



NHS help to try to have a baby

Proposed changes to access to fertility treatment for people living in north east London

Have your say by 22 August 2022

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1. About this document

This document explains how and why we want to change our policies on how we support and treat people who need NHS help to try to have a baby.

There are many treatments that can help you try to get pregnant, also known as fertility treatment, some of which are paid for by the NHS. We've set out which treatments we think that the NHS in north east London should fund and who should be able to get this treatment.

We want to make it so that wherever you live in north east London, you are able to have the same fertility treatment – this is not currently the case.

We have used the latest national guidelines, research and best practice to develop the proposed policy. Clinicians including GPs and fertility experts have also helped to shape it.

The aim of the new policy is not to reduce the treatments that we fund or who is eligible to have them. Depending on where you live, what we are proposing is likely to increase the amount of treatment you can have, and improve access to some treatments. We need to make best use of NHS money given the increasing needs of our population and competing demands for resources. The proposals set out here will require increased investment, but we believe the policy addresses inequities across north east London and is fairer.

We'd like to hear from as many local people as possible about our proposals, so please tell your friends and family about this, and encourage them to respond. There is a survey where you can provide your feedback. Comments from health

professionals and our partners in the community and voluntary sector are also welcomed.

This document has been produced by North East London Clinical Commissioning Group (which will be known as NHS North East London from 1 July 2022) with NHS partners and in partnership with other stakeholders. North East London Clinical Commissioning Group is responsible for planning, buying and monitoring health services for people living and working in eight local authority areas: Barking and Dagenham, Havering, Redbridge, Tower Hamlets, Newham, Waltham Forest, Hackney, and the City of London. Our [governing body](#) is responsible for making sure that any decisions we make are made openly and transparently.

Who is affected by the policy – who is this document for?

If you need help to try to get pregnant, now or in the future, our proposed policy could affect you.

It could be that you have a condition that affects your fertility, or ability to have a baby. You may have been trying to get pregnant for a number of years, or you need to have a treatment or medication that will affect whether you will be able to have a baby in the future. In these situations you may be able to get NHS fertility treatment, as we set out in our proposed policy.

The proposed policy is for individuals and couples with a fertility problem regardless of your sexual orientation, gender identity or relationship status.

The policy is for people who live in Barking and Dagenham, the City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets, and Waltham Forest.

Do you need this document in a different format?

Our website, www.northeastlondonccg.nhs.uk, can convert information into spoken word, high contrast or large print, or into 100 different languages, and has information in an easy-read format; or you can call, write to or email us using the details below:

- Email: nelondon.nelcommunications@nhs.net
- Write to: **Freepost NHS North East London**
- Phone: 020 3688 1216.

This document includes some medical and technical words which we have tried to explain, but please contact us if you would like any help to understand any part of this document.

The language we've used

We have tried to use language and terms throughout this document that reflect the diverse communities in north east London. We understand and respect that people identify in a number of ways and have different experiences. We have worked with people representing groups including LGBTQ+ people, women, diverse communities, and disability groups to identify terms and language to use while acknowledging these may not be the terms that everyone chooses to identify with.

In general we have used the term 'woman or person trying to get pregnant' throughout the document when referring to the individual who intends to carry the pregnancy. This may be a woman, someone who is non-binary, or a trans person. We have used the term 'man or person providing sperm', as well as 'partner's sperm or donor sperm' when referring to the individual whose sperm will be used during the fertility treatment.

2. How to have your say

We'd like to hear from as many local people as possible about what you think of our proposals. Your feedback will help us make access to treatment the same wherever you live in north east London, and for treatment to be closer to the latest national guidelines, research and best practice.

We are asking people to share their views with us over 10 weeks from 13 June 2022. If you would like to comment, please make sure you respond by 11.59pm on 22 August 2022.

To tell us what you think, you can fill in the online survey on our website www.northeastlondonccg.nhs.uk/fertility or print off the survey at the back of this document, fill it in and send it back to: **Freepost NHS North East London**, free of charge.

Further information about the proposed new policy is available on our website. We have sent printed copies to hospitals and other public buildings. You can also contact us to ask for a print copy and to ask us any questions.

- Website: www.northeastlondonccg.nhs.uk/fertility
- Email: nelondon.nelcommunications@nhs.net
- Write to: **Freepost NHS North East London**
- Phone: 020 3688 1216.

You can also attend a virtual event with the CCG to find out more and ask any questions. Please see our website for the dates and times of these events, and how to join, www.northeastlondonccg.nhs.uk/fertility

We must receive your views on the proposed policy by 11.59pm on 22 August 2022.

3. Help to have a baby - what is fertility treatment?

Everyone's fertility journey is different and there are lots of medicines and treatments that can help you get pregnant. Some of these treatments are paid for by the NHS. Treatments may be provided by a GP, hospital doctor or fertility clinic.

Most people start by talking to their GP, who can offer advice and may refer you for further tests to find out why you aren't getting pregnant. The treatment you're offered will depend on what the problem is and what the NHS funds.

There are three main types of fertility treatment:

- medicines, such as one to encourage the monthly release of an egg (ovulation) in women or people who are trying to get pregnant who do not release eggs regularly or at all
- surgery such as repair of fallopian tubes (which connect the ovaries where eggs are stored to the womb) that have become blocked or scarred - surgery can be used to break up the scar tissue in your fallopian tubes, making it easier for eggs to pass through them
- assisted conception treatments – these are treatments which involve handling eggs and sperm, such as intrauterine insemination (IUI) and in vitro fertilisation (IVF).

This proposed policy is focused on assisted conception treatments. This also includes NHS treatment to help some people preserve their fertility if they have a condition or need treatment that will stop them being able to have a baby in the future.

To make it clear who is able to get what treatment, we have a list of things people need to meet to get fertility treatment. This is called eligibility criteria. We have reviewed and updated the eligibility criteria in our proposed policy, which also sets out the limitations of that treatment so you know what to expect the NHS to pay for. We have also reviewed and updated how many attempts at certain fertility treatments we think the local NHS should fund.

4. Why do we want to update the fertility policy?

There are currently five different fertility policies being used in north east London. These policies meant people in boroughs next to one another may not be eligible for the same treatment. While we're not responsible for creating a single policy across

IVF

In vitro fertilisation (IVF) is one of several techniques available to help people with fertility problems have a baby. During IVF, eggs are collected from the ovaries and fertilised with sperm in a laboratory. One or two fertilised eggs, called an embryo, are then put into (transferred into) the womb to try to grow and develop.

One full cycle of IVF includes putting the embryo into the womb, usually one or two embryos at a time, of all suitable embryos created from that round of egg collection.

Intrauterine insemination (IUI)

IUI is a type of artificial insemination. This is when the better quality sperm are separated out and this sperm is then injected directly in the womb. This can either involve the partner's sperm or donor sperm.

London, we want to make sure access to treatment is the same across all boroughs in north east London.

We provide a summary of the changes to the existing fertility policies later in this document when we set out what we want to change.

In Barking and Dagenham, Havering and Redbridge, the policy for IVF treatment was previously reviewed and changed in 2017 following a need to reduce how much money the NHS was spending at the time. We had to make difficult decisions on how much fertility treatment was funded.

As one organisation with one budget, rather than the seven former CCGs, we have committed to making sure we don't have unequal access to services across north east London. The financial situation is still incredibly challenging as we recover from the Covid-19 pandemic with increased demands for health and care services. Updating this policy is not a money saving exercise. We will need to make investments as the proposed policy increases the amount of treatment available and in some cases increases access to treatment for some people so it is equal across all boroughs of north east London.

We also wanted to make our policy fairer and closer to the latest national guidelines and best practice. It also recognises the variety of fertility situations and needs today.

While we are not trying to make changes to our fertility policy in order to save money, we do need to make best use of NHS money, as is the case across the country. We need to make carefully considered and difficult decisions on who we can help to try to have a baby. It would cost any NHS organisation too much money to help everyone. Given we do not have an unlimited budget, our priority for NHS treatment is for those who have a medical problem.

Updating and developing our policy

We reviewed our five existing fertility policies in north east London, as well as national guidelines, such as the National Institute for Health and Care Excellence (NICE) [clinical guidelines](#) on fertility problems to see what the differences were and where thinking or views of clinicians have changed since our policies were written. We also considered the fertility policies of the other London CCGs.

We heard from clinicians who run fertility clinics, and GPs who see people who were having difficulty getting pregnant. These experts advised us on how and when we should apply the national guidelines, as well as other things we should take into account.

We considered what the impact would be if we did things in a new way, or changed who was eligible for what treatments, or how much of certain treatments the NHS funded.

We also looked at what was already happening, what treatments people had, the success of the treatment in helping someone have a baby, as well as how much the treatments cost.

This information was developed into options for a new proposed policy which was considered by GPs, clinical specialists, public health specialists, providers and those that plan and pay for NHS services.

We spoke to resident representatives about these options, and what we were considering, to hear their views. All of this information was considered to create our proposed policy.

The proposed policy does not fund:

- IUI for every individual or all couples who want to get pregnant but do not have fertility problems
- treatment involving surrogates. Surrogacy is when someone carries and gives birth to a baby for another person or couple. The sperm or egg of the person or couple who the baby is being carried for, or donor egg or sperm are used for the surrogate to get pregnant.

We thought carefully about funding IUI treatment for individuals and couples who are trying to conceive using artificial insemination using donor sperm, even where they do not have a fertility problem. However in line with NICE guidelines, **our proposed policy covers treatment for people with fertility problems**. This means that everyone, regardless of their sexuality or relationship status, must have first found out they have problems getting pregnant. This could be through medical tests, trying to get pregnant through having sex regularly for a defined number of months or years, or by paying to have a specific number of IUI cycles in a fertility clinic.

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. While we understand that this is disappointing, our clinicians advised us that NHS services are not set up to do this. It would require special services within hospitals to support patients, and staff who run the service, through the process. We also felt that it would be unfair that only those who could afford to pay the expenses of a surrogate would be able to access the service (which can amount to thousands of pounds).

These were difficult decisions to make. Our priority for NHS treatment is for those who have a medical problem.

To consider the impact of our policy on our population we developed an Equality, Health Inequality and Quality Impact Assessment which considered the potential impact of the proposed policy on our diverse communities. This can be found on our website www.northeastlondonccg.nhs.uk/fertility

What people have told us already

We met with a range of people from across north east London, who represent people who live in the area, or who have an interest in fertility treatment and our plans for a proposed new policy.

This included the:

- Joint Health Overview Scrutiny Committees (JOSCs). These are local councillors who have responsibility for overseeing the work of the NHS in north east London
- North east London Healthwatches – independent organisations which represent the voice of local people on health and care services
- Groups that represent women, LGBTQ+ people, those living with a disability, and our staff Black and Minority Ethnic Network.

Those we spoke to agreed it would be good to have one policy that was the same across north east London and that it was up to date. Some of those we spoke to fed back that a single London-wide policy should be considered, given that access to treatment will continue to vary across London. We are not able to determine a London-wide fertility policy. However, when developing our draft fertility policy we took into consideration the policies of the other London CCGs.

Most people thought that treatment for LGBTQ+ individuals and couples should be thought about as part of the review of our policies, and that these groups in particular should have the chance to share their views on the proposed policy. They also thought that it was important that the proposed policy is written in a way that makes everyone who needs NHS treatment to try to get pregnant feel included and represented.

Stakeholders from Barking and Dagenham, Havering and Redbridge were keen to know if the number of IVF cycles would be increased inline with national guidelines as the existing policy in these boroughs means fewer IVF cycles are funded than other areas of north east London.

We also had feedback that it was important to be really clear about what the proposed changes are from the existing five policies, to the proposed new policy.

How we tell people about the proposed new policy, what is changing, and how they can have their say was also something those we spoke to felt was important. People asked that we made sure that we considered that for some communities talking about difficulty getting pregnant was hard, and that it is a sensitive topic. This means there need to be options on how to get involved or hear about the proposed policy in a private way or in their own space or time.

The full details of the feedback we had from those people and groups we spoke to was used to shape the proposed new policy, as well how we talk to people about the policy, and help them have their say on it and influence our final policy.

5. Our proposed new policy – changes to NHS help to try to have a baby

Our proposed new policy covers a number of assisted conception treatments and eligibility criteria, as well as fertility preservation. The main areas where there are changes to the current policies are:

- Number of IVF cycles the NHS will fund depending on the age of the woman or person trying to get pregnant
- Funding of intrauterine insemination (IUI) for certain people
- Funding of assisted conception treatments using donor eggs/sperm based on certain criteria
- The length of time the NHS funds storage of eggs, embryos or sperm for people who need to have a treatment or have a condition which might make them infertile in the future, also called fertility preservation
- Ovarian reserve criteria. This is the number and quality of eggs remaining in the ovaries which is measured by tests to predict how many eggs might be produced during IVF.

At the moment there are five different policies in north east London, as they were created when there were separate NHS organisations in the area. This means, for example, if you are aged under 40 and live in Havering you can get one IVF embryo transfer procedure, or you can get up to three embryo transfers if you live in Tower Hamlets.

The main things we are proposing to change are summarised below.

Treatment to help get pregnant	Current policies	Proposed policy	Why we want to change
IVF for the woman or person trying to get pregnant up to their 40 th birthday	One embryo transfer procedure for people living in Barking and Dagenham, Havering and Redbridge. Up to three embryo transfer procedures for people in other areas of north east London.	Increase to three 'full' IVF cycles for people trying to get pregnant aged 39 and under.	This is the same as National Institute for Health and Care Excellence (NICE) clinical guidelines.
IVF for the woman or person trying to get pregnant aged 40 and over	Not funded for people in Barking and Dagenham, Havering and Redbridge. One fresh plus one frozen embryo transfer for people in other areas of north east London aged 40 and 41.	Increase to one 'full' cycle for people trying to get pregnant who are aged 40, 41 and 42.	This is the same as NICE guidelines.
Intrauterine insemination (IUI)	IUI is funded if you have a physical disability, or psychosexual problem, or if you have a condition that means you need IUI as part of your fertility treatment.	Increase to fund up to six cycles of IUI for: a. individuals and couples trying to get pregnant using donor insemination who have fertility problems. b. some people with social, cultural or	This is consistent with NICE guidelines.

		<p>religious objections to IVF.</p> <p>c. people with physical disability or psychosexual problems who have fertility problems.</p> <p>d. people with a condition that means you need IUI as part of your fertility treatment.</p>	
Funding of donor eggs/sperm	Treatment involving donated eggs and sperm is funded by the NHS, however the donor eggs or sperm used in the treatment need to be paid for by you.	<p>Increase funding to cover the costs of the donor sperm and eggs for:</p> <p>a. people with conditions recommended by NICE.</p> <p>b. individuals and couples trying to get pregnant using donor insemination who have fertility problems.</p>	This is the same as NICE recommends.
Storage of eggs, sperm and embryos for people with conditions or who need a treatment that can cause infertility.	<p>Storage is funded for the first 10 years in Tower Hamlets.</p> <p>Storage is funded for the first five years in other areas of north east London.</p>	<p>Increase the time eggs, sperm and embryos are stored for eligible people to:</p> <p>a. up to 10 years storage for people aged 32 and over.</p> <p>b. for people aged under 32 years, storage is funded up until their 43rd birthday.</p>	This is longer than NICE recommends in some cases.
Ovarian reserve criteria measured by NICE recommended tests – two hormone blood tests and an ultrasound scan.	To be eligible for assisted conception treatment, regardless of your age, you must have sufficient ovarian reserve measured by one of the three NICE recommended tests.	To be eligible for assisted conception treatment, regardless of your age, there should not be evidence of low ovarian reserve measured by two or more of the three NICE recommended tests.	<p>This is not the same as NICE guidelines. NICE recommend that for women or people trying to get pregnant aged 40-42 there should be no evidence of a low ovarian reserve.</p> <p>The proposed policy, and current policies, include ovarian reserve criteria for people of all ages.</p>

The full policy is available on our website www.northeastlondonccg.nhs.uk/fertility. This includes details of where the proposed policy is the same as the existing fertility policies, or the changes are minor.

- **Who can get NHS funded help to get pregnant**

To make it clear who is able to get NHS treatment to help to get pregnant, we have a list of things people need to meet to get fertility treatment. This is called eligibility criteria. For assisted conception treatments, unless otherwise stated, you need to meet this eligibility criteria:

Eligibility criteria for all assisted conception treatments

To be eligible for NHS-funded help to get pregnant locally:

- You or the person trying to get pregnant must be aged under 43.
- You must not be too over- or under-weight (body mass index (BMI) should be between 19 and 30) before treatment can begin.
- The women or the person trying to become pregnant, and the man or person providing sperm must be a non-smoker and continue to be a non-smoker throughout treatment.
- You should not have been sterilised, or had an unsuccessful attempt to reverse a sterilisation.
- Couples cannot already have a child together – but are eligible if one partner does not have a child.
- Individuals trying to have a baby on their own cannot already have a child.
- If you are aged under 40 you must not have already had three IVF cycles (including ones you have paid for). If you are aged 40 to 42 you should not have already had any IVF cycles.
- You should not have a low ovarian reserve measured by two or more of the three NICE recommended tests.

Most of these criteria are the same as the existing fertility policies, however we have increased the age limit for treatment to 43 years old. In the existing policies this was aged under 40 or under 42 depending on where you lived in north east London.

There are also additional criteria for the different types of treatment. These are set out in the following sections of this document.

• How many IVF cycles you can have at what age

We want to change how many embryo transfer procedures (or IVF cycles) we fund, and how old a person can be so it is the same across north east London.

In-vitro fertilisation (IVF) is a technique to help people with fertility problems have a baby.

IVF involves taking fertility drugs to stimulate the ovaries to produce eggs and then collecting the eggs from the womb. These eggs are then fertilised with sperm in a laboratory. The fertilised egg, called an embryo, is then transferred to the womb to try to grow and develop.

One full cycle of IVF includes the transfer, usually one or two embryos at a time, of all suitable embryos created from that round of egg collection.

The number of embryos transferred into the womb in each transfer procedure depends on your age, the quality of the embryos, and how many previous IVF cycle attempts have been made.

Our current policies provide IVF embryo transfer procedures rather than full IVF cycles. IVF cycles can include more than one embryo transfer depending on the number of suitable embryos created.

The proposed policy increases the amount of treatment available to give people more chances to get pregnant, as well as making treatment the same across all areas of north east London.

Additional IVF eligibility criteria

To be eligible for NHS funded IVF locally, as well as meeting the eligibility criteria for all NHS locally funded assisted conception, you must:

- Either have a known cause of infertility that means you need IVF, or you must have:
 - Been trying to get pregnant by regularly having sex over a certain amount of time - two years if the person who is trying to become pregnant is aged 35 or under, or one year if aged 36 or over.
 - Been trying to get pregnant through artificial insemination – you must have had 12 unsuccessful IUI cycles at a fertility clinic, if the person who is trying to become pregnant is 35 or under, or six if aged 36 or over. Six of these could be funded by the local NHS if you are eligible.
- If you are under 40 you must not have already had three IVF cycles (including ones you have paid for). If you are aged 40-42 you should not have already had any IVF cycles.

Proposed changes

	Current	Proposed
The women or person who is trying to get pregnant is aged 23-39	Between 1-3 embryo transfers are funded, depending on where you live in north east London	Three full IVF cycles.
The women or person who is trying to get pregnant is aged 40-41*	One or no IVF cycles are funded, depending on where you live	One full cycle of IVF*.
The women or person who is trying to get pregnant is aged 42**	IVF is not currently funded	One full cycle of IVF*.

* This is as recommended by NICE, because the chances of getting pregnant by IVF reduces significantly after the age of 40.

****You must start egg collection before your 43rd birthday. Clinicians who refer people aged 42 for treatment will be aware of this eligibility requirement.**

IVF success rates

The success rate of IVF depends on the age of the person who is trying to become pregnant, as well as the cause of the infertility (if it's known).

According to the NHS website (www.nhs.uk), the percentage of IVF treatments in 2019 that resulted in a live birth was:

- 32% for those aged under 35
- 25% for those aged 35-37
- 19% for those aged 38-39
- 11% for those aged 40-42.

IVF treatment is funded by the NHS in north east London for people with fertility problems, which means, to be eligible for treatment you will need to have tried and been unsuccessful at getting pregnant. This does not apply if you have been diagnosed with a medical condition that means you would need IVF to get pregnant.

The reason we ask that the 12 artificial insemination cycles of IUI treatment are done at a fertility clinic, rather than at home, is to keep you safe from any potential risks. NICE don't make a recommendation on this but this is what local fertility specialists recommend, and what many other NHS organisations follow. Using a fertility clinic for artificial insemination ensures checks are done on the

sperm for quality and for infections including HIV, hepatitis, syphilis and gonorrhoea. The sperm donor's family medical history will have been taken to identify any serious diseases that could be passed on to a child. Having treatment at a clinic will mean that the sperm donor is not a legal parent to any child born and the woman's or person who is trying to get pregnant's partner (if they have one) will be recognised as the second legal parent. The treatment will also be done at the correct time in the person's cycle, using methods most likely to lead to a pregnancy.

We recognise that this means that some couples or individuals will need to spend their own money to demonstrate they have fertility problems. With limited NHS budgets we have to make sure we're focusing on paying for treatment for those who have fertility problems.

If you have had IVF treatment in the past these cycles will be counted in what you are eligible for on the NHS. This means, for example, if you are aged 40–42 years old and have had any IVF treatment already, you will not be able to have NHS funded IVF treatment. Or if you are 39 or under and have had two IVF cycles already, you would be able to have one further IVF cycle funded by the NHS.

If you are not successful after the NHS funded treatment, if you want to continue to have further IVF treatment, you would need to pay for this yourself.

We estimate that in a year around 900 people have IVF treatment paid for by the local NHS at an approximate cost of £5 million.

• Funding of IUI

We want to increase who is eligible for NHS funded IUI in north east London.

Intrauterine insemination (IUI) is when the better quality sperm are separated out. This sperm is then injected directly in the womb. This can either involve the partner's sperm or donor sperm.

Currently we provide NHS funded IUI if:

- You have a physical disability or psychosexual problem that means you are unable to, or would find it very difficult to have sex
- You have a condition that requires specific consideration in relation to how you try to get pregnant (for example, where the person providing the sperm is living with HIV).

Additional IUI eligibility criteria

To be eligible for NHS funded IUI locally, as well as meeting the eligibility criteria for all NHS locally funded assisted conception, you must have:

- Evidence of normal ovulation
- Evidence that your fallopian tubes are not blocked
- Tests for quality on the sperm being used.

We want to increase who is able to have this treatment in our proposed new policy to also include those below:

- Individuals and couples trying to get pregnant using donor sperm who have not got pregnant after six cycles of IUI in a fertility clinic that they have paid for themselves
- Some people with social, cultural or religious objections to IVF.

This treatment will be for up to six cycles of NHS funded IUI. Our proposed policy is consistent with NICE guidelines.

For some people trying to get pregnant using artificial insemination, for example lesbians and people trying to have a baby on their own, IUI will only be funded if you have fertility problems. This means to be eligible for treatment you will need to prove you have tried and been unsuccessful at getting pregnant by completing six cycles of IUI that you have paid for yourself.

This does not apply if you have a medical condition that means consideration needs to be given to how you try to have a baby.

The reason that we ask that artificial insemination cycles of IUI treatment are done at a fertility clinic, rather than at home, is to keep you safe from any potential risks. NICE don't make a recommendation on this but this is what local fertility specialists recommend, and what many other NHS organisations follow. Having treatment at a fertility clinic ensures checks are done on the sperm for quality and for infections including HIV, hepatitis, syphilis and gonorrhoea. The sperm donor's family medical history will have been taken to identify any serious diseases that could be passed on to a child. Also, having treatment at a clinic will mean that the sperm donor is not a legal parent to any child born and the woman's or person who is trying to get pregnant's partner (if they have one) will be recognised as the second legal parent. The treatment will also be done at the correct time in the person's cycle, using methods most likely to lead to a pregnancy.

We recognise that this means that some couples or individuals will need to spend their own money to prove they have fertility problems. With limited NHS budgets we have to make sure we're focusing on paying for treatment for those who have problems with fertility or getting pregnant.

Costs are about £800 for an IUI cycle and around £1,000 for donor sperm but may be more or less depending on your circumstances.

IUI is not normally funded for people with unexplained infertility, mild endometriosis or mild male infertility because NICE does not recommend it. An exception is people with these conditions who have social, cultural or religious objections to IVF, who may have IUI as an alternative to IVF.

We estimate that in a year around 12 cycles of IUI are paid for by the local NHS at an approximate cost of £10,000.

- **Funding of assisted conception treatments using donor eggs/sperm**

We want to now pay for the donor eggs or sperm that are used in some NHS funded assisted conception treatments for people with fertility problems or certain conditions.

Using donor eggs

Some people who have certain medical conditions may need to use eggs from someone else to try to get pregnant. These are called donor eggs and may come from a donor egg bank, or may be donated by someone you know.

Egg donation involves taking fertility drugs to stimulate the ovaries and then collecting the eggs by a surgical procedure whilst the donor is sedated. The eggs will be checked for certain diseases, including any serious genetic diseases.

Currently donor eggs are not paid for by the NHS in north east London, you need to pay for them yourself.

Using donor sperm

Some people may need to use donated sperm from someone else to try to get pregnant. Donor sperm may come from a sperm bank, or may be donated by someone you know.

Currently donor sperm is not paid for by the NHS in north east London, you need to pay for it yourself.

Donor sperm will be checked for infections and diseases which could be passed on. Some infections take a while to show, so the sperm will be frozen for six months to allow time for infections, such as HIV, to be detected.

We are proposing making changes so that we, the NHS, pay for donor eggs or sperm for the following people:

- Individuals and couples trying to get pregnant through artificial insemination who have fertility problems.
- People with conditions stated in the NICE guidelines – see the eligibility criteria box on this page.

Conditions for which assisted conception treatments using donor eggs/sperm is funded

To be eligible for NHS-funded IVF using donor eggs locally, as well as meeting the eligibility criteria for all NHS locally funded assisted conception, you will need to meet one of the following:

- Your ovaries have stopped working normally before the age of 40, also known as premature ovarian failure
- You have a condition where your ovaries didn't develop normally
- You've had both of your ovaries removed
- You have a high risk of transmitting a genetic condition to your child.

If you are having IVF using donor eggs you do not need to fulfil the ovarian reserve criteria because your own eggs are not being used in treatment.

To be eligible for NHS-funded IVF using donor sperm locally, as well as meeting the eligibility criteria for all NHS locally funded assisted conception, you will need to meet one of the following:

- You are an individual or couple trying to get pregnant using donor sperm who have not become pregnant after six cycles of IUI paid for yourself
- You have no sperm or there are severe problems with the quality of your sperm
- There are severe problems with the compatibility of your sperm with your partner's blood type that can affect the success of the pregnancy
- You have a high risk of transmitting a genetic or infectious condition to your child or partner.

Our proposed policy is the same as the NICE guidelines.

The assisted conception treatments using donor eggs and sperm would only be funded for eligible patients, as set out earlier in this document.

Developing potential guidelines on funding donor sperm and eggs

Choosing to use donated sperm or eggs can be a difficult decision, and the cost of buying them can vary enormously depending on where they are bought from.

There are practical and logistical barriers to the NHS funding donor sperm and eggs. For example, the cost of buying donor eggs and sperm can vary enormously depending on where they are from. There are very few NHS donor sperm and egg banks, most are private. There are also technical reasons that mean the local NHS cannot be the ones to purchase the sperm or eggs, the fertility clinics would need to do this on our behalf.

A lot of donor eggs and sperm come from abroad where the prices to buy them can sometimes be higher. Currently as those who need to use donor eggs and sperm buy them you can choose how much you are willing to spend, but if the NHS buys them we will need to control how much we pay as costs can vary significantly.

There is also a national shortage of donor sperm and eggs, particularly from donors of some minority ethnic groups. All of these factors influence how the NHS could fund donor eggs and sperm.

There are lots of regulations about donor eggs and sperm that we need to follow, but the local NHS is looking to create an approach as to how we could fund and store donor eggs and sperm for those who are eligible.

We would like your views, suggestions and feedback on how we could approach funding of donor eggs and sperm. You can provide your views and suggestions on this in our survey at the end of this document or online. We will then use this as a basis for local NHS guidelines on this.

• Fertility preservation

We want to increase how long the local NHS will pay for eggs, sperm and embryos to be stored for some people who are eligible for this.

Some people will have a condition or need treatment that can cause them to become infertile so they, or their partner if they have one, will not be able to get pregnant without treatment.

Where possible before some treatments, such as some cancer treatments or gender affirming treatment for example, you can have eggs or sperm removed and then frozen and stored. If you are in a couple, your eggs may be fertilised with your partner's sperm to create embryos which can also be frozen and stored.

In the future these eggs, sperm or embryos may be used as part of assisted conception treatment to help you try to have a baby.

Egg freezing involves taking fertility drugs to stimulate your ovaries and then collecting the eggs by a surgical procedure whilst you're sedated. These eggs may be used during IVF at a later date.

Freezing sperm doesn't require any medication. A sperm sample is taken and then frozen. This sperm may be used during IUI or IVF later.

Embryo freezing requires an egg to be removed from the ovaries and fertilised with sperm in a laboratory to become an embryo which is then frozen. The frozen embryos can then be transferred into a womb later.

We are proposing to change how long the NHS will pay for eggs, sperm and embryos to be stored for, depending on your age.

Fertility preservation eligibility

To be eligible for NHS-funded fertility preservation locally you must:

- be due to undergo a treatment that can affect your fertility such as some chemotherapies, some radiotherapies, or gender affirming treatment
- have a medical condition that is likely to lead to infertility in the future.

Proposed changes

	Current	Proposed
The person who needs fertility preservation is aged 31 or under	Storage is funded for the first 10 years in Tower Hamlets. Storage is funded for the first five years in other areas of north east London.	The NHS will fund storage of eggs/sperm/embryos up until your 43 rd birthday for eligible people.
The person who needs fertility preservation is aged 32 and over	Storage is funded for the first 10 years in Tower Hamlets. Storage is funded for the first five years in other areas of north east London.	The NHS will fund storage of eggs/sperm/embryos for up to 10 years for eligible people.

This is longer than NICE recommends in some cases, as NICE recommends that storage is funded by the NHS for 10 years. We felt this was unfair on younger people who need to store their eggs, sperm or embryos for medical reasons well before they

are ready to think about trying to have a baby within the next 10 years. We wanted to give these people more time to start a family by storing the eggs, sperm or embryos until they are aged 43. The proposed new criteria mean that anyone who is eligible will have funding for storage at least up until their 43rd birthday.

You do not need to meet the eligibility criteria for NHS funded assisted conception treatments in north east London to access fertility preservation. However, you will need to meet the eligibility criteria when you want to have NHS funded assisted conception treatments (e.g. IVF) using your frozen eggs, sperm or embryos. If you or your partner do not meet the eligibility criteria, you will need to pay for your own treatment.

- **Ovarian reserve criteria**

We want to be clear about what criteria you have to meet around the quality or number of eggs you have, to be eligible for NHS funded assisted conception treatment.

Ovarian reserve is measured by tests that predict how a person having IVF treatment would respond to the drugs used to stimulate the ovaries and ultimately how many eggs they may produce that can then be fertilised.

At the moment to be eligible for NHS funded IVF women or the person trying to get pregnant, regardless of their age, must have a sufficient ovarian reserve which NICE say should be measured using three types of tests:

- Anti-Mullerian hormone – a blood test to measure hormones that influence how your eggs grow and develop in your ovaries
- Follicle-stimulating hormone – a blood test to measure an important hormone that shows how many follicles you have – follicles are where your eggs grow
- Antral follicle count – an ultrasound scan that counts the growing follicles within each ovary.

We are proposing to make the following changes to the criteria you have to meet around the quality or number of eggs you have:

Current	Proposed
To be eligible for assisted conception treatment, regardless of your age, you must have sufficient ovarian reserve measured by one of the three NICE recommended tests.	To be eligible for assisted conception treatment, regardless of your age, there should not be evidence of low ovarian reserve measured by two or more of the three NICE recommended tests.

This is not the same as NICE guidelines. NICE recommend that women aged 40-42 only should not have a low ovarian reserve, as measured by these tests, to have NHS funded IVF, and that ovarian reserve is not an eligibility criteria for people aged under 40. Our proposed policy, and the current policies, include ovarian reserve criteria for people of all ages.

Where possible throughout our proposed policy we have aimed to be in line with the NICE guidelines. We considered the option of being in line with the NICE guidelines, however local fertility specialists involved in creating our proposed policy say that, on balance, the best way to help people try to get pregnant is by increasing the number of IVF cycles you can be eligible for from the NHS and keeping the ovarian reserve criteria, which is what our new policy proposes, rather than taking away the ovarian reserve criteria and funding fewer IVF cycles. With limited NHS budgets we have to make sure we're funding treatment where it is also likely to result in a person becoming pregnant, which is why we are using ovarian reserve criteria but increasing funding for IVF cycles in our proposed policy.

Mental health and wellbeing support

Trying to have a baby or considering fertility preservation can be extremely stressful and have an impact on your mental health and wellbeing.

Though our proposed new policy would make more people eligible for NHS-funded help to try to have a baby, it doesn't guarantee that you 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 range from 11-32% depending on your age.

Coping with these feelings can be difficult and lead to feeling stressed, worried, anxious, having trouble sleeping or low moods.

We believe counselling is an essential part of fertility treatment and the hospital that provides your NHS treatment may encourage you to see a counsellor and offer you an appointment with one. Counselling gives you support from a trained professional who understands what is involved in your treatment and offers you the time to talk over your options or concerns. Most people find that having someone to discuss this with makes all the difference between feeling stressed and worried, to feeling able to cope. Counsellors are trained to support you through a range of issues, before, during or after your treatment.

We also have free and confidential NHS services that provide support from an expert team who understand what you are going through, whether this is during NHS or private treatment, or fertility tests, or if you are considering treatment, who will work with you to help you feel better. The highly professional team will introduce you to effective, practical techniques specific to your 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.

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

If you live in:

Barking and Dagenham, Havering, Redbridge and Waltham Forest

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

City of London and Hackney

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

Newham

Call Talking Therapies on 020 8475 8080 or visit newhamtalkingtherapies.nhs.uk

Tower Hamlets

Call Talking Therapies on 020 8475 8080 or visit towerhamletstalkingtherapies.nhs.uk

Free online resources are also available from the NHS which provide tools to help manage your 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.

Have your say - what do you think about our proposed policy?

We want to know what you think about the changes we are proposing for people who need NHS help to have a baby

You don't have to answer the whole survey if you don't want to – giving your views will help shape our final policy and how we make people aware of it.

Please read this document to understand what the main changes to the proposed new policy are before answering the survey. You can also read the full proposed policy on our website, www.northeastlondonccg.nhs.uk/fertility.

Please complete the survey by 11.59pm on 22 August 2022.

1. What do you think about our plan to introduce a single, updated fertility policy across all of north east London? (please select one)

- I strongly support this
- I support this
- I am neutral about this
- I am against this
- I am strongly against this
- I don't know

Please tell us the reason for your answer:

2. What do you think of the proposed eligibility criteria for NHS funding of assisted conception treatments (see page 11)? (please select one)

- I strongly support the criteria
- I support the criteria
- I am neutral about the criteria

- I am against the criteria
- I am strongly against the criteria
- I don't know

Please tell us the reason for your answer:

3. What do you think about our plans for IVF treatment (see page 12)? (please select statement that best matches your views for each)

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
Increase to three full IVF cycles for people trying to get pregnant aged 39 and under					
Increase to one full cycle for people trying to get pregnant who are aged 40, 41 and 42.					
Additional eligibility criteria for IVF					

Please tell us the reason for your answer:

4. What do you think about our plans for intrauterine insemination (IUI) treatment (see page 14)? (please select statement that best matches your views for each)

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
Fund six cycles of IUI for people who are eligible					
The change to groups of people who are eligible for NHS funded IUI treatment					
Introduce additional eligibility criteria for IUI					

Please tell us the reason for your answer:

5. What do you think about our proposal for funding donor sperm and eggs (see page 16)? (please select statement that best matches your views for each)

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
Funding donor eggs					
Conditions for which donor eggs are funded					
Funding donor sperm					
Conditions for which donor sperm are funded					

Please tell us the reason for your answer:

6. There are practical and logistical barriers to the NHS funding of donor sperm and eggs, some of which are outlined in this document. We would like your views, suggestions, and feedback on how we could approach funding of donor eggs and sperm. (please select statement that best matches your views for each)

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
Have a spending limit for buying donor eggs and sperm					
Use donor sperm and eggs from abroad due to a shortage of UK sperm donors					
Use donor eggs and sperm from the UK only, because they may be less expensive					
Keep the requirement for person or couple trying to get pregnant to pay for the donor eggs or sperm.					

Any other suggestions or feedback?

If you would be interested in providing further feedback on our approach to funding the use of donor sperm and eggs, please provide your contact details:

7. What do you think about our proposals for NHS funding of storing eggs, sperm and embryos for fertility preservation (see page 18)? (please select statement that best matches your views for each)

	I strongly support this proposal	I support this proposal	I am neutral about this proposal	I am against this proposal	I am strongly against this proposal
If you are aged 31 or under the NHS will fund to store eggs/sperm/embryos up until your 43 rd birthday for eligible people					
If you are aged 32 and over the NHS will fund to store eggs/sperm/embryos to be stored for 10 years for eligible people					
Conditions for which fertility preservation is funded					

Please tell us the reason for your answer:

8. What do you think about our proposals for ovarian reserve criteria (see page 19)? (please select one)

- I strongly support this
- I support this
- I am neutral about this
- I am against this
- I am strongly against this
- I don't know

Please tell us the reason for your answer:

9. This document aims to explain the most significant changes to the current fertility policies. Our full proposed policy, which would mostly be used by clinicians so they know who is eligible for treatment, is available on our website, www.northeastlondonccg.nhs.uk/fertility

Is there anything else about our proposals you want to tell us?

10. Are you receiving, or have you or your partner received medical treatment to help to try to have a baby? (please select as many as are relevant)

Yes – assisted conception through the NHS	
Yes – assisted conception I have paid for it myself	
Yes – freezing eggs, sperm or embryos for medical reasons through the NHS	
No	
Prefer not to say	

11. If you would like us to tell you when we have finalised our fertility policy, please write your name and email address in the box below. We will keep your details safe and won't share them.

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Personal information section (you do not have to answer this section)

Please tell us a little about yourself so we can understand what types of people are responding to this survey. We will keep your answers confidential.

1. Which of the following options best describes how you think of yourself?

(please select one)

Man including trans man	
Woman including trans woman	
Non-binary / third gender	
Prefer to self-describe (please tell us your gender)	
Prefer not to say	

2. Is your gender the same as it was assigned at birth? (please select one)

Yes	
No	
Prefer not to say	

3. How old are you? (please select one)

Under 16	
17 to 24 years	
25 to 34 years	
35 to 44 years	
45 to 54 years	

55+	
Prefer not to say	

4. What is your ethnic group?

Choose one option that best describes your ethnic group or background:

Asian or Asian British	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Any other Asian background, please describe:	

Black, Black British, Caribbean or African	
African	
Caribbean	
Any other Black, African, or Caribbean background, please describe:	

Mixed / multiple ethnic groups	
White and Black Caribbean	
White and Black African	
White and Asian	
Other mixed or multiple ethnic background, please describe:	

White	
English, Welsh, Scottish, Northern Irish or British	
Irish	
Gypsy or Irish Traveller	

Roma	
Any other white background, please describe:	

Other ethnic group	
Arab	
Any other ethnic group, please describe:	

Prefer not to say	
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5. What is your sexual orientation? (please select one)

Heterosexual or straight	
Gay or lesbian	
Bisexual	
Other (please specify)	
Prefer not to say	

6. Which, if any, of the following best describes your religion? (please select one)

No religion/Atheist	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Christian (including Church of England, Catholic, Protestant, and other Christian denominations)	
Other (please specify)	
Prefer not to say	

7. Do you consider yourself to have a disability or long-term health condition? (please select as many as are relevant)

You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Yes – a physical/mobility issue	
Yes – a learning disability	
Yes – a mental health issue	
No	
Prefer not to say	

8. Which borough do you live in? (please select one)

- Barking and Dagenham
- City of London
- Hackney
- Havering
- Newham
- Redbridge
- Tower Hamlets
- Waltham Forest
- Other (please tell us which borough)

9. Are you an NHS employee? (please select one)

- Yes
- No

10. Are you responding as...? (please select as many as are relevant)

- A local resident
- Someone who has had or wishes to have fertility treatment
- A family member or carer of someone who has had or wishes to have fertility treatment
- A health or social care professional

- A representative of an organisation or group (please tell us which)

- Other (please state)

- Prefer not to say

Thank you for taking the time to let us know what you think.

If you're not completing this survey online, please make sure you send it back to **Freeport NHS North East London** (please write this in capital letters on the front of the envelope - no stamp is needed) by 11.59pm on 22 August 2022.

If you are responding on behalf of an organisation or you are representative of the public e.g. an MP or councillor, your response may be made available for public scrutiny.

If you are responding in a personal capacity:

- and you would like to be kept informed of our work then please give us your contact details in the box below
- your response (but not your personal details) will be shared with decision-makers to enable them to consider your views fully and we may publish unidentifiable quotes from your response in order to illustrate public views.

Your views will be taken into account whether or not you provide your name and personal details.

Data protection

We will protect the information we receive and store it securely in line with data-protection rules. We will keep your information confidential and will not share any of your personal information when reporting statistics.

This document is about changes to healthcare in north east London. If you would like this information in Braille, large type, or another format or in a different language, please contact us on nelondon.nelcommunications@nhs.net or call **020 3688 1216**.

Bengali

এই নথিতে উত্তর-পূর্ব লন্ডনের হেলথকেয়ারের পরিবর্তন সম্পর্কে বলা আছে। যদি আপনি ব্রেইল, বড় আকার বা অন্য কোনোভাবে বা অন্য ভাষায় পেতে চান, তাহলে অনুগ্রহ করে nelondon.nelcommunications@nhs.net-এ ইমেল করুন বা 020 3688 1216 নম্বরে কল করুন।

French

Ce document porte sur les changements des soins de santé au nord-est de Londres. Si vous souhaitez recevoir ces informations en braille, en gros caractères, ou sous tout autre format, ou bien dans une langue différente, veuillez prendre contact avec nous à nelondon.nelcommunications@nhs.net ou nous téléphoner au 020 3688 1216.

Gujarati

આ દસ્તાવેજ ઉત્તર પૂર્વ લંડનમાં સ્વાસ્થ્ય સંભાળમાં ફેરફારો અંગે છે. જો તમારે આ માહિતી બ્રેઇલ લિપીમાં, મોટા અક્ષરોમાં અથવા અન્ય ફોર્મેટમાં અથવા અલગ ભાષામાં જોઈતી હોય, તો કૃપા કરીને nelondon.nelcommunications@nhs.net પર અમારો સંપર્ક કરો અથવા 020 3688 1216 પર કોલ કરો.

Lithuanian

Šis dokumentas yra apie sveikatos priežiūros pokyčius šiaurės rytų Londone. Jei pageidaujate šios informacijos Brailio raštu, stambiu šriftu, kitu formatu ar kita kalba, susisiekite su mumis el. paštu nelondon.nelcommunications@nhs.net ar telefonu 020 3688 1216.

Panjabi – Indian

ਇਹ ਦਸਤਾਵੇਜ਼ ਉੱਤਰ ਪੂਰਬੀ ਲੰਡਨ ਵਿੱਚ ਸਿਹਤ ਸੰਭਾਲ ਵਿੱਚ ਤਬਦੀਲੀਆਂ ਬਾਰੇ ਹੈ।

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਬ੍ਰੇਲ, ਵੱਡੀ ਕਿਸਮ, ਜਾਂ ਹੋਰ ਫਾਰਮੈਟ ਵਿੱਚ ਜਾਂ ਕਿਸੇ ਵੱਖਰੀ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ nelondon.nelcommunications@nhs.net ਤੇ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ ਜਾਂ 020 3688 1216 ਤੇ ਕਾਲ ਕਰੋ।

Panjabi – Pakistani

ایہہ دستاویز شمال مشرقی لندن وچ ہیلتھ کیئر دیاں تبدیلیاں دے بارے وچ اے۔

جے تسی ایہہ جانکاری بریلی، وڈے حرفاں، یا کسے ہور فارمیٹ یا وکھ زبان وچ لینا چاہو، تے میربانی کر کے ساڈے نال nelondon.nelcommunications@nhs.net تے رابطہ کرو یا 6121 8863 020 تے کال کرو۔

Polish

Ten dokument dotyczy zmian w opiece zdrowotnej w północno-wschodnim Londynie. Aby otrzymać te materiały informacyjne zapisane alfabetem Braille'a, wydrukowane dużą czcionką lub w innym formacie albo innym języku, skontaktuj się z nelondon.nelcommunications@nhs.net lub zadzwoń pod numer 020 3688 1216.

Portuguese

Este documento tem por objetivo informar sobre alterações aos serviços de saúde na zona nordeste de Londres. Se quiser estas informações em letras grandes, Braille, num formato alternativo ou noutra idioma, contacte-nos por email em nelondon.nelcommunications@nhs.net ou ligue para o número 020 3688 1216.

Tamil

இந்த ஆவணம் வடகிழக்கு லண்டனில் உள்ள சுகாதாரப் பராமரிப்பில் செய்யப்படும் மாற்றங்களைப் பற்றியது. இந்தத் தகவலை பார்வையற்றோருக்கான எழுத்துமுறை, பெரிய எழுத்து வகை அல்லது வேறு வடிவத்தில் அல்லது வேறு மொழியில் பெற விரும்பினால், nelondon.nelcommunications@nhs.net என்ற மிஅல்லது 020 3688 1216 என்ற

Turkish

Bu belge, Kuzey Doğu Londra'daki sağlık hizmetlerinde yapılan değişikliklerle ilgilidir. Bu bilgileri Braille, büyük yazı tipi veya başka bir biçimde ya da farklı bir dilde istiyorsanız, lütfen nelondon.nelcommunications@nhs.net veya 020 3688 1216 numaralı telefondan bizimle iletişime geçin.

Urdu

یہ دستاویز شمال مشرقی لندن میں نگہداشتِ صحت میں تبدیلیوں سے متعلق ہے۔

اگر آپ کو یہ معلومات بریل، بڑے ٹائپ، یا دیگر کسی فارمیٹ یا پھر کسی مختلف زبان میں درکار ہوں، تو براہ پرہم سے رابطہ کریں یا 6121 8863 020 پر کال nelondon.nelcommunications@nhs.net کریں۔