

## Hampshire and Isle of Wight Integrated Care Board Priorities Committee

<b>Policy title</b>	<b>Policy 30: Fertility preservation</b>
<b>Policy position</b>	<b>Criteria Based Access</b>
<b>Date of issue</b>	January 2023
<b>Update</b>	This policy will be updated as per 3 year cycle or in light of a substantial body of new evidence or new national guidance (e.g. NICE)

This policy relates to the freezing (cryopreservation) and storing of gametes (eggs and sperm) and embryos for future use for patients who are about to start NHS treatment that carries high risk of infertility.

Patients must satisfy the following criteria:

- Patient is about to receive cytotoxic therapy or irradiation that carries high risk of infertility (for cancer or benign conditions) OR
- Patient has been assessed by NHS commissioned Gender Identity Development Service (GIDS) and will be commencing treatment for gender dysphoria on the NHS Specialised Commissioning pathway (undergoing endocrine treatment or surgery).
- The patient is a post pubertal, pre-menopausal female under the age of 42 or a post-pubertal male.

Embryo preservation using donor sperm is supported as necessary.

Cryopreservation of ovarian and testicular tissue are considered experimental treatments and are **not normally funded**.

Cryopreservation for any other indication will be considered via the CCG Individual Funding Process (IFR).

Gametes and embryos will be stored for up to 10 years. Requests for extension to the 10-year storage period can be considered via the CCG Individual Funding Process.

Approval of cryopreservation does not guarantee future funding of assisted conception or fertility treatment. Local fertility policies and criteria for eligibility in place in the commissioning area in which the patient is living at the time of application will apply. (Please see: HSIP Policy Recommendation 002: Assisted Conception Services).

All individuals should be informed at the time of storage that if, at the time of treatment for infertility, surrogacy is the only option that this is not funded by the Clinical Commissioning Groups.

**Clinical coding: N/A**

<b>Version</b>	<b>Date</b>	<b>Reason for change</b>
Version 1.0	2017	New policy
Version 2.0	Agreed by SHIP Priorities Committee May 2021 and September 2021 (Ratified by Board - July 2022)	3 yearly update and clarification of patients included age at collection and duration of storage. Ovarian and testicular tissue preservation position revised to not normally funded. Addition of note on surrogacy.

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status