Healthy women, healthy lives?
The cost of curbing access to contraception services

Executive summary
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Foreword

The All-Party Parliamentary Group on Sexual and Reproductive Health in the UK (APPG) decided to conduct an Inquiry into access to contraception because we were concerned about the restrictions that we were hearing about through professional networks. The restrictions in access to contraception that we have heard of throughout the APPG Inquiry have shocked many of us who have worked in the field of sexual health.

Choice and access to contraception is an essential for most women. It enables them to control their reproduction, plan their lives and avoid unplanned pregnancy. Access to contraception services and contraception choice is a necessity, not a luxury.

It is clear that a lot of restrictions on contraceptives and contraception services are driven by funding decisions, though not always. However, we know that investment in contraception saves money, and cuts to these services is short-sighted and not in the best interest of women. I believe that while the funding situation may not change, the new commissioning system must be used as an opportunity to make services better and innovate access to contraception services.

Thanks to all those who submitted written evidence to the APPG Inquiry and those that gave up their time to give oral evidence as well. I would particularly like to thank the women from Walthamstow who came to Parliament to give evidence about their experiences, and my colleagues on the panel Baroness Massey of Darwen and Baroness Barker.

Baroness Gould of Potternewton
Chair, All-Party Parliamentary Group on Sexual and Reproductive Health in the UK
Introduction

The All-Party Parliamentary Group on Sexual and Reproductive Health in the UK (APPG) is a group of cross-party Parliamentarians who aim to raise awareness in Parliament of the importance of improving all aspects of the sexual health of women and men, and the needs of women seeking abortion in the UK.¹

In February 2012 the APPG held a meeting to discuss possible restrictions in access to sexual health services to residents-only and to people under 25 years old. During the meeting members of the Advisory Group on Contraception (AGC) presented the initial findings from a Freedom of Information (FOI) audit of primary care trusts (PCTs) which had found variations in access to contraceptive services and methods.

The APPG expressed concerns at the findings from the audit and decided to launch an Inquiry to find out more. The APPG was particularly concerned about:

- evidence of commissioners restricting access to contraceptive services on the basis of age or place of residence
- the impact that the drive for efficiency savings is having on women’s choice of the full range of contraceptive methods
- some methods of contraception only being made available with a GP referral
- the impact of changes to the commissioning structures on the continuity and quality of contraceptive care.

The APPG Inquiry into restrictions in access to contraception was launched on Friday 20 April 2012. The full terms of reference for the Inquiry can be found in Appendix 1. The Inquiry issued a call for submissions of written evidence by 5pm on Friday 18 May 2012. Appendix 2 contains a list of written submissions received by the Inquiry.

The Inquiry also organised an oral evidence session on Tuesday 22 May 2012 with witnesses invited to give evidence. Witnesses included women who have experienced restrictions, clinicians, service providers and a patient representative organisation. See Appendix 3 of this report for a full list of witnesses at the oral evidence session.

The Parliamentary Under-Secretary of State for Public Health, Anne Milton MP, was invited to give oral evidence but was unable to attend. The Inquiry is disappointed the Department of Health did not send a representative to attend the oral evidence session. The APPG looks forward to reviewing the Department of Health’s response to this Inquiry and the evidence presented.

Recommendation: The Government should consider all of the evidence and recommendations presented within this Inquiry and publish a response to it as soon as possible.

¹ FPA acts as the secretariat to the APPG on Sexual and Reproductive Health in the UK. The Advisory Group on Contraception (AGC) provided administrative services only to the APPG Inquiry into access to contraceptive services. The secretariat of the AGC is provided by MHP Communications whose services are paid for by Bayer Healthcare. Editorial control rests with the APPG alone.
Executive summary

The APPG Inquiry into restrictions in access to contraception services received written and oral evidence from across the country. Restrictions in access to contraception focused on three key areas: age, residency and method.

Restrictions included: restricting access to oral contraception for women over 25 years old; restricting access to contraception services to residents-only; and restrictions on access to long-acting reversible methods of contraception (LARC) through GP referral only. It was clear from the evidence that it was women over the age of 25 years old who were bearing the brunt of these restrictions.

The Inquiry received evidence on the impact that restrictions in access to contraception had on women and healthcare professionals. The Inquiry heard from women in Walthamstow who talked about difficulties they had in accessing contraception due to the lack of services and other witnesses also talked about the impact they have on women.

Concerns were also raised about the impact restrictions would have on professional training and the future availability of training in contraception.

Much of the evidence the Inquiry received also raised concerns about the fragmentation of sexual health service commissioning and the lack of a detailed mandate for local authorities on what appropriate sexual health services would look like. Many submissions also raised queries about the delay in the publication of the sexual health policy document that was originally due in spring 2011.

Below sets out the recommendations which have been agreed by this Inquiry.

Improving the lives of women

1. All women must have access to a full choice of contraceptives and contraceptive services, including comprehensive information and advice that enables them to choose the method which is best for them. Any restrictions on access on the basis of age, residence or method should be removed as a matter of urgency.

“I work in the centre of Bradford … a lot of our young women, if we put barriers in the way, won’t be able to get round those barriers, and they certainly won’t be able to afford the bus fare to the next clinic.”

Dr Anne Connolly, Inquiry oral evidence session
Government

2. The Government should consider all of the evidence and recommendations presented within this Inquiry and publish a response to it as soon as possible.

3. The Department of Health should publish the sexual health policy document as soon as possible.

4. The Department of Health’s forthcoming sexual health policy document should take a life course approach, including addressing the needs of people over the age of 20.

5. The Department of Health’s sexual health policy document should set out how contraceptive services will be commissioned under the new arrangements. The document should signpost commissioners to clinical best practice and medical evidence.

6. The Government should consider re-evaluating its commissioning of sexual health services to ensure that commissioning responsibility is being delegated in the most appropriate way. The forthcoming Department of Health consultation to determine the best long-term commissioning arrangements for abortion, vasectomy and sterilisation sets a precedent for this.

7. Working with Public Health England and the NHS Commissioning Board, the Department of Health should provide further clarity about how the mandate on local authorities to provide ‘appropriate access to sexual health services’ is implemented at a local level.

8. Public Health England, working with the Department of Health and the NHS Commissioning Board, should consider establishing regional sexual health networks to help monitor the commissioning of open-access services, including contraceptive services, at a sub-national level. These networks should ensure services are effectively integrated.

9. The NHS Commissioning Board and the Department of Health should publish an update on how local enhanced services (LESs) and the sexual health tariff will be implemented under the new arrangements.

Public Health England, Health Education England and NICE

10. Public Health England should undertake an assessment of the indicators relating to sexual and reproductive health in the Public Health Outcomes Framework on how they are delivering the ‘life course approach’.

11. In the absence of any indicators relating to sexual and reproductive health for post-teen women, the Department of Health, working with Public Health England, should establish what national levers can be put in place to ensure local commissioning decisions do not have a perverse impact on a group of people in their area.
12. Public Health England and the NHS Commissioning Board should develop national guidance for all commissioners of contraceptive services around integrated working and delivery of services, including models for referral pathways in contraception.

13. Health Education England should undertake a regular audit of professionals who are trained to deliver specific contraceptive services, including LARC methods. This information should be made publicly available at a local and national level to help inform commissioning decisions.

14. Health Education England, working with associated member organisations, should take steps to improve the provision of nurse training in contraception, with a view to creating a national, coordinated model.

15. Public Health England, working with Royal Colleges and associated organisations, should undertake a review looking at how the Making Every Contact Count initiative could be implemented for contraceptive services, including in pharmacy and other community settings.

16. National Institute for Health and Clinical Excellence (NICE) should prioritise the development of the quality standard on contraceptive services (including emergency contraception) to help set out the national standards for how care should be delivered.

Commissioners

17. Commissioners identified within this report as having a restriction in place on contraceptives or contraceptive services should, as a matter of urgency, undertake a review of these restrictions and take steps to remove them as soon as possible.

18. Commissioners of contraceptive services must ensure that the contraception, and other sexual health services, that are commissioned in local areas, reflect the life course approach.

19. Health and wellbeing boards should undertake a review of the commissioning arrangements of contraceptive services in their area while developing their joint health and wellbeing strategy to ensure they do not create a perverse impact on particular groups of people.

20. NHS North East London and NHS London should undertake an urgent review of contraception provision in Walthamstow, particularly for women over the age of 25 years old. The APPG looks forward to receiving the results of the review and an action plan for how services are going to be improved.

21. Waltham Forest Council’s health and wellbeing board should hold an urgent meeting with commissioners, providers and service users to discuss how a comprehensive, open-access contraceptive service can be commissioned within the new arrangements from April 2013.