

Health and Social Care Committee: Prevention Inquiry Proposal from the Advisory Group on Contraception

Introduction

- 1.1 The Advisory Group on Contraception (AGC) is an expert advisory group of leading clinicians, commissioners, professional organisations, and advocacy groups. Since its formation in 2010, the AGC has been advocating for all women¹ to have ready access to high quality provision of the full range of contraceptive options – in their preferred setting – as part of a robust, and properly funded, approach to prevention.
- 1.2 While successive Secretaries of State for Health and Social Care have committed in recent years to enhance prevention in the NHS, we have been disappointed that this has not translated to clear action to improve contraceptive provision. We are therefore pleased to see the Health and Social Care Select Committee launch an inquiry into prevention, and welcome the opportunity to help shape the inquiry's focus. Contraception is a primary building block of public health and preventative care, with significant benefits for women, the health and care system, and society more broadly, but many women struggle to access suitable provision.

Why is contraception so important?

- 2.1 Access to contraception is a fundamental right for women, empowering them to prevent unplanned pregnancies and avert the significant personal and societal costs associated with this outcome. On average, women will spend almost 40 years of their lives needing to avert an unplanned pregnancy.²
- 2.2 Contraception is one of the most cost-effective preventative interventions, with every £1 spent on publicly-funded contraception saving £9 in averted direct public sector healthcare and non-healthcare costs.³ Looking specifically at the provision of long-acting reversible contraception (LARC) in primary care, every £1 invested creates £48 in savings for both the NHS and the wider system over 10 years.⁴ LARC is also an effective treatment for women with heavy menstrual bleeding,⁵ reducing costly and invasive referrals to secondary care in line with Government priorities for the NHS.
- 2.3 Set against this, unplanned pregnancies have far-reaching repercussions, with an estimated annual cost of £193 million to the NHS in England.⁶ These pregnancies may also create adverse implications on child health, including on birthweight, mental and physical health, and cognitive abilities.⁷

What is happening now?

- 3.1 Many years of political neglect, stark public health funding cuts, workforce and training challenges and fragmented commissioning arrangements – challenges often exacerbated by COVID-19 – have all served to put contraceptive provision under threat. Our analysis has shown that cuts to the public health grant have translated to a 42% real terms reduction in contraceptive spend across England since 2015/16,⁸ with the proportion of local authorities reducing the number of sites commissioned to deliver contraception accelerating from 9% in 2015/16 to 26% in 2018/19.⁹ Today, LARC uptake remains far below pre-pandemic levels,¹⁰ and difficulties accessing contraception have been associated with unprecedented levels of demand for abortion services.¹¹

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3.2 While this is damaging to all women, nowhere is the impact of cuts and reduced provision more visible than among vulnerable groups. In the Government’s *Women’s Health – Let’s talk about it* survey, just 40% of women reported being able to conveniently access the services they need in terms of location, and 24% in terms of timing, with contraceptive provision an area of particular challenge. Those from ethnic minorities, living with disability, or with gender identification different from sex registered at birth were most likely to report difficulties. Vulnerable groups – including younger women – may be additionally disadvantaged by a lack of clear and accessible information.¹²

3.3 Through the Women’s Health Strategy, the Government promised to set out plans for sexual and reproductive health later in 2022, with a focus on “*increasing access and choice for all women who want contraception.*”² These plans have yet to come to fruition, and we are concerned that without national action, high quality contraception will remain inaccessible for too many women.

What needs to happen next?

3.4 The integrated care agenda offers an unprecedented opportunity to transform contraceptive pathways, bringing together expertise and capacity across general practice, specialist care, and community pharmacy. The Government must now take responsibility in setting strategic direction for systems, helping them to reverse the impact of existing fragmentation, embrace collaborative commissioning, and build a sustainable workforce.

3.5 We hope to see the Committee further exploring these issues in the course of its inquiry. We look forward to sharing detailed evidence with the Committee, and would be pleased to meet with members to share any additional insight or support.

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

¹ The AGC recognises that access to contraception is essential for everyone who can become pregnant, no matter how they identify, and therefore supports and advocates for the right to access contraception for trans, non-binary and intersex people that need it. It is essential that there is an understanding of intersectionality to help minimise inequalities in care and the provision of essential service. We use the word women for simplicity but also in recognition that the majority of those requiring access to contraception identify as women.

² Department of Health and Social Care, [Women’s Health Strategy for England](#), July 2022

³ Public Health England, [Contraception: Economic Analysis Estimation of the Return on Investment \(ROI\) for publicly funded contraception in England](#), 2018

⁴ Public Health England, [Extending Public Health England’s contraception return on investment tool, Maternity and primary care settings](#), 2021

⁵ NICE, [Heavy menstrual bleeding: assessment and management](#), 2021

⁶ Montouchet, C. and J.Trussell, [Unintended pregnancies in England in 2010: costs to the National Health Service](#), 2012

⁷ Public Health England, [Health matters: reproductive health and pregnancy planning](#), 2018

⁸ Ministry of Housing, Communities and Local Government, [Local authority revenue expenditure and financing: outturn data, 2015/16 to 2020/21](#)

⁹ Advisory Group on Contraception, [Shining a light on access to contraception in England: an overview of 2019-2020 data](#), 2020

¹⁰ Office for Health Improvement and Disparities, [Sexual and Reproductive Health Profiles: Total prescribed LARC excluding injections rate / 1,000](#), 2023

¹¹ BMJ, [Demand for abortions surges as contraception services shrink and cost of living rises](#), 2023

¹² Department of Health and Social Care, [Results of the ‘Women’s Health – Let’s talk about it’ survey](#), 2022

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