

Cuts to contraceptive care deepen as new data reveal half of councils closed sites providing contraception since 2015

Almost half of councils in England have closed sites providing contraceptive services since the in-year public health budget cuts of 2015, new research from the Advisory Group on Contraception (AGC) reveals.

The AGC issued a Freedom of Information request to all 152 upper tier local authorities in England. 74 councils (49%) confirmed that they have reduced, or plan to reduce, the number of sites commissioned to deliver contraceptive services in at least one year between 2015/16 and 2018/19. The number of councils closing services each year has accelerated from 12 out of 138 councils (9%) in 2015/16 to 33 out of 140 councils (24%) in 2017/18. This means that more than 6.2 million women of reproductive age (15-49) live in an area where the council has reduced the number of sites delivering contraceptive services.

Councils have been under growing pressure from repeated government cuts to the public health budget. Two thirds of local councils have cut their sexual and reproductive health (SRH) budget since 2016/17. More than 8 million women of reproductive age are now living in an area where the council has reduced funding for SRH services.

Cuts to these services put women's access to the most effective and reliable forms of contraception, such as the intrauterine system (IUS), intrauterine device (IUD) and the implant, at risk. Public Health England data show that the number of prescriptions for the IUS, IUD or implant – known as long-acting reversible contraception (LARC) – has reduced by 8% across England between 2014 and 2016.ⁱ

These cuts come at the same time as abortion rates in women over the age of 30 are steadily rising.ⁱⁱ Those aged over 30 are the most likely to use LARC as their preferred choice of contraception.

With more government cuts planned for the coming years, members of the AGC are increasingly concerned about women's access to vital contraceptive care and the impact this will have on their day-to-day lives, particularly for those living in the most deprived areas.

Dr Anne Connolly, a GP at Bevan Healthcare in Bradford and member of the AGC, said:

“Cuts to contraceptive services have reduced women's access to basic reproductive care. This has particularly affected women living in the most deprived areas. Year on year, we're uncovering evidence of yet more cuts while the real impact on women's lives goes under the radar. The increase in the rate of abortions throughout England may indicate an increase in the unmet need for contraception. We can't expect services to deliver the care that women want and need when budgets are constantly being slashed. Cuts have consequences.”

Quotes from AGC member organisations:

Lisa Hallgarten, Brook Head of Policy and Public Affairs said:

“Brook’s sexual health clinics are designed around the needs and lives of young people. We are concerned that closures of specialist services like ours are forcing young people to compete for appointments in all-age services that are already overstretched and turning people away. There is no spare capacity in the system and we are extremely worried about those vulnerable young people who may be falling through the cracks and failing to access the contraception or STI treatment they need when they need it.”

Jane Hatfield, CEO of The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists (FSRH) said:

“The fact that more than 8 million women of reproductive age are now living in an area where their council has reduced funding for services is deeply concerning. This will hinder access to services for many. All women should have access to high quality Sexual and Reproductive Healthcare throughout their lives. Rather than continuously making cuts, it is essential for the Government to invest in sites providing contraceptive services to guarantee women’s access to the full range of contraceptive methods, including Long Acting Reversible Contraception.”

Natika H Halil, Chief Executive of the sexual health charity FPA said:

“Contraceptive and sexual health (CASH) services are at a tipping point due to budget cuts, with many struggling to cope. Closures, fragmented services and reduced opening times mean restricted access leaves the public at greater risk of sexually transmitted infections and unplanned pregnancies. The impact of this is already being felt, with almost a fifth of women in a recent YouGov survey reporting that they’d found it difficult or very difficult to book a contraception appointment. The government need to act fast to reverse the detrimental effect these year-on-year cuts will have.”

ENDS

Notes

For further information, please contact the AGC Secretariat at AGC@incisivehealth.com or on 020 3435 6100.

The FOI audit achieved a response rate of 148 local authorities out of 152 (97%), although analysable response rates varied between questions. The AGC will be launching a campaign paper this autumn documenting the findings of this audit, a year on from the publication of the Group's 2017 report, [Cuts, Closures and Contraception](#).

The audit revealed over two thirds of local councils have cut their sexual and reproductive health budget since 2016/17:

- Over the three-year period (2016/17 to 2018/19), 95 out of 143 councils reduced their total budget for sexual and reproductive health services (66%), six froze their budget (4%) and 42 increased their budget (29%):
 - From 2016/17 to 2017/18, 87 councils out of 146 reduced their budget on sexual and reproductive health (60%), 12 councils froze their budget (8%) and 47 increased their budget (32%)
 - From 2017/18 to 2018/19, 82 councils out of 145 reduced their budget on sexual and reproductive health (57%), 33 councils froze their budget (23%) and 30 increased their budget (21%)
- More than 8 million (8,193,951) women of reproductive age (15-49) live in an area where the council has reduced their budgets on sexual and reproductive health since 2016/17ⁱⁱⁱ
- 23 out of the 38 councils in the most deprived quartile (60%) cut or froze their SRH budget between 2016/17 and 2017/18. Of these 23 councils, 15 saw an increase in abortions (65%). 21 of these 23 councils (91%) are planning to freeze or cut their budget further in 2018/19. Conversely, 9 out of 14 most deprived councils that invested in sexual and reproductive health services over the same period have witnessed a reduction in the number of abortions (64%)^{iv}

Almost half of all councils have reduced the number of sites commissioned to deliver contraceptive services since 2015/16:

- Over the four-year period (2015/16 to 2018/19), 74 out of 152 councils have reduced the number of sites in at least one year (49%), and 19 out of 152 reduced the number of sites over multiple years (13%)
- The number of councils that reduced the number of sites commissioned to deliver contraceptive services has accelerated over the period 2015/16 to 2017/18:
 - In 2015/16, 12 out of 138 councils reduced the number of sites (9%)
 - In 2016/17, this rose to 32 out of 151 councils (21%)
 - In 2017/18, this increased slightly to 33 out of 140 councils (24%)
 - Moreover, 19 out of 137 councils (14%) have confirmed that further reductions are planned for this financial year (2018/19)

About the AGC

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. The full list of members can be found online.

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.

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.

For more information about the AGC and its work, please visit: <http://www.theagc.org.uk>

ⁱ Public Health England LARC prescribing data is available at:

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000057/pat/6/par/E1200003/ati/102/are/E06000014/iid/92254/age/1/sex/2> (accessed 29 August 2018)

ⁱⁱ Abortion rates for women aged 30-34 have increased steadily from 15.1 per 1,000 women in 2007 to 18.2 in 2017; abortion rates for women aged 35 and over have also increased from 6.9 per 1,000 women in 2007 to 8.5 per 1,000 women in 2017. Data taken from the Department of Health and Social Care, *Abortion Statistics, England and Wales: 2017*, June 2018

ⁱⁱⁱ Population data taken from *ONS mid-year population estimates 2016*, March 2018

^{iv} Deprivation data taken from the Ministry of Housing, Communities & Local Government, *English indices of deprivation*, September 2015; and abortion data taken from the Department of Health and Social Care, *Abortion Statistics, England and Wales: 2017*, June 2018

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.