AGC Advisory Group on Contraception

Putting women first: a new approach to contraceptive commissioning
Consensus statement from the women's health community

The implementation of the 10 Year Health Plan, and shift to prevention-first care led by a 'neighbourhood health service', offers a meaningful opportunity to embed more integrated, joined-up contraceptive pathways that are designed around women's lives and needs.* We are calling on the Government to deliver on its commitment to prioritise women's health as the NHS is reformed by putting the women's life course at the forefront of the new neighbourhood health approach. This will require the implementation of collaborative commissioning of contraception across England, to tackle the systemic fragmentation that currently undermines many women's access to 'the single most cost-effective intervention in healthcare.'[1]

What are the current challenges in contraceptive commissioning?

The 10 Year Health Plan recognises that women have been particularly underserved by NHS fragmentation,[2] and nowhere is this more apparent than in the provision of contraception. Since the Health and Social Care Act 2012, responsibility for commissioning contraception has been split between the NHS and local authorities. Responsibilities differ for user-dependent and long-acting methods, and whether contraception is being sought to prevent unplanned pregnancy, or help manage menopause symptoms or common gynaecological conditions such as heavy menstrual bleeding (HMB).

- This is disruptive to women, driving a lack of clarity and significant local variation in where and how their contraception of choice can be accessed. For example, many GPs and community sexual health services are unable to provide long-acting reversible contraception (LARC) to treat HMB, despite it being the NICE-recommended first-line treatment.[3]
- There is no routine commissioning or clear payment mechanism for post-pregnancy contraception, which means that the important clinical and cost benefits of post-pregnancy contraception for women, health services and society are not being realised.[4]
- Fragmentation inhibits a collaborative, long-term and strategic approach to prevention at the system level, due to misaligned funding streams and financial incentives. This has a knock-on effect for highly stretched gynaecology waiting lists: government analysis shows that 23% of HMB spells result in a secondary care operation,[5] when most women with HMB could be supported closer to home.

Offering contraception in all maternity services in England would deliver cost savings of £150 million over ten years, benefitting the NHS, local authorities and wider society[4]

What is the opportunity?

In 2022, the Women's Health Strategy for England introduced the concept of a *'system-wide approach to women's reproductive health':*

'… this means national and local policies and services are centred on women and girl's needs, and reflect the life course approach, rather than being organised around a specific health issue or the needs of commissioners.'[6]

As implementation of the 10 Year Health Plan promotes a 'neighbourhood health service' that drives new partnership between the NHS and local government – underpinned by strategic commissioning arrangements – we have an unprecedented opportunity to implement this system-wide approach. In doing so, we can drive easier, more equitable access to the full range of women's health services, bridging the current fragmentation and better meeting women's changing needs across the life course.

Looking specifically at contraceptive provision, the ongoing roll-out of women's health hubs (WHHs) across England proves that, even within the more constrained structures of the current legal framework, a more joined-up approach to commissioning is possible. In Liverpool, a joint commissioning group set up between Liverpool City Council and the local NHS has led the development of the city's

* *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 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.*

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WHHs,[7] driving an increase in LARC prescribing rates in local GP practices from 13.1 per 1,000 women to 25.9 per 1,000 women – overtaking regional and national averages and delivering more care in the community for women with HMB.[8,9] While different models will work for different populations, the commitment to collaboration at the heart of this approach must now be scaled nationwide. We have identified five key principles to cultivate strategic and collaborative contraceptive commissioning, that supports a life course approach to women's health provision:

1. Commissioners involved in different aspects of the contraceptive pathway must adopt **'collaboration by default'**. NHS and local authority partners each have unique expertise in understanding population need and designing contraceptive provision, which are best leveraged when combined. To ensure pathways are better meeting the needs of women from underserved communities, commissioners should also seek input from voluntary and community sector organisations.

2. Commissioners should work together to shift from a **'service' to a 'pathway' approach to contraceptive commissioning**. This should look across women's changing reasons and preferences for accessing contraception throughout the life course, ensuring that a choice of contraceptive methods is consistently available in primary care, community sexual health services, and the range of post-pregnancy settings including maternity services, abortion providers and early pregnancy units.

3. Commissioners should maintain an open dialogue with service providers and service users to ensure provision is **built around women's needs and choices**. Wherever possible, commissioners should seek to streamline and join-up the wider range of women's health services – for example utilising contraceptive consultations to offer advice on preconception health, menstrual health or menopause, or offering proactive counselling on contraceptive choices during cervical screening appointments.

4. Collaborative commissioning of contraceptive provision cannot succeed unless **roles and responsibilities of different commissioners are clarified**. Research has shown that the quality of women's health commissioning across Integrated Care Boards (ICBs) already varies widely.[10] As ICBs take the lead on developing neighbourhood health plans with system partners, each commissioner should have a full understanding of the parts of the pathway they are responsible for, and opportunities for join-up with other aspects of contraceptive and women's health provision.

5. At the system and national level, **financial and accountability mechanisms must be reimagined** to incentivise collaborative, long-term commissioning of contraceptive provision, enabling prevention-focused investment.

Recommendations for delivering these principles

Implementation of the 10 Year Health Plan, including planned health legislation, provides the levers to put these principles into practice. Our recommendations are that:

1. **The Department of Health and Social Care (DHSC) should include provisions in upcoming health legislation so that:**
    a. In every ICS, the appointed Women's Health Champion has a permanent and protected ICB role to maintain oversight and accountability of women's health and contraceptive commissioning, with input from NHS and local government leaders
    b. NHS ICBs and local authorities are mandated to collaboratively commission women's health and contraceptive services, for instance through the establishment of joint commissioning groups

2. **DHSC should issue clear guidelines on expectations for collaborative commissioning of contraception**, in line with the key principles set out above. This should reiterate roles and responsibilities in contraceptive commissioning and draw on the precedent set by leading WHHs to include:
    a. A refreshed national commitment to WHHs, with clear recommendations to systems on how the neighbourhood health approach could support WHH expansion
    b. Guidance and case studies on key enablers of integration such as budget pooling and digital interoperability, and opportunities for join-up across the life-course
    c. Adaptable, template service specifications to support pathway-based commissioning of the full range of contraceptive providers, including general practice, community pharmacy, community sexual health services and post-pregnancy settings

3. The planned National Maternity and Neonatal Taskforce, to be chaired by the Secretary of State for Health and Social Care, should **consider opportunities to embed more routine and cross-system commissioning and provision of post-pregnancy contraception**, as part of a neighbourhood health approach to supporting women's reproductive health. We would also urge the Government to take forward recent recommendations from the College of Sexual and Reproductive Healthcare on removing barriers to post-pregnancy contraception, including through action to fix fragmented commissioning[11]

4. The development of a new approach to **healthcare funding and financial incentives should be leveraged to rethink investment in contraceptive provision**, incentivising collaborative and long-term strategic planning. This means that:
    a. At the national level, the DHSC should consider new means to incentivise collaborative action by systems to deliver coordinated contraceptive and women's health care to their local populations, for example through neighbourhood-level incentives. It should also require ICB leads to report back on progress, which could build on WHH reporting templates already developed by DHSC
    b. At the system level, commissioners should work together to agree multi-year budgets and patient-reported outcomes frameworks on contraceptive access, supporting system-wide buy-in to deliver woman-centred, prevention-focused contraceptive care across the life-course

5. As DHSC and NHS England are merged, **ministers should review lines of accountability for women's health** so that national policymaking on contraception is integrated with other aspects of women's health, with continued support for the roles of Women's Health Ambassador, National Clinical Director for Women's Health, and ICS Women's Health Champions in driving a coordinated approach across systems

About this consensus statement

This consensus statement has been developed and organised by the Advisory Group on Contraception (AGC), 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 would be delighted to discuss our recommendations in further detail, and explore opportunities to co-create the future of contraceptive commissioning: please contact AGC@incisivehealth.com.**

Supporting this consensus statement:

- Alison Chorlton, Nurse consultant, Sexual Health and HIV Services: Family Health, York Teaching Hospital NHS Foundation Trust
- Dr Stephanie Cook, General Practitioner with a specialist interest in Women's Health and Clinical Lead, Women's Health Hubs in Liverpool
- Alison Hadley OBE, Director, Teenage Pregnancy Knowledge Exchange at the University of Bedfordshire

[1] The Guardian, Access to contraception has got harder in England, top doctor says, June 2023
[2] UK Government, Fit for the Future: 10 Year Health Plan for England, July 2025
[3] NICE, Heavy menstrual bleeding: assessment and management, last updated May 2021
[4] Legacy Public Health England, Extending Public Health England's contraception return on investment tool: Maternity and primary care settings, July 2021
[5] Department of Health and Social Care, Women's health hubs: cost benefit analysis, July 2023
[6] Department of Health and Social Care, Women's Health Strategy for England, updated August 2022
[7] Local Government Association, Liverpool Council: Setting up a network of women's health hubs, July 2022
[8] NHS Cheshire and Merseyside, Improved access to reproductive healthcare for Liverpool women, September 2025
[9] Department of Health and Social Care, Fingertips: public health profiles – GP prescribed LARC excluding injections rate per 1,000, 2023, accessed September 2025
[10] Dr Beck Taylor et al., Commissioning of Women's Health in ICBs in England since the Women's Health Strategy, Interim report executive summary, January 2025
[11] The College of Sexual and Reproductive Healthcare, Beyond barriers: reimagining access to post-pregnancy contraception – the case for change, September 2025