

NHS North East London Fertility Policy

Questions and answers

Please refer to the [GP intranet](#) for the new NHS North East London Fertility Policy and associated documents.

Part one – North East London Fertility Policy

Why have you introduced a new fertility policy?

Previously there were five different fertility policies in north east London, as they were created when there were separate NHS organisations in the area. This meant, for example, you could get a different number of in vitro fertilisation (IVF) cycles, and until different ages, depending on where in north east London you lived.

Our new policy makes access to treatment the same across all of north east London, ensuring it is fairer for lots of different people and closer to the latest national guidance from the [National Institute for Health and Care Excellence \(NICE\)](#) and best practice. The policy has been informed by the latest clinical practice, research and national guidance on fertility treatment and it recognises the variety of fertility situations and needs today.

What areas of fertility treatment does your policy include?

The new policy sets out the eligibility criteria that people need to meet in order to get NHS funding for certain treatments for fertility problems. It doesn't cover all treatments, but focuses on assisted conception treatments, such as in IVF and intrauterine insemination (IUI).

What are the benefits of the new policy?

The new policy ensures that local people have access to the same fertility treatment, such as IVF, wherever they live in north east London. In addition, it increases the amount of treatment some eligible people can benefit from:

- Increased access to up to three full IVF cycles for eligible people aged under 40 in north east London who are trying to get pregnant, as per NICE guidance.
- Access to one full IVF cycle for eligible people trying to get pregnant who are aged 40 and 41 in Barking and Dagenham, Havering and Redbridge.
- Access to one full IVF cycle for eligible people trying to get pregnant who are aged 42 across all of north east London.

- Increased funding for IUI for eligible people trying to get pregnant using donor insemination who have fertility problems, and for people with some conditions and social, cultural or religious objections to IVF.
- Increase in the amount of time the NHS will fund the storage of eggs, sperm and embryos in cases of fertility preservation for people with conditions or who need a treatment that can cause infertility – up to their 43rd birthday or 10 years, whichever is longer.

The new policy also provides greater clarity and consistency on the eligibility, provision and funding of fertility treatments in north east London.

When will the new policy come into effect?

The new North East London Fertility Policy came into effect on 3 April 2023.

Who developed the new policy?

Clinicians, including GPs and fertility experts shaped the proposed new policy. We then asked local people, their representatives and clinicians from north east London to provide feedback on the proposed policy during a 10-week engagement period. Their feedback influenced the final policy.

Did you follow NICE guidance when creating your policy?

The NICE guidance is there as recommendations and we used these, the latest clinical practice, research, financial and service considerations to draft our proposed new fertility policy. During the engagement period we collected feedback from local people, their representatives and clinicians from north east London which influenced our final policy.

Will the policy save money by reducing access to fertility treatment?

The new policy will not result in a reduction in treatment or access to fertility services in north east London. In some areas this will be increasing, and there is no expectation that the new policy will save NHS North East London money.

How will you fund the increases in access to fertility treatment?

Funding will come from the NHS North East London budgets. One of the benefits of now being a single organisation is that we can better manage financial pressures across north east London. However, our decisions will still need to be made in the context of all the current pressures on NHS budgets.

Why is there not a national fertility policy?

Whilst NICE set guidance, they leave it to integrated care boards (ICBs) to decide what treatments they provide locally. NICE is a national organisation that provides guidance, advice, quality standards and information services to improve health and social care.

Is there going to be a London-wide policy to reduce the postcode lottery?

We are not able to determine a London-wide fertility policy. However, when developing our new policy we took into consideration the policies of the other London ICBs.

Does your policy take into account the ambitions set out in the government's Women's Health Strategy?

We recognise and welcome the ambitions set out in the government's [Women's Health Strategy](#) around NHS help to try and get pregnant which was announced in July 2022, after we began engaging on our proposed new fertility policy for north east London. It includes a national approach which addresses the current variation in accessing fertility treatment depending on where you live in the country; more equal access for female same sex couples; and ending non-clinical eligibility criteria.

We await more detail on the strategy, the relevant commissioning guidance and how it will impact on our new fertility policy, which we will review as appropriate.

What are your plans for funding donor eggs and sperm, as this is not included in the new policy?

NHS North East London would like to fund donor eggs and sperm for eligible people, however we know that there are practical and logistical barriers to the NHS funding of this. During the engagement period on the proposed new policy, we asked for views, suggestions and feedback on how we could approach the funding of donor eggs and sperm.

Unfortunately we didn't receive any clear solutions to overcoming the barriers. As a result, our Fertility Clinical Review Group has agreed that we will investigate further with other London ICBs how we can work together in the future to purchase donor eggs and sperm in the most cost effective way.

How do you manage the ethics of egg and sperm donation?

The Human Fertilisation and Embryology Authority (HFEA) regulates egg and sperm donation, along with all assisted conception treatments, and they provide [guidance](#) on their website about the ethics of these treatments.

Part two – what does this policy mean for local people?

Who does the policy apply to?

The policy applies to individuals and couples registered with a GP in north east London who want to have a baby, but who have proven fertility issues.

People can only be referred for NHS-funded fertility treatment if they meet certain eligibility criteria and when all appropriate tests and investigations have been successfully completed by their GP and secondary care specialists, in line with NICE guidance. The eligibility criteria are outlined in the new policy.

Will people currently having fertility treatment benefit from the new policy?

Yes, the new policy applies to people who are newly referred for fertility treatment and people already receiving treatment.

What happens if a patient is now eligible for more fertility treatment as a result of the new policy?

People who have been discharged following fertility treatment, but may qualify for more treatment under the new policy, should see their GP to discuss further referral, if that is appropriate.

Are Barking and Dagenham, Havering and Redbridge (BHR) residents now eligible for further cycles of IVF? What has changed since BHR Clinical Commissioning Groups (CCGs) did their “Spending Money Wisely” programme?

The 2017 review of access to fertility treatment in BHR came from the need to spend NHS money wisely because the local CCGs were in financial measures. BHR CCGs had a finite budget and difficult decisions had to be made about what treatments to fund locally.

This recent policy development exercise differed as it was driven by making access to fertility treatment equal across north east London, rather than by financial pressures. One of the benefits of now being an ICB is that we can help manage those financial pressures better.

Our clinical lead for the new fertility policy, Dr Anju Gupta, was part of the 2017 Spending NHS Money Wisely review and she brought her expertise and learnings from what happened in BHR.

People in BHR who think they may qualify for further fertility treatment under the new north east London policy, should see their GP to discuss further referral, if that is appropriate.

Which policy applies if someone lives in north east London, but their GP practice is outside the area? Is it based on where you live, or where your GP practice is located?

Policies apply to the GP practice where people are registered. For example, our new north east London fertility policy applies to an Islington resident who is registered at a Hackney GP practice; and north central London’s fertility policy applies to a Hackney resident who is registered at an Islington GP practice.

We were conscious of this when developing our new fertility policy and so reviewed the draft (now [approved](#)) north central London policy, which is broadly similar to ours. Unfortunately there is no London-wide fertility policy, although this is something we are raising at a London level.

Can people choose their treatment provider?

Our ambition is that every resident can access fertility treatment in north east London. We know people want to get treatment closer to their home, however due to a backlog of treatment following the Covid-19 pandemic some people may currently need go to a clinic that is not their first choice. We are working with local NHS providers to increase the capacity of their services to manage the demand for fertility services.

Can patients refer themselves to a clinic, or do they have to go to a GP first?

Patients cannot refer themselves for fertility treatment – they need to go to their GP first to discuss their needs and the appropriate next steps.

Do you offer mental health and wellbeing support to people having fertility treatment?

Trying to have a baby or having fertility treatment can be extremely stressful and have an impact on people’s mental health and wellbeing.

Though our new policy makes more people eligible for NHS-funded fertility treatment, it doesn’t guarantee that they will be successful. These treatments don’t always work, which can be hugely disappointing and upsetting for people. For example, for people aged under 43, the national success rates of IVF per cycle ranges from 11-32% depending on their age.

We believe counselling is an essential part of fertility treatment and the hospital that provides the NHS treatment will encourage people to see a counsellor and offer them an appointment with one.

We also have free and confidential NHS services that provide support from a team of mental health and wellbeing experts who will work with individuals to help them feel better. The highly professional team will introduce them to effective, practical techniques specific to their needs that are proven to work. The national programme is based on evidence and all the tools and techniques used are recommended by local GPs.

People can contact the service directly using the details below. Already these services have helped thousands of local people to feel better.

Barking and Dagenham, Havering, Redbridge or Waltham Forest

Call Talking Therapies on 0300 300 1554 or visit talkingtherapies.nelft.nhs.uk

City of London or Hackney

Call Talk Changes on 020 7683 4278 or visit talkchanges.org.uk

Newham

Call Talking Therapies on 020 8175 1770 or visit newhamtalkingtherapies.nhs.uk

Tower Hamlets

Call Talking Therapies on 020 8175 1770 or visit towerhamletstalkingtherapies.nhs.uk

Free online resources are also available from the NHS which provide tools to help manage people's health and wellbeing:

- You can access a whole range of online resources on the Good Thinking website to help tackle sleep, anxiety, stress and depression, and mental wellbeing
- [Thrive LDN](#) has resources around emotional resilience, looking after yourself and the benefits of exercise and connecting with nature.

Part three – other common questions and scenarios

Why is the upper BMI limit in the treatment eligibility criteria 30 when private fertility clinics treat women with a BMI of up to 40?

We have included this eligibility criterion based on the NICE recommendation that women should be informed that their body mass index (BMI) should ideally be in the range of 19–30 before beginning fertility treatment, and that a female BMI outside this range is likely to reduce the success of the treatment. The [HFEA Commissioning Guide](#) also states that women should have a BMI of 19-30 before starting treatment.

Does smoking affect someone's eligibility to receive fertility treatment? If they give up smoking will they become eligible?

NICE guidance says smoking reduces fertility and the chance of conception, and the HFEA Commissioning Guide states that women and their partners should be non-smokers. Our new policy therefore states we will not provide fertility treatment for people who smoke – this was also the case in our previous fertility policies. However, if someone stops smoking they will become eligible to receive treatment, if they meet the other eligibility criteria.

Why is the upper age limit for IVF treatment for a woman 42 years and not higher?

[NICE](#) does not recommend NHS funded IVF for women aged over 42 years, stating: “The clinical and health economic evidence was overwhelming in indicating that IVF should not be offered to women aged 43 years or older.” [HFEA data](#) shows that patients aged 43 and over have consistently had birth rates at or below 5% per embryo transferred when using their own eggs.

At what point in fertility treatment does the age criteria apply? Is it the age a patient is when referred for tests by their GP, or when they start treatment?

The woman or person trying to get pregnant must start treatment, including egg retrieval for IVF, before their 43rd birthday. GPs should be aware of the time hospital providers need to arrange the assessment and for treatment to then start, to ensure their referrals are made in time.

What happens if a patient turns 40 during IVF treatment? Will they still get three full IVF cycles?

If the patient reaches the age of 40 during IVF treatment, the current full cycle will be completed, but no further full cycles will be available.

If a patient’s IVF treatment was delayed due to the pandemic and they have since turned 40, can any exceptions be made?

For eligible patients requiring IVF where the woman or person trying to get pregnant is aged 40, 41 or 42, the NHS in north east London will fund one full IVF cycle.

If a patient turns 40 during their NHS funded IVF treatment, they can complete the current full cycle but will not be able to start another IVF cycle.

We temporarily increased the age thresholds during the Covid-19 pandemic. This dispensation is no longer in place and we expect referrers and providers to adhere to the age criteria set out in the policy. These criteria are in place because the success rates of IVF decrease as the age of the woman or person trying to get pregnant increases. This is consistent with NICE guidance.

What happens if a patient turns 43 during their IVF treatment?

A woman or person trying to get pregnant must start egg retrieval before their 43rd birthday. If they turn 43 during treatment they may complete their one full IVF cycle.

Why does the ovarian reserve criterion apply to people of all ages when the NICE guidance recommends this criterion only apply to people aged 40-42?

Ovarian reserve tests indicate the number and quality of eggs a person has remaining in their ovaries. Ovarian reserve is a good indicator of a person’s ability to get pregnant, and ovarian reserve declines with age. There are several blood tests and a scan that can measure ovarian reserve.

The ovarian reserve criterion remains in place for people of all ages in the policy, although NICE only applies the criterion to people aged 40-42, because:

- In general people who have low ovarian reserve are less likely to get pregnant using assisted conception treatments.

- Removing this criterion would increase the number of patients accessing IVF by roughly 25% and therefore the associated expenditure.
- Funding more IVF cycles for people without a low ovarian reserve is likely to lead to more live births than funding fewer IVF cycles and removing the ovarian reserve criterion.

However, the wording of the ovarian reserve criterion has been amended to improve clarity and consistency of application across providers.

Why do LGBTQ+ couples and single people have to prove infertility by paying for IUI?

Access to NHS-funded treatment for people trying to get pregnant through artificial insemination, including LGBTQ+ couples and single people, was carefully considered as part of the review we completed on our existing fertility policies. Our new policy is consistent with the NICE recommendations in this area.

NHS treatment is for those with fertility problems, which means to be eligible for treatment patients will need to demonstrate they have tried and been unsuccessful at getting pregnant without NHS treatment. For example, to be eligible for NHS-funded IVF, unless a person has a medical condition that means they would need IVF to get pregnant, they need to demonstrate fertility problems through regularly having sex for two years (or one year if they are aged 36 or over) or through 12 unsuccessful cycles of IUI (six for people aged 36 or over). Up to six of these IUI cycles may be paid for by the NHS for eligible patients.

The reason we require IUI cycles to be undertaken at a fertility clinic, rather than artificial insemination at home, is to keep people safe from any potential associated legal and health risks.

Does the NHS in north east London fund fertility treatment for transgender patients?

Fertility preservation (freezing of eggs, sperm or embryos for use in future assisted conception treatment) is funded for eligible patients who are under the care of a specialist clinician who confirms they are due to undergo a treatment that may cause fertility problems. This may include patients undergoing gender affirming treatment. As with other fertility preservation patients, transgender people will need to fulfil eligibility criteria in order to access assisted conception treatments using their frozen eggs, sperm or embryos.

Transgender people with fertility problems will be eligible for assisted conception treatments on the same basis as other patients.

Why doesn't the NHS in north east London fund assisted conception treatments involving surrogates?

We considered funding treatments using surrogates for people who require a surrogate to carry and give birth to a baby for them, such as those with certain medical conditions. It was decided that this would not be funded by the NHS in north east London for the following reasons:

- A surrogate is only available to those who can afford to pay for the surrogate's expenses and national guidance prohibits mixing NHS and private care in one episode of care.
- There are considerable legal issues involved in surrogacy; for example, surrogacy agreements are not legally enforceable.

- Ethical issues may arise during the course of a surrogacy arrangement, including intended parents or the surrogate changing their minds or disagreeing whether a pregnancy should continue if complications arise.
- Our clinicians advised us that NHS services are not set up to support treatment involving surrogacy. It would require special services within hospitals to support patients, and staff who run the service, through the process.
- There is no national guidance on NHS funding of assisted conception treatments involving surrogates.

Why do you only fund treatment for people who don't already have children?

It is recognised nationally that NHS organisations need to focus their budgets on patients who have the most need and can get the maximum benefit for their health. Therefore, in north east London we are prioritising funding fertility treatment for those couples where one partner does not have a child or a single person who does not have a child.

Research on the parental status of people attending their GP practice with fertility problems in Oxfordshire indicates that removing the 'previous children' criterion would increase the number of patients presenting for treatment by ~22%. This would mean less cycles could be offered to all patients in need of fertility treatment.

Is a patient eligible for NHS-funded treatment if they have previously had private IVF treatment?

If a patient has had IVF treatment in the past (via the NHS or privately) these cycles will count towards the number of NHS-funded cycles they are eligible for under the new policy. This means, for example, if they are aged 40 to 42 years old and have had any IVF treatment already, they will not be able to have NHS-funded IVF treatment. If they are 39 or under and have had two IVF cycles already, they will be able to have one further IVF cycle funded by the NHS. This is consistent with NICE recommendations which are in place because the chance of a live birth following IVF decreases with each unsuccessful cycle undertaken.

What is meant by a 'full' IVF cycle?

One 'full' cycle of IVF includes an episode of ovarian stimulation and the transfer of any resultant suitable fresh and frozen embryos into the womb – this is usually one or two embryos at a time. In the new policy all eligible people trying to get pregnant who are aged under 40 will receive up to three 'full' IVF cycles and those aged 40-42 will receive one 'full' IVF cycle.

Why do patients have to use all good quality frozen embryos before starting the next NHS funded fresh cycle?

Compared with fresh IVF cycles frozen embryo transfers are less invasive for the patient, as they will not need to take drugs to start ovulation and increase the number of eggs released or have a procedure to collect their eggs. Frozen embryo transfers have the same or higher birth rates and cost less than fresh IVF cycles.

Does the NHS in north east London fund surgical sperm retrieval?

NHS England funds surgical sperm retrieval, which is a procedure to collect sperm for people who have no, or very low numbers of, sperm in their semen and who want to have

children. The clinical treating team will advise the patient if this procedure is necessary and will help them to access funding.

Where an eligible patient with azoospermia (when there are no sperm in the ejaculate) has undergone successful surgical sperm retrieval funded by NHS England, the NHS in north east London will fund freezing and storage of the sperm for up to two years and intracytoplasmic sperm injection using the surgically retrieved sperm.

Why don't you test all patients as a standard at the point they first approach their GP for support? This would identify fertility issues earlier and save time.

Our North East London Fertility Policy follows the below pathway that NICE recommends:

- People who are concerned about their fertility should be informed that over 80% of couples in the general population will conceive within one year if:
 - The woman is aged under 40 years and
 - 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 over 90%).
- 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 or six self-funded cycles of IUI.
 - 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 or three cycles of self-funded IUI.

Are patients who pay the immigration surcharge eligible for NHS funded fertility services?

In general, patients who pay the immigration surcharge are not eligible for free NHS funded assisted conception services (refer to clauses 5.18 and 5.29 of the below guidance). We will comply with [government guidance](#) regarding these patients.

However, there are circumstances where some patients who pay the surcharge do not have to pay for assisted conception services (refer to clause 5.21 of the below guidance).

Department of Health and Social Care, *Guidance on implementing the overseas visitor charging regulations*, Jan 2023:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1132039/2023.01.06_-_Implementing_the_overseas_visitor_charging_regulations_-_January_update.pdf