

MEDWAY COUNCILGun 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.