



North Central London
Integrated Care Board

North Central London Fertility Policy

Frequently Asked Questions

July 2022

A. QUESTIONS ON THE CHANGE OF POLICY

1. What is changing?

If you live in Barnet, Camden, Enfield, Haringey or Islington and need specialist fertility treatment, there may be a change in the treatment available to you due to a new single policy agreed by North Central London Clinical Commissioning Group (NCL CCG) on 19 May 2022. The policy is expected to go live on 25 July. Please note that previously approved NCL CCG policies transferred over to new [North Central London Integrated Care Board](#) (ICB) as of 1 July 2022. Any subsequent changes to these policies will be progressed in accordance with the ICB's corporate governance framework.

2. Why do we need a new fertility policy?

We know that access to NHS-funded specialist fertility treatment is important to many of our residents. Currently, there are five separate policies for each borough (Barnet, Camden, Enfield, Haringey and Islington), with notable differences between them, for example the number of IVF cycles that are funded.

Since the five CCGs merged into NCL CCG on 1 April 2020, it became important for our residents to benefit from a single policy, receiving equitable access to fertility treatment across north central London (NCL). We also wanted to review the policy in light of evolving clinical practice and research in this field, along with changing views and attitudes in society.

3. What are the benefits of the new policy?

Residents experiencing fertility problems can expect to benefit from:

- equitable access to specialist fertility treatments for all residents in NCL
- greater clarity and consistency on the eligibility, provision and funding of specialist fertility treatments in NCL
- an increased number of IVF cycles available to women or people trying to get pregnant who are aged under 40 in four boroughs and maintained existing provision in the other borough
- funding of up to six cycles of intrauterine insemination (IUI) for eligible female same sex couples, single women, and other couples trying to get pregnant through artificial insemination who have not become pregnant after six self-funded cycles of IUI.

It increases the provision of specialist fertility treatments in several boroughs and will significantly increase the provision for most eligible NCL residents.

4. What's the difference between the NCL Fertility Policy and my current borough policy?

Some of the main differences between the borough fertility policies and the NCL Fertility Policy are summarised in the table below.

Policy aspect	New single NCL policy	NICE recommendations	Barnet	Camden	Enfield	Haringey	Islington
No. IVF cycles for eligible women or people trying to conceive aged <40	Up to 6 embryo transfer procedures, max 3 from fresh cycles (all good quality frozen embryos transferred before starting next fresh cycle)	3 full cycles*	1 fresh + 1 frozen	3 fresh + 3 frozen	1 fresh + 1 frozen	1 fresh + 1 frozen	2 embryo transfers
IUI for eligible single people and couples trying to conceive with donor insemination	Up to 6 cycles funded for patients who have not got pregnant following 6 cycles of self-funded IUI	6 cycles for patients who have not got pregnant following 6 cycles of artificial insemination	Not funded	Not funded	Funded for patients who have not got pregnant following 6 cycles of self-funded IUI	Funded	Not funded
IVF and IUI using donor sperm	CCG funds IVF and IUI for NICE recommended indications where the patient funds donor sperm	Recommended for specific indications	IVF and IUI funded where donor sperm funded by patient	Not funded	IVF and IUI funded where donor sperm funded by patient	IVF and IUI funded where donor sperm funded by patient	IVF and IUI funded where donor sperm funded by patient
IVF using donor egg	CCG funds IVF for NICE recommended indications where the patient funds donor eggs	Recommended for specific indications	IVF funded where donor egg funded by patient	Not funded	IVF funded where donor egg funded by patient	Not funded	IVF funded where donor egg funded by patient
Duration of trying to conceive by sexual intercourse**	2 years; applies to women of all ages	2 years; applies to women of all ages	Aged <36: 2 years Aged ≥36: 1 year	Aged <36: 2 years Aged ≥36: 1 year	Aged <36: 2 years Aged ≥36: 1 year	Aged <36: 2 years Aged ≥36: 1 year	Aged <36: 2 years Aged ≥36: 1 year
Ovarian reserve criterion	Applies to women of all ages	Applies to women aged 40-42	Applies to women of all ages	Applies to women of all ages	Applies to women of all ages	Applies to women of all ages	Applies to women of all ages

*Full cycle = 1 episode of ovarian stimulation – a treatment used to both induce ovulation and increase the number of eggs released – plus transfer of any resultant fresh and frozen embryos.

**Does not apply if you have been diagnosed with a medical condition that means IVF is the only treatment option for you.

5. What happens if I've already started my treatment, or I've already been referred?

From 25 July, the NCL Fertility Policy will replace the five legacy NCL CCG fertility policies for Barnet, Camden, Enfield, Haringey and Islington. However, if you are undergoing or have already been referred for NHS-funded assisted conception treatment prior to that date, transitional arrangements will be applied.

In either of these cases, you should experience no disadvantage as a result of the new NCL Fertility Policy. Therefore:

- where the new policy disadvantages the patient, the legacy policy will apply; and
- where the new policy is advantageous to the patient, the new NCL Fertility Policy will apply.

These transitional arrangements will apply to relevant patients until the course of treatment specified in the relevant policy is complete, or until the patient is no longer eligible for NHS funded treatment.

If you have any questions about your ongoing care and treatment please speak to your treating clinician or GP in the first instance.

6. How was the new fertility policy developed?

NCL CCG developed the new policy using a robust and evidence-based approach, which was led by healthcare professionals, and involved engagement with residents and a range of stakeholders. It was done in two stages:

Stage 1 – Review

NCL CCG conducted a review of the five existing fertility policies in NCL, including understanding the latest national guidance and best practice and seeking views from stakeholders (including the public, service users, primary care, secondary care and specialist clinicians). Following this, a set of recommendations was developed to feed into the development of a draft NCL fertility policy.

Stage 2 – Policy Development

NCL CCG then developed a draft NCL fertility policy considering the recommendations from the review. The CCG engaged on the draft policy during a 12-week period between November 2021 and February 2022 to seek views from patients, residents, healthcare professionals, voluntary and community groups, fertility groups and other audiences.

Overall, the engagement identified good support for the draft policy. You can read the full engagement report [here](#). The final NCL Fertility Policy takes into consideration the feedback received, further legal advice, and input from the NCL Fertility Clinical Reference Group and the NCL CCG Governing Body.

7. Is this about saving money?

The NCL Fertility Policy was developed to provide equitable access to fertility treatment across NCL and to bring the policy up-to-date with the latest clinical practice and research in this field, rather than to save money.

As it was developed, we did consider how we could use our resources as effectively as possible. Overall, it is anticipated that the policy will result in an increased level of expenditure on specialist fertility treatments.

B. QUESTIONS ABOUT THE POLICY

8. What is the purpose and scope of the NCL Fertility Policy?

The policy describes the circumstances in which the NHS in NCL will routinely fund assisted conception treatments such as in vitro fertilisation (IVF) and intrauterine insemination (IUI). It sets the criteria for NHS funding for treatment for patients for whom it is the responsibility of NCL Integrated Care Board (formerly the CCG) to pay for the provision of healthcare services as outlined in [Who pays? guidance \(NHS England, 2020\)](#). For more information about the scope of the policy please see page 10 of the [NCL Fertility Policy](#).

9. Who is eligible for fertility treatment?

NHS fertility treatment is available for eligible couples and individuals who want to become parents but who may have a physical or psychological issue leading to fertility problems.

The eligibility criteria outlined in the [NCL Fertility Policy](#) only apply to assisted conception treatments. These criteria are set out in section 9 of the Policy.

Residents do not have to meet the eligibility criteria outlined in the policy to access NHS funded investigations or medical or surgical treatment for fertility problems which do not fall within the definition of assisted conception treatments. Note that eligibility for NHS funding is not a guarantee of treatment.

10. What kind of support is available?

The type of treatment you receive will depend on the cause of the fertility problems. There are three main types of fertility treatment:

- medicines
- surgery
- assisted conception treatments, which are medical treatments like in vitro fertilisation (IVF) that help you have a baby.

Not all patients who have fertility problems will require assisted conception treatments. The policy sets out the criteria patients must meet in order to access assisted conception treatments funded by the NHS in NCL.

11. What is the difference between IVF and IUI?

Intrauterine insemination (IUI) allows the body to do more on its own than in vitro fertilisation (IVF), so it's a more natural but also less successful form of treatment.

In IUI the highest quality sperm are selected and injected into the womb where they are left to fertilise the eggs naturally. In IVF the eggs are removed from the body and fertilised in the lab. This means that IUI is a less invasive procedure which involves fewer drugs than IVF. It's also considerably cheaper – one cycle of IUI is typically a quarter of the price of one IVF cycle.

However IUI is also less successful than IVF. Once you've injected the sperm you're allowing the body's natural processes to take over, whereas in IVF you have more control – you can check the egg has fertilised and select the best embryo(s) to put back into the womb. Success rates for IUI are generally around a third of that for IVF.

You can find more detail [on the Human Fertilisation and Embryology Authority \(HFEA\) website](#). For more definitions please visit the glossary in the [NCL Fertility Policy](#).

12. What are the key features of the NCL Fertility Policy?

The key features are:

- **Number of IVF cycles funded:** Up to six embryo transfer procedures will be funded for eligible women or people trying to get pregnant who are aged under 40 from a maximum of three fresh IVF cycles. (This represents an increase in the number of IVF cycles available to eligible residents in four boroughs and maintenance of existing provision in the other borough.)
- **Use of frozen embryos before starting a fresh cycle:** All good quality frozen embryos should be transferred before starting the next NHS funded fresh cycle.
- **Ovarian reserve criteria for people of all ages will remain in place.** However wording has been clarified to ensure these criteria are applied consistently by fertility clinics.
- **Up to six cycles of intrauterine insemination (IUI) funded for same sex couples, single people, and other couples trying to get pregnant using donor**

insemination who have undergone six unsuccessful self-funded cycles of IUI. (This is currently only available in two of the five NCL boroughs.)

- **Change to time spent trying to get pregnant for women and people trying to get pregnant who are aged 36 and over who have not been diagnosed with a condition that means they require IVF:** Current NCL borough policies allow people aged 36 and over to access IVF after one year of trying to get pregnant. The new policy requires people of all ages to try to get pregnant for two years as recommended by NICE.
- **Clear and inclusive language:** The layout of the policy has been amended to improve ease of use and the language used has been carefully considered.

Further details, including a full rationale for each feature of the NCL Fertility Policy, is contained in section 4.1 and Appendix 3 of the [Fertility Policy Development – Policy Approval Report](#).

13. What should I do now if I'm concerned about my fertility?

If you are concerned about your fertility please contact your GP for initial advice.

14. What can I expect if I go to my GP about having difficulty getting pregnant?

Your GP will give you an initial assessment and advice. This will include (but is not limited to) discussing your medical history and providing advice on things such as frequency and timing of sexual intercourse or artificial insemination, and lifestyle factors which may affect your fertility. They may discuss with you the eligibility criteria for various treatments, including assisted conception. Depending on your circumstances they may then undertake or refer you to a specialist provider for further tests and investigations.

To view a Summary of the NICE pathway for patients concerned about their fertility, please see page 8 of the [NCL Fertility Policy](#).

15. What is NICE?

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. It publishes clinical guidelines, which are evidence-based recommendations for health and care in England. Organisations that buy and deliver healthcare services are expected to consider these recommendations when planning and delivering services. NICE has published a [Clinical Guideline \(CG 156\) on fertility problems](#).

16. Is this policy consistent with NICE guidelines?

In developing this policy the CCG's starting point was to consider the relevant NICE guidance. However it also considered competing relevant factors including affordability and outcomes, which has meant that in some sections the policy varies from the full recommendations made by NICE.

Where it has not been possible to comply with NICE guidance this has been noted in section 4.3 of the [Fertility Policy Development – Policy Approval Report](#).

17. Is the policy fair?

We conducted an Equality Impact Assessment (EIA) on the NCL Fertility Policy. This is to help us check that our policies and services promote equality of opportunity, where possible. The equality impact assessment considered the likely impact of the policy on

different groups of people with regards to each of the nine protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religious belief, sex and sexual orientation).

The EIA notes that the Policy will have a varied impact on different groups of people depending on their personal circumstances. We understand that therefore the policy will not necessarily meet everyone's needs or expectations and preferences.

However, across the majority of the policy, there will be at least a maintenance, and in many cases an improvement, in provision of treatments, aligned as closely as possible with NICE guidance and supported by clinical or other rationale.

You can read more about the [Equality Impact Assessment \(EIA\)](#) in section five and appendices one and two of the [Fertility Policy Development – Policy Approval Report](#).

C. COMMON SCENARIOS

18. Will the NHS in NCL 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. Your clinical treating team will advise you if this procedure is necessary and will help you access funding.

Where an eligible patient has undergone successful surgical sperm retrieval funded by NHS England, the NHS in NCL will fund freezing and storage of the sperm for a maximum of two years and intracytoplasmic sperm injection (ICSI) using the surgically retrieved sperm.

ICSI is a type of in vitro fertilisation (IVF) in which an embryologist will inject a single sperm into each mature egg, instead of mixing the sperm with the eggs and leaving them to fertilise in a dish. This maximises the chance of fertilisation.

19. What happens if I turn 43 during my IVF treatment?

A woman or person trying to get pregnant must start IVF medication with the provider before their 43rd birthday. If they turn 43 during IVF treatment they may complete their fresh IVF cycle and, if there are suitable frozen embryos available, one frozen embryo transfer procedure will be funded.

20. Why doesn't the NHS in NCL fund assisted conception treatments involving surrogates?

The policy not to routinely fund assisted conception treatments (ACT) involving surrogates remains in place 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
- There is no national guidance on NHS funding of ACT involving surrogates.

If the position changes as a result of any new case law or legislation, the policy will be reviewed in light of that ruling.

As with all other interventions not routinely funded your doctor can submit an individual funding request for any situation where they believe the case is clinically exceptional or rare.

21. Will the NHS in NCL fund treatment for transgender people?

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 interventions for gender reassignment. 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.

22. Why do people have to try to get pregnant for two years to get IVF, even if the woman or person trying to get pregnant is 36 or over?

The NCL policy states that in order to be eligible for IVF patients should demonstrate infertility in one of the following ways:

- Investigations show there is no chance of pregnancy with expectant management and IVF is the only effective treatment, or
- The patient has not become pregnant after either two years of regular unprotected intercourse OR 12 cycles of IUI.

This is consistent with National Institute for Health and Care Excellence (NICE) guidelines which apply these criteria to all women or people trying to get pregnant under the age of 43. When making their recommendations NICE noted data which showed that 8% of patients aged 35-39 trying to get pregnant will do so in their second year of trying thereby avoiding unnecessary IVF.

23. Does NCL offer psychological support to people undergoing fertility treatment?

The NCL Fertility Policy sets out the circumstances in which the NHS in NCL will fund assisted conception treatments. Both the Integrated Care Board and its commissioned providers recognise the vital role of psychological support for individuals and couples while receiving specialist fertility treatments. The policy does not cover the way in which assisted conception services are delivered. However all providers are expected to meet the guidance and standards set by the Human Fertilisation and Embryology Authority (HFEA) including providing psychological support.

24. Why does the woman or person trying to get pregnant need to be under 43 to receive in vitro fertilisation (IVF)?

The age criterion remains 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, which does not recommend NHS funded IVF for women aged over 42 years.

25. Why does the policy state that ‘there should be no evidence of low ovarian reserve’ for people of any age seeking assisted conception treatments when the NICE guidance recommends this criterion only apply to people aged 40-42?

Ovarian reserve refers to the number and quality of eggs a woman or person trying to get pregnant has remaining in their ovaries. Ovarian reserve is a good indicator of a woman or person’s ability to get pregnant. A woman’s ovarian reserve declines with age. There are several blood tests and a scan that can help predict ovarian reserve.

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

- in general people who have abnormal ovarian reserve tests are less likely to get pregnant using assisted conception treatments
- removing this criterion would increase the number of patients accessing in vitro fertilisation (IVF) by roughly 25% and therefore the associated expenditure
- funding more IVF cycles for people with a good 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 criteria has been amended to improve clarity and consistency of application across providers.

26. Why do previous privately funded fresh IVF cycles count towards the number of NHS cycles funded?

Treatment will not be funded for those aged under 40 years if three previous fresh cycles of IVF have been received or for those aged 40-42 years if they have undergone any previous IVF treatment, regardless of how this was funded.

This is because the likelihood of a live birth decreases with each unsuccessful IVF cycle undertaken. This is consistent with NICE guidelines on this issue, which are based on an analysis of IVF’s cost-effectiveness in various circumstances.

27. Why is the weight of the women or person trying to get pregnant part of the eligibility criteria for assisted conception treatments?

One of the criteria for assisted conception treatments is that the woman or person trying to get pregnant must have a healthy weight. This is measured by working out a person’s [body mass index \(BMI\)](#) which divides weight in kilograms by height in metres squared. The person trying to get pregnant must have a BMI between 19 and 30. This is because people who are either underweight or obese are less likely to get pregnant using assisted conception treatments.

28. My partner and I have one child and we long to give them a sibling. Why can’t we access assisted conception to have a second child?

NHS organisations need to focus their resources on patients who have the most need and can obtain the maximum health gain. Local priority for assisted conception treatments is therefore being given to those where at least one partner in a couple does not have a living child.

If you are having trouble conceiving a second or subsequent child do speak to your GP as there are other checks and treatments that may help you.

29. Why do same-sex couples, single people, and other couples trying to get pregnant using donor insemination, have to have six cycles of self-funded intrauterine insemination (IUI) before they are eligible for NHS funded IUI?

All couples will need to show that they are having difficulty getting pregnant before being able to receive an assisted conception treatment funded by the local NHS. Couples in a heterosexual relationship will need to show that they have not become pregnant after two years of regular sex without protection to be eligible for IVF. People trying to get pregnant using artificial insemination will instead need to show that they are having difficulty getting pregnant by having six unsuccessful cycles of intrauterine insemination (IUI). This is consistent with recommendations made by the National Institute for Health and Care Excellence (NICE).

30. Why do same sex couples, single people, and other couples trying to get pregnant using donor insemination need to pay for IUI, rather than doing artificial insemination (AI) at home?

Artificial insemination (AI) is where the sperm is injected into the vagina, the opening between the vagina and the womb (cervix) or the womb itself for the purpose of achieving pregnancy. Intrauterine insemination (IUI) is a type of AI done at a fertility clinic where the better-quality sperm is separated out and then injected into the uterus (womb). AI done at home would normally be intra-vaginal insemination.

In NCL, the NHS needs this AI to be IUI for the following reasons:

- In the UK it is not legal for patients to purchase donated sperm from a licensed sperm bank to use at home
- Licensed fertility clinics must check that donated sperm is good quality and doesn't contain infections. They will also check the donor's family medical history to identify any serious diseases that could be passed on to your baby
- Clinics offering IUI give counselling to everyone involved in the donation process.
- IUI is more effective because the sperm is placed directly into the womb rather than the vagina when the woman or person is ovulating (when an egg is released from one of the ovaries).

31. Why do couples/single people trying to get pregnant using donor insemination need to have 12 cycles of IUI before they are eligible for IVF?

Assisted conception treatments are funded on the NHS for eligible individuals and couples with fertility problems. If you have not been diagnosed with a fertility problem that means you require IVF you will need to try to get pregnant through having sex regularly for two years or by undergoing 12 cycles of IUI to be eligible.

This policy is broadly consistent with the National Institute for Health and Care Excellence (NICE) guidelines, which say that people trying to get pregnant through AI should have had 12 cycles of artificial insemination (AI), where six or more are IUI, before receiving NHS funded IVF. The NCL policy requires all AI to be IUI for the reasons outlined in question 30.

However couples and people trying to get pregnant can always talk to their clinical teams about tests and investigations if things aren't going to plan. If a reason is found as to why they are not getting pregnant, such as a diagnosed fertility problem, then alternative treatments may be suggested, including IVF, where the couple or individual is eligible.

32. I'm a 38-year-old woman living in Barnet. I previously completed one cycle of IVF, but it was unsuccessful. Will I be able to access any further IVF cycles?

As you are under 40 under the new policy, the NHS in NCL will fund up to six embryo transfer procedures from a maximum of three fresh IVF cycles. Therefore, you will be able to have two further fresh IVF cycles as long as you still meet the other eligibility criteria. The treatment will need to be carried out by the provider that carried out the initial procedure. You will not be able to transfer your treatment to another provider.

33. 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 woman or person trying to get pregnant, 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 cycles.

34. The pandemic interrupted my treatment so I went private – can I still have NHS-funded treatment?

This depends on which assisted conception treatment you are seeking and your eligibility. For example, if you are seeking IVF and are under 40 years of age you will not be able to access NHS-funded IVF if you have previously received three previous fresh cycles of IVF, irrespective of how these were funded. If you are aged 40-42 years and have undergone any previous IVF treatment, irrespective of how this was funded, you will not be eligible for any further NHS-funded IVF cycles.

35. My IVF treatment was delayed due to the pandemic, and I 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 40–42 the NHS in NCL will fund up to two embryo transfer procedures from one fresh IVF cycle.

If you started your IVF medication with a provider before your 40th birthday and have turned 40 during your NHS funded IVF treatment you can complete the current full cycle but will not be able to start another fresh IVF cycle.

Unfortunately, we cannot make any special dispensations due to the pandemic and will 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 also consistent with NICE guidance.