

Response to the Health Select Committee's inquiry into public health post-2013 inquiry

Introduction

We are writing to you as the Advisory Group on Contraception (AGC), an expert advisory group 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. A full list of members of the AGC is available at the end of our submission. We welcome the Health Select Committee's decision to launch an inquiry into the impact on public health post-2013 of the Health and Social Care Act reforms.

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. We believe that all women should have ready access to high quality services which offer them information about, and a choice from, the full range of contraceptive options.

Our response covers:

- Delivery of local authorities functions to provide contraceptive services
- Spending on contraceptive care, focusing on the impact of the Government's decision to cut the public health grant by £200 million in 2015/16 and make further cuts in the 2015 Spending Review
- Holding a case study hearing on contraceptive services
- Recommendations to the Committee

We hope our arguments and recommendations will inform the Committee's inquiry, and would welcome the opportunity to provide further evidence to the Committee should that be helpful.

1. Delivery of local authorities' functions to provide contraceptive services

Since April 2013, commissioning and funding of contraceptive services has been split, with local authorities commissioning the majority of services and the remainder being commissioned by clinical commissioning groups and NHS England. The current commissioning arrangements for sexual health services are set out overleaf, with those marked in **bold** directly relevant to contraceptive care.

The public health reforms that resulted from the passage of the 2012 Health and Social Care Act marked the most significant transformation of how these services were delivered in a generation. The AGC welcomed the principles and the opportunities of these reforms, but we were also aware of some of the challenges that they presented to women's access to contraception.

Local authorities	Clinical commissioning groups	NHS England
<ul style="list-style-type: none"> • Comprehensive sexual health services. These include: • Contraception, including implants and intra-uterine contraception and all prescribing costs, but excluding contraception provided as an additional service under the GP contract • 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 • Any sexual health specialist services, including young people's sexual health, outreach, HIV prevention and sexual health promotion, services in schools, colleges and pharmacies 	<ul style="list-style-type: none"> • Most abortion services (but there will be a further consultation about the best commissioning arrangements in the longer term) • Sterilisation • Vasectomy • Non-sexual health elements of psychosexual health services • Gynaecology, including any use of contraception for non- contraceptive purposes 	<ul style="list-style-type: none"> • Contraception provided as an additional service under the GP contract • HIV treatment and care (including drug costs for post-exposure prophylaxis after sexual exposure) • Promotion of opportunistic testing and treatment for STIs, and patient requested testing by GPs • Sexual health element of prison health services • Sexual Assault Referral Centres, cervical screening, specialist fetal medicine services

Commissioning arrangements for contraceptive services are now incredibly complex, and present a genuine risk to the effective delivery of these essential services. In May 2014, the AGC published a report on a Freedom of Information audit reviewing the commissioning arrangements for contraceptive services across England. The report found that while a number of councils were embracing their new responsibilities, there were a number of barriers to realising the Government's ambition of reducing the rate of unintended pregnancy:

- One third (35 per cent) of local authorities that responded to the AGC's audit did not issue a service specification as part of their procurement of potential sexual health providers in 2013/14. The decision not to issue a specification raises concerns about how commissioners will hold providers to account on the quality of care being delivered by those services
- 40 per cent of commissioners confirmed that an assessment of contraceptive services in their area had been carried out in the past three years, with a quarter (26 per cent) reporting that an

assessment was currently underway. However, nearly a third (31 per cent) of local authorities reported that no assessment was planned or had been carried out

- One third (34 per cent) of local authorities reported having no plan or strategy in place to reduce the rate of unintended pregnancies
- Evidence of local authorities applying restrictions on access to contraceptive services appear to go against national policy and clinical guidance. The restrictions identified did not necessarily reflect a city or borough-wide policy, but, in some instances, a policy for a specific service. Examples of the restrictions identified include services not being available to women over a certain age or because of their place of residence

The All-Party Parliamentary Group on Sexual and Reproductive Health also reported earlier this year that it had received evidence that changes to the commissioning pathway is leading to¹:

- Restrictions in access for patients
- Fragmentation between providers which makes it more difficult and time consuming for service users to get all of the support they needed
- Patients having a poorer experience of their care as a result

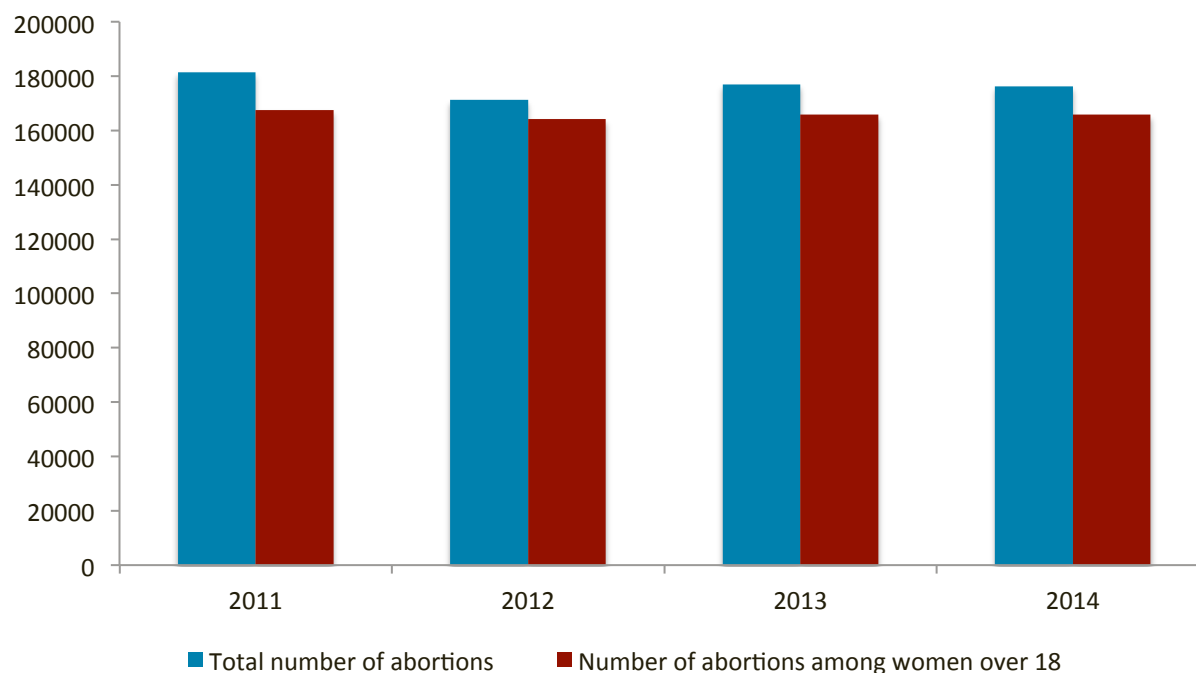
We urge the Committee to request that the Department of Health, Public Health England, NHS England and the Local Government Association set out how they intend to work concordantly to guarantee a holistic approach is taken to the commissioning of comprehensive sexual and reproductive health services, delivering a fixed level of service that is enhanced as investment allows.

The Department of Health's sexual health improvement framework sets out its ambition for contraceptive health in England:

- Reduce unintended pregnancies among all women of fertile age
- Continue to reduce the rate of under 16 and under 18 conceptions

Local authorities have been responsible for commissioning contraceptive services for only two-and-a-half years. We recognise that delivering against these ambitions will take some time. The below graph illustrates the challenge for improving contraceptive health in England, with the number of abortions taking place remaining relatively static since 2011. The figure also illustrates the importance of national and local decision-makers continuing to focus on improving contraceptive outcomes for women of all ages, given the vast majority of abortions take place in women over the age of 18.

Figure 1: Number of abortions in England, 2011 to 2014^{2, 3, 4, 5}



Success in achieving the Government’s ambition for improvements in contraceptive care will require a concerted effort of all organisations involved in sexual and reproductive health, including local authorities, CCGs, NHS England and service providers. In practice this means commissioners and providers working together to ensure women are supported to choose the contraceptive method that is right for them.

We urge the Committee to request an update from the Department of Health on the implementation of the Framework for Sexual Health Improvement in England, and an update on its ambition to reduce the number of unintended pregnancies among women of fertile age.

We urge the Committee to recommend to the Department of Health that it work with NHS England and Public Health England to publish annual updates on progress towards meeting the ambitions in the Framework for Sexual Health Improvement in England, including the ambition to reduce the number of unintended pregnancies among women of fertile age.

2. Spending on contraceptive care, focusing on the impact of the Government’s decision to cut the public health grant by £200 million in 2015/16

The AGC welcomed the Coalition Government’s decision to introduce a ring-fenced grant for local authorities to fund public health services. However, we are extremely concerned about the Government’s recent decision to cut this grant in-year by £200 million⁶, and the likely impact this will have on contraceptive care and services.

Restricting women's access to contraception leads to an increase in rates of unintended pregnancy, with consequent and considerable impact on frontline services across health, social care and other public services. Cutting funding for contraception is the definition of a false economy. Indeed it would likely result in considerably higher costs than the proposed cuts.

This year, every local authority public health commissioner has had to make an in-year cut of 6.2%. The anticipated cut to contraceptive services, assuming the proportion of spend stays roughly the same as it is now, will therefore be approximately £23 million.⁷

This is a false economy. The Department of Health's *Framework for Sexual Health Improvement in England* says that there is an £11 saving for every £1 spent on contraception.⁸ Using this formula, **we calculate that the £23 million 'saving' could lead to additional costs to the NHS of £250 million.** This is on top of the health, financial and social consequences of unintended pregnancy for women and for their families.

The Government's 2015 Spending Review will see further cuts to public health budgets. There is to be an average annual real terms cut to local authority public health spending of 3.9% over the next five years and the public health ring-fence will likely only be maintained in 2016/17 and 2017/18. Removing the ring-fence would likely see funding previously allocated to contraceptive services being absorbed into services such as adult social care. Indeed, an investigation undertaken by the *British Medical Journal* in 2014 found that some local authorities are already diverting ring-fenced public health funds to support wider council services.⁹

However, cutting funding for, and therefore access to, contraceptive care is likely to cost the NHS more than it saves local government – a perverse outcome that benefits no one. It goes against the case made in the *Five Year Forward View* that a 'radical upgrade in prevention and public health' is needed to deliver the sustainability of the NHS, the economic prosperity of Britain and the future health of millions of children.¹⁰

Adding further complication, the provision of contraceptive services is part of the GP NHS contract and around 80% of contraceptive care is carried out in general practice.¹¹ According to the GP contract, women can expect the provision of robust counseling on choice of contraception and to have that contraception initiated and managed by their GP. However, PHE data on GP LARC provision shows considerable variation (particularly when the shorter term and less effective contraceptive injection is not included).¹² Anecdotally we know there is significant variation in delivery of primary care contraceptive services more broadly, although neither quality nor quantity of care is audited.

The medical community warned about consequences of the split in commissioning responsibility for sexual and reproductive health as a result of the 2012 Act.¹³ They highlighted the likely reduction of funding for LARC provision in primary care (including the resulting loss of skill in fitting intra-uterine and implant methods) and the risk to the joined up, holistic contraceptive care that many women expect.¹⁴

We are now greatly concerned that as community contraceptive services are scaled back as a result of cuts to public health budgets, the pressure on primary care will be exacerbated. There will be unreasonable expectations – from women and possibly commissioners – that GPs step in to deliver the additional care women will need. Without additional resource, this is unsustainable, particularly given the considerable and growing pressures on GPs already well documented.

We urge the Committee to recommend to Government that it reverses its cuts to public health budgets both this year and over the course of the Spending Review, which have been found to cost the NHS more than it will save local government.

We urge the Committee to recommend to Government that they commit to maintaining the ring-fenced public health grant to local authorities to ensure these vital frontline services can be maintained for the remainder of the Parliament.

We urge the Committee to recommend that additional funding be provided to support primary care's provision of contraceptive care and services.

The Freedom of Information audit we carried out in 2013 also raised concerns about the quality and validity of information collected by local authorities on how they spent their public health grant. 42 per cent of councils that responded to our audit were unable to provide us with information on the amount of money they planned to spend on contraceptive services, with 33 councils providing information that was not clear or possible to interpret. 10 local authorities could not provide information on the amount being spent to commission sexual health services this year, while one provided information that was unclear.

Even more surprising were the vast and unexplained inconsistencies in the level of reported spend on contraceptive services provided by councils in response to our audit versus the spend they reported to the Department for Communities and Local Government.

As a separate point, we are also concerned by the lack of clarity in Department of Health guidance regarding the ability, or not, for providers to cross charge for out-of-area attendances. We believe there is a significant threat to open access for contraception in the places where providers are only commissioned to deliver services for specified residents.

We urge the Committee to recommend local authorities strengthen the reporting and coding mechanisms for funding of areas within the public health budget.

We urge the Committee to recommend for Public Health England to carry out and publish annual reviews of how much each local authority is spending on areas within their public health budget to allow local comparisons and promote transparency.

We urge the Committee to recommend that the Department of Health produce clear guidance to remove ambiguity around out of area charging for contraceptive services.

3. Holding a case study hearing on contraceptive services

There is no doubt the 2012 Health and Social Care Act has significantly impacted on the commissioning, funding and delivery of contraceptive services in England; and had a larger impact than many other public health interventions:

- Commissioning and funding of contraceptive services is now split across NHS England, clinical commissioning groups and local authorities, where as prior to 2013 it had all been carried out by primary care trusts

The secretariat for the AGC is provided by Incisive Health, whose services are paid for by Bayer HealthCare. Members of the AGC receive no payment from Bayer HealthCare for being involved with the group, except to cover appropriate travel costs for attending meetings.

- The reforms mean local authorities are now responsible for commissioning complex medical procedures, including fitting and removal of intrauterine devices
- Fragmentation of commissioning has presented a challenge to the delivery of a comprehensive contraceptive service, with financial pressure on local authorities risking a reduction in a woman's access to the full range of contraceptive methods as mandated by the 2012 Health and Social Care Act, including where services cross commissioning boundaries, such as contraception post abortion
- In-year and future cuts to the national public health grant are likely to have an immediate knock-on effect on women's access to contraceptive care, leading to a rise in the rate of unintended pregnancy and costing the NHS more than it saves local government

We have supported the principles of the Government's public health reforms. However, two-and-a-half years since they were implemented it is clear there are still challenges in their implementation and whether they will deliver the improvements in national wellbeing that was envisaged when they were first set out. Good contraceptive care is not just a public health intervention it is a fundamental right. It is about giving men and women the support they need to plan their lives. We believe it is imperative these issues are properly considered by the Committee to ensure access to contraception continues to be a right, rather than a privilege, for the 10 million women of reproductive age in England.¹⁵

Recommendations to the Committee

- We urge the Committee to request that the Department of Health, Public Health England, NHS England and the Local Government Association set out how they intend to work concordantly to guarantee a holistic approach is taken to the commissioning of comprehensive sexual and reproductive health services, delivering a fixed level of service that is enhanced as investment allows.
- We urge the Committee to request an update from the Department of Health on the implementation of the Framework for Sexual Health Improvement in England, and an update on its ambition to reduce the number of unintended pregnancies among women of fertile age.
- We urge the Committee to recommend to the Department of Health that it work with NHS England and Public Health England to publish annual updates on progress towards meeting the ambitions in the Framework for Sexual Health Improvement in England, including the ambition to reduce the number of unintended pregnancies among women of fertile age.
- We urge the Committee to recommend to Government that it reverses its cuts to public health budgets both this year and over the course of the Spending Review, which have been found to cost the NHS more than it will save local government.
- We urge the Committee to recommend to Government that they commit to maintaining the ring-fenced public health grant to local authorities to ensure these vital frontline services can be maintained for the remainder of the Parliament.
- We urge the Committee to recommend that additional funding be provided to support primary care's provision of contraceptive care and services.

-
- We urge the Committee to recommend local authorities strengthen the reporting and coding mechanisms for funding of areas within the public health budget.
 - We urge the Committee to recommend for Public Health England to carry out and publish annual reviews of how much each local authority is spending on areas within their public health budget to allow local comparisons and promote transparency.
 - We urge the Committee to recommend that the Department of Health produce clear guidance to remove ambiguity around out of area charging for contraceptive services.

For more information, please contact the AGC secretariat at agc@incisivehealth.com.

The members of the Advisory Group on Contraception are:

- Dr Amanda Britton, GP Principal, Basingstoke; Medical Director North Hampshire Alliance
- Dr Anne Connolly, Clinical Lead for Women's and Sexual Health, NHS Bradford and Airedale
- Genevieve Edwards, UK Communications Director, Marie Stopes International
- Abigail Fitzgibbon, Head of Advocacy and Campaigns, British Pregnancy Advisory Service
- 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, Chief Executive, Family Planning Association
- Jane Hatfield, Chief Executive, Faculty of Sexual and Reproductive Healthcare
- Jules Hillier, Chief Executive, Brook
- Ruth Lowbury, Chief Executive, MEDFASH (Medical Foundation for HIV & Sexual Health)
- Dr Diana Mansour, Consultant in Community Gynaecology and Reproductive Healthcare, Newcastle upon Tyne NHS Foundation Trust
- Councillor Jonathan McShane, Cabinet Member for Health, Social Care and Culture, London Borough of Hackney and Lead Member for Sexual Health, Local Government Association
- Karen Pitney, Public Health Outcome Manager, Gloucestershire County Council
- Professor Jill Shawe, Specialist sexual and reproductive health research nurse
- Laura Russell, Senior Policy and Parliamentary Affairs Officer, Family Planning Association
- Dr Connie Smith, Chair, Healthwatch Camden
- Harry Walker, Policy Manager, Faculty of Sexual and Reproductive Healthcare
- Jason Warriner, Chair of Public Health Forum, Royal College of Nursing
- Dr Chris Wilkinson, Lead Consultant, Margaret Pyke Centre

Observers to the Advisory Group on Contraception are:

- Dr Kate Guthrie, Medical Expert for Sexual Health and Reproductive Health, Public Health England
- Fiona Campbell, Government and Industry Affairs, Bayer HealthCare
- Lesley Wylde, Partnership Development Manager, Bayer HealthCare

References

- ¹ [All-Party Parliamentary Group on Sexual and Reproductive Health, *Breaking down the barriers: The need for accountability and integration in sexual health, reproductive health and HIV services in England*, July 2015](#)
- ² [Department of Health, *Abortion statistics, England and Wales for 2011*, May 2012](#)
- ³ [Department of Health, *Abortion statistics, England and Wales for 2012*, July 2013](#)
- ⁴ [Department of Health, *Abortion statistics, England and Wales for 2013*, June 2014](#)
- ⁵ [Department of Health, *Abortion statistics, England and Wales for 2014*, June 2015](#)
- ⁶ [HM Treasury, *Chancellor announces £4½ billion of measures to bring down debt*, 4 June 2015](#)
- ⁷ [Department for Communities and Local Government, *Annex A: RA14 General Fund Revenue Accounts Budget Estimate 2014-15 \(continued\)*, October 2014](#)
- ⁸ [Department of Health, *A Framework for Sexual Health Improvement in England*, March 2013](#)
- ⁹ [British Medical Journal, *Raiding the public health budget*, March 2014](#)
- ¹⁰ [NHS England, *Five Year Forward View*, October 2014](#)
- ¹¹ [All-Party Parliamentary Pro-Choice and Sexual Health Group, *A report into the delivery of sexual health services in general practice*, October 2007](#)
- ¹² [Public Health England, *GP prescribed LARC rate/ 1,000 \(including and excluding injection rates\)*, 2015](#)
- ¹³ [British Medical Association, *Confusion and uncertainty in sexual health*, September 2012](#)
- ¹⁴ [Royal College of General Practitioners, *RCGP Position Statement: the commissioning of sexual and reproductive healthcare in England*, March 2014](#)
- ¹⁵ [Office for National Statistics, *Population Estimates for UK, England and Wales, Scotland and Northern Ireland, Mid 2014*, June 2015](#)