

**East and North Hertfordshire CCG**

**Fertility treatment and referral criteria for  
tertiary level assisted conception**

**December 2017**

## DOCUMENT CONTROL SHEET

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### Change History:

Version	Date	Reviewer(s)	Revision Description
V3	22.11.17	Raj 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	Amending typos and formatting document.
	November 2017	Raj Nagaraj	Final changes made to wording
	November 2017	Medical Director	approved policy

	7.12.17	Governing Body approved policy	
	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

#### Implementation Plan:

<b>Development and Consultation</b>	East and North Herts CCG and Herts Valleys CCG conducted a 10 week (6 <sup>th</sup> July – 14 <sup>th</sup> September 2017) public consultation programme called 'Let's talk' which included this issue. Engagement activities included: public meetings in all localities; discussions with local community groups and young people; attendance at community events including Herts Pride and places with high public footfall; promotion via local media; a major social media campaign – primarily via Twitter and Facebook; and sessions in GP practices. In total 2,500 people responded to the survey and thousands more have had access to the consultation information as a whole.
<b>Dissemination</b>	To secondary and tertiary providers To other key stakeholders such as GP practices
<b>Training</b>	n/a
<b>Monitoring</b>	Through contract and IFR data
<b>Review</b>	TBC
<b>Equality, Diversity and Privacy</b>	October 2017 - Equality Impact Assessment
<b>Associated Documents</b>	Referral forms – Appendix 1 and 2
<b>References</b>	Link to Joint Committee Papers, which includes the EIA.  <a href="https://healthierfuture.org.uk/sites/default/files/publications/2017/October/Joint-Committee-Papers-v1.pdf">https://healthierfuture.org.uk/sites/default/files/publications/2017/October/Joint-Committee-Papers-v1.pdf</a>

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## **Key Terms**

**In vitro Fertilisation (IVF):** 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.

**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 woman's uterus.

**Full cycle of IVF/ICSI:** A full cycle of IVF treatment, with or without intracytoplasmic sperm injection, should comprise one episode of ovarian stimulation, uterine transfer of resultant fresh embryo(s) and storage of viable embryos.

An IVF cycle would be considered completed with the attempt to collect eggs and transfer of a fresh embryo and freezing of viable non-transferred embryos. 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 them or allowed to perish.

**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 are transferred to the patient as a frozen cycle.

**Abandoned/cancelled cycle of IVF:** an abandoned or cancelled cycle is defined as one where an egg collection procedure is not undertaken. If an egg collection procedure is undertaken, it is considered to be a full cycle.

## Policy Summary

No.	Criterion	Description
1.	<b>Test for ovarian reserve using Anti-Müllerian Hormone (AMH) level</b>	To be eligible, the patient should have an AMH level of more than 5.4pmol/l measured in the last 12 months of referral from secondary care to the specialist IVF provider.
2.	<b>Maternal age, number of cycles and embryo transfers:</b>	<p>For women aged 23 to less than 43 years at the start of treatment, ENHCCG will fund one fresh cycle of IVF with a maximum of two embryo transfers cycles with or without ICSI, this includes any abandoned cycles.</p> <p><b>Number of embryo transfers during each embryo transfer cycle</b></p> <p>Women aged <b>23 to 39 years</b> – one embryo will be transferred during each embryo transfer cycle to reduce the risk of multiple pregnancies. A maximum of two embryo transfer cycles (one fresh and one frozen) will be funded. All frozen embryos should be used before a new fresh cycle is funded.</p> <p>Women aged between <b>40 to less than 43 years</b> – Up to two embryos may be transferred during each embryo transfer cycle. A maximum of two embryo transfer cycles (one fresh and one frozen) will be funded.</p>
3	<b>Previous Fertility treatment</b>	<p>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.</p> <p>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.</p>
4	<b>Paternal age and previous treatment</b>	<p><b>Age-</b> None specified.</p> <p>To ensure equality of access between two genders, if a male partner in the relationship has received the full entitlement of IVF treatment (as per CCG policy) for his infertility either in current relationship or previous relationship, the couple are not eligible for additional IVF treatment.</p>
5.	<b>Minimum / Maximum BMI</b>	<p>Women must have a BMI of between at least 19 and up to 30 and less than 35 for a 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 weight management, advice and support if required.</p> <p>In female same sex couples, BMI criteria should only apply to the partner undergoing fertility treatment.</p>

6.	<b>Duration of sub-fertility</b>	<p>Couples with unexplained infertility must have infertility of at least three years of ovulatory cycles, despite regular unprotected vaginal sexual intercourse with the partner seeking treatment, or 12 cycles of artificial insemination over a period of three years.</p> <p>If the woman has a miscarriage, the couple will wait for a further 3 years of unexplained infertility from the date of the miscarriage to be eligible for NHS funded IVF.</p> <p>Couples with unexplained infertility should be referred from primary care after 12 months expectant management.</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	<b>Smoking Status</b>	<p>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.</p> <p>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 adverse health impacts of possible 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 IVF treatment starting and maintained during treatment. This applies equally for same-sex 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 from Stop Smoking Service prior to IVF treatment starting.</p>
	<b>Parental Status</b>	<p>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.</p>
	<b>Previous sterilisation</b>	<p>Couples are ineligible if previous sterilisation has taken place (either partner), even if it has been reversed.</p>
	<b>Child Welfare</b>	<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>

	<b>Medical Conditions</b>	Treatment may be denied on other medical grounds not explicitly covered in this document.
	<b>Residential Status</b>	The couple should either be registered with a GP in the CCG 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 East and North Hertfordshire CCG area.
	<b>The minimum investigations required prior to referral to the Tertiary centre are</b>	<p>Female:</p> <ul style="list-style-type: none"> <li>• Laparoscopy and/or hysteroscopy and/or hysterosalpingogram or ultrasound scan where appropriate</li> <li>• Rubella antibodies</li> <li>• Chlamydia screening</li> <li>• 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</li> </ul> <p>Male:</p> <ul style="list-style-type: none"> <li>• Preliminary Semen Analysis and appropriate investigations where abnormal (including genetics)</li> <li>• Hep B including core antibodies and Hep C, within the last 3 months and repeated after 2 years</li> <li>• HIV status</li> </ul>
	<b>Pre-implantation Genetic Diagnosis</b>	PGD and associated specialist fertility treatment is the commissioning responsibility of NHS England and is excluded from the CCG commissioned service.
	<b>Rubella Status</b>	The woman must be rubella immune.
	<b>IUI (Unstimulated)</b>	Due to poor clinical evidence, IUI will only be offered under exceptional circumstances.

## 1. Introduction

This Commissioning Policy sets out the criteria for access to NHS funded specialist fertility services for the population of East and North Hertfordshire CCG.

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.

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 Clinical Commissioning Groups and provided via tertiary care providers.

## 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 services such as acute trusts. To access level 3 services the preliminary investigations should be completed at level 1 & 2.
- 2.2** Specialist Fertility Treatments within the scope of this policy are:
- In-vitro fertilisation and Intra-cytoplasmic sperm injection
  - 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
- 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
  - Surgical sperm retrieval methods This service is commissioned by NHS England ([https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/05/16040\\_FINAL.pdf](https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/05/16040_FINAL.pdf))
- 2.4** Formal IVF commissioning arrangements will support the implementation of this policy including a contract between ENHCCG 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.
- 2.5** 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.
- 2.6** Where couples do not meet the criteria however their clinician feels they have exceptional circumstances the clinician can make an application for exceptional funding to the CCG's Individual funding team(IFR) all application will be assessed in line with the CCG's IFR policy and funding of any exceptional cases is the responsibility of the CCG.
- 2.7** Couples will be offered a choice of providers that have been commissioned by the CCG.

### 3. Review

The next revision to the policy will be undertaken following a change in ENHCCG or national policy.

### 4. Specialist fertility services criteria

4.1 The CCG 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 measured in the last 12 months of referral from secondary care to the specialist IVF provider.

4.2.3 For women aged 23 to less than 43 years at the start of treatment, ENCCG will fund one fresh cycle of IVF with a maximum of two embryo transfers cycles (one fresh and one frozen) with or without ICSI, this includes any abandoned cycles.

For women aged 40 to less than 43 years the following criteria will need to be met

- They have never previously had IVF treatment
- There is no evidence of low ovarian reserve
- There has been a discussion of the additional implications of IVF and pregnancy at this age.

#### Number of embryo transfers during each embryo transfer cycle

Women aged **23 to 39 years** – one embryo will be transferred during each embryo transfer cycle to reduce the risk of multiple pregnancies. A maximum of two embryo transfer cycles (one fresh and one frozen) will be funded. All frozen embryos should be used before a new fresh cycle is funded.

Women aged between **40 to less than 43 years** – Up to two embryos may be transferred during each embryo transfer cycle. A maximum of two embryo transfer cycles (one fresh and one frozen) will be funded.

4.2.5 CCG 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 or allowed to perish.

An embryo transfer cycle is from egg retrieval to transfer of embryo(s) or blastocyst(s) to the uterus. The fresh embryo transfer would constitute one such transfer cycle and each subsequent transfer to the uterus of frozen embryo(s) would constitute another transfer cycle.

4.2.6 For those couples who have previously self-funded ENHCCG will fund one more cycle of IVF as per 4.2.3 and 4.2.4 unless they have already received NICE recommended 3 cycles of IVF treatment (for women aged 23 to less than 40). ENHCCG will not fund IVF treatment if;

- The couple have received NHS funded IVF treatment elsewhere
- The woman is aged over 40 and has received the NICE recommended 1 cycle of IVF treatment

4.2.7 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.

4.2.8 Embryo transfer strategies:

- For women less than 37 years of age only one embryo or blastocyst to be transferred in the first embryo transfer cycle. For subsequent transfer cycle only one embryo/blastocyst to be transferred unless no top quality embryo/blastocyst available then a maximum of 2 embryos are to be transferred.
- For women age 37 to less than 40 years of age only one embryo/blastocyst to be transferred. Unless no top quality embryo/blastocyst available then a maximum of 2 embryos are to be transferred
- For women from age 40 to less than 43 years of age the clinician should consider double embryo transfer

4.2.9 If a cycle is commenced and ovarian response is poor, a clinical decision would need to be taken as to whether a further treatment should be attempted, or if the use of a donor egg may be considered as part of further treatment

4.2.10 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.

4.2.11 Further details of lifestyle and social criteria are summarised in the policy summary table.

### **4.3 Clinical Indications**

4.3.1 In order to be eligible for treatment, Service users should have experienced unexplained infertility for three years or more of regular intercourse or 12 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
  - CCG do not fund tubal repair surgery as a treatment for infertility due to lack of evidence
  
- (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) 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).

#### **4.4 Surgical Sperm Retrieval for male infertility**

- 4.4.1 Surgical sperm retrieval for male infertility is the commissioning responsibility of NHS England and is excluded from the CCG commissioned service.  
[https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/05/16040\\_FINAL.pdf](https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/05/16040_FINAL.pdf)

#### **4.5 Donor insemination**

- 4.5.1 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

4.5.2 Donor insemination is funded up to a maximum of 6 cycles of Intrauterine Insemination.

#### **4.6 Donor semen as part of IVF/ICSI**

4.6.1 Funded up to same number of cycles of IVF.

4.6.2 Donor semen is used for same sex couples as part of IVF/ICSI treatment.

#### **4.7 Intra Uterine Insemination**

4.7.1 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)
- People in same-sex relationships

4.7.2 A maximum of 6 cycles of IUI will only be offered if prior approval for funding is obtained from the CCG. This is because IUI is less successful than IVF/ICSI and for this reason is not routinely funded as an alternative for IVF/ICSI for those couples with objections to IVF.

#### **4.8 Same-sex couples**

- Same-sex couples are entitled to IVF treatment on the NHS following 6 cycles of self-funded IUI
- Both partners must be non-smoking at the time of referral
- BMI eligibility criteria above apply only to the female partner undergoing fertility treatment
- 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.

#### **4.9 Egg donation where no other treatment is available**

4.9.1 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.

4.9.2 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 40 years or to avoid transmission of inherited disorders to a child where the couple meet the other eligibility criteria.

#### **4.10 Egg and Sperm storage for patients undergoing cancer treatments**

4.10.1 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).

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

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

4.10.4 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.

4.10.5 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
- This will not worsen their condition
- Enough time is available before the start of their cancer treatment.

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

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

#### **4.11 Pre-implantation Genetic Diagnosis (PGD)**

4.11.1 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.

#### **4.12 Chronic Viral Infections**

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

4.12.2 As per NICE guidance (section 1.3.9). Do not offer sperm washing not offered as part of fertility treatment for men with hepatitis B.

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

#### **4.13 Privately funded care**

4.13.1 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.

4.13.2 Where a patient 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.

#### **4.14 Surrogacy**

4.14.1 Surrogacy is not commissioned as part of this policy. This includes part funding during a surrogacy cycle.

### **5. Referrals**

5.1 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.

5.2 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 ENHCCG criteria and the HFEA recommendations as detailed in the clinical pathways.

5.3 Referral to the tertiary centre will be via a consultant gynaecologist or GP with Special Interest (GPwSI) in gynaecology.



East and North  
Hertfordshire  
Clinical Commissioning Group

Appendix 1 - Referral Form for Fertility Assessment

**EFFECTIVE FROM 1<sup>ST</sup> JANUARY 2018 – ALL NEW GP REFERRALS**

**Criteria for Referral for Assessment by Fertility Services:**

1. In order to refer a couple for assessment all questions **MUST** be answered.
2. Please refer to your local CCG policy for details of eligibility criteria for assisted conception treatments including Intrauterine Insemination (IUI), Donor Insemination (DI), Oocyte Donation (OD) and in-vitro fertilisation (IVF).
3. If referring for IVF treatment, read eligibility criteria in policy [www.enhertscg.nhs.uk/ivf](http://www.enhertscg.nhs.uk/ivf) prior to referral.

Patient Information			
<b>Name:</b>			
<b>Address:</b>	<b>DoB:</b>		
	<b>NHS No:</b>		
	<b>Home Tel No:</b>		
	<b>Mobile No:</b>		
Partner Information			
<b>Name:</b>			
<b>Address:</b>	<b>DoB:</b>		
	<b>NHS No:</b>		
	<b>Home Tel No:</b>		
	<b>Mobile Tel No:</b>		
GP Information			
<b>Name:</b>			
<b>Address:</b>	<b>Telephone No:</b>		
	<b>NHS net email address:</b>		
	<b>Referral date:</b>		

**To be completed by GP prior to referral to secondary care**

Initial Lifestyle advice	Tick
Provide patient information on conception rates and reassurance	
Consider referral to smoking cessation and weight management	
Advise on alcohol intake and recreational drug use	
Recommend folic acid supplementation	
Other lifestyle advice (tight underwear, occupation)	
GP registered or residency in CCG area for at least 12 months	

Establish by direct questioning to both parents if there is any reason due to past medical or social history of either partner, which may be of concern with regard to the welfare of the unborn child? ( <i>this includes history of social care, crime against a child</i> ) Answer yes/no. If the answer is 'Yes', but you still wish to refer the couple, please provide full details of any relevant concerns or extenuating circumstances	
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<b>Any other relevant information, eg allergies, medical history requiring pre-conceptual care ie diabetes, epilepsy, genetic conditions and others.</b> <b>If yes to the above please confirm that referral for pre-conceptual care has occurred.</b>	Yes:		No	
	Yes:		No	

**Failure to conceive after 1 year attempt or 6 cycles of artificial insemination- further investigations and consider referral to secondary care.**

Investigations	Date	
<b>Female</b>		
Regular menstrual cycle	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Serum FSH Level (Day 1-3)		
Serum LH Level (Day 8)		
Serum Progesterone at mid-luteal:		
Serum Prolactin:		
Serum Testosterone		
<b>Male</b>		
Semen Analysis: (if abnormal repeat in 6 weeks)		
Count		
Motility		
Morphology		

- **Assess and manage ovulation disorders appropriately and consider referral to secondary care at this stage**
- **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**

**Other investigations (if previous result available):**

Investigations	Date	Results
Tubal Surgery		
Laparoscopy & Dye		
Hysteroscopy		
Hysterosalpingogram		
Ultrasound		

**Screening tests:**

Test	Screening	
	Female	Male

	Date	Result	Date	Result
Chlamydia Screening				
Rubella				
Cervical Smear				

**Pregnancy history/child:**

Comments i.e. previous pregnancy incl outcomes, child, adoption	
Female	
Male	

**Referred by:**

Signed:	Date:
Print Name:	

## Appendix 2 - Assisted Conception - Consultant Referral to Specialist Provider for IVF Treatment

All referrals require prior approval before the referral is made to the specialist fertility service. Please securely email the completed form to [eastandnorthherts.choiceteam@nhs.net](mailto:eastandnorthherts.choiceteam@nhs.net) and attach electronic copies of any relevant correspondence or clinical letters/reports. If you have any questions the Clinical Funding Team can be contacted on 01707 685354.

Couples who do not meet the CCG Assisted Conception Policy eligibility criteria and consider they have exceptional clinical circumstances can have an Individual Funding Request submitted by a clinician.

<b>Patient Consent</b>	<i>Mark as appropriate</i>	<b>Yes</b>	<b>No</b>
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. You established with each parent that there is no safeguarding/welfare of child concern.

<b>Patient Information</b>			
<b>Name:</b>			
<b>Address:</b>	<b>DoB:</b>		
	<b>NHS No:</b>		
	<b>Home Tel No:</b>		
	<b>Mobile Tel No:</b>		
<b>Partner Information</b>			
<b>Name:</b>			
<b>Address:</b>	<b>DoB:</b>		
	<b>NHS No:</b>		
	<b>Home Tel No:</b>		
	<b>Mobile Tel No:</b>		
<b>GP Information</b>			
<b>Name:</b>			
<b>Address:</b>	<b>Telephone No:</b>		
	<b>NHS net email address:</b>		
<b>GP referral Date:</b>			
<b>Consultant Information</b>			

<b>Name</b>		<b>Telephone No:</b>	
<b>Hospital of Referring Consultant:</b>			
<b>Date of Referral:</b>			

<b>In an interpreter required?</b>	<b>Yes</b>	<b>No</b>	<b>If 'Yes' what language (including sign language)</b>	

**CCG Eligibility Criteria** (see Assisted Conception Policy for details of eligibility and number of cycles likely to be available for the patient – select link (provide link for your CCG policy))

<b>Criteria</b>	<b>Response</b>		<b>Eligible</b> <i>(mark as appropriate)</i>	
			<b>Yes</b>	<b>No</b>
<b>Duration of infertility:</b>	Years:			
<b>Diagnosed cause of absolute infertility:</b>	State:			
<b>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:</b>	State:			
<b>Previous IVF cycles (whether self or NHS funded)</b>	Number:			
<b>Age of female at date of referral to IVF provider service</b>	Years:			
<b>Age of male at date of referral to IVF provider service</b>	Years:			
<b>BMI of Female at date of referral to IVF provider service (policy states 19-30 kg/m<sup>2</sup>):</b>	BMI:			
<b>BMI of Male at date of referral to IVF provider service (policy states 19-35 kg/m<sup>2</sup>):</b>	BMI:			
<b>To be eligible, the patient 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 &lt;9IU/L on day two of any menstrual cycle done within three months of referral from secondary care to a specialist IVF provider</b>	Level			

<b>Residency: are both partners registered with a GP in the CCG for at least 12 months? If less than 12 months of GP registration can they demonstrate residency in the CCG area for at least 12 months prior to referral.</b>	Yes/no				
<b>Not eligible if answer 'yes' to any of these questions:</b>					
<b>Smoking – does either partner smoke</b> If yes refer to Stop Smoking Service and advise couple that they will need to provide a carbon monoxide test certificate confirming smoking status to the IVF provider prior to treatment starting.	Yes Yes :		No No :		
<b>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?</b>	Yes :		No :		
<b>Have either partner been sterilised?</b>	Yes :		No :		
<b>Any other relevant information, eg allergies, medical history requiring pre-conceptual care ie diabetes, epilepsy, genetic conditions and others.</b> If yes to the above please confirm that referral for pre-conceptual care has occurred.	Yes :  Yes :		No :  No :		

<b>Welfare of the Unborn Child</b>	<i>Mark as appropriate</i>	
	<b>Ye s</b>	<b>N o</b>
Establish by direct questioning to both parents if there is any reason due to past medical or social history of either partner, which may be of concern with regard to the welfare of the unborn child? ( <i>this includes history of social care, crime against a child</i> ) Answer yes/no. If the answer is 'Yes', but you still wish to refer the couple, please provide full details of any relevant concerns or extenuating circumstances in the box below		

Please provide full details of any relevant concerns or extenuating circumstances.
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<b>Procedure/treatment required</b>	<b>Yes/No</b>
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<p><b>IVF with or without ICSI</b> (Standard package will include):</p> <ul style="list-style-type: none"> <li>• Initial consultation, follow up consultation, and counselling sessions.</li> <li>• All ultrasound scans and hormone assessments during the treatment cycle</li> <li>• Oocyte stimulation</li> <li>• Oocyte recovery - by vaginal ultrasound guided aspiration under sedation or local anaesthesia; laparoscopy as appropriate under general anaesthesia</li> <li>• IVF or ICSI to produce embryos and blastocyst culture as appropriate.</li> <li>• Embryo, or blastocyst transfer, into uterine cavity.</li> <li>• Pregnancy test and max two scans to establish pregnancy viability</li> <li>• Drug costs and sperm preparation</li> </ul>	
<p><b>Embryo/blastocyst freezing and storage</b> Commissioned as part of the service requirement, and will be funded for up to 12 months following completion of NHS Treatment</p>	
<p><b>Surgical sperm recovery</b> (TESA/PESA including storage where required) Will be funded for up to 12 months following completion of NHS Treatment</p>	
<p><b>IUI- unstimulated</b> Individual Funding Request (IFR) required</p>	
<p><b>Donor oocyte cycle</b> For individual with embryo/blastocyst stored</p>	
<p><b>Donor Sperm insemination</b></p>	
<p><b>Egg and sperm storage for patients undergoing cancer treatments</b> Cryopreserved material may be stored for an initial period of 10 years. Please see appendix 1 for relevant CCG length of storage time)</p>	

<b>Provider Choice</b> <i>(mark as appropriate)</i>	
<p><b>Bourn Hall Clinic</b> Bourn Hall Clinic Bourn Bourn Cambridge CB23 2TN <b>Tel:</b> 01954 717210</p> <p>Bourn Hall Clinic Colchester Charter Court Newcomen Way Colchester Essex CO4 9YA <b>Tel:</b> 01954 717210</p> <p>Bourn Hall Clinic Norwich Unit 3 The Apex Gateway 11, Farrier Close Wymondham Norfolk NR18 0WF <b>Tel:</b> 01954 717210</p> <p><b>Safe haven fax:</b> 019547 17259 <b>NHS net:</b> <a href="mailto:boornhall.referrals@nhs.net">boornhall.referrals@nhs.net</a></p>	<p><b>London Women's Clinic</b> 113-115 Harley Street London W1G 6AP <b>Tel:</b> 0207 563 4309 <a href="http://www.londonwomensclinic.com/">http://www.londonwomensclinic.com/</a></p> <p>The Bridge Centre 1, St Thomas Street London SE1 9RY <b>Tel:</b> 0203 819 3282 <a href="http://www.thebridgecentre.co.uk">http://www.thebridgecentre.co.uk</a></p> <p><b>NHS co-ordinator Tel:</b> 0207 563 4309 <b>Secure fax:</b> 0203 070 0789 <b>Email:</b> <a href="mailto:david.hoskins@nhs.net">david.hoskins@nhs.net</a></p>

<p><b>Web:</b> <a href="http://www.bourn-hall-clinic.co.uk/">http://www.bourn-hall-clinic.co.uk/</a></p>		
<p><b>CREATE Fertility</b> CREATE Fertility St Paul's 150 Cheapside, City of London London EC2V 6ET <b>Tel:</b> 0333 240 7300</p> <p>CREATE Fertility Wimbledon St Georges House 3-5 Pepys Road West Wimbledon SW20 8NJ Tel: 0208 947 9600</p> <p><b>NHS net:</b> <a href="mailto:Create.herts@nhs.net">Create.herts@nhs.net</a></p> <p><b>Web:</b> <a href="http://www.createhealth.org/">http://www.createhealth.org/</a></p>		<p><b>Guy's &amp; St Thomas'</b> Guy's Hospital 11th floor, Tower Wing Great Maze Pond London SE1 9RT <b>Tel:</b> 0207 188 2300</p> <p><b>Safe haven fax:</b> 0207 188 0490 <b>NHS net:</b> <a href="mailto:gst-tr.GuysACUFunding@nhs.net">gst-tr.GuysACUFunding@nhs.net</a> <b>Web:</b> <a href="http://www.guysandstthomas.nhs.uk/our-services/acu/overview.aspx">http://www.guysandstthomas.nhs.uk/our-services/acu/overview.aspx</a></p>
<p><b>The Centre for Reproductive and Genetic Health</b> 230-232 Great Portland Street London W1W 5QS <b>Tel:</b> 020 7837 2905</p> <p><b>Safe haven fax:</b> <b>NHS net:</b> <a href="mailto:s.lola@nhs.net">s.lola@nhs.net</a> <b>Web:</b> <a href="http://www.crgh.co.uk/contactus.php">http://www.crgh.co.uk/contactus.php</a></p>		

Clinical Information	
<b>Number of TOPs:</b>	
<b>Number of miscarriages/ectopics:</b>	

Investigations Female		
	Date:	Result:
<b>Ultrasound or pelvic/uterine assessment (specify procedure):</b>		

LH (day 2-4):		
Estradiol (day 2-4):		
Tubal Patency		

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

Sperm storage (if required) <input type="checkbox"/>	
Nature of diagnosis requiring this procedure:	Date of diagnosis:
Planned treatment/surgery:	Treatment start date:
Please also complete HIV, Hep B/C status	

Any other relevant information, eg allergies:

Screening (within last 2 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)				

<b>Rubella</b>				
<b>Cervical Smear</b>				
<b>* This is to facilitate implementation of HFEA guidelines on 3 month duration between test and start of treatment</b>				

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name and Position:**



**East and North  
Hertfordshire**  
Clinical Commissioning Group



East and North  
Hertfordshire  
Clinical Commissioning Group