

Defining appropriate open-access contraceptive services

Introduction

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 contraceptive needs of women of all ages. Given the policy focus which has previously been skewed towards addressing the needs of teenagers, the AGC came together in November 2010 and decided to focus on post-teen women to ensure that the contraceptive needs of all women, whatever their age, are met.

The AGC believe 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. It is therefore crucial that contraceptive services are given adequate focus and resources within the new public health system and women have full, open access to these services.

The purpose of this paper is to support new and existing public health commissioners to understand what constitutes open-access contraceptive services and how they should be delivered within the new health system.

Current delivery of open access contraceptive services

Recent evidence would suggest that not all women have full and open access to local contraceptive services. In April 2012, the AGC published the findings from an audit it had undertaken looking at the commissioning of contraceptive and abortion services in England. The report of the audit findings, *Sex, lives, and commissioning: An audit of the commissioning of contraceptive and abortion services in England* demonstrates that:

- As many as 3.2 million women of reproductive age (15-44) are living in areas where fully comprehensive contraceptive services, through community and/or primary care services, are not provided
- Those PCTs restricting access to contraceptives or contraceptive services had a higher abortion rate than the national average¹

The audit also uncovered evidence of primary care trusts (PCTs) introducing access restrictions based on cost rather than choice or quality. Following the publication of *Sex, lives and commissioning*, the All-Party Parliamentary Group on Sexual and Reproductive Health in the UK (APPGSRH) launched an inquiry into restrictions in access to contraceptive services. The inquiry uncovered evidence of the restrictions imposed by PCTs on contraceptive services, including:

- Women over the age of 25 not having access to community contraceptive clinics
- Women cannot self-refer for long-acting reversible methods of contraception (LARCs), GP referral is required
- Restrictions in access to non-LARC methods on the basis of cost

Although PCTs are mandated to commission open-access contraceptive services, the inquiry found a “clear disconnect between a national ambition...and local delivery”². As a result, the inquiry called on the Department of Health to set out what open access sexual health services should look like in the forthcoming sexual health policy document.

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Understanding what ‘appropriate open-access’ to services means for women

Under the Coalition Government’s health reforms local authorities will be mandated to commission the “*appropriate provision of confidential, open-access sexual health services*”, including contraceptive services³. The AGC welcomes the inclusion of this mandate but recognises the concerns raised within the APPGSRH recent reports “*about whether this mandatory requirement will be sufficient*”⁴. In addition, we are concerned about what could be deemed to constitute ‘appropriate’ and ‘open-access’ and whether this will be sufficient to address the contraceptive needs of local communities.

Accessing contraceptive services is an incredibly personal issue. The AGC believe, therefore, that it is crucial these services are commissioned and provided for from the perspective of the women and men who use them.

In order to define what ‘appropriate open-access’ contraceptive services look like the AGC has compiled the following 14 statements which people using these services should expect from their local services:

1. NHS contraceptive services in my area:
 - Have regular out-of-hours and weekend services
 - Have walk-in and appointment-based services
 - Have a range of clinics which are accessible to people of all age and faith groups
 - Are provided for in a range of accessible locations
 - Provide specialist contraception services
 - Provide accessible information (written and verbal) to service users about the full range of contraceptive methods and options
 - Provide reproductive and sexual health services to people that do not, for a variety of reasons, access the services provided by their GP (including young people, BME communities and people who are not registered with their GP)
2. I was able to easily access and receive NHS contraceptive method of my choice free of charge
3. I was able to access NHS contraceptive services at a location which was convenient for me and easily accessible by public transport
4. I was not refused access to NHS contraceptive services on unreasonable grounds, such as because of my age, place of residence, religion or belief
5. I received information about all available methods of contraception through NHS contraceptive services in a form that I could easily understand
6. I had access to all available methods of contraception through NHS contraceptive services. I was not refused access to methods on unreasonable ground
7. I was given a clear choice about the type of contraceptive method I was prescribed. The information I received about my contraceptive options was clearly explained, based on my own individual needs, and I felt able to make an informed choice

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8. If my choice of contraceptive method was not available on my first contact with NHS services, I was immediately given clear information from an NHS member of staff or healthcare professional about where I could receive this at a different location which was convenient and accessible by public transport
9. After accessing NHS contraceptive services, I left with a positive experience of care and was given the opportunity to provide feedback on the service I received
10. When accessing NHS contraceptive services I was treated with dignity and respect, and my privacy was maintained at all times
11. I expect to be prescribed and, if relevant, fitted with my choice of contraceptive method from a trained and qualified healthcare professional
12. As a someone who works full-time / works shifts / is a full-time mother I was able to access NHS contraceptive services without having to take time off work and at a time which was convenient to me
13. Following an abortion, I received follow-up clinical advice from a trained healthcare professional about my contraceptive options within one week of having the procedure
14. When accessing abortion services, I received comprehensive, clinically accurate, non-judgmental and accessible information about my contraception options

Recommendations for next steps

1. When developing local commissioning plans for sexual and reproductive health, local authorities, clinical commissioning groups (CCGs) and health and wellbeing boards should consider using these statements as the basis for a checklist of what high quality contraceptive services should look like in their area
2. Public health commissioners should consider asking providers to use these statements when developing patient recorded outcome measures (PROMs) which seek to measure the performance of these services
3. As recommended by the APPGSRH following its recent inquiry, the Department of Health should work with Public Health England and the NHS Commissioning Board about how the mandate on local authorities to provide 'appropriate access to sexual health services' is implemented at a local level⁵. The Department of Health should consider using the statements as an initial basis for this work and include progress on this within the forthcoming sexual health policy document

Contacting the AGC

The secretariat for the AGC is provided by MHP Communications. Should you wish to contact the AGC please email contraception@mhpc.com or telephone MHP on 020 3128 8106.

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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.

References

¹ Advisory Group on Contraception, *Sex, lives, and commissioning: An audit of the commissioning of contraceptive and abortion services in England*, April 2012

² All-Party Parliamentary Group on Sexual and Reproductive Health in the UK, *Healthy women, healthy lives? The cost of curbing access to contraceptive services*, July 2012

³ HC Deb, 12 December 2011, c540W

⁴ All-Party Parliamentary Group on Sexual and Reproductive Health in the UK, *Healthy women, healthy lives? The cost of curbing access to contraceptive services*, July 2012

⁵ All-Party Parliamentary Group on Sexual and Reproductive Health in the UK, *Healthy women, healthy lives? The cost of curbing access to contraceptive services*, July 2012

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