

# Commissioning high quality contraceptive services:

## Recommendations to NHS England

February 2014



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# Introduction

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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 and local authorities. NHS England, working in partnership with commissioners in local authorities and clinical commissioning groups (CCGs), has an essential role in ensuring the availability of high quality, open access, integrated sexual and reproductive health services across the country.

The Advisory Group on Contraception (AGC) is a multi-disciplinary group 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 was founded 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 group is especially keen to play a part in ensuring high quality commissioning for contraceptive services. The AGC has developed two guides: one for commissioners in local authorities and one for those in CCGs, to support them in effectively commissioning the contraceptive aspects of sexual health services for which they are responsible.

This document sets out recommendations for consideration by NHS England, as it discharges its responsibility for sexual health commissioning with regard to contraception provided as an additional service under the GP contract. It includes the AGC's thoughts on the core principles underpinning effective commissioning of contraceptive services as well as the markers of a high quality, open access contraceptive service.

The vast majority of contraceptive prescribing takes place in general practice and so ensuring these services are of the highest quality will be crucial if NHS England is to achieve its aim of securing "excellence in the commissioning of primary care"<sup>1</sup>. NHS England, particularly through the appointment of a National Clinical Director for Maternity and Women's Health, is ideally placed to provide leadership and disseminate guidance to primary care providers, to support them in delivering the best possible contraceptive services to their local populations.

We hope that it will be helpful and would be keen to work with NHS England to support the delivery of high quality contraceptive services with the aim of improving experience and outcomes for users of contraceptive services. We can be contacted via our secretariat at: [contraception@mhpc.com](mailto:contraception@mhpc.com)

Advisory Group on Contraception  
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## Recommendations for NHS England

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The AGC believes there are some specific actions that NHS England should take to demonstrate that it is playing a full role in leading the commissioning of comprehensive high quality contraceptive services:

- NHS England should set out a plan for the way in which it intends to work with local authorities and CCGs to ensure that a holistic approach is taken to the commissioning of comprehensive sexual and reproductive health services nationally and locally
- NHS England should work with the Department of Health and Public Health England to monitor the implementation of the *Framework for Sexual Health Improvement in England*, and publish an annual review of progress on the ambitions set out in the document, including reducing unwanted pregnancies among all women of fertile age
- NHS England should ensure that local authorities are aware that, as part of a public health service or intervention, the cost of any contraceptive prescription should be met by local authorities' ring-fenced public health allocation
- As part of its Call to Action on Improving General Practice, NHS England should look at the findings that relate to provision of contraceptive information, advice and access, and seek further intelligence from users on satisfaction levels and areas for improvement in this regard
- NHS England should support local authorities in assessing the provision and training needs of the local sexual health workforce, including GPs, and putting in place training to ensure availability of highly skilled practitioners
- NHS England should work with the NHS Information Centre and providers in general practice to ensure that the Sexual and Reproductive Health Activity Dataset encompasses data and intelligence from general practice as well as community contraceptive and sexual health services



# The importance of high quality contraceptive services

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The Government has set a clear ambition “to improve the sexual health and wellbeing of the whole population,” as well as “reducing unintended pregnancies among all women of fertile age.”<sup>2</sup>

Comprehensive, open access sexual and reproductive health services are essential in delivering this ambition. Many thousands of people go to their GP for information, advice and provision of contraception. It is essential that all contraception services offered by GPs are high quality, and that they work seamlessly with other local services, for example those offered by community contraceptive clinics and pharmacies.

All sexually active people 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, arising through a failure to meet people’s contraceptive needs, comes at a significant cost, to the individual, the health service and to society more widely:

## The cost of unintended unwanted pregnancy: five key numbers

- **176,480** – the **number of abortions** carried out in England by the NHS and NHS agencies in 2012<sup>3</sup>
- **434,680** – the number of **women experiencing an unintended pregnancy** in 2012 (using NICE estimates that 40.6% of unwanted pregnancies end in abortion)<sup>4</sup>
- **£1** – every pound invested in contraception **saves £11.09** in averted outcomes<sup>5</sup>
- **3.2 million** – the number of women living in an area with **restricted access to contraception**<sup>6</sup>

Given the cost savings associated with investment in contraception, reducing the number of unintended pregnancies could help to meet the Government’s stated ambition to improve sexual health, while at the same times delivering a significant cost saving to the public purse, as well as having a positive impact for women.

All sexually active people 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.

However, the AGC's *Sex, lives and commissioning* audit<sup>7</sup> found that in 2012 over 3.2 million women of reproductive age (15-44) were living in areas where fully comprehensive contraceptive services were not provided. This represents almost one third of women in England of reproductive age<sup>8</sup> living in an area with some form of restricted access to contraception – either in terms of access to services or to the full range of contraceptive methods.

Whether people choose to get their sexual health advice or contraception from their GP, community contraceptive and sexual health services or their local pharmacy, they 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

Creating seamless, open access services requires equally seamless collaboration between NHS England, local authorities and clinical commissioning groups as service commissioners. 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

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The AGC believes all commissioners – NHS England, local authorities and CCGs – should work together to ensure the following principles underpin the commissioning of all contraceptive services 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 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*. 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 on a continuum with the rest of women's reproductive healthcare.

- **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. NHS England should work with other sexual health commissioners and with providers to ensure collective access to data and intelligence on local demographics, contraceptive provision and outcomes across different settings. These data should include information on access to LARC and uptake of different contraceptive methods (including LARC fitting and removal). The Sexual and Reproductive Health Activity Dataset does not cover general practice, and NHS England should work with providers and the NHS Information Centre to ensure that this is remedied to enable better comparison of settings.

- **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 Improvement* 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>9</sup> However, the AGC’s report, *Sex, lives and commissioning* found that over a third (35%) of commissioners had some form of restriction to access to contraceptives or to services<sup>10</sup>. Commissioners and providers should ensure that the full range of contraceptive methods is available, in line with the direction from the Department of Health and evidence-based guidance provided by NICE on the cost-effectiveness of LARC methods. For example, where a GP does not offer LARC fitting and removal, there should be clear and rapid referral pathways in place to enable women to easily access the LARC method of their choice.

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. Local authority commissioners should therefore be aware that the cost of any prescriptions should be reimbursed from the local authority’s ring-fenced public health allocations<sup>11</sup>.

- **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 JSNAs and JHWSs 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 provision of 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 should ensure that they commission services that 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 delivering good sexual health outcomes.

Commissioners should put in place strategies for retention, recruitment and training of the sexual health workforce and CCGs, with support from Health Education England should 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>12</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 represent a significant cost burden to the NHS and public health system in England. There is therefore a clear cost-benefit argument for investment in contraception<sup>13</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. 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 *Framework for Sexual Health Improvement* 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 contraceptive needs will change throughout a woman's lifetime, and 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.

# 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 be provided with accurate, accessible 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. These should include access to testing and treatment for sexually-transmitted infection, pregnancy planning advice, pregnancy testing, psychosexual counseling, 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

# 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>8</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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- <sup>12</sup> Faculty of Sexual and Reproductive Healthcare, *Diplomate Assessment of the Faculty of Sexual and Reproductive Healthcare (DFSRH / NDFSRH)*, accessed February 2014 via <http://www.fsrh.org/pages/Training.asp>
- <sup>13</sup> Bayer HealthCare, *Contraception Atlas 2011*, September 2011

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