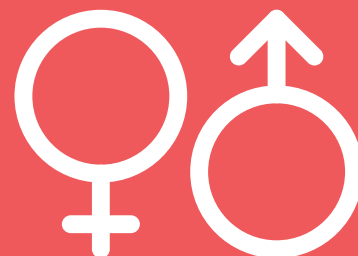


At tipping point

An audit of cuts to
contraceptive services
and their consequences
for women



Introduction

Access to contraception is a fundamental right for women. Protection from unplanned or unwanted pregnancy is also central to women's health and wellbeing. Therefore, local authorities are required by Department of Health and Social Care (DHSC) guidance and national legislation to commission 'open access services for contraception'.^{1,2} However, with substantial cuts to public health budgets since 2015 placing significant pressure on contraceptive services, there is a real risk of women not getting the contraception, and support, that they need.

Public Health England (PHE) has recently published a study estimating that every £1 spent on publicly-funded contraception saves the public sector £9 over ten years, before considering the wider societal cost and impact.³ Aside from the cost to the public purse, if this direction of travel continues, the quality of women's daily lives, and their ability to access services to which they have a basic right, will be increasingly undermined. The Advisory Group on Contraception has therefore been tracking the impact of national public health cuts on local contraceptive services since 2015.⁴

This paper sets out our findings to date from annual Freedom of Information (FOI) audits of local authority spend on contraception, and stories from women to understand what this means for their access to services. It serves as a call to action to reverse the budget cuts over recent years and ensure local services are funded to give every woman, regardless of age, location or background, her choice from the full range of contraceptive methods.

“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. 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.”

Jane Hatfield, CEO, Faculty of Sexual and Reproductive Healthcare (AGC member)

Call to action

Access to contraceptive services is a basic right which is increasingly being threatened by years of public health cuts, putting women at greater risk of unplanned or unwanted pregnancy. The AGC is calling on the Government, local authorities and the NHS to act now, to safeguard comprehensive and inclusive contraceptive services for the future:

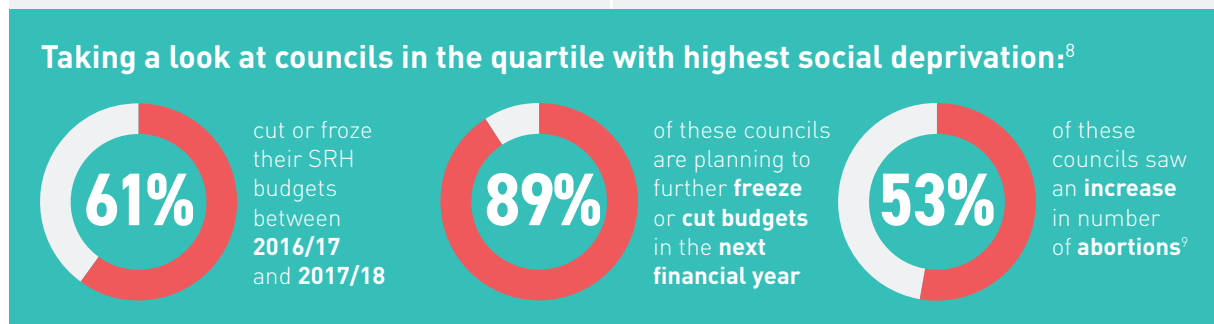
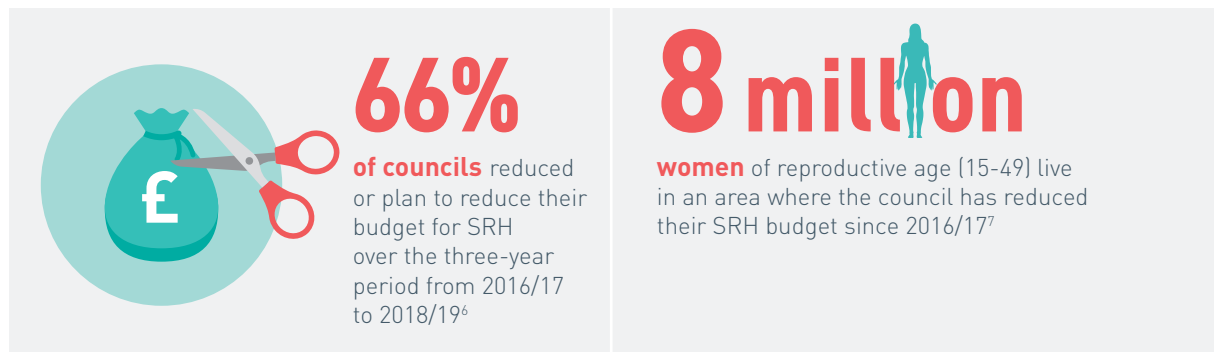
- 1 Funding** – the Government should initiate an immediate reversal of cuts to public health budgets since 2015 and ensure adequate, evidence-based levels of funding for contraceptive services, including workforce and training
- 2 National oversight** – DHSC should introduce a women’s health strategy to ensure all women have access to high quality and well-staffed SRH services, offering all methods of contraception, ensuring that a leadership role for NHS England in the provision of contraception through primary care is established
- 3 Strengthened mandate** – DHSC should strengthen the mandate for the provision of contraceptive services in line with national standards and guidelines to ensure there is adequate service provision at a local level for all women to access the full range of contraception
- 4 Local collaboration** – Local authority and NHS commissioners should work collaboratively to streamline the commissioning and provision of the full range of contraception in their area, including vLARCs, with collaborative oversight and support from PHE and NHS England
- 5 Workforce** – Health Education England (HEE) should facilitate the implementation of the recommendations of its recent report *Improving the delivery of sexual health services: sexual health, reproductive health and HIV workshop scoping project report*⁵

“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 being constantly slashed. Cuts have consequences.”

Dr Anne Connolly, GP at Bevan Healthcare in Bradford (AGC member)

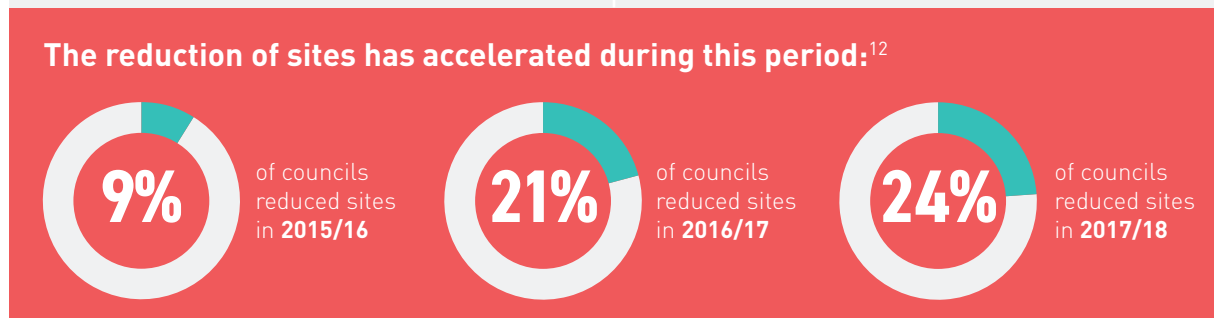
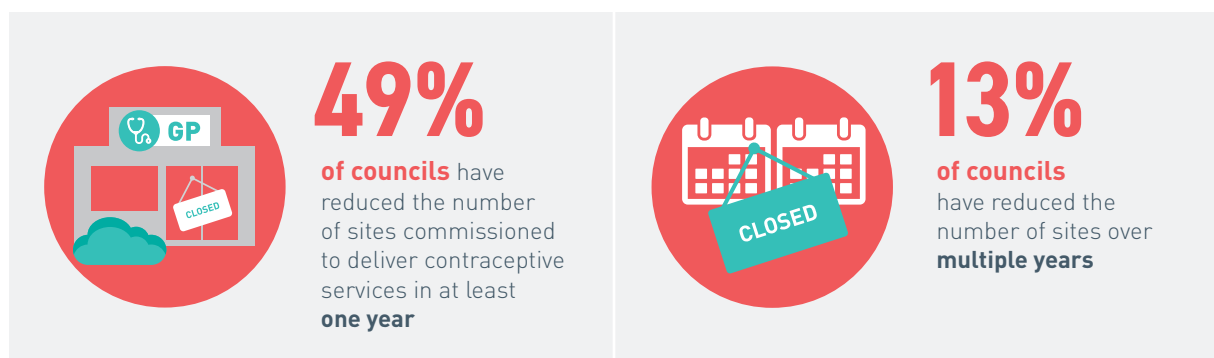
Headline findings

There have been widespread cuts to sexual and reproductive health (SRH) budgets across England in recent years



Since 2015 the number of sites commissioned to deliver contraception is being cut year-on-year¹⁰

Over 6 million women of reproductive age live in an area where the council has reduced the number of sites delivering contraceptive services.¹¹ This looks set to increase further, with 19 out of 137 councils confirming that further reductions are planned for this financial year (14%).



2. 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.

The level of spend on contraception is unclear

84%

of councils were unable to provide accurate data on contraceptive spend when asked under the Freedom of Information Act

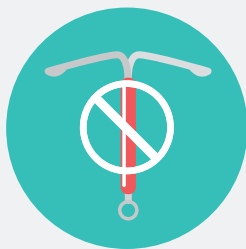


As contraception spend increasingly falls under integrated SRH services, councils are unable to disaggregate the amount being spent on contraception within these wider budgets. Whilst the commissioning of integrated services may be an effective method of seeking to meet the needs of a local population, the lack of data on contraception spend means that councils do not have visibility of the true impact of budget cuts on local contraceptive spend.

Data published by the Ministry of Housing, Communities and Local Government suggests that 57% of councils reduced their spending on contraception between 2015/16 and 2018/19, and that spend across England over the same period has reduced by 13%.¹³ However, these data are often based on estimates rather than accurate budgets and do not therefore portray a true picture of local spend on contraceptive services.

Access to effective forms of contraception is not being protected

In 2018/19, more than one in ten local councils reduced the number of contracts they hold with GP surgeries to fit vLARC:



11%

of councils reduced the number of contracts held with GP surgeries to fit **intrauterine systems (IUS)** and devices (IUD)



11%

of councils reduced the number of contracts held with GP surgeries to fit the **sub-dermal implant**

This was a slight improvement from 2017/18, where 13% of councils reduced the number of contracts for fitting IUS/IUD and 15% reduced the number of contracts for fitting the sub-dermal implant. However, 2018/19 saw no corresponding increase in the number of contracts with community services to deliver vLARC. This is a similar picture to that seen in 2017/18, where more councils reduced the number of contracts in community services than the number of councils that increased them.

vLARC

Very long-acting reversible contraception (vLARC) includes the intrauterine device, intrauterine system and the implant.

These are the most effective methods of contraception available to women according to national guidelines.

What does this mean for women?

The findings of the FOI suggest a landscape of contraceptive services across the country being increasingly hard to access and navigate. While a reduction of the number of services being commissioned may not necessarily reflect the range or capacity of services available, it does highlight the scale of disruption to local services which may impact on service consistency and women's ability to access contraception. **This disruption looks set to continue if local authorities face further cuts to public health budgets.** The National Audit Office recently warned that funding pressures for local authorities are putting statutory services at risk and that it may not be possible to ascertain whether service levels are being

maintained in areas where data are limited.¹⁴ This is a concern for contraceptive services. There is also a risk that cuts to contraceptive services may limit the choice women have in accessing contraception. A survey conducted by the FPA found that only 2% of GPs offered the full range of methods, with the combined hormonal and progestogen-only pill being the only method of contraception that all GPs said they prescribe.¹⁵

Even where GP services do offer LARC, they may not be as well-placed as SRH services in doing so. There is not enough time in a standard contraception appointment to fully discuss such methods and there is a recognised shortage of staff in general practice trained to fit LARC.

“Contraceptive and sexual health 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 needs to act fast to reverse the detrimental effect these year-on-year cuts will have.”

Nakita H Halil, Chief Executive, FPA (AGC member)



“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... 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.”

Lisa Hallgarten, Head of Policy and Public Affairs, Brook (AGC member)

While teenagers and young women have traditionally been perceived as the main users of SRH services, data suggests that older women may also be affected by cuts to contraceptive services. The abortion rate in England and Wales for women aged 30-34 increased from 15.1 per 1,000 women in 2007 to 18.2 in 2017, while the abortion rate for women aged 35 and older also increased from 6.9 per 1,000 women in 2007 to 8.5 in 2017.¹⁶ Cuts to contraception services mean women are vulnerable to unplanned pregnancies. Unmet need may therefore have led to the increase in abortions we are seeing today.

The AGC is particularly concerned about the impact of contraceptive cuts on vulnerable women. The Royal College of General Practitioners (RCGP) has warned that ‘some of the most at-risk patients are the least able to reach the support they need due to cultural, language, financial or geographical difficulties.’¹⁷

To explore this impact, the AGC has been asking women who might not otherwise speak out about their access to contraception about their experiences. The women we spoke to were from non-English backgrounds, usually unemployed and, in some cases, from the marginalised Roma community. They therefore may be less likely, or able, to engage with health services and likely to need extra outreach and support. Several challenges in accessing contraception were frequently raised by these women which could be exacerbated by cuts to contraceptive services:



Cultural barriers

Many of the women we spoke to did not feel comfortable talking to their family doctor about sex and contraception. Several said they were 'scared' to go to the doctor. For these women the option of going to a sexual and reproductive health clinic is vital:

“The difficult part was being able to speak to my family doctor...[it was] just hard to muster the courage to ask for it. Being able to access a clinic would have made it easier.”

Some women in more complex situations were not able to access the help they needed. For example, one woman told us that her husband does not like contraception, so **“I have to take the morning after pill each time... I don't know who to ask.”**

Several women said that in the end they had accessed contraception and advice through a local children's centre, which was filling this gap. This suggests that there is a need for local authorities to ensure that alternative options to GPs are available.

A lack of understanding

Some women did not have a full understanding of different methods of contraception and how to access them. Several women said they were 'scared' of going through the process of getting contraception and some were simply not using contraception as a result. One woman had been using the implant and having issues with this method which she **'did not understand'**. However, alternative methods were not explained to her, so she is now not using any contraception.

A lack of clinics

A common challenge for women was simply that there was not a clinic easily accessible to them. One woman wanted to start using the coil, but could not get it as there are **'long waiting times and only two places in Bradford provide this'**. Another used to have the injection, but has stopped using this, and contraception altogether, as it is too far to get to the clinic. For those more vulnerable women who are not registered with a GP, it will be very difficult to access contraception, and these women will be the most disadvantaged by the reduction in community provision.

As well as not being able to access contraception, women were not able to get their problems solved. One woman said she is having issues with the coil but is unable to secure an appointment with a healthcare professional.

Choices being overlooked

Worryingly, several women stated that their doctor had not taken into account their choices on contraception. Women told us that they wanted to use the contraceptive pill but were told there were too many side effects and are now relying on condoms and the morning after pill. This is unreliable and puts them at unnecessary additional risk, **'scared of getting pregnant'**.

Another woman who is using the contraceptive pill told us she was not happy with it **'but this is what the doctor ordered for me'**.

The Advisory Group on Contraception

The AGC is an expert group of leading clinicians and advocacy groups, working together to highlight the impact of policy reforms on women's access to contraception. The group came together in November 2010 with the aim of ensuring that the contraceptive needs of all women in England are met, regardless of age or location.

For further information, please contact:
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References

1. The Department of Health, Commissioning Sexual Health services and interventions: best practice guidance for local authorities, March 2013, available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/144184/Sexual_Health_best_practice_guidance_for_local_authorities_with_IRB.pdf
2. 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/ukxi_20130351_en.pdf
3. Public Health England, Contraception: Economic Analysis Estimation of the Return on Investment (ROI) for publicly funded contraception in England, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730292/contraception_return_on_investment_report.pdf
4. The AGC has undertaken Freedom of Information (FOI) audits of all 152 upper tier local authorities in England, examining changes in their provision of contraceptive services each year since 2015. Previous reports are available at: <http://theagc.org.uk/our-work/>
5. Health Education England, Improving the delivery of sexual health services: Sexual health, reproductive health and HIV workforce scoping project, September 2018, available at <https://www.hee.nhs.uk/sites/default/files/documents/Sexual%20health%20reproductive%20health%20and%20HIV%20workforce%20scoping%20project%20report%20Final.pdf>
6. 95 out of 143 councils reduced their budget for SRH services (66%), six froze their budget (4%), while 42 increased their budget (32%).
7. ONS, Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland, 28 June 2018, <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>
8. Ministry of Housing, Communities and Local Government, English indices of deprivation 2015, 30 September 2015, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/446791/English_Indices_of_Deprivation_2015_-_Statistical_Release.pdf
9. Department of Health and Social Care, Abortion statistics for England and Wales: 2017, 7 June 2018, <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2017>
10. 74 out of 152 councils have reduced the number of sites commissioned to deliver contraceptive services in at least one year (49%), and 19 out of 152 reduced the number of sites over multiple years (13%)
11. ONS, Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland, 28 June 2018, <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>
12. 12 out of 138 councils reducing the number of sites in 2015/16 (9%), 32 out of 51 councils reduced the number of sites in 2016/17 (21%) and 33 out of 140 in 2017/18 (24%)
13. Ministry of Housing, Communities and Local Government, Local authority revenue expenditure and financing: England, and Local authority revenue expenditure and financing England: budget individual local authority data, from the years 2015/16 to 2018/19, available at <https://www.gov.uk/government/collections/local-authority-revenue-expenditure-and-financing>
14. National Audit Office, Financial sustainability of local authorities 2018, March 2018, available at: <https://www.nao.org.uk/wp-content/uploads/2018/03/Financial-sustainability-of-local-authorities-2018.pdf>
15. FPA, Survey finds worrying gaps in GP contraceptive provision, 12 December 2016, available at <https://www.fpa.org.uk/news/survey-finds-worrying-gaps-gp-contraceptive-provision>
16. Department of Health and Social Care, Abortion Statistics, England and Wales: 2017, September 2018, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/714183/2017_Abortion_Statistics_Commentary.pdf
17. Royal College of General Practitioners, Sexual and Reproductive Health: Time to act, August 2017, available at <http://www.rcgp.org.uk/policy/rcgp-policy-areas/maternity-care.aspx>