SCHEDULE 2 – THE SERVICES

A. Service Specification

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	
Service	Assisted Conception Service (to include basic semen analysis service)
Commissioner Lead	South Gloucestershire CCG
Provider Lead	
Period	
Date of Review	June 2017

1. Population Needs

1.1 National/local context and evidence base

The purpose of the Assisted Conception Service is to provide a range of appropriate assisted conception services for couples who meet the eligibility criteria. Included within this specification is basic semen analysis (as defined in Appendix 2) which is a Direct Access (GP referred) diagnostic test.

This service specification is an agreement between Bristol, North Somerset and South Gloucestershire (BNSSG) CCG's who have commissioned the service and the providers of Assisted Conception Services.

The service aims to treat confirmed infertility. The objective of treatment is to achieve a successful pregnancy quickly and safely with the least intervention required and the delivery of a healthy child.

This specification has drawn on guidance issued by the

NICE – Fertility Guidelines
https://www.nice.org.uk/guidance/cg156

HFEA – Guidance and Protocols including PGD
http://www.hfea.gov.uk/index.html

http://www.hfea.gov.uk/clinicstaff.html

Paternal age and reproduction, Human reproduction update, Jan;Feb 2001, vol./is. 16/1(65-79), 1460-2369 (2010 Jan-Feb)Sartorius G.A.,Nieschlag E. http://www.fertstert.org/article/S0015-0282%2800%2901679-4/abstract

BNSSG CCGs will fund assisted conception as set out in the BNSSG CCG Fertility Assessment and Treatment, Criteria Based Access Date Adopted: 4th November 2016, Version: v1617.1

https://www.bristolccg.nhs.uk/innf/fertility-assessment-fertility-treatment-ivf-ferti/

This policy describes circumstances in which BNSSG CCG will fund treatment for assisted conception.

BNSSG CCGs reserve the right to review and update this policy through the established policy review route, currently the Commissioning Policy Review Group.

1.2 Evidence base

This specification is designed to sit alongside the legislative provisions of Infertility treatment and the Care Standards Act (2000), and is not designed to replicate these provisions, or to duplicate, replicate or supersede the following policies and guidelines, which may change over time:

- The Human Fertilisation and Embryology Act; 1990
- The National Institute for Clinical Excellence Infertility guidance (CG156 - "Fertility:assessment and treatment for people with fertility problems"); 2013
- NICE Evidence Update for Fertility March 2015 (Evidence Update 74)
- National Minimum Standards for Independent Healthcare; 2000
- Any Quality standard as determined by the Care Quality Commission
- Any Quality standard required under the terms of the Care Standards Act; 2000
- Any Quality Standard as published by NICE
- Disability Discrimination Act; 2005
- Equality Act 2010

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**X**
Domain 4	**Ensuring people have a positive experience of care**	**X**

Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

- **Local defined outcomes**

- Fertility outcomes in line with or better than the national average as published by the HFEA
- Compliance with the HFEA policies to reduce multiple birth rates
- Achievement of positive patient satisfaction rates in excess of 80%
- Low Ovarian Hyper Stimulation Syndrome (OHSS) rates
- Cost-effective provision of treatment.

3. Scope

BNSSG residents will receive treatment in line with the Department of Health recommendations, the BNSSG Fertility Services Commissioning guidelines and individual CCG policies.

3.1 Service Description

The Assisted Conception Service will provide:

The Semen Analysis Service to be provided to patients via GP Direct Access referral and to include measurements of sperm concentration per ml, total count, progressive motility, normal form and anti-sperm antibodies.

The Specialist Fertility Services to be provided to patients fulfilling the eligibility criteria: -

- A full In Vitro Fertilisation (IVF) cycle*,
- A full Intra-cytoplasmic Sperm Injection (ICSI) cycle*
- Intra Uterine Insemination (IUI) stimulated and unstimulated depending on circumstances
- The storage of gametes (oocytes and sperm) including those harvested prior to treatment for cancer
- The storage of embryos
- Use of donor gametes such as egg or sperm where appropriate. Donor oocyte (egg) treatment will be subject to different waiting time criteria due to the recognised shortage of donors

Services detailed in Appendix 1

*A full IVF/ICSI treatment cycle includes:

- Appropriate diagnostic tests, scans and pharmacological therapy
- Counselling for couples
- Stimulation of prospective mother's ovaries to produce oocytes
- Harvesting of the oocytes
- Fertilisation using IVF or ICSI (assisted hatching is not provided)
- A fresh embryo transfer (maximum of 2 embryos transferred)
- Cryopreservation of all suitable remaining embryos
- If unsuccessful, within twelve months of cryopreservation, a frozen embryo transfer from remaining frozen embryos. (maximum of 2 embryos transferred)

- A follow up consultation / pregnancy scan with fertility services post IVF treatment

The above services are provided in line with NICE clinical guidelines 2013 and HFEA regulations

This service agreement does not cover

- Any part of surrogacy arrangements or treatment, for an individual or couple
- Sperm washing for HIV affected patients
- Posthumous assisted reproduction treatment
- General Fertility assessment – female – baseline bloods, tubal patency tests such as Hysterosalpingogram (HSG)
- General Fertility assessment – male – bloods as required
- Reproductive medicine clinics - Recurrent Miscarriage & Gynae endocrinology
- Infertility services retained by North Bristol NHS Trust: Infertility Assessment & Investigations including patient onward referral to Imaging and Gynaecology for diagnostic & surgical procedures.
- Service commissioned by NHS England, Surgical sperm recovery, Pre-implantation genetic diagnosis with IVF (London provider only), Sperm Washing for HIV (London provider only), Fertility for Armed Forces
- ALL diagnostic tests. Female – basal hormone profile, FBC, TSH, Chlamydia serology, Virology screen, Rubella status, HSG, Laparoscopy in those who need it ; Male – Basic semen analysis (included within this specification), Virology screen, hormones and genetic tests if needed should have already been completed prior to decision re IVF/ICSI treatment.

Full details are available in link below:

https://www.bristolccg.nhs.uk/innf/fertility-assessment-fertility-treatment-ivf-ferti/

Commissioners can change eligibility criteria with 28 days' notice.

3.2 Aims and objectives of services

- To provide a GP Direct Access basic semen analysis service as an initial test of assessment of male fertility
- To help couples suffering from subfertility or confirmed infertility who meet the criteria to access licensed treatment to achieve a successful pregnancy
- To offer licensed assisted conception treatment for patients suffering from subfertility or confirmed infertility who meet the criteria to access treatment.
- To offer storage of gametes or embryos for patients who are on the NHS funded pathway or will be at risk of requiring Assisted Conception treatment in the future (e.g. patients receiving cancer treatment likely to impact on their future fertility).
- To provide a quality, safe, cost effective Assisted Conception Service ensuring that the risk of infection and other complications such as OHSS and multiple pregnancy to service users is minimised.
- To provide a personal service sensitive to the physical, psychological and

emotional needs of service users.

- To ensure effective communications between service users and the service providers.
- To ensure effective communication between commissioners and the service providers.
- To develop and implement a data collection and monitoring processes which provides fertility services intelligence to support the future commissioning of fertility services

3.3 Principles of care

The Assisted Conception Service offered will be safe; effective, appropriate, accessible in line with the access criteria and prior approval outlined by the fertility policy of the applicable CCG and acceptable to Service users and represent good value for money. Clinical management of eligible couples should be in line with agreed local care pathways.

Where clinically appropriate, waiting times should conform to the 18-week pathway, which begins when a patient who is considered eligible based on the relevant criteria is referred by their GP and ends at the commencement of treatment. Service users should be seen in the chronological order of referral and informed of their acceptance for treatment.

The Provider will co-ordinate day care and outpatient services for the patient to ensure continuity of care.

The Provider will coordinate referral pathway & access to treatment services from Primary & Secondary care providers.

Couples should be seen together because both partners are affected by decisions about investigations and treatment and to allow them to participate in planning their care. They should be seen in a comfortable environment ensuring privacy and dignity to allow them to participate in planning their care.
In line with HFEA policies, couples should be provided with consistent, appropriate and suitable information in a format that they can understand.

Couples should be offered counselling prior to, during and after assessment or treatment irrespective of the outcome of that treatment.

Couples should be informed that they may find it helpful to contact a fertility support group or forum e.g. fertility friends and information should be made available on how to access the various support groups e.g. www.fertilitynetworkuk.org

3.4 Accessibility/acceptability

The Provider will ensure that they comply with current eligibility criteria set out in the BNSSG access policy document

https://www.bristolccg.nhs.uk/innf/fertility-assessment-fertility-treatment-ivf-ferti/

and that its services are accessible regardless of age, disability, race, culture, religious belief, sexual orientation or income levels. The Provider will deal

sensitively with all Service users, potential Service users and their family/friends and advocates.

3.5 Whole System Relationships

This service specification is an agreement between the BNSSG CCGs who have commissioned the service on behalf of the 13 Clinical commissioning groups detailed below.

Other parties include the Secondary Care Providers and the Primary Care Providers who will ensure that the referred couples are compliant with the BNSSG CCGs Fertility Assessment and Treatment Services Commissioning guidelines.

3.6 Interdependencies

The Provider will work directly with the following professionals to ensure a seamless service and the continuity of holistic care:

- General Practitioners
- General Practitioners with Special Interest
- Referring Secondary Provider - Infertility Assessment Clinical Leads and Specialist Fertility Nurses
- Referring Secondary Provider Clinical Leads and Fertility Nurses
- Clinical Commissioning Group Exceptionality Clinical Review Boards
- NHS pathology and diagnostic services
- NHS Oncology Services (sperm freezing, egg freezing)
- NHS Urology Services (male related issues)

3.7 Relevant networks and Regulators

All Providers must be licensed by the Human Fertilisation and Embryology Authority (HFEA). Core skills and competencies of Staff are set by the HFEA as the regulatory authority for tertiary fertility services.

In addition Providers are expected to comply with relevant legislation, including Health and Safety requirements, and to follow best practice guidelines.

3.8 Service Requirements

The Provider will ensure that the Fertility services, where appropriate are shaped around the preferences of Service users, their families and their carers.

Service users will be treated with respect and their dignity to be safeguarded regardless of age, sex, ethnicity, religion, culture and sexuality.
Services provided should be culturally sensitive.

The provider will provide service users meeting criteria with clinically appropriate Assisted Conception Treatment as described in section 3.1 and detailed in Appendix 1.

Where appropriate, the Provider will work in partnership with other organisations to

ensure the delivery of a seamless service.

All staff will respect the confidentiality of the Service user as required by the HFEA and also NHS document: The Care Record Guarantee (Department of Health, 2007).

The Provider will be responsible for asking the patient to sign a confidentiality release clause to share treatment data to the funding authority.

In accordance with HFEA guidelines, the Provider will seek the consent of the service user to relevant information being shared with the registered GP.

All assisted conception treatment patients are required to fill in HFEA CD (Consent to Disclosure) form – in relation to their identifying information.

The Provider will offer the Service user an appropriate and timely first outpatient appointment following an initial referral from the secondary provider or general practitioner.

Service users will be offered counselling with a Specialist Fertility Counsellor in line with the HFEA Code of Practice.

Information sheets in non-technical language should be available to explain the proposed investigations and treatment, including detailed information on drugs (and any possible side effects) prescribed by the Provider . Information should be tested out with couples to ensure it is user-friendly and available in a range of languages. Information relating to national and provider success rates should be available for couples on request.

It is the responsibility of the Provider to provide relevant care to the patient, which may include other tests or observations, until the woman is referred to the maternity and or local gynaecology services (such as early pregnancy assessment clinics for suspected ectopic pregnancies or miscarriages).

3.9 Treatment Details

For continuity of care delivery, the Service user will have a named Lead Clinician, who will take responsibility for the Service user during this pathway of care.

It is the responsibility of the Provider to ensure all criteria are met, and the specific number of fresh cycles and embryo transfers allowed to be funded by the referring CCG, has been applied.

Patients must be fully informed of the limits and criteria for funding.

3.10 Drug Prescribing

The commissioned provider of the Specialist Fertility Service under this contract will prescribe and supply the necessary drugs.

All prescribing will be in accordance to the local formulary e.g. http://www.bnssgformulary.nhs.uk/login.htm

Accurate and detailed information of the drug, the dosage and the frequency and possible side effects will be given to the Service user including:

- Possible drug interactions
- The risk of poor response and cancellation of cycle
- The risk of overresponse and Ovarian Hyper Stimulation Syndrome (OHSS)
- The risks associated with multiple pregnancies
- Follow-up and monitoring arrangements, and how the service will monitor the woman's progress
- The circumstances under which treatment should be stopped or re-referral made to the secondary provider consultant
- The Assisted Conception Service Provider will retain overall clinical responsibility

Subject to the above recommendations being followed, the cost of medication directly relevant to the treatment or storage of gametes will be provided by the Provider.

3.11 Service users Reports

Following the Service user's first outpatient consultation, a written report will be sent to the Service user's referring doctor, copied to the Service user and their GP. Robust records of treatment given and treatment outcomes and pregnancy outcomes must be recorded against the service users NHS number.

3.12 Information & Data Requirements

In order to achieve accurate forecasting, activity monitoring and prompt and accurate payment, there needs to be timely regular exchange of detailed and accurate information. The Provider will provide the information as requested, in the format requested and to the agreed timescales. The Provider, in addition to the Information requirements set out below, will also provide upon request any additional information that the Commissioner may request.

3.13 Standard minimum dataset information

The Provider will be required to submit standard minimum datasets via SUS which comply with guidance relating to clinical coding published by the NHS Classifications Service and with the definitions of activity maintained under the NHS Data Model and Dictionary. Timescales for provision of this data will comply with those specified by SUS and the Standard NHS Contract for Acute Services.

3.14 Activity and financial monitoring information

The Provider will produce activity and financial summaries on a monthly basis which will give an overview of the performance of the contract for that particular month and for the year-to-date.

3.15 Monitoring of performance targets and other outcome measures

The Provider will provide regular monitoring information on a range of performance and outcome measures,

Metrics and Key Performance Indicators that are required by HFEA to be provided to a quarterly contract performance meeting between the Provider and CCG's. This meeting will review outcome measures and performance indicators provided.

3.16 Information Governance

The Provider shall conform to the Data Protection Act, (Department of Health, 2006)

3.17 Quality of Information

The Provider will ensure that all data provided is complete, accurate and timely. The Provider will ensure that it's staff do not adapt any current clinical protocol, practice or procedure, or any administrative (or coding) practice or procedure, which will either intentionally or inadvertently, maximise income to the Provider, rather than to reflect the actual necessary treatment received by a Service user, or a group of Service users.

3.18 Performance Targets

The Provider will comply with current performance targets as laid down by the Department of Health and any local additional performance targets defined by the BNSSG CCG's.

- It is expected that treatment outcomes will be in line with or exceed the HFEA stated range for relevant age groups.
- It will be the responsibility of the Provider to identify, in a timely fashion in advance of the occurrence, any Service user where the performance targets and maximum waiting times as identified within this document cannot be met by the Provider.
- 18 week pathway for Fertility services (2008)
- 10 day reporting of basic sperm analysis post test

3.19 Service user Satisfaction

Using the HFEA Service user questionnaire, the Provider will give regular feedback to the BNSSG CCG's, on the recommendations and action plans of these audits.

3.20 Complaints

The Provider must establish a written complaints procedure. The procedure must incorporate the following:

- A nominated person within the organisation to be responsible for handling complaints
- Complaints must be acknowledged within 2 working days
- A full response or holding letter, signed by the Chief Executive or equivalent,

to be sent within 20 working days to the service user
- BNSSG CCGs may wish to conduct an Independent Review Panel Investigation if they are dissatisfied with the Provider's response

3.21 Waiting times for Service Provision

There will be no Service user waiting over 18 weeks from referral to the commencement of treatment unless there are mitigating medical circumstances. The Service will work towards reducing waiting times below these levels to achieve and improve upon the national standards and adhere to the clock stop definitions as set out below:

Clock Stops as per the Department of Health 2008 18 week pathway for fertility services i.e. when the procedure starts
For IUI, IVF, ICSI, PGD as above if cycle control issues take time or if the Service user is not ready the clock can be stopped. The clock stop is the first day of the menstrual cycle in which the assisted conception is to start.

Service users waiting for egg/sperm donation: the clock stops once they are put on the waiting list (as per transplant lists)

For Basic Semen Analysis (as defined in Appendix 2) waiting times to be no longer than 6 weeks.

NHS donor recipient patients on a waiting list should be transferred with historic waiting times factored in.

3.22 Outcome Data
Information on the Provider's activities will be provided on a half yearly basis,(to allow validation) submitted by week 5 of the half year end, and include the required HFEA key performance indicators

Basic Treatment activity data to include
- Number of couples seen
- By age
- Diagnostic group
- GP and Postcode
- Outcome data
- HFEA key performance Indicators

Complications
- Multiple birth rates.
- Ectopic pregnancies and miscarriage rates.
- Rate of Ovarian Hyper-stimulation Syndrome (OHSS) – severity and duration of hospitalisation
- Other adverse outcomes needing inpatient management

3.23 Facilities and Equipment
The provider will be required to show evidence that all equipment used is regularly maintained to a standard commensurate with the needs of the service.

3.24 Service Agreement Management
The Provider and the Lead Commissioner will nominate a contract manager who will be responsible for the operation of the service agreement. This contract manager is to be available to the Lead Commissioner, or the Provider, during normal working hours.

Where due to sickness, absences or annual leave the contract manager is unavailable, then the Lead Commissioner and the Provider will identify a suitable replacement officer who will be able to provide assistance to the other party in any enquiry regarding this service agreement, or its operations.

3.25 Population covered

The Provider will provide the service to the adult population that is registered with a GP in one of the following CCGs:-

NHS BATH AND NORTH EAST SOMERSET CCG
NHS BRISTOL CCG
NHS DORSET CCG
NHS GLOUCESTERSHIRE CCG
NHS KERNOW CCG
NHS NORTH SOMERSET CCG
NHS NORTH, EAST, WEST DEVON CCG
NHS SOMERSET CCG
NHS SOUTH GLOUCESTERSHIRE CCG
NHS SOUTH WORCESTERSHIRE CCG
NHS WEST HAMPSHIRE CCG
NHS WILTSHIRE CCG

3.26 Any acceptance and exclusion criteria and thresholds

NHS Bristol, NHS North Somerset and NHS South Gloucestershire CCGs (BNSSG) have limited resources to fund fertility treatments and have therefore targeted the limited funds specifically in order to allow couples in a stable relationship, a chance to conceive. Given the limits on resources, provision of treatments under this policy are aimed at patients with a realistic clinical opportunity of having a child.

https://www.bristolccg.nhs.uk/innf/fertility-assessment-fertility-treatment-ivf-ferti/

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

- Those defined by HFEA

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

- Those defined by HFEA

- GMC /NMC/HCPC (scientists) & BICA (counsellors)

4.3 Applicable local standards

- BNSSG Access Policy
  IFR policy - **https://www.bristolccg.nhs.uk/innf/fertility-assessment-fertility-treatment-ivf-ferti/**

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

Performance Indicator	*Indicator*	*Threshold*	*Method of Measurement*	*Frequency of Monitoring*
Quality				
Service user Experience	HFEA Service user questionnaire	Greater 80% completed surveys	Performance Management report	As per agreed Schedule
Service users Experience Improvement Plan	Local Action Plan to be agreed	100%	Performance Management report	As per agreed Schedule
Outcomes	Pregnancy, live birth and multiple pregnancy rates in line with HFEA standard	100%	Performance Management report Performance Management report Performance Management report	As per agreed Schedule As per agreed Schedule As per agreed Schedule

Performance Indicator	*Indicator*	*Threshold*	*Method of Measurement*	*Frequency of Monitoring*
Quality				
Service user Experience	HFEA Service user questionnaire	Greater 80% completed surveys	Performance Management report	As per agreed Schedule
Service users Experience Improvement Plan	Local Action Plan to be agreed	100%	Performance Management report	As per agreed Schedule
Elective Single	Maintain multiple births	100%	Performance Management	As per agreed

Embryo Transfer (eSET) Strategy	in line with HFEA requirements		report	Schedule
Service user Information	All Service user information to be referenced by the User's NHS number and GP	100%	Performance Management report	As per agreed Schedule

Performance & Productivity				
Access	Local Plan to ensure equality of access to Service Provider's services.	Decided locally	Performance Management report	As per agreed Schedule
Complaints	Complaints to be acknowledged within 2 working days of complaint receipt A full response or holding letter, signed by the Chief Executive of the Provider to be sent within 20 working days	100% 100%	Performance Management report Performance Management report	As per agreed Schedule As per agreed Schedule
Waiting Times	No Service user will wait over 18 weeks from referral to commencement of treatment unless there are mitigating medical circumstances	100%	Performance Management report	As per agreed Schedule
Service user Information	A formal report to be sent to the referring Clinical lead from the Secondary Provider, with a copy to the Service user and their GP within 5 working days of the First consultation outlining: • Clinical findings • Plan of Care • Waiting List status	100%	Performance Management report	As per agreed Schedule
Counselling	All Service users will be offered access to a Specialist Counsellor in line with HFEA Code of Practice	100%	Performance Management report	As per agreed Schedule

5.2 Applicable CQUIN goals (See Schedule 4D)

To be agreed

6. Location of Provider Premises

The Provider's Premises are located at:

Non specified
Geographical location accessible to the population served in or around the commissioned area

7. Transition Arrangements

In order to assist transition from the previous service provider without break in Assisted Conception Service, the Provider is required to:

- Accept responsibility for and complete all NHS cycles that have commenced prior to 30 November 2017
- Make provision for retrieval where appropriate and storage of gametes and embryos previously stored for future NHS funded treatment and ability to provide storage by way of contingency should the current facility storing NHS gametes and embryos no longer be licensed / be unable to store for any other reason.
- Accept donor recipient waiting lists (egg, sperm and embryo donor recipient waiting lists) with existing waiting times factored in.

Appendix 1 – IVF and Storage Care Package

Procedure/treatment	**Treatment Care package**
IVF with or without ICSI-	Standard package will include: • Initial consultation, follow up consultation, and counselling sessions (where required). • All ultrasound scans and hormone assessments during the treatment cycle. • Ovarian stimulation • Oocyte recovery - by vaginal ultrasound guided by aspiration under sedation with Anaestheist presence (presence of Anaethetist ensures patient safety) as appropriate. • IVF or ICSI to produce embryos and blastocyst culture as appropriate. • Embryo, or blastocyst transfer, into uterine cavity. • An ultrasound scan to establish the viability of the pregnancy. • Drug costs

Embryo/blastocyst freezing and storage	Where patients have suitable embryos/ blastocysts to freeze, this should be frozen and will be funded for one year. This will allow another cycle of treatment where a fresh cycle has failed or the pregnancy did not continue beyond the first trimester. Includes cost of OP consultation, drugs and other procedures that may be required for the completion of the process.
Surgical sperm recovery (TESE/PESA)	Includes the cost of all OP consultation, drugs, storage of sperm and other procedures that may be required for the completion of the process. [funded centrally by NHS England]
Frozen embryo transfer	Include cost of all OP consultation, assessment, drugs and other procedures that may be required for the completion of the process.
IUI-	Where eligible, includes the cost of all OP consultations, drugs and other procedures that may be required for the completion of the process.
Donor oocyte cycle	Include cost of all OP consultation, assessment, drugs and other procedures that may be required for the completion of the process. • Produce embryos and blastocyst culture as appropriate. • Embryo, or blastocyst transfer, into uterine cavity. • An ultrasound scan to establish the viability of the pregnancy. • Drug costs
Donor Sperm	Include cost of all OP consultation, drugs and other procedures that may be required for the completion of the process

Procedure/treatment	**Oncology Care package for pre-Chemotherapy patients**
Sperm freezing (cryo storage)	• Initial consultation, follow up consultation, and counselling sessions (where required). • Storage costs for up to 5 years or until CCG policy
Egg freezing	• Initial consultation, follow up consultation, and counselling sessions (where required). • All ultrasound scans and hormone assessments during the treatment cycle. • Ovarian stimulation • Oocyte recovery - by vaginal ultrasound guided by aspiration under sedation with Anaestheist presence

	(presence of Anaethetist ensures patient safety) or local anaesthesia or laparoscopy as appropriate. • In appropriate cases, IVF or ICSI to produce embryos and blastocyst culture. • Storage costs for up to 5 years or until CCG policy

APPENDIX 2 Basic Semen Analysis

The test involves the microscopic examination of semen to assess the concentration, motility and the morphology of the sperm against the 2010 World Health Organisation reference values. In addition to this the presence of anti-sperm antibodies is looked for, which may affect mobility of the sperm.

Sperm Concentration

This is also known as 'sperm count' and is a measure of how many million sperm are present in each mL of semen sample. The World Health Organisation suggests that a normal semen sample should contain at least 15 million sperm per mL.

Total Count

This indicates the total number of sperm in the ejaculate calculated using the volume and the sperm concentration. The World Health Organisation suggests that a normal semen sample should contain at least 39 million sperm.

Progressive Motility

This indicates the percentage of sperm in the sample which are swimming in a forward manner (progressively motile) and graded on their speed. The world Health Organisation suggests that a normal semen sample should contain at least 32% progressivel motile sperm.

Normal Forms

Also known as sperm morphology, this is a measure of the shape and size of the sperm in the sample and is reported as a 'normal' percentage. The World Health Organisation suggests that a normal semen sample should contain at least 4% normal forms.

Anti-sperm Antibodies

These can occur when the body's immune system launches an attack on your sperm. The antibodies may cause the sperm to stick together (agglutinate) or disrupt their ability to swim or impair their fertilising ability. They are rare but commonly occur after a vasectomy reversal or severe groin injury or operation. Greater than 50% agglutination is considered significant.

Referral

Patient’s GP must complete a Laboratory Request Form and send to the provider of the basic semen analysis test. The referring GP must also provide the patient with a fertility pack including an instruction sheet, sample pot and a sealable plastic bag. An appointment letter stating a date and time will then be sent to the patient in the post for them to produce a semen sample for analysis with provision for patients to change the appointment time and date if unsuitable. The sample is delivered by the patient to the provider to check against paperwork.

Results

Results will be sent to the referring doctor within 10 working days of the patient’s appointment.