

# Commissioning high quality contraceptive services:

A guide for clinical commissioning groups

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## About this guide

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The 2012 Health and Social Care Act divided responsibility for commissioning different elements of sexual health services across NHS England, Public Health England, clinical commissioning groups (CCGs) and local authorities.

CCGs, working in partnership with local authorities and NHS England, have an essential role in supporting the availability of high quality, open access, integrated sexual and reproductive health services across the country.

Under the new structures, in the areas of sexual health, CCGs are responsible for commissioning for their local population:

- Most abortion services
- Vasectomy and sterilisation services
- Non-sexual health elements of psychosexual health services
- Gynaecology, including any use of contraception for non-contraceptive purposes

CCGs and local authorities also have equal and joint duties to prepare Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWP), through their local Health and Wellbeing Board. A comprehensive JSNA will include assessment of sexual health outcomes, local contraceptive needs and existing service provision.

The Advisory Group on Contraception (AGC) has developed this guide as a resource for commissioners in CCGs, to support them to effectively commission the contraceptive aspects of abortion services. We have developed a similar guide for local authorities and for NHS England.

This guide includes:

- The case for high quality contraceptive services
- The core principles underpinning effective commissioning of contraceptive services
- The markers of a high quality, open access contraceptive service
- Links to helpful data sources and guidance, both national and local
- Information about the AGC, its membership and contact details

We hope this guide will be helpful to you. We would welcome feedback, which can be sent to our secretariat on: [contraception@mhpc.com](mailto:contraception@mhpc.com)

## Why high quality contraceptive services are necessary

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Comprehensive, open access sexual and reproductive health services play an essential role in delivering improved public health outcomes by preventing ill health, improving wellbeing and addressing inequalities.

On average approximately 280,000 men and women living in a local authority area could be sexually active<sup>1</sup>. Each one of them should be aware of, and informed about, the contraceptive methods that are available so that they will be able to choose the one best suited to their needs and lifestyle.

Unintended pregnancy can have a considerable physical and psychological impact upon women who find themselves in this situation and women who are not secure in their contraception are at risk of such impact and worry.

Failure to meet people's contraceptive needs also comes at a cost. A report commissioned by leading sexual health charities, Brook and the Family Planning Association (FPA), estimates that if current levels of access to services continue, unintended pregnancies and sexually transmitted infections will cost the NHS £11.4 billion between 2013 and 2020<sup>2</sup>. It goes on to demonstrate that further restrictions in access could potentially increase NHS and wider public sector costs by a further £10 billion over the same period<sup>3</sup>.

In 2012, there were 176,480 abortions carried out in England by the NHS and NHS agencies<sup>4</sup>. It has been estimated that £1 invested in contraception saves £11.09 in averted outcomes<sup>5</sup>. Reducing the number of unintended pregnancies could therefore deliver a significant cost saving to the public purse and commissioners of sexual health, maternity and social care services, as well as having a positive impact for women.

The Government has clearly set out its ambition of “reducing unintended pregnancies among all women of fertile age.”<sup>6</sup> Sexual and reproductive health services, including abortion services, have an essential role to play in delivering on this stated ambition. In 2012, the AGC undertook an audit of commissioners in England. The report of the audit, *Sex, lives and commissioning*<sup>7</sup>, found that over 3.2 million women of reproductive age (15-44) were living in areas where fully comprehensive contraceptive services, through community and / or primary care services, were not provided – representing almost one third of women in England of reproductive age<sup>8</sup>. Restrictions included access to services and contraceptive methods.

Unintended pregnancies place a significant financial burden on the NHS, as well as having a physical and psychological impact upon women who find themselves in this situation.

With the shift in commissioning responsibilities, now is the time to ensure that contraceptive services are appropriately prioritised by local commissioners and have the resources they need to address the needs of people in their area.

People may choose to seek contraceptive advice and support from their GP, a community contraceptive and sexual health service or a pharmacy. Abortion providers also play an important role in the provision of contraception, and evidence shows that contraception provided in this setting, particularly long acting reversible contraception (LARC) methods, supplied or fitted by abortion providers, can reduce repeat abortions<sup>9,10</sup>.

Wherever they access their contraception, people should be:

- Assured of high quality, non-judgmental information and advice
- Provided with the method that meets their needs and preference
- Treated with dignity and respect at all times

This requires seamless collaboration at a local level between CCGs and local authorities, as well as partnership with NHS England. A failure to deliver joined up contraceptive services will mean that women will continue to experience unintended and unwanted pregnancies, with consequent personal and societal costs.



## Core principles underpinning effective commissioning of contraceptive services

The AGC believe that the following principles should underpin the commissioning of all contraceptive services both at a national and local level:

- **Commissioning should be done in accordance with clear and clinically-based standards of quality**

There is a robust evidence base for the clinical and cost-effectiveness of contraceptives. This includes clear guidelines on long-acting reversible contraception (LARC) methods from the Faculty of Sexual and Reproductive Healthcare (FRSH) and the National Institute of Health and Care Excellence NICE.

- **Commissioning should be informed by high quality resources and national guidance to enable commissioners to discharge their functions effectively**

The importance of high quality contraception commissioning is reflected in a range of national policy documents, including the Department of Health's *Framework for Sexual Health Improvement in England*<sup>11</sup>. This endorses the need for a life-course approach to deliver its twin objectives of reducing unwanted pregnancies among all women of fertile age as well as continuing to reduce the rate of under-16 and under-18 conceptions. Contraceptive care should be seen as being on a continuum with the rest of women's reproductive healthcare. Links to the *Framework* and other key documents can be found in the later section of this toolkit.

- **A comprehensive dataset, including data on contraceptive provision and outcomes, should be collected**

High quality consistent data about local needs, provision and accessibility of services and service performance is the backbone of effective commissioning. Commissioners in CCGs will need to work with their counterparts in local authorities as well as with providers to ensure that they have collective access to data and intelligence on local demographics as well as provision and performance across different settings. These data should include information on access to LARC and uptake of different contraceptive methods (including LARC fitting and removal). The *Framework for Sexual Health* recommends that that commissioners put in place comprehensive, open access, contraceptive services which meet the needs of women of all ages. Importantly, an open access service, should make provision for non-resident populations.

- **Sexual health tariffs should reflect the true cost of service delivery**

The establishment of a tariff for sexual health services is essential in order to facilitate the principle of 'any qualified provider'. In order to ensure that the quality of sexual and reproductive health services is protected, we believe it is important that the sexual health tariff is set at a fixed price, rather than a maximum, and that qualified providers should compete on quality against clear metrics. The tariff should also make provision for cross-border recharge, in recognition of the fact that service users may opt to access services outside their area of residence.

- **Commissioners and providers should ensure that people are able to choose from the full range of contraceptive methods**

The *Framework for Sexual Health* states that people should “have access to the full range of contraception, [be able to] obtain their chosen method quickly and easily and [be able to] take control to plan the number of and spacing between their children<sup>12</sup>.”

In addition, the Faculty of Sexual and Reproductive Health’s *Service standards for sexual and reproductive healthcare* recommend that: “Abortion services should provide advice and concurrent provision (including insertion of IUD and implants where clinically appropriate) of a full range of contraceptive methods. This may be provided by close liaison or integration with contraceptive services”<sup>13</sup>.

However, the AGC’s 2012 report, *Sex, lives and commissioning*, found that over a third (35%) of commissioners had some form of restriction in place in access to contraceptives or to services. Commissioners and providers should ensure that they make accessible the full range of contraceptive methods, in line with the direction from the Department of Health and the evidence-based guidance provided by NICE on the cost-effectiveness of LARC methods.

- **Joint strategic needs assessments (JSNA) and joint health and wellbeing strategies (JHWS) should assess and address the key contraceptive requirements of people using local services**

Comprehensive joint strategic needs assessments and health and wellbeing strategies should include:

- Local data on the numbers of people of reproductive age
- The unintended pregnancy rate, and abortion and repeat abortion rates (compared to national averages)
- Information on the provision of local services (locations, staffing, opening hours and running costs)
- Workforce information (numbers of qualified fitters for LARC methods)
- Availability of methods of contraception at each site, including abortion services
- User feedback on their experience of the service

Commissioners in CCGs should ensure they maintain close links with those commissioning other parts of the sexual and reproductive health service, since contraception is not commissioned in isolation but plays an important role in other health pathways (for example, treating heavy menstrual bleeding – another area over which CCGs have responsibility).

- **Commissioners should ensure that they commission services which are delivered by healthcare professionals who are qualified to provide high quality consultation and contraceptive fitting/removal**

Commissioners must ensure that they commission services that are adequately staffed by healthcare professionals who are properly qualified (to nationally agreed standards) to support people to make the contraceptive choice that is right for them. Inadequate provision of skilled healthcare

professionals trained to provide high quality contraceptive consultation and to fit and remove LARC methods will be a barrier to securing good sexual health outcomes. CCG commissioners should work with local authority commissioners to ensure that strategies are in place for retention, recruitment and training of the local sexual health workforce, across all settings.

CCGs, with support from Health Education England should also monitor local providers to ensure that staff have received training in line with recognised national professional guidelines, such as those from the Faculty of Sexual and Reproductive Healthcare<sup>14</sup>.

- **Resourcing decisions for contraceptive services should consider downstream health and social care expenditure consequences and these should be reflected in any cost-benefit analysis**

A failure to address the contraceptive needs of women may not only have serious personal consequences for these women and their families, but also represents a significant cost burden to the NHS and public health system in England. Set against this is the clear cost-benefit argument for investment in contraception<sup>15</sup>. In addition, the consequences of failing to invest in comprehensive contraceptive services will be much more rapidly apparent than in other areas of public health.

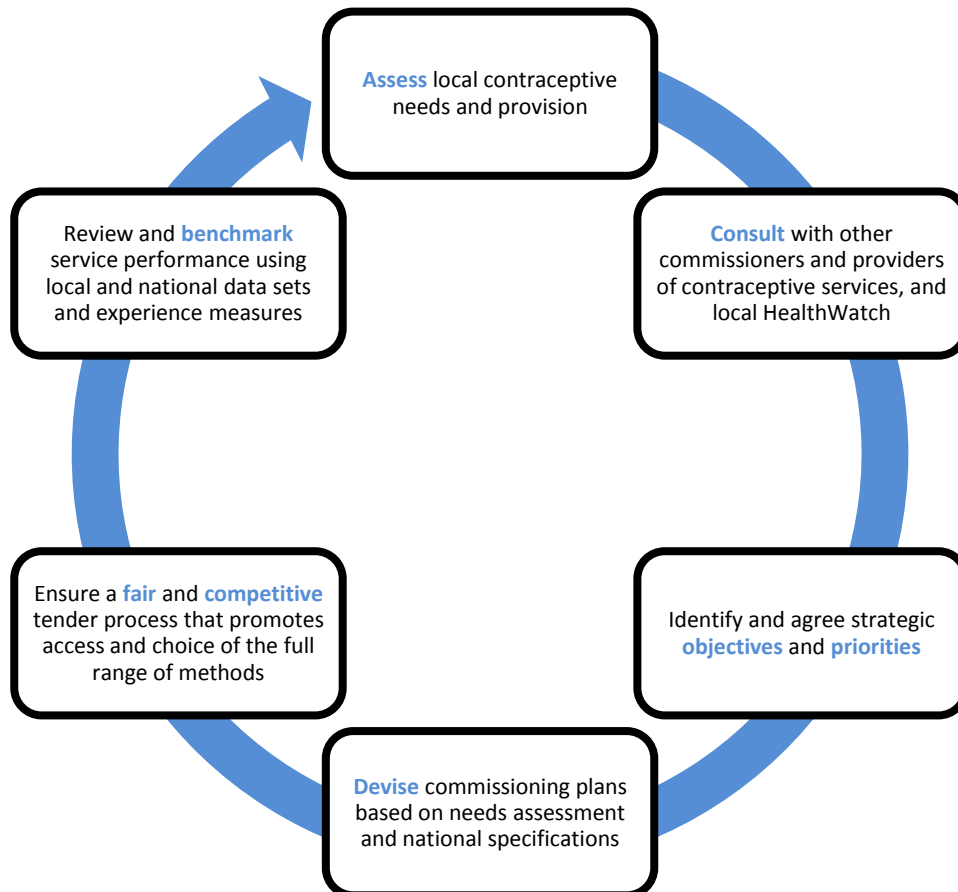
- **Commissioners should commission in line with the clear national policy on sexual and reproductive health**

The *Framework for Sexual Health* is explicit that commissioners should be working together to put in place comprehensive, open access, contraceptive services which meet the needs of women of all ages. Commissioners should be taking a life-course approach, recognising that women's contraceptive needs will change through their lifetime, and ensuring that those services available meet these changing needs and are regularly reviewed to ensure they still do.

**A failure to address the contraceptive needs of women may not only have serious personal consequences for these women and their families, but also represents a significant cost burden to the NHS and public health system in England.**

## Checklist for commissioning high quality, open access contraceptive services

There are core steps and processes that every commissioner should work towards when planning and commissioning high quality services. These are set out in the model below.



Based on the core steps identified, we have outlined a series of questions CCG commissioners should consider:

- **Assess** local contraceptive needs and provision
  - What assessment of contraceptive needs has been made in the local JSNA?
  - Have the assessments covered the contraceptive needs of people of all ages?
  - Does the assessment disadvantage a particular age, social, ethnic or other groups?
  - Have these assessments included an analysis of the extent to which services are open access and women are able to self-refer?
  - Does the assessment include an analysis of the provision of training for contraceptive care?
  - Has there been any assessment of people's experience of contraceptive and abortion services, including assessment of people's choice and access?
  - Does the assessment include information on contraceptive spend?
  - Is there a long-term vision for contraceptive care in the local area?



- **Consult** with other commissioners and providers of contraceptive services, and local HealthWatch
  - What plans or enhanced services have been put in place by local authorities that may have a bearing on contraceptive services, such as vasectomy and sterilisation services, and abortion services, commissioned by the CCG?
  - What plans have been put in place by NHS England that may have a bearing on contraceptive and abortion services commissioned by the CCG?
  - Has the local HealthWatch any information or intelligence about local people’s views on the quality and provision of contraceptive and abortion services?
  
- Identify and agree strategic **objectives** and **priorities**
  - To what extent is contraceptive care prioritised within the local JHWS?
  - Do the objectives reflect the priorities set out in the Department of Health’s *A Framework for Sexual Health Improvement in England*?
  - How can the agreed objectives support the priorities set out in the JHWS?
  - How can the agreed objectives support the principles of services being open access, accessible, enabling self-referral and offering the full range of contraceptive methods?
  - Do local commissioners and providers understand their respective roles and responsibilities in delivering against the agreed objectives?
  
- **Devise** commissioning plans based on needs assessment and national specifications
  - Do commissioning plans reflect and address the findings of the local needs assessment?
  - Are commissioning plans in line with national specifications?
  - Do commissioning plans make provision for training and make adequate funding available for this?
  - Are plans reflective of key elements of clinical guidelines on contraceptive services?
  - Are the plans in line with the Department of Health’s *A Framework for Sexual Health Improvement in England*?
  
- When appropriate, ensure a **fair** and **competitive** tender process that promotes access and choice of the full range of methods
  - Does the CCG’s tender process promote a fair playing field for all potential providers?
  
- Review and **benchmark** service performance using local and national datasets and experience measures
  - Are providers being asked to record data on the experience of people accessing contraception and abortion services?
  - Are providers submitting information to local and national datasets?
  - Is data being sufficiently collected to support future commissioning and planning of services?
  - Is the data collected by providers presented in a consistent format to allow comparison against other providers?

## Core elements of a high quality, open access contraceptive service

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Women of all ages should have equal access to sexual and reproductive health services, including contraceptive services. Services should be comprehensive, integrated and have clear referral pathways in place between them. They should also be truly open access and available at times which are convenient for users. Moreover, contraceptive services should offer access to the full range of contraceptives so as to allow full and informed patient choice. NICE will be producing a quality standard on contraceptive services, but there is no schedule for its delivery. To fill this gap, the AGC recommends that contraceptive services in all settings should meet the following quality statements:

1. People using contraceptive services should be treated with dignity and respect, and their privacy maintained at all times
2. Commissioners should ensure contraceptive services are provided in a variety of locations, including in both primary care and community settings
3. People accessing contraceptive services should receive coordinated and joined up care, with clear information and advice which meets their individual healthcare needs
4. People using contraceptive services should have access to the provision of up-to-date, accessible, accurate and understandable information on, and supply of, the full range of emergency, reversible and permanent contraceptive methods
5. Commissioners should ensure that the services they commission have appropriate medical leadership and that adequate funding is provided to ensure staff are trained to national standards
6. Commissioners should ensure that they commission open access integrated services that provide the full range of other sexual and reproductive health care, including access to testing and treatment for sexually-transmitted infection, pregnancy planning advice, pregnancy testing, psychosexual counselling, cervical screening, and direct and timely referral to abortion services
7. Commissioners should participate in national audits, and ensure they capture and make available high quality data on service provision and activity, clinical measures and outcomes and user experience of contraceptive services across care settings in order to measure the quality of services and help to facilitate patient choice
8. People accessing contraceptive services should leave with a positive experience of care
9. Providers that offer only some contraceptive services (as opposed to a comprehensive service encompassing information about, and access to, the full range of emergency, reversible and permanent contraceptive methods) should ensure that people who wish to choose a service that they do not offer are informed of how to access additional services to address their needs, and that there are clear referral pathways for this
10. People accessing abortion services should receive comprehensive, accurate and unbiased information on, and supply of, the reversible contraceptive of their choice

## Useful links

Below are links to both national guidance and local data which may be helpful.

### National strategy and policy

Author	Title and link to publication	Summary
Advisory Group on Contraception	<i>Sex, lives and commissioning</i> , April 2012. Available at: <a href="http://94.136.40.103/~theagc.org.uk/wp-content/uploads/2013/11/Sex-lives-and-commissioning-April-2012.pdf">http://94.136.40.103/~theagc.org.uk/wp-content/uploads/2013/11/Sex-lives-and-commissioning-April-2012.pdf</a>	Findings of an audit of PCT commissioning of contraceptive services in England, undertaken through Freedom of Information requests during 2012. The audit demonstrates that 35% of PCTs had in place some form of restriction on access to contraceptives or services.
All Party Parliamentary Group on Sexual and Reproductive Health (APPGSRH)	<i>Healthy women, healthy lives? The cost of curbing access to contraceptive services</i> . July 2012. Available at: <a href="http://www.fpa.org.uk/all-party-groups-sexual-health/appg-uk">http://www.fpa.org.uk/all-party-groups-sexual-health/appg-uk</a>	The report of the APPGSRH Inquiry into restrictions in access to contraception services found a variety of different restrictions in access to contraception exist, and made recommendations to Government, commissioners and providers.
Department of Health	<i>A Framework for Sexual Health Improvement in England</i> , March 2013. Available at: <a href="https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england">https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england</a>	Sets out the Government's ambitions for improving sexual health. The document aims to provide the information, evidence base and support tools to enable those involved in sexual health improvement to work together effectively, and ensure that accessible high quality services and support are available to everyone.
Department of Health	<i>Commissioning Sexual Health services and interventions</i> , March 2013. Available at: <a href="https://www.gov.uk/government/publications/commissioning-sexual-health-services-and-interventions-best-practice-guidance-for-local-authorities">https://www.gov.uk/government/publications/commissioning-sexual-health-services-and-interventions-best-practice-guidance-for-local-authorities</a>	Guidance to help local authorities to commission high quality sexual health services for their local area. Includes guidance on the legal requirements to provide comprehensive, open access sexual and reproductive health services.
Department of	<i>Healthy lives, healthy people: our strategy</i>	Sets out the government's long-

Health	<i>for public health in England</i> , November 2010. Available at: <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941</a>	term vision for the future of public health in England, including improving sexual health outcomes. A stated aim is to create a 'wellness' service and to strengthen both national and local leadership.
Department of Health	<i>Healthy lives, healthy people: Improving outcomes and supporting transparency</i> , January 2012. Available at: <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358</a>	Sets out desired outcomes for public health, including sexual health, and how they will be measured.
Development Economics, commissioned by Brook and the Family Planning Association	<i>Unprotected nation: The financial and economic impacts of restricted contraceptive and sexual health services</i> , January 2013. Available at: <a href="http://www.wecantgobackwards.org.uk/uploads/media/17/15738.pdf">http://www.wecantgobackwards.org.uk/uploads/media/17/15738.pdf</a>	Sets out the potential health and economic implications of the continuation of restrictions in access to contraceptives and sexual and reproductive health services.
Local Government Association and Public Health England	<i>Sexual health commissioning FAQs</i> , February 2013. Available at: <a href="http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3880628/PUBLICATION-TEMPLATE">http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3880628/PUBLICATION-TEMPLATE</a>	Provides answers to questions asked by commissioners of sexual and reproductive health based in local authorities.

**National clinical guidance, contractual arrangements and service specifications**

Author	Title and link to publication	Summary
Advisory Group on Contraception	<i>Interim quality standard for contraceptive services</i> , October 2011. Available at: <a href="http://94.136.40.103/~theagc.org.uk/wp-content/uploads/2013/11/Interim-quality-standard-for-contraceptive-services-October-2011.pdf">http://94.136.40.103/~theagc.org.uk/wp-content/uploads/2013/11/Interim-quality-standard-for-contraceptive-services-October-2011.pdf</a>	Provides recommendations for the quality statements which should be used to benchmark service performance, in the absence of a NICE Quality Standard for Contraceptive Services (currently in development).
Faculty of Sexual & Reproductive Healthcare	<i>Service Standards for Sexual and Reproductive Healthcare</i> , January 2013 Available at: <a href="http://www.fsrh.org/pages/clinical_standards.asp">http://www.fsrh.org/pages/clinical_standards.asp</a>	A full range of service standards applicable to community sexual & reproductive health services and some aspects of contraceptive care in general practice.
Faculty of Sexual	<i>SRH National Clinical Guidelines</i>	The full range of NICE accredited

& Reproductive Healthcare	Available at: <a href="http://www.fsrh.org/pages/Clinical_Guidance.asp">http://www.fsrh.org/pages/Clinical_Guidance.asp</a>	national clinical guidelines for the delivery of contraceptive healthcare.
Royal College of Obstetricians and Gynaecologists	<i>Resources for commissioners of women's health services</i> Available at: <a href="http://www.rcog.org.uk/our-profession/supporting-commissioners">http://www.rcog.org.uk/our-profession/supporting-commissioners</a>	Resource for the commissioning of women's health services including abortion.
National Institute for Health and Care Excellence (NICE)	<i>Clinical guideline on long-acting reversible contraception (LARC), October 2005.</i> Available at: <a href="http://www.nice.org.uk/CG030">http://www.nice.org.uk/CG030</a>	Offers information and best-practice advice on the clinical and cost-effectiveness of LARC contraceptive methods.
Department of Health/Local Government Association	<i>Local authority commissioning public health services from primary care, 2013.</i> Available at: <a href="http://www.local.gov.uk/web/guest/health/journal_content/56/10171/3875952/ARTICLE-TEMPLATE">http://www.local.gov.uk/web/guest/health/journal_content/56/10171/3875952/ARTICLE-TEMPLATE</a>	Guidance on the contractual transition process from PCTs to local government for public health services including provision of enhanced services for aspects of sexual health.
London Sexual Health Programme	<i>Model NHS community contract service specification: contraception and community gynaecology services, May 2009.</i> Available at: <a href="http://www.londonsexualhealth.org/uploads/SRH%20Model%20NHS%20community%20contract%20service%20spec%20v2.pdf">http://www.londonsexualhealth.org/uploads/SRH%20Model%20NHS%20community%20contract%20service%20spec%20v2.pdf</a> .	A template service specification for commissioners to model contraception and community gynaecology services. This can be tailored for implementation at a local level.
Department of Health	<i>Integrated Sexual Health Services: National Service Specification, June 2013.</i> Available at: <a href="https://www.gov.uk/government/publications/public-health-services-non-mandatory-contracts-and-guidance-published">https://www.gov.uk/government/publications/public-health-services-non-mandatory-contracts-and-guidance-published</a>	A suggested service specification for integrated sexual health services

#### National and local statistics

Author	Title and link to publication	Summary
Department of Health	<i>Abortion Statistics, England and Wales: 2012, July 2012.</i> Available at: <a href="https://www.gov.uk/government/organisations/department-of-health/series/abortion-statistics-for-england-and-wales">https://www.gov.uk/government/organisations/department-of-health/series/abortion-statistics-for-england-and-wales</a>	Summary of latest abortion and repeat abortion statistics for England and Wales, with supporting data tables.
Health and Social	General Practice prescribing data.	Data on NHS prescriptions

Care Information Centre Available at: <http://www.hscic.gov.uk/primary-care>

written in England by GPs and non-medical prescribers (such as nurse and pharmacists) who are attached to GP practices, and dispensed in the community in the UK.

NHS Information Centre *KT31 Community Contraceptive Services data collection.* Available at: <http://www.ic.nhs.uk/services/omnibus-survey/using-the-service/data-collections/kt31-community-contraceptive-services>

Data on NHS community contraception services, including supporting data tables. Please note that this will be retired in June 2014 to be replaced by the SRHAD (please see below).

NHS Information Centre *Sexual and Reproductive Health Activity Data Set (SRHAD).* Available at <http://www.hscic.gov.uk/datacollections/srhad>

This is a detailed source of contraceptive and sexual health data, collected quarterly, on an individual patient level. Its uses include commissioning and national reporting.

Public Health England *Sexual Health Balanced Scorecard.* Available at: [http://www.apho.org.uk/default.aspx?QN=SBS\\_DATA\\_LA](http://www.apho.org.uk/default.aspx?QN=SBS_DATA_LA)

A snapshot of sexual health at local level. Interactive maps and charts enable comparisons to be made regionally and nationally across a range of indicators relating to teenage pregnancy, abortions, contraception, sexually transmitted infections and other relevant issues.

Bayer HealthCare *Contraception Atlas 2013.* Available at: <http://94.136.40.103/~theagc.org.uk/wp-content/uploads/2013/08/Contraception-Atlas-2013-FINAL.pdf>

Brings together national and local data on contraceptive services, outcomes, prescribing and spend, demonstrating variations across England.



# About the Advisory Group on Contraception

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The Advisory Group on Contraception (AGC) is made up of leading clinicians and advocacy groups who have come together to discuss and make policy recommendations concerning the sexual and reproductive health needs of women of all ages. The AGC came together in November 2010 and its focus is on ensuring that the contraceptive needs of all women, whatever their age, are met.

The AGC is keen to work with all interested organisations to improve contraceptive services, ensuring that all women have access to high quality services which offer them information and choice from the full range of contraceptive options.

The members of the AGC are:

**Dr Anne Connolly**, Clinical Specialty Lead for Maternity, Women's and Sexual Health; Bradford City, Bradford Districts and Airedale, Wharfedale and Craven CCG

**Ann Furedi**, Chief Executive, British Pregnancy Advisory Service

**Baroness Gould of Potternewton**, Chair of All Party Parliamentary Group on Sexual and Reproductive Health in the UK, and Co-Chair of the Sexual Health Forum

**Natika Halil**, Director of Communications, Health and Wellbeing, Family Planning Association

**Ruth Lowbury**, Chief Executive, MEDFASH (Medical Foundation for HIV & Sexual Health)

**Tracey McNeill**, International Vice-President and Director of UK and West Europe, Marie Stopes International

**Dr Jill Shawe**, National Association of Nurses for Contraception and Sexual Health

**Dr Connie Smith**, Consultant in sexual and reproductive health

**Harry Walker**, Policy and Parliamentary Manager, Family Planning Association and Brook

**Dr Chris Wilkinson**, Consultant in Sexual & Reproductive Healthcare, Margaret Pyke Centre

The AGC would like to pay tribute to the contributions of the late Dr Anne Szarewski, Clinical Senior Lecturer, Centre for Cancer Prevention, Wolfson Institute of Preventive Medicine and Associate Specialist, Margaret Pyke Centre. Anne was a valued member and friend of the AGC since it was established in 2010. Her extraordinary passion, insight and knowledge will be greatly missed.

The secretariat to the group is provided by MHP Communications, whose services are paid for by Bayer. The AGC can be contacted via the secretariat on [contraception@mhpc.com](mailto:contraception@mhpc.com). More information about the work of the AGC can be found on our website: [www.theagc.org.uk](http://www.theagc.org.uk).

## References

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- <sup>1</sup> GP registered populations of men and women aged 15 and over divided by the number of upper-tier and unitary local authorities in England (152). NHS Information Centre, *Attribution dataset GP registered populations scaled to ONS population estimates, 2011*, 2 February 2012. Available at: <http://www.ic.nhs.uk/statistics-and-data-collections/population-and-geography/gp-registered-populations/attribution-dataset-gp-registered-populations-scaled-to-ons-population-estimates-2011>
- <sup>2</sup> Development Economics, *Unprotected Nation: The Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services*, January 2013. Available at: <http://www.fpa.org.uk/sites/default/files/unprotected-nation-sexual-health-full-report.pdf>
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- <sup>4</sup> Department of Health, *Abortion Statistics, England and Wales: 2013*, July 2013. Available at: <https://www.gov.uk/government/statistical-data-sets/statistics-on-abortions-carried-out-in-england-and-wales-in-2012>
- <sup>5</sup> Bayer Healthcare, *Contraception Atlas 2013*, November 2013
- <sup>6</sup> Department of Health, *A Framework for Sexual Health Improvement in England*, March 2013
- <sup>7</sup> Advisory Group on Contraception, *Sex, lives and commissioning: an audit of the commissioning of contraceptive and abortion services in England*, April 2012
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