

Commissioning high quality contraceptive services:

A guide for local authority commissioners

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About this guide

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 and local authorities.

Local authorities, working in partnership with clinical commissioning groups and NHS England, have an essential role in ensuring the availability of high quality, open access, integrated sexual and reproductive health services across the country.

Under the new structures, local authority commissioners will be responsible for commissioning comprehensive sexual health services for their local population. These responsibilities include:

- Contraception provided by community sexual and reproductive health services, also known as contraception and sexual health (CASH) clinics
- Enhanced services for long-acting reversible contraception (LARC), including all prescribing costs
- Sexually transmitted infection (STI) testing and treatment, chlamydia screening as part of the National Chlamydia Screening Programme (NCSP) and HIV testing
- Sexual health aspects of psychosexual counselling
- Sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach services, HIV prevention and sexual health promotion services in schools, colleges and pharmacies

The Advisory Group on Contraception (AGC) has developed this guide as a resource for commissioners in local authorities to support them to effectively commission the contraceptive aspects of sexual health services. We have developed a similar guide for clinical commissioning groups 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

Why high quality contraceptive services are necessary

Comprehensive, open access sexual and reproductive health services play an important part 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 active¹. 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 2020². 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 period³.

In 2012, there were 176,480 abortions carried out in England by the NHS and NHS agencies⁴. It has been estimated that £1 invested in contraception saves £11.09 in averted outcomes⁵. 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.”⁶ Sexual and reproductive health 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*⁷, 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 age⁸. Restrictions included limits on access to both 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 that commissioners have the resources 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.

Whichever they choose to access, 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 councils and clinical commissioning groups, 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 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 (FSRH) 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 contraceptive commissioning is reflected in a range of national policy documents, including the Department of Health's *Framework for Sexual Health Improvement in England*. 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. In addition, 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 local authorities will need to work with their counterparts in clinical commissioning groups and 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 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 sexual health framework 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.⁹” 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 are making the full range of contraceptive methods available, 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.

The AGC is aware of anecdotal evidence of some local authorities being unclear on the funding pathways for enhanced services, which may be having a detrimental effect on access to contraceptives or services. Commissioners should therefore be aware that the cost of any prescriptions should be reimbursed from local authorities’ ring-fenced public health allocations¹⁰.

- **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 (JSNA) and health and wellbeing strategies (HWBS) 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
- User feedback on their experience of the service

Commissioners in local authorities should also 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).

- **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**

It is essential that commissioners 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. Commissioners

should ensure that strategies are in place for retention, recruitment and training of the local sexual health workforce.

Local authorities should also work with 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 Healthcare¹¹.

- **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 contraception¹². 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. To reflect this, funding for the provision of contraceptives and enhanced services should come from local authorities' ring-fenced public health allocations.

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

The sexual health framework 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, ensuring that services commissioned 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 local authority commissioner should work towards when planning and commissioning high quality, open access contraceptive services. These are set out in the model below.



Based on the core steps identified, we have outlined a series of questions local authority commissioners should be considering when planning and commissioning contraceptive services:

- **Assess** local contraceptive needs and provision
 - What assessment of contraceptive needs has been made in the local JSNA?
 - Have these assessments included analysis of the extent to which services are open access?
 - Have the assessments covered the contraceptive needs of people of all ages?
 - Does the assessment disadvantage a particular age, social, ethnic, or other group?
 - Does the assessment look at where and at what time of day/week services are currently provided?
 - 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 services, including people's assessment of choice and access?
 - Does the assessment include information on contraceptive spend?
 - Is there a long-term vision of contraceptive care in the local area?

- **Consult** with other commissioners, providers and users of contraceptive services, and local HealthWatch
 - What plans have been put in place by local clinical commissioning groups that may have a bearing on contraceptive services commissioned by the local authority?
 - What plans have been put in place by NHS England that may have a bearing on contraceptive services commissioned by the local authority?
 - Has the local authority consulted with NHS England and primary care providers about the provision of enhanced services for contraceptive care?
 - Has the local authority undertaken an engagement exercise with local service users to understand their perceptions of the service
 - Does the local HealthWatch have any information or intelligence about local people's views on the quality and provision of contraceptive services?
 - Is the local authority aware that, as part of a public health service or intervention, the cost of any prescription should be met by the local authority's public health allocation?

- 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 sexual health framework?
 - 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 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 assessments 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 sexual health framework?

- When appropriate, ensure a **fair** and **competitive** tender process that promotes access and choice of the full range of methods
 - Does the council's tender process promote a fair playing field for all contraceptive providers?

- Review and **benchmark** service performance using local and national data sets and experience measures
 - Are providers being asked to record data on the experience of people access contraceptive services?
 - Are providers submitting information to local and national datasets?
 - Are data being sufficiently collected to support future commissioning and planning of services?
 - Does the local authority collect information on reported or existing restrictions in access to (a) contraceptive methods and (b) contraceptive services?
 - Are 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

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 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 choose a service that they do not offer, are informed of how to access additional services, 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 to you.

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: http://94.136.40.103/~theagc.org.uk/wp-content/uploads/2013/11/Sex-lives-and-commissioning-April-2012.pdf	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: http://www.fpa.org.uk/all-party-groups-sexual-health/appg-uk	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: https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england	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: https://www.gov.uk/government/publications/commissioning-sexual-health-services-and-interventions-best-practice-guidance-for-local-authorities	Guidance to help local authorities commission high quality sexual health services for their local area. Includes guidance on the legal requirement to provide comprehensive, open access sexual and reproductive health services, and links to resources.
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: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941	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: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358	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: http://www.wecantgobackwards.org.uk/uploads/media/17/15738.pdf	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> . Available at: http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3880628/PUBLICATION-TEMPLATE	Provides answers to some of the 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: http://94.136.40.103/~theagc.org.uk/wp-content/uploads/2013/11/Interim-quality-standard-for-contraceptive-services-October-2011.pdf	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: http://www.fsrh.org/pages/clinical_standards.asp	A full range of service standards applicable to community sexual and reproductive health services and some aspects of contraceptive care in general practice.

Faculty of Sexual & Reproductive Healthcare	<i>SRH National Clinical Guidelines.</i> Available at: http://www.fsrh.org/pages/Clinical_Guidance.asp	The full range of NICE accredited 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: http://www.rcog.org.uk/our-profession/supporting-commissioners	Resource for the commissioning of women's health services, including abortion.
National Institute for Health and Clinical Excellence (NICE)	<i>Clinical guideline on long-acting reversible contraception (LARC), October 2005.</i> Available at: http://www.nice.org.uk/CG030	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: http://www.local.gov.uk/web/guest/health/journal_content/56/10171/3875952/ARTICLE-TEMPLATE	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: http://www.londonsexualhealth.org/uploads/SRH%20Model%20NHS%20community%20contract%20service%20spec%20v2.pdf .	A template service specification for commissioners to model contraception and community gynaecology services on. 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: https://www.gov.uk/government/publications/public-health-services-non-mandatory-contracts-and-guidance-published	A suggested service specification for integrated sexual health services June 2013

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: https://www.gov.uk/government/organisations/department-of-health/series/abortion-statistics-for-england-and-wales	Summary of latest abortion and repeat abortion statistics for England and Wales, with supporting data tables.

<p>Health and Social Care Information Centre</p>	<p><i>General practice prescribing data.</i> Available at: http://www.hscic.gov.uk/primary-care</p>	<p>Data on NHS prescriptions written in England, by GPs and non-medical prescribers (such as nurses and pharmacists) who are attached to GP practices, and dispensed in the community in the UK.</p>
<p>NHS Information Centre</p>	<p><i>KT31 Community Contraceptive Services data collection.</i> Available at: http://www.ic.nhs.uk/services/omnibus-survey/using-the-service/data-collections/kt31-community-contraceptive-services</p>	<p>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).</p>
<p>NHS Information Centre</p>	<p><i>Sexual and Reproductive Health Activity Data Set (SRHAD).</i> Available at http://www.hscic.gov.uk/datacollections/srhad</p>	<p>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.</p>
<p>Public Health England</p>	<p><i>Sexual Health Balanced Scorecard.</i> Available at: http://www.apho.org.uk/default.aspx?QN=SBS_DATA_LA</p>	<p>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.</p>
<p>Bayer HealthCare</p>	<p><i>Contraception Atlas 2013.</i> Available at: http://94.136.40.103/~theagc.org.uk/wp-content/uploads/2013/08/Contraception-Atlas-2013-FINAL.pdf</p>	<p>Brings together national and local data on contraceptive services, outcomes, prescribing and spend, demonstrating variations across England.</p>



About the Advisory Group on Contraception

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

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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. More information about the work of the AGC can be found on our website: www.theagc.org.uk.

References

¹ 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>

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<http://www.fpa.org.uk/sites/default/files/unprotected-nation-sexual-health-full-report.pdf>

³ Development Economics, *Unprotected Nation: The Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services*, January 2013. Available at:

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⁴ 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>

⁵ Bayer HealthCare, *Contraception Atlas 2013*, November 2013

⁶ Department of Health, *A Framework for Sexual Health Improvement in England*, March 2013

⁷ Advisory Group on Contraception, *Sex, lives and commissioning: an audit of the commissioning of contraceptive and abortion services in England*, April 2012

⁸ Advisory Group on Contraception, *Sex, lives and commissioning: an audit of the commissioning of contraceptive and abortion services in England*, April 2012

⁹ Department of Health, *A Framework for Sexual Health Improvement in England*, March 2013

¹⁰ Public Health England, *HIV, sexual and reproductive health: current issues bulletin*, December 2013, available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/268218/HIV_Sexual_and_Reproductive_Health_Current_Issues_Bulletin_Issue_2_Dec_2013.pdf

¹¹ Faculty of Sexual and Reproductive Healthcare, *Diplomate Assessment of the Faculty of Sexual and Reproductive Healthcare (DFSRH / NDFSRH)*, accessed February 2014 via

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¹² Bayer HealthCare, *Contraception Atlas 2011*, September 2011

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