Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Fertility treatment and referral criteria for tertiary level assisted conception

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KEY TERMS

Term	Definition
Abandoned or unsuccessful Cycle of IVF	An abandoned cycle is defined as one which is abandoned after ovarian stimulation, and usually where an egg collection procedure is not undertaken due to lack of response or excessive response to gonadotrophins. An unsuccessful cycle includes unsuccessful fertilisation, unsuccessful cleavage of embryos, unsuccessful conception following transfer of embryos. An abandoned, or unsuccessful cycle counts towards the number of commissioned cycles.
Cancelled Cycle of IVF	A cancelled IVF cycle is defined as one which is cancelled prior to ovarian stimulation, so an egg collection procedure is not undertaken. If a cycle is cancelled due to low ovarian reserve the patient's eligibility for another attempt will be subject to this policy access criteria.
Frozen embryo transfer	Where an excess of embryos is available following a fresh cycle, these embryos may be frozen for future use. Once thawed, these embryos can be transferred to the patient as a frozen transfer
Full cycle' of IVF/ICSI:	A full cycle of IVF treatment, with or without ICSI, will usually comprise of: • One episode of ovarian stimulation and the transfer of any resultant fresh embryo(s). • Where an excess of embryos is available following a fresh cycle (or where it is not possible to transfer any viable fresh embryos), these embryos may be frozen for future use. • Once thawed, these embryos may be transferred to the patient as a frozen cycle and be included within the 'full cycle', up to the maximum number of embryo transfers funded.
Infertility	Infertility is defined as: The inability to conceive through regular sexual intercourse for a period of 3 years, in the absence of known reproductive pathology, or less than 3 years if there is a specific reproductive pathology identified. Where attempting to conceive by sexual intercourse is not possible (for example for people with a physical disability, people with psychosexual disorders or transgender and same sex couples), this will be considered as inability to conceive for the purposes of this policy.
Intra-cytoplasmic sperm injection (ICSI)	Involves injecting a single sperm directly into an egg to fertilise it. The fertilised egg (embryo) is then transferred to the woman's uterus.
In-vitro fertilisation (IVF)	An IVF procedure includes the stimulation of the woman's ovaries to produce eggs which are then placed in a special environment to be fertilised. The fertilised eggs (embryos) are then transferred to the woman's uterus.

Policy overview

Eligibility criteria		
No.	**Criterion**	**Description**
1.	**Severe / absolute infertility**	A couple where one partner has a diagnosed cause of absolute infertility which precludes any possibility of natural conception, and who meet all the other eligibility criteria, will have immediate access to NHS funded assisted reproduction services. See section 4.3.2
2.	**Sub-fertility / mild infertility**	Couples with unexplained infertility or mild male factor infertility / subfertility must have had infertility (no conception) of at least three years of ovulatory cycles, despite regular unprotected vaginal sexual intercourse. Couples who have had 12 cycles of unsuccessful IUI in line with section 4.4. A couple who has conceived within the last 3 years (including chemical pregnancies) but subsequently experienced miscarriage will not be considered as having sub-fertility, because conception has occurred. Where mild male factor infertility has been diagnosed, evidence should be provided to demonstrate that, where clinically indicated and appropriate, any underlying cause has been investigated and treated in line with NICE guidance (CG156, 2017). Couples with unexplained infertility should be referred from primary care after 12 months expectant management.
3.	**Test for ovarian reserve using Anti-Müllerian Hormone (AMH) level**	AMH is the preferred test for ovarian reserve. If AMH is unavailable, follicle-stimulating hormone (FSH) is acceptable. Should both tests be undertaken, only the AMH will be considered. To be eligible, the patient should have had one of the following tests measured in the last 6 months of referral from secondary care to the specialist IVF provider. • AMH levels of more than 5.4pmol/l or • FSH lower than 8.9 IU/l measured on day 1-3 of any menstrual cycle. Tests should not be repeated within 6 months, however if out of date at the point of referral, it is the responsibility of the secondary care provider to repeat the test. HWE ICB will only accept AMH or FSH tests which have been arranged through NHS primary, community, or secondary care services for the funding application.
4.	**Maternal age, number of cycles and embryo transfers**	For women aged 23 to less than 43 years from the date of referral from secondary care to specialist IVF provider with funding prior approved; Funding will be valid for 12 months or, for women over the age of 42, funding will be valid until their 43rd birthday. The ICB will fund one full cycle of IVF with a maximum of two embryo transfers with or without ICSI (either one fresh and one frozen or two frozen if a fresh embryo transfer was not initially possible). This includes any abandoned / unsuccessful IVF cycles and no further IVF cycles will be funded. All frozen embryos should be used before a new fresh cycle is considered. For the number of embryos placed into the uterus during each embryo transfer See section 4.2.4

5.	**Partner age**	There is no age restriction for a partner who is not undergoing egg harvesting or fertility treatment.
6.	**Previous specialist fertility treatment**	Previous privately or NHS funded specialist fertility treatment for either partner including IVF and IUI will count towards the IVF or IUI treatment funded by the NHS. Therefore, if either partner has received previous fertility treatment privately but less than they would have been eligible for locally on the NHS, the couple are eligible for NHS funding for the remaining clinically appropriate treatments up to their full local NHS entitlement. If either partner has received the full local NHS entitlement of IVF, IUI or other specialist fertility treatment set out this policy for his or her infertility, whether in the current or any previous relationship, the couple is not eligible for NHS funding. This includes treatment received within or outside of the UK.
7.	**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.
8.	**Child welfare**	Providers must meet the statutory requirements to ensure the welfare of the child. This includes the 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.
9.	**Residential status**	Both partners must be registered with a GP in Hertfordshire and West Essex ICB area. If their GP registration is less than 12 months, they can be eligible if they can demonstrate residency of 12+ months in the ICB area they are currently residing.
10.	**Smoking status**	Couples 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. Couples presenting with fertility problems in primary care should be provided with information about the impact of smoking on their ability to conceive naturally, the impact of smoking on the success rates of IVF the risks of smoking in pregnancy and the adverse health impacts of passive smoking on any children. Smoking cessation support should be provided as necessary e.g., referral to Stop Smoking Service. Both partners must have been non-smokers for at least 8 weeks at the time of referral to the secondary care provider, and this must be maintained throughout fertility investigations and treatment. This applies equally for partners who are not providing gametes (eggs or sperm) and are not undergoing fertility treatment as passive smoking may affect the fertility of the partner undergoing fertility treatment. Smoking status should be ascertained by carbon monoxide testing from the Stop Smoking Service prior to IVF treatment starting. For the purposes of this policy, use of e-cigarettes or nicotine replacement therapy will be considered equivalent to non-smoking status (NB couples should still have been non-smokers for at least 8 weeks).

11.	**Minimum / maximum body mass index (BMI)**	Women undergoing fertility treatment must have a BMI of between 19 and 30 Partners providing gametes (eggs or sperm) must have a BMI of less than 30. 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 weight management, advice and support if required. There are no BMI criteria for partners who are not undergoing fertility treatment or providing gametes (eggs or sperm).
12.	**The minimum investigations required prior to referral from secondary care to the tertiary centre.**	Female: • Laparoscopy and/or hysteroscopy and/or hysterosalpingogram or ultrasound scan where appropriate • Rubella antibodies • Chlamydia screening • Cervical smear • Hepatitis B including core antibodies and Hepatitis C and HIV status, within the last 3 months of treatment and repeated every 2 years. Male: • Preliminary semen analysis and appropriate investigations and management where abnormal (including genetics) • Chlamydia screening • Hepatitis B including core antibodies and hepatitis C and HIV within the last 3 months and repeated after 2 years.
13.	**Rubella status**	The woman must be rubella immune.
14.	**Previous sterilisation**	Couples are ineligible if previous sterilisation has taken place (either partner), even if it has been reversed.
15.	**Medical conditions**	A decision may be made not to provide treatment or funding on other medical grounds not explicitly covered in this document.
16.	**Date of eligibility**	Eligibility for treatment commences on the date that the secondary care provider refers the patients to the IVF specialist provider with funding prior approved.
17.	**Length of funding variation**	Couples must complete their cycle within 12 months of funding being agreed. An extension of this period will only be considered in exceptional clinical circumstances and with prior agreement from the Individual Funding Request team. For patients receiving fertility treatment that are over the age of 42 years at the point of referral into a specialist fertility provider, funding will only be valid until their 43rd birthday.
18.	**Excluded treatments.**	Some of the treatments not funded by the ICB are (see section 4.9): • Pre-implantation genetic diagnosis (PGD) and associated specialist fertility treatment is the commissioning responsibility of NHS England and is excluded from the ICB commissioned service. • Specialist fertility services for members of the Armed Forces are commissioned separately by NHS England. • Specialised surgical sperm retrieval – this is commissioned by NHS England • Surrogacy • Donor eggs or sperm • Specialist fertility treatment for single females.

1. Introduction

1.1 This Commissioning Policy sets out the criteria for access to NHS funded specialist fertility services for the population of Hertfordshire and West Essex Integrated Care Board (ICB). The paper specifically sets out the entitlement and service that will be provided by the NHS for IVF and other specialist fertility treatments. These services are commissioned by Hertfordshire and West Essex ICB and provided via contracted tertiary care providers.

1.2 Although the terms 'male' and 'female' are used throughout this policy, Hertfordshire and West Essex ICB recognise that some people may be defined as male or female at birth but go on to identify as a different gender or as non-binary. The terminology throughout this policy is used to clinically define the reproductive capacity of the individual and identify the appropriate mechanism of assisted conception for their needs.

2. Commissioning responsibility

2.1 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 care services such as acute trusts. To access level 3 services the preliminary investigations should be completed at levels 1 & 2.

2.2 Specialist fertility treatments within the scope of this policy are:

- In-vitro fertilisation and intra-cytoplasmic sperm injection (IVF & ICSI)
- Donor insemination (DI)
- Intra-uterine insemination (IUI) unstimulated
- Egg and sperm donation where no other treatment is available (this must be self-funded and self-sourced by the patient)
- Blood borne viruses (ICSI + sperm washing)
- Surrogacy (this is not currently funded)

2.3 Formal IVF commissioning arrangements will support the implementation of this policy including a contract between Hertfordshire and west Essex ICBs 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 (HFEA) Licensing requirements or any successor organisations.

2.4 This policy is specifically for those couples who do not have a living child from their 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.

2.5 Where couples do not meet the criteria however, their clinician feels they have exceptional clinical circumstances, the clinician can make an application for exceptional funding to the relevant ICB's Individual Funding Request (IFR) Team. All applications will be assessed in line with the relevant ICB's IFR policy and funding of any exceptional cases is the responsibility of the ICB.

2.6 Couples eligible for funding in line with this policy will be offered a choice of providers that have been commissioned by Hertfordshire and west Essex ICB.

3. Review

The next revision to the policy will be undertaken within 12 months following a change in national policy or after three years of its ratification.

4. Specialist fertility services criteria

4.1 The ICB only commissions the following fertility techniques recommended by NICE and regulated by the Human Fertilisation & Embryology Authority (HFEA).

4.2 **IVF**

4.2.1 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.

4.2.2 Ovarian reserve: to be eligible for IVF the patient should have an AMH level of more than 5.4pmol/l or, if AMH is not available, a FSH level lower than 8.9 IU/l measured on day 1-3 of any menstrual cycle. Tests should be measured within the last 6 months of referral from secondary care to the specialist IVF provider. AMH is the preferred test for ovarian reserve. Where both results are obtained, only the AMH will be considered. Only tests arranged through NHS primary, community, or secondary care services will be accepted for the funding application.

4.2.3 For women aged 23 to less than 43 years at the start of treatment, the ICB will fund one cycle of IVF with a maximum of two embryo transfers with or without ICSI (either one fresh and one frozen or two frozen if a fresh embryo transfer was not initially possible). This includes any abandoned or unsuccessful IVF cycles.

For women aged 40 to less than 43 years, there must be a discussion of the additional implications of IVF and pregnancy at this age.

Funding is valid for 12 months or, for women over the age of 42, until their 43rd birthday.

4.2.4 **Embryo transfer strategies** - Number of embryos to be transferred.

Women aged under 37 years – A single embryo will be placed into the uterus during each embryo transfer.

Women aged 37 to 39 years – A single embryo will be placed into the uterus during each embryo transfer if there are 1 or more top-quality embryos. If there are no top-quality embryos, then a double embryo transfer can be considered.

Women aged 40 to less than 43 years – Consider a double embryo transfer.

4.2.5 Hertfordshire and West Essex ICB will fund storage of frozen embryos for 1 year following egg collection. Following this period, continued storage will need to be funded by the couple.

4.2.6 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.

4.3 Clinical indications

4.3.1 **Unexplained Infertility -** To be eligible for IVF treatment, couples should have experienced:

- Unexplained or mild male factor infertility/subfertility for at least three years of ovulatory cycles, despite regular unprotected vaginal intercourse (2-3 times per week) or
- 12 cycles of intrauterine insemination.

A couple who has conceived within the last 3 years or last 12 cycles of IUI (including chemical pregnancies), but subsequently experienced miscarriage will not be considered as having sub-fertility.

4.3.2 Mild male factor infertility or subfertility can be defined in line with NICE CG156 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 would then be similar to people with unexplained infertility.

4.3.3 **Severe / Absolute infertility –** Eligible couples with a diagnosed cause of infertility as below will have direct access NHS funded IVF:

(a) Tubal damage, which includes:
- Bilateral salpingectomy
- Moderate or severe distortion not amenable to tubal surgery.

Evidence shows that for women with moderate or severe tubal damage, tubal surgery solely for the purpose of fertility is not recommended, although tubal surgery itself may be part of the management plan for the condition causing the tubal damage.

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

(c) Severe / absolute male factor infertility (i.e., azoospermia) which, where clinically indicated and appropriate, has been investigated to rule out any underlying treatable cause and precludes any possibility of natural conception.

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) Polycystic ovary syndrome (PCOS) and other ovulation problems adequately treated (in line with NICE guidance) but no successful pregnancy achieved.

(e) Severe endometriosis where secondary care/community fertility consultant opinion is that IVF is the appropriate treatment (eligibility criteria still apply).

(f) Essential medical treatment causing infertility as a side effect necessitating IVF/ICSI e.g., chemotherapy for cancer. (Relevant eligibility criteria still apply).

4.4 Intra-uterine Insemination (unstimulated) (IUI)

4.4.1 NICE guidelines state that unstimulated IUI is a treatment option as an alternative to vaginal sexual intercourse in the following groups:

- 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 self-funded donor sperm.
- People with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the male is HIV positive)
- People in a same-sex relationship. See section 4.5.

4.4.2 A maximum of 6 cycles of unstimulated IUI will only be offered if prior approval for funding is obtained from the ICB and the couple have previously self-funded 6 cycles.

4.5 Same-sex couples

Female same-sex couples are entitled to IVF treatment on the NHS following 6 cycles of self-funded IUI and a maximum of 6 cycles of NHS funded unstimulated IUI (which will only be offered if prior approval for funding is obtained from the ICB).

Surrogacy is not funded for male same-sex couples under this policy.

4.6 Egg and Sperm donation where no other treatment is available.

4.6.1 The couple are expected to self-fund an egg or sperm donor. This would include donors which are self-sourced or altruistic donors. Couples may choose to be placed on a waiting list until an altruistic donor becomes available. When funding has been approved it is valid for 12 months only, this should be taken into consideration when sourcing a donor. HWE ICB do not hold any responsibility for the quality and genetics of donor eggs and sperm.

4.6.2 IVF using a self-funded donor egg will be available to women who have undergone premature ovarian failure (defined as amenorrhoea >6 months and a raised FSH >25) due to an identifiable pathological or iatrogenic cause before the age of 40 years or to avoid transmission of inherited disorders to a child where the couple meet all the other eligibility criteria.

4.7 Egg and sperm storage for patients undergoing essential treatments which might render them infertile.

This is covered in separate ICB policies. See Gamete Storage at https://hertsandwestessex.icb.nhs.uk/information-clinicians/evidence-based-intervention-policies-prior-approval-applications

4.8 Chronic viral infections

4.8.1 Patients with chronic viral infections who are eligible for IVF treatment should be referred to one of Hertfordshire or west Essex ICB commissioned IVF specialist providers who have the appropriate processing facilities to accommodate these patients.

4.8.2 Sperm washing without IVF can be offered to couples with chronic viral infection (hepatitis C and HIV) in line with NICE guidance as a risk reduction measure to prevent further transmission of infection to the partner and unborn child.

4.8.3 As per NICE guidance, the ICB do not offer sperm washing as part of fertility treatment for men with hepatitis B.

4.9 Other treatments not funded within this policy.

4.9.1 Surgical sperm retrieval for male infertility is the commissioning responsibility of NHS England and is excluded from the ICB commissioned service.

4.9.2 Pre-implantation genetic diagnosis (PGD) 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 the Specialist Commissioning team at NHS England.

4.9.3 Privately funded care. 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.

Patients who meet the eligibility criteria but agree to commence treatment on a privately funded basis cannot retrospectively apply for NHS funding for any associated costs relating to the private treatment.

4.9.4 Surrogacy and any associated treatment is not commissioned by Hertfordshire and west Essex ICB. This includes part funding during a surrogacy cycle.

4.9.5 Specialist fertility services for members of the Armed Forces. These are commissioned separately by NHS England.

4.9.6 Specialist fertility services for single females are not funded.

5. Referrals from Primary Care

5.1 Couples who experience problems with their fertility must attend their GP practice to discuss their concerns and options. The patients will be assessed within primary care in the first instance. Support to improve lifestyle choices which influence fertility such as smoking, and obesity should be initiated. Couples with unexplained infertility should be referred from primary care after 12 months expectant management and when other lifestyle factors have been optimised. i.e., weight loss and smoke cessation for at least 8 weeks. Referrals are made to the community or secondary care provider using the primary care referral form.

5.2 After assessment in the community or secondary care provider, the decision to refer a couple for IVF or other specialised fertility services will be based on an assessment against the eligibility criteria in this policy. A request for funding must be made using the Prior Approval application form.

5.3 After funding has been approved, referral to the tertiary centre must be via a consultant gynaecologist or an accredited GP with Special Interest (GPwSI) in gynaecology.

Appendix 1. Change History:

Version	Date	Reviewer(s)	Revision Description
V3	22.11.17	R. Nagaraj, Rachel Joyce, Geraldine Woods, Jan Ashcroft	Revised policy based on the current policy. Key changes are. Section 4.2.2 – AMH level of more than 5.4mol/l measured in the last 12 months. Section 4.2.3 – ENHCCG supports a maximum of 1 fresh cycle of IVF (with or without ICSI) and a maximum of 2 embryo transfer cycle one fresh and one frozen.
V3.1	29.11.17	Rebecca Cornish Raj Nagaraj	Amending typos and formatting document. Final changes made to wording
V3.1	4.1.18	Secondary to tertiary referral form updated	should have an AMH level of more than 5.4pmol/l within 12 months of referral from secondary care to the specialist IVF provider or should have an FSH of <9IU/L on day two of any menstrual cycle done within three months of referral from secondary care to a specialist IVF provider
V4	Jan 19	Linda Mercy, Jo Oliver Jan Ashcroft	Policy wording updated to make criteria clearer to read. Amending typos. Definition of male factor infertility
V4.1	June 2019	Miranda Sutters	a. Rebranding and merging of Herts Valley CCG and west Essex CCG specialist fertility policy with East and North Herts CCG policy document. b. Change of threshold criteria as follows: 1. BMI: Men's BMI to change from 35 to 30. Rationale - NICE guidelines [CG156] states: Men who have a BMI of 30 or over should be informed that they are likely to have reduced fertility. 2. AMH: For HVCCG and ENHCCG AMH level should be tested within three months of referral into a specialist fertility provider. Rationale - The evidence supports the proposal of decreasing the AMH time frame to within 3 months. All studies measuring AMH levels in the context of IVF, had AMH measured within 3 months, and the majority of these were within 28 days of COH (controlled ovarian hyperstimulation) (2, 3, 4). This suggests that it would be reasonable to have a 3-month limit on AMH levels, as we do not have evidence that outside this 3-month window, how AMH levels can change or if this affects IVF results. The previous 12-month time frame is not supported by evidence, as there are no high-quality papers that measure AMH levels outside a 3-month window for the purposes of IVF. 3. IUI (unstimulated): For HVCCG same-sex couples are entitled to IVF treatment on the NHS following 6 cycles of self-funded IUI and 6 cycles of NHS funded unstimulated IUI, an increase from the current 2 cycles currently funded. Rationale: For heterosexual couples they must have had three years sub fertility before they could be eligible for specialist fertility treatment. Funding for same-sex couples should reflect the time period heterosexual couples should be experiencing sub fertility. 4. Previous Fertility Treatment: For ENHCCG: Previous privately or NHS funded cycles and embryo transfers will count towards the total number of fresh cycles and embryo transfers funded by the NHS. Therefore, anyone who has had specialist fertility treatment is not eligible for NHS funding. This is a change from the current policy which stipulates: For those couples who have previously self-funded, ENHCCG will fund one more cycle of IVF as per 4.2.3 unless they have already received the NICE recommended 3 cycles of IVF treatment. For couples who have had previous NHS funded IVF treatment will not be entitled to further NHS treatment. Where couples have frozen embryos from previous private treatment, they must first utilise these embryos rather than undergo ovarian stimulation, egg retrieval and fertilisation again. Rationale: Overall chance of a live birth following IVF treatment falls as the number of unsuccessful cycle's increases. 5. Parental Age For WECCG the upper age limit of 55 years for male partners has been removed as there was insufficient evidence to support this particular age to be a cut-off. Rationale: Female age is known to be the dominant factor in predicting a couple's chance of conception, but limited studies have explored the impact of male age. While the age of the male partner had no effect on IVF success in women aged 40-42, it had a significant influence in younger women. For example, couples where the woman was under 30 and the man aged 40-42 had a 46 % chance of having a baby through IVF, compared with a 73 percent chance if the man was aged 30-35.

V4.2	Sept 2019	Linda Mercy Public Health Consultant	Final changes agreed by Governing Body
V4.3	August 2020	Jo Oliver RN Clinical Decisions Nurse	Updated GP referral form
V4.4	April 2021	Jo Oliver RN Clinical Decisions Lead	Secondary care funding application form updated with new contracted IVF providers and highlights which of these who have the appropriate processing facilities to accommodate patients with chronic viral infections.
V5.0	Sept 2023	Tristan Childs Public Health Registrar Elliot Clissold Public Health Registrar Jo Oliver RN Clinical Decisions Lead Samantha Chepkin Public Health Consultant	Provisional updates and amendments made: Policy re-structured/duplicated wording removed. Key terms updates for clarity around infertility and abandoned/ /unsuccessful/cancelled/full IVF cycles. Clarity around miscarriage after chemical pregnancy. Clarification that patients with mild male factor infertility, should be investigated and treated in line with NICE guidance. Where both FSH and AMH provided only AMH is considered. AMH test extended to within 6 months. FSH changed from day 2 on menstrual cycle to day 1-3. AMH/FSH only accepted from NHS laboratories. Clarification added that recipients of previous IVF treatment outside the UK are not eligible for further NHS funded treatment. Smokers must quit at least 8 weeks prior to referral for treatment, and use of e-cigarettes or nicotine replacement therapy as an acceptable alternative to smoking. Additions to the minimum investigations required prior to referral from secondary care to the tertiary centre; cervical smear test for females; chlamydia screening for males. Excluded treatments specified. Statement to allow policy to be inclusive of transgender and non-binary patients. Clarification of NICE guidelines on the expected number of episodes of regular unprotected sex per week for couples trying to conceive. Clinical definitions added – male infertility. Definition of PCOS/ovulation problems updated to clarify will be eligible for IVF if no successful pregnancy achieved. Wording changed from IFR to prior approval required for IUI. Clarification that altruistic donor eggs or sperm need to be self-funded. Emphasis to commence weight loss and smoke cessation prior to referral from primary care. EQIA updated. Referral and application form updated and removed from policy document. Available on ICB website
V5.1	Dec 2023	Jo Oliver RN	Changed wording that HWE ICB will only accept AMH/FSH tests from NHS accredited laboratories to only accept tests which have been arranged through NHS primary, community or secondary care services for the funding application.