

North East London Fertility Policy: responses to the feedback received

The [North East London Fertility Policy](#) has replaced the five different fertility policies that were previously in place in north east London. Clinicians, including GPs and fertility experts shaped a draft policy, which we then asked local people, their representatives and clinicians to provide feedback on during a 10-week engagement period.

Below is a summary of the changes we made to the final policy as result of the feedback received, as well as responses to the other common themes from the engagement.

Changes we made as a result of feedback

The feedback we received on our draft fertility policy during the engagement period was overall positive. However, in response to some of the feedback we made the following changes to the final policy:

- Revised the wording of the ovarian reserve criterion to make it clearer and provided an example (section 6 of the final policy).
- Clarified what a ‘previous’ IVF cycle is and amended the section heading to include IVF to make it clearer (sections 8 and 13 of the final policy).
- Added a paragraph on sperm washing to reflect that most people living with HIV will not require sperm washing and people living with the virus who have fertility problems can access assisted conception treatment in the same way as other people (section 17 of the final policy).
- We didn’t receive any clear solutions on how to overcome the logistical issues associated with providing NHS funded donor eggs and sperm. As a result, the 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. The final policy reflects this approach.

Other feedback received and our responses

During the engagement period feedback was received on a number of other areas of the draft policy. All of this feedback was analysed and reviewed and below are our responses:

Policy area	Summary of feedback received	Our response
Age of the woman or person trying to get	Some people suggested extending the age limit and increasing the number of IVF cycles for	The National Institute for Health and Care Excellence (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

<p>pregnant and the number of in vitro fertilisation (IVF) cycles</p>	<p>older people. This was suggested because increasingly some people meet their partners later in life or decide to have children later, giving them less time to try to get pregnant.</p>	<p>IVF should not be offered to women aged 43 years or older.” Human Fertilisation and Embryology Authority (HFEA) data shows that people aged 43 and over have consistently had birth rates at or below 5% per embryo transferred when using their own eggs.</p> <p>Our policy aligns to these national guidelines.</p>
<p>Body Mass Index (BMI)</p>	<p>There was criticism of the use of BMI as an eligibility criterion. A frequent comment was that BMI is a blunt tool with limitations.</p>	<p>We have included this eligibility criterion based on the NICE recommendation that women should be informed that their 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 also states that women should have a BMI of 19-30 before starting treatment.</p>
<p>Existing children</p>	<p>Some people felt that having a child already in a current relationship should not exclude you from NHS funded fertility treatment.</p>	<p>It is recognised nationally that NHS organisations need to focus their budgets on people 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.</p>
<p>Ovarian reserve</p>	<p>Some people felt that we should apply the NICE guidelines or no ovarian reserve criteria at all as people can still get pregnant using IVF if they have low ovarian reserve.</p>	<p>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:</p> <ul style="list-style-type: none"> • 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 cost. • 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. <p>However, the wording of the ovarian reserve criterion has been amended to improve clarity and consistency of application across providers.</p>
<p>Funding of intrauterine insemination (IUI) using donor sperm</p>	<p>Some people felt the IUI eligibility criteria was unfair for lesbians and single people trying to get pregnant as it presents a financial barrier to accessing NHS treatment.</p>	<p>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 policy is consistent with the NICE recommendations in this area.</p> <p>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</p>

	<p>It was also noted that requiring some people to have privately funded IUI before NHS treatment is not consistent with the Government's Women's Health Strategy.</p> <p>Some people felt that the NHS should fund IUI instead of IVF as they believed it to be safer and more effective.</p>	<p>pregnant, they need to demonstrate fertility problems through regularly having sex for two years (or one year if they are aged over 36) or through 12 unsuccessful cycles of IUI (six for people aged over 36). Up to six of these IUI cycles may be paid for by the NHS for eligible patients.</p> <p>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.</p> <p>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 draft 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.</p> <p>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.</p> <p>NICE has concluded that providing IVF to some people is cost effective and therefore it should be available on the NHS. Our policy aligns to NICE guidance wherever feasible.</p>
<p>Funding of treatment for surrogates</p>	<p>Some people felt the draft policy discriminates against gay men, highlighting that same sex male couples would not be able to receive support for fertility treatment.</p>	<p>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:</p> <ul style="list-style-type: none"> • 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

		<p>support patients, and staff who run the service, through the process.</p> <ul style="list-style-type: none"> • There is no national guidance on NHS funding of assisted conception treatments involving surrogates.
Funding of fertility treatment by the NHS	<p>Some people had strong views about NHS money being used for fertility treatment. They argued that infertility is not life-threatening, and therefore not an appropriate use of NHS resources, commenting that budgets would be better spent treating serious illnesses and diseases.</p> <p>Some people said that they felt fertility treatment was unethical and against their beliefs.</p>	<p>We need to make the best use of NHS money given the increasing needs of our population and competing demands for resources. The treatment options set out in our fertility policy will require increased investment, but we believe the policy addresses inequities across north east London and is fairer.</p> <p>If left untreated, infertility can result in stress, depression and emotional distress - all of which can have an impact on other health and social services. Infertility is a medical condition and we treat lots of medical conditions in the NHS that are not life threatening, but do impact on people's quality of life.</p> <p>In addition, NICE has determined that providing some fertility treatments to eligible people is cost effective and these treatments should be available on the NHS. Our policy aligns to NICE guidance wherever feasible.</p> <p>The HFEA closely regulates egg and sperm donation, along with all assisted conception treatments, and they provide guidance on their website about the ethics of these treatments.</p>