Freedom of Information Request: Our Reference CTMUHB_190_25

Please note – the responses below have been provided by the Joint Commissioning Committee (formerly WHSSC) as fertility preservation falls under the All Wales Fertility Services policy that is commissioned on an All Wales basis by the Joint Commissioning Committee (JCC).

You asked:

I am writing to make a request for information under the Freedom of Information Act 2000 regarding fertility preservation policies for patients with endometriosis within your Board area.

Specifically, I would be grateful if you could provide information on the following:
A. Policy on Fertility Preservation:
1. Does your Board have a specific policy regarding fertility preservation (e.g., egg or embryo freezing) for patients with endometriosis prior to surgical intervention for ovarian endometriomas/ endometriotic cysts?

The JCC have a specialist fertility policy CP38 which contains fertility preservation within the policy. However, it is not specific to patients with endometriosis

"Men and adolescent boys preparing for medical or surgical treatment that is likely to make them infertile should be offered semen cryostorage because the effectiveness of this procedure has been established. This does not include patients that have chosen to undergo sterilisation as a contraception method.
Women preparing for medical or surgical treatment that is likely to make them infertile should be offered oocyte or embryo cryostorage as appropriate if they are well enough to undergo ovarian stimulation and egg collection, provided that this will not worsen their condition and that sufficient time is available. This does not include patients that have chosen to undergo sterilisation as a contraception method."

B. Clinical Criteria for Funding:
2. Are there set clinical criteria that must be met for patients with endometriosis to receive NHS funding for fertility preservation? For example, do these criteria include:

- **Age restrictions?**
- **Requirement for patients to be undergoing surgery for bilateral**
- **endometriomas or other specific endometriosis-related**
- **surgeries?**
- **A previous history of surgery for endometriosis?**
- **A specific Anti-Müllerian Hormone (AMH) cut-off value?**

There is no set clinical criteria for fertility preservation.

C. Scope of Funding:

3. If funding is available, is it typically provided for one cycle of egg/embryo freezing, or are additional cycles potentially funded if the patient responds poorly to the initial cycle?

There are no funding cycles around cryopreservation once a patient has successfully stored eggs/ embryos they are not able to access further NHS funded cycles. With regards to accessing NHS funded fertility treatment utilising the stored eggs/ embryos, the patient would need to meet the access criteria at the point when they are ready to use eggs in a cycle of IVF treatment.

D. Second or Further Cycles:

4. In the case of an unexpectedly poor response to the initial funded cycle, is there any possibility of additional funding being granted for a second or further cycle of egg/embryo freezing?

Please see response above.

E. Statistics on Funding Applications:

5. How many patients with endometriosis have been granted NHS funding for fertility preservation prior to surgery in the last two years?

6. How many funding applications for fertility preservation for patients with endometriosis have been made and subsequently declined during this same period?

5 and 6: Not all patients who require fertility preservation go through IPFR. Therefore, we do not hold all the information required to respond to questions 5 and 6.