

## **Advisory Group on Contraception (AGC)**

### **Terms of reference**

#### **Objectives**

1. The AGC is an expert advisory group 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
2. The AGC will work with parliamentarians, policy-makers, advocacy groups and member organisations with an interest in sexual and reproductive health to ensure that the policy environment appropriately addresses the contraceptive needs of post-teen women. The AGC will also raise awareness of issues relevant, or of concern, to the contraceptive community
3. The purpose of the AGC is to ensure NHS and public health services deliver improvements in contraceptive services so that all women have access to high quality services which offer them information about and a choice from the full range of contraceptive options

#### **Structure and activity**

4. Incisive Health will act as secretariat to the AGC. This will entail organising meetings of the group, providing strategic policy and communications advice, and supporting members in the implementation of its activities
5. Strategic decisions about the AGC's policy or communications activity will be made by all members, either at member meetings or through e-mail discussion
6. The AGC will hold at least three meetings throughout each calendar year, organised by the secretariat. The secretariat will seek to invite at least two guest speakers to meetings throughout the year
7. No chair for the AGC will be appointed. However, a member may be appointed to act as a spokesperson or representative for the group to external stakeholders (for example at external meetings or for media comment)
8. Dates for AGC meetings during the forthcoming year will be arranged at the end of the previous calendar year. Decisions on dates will be determined on the basis of the majority of members' availability
9. All public materials (including policy briefings, press releases and reports) will be circulated to the AGC via e-mail by the secretariat for comment and approval before publication
10. The secretariat will be expected to provide members with reasonable deadlines for comment on public materials

Support for the AGC is provided equally by Bayer plc and MSD, who fund AGC meetings, activities and the AGC secretariat, delivered by Incisive Health. Bayer plc and MSD have no influence or input in the selection or content of AGC projects or communications. Members of the AGC receive no payment from Bayer plc and MSD for their involvement in the group, except to cover appropriate travel costs for attending meetings.

11. Individual members will be expected to provide comments and feedback on all public materials from the AGC. Where no comments or feedback are received by the secretariat following at least one reminder email or phone call, this will be interpreted as approval from the member
12. Editorial control of all public materials rests with the AGC members alone

### **Advice**

13. The purpose of the AGC is to provide advice and make policy recommendations to external stakeholders about how NHS and public health services can be improved upon in order to address the contraceptive needs of women of all ages
14. External stakeholders include, but are not limited to, politicians, the Department of Health, Public Health England, NHS England, clinical commissioning groups, local authorities, national and local Healthwatch, British Pregnancy Advisory Service (BPAS), Brook, Faculty of Sexual and Reproductive Healthcare (FSRH), Family Planning Association (FPA), Marie Stopes, royal colleges (including the Royal College of General Practitioners and the Royal College of Nursing)
15. The AGC's programme of activity should not seek to duplicate activity being undertaken by external stakeholders or members, but to complement activity. The AGC should seek to engage with external organisations and, where appropriate, identify avenues for collaboration
16. Where opportunities for collaboration with an external stakeholder arise, consent must be reached by members of the AGC for this activity to proceed and a clear project plan, including respective responsibilities, should be agreed upon

### **Membership**

17. New members are admitted following the recommendation of an individual member or the secretariat and agreement is secured from the whole group
18. All members agree to accept the decision-making processes of the AGC, respect the views of other members and do nothing to bring the AGC into disrepute

### **Finances**

19. The meetings of the AGC are funded by Bayer plc and MSD. Bayer plc and MSD provide sponsorship for the benefit of the AGC to pay for the secretariat of the AGC, which is provided by Incisive Health. This will be recorded as a transfer of value to the AGC.
20. Members of the AGC receive no payment from Bayer plc and MSD for attending meetings, except to cover appropriate travel costs
21. All public materials from the AGC will include a declaration of how it is funded

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**The members of the AGC are:**

- **Angie Blackmore**, Public Health Principal, Buckinghamshire County Council and Deputy Co-Chair, English HIV and Sexual Health Commissioners Group
- **Dr Amanda Britton**, GP Principal, Basingstoke; Medical Director North Hampshire Alliance
- **Sue Burchill**, Head of Nursing, Brook
- **Dr Anne Connolly**, Clinical Lead for Women's and Sexual Health, NHS Bradford and Airedale
- **Rachael Clarke**, Public Affairs and Advocacy Manager, British Pregnancy Advisory Service
- **Robbie Currie**, Sexual Health Programme Lead, London Borough of Bexley and Co-Chair, English HIV and Sexual Health Commissioners Group
- **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
- **Alison Hadley**, Director, Teenage Pregnancy Knowledge Exchange
- **Natika Halil**, Chief Executive, Family Planning Association
- **Jane Hatfield**, Chief Executive, Faculty of Sexual and Reproductive Healthcare
- **Dr Asha Kasliwal**, Clinical Director and Consultant in Community Gynaecology and Reproductive Health, Central Manchester University Hospitals NHS Foundation Trust
- **Fiona Loveless**, Director of Contracts and Business Development, Marie Stopes International
- **Ruth Lowbury**, independent consultant specialising in sexual health and HIV
- **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**, Business Development Manager, GDOC Limited
- **Laura Russell**, Senior Policy and Parliamentary Affairs Officer, Family Planning Association
- **Deborah Shaw**, Lead for Sexual Health, Public Health England

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- **Professor Jill Shawe**, Specialist sexual and reproductive health research nurse
- **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 AGC are:**

- **Fiona Campbell**, Government Affairs and Advocacy Manager, Bayer
- **Samantha Humphreys**, Head of Sales and Marketing for Women's Health, MSD
- **Boriana Guimicheva**, Medical Advisor for Women's Health, MSD
- **Sue Mann**, Medical Expert for Sexual Health and Reproductive Health, Public Health England
- **Lesley Wylde**, Partnership Development Manager, Bayer

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