NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Fertility Preservation
Criteria Based Access

Funding approval for Fertility Preservation Treatment will only be provided by the ICB where an individual will receive NHS provided treatment that will have an adverse, long-term impact on fertility, where there is no clear alternative, and where the individual meets the rest of the criteria.

Patients who are to receive oncology treatments which are likely to compromise their fertility are eligible for fertility preservation, as will patients prescribed cyclophosphamide, and those prescribed testosterone for individuals on a gender dysphoria pathway.

Clinicians could apply if they feel the drug that they are working with fits the categorisation.

For guidance, please refer the medication's record within the BNSSG's Joint Formulary guidance at https://remedy.bnssgccg.nhs.uk/formulary-adult/bnssg-joint-formulary/about-the-bnssg-joint-formulary/

Section A - Fertility Preservation Prior to NHS Commissioned Treatment

CRITERIA BASED ACCESS
For consideration by specialist services and referring clinicians when planning treatment.
In order to access services patients must meet all of the following criteria:

1. Either:
    a. The individual will be prescribed NHS commissioned medication that is likely to have an adverse and irreversible impact on their fertility.
    b. The individual will undergo an NHS provided intervention that is likely to have an adverse and irreversible impact on their fertility (this can include a second ovarian removal, or planned surgery on a remaining testis that could lead to removal).
2. Patients who meet the criteria for fertility preservation, are eligible for fertility preservation treatment including:
    a. for single individuals or those not in a stable relationship: sperm collection and storage, or oocyte harvesting and storage, or
    b. storage for couples in a stable relationship: oocyte harvesting, fertilisation and embryo Cryopreservation prior to treatment to allow subsequent In Vitro Fertilisation (IVF) treatment in line with this policy provided they meet the requirements for funding below.
3. Patients must have commenced puberty and not be older than the limits for treatment set out in the commissioning policy for Infertility Assessment & Treatment (the prospective mother's 39th birthday and the prospective father's 54th birthday).
4. At the time of fertility preservation treatment, patients do not need to be able to demonstrate that they comply with the requirements of this policy in respect of smoking and Body Mass Index (BMI), as delaying treatment until a patient could comply may compromise treatment.
5. Fertility preservation for the following patients is not commissioned and will not be funded by BNSSG where:
    a. the patient wishes to undergo a vasectomy or female sterilisation and wishes to preserve fertility, or
    b. the patient wishes to delay conception, or
    c. the patient has living offspring and therefore does not qualify for funding for fertility preservation treatment. This includes genetic and legally adopted children and offspring who are adults but does not include foster children or step children.
    d. the patient has previously received an NHS funded cycle of fertility treatment either locally or elsewhere in the UK.

Section B - Fertility Treatment including Assisted Conception and IVF following Fertility Preservation Treatment

PRIOR APPROVAL
For Fertility Service consideration when planning treatment.

1. Once the patient has completed treatment and been advised by clinicians that they may safely commence fertility treatment, they must meet all of the requirements of the CCG's commissioning policy for Infertility sections A & B to be eligible for treatment.
2. Sperm, oocyte and embryo storage will be handled in line with the BNSSG Cryopreservation policy in place at the time of collection as set out in this policy.
3. Individuals will not be required to demonstrate infertility by undergoing 6 cycles of independently funded Intrauterine Insemination (IUI) or having regular unprotected sex for two years.
4. Patients must meet the criteria set out in the general principles of BNSSG's policy for Infertility Assessment & Treatment.

C - Cryopreservation of Sperm, Oocytes and Embryos – Criteria Based Access

Cryopreservation is term use to describe the freezing and storage of sperm, oocytes and embryos for patients.

1. Patients who have had sperm, oocyte or embryo cryopreserved prior to commencement of medication or following interventions that will have an irreversible and adverse impact on fertility will be funded for;
   - a maximum of 2 years after reaching the age of 21,
     OR
   - until 2 years after their condition is sufficiently stable to allow pregnancy,
     OR
   - a maximum of five years post collection, freezing and storage.
2. Funding for storage will cease six months following the death of the patient, or if the patient or their partner reaches the upper age limit.
3. Once the period of NHS funding ceases, patients or their family can elect to self-fund for a further period, not to exceed appropriate Human Fertilisation and Embryology Authority (HFEA) regulations on length of storage.
4. Patients with cryopreserved sperm, oocytes or embryos must comply with all requirements of the fertility services and the HFEA or NHS funding for these products will cease. This includes Consent, in a manner as set down by HFEA regulations, must be obtained at the outset and at regular intervals (usually annually) during the period of storage for storage to continue.
5. Commencement of Cryopreservation does not entitle patients to fertility treatments. There is the potential for patients to meet the access criteria for Cryopreservation and not to meet the criteria for fertility treatments at a later date. Patients in this category may elect to self-fund further fertility treatment using the cryopreserved sperm, oocytes or embryos.

Section D - Posthumous Assisted Reproduction – Exceptional Funding Request

BNSSG does not fund fertility treatments associated with posthumous assisted reproduction**.**

Funding approval must be sought by the GP or the Fertility Service prior to referral by submission of an Individual Funding application form.

Patients who wish to use cryopreserved sperm, oocytes or embryos following the death of their partner, may only do so where appropriate consents have been obtained prior to the death of their partner, as set down in HFEA guidelines.

BRAN

For any health- related decision, it is important to consider **"BRAN"** which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Fertility preservation can mitigate against the likely impact of some NHS prescribed treatments, on an individual's potential to have children in the future.

Fertility problems can lead to mental health issues, including suicidal ideation in the more extreme cases. Fertility preservation could limit the potential for these issues to develop.

Fertility preservation can reinforce equality of opportunity across a wide range of patient groups, by enabling patients who have undergone NHS prescribed treatment that removes fertility, the same level of opportunity as those who have not.

Risks

Fertility preservation is generally considered safe, carrying small risks to the patient. There are some risks and issues which may need to be considered.

The process for sperm storage involves masturbation and semen analysis. It should be noted that very unwell men may find masturbation and ejaculation difficult.

Fertility preservation is, potentially, physically more demanding for women than men as the process to collect oocytes (eggs) is more demanding than the collection of sperm in most cases.

There's no evidence that current fertility preservation methods can directly compromise the success of treatments. However, the success of treatment if it is delayed to pursue fertility preservation, could be compromised.

Alternatives

Without fertility preservation, a person who meets the criteria outlined in this policy is unlikely to become a biological parent. Individuals may wish to consider surrogacy arrangements or adoption, however the CCG does not routinely fund surrogacy.

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes "not yet" is a good enough answer until you gather more information.

Fertility Preservation – Plain Language Summary

Fertility preservation is the freezing of a person's reproductive cells. Female reproductive cells are called ova, or egg cells, male reproductive cells are called sperm.

Cryopreservation is the process of freezing a person's reproductive cells, using liquid Nitrogen, without causing damage to the cells.

Certain types of NHS prescribed treatments can have an adverse long-term impact on a person's reproductive and, therefore, their ability to have children in the future. These include some cancer treatments, and hormone therapy which is commonly used in the medical treatment of gender dysphoria.

Freezing a person's reproductive cells, preserves the opportunity for that person to have family in the future.

Once a patient has completed their treatment, and their clinician believes it is safe for them to do so, their frozen reproductive cells may be used in In Vitro Fertilisation (IVF) or Intracytoplasmic Sperm Injection (ICSI).

In vitro fertilisation (IVF) is one of several techniques available to help people with fertility problems have a baby.

During IVF, an egg is removed from the woman's ovaries and fertilised with sperm in a laboratory.

The fertilised egg, called an embryo, is then returned to the woman's womb to grow and develop.

It can be carried out using your eggs and your partner's sperm, or eggs and sperm from donors.

Intracytoplasmic sperm injection (ICSI) is a type of IVF treatment that involves drawing up a single sperm into a very fine glass needle and injecting it directly into the centre of the egg.

The fertilised egg (embryo) can then be transferred into the womb of the woman as in a normal IVF cycle. The live birth rates for ICSI and conventional IVF are similar.

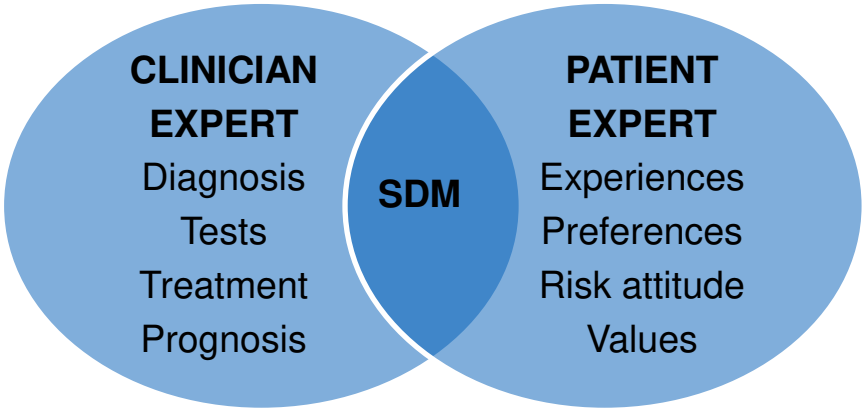
The major development of ICSI means that as long as some sperm can be obtained fertilisation is possible.

Intrauterine insemination (IUI), also known as artificial insemination, is a fertility treatment that IUI involves separating sluggish, non-moving or abnormally shaped sperm and injecting directly into the womb.

Shared Decision Making

If a person fulfils the criteria for Fertility Preservation, it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. NICE (2017) Fertility Problems: Assessment & Treatment (Clinical Knowledge Summary) www.nice.org.uk
2. National Library of Medicine (2015) 'Live Birth Rate Associated with Repeat Invitro Fertilisation Cycles'.

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the CCGs are responsible, including policy development and review.

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Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on **BNSSG.customerservice@nhs.net.**

Glossary

Cryopreservation	Cryopreservation is the process of freezing and storing sperm, oocytes and embryos so that they can potentially be used at a future date, typically in an attempt to achieve a pregnancy.
Embryo	Refers to a fertilised Oocyte It is called an embryo until about eight weeks after fertilisation and from then it is instead called a foetus.
Female Sterilisation	Female sterilisation is an operation to permanently prevent pregnancy. The fallopian tubes are blocked or sealed to prevent the eggs reaching the sperm and becoming fertilised
Gender Dysphoria	Gender dysphoria is a term that describes a sense of unease that a person may have because of a mismatch between their biological sex and their gender identity.
Intrauterine Insemination (IUI)	Intrauterine Insemination (IUI) involves timed insemination of sperm into the uterus. This can be completed as part of a natural unstimulated cycle (unstimulated IUI) or following stimulation of the ovaries using oral anti-oestrogens or gonadotrophins (stimulated IUI).
In-Vitro Fertilisation	In-Vitro Fertilisation (IVF) is a technique whereby eggs are collected from a woman and fertilised with a man's sperm outside the body.
Oocyte	Refers to a female gametocyte or germ cell involved in reproduction. In other words, it is an immature ovum, or egg cell.
Ovary	The ovaries are small, oval-shaped glands located on either side of the uterus. They produce and store eggs and make hormones that control the menstrual cycle and pregnancy.
Sperm	Refers to the male reproductive cells.

Testis	One of two egg-shaped glands inside the scrotum that produce sperm and male hormones.
Vasectomy	A vasectomy is a surgical procedure to cut or seal the tubes that carry a man's sperm to permanently prevent pregnancy.