Factsheet

A history of family planning services

October 2011

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 circular[1] 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 urged[2] 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 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 guidance[3] 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 guidance[4] 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 people[5].

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 service[6].

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.

1986 DHSS guidelines[7] 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 confirmed[8] 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 guidance[9] 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 Paper[10] 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 Letter[11] 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 Letter[12] 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 services[13].

1992 Government published guidelines for carrying out the review[14]. 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 England[15], Wales[16] and Northern Ireland[17] 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. Scotland[20] set a national target for reducing teenage pregnancies and Northern Ireland[21] for reducing teenage births.

A government action plan[22] 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 strategy[23].

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 Circular[24] 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 review[25], 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 direction[26]. This led to increased provision of emergency contraception by nurses and pharmacists.

2001 The national strategy for sexual health and HIV for England[27] 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 patient[31].

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 2011[33].

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 England[34].

References

1 *Birth control*. Memorandum 153/MCV. Ministry of Health, July 1930.

2 *Maternal mortality*. Circular 1622. Ministry of Health, 7 May 1937.

3 *Family planning service memorandum of guidance*. Issued with circular HSC(IS)32. Department of Health and Social Security, May 1974.

4 *Family planning service*. HSS(OSI)9/75. Northern Ireland. Department of Health and Social Services. 15 December 1975.

5 *Family planning services for young people*. HN(81)15. Department of Health and Social Security, 1981.

6 *Hansard*, vol 49, no 55, 23 November 1983, col 189.

7 *Family planning services for young people*. HC(86)1. Department of Health and Social Security, 1986.

8 *Hansard*, vol 121, no 32, 26 October 1987, col 159–160.

9 *Family planning service*. HSS(CH)1/87. Northern Ireland. Department of Health and Social Services, 8 May 1987.

10 Department of Health and others. *Working for Patients*. CM 555. HMSO, 1989.

11 Executive Letter EL(90)MB 115. Department of Health, 6 June 1990.

12 NHS Management Executive. *Provision of NHS Sterilisation Operations*. EL(91)63, May 1991.

13 Department of Health. Press release H91/359, 30 July 1991

14 NHS Management Executive. *Guidelines for Reviewing Family Planning Services: Guidance for Regions*. Department of Health, 1992.

15 Department of Health. *The Health of the Nation: a Strategy for Health in England*. CM 1986. HMSO, 1992.

16 Health Promotion Authority for Wales. *Health for All in Wales: Plans for Action*. *The agenda for 1992–94*. HPAW, 1992.

17 Northern Ireland. Department of Health and Social Services. *A Regional Strategy for the Northern Ireland Health and Personal Social Services 1992–1997*. Belfast, DHSS, 1992.

18 Department of Health. *Our Healthier Nation: a Contract for Health*. Cm 3852. Stationery Office, 1998.

19 Welsh Office. *Review of Health Promotion Arrangements in Wales*. Welsh Office, 1998.

20 Scottish Office. *Towards a Healthier Scotland*. Cm 4269. Stationery Office, 1999.

21 Northern Ireland. Department of Health and Social Services. *Health and Well-being into the Next Millennium. Regional Strategy for Health and Social Well-being 1997–2000*. DHSS, 1997.

22 Social Exclusion Unit. *Teenage Pregnancy*. Cm 4342. Stationery Office, 1999.

23 National Assembly for Wales. *A Strategic Framework for Promoting Sexual Health in Wales*. Cardiff: National Assembly for Wales, 1999.

24 NHS Executive. *Primary care groups – delivering the agenda*. HSC 1998/228, December 1998.

25 Department of Health. *Review of prescribing, supply and administration of medicines* (Chairman Dr June Crown). DH, 1998.

26 *Prescription Only Medicines (Human Use) Amendment Order 2000*. Statutory Instrument 2000, no 1917.

27 Department of Health. *National Strategy for Sexual Health and HIV*. DH, 2001.

28 *The Prescription Only Medicines (Human Use) Amendment Order 2002*. Statutory Instrument 2002, no 549.

29 *The National Health Service (Charges for Drugs and Appliances) Amendment Regulations 2002*.

30 *The National Health Service (Pharmaceutical Services) and (General Medical Services) (No. 2) Amendment Regulations 2002*.

31 Department of Health. *Proposals for supplementary prescribing by nurses and pharmacists and proposed amendments to the Prescription Only Medicines (Human Use) Order 1997*. DH, 16 April 2001.

32 Progress and priorities. *Review of the National Strategy for Sexual Health and HIV*. Produced for the Independent Advisory Group on Sexual Health and HIV by Medical Foundation for AIDS and Sexual Health (MedFASH), July 2008, 6–7. <www.medfash.org.uk>

33 Department of Health. *Equity and Excellence*. Liberating the NHS. DH, July 2010. <http://www.dh.gov.uk>

34 Department of Health. *Healthy Lives, Healthy People: Our Strategy for Public Health in England*. DH, November 2010. <http://www.dh.gov.uk>

Further reading

Leathard A. *The Fight for Family Planning*. Macmillan, 1980.

sexual health direct *is supported by the Department of Health.*