

Health and Adult Social Care Overview and Scrutiny Committee – Supplementary agenda no. 1

A meeting of the Health and Adult Social Care Overview and Scrutiny Committee will be held on:

Date: 16 June 2026

Time: 6.30pm

Venue: St George's Centre, Pembroke, Chatham Maritime, Chatham ME4 4UH

Items

- 7 Changes to NHS Funded IVF Treatment in Kent and Medway (Pages 3 - 42)**
- Please find attached Appendix 2, a completed retrospective Substantial Variation questionnaire and Appendix 3, engagement report, which have both been provided in addition to the submission in the main agenda pack.
- 8 Proposed Pathway Redesign and Decommissioning of Bedgebury Ward (Pages 43 - 52)**
- Please find attached Appendix 2, a completed Substantial Variation questionnaire which has been provided in addition to the submission in the main agenda pack.

For further information please contact Democratic Services on Telephone: 01634 332072104 or Email: democratic.services@medway.gov.uk

Date: 11 June 2026

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MEDWAY COUNCIL
Gun Wharf
Dock Road



Health Overview and Scrutiny

Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

1. A brief outline of the proposal with reasons for the change

Commissioning Body and contact details: NHS Kent and Medway ICB; 2nd Floor, Gail House, Lower Stone Street, Maidstone. ME15 6NB

Current/prospective Provider(s):

- Care Fertility: locations for services - Tunbridge Wells and Sittingbourne (scanning).
- London Women’s Clinic: locations for services - Bromley and Canterbury (consultations).

**Outline of proposal with reasons:
Summary of the Changes**

NHS Kent and Medway ICB have reviewed and changed its Assisted Reproductive Technologies (ART) policy on NHS-funded fertility treatment. Three changes have been made:

Element	Previous ICB offer	Revised offer (from 1 April 2026)
Age eligibility	Under 40 years	Treatment to start before 38 th birthday
Number of IVF/ICSI cycles	Up to 2 cycles	1 cycle
Number of embryo transfers	Up to 4 transfers	Up to 2 transfers

These changes apply to people who have their treatment eligibility agreed from 1 April 2026 onwards. People who were approved for NHS fertility treatment before this date are not affected and will receive the previous ICB treatment offer. The other eligibility criteria for NHS-funded treatment in Kent and Medway remain unchanged.

The updated policy can be found on the NHS Kent and Medway ICB website.

NHS Kent and Medway ICB recognise that we should have informed HASC of the proposal for change prior to them being implemented, we did not do this and we apologise.

- 2. Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

Change completed 1 April 2026.

3. Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

The proposed changes to NHS-funded fertility services support several priority themes within the Medway Joint Health and Wellbeing Strategy 2024–2028.

The revised ART policy aligns with the strategy's overall commitment to working in partnership to ensure good value for money - making the best use of resources to deliver high-quality, sustainable services for Medway residents. By focusing funded treatment on patient groups with the highest probability of success – those under 38 years of age – the ICB is ensuring that commissioned fertility services remain clinically effective and financially viable for the long term, supporting the strategy's objective of reducing preventable ill-health and improving outcomes.

Priority Theme 4: Connected Communities and Cohesive Services - The changes also respond to the strategy's emphasis on reducing health inequalities. The ICB has considered equity of access in its decision-making, including the commissioning of provider locations in East Kent and scanning facilities in Swale to improve geographical access, particularly for those who had previously raised travel distance as a barrier. The eligibility criteria continue to include single women and same-sex couples with a clinical cause for infertility, consistent with the strategy's ambition for inclusive services.

Priority Theme 1: Healthier and Longer Lives for Everyone - Additionally, the policy maintains and strengthens integration with the perinatal mental health pathway, including Thrive – the specialist Maternal Mental Health Service – which provides psychological support for women following repeated unsuccessful fertility treatment, supporting the strategy's priority around mental health and emotional wellbeing.

4. Alignment with Kent and Medway Sustainability and Transformation Plans.

The proposed changes align with the NHS Kent and Medway Integrated Care Strategy and the wider ICS financial sustainability objectives. The ICB is operating within a constrained financial environment, and the current ART treatment offer – prior to this change – was more generous than 69% of ICBs nationally.

The commissioning change is underpinned by the principles of Procedures of Limited Clinical Effectiveness (PoLCE), a commissioning framework used across the NHS to ensure that public funds are used ethically, efficiently, and in ways that deliver the greatest clinical benefit. This approach is consistent with the ICB's commissioning strategy principles, which prioritise treatments proven to be clinically effective and cost-efficient, whilst discouraging the use of interventions with limited clinical value at a population level.

The revised policy focuses NHS resources on the patient cohort with the highest probability of treatment success, thereby maximising clinical outcomes and ensuring best value for money. By aligning with the national standard of one funded IVF cycle, the ICB is also ensuring long-term financial sustainability of commissioned fertility services in Kent and Medway.

5. Please provide evidence that the proposal meets the Government's five tests for service charge:

Test 1 - Strong public and patient engagement

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

(i) Have patients and the public been involved in planning and developing the proposal?

Public engagement was agreed in November 2025 and was carried out between 26 November 2025 and 26 January 2026. This focused on asking people in Kent and Medway about their experiences and views on NHS-funded IVF/ICSI services – seeking to understand what matters most to patients and the public, what works well in fertility services, and where improvements could be made. It aimed to gather a broad range of perspectives from individuals, families and the wider community, evaluating how potential changes may impact service users and health equity.

(ii) List the groups and stakeholders that have been consulted

Groups and stakeholders consulted included:

- General public across Kent and Medway (online survey)
- Secondary care consultants and GPs
- Fertility consultants and administrative staff (staff survey)
- Voluntary, community and social enterprise (VCSE) organisations
- Maternity and Neonatal Voices Partnership (MNVP)
- Social media audiences

Medway-specific stakeholder groups contacted included: Sunlight Development Trust; Imago Wellbeing Navigation; Medway Gender and Sexual Diversity Centre; Bump Club Medway; Simply Connect Medway; and Medway Maternity and Neonatal Voices Partnership.

Other Kent and Medway and national groups contacted included the National Childbirth Trust (NCT) and Verity – The UK PCOS Charity.

(iii) Has there been engagement with Medway Healthwatch?

There was no direct contact with Medway Healthwatch during this engagement exercise. The ICB acknowledges this as a gap and will ensure Healthwatch is directly engaged in any future changes to commissioned services.

(iv) What has been the outcome of the consultation?

A total of 49 members of the public completed the survey and 7 staff members completed the staff survey. Respondents were predominantly women (89%), with the largest age group being 35–44 (50%) followed by those aged 25–34 (22%). In terms of ethnicity, 82% were White British. Geographically, 17% of respondents were from Medway and Swale.

The engagement feedback showed support for maintaining IVF provision, particularly at two funded cycles, alongside a clear desire for national consistency, fair eligibility criteria, improved access, and better psychological support. While views on NHS prioritisation were mixed, concerns about equity, inequality, and the personal impact of change were prominent throughout the responses.

Key themes from engagement included:

- Strong view (98% of respondents – 45 people) that eligible patients across the country should be offered the same number of NHS-funded cycles, regardless of where they live.
- 72% (33 respondents) felt that reducing the number of funded cycles would affect them or people like them.
- 54% (25 respondents) felt that lowering the age limit would affect them or people like them.
- Access and geography were significant concerns, especially for East Kent residents.
- Psychological impact and the need for emotional support throughout fertility treatment was a recurring theme.

(v) Weight given to patient, public and stakeholder views

The engagement feedback was carefully considered alongside clinical evidence and available ICB resources. Whilst the proposal does not fully align with the public preference for two funded cycles, it does directly respond to the strong public call for national consistency: 69% of ICBs in England currently fund a single cycle. The ICB has also acted on engagement feedback regarding access, contracting an existing provider location in East Kent and scanning facilities in Swale, improving geographical coverage and accessibility. The feedback reinforced the importance of clear communication and psychological support within the pathway, both of which were built into the implementation arrangements. All recommendations from the engagement

process have been considered and responded to within the commissioning decision and implementation plan.

Test 2 - Consistency with current and prospective need for patient choice

The revised policy maintains NHS-funded fertility services for the majority of current service users. In 2025/26, over 80% of all IVF cycles approved in Kent and Medway were for women aged 37 years and under, meaning that the vast majority of patients will continue to be eligible under the revised criteria.

Patient choice in relation to provider is not affected by this change. The ICB contract two established fertility providers – Care Fertility (with locations in Tunbridge Wells and Sittingbourne) and London Women's Clinic (Bromley and Canterbury) – providing patients with a choice of provider across the Kent and Medway geography. Commissioner action to contract locations in East Kent and Swale has additionally improved the geographical choice available to patients, responding directly to feedback about travel burden.

Patients who do not achieve a pregnancy from their one funded cycle and two embryo transfers who have remaining frozen embryos will be able to retain those embryos for personal use (at their own storage cost), preserving some degree of ongoing choice in their fertility journey. Second cycles continue to be offered where the first cycle has been clinically cancelled before egg collection.

The change is consistent with current prospective patient need in that it ensures the financial viability of commissioned fertility services in Kent and Medway into the future. Without a sustainable funding model, the long-term availability of NHS-funded fertility treatment for Medway residents would be at risk.

Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

(i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?

Nationally, 69% of ICBs in England are currently offering a single cycle of IVF treatment. The decision to revise the commissioned age threshold is grounded in a robust and current evidence base confirming that IVF success rates are age dependent.

The NICE Guideline Fertility Problems: Assessment and Treatment (NG257, published March 2026) recommends using maternal age as an initial predictor of the overall chance of becoming pregnant. HFEA data (1991-2023 included in NICE NG257) demonstrates a drop in live births per embryo transfer by age, which begins a steep decline after 37 years. This is further supported by NICE's recommendation that IVF

should no longer be considered a cost-effective treatment for people aged 42 years, and that only one cycle is appropriate for those aged 40 to 41 years if they have not received treatment previously.

The national average age for commencing IVF treatment in 2023 was approximately 35 years, with 83% of patients starting treatment under the age of 40 (HFEA, June 2025). HFEA data shows that in 2018, birth rates using fresh embryo transfers were 34% for those aged 18–34, dropping by 16 percentage points to 18% for those aged 38–39. This gap has been consistent: 2023 data again indicates a 16 percentage point drop between the same age groups, though this data is currently under validation by the HFEA. The proposed change focuses resources on the cohort with the highest probability of treatment success and does not reduce the clinical offer for the large majority of patients.

(ii) Will any groups be less well off?

Women aged 38 and 39 who would previously have been eligible will no longer be eligible for NHS-funded IVF treatment under the new criteria. In 2025/26, this equated to 41 people (12.7% of all first cycle approvals). These individuals may still pursue self-funded treatment, and clear signposting and counselling about age-related fertility decline will be provided.

An Equality, Health Inequalities and Quality Impact Assessment (EHQIA) has been completed. The assessment identified age as the protected characteristic most directly impacted. No material adverse impact has been identified in relation to disability, ethnicity, religion or belief, sexual orientation, gender reassignment, or marriage and civil partnership.

(iii) Will the proposal contribute to the achievement of national and local priorities/targets?

The change aligns with the national direction of travel on IVF commissioning, bringing Kent and Medway into line with 69% of ICBs nationally. It supports ICS financial sustainability objectives and the principles of PoLCE commissioning. The policy is not consistent with the recommendations of the NICE guideline Fertility Problems: assessment and treatment (NG 257 March 2026). However, the previous NHS Kent and Medway ICB ART policy was not in line with NICE guidance and NICE is used to guide and inform commissioning decisions rather than following it in full.

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

The commissioning change was developed by an ICB multidisciplinary team, which included clinical expertise:

- Clinical Leadership (Obstetrics) – Chief Medical Officer
- Quality and Subject Matter Expertise – Director of Maternity, Neonatal and Women’s Health and Associate Director of Maternity, Neonatal and Women’s Health (senior midwife / consultant midwife)

Patient safety is not affected by the changes to the commissioned service. Existing fertility providers will continue to operate under their current arrangements. The

operational change for providers relates solely to the age of patients, the number of funded cycles, and the number of embryo transfers available to eligible patients. There is no change to clinical protocols, surgical procedures, or provider standards.

A proposal for engagement was initially presented to the Strategic Commissioning Subgroup in October 2025, engagement was completed between November 2025 and January 2026, and the final commissioning decision was approved at the Strategic Commissioning Subgroup in February 2026, prior to implementation on 1 April 2026.

Test 5 – Does the proposal include plans to significantly reduce hospital bed numbers? If so please provide evidence that one of the following three conditions set by NHS England can be met:

- (i) Demonstrate that sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and / or
- (ii) Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- (iii) Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

Not applicable. This proposal relates to changes in commissioned eligibility criteria and the number of funded IVF/ICSI cycles and embryo transfers for outpatient fertility services. It does not involve any reduction in hospital bed numbers.

6. Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

(i) The number of patients likely to be affected

In 2025/26, 375 IVF prior approvals were agreed in total. Of these, 41 first cycle and 10 second cycle approvals were for women aged 38 years and over, representing 12.7% and 18.5% of all first and second cycle approvals respectively. Therefore, over 80% of all IVF cycles approved in Kent and Medway were for women aged 37 years and below. This influenced the ICB decision to focus its resources on women starting treatment before their 38th birthday, as this represents the majority of service users and those with the highest probability of treatment success.

Impact for Medway patients:

Of the 375 IVF requests (first and second cycles) approved in 2025/26, 28 approvals were for Medway patients. These were for 27 first cycles and 1 second cycle. Therefore, Medway patients represent 8.4% of all IVF first cycles approved and 1.8% of second cycle approvals.

In terms of age, five of the Medway first cycle approvals were for women aged 38 and over. These women would no longer be eligible for NHS funded treatment under the new policy. The single second cycle approval was for a woman below 38 years.

(ii) Will a service be withdrawn from any patients?

Women aged 38 and over will no longer be eligible for NHS-funded IVF treatment under the new eligibility criteria. Routine second cycles will not be available for any patient. However, second cycles following clinical cancellation (before egg collection) continue to be offered, consistent with long-standing practice.

(iii) Will new services be available to patients?

No new services are being introduced. However, the contracting of additional locations with existing providers allows for improved access to fertility services. This includes provision in East Kent with good transport links, and scanning facilities in the Swale area, responding to patient feedback regarding travel burden.

(iv) Will patients and carers experience a change in the way they access services?

The changes relate to age eligibility and the number of IVF cycles and transfers, not the physical location or timing of appointments. The pathway for those who remain eligible is unchanged. Commissioners will continue to monitor accessibility of services.

7. Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

The proposal is informed by HFEA national data and local Kent and Medway activity data. The national average age for starting IVF in 2023 was around 35 years, with 83% of patients starting under 40. Population growth projections for Kent and Medway indicate continued demand for fertility services.

The proposed changes are designed to ensure financial sustainability so that a commissioned fertility service remains viable for the eligible population in the long term. There are no changes to catchment areas. The two commissioned providers (Care Fertility and London Women's Clinic) cover all areas of Kent and Medway, with the addition of an East Kent location and Swale scanning facilities improving coverage.

8. Diversity Impact

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

An Equality, Health Inequalities and Quality Impact Assessment (EHQIA) has been

completed. The assessment has been rated as High Risk in recognition of the direct impact on individuals affected by the age eligibility change.

Age: The reduction in age eligibility from under 40 to starting treatment before the 38th birthday directly impacts individuals aged 38 and 39 who would previously have been eligible. In 2025/26, this equated to 41 people, representing 12.7% of total first cycle approvals.

Sex: Those directly affected are women (the person trying to conceive).

Other protected characteristics: No material adverse impact has been identified in relation to disability, ethnicity, religion or belief, sexual orientation, gender reassignment, or marriage and civil partnership. The existing eligibility criteria do not exclude same-sex couples or single women who have a clinical cause for infertility.

Mitigations include transparent communication to patients and clinicians; counselling and psychological support within the pathway; clear signposting to Talking Therapies and the perinatal mental health pathway (including Thrive, the Maternal Mental Health Service); and ongoing monitoring of the equalities impact following implementation.

The EHQIA is available on request.

9. Financial Sustainability

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) Is there assurance that the proposal does not require unsustainable level of capital expenditure?
- (d) Will it be affordable in revenue terms?
- (e) What would be the impact of 'no change'?

(i) Will the change generate a significant increase or decrease in demand for a service?

The proposed changes are expected to reduce demand for NHS-funded IVF by removing eligibility for women aged 38 and over and limiting provision to one funded cycle.

Any savings are likely to be realised across more than one financial year given the timing of treatment utilisation and the use of stored embryos. These will be monitored on an ongoing basis.

(ii) To what extent is this proposal driven by financial implications?

NHS Kent and Medway ICB's review of its ART policy was driven by the need to ensure continued clinical effectiveness, best value and optimisation of resource allocations within current financial constraints, whilst maintaining high-quality patient outcomes. Financial sustainability was a driver alongside achieving the best clinical outcomes for our population.

(iii) Is there assurance that the proposal does not require unsustainable levels of capital expenditure?

The change does not require any capital expenditure.

(iv) Will it be affordable in revenue terms?

The proposal is affordable within the existing budget envelope following the proposed changes. Monthly activity monitoring and quarterly contract meetings provide robust financial governance.

(v) What would be the impact of 'no change'?

Without change, the ICB would continue to fund a treatment offer more generous than 69% of national ICBs. This carries an increasing financial risk and risks the long-term future of commissioned fertility services in Kent and Medway.

10. Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

The two currently commissioned fertility providers – Care Fertility (Tunbridge Wells and Sittingbourne) and London Women's Clinic (Bromley and Canterbury) – are well-established providers of fertility services for Kent and Medway. Both organisations hold NHS ICB contracts in other areas and are familiar with a one-cycle offer with reduced transfers.

There will be no changes to infrastructure required or a service redesign needed. The operational change for providers relates solely to the age of patients, the number of funded cycles, and the number of embryo transfers available to eligible patients.

Transport and access considerations have been central to commissioner planning. Following patient feedback about travel burden, commissioners have contracted an existing provider location in East Kent with good transport links for the majority of care, and scanning facilities in Swale. Commissioners will continue to seek opportunities to deliver care closer to home and improve pathway coordination.

11. Is there any other information you feel the Committee should consider?

HASC should have heard about these proposals from the ICB prior to their implementation. We did not get that right on this occasion, for which we apologise.

To provide assurance that this will not happen again, the ICB commits to informing HASC proactively of proposed service commissioning intentions/changes moving forward, including to maternity, neonatal and women's health services. We will share the final engagement report and updated EHQA with HASC. We will also return to HASC twelve months post-implementation to report on how the change is working in practice, including activity levels, complaints received, and any emerging patterns in relation to who is affected.

The ICB is committed to ongoing monitoring of the impact of this commissioning change. Should evidence emerge that the change is having a disproportionate or unanticipated impact on any patient group, we will review the policy accordingly.

12. Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

NHS Kent and Medway ICB assessed the change at the time and did not feel that it was substantial; engagement activities with the public were completed on this basis.

However, the ICB acknowledges that this change constitutes a variation in the commissioned service and, whilst the change has already been implemented, is committed to providing full transparency and engagement with HASC as part of the post-implementation process described in Section 11 above.

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IVF and fertility services engagement report

Report author (s):	Joscelin Yates - Senior Communications and Engagement Project Officer
Date of engagement:	November 2025 – January 2026
Date report produced:	February 2026

Executive summary

Purpose

NHS Kent and Medway asked local people about their experiences and views on NHS-funded IVF (In Vitro Fertilisation) and ICSI (Intracytoplasmic Sperm Injection) services. The engagement sought to understand what mattered most to patients and the public, what worked well in fertility services, and where improvements could be made. Feedback from this engagement will help inform our understanding of how IVF and ICSI services can be delivered in a clinically effective and sustainable way ensuring the best outcomes for patients.

Key findings

During the engagement period from November 2025 to January 2026, a total of 49 responses were received (including two via an alternative survey platform), all collected through online surveys. This approach captured feedback from residents across Kent and Medway, although it is recognised that people affected by digital exclusion may be underrepresented. Targeted efforts were made to encourage participation from people with experience of fertility services, neurodiverse individuals, people with disabilities, and other underrepresented groups.

The feedback highlighted several recurring themes, supported by both qualitative comments and closed-question responses:



- **IVF/ICSI as essential healthcare**

Most respondents viewed infertility as a recognised medical condition and IVF/ICSI as essential healthcare rather than an optional service. Many raised concerns that reducing access would worsen existing health and gender inequalities, particularly affecting women and younger families.

“IVF/ICSI is not a luxury—it is a vital intervention for a legitimate health condition.”
Strong support for national consistency in funded cycles

- **There was overwhelming support for national consistency in the number of NHS-funded IVF cycles.**

98% (45 respondents) agreed that eligible patients across the country should be offered the same number of NHS-funded cycles, regardless of where they live (Q4).

This reflects strong concern about “postcode” variation and a desire for equitable access across England.

- **Importance placed on maintaining two funded cycles**

Respondents consistently highlighted the importance of having more than one funded cycle.

72% (33 respondents) felt that reducing the number of funded cycles would affect them or people like them (Q6).

“The results of the first cycle can help tailor treatment for the second.”

- **Concerns about changes to eligibility and age limits**

More than half of respondents indicated that changes to eligibility criteria, including age limits, would have a direct impact.

54% (25 respondents) felt that lowering the age limit would affect them or people like them (Q5).

This highlights the potential impact of policy changes on people who start families later in life.

- **Equity and eligibility concerns**

Many respondents felt current eligibility criteria are unfair or outdated. Particular concern was raised about exclusion where a partner has a child from a previous relationship, barriers faced by same-sex couples and single women, and the rigid use of BMI thresholds.

“I don’t see why I should be penalised because my partner has a child already.”

- **Access and geography**

Access to services was a significant concern, especially for people living in East Kent. Long travel distances, limited clinic locations, and frequent appointments were described as physically and emotionally burdensome.

“Our nearest clinic was a three-hour round trip for every appointment.”

- **Psychological impact and support needs**

The emotional and mental health impact of infertility and fertility treatment was a recurring theme. Respondents described a lack of psychological support, particularly following unsuccessful treatment or pregnancy loss.

“The psychological toll of infertility is awful and long-lasting.”

- **NHS priorities and value for money**

While most respondents supported continued IVF funding, a minority questioned whether fertility treatment should be prioritised given wider NHS pressures. These views acknowledged the emotional impact of infertility but emphasised competing system demands.

- **Perceived risk of increasing inequality**

Many respondents warned that reducing NHS provision would disproportionately affect those unable to self-fund, effectively limiting access to wealthier groups.

“Without NHS funding, only the wealthiest people would be able to have children.”

Summary

Overall, engagement feedback shows strong support for maintaining current IVF/ICSI provision, particularly two funded cycles, alongside a clear desire for national consistency, fair eligibility criteria, improved access, and better psychological support. While views on NHS prioritisation were mixed, concerns about equity, inequality, and the personal impact of change were prominent throughout the responses.

Recommendations

- **Align funded IVF/ICSI cycles with national precedent and financial sustainability**

Across England, most Integrated Care Boards currently fund one IVF cycle, there is little data and evidence on numbers of cycles accessed, but what is available shows that people access 1.3-1.5 cycles on average. Aligning local provision with national practice supports financial sustainability and consistency, responding to the strong public support for national alignment identified in the engagement (Q4). Engagement feedback also highlights the importance placed on multiple cycles, which should be carefully considered in how any changes are communicated, implemented, and supported.

- **Ensure eligibility criteria are evidence-based, equitable, and legally robust**

Engagement responses raised concerns about exclusions affecting people with a partner who has a child, same-sex couples, single women, and the application of BMI thresholds. Consider a review of eligibility criteria to ensure alignment with national treatment and access requirements, equality legislation, and current clinical evidence, while maintaining affordability.

Current position: The Kent and Medway ART policy does not exclude single women and single sex couples. However, patients do need to have a health-related fertility problem i.e. a clinical cause for infertility, offering equity with heterosexual couples. The application of the ICB eligibility criteria that women receiving fertility treatment must have a BMI within the range 19-30 kg/m² is in line with national guidance and is consistent with the position of other ICBs in England. The eligibility criteria for there to be no children from their relationship or any previous relationship, including those children who are adopted is a common eligibility criterion nationally for treatment access and is replicated by most of our regional partners.

- **Address access and geographical variation within the existing pathway**

Travel distance and clinic location, particularly for East Kent residents, were identified as barriers. Opportunities to improve pathway design such as delivering elements of care closer to home or improving coordination across providers should be explored to enhance patient experience.

Current position: Commissioners responded to this feedback which was given via complaints in 2025 by contracting an existing fertility provider location in the East Kent area with easy transport links. Patients are able to have the majority of their care at this location, only travelling outside of the East Kent area for their surgically based fertility treatments or where storage of gametes is required e.g. egg collection and embryo transfers. In addition, commissioners also contracted the second existing fertility provider to offer scanning facilities in the Swale area. Commissioners will continue to look for opportunities to improve pathway design such as delivering

elements of care closer to home or improving coordination across providers and ensure any changes are well communicated.

- **Integrate psychological support within fertility pathways where feasible**

Feedback consistently described psychological support as an important component of fertility care. Integrating or strengthening signposting to emotional and mental health support within existing pathways may help mitigate wider system impacts, including demand on mental health and maternity services.

Current position: In Kent and Medway, people are able to access Talking Therapies via self-referral. In addition, Thrive, the maternal mental health service offers psychological support for those that have experienced trauma or perinatal loss, and, having accessed Talking Therapies, require more specialised psychological support.

- **Strengthen communication, transparency, and ongoing review**

Clear, accessible information on eligibility criteria, treatment pathways, and the rationale for commissioning decisions is essential, particularly given that 54.3% and 71.7% of respondents reported that changes to eligibility or funded cycles would affect them (Q5 and Q6). Decisions should be clearly linked to national policy, clinical evidence, and financial considerations, with arrangements in place to monitor and review the impact of any changes over time.

Next steps

This report will be considered by NHS Kent and Medway board in March 2026 alongside clinical evidence to inform any changes.

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1 Introduction

Context and background

NHS Kent and Medway ICB faces a significant budget deficit leading to the need to reevaluate all of our commissioned services to ensure they are aligned to clinical effectiveness and best value. The proposal to change eligibility criteria aligns with national / regional precedent, the need for financial sustainability and clinical effectiveness. National NHS funding treatment and access requirements can be found here: NHS-funded in vitro fertilisation (IVF) in England - GOV.UK

Nationally, 69% of ICBs offer only one funded IVF cycle. Little data and evidence is available on the number of cycles taken up, but what is available shows that on average this is 1.3-1.5 cycles

Objectives of engagement

- To understand how potential changes to the number of funded IVF cycles or eligibility criteria may impact individuals, their families, and the broader community.
- To gather views on how any savings resulting from changes to IVF/ICSI provision should be used within the NHS, including suggestions for reinvestment in IVF services or the wider NHS.
- To invite additional comments or feedback about the IVF/ICSI treatment review such as concerns, anticipated effects, or broader perspectives, so these insights can inform decision-making and ensure that any changes consider the needs and experiences of those potentially affected.

Scope

The scope of this the IVF/ICSI treatment review is to assess the current provision and eligibility criteria for NHS-funded IVF cycles within Kent and Medway ICB. The review will consider alignment with both national and regional practices, clinical effectiveness, financial sustainability, and it aims to gather a broad range of perspectives from individuals, families, and the wider community, evaluating how potential changes may impact service users and health equity. The review will also explore suggestions for reinvesting any savings, ensuring that proposed changes are informed by both evidence and community feedback, with the goal of supporting the sustainable delivery of high-quality, sustainable and clinically effective fertility services.

2. Findings and analysis

Key insights and interpretation

Public sentiment:

The feedback received indicates concerns around any potential changes to NHS-funded IVF/ICSI services. Most respondents view IVF as an essential healthcare service, and

many report that reductions in funded cycles or changes to age limits would have a direct, personal impact on themselves or others in similar situations.

While there is recognition of the need for the NHS to use resources responsibly, the community consistently emphasises that fertility treatments should be protected, particularly given the financial and emotional burden associated with infertility. Equity, access, and psychological support are recurring concerns, with respondents highlighting issues such as travel distances, and exclusion based on previous children or sexual orientation.

These findings suggest that, although financial sustainability is important, any adjustments to IVF/ICSI provision should be made carefully, with full consideration of patient experiences and equity implications. The sentiment reflects a clear call to ensure that fertility services remain fair, accessible, and responsive to the needs of the community.

Themes and trends

Strong support for maintaining two cycles

A consistent theme is that multiple funded cycles are seen as essential due to the unpredictable nature of treatment success. Respondents highlight that limiting cycles can directly prevent families from forming.

- *“Yes please do not reduce the amount of cycles funded, a lot of couples cannot afford private rounds.”*
- *“From what I understand IVF is a bit of a guessing game... the results of the first cycle can help tailor your treatment for the 2nd round and hopefully provide a better outcome.”*
- *“I’ve been fortunate enough to receive one egg collection and 3 transfers through K&M NHS funding. I am now 17 weeks pregnant. Without this funding I’d never have been in a position to become a mother.”*

Equity and fairness concerns

Many respondents emphasise that current eligibility criteria can be discriminatory, especially regarding age, BMI, previous children, and sexual orientation. There is strong advocacy for fair, inclusive access.

- *“Currently the system is unfair and biased against same sex couples.”*
- *“I think access for those who have a partner with a child already would bring equity.”*
- *“I had ICSI 25 years ago... If you change anything please don’t revert to this exclusion criteria, it is heartless.”*

Access barriers

Physical access challenges include long travel distances and limited clinic availability are highlighted, particularly in East Kent. Respondents suggest expanding local provision and partnerships with NHS sites.

- *“Access to treatment is really difficult – it took SO SO long for us to get through the process... our nearest clinic was Tunbridge Wells – a 3 hour round trip for every appointment.”*
- *“Closer locations would be wonderful... the clinic we used was amazing, but we had an hour’s drive there and back.”*
- *“Opportunity for IVF/ICSI should be consistent across the system... IVF providers could consider partnering with NHS providers to provide certain outpatient procedures at NHS sites.”*

Psychological impact and support needs

Respondents repeatedly note the emotional strain of infertility and the importance of mental health support, both during and after treatment.

- *“The psychological toll of infertility is awful... there should be support for people with a limit but there should be some option of medical intervention.”*
- *“Infertility is hugely distressing with far-reaching effects on mental health, well-being and work capability.”*
- *“I think there needs to be a good network of support offered... perhaps a buddy system from other couples going through the same journey.”*

IVF/ICSI as essential healthcare

Many participants frame IVF/ICSI as a medically necessary intervention, not a luxury, with broader societal and intergenerational implications. Reductions are seen as inequitable.

- *“I strongly believe that IVF is an essential medical service. Infertility is a recognised disease, and treatment for it should be treated with the same seriousness and fairness as any other medical condition.”*
- *“Protecting the tiny amount that is currently spent on IVF should be prioritised as it’s one of the only services that benefits young people and their families today.”*
- *“Maintaining, and ideally improving, access to fertility treatment is crucial for supporting individuals, families, and broader reproductive health equity.”*

Questions regarding funding priorities

Some were concerned about cutting services in the context of reduced budget. Many argue that cutting IVF is short-sighted and could lead to greater long-term costs.

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- *“Whilst reducing services might save the NHS money in the short term, it is likely to cost the wider public purse more in the long term.”*
- *“The questions in this consultation suggest a potential move toward reducing funding, which is deeply worrying... IVF/ICSI is not a luxury or optional add-on—it is a vital intervention for a legitimate health condition.”*

3. Recommendations to support decision-making

Building on feedback from patients and public the following recommendations will guide actions and next steps on NHS-funded IVF/ICSI services. They are designed to ensure fair and equitable access, reflect clinical evidence, and support sustainable service provision. Recommendations include aligning the number of funded cycles with national practice while acknowledging the feedback received around multiple cycles. Improving access by reducing travel and logistical barriers; and considering how psychological support can be integrated into treatment pathways. These measures aim to provide a balanced, evidence-informed approach that responds to the concerns of those affected while maintaining consistency with national guidance.

If changes are made to NHS-funded IVF/ICSI provision, the following actions are recommended to ensure a robust, evidence-based, and equitable approach:

1. **Provide clear rationale and communication** – Clearly explain any changes, including the clinical evidence and national guidance underpinning decisions, so patients understand the reasons for adjustment.
2. **Acknowledge the importance placed on multiple cycles** – While aligning with national practice, recognise the value patients place on multiple cycles and provide guidance on what this means for treatment expectations.
3. **Any future Review of current eligibility criteria and equity impacts** – Thorough EHQA to assess how changes affect groups currently excluded or disadvantaged (e.g., previous children, same-sex couples). Ensure any future policy changes are applied fairly. Communicate the criteria and its impact on specific groups clearly.
4. **Support patients through transition** – Offer accessible information, guidance, and options for psychological support to help patients navigate the impact of any changes.
5. **Monitor and review** – Continuously monitor the impact of any changes on access, outcomes, and patient experience, and review the policy regularly to ensure it remains evidence-based, equitable, and sustainable.

These recommendations give NHS Kent & Medway a clear plan for IVF/ICSI services that are equitable, evidence-informed, and sustainable. They reflect what patients and the public have told us, align with local and national NHS guidance, and provide a framework to ensure services continue to meet the needs of those trying to access fertility treatment.

4. Next steps

The insights gathered through this engagement will be used to inform the review of IVF/ICSI and fertility services. The findings will be shared with commissioners, the Strategic Commissioning subgroup committee and ICB board as they consider changes.

In the immediate term, the next steps include:

- **Ongoing monitoring and feedback mechanisms** – establishing clear routes for patients, carers, and staff to continue to share their views once any changes to the service are agreed and implemented, supporting continuous improvement.

Meaningful public engagement is essential to shaping health policy and local NHS services in Kent and Medway, ensuring that decisions reflect the real needs, experiences, and priorities of the communities they serve. By continuing to involve people at each stage of the process, the ICB can make sure that future NHS fertility provision is not only safe and efficient but also person-centred, inclusive, and responsive to the communities who rely on it.

5. Acknowledgements

Thank you to everyone who took part in this engagement, including local people, community groups, and stakeholders who shared their experiences about IVF and fertility services.

We are also grateful to our partners who helped make this work possible:

- Voluntary and community groups
- Maternity and Neonatal Voices Partnership
- London Women's Clinic and Care Fertility
- The secondary care consultants
- Our colleagues in the Commissioning Support Unit

We recognise the invaluable contributions made by all who engaged with this process. Your honest feedback and thoughtful suggestions have played a vital role in shaping our understanding and guiding the future development of services. Without your willingness to share personal experiences and professional insights, this engagement would not have been as comprehensive or impactful.

6. Appendices

Appendix i: Methodology

Engagement methods

The engagement was carried out between November 2025 and January 2026, using a combination of approaches to reach a wide range of patients and public.

- **Public survey:** An online survey was widely promoted to gather feedback on patient experiences, accessibility, and suggestions for improvement. A total of 49 responses were received.
- **Stakeholder engagement:** Secondary care consultants and GPs were asked to share the survey with their patients
- **Voluntary and community organisations:** Voluntary, community and social enterprise (VCSE) organisations, particularly those supporting families, and underrepresented communities were contacted to help reach a wider audience.
- **Social media and communications:** Promotional campaigns ran across X (formerly Twitter), Facebook, and community/stakeholder newsletters from November 2025 to January 2026, helping ensure residents across Kent and Medway had the chance to share their views.

Accessibility, ethics and confidentiality

Communications were tailored to meet diverse needs, with materials provided in plain English.

Social media and local media channels were also used to broaden reach and ensure transparency. These approaches helped remove barriers to participation, enabling a wider cross-section of the population to contribute to shaping local NHS services.

During our engagement activities with people and communities, we ensured that all feedback and data were gathered and shared ethically, with a strong emphasis on transparency, inclusivity, and respect for individual experiences. In line with the UK General Data Protection Regulation (GDPR), all personal data was handled confidentially, with informed consent obtained, and secure systems used to store and process information, maintaining public trust and safeguarding privacy throughout.

Sampling and participant demographics

A total of 49 people completed the survey. Many respondents were women (89 per cent) and the largest age group was 35-44 (50 per cent) followed by those aged 25-34 (22 per cent). Most respondents do not consider themselves to have a disability. In terms of ethnicity, 82 per cent were White British and 89 per cent have never served in the armed forces. Geographically, 38 per cent of participants live in East Kent, 34 per cent West Kent, 17 per cent Medway and Swale, 11 per cent Dartford, Gravesham and Swanley.

Timeline

The survey and feedback were gathered between November 2025 and January 2026.

Challenges and limitations

While the engagement provided valuable insights, several challenges and limitations were noted:

Reaching under-represented groups: Despite targeted efforts, it was difficult to engage certain communities and some seldom-heard groups.

Digital access: The public survey was online, which may have excluded people with limited internet access, low digital literacy, or preference for alternative formats.

Response distribution: 49 responses were received, some areas (e.g., Medway and Swale and Dartford, Gravesham and Swanley) had smaller numbers of responses, which may limit the representativeness of area-specific findings.

Self selection bias: Survey respondents chose to participate voluntarily, which may mean that feedback is more reflective of those with strong opinions or experiences, rather than the entire population of IVF and fertility service users.

No in-person interaction: Capacity on attending community events and face-to-face engagement meant that some nuances or in-depth qualitative insights may not have been captured compared with in-person discussions.

Specialist nature of the service: IVF/ICSI is a specialist service, and therefore a large response rate would not be expected. However, those who did engage provided rich, detailed, and meaningful insights, offering valuable qualitative evidence to inform decision-making

Engagement of the wider population

The survey was intentionally open to the wider Kent and Medway population to capture broader public perspectives on NHS prioritisation. However, a respondent noted that infertility is a recognised medical condition affecting a relatively small population, and that

engagement responses may therefore reflect differing levels of personal relevance. This is a recognised limitation of open public engagement on specialist services and has been taken into account when interpreting findings.

Complexity of the subject matter

IVF/ICSI commissioning is a clinically and ethically complex area, involving NICE guidance, local commissioning policies, financial constraints and variable treatment pathways. A concern was raised that elements of the survey required a high level of prior knowledge to interpret fully. This highlights a broader challenge in designing public-facing engagement on specialist services: balancing accessibility for a general audience with the need to convey sufficient clinical and system context to support fully informed responses.

Interpretation of survey questions

Feedback received during the engagement period, including detailed written correspondence, indicated that some questions were interpreted as implying trade-offs or policy intentions that were not explicitly stated. As with any engagement exercise, question framing may influence how information is understood, particularly where respondents bring different levels of familiarity with NHS funding mechanisms or clinical evidence. These perspectives provide useful insight into how future engagement materials could be supported by additional contextual information or explanatory material.

Despite these limitations, the engagement generated clear, actionable insights that reflect the experiences, concerns, and priorities of a range of IVF/ICSI and fertility service users and non-users across Kent and Medway.

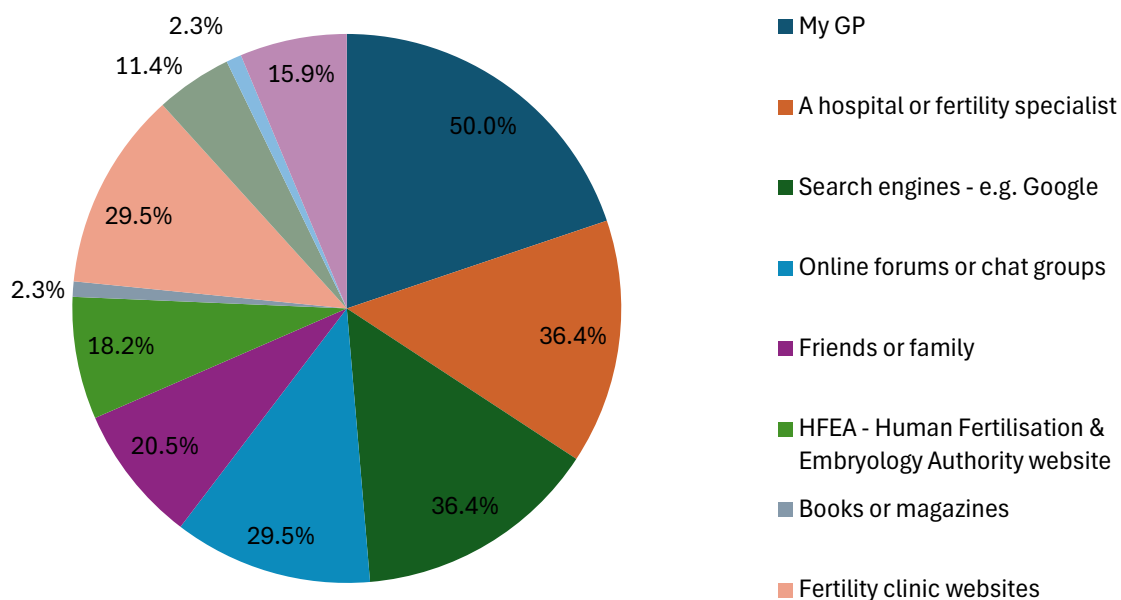
Appendix ii: Feedback and data set

- Quantitative data (e.g. survey results) qualitative insights- 'key' quotes)
- More detailed breakdown of qualitative feedback (anonymised)

Q2: Have you or your partner ever received IVF or ICSI treatment to help you have a baby? (Please note: self-funded may include egg donation cycles where treatment is provided free to the donor.)			
Answer Choice		Response Percent	Response Total
1	Yes – NHS funded IVF	34.8%	16
2	Yes – I paid for it myself	15.2%	7
3	Yes – I received both NHS funded and paid for fertility treatments	6.5%	3
4	No – but I might use NHS IVF in the future	13.0%	6
5	No – but I might pay for IVF myself in the future	0.0%	0
6	No	26.1%	12
7	Prefer not to say	4.3%	2
<i>answered</i>			46
<i>skipped</i>			1

Q3: When you first started thinking about NHS fertility treatment such as IVF/ICSI where did you find out more? (This will help us plan how we communicate about IVF in future.)

When you first started thinking about NHS fertility treatment such as IVF/ICSI where did you find out more?(This will help us plan how we communicate about IVF in future.)



Q4: Currently, NHS Kent and Medway funds up to two full IVF cycles. Do you think all eligible patients across the country should be offered the same number of NHS-funded IVF cycles, no matter where they live?

Answer Choice	Response Percent	Response Total
1 Yes	97.8%	45
2 No	2.2%	1
3 Don't know	0.0%	0
answered		46
skipped		1

Q5: If the NHS changed who can have IVF (lowering the age limit) do you think this would affect you or people like you?			
Answer Choice		Response Percent	Response Total
1	Yes	54.3%	25
2	No	30.4%	14
3	Don't know	15.2%	7
<i>answered</i>			46
<i>skipped</i>			1

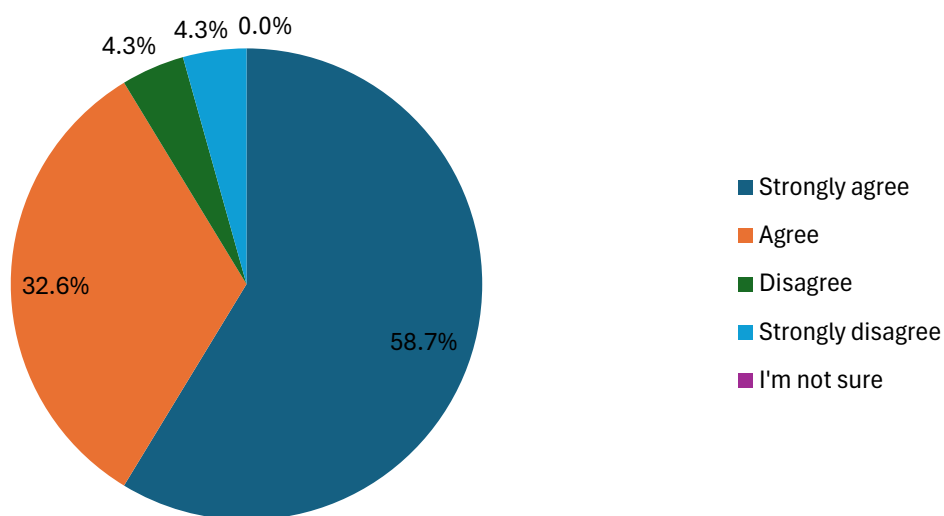
Q6: If the NHS changed how many times IVF is offered (paying for fewer cycles) do you think this would affect you or people like you?			
Answer Choice		Response Percent	Response Total
1	Yes	71.7%	33
2	No	19.6%	9
3	Don't know	8.7%	4
<i>answered</i>			46
<i>skipped</i>			1

Q7: Thinking about everything the NHS does, how important do you think IVF/ICSI treatment is?			
Answer Choice		Response Percent	Response Total
1	Very important	63.0%	29
2	Quite important	19.6%	9
3	Somewhat important	6.5%	3
4	Not very important	2.2%	1
5	Not important at all	8.7%	4
6	I'm not sure	0.0%	0
<i>answered</i>			46
<i>skipped</i>			1

Q8: Do you agree or disagree with this statement:

"The NHS needs to look at all the services it provides to make sure money is spent in the best way for everyone."

Do you agree or disagree with this statement:
"The NHS needs to look at all the services it provides to make sure money is spent in the best way for everyone."



Q9; If any changes to IVF/ICSI funding saved money, how do you think the NHS should use that money?

Answer Choice		Response Percent	Response Total
1	Spend it to improve fertility services (for example, better support or access)	58.7%	27
2	Spend it on other NHS services (please say which ones if you can in any other comments section at the end of the survey)	4.3%	2
3	Use it to help reduce waiting times across the NHS	21.7%	10
4	Other (please specify):	15.2%	7
answered			46
skipped			1

Respondents who chose "other" provided these comments:

"I don't believe that cuts to IVF/ICSI funding should be considered a source of "savings" in the first place. Infertility is a recognised medical condition, and IVF is an essential treatment. Any money "saved" by reducing access would be minimal in the grand scheme of major NHS contracts and overall healthcare spending. Framing the question this way is misleading, as it suggests fertility treatment is optional or less important than other services. If the NHS were to save money anywhere, it should come from areas of inefficiency or non-evidence-based spending—not from essential treatments that directly affect people's ability to build a family. Reducing IVF/ICSI funding would create significant personal, emotional, and long-term health impacts while yielding negligible financial benefit. Therefore, I believe the priority should be maintaining equitable access to fertility treatment, rather than reallocating funds away from it."

"There are unintended consequences of reducing funding whereby patients need and carry cost for other services such as mental health, recurrent miscarriage, higher risk maternity services."

"Use to reduce waiting times in A&E and improve GP practices."

"Prevention and well being."

"Wherever it can be put to best use."

"Community services for sickle cell Anaemia children."

"Primary care and frailty care."

Q10: Do you have any other comments about this IVF/ICSI treatment review? (For example, how possible changes might affect you, your family, or others.)

Overall, from the 30 open-ended responses received these were strongly shaped by lived experience and highlighted the emotional, ethical, and practical dimensions of fertility treatment. The most prominent themes were the importance of multiple cycles, fairness of eligibility criteria, access barriers, and the psychological impact of infertility, alongside a smaller number of comments questioning funding priorities.

1. IVF/ICSI viewed as essential healthcare:

Many respondents described infertility as a recognised medical condition and emphasised that IVF/ICSI should be treated with the same seriousness as other NHS services. Reductions in funding were seen as exacerbating existing health inequalities, particularly in women's health.

"Infertility is a recognised disease, and treatment for it should be treated with the same seriousness and fairness as any other medical condition."

Some respondents also raised concerns about intergenerational fairness, noting that IVF represents a relatively small proportion of NHS spend while disproportionately benefiting younger people and families.

2. Support for maintaining multiple funded cycles

A dominant theme was the importance of having more than one funded cycle. Respondents frequently highlighted the uncertainty of treatment outcomes and the role of subsequent cycles in refining clinical approaches.

“IVF is a bit of a guessing game... the results of the first cycle can help tailor your treatment for the second round.”

“Not everyone is lucky after the first round—two full cycles were needed for my journey.”

Several respondents shared personal success stories achieved after multiple transfers, reinforcing the perceived value of retaining more than one funded attempt.

3. Equity and fairness of eligibility criteria

Many comments focused on eligibility rules that respondents felt were unfair or outdated, particularly exclusions based on a partner having a child from a previous relationship, sexual orientation, single status, age, or BMI.

“BMI is a very complex measure... simply losing weight is not always an option.”

There was strong emotional language around historical exclusions, with some respondents describing long-lasting distress linked to past eligibility decisions.

4. Access barriers and geographic inequality

Practical barriers to accessing treatment were frequently raised, particularly long travel distances, limited clinic availability, and delays in referral pathways, with East Kent mentioned repeatedly.

“Our nearest clinic was Tunbridge Wells – a three-hour round trip for every appointment.”

“Services are often far away from patients, particularly those residing in East Kent.”

Suggestions included closer clinics, NHS-provider partnerships, and improved coordination of appointments.

5. Psychological impact of infertility and treatment

Respondents consistently highlighted the emotional and mental health impact of infertility and fertility treatment, with calls for better psychological support alongside medical intervention.

“The psychological toll of infertility is awful.”

“Infertility is hugely distressing with far-reaching effects on mental health, wellbeing and work capability.”

Some respondents suggested peer support, buddy systems, or better integration with services supporting pregnancy loss and trauma.

6. Alternative views on NHS priorities (minority theme)

A smaller number of respondents questioned whether IVF should be prioritised given wider NHS pressures, describing fertility treatment as less essential compared to other health needs.

“IVF is hugely expensive and an unnecessary spend given other health priorities.”
“It’s better to care for people already on the planet who are in pain and have health needs.”

While less common, these views highlight the importance of clear communication around the rationale for funding decisions and opportunity costs.

Together, these insights provide rich qualitative evidence to support informed and balanced decision-making.

Promotion:

A stakeholder mapping exercise was undertaken to identify relevant organisations, networks, and groups with an interest in fertility services (see Appendix iii: Stakeholder Mapping).

Emails were sent to all identified stakeholder groups, including patient and community organisations, equality and inclusion networks, and health and care partners. These emails included:

- A link to the online survey
- Clear information about the purpose of the engagement
- A request for recipients to share the survey with relevant or interested individuals and networks to widen reach

This approach aimed to support broader awareness of the engagement and encourage participation from people with lived experience, as well as those from underrepresented groups.

While the engagement primarily used digital channels, efforts were made to promote inclusivity by encouraging responses from neurodiverse individuals, people with disabilities, and other groups who may face barriers to accessing fertility services.

Appendix iii: Stakeholder mapping

Name	Area / Town	Description / Relevance
Fertility Network UK – Kent Group	Kent (county-level)	Peer support, closed Facebook group for people in or near Kent.
Fertility Friends Support Group – Thanet	Thanet, East Kent	Local support group for those struggling to conceive in Thanet & surrounding areas; meets monthly.
Sunlight Development Trust	Medway / Gillingham	Community trust undertaking health & wellbeing work, with local community networks.
Imago – Wellbeing Navigation	Medway	Supports adults in navigating health, social care, and community services; good network connector.
Thrive (Psychological Support for Birth Trauma / Loss)	Kent & Medway	Supports those who have experienced perinatal trauma or baby loss; operates within Kent & Medway NHS / mental health services.
Kent & Medway Sexual Health / One You Kent	Kent & Medway	Provides sexual health, lifestyle, wellbeing services; may overlap with fertility / reproductive health.
MGSD Centre (Medway Gender & Sexual Diversity Centre)	Medway	Support for LGBTQI+ people, families, and carers in Medway; runs groups for trans, non-binary, and partners.
BeYou Project (Kent / Medway youth LGBTQ)	Kent & Medway	Supports young LGBTQ+/questioning people aged 13–25, hosts support and social groups.
Stonewall	UK-wide	UK-wide LGBTQ equality charity; useful for policy and support networks.
Imaan (LGBTQ+ Muslims)	National, with Kent links	Supports Muslims who identify as LGBTQ+; relevant for community outreach.
Verity – The UK PCOS Charity	UK-wide	Supports people with PCOS (Polycystic Ovary Syndrome), which is often associated with fertility challenges.
Bump Club Medway	Medway	6-week programme for pregnant women focusing on nutrition and physical activity during pregnancy.
NCT	Various locations	Offers support for early parenthood: baby first aid classes, walks, and stay & play groups.
Simply Connect Medway	Medway	Online platform connecting residents to local community groups and activities, including health and wellbeing services.
Perinatal Mental Health Community	Kent & Medway	Community-based support for expectant mothers, birthing parents, and families experiencing, or with a history of, severe mental health difficulties.

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Service (PMHCS)		
Maternity Voices Network – North Kent		Bringing together service users, midwives, and health professionals to improve local maternity care.
Maternity Voices Network – West Kent		
Maternity Voices – Medway		
Maternity Voices – East Kent		
Kent Equality Cohesion Council		Working towards the reduction of inequality, the elimination of discrimination and to promote good relations between the diverse communities with a view to strengthen community cohesion in the County of Kent
East Kent Mencap		Learning disability support
Beyond the Page - Thanet		Work with partner organisations to develop and improve services for minority ethnic families
Kent Autistic Trust		Provides support for autistic people
Kent Family Hubs		

Appendix iii: Staff Engagement Report

Introduction

As part of the Kent and Medway IVF and ICSI Review, a targeted staff survey was undertaken to gather insight from professionals directly involved in fertility referral, approval and treatment pathways.

Seven staff members responded. All respondents reported working frequently with patients being referred for or receiving IVF/ICSI treatment. Respondents included:

- Fertility consultants (43%)
- Administrative staff (43%)
- Practice nurse (14%)

Geographically, 57% of respondents were based in East Kent, with representation from Medway and West Kent. No responses were received from Dartford, Gravesham and Swanley.

While the sample size is small, respondents are directly involved in IVF/ICSI pathways and therefore provide relevant clinical and operational insight. Findings should be interpreted as qualitative professional feedback rather than statistically representative workforce opinion.

Overall themes across the survey

1. Strong concern regarding patient wellbeing and potential widening of inequalities.
2. Clear recognition of infertility as a medical condition with significant psychosocial impact.
3. Confidence in existing clinical practice and prior approval governance processes.
4. Identification of referral pathway inefficiencies.
5. Preference for reinvestment within fertility services if savings were achieved.
6. Limited but notable concern regarding service stability and workforce morale.

Breakdown of qualitative questions

Question 4: If eligibility or the number of NHS-funded IVF cycles were to change, how would this affect your work or your patients?

- 85.7% anticipated a significant impact
- 14.3% anticipated some impact

Key themes identified:

- **Patient wellbeing and emotional impact**

Staff consistently emphasised the psychological and physical implications of reducing funded cycles or tightening eligibility criteria.

“It will be detrimental to patients to have fewer cycles and significantly impact their physical and mental health which may cost nhs money.”

“Reducing the eligibility criteria or the number of NHS-funded IVF cycles would have a profoundly negative effect on both clinical practice and, more importantly, on patients. Fertility care is not a ‘lifestyle choice’; for many individuals and couples, infertility is a recognised medical condition with significant physical, psychological and social consequences.”

- **Health inequalities**

Concern was raised that reductions could disproportionately affect lower-income groups and widen inequalities.

“Restricting access would disproportionately impact those from lower socioeconomic backgrounds, widening existing health inequalities, and would push more patients toward privately funded treatment, often at substantial financial hardship.”

- **System and operational pressures**

Some respondents highlighted potential unintended operational consequences:

“Might be fewer requests, but then again might raise Individual Funding Requests for a period of adjustment, where patients try to get the access that used to be allowed.”

“Delayed access and reduced availability of IVF cycles would lower cumulative pregnancy rates, reduce overall treatment success, and increase the emotional burden on patients. It would also likely increase demand for diagnostic and supportive care within the NHS, as patients spend longer in the system without access to definitive treatment.”

One respondent also referenced workforce and service stability:

“Such restrictions risk undermining continuity of care, destabilising fertility services and adversely affecting workforce morale and recruitment.”

Question 5: If changes to IVF funding saved money, how should these resources be used?

- 57% supported reinvestment within fertility services
- 29% supported reducing waiting times across services
- 14% selected “Other”

A detailed response questioned whether meaningful savings would be achieved:

“The premise that reducing IVF funding would generate meaningful or appropriate savings is itself questionable. Fertility treatment is cost-effective, time-sensitive and supported by clear NICE guidance; limiting access would shift financial and emotional burden to patients and worsen health inequalities without genuinely easing NHS pressures.”

Where savings were considered hypothetical, reinvestment within reproductive medicine was strongly supported:

“If, however, hypothetical savings were generated, they should be reinvested within the reproductive medicine pathway, where unmet need is substantial.”

Question 6: What aspects of the current fertility service are working well?

Five respondents provided qualitative feedback.

- **Value of current funded provision**

“Kent and Medway are supporting their fertility patients with their journey by providing two funded cycles and 4 transfers. Which is a good opportunity for these individuals/ couples.”

“The current nhs funded cycles are real benefit to patients who need treatment to have a family. The approval process is very efficient.”

- **Effective prior approval and governance**

“Prior Approval extremely important in ensuring proper access to services... The interaction between the IFR team and the commissioners and fertility clinic is open and helps to address any questions and anomalies.”

- **Strong clinical and multidisciplinary care**

“Clinical teams are highly motivated, knowledgeable and committed to evidence-based practice.”

“Patients consistently describe feeling well supported, listened to and guided through what can be a complex and emotionally challenging journey.”

Overall, staff described current services as operationally effective and valued by patients.

Question 7: What areas could be improved?

Five respondents identified areas for development.

- **Referral pathway delays and administrative barriers**

The most detailed feedback related to primary-to-secondary care referrals:

“Currently, there are multiple barriers for GPs wishing to refer patients into secondary care fertility services, including additional administrative requirements and restrictive criteria embedded within the planned care pathways. These requirements are often unnecessary, add delay and workload, and ultimately do not contribute to clinical decision-making or improved patient outcomes.”

“We receive significant negative feedback and formal complaints relating to difficulties accessing secondary care fertility clinics, with many patients experiencing prolonged delays at a time when early intervention is essential for effective fertility treatment.”

“Streamlining referral pathways, reducing unnecessary gatekeeping steps, and ensuring clearer communication and guidance for GPs would greatly enhance the patient journey.”

Shorter comments reinforced this theme:

“Additional administrative requirements... add delay and workload...”

“Patients experiencing prolonged delays at a time when early intervention is essential...”

- **Eligibility criteria review**

Some respondents suggested reviewing specific criteria:

“Removing the BMI criteria for men...”

“Increase access for fertility preservation with conditions like endometriosis.”

- **GP information and communication**

“Provide greater information to GPs so that they can address funding policies and treatment options and be realistic about what patients are eligible (or not eligible) for from the outset of their journey.”

Conclusion

Although the staff survey sample is small, respondents are directly involved in IVF/ICSI pathways and provide relevant professional insight.

There is a clear expectation among respondents that reductions in eligibility or funded cycles would have significant patient impact, particularly in relation to emotional wellbeing and equity of access. Concerns were also raised regarding potential transitional pressures, including increased Individual Funding Requests and service stability.

At the same time, staff identified strong foundations within the current service, including effective prior approval processes, motivated multidisciplinary teams, and positive patient feedback. Opportunities for improvement were primarily focused on streamlining referral pathways and improving communication and clarity for GPs and patients.

These findings do not negate the financial and national policy context requiring commissioning alignment. However, they highlight the importance of:

- Careful implementation planning
- Clear communication of rationale and eligibility
- Equality and health inequality consideration
- Monitoring operational and workforce impacts during transition

Overall, staff engagement reinforces the need for a balanced approach that considers financial sustainability alongside equity, clinical effectiveness, patient experience and system resilience.

MEDWAY COUNCIL
Gun Wharf
Dock Road



Health Overview and Scrutiny

Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

1. A brief outline of the proposal with reasons for the change

Commissioning Body and contact details:

NHS Kent and Medway
Ed Waller, Deputy Chief Executive and Chief Strategic Commissioning Officer

Current/prospective Provider(s):

Kent and Medway Mental Health NHS Trust

Outline of proposal with reasons:

To brief the Committee on the proposed decommissioning of Bedgebury Ward as part of a clinically led pathway redesign to improve patient experience, strengthen community mental health provision and support care in the least restrictive setting.

Status Briefing for scrutiny and information

1. Purpose of this paper

This paper provides the Health Overview and Scrutiny Committee with a briefing on the proposed decommissioning of Bedgebury Ward.

It explains the rationale for the proposed change, outlines how patient safety, workforce considerations and continuity of care will be managed, and describes how released resource will be reinvested to strengthen community mental health provision.

The proposal should be understood as a clinically and strategically led pathway redesign rather than a simple reduction in inpatient capacity. The primary aim is to improve patient outcomes by supporting individuals to move from secure inpatient care directly into appropriate community-based pathways wherever clinically safe to do so.

- 2. Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

The proposal should be understood as a clinically and strategically led pathway redesign rather than a simple reduction in inpatient capacity.

The ICB has considered whether the proposal constitutes a substantial variation in service.

NHS England advised that this determination rests with the ICB, informed by the views of the relevant Overview and Scrutiny Committee.

Given Bedgebury's restricted referral base, absence of public access, paused admissions and managed discharge arrangements, the proposal is considered a pathway redesign rather than a substantial service change.

However, recognising the importance of transparency, the Committee is being notified as a matter of prudence.

It is expected that the last patient to move into an appropriate community pathway will do so no later than Jan 27.

Subject to completion of formal governance and assurance processes, the proposed pathway changes will progress as follows:

- April/May 2026 – Completion of the commissioning review of Bedgebury Ward and confirmation of the proposed pathway redesign, including consolidation of step down rehabilitation provision and development of Assertive Outreach.
- Summer 2026 – Ongoing engagement with current service users, families and carers, alongside continued individual clinical reviews and discharge planning for all patients currently supported via Bedgebury Ward. No new admissions continue to be accepted.
- Summer/early autumn 2026 – Formal progression through NHS Kent and Medway governance processes, alongside continued implementation planning for the Assertive Outreach service.
- January 2027 – Planned closure of Bedgebury Ward. All current patients will have agreed individual transition plans in place, with families and carers appropriately involved, and with continued access to inpatient care should clinical need arise.
- 2026/27 – Assertive Outreach service fully operational, supporting a small cohort of individuals with the most complex needs as part of a strengthened, best practice community mental health pathway.

NHS Kent and Medway will continue to keep members informed as the programme progresses and will ensure implementation is safe, planned, and aligned with statutory duties.

3. Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

As part of our responsibility to keep services under regular review, NHS Kent and Medway has undertaken a commissioning review of Bedgebury Ward, which is sited on the Trevor Gibbons Unit, Maidstone Hospital. This unit has historically provided step down rehabilitation for a small number of people discharged from forensic inpatient care.

The review concluded that the model of care delivered at Bedgebury Ward is no longer aligned with NICE guidance, national best practice, or modern integrated care pathways. The service does not deliver structured rehabilitation interventions consistent with current standards and has been associated with longer stays in a more restrictive environment than clinically required.

The planned change is expected to reduce reliance on inpatient and out-of-area care; in line with the NHS 10 Year Health Plan for England and offer greater equity of access to community pathways.

4. Alignment with Kent and Medway Sustainability and Transformation Plans.

5. Please provide evidence that the proposal meets the Government's five tests for service charge:

Test 1 - Strong public and patient engagement

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

There has been no wide engagement due the following

1. There are only five patients in the unit, and all these patients already had discharge plans in place to ensure that they were moving to appropriate evidence-based care in the least restrictive environment. The patients have been involved in their individual plans as required. There are no plans to admit any further patients to the unit as it offers an outdated, inappropriate care pathway.
2. We do not anticipate the proposals to be locally contentious due to:
 - the highly specialist nature of the service
 - the very small number of individuals affected
 - the absence of any reduction in access to care.

We will continue to ensure that all statutory duties are met, and that changes are implemented safely, transparently, and in partnership with patients, families, clinicians and system partners.

Test 2 - Consistency with current and prospective need for patient choice

The unit offers an outdated and inappropriate model of care of a very small number of patients and the Equality Health Quality assessment concluded that the change would result in patients being able to access in a timely manner the range current community recovery-focused support community pathways. This means they could choose from a range of services that were deemed clinically suitable, in a range of community environment and location therefore increasing their choice.

Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

The proposal will move resource away from a small, restrictive and outdated step-down model and reinvest it into strengthened community-based provision that better reflects contemporary rehabilitation standards and system priorities.

The proposal supports improved patient outcomes, least restrictive care, stronger community pathways, reduced reliance on inpatient and out-of-area care and a more sustainable mental health model for Kent and Medway.

There is a clear clinical and evidence-based rationale for the proposed pathway redesign.

The commissioning review identified that the current Bedgebury model does not deliver structured rehabilitation interventions consistent with NICE guidance, NHS England commissioning guidance, or best practice.

Patients have experienced prolonged lengths of stay beyond expected standards, leading to delayed discharge and care in more restrictive environments than clinically required.

The proposed model introduces community-based pathways supported by Assertive Outreach, improving outcomes, personalisation, and reducing reliance on inpatient care.

The Equality, Health Inequalities and Quality Impact Assessment (EHIQA) undertaken confirms improved patient experience, clinical effectiveness, and no negative impact on safety or outcomes.

This aligns with national priorities including the NHS Long Term Plan and community-based care models.

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

The proposal is supported by clinical commissioners and system partners including KMMH and the Provider Collaborative.

There is shared clinical consensus that the current model is not aligned with modern pathways.

Patient safety will be ensured through:

- Individual discharge plans for all patients
- No new admissions
- Phased closure approach
- Access to alternative inpatient provision if required
- Development of Assertive Outreach services

The EHIQA confirms no adverse impact on safety and improvements in delivery of care aligned to guidance.

Test 5 – Does the proposal include plans to significantly reduce hospital bed numbers? If so please provide evidence that one of the following three conditions set by NHS England can be met:

- (i) Demonstrate that sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and / or
- (ii) Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- (iii) Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

The proposal does not represent a significant reduction in system capacity.

The unit comprises a small number of specialist beds with restricted referral criteria. Admissions have already been paused.

Alternative provision already exists, including community pathways and inpatient services where clinically required.

The change represents a pathway redesign rather than a reduction in overall access to care.

The proposal does not significantly reduce hospital beds there are only 10 beds in the unit and only 5 are occupied.

6. Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

There are only 5 patients on the unit and they all have clear and individualised discharge plans that will ensure that they receive appropriate community care.

Whilst the patients will be in community settings they will not have any treatment or therapeutic service withdrawn in fact they are likely to be able to access more community-based services provided by Health, Social care and VCSEs, that can further support their rehabilitation and mental health needs. The five patients are being rehoused in appropriate community locations, and this is to ensure they have good access to services and carers can where appropriate support them in attending appointments or visiting them in the community .

7. Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

The proposal should be understood as a clinically and strategically led pathway redesign rather than a simple reduction in inpatient capacity. The current population of such a service is no longer obvious as the model of care is outdated and has been supplanted by community services.

There are not considered to be any implications for patient flows, no other like for like service is in place for service users across Kent and Medway as service users in other units already access the provided appropriate community services, and these are available to all eligible Kent and Medway patients.

8. Diversity Impact

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

The Equality Health and Quality Impact assessment did not identify any negative impact on any specific groups on Kent:

It did identify the following benefits of the change:

- least restrictive care;
- recovery-focused support;
- strengthened community mental health provision;
- reduced reliance on inpatient and out-of-area care; and
- greater equity of access to community pathways.

9. Financial Sustainability

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) Is there assurance that the proposal does not require unsustainable level of capital expenditure?
- (d) Will it be affordable in revenue terms?
- (e) What would be the impact of 'no change'?

The proposal is not primarily financially driven, but financial considerations support the case.

The current service has high cost relative to community alternatives and does not represent value for money.

Funds released will be reinvested into community provision including Assertive Outreach.

Without change, patients would remain in inappropriate pathways with longer stays and continued inefficiency.

10. Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

The new pathway will be supported by:

- Community Mental Health Teams
- Supported accommodation
- Assertive Outreach services
- Existing inpatient services where needed

The proposal supports care closer to home and reduced reliance on hospital settings.

11. Is there any other information you feel the Committee should consider?

The service is highly specialised, not publicly accessible, and impacts a very small patient cohort.

Admissions have already been paused and all patients have discharge pathways.

The proposal reflects a clinically led redesign aligned with national policy.

12. Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

The ICB considers this a pathway redesign rather than a substantial service change.

This is due to:

- Restricted access pathway
- Small number of patients affected
- No reduction in overall access to care
- Availability of alternative provision

However, HOSC is being notified to ensure transparency and appropriate scrutiny.

The proposal should be understood as a clinically and strategically led pathway redesign rather than a simple reduction in inpatient capacity.

NHS England advised that this determination rests with the ICB, informed by the views of the relevant Overview and Scrutiny Committee.

Given Bedgebury's restricted referral base, absence of public access, paused admissions and managed discharge arrangements, the proposal is considered a pathway redesign rather than a substantial service change.

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