Belfast Health and Social Care Trust
caring supporting improving together

FOI/37583

14 July 2026

Egg Freezing Policy & Statistics for Cervical Cancer Patients - (RFC) BHSCT

Under the Freedom of Information Act 2000, I am requesting information regarding the Belfast Health and Social Care Trust's policies, eligibility criteria, and statistics concerning egg freezing and fertility preservation specifically for patients diagnosed with cervical cancer from the period 2023 to date.

Please provide the following information:

1. Referral Pathways and Clinical Guidelines

1a. A copy of the 2023 and current fast-track referral pathway or clinical guideline utilized between the Trust's gynaecological oncology teams and the Regional Fertility Centre (RFC) for patients newly diagnosed with cervical cancer.

RFC referral form attached

1b. Clarification on the Trust's current and 2023 policy regarding the maximum acceptable delay to cancer treatment (e.g., surgery or chemoradiation) to allow an emergency oocyte (egg) freezing cycle to take place.

Decisions regarding any potential delay to cancer treatment are made on an individual patient basis by the treating oncology team, taking into account the clinical circumstances, the urgency of treatment, national guidance, and the patient's informed choice. These patients follow the oncology pathway and are assessed and treated in RFC as a priority.

1c. Any specific clinical exclusion criteria enforced by the RFC regarding egg freezing for specific stages or histological types of cervical cancer (e.g., squamous cell carcinoma vs. adenocarcinoma), please include details of the Trust's policy in 2023 to date.

RFC female referral guidelines attached

2. Hysterectomy and Ovary Preservation Policies

2a. If a cervical cancer patient undergoes a hysterectomy but preserves their ovaries, are they eligible for NHS-funded egg freezing before or after their surgery? What was the Trust's policy with respect to this in 2023- current date?

There is no specific policy regarding this other than the criteria but each case would be evaluated on its own merits.

2b. If a patient preserves their ovaries during a hysterectomy but requires subsequent pelvic radiation therapy (which carries a high risk of ovarian failure), does the Trust's policy explicitly provide NHS-funded egg freezing prior to the radiation treatment?

Such a patient would fall within the RFC referral criteria

2c. If a cervical cancer treatment plan requires a hysterectomy, does the Trust's policy allow egg freezing for the purpose of future surrogacy, or does the Trust exclude NHS funding for egg freezing if the patient will no longer have a functioning uterus? Please provide details of the Trust's policy from 2023 to date.

The requirement for surrogacy in the future is not an exclusion criterion for egg freezing but all patient factors require consideration

2d. Any specific clinical exclusion criteria enforced by the RFC regarding egg freezing post hysterectomy with ovarian preservation, including details of Trust policy from 2023 to date.

No specific exclusions would apply as long as they meet the criteria in the referral guidelines attached.

3. <u>Alternate Material and Funding Restrictions</u>

3a. If standard hormonal stimulation for egg freezing is clinically contraindicated due to an aggressive cervical tumour, does the Trust fund alternative fertility preservation methods, such as ovarian tissue cryopreservation, for these patients?

The RFC does not provide ovarian tissue preservation or refer for this treatment. The RFC is not licensed to provide ovarian tissue preservation. Paediatric services in the Belfast Trust do refer to Great Britain for ovarian tissue preservation.

3b. Does the Belfast Trust or the Regional Fertility Centre operate a policy that excludes patients from NHS-funded fertility preservation if they require a hysterectomy, on the grounds that the eggs would require a future surrogate?

No, the Belfast Trust or the Regional Fertility Centre does not operate a policy that excludes patients from NHS-funded fertility preservation if they require a hysterectomy, on the grounds that the eggs would require a future surrogate.

3c. Please provide details of any relevant policy. If yes, please provide the specific date this policy was enacted and copies of policy documents detailing such restrictions, (if any).

The requirement for surrogacy in the future is not an exclusion criterion for egg freezing but all patient factors require consideration

3d. Is the eligibility criteria for NHS-funded egg freezing for oncology patients uniform across all Health and Social Care Trusts in Northern Ireland, or does the Belfast Trust operate local restrictions that differ from other regional trusts?

The RFC accept referrals from all Health and Social Care Trusts in NI.

3e. Please provide job titles, or specific clinical boards/committees responsible for drafting and reviewing the fertility preservation eligibility policies for oncology patients at the Regional Fertility Centre.

Fertility Project Board – SPPG and Belfast Trust.

4. Statistics (Calendar Years 2023, 2024, and 2025)

4a. The total number of patients with a primary diagnosis of cervical cancer who were referred to the RFC for fertility preservation consultations.

2023 <5
2024 <5
2025 <5

Please note we are unable to provide an exact figure where numbers are very low. To provide this level of information would reduce numbers to discoverable limits where individuals could be identifiable. This is exempt from release under section 40(2) Personal Information relating to a third party, of the FOI Act. This information would be unfair to the individuals to release this information. Disclosure would constitute a breach of the principles of the Data Protection Act 2018.

4b. The total number of these referred cervical cancer patients who successfully completed an NHS-funded egg freezing cycle after a hysterectomy with ovarian preservation.

No patients are referred to RFC following a hysterectomy with ovarian preservation. Patients are referred prior to commencement of oncology treatment and egg preservation is provided at this time.

4c. The average number of days between the RFC receiving an urgent referral for a cervical cancer patient and the commencement of their egg harvesting procedure.

Average time between RFC receiving an urgent referral for a cervical cancer patient and the commencement of their egg harvesting procedure varies between three to five weeks. This is dependant on required clinical investigations and oncology timeframes.

4d. How many Individual Funding Requests (IFRs) or exceptional funding appeals were submitted to the Trust for egg freezing by cervical cancer patients post-hysterectomy in 2023, 2024, 2025 and 2026? Of these, how many were approved and how many were rejected?

The RFC have not received any IFRs or exceptional funding appeals for egg freezing by cervical cancer patients post-hysterectomy in 2023, 2024, 2025 and 2026

5. Conflicts of Interest and Private Practice Governance

5a. Policy Documentation: Please provide a copy of the Trust's current Standards of Business Conduct Policy (or equivalent policy) governing staff conflicts of interest, secondary employment, and clinical private practice.

The Belfast Health and Social Care Trust's arrangements for the management of private practice are set out within A Guide to the Management of Private Practice within the Belfast Trust (February 2022).

5b. Referral Protocols: Please provide the specific protocol, ethical guideline, or code of conduct issued to clinicians regarding the boundary between NHS care and private practice. Specifically, what rules govern instances where an NHS patient is deemed ineligible for an NHS procedure (e.g., fertility preservation) but is subsequently referred to, or advised about, private treatment for that same procedure?

The Trust's Private Practice Policy and the Code of Conduct for Private Practice set out the principles governing the relationship between NHS care and private practice. These include:

Consultants must not initiate discussions with NHS patients regarding private treatment during the course of their NHS duties.

14 July 2026

5c. Declaration of Interests: Please provide the specific declaration of interest form or registry process that clinicians at the Regional Fertility Centre (RFC) must complete to declare their financial, directorial, or clinical involvement with private fertility clinics.

The Trust requires all consultants to complete an annual mandatory declaration regarding private practice activity. The declaration requires consultants to confirm whether they undertake private practice or medico-legal work inside the Trust, outside the Trust, both inside and outside the Trust, or not at all.

Consultants undertaking private practice within the Trust are also required to:

- Confirm that they have read and will comply with the Trust's Private Patients Policy.
- Submit quarterly private practice activity returns to the Paying Patients Office.
- Comply with the Consultant Code of Conduct for Private Practice.

The Private Practice Policy does not specifically contain a declaration form relating to financial, directorial or ownership interests in private fertility clinics.

5d. Service Separation: What safeguards, audits, or oversight mechanisms does the Trust employ to ensure that clinicians sitting on funding or eligibility panels do not financially or professionally benefit from private patient referrals resulting from NHS funding denials?

For consultants, all private professional services and fee paying services that are not part of the Contract of Employment must be undertaken in accordance with Schedules 9, 10 and 11 of the Contract of Terms & Conditions of Service (NI) 2004.

For Specialty Doctors and Specialist Doctors all private professional services and fee paying services that are not part of the Contract of Employment must be undertaken in accordance with Schedules 10 of the Contract of Terms & Conditions of Service (NI) 2021

There is a clear separation of duties between clinical teams and those responsible for applying the Persons Not Ordinarily Resident 2015 Regulations. Eligibility assessments are conducted in accordance with statutory guidance and Trust procedures. Clinicians are not involved in the eligibility determination process and therefore do not influence decisions regarding a patient's entitlement to free HSC treatment.