

Referrals to the fertility service: proforma for GPs

All patients are eligible to be referred to the NHS Fertility Clinic at the Jessop Wing for investigation of their fertility problems even if they do not fulfil the criteria for assisted conception.

All referrals into the NHS fertility service must be accompanied by this pro forma and sent via the electronic-Referral Service (eRS). All fields must be completed. Failure to provide all details requested will result in the referral being returned. If the case is complex please provide further details in a separate letter.

Initial investigations are to be done in Primary Care to ensure that further investigation and treatment can be completed within the 18 week patient pathway. If you feel that it would not be clinically appropriate to initiate these investigations please write a separate letter with details.

Details must be completed for **both** partners even if partners are registered with different GPs (either GP may refer).

Please read the attached referral guide for more information about the investigations required and the funding issues for investigation of infertility and NHS provision for assisted conception.

Eligibility to receive assisted conception treatment is defined by the Yorkshire and Humber commissioning policy "Access to Infertility Treatment, January 2020 – April 2023" which has been adopted by NHS Sheffield CCG. Patients are eligible to receive NHS funded assisted conception if they meet the following criteria:

Cohabiting couple who have been in a stable relationship for > 2years?..... ☐ Yes ☒ No

(Includes same sex couples)

No living children (by current or previous partners, including adopted)?..... ☐ Yes ☒ No

Neither partner has any living children (this includes adopted children but not fostered) from that or any previous relationship

Female partner to be aged between 18 and 42?..... ☐ Yes ☒ No

Women aged between 40-42 will need further assessment within specialist care in order to ascertain whether or not they are eligible. Women aged 40-42 will receive one full cycle of IVF(+/- ICSI), provided the following criteria are fulfilled:

- Where investigations show there is no chance of pregnancy with expectant management (>2 years) and where IVF is the only effective treatment ☐ Yes ☒ No
- They have never previously had IVF treatment ☒ Yes ☐ No (had IVF previously)
- No evidence of low ovarian reserve (FSH \geq 9, AFC \leq 4, AMH \leq 5) ☐ Yes ☒ No (has low ovarian reserve)
- Discussion of the additional implications of IVF and pregnancy at this age ☐ Yes ☒ No

Female partner to have a BMI of between 19-29.9 inclusive?..... ☐ Yes ☒ No

Patients with a higher BMI should be referred for healthy lifestyle interventions including weight management advice

Are there any known welfare of the child issues?..... ☒ Yes ☐ No

The couple / individual should be assessed as meeting the requirements set out in the HFEA's "Welfare of the Child" guidance.

Has either partner been sterilised or undergone unsuccessful reversal?..... ☒ Yes ☐ No

Any previous Assisted Conception treatment?..... ☒ Yes ☐ No

Previous cycles, whether self-funded or NHS funded, will be taken into consideration when assessing a couple's ability to benefit from treatment and will count towards the total number of cycles that may be offered by the NHS. Sheffield CCG will fund one cycle. This means that if a couple have self-funded a cycle previously or received NHS treatment elsewhere, they are not eligible for NHS treatment funded by NHS Sheffield CCG. East Midlands CCG patients may have self funded up to 2 cycles of treatment.

If unexplained infertility - have been trying for more than 2 years?..... ☐ Yes ☒ No ☐ N/A

Patient covered by Immigration Health Surcharge arrangements..... ☐ No ☐ One ☒ Both

Where at least one partner is ordinarily resident, the couple will be considered as eligible for services, but part payment may be required.

Additional Criteria for East Midlands patients

Both partners to be non-smokers? (eCigarettes classified as non-smoking)..... ☐ Yes ☒ No

FSH \leq 8.9 IU/l?..... ☐ Yes ☒ No

Same sex couples and single women funded if defined as infertile. No aspect of surrogacy funded.

Any answers in shaded box indicate couple may not be eligible for treatment. It may not be possible to answer some questions from initial investigations - but please inform patient of criteria.

Patient aware of the restrictions on NHS funded assisted conception?..... ☐ Yes ☐ No

This form may be completed electronically - Please type in the boxes

Demographic details

	Female Partner	Partner
Surname		
Forename		
Date of Birth <small>♀ Age 18 - 40 funded, 40-42 only funded in certain circumstances, > 42 not funded</small>	Age	Age
NHS Number		
STH Number (if known)		
Address		*
Post Code		*
Home Phone No.		*
Mobile Phone No.		*
E-Mail		*
GP Name		*
GP Address		*
GP Postcode		*
GP Phone No.		*
E-Mail		*
CCG		*
Health Surcharge?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	See referral guide if either partner is covered by health surcharge arrangements	
Interpreter required?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Language?	
Reasonable adjustments required?	<input type="checkbox"/> No <input type="checkbox"/> Yes – (e.g. deafness, visual impairment, mobility issues) Details?	

** Only complete if different to Female Partner*

Are you aware of any issues which might affect the welfare of the child?

☐ No ☐ Yes (If yes, please provide full details below or on a separate sheet and see referral guide for more info).

Comments: *(Please attach separate letter or sheet with more detail if required)*

GP Signature:

Date:

Relevant Medical History

Name	
Duration of infertility	<input type="checkbox"/> Years <input type="checkbox"/> Months
Pregnancies in this relationship (Include dates and outcome)* (See ref guide for implications on NHS eligibility)	<input type="checkbox"/> No <input type="checkbox"/> Yes (details below)
Menstrual cycle details	Regular Cycles (25-35 days)? <input type="checkbox"/> Yes <input type="checkbox"/> No Average cycle length: _____ days Other Details
Previous Fertility Treatment (See ref guide for implications on NHS eligibility)	<input type="checkbox"/> No <input type="checkbox"/> Yes (details below)

	Female Partner	Partner
Pregnancies with previous partners (Include dates and outcome)* (See ref guide for implications on NHS eligibility)	<input type="checkbox"/> No <input type="checkbox"/> Yes (details below)	<input type="checkbox"/> No <input type="checkbox"/> Yes (details below)
Any previous STI?*	<input type="checkbox"/> No <input type="checkbox"/> Yes (details below)	<input type="checkbox"/> No <input type="checkbox"/> Yes (details below)
Other relevant medical history* If particularly complex include details on separate letter (Please see ref guide if either partner sterilised)	<input type="checkbox"/> No <input type="checkbox"/> Yes (details below)	<input type="checkbox"/> No <input type="checkbox"/> Yes (details below)
Medication(s)* Please ensure taking folic acid (0.4mg/day) + Vit D High risk pts e.g. BMI > 30 require 5mg/day	Folic Acid+Vit D? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies*	<input type="checkbox"/> No <input type="checkbox"/> Yes (details below)	<input type="checkbox"/> No <input type="checkbox"/> Yes (details below)
Smoking? If either partner smoke support efforts to stop smoking by referring to a smoking cessation programme	<input type="checkbox"/> No <input type="checkbox"/> Yes (details below)	<input type="checkbox"/> No <input type="checkbox"/> Yes (details below)
BMI (Please see ref guide) If ♀ BMI <19 or >30 not funded for NHS treatment. If ♀ BMI >35 no treatment will be offered (even self-funded)	Ht (m): _____ Wt (Kg): _____ BMI: _____	Ht (m): _____ Wt (Kg): _____ BMI: _____ Only if overweight

* Provide details on a separate sheet if necessary

Required Investigations

The following investigations **must** be completed prior to referral. Results do not need to be attached if they are on ICE, but should still be completed on form. Please attach results if not available on ICE.

If the female partner is oligo or amenorrhoeic please prescribe medroxyprogesterone acetate 10mg b.d. for 7 days to induce a withdrawal bleed in order to get an accurate profile for day 2 of menstruation. If no bleed occurs random bloods can be done. Progesterone levels may be omitted if cycles are very long (>42 days).

Non-Caucasian patients should also have a haemoglobinopathy screen performed.

Name		
Female	Result	Date
Day 21 Progesterone	nmol/L Indicate day if not D21	
Day 2 FSH / LH / E2	FSH IU/L LH IU/L E2 pmol/L	
Rubella IgG Ab	<input type="checkbox"/> Detected <input type="checkbox"/> Not Detected (if not, arrange immunisation)	
Chlamydia Screen	<input type="checkbox"/> Negative <input type="checkbox"/> Positive (ensure pt has treatment if positive)	
Last cervical smear	<input type="checkbox"/> Negative <input type="checkbox"/> Abnormal (details)	
Haemoglobinopathy screen (non-Caucasian only)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (details)	

The following tests may be completed if patient is oligo / amenorrhoeic , or if clinically indicated.

	Result	Date
Prolactin	mIU/L	
TSH	mIU/L	
Testosterone	nmol/L	
Other		
Other		
Other		
Other		

Male Investigations	Result	Date
Semen Analysis	Count (m/ml): Motility (%): Morph (%) Total Motile (m) Comments:	
Semen Analysis Repeat only if 1 st abnormal.	Count (m/ml): Motility (%): Morph (%) Total Motile (m) Comments:	
Haemoglobinopathy screen (non-Caucasian only)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (details)	
Other		
Other		
Other		

For clinic use only

Date Received		<input type="checkbox"/> Accept <input type="checkbox"/> Reject	To see	<input type="checkbox"/> Consultant <input type="checkbox"/> Nurse
Comments:				

Clinical guidelines for referring GPs

This referral guidance has been revised and updated in order to reflect the updated Yorkshire and Humber commissioning policy "Access to Infertility Treatment, January 2020 – April 2023", which has been adopted by NHS Sheffield CCG, and which was written to reflect the latest NICE guidance and other policy changes

This guidance note may be detached before sending the referral form to the Infertility Clinic.

How to refer patients to the Infertility Clinic at the Jessop Wing

It has been agreed with NHS Sheffield CCG that patients referred to the Fertility Clinic at the Jessop Wing and any other provider of Secondary Care should follow this agreed Shared Care Pathway. This will involve the GP referring both partners to the clinic at the same time (even if the other partner is registered with a different GP) and for arranging some initial investigations.

A referral form should be completed for each patient and all fields completed. Forms may be completed by hand or on an electronic version of the form. Additional information may be supplied on a covering letter and this may be helpful if the case is particularly complex. Please let us know if the patient requires an interpreter or requires any reasonable adjustments.

Please ensure that the results of investigations are completed on the form. Results do not need to be attached if they are available on ICE, but should still be completed on the form. Copies of investigations do not need to be attached if they are available on ICE, but please enclose copies of any relevant investigations (particularly semen analysis) if they are not available on ICE. If the patient has had any other investigations elsewhere (e.g. laparoscopy, HSG or ultrasound), please provide copies.

Please ensure all referrals are sent via the electronic-Referral Service (eRS).

Failure to complete all details will result in the referral being returned.

Demographic details

Please include contact telephone numbers so that we can telephone patients to arrange appointments.

Information about their registered GP and CCG is essential

Definition of infertility

The definition of infertility as set out in the commissioning policy is as follows:

The inability to conceive through regular sexual intercourse for a period of 2 years in the absence of known reproductive pathology, or less than 2 years if there is specific reproductive pathology identified.

Where attempting to conceive by regular sexual intercourse is not possible (for example for people with a physical disability, people with psychosexual disorders or transgender and same sex couples) this will be considered as inability to conceive for the purposes of this policy.

When can patients be referred?

Generally patients may be referred after one year of regular unprotected sexual intercourse. However, patients may be referred earlier if there is a suspected problem.

Criteria for early referral are as follows:

- Irregular or absent periods
- Previous pelvic / tubal surgery
- Previous pelvic or sexually transmitted infection
- Female partner over 35
- Male partner with previous urogenital surgery
- History of subfertility with previous partners
- Same sex couples and single women and can be referred for investigation.

What clinical details are required?

Provide as much detail as possible about any past obstetric or medical history and include information on any current medical treatment and drug sensitivities.

Provide an up to date measurement of the patients BMI which must be between 19 and 29.9 to be able to access NHS treatment. Patients with a BMI greater than 30 will be encouraged to lose weight before being offered any active treatment. Although a patient may be referred for investigation with a BMI over 35, please note that fertility treatment will not be offered, even on a self-funded basis as there are significantly increased obstetric risks of pregnancy with a high BMI and treatment will have a low chance of success.

Please ensure that female patients are taking folic acid (0.4mg/day) and Vitamin D (10mcg/day) supplements. High risk patients (e.g. BMI > 30) require 5mg folic acid/day.

Psychological and other support

As infertility and infertility treatments have a number of psycho-social effects on couples, access to psychological support prior to and during treatment should be considered as integral to the care pathway. GPs should provide information on healthy lifestyle interventions such as smoking cessation, weight management and alcohol use.

What investigations are required?

The following investigations should be performed:

- **Mid Luteal Progesterone** – this should be timed one week before the expected date of menstruation. In a regular 28 day cycle, this will be day 21, but if the cycle is longer or irregular, then the day will need to be adjusted or a series of progesterone levels taken (e.g. day 21, 28 and 35). If the cycles are longer than 42 days, progesterone need not be measured.
- **Day 2 FSH / LH / Oestradiol (E2)** – If the female partner is oligo or amenorrhoeic please prescribe medroxyprogesterone acetate 10mg b.d. for 7 days to induce a withdrawal bleed in order to get an accurate profile for day 2 of menstruation (bloods may be taken between Day 2-5). If no bleed occurs, random bloods will be acceptable, but please indicate on the form.
- **Rubella IgG Antibodies** – if the patient is not immune to Rubella, please arrange MMR vaccination before referral. If the patient is Rubella IgG negative, but has had two documented MMR vaccinations then they are to be regarded as Rubella immune.
- **Chlamydia Screening** – please ensure that female patients have been screened for Chlamydia with an appropriate test.
- **Cervical Screening** – please ensure that the patient is up to date with cervical cytology before referral.
- **Semen Analysis** - All patients should have a semen analysis at the Jessop Wing before referral. A repeat test is only required if the first test is abnormal, but patients may be referred after the first abnormal result.
- **Haemoglobinopathy screen** – only required for non-Caucasian patients.
- **Additional hormone investigations** (e.g. Prolactin and TFTs) - only required if the female partner is oligo / amenorrhoeic, anovular or if clinically indicated.

Information regarding welfare of the child for GPs and referring doctors

Before treatment can start, we are obliged by the Human Fertilisation and Embryology Authority (HFEA) to assess whether there are circumstances that may be detrimental to the welfare of a child who might be born to the patient. In some instances information provided by other health professionals can be very helpful in identifying issues that need to be taken into account.

In November 2005 the HFEA revised the assessment process and we are no longer required to make routine enquiries from a patient's GP. In addition, there is a presumption to provide treatment unless there is evidence that the child to be born, or any existing child of the family, is likely to suffer serious medical, physical or psychological harm.

If you consider that there are circumstances which may lead to a risk of serious harm to a child, it is important that you make us aware of these. You may need to seek the consent of your patient before disclosing information.

Further information on the welfare of the child assessment process can be found on <http://www.hfea.gov.uk> or please feel free to contact the clinic.

Patients requesting further assisted conception after successful treatment

If patients have previously had successful assisted conception and request further treatment they will still require an up-to-date assessment of their fertility to ensure that it is still appropriate to proceed with further treatment. Even though their treatment would have to be conducted on a self-funding basis, the initial assessment may be conducted through the NHS fertility clinic and patients may be referred after initial investigations in Primary Care. If patients are requesting treatment with embryos that were frozen in previous treatment a semen analysis does not need to be repeated.

Funding issues

All patients may be referred for NHS infertility investigation, but eligibility to receive treatment is defined by the Yorkshire and Humber commissioning policy which has been adopted by NHS Sheffield CCG. Please see the full policy for more details. Patients are eligible to receive NHS funded treatment if they meet the following criteria:

- **Female Age.** The female partner is aged between 18 – 42 years. Women aged between 40-42 will need further assessment within specialist care in order to ascertain whether or not they are eligible. Women aged 40-42 years who meet the eligibility criteria for infertility will receive one full cycle of IVF, with or without ICSI (but not with donor eggs), provided the following criteria are fulfilled:
 - They have never previously had IVF treatment;
 - There is no evidence of low ovarian reserve (FSH \geq 9 IU/L, Antral Follicle Count \leq 4 or AMH \leq 5pmol/L);
 - Where investigations show there is no chance of pregnancy with expectant management (>2 years) and where IVF is the only effective treatment, women aged between 40-42 should be referred directly to a specialist team for IVF treatment.
 - There has been a discussion of the additional implications of IVF and pregnancy at this age;
- **Previous Children.** Neither partner has any living children (this includes adopted children, but not fostered) from that or any previous relationship.
- **Female BMI.** The female patient's BMI is between 19 and 30 prior to referral to tertiary services (patients with a higher BMI should be referred for healthy lifestyle interventions including weight management advice).

- **Smoking.** GP should discuss smoking with couples prior to referral and support their efforts to stop smoking by referring to a smoking cessation programme.
- **Sterilisation.** Neither partner has been sterilised or undergone unsuccessful reversal of sterilisation.
- **Stability of relationship.** Cohabiting couples must have been in a stable relationship for a minimum of 2 years to be entitled to treatment.
- **Number of cycles funded.** NHS Sheffield CCG will fund **one** cycle of IVF treatment. Where an individual feels that they have exceptional circumstances that would merit consideration of an additional cycle being funded by the CCG they should speak to their doctor about submitting an individual funding request (IFR) to the CCG. Other CCGs may fund different amounts of treatment (see appendix).
- **Previous treatment.** Previous cycles, whether self-funded or NHS funded, will be taken into consideration when assessing a couple's ability to benefit from treatment and will count towards the total number of cycles that may be offered by the NHS. Sheffield CCG will fund one cycle. This means that if a couple have self-funded a cycle previously or received NHS treatment elsewhere, they are not eligible for NHS treatment funded by NHS Sheffield CCG. This includes where either person has had a cycle with a previous partner.
- **Welfare of the Child.** The couple / individual should be assessed as meeting the requirements set out in the HFEA's "Welfare of the Child" guidance.
- **Immigration Health Surcharge (Y&H only)** - 'Where two people are seeking assisted conception services with NHS funding, and one of the two people is covered by health surcharge arrangements and the other is ordinarily resident in the UK and therefore not subject to charge, the services required by the health surcharge payer will be chargeable. Any services required by the ordinarily resident person will continue to be freely available, subject to the established local or national commissioning arrangements'.

The eligibility criteria for access to assisted conception services relates to couples rather than individuals. Therefore in light of this guidance, to enable the ordinarily resident person to have freely available access to services, where at least one partner is eligible for these services, the couple will be considered as eligible for services, but part payments may be required.

- **Same sex couples** will be funded for assisted conception (up to 6 cycles of IUI with donor sperm and subsequent IVF if required) if they meet the other Y&H eligibility criteria. Patients from East Midlands CCGs are only funded if they have a defined cause of infertility or have self-funded 6 cycles of IUI.
- **Surrogacy** – For Y&H patients only the IVF component of treatment is funded including freezing and storage of embryos. For East Midlands CCGs – no aspect of surrogacy treatment is funded.
- **Single women** are not funded under the Y&H criteria as this is a policy that applies to couples. Single women may be funded under the East Midlands criteria if they are diagnosed with a condition causing infertility or have self-funded 6 cycles of IUI and they meet all the other criteria.
- **East Midlands CCGs** – Please note that there are additional criteria for patients in the East Midlands area. Both patients must be non-smokers and the female FSH must be ≤ 8.9 IU/L. No aspect of surrogacy is funded. Any patients requiring treatment with donor sperm (heterosexual, same sex and single women are only funded if they are diagnosed with a condition causing infertility or have self-funded 6 cycles of IUI and they meet all the other criteria. Please see the full policy for more information.

Please note that the eligibility criteria are applied at the point of referral for Assisted Conception. Your patient/s must be made aware if they may not be eligible for NHS funded treatment.

What happens after referral?

All new referrals will be graded by a Consultant. If the referral is accepted, the patient will be sent an appointment to attend the Infertility Clinic or have a virtual appointment. Both partners must attend the Infertility Clinic at all times.

If the referral cannot be accepted due to missing clinical information or investigations, the referral will be returned to the referring GP asking for additional information or for investigations to be performed. The patient will be informed by letter that their referral has not been accepted and will be asked to contact their GP.

If patients do not attend clinic, they will not be sent a further appointment and will be referred back to their GP.

Further details on commissioning policy

If you would like further details on the commissioning policies please see the following links:

Yorkshire and Humber - <https://www.sheffieldccgportal.co.uk/clinical-guidance/yorkshire-and-humber-fertility-policy-sheffield-ccg>

East Midlands IVF - http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical-Policies/Clinical_Policies/PLCV/gynae_and_fertility/ivf_icsi_policy.pdf

East Midlands IUI - http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical-Policies/Clinical_Policies/PLCV/gynae_and_fertility/Intrauterine_insemination.pdf

East Midlands DI - http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical-Policies/Clinical_Policies/PLCV/gynae_and_fertility/surrogacy_policy.pdf

Other useful information:

Jessop Fertility

Information for patients and health professionals about the unit and the investigation and treatment of infertility. Also provides further details of self-funding costs for assisted conception for those patients not eligible to receive NHS funded assisted conception. All patient information leaflets can also be downloaded from the site.

<http://www.jessopfertility.org.uk/>

Telephone 0114 2268050

NICE guidelines [CG156] - Fertility problems: assessment and treatment.

Published date: February 2013, last updated September 2017.

<https://www.nice.org.uk/guidance/cg156>

Human Fertilisation and Embryology Authority (HFEA)

<http://www.hfea.gov.uk/>

Appendix - Amount of treatment funded by each CCG

Where an individual feels that they have exceptional circumstances that would merit consideration of an additional cycle being funded by the CCG they should speak to their doctor about submitting an individual funding request (IFR) to the CCG.

Yorkshire and Humber CCGs

IVF (including Donor Egg)

- Sheffield 1 cycle IVF
- Barnsley 2 cycles IVF
- Doncaster 2 cycles IVF
- Rotherham 2 cycles IVF
- Bassetlaw 3 cycles IVF
- Hull 3 cycles IVF

Self-funded cycles – previous self-funded cycles or NHS funded will be taken into consideration when assessing a couple's ability to benefit from treatment and will count towards their entitlement.

Abandoned cycles - failure of egg retrieval, failed fertilisation or failure of cleavage of embryos. One further cycle only will be funded after an abandoned cycle. Further IVF/ICSI cycles will not be offered after any subsequent abandoned cycle.

Embryo Freezing - all CCGs fund embryo freezing and subsequent embryo transfer until pregnancy established or all embryos used. Embryo storage is funded for 3 years or 6 months after live birth.

Donor Insemination - all CCGs fund up to 6 cycles.

Surrogacy - only IVF and Storage component funded.

Immigration surcharge – overseas visitors, who are not EEA passport holders, don't have ILR, or do not have UK citizenship are funded as long as one partner does not pay the NHS surcharge, but part payments may be required.

East Midlands CCGs

IVF - 1 full cycle.

Elective single embryo transfer - should be performed unless medically indicated.

Embryo freezing and subsequent embryo transfer until pregnancy established or all embryos used. Embryo storage is funded for 3 years or 6 months after live birth.

Self-funded cycles – couples who have self-funded treatment will be entitled to 1 NHS cycle provided they have not received more than 2 cycles of privately funded treatment. Any frozen embryos must be used before further IVF.

Cancelled cycles – One cancelled cycle allowed if **egg collection has not been undertaken**.

Surrogacy – not covered in this policy.

Same Sex Couples / single women – funded provided there is evidence of subfertility, defined as no live birth following intrauterine insemination (IUI) as per local policy or proven by clinical investigation.

Donor Egg – only funded for premature menopause (FSH >40), gonadal dysgenesis, bilateral oophorectomy or ovarian failure following chemotherapy or radiotherapy.

Immigration surcharge – overseas visitors, who are not EEA passport holders, don't have ILR, or do not have UK citizenship are not funded if one or both partners pay the NHS surcharge.