

FPA Factsheet

A history of family planning services and the Family Planning Association (FPA).

Last updated August 2021



1921 First UK birth control clinic was founded in London by Marie Stopes.

1921–30 Five separate birth control societies were formed to open clinics throughout England. Their slogan was 'children by choice, not chance'.

1930 These organisations united to become the National Birth Control Council (NBCC).

Ministry of Health circular¹ permitted local health authorities (LHAs) to provide birth control advice for married women 'for whom a further pregnancy would be detrimental to health'.

NBCC started to put pressure on LHAs to implement the circular. The council's own clinics totalled 20.

1931 NBCC changed its name to the National Birth Control Association (NBCA) and set itself the twofold task of being a clinic-providing body and a pressure group.

1932 The Medical Officer for Health in Plymouth was the first to offer the NBCA the use of the Maternity and Child Welfare Clinic. This set the future pattern: after this most clinics were run by a branch of the NBCA on council premises.

1937 Following concern about maternal mortality, LHAs were urged² to establish post-natal clinics which would also provide contraceptive advice on medical indications.

1939 NBCA became the Family Planning Association (FPA). 65 clinics were now operating.

1943 First centre for the investigation of male sub-fertility was set up in London.

1946 First marriage guidance sessions were introduced within existing clinics. Formal training in contraceptive techniques was established in designated training clinics.

Family planning provision was not included in the National Health Services Act which established the NHS.

1952 FPA clinics started to give contraceptive advice to women who were about to be married.

1958 The number of clinics had increased to 292. Bishops at the Lambeth Conference firmly expressed approval of birth control.

1959 Domiciliary services were established.

1960 Helen (later Lady) Brook, previously chairman of Islington FPA, started an evening session for unmarried women at the Marie Stopes Clinic in Whitfield Street, London.

1961 FPA approved the use of oral contraceptives in its clinics.

1962 FPA became a registered charity.

1963 The Marie Stopes board agreed to sponsor a young people's advisory session in their clinic.

1964 A proposal at the FPA AGM to extend contraceptive advice to unmarried women was rejected. However, a large majority voted for an amendment that unmarried women would be referred to youth advisory centres, whose formation FPA should encourage.

Helen Brook founded the first Brook Advisory Centre exclusively for young unmarried women.

1965 IUDs approved for use in FPA clinics.

1967 The National Health Service (Family Planning) Act enabled LHAs to give birth control advice, regardless of marital status, on social as well as medical grounds using voluntary organisations such as FPA as their agents if they wished. FPA National Council resolved that

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branches would be allowed to give advice to the unmarried if they wished.

1968 Section 15 of the Health Services and Public Health Act 1968 made the same provisions for Scotland.

First FPA vasectomy clinics opened in Cardiff, then in West Bromwich, Glasgow and London.

1969 Formal training of doctors and nurses in contraceptive techniques started.

1970 On 1 April the National Council agreed that FPA clinics should be mandated to provide family planning advice irrespective of marital status.

FPA negotiated a National Family Planning Agency Scheme under which it provided a family planning service as an agent for public authorities.

1972 The National Health Service (Family Planning) Amendment Act empowered LHAs to provide free vasectomies.

Article 12 of the Health and Personal Social Services (Northern Ireland) Order 1972 required the Ministry of Health (now Department of Health and Social Services) to arrange the provision of family planning services in Northern Ireland.

1974 The long term aim of FPA was achieved when family planning was incorporated into the NHS under the NHS Reorganisation Act. This also amended the laws relating to Scotland.

From 1 April, all contraceptive advice and prescribed supplies provided by the NHS were free of charge irrespective of age or marital status.

The phased handover of over 1,000 FPA clinics and domiciliary services to the area health authorities (AHAs) began.

DHSS memorandum of guidance³ on provision of a comprehensive family planning service and specialist advice relating to the under 16s.

1975 GPs agreed to join the NHS family planning services from 1 July, in return for an item of service payment. This excluded the prescribing of condoms.

A memorandum of guidance⁴ was issued to Health and Social Services Boards (HSSB) in Northern Ireland. This stressed that a choice of sources of family planning advice should be available, and that people should be free to change their source and to attend clinics in another HSSB.

1976 AHAs became responsible for the medical family planning training of doctors and nurses (except in Glasgow).

1977 The National Health Service Act imposed a duty on the Secretary of State to ensure that a full range of contraceptive services was available, free of charge.

1978 The National Health Service (Scotland) Act achieved the same ends in Scotland.

1980 DHSS issued revised guidelines on services for young people⁵.

1983 Cuts in health service expenditure threatened family planning clinics and some areas suffered a reduction in services. Kenneth Clarke, Minister of Health, stressed the need to maintain a free contraceptive service⁶.

1984 DHSS guidelines on provision of contraceptives to under 16s were suspended in December, following an Appeal Court ruling in favour of Mrs Victoria Gillick (for a full report of this case see FPA Factsheet Under 16s: consent and confidentiality in sexual health services).

1985 The Appeal Court ruling was overturned by the House of Lords and the DHSS guidelines reinstated, although a full review was announced.

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1986 DHSS guidelines⁷ regarding under 16s were revised.

1987 District health authority (DHA) cuts in clinic services and budgets reached a crisis point when further cuts were proposed.

John Newton, Secretary of State for Social Services confirmed⁸ DHSS guidance that family planning advice and provisions should be available from a choice of sources and that people should be free to make a choice.

The Northern Ireland DHSS reviewed its guidance⁹ on providing contraceptive services to young people and concluded that 'there is no reason to suppose therefore that the decision in the Gillick case would not be followed by the Northern Ireland courts'.

1989–90 In a White Paper¹⁰ and in the NHS and Community Care Act 1990, responsibility for purchasing and providing services was separated.

Large GP practices were also able to become fundholders.

1990 In June an Executive Letter¹¹ to regional general managers stressed: 'Government policy remains that people should be free to choose their source of contraceptive advice and that health authority family planning services complement, rather than duplicate, those which GPs provide'.

1991 An Executive Letter¹² to regional and district general managers reminded them of their legal and policy obligations to provide a full range of contraceptive services free of charge, including male and female sterilisation.

Regional health authorities were asked by the Health Minister to review their family planning services¹³.

1992 Government published guidelines for carrying out the review¹⁴. The aim was

that by 1994/5, the full range of NHS family planning services, however provided, should be appropriate, accessible and comprehensive.

Health strategy reports in England¹⁵, Wales¹⁶ and Northern Ireland¹⁷ included a target for reducing the number of unplanned pregnancies or births in young people.

1994 Following a review, a Government Advisory Committee announced that no current contraceptive product would be placed on the Selected List which limits the drugs that doctors are able to prescribe. However, contraception will remain a selected list category and could be reconsidered at any time in the future.

1997–99 The 1992 reports were superseded by various government documents^{18,19,20,21} on health strategy. Scotland²⁰ set a national target for reducing teenage pregnancies and Northern Ireland²¹ for reducing teenage births.

A government action plan²² for reducing teenage pregnancies in England included a call for clearer guidance on contraceptive provision for under-16s and new criteria for effective services for young people. A framework for reducing teenage pregnancy rates and improving contraceptive provision in Wales was included in a broader sexual health strategy²³.

1998 The Family Planning Association became FPA.

In preparation for Primary Care Groups (PCGs) taking on responsibility for services in April 1999, a Health Service Circular²⁴ advised PCGs that any proposed changes to secondary care services such as family planning should first be discussed and agreed with both service providers and users.

2000 After a government review²⁵, the Medicines Act 1968 was amended to allow the supply or administration of a prescription-only medicine by a designated health professional in accordance with a patient group direction²⁶. This led to

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increased provision of emergency contraception by nurses and pharmacists.

2001 The national strategy for sexual health and HIV for England²⁷ included contraceptive services and recommended three levels of provision within both primary care and specialist clinics. A similar strategy for Northern Ireland is being developed.

2002 Primary Care Trusts (PCTs) became responsible for planning and securing the provision of local health care and services in England. From 1 April, independent nurse prescribers throughout the UK who have completed specialist training were authorised to prescribe from the Nurse Prescribers' Extended Formulary^{28,29,30}, which includes contraception and emergency contraception. Only England currently has a training programme, where there are also plans to include prescribing skills in pre-registration training in the future. The DH also initiated consultation on proposals for supplementary prescribing by nurses and pharmacists. Throughout the UK, this would allow prescribing as part of an agreed clinical management plan for an individual patient³¹.

2008 The Medical Foundation for AIDS and Sexual Health (MedFASH) produced a review of progress in implementing the National Strategy for Sexual Health and HIV. The review called for renewed focus on prevention work and a more holistic approach to sexual health. The review recommended five priorities:

- 1) Prioritise sexual health as a public health issue and sustain high level leadership at local, regional and national levels
- 2) Build strategic partnerships
- 3) Commission for improved sexual health
- 4) Invest in prevention
- 5) Deliver modern sexual health services.³²

2010 The National Strategy for Sexual Health and HIV came to an end. The coalition government

announced plans for a new sexual health policy document due by the end of 2011³³.

The coalition government launched proposals for the biggest reforms of the NHS in its history. At the heart of the proposals were: making the NHS more accountable to patients (no choice about me without me); reducing top down control, increasing patient choice; increased focus on clinical outcomes. The major proposal in the white paper was that the DH would devolve responsibility for commissioning of services to local consortia of GP practices. A new Public Health England was established with the proposal that commissioning responsibility be given to local authorities with the intention of putting local communities at the heart of public health. This would give local government the freedom, responsibility and funding to innovate; developing their own ways of improving public health. Sexual health services are proposed to become part of Public Health England³⁴.

2012 Health and Social Care Act is enacted. The biggest restructure to the NHS since 1974, changing the way sexual health services are commissioned.

The change meant that **local authorities** began to commission comprehensive open access sexual health services. This includes contraception for free, as well as free sexually transmitted infection testing and treatment. **Clinical Commissioning Groups (CCGs)** provided abortion services, sterilisation and vasectomy and gynaecology including use of contraception for non-contraceptive purposes. **NHS England** commissions HIV treatment and care, cervical screening and sexual health referral centres.

2014 FPA's helpline and library services closed due to a lack of funding.

2015 Public Health England (PHE) takes over from the Department of Health (DH). In 2016 FPA is advised by PHE they will no longer be funded to disseminate free leaflets to sexual health clinics

in England.

2016 FPA begins to sell leaflets to sexual health services and are commissioned to deliver an online sexual health information service, called Sexwise.

2019 FPA closes in May as a charity and company limited by guarantee due to a crippling pension deficit and lack of funding and support.

2019 FPA's assets including its name are bought by McCorquodale (Midlands) Limited in June and is set up as a new company.

2019 FPA's flagship Primary School Growing up with Yasmine and Tom receives PSHE Accreditation.

2020 Covid-19 pandemic has a major global impact. In the UK the NHS is profoundly affected. The following guidance is issued for the provision of contraception during the pandemic: <https://www.fsrh.org/documents/fsrh-update-provision-of-contraception-during-covid19>

As a direct response to the Covid-19 Pandemic, telemedicine is approved in April 2020. Legal safe early medical abortions (use of medicine to end a pregnancy) can take place at home for pregnancies under 10 weeks through use of the medical pills: mifepristone and misoprostol.

Details of how the service works: <https://www.mschoices.org.uk/abortion-services/online-medical-abortion/>

2020 FPA produces its first new leaflet in 10 years on Menopause.

2021 FPA produces a leaflet on Postnatal health and wellbeing.

2021 Public Health England becomes the Office of Health Promotion and Department of Health.

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Further reading

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