Written evidence submitted by Advisory Group on Contraception (DEL0157)

Introduction

- Thank you for inviting evidence to inform your inquiry into delivering core NHS and care services during the pandemic and beyond. This submission from the Advisory Group on Contraception (AGC) sets out urgent challenges in access to contraception – an essential but all-to-often overlooked aspect of health, despite the profound effect that unplanned pregnancies have for women, their families and wider society.

- Challenges in access to contraceptive services existed before the pandemic but have been compounded by it. This submission covers an overview of the current situation and potential solutions that will help contraceptive services to recover during and beyond the pandemic.

- The AGC recommend that the Health and Social Care Select Committee include a focus on women's health services, including reproductive health and contraception, as part of their inquiry. **Women still need rapid access to high quality contraception during a pandemic.**

- Prior to the pandemic, the Government was developing both a Sexual and Reproductive Health (SRH) strategy and a Women's Health strategy. We appreciate that these cannot be pursued in the current climate, but we strongly believe that access to preventative services such as contraception should play a key role in the recovery plan for the NHS. We urge the Government to prioritise these strategies to aid the recovery.

Background to the Advisory Group on Contraception

1. The Advisory Group on Contraception is an expert advisory group made up of leading clinicians and advocacy groups who have come together to discuss and make recommendations concerning the contraceptive needs of women of all ages.

2. Support for the AGC is provided equally by Bayer plc and MSD, who fund AGC meetings, activities and the AGC secretariat, delivered by Incisive Health. Bayer plc and MSD have no influence or input in the selection or content of AGC projects or communications. Members of the AGC receive no payment from Bayer plc and MSD for their involvement in the group, except to cover appropriate travel costs for attending meetings.

Challenge: The current situation for contraception

<u>Women's access to contraception pre COVID-19</u>

3. Almost half of all pregnancies are estimated to be unplanned. Access to the full range of contraceptive options is a basic right for women: it empowers them to take control of if and when they choose to become pregnant and protects people from the human and financial costs of an unplanned pregnancy.

4. In 2018, Public Health England published a study which found that for every £1 invested in publicly funded contraception, £9 is saved in public sector costs (around a third of which is healthcare costs) over the course of 10 years. However, following years of cuts to public health budgets, services delivering contraception – both in GP practices and specialist clinics – have been pushed to their tipping point, with many reducing the support they can offer to women or closing entirely. Frontline services in England have experienced 18% cuts in the real terms budget for contraception nationally since 2015[1] and the

[1] Government statistics: Local authority revenue expenditure and financing England: 2018-2019 individual local authority data - outturn

closure of contraceptive services has continued to increase from 9% of sites in England between 2015/16 to 31% of sites between 2018/19[2].

5. Long Acting Reversible Contraception (LARC) – which includes intrauterine devices and systems, and sub-dermal implants, are the most effective and cost-effective forms of contraception. However, there has been a decline in LARC fitting in recent years; prescribing data indicates that the rate of LARC prescriptions has reduced since 2014 in 60% of local authorities. During the pandemic, the NHS has advised that routine LARC provision be suspended in order to protect patients and services. **AGC members are concerned that without adequate support, contraceptive services – and LARC services in particular – will struggle to recover.**

6. There have long been concerns that the fees for fitting LARCs do not adequately cover the costs, as expressed by the Royal College of General Practitioners 2017 report, *Time to Act*.[3] The financial cost of re-starting these services and maintaining skills could mean that GPs will stop taking on LARC fitting appointments because the process is no longer financially viable.

7. The knock-on effect of this could be devastating. Lost skills will reduce the workforce that is available in primary care, placing greater pressure on already stretched specialised clinics to pick up additional demand. Women will be the ultimate losers, finding it increasingly difficult to exercise their choice of contraceptive method and to have a LARC fitted.

8. Service changes make it unnecessarily difficult for women to know where to find advice and support with contraception, particularly when familiar local services have closed. Information about local services is not easy to find on the NHS website; indeed our members have found that, when local information does exist, it is often out-of-date. It should be easier for women to find out where their local services are and which are able to offer access to the full range of contraception, including LARC. Yet there is currently no online directory or resource to support women in their search for appropriate contraceptive care.

<u>Impact of COVID-19 on services</u>

9. Government guidance is to stay at home where possible during the pandemic, meaning that services should be limited and accessed when the need for care is immediate[4]. Despite what is occurring externally, women still need contraception during a crisis.

10. We also recognise that commissioners and providers have been working across the country to protect access to these services, though they continue to face significant challenges. Specialist SRH services have seen 32% of staff being redeployed during COVID-19. Whilst GPs are faring better with only 8% redeployed, they are experiencing increasing competing demands on their time and are having to adapt to new ways of working[5]. This means women are only being offered very limited time slots in which they can discuss contraception with their GP, making it difficult for women to receive the support and advice they need.

11. The AGC is currently running an open survey to collect qualitative data about women's experiences of contraception access during the pandemic[6]. However, some of our members are receiving evidence that COVID-19 is harming women's access to information and their ability to access their chosen contraceptive.

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[2] Advisory Group on Contraception: At Tipping Point, November 2018
[3] Royal College of General Practitioners: Time to act on sexual and reproductive health, August 2017
[4] FSRH: Advice for women seeking contraception, abortion and other sexual and reproductive healthcare during the COVID-19 pandemic
[5] Faculty of Sexual and Reproductive Healthcare COVID-19 rolling members survey results, 2020
[6] AGC survey on access to contraception during COVID-19, 2020

12. Our members are very understanding of the increased pressure upon the NHS due to COVID-19 and appreciate that additional changes to current sexual health services and guidance have been temporarily required. However, they are concerned that healthcare companies are reporting that they have experienced a highly significant reduction in LARC usage across the UK due to the current situation. We believe that it is important for all women to have the full range of contraceptive options available to them, including LARCs, and that contraceptive services should be prioritised for re-instatement.

13. The British Pregnancy Advisory Service's (BPAS) contraceptive team have been speaking to around 400 women weekly as they call in to seek advice regarding their contraception. A large proportion of these women have reportedly been told by medical professionals to 'use condoms' when asking about getting a repeat prescription for their pill or other forms of contraception as clinicians are reluctant to prescribe hormonal options when they cannot take their patients' blood pressure.

14. The Faculty of Sexual and Reproductive Healthcare (FSRH) undertook a survey of its members, which shows that service capacity has been compromised in 47% of specialist services and 62% of GPs providing essential SRH services[7] as a result of the coronavirus.

15. FSRH members are concerned that vulnerable people will not have access to walk-in clinics and their GPs, particularly if online consultations are not an option. Members were also concerned that women are fearful of accessing contraception or seeking help during COVID-19 for fear of infecting, or being infected by, others.

16. The British Association for Sexual Health and HIV (BASHH) found that one third of services have been unable to fit the inter-uterine device for emergency contraception, and one in five sites are unable to offer care to the most vulnerable populations who need it the most[8].

17. The impact of service reductions is already apparent; the Aneurin Bevan Health Board has seen a 50% increase in the demand for abortion care in recent weeks[9].

Maintaining women's access during the COVID-19 outbreak

18. The uncertainties and concerns experienced by women when facing an unplanned pregnancy are intensified during a time of crisis, particularly for women who are in an unstable, or even dangerous, home environment.

19. Since many of the access issues that women face cannot be solved immediately, it is important that women remain at the very least informed. Women should be made aware that they can continue accessing emergency contraception and have telephone consultations for prescriptions of the pill and abortion consultations during this time. Accessible resources should be developed showing where and how women can access care – especially emergency IUD provision.

20. Women should also be informed that the duration of LARCs are longer than is stated on the product license so many LARCs due to run out during this time will remain effective. All women should be being directed to useful advice such as can be found in the FSRH's guidance.

21. As the NHS looks to recover following the peak of the pandemic, we understand that there will be competing priorities, including recovering routine care particularly for those living with long-term or life-

[7] Faculty of Sexual and Reproductive Healthcare COVID-19 rolling members survey results, 2020
[8] British Association for Sexual Health and HIV: Clinical Thermometer survey, 2020
[9] Women's Equality Network: Women's Health Services under COVID-19 with Dr Jane Dickson, April 2020

threatening conditions such as cancer. However, it is vital that prevention services are considered as part of the recovery; this includes ensuring contraceptive services are supported to rebuild in new and uncertain circumstances. The rest of this paper focuses on the issues that must be taken into account as part of this recovery phase both during the pandemic and beyond.

Solution: Adaptations in the NHS moving forward

22. As the UK now comes out of the COVID-19 peak and the NHS begins its recovery of routine services, we believe the following changes to support **contraception services as a vital preventative health service must be considered as part of future planning.** This is especially important as spikes in unplanned pregnancies are expected, as well as future strains on maternity services[10].

The role of Primary Care Networks (PCNs)

23. The implementation of PCNs is a welcome development and provides a potential solution to the fragmented commissioning and delivery of contraceptive services. This will be particularly important when services are looking to recover. To date there has not been a national focus on the opportunity of PCNs for women's reproductive health services. However, with 1,200 PCNs across England, greater national guidance and support on how local areas can support women's reproductive health services, including contraception, should be developed in collaboration with key stakeholders. Guidance should include reference to:

    - The importance of both CCG and public health commissioners being involved
    - The role of specialist SRH clinics and other voluntary sector providers in coordinating local SRH services and ensuring no gaps in local patient pathways
    - Collaboration between PCNs and acute and community trusts, including maternity services which have an important role to play in providing post-partum contraception advice and services

24. National and local directories of contraceptive services could provide an essential missing link for women seeking care. They would ensure women are informed about their choices and empower them to access their chosen contraception without multiple interactions with the healthcare system. This information would also be helpful for primary care staff and other first point-of-contact healthcare professionals to direct their patients appropriately. Such information should be publicly accessible and regularly updated. PCNs could play an important role in encouraging the development of better online signposting for local women.

Remote and digital services

25. A positive side effect of restructuring to accommodate service change for the pandemic has been the rise in digital appointments and telephone triaging systems. The FSRH's survey found a 74% increase in online consultations in specialist SRH services and a 69% increase in general practice since the start of the COVID-19 outbreak.[11]

26. This is a positive move as it provides opportunities for improving wider and convenient access to advice for women, whilst helping to relieve the feeling of stigma that attending a sexual health clinic can still create for some patients. Encouraging use of this method of consultation for routine appointments can protect valuable face-to-face time for more vulnerable patients or those in greater need.

27. If services are to increase digital or phone consultations moving forward, it is important to consider that remote consultations are not preferable for everyone and must not replace all face-to-face

[10] Jaymi McCann, Coronavirus pandemic may see 'spike' in unplanned pregnancies, experts claim, March 2020
[11] Faculty of Sexual and Reproductive Healthcare COVID-19 rolling members survey results, 2020

appointments. Safeguarding measures will also have to be implemented, and consideration given to how opportunities can still be taken to ensure remote appointments have the same value as those done face-to-face.

Investing in Long-Acting Reversible Contraception (LARC) services

28. The AGC is calling for an urgent review of funding for contraception services, specifically for LARC, to ensure that these services can recover in the aftermath of COVID-19 and adapt to new ways of working. The fragmentation in commissioning structures needs to be addressed in both primary care, ie through women's health hubs, and integrated sexual health services, to ensure that women are receiving holistic care that combines sexual health with all other aspects of their wellbeing. Contraception funding pathways should be modelled on patient need, with support for local areas to invest in local services, including LARC provision, for the long term. Multi-year public health budgets should be considered as a way of ensuring that services can be planned and commissioned in a sustainable way going forward, and are resilient when faced with unprecedented circumstances such as a pandemic.

29. The AGC welcomes a greater policy focus on women's health and contraception and hopes that this paper helps to inform the development of policies that will ensure women's access to the full range of contraceptive options, regardless of age, location or any other factor.

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