NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

ICB Assisted Conception for Infertility Policy

Policy Folder & Policy Number	C-P-007
Version:	1.1
Ratified by:	ICB Board Meeting
Date ratified:	21 December 2023
Name of originator/author:	Senior IFR/Improvement Manager
Name of responsible committee/individual:	Finance and Performance Committee
Date approved by Committee/individual	05 December 2023
Date issued:	22 December 2023
Review date:	June 2026
Date of first issue	Pre- April 2013
Target audience:	NHS and partnering agencies, health, and care professionals; general public

CONSULTATION SCHEDULE

Name and Title of Individual	Groups consulted	Date Consulted
ICB clinical and programme leads	Internal working group	28 September 2022
ICB clinical and programme leads	Internal technical group	23 May 2023
ICB clinical and programme leads	Internal working group	09 June 2023
ICB clinical and programme leads	Internal working group	13 June 2023
ICB clinical and programme leads	Internal technical group	18 July 2023

RATIFICATION SCHEDULE

Name of Committee approving Policy	Date
Finance and Performance Committee	05 December 2023
ICB Board Meeting	21 December 2023

VERSION CONTROL

Version	Version/Description of amendments	Date	Author/amended by
DRAFT	Alignment of former CCG policies into single ICB interim policy	February 2023	Gina Gill Jackie Newman
Revised draft	Revisions to aligned interim policy	November 2023	Gina Gill
Version 1.0	Final policy following approval at ICB Board	December 2023	Gina Gill
Version 1.1	Wording amendment to clarify criteria	March 2024	Gina Gill, Jackie Newman, Nicola Bucknall

Impact Assessments – available on request

	Stage	Complete	Comments
Equality Impact Assessment	1	26/09/2023	Assessment approved
Quality Impact Assessment	1	02/11/2023	Assessment approved
Privacy Impact Assessment	N/A	N/A	N/A

Version Number	Date	Outline of Amendments
Initial Draft	February 2023	Amalgamation of the following assisted conception policies: • Commissioning Policy for In Vitro Fertilisation (IVF)/Intracytoplasmic Sperm Injection (ICSI) within Tertiary Infertility – Cannock Chase, East Staffordshire, South East Staffordshire and Seisdon Peninsula and Stafford and Surrounds Clinical Commissioning Groups • Commissioning Policy for Assisted Conception – Stoke-on-Trent Clinical Commissioning Group • Infertility and Assisted Reproduction Commissioning Policy and Eligibility Criteria – North Staffordshire clinical Commissioning Group
Revised Draft	November 2023	Revised criteria for the following: • Donor Eggs • Alcohol Consumption • Storage of gametes and embryos as part of IVF • Handling of existing frozen embryos from previous cycles • Sperm Washing • Identified cause/duration of infertility • Appendix A (removed) Abbreviations and Definitions updated Update to reflect outcome of impact assessments.
Version 1.0	December 2023	Final policy following approval at ICB Board
Version 1.1	March 2024	Wording amendment to clarify criteria

Table of Contents

1. Abbreviations and definitions

Blastocyst	A stage within embryo development – this is usually 5 to 7 days after an egg has been fertilised
BMI	Body Mass Index – this is calculated by you weight in kilograms divided by the square of your height in meters
CCG	Clinical Commissioning Group - The organisation previously responsible for funding and planning local NHS services which was replaced by ICBs on 01 July 2022
Cryopreservation	The freezing and storage of eggs, sperm or embryos for future use in assisted conception treatment cycles
Cycle	A treatment cycle of IVF which may include ovulation induction, egg retrieval, fertilisation and embryo transfer. Full cycle: includes the above plus the transfer of all embryos created during that cycle. Partial cycle: where a cycle does not include the transfer of all embryos created during that cycle.
DI	Donor Insemination
Embryo	An egg fertilised by sperm which is in the early stage of development.
Fertility Preservation	Involves storing egg, sperm or embryos with the aim of having biological children in the future.
Gamete	Male (sperm) or female (egg) reproductive cells
GUM	Genito Urinary Medicine
HAART	Highly Active Antiretriviral Therapy – a medication regime used to manage and treat HIV
Hepatitis	Hepatitis is an inflammation of the liver that is caused by a variety of infectious viruses and noninfectious agents leading to a range of health problems. In this document hepatitis refers to inflammation caused by strains of the hepatitis virus, referred to as types A,B,C,D and E.
HFEA	Human Fertilisation and Embryology Authority – UK's independent regulator overseeing the use of gametes and embryos in fertility treatment and research
HIV	Human immunodeficiency virus
ICSI	Intracytoplasmic Sperm Injection – a single sperm is injected into the egg
ICB	Integrated Care Board – The organisation responsible for funding and planning local NHS services.
IFR	Individual Funding Request – The ICBs process for applications for services/treatments that are not routinely commissioned. Patients must demonstrate exceptionality to secure funding.
Infertility	In the absence of known reproductive pathology, infertility is defined as failure to conceive after regular unprotected sexual intercourse. Infertility can be defined as primary, for people who have never conceived, or secondary, for people who have previously

	conceived
IUI	Intra-Uterine insemination – insemination of sperms into a woman's uterus
IVF	In Vitro fertilisation – patients eggs and her partners sperm are collected and placed together within a laboratory setting to achieve fertilisation outside of the body. The embryos produced are then transferred to the female patient.
NHS England	The organization that provides national leadership for the NHS and is responsible for funding and planning some complex and specialised services
NICE	National Institute of Health and Care Excellence – an independent organisation responsible for providing evidence based national guidance on promoting good health and preventing and treating ill health
Oocyte	A female reproductive cell (an egg)
Ovarian Reserve	This indicates the amount of eggs a female has remaining in the ovaries for pregnancy
Ovulation	Ovulation is when a mature egg is released from the ovary.
Ovulation Induction	Hormone therapy that can help females ovulate if this does not happen naturally or where this happens irregularly.
PGD	Pre-implantation Genetic Diagnosis
SET	Single Embryo Transfer
SSR	Surgical Sperm Retrieval – a surgical process to extract sperm in men who do not release these naturally in their ejaculate

2. Introduction

2.1. This policy sets out the criteria for access to specialist fertility services for the population of Staffordshire and Stoke-on-Trent, specifically the entitlement to In Vitro Fertilisation (IVF) and Intracytoplasmic Sperm Injection (ICSI). Access to fertility services is governed by the same principles of all other services, namely clinical effectiveness, cost effectiveness and the outcomes of the ICB's annual Joint Strategic Needs Assessment.

2.2. The main aim of this policy is to assist couples with infertility as diagnosed by a clinician and is based on the principles that fertility services must be commissioned from centres with better than national average rates and that the patient eligibility criteria should reflect the highest probability of success from assisted conception techniques in line with the clinical evidence base.

2.3. The intention of this policy is to set out the commissioning arrangements for fertility services in a manner that is clear, fair and transparent, and the criteria has been developed in line with clinical evidence taking in account the success rates of fertility treatments and the impact that different factors have on this. This paper should be read in conjunction with the following supporting evidence:

- The National Institute for Health and Care Excellence (NICE) Clinical Guideline CG156 'Fertility problems: assessment and treatment' (2013) available on their website at Overview | Fertility problems: assessment and treatment | Guidance | NICE
- The Human Fertilisation and Embryology Authority (HFEA) document 'The Possible Best Start to Life' (2007) Our campaign to reduce multiple births | HFEA
- The Human Fertilisation and Embryology Authority Act 2008 Human Fertilisation and Embryology Act 2008 (legislation.gov.uk)
- The Human Fertilisation and Embryology Authority Code of practice 2021 Code of Practice 9th edition – revised October 2021 (hfea.gov.uk)
- The National Institute for Health and Care Excellence (NICE) Clinical Knowledge Summary: Infertility (2018) Infertility | Health topics A to Z | CKS | NICE

3. Scope

3.1. Within scope of the policy

3.1.1. This policy sets out the eligibility criteria for access to specialist fertility services within tertiary care only. Further detail on the wider care pathway is included in section 5.

3.1.2. This policy is specifically for those couples with infertility (see eligibility criteria section 6), where neither member of the relationship has a living child from their current or any previous relationships, regardless of whether the child resides with them or not. This includes any legally adopted child within their current or previous relationships but does not include any foster children.

3.1.3. Staffordshire and Stoke-on-Trent ICB will fund the following assisted conception techniques regulated by the HFEA for patients who meet the eligibility criteria

outlined in section 6;

3.1.3.1. In Vitro Fertilisation (IVF)

3.1.3.2. Intracytoplasmic Sperm Injection (ICSI)

3.1.3.3. Gamete and embryo cryopreservation

3.2. Outside of scope of the policy

3.2.1. This policy does not cover armed forces personnel and their families who are eligible for funding via NHS England[1].

3.2.2. Armed forces personnel who are in receipt of compensation for loss of fertility (received as a result of service/partner of same) and require access to assisted conception treatments are covered under the armed forces compensation scheme awards and outside of the scope of this policy.[2] .

3.2.3. In general, patients who are subject to the immigration surcharge are not eligible for NHS-funded assisted conception services. Providers are expected to comply with government guidance regarding these patients.[3]

3.2.4. Pre-implantation genetic diagnosis (PGD) is not covered by this policy as it is the commissioning responsibility of NHS England,[4]

3.2.5. The eligibility criteria do not apply to the use of assisted conception techniques other than infertility, for example in families with serious inherited diseases where IVF is used to screen out embryos carrying the disease or to preserve fertility for someone about to undergo treatment that may render them infertile.

3.2.6. Surgical Sperm retrieval is not covered by this policy as it is the commissioning responsibility of NHS England[5]

3.2.7. This policy will not provide fertility treatment for couples where their infertility arises wholly or partly from sterilisation in either partner. Sterilisation is offered within the NHS as an irreversible method of contraception.

3.2.8. The revised NICE Clinical Guideline on fertility problems[6] states that there is no apparent health benefit from Intra Uterine Insemination (IUI) and there are potential risks associated with IUI both with and without stimulation when compared with expectant management (i.e. encouraging conception through unprotected vaginal intercourse). In light of this recommendation and the evidence of a poor response rate, the ICB will not fund IUI, either with or without ovarian stimulation. Cases may be considered via the ICB's Individual Funding Request route but must demonstrate robust, clinical exceptionality.

3.2.9. The eligibility criteria set out in section 6 only apply to access to assisted

[1] NHS commissioning » Health and Justice and Armed Forces service specific policies (england.nhs.uk)
[2] Armed Forces Compensation Scheme (AFCS) - GOV.UK (www.gov.uk)
[3] Overseas NHS visitors: implementing the charging regulations - GOV.UK (www.gov.uk)
[4] NHS commissioning » E09. Specialised women's services (england.nhs.uk)
[5] NHS commissioning » Specialised Cancer Surgery (england.nhs.uk)
[6] Overview | Fertility problems: assessment and treatment | Guidance | NICE

conception services. There are no restrictions for patients requiring fertility investigations in secondary care.

4. Epidemiology[7]

4.1. Infertility is defined as the period of time people have been trying to conceive without success after which formal investigation is justified and possible treatment implemented.

4.2. Fertility problems are common in the UK and affect around one in seven couples. It is estimated that 84% of couples will conceive within one year if they do not use contraception and have regular sexual intercourse. Of those who do not conceive in the first year, about half will do so in the second year (cumulative pregnancy rate of c.92%). The remaining 8% of couples will be unable to conceive without medical intervention and will be considered to be infertile.

4.3. The main causes of infertility in the UK are (percentage figures indicate approximate prevalence):

- unexplained infertility (no identified male or female cause 25%)
- ovulatory disorders (25%)
- tubal damage (20%)
- factors in the male causing infertility (30%)
- uterine or peritoneal disorders (10%).

4.4. In about 40% of infertility cases disorders are found in both the man and the woman. Uterine or endometrial factors, gamete or embryo defects, and pelvic conditions such as endometriosis may also play a role. Given the range of causes of fertility problems, the provision of appropriate investigations is critical. These investigations include semen analysis; assessment of ovulation, tubal damage and uterine abnormalities; and screening for infections such as *Chlamydia trachomatis* and susceptibility to rubella.

4.5. Infertility can be defined as primary, i.e. for people who have never conceived, or secondary, for people who have previously conceived.

5. Care Pathway

5.1. Treatment for infertility problems should include drugs, surgery, lifestyle advice and assisted conception techniques such as IVF. Counselling should also be offered in relation to the impact that this treatment can have on a couple's life.

5.2. The care pathway for infertility begins in primary care where the first stage of treatment generally comprises the provision of counselling and lifestyle advice to increase the chance of conception happening naturally (expectant management). If this is not effective, initial assessment such as semen analysis should take place.

5.3. If appropriate, the couple may then be referred to secondary care services where further investigations will be carried out and, potentially, treatment offered, such as hormonal drugs to stimulate ovulation. If this is unsuccessful or inappropriate and the couple satisfy

[7] Causes of infertility | Background information | Infertility | CKS | NICE

the ICB's eligibility criteria, they may be referred to tertiary care for assessment for assisted conception techniques such as IVF and ICSI.

5.4. Tertiary services include ICSI and IVF. All tertiary centres providing this service must be licensed with the HFEA in order to be commissioned under this policy. Other assisted reproduction and fertility services are not routinely commissioned.

6. General Access criteria for infertility services

6.1. Couples should only be referred into tertiary care for assisted conception treatment if they meet all the eligibility criteria listed below and when all appropriate tests and investigations have been successfully completed in primary care and in secondary care in line with NICE CG156[8].

6.2. Referrers must ensure patients are aware of the requirements for initial investigations and potential secondary care treatment and the timing implications of these. These stages may take up to 12 months before a referral to tertiary services can be completed. Referrers must be aware that if these early stages are not initiated with sufficient time prior to the woman's 39th birthday, patients may be ineligible for tertiary services.

6.3. Couples who do not meet the eligibility criteria but may have exceptional clinical circumstances should submit their requests for consideration of funding through the ICB's Individual Funding Requests (IFR) process[9].

6.4. The referring clinician must ensure that patients are aware of the implications of IVF/ICSI treatment, and the commitment required, before making a referral to tertiary care for assisted conception. If there is any doubt over the couple's ability to make the necessary commitment to comply with the treatment regime, they must be referred for counselling, in the first instance, to establish whether assisted conception is appropriate for them.

Criteria	Description
1. Female's Age	Any treatment cycle will not be commenced if the patient is less than 23 years of age but a referral into tertiary care must be made before the female reaches her 39th birthday. Females aged 35 – 39 years will be offered treatment **provided** their predicted ovarian reserve is found to be satisfactory, since this provides useful information regarding likely response to treatment. Although there is continuing debate around the most effective test, AMH is the test of choice for many providers since it has been found to be reliable and can be performed at any stage of the cycle. An AMH >3 will be required for all females 35 years or over for access to IVF treatment. Females who are likely to be above the age of 39 at the point of entering tertiary care may be referred for tests/investigations in secondary care but should be advised that it is unlikely they will be

[8] Overview | Fertility problems: assessment and treatment | Guidance | NICE
[9] Individual Funding Requests - Staffordshire and Stoke-on-Trent, Integrated Care Board (icb.nhs.uk)

	eligible for NHS funded IVF/ICSI in tertiary care due to the time required for any secondary care tests and/or treatments. It is the responsibility of service providers to ensure that couples meeting the eligibility criteria have been referred into tertiary care for their IVF/ICSI treatment **before the 39th birthday** of the female undergoing treatment. If the patient does not undergo their treatment within the 6 months following their 39th birthday they will no longer be eligible for NHS funding.
2. Female's Body Mass Index (BMI)	Obesity and smoking reduce fertility and increase risks to mother and baby during pregnancy. The woman should have a BMI between 19 and 30 (measured in a clinical setting) at the time of commencing treatment within tertiary care. Females who are overweight or underweight will be offered referral to dieticians/lifestyle interventions in order to improve their BMI. A BMI below 30 is a requirement as there is evidence to show that oocyte collection rates are significantly lower and early pregnancy loss rates are significantly higher, in females with BMI of 30 or more, compared with those with BMI less than 30. Females with a BMI of less than 19 and greater than 30 will not be funded.
3. Male's age	There is no upper age limit for the male partner as there is limited evidence to suggest sperm quality deteriorates with age.
4. Identified cause/duration of infertility	Couples who have an identified medical cause for their fertility problems OR have unexplained infertility of at least 1 year duration Infertility is defined as the failure of a female of reproductive age to conceive after 1 year of regular unprotected vaginal intercourse, in the absence of any known medical cause of infertility. In circumstances where the above definition cannot be applied in: • same sex female couples, • those unable to have vaginal intercourse due to a clinically diagnosed physical disability Infertility may be demonstrated by the failure to conceive after 6 cycles of self-funded donor insemination/IUI during the previous 12 months, undertaken at a Human Fertilisation and Embryology Authority (HFEA) licensed clinic, in the absence of any known reproductive pathology.

	• For same sex female couples, where only one partner is infertile, clinicians should discuss the possibility of the other partner trying to conceive before proceeding to interventions involving the infertile partner • The ICB will **not** routinely fund donor sperm but will fund the associated IVF/ICSI treatment for patients meeting the eligibility criteria within this policy. Patients wishing to access donor sperm treatments must fund this themselves and are advised to check with the assisted conception provider to ensure HFEA guidelines are met before accessing donated sperms • For patients who have been having regular unprotected sexual intercourse with a male for a minimum of 1 year in an attempt to conceive would have to have medical proof that the male had no fertility issues prior to commencing on an infertility pathway. **Same sex male couples** Same sex male couples will not be able to access fertility treatment within their relationship but may be eligible for some assistance if there are medical infertility issues in both partners and both partners fit the above criteria for funding. These cases will considered via the Individual Funding Request process on the basis of exceptionality.
5. Previous IVF Treatment	Where couples have previously self-funded, they may receive 1 NHS cycle provided they have not received more than 2 complete cycles of privately funded treatment The partner of a prospective mother who has undertaken NHS funded fertility treatment, whether successful or not, will be deemed to have received their entitlement to NHS funded fertility treatment upon completion of this cycle and will not be eligible for additional cycles with their partner **or** any future partners. This is not applicable where same–sex couples or couples with a physical disability have self-funded donor insemination/IUI for the purpose of demonstrating infertility in line with criterion 4 above.
6. Previous sterilisation	Couples are ineligible if previous sterilisation has taken place in either partner, even if it has been reversed
7. Relationship	Couples should be in a stable relationship of at least two years duration and should be married, or cohabiting, with each other. Couples should also be seen together within primary, secondary and tertiary services as fertility treatment concerns both partners. The referring clinician must ensure that couples are aware of the implications of IVF treatment and the commitments required before making a referral for assisted conception.
8. GP Registration	The female partner must be registered with a Staffordshire and

	Stoke-on-Trent ICB General Practice.
9. Parental status	Couples must 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 relationship. Once accepted for treatment, should a child be adopted or a pregnancy leads to a live birth the couple will no longer be eligible for treatment. Foster children are not included within this criterion
10. Smoking Status	Where couples smoke, only those who agree to take part in a supportive programme of smoking cessation will be accepted on any assisted conception or IVF waiting list and should be non-smoking for at least 28 days at the time of commencing investigations within secondary care. Patients must continue to be non-smoking throughout treatment within tertiary care. Providers may obtain evidence through testing, and confirmation from each partner. Providers will also include this undertaking on the consent form and ask each partner to acknowledge that smoking will result either in cessation of treatment or treatment costs being applied.
11. Lifestyle factors	Women who are trying to become pregnant should be informed not to drink more than 1 or 2 units of alcohol once or twice per week and to avoid episodes of intoxication. This will reduce the risk of alcohol related harm in a developing foetus. Men should be informed that excessive alcohol intake is detrimental to semen quality. Treatment may be postponed or denied on other medical grounds not explicitly covered in this document. Consideration should be given to reversible risk factors including lifestyle factors[10] such as excessive alcohol consumption, use of recreational drugs, excessive exercising (in males) prior to the patient being referred for any assisted conception or IVF treatment as these factors are detrimental to the success of the procedures.
12. Child welfare	The welfare of any resulting child is paramount. In order to take into account the welfare of the child, consideration should be given to factors that are likely to cause serious psychological or medical harm to the child that is born. Consideration should be given to any alcohol or substance misuse by the couple. The above are a requirement of the HFEA and the following HFEA guidance should be used when making these decisions: Read the Code of Practice

[10] Causes of infertility | Background information | Infertility | CKS | NICE

	| HFEA
13. Sperm washing	Sperm washing will be commissioned for couples where the male is HIV positive and either he is not compliant with HAART or his plasma viral load is 50 copies/ml or greater. A consultant in Genito Urinary Medicine or Infectious Diseases will be required to confirm the couples suitability for NHS fertility funding. In such cases, prior approval should be sought from the ICB and include all relevant clinical information. Sperm washing is not commissioned for men with hepatitis B or C. Treatment options to support conception should be discussed with patients in line with NICE Guidance (CG156)

7. Commissioned Services

7.1. IVF/ICSI

7.1.1. Staffordshire and Stoke-on-Trent ICB will commission ONE funded partial cycle of IVF/ICSI for couples with unexplained fertility, mild endometriosis or mild male factor infertility taking into account patient choice.

7.1.2. One partial cycle of IVF/ICSI treatment is defined as one fresh cycle including ovulation induction, egg retrieval, fertilisation and one embryo transfer where viable embryos are available. A cycle includes appropriate diagnostic tests, scans and pharmacological therapy.

7.1.3. As part of the partial cycle, the ICB will fund either one fresh, blastocyst or frozen transfer.

7.1.4. Where no viable embryos are available for transfer, a partial cycle is deemed complete following egg retrieval.

7.1.5. The ICB will not fund any subsequent frozen embryo transfers following the initial fresh, blastocyst or frozen embryo transfer.

7.2. Cancelled Cycles

7.2.1. A cancelled cycle is defined by NICE as ‘egg collection not undertaken’. Where IVF is charged by providers as an inclusive price, a cancelled cycle will not be charged. Couples will be eligible for one cancelled cycle as part of their NHS treatment where the cycle is cancelled for medical reasons. Cycles cancelled for social reasons are considered a treatment attempt and no further cycles will be funded.

7.3. Donor Sperm

7.3.1. The ICB will not routinely fund donor sperm but will fund the associated IVF/ICSI treatment in line with the eligibility criteria within this policy providing the sperms meet the criteria set out by the treating provider unit. Patients wishing to access donor sperm treatments must make their own arrangements but are advised to check with the treating provider unit to ensure HFEA guidelines before accessing donated sperms.

7.4. Donor Eggs

7.4.1. Oocyte donation may be commissioned as part of a cycle in cases where it is clinically appropriate;

7.4.1.1. Prematrue ovarian failure

7.4.1.2. Gonadal dysgenesis including Turner Syndrome

7.4.1.3. Bilateral oophorectomy

7.4.1.4. Ovarian failure following chemotherapy or radiotherapy

7.4.2. NHS funding would not normally be available for women outside these groups who do not respond to follicular stimulation

7.4.3. Oocyte donations will be sourced by the provider

7.5. Surgical Sperm Retrieval

7.5.1. Surgical sperm retrieval (SSR) is the funding responsibility of NHSE and therefore will not be funded by the ICB[11].

7.6. Egg and Sperm Storage

7.6.1. Embryo and gamete storage will be funded for patients fitting the ICB's eligibility criteria and undergoing NHS funded assisted reproduction treatment in line with this policy for a total of 3 years. Costs relating to the continued storage of the embryos beyond the initial 3 years of cryopreservation will become the responsibility of the patients.

7.6.2. The ICB will not separately fund any additional cycles of IVF/ICSI or frozen embryo transfers to utilise stored embryos or gametes following the completion of patients' NHS funded partial cycle.

7.7. Fertility Preservation

7.7.1. Cryopreservation of gametes will be available to all patients undergoing medical treatment that may render them infertile. Any funding requests for cryopreservation will be subject to prior approval. There is no lower age for eligibility under these circumstances. The ICB will pay for storage for a maximum of 5 years. After this period, patients wishing to continue to store may self-fund in line with HEFA Guidance.

7.7.2. Freezing method - Where oocytes are being preserved, the ICB will only fund freezing by vitrification. Other methods of freezing oocytes are not routinely funded.

[11] NHS commissioning » Specialised Cancer Surgery (england.nhs.uk)

7.7.3. Patients wishing to use stored gametes must meet the eligibility criteria within this policy at the time of application for assisted conception in an NHS setting.

7.8. Single Embryo Transfer

7.8.1. Multiple Births are associated with greater risk to mothers and children and the HFEA therefore recommends that steps are taken by providers to minimise multiple births.

7.8.2. Patients will receive a single embryo transfer (whether fresh or frozen) in line with NICE guidance, unless there is a clear clinical justification for not doing so. A maximum of 2 embryos will be transferred per procedure (either fresh or frozen).

7.8.3. For females aged between 37-39 years double embryo transfer may be considered if no top-quality embryo is available.

7.8.4. All providers are required to have a multiple birth minimisation strategy in line with the HFEA Code of Practice[12], .

7.9. Surrogacy

7.9.1. Surrogacy will not be routinely funded by the ICB. Cases will be considered via the ICB's Individual Funding Request route and must demonstrate exceptionality.

7.10. Risks associated with assisted conception methods

7.10.1. Risks such as the chance of multiple pregnancies and a slightly higher risk of ectopic pregnancy should be clearly explained to couples prior to them deciding to embark on any assisted reproduction pathway.

7.11. Armed Forces Covenant

7.11.1. Staffordshire and Stoke-on-Trent has signed the Armed Forces Covenant which 'sets a framework for how the Armed Forces Community can expect to be treated' but recognises that 'it is not possible to specify in detail how it should be applied in every case and at every time'.

7.11.2. The Covenant states that "special consideration" for accessing services may be "appropriate in some cases, especially for those who have given most such as the injured and the bereaved". Where veterans do not meet the criteria for treatment as outlined within this policy, clinicians should seek prior approval from the ICB where consideration will be given to applications in line with the Covenant.

[12] Code of Practice 9th edition – revised October 2021 (hfea.gov.uk)

Bibliography

Cannock Chase Clinical Commissioning Group, East Staffordshire Clinical Commissioning Group, South East Staffordshire and Seisdon Peninsular Clinical Commissioning Group and Stafford and Surrounds Clinical Commissioning Group (CCG) (2019) *Commissioning policy for In Vitro Fertilisation (IVF)/Intracytoplasmic Sperm Injection (ICSI) within Tertiary Infertility.* Available at: Our publications and policies - Staffordshire and Stoke-on-Trent (icb.nhs.uk) (Accessed 27 February 2023)

Department of Health (2023) *Guidance on implementing the overseas visitor charging regulations.* Available at: Overseas NHS visitors: implementing the charging regulations - GOV.UK (www.gov.uk) (Accessed 24 February 2023)

Department of Health (2009) *Regulated Fertility Services: A commissioning aid.* Available at [ARCHIVED CONTENT] Regulated fertility services: a commissioning aid - June 2009 : Department of Health - Publications (nationalarchives.gov.uk) (Accessed 24 February 2023)

Human Fertilisation and Embryology Authority (HFEA) (2021) *Code of practice.* 9th edn. Available at: Read the Code of Practice | HFEA (Accessed 24 February 2023)

Ministry of Defence (2022) *Armed Forces Compensation Scheme.* Available at: Armed Forces Compensation Scheme (AFCS) - GOV.UK (www.gov.uk) (Accessed 24 February 2023)

National Institute for Health and Care Excellence (NICE) (2017) *Fertility problems: assessment and treatment.* Clinical guideline [CG156]. Available at: Overview | Fertility problems: assessment and treatment | Guidance | NICE (Accessed 24 February 2023)

National Institute for Health and Care Excellence (NICE) (2018) *Infertility.* Clinical Knowledge Summary. Available at: Infertility | Health topics A to Z | CKS | NICE. (Accessed 24 February 2023)

NHS England (2014) *Clinical Commissioning Policy: Assisted Conception.* Available at: NHS commissioning » Health and Justice and Armed Forces service specific policies (england.nhs.uk) (Accessed 24 February 2023)

NHS England (2014) *Clinical Commissioning Policy: Pre-implantation Genetic Diagnosis (PGD)* Available at: NHS commissioning » E09. Specialised women's services (england.nhs.uk) (Accessed 24 February 2023)

NHS England (2016) *Surgical sperm retrieval for male infertility.* Available at: NHS commissioning » Specialised Cancer Surgery (england.nhs.uk) (Accessed 24 February 2023)

North Central London Integrated Care Board (ICB) (2022) *Fertility Policy*. Available at: Fertility Services - North Central London Integrated Care System (nclhealthandcare.org.uk) (Accessed 27 February 2023)

North Staffordshire Clinical Commissioning Group (CCG) (2020) *Infertility and Assisted Reproduction Commissioning Policy and eligibility Criteria.* Available at: Our publications and policies - Staffordshire and Stoke-on-Trent (icb.nhs.uk) (Accessed 27 February 2023)

Schmidt L. Infertility and assisted Reproduction in Denmark. Epidemiology and psychosocial consequences. Dan Med Bull. (2006) Nov;53 (4):390-417

Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) (2022) *Individual funding Request Policy.* Available at: Our publications and policies - Staffordshire and Stoke-on-Trent (icb.nhs.uk) (Accessed 24 February 2023)

Stoke-on-Trent Clinical Commissioning Group (CCG) (2022) *Commissioning policy for assisted conception.* Available at: Our publications and policies - Staffordshire and Stoke-on-Trent (icb.nhs.uk) (Accessed 27 February 2023)