NHS
Bedfordshire
Clinical Commissioning Group

Fertility Services Commissioning Policy

1st April 2017

Author:	*Angelina Florio, Commissioner*
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POLICY DEVELOPMENT PROCESS

Names of those involved in policy development

Name	Designation	Email
EoE Consortium Fertility Service Clinical Group	EoE Consortium. The consortium included representatives from all 199 CCG including Clinical commissioners, Public Health Consultant, GPwSI and GP clinical leads.	Dr Rachel Joyce
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Names of those consulted regarding the policy approval

Date	Name	Designation	Email
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Equality Impact Assessment prepared and held by

Date	Name	Designation	Email
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Committee where policy was discussed/approved/ratified

Committee/Group	Date	Status
Risk Management and Clinical Governance Committee	*19th April 2017*	Approved
Executive Management Team	*27th April 2017*	Ratified

Equality Impact Assessment

Bedfordshire Clinical Commissioning Group is committed to promoting equality in all its responsibilities – as commissioner of services, as a provider of services, as a partner in the local economy and as an employer. This policy will contribute to ensuring that all users and potential users of services and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender, reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

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1. Introduction

1.1.1. This Commissioning Policy sets out the criteria for access to NHS funded specialist fertility services for the population of the east of England CCG consortium, along with the commissioning responsibilities and service provision.

1.1.2. This policy is specifically for those couples who do not have a living child from their current or any previous relationships **prior to starting NHS funded treatment**, regardless of whether the child resides with them. This includes any adopted child within their current or previous relationships; this will apply to adoptions either in or out of the current or previous relationships.

1.1.3. This policy applies to couples which include a female able to carry a foetus through to birth.

1.1.4. The paper specifically sets out the entitlement and service that will be provided by the NHS for In Vitro Fertilisation (IVF) and Intracytoplasmic Sperm Injection (ICSI). These services are commissioned by Clinical Commissioning Groups and provided via tertiary care providers.

1.1.5. It is the purpose of the criteria set out in this policy to make the provision of fertility treatment fair, clear and explicit. This paper should be read in conjunction with NICE Guidance CG156 “Fertility: assessment and treatment for people with fertility problems”(2013) available on their website at http://publications.nice.org.uk/fertility-cg156

1.2 Review

1.2.1 This policy will be reviewed in April 2015 and thereafter it will be reviewed annually. It will also be reviewed within 3 months of any legislative changes that should or may occur in the future. The date of the next review will be April 2015.

2. Purpose

2.1. **Commissioning responsibility**

2.1.1. 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.

2.1.2. Specialist Fertility Treatments within the scope of this policy are:

- In-vitro fertilisation (IVF) and Intra-cytoplasmic sperm injection (ICSI)
- Surgical sperm retrieval methods
- Donor Insemination (DI)
- Intra Uterine Insemination (IUI) unstimulated

- Sperm, embryo and male gonadal tissue cryostorage and replacement techniques.
- Egg donation where no other treatment is available
- Blood borne viruses (ICSI + sperm washing)
- Egg and sperm storage for patients undergoing cancer treatment, subject to the normal criteria being met.

For further details of what is funded for each CCG, please see the appendix 1.

2.1.3. 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

2.1.4. Formal IVF commissioning arrangements will support the implementation of this policy including a contract between East and North Hertfordshire CCG (have delegated responsibility for procurement) and each tertiary centre. Quality Standards and clinical governance arrangements will be put in place with these centres, and outcomes will be monitored and performance managed in accordance with the Human Fertilisation & Embryology Authority Licensing requirements or any successor organisations.

2.1.5. This policy is specifically for those couples who do not have a living child from their current or any previous relationships **prior to starting NHS funded treatment**, regardless of whether the child resides with them. This includes any adopted child within their current or previous relationships; this will apply to adoptions either in or out of the current or previous relationships.

2.1.6 Couples who do not meet the criteria and consider they have exceptional circumstances should be considered under the Individual Funding Request (IFR) policy of their CCG. All IFR funding queries should be directed to the IFR team of the relevant CCG who may liaise with the central contracting team. Funding of such exceptional cases is the responsibility of the CCG.

2.1.7 Couples will be offered a choice of providers that have been commissioned by the CCG.

2.2. Specialist Fertility services policy and criteria

2.2.2. The CCG only commissions the following fertility techniques regulated by the Human Fertilisation & Embryology Authority (HFEA). (This policy includes HFEA regulated techniques to date).

2.3. In-Vitro Fertilisation (IVF)

2.3.2. An IVF procedure includes the stimulation of the women's ovaries to

produce eggs which are then placed in a special environment to be fertilised. The fertilised eggs are then transferred to the woman's uterus.

2.3.3. For women less than 39 years this policy supports a maximum of 2 embryo transfers with a maximum of 1 fresh cycles of IVF, with or without ICSI, this includes any abandoned cycles. Please refer to appendix 1 for number of funded cycles and embryo transfers funded.

2.3.4. A full cycle of IVF treatment, with or without intracytoplasmic sperm injection (ICSI), should comprise 1 episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s). This will include the storage of any frozen embryos for 1 year following egg collection. Patients 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.

2.3.5. An embryo transfer is from egg retrieval to transfer to the uterus. The fresh embryo transfer would constitute one such transfer and each subsequent transfer to the uterus of frozen embryos would constitute another transfer.

2.3.6. Before a new fresh cycle of IVF can be initiated any previously frozen embryo(s) must be utilized.

2.3.7. Where couples have previously self-funded a cycle then the couples must utilise the previously frozen embryos, rather than undergo ovarian stimulation, egg retrieval and fertilisation again.

2.3.8. Embryo transfer strategies:

- For women less than 37 years of age only one embryo or blastocyst to be transferred in the first cycle of IVF and for subsequent cycles only one embryo/blastocyst to be transferred unless no top quality embryo/blastocyst available then no more than 2 embryos to be transferred
- For women age 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.

2.3.10. A fresh cycle would be considered completed with the attempt to collect eggs and transfer of a fresh embryo.

2.3.11. If any fertility treatment results in a **living child,** then the couple will no longer be considered childless and will not be eligible for further NHS funded fertility treatments, including the implantation of any stored embryos. Any costs relating to the continued storage of the embryos beyond the first calendar year of the retrieval date is the responsibility of the couple.

2.4. Clinical Indications:

2.4.1. In order to be eligible for treatment, Service users should have experienced unexplained infertility for three years or more of regular intercourse or 12 evidenced cycles of artificial insemination over a period of 3 years. There is no criterion for couples with a diagnosed cause of infertility – see below:

(a) Tubal damage, which includes:

- Bilateral salpingectomy
- Moderate or severe distortion not amenable to tubal surgery

(b) Premature Menopause (defined as amenorrhoea for a period more than 6 months together with a raised FSH >25 and occurring before age 40 years)

(c) Male factor infertility. Results of semen analysis conducted as part of an initial assessment should be compared with the following World Health Organization reference values*:

- semen volume: 1.5 ml or more
- pH: 7.2 or more
- sperm concentration: 15 million spermatozoa per ml or more
- total sperm number: 39 million spermatozoa per ejaculate or more
- total motility (percentage of progressive motility and non-progressive motility): 40% or more motile or 32% or more with progressive motility
- vitality: 58% or more live spermatozoa
- sperm morphology (percentage of normal forms): 4% or more.

(d) Appropriately treated ovulation problems without a successful pregnancy achieved.

(e) Endometriosis where Specialist opinion is that IVF is the correct treatment

(f) Cancer treatment causing infertility necessitating IVF/ICSI (eligibility criteria still apply)

2.5. Surgical Sperm Recovery

2.5.1. Surgical sperm retrieval methods included for service provision aretesticular sperm extraction (TESE) and percutaneous epididymal sperm aspiration (PESA).

2.5.2. Micro surgical Sperm recovery is not routinely funded and must be considered as an IFR application to the relevant CCG.

2.5.3. Sperm recovery techniques outlined in this section are not available to patients who have undergone a vasectomy.

2.5.4 Surgery to correct tubal blockage is not available, unless no other sperm retrieval options are successful or appropriate.

2.6. Donor insemination

2.6.1. The use of donor insemination is considered effective in managing fertility problems associated with the following conditions:

- obstructive azoospermia
- non-obstructive azoospermia
- severe deficits in semen quality in couples who do not wish to undergo ICSI.
- Infectious disease of the male partner (such as HIV)
- Severe rhesus isoimmunisation
- Where there is a high risk of transmitting a genetic disorder to the offspring

2.6.2. Donor insemination is funded up to a maximum of 6 cycles of Intrauterine Insemination (IUI). (Please see appendix for number of cycles relevant to CCG)

2.7. Intra Uterine Insemination (IUI)

2.7.1. NICE guidelines state that unstimulated intrauterine insemination as a treatment option in the following groups as an alternative to vaginal sexual intercourse:

- 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
- people with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the man is HIV positive)

2.8.2. A maximum of 1 cycle of IUI (as a replacement for IVF/ICSI and without donor sperm) will only be offered under exceptional circumstances and an IFR application for funding must be made to the CCG.

2.9. Egg donation where no other treatment is available

2.9.1. The patient may be able to provide an egg donor; alternatively the patient can be placed on the waiting list, until an altruistic donor becomes available. If either of the couple exceeds the age criteria prior to a donor egg becoming available, they will no longer be eligible for treatment.

2.9.2. This will be available to women who have undergone premature ovarian failure (amenorrhoea >6 months and a raised FSH >25) due to an identifiable pathological or iatrogenic cause before the age of 39 years or to avoid transmission of inherited disorders to a child where the couple meet the other eligibility criteria.

2.10. Egg and Sperm storage for patients undergoing cancer treatments

2.10.1. Individual must not have any other children from existing or previous relationships to qualify for this.

2.10.2. When considering and using cryopreservation for people before starting chemotherapy or radiotherapy that is likely to affect their fertility, follow recommendations in ‘The effects of cancer treatment on reproductive functions’ (2007).

2.10.3. When using cryopreservation to preserve fertility in people diagnosed with cancer, use sperm, embryos or oocyctes.

2.10.4. Offer sperm cryopreservation to men and adolescent boys who are preparing for medical treatment for cancer that is likely to make them infertile.

2.10.5. Local protocols should exist to ensure that health professionals are aware of the values of semen cryostorage in these circumstances, so that they deal with the situation sensitively and effectively.

2.10.6. Offer oocyte or embryo cryopreservation as appropriate to women of reproductive age (including adolescent girls) who are preparing for medical treatment for cancer that is likely to make them infertile if:

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

2.10.6. Cryopreserved material may be stored for an initial period of 10 years.

2.10.7. Following cancer treatment, couples seeking fertility treatment must meet the defined eligibility criteria.

2.11. Pre-implantation Genetic Diagnosis (PGD)

2.11.1. This policy does not include pre-implantation genetic screening as it is not considered to be within the scope of fertility treatment. This service is commissioned by NHS England. Providers should seek approval from Specialist Commissioning NHS England.

2.12. Chronic Viral Infections

2.12.1. The need to prevent the transmission of chronic viral infections, during conception, such as HIV, Hep C etc requires the use of ICSI technology.

2.12.2. Sperm washing is not offered as part of fertility treatment for men with hepatitis B as per NICE guidance (section 1.3.10.9).

2.12.3. This may not be a fertility treatment, but should be considered as a risk reduction measure for a couple who wish to have a child, but do not want to risk the transmission of a serious pre-existing viral condition to the woman and therefore potentially her unborn baby.

2.13. Privately funded care

2.13.1. This policy covers NHS funded fertility treatment only. For clarity, Patients will not be able to pay for any part of the treatment within a cycle of NHS fertility treatment. This includes, but is not limited to, any drugs (including drugs prescribed by the couple's GP), recommended treatment that is outside the scope of the service specification agreed with the Secondary or Tertiary Provider or experimental treatments.

2.13.2. Where a patient meets this 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.

2.14. Surrogacy

2.14.1. Surrogacy is not commissioned as part of this policy. This includes part funding during a surrogacy cycle. For the purposes of this policy, surrogacy is a female external to the couple being used to carry a pregnancy on behalf of the couple where there are medical reasons where the female is unable to carry.

2.15. Referrals

2.15.1. Couples who experience problems with their fertility will attend their GP practice to discuss their concerns and options. The patients will be assessed within the Primary and Secondary Care setting.

2.15.2. A decision to refer a couple for IVF or other fertility services will be based on an assessment against this eligibility Criteria which is based on the NICE guidelines and the HFEA recommendations as detailed in the clinical pathways.

2.15.3. Referral to the tertiary centre will be via a consultant gynaecologist or GP with Special Interest (GPSI) in primary care.

2.16. Access Criteria

No	Criterion	Description
1	Ovarian Reserve Testing, use one of the following: • FSH	To be eligible, the patient should have an FSH within 3 months of referral and on day 2 of the menstrual cycle of <9.
2	Maternal age	Women aged 23 to 39 years at the start of super-ovulation (treatment) but where a woman reaches the age of 40 during treatment they will complete that cycle in the 40th year and will not be entitled to commence further cycles
3	Paternal Age	Any treatment must be commenced before the male is 55 years of age.
4	Minimum / Maximum BMI	Between at least 19 and up to 30 for female and less than 35 for male. Patients 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.
5	Duration of sub-fertility	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. See also criteria no 13.
6	Previous Fertility treatment for Women <40 years	NHS treatment limit will be determined by local CCG policy up to maximum of 2 embryo transfers, with a maximum of 1 fresh cycle of assisted conception (IVF or IVF with ICSI if required and including sperm retrieval where indicated). Please see appendix 1 Previous privately or NHS funded cycles will count towards the total number of fresh cycles funded by the NHS
7	Smoking Status	Couples who smoke will not be eligible for NHS-funded specialist assisted reproduction assessment or treatment Where either of a couple smokes, only couples who agree to take part in a supportive or successful programme of smoking cessation with Carbon Monoxide verification as an evidence of non-smoking status will be accepted onto the IVF treatment waiting list. Couples must have stopped smoking for at least 6 months.

9	Parental Status	Couples are ineligible for treatment if there are any living children from the current or any previous relationships, regardless of whether the child resides with them. This includes any adopted child within their current or previous relationships; this will apply to adoptions either in or out of the current or previous relationships.
10	Previous sterilisation	Ineligible if previous sterilisation has taken place (either partner), even if it has been reversed.
11	Child Welfare	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.
12	Medical Conditions	Treatment may be denied on other medical grounds not explicitly covered in this document.
13	Residential Status	The couple should either be registered with a GP in BCCG for 12+ months, or if their GP registration is less than 12 month, they can be eligible if they can demonstrate residency of 12+ months in a CCG area within the EoE consortium.
14	The cause of Infertility	In order to be eligible for treatment, Service users should have experienced unexplained infertility for three years or more of regular intercourse or 12 evidenced cycles of artificial insemination over a period of 3 years. There is no criterion for couples with a diagnosed cause of infertility – see below: (a) Tubal damage, which includes: • Bilateral salpingectomy • Moderate or severe distortion not amenable to tubal surgery (b) Premature Menopause- amenorrhoea >6m and FSH >25 and aged <39 (c) Male factor infertility (d) Ovulation problems adequately treated but not successfully treated i.e no successful pregnancy achieved (e) Endometriosis where Specialist opinion is that IVF is the correct treatment (f) Cancer treatment causing infertility necessitating IVF/ICSI (eligibility criteria still apply)

15	The minimum investigations required prior to referral to the Tertiary centre are:	Female: • Laparoscopy and/or hysteroscopy and/or hysterosalpingogram or ultrasound scan where appropriate • Rubella antibodies • Day 2 FSH. • Chlamydia screening • Hep B including core antibodies and Hep C and HIV status and core, within the last 3 months of treatment and repeated every 2 years. Male: • Preliminary Semen Analysis and appropriate investigations where abnormal (including genetics) • Hep B including core antibodies and Hep C, within the last 3 months and repeated after 2 years. • HIV status
16	Pre-implantation Genetic Diagnosis	PGD and associated specialist fertility treatment is the commissioning responsibility of NHS England and is excluded from the CCG commissioned service.
17	Rubella Status	The woman must be rubella immune
18	IUI (Unstimulated)	Maximum of 1 cycle of IUI (as a replacement for IVF/ICSI and without donor sperm) will only be offered under exceptional circumstances and an IFR application for funding must be made to the CCG.
19	Number of cycles of IVF	Women<39yr- 1 full cycle. If the woman reaches the age of 40 during treatment, complete the current full cycle but do not offer further full cycles.
20	Waiting times	>3yrs (see appendix 1 in Fertility Policy Document for CCG criteria and funding levels)

3. Definitions

In-vitro fertilisation (IVF)	An IVF procedure includes the stimulation of the ovaries to produce eggs which are then placed in environment to be fertilised. The fertilised eggs a transferred to the woman's uterus.
Intra-cytoplasmic sperm injection (ICSI)	Intra-cytoplasmic sperm injection (ICSI) differs from conventional in vitro fertilisation (IVF) in that the embryologist selects a single sperm to be injected directly into an egg, instead of fertilisation taking place in a dish where many sperm are placed near an egg
Donor Insemination (DI)	Uses sperm from a donor to help the woman become pregnant
Intra Uterine Insemination (IUI)	Intrauterine insemination (IUI) involves a laboratory procedure to separate fast moving sperm from more sluggish or non-moving sperm. The fast moving sperm are then placed into the woman's womb close to the time of ovulation when the egg is released from the ovary in the middle of the monthly cycle.
Full cycle	This term is used to define a full IVF treatment, which should include 1 episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s).

4. Responsibilities

This policy replaces the Fertility Services Commissioning Policy developed by the NHS East of England Specialist Group and any policies prior to this.

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.

All clinicians referring to level 3 services or tertiary services are responsible for ensuring that service users referred are eligible for SFS in line with the criteria contained within this policy. The Assisted Conception - Consultant Referral to Specialist Provider for IVF Treatment form (appendix 2) should be completed for all eligible service users.

All level 3 services or tertiary services are responsible for ensuring that they only provide the level of service detailed within this policy to NHS funded service users whom are the responsibility of Bedfordshire CCG that are referred to them.

5. Monitoring

BCCG will gain assurance regarding the quality of the Specialist Fertility Service (SFS) through contractual arrangements. This will ensure that through the scrutiny of compliance with contracts, the commissioned services, health services and healthcare workers will engage and effectively contribute to high level SFS.

The above will include the requirement for sharing information with the CCG in all commissioning arrangements, contracts and/or service level agreements.

6. References

NICE Guidance CG156 “Fertility: assessment and treatment for people with fertility problems”(2013) available on their website at http://publications.nice.org.uk/fertility-cg156

Human Fertilisation & Embryology Authority (HFEA). http://www.hfea.gov.uk

7. Appendices

Appendix 1: Bedfordshire CCG Policy Criteria

Number of IVF cycles	Maximum number of Embryo transfers including fresh and frozen	Waiting times	Age	Paternal age	Child Welfare
1	2	3 years of unexplained infertility	23 to 39 years	55 years	Couples are ineligible for treatment if there are any living children from the current or previous relationships regardless of whether the child resides with them. This includes any adopted child within their current or previous relationships.

Appendix 2: Consultant Referral to Specialist Provider for IVF Treatment

Assisted Conception - Consultant Referral to Specialist Provider for IVF Treatment

Couples who do not meet the BCCG Assisted Conception Policy eligibility criteria and consider they have exceptional clinical circumstances may be referred to the BCCG's Exceptional Cases Panel

Patient Consent *Mark as appropriate*	**Yes**	**No**
Is the patient aware of this referral and the content of this form?		

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.

Note: If the patient does not wish to disclose this information the consultant will need to refer to the CCG Exceptional Cases Panel.

Patient Information			
Name:			
Address:		**DoB:**	
		NHS No:	
		Home Tel No:	
		Mobile Tel No:	

Partner Information			
Name:			
Address:		**DoB:**	
		NHS No:	
		Home Tel No:	
		Mobile Tel No:	

GP Information			
Name:			
Address:		**Telephone No:**	
		NHS net email address:	

Date of Initial GP Referral:	

Name of Referring Consultant		**Telephone number:**	
Hospital of Referring Consultant:			

Date of Consultant Referral:	

CCG Eligibility Criteria **(see Assisted Conception Policy for details of eligibility and number of cycles likely to be available for the patient)**

Criteria	**Response**				**Eligible** *(mark as appropriate* **Yes**	**No**
Duration of infertility:	Years:					
Diagnosed cause of absolute infertility:	State:					
At least 3 years infertility (3 years of ovulatory cycles) despite regular unprotected vaginal sexual intercourse with the partner seeking treatment or a diagnosed cause of absolute infertility:	State:					
Previous IVF cycles (whether self or NHS funded)	Number:					
Age of female at date of referral to IVF provider service	Years:					
Age of male at date of referral to IVF provider service	Years:					
BMI of Female at date of referral to IVF provider service (policy states 19-30 kg/m^2):	BMI:					
BMI of Male at date of referral to IVF provider service (policy states 19-35 kg/m^2):	BMI:					
FSH level on day 2 of cycle within 3 months: **(policy states less than 9)**	Level					
Residency – are both partners registered with a GP in the EoE and eligible for NHS care for at least 12 months prior to referral?	Yes/no					
Not eligible if answer 'yes' to any of these questions:						
Smoking – does either partner smoke at time of referral for IVF?	Yes:		No:			
Parental Status – are there any living children from the couple's current or previous relationships – this includes adopted children in their current or previous relationships?	Yes:		No:			
Have either partner been sterilised?	Yes:		No:			

In an interpreter required?	**Yes**	**No**	If 'Yes' what language (including sign language)	

Provider Choice *(mark as appropriate)*

Bourn Hall Clinic Bourn Hall Clinic Bourn Cambridge CB23 2TN United Kingdom Tel: + 44 (0)1954 719111 http://www.bourn-hall-clinic.co.uk/ Bourn Hall Clinic Colchester Charter Court Newcomen Way Colchester Essex C04 9YA Tel: +44 (0) 1206 844454 http://www.bourn-hall-clinic.co.uk/our-fertility-clinics/bourn-hall-clinic-colchester/ Bourn Hall Clinic Norwich Unit 3 The Apex Gateway 11, Farrier Close Wymondham Norfolk NR18 0WF Tel: +44 (0) 1953 600150 http://www.bourn-hall-clinic.co.uk/our-fertility-clinics/bourn-hall-clinic-norwich/		**London Women's Clinic** 113 - 115 Harley Street London W1G 6AP UK Enquiries & new patient appointments Tel: +44 (0) 20 7563 4309 http://www.londonwomensclinic.com/ The Bridge Centre 1 St Thomas Street London SE1 9RY Tel: +44 (0) 207 9083830 http://www.thebridgecentre.co.uk/ London Sperm Bank 112 Harley Street London W1G 7JQ Tel: +44 (0) 207 5634309 http://www.londonwomensclinic.com/	
Create Health Ltd St Georges House 3-5 Pepys Road West Wimbledon SW20 8NJ Tel: +44 (0)20 8947 9600 http://www.createhealth.org/ Create Health St Paul's 150 Cheapside, City of London London EC2V 6ET Tel: +44 (0) 333 2407300 http://www.createhealth.org/		**Guy's & St Thomas'** Guy's Hospital 11th floor, Tower Wing Great Maze Pond London SE1 9RT Tel: 020 7188 2300 http://www.guysandstthomas.nhs.uk/our-services/acu/overview.aspx	
The Centre for Reproductive and Genetic Health The New Wing, Eastman Dental Hospital, 256 Gray's Inn Road, London WC1X 8LD Tel: 020 7837 2905 http://www.crgh.co.uk/contactus.php			

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:**	

Any other relevant information, eg allergies:

Screening (within last 12 months)				
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				

Welfare of the Unborn Child *Mark as appropriate*	**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?		

If the answer is ‘Yes’, but you still wish to refer the couple, please provide full details of any relevant concerns or extenuating circumstances

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

Signature: _____ **Date:** _____

Name and Position: _____

Appendix 3: Equality Impact Assessment

An equalities impact assessment has been undertaken on this policy. There has been considerable discussion around the potential impact on male only couples, prompted by GP involvement. The conclusion is that whilst this policy does impact on male only couples that impact is not unreasonable as the focus of this policy is couples which include a female able to carry a foetus through to birth. The issue of male only couples, surrogacy and the legal and ethical issues around that are not considered in, and are not appropriate for this policy.

As agreed with Paul Curry, Equality and Diversity Manager, 10 September 2015