

Buckinghamshire, Oxfordshire & West Berkshire (BOB) Integrated Care Board (ICB) and Frimley ICB Assisted Reproduction Clinical Commissioning Policy Statement: Information for patients and clinicians

What is an assisted reproduction policy?

Assisted reproduction or assisted reproductive treatments (ART) is the name given to treatments that can help people get pregnant without having sexual intercourse. Examples include in vitro fertilisation (IVF) and intrauterine insemination (IUI).

BOB ICB and Frimley ICB have agreed a local policy for access to assisted reproductive treatments – this is called the Assisted Reproduction Policy. The policy sets out:

- who is eligible for assisted reproductive treatments funded by the local NHS
- the assisted reproductive treatments that will be funded by the local NHS

Consistent with national guidelines, the scope of the local policy is limited to couples and individuals who want to become parents but who have a possible pathological problem (physical or psychological) leading to fertility problems.

It is anticipated that, rarely, patients who are not eligible for treatment because they do not fulfil the eligibility criteria may, because of their individual circumstances, be considered an exceptional case for NHS funding. If this is thought to be applicable, the patient's GP or hospital consultant may apply to the relevant ICB's 'Individual Funding Request' (IFR) panel.

How was the local policy developed?

The policy was developed by a group of GPs, specialist fertility doctors and local commissioners of health care. When writing the policy, the group took into account clinical guidelines produced by the National Institute for Health and Care Excellence (NICE) on fertility problems (Clinical Guideline 156), which can be read in full [here](#). NICE clinical guidelines are evidence-based recommendations for health and care in England. Although ICBs need to take account of NICE clinical guideline recommendations when developing their policies, they are not mandated to implement them.

The local NHS recognises the life-long distress that childlessness causes for some people, and that ART are clinically effective treatments that enable many infertile people to have a child. Unfortunately, ART are not effective for all people, and the cost of ART means that the NHS cannot afford to provide these treatments for all infertile people. To fund treatment for all people who might benefit from ART would require other healthcare services to be cut.

The local NHS has therefore had to make difficult decisions about how to allocate the funding it has available for infertility services. With the advice of fertility specialists and GPs, a local policy has been developed that offers ART to those people who are most likely to have a successful outcome – a healthy baby and a healthy parent.

What is included in this document?

This document sets out the reasons why BOB and Frimley ICBs have chosen to fund or not to fund specific treatments, and the rationale for the eligibility criteria people have to meet to access these. Patients should read this document with support from their clinician as necessary.

This document should not be used in isolation and should be read alongside the the local Assisted Reproduction Policy.

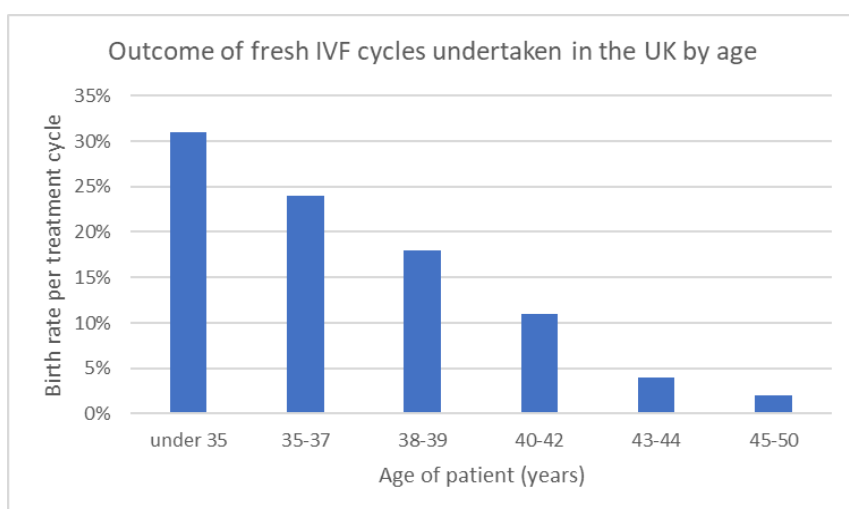
Who is eligible for NHS funded assisted reproductive treatment in BOB and Frimley?

Unless otherwise specified, patients need to fulfil all the eligibility criteria listed below to access NHS funded treatment. The rationale for each criterion is summarised below. Note, additional eligibility criteria to access specific treatments may apply. See the local Assisted Reproduction Policy for more information.

1. Age of the woman or person trying to get pregnant

Patients should be aged under 35 years when referred for IVF or other assisted reproductive treatments.

The local position is different from what NICE recommend, which is to fund IVF for women aged up to 42 years. The reason the ICBs have chosen a lower age limit is that, in general, patients aged under 35 are more likely to have a baby following IVF than patients who are aged older than 35 – this can be seen in the chart below. Funding IVF for patients aged 35 to 42 was considered unaffordable to the local NHS when they estimated how much this would cost.



Source: Data from [HFEA \(2021\)](#)

There is no age limit for men or people providing sperm for use in ART. This is consistent with NICE recommendations which do not specify a male age limit. NICE note that fertility declines with male age, but this is to a lesser extent compared with women.

2. Previous infertility treatment – NHS funded

People who have already had IVF treatment on the NHS are not entitled to another NHS funded cycle of IVF treatment.

The local NHS has limited funds available for IVF and other specialist treatments so – on grounds of fairness – has decided to offer one treatment cycle only so that more people have one (NHS-funded) chance of having a baby.

3. Previous infertility treatment – Privately funded

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

NICE and the Human Fertilisation and Embryology Authority ([HFEA](#)) recommend that people aged under 40 should not have NHS funded IVF if they have already had more than two IVF cycles. This is because the chance of having a baby decreases as the number of unsuccessful IVF cycles undertaken increases.

4. Existing children

People who already have a living child from their relationship, or from any previous relationship, are not normally entitled to NHS-funded treatment. This applies to both partners in a couple.

The local NHS has limited funds available for IVF and other assisted reproductive treatments, and has decided that people without any children should be a priority. A list of English ICB fertility policies published on the Department of Health and Social Care [website](#) indicates all have a childlessness criterion (though they differ in content).

5. Sterilisation

The local NHS will not normally fund treatment for people who have chosen to be sterilised.

If an individual has made a personal choice to be sterilised so that they cannot have children, then the NHS will not normally pay for surgery for sterilisation reversal or for fertility treatment.

6. Body mass index (BMI) of the woman or the person trying to get pregnant

Patients should have a BMI of above 19 and below 30 in order to be eligible for treatment.

NICE say that women with a BMI of 30 and over are likely to take longer to get pregnant. For people who have a BMI of less than 19, increasing body weight is likely to improve their chances of getting pregnant. NICE also say that ideally women should have a BMI of between 19 and 30 before starting assisted reproduction because a BMI outside this range is likely to reduce the success. The [HFEA](#) say that women should have a BMI of between 19 and 30 before starting NHS funded treatment. A list of English ICB fertility policies published on the Department of Health and Social Care [website](#) notes that all ICBs require patients to have a BMI of between 19 and 30.

7. Smoking status

The local NHS will not normally fund treatment for people who smoke. This applies to both partners in a couple.

NICE say that smoking and passive smoking is likely to reduce fertility, and the chance of getting pregnant. Smoking also reduces semen quality. NICE also say that smoking can reduce the success of assisted reproduction and this applies to both women and men. The [HFEA](#) say that women and their partners should be non-smokers to be eligible for NHS funded treatment. A list of English ICB fertility policies published on the Department of Health and Social Care [website](#) notes that most ICBs require both partners to be non-smokers.

8. Diagnosed fertility problems [note: this criterion is for access to NHS-funded IVF only]

People who have a diagnosed condition which means they require IVF to get pregnant (and meet all the other eligibility criteria) can be referred for IVF treatment straight away. Other people should have either tried for a baby for 2 years through sexual intercourse, or have completed 12 unsuccessful cycles of artificial insemination (6 of which should be self-funded artificial insemination, and 6 of which may be NHS-funded intrauterine insemination [IUI]), before they have NHS-funded IVF treatment.

This is consistent with NICE recommendations. It can take longer for some people to get pregnant through sexual intercourse or artificial insemination. IVF treatment carries some health risks for the patient, so it is important not to start this treatment unless it is really necessary. People might also need to take steps to improve their chances of getting pregnant, such as reducing weight or stopping smoking. NICE estimates:

- 84% of people will get pregnant within 1 year of regular unprotected sex, and 92% within 2 years
- 63% of people aged under 35 are likely to get pregnant after 6 cycles of IUI, and 86% after 12 cycles.

Which assisted reproductive treatments are funded on the NHS in BOB and Frimley?

The sections below set out whether the local NHS funds specific assisted reproductive treatments, and the summarises reasons for this. See the Assisted Reproduction Policy for more information.

A. In vitro fertilisation (IVF) with or without intracytoplasmic sperm injection (ICSI)

One 'fresh' IVF cycle, with or without ICSI, is funded for eligible people (where a 'fresh' cycle involves one episode of ovarian stimulation and one embryo transfer procedure). Any surplus good quality embryos will be frozen and stored for up to 3 years.

This is different from NICE recommendations, which are to fund up to 3 'full' IVF cycles for eligible women aged under 40 years (where a 'full' cycle involves one episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryos). The local NHS has limited funds available for IVF and other assisted reproductive treatments. After considering the cost of funding additional cycles, it was not considered affordable to offer more than 1 fresh IVF cycle. Freezing and storing of any surplus good quality embryos will enable people to have the option to use their frozen-thawed embryos in any future treatments they chose to fund privately.

B. Intrauterine insemination (IUI) using partner sperm

Up to 6 cycles of IUI using partner sperm is funded for eligible people who either cannot have sex because of a disability and have fertility problems, or have a condition that means they require treatment that involves IUI (for example, people who need electro-ejaculation because of a spinal cord injury). IUI may also be offered as an alternative to IVF to some patients who are eligible for IVF but have social, cultural or religious objections to it.

This is consistent with NICE recommendations. NICE no longer recommends IUI using partner sperm for most patients with unexplained infertility, mild endometriosis or mild male factor infertility. However, they do consider IUI may be an option for certain groups of patients where vaginal sex is inappropriate or not possible.

C. Intrauterine insemination (IUI) using donor sperm

Up to 6 cycles of IUI using donor sperm is funded for eligible people who have specific conditions which mean they are unable to produce good quality sperm, or are at risk of transmitting a disease or genetic condition. IUI may also be funded for eligible people trying to conceive using donor insemination who have fertility problems (this may including, but is not limited to: single people, same sex couples, and couples where one or both partners are transgender).

This is consistent with NICE recommendations. NICE recommends IUI using donor sperm for clinical indications where the evidence shows it is effective. In addition, NICE recommend IUI using donor sperm for eligible same sex couples who have fertility problems. NICE recommend that before accessing NHS treatment, same sex couples and other people trying to get pregnant through artificial insemination (AI) should demonstrate they have a potential fertility problem. This is normally demonstrated by undergoing 6 or more unsuccessful AI cycles. When making their recommendations on how same sex couples demonstrate they have fertility problems, NICE attempted to achieve 'equivalence' between heterosexual couples and same sex couples, after taking into consideration a number of factors including financial cost and time.

D. In vitro fertilisation (IVF) using donor eggs

IVF using donor eggs is funded for eligible people with specific conditions which mean they are unable to produce good quality eggs, or are at risk of transmitting a genetic condition.

This part of the local policy is broadly consistent with NICE recommendations. NICE recommends IVF using donor eggs for clinical indications where the evidence shows it is effective. The local policy does not include the criterion 'certain cases of IVF failure' (which is recommended by NICE) as this is vague and unlikely to be implemented consistently across NHS providers.

E. Surrogacy

Assisted reproductive treatments involving surrogates are not routinely funded.

Surrogacy is outside of the scope of NICE Clinical Guideline on fertility problems. Assisted reproductive treatments involving surrogates are not routinely funded on the local NHS because surrogacy arrangements involve significant legal, administrative and clinical resources, as well as related costs.