Contraception policy 2016

FPA believes that it is a fundamental right of all women and men to have access to a full choice of contraceptives, including comprehensive information and advice.

Our beliefs about contraception

1. FPA believes that full and free availability of contraceptive choices is an important part of promoting and ensuring good health and wellbeing.
2. In order to empower women and men in making the contraception choices most suitable for them, FPA believes that everyone should be able to access accurate, evidence-based information on all methods.
3. FPA believes that 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. FPA believes that emergency contraception (EC) is a crucial part of full contraceptive choice, and there should be universal free access to EC.
7. FPA believes that there is 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 we believe this

1. **FPA believes that full and free availability of contraceptive choices is an important part of promoting and ensuring good health and wellbeing.**
2. **In order to empower women and men in making the contraception choices most suitable for them, FPA believes that everyone should be able to access accurate, evidence-based information.**

There is 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. We provide evidence-based information on contraception across the UK through our website and publications. In 2010, as part of a partnership, we launched My Contraception Tool, which helps people to make informed choices.

3. **FPA believes that everyone 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.**

We believe that all women and men should be able to access contraception from a variety of settings, including community clinics, hospitals, abortion services and pharmacies. We support Faculty of Sexual and Reproductive Healthcare guidance stating that GPs should ensure all patients have open access to a full range of contraceptive services, including long-acting reversible contraception (LARC)¹. This means that all GPs should either provide a range of options in the practice (including intrauterine devices, intrauterine systems and the contraceptive implant) or ensure that 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 contraception services. For example, contraception for gynaecological (non-contraceptive) and contraceptive purposes is commissioned by two different bodies. Therefore in some areas where a woman is seeking contraception for gynaecological purposes this is now only available in hospital, but the same method is available in a community clinic for contraceptive purposes. We believe that services should be built around public need rather than commissioning need.

In 2015 the All-Party Parliamentary Group (APPG) on Sexual and Reproductive Health published the report *Breaking Down the Barriers*,² which details recommendations on how the Department of Health should address commissioning issues.

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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.

This is likely to have a number of effects on services, including the reduced operating hours or closures of community clinics. Primary care services are also likely to see demand increase, particularly if community settings are scaled back.

We urge the Government to maintain spending on public health, with contraception spending protected.

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 that there is great potential for community pharmacies to offer a greater range of contraception, building on their current expertise as providers of emergency contraception 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.

A 2012 study covered a trial in which contraceptive services were established in Southwark and Lambeth, where qualified pharmacists supplied oral contraception using a patient group direction (PGD). An evaluation found that the services were accessed by the target population – young women using emergency hormonal contraception who had not previously used oral contraception – and that clients were happy with the service.

It is deeply concerning that the Government cut the ring-fenced local authority public health grant. This is despite that fact that, as our report *Unprotected Nation 2015* found, that the cost of providing care related to unplanned pregnancy is set to rise.

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3 Evaluation of a Community Pharmacy Delivered Oral Contraception Service (Journal of Family Planning and Reproductive Healthcare, 2012). [jfprhc.bmj.com/content/early/2012/08/24/jfprhc-2012-100304.abstract?papetoc](http://jfprhc.bmj.com/content/early/2012/08/24/jfprhc-2012-100304.abstract?papetoc)

We believe that 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. **FPA believes that emergency contraception (EC) is a crucial part of full contraceptive choice, and we would like to see universal free access to EC.**

FPA believes that there will always be a need for emergency contraception (EC). No method of contraception is 100% effective, and women and men do not use contraception consistently or correctly all of the time.

A study published in the British Medical Journal found that many women prefer to access EC from pharmacies, but that cost ‘seems to be an important barrier,’ particularly for low income groups\(^5\). Therefore, we would 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.

7. **FPA believes that 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 that there is 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 that 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

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\(^5\) Impact on Contraceptive Practice of Making Emergency Hormonal Contraception Available Over the Counter in Great Britain: Repeated Cross Sectional Surveys (BMJ, 2005). [www.bmj.com/content/331/7511/271](www.bmj.com/content/331/7511/271)
sector and community pharmacy as there is an ongoing need for a skilled workforce in all these areas.

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

In the past 50 years, there has been little progress in the options available for male contraception compared to the variety on offer for women. Currently, men are only able to use condoms or have a vasectomy, which is usually permanent.

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.

**Related FPA resources**

- FPA Contraception: Patterns of Use factsheet  
  [www.fpa.org.uk/factsheets/contraception-patterns-use](http://www.fpa.org.uk/factsheets/contraception-patterns-use)
- FPA Contraception: Past, Present and Future factsheet  
  [www.fpa.org.uk/factsheets/contraception-past-present-future](http://www.fpa.org.uk/factsheets/contraception-past-present-future)
- My Contraception Tool  
  [www.fpa.org.uk/mycontraceptiontool](http://www.fpa.org.uk/mycontraceptiontool)
- FPA sex and relationships education policy statement  
- Unprotected Nation 2015 report  
  [www.fpa.org.uk/UN2015](http://www.fpa.org.uk/UN2015)
Further reading

- Quality Standard for Contraceptive Services, Faculty of Sexual and Reproductive Healthcare
  [www.fsrh.org/documents/fsrhqualitystandardcontraceptiveservices/](www.fsrh.org/documents/fsrhqualitystandardcontraceptiveservices/)


- Brook information about C-Card condom schemes

- NHS Choices information about male contraception research
  [www.nhs.uk/Conditions/contraception-guide/Pages/male-pill.aspx](www.nhs.uk/Conditions/contraception-guide/Pages/male-pill.aspx)