

IVF and fertility services engagement report

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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.

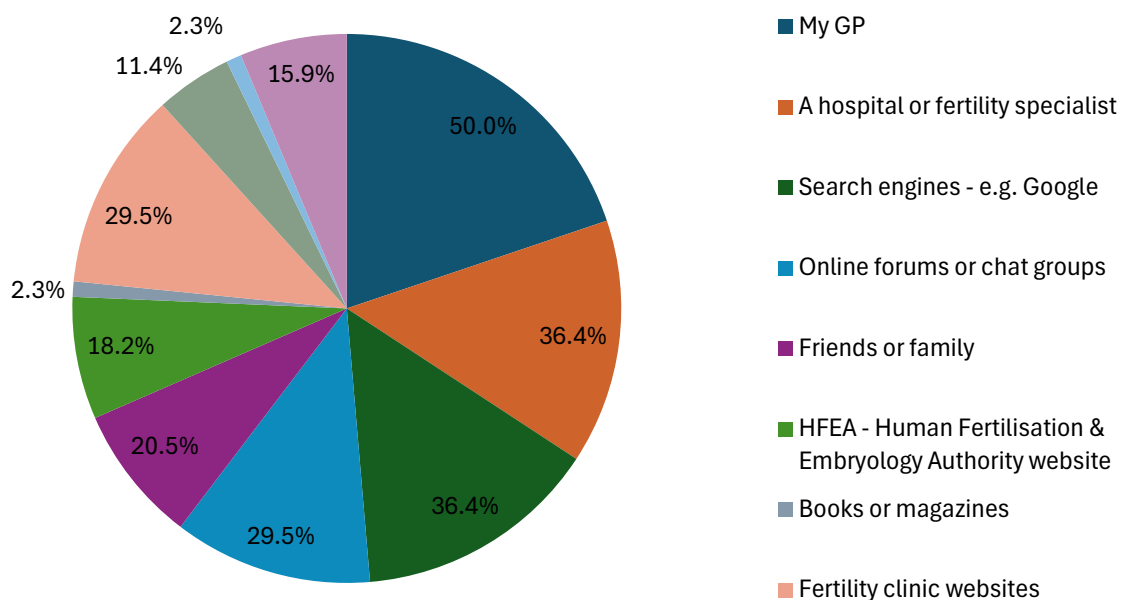
Appendix ii: Feedback and data set

- 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

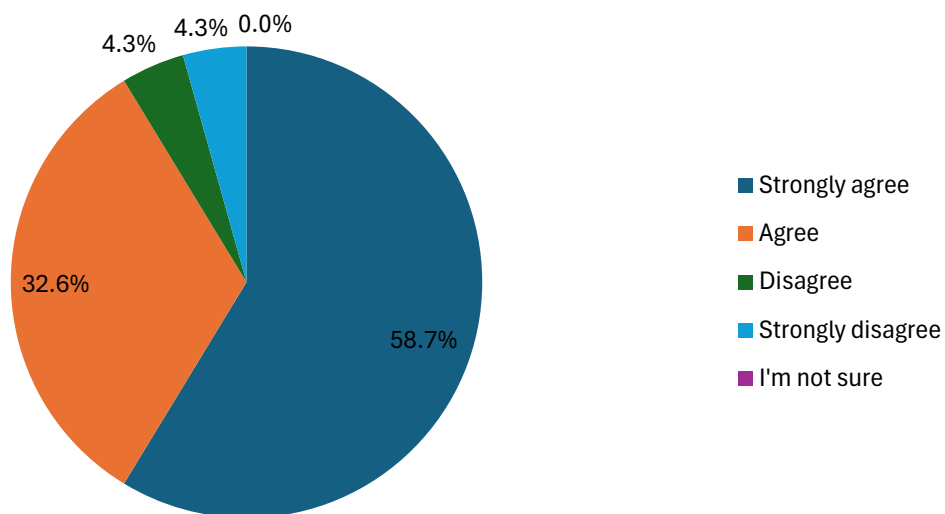
Q6: If the NHS changed how many times IVF is offered (paying for fewer cycles) do you think this would affect you or people like you?			
Answer Choice		Response Percent	Response Total
1	Yes	71.7%	33
2	No	19.6%	9
3	Don't know	8.7%	4
<i>answered</i>			46
<i>skipped</i>			1

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.