Contraception policy

FPA believes that access to a full choice of contraceptives, including comprehensive information and advice, is a fundamental right of everyone.

Types of Contraception

There are 15 types of contraception.

- **Barrier methods of contraception:** Barrier methods of contraception prevent a sperm reaching an egg. They include male and female condoms, as well as diaphragm and caps, which are used with spermicide.
- **Short-term hormonal methods of contraception:** Short-term hormonal methods of contraception include the combined pill, the progesterone only pill, the contraceptive patch and the vaginal ring.
- **Long-acting reversible contraception (LARC):** LARC methods do not depend on an individual remembering to take them or use them to be effective. LARC includes the contraceptive injection, the contraceptive implant, the intrauterine system (IUC) and the intrauterine device (IUD). The first three of these methods work by releasing hormones.
- **Permanent methods of contraception:** Permanent methods of contraception include female and male sterilisation (vasectomy). They are only suitable for people who are sure they don't want to have any more children.
- **Fertility awareness:** The fertility awareness method of contraception relies on a person monitoring different fertility signals to identify when they are most likely to get pregnant and avoiding sex at these times.

Whilst emergency contraception is not listed, it is a crucial part of full contraceptive choice. For more information on types of contraception, how they work and their advantages and disadvantages, see the Sexwise website.

What we believe

1. **Full and free availability of contraceptive choices is an important part of promoting and ensuring good health and wellbeing.**
2. **Everyone should be able to access accurate, evidence-based information on all methods.**
3. **All people should have access to contraception at times and in places that are convenient and appropriate for them.**

4. **While FPA welcomes online services, we believe that they should be subject to the same robust guidelines as in-person services.**

5. **Community pharmacies are an important point of access to contraceptive services. FPA believes that trained pharmacists should be able to prescribe oral contraceptives (the combined pill and the progestogen-only pill) in accordance with robust medical guidance.**

6. **Emergency contraception (EC) is a crucial part of full contraceptive choice. There should be universal free access to EC.**

7. **There's a need to prioritise contraception services, in terms of both resource allocation and appropriate training for professionals.**

8. **FPA welcomes new research into contraception. We recognise that options are particularly limited for men and support progress that allows for greater choice.**

Why do we believe this?

1. ***Full and free availability of contraceptive choices is an important part of promoting and ensuring good health and wellbeing.***

   There's a clear public health benefit of comprehensive contraception services through the prevention of unintended pregnancies and sexually transmitted infections (STIs). High-quality services can also deliver social, economic, health and personal benefits to individuals and their families, giving them greater control over their lives.

   Our work is grounded in making sure information is available as widely as possible. Every day, we answer questions about sexual health through our website and publications. In 2010, we launched the My Contraception Tool, which helps people to make informed choices.

2. ***Everyone should be able to access accurate, evidence-based information on all methods.***

3. ***All people should have access to contraception at times and in places that are convenient and appropriate for them.***

We believe all people should have full and open to access to contraception including long-acting reversible contraception (LARCs) and emergency contraception. This should be available in a variety of settings, including: general practice, community clinics, hospitals, abortion services and pharmacies.

This means all GPs should either provide a range of options in the practice (including intrauterine devices, intrauterine systems and the contraceptive implant) or ensure a fast and effective referrals are made to an alternative service.

We are concerned that since the implementation of the Health and Social Care Act 2012, fragmentation in the commissioning system is posing a risk to the effective delivery of services. For example:

- Clinical Commissioning Groups (CCGs) commission abortion services whilst local authorities commission contraceptive care. This means the patients who access abortion services are not automatically referred to contraceptive advice and treatment, leaving them at risk of further unintended pregnancy.
- Contraception for gynaecological (non-contraceptive) and contraceptive purposes is also commissioned by two different bodies. This means in some areas where a woman is seeking contraception for gynaecological purposes (e.g. heavy menstrual bleeding) this is now only available in hospital, but the same method is available in a community clinic for contraceptive purposes.

We believe services should be built around need rather than commissioning silos.

In 2015 the All-Party Parliamentary Group (APPG) on Sexual and Reproductive Health published the report *Breaking Down the Barriers*,[1] which details recommendations on how the Department of Health should address commissioning issues.

We believe these issues are compounded by a reduction in funding. In June 2015, the Government decided to cut the local authority public health grant in-year by £200 million. The November 2015 Spending Review added to this, with the announcement of an average annual real terms cut to the public health system of 3.9% over the next five years. In real terms, the public health budget will have been slashed by £700 million between 2014 and 2020.[2]

[1] APPGSRH, Breaking down the barriers: The need for accountability and integration in sexual health, reproductive health and HIV services in England, 2015
[2] The Health Foundation' Taking our health for granted, October 2018

This has effected services and an audit undertaken by the Advisory Group on Contraception found that half of councils cut spending on contraception services in 2017/18.[3]

We urge the Government to reverse cuts to spending on public health and protect spending on contraception.

4. ***While FPA welcomes online services, we believe they should be subject to the same robust guidelines as in-person services.***

   The convenience of online access to contraception has the potential to increase access and, as a result, reduce unwanted pregnancies. Whilst remote prescriptions are not new and are used well in other parts of the health sector, online services must be subject to the same robust guidelines as in-person services.

   Furthermore, without the opportunity for face-to-face interaction with clinicians, patients do not have access to support and referral to other services. Online services should clearly signpost to other relevant services.

   Online services have potential to improve sexual and reproductive health, however they should complement rather than replace physical clinics.

5. ***Community pharmacies are an important point of access to contraceptive services. FPA believes that trained pharmacists should be able to prescribe oral contraceptives (including the combined pill and the progestogen-only pill) in accordance with robust medical guidance.***

   We believe there's potential for community pharmacies to offer a greater range of contraception, building on their current expertise as providers of emergency contraception (EC) and, in many cases, free condoms for under 25s (through C-Card schemes).

   Pharmacies are often conveniently located, in neighbourhood centres, supermarkets and in the heart of the most deprived communities. The fact that these services are visible, confidential and conveniently located makes it as simple as possible for people to make healthy choices.

[3] AGC, Cuts, Closures and Contraception: An audit of local contraceptive services in England, November 2017

A 2012 study evaluated a community pharmacy project where oral contraceptive were provided by pharmacists using a patient group direction (PGD). [4] It found that in almost half of cases services were accessed by young women using emergency hormonal contraception and young women who had not previously used oral contraception.

We believe there should be investment in additional trials of community pharmacy schemes to further examine the benefits of offering oral contraceptives in pharmacies, prior to launching a national scheme.

6. ***Emergency contraception (EC) is a crucial part of full contraceptive choice, and we would like to see universal free access to EC.***

Whilst emergency contraception should not be a person's first method of contraception, FPA believes EC is a crucial part of full contraceptive choice.

No method of contraception is 100% effective, and people don't use contraception consistently or correctly all of the time. As such there will always be a need for EC.

A study published[5] in the British Medical Journal found many women prefer to access EC from pharmacies, but that cost 'seems to be an important barrier' particularly for low income groups. Therefore, we'd like to see EC offered free for all women (irrespective of age) at pharmacies, subject to a consultation with a trained pharmacist. Consultation would also allow for pharmacists to offer advice and support regarding future plans for contraception and sexually transmitted infection prevention.

We would like to see awareness of and access to EC increased further, including through advanced prescribing of emergency hormonal contraception, greater knowledge of the intrauterine device (IUD) as a method of EC and greater use of Patient Group Directions (PGDs) which enable health professionals such as nurses and pharmacists to prescribe.

[4] Parsons et al, Evaluation of a community pharmacy delivered oral contraception service, Journal of Family Planning and Reproductive Healthcare, 2012
[5] Marston C, Meltzer H, Majeed A, Impact on contraceptive practice of making emergency hormonal contraception available over the counter in Great Britain: repeated cross sectional surveys, British Medical Journal, 2005; 331 :271

7. ***There is a need to prioritise contraception services, in terms of both resource allocation and appropriate training for professionals***.

   Helping women and men make confident contraceptive choices requires professionals to have up-to-date and objective information on the choices available. FPA believes there's a need to provide full information and training to all medical professionals who advise on contraception, particularly GPs and practice nurses, and this should be updated regularly to take into account new methods as they are developed.

   However, there is little national direction on the development of the sexual and reproductive health workforce. To build a clearer picture of workforce capacity and capability, FPA believes local education and training boards (LETBs) in each area should undertake a training needs assessment. This assessment should cover specialist services, general practice, the voluntary sector, the acute sector and community pharmacy as there's an ongoing need for a skilled workforce in all these areas.

8. ***FPA welcomes new research into contraception. Options are particularly limited for men and we support progress that allows for greater choice.***

   There's been little progress into additional contraceptive choices for men and at present the only methods available are condoms or a vasectomy, which is usually permanent. Some men use the "withdrawal method", of pulling their penis out of their partner's vagina before ejaculation. This is unreliable and FPA does not consider it a form of contraception.

   As NHS Choices outlines, researchers are currently looking into a safe, effective and reversible methods of male contraception. This includes trials into the use of synthetic testosterone and progestogen as a hormonal contraceptive.

   There is also research into non-hormonal methods of contraception involving the vas deferens (the tube that sperm pass through on their way to the penis). Some of the most promising research involves a non-toxic, synthetic chemical injected into the vas deferens. This chemical kills sperm it comes into contact with and stays in place until a man decides that he wants to stop using the method. It can then be washed out using another injection which dissolves and flushes it out. Another option is the intra-vas device (IVD), which involves injecting a plug into the vas deferens, which can be later removed. More research is needed to assess the long-term safety of these techniques.

Further resources

- FPA's contraception factsheet
- FPA's My Contraception tool
- FPA's sex and relationships education policy statement
- Unprotected Nation 2015: An Update on the Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services

Additional reading

- Breaking down the barriers: The need for accountability and integration in sexual health, reproductive health and HIV services in England, All Party Parliamentary Group on Sexual and Reproductive Health
- Quality Standard for Contraceptive Services, Faculty of Sexual and Reproductive Healthcare