

National Institute for Health and Clinical Excellence

NQB QS engagement exercise 15th August to 14th October 2011

Stakeholder Comments

Please enter the name of your registered stakeholder organisation below.	
Stakeholder Organisation:	Advisory Group on Contraception
Name of commentator:	<p>Ben Nunn, Secretariat to the Advisory Group on Contraception (AGC)</p> <p>We hope that this response is helpful. Should you require any further clarification please do not hesitate to contact Ben Nunn on contraception@mhpc.com or 020 3128 8186.</p> <p>The meetings of the AGC are funded by Bayer. The secretariat for the AGC is provided by MHP Communications, whose services are also paid for by Bayer. Members of the AGC receive no payment from Bayer for attending meetings, except to cover appropriate travel costs.</p>

Order number <i>(For internal use only)</i>	Question number Please state the question number you are responding to or 'general' for other comments	Comments Please insert each new comment in a new row. Please do not paste other tables into this table, as your comments could get lost – type directly into this table.
1	General	<p>The Advisory Group on Contraception (AGC) is made up of individuals and representatives of leading advocacy groups who have come together to discuss and make policy recommendations concerning the contraceptive needs of women and how to meet them.</p> <p>The group is keen to ensure that the current NHS and public health reforms deliver improvement in contraceptive provision so that all women have access to high quality services which offer them information and choice from the full range of contraceptive options.</p>
2	General	<p>The AGC has welcomed the inclusion of contraceptive services (including emergency contraception) in the proposed library of topics for quality standard development.</p> <p>We have welcomed and recognise NICE's contribution to improving quality and outcomes within the NHS and, in particular, we are aware of the important role which is played by the NICE clinical guideline on long-acting reversible contraception.</p>

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		<p>The failure to address the contraceptive needs of women not only impacts negatively on health and public health outcomes, but also represents a significant cost burden to the NHS and social care services.</p> <p>According to NICE estimates, 40.6% of unintended pregnancies end in abortion¹. Based on these figures, last year there were approximately 466,931 unintended pregnancies, costing the NHS alone over £576 million^{2,3}.</p> <p>Ensuring the delivery of high quality contraceptive services is vital in helping to deliver improvements in outcomes for women while at the same time supporting the NHS to meet the required £20 billion of savings by 2014. It has been estimated that every £1 spent on contraceptive services saves the health service at least £11⁴.</p> <p>It is therefore vital that the development of a quality standard for contraceptive services is prioritised and we urge NICE to begin the development of this quality standard as soon as possible.</p>
3	General	<p>We believe it is important that the quality standard on contraceptive services meets the needs of women of all ages and from all population groups, and that this is reflected within the care pathway. To date, dedicated contraceptive services have often been designed around the needs of teenagers. While this has delivered positive results, there is a lack of focus on needs of women across the rest of their reproductive lives for whom the majority of contraception is provided in general practice.</p> <p>The latest Department of Health figures show that for women resident in England and Wales the vast majority of abortions (79.8%) continue to take place in women over the age of 20⁵.</p> <p>The same figures show that between 2009 and 2010 the rate of abortions for under-18s decreased from 17.7 per 1,000 women to 16.6 per 1,000 women and the rate of abortions for 18-19 year olds decreased from 31.8 per 1,000 women to 30.9 per 1,000 women^{6,7}. However, the rate of abortions actually increased in every other age category for women over the age of 20, except for those aged 25-29^{8,9}.</p> <p>The failure to address the needs of women aged 20 and older not only damages health outcomes for these women, but also represents a significant cost burden to the NHS in England.</p> <p>The AGC has welcomed the life-course approach set out by the Department of Health as a guiding principle for commissioning public health services¹⁰. We believe</p>

¹ National Institute for Health and Clinical Excellence, *Clinical Guideline 30: Long Acting Reversible Contraception*, October 2005

² Department of Health, *Abortion Statistics: England and Wales 2010*, May 2011. Accessed at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_126769.

³ National Institute for Health and Clinical Excellence, *Clinical Guideline 30: Long Acting Reversible Contraception*, October 2005

⁴ Department of Health, *Findings from the Baseline Review of Contraceptive Services*, May 2007

⁵ Department of Health, *Abortion Statistics, England and Wales: 2010*, May 2011. Accessed at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_126769.

⁶ Department of Health, *Abortion Statistics, England and Wales: 2009*, May 2011. Accessed at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_116039.

⁷ Department of Health, *Abortion Statistics, England and Wales: 2010*, May 2011. Accessed at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_126769.

⁸ Department of Health, *Abortion Statistics, England and Wales: 2009*, May 2011. Accessed at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_116039.

⁹ Department of Health, *Abortion Statistics, England and Wales: 2010*, May 2011. Accessed at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_126769.

¹⁰ Department of Health, *Healthy Lives, Healthy People: Transparency in Outcomes*, December 2010

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		<p>this is particularly important for contraceptive services, where a holistic model is required in order to address the needs of women at every stage of the pathway.</p> <p>The AGC supports the recommendation put forward by the Royal College of Obstetricians and Gynaecologists (RCOG) to commission women's health services through a managed women's health network. The RCGP notes that: "<i>The women's health network concept is about a woman-centred life-course approach based on the principle of the right care, at the right time, in the right place and provided by the right person</i>"¹¹.</p> <p>We believe the quality standard for contraceptive services should reflect this model of commissioning too.</p> <p>There already exists an extensive evidence base on what high quality contraceptive services should look like. In 2005, the Medical Foundation for AIDS and Sexual Health (MedFASH) published the <i>Recommended standards for sexual health services</i>¹² with the Department of Health.</p> <p>These standards, which have helped to inform the AGC's submission to this consultation, should be utilised by NICE whenever possible.</p>
4	2	<p>With 80% of contraceptive care being provided through general practice, it is important that the NICE quality standard on contraceptive services applies to these settings as well as other services, such as Contraceptive and Sexual Health services.</p> <p>In addition, the introduction of the Any Qualified Provider model from April 2012 means it is important that NICE ensures all quality standards, including for contraceptive services, are made applicable and adhered to by all providers of services.</p>
5	2	<p>During a meeting of the AGC earlier this year, it was agreed that a quality standard on contraceptive services should be prioritised for development by NICE.</p> <p>The AGC is keen to make a constructive contribution to the development of this quality standard and the group has therefore developed a suggested list of quality statements for inclusion in the contraceptive services quality standard. These statements are set out below.</p> <p>These statements should be considered by NICE as a starting point to what we would like see within the standard, and we would welcome the opportunity to work with NICE to develop and expand on these further.</p> <p>We also believe it is important that the standard reflects contraceptive advice and provision, as well as the broader service, and we hope NICE will take this into account going forward.</p>
6	2	<p>The AGC would recommend the following 10 statements for a quality standard on contraceptive services (including emergency contraception):</p> <ul style="list-style-type: none"> • Statement 1: People using contraceptive services should be treated with dignity and respect, and their privacy maintained at all times • Statement 2: Commissioners should ensure contraceptive services are provided in a variety of locations, including in both primary and community settings

¹¹ Royal College of Obstetricians and Gynaecologists, *High Quality Women's Health Care: A proposal for change*, July 2011

¹² Medical Foundation for AIDS and Sexual Health, *Recommended standards for sexual health services*, March 2005

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		<ul style="list-style-type: none"> • Statement 3: People accessing contraceptive services should receive coordinated and integrated care, with clear information and advice which meets their individual contraceptive needs. • Statement 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 • Statement 5: Commissioners should ensure that the contraceptive needs of the local population can be served by an appropriate number of trained and qualified healthcare professionals • Statement 6: People using contraceptive services should be informed of and able to access the full range of other sexual and reproductive health services, including access to testing for sexually transmitted infection, pregnancy testing, psychosexual counselling, and direct and timely referral to abortion services • Statement 7: Commissioners should capture and make available high quality data on clinical outcomes and user experience of contraceptive services across care settings in order to measure the quality of services and help to facilitate patient choice • Statement 8: People accessing contraceptive services should leave with a positive experience of care • Statement 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 • Statement 10: People accessing abortion services should receive comprehensive, accurate, unbiased information on and supply of the reversible contraceptive of their choice
7	General	<p>The members of the AGC are:</p> <p>Dr Anne Connolly, General Practitioner, The Ridge Medical Practice and Clinical Lead for Women's and Sexual Health, NHS Bradford and Airedale</p> <p>Ann Furedi, Chief Executive, bpas</p> <p>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</p> <p>Dr Kate Guthrie, Consultant Gynaecologist, Hull Community Healthcare Partnership</p> <p>Natika Halil, Director of Information, FPA</p> <p>Ruth Lowbury, Chief Executive, Medical Foundation for AIDS and Sexual Health (MedFASH)</p> <p>Tracy McNeill, International Vice-President and Director of UK and West Europe,</p>

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		<p>Marie Stopes International</p> <p>Jennifer Owen, Senior Commissioning Manager, NHS Halton and St Helens</p> <p>Jill Shawe, National Association of Nurses for Contraception and Sexual Health</p> <p>Dr Connie Smith, Consultant in Sexual and Reproductive Healthcare, Central London Community Healthcare NHS Trust</p> <p>Dr Anne Szarewski, Clinical Consultant, Honorary Senior Lecturer, Centre for Cancer Prevention, Wolfson Institute of Preventive Medicine and Associate Specialist, Margaret Pyke Centre</p> <p>Dr Chris Wilkinson, Lead Consultant, Margaret Pyke Centre</p>
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Closing date: 14th October 2011

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