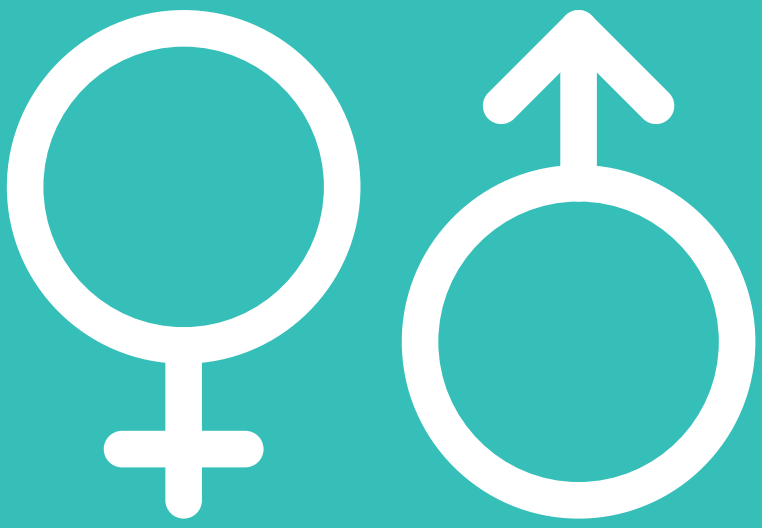
AGC Advisory Group on Contraception

Cuts, Closures and Contraception



An audit of local contraceptive services in England

November 2017

Sexual health services are at a tipping point.

Local Government Association[I]

SRH provision as a whole is at risk of collapse.

Royal College of General Practitioners[II]

Sexual health, screening and immunisation are examples given where fragmentation [of commissioning] has been detrimental.

House of Commons Health Select Committee[III]

Introduction

In the face of clear warnings from experts across the field, the combination of deep public health cuts and a fragmented commissioning environment continues to place unprecedented pressure on the provision of full and open access contraceptive care – a fundamental right for women.

The Advisory Group on Contraception (AGC) has undertaken a Freedom of Information request audit of local authority provision of contraceptive care, with headline findings revealing:

32
local authorities
closed contraceptive services in 2016/17, a significant increase from 12 local authorities in 2015/16 (167%)

Half
of councils have cut spending on contraception in the current financial year

Over 1/3
of local authorities
have reduced or plan to reduce the number of sites commissioned to deliver contraceptive services since 2015

45%
of local authorities
have reduced the number of intrauterine systems (IUS) and devices (IUD) fitted and removed in general practice, the first port of call for most women when accessing contraception

The findings of the AGC's FOI audit add further evidence to what we already know – reproductive health services are facing an uncertain future.[IV] As funding cuts dig deeper, more local authorities are taking the decision to close services.

Cutting budgets for contraceptive services is a false economy. Every £1 spent on contraception saves over £11 in averted costs to the NHS.[V] Almost half of all pregnancies in England are unplanned[VI] with an estimated direct annual cost to the NHS of £240m.[VII] Abortion rates among women over the age of 30 are rising steadily.[VIII] Prescriptions for long-acting reversible contraceptives (LARCs) have fallen over the past three years by 6%.[IX] This marks a significant turning point, breaking the previous trend of increases.

Access to contraception is a fundamental right enshrined in national guidance and legislation.[X] But year-on-year cuts to public health from central government are eroding women's access to the full range of contraceptive choices. For too many women, this will damage their ability to protect themselves from an unplanned pregnancy.

The AGC is calling on government, the NHS and local government to protect women's access to the full range of contraceptive methods, before it is too late.

Methodology

The AGC conducted a Freedom of Information request audit over the summer of 2017, examining the impact of public health cuts on local authorities' provision of contraceptive services. There was an overall response rate of 100%, although the response rate for each question varied.

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Sexual and reproductive health services are being hit by year-on-year cuts to their budgets

- Half of local authorities reduced spending on contraceptive services in 2017/18[XI]
- Nearly two thirds of local authorities made cuts to their overall sexual and reproductive health services between 2016/17 and 2017/18[XII]

There has been increased focus on the growing pressure facing local government finances and deep cuts to the public health grant. But the true impact is only now starting to become clear.

The Local Government Association has recently warned that sexual and reproductive health services are now at a tipping point.[XIII]

While local authorities are mandated by law to provide contraceptive services, there are increasing restrictions on both the contraceptive methods available to women and where these services are offered. In particular, access to some of the most effective forms of contraception – LARCs – is becoming more difficult.

As the Government proceeds with plans to remove the public health ring-fence, funding for LARC faces an increasingly uncertain future.

"FSRH has recently been inundated with reports from our members that cuts are heavily impacting service provision and access to contraception and unless investment in SRH is re-prioritised, we would absolutely anticipate an increase in unplanned pregnancies, including teenage pregnancies in the near future."

Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecology, AGC members

Recommendations:

1. The Government should strengthen and specify the national mandate to ensure that women of all ages have access to the full range of contraceptive services both through GP practices and sexual and reproductive health clinics
2. The Government should ensure adequate funding is provided to local authorities and GP practices to deliver the full range of contraceptive services to women of all ages

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Access to contraceptive services is becoming increasingly restricted

Our findings suggest there is accelerated and widespread closure of services delivering contraceptive care across the country.

- 32 local authorities closed contraceptive services in 2016/17, a significant increase from 12 local authorities in 2015/16
- Over a third of local authorities have reduced or plan to reduce the number of sites commissioned to deliver contraceptive services since 2015[XIV]
- Five local authorities have reduced or confirmed that they are considering reducing the number of services in multiple years since 2015

The majority of women plan their contraception with their GP. But community clinics provide a vital service to women, particularly those with cultural or social issues that would make them less likely to consult a GP about contraception, or in those areas where GPs do not provide long-acting methods. They also provide specialist support to GPs and other healthcare professionals to deliver evidence-based contraceptive care. **Truly universal access to contraceptive care is therefore dependent on services being available in both community and GP settings.**

Local authorities are required to commission *"open access services for contraception"* under Department of Health guidance and national legislation.[XV, XVI] However, there is very little detail on what this means, leading to different areas interpreting 'open access' in different ways.

Some local authorities restrict access on the basis of age, setting or geography. For example, some areas only provide services for local residents and some stipulate their GP practices can only fit LARC methods for registered patients. In other areas, there are age restrictions for access to emergency contraception schemes, with some places restricting to under-19s and others to under-25s.

Furthermore, many local authorities commission integrated sexual and reproductive health services, bringing together genitourinary medicine (GUM) and contraceptive care. Evidence suggests the increasing financial pressures mean some local authorities may be finding it difficult to commission these services with joint clinical leadership encompassing at least one consultant in Community Sexual and Reproductive Health (CSRH). Complex contraceptive care can only be delivered by qualified Level 3 CSRH consultants, who have fulfilled a higher specialty training programme. AGC members are extremely concerned that this leaves some integrated services without the proper skillset to deliver complex reproductive healthcare, impacting both women's access and patient safety.

As the funding cuts continue to bite, the AGC is concerned that the trend towards service closures will accelerate even faster, rapidly reducing the accessibility and choice of contraceptive services available to women.

Recommendations:

3 The Department of Health should review progress against *A Framework for Sexual Health Improvement in England* in 2018, five years on from its publication, and publish an updated framework

4 As part of the updated framework, the Department of Health should issue guidelines defining 'open access' to contraceptive services, addressing local variation and outlining expected access levels

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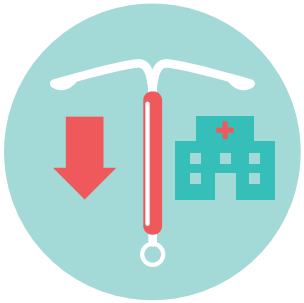
Local authorities are reducing the number and volume of contracts with general practice to provide effective long-acting reversible contraceptives



- Since 2015/16, 45% of local authorities have reduced the number of intrauterine systems (IUS) and devices (IUD) fitted and removed in general practice,[XVII] and 29% have reduced the number fitted and removed in community services[XVIII]
- In 2017/18, 13% of local authorities reduced the number of contracts with general practice to fit IUS and IUD[XIX]
- In 2017/18, 15% of local authorities reduced the number of contracts with general practice to fit the sub-dermal implant (SDI)[XX]
- Only one local authority confirmed an increase in the number of contracts with community services to fit IUS and IUD in 2017/18, and just two confirmed an increase in contracts to fit SDI

GPs play a vital role in the provision of contraceptive care, with 80% of women accessing their contraceptive care at their local GP.[XXI] Yet, our findings reveal alarming reductions in both the number of GP practices being commissioned to deliver LARCs and the volume of activity contracted. This adds further pressure on already-stretched community sexual health clinics, but there is no evidence of a corresponding increase in contractual support for them.

The Royal College of General Practitioners has long warned that mounting pressure on both public health and primary care budgets, combined with fragmented commissioning, is damaging the ability of GPs to provide the full range of contraception, in particular LARC.[XXII]

Practices are often not reimbursed the full costs of providing a LARC fitting service, which includes the cost and time requirements of training and maintaining healthcare practitioners with the qualifications to fit LARC.[XXIII] There are also growing concerns that many GPs trained to fit LARCs are due to retire in the near future. The fragmented commissioning environment and pressures on primary care mean there is little incentive for younger GPs and practice nurses to replace them.

Losing LARC provision from general practice has other damaging implications. Some LARCs are also used to treat medical conditions, for example, an IUS is recommended for heavy menstrual bleeding.[XXIV] Contraceptive consultations are also used to encourage women to have cervical screening. Eroding these services is therefore undermining the NHS Five Year Forward View commitment to get serious about prevention.[XXV]

It is vital that LARC services in primary care are protected and enhanced. But all the evidence points to them being diminished and eroded.

Recommendations:

5 The Department of Health should provide clear guidance to NHS and local authority commissioners to ensure they have enough LARC services commissioned across GP and community settings

6 Health Education England (HEE) should ensure adequate training for healthcare professionals on contraception, including training numbers for consultants leading and delivering complex care

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Summary of recommendations:

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3. The Department of Health should review progress against *A Framework for Sexual Health Improvement in England* in 2018, five years on from its publication, and publish an updated framework

4. As part of the updated framework, the Department of Health should issue guidelines defining 'open access' to contraceptive services, addressing local variation and outlining expected access levels

5. The Department of Health should provide clear guidance to NHS and local authority commissioners to ensure they have enough LARC services commissioned across GP and community settings

6. Health Education England (HEE) should ensure adequate training for healthcare professionals on contraception, including training numbers for consultants leading and delivering complex care

[i] Local Government Association, *Sexual health services at tipping point warn councils*, accessed October 2017
[ii] RCGP, *Time to Act*, 2017
[iii] Health Select Committee, *Public health post-2013*, July 2016
[iv] Public Health England, *Sexual Health, Reproductive Health & HIV – A Review of Commissioning*, August 2017
[v] Department of Health, *A Framework for Sexual Health Improvement in England*, March 2013
[vi] Professor Kaye Wellings et al, *The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)*, November 2013
[vii] Public Health England, *Local Health and Care Planning: Menu of preventative interventions*, November 2016
[viii] Department of Health, *Report on abortion statistics in England and Wales for 2016*, June 2017
[ix] The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists, *FSRH Press Statement: release of data on SRH services in England 2016-17 by NHS Digital*, October 2017
[x] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, available at: http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf
[xi] 51 of 152 local authorities provided data that could be analysed, of which, 15 local authorities' budgets stayed the same, 11 increased and 25 decreased
[xii] 150 of 152 local authorities provided data that could be analysed, of which, 32 local authorities' spend stayed the same, 20 increased their spend and 98 reduced spend
[xiii] Local Government Association, *Sexual health services at tipping point warn councils*, accessed October 2017
[xiv] Over the period 2015/16 to 2017/18, 53 of the 152 local authorities confirmed that they have or may reduce the number of sites in their local authority area commissioned to deliver contraceptive services
[xv] The Department of Health, *Commissioning Sexual Health services and interventions: Best practice guidance for local authorities*, March 2013
[xvi] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, available at: http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf
[xvii] 56 local authorities provided analysable data on primary care, of which, 31 increased their activity and 25 reduced their activity
[xviii] 48 local authorities provided analysable data on community services, of which, 16 increased their activity, 14 reduced their activity and 18 local authorities' activity remained the same (in the most part this is down to the local authority undertaking zero activity in community services)
[xix] 130 local authorities provided analysable data, of which, 17 saw a reduction in the number of contracts, 99 kept the same number and 14 increased the number
[xx] 128 local authorities provided analysable data, of which, 19 saw a reduction in the number of contracts, 96 kept the same number and 13 increased the number
[xxi] House of Commons Health Committee, *Sexual Health: Third Report of Session 2002-03*, May 2003
[xxii] RCGP Position Statement, *The commissioning of sexual & reproductive healthcare in England*, March 2014
[xxiii] RCGP, *Time to Act*, 2017
[xxiv] NICE, *Heavy menstrual bleeding: assessment and management clinical guideline*, January 2007
[xxv] NHS England, *Five Year Forward View*, October 2014

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For further information, please contact:
AGC@incisivehealth.com

About the Advisory Group on Contraception

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

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