

AGGC

Advisory
Group on
Contraception

Shining a light on access to contraception in
England: an overview of 2019-2020 data

September 2020

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AGC Advisory
Group on
Contraception

Overview

Introduction

- The Advisory Group on Contraception (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
- Since the in-year public health budget cut of 2015, the AGC has been tracking national and local authority data on contraception spend and commissioning patterns to understand the impact of national cuts on local access to contraceptive services in England
- This report sets out the latest data analysis by the AGC, drawing on nationally-reported datasets, local authority-held information, and insights gained through a snapshot survey of women's experiences of accessing contraception during the pandemic lockdown of Spring 2020
- We highlight some of the issues faced by women seeking to access their contraception of choice, through shining a light on both personal experiences and an analysis of data provided by local authorities and the Government
- Our report sets out a number of recommendations and asks for the Government to ensure that contraception services are fully supported through NHS and public health planning, particularly as local authorities, the NHS and the country look to recover from the first wave of the COVID-19 pandemic

Methodology

The data we have analysed has been collected through a variety of methods:

Public data

Publicly-available data published by the Government on PHE Fingertips and in Local Authority Revenue and Outturn figures



Quantitative analysis

FOI audit

Freedom of Information (FOI) request made to 152 local authorities in 2019 with a 96% response rate



Quantitative and qualitative analysis

Public survey

Public survey to capture women's experiences of access during COVID-19, shared via social media and receiving 111 responses



Quantitative and qualitative analysis

Overall narrative

1. Going into lockdown, services had faced years of budget cuts by the Government, leading to an **18% decrease in real terms contraception spend since 2015¹**
2. Pressure has been mounting on local commissioners and services, with the proportion of local authorities reducing the number of sites commissioned to deliver contraception escalating from **9% in 2015/16 to 26% in 2018/19**
3. While in some places closures have meant enhanced and consolidated services, for many it puts access at risk with people losing local services and having to travel further to get the contraception they need
4. At the same time, prescriptions of long acting reversible contraception (LARC) dispensed in the community have **fallen by 8%** since 2013 when commissioning responsibilities changed.² LARC are the most effective – and cost-effective – methods, often used by older women of reproductive age
5. Abortion rates have been rising, particularly amongst women aged 25 and above. Whilst abortion is a woman's choice and right, this rise may be indicative of the challenges in accessing effective forms of contraception, such as LARC which is more commonly used by older women
6. Lockdown has seen a mixed picture of access: **38%** of women reported increasing difficulties in accessing their contraception, whilst others benefitted from digital appointments to support them
7. AGC members are concerned that the situation facing local commissioners and providers of contraceptive services will be compounded by the impact of the pandemic, with additional cuts to public health and an exacerbation of existing barriers

1. Ministry of Housing, Communities and Local Government, Local authority revenue expenditure and financing England: individual local authority outturn data was accessed between 2014/2015 and 2018/2019. Revenue outturn social care and public health services (RO3) – revised, Contraception spend. Available [here](#).

2. NHS Digital, LARC prescriptions dispensed in the community. Available [here](#).

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**Public data
analysis**

National data sources

Department of Health and Social Care

**Abortion statistics
2014-2019¹**

Ministry of Housing, Communities and
Local Government

**Sexual health services
– contraception total
expenditure
2014/15-2018/19²**

Ministry of Housing, Communities and
Local Government

**English indices of
deprivation 2019³**

Public Health England

**Sexual and
Reproductive Health
Profiles⁴**

Office of National Statistics

**Estimates of the
population for
England⁵**

1. Department of Health and Social Care, Abortion statistics in England and Wales, data between 2014 and 2019. Available [here](#).

2. Ministry of Housing, Communities and Local Government, Local authority revenue expenditure and financing England: individual local authority outturn data between 2014/2015 and 2018/2019. Revenue outturn social care and public health services (RO3) – revised, Contraception spend. Available [here](#).

3. Ministry of Housing, Communities and Local Government, English indices of deprivation 2019, File 10: local authority district summaries. Available [here](#).

4. Public Health England: Fingertips data – Public Health Profiles, GP prescribed/SRH prescribed LARC excluding injections rate / 1,000 data between 2014 and 2019. Available [here](#).

5. Office of National Statistics: Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland, Mid-2014 to Mid-2019 data. Available [here](#).

Overview of findings

There has been an **18% decrease** of contraceptive spend in real terms since 2015 ¹

LARC prescriptions dispensed in the community **fell by 8%** between 2013 and 2018, and there are **large regional variations** in prescribing rates ²

There has been a **12% increase** in the number of national abortions between 2015-2019. This increase is greater in older women with a **27% increase** in the 35-39 age group and **65% increase** in the over 50 age group ³

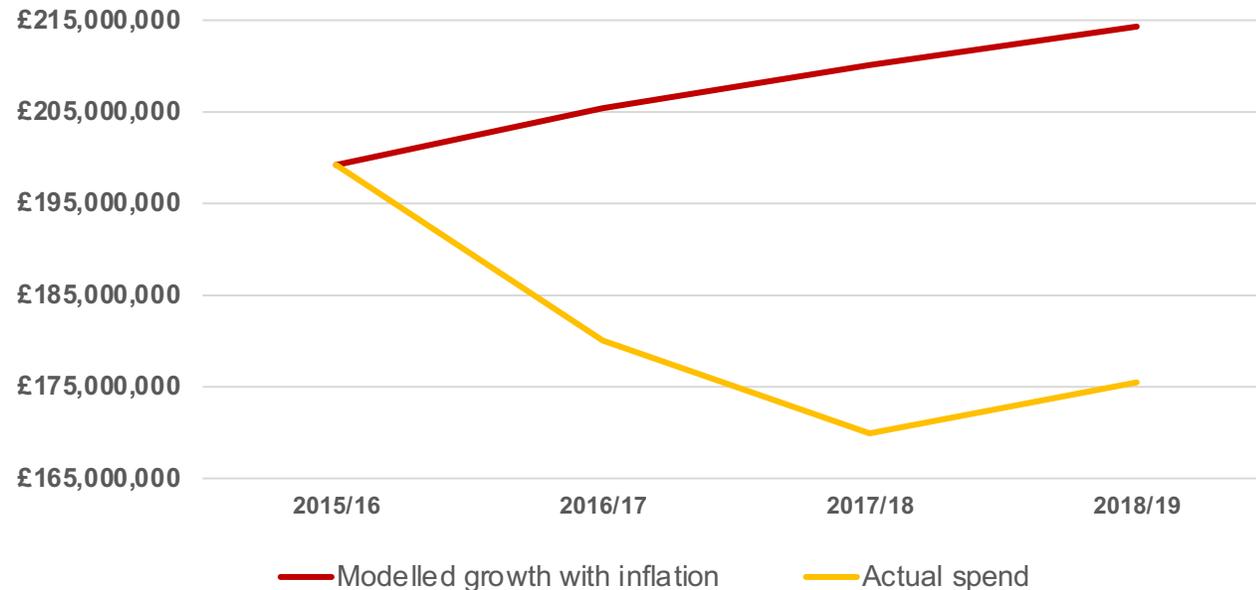
1. AGC press release, November 2019. Available [here](#).

2. NHS Digital, LARC prescriptions dispensed in the community. Available [here](#).

3. Department of Health and Social Care, Abortion statistics in England and Wales. Available [here](#).

Real terms spend on contraception has decreased by 18% since 2015/16

Overall contraceptive spend in England modelled on inflation



- Analysis from the Health Foundation found that the Government has **cut the public health grant by 22% in real terms between 2015/16 and 2020/21** ¹
- These budget reductions have affected local spending capabilities, as the most recent local authority revenue and outturn data reveals an **18% real terms cut in spend on contraception** between 2015/16 and 2018/19
- Contraception spend has in part been protected by its position as a mandated service; however, local authorities are working with increasingly squeezed budgets each year and growing demand on services

| | 2015/16 (base) | 2016/17 (+3.1%) | 2017/18 (+2.3%) | 2018/19 (+2%) |
|---|----------------|-----------------|-----------------|---------------|
| Modelled growth with inflation ² | £199,205,807 | £205,381,187 | £210,104,954 | £214,307,053 |
| Actual spend ³ | £199,205,807 | £180,047,274 | £169,917,167 | £175,510,322 |
| % difference | 0.00% | 12.34% | 19.13% | 18.10% |

1. The Health Foundation analysis in March 2020 reveals that the public health grant allocation have fallen in real terms from £4.0 billion in 2015/16 to £3.2 billion in 2020/21. Available [here](#).

2. Inflation figures were based on the NHS Economic assumptions 2016/17 to 2020/21. Available [here](#).

3. The latest local authority revenue and outturn data for 2018/19 was published by the Ministry of Housing, Communities and Local Government on 14 November 2019. Available [here](#).

There are variations across England in how these budget cuts have fallen ¹

| Name | Actual spend on contraception - 2015/16 | Actual spend on contraception - 2016-17 | Actual spend on contraception - 2017-18 | Actual spend on contraception - 2018-19 | % change 2015-2018/19 |
|-----------------------|---|---|---|---|-----------------------|
| East Midlands total | £ 11,251,000 | £ 8,844,000 | £ 6,520,000 | £ 8,622,000.00 | -23% |
| East of England total | £ 24,925,000 | £ 17,871,000 | £ 18,134,000 | £ 17,329,000.00 | -30% |
| London total | £ 39,463,000 | £ 36,366,000 | £ 27,546,000 | £ 26,331,000.00 | -33% |
| North East total | £ 11,842,000 | £ 11,378,000 | £ 10,479,000 | £ 11,293,000.00 | -5% |
| North West total | £ 33,872,000 | £ 31,659,000 | £ 29,001,000 | £ 31,294,000.00 | -8% |
| South East total | £ 24,735,000 | £ 24,571,000 | £ 24,396,000 | £ 23,834,000.00 | -4% |
| South West total | £ 16,749,000 | £ 14,836,000 | £ 17,544,000 | £ 16,451,000.00 | -2% |
| West Midlands total | £ 15,559,000 | £ 15,005,000 | £ 14,448,000 | £ 14,950,000.00 | -4% |
| Yorkshire total | £ 15,153,000 | £ 15,724,000 | £ 16,050,000 | £ 15,555,000.00 | 3% |

- This table shows total actual spend on contraception by region between 2015/16 and 2018/19 according to Ministry of Housing, Communities and Local Government data
- Some parts of the country have felt budget cuts harder than others with **London** reducing contraception budgets by **33%** compared to local authorities in **Yorkshire** who have increased their budgets by **3%**
- This data shows the actual total spend of local authorities in each region and does not factor in inflation to address real terms spending

1. Data on contraception spend per local authority was derived from the publicly available local authority revenue and outturn data for each year between 2015/16 and 2018/19, published by the Ministry of Housing, Communities and Local Government. Available [here](#).

The average actual spend on contraception per woman of reproductive age ¹

| Region | 2015/16 | 2016/17 | 2017/18 | 2018/19 | % change 2015/16-2018/19 |
|---------------------|---------|---------|---------|---------|--------------------------|
| East Midlands | £ 13.71 | £ 10.77 | £ 7.92 | £ 10.49 | -23% |
| East of England | £ 18.56 | £ 13.61 | £ 13.61 | £ 13.07 | -30% |
| London total | £ 17.38 | £ 16.02 | £ 12.24 | £ 11.72 | -33% |
| North East total | £ 20.26 | £ 19.60 | £ 18.20 | £ 19.68 | -3% |
| North West total | £ 14.92 | £ 19.58 | £ 18.01 | £ 19.52 | 31% |
| South East total | £ 12.39 | £ 12.34 | £ 12.32 | £ 13.41 | 8% |
| South West total | £ 15.40 | £ 12.80 | £ 15.20 | £ 14.27 | -7% |
| West Midlands total | £ 17.08 | £ 16.12 | £ 15.48 | £ 22.73 | 33% |
| Yorkshire total | £ 12.38 | £ 12.89 | £ 13.22 | £ 12.84 | 4% |

Note: These figures were produced by taking an average of local authority contraception spend per region and dividing it by the number of women of reproductive age (15-49) in the region. A percentage difference was then derived from these figures.

- The average spend on contraception per woman of reproductive age (15-49) for 2018/19 is **£14.06**
- The average spend by region varies from **£10.49** in East Midlands to **£22.73** in the West Midlands
- The average national spend on contraception per woman for 2018/19 saw a **11% decrease** from 2015/16 when the average spend per woman of reproductive age across England was **£15.81**
- The greatest decrease in spending between 2015/2016 and 2018/2019 has been seen in London (33%), whilst the greatest increase has been seen in the West Midlands (33%)
- Whilst national spend increased between 2017/2018 and 2018/2019 (**from £13.57 to £14.06**), there remains a significant gap between investment in services prior to 2015/2016 and investment today

1. Contraception spend data was found at Government body: Local authority revenue expenditure and financing England: individual local authority outturn data was accessed between 2014/2015 and 2017/2018. Revenue outturn social care and public health services (RO3) – revised, Contraception spend. Available [here](#).

2. Population statistics were found at Office of National Statistics: Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland, Mid-2014 to Mid-2019 data. Available [here](#).

LARC prescriptions dispensed in the community have fallen by 8% between 2013 and 2018 ¹

| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | % change 2013-2018 |
|--|------|------|------|------|------|------|--------------------|
| LARC prescriptions dispensed in the community (thousands) <i>(excluding injections)</i> ¹ | 335 | 326 | 319 | 306 | 309 | 309 | -7.76% |

- Prescriptions for intrauterine devices (IUD), intrauterine systems (IUS) and the sub-dermal implant (SDI) – collectively known as long-acting reversible contraception (LARC) – have **declined significantly** since the commissioning of services to fit LARC was split between local authorities (for contraception) and the NHS (for other indications) in 2013
- LARC is the most effective and cost-effective form of contraception; however, it requires investment in time and resources to run a fitting service. With year-on-year budget cuts and a fragmented commissioning structure, improving rates of LARC prescribing has become increasingly challenging
- During lockdown, most LARC fitting was paused to ensure staff and patient safety; the impact of the pandemic on access to LARC is yet to be fully understood and likely to be affected by how the Government looks to support primary care, public health and community services to recover
- It is vital that these services are supported to restart immediately and are funded on a sustainable footing for the longer term, addressing years of disinvestment

1. NHS Digital, LARC prescriptions dispensed in the community. Available [here](#).

LARC prescribing rates have fluctuated across the regions ¹

| LARC prescribing rates excluding injections / 1000 ¹ | 2014 | 2015 | 2016 | 2017 | 2018 | Change 2014-2018 |
|---|-------------|-------------|-------------|-------------|-------------|------------------|
| East Midlands | 57.4 | 54.8 | 53.3 | 54 | 55.9 | -1.5 |
| East of England | 47.9 | 47 | 44.7 | 46.7 | 49.7 | 1.8 |
| London | 35.3 | 35.5 | 34.5 | 35 | 38.6 | 3.3 |
| North East | 49.1 | 47 | 42.1 | 41.4 | 38.7 | -10.4 |
| North West | 49.1 | 47.6 | 44.2 | 45.1 | 49.5 | 0.4 |
| South East | 54.9 | 54.3 | 54 | 54.9 | 56.3 | 1.4 |
| South West | 67.2 | 63 | 62.2 | 64 | 64.6 | -2.6 |
| West Midlands | 47.7 | 42.8 | 40.4 | 41.1 | 43.2 | -4.5 |
| Yorkshire and Humber | 56.4 | 51.9 | 50.7 | 55.4 | 56.9 | 0.5 |
| England | 50.2 | 48.2 | 46.4 | 47.7 | 49.5 | -0.7 |

- Since 2014, there has been a small decrease overall in the prescribing rate for LARC across England; however there are significant variations in how this rate has changed across the different regions as set out in the table above, with substantial declines in the North East and West Midlands
- Prescribing rates are published by Public Health England on their Fingertips Sexual and Reproductive Health profiles. They are a crude rate of LARC (excluding injections) prescribed by GP and Sexual and Reproductive Health services per 1,000 resident female population aged 15-44 based on data collated by NHS Digital (Sexual and Reproductive Health Activity Dataset – SRHAD), NHS Business Services Authority (ePACT data) and the Office for National Statistics (population data)

1. Data on LARC prescribing rates was derived from the Public Health England: Fingertips data – Public Health Profiles, GP prescribed/SRH prescribed LARC excluding injections rate / 1,000 data was accessed for year between 2014 and 2019. Available [here](#).

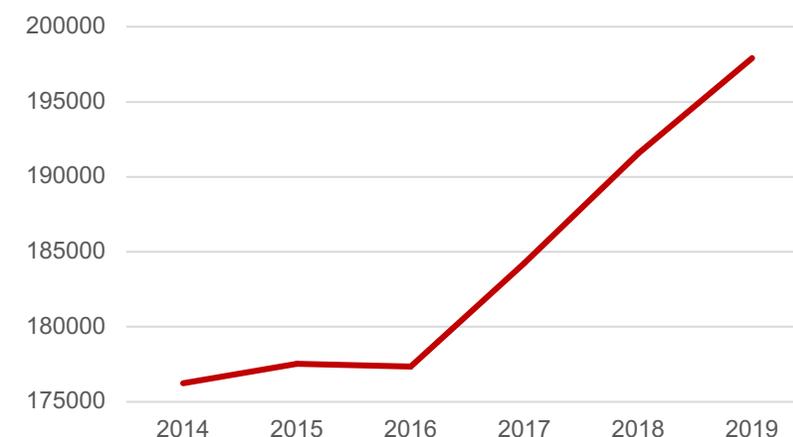
At the same time, numbers of abortions have been rising across England¹

| Region | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | % change 2014-2019 |
|--------------------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------------|
| Yorkshire and the Humber | 14976 | 14,905 | 15232 | 16,230 | 17,146 | 17,827 | 19% |
| North West | 24955 | 25,204 | 25624 | 26,833 | 27,959 | 28,897 | 16% |
| North East | 6795 | 6939 | 7075 | 7216 | 7,960 | 7,888 | 16% |
| West Midlands | 19879 | 20,246 | 19829 | 20,637 | 20,897 | 22,170 | 12% |
| East Midlands | 11674 | 11,768 | 12224 | 13,037 | 13,605 | 14,732 | 26% |
| East of England | 16326 | 16,514 | 16837 | 17,861 | 18,514 | 19,102 | 17% |
| London | 43761 | 43,383 | 42061 | 42,560 | 43,805 | 44,213 | 1% |
| South East | 24723 | 25,461 | 25020 | 26,225 | 27,114 | 28,295 | 14% |
| South West | 13149 | 13,115 | 13448 | 13,655 | 14,555 | 14,784 | 12% |
| England | 176,238 | 177,535 | 177,350 | 184,254 | 191,555 | 197,908 | 12% |

- Between 2014-2019, there has been an overall **12% increase** in abortions in England
- The largest increase in abortions is seen in East Midlands where there has been a **26%** increase and the lowest in London with only a **1%** increase

- **Abortion is a woman's choice** and the AGC advocates for improving access to abortion care for all women who require it. The relationship between increasing abortions and poorer access to contraception is not clear cut and there are multiple factors that contribute towards the trends detailed on this slide
- However, this is the only outcome metric readily available to assess the impact of changes in access to contraception; there **needs to be a better way of capturing outcomes and experience related to contraception provision**

Number of abortions in England between 2014-2019



1. Abortion figures provided by the Department of Health and Social Care and can be found for each year at:

: [2019](#) : [2017](#) : [2015](#)
 : [2018](#) : [2016](#) : [2014](#)

Abortion rates vary by age group, with greater increases seen in those 25+ ¹

| Age group | 2015 | 2016 | 2017 | 2018 | 2019 | 2015-19 change |
|-----------------|---------------|---------------|---------------|---------------|---------------|----------------|
| Under 15 | 509 | 456 | 338 | 363 | 391 | -23% |
| 15-19 | 25653 | 23915 | 23559 | 23142 | 22829 | -11% |
| 20-24 | 51525 | 50302 | 51857 | 52988 | 54286 | 5% |
| 25-29 | 45300 | 46344 | 48497 | 50403 | 51804 | 14% |
| 30-34 | 33366 | 34108 | 36319 | 39332 | 41549 | 25% |
| 35-39 | 21002 | 21980 | 23637 | 25219 | 26705 | 27% |
| 40-44 | 7739 | 7737 | 7914 | 8415 | 9044 | 17% |
| 45-49 | 707 | 726 | 747 | 710 | 738 | 4% |
| Over 50 | 23 | 28 | 32 | 36 | 38 | 65% |
| All ages | 185824 | 185596 | 192900 | 200608 | 207384 | 12% |

- There is a steady increase in the numbers of abortions among women between the ages of 25 and 39, which could signal improvements in access to these services or could signify a lack of access to consistent, reliable contraception
- This is consistent with national observations around older women’s increased access to abortions²

- For all age groups of women aged 20 or over there has been an increase in the number of abortions in England and Wales
- There has been a decrease in the number of abortions in teenagers (women under the age of 19)
- The number of abortions is consistently highest in women between 20-24 and lowest in women over 50
- However, women over 50 have seen the greatest percentage increase, with **65% more abortions in 2019** than 2015. The greatest percentage decrease was **among women aged under 15, with 23% fewer**

1. Abortion figures provided by the Department of Health and Social Care and can be found for each year at:

: [2019](#) : [2017](#) : [2015](#)
 : [2018](#) : [2016](#) : [2014](#)

2. <https://www.telegraph.co.uk/women/life/abortion-numbers-among-older-women/>

AGC Advisory
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**2019
Freedom of
Information
audit**

Overview of findings ¹

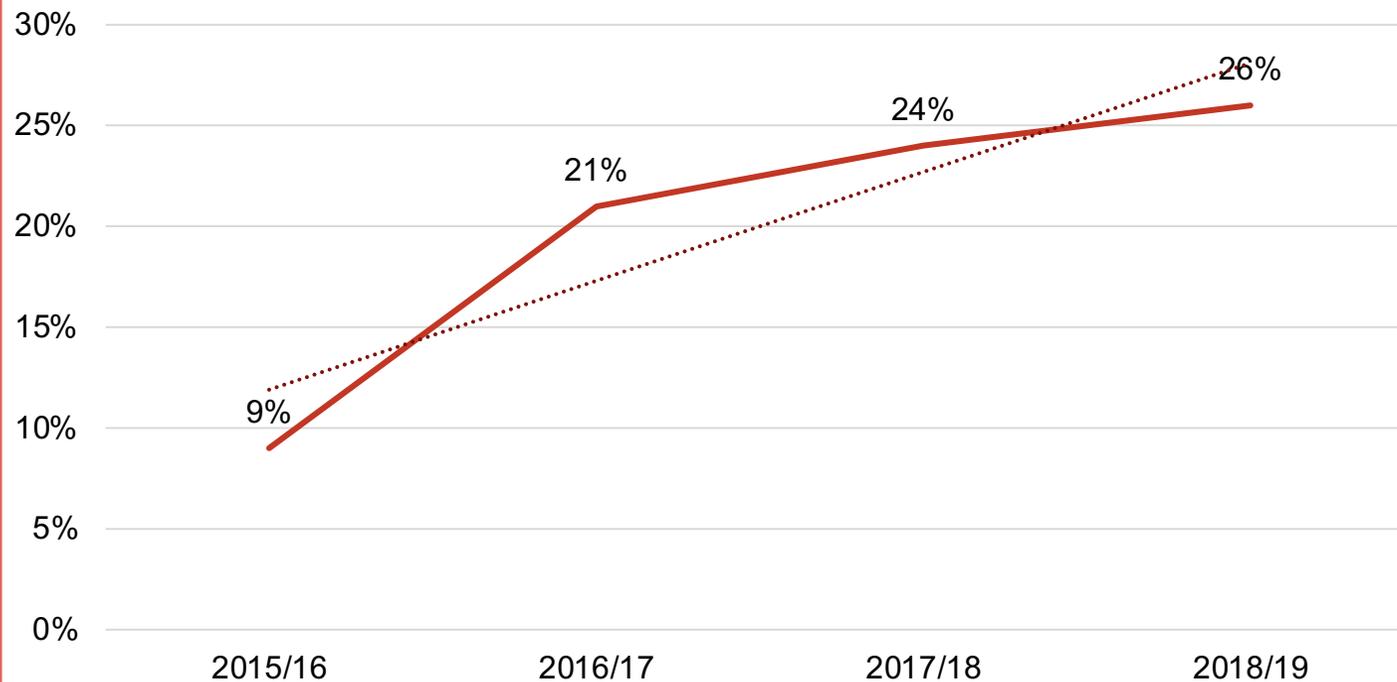
The proportion of local authorities reducing the number of sites commissioned to deliver contraception has accelerated from **9% in 2015/16 to 26% in 2018/19**, the reasons for which are multi-faceted

There continues to be many **gaps in the data** available to understand women's experiences of accessing services, particularly regarding **general practice and outcomes for vulnerable women**

Digital health services are on the rise, and ways to maximise this for **contraception** are being considered

Site closures have been accelerating year-on-year since 2015¹

Proportion of local authorities that have reduced the number of sites commissioned to delivery contraception



- The proportion of councils reducing the number of sites delivering contraceptive services has continued to accelerate from **9% in 2015/16 to 26% in 2018/19**^a
- A further 18% of councils had planned closures in the current year, 2019/20, prior to the pandemic^b
- Overall, 39% of councils commissioned fewer sites to deliver contraceptive services in 2018/19 than they did in 2015/16^c

Footnotes

- a. From 12 out of 138 (9%) responding councils in 2015/16 to 35 out of 134 (26%) responding councils in 2018/19
- b. 24 out of 134 (18%) responding councils are planning closures in 2019/20
- c. 118 responded with data for both 2015/16 and 2018/19. 46 out of 118 (39%) responding councils commissioned fewer sites in 2018/19 than in 2015/16

1. AGC data on file. 2019.

There are numerous, sometimes related, reasons behind these closures¹

Funding and workforce pressures

- Budget reductions following cuts to the public health grant
- Staffing shortages

Service quality issues

- Clinical governance issues
- Sub-standard buildings and lack of space
- Sites not offering the full range of contraception

Pressure on primary care

- General practice closures
- GPs losing accreditation to deliver services

Changing models of service delivery

- To allow provision of an integrated sexual health service
- Increased availability of digital services
- Availability of GPs for accessing routine contraception

These decisions are happening at a time of significant pressure in primary care

Recent FOI audits by Pulse Magazine demonstrated that GP surgeries around the country are facing pressures with recruitment and funding.¹ This means that reproductive health in both SRH services and primary care is being squeezed. Primary care cannot be expected to fill the void created by public health cuts.

583 GP
surgeries closed
between 2013
and 2015

Nearly 2 million
patients have
had to move
surgery as a
result of closures

Closures hit
record levels in
2018 with 138
closures – an
almost eight-fold
increase since
2013

A few local authorities have had to terminate contracts earlier than planned¹

Despite the difficulties faced by local authorities, relatively small numbers terminated contracts earlier than planned. Out of 143 responding local authorities:



1. AGC data on file. 2019.

As with site closures, there are varying reasons for terminating contracts early¹

18 (13%) local authorities terminated a contract early in at least one year between 2015/16 and 2017/18. Reasons given for this included:

Decision to procure an integrated SRH service with neighbouring boroughs

Decision to re-commission services under a new model

Reduction in the public health grant

Decision to review and re-configure services to deal with rising demand and reduced budget

Provider failure due to loss of capacity and trained staff

Change of local SRH priorities

Standalone services for young people ¹

ACG members were concerned about the impact of service closure on young people (under 25 years) particularly if there was a potential disproportionate reduction in specialist and standalone services.

76 out of 145 responding local authorities (**52%**) stated that they currently commission “standalone” services for under 25s. Between 2017/18 and 2018/19, **6%** of responding local authorities (9 out of 145) stopped commissioning standalone services or reduced the number of services available, with **4%** (6 local authorities) planning further reductions in 2019/20.

However, these data are difficult to analyse and compare across the responses received because:

There was mixed information from local authorities on what constitutes a “standalone” service – eg pharmacies providing emergency hormonal contraception (EHC), C-Card services, clinics visiting schools and FE colleges

A number of local authorities stated that they commission an integrated, all-ages SRH service that is responsible for providing specific services/clinics for young people

Of the 76 local authorities that confirmed providing standalone services, 20 (26%) were not able to provide clear information on the numbers of services provided over the last three years.

Community outreach sites ¹

Members expressed particular interest in understanding the impact of cuts on outreach services for vulnerable and hard-to-reach groups as there are concerns that these more resource-intensive services will be particularly affected by reduced budgets.

22% of local authorities provided no response when asked about outreach services commissioned and 24% provided no quantitative data on numbers of services. Data provided by other local authorities was varied, suggesting variable definitions of 'outreach services'

In many cases community outreach was included as part of an integrated service, rather than a separately commissioned service

Some local authorities reported employing locum workers to undertake community outreach, rather than creating specific sites/services

17% of local authorities (25) confirmed that they do not commission any community outreach sites to deliver contraceptive services

Outcomes data

The AGC is particularly concerned about the lack of outcomes and experience data for women accessing sexual and reproductive healthcare. In order to better understand what impact these cuts and closures were having directly on women, we looked into the following areas:

- **Waiting times** in General Practice and SRH services
- **Complaints** received in General Practice and SRH services
- Births recorded in women from **vulnerable groups**

Some local authorities were able to provide comprehensive information in response, but many could not provide any information. Most of the information we received was not sufficiently comparable to draw out conclusions.

AGC members are keen to see better outcomes data reporting that can in turn be used to inform national and local policymaking and commissioning decisions.

Gaps in data available: waiting times ¹

There is a lack of data collected by local authorities on waiting times for SRH care, meaning that is difficult to ascertain the full picture of access, particularly in general practice. 144 local authorities provided data on whether they stipulate and/or monitor waiting times, as follows:

In general practice

13 (9%) stipulate and/or monitor waiting times for sexual health appointments

12 (8%) stipulate and/or monitor waiting times for contraception appointments

14 (10%) stipulate and/or monitor waiting times for fitting LARC

In SRH services

80 (56%) stipulate and/or monitor waiting times for sexual health appointments

68 (47%) stipulate and/or monitor waiting times for contraception appointments

67 (47%) stipulate and/or monitor waiting times for fitting LARC

Of those local authorities who responded, the following were able to provide a quantitative response on waiting times which ranged between the reported times in brackets:

- **28 (19%)** for average waiting times in **GPs** and **SRH** services (*between 15 minutes and 11 weeks*)
- **18 (13%)** for the longest waiting time in **GPs** and **SRH** services (*between 2 hours and 12 months*)

1. AGC data on file. 2019.

Gaps in data available: complaints ¹

145 local authorities provided information on whether they collect data on the number of complaints received about contraceptive provision:

38 (26%) collect data on the number of complaints received in general practice

86 (59%) collect data on the number of complaints received in SRH services

The limited data received showed that all but 3 GP surgeries and 29 SRH (34% of those who responded) received no complaints between 2016/17 and 2018/19. The data also demonstrated no patterns of increasing or decreasing numbers of complaints in GPs or SRH services between these years. Many local authorities did not hold the information on complaints, particularly in GP surgeries, as this was the responsibility of GPs (individual surgeries), CCGs or Trusts.

Gaps in data available: vulnerable groups ¹

Gaps exist in local authorities' data collection in relation to monitoring and understanding outcomes amongst vulnerable groups. Out of 141 local authorities:

41 (29%) could provide data on the number of conceptions resulting in live births in looked after children (LACs) aged 19 or younger

37 (26%) could provide data on the number of conceptions resulting in live births in care leavers aged 19 or younger

14 (10%) could provide data on the number of conceptions resulting in live births in children who are home educated

Of the remaining local authorities, a small number suppressed the data due to small numbers and the risk of confidentiality breaches, whilst the majority reported not holding this data.

Digital services are emerging for SRH¹

The introduction of digital services and telemedicine are a useful method of improving women’s access to contraception. When asked what digital services were being provided for different SRH services, 146 local authorities responded to provide the following information:

80 (55%) have a contract in place to deliver digital services for SRH support

59 (40%) have a contract in place to deliver digital services for contraceptive provision

110 (75%) have a contract in place to deliver digital services for STI testing

Currently, digital services are mostly available for STI and HIV testing with private providers such as SH:24 and Preventx in London delivering e-services and home testing kits, predominantly for Chlamydia and HIV.

Contraception remains the least supported in terms of developing a digital service to reach women.

NB: these data were collected prior to the COVID-19 pandemic which has driven a rise in digital services in SRH

1. AGC data on file. 2019.

Digital services are emerging for SRH¹

Of the 85 local authorities who stated they have no contract in place to deliver digital services for contraceptive provision:

17 (20%) are exploring plans to commission digital services for contraceptive provision in the future

12 (14%) have no plans to commission digital services for contraceptive provision

The remaining 56 local authorities provided no response

AGC Advisory
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**Access to
contraception
during the COVID-
19 pandemic:
survey of
women's
experiences**

Contraception

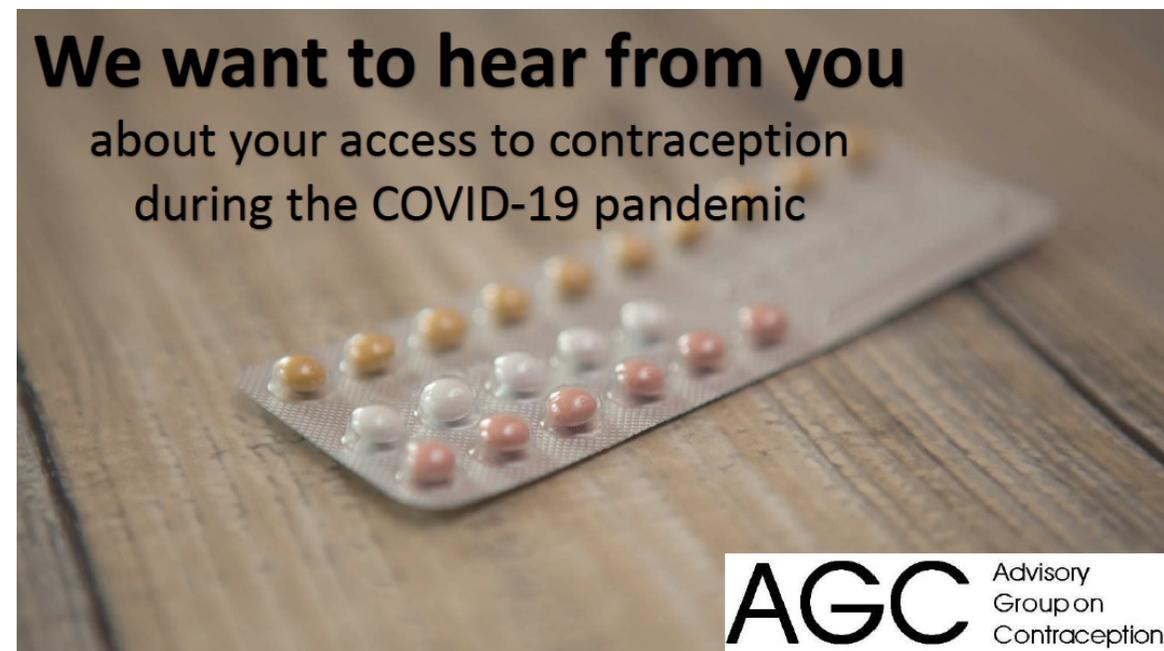
- **53%** are using hormonal pills
- **45%** accessed via GPs
- **28%** have faced problems with services previously
- **38%** found access more difficult during COVID
- **45%** are concerned about access during COVID and beyond

Demographics

- **43%** from London
- **83%** White British

111 respondents

We want to hear from you
about your access to contraception
during the COVID-19 pandemic



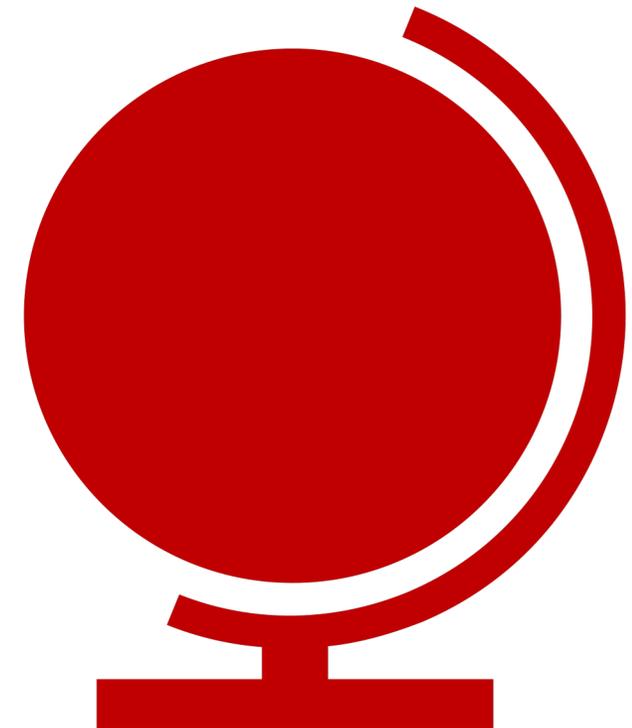
Headline findings

- Although the majority of people surveyed were satisfied with their contraceptive provision prior to the pandemic, many were struggling to access services and their contraception of choice, in particular LARC: **1 in 5 respondents were not satisfied with their contraceptive provision and 28% were facing challenges prior to lockdown**
- **38%** of respondents have **noticed additional challenges in accessing contraception** as a result of the pandemic
- **38%** of respondents noted that their **GP or SRH service had closed during COVID-19**
- Online consultations for prescription renewals and abortion services have been highlighted as positive developments during the pandemic
- **44%** of respondents believe access to a **holistic local women's health service** for all their needs would be the **most effective method going forward** – such as a “women's health hub” model
- **45%** of respondents usually access their contraception from their local GP and **38%** from their local SRH clinic

It should be noted that this survey had a limited demographic reach via social media (see slides 36 and 37) and is therefore not to be perceived as reflective of the UK population as a whole. The results are to be taken as a basic understanding of the situation based on selective experiences.

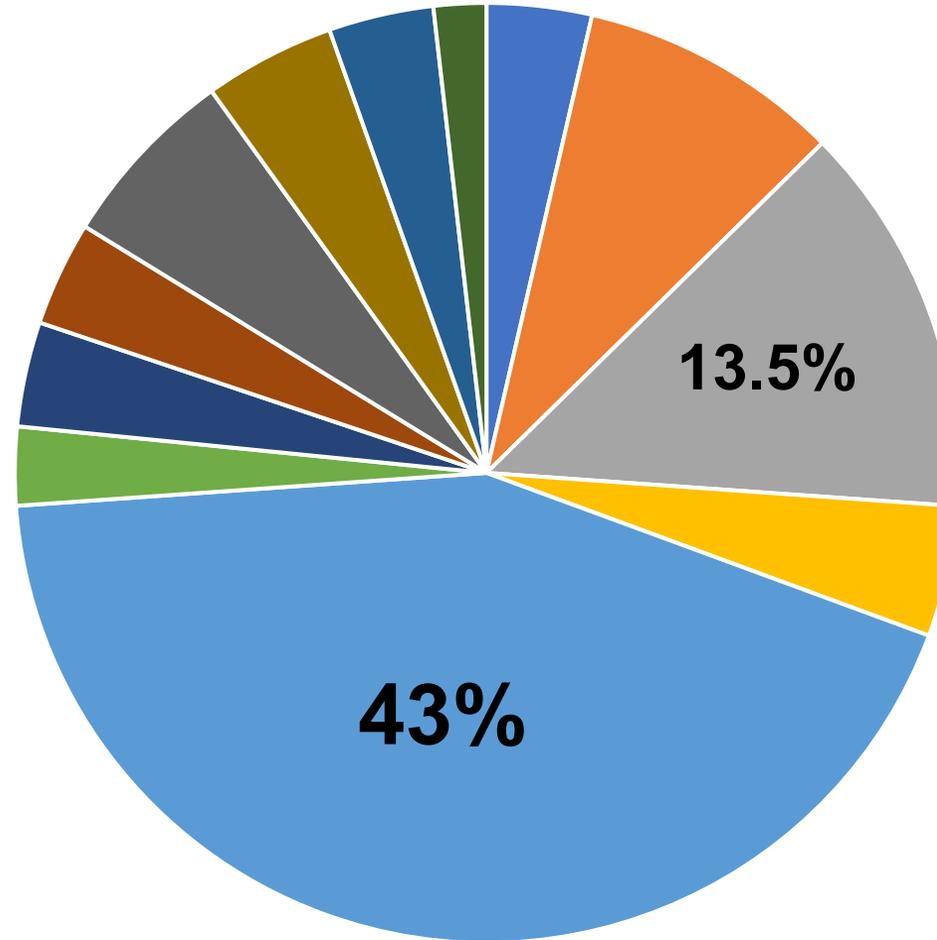
Demographics

Whilst these data provide an interesting insight into the experiences that women have been having and the survey was successful in collecting personal anecdotes, the AGC recognises that the data are not representative of the UK population as a result of the women who were reached and who responded (predominantly white females based in the South of England).



Where do respondents live?

- North East England
- North West England
- South East England
- South West England
- London
- East Midlands
- West Midlands
- East of England
- Yorkshire and the Humber
- Scotland
- Wales
- Northern Ireland

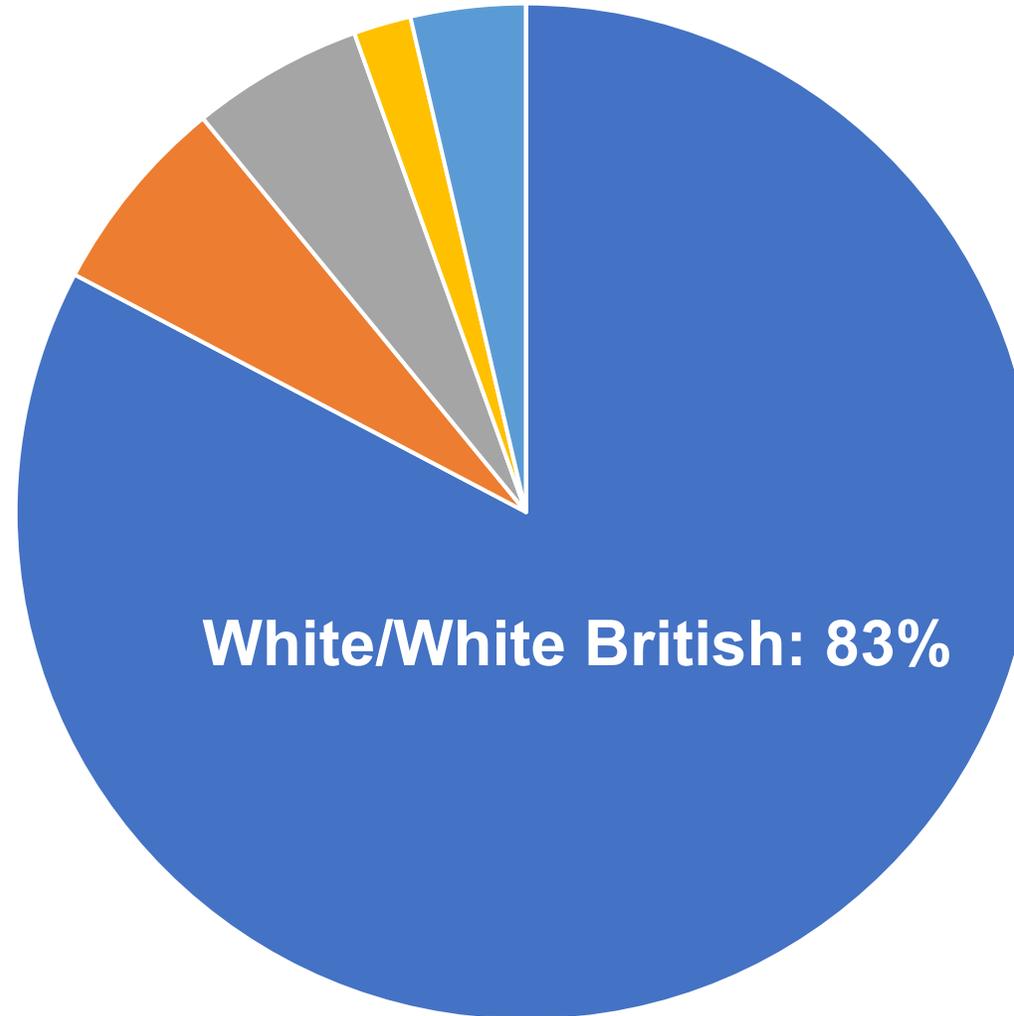


South East England

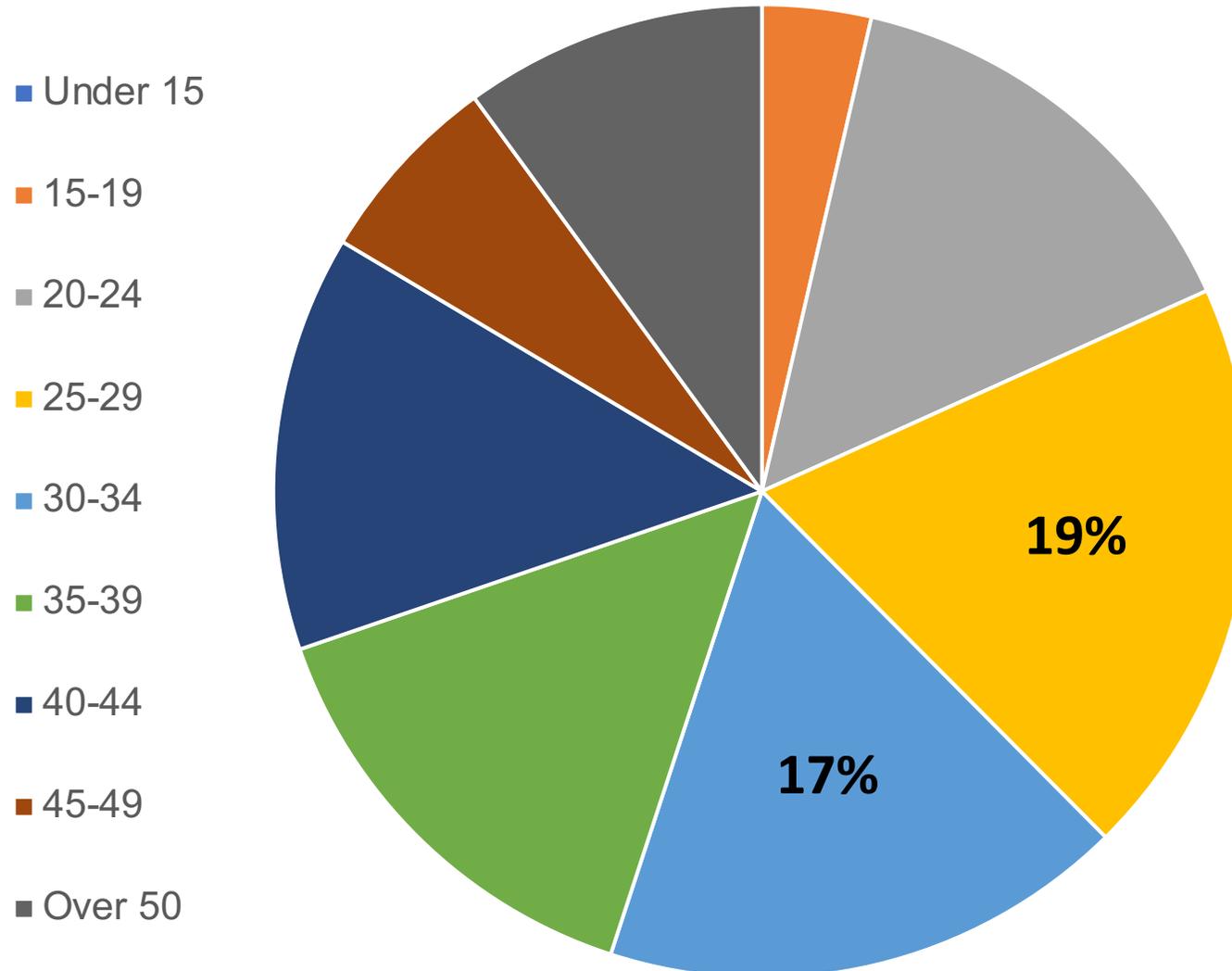
London

Ethnicity of respondents

- White/White British
- Mixed ethnic groups
- Asian/Asian British
- Black/Black British
- Other
- Prefer not to say



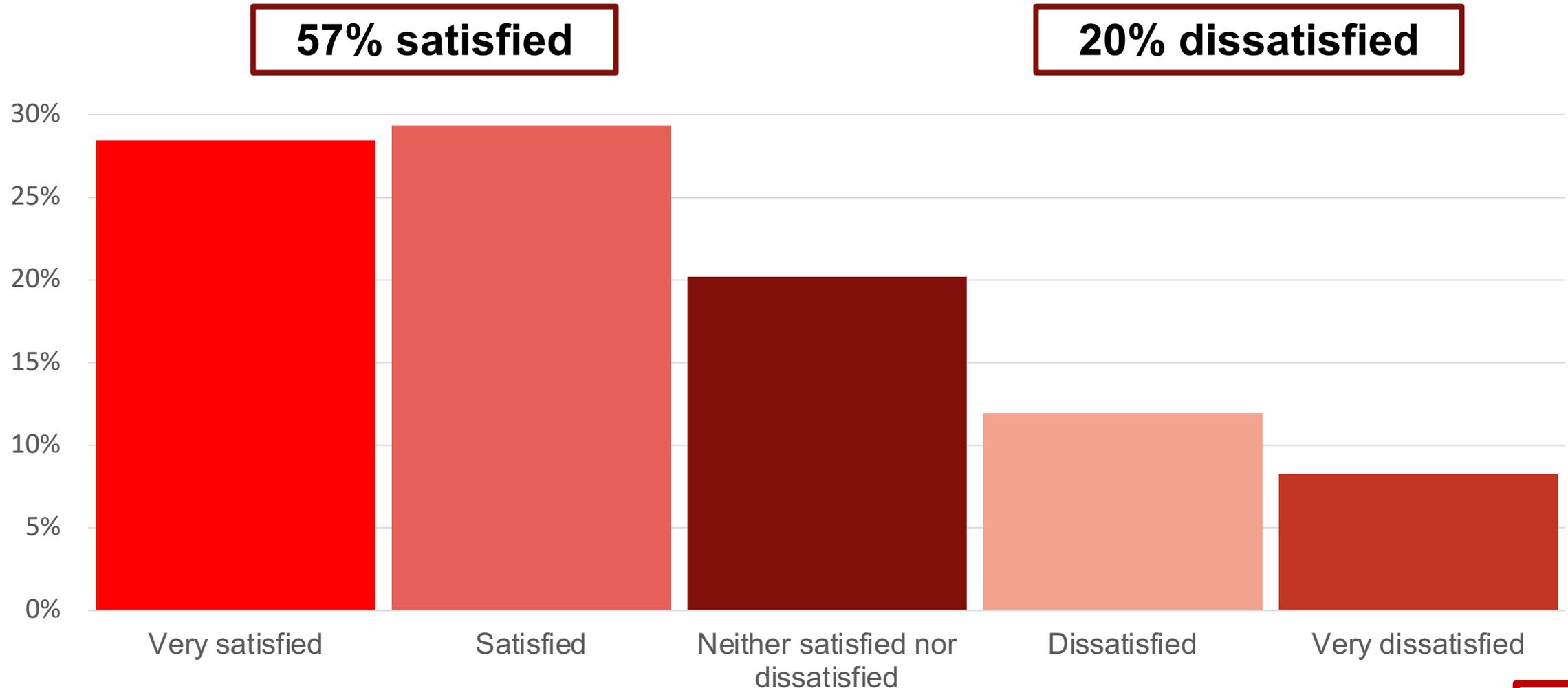
Age of respondents



- Respondents' ages ranged from **18 – 67**
- The majority of women were between **25 – 34**
- Older women were more highly represented than younger women with 16% of respondents being **over 45** and 4% being **under 19**

Contraception access prior to lockdown

A fifth of respondents are not satisfied with their current contraception service



N=109

Additional comments



“Minimal access to advice or appointments for problems to current contraception”

*“Told to **purchased** the mini pill online instead”*

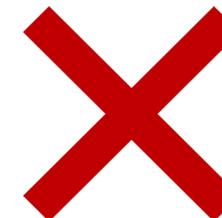
Women reported feeling **“forced”** to go on oral contraceptive options and **not having access** to LARC

Women raised concerns around **expirations** of existing LARC and being given new brands of oral contraceptives

Women raised struggles to access **appropriate treatment** e.g. LARC removal when they were experiencing **complications**, such a pain and severe itching

*“No service now COVID is here”,
“don’t want to waste doctors’ time”*

“No-one interested in helping once you are over 25”, “I just wish the information was clearer for me to understand”



Additional comments



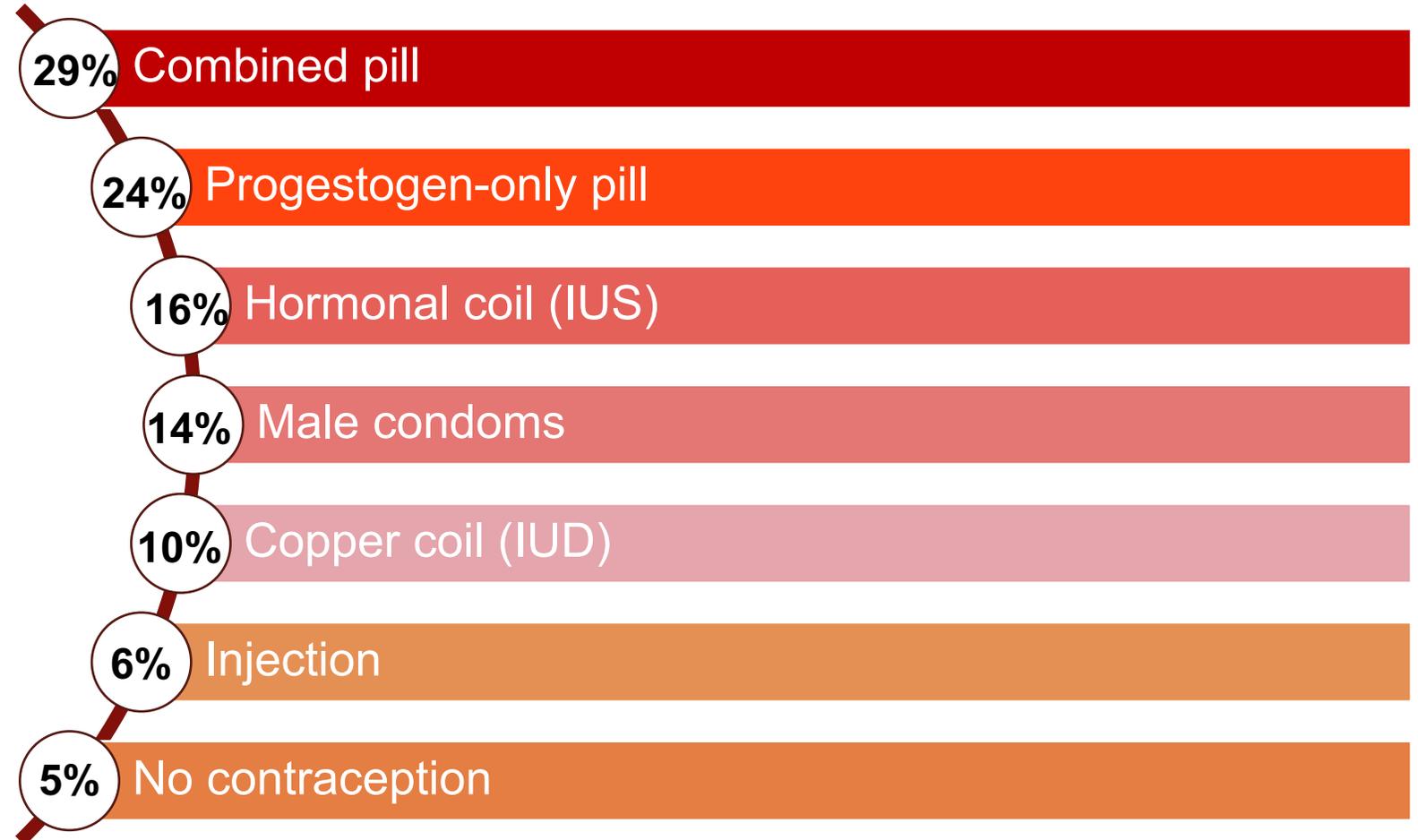
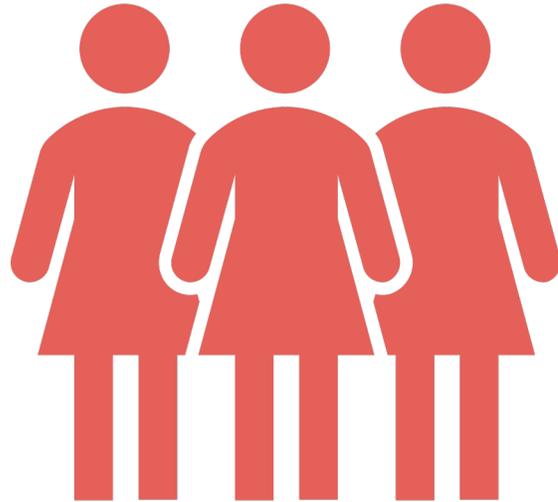
Women report **benefits** from telephone consultations

“Easier to get prescriptions because of phone calls”

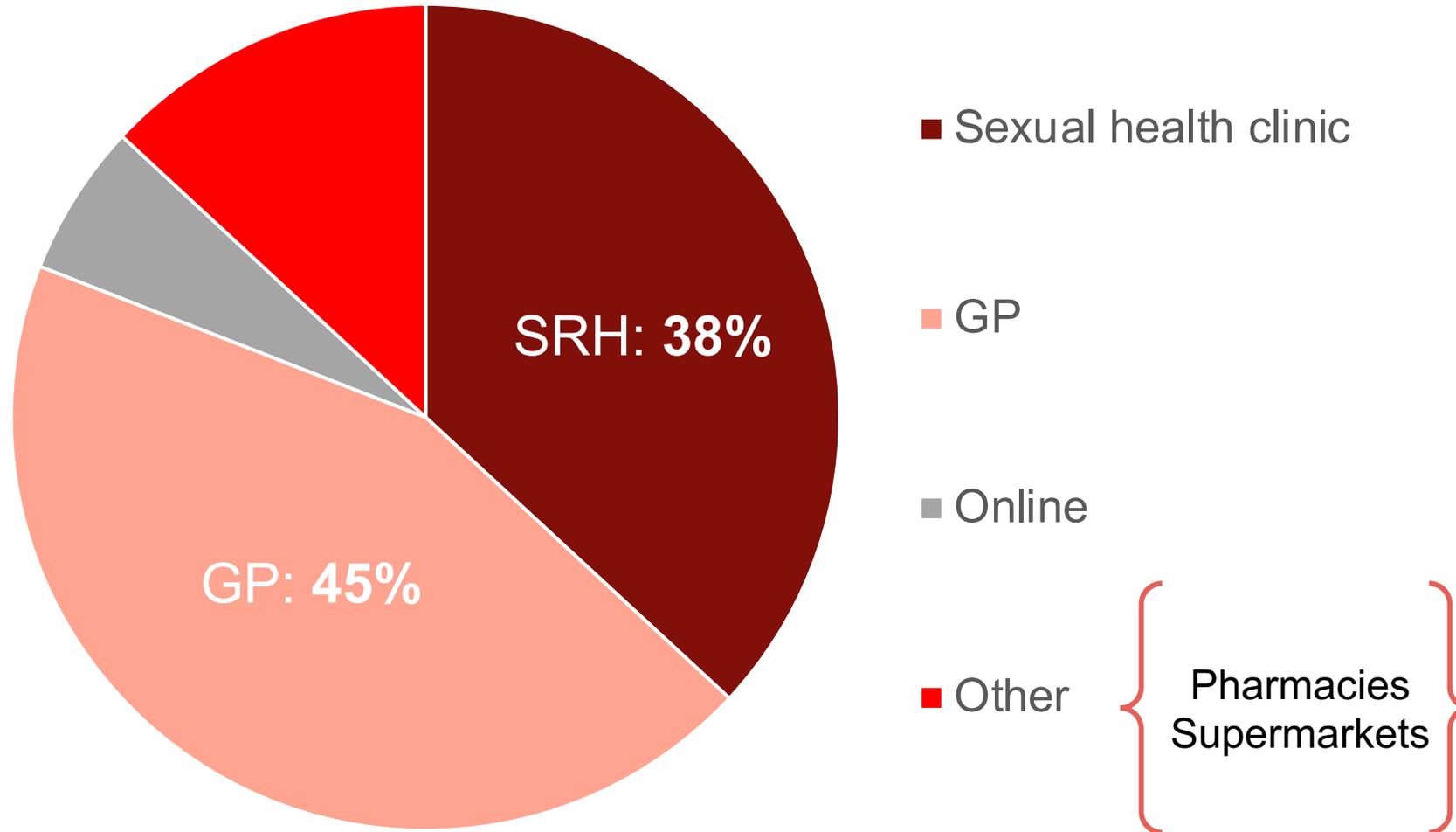
*“I access 10HB in London and the service is **fantastic**”*



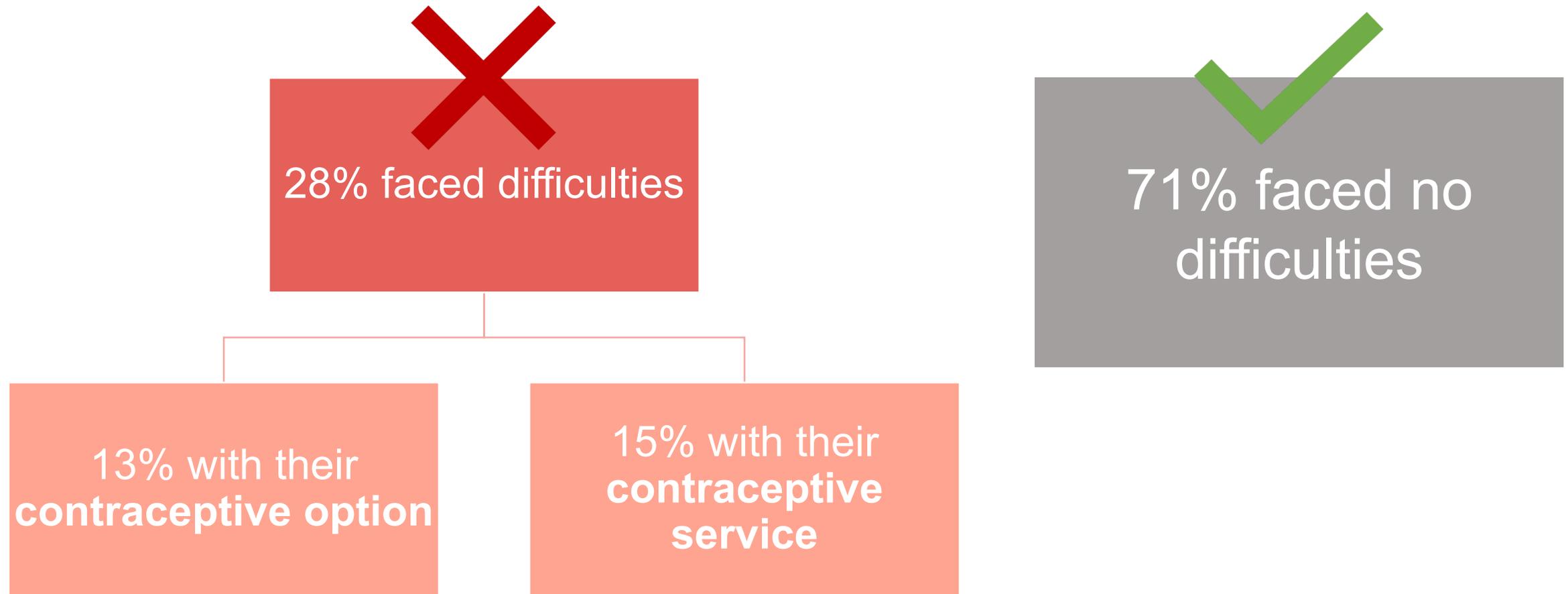
Most respondents use the combined or progestogen-only pill



Most respondents went to their GP for contraception



Over a quarter of respondents faced challenges accessing contraception before lockdown

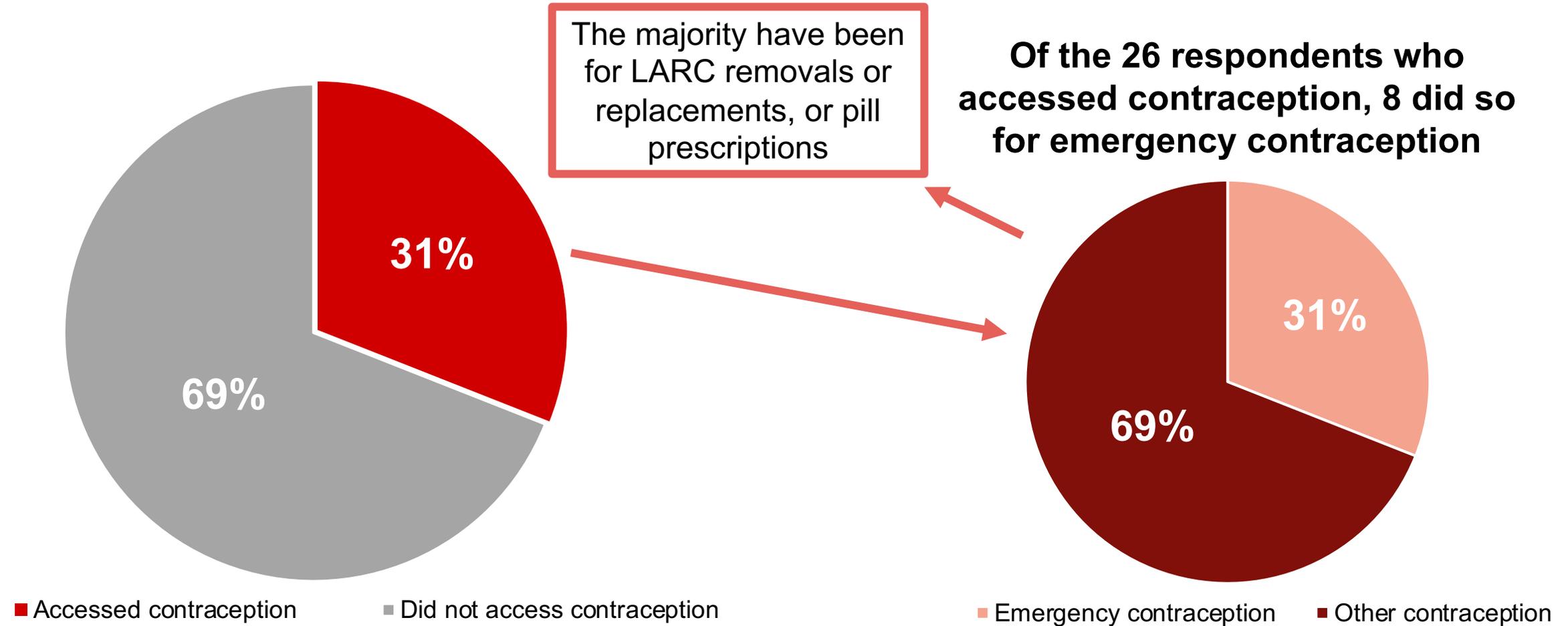


The challenges faced by women varied



Contraception during the pandemic

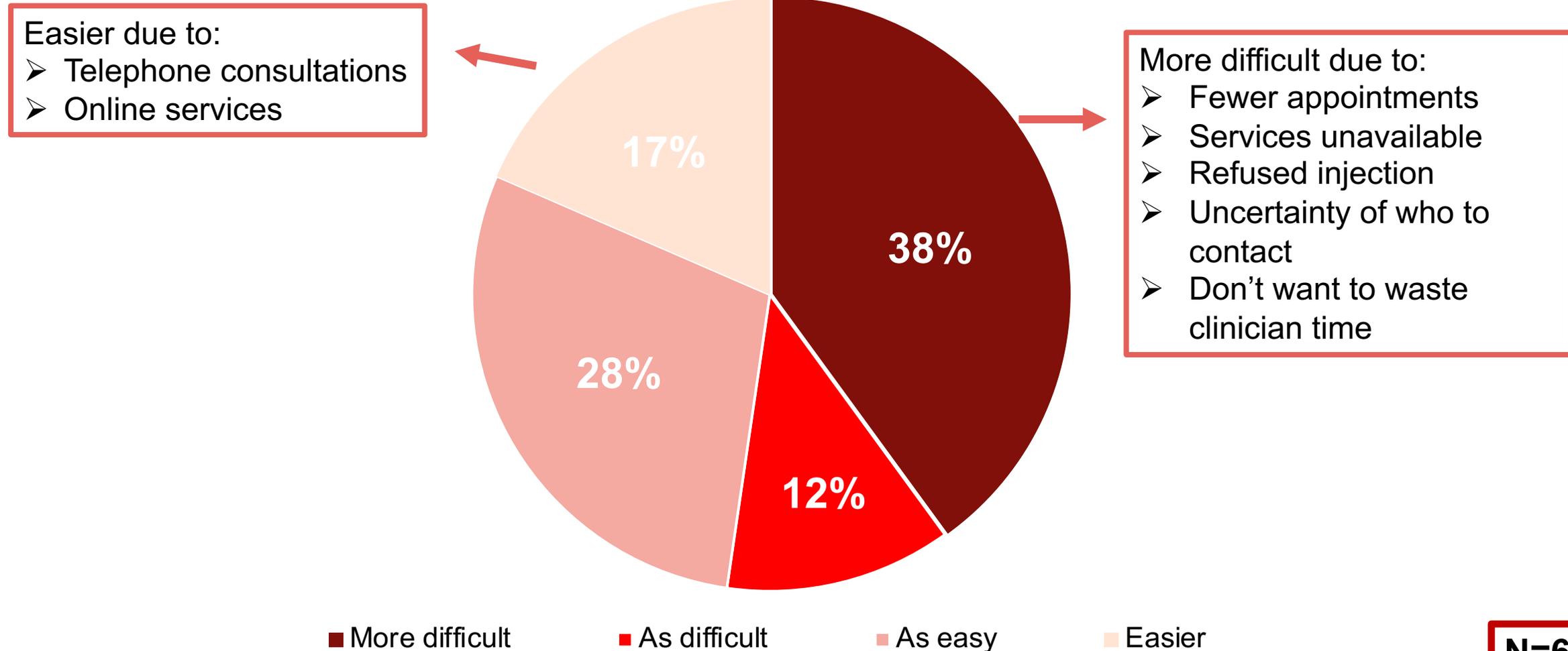
Of those who have accessed contraception during lockdown, the majority have been for LARC or the pill



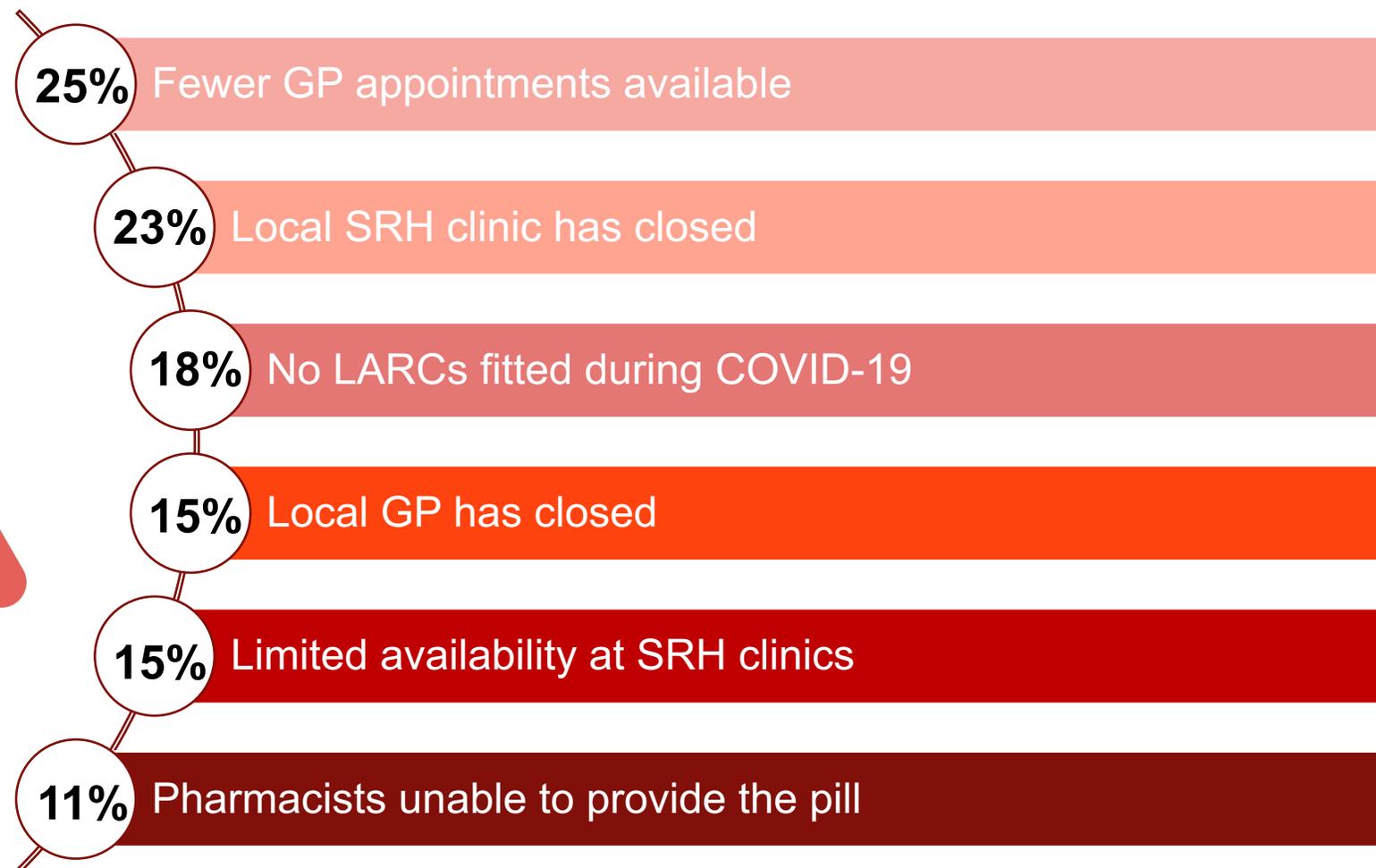
N=83

N=26

38% of respondents who have accessed contraception said it was more difficult to do so during lockdown



The challenges faced vary, but most are due to limited services



45% of respondents are concerned about access to contraception during the pandemic

*“I felt I am being left in **pain**”*

*“**Issues with my coil** and can’t get to the clinic to get it out”*

*“We have just had a baby and **cannot afford to get pregnant again**”*

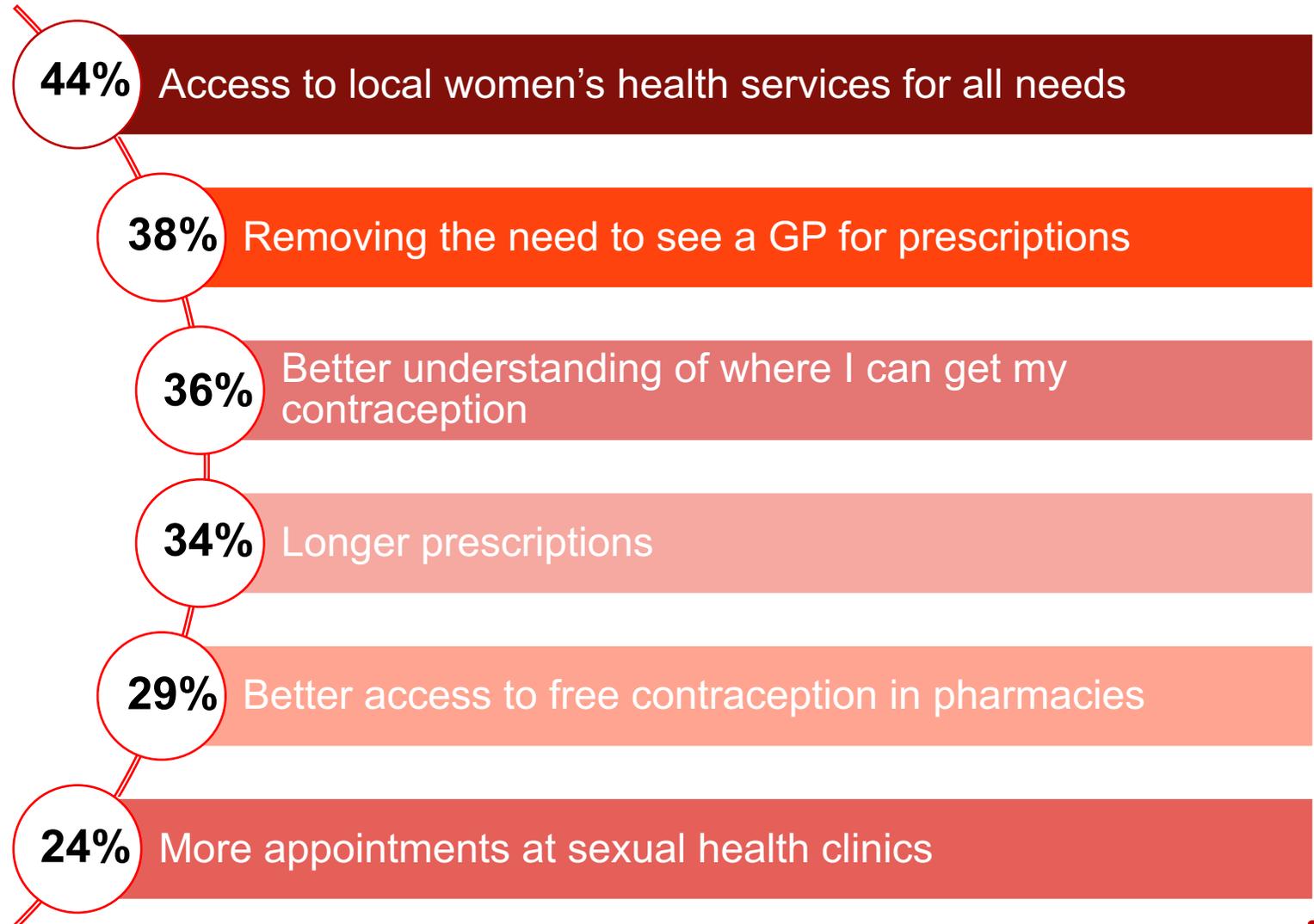
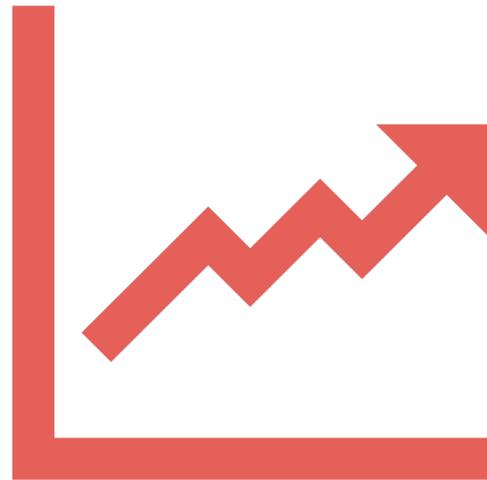
*“I worry that **young or vulnerable people** can’t get what they need”*

*“I can’t get the **option** which works best for me”*

*“**Worried** about running out of the pill”*

*“Concerned about oral contraceptive **shortages** discussed in the media”*

How could access be improved?



Additional comments

“Women’s health is always **second place**”

“Concerned about the **waiting times** for abortion services following lockdown”

“There should be a distinction between those who need contraception for **other health issues**”

“Access for women who may be in vulnerable groups should be considered”

“Feel I am **not important**”

“I feel completely **neglected by the NHS**;
I will never use LARC again”

“I’m **disappointed in what is available** but do understand why I cannot access what I want”



Additional comments



*“**Use of video** rather than going into the surgery was brilliant; **hope this continues**”*

*“The attitude of the abortion providers is very **reassuring**”*

*“Surgery was **supportive and accommodating** and I didn’t have any problems at all”*

*“Prescription was issued to chemist was quicker than normal; **so quick and easy**”*



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**Conclusion and
recommendations**

Conclusion

- Cuts to public health funding have hugely affected the investment in contraception services, with an **18% cut in real terms since 2015** and regional variation observed across England
- Prescriptions in the community for LARC have **decreased by 8%** in recent years, at the same time that abortion rates have **risen by 12%**; as the only measures of outcomes publicly available, these could be indicative of the growing challenges in accessing contraception
- Closures of sites commissioned to deliver contraception have continued to accelerate from **9% in 2015/16 to 26% in 2018/19**, for numerous reasons, as pressure on primary and community care increases
- Important outcomes and experience data related to contraception access are lacking at a national level, making it hard to understand the full picture of access across England
- Access to digital services is increasing and has been magnified during the COVID-19 pandemic, with these changes likely to remain for the longer term
- **38%** of women surveyed have found access to contraception more challenging during the pandemic and hope to see services improved
- Now is the time to take action to reverse these trends, put contraceptive services on a sustainable footing for the long term, and ultimately protect the right to free and open access the full range of contraceptive methods

Recommendations

1. The Government must invest in and ring-fence **public health funding** as the NHS recovers from the pandemic, to ensure that women have access to vital contraceptive services, including access to LARC, and there is adequate funding to train the required workforce
2. NHS England should look to **lock in positive changes** that have been driven during the pandemic and shown to be effective – for example remote access to abortion services, the provision of post-partum contraception services, and the streamlining of access to emergency IUDs
3. Steps must be taken to **protect access to contraceptive services for vulnerable women**, including ensuring the development of remote and digital contraception services does not mean reduced access to face-to-face services for those who most need them
4. Local areas should be supported to harness the emergence of **Primary Care Networks** to develop holistic women's health services, collaborating across commissioning and provider boundaries including primary, specialist, voluntary and community, and acute services
5. Improvements must be made to **education and signposting** in local areas so that women are aware of how they can access contraceptive services first time and in the right place for them

At a time of disruption and uncertainty, **clear and accountable leadership for contraception** is needed at a national level to reverse some of the concerning trends in recent years.

About the AGC

The Advisory Group on Contraception (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 in England. Further information about the AGC, its members and its work can be found online at: <http://theagc.org.uk>.

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 any questions, please email AGC@incisivehealth.com.

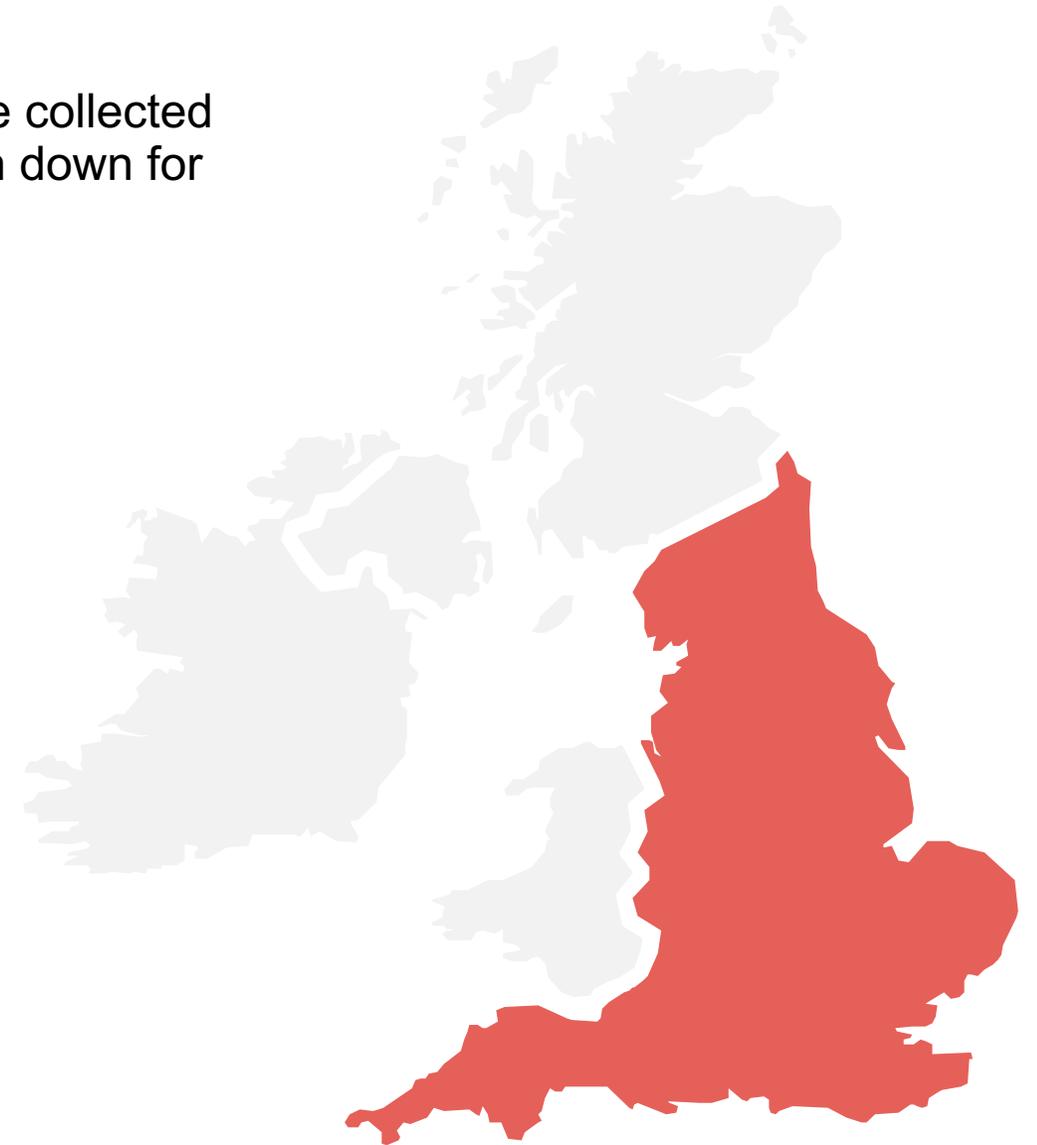
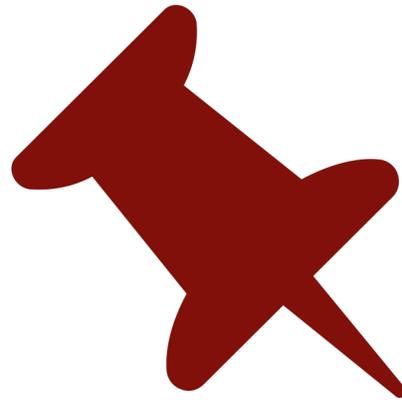
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**Appendix A:
Regional
snapshots**

Regional breakdowns

We wanted to show regional breakdowns of the data we have collected along with relevant national data. The data have been broken down for the following areas:

- East Midlands
- East of England
- London
- North East
- North West
- South East
- South West
- Yorkshire and the Humber



East Midlands

| | 2015/16 | 2018/19 | % change |
|--|-------------|------------|----------|
| Actual spend on contraception | £11,251,000 | £8,622,000 | -23% |
| Number of sites commissioned to deliver contraception (plan for 2019/20)* | 612 | 628 (802) | +3% |
| Number of local authorities reducing sites in recent years – based on 9 responding LAs | 2 (22%) | | |

Local reductions have been seen due to the integration of sexual health services across Leicestershire

| | 2014 | 2018/19 | % change |
|-------------------------------|--------|---------------|----------|
| Number of abortions | 11,674 | 14,732 (2019) | +26% |
| LARC prescribing rates / 1000 | 57.4 | 55.9 (2018) | -1.5 |



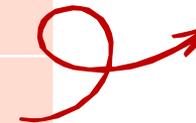
* Of responding local authorities; FOI question subject to interpretation: Please provide the number of sites commissioned by your local authority, or a provider sub-contracted by your local authority, to deliver contraceptive services in (a) the financial year 2015/16, (b) the financial year 2016/17, (c) the financial year 2017/18, (d) the financial year 2018/19 and (e) plans for the financial year 2019/20.

If your organisation has taken a decision to reduce the number of sites, please (i) provide the reason why this decision was taken, (ii) confirm or deny whether an impact assessment was undertaken and (iii) if confirm, share the impact assessment.

East of England

| | 2015/16 | 2018/19 | % change |
|---|-------------|-------------|----------|
| Actual spend on contraception | £24,925,000 | £17,329,000 | -30% |
| Number of sites commissioned to deliver contraception (plan for 2019/20)* | 700 | 758 (648) | +8% |
| Number of local authorities reducing sites in recent years – based on 10 responding LAs | 6 (60%) | | |

Service delivery has been concentrated in specialist hubs; cuts have reflected cuts to public health grants from the Government; poor attendance levels



| | 2014 | 2018/19 | % change |
|-------------------------------|--------|---------------|----------|
| Number of abortions | 16,326 | 19,102 (2019) | +17% |
| LARC prescribing rates / 1000 | 47.9 | 49.7 (2018) | +1.8 |



* Of responding local authorities; FOI question subject to interpretation: Please provide the number of sites commissioned by your local authority, or a provider sub-contracted by your local authority, to deliver contraceptive services in (a) the financial year 2015/16, (b) the financial year 2016/17, (c) the financial year 2017/18, (d) the financial year 2018/19 and (e) plans for the financial year 2019/20.

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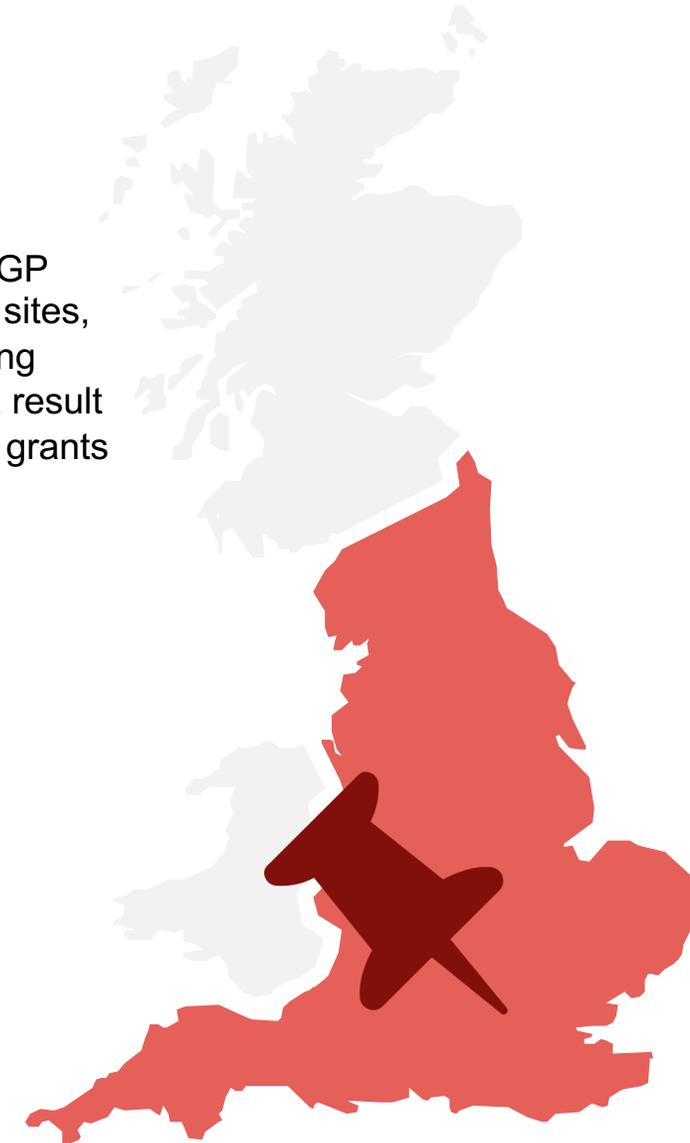
London

| | 2015/16 | 2018/19 | % change |
|---|-------------|-------------|----------|
| Actual spend on contraception | £39,463,000 | £26,331,000 | -33% |
| Number of sites commissioned to deliver contraception (plan for 2019/20)* | 630 | 628 (542) | 0% |
| Number of local authorities reducing sites in recent years – based on 27 responding LAs | 15 (56%) | | |

Due to closures in GP surgeries, merging of sites, facilities not meeting requirements and as a result of cuts to public health grants



| | 2014 | 2018/19 | % change |
|-------------------------------|--------|---------------|----------|
| Number of abortions | 43,761 | 44,213 (2019) | +1% |
| LARC prescribing rates / 1000 | 35.3 | 38.6 (2018) | +3.3 |



* Of responding local authorities; FOI question subject to interpretation: Please provide the number of sites commissioned by your local authority, or a provider sub-contracted by your local authority, to deliver contraceptive services in (a) the financial year 2015/16, (b) the financial year 2016/17, (c) the financial year 2017/18, (d) the financial year 2018/19 and (e) plans for the financial year 2019/20.

If your organisation has taken a decision to reduce the number of sites, please (i) provide the reason why this decision was taken, (ii) confirm or deny whether an impact assessment was undertaken and (iii) if confirm, share the impact assessment.

North East

| | 2015/16 | 2018/19 | % change |
|---|-------------|-------------|----------|
| Actual spend on contraception | £11,842,000 | £11,293,000 | -5% |
| Number of sites commissioned to deliver contraception (plan for 2019/20)* | 462 | 373 (372) | -19% |
| Number of local authorities reducing sites in recent years – based on 11 responding LAs | 1 (9%) | | |

| | 2014 | 2018/19 | % change |
|-------------------------------|-------|--------------|----------|
| Number of abortions | 6,795 | 7,888 (2019) | +16% |
| LARC prescribing rates / 1000 | 49.1 | 38.7 (2018) | -10.4 |

Reflects consolidation of sites and integration of services



* Of responding local authorities; FOI question subject to interpretation: Please provide the number of sites commissioned by your local authority, or a provider sub-contracted by your local authority, to deliver contraceptive services in (a) the financial year 2015/16, (b) the financial year 2016/17, (c) the financial year 2017/18, (d) the financial year 2018/19 and (e) plans for the financial year 2019/20.

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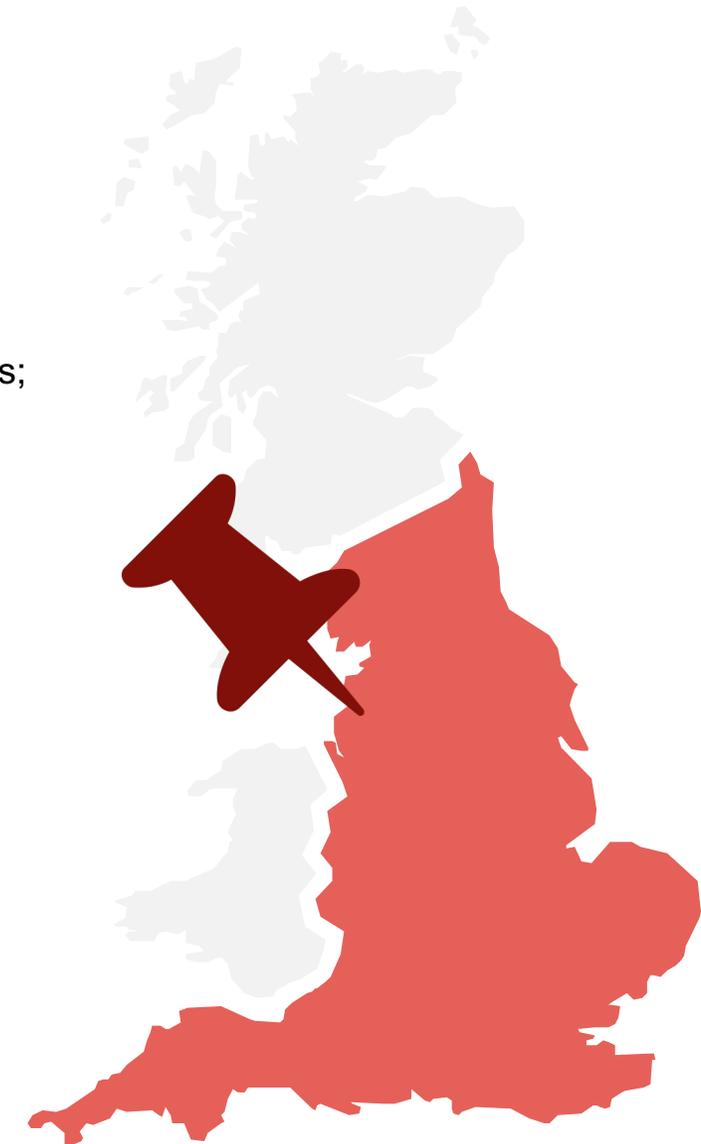
North West

| | 2015/16 | 2018/19 | % change |
|---|-------------|-------------|----------|
| Actual spend on contraception | £33,872,000 | £31,294,000 | -8% |
| Number of sites commissioned to deliver contraception (plan for 2019/20)* | 634 | 660 (652) | +4% |
| Number of local authorities reducing sites in recent years – based on 15 responding LAs | 4 (27%) | | |

Staffing and facility issues;
pharmacy closures;
integration of services



| | 2014 | 2019 | % change |
|-------------------------------|--------|--------|----------|
| Number of abortions | 24,955 | 28,897 | +16% |
| LARC prescribing rates / 1000 | 49.1 | 49.5 | +0.4 |



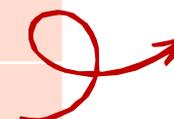
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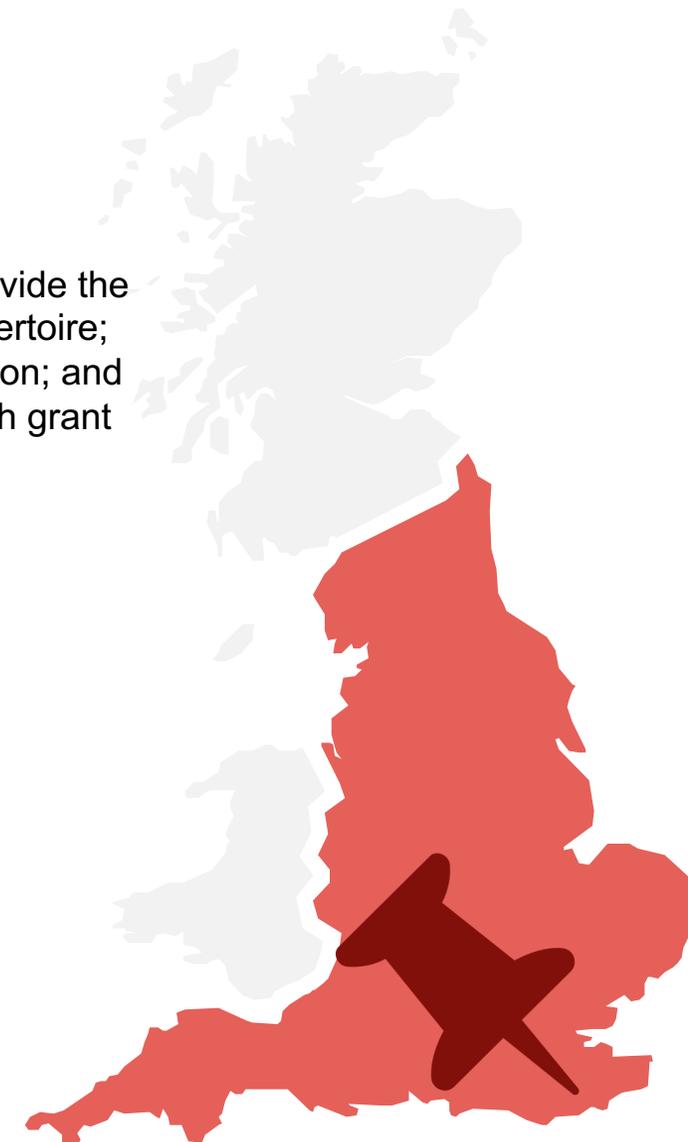
South East

| | 2015/16 | 2018/19 | % change |
|---|-------------|-------------|----------|
| Actual spend on contraception | £24,735,000 | £23,834,000 | -4% |
| Number of sites commissioned to deliver contraception (plan for 2019/20)* | 1308 | 1237 (1265) | -5% |
| Number of local authorities reducing sites in recent years – based on 17 responding LAs | 8 (47%) | | |

Services unable to provide the full contraceptive repertoire; changes to GP provision; and reflecting public health grant cuts



| | 2014 | 2019 | % change |
|-------------------------------|--------|--------|----------|
| Number of abortions | 24,723 | 28,295 | +14% |
| LARC prescribing rates / 1000 | 54.9 | 56.3 | +1.4 |



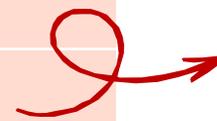
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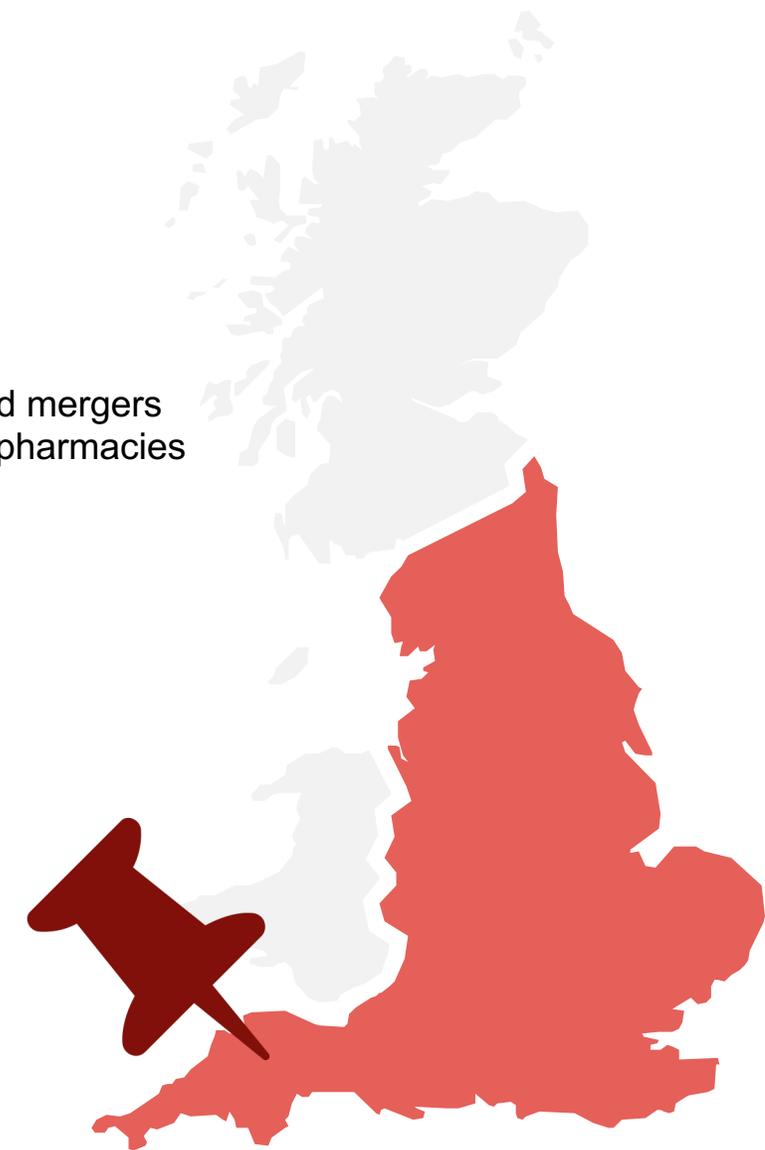
South West

| | 2015/16 | 2018/19 | % change |
|---|-------------|-------------|----------|
| Actual spend on contraception | £16,749,000 | £16,451,000 | -2% |
| Number of sites commissioned to deliver contraception (plan for 2019/20)* | 696 | 840 (858) | +21% |
| Number of local authorities reducing sites in recent years – based on 12 responding LAs | 6 (50%) | | |

Sites closures and mergers between GPs and pharmacies



| | 2014 | 2019 | % change |
|-------------------------------|--------|--------|----------|
| Number of abortions | 13,149 | 14,784 | +12% |
| LARC prescribing rates / 1000 | 67.2 | 64.6 | -2.6 |



* Of responding local authorities; FOI question subject to interpretation: Please provide the number of sites commissioned by your local authority, or a provider sub-contracted by your local authority, to deliver contraceptive services in (a) the financial year 2015/16, (b) the financial year 2016/17, (c) the financial year 2017/18, (d) the financial year 2018/19 and (e) plans for the financial year 2019/20.

If your organisation has taken a decision to reduce the number of sites, please (i) provide the reason why this decision was taken, (ii) confirm or deny whether an impact assessment was undertaken and (iii) if confirm, share the impact assessment.

West Midlands

| | 2015/16 | 2018/19 | % change |
|---|-------------|-------------|----------|
| Actual spend on contraception | £15,559,000 | £14,950,000 | -4% |
| Number of sites commissioned to deliver contraception (plan for 2019/20) | 527 | 620 (549) | +18% |
| Number of local authorities reducing sites in recent years – based on 12 responding LAs | 5 (42%) | | |

Issues with clinician availability; mergers in primary care; cuts to public health budgets



| | 2014 | 2019 | % change |
|-------------------------------|--------|---------------|----------|
| Number of abortions | 19,879 | 22,170 (2019) | +12% |
| LARC prescribing rates / 1000 | 47.7 | 43.2 (2018) | -4.5 |



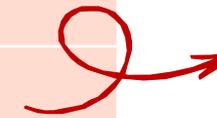
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If your organisation has taken a decision to reduce the number of sites, please (i) provide the reason why this decision was taken, (ii) confirm or deny whether an impact assessment was undertaken and (iii) if confirm, share the impact assessment.

Yorkshire and the Humber

| | 2015/16 | 2018/19 | % change |
|---|-------------|-------------|----------|
| Actual spend on contraception | £15,153,000 | £15,555,000 | +3% |
| Number of sites commissioned to deliver contraception (plan for 2019/20) | 500 | 319 (319) | -36% |
| Number of local authorities reducing sites in recent years – based on 11 responding LAs | 2 (18%) | | |

Contracts not being extended; routine contraception being moved into General Practice



| | 2014 | 2019 | % change |
|-------------------------------|--------|---------------|----------|
| Number of abortions | 14,976 | 17,827 (2019) | +19% |
| LARC prescribing rates / 1000 | 56.4 | 56.9 (2018) | +0.5 |



* Of responding local authorities; FOI question subject to interpretation: Please provide the number of sites commissioned by your local authority, or a provider sub-contracted by your local authority, to deliver contraceptive services in (a) the financial year 2015/16, (b) the financial year 2016/17, (c) the financial year 2017/18, (d) the financial year 2018/19 and (e) plans for the financial year 2019/20.

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**Appendix B:
Freedom of
Information
requests**

FOI methodology: requests made

Between June and August 2019, 152 trusts in England were approached with 10 questions to collect data on their SRH and contraception services:

Section A: budget

Request 1:

Please state (a) the total public health budget allocated (including for GP and pharmacist services) by your local authority for all sexual and reproductive health services, (b) budget allocated to general practice for all sexual and reproductive health services, (c) budget allocated to specialist community sexual and reproductive health service providers (including integrated sexual health providers) for all sexual and reproductive health services, and (d) budget allocated out of area for all sexual and reproductive health services in:

- (i) the financial year 2015/16
- (ii) the financial year 2016/17
- (iii) the financial year 2017/18
- (iv) the financial year 2018/19
- (v) plans for the financial year 2019/20 (please give combined budget if within a block contract)

Request 2:

Please provide the number of sites commissioned by your local authority, or a provider sub-contracted by your local authority, to deliver contraceptive services in (a) the financial year 2015/16, (b) the financial year 2016/17, (c) the financial year 2017/18, (d) the financial year 2018/19 and (e) plans for the financial year 2019/20.

If your organisation has taken a decision to reduce the number of sites, please (i) provide the reason why this decision was taken, (ii) confirm or deny whether an impact assessment was undertaken and (iii) if confirm, share the impact assessment.

Request 3:

Please provide the total volume of activity that your organisation has contracted for the fitting and removal of LARC methods of contraception (excluding injection) in your area in (a) sexual and reproductive health services (excluding general practice) and (b) GP practices in:

- (i) the financial year 2015/16
- (ii) the financial year 2016/17
- (iii) the financial year 2017/18
- (iv) the financial year 2018/19
- (v) plans for the financial year 2019/20

FOI methodology: requests made

Section B: service commissioning, structure and quality

Request 4:

Please confirm or deny whether the local authority stipulates and/or monitors waiting time requirements in contracts with (a) general practice and (b) sexual and reproductive health services for (i) sexual health appointments, (ii) contraception appointments and (iii) appointments for fitting LARC.

If confirm, for each please release corresponding data on a) average waiting times and b) the longest waiting time in the most recent year for which figures are available.

Request 5:

Please provide information on (a) the number of contracts to deliver sexual and reproductive health services, including the delivery of contraceptive services that have been terminated earlier than planned and (b) the reasons for each withdrawal or early termination of contract in:

- (i) the financial year 2015/16
- (ii) the financial year 2016/17
- (iii) the financial year 2017/18
- (iv) the financial year 2018/19

Request 6:

Please confirm or deny whether the local authority collects data on the number of complaints received relating to the provision of contraceptive services in (a) general practice and (b) community and integrated sexual health providers

If confirm, please provide information on the number of complaints received relating to the provision of contraceptive services in (a) general practice and (b) sexual and reproductive health services in:

- (ii) the financial year 2016/17
- (iii) the financial year 2017/18
- (iv) the financial year 2018/19

If deny, please provide information on who does collect this data for your area.

FOI methodology: requests made

Section B: service commissioning, structure and quality

Request 7:

Please provide information on the number of community outreach sites (targeting groups or populations who are not effectively reached by traditional health services) commissioned by the local authority to deliver (a) sexual and reproductive health services, (b) contraceptive services and (c) LARC fittings in:

- (i) the financial year 2015/16
- (ii) the financial year 2016/17
- (iii) the financial year 2017/18
- (iv) the financial year 2018/19
- (v) plans for the financial year 2019/20

Request 8:

Please confirm or deny whether the local authority commissions standalone sites directed towards young people aged 25 or younger providing sexual and reproductive health services, including the delivery of contraceptive services

If confirm, please provide information on (a) any age restrictions for accessing these services, (b) the number of standalone services directed towards young people providing sexual health services and (c) the number of standalone services directed towards young people providing contraceptive services commissioned by the local authority (i) in the financial year 2017/18, (ii) in the financial year 2018/19, and (iii) plans for the financial year 2019/20

Request 9:

Please provide information on the number of conceptions resulting in live birth in (a) looked after children aged 19 or younger, (b) care leavers aged 19 or younger and (c) children who are home educated in:

- (i) the financial year 2015/16
- (ii) the financial year 2016/17
- (iii) the financial year 2017/18
- (iv) the financial year 2018/19

Request 10:

Please confirm or deny whether the local authority has a contract in place to deliver digital services for (a) sexual and reproductive health support (b) contraceptive provision and (c) sexually transmitted infection testing

If confirm, please state who is commissioned to provide these services

If deny, please state whether the local authority has plans to commission such services in the future