

Supporting scrutiny of local contraceptive services

10 key drivers of good contraceptive care

Introduction

Women of all ages need access to high quality contraceptive care. Using the right contraception means a woman can better plan her family and life and avoid an unintended pregnancy. Spending on contraception is also highly cost-effective, with every £1 saving £11 in other healthcare costs.ⁱ

However, too many women are not able to get their preferred contraceptive method or are not given the information they need to make a better choice.ⁱⁱ The introduction of a complicated and fragmented system for planning, commissioning and delivering contraceptive care has made it hard to monitor or scrutinise how decisions are taken in each local area. As public health budgets that pay for contraception get cut, services are even more at risk.

This paper is designed to:

- Support anyone who wants to take a closer look at their own local area and the contraceptive services that women can access
- Provide a brief overview of how contraceptive services are commissioned and monitored
- Outline specific questions around 10 key drivers of good contraceptive care to help uncover local performance and start a conversation about what can be done to ensure all women have full access to the contraceptive care they need

Who is responsible for ensuring women have access to contraception care and services?

To provide good contraceptive care, a local area should provide all women of reproductive age:

- Access to clear information about the full range of contraceptive options
- The opportunity to have an informed discussion about all contraceptive methods with a local healthcare professional, when and where most convenient
- The full choice of contraceptive methods, including long-acting reversible contraception (LARC) methods, to be prescribed or fitted either via a GP surgery or through an easily accessible community clinic or service

Since 2013, responsibility for the commissioning and governance of contraception and abortion services has been divided between different bodies:

- **Local authorities** are responsible for commissioning comprehensive sexual health services including: covering the costs of LARC devices (such as intrauterine devices (IUD), intrauterine systems (IUS), and contraceptive implants and injections); prescription or supply of other methods including condoms; and

advice on preventing unintended pregnancy in specialist services and those commissioned from GPs and community pharmacyⁱⁱⁱ

- **NHS England** commissions GPs to deliver non-LARC forms of contraception, such as oral contraceptives and to provide advice about all contraceptive methods
- **Clinical commissioning groups (CCGs)** commission most abortion services, sterilisations, vasectomies and the use of contraception for non-contraceptive purposes

Making it Work was published by Public Health England to give clarity about who has responsibility for contraceptive planning, care and prescribing.^{iv} It also explains the importance of a joined-up approach to contraceptive care and outlines best practice for those in charge of delivering contraceptive services.

However as a result of the fragmentation of the system – with different bodies having responsibility for different elements – it has become more difficult to understand and monitor how well local women are being served.

Of particular concern is the provision of LARC methods – in particular intrauterine devices (IUD), intrauterine systems (IUS) and contraceptive implants. LARC methods are known to be the most effective forms of contraception as they are not reliant on external factors, such as remembering to take a pill or using a condom correctly. Increasing the number of women using a LARC method could help reduce unintended pregnancy.^v However, take-up remains lower than for other, less effective methods.^{vi}

LARC methods are the responsibility of local authorities. Separating LARC methods – which require additional service planning, such as ensuring that there are enough local healthcare professionals trained to fit and remove devices – from other methods leaves them more vulnerable to cuts and restrictions on access. Evidence suggests that many areas are not making adequate service plans or thinking about the necessary workforce.^{vii viii}

How can you understand more about the performance of your local area?

As the Advisory Group on Contraception (AGC), we are keen to support local councillors, campaigners and women themselves to understand and scrutinise the way that contraceptive services are being planned and monitored in their local area.

We have developed this list of 10 key drivers of good contraceptive care. Each driver has questions that you can use to engage with the key individuals on your local authority. The main people to ask questions of are:

- The elected lead member with who has responsibility for health or public health
- The Director of Public Health
- The elected Chair of the Health Overview and Scrutiny Committee
- The elected Chair of the Health and Wellbeing Board

10 key drivers of good contraceptive care

1. **Full access:** Do all women have access to all forms of contraception? Have any restrictions for different contraceptive methods been put in place, for example for women of different ages or at different points in the year? Have reproductive health services been cut back, also restricting access for women?
2. **Referrals between services:** If a woman wants to use a certain contraceptive method but her local GP cannot provide it (for example, she would like an IUS but the GP surgery does not have a trained fitter), is she quickly passed to an alternative location where the fitting can take place? What systems are in place to ensure this happens for every woman?
3. **Protecting spending:** Is your authority planning to cut funding for contraceptive services in this or the next financial year? If so, how have decisions on what services to cut been reached, and what assessment has been made of how this will impact women's access to contraception?
4. **LARC fitting:** Does the local authority monitor how many GP practices are able to fit LARC methods of contraception, such as implants and intrauterine options? Is the local authority monitoring whether this number is increasing or decreasing?
5. **Plans to reduce unintended pregnancies:** Does your local authority have a plan in place to reduce unintended pregnancies among women of all ages (not just teenagers)? How well are they doing against this plan, and how is it being monitored and improved?
6. **Engaged Health and Wellbeing Board:** Has your local Health and Wellbeing Board (HWB) undertaken a review of local contraceptive services? Is contraception or unintended pregnancy included in your area's local joint strategic needs assessment (JSNA) or joint health and wellbeing strategy (JHWS)? Is the HWB monitoring contraceptive services at all?
7. **Engaged Health Overview and Scrutiny Committee:** Has your local Health Overview and Scrutiny Committee carried out an inquiry into local contraceptive services? If not, would it consider doing so?
8. **Listening to local women:** Has anyone in the local authority carried out any form of consultation with local women to find out how local services are performing?
9. **Healthwatch:** Has your local Healthwatch been asked to review commissioning or provision of contraceptive services? Have they done so previously?
10. **Training of LARC fitters:** Who has responsibility for monitoring and assessing the number of people qualified to fit and remove intra-uterine devices (IUS or IUD) in the local area? Is there a strategic plan for ensuring that training for new fitters is available and known?

What next?

Asking the questions – and getting the answers – will hopefully just be the start. There are many useful next steps that you could take once you have more information about local plans for contraceptive services in your area. Actions might include:

- Encouraging your Health Overview and Scrutiny Committee to conduct an inquiry into local contraceptive services
- Encouraging your local councillor to work with you to make the case for improvements
- Speaking to your local media outlets about changes in contraceptive services – particularly if there are likely to be cuts
- Sharing your findings with the Advisory Group on Contraception via agc@incisivehealth.com to help us build a clearer picture of what is happening to services across the country

About the AGC

The AGC is 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. The AGC was formed in November 2010 with a focus on ensuring that the contraceptive needs of all women in England, whatever their age, are met.

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.

ⁱ Department of Health, *A framework for sexual health improvement in England*, March 2013

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

ⁱⁱⁱ Public Health England, *Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV*, September 2014 (updated March 2015)

^{iv} Public Health England, *Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV*, September 2014 (updated March 2015)

^v NICE, *Clinical Guideline CG30, Long-acting reversible contraception (update)*, September 2014

^{vi} NICE, *Clinical Guideline CG30, Long-acting reversible contraception (update)*, September 2014

^{vii} Advisory Group on Contraception, *Sex, lives and commissioning II: a report by the Advisory Group on Contraception on the commissioning of contraceptive and abortion services in England*, May 2014

^{viii} Bayer HealthCare, *Fit for purpose? A freedom of information audit of the provision of training for fitting intrauterine contraceptive devices*, 2014