Schedule of policy statements for assisted reproductive technologies (ART) for Kent and Medway Integrated Care Board

Issued by: South Central and West Commissioning Support Unit (SCW CSU)

On behalf of: Kent and Medway Integrated Care Board (ICB)

Applies from: 1 April 2026

Contact details:

Email: scwcsu.sepolicydevelopment@nhs.net

Document history

Version	Changes made
February 2014	First version
March 2015	• Revision of policy on fertility preservation
March 2016	• Amendments to Scope. • Revision of policy on IVF with or without ICSI. • Inclusion of new policies on time lapse systems for embryo incubation and assessment and adherence compounds in embryo transfer media for ART. • Amendments to age of woman, previous cycles and smoking criteria. • Amendments rationale for eligibility criteria to take account of changes made to eligibility criteria. • Inclusion of Q&A on the interface between NHS and private ART treatment
October 2020	• Amendments to Purpose of document and Scope sections. • Inclusion of new Development of ART policies section. • Revision of policies on IVF and IUI using partner sperm. • Inclusion of new policy on cryopreservation of sperm and ICSI after surgical sperm retrieval in men with azoospermia (replacing policy on surgical sperm retrieval). • Inclusion of new policies on IUI using donor sperm, IVF using donor sperm and IVF using donor oocytes (replacing policy on assisted conception treatments using donated genetic materials). • Inclusion of new policies on IUI for heterosexual serodiscordant couples where the woman is living with HIV and culture media containing GM-CSH for IVF. • Amendments to eligibility criteria to take account of new policies on IUI and IVF using donor sperm and eggs. • Amendments made to rationale for eligibility criteria to take into account changes made to eligibility criteria. • Addition of flow charts for treatment pathways.
August 2021	• Amendment to Scope. • Revision of policy and eligibility criteria for fertility preservation. • Amendment to flow charts for treatment pathways to take account of revised policy for cryopreservation of gametes for fertility preservation for patients receiving gonadotoxic treatments.
September 2022	• Update wording to reflect change from CCG to ICB. • Revision of policy on surgical sperm retrieval. • Amendment to flow charts for treatment pathways to take account of revised policy for surgical sperm retrieval.
April 2023	• Reformatting of entire document. • Minor amendments made throughout. • Revision of policies on IUI using partner sperm and fertility preservation. • Inclusion of new policies on fertility treatment add-ons (replacing previous policies on individual add-on treatments) and transportation of genetic materials.
June 2024	• Clarification that prior approval is required before starting each fresh IVF cycle. • Amendments made to eligibility criteria on smoking and existing children. • Revision of IVF and IUI using partner sperm policies. • Removal of feedback form due to new region wide arrangements for clinical policy review which are now in place.

Version	Changes made
April 2026	• Amendment to the number of IVF cycles funded and the upper age criterion as agreed by Kent and Medway ICB EMT Strategic Commissioning Subgroup on 24 February 2026. • Updated to include new region-wide policy on fertility preservation (SERPC-04) ratified by the Kent and Medway ICB Chief Medical Officer. • Minor amendments made throughout for clarification purposes.

Purpose of document

Kent and Medway Integrated Care Board (ICB) is the NHS organisation responsible for commissioning health services for the local population including hospital care and community and mental health services. ICBs have a statutory duty to maintain financial balance, which means that it must make judgements about the affordability of any proposed service for local patients.

Across the country most, if not all, ICBs have a set of policies on access to assisted reproductive technologies (ART), defined as *"any treatment that deals with means of conception other than vaginal coitis; frequently involving the handling of gametes or embryos"*.

This document sets out the ART interventions available, and the eligibility criteria Kent and Medway patients are required to fulfil in order to access these on the NHS. Kent and Medway ICB has put in place eligibility criteria for access to ART in order to focus resources on groups of patients most likely to have successful outcomes, and to prioritise groups of patients most likely to have the greatest need. The NHS is committed to providing the most effective, fair and sustainable use of finite resources.

Policies for each treatment contained in the document will identify whether it is:

- Not routinely funded – the treatment is not routinely funded for people registered with a GP in Kent and Medway. This means that the ICB will only fund the treatment if an Individual Funding Request (IFR) application is successful (see below).
- Restricted (prior approval required) – The treatment is funded by Kent and Medway ICB but only where a patient meets the eligibility criteria set out in the relevant policy and their doctor has obtained funding approval before the treatment is performed; this is called 'prior approval'. Requests for prior approval should be submitted to scwcsu.ifrsoutheast@nhs.net. Prior approval will be required before treatment commences. For patients not meeting the eligibility criteria, the ICB will only fund the treatment if an IFR application is successful. Hospitals and other health care providers should be aware that payment may be withheld if prior approval was not given prior to the procedure being carried out.

There is no blanket ban on any of the treatments covered in this document. Where a patient does not meet the eligibility criteria or the treatment is not routinely funded, clinicians can make an IFR if they think that the patient meets the criteria for 'exceptionality' or 'rarity'. See the Kent and Medway ICB website for details on the IFR process.

See Appendix 1 for flow charts outlining the care pathways for different treatments.

Scope

This policy is intended, as per NICE guidance, for people who have a possible pathological problem (physical or psychological) to explain their infertility. Kent and Medway ICB will fund treatment for eligible individuals and couples provided there is evidence of subfertility.

The policies listed in this document only apply to couples, and where appropriate individuals, who are registered with a Kent and Medway GP.

Due to the nature of policies on assisted reproductive technologies, it is necessary to refer to the sex of patients on occasion. This document therefore refers to 'men' and 'women'. When the terms 'men' and 'women' are used in this document, unless otherwise specified, this refers to sex defined by biological anatomy. It is acknowledged that this may not necessarily be the gender to which individual patients identify.

Patients are required to fulfil specified eligibility criteria in order to access NHS funded ART. However, eligibility for NHS funding is not the same as a guarantee of treatment. It is important that the final decision to treat is an informed decision between the responsible clinician and the patient.

Eligibility criteria are only applicable to the ART policies set out in this document. They do not apply to:

- Investigations for general fertility problems and the primary treatment of conditions found during such investigation
- Medical treatment to restore fertility (for example, the use of drugs for ovulation induction)
- Surgical treatment to restore fertility (for example, laparoscopy for ablation of endometriosis)
- Pre-implantation genetic diagnosis (PGD), commissioning of which falls under the remit of NHS England

The policies and eligibility criteria outlined in this document do not apply to members of the Armed Forces, their partners or injured veterans for whom the NHS England Clinical Commissioning Policy on Assisted Conception applies.

In general, patients who pay the immigration surcharge are not eligible for assisted conception services funded by the ICB. The ICB will comply with government guidance regarding these patients.

The NHS in Kent and Medway follow Department of Health (DH) Guidance on NHS patients who wish to pay for additional private care (2009) in relation to ART, the principals of which are as follows:

- The NHS should never subsidise private care with public money, which would breach core NHS principles

- Patients should never be charged for their NHS care, or be allowed to pay towards an NHS service (except where specific legislation is in place to allow this) as this would contravene the founding principles and legislation of the NHS
- Patients should not be able to choose to mix different elements of the same treatment between NHS and private care
- To avoid these risks, there should be as clear a separation as possible between private and NHS care.

Development of ART policies

Policies in this document have been developed and reviewed by a Policy Recommendation Committee. The Committee is made up of GPs and hospital consultants, pharmacists, ICB representatives, a public health representative (someone who looks to protect and improve the population's health and wellbeing and reduce health inequalities) and a member of the public.

The group uses published evidence and guidance, alongside expert opinion from clinical specialists to develop and review ART policies. Equality issues are also considered by the group during policy development.

All decisions made by the Committee are guided by a set of decision-making principles that:

- Ensure that all relevant factors have been taken into account before decisions are made
- Promote fairness and consistency in decision-making
- Ensure that the rationale for policy decisions is clear and comprehensive

The policy recommendation Committee issue their recommendations to Kent and Medway ICB for its consideration. Once recommendations on ART have been adopted by Kent and Medway ICB, they are added to this document.

ART policies are kept under review by Kent and Medway ICB to ensure that they have taken into consideration relevant national guidance, the evidence base and best practice. New developments or new information on existing technologies will be considered through the agreed local processes and changes may be made to policy through ICB decision making and governance.

General comments on this document and specific comments on individual policies can be made by emailing scwcsu.sepolicydevelopment@nhs.net.

Glossary

Artificial insemination (AI)	AI is the introduction of sperm into the cervix or uterine cavity for the purpose of achieving pregnancy. Intrauterine insemination (IUI) is a type of AI undertaken at a fertility clinic where sperm is filtered to produce a concentrated 'healthy' sample which is placed directly into the uterus (womb). AI undertaken at home would normally be intra-vaginal insemination, usually by means of a needleless syringe.
Assisted conception treatment (ACT)	The collective name for treatments designed to lead to conception by means other than sexual intercourse. Includes: intrauterine insemination (IUI), in vitro fertilisation (IVF), intracytoplasmic sperm injection (ICSI) and donor insemination (DI).
Azoospermia	Where there are no sperm in the ejaculate.
Cancelled IVF cycle	A cancelled IVF cycle is one where an egg collection procedure has not been undertaken.
Cryopreservation	The freezing and storage of embryos, sperm or eggs for future use in assisted conception treatment cycles.
Donor insemination (DI)	Artificial insemination using donated sperm.
Egg (oocyte) donation	The process by which a fertile donor donates eggs to be used in the treatment of others.
Embryo transfer	The procedure in which one or more embryos are placed in the uterus.
Embryo transfer strategies	Defines the number of embryos that should be transferred in an embryo transfer procedure, depending on factors such as the quality of the embryos and the age of the woman or person trying to conceive.
Endometriosis	A condition where tissue similar to the lining of the uterus starts to grow in other places, such as the ovaries and fallopian tubes. Endometriosis is a known clinical cause of fertility problems.
Expectant management	NICE define expectant management as a formal approach that encourages conception through unprotected vaginal intercourse. It involves supportively offering an individual or couple information and advice about the regularity and timing of intercourse and any lifestyle changes which might improve their chances of conceiving. It does not involve active clinical or therapeutic interventions.
Fertilisation	The union of an egg and sperm.
Fertility preservation (FP)	Fertility preservation involves storing eggs, sperm, embryos or reproductive tissue with the aim of having biological children in the future.
Fresh IVF cycle	Comprises an episode of ovarian stimulation and the transfer of embryos created that have not previously been frozen.
Frozen embryo transfer (FET)	Where an excess of embryos is available following a fresh IVF cycle, these embryos may be frozen for future use. Once thawed, these embryos may be transferred to the patient as a 'frozen embryo transfer'.
Full IVF cycle	Defined by NICE as one episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s).
Gonadal dysgenesis	Abnormal development of an ovary or testicle.
Gonadotoxic treatment	Treatments that can cause fertility problems, such as some chemotherapies.
HFEA	Human Fertilisation and Embryology Authority. The HFEA is the UK's independent regulator of fertility treatment and research using human embryos. They license and inspect fertility clinics and set standards on best practice.

Infertility	The World Health Organisation states infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. NICE indicates that for people trying to conceive using artificial insemination (including, but not limited to, female same sex couples and single women), infertility may be indicated after 6 unsuccessful cycles. In the male reproductive system, infertility is most commonly caused by problems in the ejection of semen, absence or low levels of sperm, or abnormal shape (morphology) and movement (motility) of the sperm; this is commonly called 'male factor infertility'. In the female reproductive system, infertility may be caused by a range of abnormalities of the ovaries, uterus, fallopian tubes, and the endocrine system, among others.
In vitro fertilisation (IVF)	IVF involves ovarian stimulation and then collection of eggs. The eggs are then fertilised with sperm in a laboratory. If fertilisation is successful, the embryo is allowed to develop for 2–6 days and is then transferred to the uterus to hopefully continue to a pregnancy. Ideally 1 embryo is transferred to minimise the risk of multiple pregnancy. Where the woman or person trying to conceive is older, or the quality of the embryos is poor, 2 embryos may be transferred. It is best practice to freeze any remaining good quality embryos to use later on in a frozen embryo transfer if the first transfer is unsuccessful.
Intracytoplasmic sperm injection (ICSI)	IVF with ICSI treatment is similar to standard IVF. However, instead of mixing the sperm with the eggs and leaving them to fertilise in a dish, an embryologist will inject a single sperm into each mature egg. This maximises the chance of fertilisation as it bypasses any potential problems the sperm may have in penetrating the egg.
Intrauterine insemination (IUI)	IUI is a type of fertility treatment in which the better quality sperm are separated from sperm that are sluggish, non-moving or abnormally shaped. This sperm is then placed directly in the uterus. This can either be performed with partner sperm or donor sperm (known as donor insemination).
Natural cycle IVF	An IVF procedure in which one or more eggs are collected from the ovaries during a spontaneous menstrual cycle without the use of fertility drugs.
NICE	National Institute for Health and Care Excellence. NICE provide national guidance and advice to improve health and social care. One of the ways that NICE does so is by publishing clinical guidelines, which are evidence-based recommendations on health and care in England. Organisations commissioning and delivering services are expected to take the recommendations contained within NICE clinical guidelines into account when planning and delivering services. NICE has published a Clinical Guideline (CG 156) on fertility problems.
Oophorectomy	An operation to remove one or both ovaries.
Ovarian Hyper-Stimulation Syndrome (OHSS)	A condition in which the ovarian response to stimulation results in clinical problems, including abdominal distension, dehydration and potentially serious complications due to thrombosis and lung and kidney dysfunction. It is more likely in patients who are excessively sensitive to medicines used for ovarian stimulation.
Ovarian reserve	Ovarian reserve tests were developed by fertility clinics to predict how a person having IVF treatment would respond to the medication used to stimulate the ovaries and ultimately how many eggs they may produce. Ovarian reserve can be assessed through blood tests to measure anti-Müllerian hormone (AMH).
Ovarian stimulation	Stimulation of the ovary to achieve growth and development of ovarian follicles with the aim of increasing the number of eggs released.
Pathological problem	One that relates to medical conditions/ diseases (physical or psychological).
Pre-implantation genetic diagnosis	A technique used to identify inherited genetic defects in embryos created through IVF. Only embryos with a low genetic risk for the condition are then transferred to the uterus. Any resulting pregnancy should be unaffected by the condition for which the diagnosis is performed.
Premature ovarian insufficiency	If menopause happens before the age of 40 it is called premature ovarian insufficiency (or premature menopause).

Rhesus (Rh) isoimmunisation	A condition where antibodies in a pregnant person's blood destroy the baby's blood cells. Also known as rhesus disease.
Sperm donation	The process by which a fertile donor donates sperm to be used in the treatment of others. The HFEA regulates sperm donation undertaken at UK fertility clinics.
Sperm washing	Sperm washing is used to reduce the viral load (for example, of HIV) in prepared sperm to a very low or undetectable level. The washed sperm can then be transferred to the uterus using IUI or used to fertilise eggs in IVF or ICSI.
Supernumerary embryos	Embryos created from a fresh IVF cycle that are left over after an embryo(s) have been transferred.
Surgical sperm retrieval (SSR)	SSR is a technique for collecting sperm directly from the testicles or epididymis (where sperm is stored, after it is formed in the testicles).
Surrogacy	Surrogacy is where a person carries and gives birth to a baby for another person or couple. This may involve the eggs of the surrogate, the intended parent, or a donor.
Unsuccessful cycle of IVF/ ICSI	Includes failure of fertilisation, failure of development of embryos and failure to become pregnant following transfer of embryos.

Eligibility criteria

Patients can only be referred for assisted conception treatments if they meet the eligibility criteria below and when all appropriate tests and investigations have been successfully completed in primary and secondary care.	
1. Age of the woman or person trying to get pregnant	• Funding is only available where women receiving fertility treatment are aged under 38 years i.e. women must start medication with the ART provider before their 38th birthday; women must only be referred to fertility clinics if there is adequate time to complete work up. • If the woman reaches the age of 38 during treatment, the current full IVF cycle may be completed. A full cycle of IVF treatment is defined as one episode of ovarian stimulation and the transfer of resultant fresh and frozen embryo(s). See Section 9 for details of the maximum number of embryo transfers funded.
2. Body mass index (BMI)	• Women receiving fertility treatment must have a BMI within the range 19-30 kg/m^2. • The partner providing sperm for treatment must have a BMI of below 30 kg/m^2.
3. Smoking	• Treatment will not be funded if the woman undergoing treatment smokes tobacco. • Treatment will not be funded if the partner providing sperm for treatment smokes tobacco. People who use e-cigarettes will not be excluded from accessing NHS funded ART on that basis.
4. Existing children	• Couples: neither partner in a couple should have a living child[1] or an ongoing viable pregnancy from their relationship or any previous relationship. In addition, a partner in a couple will not be eligible for treatment if their partner is pregnant or attempting to become pregnant through NHS funded ART. • Single persons: individuals should not have a living child[1]. An adopted child is considered to have the same status as a biological child. 'Child' refers to a living son or daughter irrespective of their age or place of abode.
5. Previous sterilisation	• Couples: neither partner in a couple should have undergone sterilisation. • Single persons: should not have undergone sterilisation. The above still applies if sterilisation reversal has unsuccessfully been attempted.
6. Ovarian reserve	• Women receiving fertility treatment should have an AMH level of more than 5.4 pmol/l.
Additional eligibility criteria to access different treatments are outlined in the sections below. **Prior approval is required for all assisted conception treatments (scwcsu.ifrsoutheast@nhs.net).**	

[1] This does not include a child who was born to either partner/ individual but was subsequently placed for adoption.

Provision of IVF

7. Previous IVF cycles	IVF will not be funded if 3 previous fresh cycles of IVF have been received, irrespective of how these were funded. A cancelled IVF cycle is one where an egg collection procedure has not been undertaken. Once egg collection has commenced, this is considered a complete cycle and will be counted as the NHS funded cycle or any a 'previous' cycle. In the case of couples, the above applies to both individuals who are participating in fertility treatment, regardless of whether treatment was received during a previous relationship.
8. Demonstrating subfertility prior to IVF	This policy is intended, as per NICE guidance, for people who have a possible pathological problem (physical or psychological) to explain their infertility. Kent and Medway ICB will fund IVF for eligible individuals and couples provided there is evidence of subfertility. The process for demonstrating subfertility will necessarily be different for people trying to conceive through sexual intercourse and people trying to conceive through artificial insemination; these differences are reflected below. In order to be eligible for NHS funded IVF one of the following criteria must be met: • Investigations show there is no chance of pregnancy with expectant management and IVF is the only effective treatment, or • Patients have not conceived after 2 years of regular unprotected sexual intercourse[2] (every 2 to 3 days during the last 2 consecutive years to date), or • Patients have undergone 12 cycles of artificial insemination, where 6 or more are by intrauterine insemination, but failed to achieve a live birth. Note, up to 6 cycles of NHS funded intrauterine insemination may be available to eligible patients, as outlined in Sections 11 and 12 of this document.
9. Number of embryo transfer procedures funded	• Patients need to fulfil the eligibility criteria outlined in Sections 1–8 of this document to access NHS funded IVF. Prior approval is required for all assisted conception treatments (scwcsu.ifrsoutheast@nhs.net). • For eligible couples or individuals requiring IVF, with or without ICSI, the ICB will fund a maximum of 2 embryo transfer procedures of which no more than 1 can be a fresh cycle[3],[4]. See Appendix 1 for flowchart of the treatment pathway. • A cancelled IVF cycle is one where an egg collection procedure has not been undertaken. Once egg collection has commenced, this is considered a complete cycle and will count as the NHS funded cycle. • Embryo transfer strategies outlined in NICE Clinical Guideline 156 should be followed in order to minimise the number of multiple births. • Natural cycle IVF is not routinely funded.
10. Storage of cryopreserved supernumerary embryos following IVF	• Storage of cryopreserved supernumerary embryos will be funded for a maximum of 2 years following the fresh IVF cycle. NHS funding of storage will end sooner where the patient has a live birth or exceeds ICB eligibility criteria. • Patients will have the opportunity to fund continued cryopreservation of any unused embryos for future self-funded frozen embryo transfer after the NHS funded storage period concludes. • Cryopreservation of embryos for fertility preservation for patients is addressed separately – see Section 14 of this document.

[2] Note, if there have been any miscarriages during this 2 year period, patients will not be eligible for NHS ART.
[3] NHS funded assisted conception treatment should not be undertaken concurrently in both partners of a couple, or in one partner where the other is pregnant.
[4] In the case of individuals or couples who cannot carry a pregnancy due to a medical condition (e.g., congenital absence of the uterus or following hysterectomy with ovarian conservation) who fulfil the eligibility criteria for IVF (Sections 1–8 of this document) and are aware that the NHS will not fund surrogacy arrangements, a maximum of 1 freeze-all IVF cycle will be funded. Kent and Medway ICB will not fund frozen embryo transfer to the surrogate, provide funding towards any type of surrogacy arrangement or other expenses related to surrogacy (e.g., for additional screening).

Provision of other assisted conception treatments

11. Intrauterine insemination (IUI) using partner sperm	• Patients need to fulfil the eligibility criteria outlined in Sections 1–6 of this document to access NHS funded IUI using partner sperm. Prior approval is required for all assisted conception treatments (scwcsu.ifrsoutheast@nhs.net).
	• Up to 6 cycles of unstimulated IUI using partner sperm is funded for eligible patients where there is evidence of normal ovulation, tubal patency and semen analysis and one of the following apply:
	  ○ the couple are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem and have not conceived after 6 cycles of artificial insemination
	  ○ the couple have one of the following conditions that require specific consideration in relation to methods of conception:
	  ▪ they are living with HIV and have undergone a successful sperm washing procedure (access to NHS funded sperm washing is addressed in Section 16 of this document)
	  ▪ they have spinal cord injury or other conditions that means they require electro-ejaculation
	• IVF using partner sperm will be funded for the above groups, where investigations show IVF is the only effective treatment option or patients have undergone 12 unsuccessful cycles of artificial insemination (AI), where 6 or more are by IUI – see Sections 7–10 for eligibility criteria specific to IVF. If the nature of the patient's disability/ psychosexual problem means that they would require IVF to conceive, they would not be required to undergo AI. See also Appendix 1 for flowchart of the treatment pathway.
	• IUI using partner sperm is not routinely funded for people with unexplained infertility, mild endometriosis or mild male factor infertility except when it is provided as an alternative to IVF for people who have social, cultural or religious objections to IVF. In this case up to 6 cycles of unstimulated IUI using partner sperm is funded. Note, this would be an alternative to receiving IVF treatment and therefore IVF would not subsequently be funded for patients accessing IUI in these circumstances. To access IUI in these circumstances, patients must meet the eligibility criteria to access IVF (Sections 1–8 of this document).
	• IUI is not routinely funded for the prevention of onward transmission of HIV where the woman in a couple is living with HIV but her male partner is not.

12. Intrauterine insemination (IUI) and IVF using donor sperm	• Patients need to fulfil the eligibility criteria outlined in Sections 1–6 of this document to access NHS funded IUI using donor sperm. Prior approval is required for all assisted conception treatments (scwcsu.ifrsoutheast@nhs.net).
	• Up to 6 cycles of unstimulated IUI using donor sperm is funded for eligible couples or individuals where there is evidence of normal ovulation and tubal patency and one of the following:
	  ○ obstructive or non-obstructive azoospermia
	  ○ severe deficits in semen quality in couples who do not wish to undergo ICSI
	  ○ a high risk of transmitting a genetic disorder or infectious disease to the child and/ or partner
	  ○ severe rhesus isoimmunisation
	  ○ single people, same-sex couples, and other couples trying to conceive through donor insemination who have not conceived after 6 cycles of artificial insemination (AI)[5]
	• IVF using donor sperm will be funded for the above groups, where investigations show IVF is the only effective treatment option or patients have undergone 12 unsuccessful cycles of AI, where 6 or more are by IUI – see Sections 7–10 for

[5] A maximum of 6 cycles of IUI are funded per couple. NHS funded assisted conception treatment should not be undertaken concurrently in both partners of a couple, or in one partner where the other is pregnant.

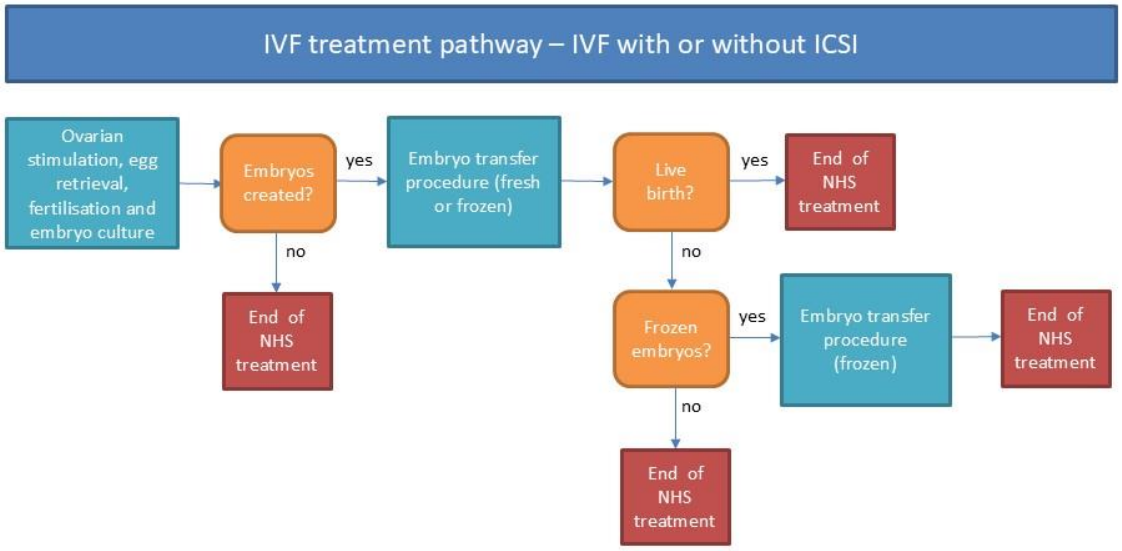
	eligibility criteria specific to IVF. See also Appendix 1 for flowchart of the treatment pathway.
13. IVF using donor eggs	• Patients need to fulfil the eligibility criteria outlined in Sections 1–5 of this document to access NHS funded IVF using donor eggs. Note, patients undergoing IVF using donor eggs do not need to meet the ovarian reserve criterion outlined in Section 6 of this document. Prior approval is required for all assisted conception treatments (scwcsu.ifrsoutheast@nhs.net). • IVF using donor eggs will be funded for eligible patients who have one of the following: o premature ovarian insufficiency o gonadal dysgenesis including Turner syndrome (pre-treatment screening should have excluded phenotypic manifestations of Turner syndrome that might jeopardise successful pregnancy, including aortic dilation and cardiac lesions) o undergone bilateral oophorectomy o ovarian failure following chemotherapy or radiotherapy o a high risk of transmitting a genetic disorder to the offspring • Patients may be able to provide an egg donor, alternatively the patient can be placed on a waiting list until an altruistic donor becomes available. If during their time on the waiting list the couple no longer fulfil the eligibility criteria, funding will not be available. • See Section 9 for details of the maximum number of embryo transfers funded.
14. Fertility preservation	• Prior approval is required for all assisted conception treatments (scwcsu.ifrsoutheast@nhs.net). • Cryopreservation (freezing) of eggs, embryos or sperm will be funded for eligible patients who are under the care of a specialist clinician who has confirmed one of the following: o the patient is due to undergo a gonadotoxic treatment (i.e. a treatment or surgery that will damage or destroy ovaries or testes ability to produce eggs or sperm); for clarity this may include patients undergoing interventions for gender affirmation o the patient does not currently have fertility problems, but they have a medical condition that, in their case, is likely to progress such that it will lead to infertility in the future • The maximum number of egg collection procedures funded for eligible patients will be two, the second of which will only be funded when deemed clinically appropriate by the treating clinician. No additional egg collection cycles will be routinely funded, even if previous cycles were unsuccessful. • To access cryopreservation and storage of sperm, eggs or embryos, fertility preservation patients do not need to meet the eligibility criteria outlined in Sections 1–8 of this document. • Fertility preservation patients who require cryopreservation of eggs or embryos must fulfil both of the following criteria: o they must be well enough to undergo ovarian stimulation and egg collection, and this will not worsen their condition, and o enough time must be available before the start of their gonadotoxic treatment, where applicable. • Fertility preservation will be funded for patients who have started a gonadotoxic treatment (e.g. patients undergoing gender affirmation interventions who have started hormone therapy) only if all treatment is paused until either the patient's normal menstrual cycle has resumed and testosterone has returned to a normal female range, or sperm production has returned and sperm parameters have returned to a normal range. • Storage of sperm, embryos and eggs will be funded for 10 years duration after cryopreservation. NHS funding of storage will end sooner where: o following gonadotoxic treatment, fertility has been established through tests or conception, or

	○ the patient dies and no written consent has been left permitting posthumous use. • Patients will have the opportunity to self-fund continued cryopreservation of any unused sperm, embryos or eggs after the NHS funded storage period concludes. • NHS funding of fertility preservation does not guarantee funding of assisted conception treatments using cryopreserved materials (sperm, eggs or embryos) in the future. To access NHS funded assisted conception treatments using cryopreserved materials fertility preservation patients must meet the same eligibility criteria as other patients with fertility problems at the time they wish to undergo this treatment – see Sections 1–8 of this document. ○ An exception to the above is that fertility preservation patients do not need to fulfil ovarian reserve criteria outlined in Section 6 of this document. ○ Assisted conception treatments involving surrogates is not funded on the local NHS. • See Appendix 1 for flowchart of the treatment pathway.
15. Surgical sperm retrieval for azoospermia	<u>Surgical sperm retrieval</u> • Surgical sperm retrieval is the commissioning responsibility of NHS England and is not funded by Kent and Medway ICB. • The NHS England policy on surgical sperm retrieval states it will only fund surgical sperm retrieval where the patient has confirmed funding for subsequent stages of their fertility treatment pathway (i.e., cryopreservation and/or ICSI). The responsible clinician should therefore ensure Kent and Medway patients meet the relevant eligibility criteria outlined in Sections 1–8 of this document prior to undertaking surgical sperm retrieval (see below). <u>Cryopreservation of surgically retrieved sperm</u> • Where an eligible patient with azoospermia has undergone successful surgical sperm retrieval funded by NHS England, cryopreservation and storage of sperm will be funded for up to 2 years. • Patients will have the opportunity to fund continued cryopreservation of any unused sperm for future self-funded assisted conception treatments after the NHS funded storage period concludes. • Cryopreservation of sperm for fertility preservation for patients receiving gonadotoxic treatment is addressed separately – see Section 14 of this document. <u>IVF with ICSI using surgically retrieved sperm</u> • Where an eligible patient with azoospermia has undergone successful surgical sperm retrieval funded by NHS England, IVF/ICSI will be funded as per Section 9 of this policy. See Appendix 1 for flowchart of the treatment pathway. • Prior approval is required for all assisted conception treatments (scwcsu.ifrsoutheast@nhs.net).
16. Sperm washing	• Most people living with HIV will not require sperm washing. People living with HIV should speak to their HIV doctor or nurse about trying to get pregnant. People living with HIV who have fertility problems can access assisted conception treatments as per this document. • Prior approval is required for all assisted conception treatments (scwcsu.ifrsoutheast@nhs.net). • One sperm washing procedure will be funded for eligible couples where the woman or person trying to get pregnant is not living with HIV, but the sperm is from a partner who is living with HIV and is either: ○ non-adherent with antiretroviral treatment, or ○ has a plasma HIV viral load which is 50 copies/ml or greater. • Where a successful sperm washing procedure has been undertaken, storage of washed sperm will be funded for up to 2 years. • Where the sperm washing procedure is successful, depending on their clinical circumstances, patients may access IUI (as set out in Section 11 of this policy) and/ or IVF/ICSI (as set out in Section 9 of this policy).

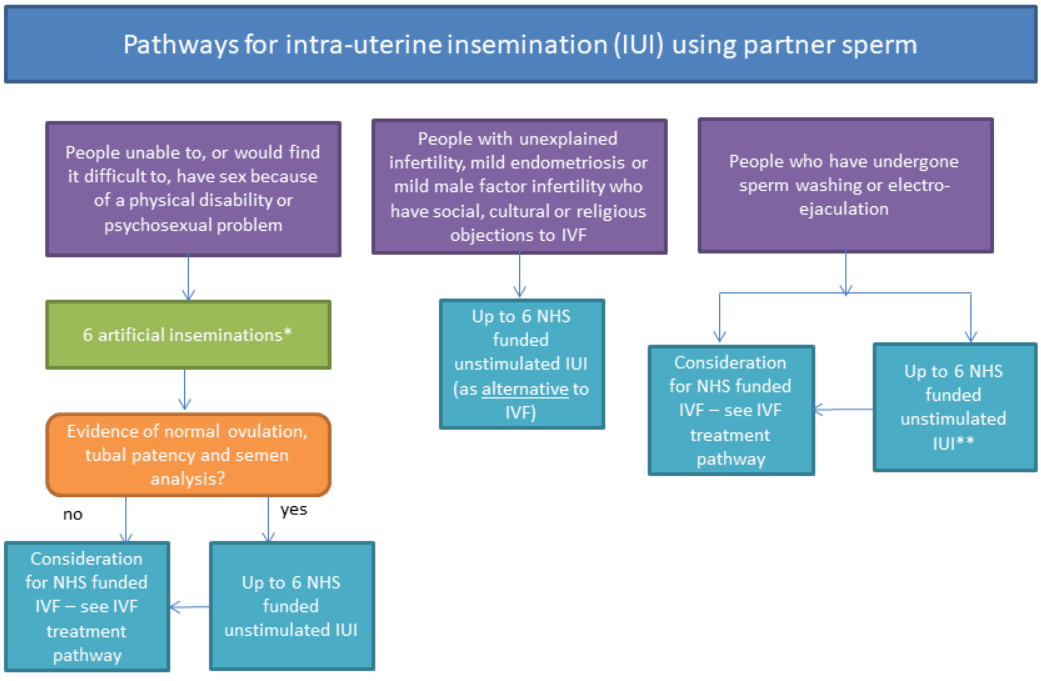
17. Surrogacy	• Assisted conception treatments involving surrogates are not routinely funded.
18. Fertility treatment add-ons	• Unless otherwise specified in this document, fertility treatment add-ons are not routinely funded by Kent and Medway ICB[6].
19. Transportation of genetic materials (cryopreserved eggs, embryos or sperm)	• Kent and Medway ICB will fund 1 transportation of genetic materials and ongoing storage for patients who have undergone NHS funded assisted conception treatments, but only where the receiving provider is undertaking NHS funded assisted conception treatments using these materials. • The total duration of storage of genetic materials funded by the ICB is set out in Sections 10 (following provision of IVF), 14 (following fertility preservation), 15 (following surgical sperm retrieval for azoospermia) and 16 (following sperm washing) of this document.

[6] Emerging research evidence on the effectiveness of treatment add-ons is monitored by the HFEA. Where the HFEA identifies an add-on that they consider clinically effective, this will need to be taken through the regional policy decision-making process to determine whether it will be funded by Kent and Medway ICB.

Appendix 1 – Treatment pathways



- Patients must meet relevant eligibility criteria (including childlessness) when they start a cycle of treatment.
- Storage of cryopreserved supernumerary embryos will be funded for a maximum of 2 years following the fresh cycle.
- In order to undergo frozen embryo transfer, frozen embryos must be deemed by the clinician suitable for implantation.
- See policy for full details of policy and eligibility criteria.

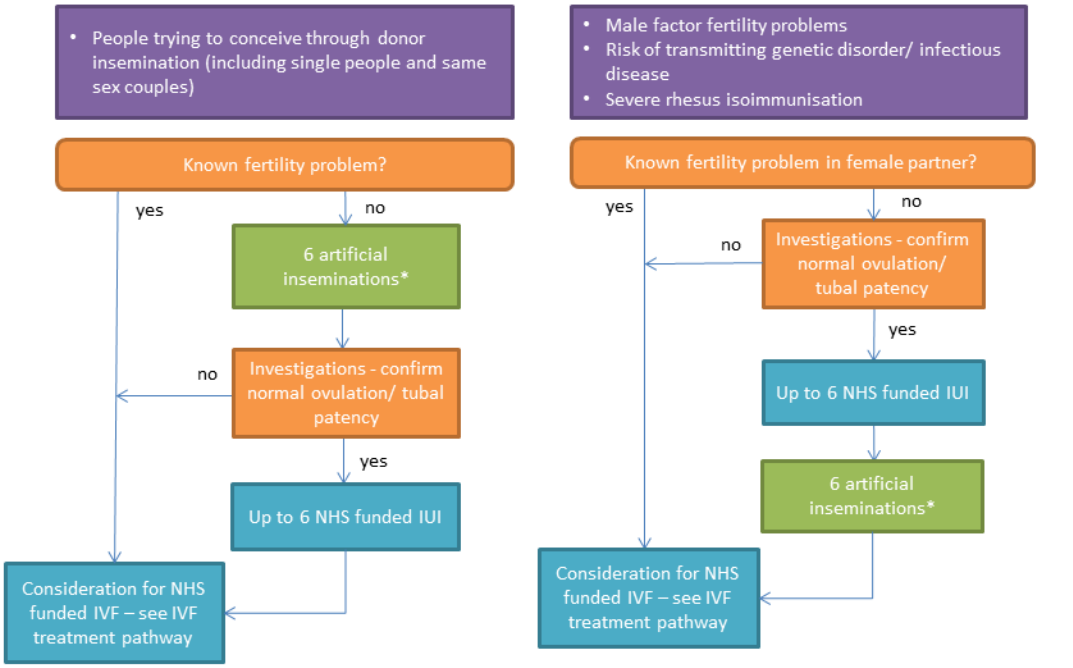


- Patients must meet relevant eligibility criteria (including childlessness) each time they start a cycle of treatment.
- See policy for full details of policy and eligibility criteria.

*Artificial insemination may be undertaken at home or IUI may be self funded at a fertility clinic.

**Where there is evidence of normal ovulation, tubal patency and semen analysis.

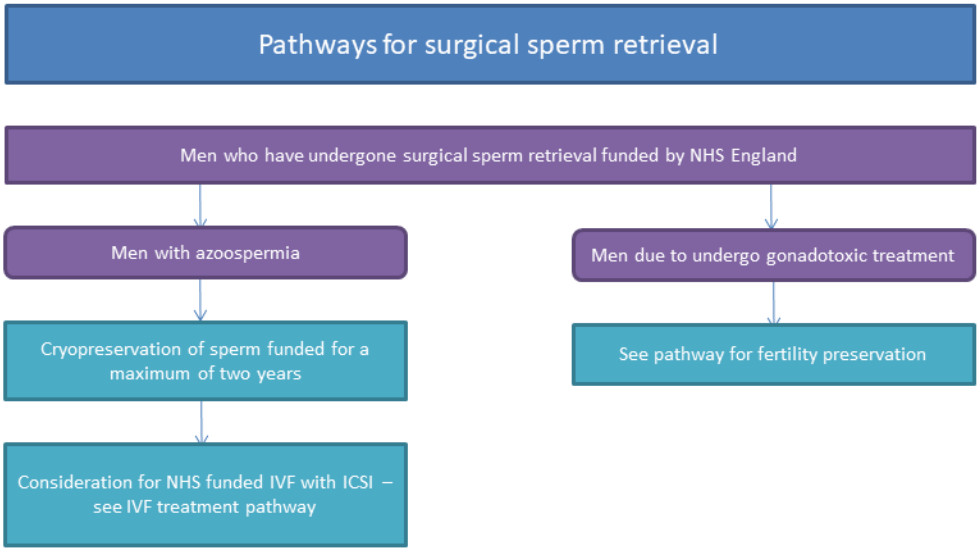
Pathways for assisted conception treatments using donor sperm



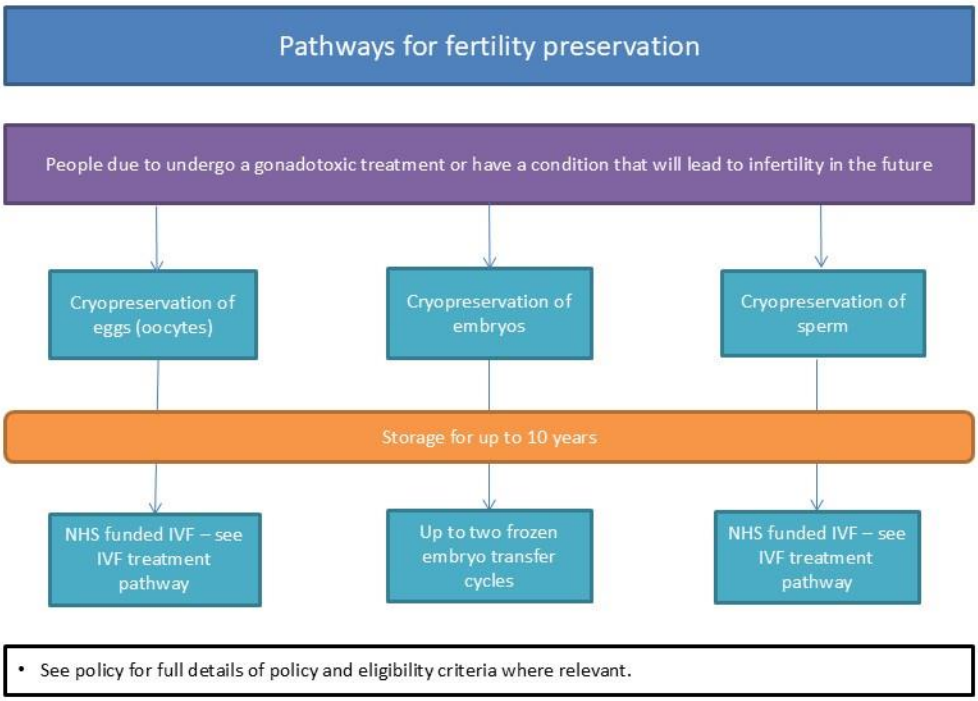
- Patients must meet relevant eligibility criteria (including childlessness) each time they start a cycle of treatment.
- See policy for full details of policy and eligibility criteria.

*Artificial insemination may be undertaken at home or IUI may be self funded at a fertility clinic.

Pathways for surgical sperm retrieval



- Patients must meet relevant eligibility criteria (including childlessness) for each step in the pathway.
- See policy for full details of policy and eligibility criteria.


Pathways for fertility preservation
People due to undergo a gonadotoxic treatment or have a condition that will lead to infertility in the future
Cryopreservation of eggs (oocytes)
Cryopreservation of embryos
Cryopreservation of sperm
Storage for up to 10 years
NHS funded IVF – see IVF treatment pathway
Up to two frozen embryo transfer cycles
NHS funded IVF – see IVF treatment pathway
• See policy for full details of policy and eligibility criteria where relevant.