

KCC Health Overview and Scrutiny Committee – Briefing

1. CHANGES TO NHS FUNDED IVF TREATMENT IN KENT AND MEDWAY

This briefing informs Kent Health Overview and Scrutiny Committee (HOSC) of changes made by NHS Kent and Medway to the NHS-funded IVF fertility treatment offer for Kent and Medway residents. These took effect on 1 April 2026.

2. SUMMARY OF THE CHANGES

NHS Kent and Medway reviewed its policy on NHS-funded fertility treatment and made three changes:

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’s website [kent-and-medway-art-policy-document-final-31012026pdf.pdf](https://www.kentandmedway.nhs.uk/kent-and-medway-art-policy-document-final-31012026pdf.pdf)

Rationale for Change

The changes focus resources on patients most likely to benefit, maximising outcomes, value for money and the sustainability of fertility services in Kent and Medway.

Age of Patient: The reduction in age eligibility is aligned with the evidence-based clinical effectiveness of IVF treatment. This indicates that after 37 years, live births by embryo transfer reduce significantly year on year.

Number of Cycles: Reduction of the IVF treatment offer from two cycles to one is consistent with other integrated care boards (ICBs). There is some evidence to show that even when more cycles are available, take up is between 1.3-1.5 cycles.

Number of Embryo Transfers: Evidence shows the average pregnancy and birth rate using frozen embryo transfers has been increasing in line with progress in freezing techniques and the quality of embryos placed into storage.

Decision making was supported by national and regional precedents. Nationally, 69% of ICBs in England are currently offering a single cycle of IVF treatment.

The updated NICE fertility guideline (NG257), published on 31 March 2026, recommends three full IVF cycles for eligible women under 40, with consideration of a further three if

conception is not achieved — a substantial expansion from most current national commissioning arrangements.

NICE guidance is not mandatory; local NHS commissioners decide what can be funded within available resources. As the previous Kent and Medway offer was already below the earlier NICE recommendation, the new offer continues a position of providing fewer cycles than NICE recommends, rather than introducing a new departure from it.

3. EQUALITY, HEALTH INEQUALITIES AND QUALITY IMPACT ASSESSMENT (EQHIA)

A full EQHIA was completed. Age was identified as the main area of impact with all other protected characteristics (such as race, disability, sexual orientation) not directly affected. It is important to be clear that NHS Kent and Medway remains committed to an offer of fertility treatment for patients with health-related fertility problems.

Based on activity in 2024/25, the change in age eligibility means that annually around 60 women aged from 38 to 40 would no longer be eligible. The reduction from two cycles to one will affect a wider group.

4. WHAT WE HEARD FROM THE PUBLIC

Between 26 November 2025 and 26 January 2026, NHS Kent and Medway ran public engagement on the proposals through an online survey, social media and outreach to voluntary and community organisations and stakeholders, with a separate survey for fertility services staff. Forty-nine members of the public and seven staff responded.

The public engagement process yielded clear insights from people across Kent and Medway, reflecting the experiences, concerns and priorities of a broad range of fertility treatment service users and non-users.

Feedback showed strong support for maintaining current IVF provision, particularly two funded cycles, alongside a clear desire for national consistency, fair eligibility criteria, improved access and better psychological support.

Views on NHS prioritisation were mixed, but concerns about equity, inequality and the personal impact of change were prominent throughout.

NHS Kent and Medway carefully considered this feedback alongside clinical evidence, advice from healthcare professionals, and what is currently offered in other parts of the country. The views helped shape how these changes will be implemented — including the need for clear communication, fairness, and appropriate support for those affected. The full engagement report is available on our website here: [Have your say about IVF and Fertility services | NHS Kent and Medway](#)

While the change does not align with the public preference for two cycles, it responds to the call for national consistency, as 69% of ICBs in England currently fund a single cycle. The decision to fund one cycle focused on the age group with the highest chance of success balances clinical evidence, best use of resources and service sustainability. We acknowledge this will be a difficult decision for many.

5. OUR COMMITMENT TO HOSC

NHS Kent and Medway recognises HOSC should have formally heard about the proposals for the changes from the ICB before their implementation. We apologise this did not happen on this occasion and have taken steps to make sure that is not the case going forward.

To provide assurance, the ICB commits to informing HOSC of proposed changes to commissioned maternity, neonatal and women's health services at the point of public engagement. We will share the final engagement report and updated EQHIA with HOSC and return 12 months post-implementation to report on how the change is working, including activity, complaints and any patterns in who is affected.