

South East London Integrated Care Board

South East London Fertility Policy
V1.0

Document detail

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Contact details

Queries	SELICBAcuteContracts@selondonics.nhs.uk
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Document Description

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Contents

1. Introduction.....	4
2. Scope of the policy.....	4
3. Glossary.....	6
4. Eligibility criteria.....	9
5. Provision of IVF.....	10
6. Treatment pathways.....	11
7. Provision of other assisted conception treatments.....	12

1. Introduction

South East London (SEL) Integrated Care Board (ICB) is the NHS organisation that is responsible for commissioning many health services for the SEL population, including hospital care and community and mental health services. The ICB has a legal duty to maintain financial balance, which means that it must make judgements about which services are appropriate and affordable for its local population.

Across the country most, if not all, ICBs have a policy or set of policies that set out the circumstances in which assisted conception treatments (such as IVF) are routinely funded for the local populations that they are responsible for.

This document sets out the assisted conception treatments funded by SEL ICB and the criteria patients from south east London must meet in order to access them.

This policy has been developed following:

- Consideration of national guidance and the current evidence base.
- Identification and consideration of potential equality and equity issues.

In developing this policy, the ICB's starting point has been to consider the clinical guidelines on fertility problems developed by the National Institute for Health and Care Excellence (NICE). However, it has also taken into account wider system factors such as service demand and the health needs of our communities. Whilst SEL ICB are not trying to make changes to its fertility policy in order to save money, it does need to make the best use of NHS resources. As a result, some sections of the policy vary from the full recommendations made by NICE.

SEL ICB recognises and welcomes the ambitions set out in the government's [Women's Health Strategy](#) around NHS support to try to get pregnant. It awaits more detail on the strategy, the relevant commissioning guidance and how it will impact on the policy, which will be reviewed as appropriate.

2. Scope of the policy

This policy document is intended, as per NICE guidance, for people who want to have a baby but have a pathological problem (physical or psychological) leading to fertility problems. The policy sets out the assisted conception treatments funded by SEL ICB and the eligibility criteria patients need to meet to access them.

Eligibility for NHS funding is not the same as a guarantee of treatment. The treatment should only be considered if the eligibility criteria are met, but it is important that the final decision to undergo treatment is an informed decision between the responsible clinician and the patient.

This policy only applies to people who are registered with a GP in south east London¹, as outlined in NHS England's [Who pays?](#) guidance.

The following groups of patients are outside the scope of the policy:

- Members of the Armed Forces and their families, for whom the NHS England [Clinical Commissioning Policy on Assisted Conception](#) applies.
- In general, patients who pay the immigration surcharge are not eligible for assisted conception services funded by SEL ICB. SEL ICB will comply with government guidance regarding these patients.

The eligibility criteria outlined in this policy only apply to the assisted conception treatments set out in this document (such as intrauterine insemination [IUI] or in vitro fertilisation [IVF]). They do not apply to:

- Investigations and treatments which do not fall within the scope of assisted conception treatments. For example, investigations of conditions causing fertility problems, or treatments to restore fertility such as the use of drugs to induce ovulation in ovulation disorders or surgical procedures to treat endometriosis or tubal obstruction.
- Surgical sperm retrieval, which is the commissioning responsibility of NHS England.
- Pre-implantation genetic diagnosis (PGD), which is the commissioning responsibility of NHS England.
- Ovarian and testicular cryopreservation, which is the commissioning responsibility of NHS England.
- Patients taking part in trials of new treatments; these treatments will be considered separately within the governance arrangements of that research trial.

New developments in assisted reproductive technologies will be considered through the local policy decision-making process to determine whether they will be funded by SEL ICB.

¹ I.e., the 6 boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

3. Glossary

Abandoned cycle of IVF	An abandoned IVF cycle is one where an egg collection procedure has not been undertaken.
Artificial insemination (AI)	AI is the introduction of sperm into the cervix or uterine cavity for the purpose of achieving pregnancy. Intrauterine insemination (IUI) is a type of AI undertaken at a fertility clinic where sperm is filtered to produce a concentrated 'healthy' sample which is placed directly into the uterus (womb). AI undertaken at home would normally be intra-vaginal insemination, usually by means of a needleless syringe.
Assisted conception treatment (ACT)	The collective name for treatments designed to lead to conception by means other than sexual intercourse. Includes: intrauterine insemination (IUI), in vitro fertilisation (IVF), intracytoplasmic sperm injection (ICSI) and donor insemination (DI).
Azoospermia	Where there are no sperm in the ejaculate.
Cryopreservation	The freezing and storage of embryos, sperm or eggs for future use in assisted conception treatment cycles.
Donor insemination (DI)	DI is a type of fertility treatment in which high quality donor sperm is used when either the male partner has no sperm or for lesbian couples or single women. This sperm may then be injected directly into the womb (IUI).
Egg donation	The process by which a fertile donor donates their eggs to be used in the treatment of others.
Embryo transfer procedure	The procedure in which one or more embryos are placed in the uterus.
Embryo transfer strategies	Defines the number of embryos that should be transferred in an embryo transfer procedure, depending on factors such as the quality of the embryos, the number of previous failed cycles, and the age of the woman or person trying to conceive.
Endometriosis	A condition where tissue similar to the lining of the uterus starts to grow in other places, such as the ovaries and fallopian tubes. Endometriosis is a known clinical cause of fertility problems.
Expectant management	NICE define expectant management as a formal approach that encourages conception through unprotected vaginal intercourse. It involves supportively offering an individual or couple information and advice about the regularity and timing of intercourse and any lifestyle changes which might improve their chances of conceiving. It does not involve active clinical or therapeutic interventions.
Fertilisation	The union of an egg and sperm.
Fertility policies	Integrated care boards (ICBs) are NHS organisations which are responsible for commissioning most fertility treatments; most ICBs therefore have policies in place specifying which fertility treatments they fund, and the eligibility criteria patients must meet to receive them. As well as including policies on fertility treatments for people with infertility, these typically also include policies on assisted conception treatments for patients who require interventions for other reasons e.g., fertility preservation for patients due to undergo a gonadotoxic treatment.
Fertility preservation (FP)	Involves freezing eggs, sperm or embryos with the aim of having biological children in the future.
Fresh IVF cycle	Comprises an episode of ovarian stimulation and the transfer of embryos created that have not previously been frozen.
Frozen embryo transfer (FET)	Where an excess of embryos is available following a fresh IVF cycle, these embryos may be frozen for future use. Once thawed, these embryos may be

	transferred to the patient as a 'frozen embryo transfer'. Also known as a 'frozen IVF cycle'.
Full IVF cycle	Defined by NICE as one episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s).
Gonadal dysgenesis	Abnormal development of an ovary or testicle.
Gonadotoxic treatment	Treatments that can cause infertility such as some chemotherapies.
HFEA	Human Fertilisation and Embryology Authority. The HFEA is the UK's independent regulator of fertility treatment and research using human embryos. They license and inspect fertility clinics and set standards on best practice.
In vitro fertilisation (IVF)	IVF involves ovarian stimulation and then collection of eggs. The eggs are then fertilised with sperm in a laboratory. If fertilisation is successful, the embryo is allowed to develop for 2–6 days and is then transferred back to the uterus to hopefully continue to a pregnancy. Ideally 1 embryo is transferred to minimise the risk of multiple pregnancy. Where the woman or person trying to conceive is older, there has been previous unsuccessful cycles, or the quality of the embryos is poor, 2 embryos may be transferred. It is best practice to freeze any remaining good quality embryos to use later in a frozen embryo transfer if the first transfer is unsuccessful.
Infertility	<p>The World Health Organisation states infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. NICE indicates that for people trying to conceive using artificial insemination (including, but not limited to, female same sex couples and single women), infertility may be indicated after 6 unsuccessful cycles.</p> <p>In the male reproductive system, infertility is most commonly caused by problems in the ejection of semen, absence or low levels of sperm, or abnormal shape (morphology) and movement (motility) of the sperm; this is commonly called 'male factor infertility'.</p> <p>In the female reproductive system, infertility may be caused by a range of abnormalities of the ovaries, uterus, fallopian tubes, and the endocrine system, among others.</p>
Intracytoplasmic sperm injection (ICSI)	IVF with ICSI treatment is similar to standard IVF. However, instead of mixing the sperm with the eggs and leaving them to fertilise in a dish, an embryologist will inject a single sperm into each mature egg. This maximises the chance of fertilisation as it bypasses any potential problems the sperm will have in penetrating the egg.
Intrauterine insemination (IUI)	IUI is a type of fertility treatment in which the better quality sperm are separated from sperm that are sluggish, non-moving or abnormally shaped. This sperm is then placed directly in the uterus. This can either be performed with partner sperm or donor sperm (known as donor insemination or DI). Sometimes ovarian stimulation is used in conjunction with IUI; this is called a 'stimulated cycle'.
Natural cycle IVF	An IVF procedure in which one or more eggs are collected from the ovaries during a spontaneous menstrual cycle without the use of fertility drugs.
NICE	National Institute for Health and Care Excellence. NICE provide national guidance and advice to improve health and social care. One of the ways that NICE does this is by publishing clinical guidelines, which are evidence-based recommendations on health and care in England. Organisations commissioning and delivering services are expected to take the recommendations contained within NICE clinical guidelines into account when planning and delivering services. NICE has published a Clinical Guideline (CG 156) on fertility problems (2013); this is currently under review with the reissue scheduled for November 2024.

Oophorectomy	An operation to remove one or both ovaries.
Ovarian Hyper-Stimulation Syndrome (OHSS)	A condition in which the ovarian response to stimulation results in clinical problems, including abdominal distension, dehydration and potentially serious complications due to thrombosis and lung and kidney dysfunction. It is more likely in people who are excessively sensitive to medicines used for ovarian stimulation.
Ovarian reserve	Ovarian reserve tests were developed by fertility clinics to predict how a person having IVF treatment would respond to the medication used to stimulate the ovaries and ultimately how many eggs they may produce. Ovarian reserve can be assessed by measuring total antral follicle count (AFC), anti-Müllerian hormone (AMH) levels and follicle-stimulating hormone (FSH) levels.
Ovarian stimulation	Stimulation of the ovary to achieve growth and development of ovarian follicles with the aim of increasing the number of eggs released.
Pathological problem	One that relates to medical conditions/ diseases (physical or psychological).
Pre-implantation genetic diagnosis	A technique used to identify inherited genetic defects in embryos created through IVF. Only embryos with a low genetic risk for the condition are then transferred to the uterus. Any resulting pregnancy should be unaffected by the condition for which the diagnosis is performed.
Premature ovarian insufficiency	If menopause happens before the age of 40 it is called premature ovarian insufficiency (or premature menopause).
Rhesus (Rh) isoimmunisation	A condition where antibodies in a pregnant person's blood destroy the baby's blood cells. Also known as rhesus disease.
Sperm donation	The process by which a fertile donor donates sperm to be used in the treatment of others. The HFEA regulates sperm donation undertaken at UK fertility clinics.
Sperm washing	Sperm washing is used to reduce the viral load (for example, of HIV) in a sample of sperm to a very low or undetectable level. The washed sperm can then be transferred to the uterus using IUI or used to fertilise eggs in IVF or ICSI.
Supernumerary embryos	Embryos created from a fresh IVF cycle that are left over after an embryo(s) have been transferred.
Surgical sperm retrieval (SSR)	SSR is a technique for collecting sperm directly from the testicles or epididymis (where sperm is stored, after it is formed in the testicles).
Surrogacy	Surrogacy is where a person carries and gives birth to a baby for another person or couple. This may involve the eggs of the surrogate, the intended parent, or a donor.
Unsuccessful cycle of IVF/ ICSI	Includes failure of fertilisation, failure of development of embryos and failure to become pregnant following transfer of embryos.

4. Eligibility criteria

<p>Patients can only be referred for assisted conception treatments if they meet the eligibility criteria below and when all appropriate tests and investigations have been successfully completed in primary and secondary care in line with NICE guidelines. Note, patients do not need to fulfil the eligibility criteria outlined in Sections 1–6 of this document to access assessment and investigations for infertility.</p>	
<p>1. Age of the woman or person trying to get pregnant</p>	<p>Assisted conception treatments are funded for eligible women or people trying to get pregnant who are aged under 43 years. Referring clinicians should be aware of the work up time required by the provider and ensure that referrals are made in time for individuals to start egg retrieval before their 43rd birthday.</p>
<p>2. Body mass index (BMI)</p>	<p>The woman or person trying to get pregnant must have a BMI of between 19 and 30 kg/m² at the time treatment begins.</p> <p>Where BMI is >30, appropriate advice and support should be provided to help the patient lose weight. Referral to weight management services should be considered where appropriate.</p>
<p>3. Smoking</p>	<ul style="list-style-type: none"> • The woman or person trying to get pregnant must be a non-smoker and continue to be a non-smoker throughout treatment. • The man or person providing sperm for assisted conception treatment must be a non-smoker. <p>Where the individual smokes tobacco, appropriate advice and support should be provided to help the patient stop. Referral to smoking cessation services should be considered where appropriate.</p>
<p>4. Existing children</p>	<ul style="list-style-type: none"> • Couples: neither partner in a couple should have a living child from their relationship or any previous relationship. • Single persons: individuals should not have a living child. <p>An adopted child is considered to have the same status as a biological child. 'Child' refers to a living son or daughter irrespective of their age or place of abode.</p>
<p>5. Previous sterilisation</p>	<ul style="list-style-type: none"> • Couples: neither partner in a couple should have undergone sterilisation. • Single persons: should not have undergone sterilisation. <p>The above still applies if sterilisation reversal has been attempted.</p>
<p>6. Ovarian reserve</p>	<p>This criterion only applies to women or people trying to get pregnant who are aged 40–42.</p> <p>There should not be evidence of low ovarian reserve, defined in this policy as:</p> <ul style="list-style-type: none"> • Anti-Müllerian hormone (AMH) of less than or equal to 5.4 pmol/l
<p>Additional eligibility criteria to access different treatments are outlined in the sections below.</p>	

5. Provision of IVF

<p>Unless otherwise specified, patients need to fulfil the eligibility criteria outlined in Sections 1–6 of this document to access NHS funded IVF.</p>	
<p>7. Definition of an IVF cycle</p>	<ul style="list-style-type: none"> For the purposes of this policy, a full IVF cycle is defined as one episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s). The cycle may be with or without intracytoplasmic sperm injection (ICSI). All frozen embryos should be transferred before starting the next NHS funded fresh IVF cycle. Embryo transfer strategies outlined in NICE CG156 should be followed to minimise the number of multiple births. Storage of cryopreserved supernumerary embryos will be funded for a maximum of two years following a fresh cycle. Natural cycle IVF is not routinely funded.
<p>8. IVF where the woman or person trying to get pregnant is under 40 years old</p>	<ul style="list-style-type: none"> For eligible patients requiring IVF where the woman or person trying to get pregnant is aged under 40, SEL ICB will fund up to 2 full IVF cycles. Patients must continue to meet the eligibility criteria outlined in Sections 1-6 before starting the second NHS funded IVF cycle. If the patient reaches the age of 40 during treatment, the current full cycle will be completed but no further full cycles will be available. Treatment will not be funded for patients aged under 40 years old who have previously had 3 or more fresh cycles of IVF, irrespective of how these were funded. This means if a patient has had 1 previous fresh IVF cycle, up to 2 NHS funded full IVF cycles will be funded. If a patient has had 2 previous fresh IVF cycles, 1 NHS funded full IVF cycle will be funded. Individuals aged under 40 years do not need to fulfil the criterion for ovarian reserve, outlined in Section 6 of this document, to access IVF.
<p>9. IVF where the woman or person trying to get pregnant is 40–42 years old</p>	<ul style="list-style-type: none"> For eligible patients requiring IVF where the woman or person trying to get pregnant is aged 40–42, SEL ICB will fund 1 full IVF cycle. If the patient reaches the age of 43 during treatment, the current full cycle may be completed. IVF will not be funded for patients aged 40–42 years old who have previously had any IVF treatment, irrespective of how this was funded. Before starting treatment, patients aged 40–42 years old should be made aware of the additional implications of IVF and pregnancy at this age.
<p>10. Abandoned cycles</p>	<p>One abandoned IVF cycle (defined as a cycle where an egg collection procedure has not been undertaken) does not count towards the number of cycles funded. However, further cycles will not be started if the treating doctor thinks it would be clinically inappropriate.</p>

6. Treatment pathways

This policy is intended, as per NICE guidance, for people who have a possible pathological problem (physical or psychological) to explain their infertility. SEL ICB will fund treatment for eligible individuals and couples provided there is evidence of subfertility.

The process for demonstrating subfertility will necessarily be different for people trying to conceive through sexual intercourse and people trying to conceive through artificial insemination; these differences are reflected below in Sections 11a and 11b.

Note, patients do not need to fulfil the eligibility criteria outlined in Sections 1–6 of this document to access assessment and investigations for infertility.

Initial advice to people concerned about delays in conception are set out in [NICE CG156](#).

Patients accessing IVF should be fully informed of likely success rates and alternative approaches to parenting, including fostering and adoption.

Patients should also be advised that impartial advice and information is available via the [HFEA](#) which regulates assisted reproductive therapies.

<p>11a. People trying to conceive through sexual intercourse</p>	<ul style="list-style-type: none"> • If there is a known clinical cause of infertility or a history of predisposing factors for infertility, patients can be referred for specialist consultation. Otherwise, referral for assessment and investigations can be made for people of reproductive age who have not become pregnant after one year of regular unprotected vaginal intercourse two to three times per week. If the woman or person trying to get pregnant is aged 36 or over then such assessment and investigations should be considered after six months of unprotected regular intercourse. • Where investigations show there is no chance of pregnancy with expectant management and where IVF is the only effective treatment, eligible patients can be referred for consideration of NHS funded IVF without delay. • Otherwise, IVF can be offered to eligible patients who have not conceived after two years of regular unprotected intercourse (this also applies where the woman or person trying to get pregnant is aged 36 or over).
<p>11b. People trying to conceive through artificial insemination</p>	<ul style="list-style-type: none"> • If there is a known clinical cause of infertility or a history of predisposing factors for infertility, patients can be referred for specialist consultation. Otherwise, referral for assessment and investigations can be made for people of reproductive age who have not become pregnant after 6 cycles of self-funded intrauterine insemination (IUI). If the woman or person trying to get pregnant is aged 36 or over then such assessment and investigations should be considered after 3 cycles of self-funded IUI. • Where investigations show there is no chance of pregnancy with expectant management and where IVF is the only effective treatment, eligible patients can be referred for consideration of NHS funded IVF without delay. • Otherwise, IVF can be offered to eligible patients who have not conceived after 12 cycles of IUI (this also applies where the woman or person trying to get pregnant is aged 36 or over). Note, up to 6 cycles of NHS funded IUI may be available to eligible patients, as outlined in Sections 12 and 13 of this document.

7. Provision of other assisted conception treatments

Unless otherwise specified, patients need to fulfil the eligibility criteria outlined in Sections 1–6 of this document to access NHS funded assisted conception treatments.	
12. Intrauterine insemination (IUI) using partner sperm	<ul style="list-style-type: none"> • Up to 6 cycles of unstimulated IUI using partner sperm is funded for eligible patients where there is evidence of normal ovulation, tubal patency and semen analysis and one of the following apply: <ul style="list-style-type: none"> ○ they are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem and have not conceived after 6 cycles of self-funded IUI. ○ they have conditions that require specific consideration in relation to methods of conception, for example: <ul style="list-style-type: none"> ▪ they are living with HIV and have undergone a successful sperm washing procedure (access to NHS funded sperm washing is addressed in Section 17 of this document). ▪ they have spinal cord injury or other conditions that means they require electro-ejaculation. • Where appropriate, IVF using partner sperm will be funded for the above groups – see Section 11b for more information. Note, if the nature of a patient’s physical disability or psychosexual problem is such that IVF is the only effective treatment, eligible patients can be referred for consideration of NHS funded IVF without delay. • IUI is not routinely funded for people with unexplained infertility, mild endometriosis or mild male factor infertility unless it is as an <u>alternative</u> to IVF for people who have social, cultural or religious objections to IVF. In this case, up to 6 cycles of unstimulated IUI using partner sperm is funded for eligible patients. Note, this would be an alternative to receiving IVF treatment and therefore IVF would <u>not</u> subsequently be funded for patients accessing IUI in these circumstances.
13. Assisted conception treatments using donor sperm	<ul style="list-style-type: none"> • Up to 6 cycles of unstimulated IUI using donor sperm is funded for eligible patients where there is evidence of normal ovulation and tubal patency and one of the following apply: <ul style="list-style-type: none"> ○ obstructive or non-obstructive azoospermia ○ severe deficits in semen quality in couples who do not wish to undergo ICSI ○ a high risk of transmitting a genetic disorder or infectious disease to the child and/ or partner, confirmed by an appropriate specialist ○ severe rhesus isoimmunisation ○ individuals, or couples trying to conceive through donor insemination who have not conceived after 6 cycles of self-funded IUI • Where appropriate, IVF using donor sperm will be funded for the above groups – see Section 11b for more information. • SEL ICB will fund the cost of the IUI and/or IVF, but the donor sperm will need to be sourced and paid for by the patient².
14. IVF using donor eggs	<ul style="list-style-type: none"> • IVF using donor eggs will be funded for eligible patients who have one of the following: <ul style="list-style-type: none"> ○ premature ovarian insufficiency ○ gonadal dysgenesis including Turner syndrome (pre-treatment screening should have excluded phenotypic manifestations of

² There are significant practical and logistical issues relating to NHS funding of donor sperm. Once arrangements have been identified that resolve these issues, SEL ICB will review its current position on funding of donor sperm.

	<p>Turner syndrome that might jeopardise successful pregnancy, including aortic dilation and cardiac lesions)</p> <ul style="list-style-type: none"> ○ undergone bilateral oophorectomy ○ ovarian failure following chemotherapy or radiotherapy ○ a high risk of transmitting a genetic disorder to the offspring, confirmed by an appropriate specialist <ul style="list-style-type: none"> • For eligible patients, IVF using donor eggs will be available as per Sections 7–10 of this document. Note, the criterion for ovarian reserve, outlined in Section 6 of this document, does not need to be met by patients undergoing IVF using donor eggs. • SEL ICB will fund the cost of IVF using donor eggs, but the donor eggs will need to be sourced and paid for by the patient³.
<p>15. Fertility preservation</p>	<ul style="list-style-type: none"> • Cryopreservation (freezing) of eggs, embryos and sperm will be funded for eligible patients who are under the care of a specialist clinician who has confirmed one of the following: <ul style="list-style-type: none"> ○ they are due to undergo a gonadotoxic treatment; this may include patients undergoing interventions for gender affirmation. ○ they have a medical condition that, in their case, is likely to progress such that it will lead to infertility in the future. <p>Up to 2 egg collection procedures will be funded for eligible patients when deemed clinically appropriate by the treating clinician.</p> • To access cryopreservation and storage of sperm, eggs or embryos, fertility preservation patients do <u>not</u> need to meet the eligibility criteria outlined in Sections 2–6 of this document. However, patients who require cryopreservation of eggs or embryos must: <ul style="list-style-type: none"> ○ be aged under 43 years ○ be well enough to undergo ovarian stimulation and egg collection, and this will not worsen their condition, and ○ have enough time available before the start of their gonadotoxic treatment, where applicable. • Storage of sperm, embryos and eggs will be funded for 10 years duration after cryopreservation. NHS funding of storage will end sooner where: <ul style="list-style-type: none"> ○ fertility has been established through tests or conception, or ○ the patient dies and no written consent has been left permitting posthumous use. • To access assisted conception treatments using cryopreserved sperm, eggs or embryos, fertility preservation patients must meet the same eligibility criteria as other patients with fertility problems – see Sections 1–5 of this document. Note that fertility preservation patients do not need to fulfil the criterion for ovarian reserve outlined in Section 6 of this document to access IVF using their cryopreserved eggs or embryos.
<p>16. Surgical sperm retrieval for azoospermia</p>	<p><u>Surgical sperm retrieval</u></p> <ul style="list-style-type: none"> • Surgical sperm retrieval is the commissioning responsibility of NHS England and is not funded by SEL ICB. • The NHS England policy on surgical sperm retrieval states it will only fund surgical sperm retrieval where the patient has confirmed funding for subsequent stages of their fertility treatment pathway (i.e., cryopreservation and ICSI). The responsible clinician should therefore

³ There are significant practical and logistical issues relating to NHS funding of donor eggs. Once arrangements have been identified that resolve these issues, SEL ICB will review their current position on funding of donor eggs.

	<p>ensure SEL patients meet the relevant eligibility criteria outlined in this document prior to undertaking surgical sperm retrieval.</p> <p><u>Cryopreservation of surgically retrieved sperm</u></p> <ul style="list-style-type: none"> • Where an eligible patient with azoospermia has undergone successful surgical sperm retrieval funded by NHS England, cryopreservation and storage of sperm will be funded for up to 2 years. • Cryopreservation of sperm for fertility preservation for patients receiving gonadotoxic treatment is addressed separately – see Section 15 of this document. <p><u>IVF with ICSI using surgically retrieved sperm</u></p> <ul style="list-style-type: none"> • Where an eligible patient has undergone successful surgical sperm retrieval funded by NHS England, IVF/ICSI will be funded as per Sections 7–10 of this document.
<p>17. Sperm washing</p>	<ul style="list-style-type: none"> • Most people living with HIV will not require sperm washing. People living with HIV should speak to their HIV doctor or nurse about trying to get pregnant. People living with HIV who have fertility problems can access assisted conception treatments as per this document. • Sperm washing will be funded for eligible couples where the woman or person trying to get pregnant is not living with HIV, but the sperm is from a partner who is living with HIV and is either: <ul style="list-style-type: none"> ○ non-adherent with antiretroviral treatment, or ○ has a plasma HIV viral load which is 50 copies/ml or greater. • Where a successful sperm washing procedure has been undertaken, storage of washed sperm will be funded for up to 2 years. • Where the sperm washing procedure is successful, depending on their clinical circumstances, patients may access IUI (as set out in Section 12 of this policy) and/ or IVF/ICSI (as set out in Sections 7–10 of this policy).
<p>18. Surrogacy</p>	<p>Assisted conception treatments involving surrogates are not routinely funded.</p>
<p>19. Transportation of genetic materials (cryopreserved eggs, embryos or sperm)</p>	<ul style="list-style-type: none"> • SEL ICB will fund 1 transportation of genetic materials and ongoing storage for patients who have undergone NHS funded assisted conception treatments, but only where the receiving provider is undertaking NHS funded assisted conception treatments using these materials. • The total duration of storage of genetic materials funded by the ICB is set out in Sections 7 (following provision of IVF), 15 (following fertility preservation), 16 (following surgical sperm retrieval for azoospermia) and 17 (following sperm washing) of this document.