

Contraception and Neighbourhood Health: Policy position from the Advisory Group on Contraception

Introduction

The [Advisory Group on Contraception \(AGC\)](#) is an expert advisory group of leading clinicians, commissioners, professional organisations, and advocacy groups working to ensure that women* across England have comprehensive and open access to reproductive healthcare at all stages of the life course, no matter their background, postcode, or personal circumstances.

We welcome the Renewed Women's Health Strategy's focus on improving women's health outcomes through a neighbourhood-centred approach to care, including the potential for neighbourhood health to support women's reproductive choices and enable easier, more equitable access to contraception.¹ As the broader, system-wide shift towards neighbourhood health progresses, it will be important to ensure that women's healthcare, including access to contraception, is appropriately prioritised, building on the strong foundations already established in many areas through women's health hubs.²

The role of contraception in neighbourhood health

Contraception is one of the most important preventative interventions available to women. It supports women to fulfil their fundamental human right to decide freely if and when they wish to become pregnant, creating benefits for both individuals and the health system by preventing unintended pregnancies and reducing related health risks.³ Moreover, long-acting reversible contraception (LARC) methods including the intra-uterine system (IUS) are recommended to help women manage menstrual and gynaecological conditions such as heavy menstrual bleeding (HMB), which is a significant contributor to pressure on secondary care gynaecology services.⁴

Improving access to contraception in neighbourhood settings can therefore support women to manage their reproductive and gynaecological health closer to home, and to help reduce avoidable demand on secondary care. This would help to unlock significant benefits for women's health and the NHS:

- Government analysis shows that every **£1 invested in publicly funded contraception yields a return on investment of £9 over ten years**, primarily due to the prevention of unplanned pregnancies. For the health system, this includes averted birth costs and averted costs of providing healthcare to children as they age⁵
- Looking specifically at the provision of LARC in primary care, **every £1 invested translates to £48 return on investment**⁶

Contraception is a strong test case for neighbourhood health because commissioning responsibility already spans local authorities and the NHS. This means women must often navigate different services and pathways depending on whether contraception is being sought for contraceptive or gynaecological purposes. Neighbourhood working creates an opportunity to more systematically align contraceptive commissioning, pathways and outcomes around the needs of individuals rather than organisational boundaries.

Emerging models such as Women's Integrated Neighbourhood Services (WINs) provide an opportunity to build on the progress already made through women's health hubs and further integrate women's health services around women's needs at neighbourhood level. Contraception

* The AGC recognises that access to contraception is essential for everyone who can become pregnant, no matter how they identify, and therefore supports and advocates for the right to access contraception for trans, non-binary and intersex people that need it. It is essential that there is an understanding of intersectionality to help minimise inequalities in care and the provision of an essential service. We use the word women for simplicity but also in recognition that the majority of those requiring access to contraception identify as women.

should be embedded as a core component of these models as they develop, supporting each of the three reform agendas set out in the Neighbourhood health framework:²

- **Improving access to routine healthcare**, by making contraception easier and more convenient to access, including through a growing role for pharmacy
- **Strengthening proactive care**, by enabling earlier, preventative support for women at risk of unplanned pregnancy or with common menstrual conditions
- **Delivering alternatives to hospital care**, by delivering more contraceptive care that supports the management of menstrual conditions closer to home

Priority challenges for contraception and neighbourhood health

Although the AGC is aligned with the vision and rationale for neighbourhood health, members have identified some tensions in relation to women's reproductive healthcare that may risk diminishing its positive impact. We would be grateful for assurance and clarification with regard to:

- **How the Government will ensure that neighbourhood health delivers a genuine shift of resource towards prevention and community-based care.** Members have reported that women's health hubs in some areas are being closed following the end of national funding support, apparently at odds with the Government's intention to integrate and build on women's health hubs in neighbourhood health
- **How the Government will support and equip the primary care workforce to take a leadership role in neighbourhood health.** The majority of women prefer to access contraception from general practice,⁷ and neighbourhood health must extend and complement this offer rather than complicating women's access to care
- **How the Government will support ICBs to maintain specialist knowledge amidst organisational change and headcount reductions.** Aspects of reproductive health such as abortion commissioning, which require specific considerations in relation to equity, stigma and safeguarding, may be placed at particular risk when knowledge gaps arise.
- **How the Government will balance local flexibility for neighbourhood health with national oversight.** There is a risk that differences in local prioritisation and clinical leadership of women's reproductive health could exacerbate regional variation in access to contraception. Clear national templating could help strike the right balance between national consistency and local adaptation, setting out a consistent minimum expectation for contraceptive care, supported by template service specifications and outcomes measures that local systems can adapt to their circumstances

The AGC's key principles for neighbourhood women's health services

In line with the above, we hope to see upcoming guidance for neighbourhood health and the pledged Sexual and Reproductive Health Framework set out clear expectations and responsibilities for contraceptive provision. We recommend that the Government prioritises:

1. **Strengthened ownership and accountability for women's reproductive health.** The Government must work with ICB leaders to ensure that contraceptive provision is a core component of neighbourhood health service specifications, with shared ownership of a comprehensive contraceptive offer. The national network of Integrated Care Board (ICB) Women's Health Champions should play a continued role in informing the development of a national minimum expectation and supporting coordination of implementation across ICBs.
2. **Robust expectations on co-delivery by NHS and local authority commissioners.** While it is encouraging to see the Neighbourhood health framework highlight scope for integration of local authority-commissioned services such as sexual health into the neighbourhood health architecture, this permissive approach does not go far enough in incentivising

behaviour change. The Government must provide absolute clarity on commissioning responsibilities for contraception across the system, particularly with regard to post-pregnancy contraception and contraception for gynaecological purposes. It should also mandate ICBs and local authorities to adopt a 'collaboration by default' approach to commissioning and implementation of contraceptive provision, providing practical tools such as template service specifications to support geographic consistency.

3. **Measuring what matters to women.** The Government should engage with ICBs and the women's health community to develop women-centred, shared outcomes for neighbourhood women's health services, with progress tracked via the planned women's health data dashboard. Outcomes measures must go beyond simply the existence of a hub or core service offering, to ensure that service redesign helps more women to access their contraception of choice. For example, the Government should hold ICBs to account for delivery of important outcomes set by the Renewed Women's Health Strategy, such as a reduction in the gap in LARC prescriptions between richer and poorer areas and a reduction in teenage conception rates.
4. **Protecting models that are already working well.** In many areas, GP-led contraceptive provision is already meeting women's needs well, particularly when primary care is sustainably commissioned to deliver LARC methods for both contraceptive and gynaecological purposes. In these areas, primary care should be empowered to build on this in leading the development of a broader community-based women's health offer, rather than seeing existing structures dismantled.
5. **Embed patient voice and co-production throughout development and implementation of neighbourhood health models, not as a one-off consultation exercise.**⁸
Commissioners and providers should establish mechanisms to meaningfully involve people with lived experience throughout the commissioning cycle, from understanding local needs to co-designing pathways and evaluating patient experience and outcomes. Engagement should actively seek out diverse and underserved communities, recognising that experiences of and barriers to contraceptive care vary between different populations. Patient experience should be treated as a core measure of service quality, with ongoing feedback used to identify barriers, understand where women's needs and preferences are changing, and inform ongoing service improvement.

Next steps

We would be delighted to discuss the recommendations set out in this position paper in further detail. Please contact AGC@incisivehealth.com.

The Advisory Group on Contraception, October 2026

¹ The Department of Health and Social Care, [The Renewed Women's Health Strategy for England](#), April 2026

² The Department of Health and Social Care, [Neighbourhood health framework](#), March 2026

³ World Health Organization, [Family planning/contraception methods](#), July 2025

⁴ Royal College of Obstetricians and Gynaecologists, [RCOG Elective Recovery Tracker](#), accessed September 2026

⁵ Public Health England, [Contraception: Economic Analysis Estimation of the Return on Investment \(ROI\) for publicly funded contraception in England](#), June 2018

⁶ Public Health England, [Extending Public Health England's contraception return on investment tool: Maternity and primary care settings](#), July 2021

⁷ Department of Health and Social Care, [Women's Reproductive Health Survey 2021 national pilot: contraception and abortion results](#), January 2025

⁸ S. Conquer, L. et al, [Implementing a Co-Produced Women's Health Programme in an Integrated Care System](#), Public Health Challenges 5, no. 2, April 2026