples have fertility problems, both partners should be informed that stress in the male and/or female partner can affect the couple's relationship and is likely to reduce libido and frequency of intercourse which can contribute to the fertility problems.
- 6.2.2 People who experience fertility problems should be informed that they may find it helpful to contact a fertility support group.
- 6.2.3 Couples or single people undergoing fertility treatment will be offered counselling by the specialist fertility centre because fertility problems themselves, and the investigation and treatment of fertility problems, can cause psychological stress.

### **6.3 Effects of caffeine, alcohol and smoking on fertility**

**Alcohol** Ref: NICE Guideline CG156 (2004, 2013) 1.2.3

6.3.1 Women who are trying to become pregnant should be informed that drinking no more than 1 or 2 units of alcohol once or twice per week and avoiding episodes of intoxication reduces the risk of harming a developing fetus.

6.3.2 Men should be informed that alcohol consumption within the Department of Health's recommendations of 3 to 4 units per day for men is unlikely to affect their semen quality.

6.3.3 Men should be informed that excessive alcohol intake is detrimental to semen quality.

**Caffeine** Ref: NICE Guideline CG156 (2004, 2013) 1.10.5.3

6.3.4 People should be informed that maternal caffeine consumption has adverse effects on the success of reproduction procedures, including IVF treatment.

### **Smoking**

6.3.5 There is strong evidence that smoking adversely affects male and female fertility and therefore couples or single people who smoke will not be eligible for NHS-funded specialist assisted reproduction assessment or treatment. See Access Criterion number 9 above for further detail on smoking status.

## Appendix 1 - Equality Impact Assessment Initial Screening

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: [agcsu.equalities@nhs.net](mailto:agcsu.equalities@nhs.net)

|                                 |   |
|---------------------------------|---|
| <b>Name of Policy:</b>          | Fertility Services Commissioning Policy         |
| <b>Date of assessment:</b>      | 22-04-2022                                      |
| <b>Screening undertaken by:</b> | Duncan McConville, Senior Commissioning Manager |

| Protected characteristic and inclusion health groups.<br><br>Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination: <a href="https://www.equalityhumanrights.com/en/equality-act/protected-characteristics">https://www.equalityhumanrights.com/en/equality-act/protected-characteristics</a> | Could the policy create a disadvantage for some groups in application or access?<br><br>(Give brief summary)   | If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified?<br><br>If not, please detail additional actions that could help.<br><br>If this is not possible, please explain why   |
|---|--|--|
| <b>Age</b><br>A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).  | The policy includes access criteria based on age.  | Clinically justified age limits are in line with NICE guidance. The most important factor in predicting the success of fertility treatment is age. NICE make specific recommendations regarding the woman's age, no equivalent recommendations are made regarding the man's age.   |
| <b>Disability</b><br>A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.  | No restrictions according to disability  | Access to fast-tracked assisted conception /treatment where a known disability prevents intercourse will be promoted. Parenting capacity assessments may need to be considered in cases of severe physical/mental health/ learning disabilities. Sperm washing may be an option for men who are HIV positive.  |
| <b>Gender reassignment</b><br>The process of transitioning from one gender to another.  | There is a risk of an impact on how trans men & non-binary people plan any wider gender specialist care in line with the requirement to show unexplained fertility for 2 years, this may cause some patients to delay the taking on of hormones or hormone blockers which may lead to increase distress and an impact on mental wellbeing. | Consideration to ensure we are compliant with our duties under the Equality Act 2010 to ensure our fertility treatment criteria include any person with a uterus (including trans or non-binary couples or single females). People undergoing gender reassignment interventions such as hormone therapy or surgery may wish to cryopreserve their genetic materials to preserve their fertility. |
| <b>Marriage and civil partnership</b><br>Marriage is a union between a man and a woman or between a   | No restrictions according to marriage and civil partnership  | Access to investigations and treatment has been addressed in terms of civil partnership status,  |

|   |   |  |
|---|---|--|
| same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.   |   | with equality provisions for same sex female couples, single individuals and any person with a uterus (including trans or non-binary couples or individuals).  |
| <b>Pregnancy and maternity</b><br>Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding. | This policy excludes potential service users who have children from current or previous relationships, irrespective of residency of the child(ren). Multiple births are the single greatest risk of fertility treatment.  | The policy aligns to the Human Fertilisation and Embryology Authority's (HFEA) multiple birth reduction strategy and NICE recommendations for embryo transfer.   |
| <b>Race</b><br>Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.   | This policy will be applied equally, irrespective of race. BMI figures vary based on ethnicity. In the previous policy for Milton Keynes CCG area there is no maximum BMI for male partners, however in Luton and Bedfordshire CCG areas the maximum was 35. There is potential for male partners from certain ethnic groups to be impacted by this change. | The rationale for including a maximum BMI of 35 is based on reduced fertility of male partners with a BMI over 30 as set out in NICE guidelines: "Men who have a BMI of 30 or over should be informed that they are likely to have reduced fertility". Language barriers to be addressed by ensuring the availability of information in other languages. |
| <b>Religion or belief</b><br>Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.  | No potential service user will be advantaged or disadvantaged based on religion or belief.  |  |
| <b>Sex</b><br>A man or a woman.   | Criteria for investigations for male and female partners are included in this policy. Male only partnerships do not have access to IVF treatment under this policy as surrogacy is not normally funded. However, infertility investigations will still be offered in line with criteria.  | We have considered the need to ensure language is inclusive including in relation to specifying gender and sex.  |
| <b>Sexual orientation</b><br>Whether a person's sexual attraction is towards their own  | Equal access to fertility investigations, irrespective of sexual orientation (see also above).  |  |

|   |     |  |
|---|-----|--|
| sex, the opposite sex, to both sexes or none.   |     |  |
| <b>Carers</b><br>Individuals within the ICB which may have carer responsibilities.  | n/a |  |
| <b>Please summarise the improvements which this policy offers compared to the previous version or position.</b>   |     |  |
| <p>Extending access and funding for IUI and IVF for same sex females couples, single females and any patient with a uterus (including trans or non-binary couples or single females) ensuring equity of access.</p> <p>Aligning the age limit for fertility treatment to 42 and removing the paternal age limit. We have also taken a gender additive approach to ensuring inclusive language and when describing equity of access criteria to ensure no erasure of identity and any acknowledge inequalities occurs. This means we have sought to add language and be explicit when discussing the inclusion of patients other than women who have a uterus rather than seeking more general gender-neutral language throughout.</p> |     |  |
| <b>Has potential disadvantage for some groups been identified which require mitigation?</b>   |     |  |
| Yes – (If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken.)   |     |  |

## Appendix 2 - Data Protection Impact Assessment Initial Screening

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via [blmkicb.ig@nhs.net](mailto:blmkicb.ig@nhs.net)

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

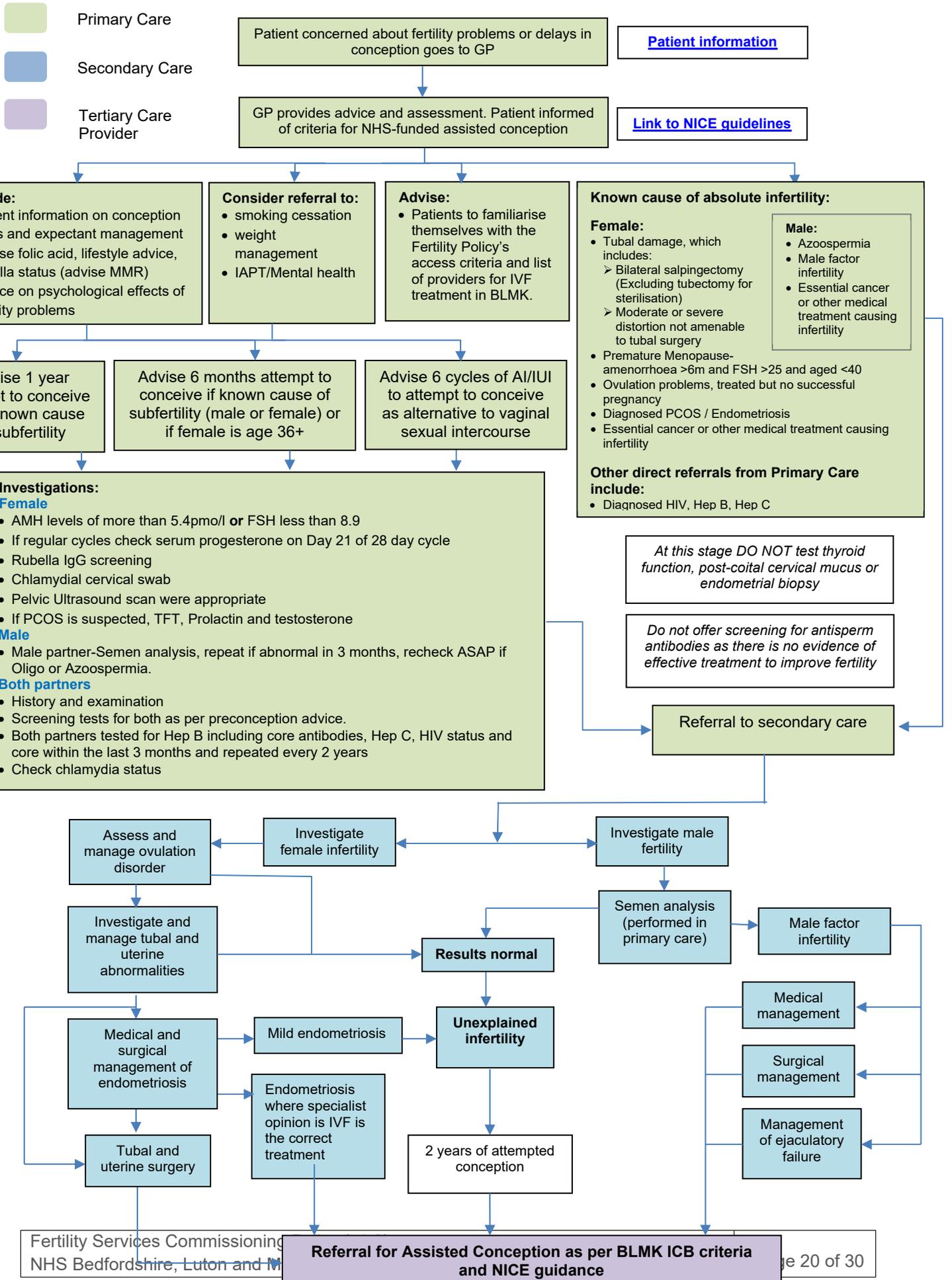
|                                 |   |
|---------------------------------|---|
| <b>Name of Policy:</b>          | Fertility Services Commissioning Policy         |
| <b>Date of assessment:</b>      | 22-04-2022                                      |
| <b>Screening undertaken by:</b> | Duncan McConville, Senior Commissioning Manager |

### Stage 1 – DPIA form

please answer 'Yes' or 'No'

|   |     |
|---|-----|
| <b>1. Will the policy result in the processing of personal identifiable information / data?</b><br>This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc.   | Yes |
| <b>2. Will the policy result in the processing of sensitive information / data?</b><br>This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc.   | Yes |
| <b>3. Will the policy involve the sharing of identifiers which are unique to an individual or household?</b><br>e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc.   | Yes |
| <b>4. Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information?</b><br><b>Pseudonymised data</b> - where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual. Re-identification can only be achieved with knowledge of the re-identification key. <b>Anonymised data</b> - data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely. | Yes |
| <b>5. Will the policy result in organisations or people having access to information they do not currently have access to?</b>  | No  |
| <b>6. Will the policy result in an organisation using information it already holds or has access to, but for a different purpose?</b>   | No  |
| <b>7. Does the policy result in the use of technology which might be perceived as being privacy intruding?</b> e.g., biometrics, facial recognition, CCTV, audio recording etc.   | No  |
| <b>8. Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them?</b><br>Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement)   | No  |
| <b>9. Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?</b>   | No  |
| <b>10. Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive?</b> e.g., personal email, text message etc.   | No  |

## Appendix 3 - Fertility Pathway Flowchart



## Appendix 4 - Bedfordshire, Luton & Milton Keynes Integrated Care Board (ICB) Tertiary Fertility Providers and Information to Support Patient Choice

### List of Providers:

|   |  |
|---|--|
| <p><b>Bourn Hall Clinic</b></p> <p>Bourn Hall Clinic, Bourn, Cambridge, CB23 2TN. Tel: 01954 7171210<br/> <a href="https://www.bournhall.co.uk/clinics/cambridge/">https://www.bournhall.co.uk/clinics/cambridge/</a></p> <p>Bourn Hall Clinic, Unit 3, The Apex Gateway 11, Farrier Close, Wymondham Norwich, Norfolk, NR18 0WF.<br/> <a href="https://www.bournhall.co.uk/clinics/norwich/">https://www.bournhall.co.uk/clinics/norwich/</a></p> <p>Bourn Hall Clinic, 25 London Road, Wickford, Essex, SS12 0AW<br/> <a href="https://www.bournhall.co.uk/clinics/essex/">https://www.bournhall.co.uk/clinics/essex/</a></p> | <p><b>CARE Fertility</b></p> <p>Care Fertility Northampton, 67 The Avenue, Northampton, NN1 5BT<br/> <a href="https://www.carefertility.com/our-clinics/ivf-clinic-northampton/">https://www.carefertility.com/our-clinics/ivf-clinic-northampton/</a></p> <p>Care Fertility London, Park Lorne, 111 Park Road, London, NW8 7JL<br/> <a href="https://www.carefertility.com/our-clinics/ivf-clinic-london/">https://www.carefertility.com/our-clinics/ivf-clinic-london/</a></p> |
| <p><b>Cambridge IVF</b></p> <p>Cambridge IVF, Cambridge University Hospitals Foundation Trust, Kefford House, Maris Lane, Trumpington, Cambridge, CB2 9LG<br/> <a href="https://www.cambridge-ivf.org.uk/">https://www.cambridge-ivf.org.uk/</a></p>  | <p><b>Guy's &amp; St Thomas'</b></p> <p>Guy's &amp; St Thomas', Guy's Hospital, 11th floor, Tower Wing, Great Maze Pond London SE1 9RT. Tel: 020 7188 2300<br/> <a href="http://www.guysandstthomas.nhs.uk/our-services/acu/overview.aspx">http://www.guysandstthomas.nhs.uk/our-services/acu/overview.aspx</a></p>  |

### Information to Support Patient Choice:

There is information available on the HFEA website about each of the providers that can support a patients' decision on where to be treated. See links below to each of the providers:

Bourn Hall - <https://www.hfea.gov.uk/choose-a-clinic/clinic-search/results/100/>

Cambridge IVF - <https://www.hfea.gov.uk/choose-a-clinic/clinic-search/results/51/>

Care Fertility - <https://www.hfea.gov.uk/choose-a-clinic/clinic-search/results/16/>

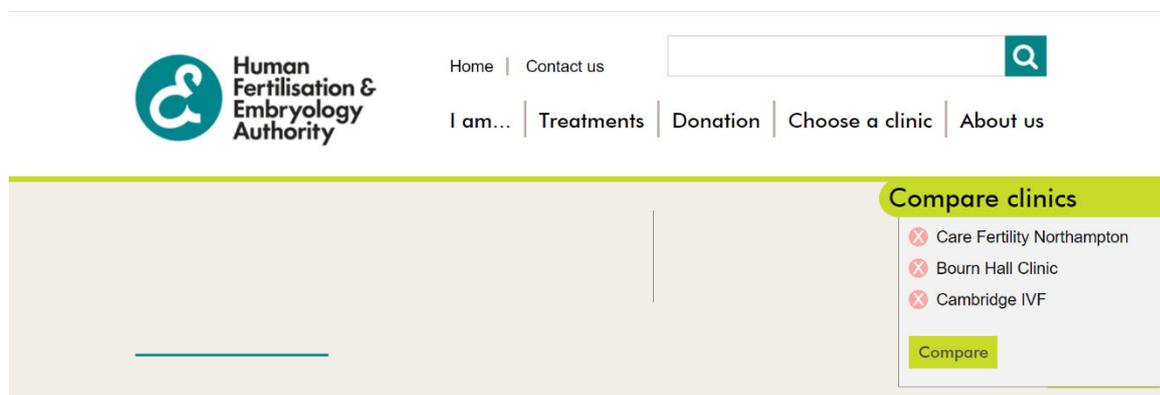
Guy's & St Thomas' - <https://www.hfea.gov.uk/choose-a-clinic/clinic-search/results/102/>

The HFEA website allows users to compare three clinics at a time, to do this follow the steps below:

Select one of the links above, then click 'Compare +' then click 'Compare Clinics' and 'add another clinic to compare' as shown below:

Once a user selects 'Add another clinic to compare' they will be directed to the 'Fertility Clinic Search' page, where searches for clinics can be undertaken in three ways: 1) post code, eg, the patients home post code 2) enter the name of the clinic or 3) find the clinic by clicking on the alphabet list.

When the next clinic's page has loaded click the 'Compare +' button, which will add the clinic to the compare clinics list; as shown below. Repeat steps above, if desired, to add up to three clinics to the list to compare and then click 'Compare', as shown below.



The information on the HFEA website includes but is not limited to: inspection ratings, patient ratings, live birth rates, donor services, donor gamete availability, facilities, clinic details, associated clinics, etc.

Please note: the full range of services available at these clinics may not be available to NHS funded patients, this policy should be reviewed for eligibility criteria and the services available to NHS funded patients.

For further information, patients may also choose to review the information available on the providers websites, see links below:

Bourn Hall - <https://www.bournhall.co.uk/>

Cambridge IVF - <https://www.cambridge-ivf.org.uk/>

Care Fertility - <https://www.carefertility.com/>

Guy's & St Thomas' - <https://www.guysandstthomas.nhs.uk/acu>

## Appendix 5 – GP Referral Form to Secondary Care

### Referral Form for Fertility Assessment and Treatment

This form must be used for referring patients from primary care to secondary care.  
Funding approval is not required.

For information see the Fertility Services Commissioning Policy [\[Here\]](#) you may want to share this with the patient so they are aware of the eligibility criteria for specialist fertility treatments (inc IVF/ICSI/IUI).

#### GP Information

|                       |              |                       |              |
|-----------------------|--------------|-----------------------|--------------|
| <b>Practice Name:</b> |              | <b>Practice Code:</b> | <GP Code>    |
| <b>Address:</b>       | <GP Details> | <b>Tel No:</b>        | <GP Details> |
| <b>Postcode:</b>      |              |                       |              |

#### Patient Information

|                  |                    |   |   |
|------------------|--------------------|---|---|
| <b>Name:</b>     | <Patient Name>     |   |   |
| <b>Address:</b>  | <Patient Address>  | <b>DoB:</b>   | <Date of birth>   |
|                  |                    | <small>(Females age 43 and above, advise high failure rates and limited fertility treatment options and not eligible for tertiary fertility services)</small> |   |
|                  |                    | <b>Gender:</b>  | <Gender>  |
|                  |                    | <b>NHS No:</b>  | <NHS number>  |
|                  |                    | <b>Hospital No. (if known):</b>   |   |
|                  |                    | <b>Home Tel No:</b>   | <Patient Contact Details>                                   |
|                  |                    | <b>Mobile Tel No:</b>   | <Patient Contact Details>                                   |
| <b>Postcode:</b> | <Patient Postcode> | <b>E-mail Address:</b>  | <Patient E-mail Address>                                    |
|                  |                    | <b>BLMK GP Registration:</b>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                  |                    | <small>Patient has been informed of criteria about being registered with a BLMK GP for 12 months prior to referral to tertiary care</small>                   |   |

#### Partner Information (if applicable)

|                  |  |   |   |
|------------------|--|---|---|
| <b>Name:</b>     |  |   |   |
| <b>Address:</b>  |  | <b>DoB:</b>   |   |
|                  |  | <b>Gender:</b>  |   |
|                  |  | <b>NHS No:</b>  |   |
|                  |  | <b>Hospital No. (if known):</b>   |   |
|                  |  | <b>Home Tel No:</b>   |   |
|                  |  | <b>Mobile Tel No:</b>   |   |
|                  |  | <b>E-mail Address</b>   |   |
| <b>Postcode:</b> |  | <b>BLMK GP Registration</b>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                  |  | <b>Duration:</b>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                  |  | <small>Partner has been informed of criteria about being registered with a BLMK GP for 12 months prior to referral to tertiary care</small> |   |

#### Other Information about the Patient/Couple

|  |  |
|--|--|
| <b>Entitlement to NHS Funded Treatment:</b><br><small>Overseas visitors, even those that have paid the immigration health surcharge, are not entitled to free NHS Funded Fertility Treatment, this</small> | <input type="checkbox"/> N/A <input type="checkbox"/> Yes - If one of the partners in the couple has paid the immigration health surcharge the couple have been informed that they may |
|--|--|

|  |   |   |
|--|---|---|
| includes secondary care interventions and any onward referrals to a tertiary provider.   | need to pay for their fertility treatment as per <a href="#">government guidance</a> .  |   |
| <b>Same Sex Couple:</b><br>(same sex male couples not eligible for tertiary services)  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| <b>Interpreter Required:</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If yes, please state requirements):<br>.....   |   |
| <b>Child Welfare:</b><br>I confirm there is no past medical or social history for either partner, which may be of concern with regards to the welfare of the unborn child (includes history of social care and crime against a child).<br><br>Any disclosures must be discussed with the ICB Designated Nurse or Doctor and/or local children's services to assess the risk prior to referral.   | <input type="checkbox"/> - I confirm there are no child welfare concerns<br><input type="checkbox"/> - The disclosure has been risk assessed. The ICB's risk assessment attached. |   |
| <b>Pregnancy/Child History:</b><br>Give details of previous pregnancy including outcomes, child, adoption, miscarriage, TOP etc (any child/ren from current or previous relationship will mean not eligible for tertiary services)   | <input type="checkbox"/> - Not Applicable<br><b>Details:</b>  | <input type="checkbox"/> - Not Applicable<br><b>Details:</b>  |
| <b>Length of Subfertility/Trying to Conceive:</b><br>Typically, referrals are after 1 year of trying to conceive or after 6 months if a known cause of subfertility or any of the reasons listed in table below and immediate for any diagnosed absolute infertility (see policy). Women of reproductive age who are using artificial insemination to conceive (with either partner or donor sperm) should be offered further clinical assessment and investigation if she has not conceived after 6 cycles of treatment | No. Months: .....   | No. Months: .....   |

| Health Information  | Patient   | Partner  |
|---|---|--|
| <b>Regular Menstrual Cycle?:</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable   |
| <b>Reason for early referral:</b><br>Referrals are made after:<br>- 1 year of trying to conceive; or<br>- 6 months if a known cause of subfertility or any of the reasons listed; or<br>- immediate for absolute infertility  | <b>Female:</b><br><input type="checkbox"/> Age 36+<br><input type="checkbox"/> Diagnosed PCOS / Endometriosis<br><input type="checkbox"/> History of PID<br><input type="checkbox"/> Previous ectopic pregnancy<br><input type="checkbox"/> Previous history of cancer<br><input type="checkbox"/> HIV, Hep B, Hep C<br><input type="checkbox"/> Absolute Infertility | <b>Male:</b><br><input type="checkbox"/> Previous testicular cancer or surgery<br><input type="checkbox"/> Known low sperm count<br><input type="checkbox"/> Erectile or ejaculatory problems<br><input type="checkbox"/> HIV, Hep B, Hep C<br><input type="checkbox"/> Absolute Infertility |
| <b>Smoking Status:</b><br>Advice given on smoking, effects on ability to conceive and not eligible for tertiary services in the NHS if either smoke and referral made to smoking cessation services if appropriate  | <input type="checkbox"/> Non-Smoker<br><input type="checkbox"/> Smoker  | <input type="checkbox"/> Non-Smoker<br><input type="checkbox"/> Smoker   |
| <b>BMI:</b><br>(BMI Range to access tertiary services is: Female 19- under 30, Male 19-under 35)<br>Advise being under/overweight effects ability to conceive and not eligible for tertiary services in the NHS if outside optimal ranges and referral made to dietitian if appropriate |   |  |
| <b>Alcohol Consumption:</b>   | <Diagnoses>, <Numerics>   |  |
| <b>Recreational Drug Use:</b>   | <Diagnoses>   |  |
| <b>Medical comorbidities:</b><br>Medical comorbidities should be optimised prior to the referral if possible. Consider referral for pre-conception counselling  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, please give details:   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, please give details:  |
| <b>Current Medication</b>   | Acutes <Medication><br><br>Repeats <Repeat templates>   |  |
| <b>Allergies</b>  | <Allergies & Sensitivities>   |  |

| Initial Lifestyle advice  | Tick                     |
|---|--------------------------|
| Provide patient information on conception rates and reassurance | <input type="checkbox"/> |

|  |                          |
|--|--------------------------|
| Advise on alcohol intake and recreation drug use     | <input type="checkbox"/> |
| Recommend folic acid supplementation                 | <input type="checkbox"/> |
| Other lifestyle advice (tight underwear, occupation) | <input type="checkbox"/> |

| Female Investigations   | Tick (if applicable)     |
|---|--------------------------|
| Serum FSH, LH, +/- oestradiol Level (Day 1-3) less than 8.9 or AMH more than 5.4pmo/l<br><i>(Note: day 1 is first day of menstrual bleed)</i> | <input type="checkbox"/> |
| Serum Progesterone at mid-luteal (Day 21 of a 28-day cycle):  | <input type="checkbox"/> |
| Serum Prolactin (If PCOS is suspected):   | <input type="checkbox"/> |
| Serum Testosterone (If PCOS is suspected):  | <input type="checkbox"/> |
| Serum Thyroid function tests (If PCOS is suspected):  | <input type="checkbox"/> |
| Pelvic Ultrasound (if applicable)   | <input type="checkbox"/> |

| Male Investigations  | Date | Result |
|--|------|--------|
| Semen Analysis:<br>(if abnormal repeat in 12 weeks except with gross spermatozoa deficiency e.g. azoospermia or severe oligozoospermia, then repeat ASAP). |      |        |
| Count  |      |        |
| Motility   |      |        |
| Morphology   |      |        |

| Screening   |                          |      |        |
|---|--------------------------|------|--------|
| Test  | Female                   | Male |        |
|   | Tick                     | Date | Result |
| Chlamydia Screening   | <input type="checkbox"/> |      |        |
| Hep B including core antibodies   | <input type="checkbox"/> |      |        |
| Hep C   | <input type="checkbox"/> |      |        |
| HIV status and core within the last 3 months and repeated every 2 years | <input type="checkbox"/> |      |        |
| Rubella IgG (must be immune to access tertiary services)                | <input type="checkbox"/> |      |        |
| Cervical Smear  | <input type="checkbox"/> |      |        |

| Test Results |
|--------------|
|              |

**Any other relevant information**, e.g. medical history requiring pre-conceptual care i.e. diabetes, epilepsy, genetic conditions and others. If same-sex female couple, are they considering 'shared motherhood'? Provide full details and confirm that referral for pre-conceptual care has occurred.

|  |
|--|
|  |
|--|

- Assess and manage ovulation disorders appropriately and consider referral to secondary care at this stage. Weight loss is an essential part of ovulation induction management. Women with a BMI >30 should be provided with weight loss advice and consider referral for weight management.
- Refer to secondary care for further investigations for suspected uterine and tubal abnormalities
- Refer for unexplained infertility if all hormonal profile and semen analysis normal

**To be completed by the GP** Please confirm:

- I have informed the single person or the couple that this intervention is only funded where criteria is met.
- The couple have been informed that they must attend all hospital appointments together.
- The single person or the couple is aware of the limits of treatments offered under the NHS under this care pathway.

|                              |           |                |
|------------------------------|-----------|----------------|
| <b>Referrer Information:</b> |           |                |
| <b>GP Name:</b>              | <GP Name> | <b>Date:</b>   |
|                              |           | <Today's date> |

| Tertiary Providers (FOR INFORMATION ONLY)  |  |
|--|--|
| <p><b>Bourn Hall Clinic</b></p> <p>Bourn Hall Clinic, Bourn, Cambridge, CB23 2TN. Tel: 01954 7171210<br/> <a href="https://www.bournhall.co.uk/clinics/cambridge/">https://www.bournhall.co.uk/clinics/cambridge/</a></p> <p>Bourn Hall Clinic, Unit 3, The Apex Gateway 11, Farrier Close, Wymondham<br/>                     Norwich, Norfolk, NR18 0WF.<br/> <a href="https://www.bournhall.co.uk/clinics/norwich/">https://www.bournhall.co.uk/clinics/norwich/</a></p> <p>Bourn Hall Clinic, 25 London Road, Wickford, Essex, SS12 0AW<br/> <a href="https://www.bournhall.co.uk/clinics/essex/">https://www.bournhall.co.uk/clinics/essex/</a></p> | <p><b>CARE Fertility</b></p> <p>Care Fertility Northampton, 67 The Avenue, Northampton, NN1 5BT<br/> <a href="https://www.carefertility.com/our-clinics/ivf-clinic-northampton/">https://www.carefertility.com/our-clinics/ivf-clinic-northampton/</a></p> <p>Care Fertility London, Park Lorne, 111 Park Road, London, NW8 7JL<br/> <a href="https://www.carefertility.com/our-clinics/ivf-clinic-london/">https://www.carefertility.com/our-clinics/ivf-clinic-london/</a></p> |
| <p><b>Cambridge IVF</b></p> <p>Cambridge IVF, Cambridge University Hospitals Foundation Trust, Kefford House, Maris Lane, Trumpington, Cambridge, CB2 9LG<br/> <a href="https://www.cambridge-ivf.org.uk/">https://www.cambridge-ivf.org.uk/</a></p>   | <p><b>Guy's &amp; St Thomas'</b></p> <p>Guy's &amp; St Thomas', Guy's Hospital, 11th floor, Tower Wing, Great Maze Pond<br/>                     London SE1 9RT. Tel: 020 7188 2300<br/> <a href="http://www.guysandstthomas.nhs.uk/our-services/acu/overview.aspx">http://www.guysandstthomas.nhs.uk/our-services/acu/overview.aspx</a></p>   |

**Appendix 6 – Consultant Referral Form from Secondary Care to Specialist IVF Providers (Tertiary Care)**

**Referral Form for Specialist Fertility Treatment**

This form must be used for referring patients from secondary care to tertiary care (Specialist IVF Providers).

Funding approval is not required, however the **referring clinician must ensure the patient/s meet all relevant criteria** in the Fertility Services Commissioning Policy [[Here](#)].

| GP Details                         | PATIENT<br>(to undergo IVF treatment) | PARTNER (if applicable) |
|------------------------------------|---------------------------------------|-------------------------|
| GP Name:                           |                                       |                         |
| GP practice name and full address: |                                       |                         |
| GP e-mail address:                 |                                       |                         |
| Practice Tel No:                   |                                       |                         |

| General Information:  | PATIENT<br>(to undergo IVF treatment) | PARTNER (if applicable) |
|---|---------------------------------------|-------------------------|
| Sex:  |                                       | Male / Female           |
| Name:   |                                       |                         |
| Date of birth:  |                                       |                         |
| Age:  |                                       |                         |
| NHS No:   |                                       |                         |
| Patient Reference:  |                                       |                         |
| Home Address:<br>Post code:   |                                       |                         |
| Tel/Mobile No:  |                                       |                         |
| E-mail Address:   |                                       |                         |
| Overseas Visitor?<br>(If yes, advise they may need to pay for their treatment as per <a href="#">government guidance</a> ): |                                       |                         |
| Is an interpreter required?<br>(If yes, please state requirements):   |                                       |                         |

| Referral Details             |  |                   |  |
|------------------------------|--|-------------------|--|
| Date of Initial GP Referral: |  |                   |  |
| Consultant's Name:           |  | Telephone number: |  |
| Consultant's e-mail:         |  |                   |  |
| Hospital:                    |  |                   |  |
| Date of Referral:            |  |                   |  |

| Criteria | Response | Eligible<br>(mark as appropriate) |    |
|----------|----------|-----------------------------------|----|
|          |          | Yes                               | No |
|          |          |                                   |    |

|   |                  |  |     |  |
|---|------------------|--|-----|--|
| <p><b>Duration of infertility:</b><br/>The couple must have subfertility &gt; 2 years. (The couple should have had no natural pregnancies or been using contraception within this timeframe – referring clinician should verify this with GP).</p> <p><b>Or</b><br/>The single person or same sex female couple have self-funded 6 cycles of artificial insemination or documented IUI over a period of 2 years to establish fertility status, before being referred from secondary care to a tertiary provider</p>   | Years:           |  |     |  |
|   | Provide Details: |  |     |  |
| <p><b>Diagnosed cause of absolute infertility:</b><br/>Does the couple/single person have a diagnosed cause of absolute permanent infertility (which precludes any possibility of natural conception)? If so, specific details must be provided.</p>  | Give Details:    |  |     |  |
| <p><b>Previous IVF cycles (whether self or NHS funded)</b><br/>If the patient has ever received previous IVF or ICSI treatment funded by the NHS or 2 previous cycles of IVF or ICSI (irrespective of whether NHS or privately funded) they are not eligible</p>  | Number:          |  |     |  |
| <p><b>Age of female at date of referral to IVF provider service</b><br/>Women aged 23 to 39 years at the start of treatment*.</p> <p>Women aged 40 to 42 years may be entitled to treatment where there has been a discussion of the additional implications of IVF and pregnancy at this stage.(ie, must be before their 43 birthday) otherwise they are not eligible.</p> <p>*A fresh assisted conception treatment cycle commences either:</p> <ul style="list-style-type: none"> <li>• at commencement of down regulation OR</li> <li>• the start of ovarian stimulation OR</li> <li>• if no drugs are used when an attempt is made to collect eggs.</li> </ul> | Years:           |  |     |  |
| <p><b>Age of male at date of referral to IVF provider service</b></p>   | Years:           |  |     |  |
| <p><b>BMI of Female at date of referral to IVF provider service:</b><br/>The person to undergo fertility treatment (and any same-sex female partner involved in 'Shared Motherhood') must have a BMI of between 19 and 30</p>   | BMI:             |  |     |  |
| <p><b>BMI of Male at date of referral to IVF provider service:</b><br/>Any male partners must have a BMI between 19 and under 35 at the time of referral.</p>   | BMI:             |  |     |  |
| <p><b>FSH or AMH:</b><br/>FSH less than 8.9 within the last three months<br/>or<br/>AMH levels of more than 5.4pmo/l in the last 12 months</p>  | Level            |  |     |  |
| <p><b>BLMK GP Registration:</b><br/>The single person or both partners of a couple must have been registered with a GP in Bedfordshire, Luton &amp; Milton Keynes Integrated Care Board (ICB) for at least 12 months prior to referral to tertiary care</p>   | Years:           |  |     |  |
| <p><b>Chronic Viral Infections and other Medical Conditions:</b><br/>Does the patient/s have any chronic viral infection or other medical condition which mean treatment should be denied on medical grounds?</p>   | Give details:    |  |     |  |
| <b>Not eligible if answer 'yes' to any of these questions:</b>  |                  |  |     |  |
| <b>Smoking – does either partner smoke at time of referral for IVF?</b>   | Yes:             |  | No: |  |
| <b>Parental Status – does either partner have a living child?</b><br>This includes a living child (including adopted) from either partner's current or previous relationships   | Yes:             |  | No: |  |
| <b>Has either partner been sterilised?</b>  | Yes:             |  | No: |  |

| Clinical Information             |  |
|----------------------------------|--|
| Number of TOPs:                  |  |
| Number of miscarriages/ectopics: |  |

| Investigations Female   |       |         |
|---|-------|---------|
|   | Date: | Result: |
| Ultrasound or pelvic/uterine assessment (specify procedure carried out: |       |         |
| LH (day 2-4):   |       |         |
| Estradiol (day 2-4):  |       |         |
| Tubal Patency   |       |         |

| Investigations Male |                          |  |               |
|---------------------|--------------------------|--|---------------|
| Semen Analysis:     | Date:                    |  | Volume:       |
| Sperm Count:        | Progressively motiles =: |  | Normal forms: |

| Screening  |        |         |      |         |
|--|--------|---------|------|---------|
| Test   | Female |         | Male |         |
|  | Date   | Results | Date | Results |
| HIV Screening                                    |        |         |      |         |
| Hep B Surface Antigen                            |        |         |      |         |
| Hep B Core Antibody                              |        |         |      |         |
| Chlamydia Screening                              |        |         |      |         |
| Hep C  |        |         |      |         |
| Haemoglobinopathy Electrophoresis (if indicated) |        |         |      |         |
| Rubella  |        |         |      |         |
| Cervical Smear                                   |        |         |      |         |

Any other relevant information, eg allergies:

| Welfare of the Unborn Child  | <i>Mark as appropriate</i> |  | Yes | No |
|--|----------------------------|--|-----|----|
| Are you aware of anything in the past medical or social history of either partner, which may be of concern with regard to the welfare of the unborn child (includes history of social care and crime against a child)? |                            |  |     |    |
| If the answer is 'Yes', but you still wish to refer the patients, please provide full details of any relevant concerns or extenuating circumstances  |                            |  |     |    |

Please include any other relevant blood tests result, investigations or information.

| Select Tertiary Provider   |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <b>Bourn Hall Clinic</b>   | <input type="checkbox"/> | <b>CARE Fertility</b>  | <input type="checkbox"/> |
| Bourn Hall Clinic, Bourn, Cambridge, CB23 2TN. Tel: 01954 7171210<br><a href="https://www.bournhall.co.uk/clinics/cambridge/">https://www.bournhall.co.uk/clinics/cambridge/</a> |                          | Care Fertility Northampton, 67 The Avenue, Northampton, NN1 5BT<br><a href="https://www.carefertility.com/our-clinics/ivf-clinic-northampton/">https://www.carefertility.com/our-clinics/ivf-clinic-northampton/</a> |                          |

|   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| <p>Bourn Hall Clinic, Unit 3, The Apex Gateway<br/>11, Farrier Close, Wymondham<br/>Norwich, Norfolk, NR18 0WF.<br/><a href="https://www.bournhall.co.uk/clinics/norwich/">https://www.bournhall.co.uk/clinics/norwich/</a></p> <p>Bourn Hall Clinic, 25 London Road, Wickford,<br/>Essex, SS12 0AW<br/><a href="https://www.bournhall.co.uk/clinics/essex/">https://www.bournhall.co.uk/clinics/essex/</a></p> |                          | <p>Care Fertility London, Park Lorne, 111<br/>Park Road, London, NW8 7JL<br/><a href="https://www.carefertility.com/our-clinics/ivf-clinic-london/">https://www.carefertility.com/our-clinics/ivf-clinic-london/</a></p>   |                          |
| <p><b>Cambridge IVF</b></p> <p>Cambridge IVF, Cambridge University<br/>Hospitals Foundation Trust, Kefford House,<br/>Maris Lane, Trumpington, Cambridge, CB2<br/>9LG<br/><a href="https://www.cambridge-ivf.org.uk/">https://www.cambridge-ivf.org.uk/</a></p>   | <input type="checkbox"/> | <p><b>Guy's &amp; St Thomas'</b></p> <p>Guy's &amp; St Thomas', Guy's Hospital, 11th<br/>floor, Tower Wing, Great Maze Pond<br/>London SE1 9RT. Tel: 020 7188 2300<br/><a href="http://www.guysandstthomas.nhs.uk/our-services/acu/overview.aspx">http://www.guysandstthomas.nhs.uk/our-services/acu/overview.aspx</a></p> | <input type="checkbox"/> |

**STATEMENT TO BE SIGNED BY THE REFERRING CONSULTANT:**

I confirm that all the above access criteria have been met and this person/couple is therefore eligible for NHS funded IVF treatment. They have been advised that, from the list above, they have a choice of Centre for their treatment.

By submitting this request you are confirming that you have fully explained to the patient why they are eligible for NHS treatment and they have consented to you submitting this referral.

Referrer's name: (please print)

Referrer's signature: .....

Date of referral: .....