

Shifting the dial in reproductive healthcare: maximising the Women’s Health Strategy and Sexual and Reproductive Health Action Plan

Position paper from the Advisory Group on Contraception

Introduction

Open and comprehensive access to reproductive healthcare – including the full range of contraception – is a fundamental right for women. It empowers them to take control of if, and when, they choose to become pregnant, and protect themselves from the human and financial costs of an unplanned pregnancy. Since our formation in 2010, the Advisory Group on Contraception (AGC) – an expert advisory group of voluntary sector and professional organisations, commissioners, and clinicians – has been advocating for improved access to contraception for women of all ages and from all backgrounds,¹ against a landscape of political neglect of women’s reproductive rights, stark funding cuts, and fragmented commissioning arrangements.

With the launch of the *Women’s Health Strategy for England* in July 2022,² the AGC is cautiously optimistic that the tide may be turning for reproductive health, following years of under prioritisation. We are clear however that too often, women across England are still unable to access the care they need. It is critical that the new Government works to maintain the momentum of the Women’s Health Strategy, ensuring that no woman is left behind following a period of unprecedented political turbulence. Steps must be taken to put provision of the full range of contraceptive methods on a sustainable footing for all women, including through carrying forward the development of the promised Sexual and Reproductive Health (SRH) Action Plan.

To inform policymaker thinking, this position paper sets out the AGC’s response to the Women’s Health Strategy, and our priority asks for the SRH Action Plan.

Women’s Health Strategy: welcome foundations

Having advocated for many years for the promotion of a holistic, life course approach to women’s reproductive healthcare – underpinned by access to the full range of contraceptive methods in different settings and at different stages of life – the AGC was pleased to see the Women’s Health Strategy recognise the important role of contraception not just in preventing unplanned pregnancies, but in supporting women’s broader gynaecological health. We welcome, in particular, the following commitments made in the strategy, which we believe offer real potential to facilitate meaningful transformation in women’s reproductive health access, experience, and outcomes:

“Contraception is frequently used as a first-line treatment for menstrual problems, but many women meet barriers in accessing the method of their choice due to siloed commissioning.”

- Professor Dame Lesley Regan, Women’s Health Ambassador for England²

1. Encouraging the **expansion of Women’s Health Hubs** to drive the delivery of localised, holistic, integrated, and accessible care for women across the range of reproductive healthcare needs
2. Improving **access to women’s health services** through a system-wide approach that supports individual choice and changing needs across the life course
3. Empowering women and girls to access the **education, information, and advice** they need at different stages of life – including through statutory RSE and a transformed NHS website – contributing to an improved understanding of fertility control and contraception
4. Putting in place **more equitable access to services and information** for those women living with additional risk factors or who face additional barriers – without fear of stigma or discrimination
5. Building policy and service offerings around women’s voices through the commissioning of a **two-yearly women’s reproductive health experience survey**

Underpinning all of these commitments, the Women’s Health Strategy’s recognition that women’s health needs have historically been underserved – and the appointment of England’s first Women’s Health Ambassador to lead the reversal of this trend, supported by a clinical women’s health lead in NHS

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England – marks a symbolic step change. We welcome the Women’s Health Ambassador’s statement that the strategy is **“the next step on the journey to reset the dial on women’s health”**. We are now eager to see the new Government take forward concrete action to deliver on this promise, by:

- Allocating **sufficient funding to the delivery of the strategy** that matches – and honours – its vision and ambitions, across local authority and NHS spending
- Providing clear guidance, tools, and resources to **Integrated Care Systems (ICSs) to support regional implementation and prioritisation of reproductive health**, leveraging the wider ambitions of ICSs to tackle health inequalities and build services around the needs of their local populations
- Working in **partnership with community stakeholders** to further develop, test, and pilot the ideas set out in the Strategy. **For example, the AGC would be eager to work with the Women’s Health Ambassador**, harnessing the expertise of our broad and expert membership, to:
 - **Shape the women’s reproductive health experience survey** – including its areas of focus, methods of dissemination, and measures of success – to ensure that it is truly inclusive, holistic, and informed by the priorities of both service users and service providers
 - **Support the expansion of Women’s Health Hubs** – a model which our membership has been instrumental in creating – including through consideration of how the model can be translated for different communities, for example dispersed rural populations
 - **Tackle inequalities in access to contraception**, informed by our own outreach to vulnerable women to understand the barriers they face in accessing contraception

As a first step, we would welcome more detailed information on how, and by whom, strategy implementation will be taken forward and reported on, and how success will be measured.

SRH Action Plan: placing reproductive health front and centre

In the coming months, the proposed SRH Action Plan provides a timely opportunity for the Government to set out how it will translate ambitions into action. The SRH Action Plan must speak to – and align with – the vision of the Women’s Health Strategy, while providing specific detail on the Government’s intended actions on reproductive health and access to contraception, which have not yet been outlined in depth.

The AGC is deeply concerned by the decision thus far not to attach any funding to the SRH Action Plan, which risks limiting its potential for meaningful change. We would urge the Government to reconsider this decision, while requesting assurance on the Plan’s robustness and ability to drive meaningful change.

Building on the initial ambitions set out in the Women’s Health Strategy – and our own work exploring the barriers to access to contraception, and how these can be tackled – we would advise that the SRH Action Plan utilises the following five key enablers to deliver for women:

- 1. Develop practical guidelines and best practice to support collaborative commissioning, while mandating that system leaders work in partnership to understand the commissioning needs in their area, leveraging the creation of ICSs as statutory bodies in July 2022.** While some Women’s Health Hubs have been successfully established within historical siloed commissioning arrangements, fully harnessing the benefits of this model across the life course – and across the country – will rely on NHS and local authority partners being empowered to overcome the current fragmentation in women’s reproductive health services.
- 2. Require regional accountability for women’s reproductive healthcare.** Mirroring the welcome appointment of England’s first national Women’s Health Ambassador, ICSs should be mandated to appoint an accountable lead for women’s reproductive health on their Integrated Care Board. The lead should be empowered to work closely with Integrated Care Partnerships to drive system-

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level change in response to national policy, and should be responsible for ensuring that the right metrics are being collected across the system to effectively track outcomes and identify opportunities for improvement. These metrics should be guided by national ambitions, for example through adapting the national women's reproductive health experience survey for local use.

- 3. Support financial sustainability for contraceptive services, in recognition of the true value of contraceptive provision not only to patients, but across the system.** Every £1 spent on publicly funded contraception saves £9 in averted direct public sector healthcare and non-healthcare costs,³ and every £1 invested in the provision of long-acting methods in primary care creates savings of £48 for the whole system over 10 years.⁴ Fair and consistent funding must be in place across the system to incentivise providers to offer the full range of methods. Particular focus should be placed on establishing sustainable and equitable access to long-acting reversible contraception (LARC) across ICS geographies and communities to address the existing shortfalls in funding in many parts of the country, which have put LARC provision at even greater risk following the COVID-19 pandemic.⁵
- 4. Protect, empower, and expand the sexual and reproductive healthcare workforce.** Across primary, community, and specialist settings, the workforce must have the capacity, resources, and access to training it needs to deliver high-quality and timely reproductive healthcare across the life course, including provision of the full range of contraceptive options. With primary and community care currently facing particularly acute workforce challenges, the SRH Action Plan must outline in detail plans to expand access to community SRH specialty training posts and support the depleted and decreasing LARC workforce in primary care.
- 5. Place accessibility and choice at the heart of care, across setting, location, and timing of appointment, with a particular focus on tackling inequalities in access to contraception.** The SRH Action Plan must support reproductive health services to holistically consider and meet the unique needs of all women – including those from vulnerable and marginalised groups – and explore how existing barriers to care, including inconsistencies in commissioning, stigma, and misinformation, can be overcome. The SRH Action Plan should also assess and make recommendations on the optimal role of telemedicine in the reproductive health pathway, ensuring that its benefits are fully leveraged, whilst also addressing the needs of those who are digitally excluded

The AGC is clear that reproductive health extends far beyond access to contraception. While the stated intention of the SRH Action Plan to address systemic challenges in access to contraception is of course welcome, we are eager to see the plan take a holistic approach to reproductive healthcare that supports women's access to care across the range of interventions, including abortion. Abortion is a vital tool in empowering women to fulfil their reproductive rights, and the SRH Plan must realise the Government's promise, made in the Women's Health Strategy, to set out its plans to ensure that ***“women can continue to access robust and high-quality abortion services.”***

Next steps

We hope that this position paper is helpful in informing DHSC's next steps in both delivering the Women's Health Strategy and developing the SRH Action Plan. While the challenges facing women's reproductive healthcare, including provision of contraception, have long been recognised – and in many cases have been exacerbated by COVID-19 – we are hopeful that the current policy agenda provides an opportunity to transform women's experiences. It is vital that this opportunity is not missed, and that the whole system works in partnership to ensure all women's contraceptive needs are fully met, no matter their age, their personal situation or where they live.

If you have any questions on the issues raised in this paper or would be interested in meeting with AGC members, please get in touch via AGC@incisivehealth.com.

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¹ 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.

² Department of Health and Social Care, [Women's Health Strategy for England](#), last updated August 2022

³ Public Health England, [Contraception: Economic Analysis Estimation of the Return on Investment \(ROI\) for publicly funded contraception in England](#), 2018

⁴ Public Health England, [Extending Public Health England's contraception return on investment tool: Maternity and primary care settings](#), July 2021

⁵ AGC, [Securing sustainability. Access to contraception during and after COVID-19](#), June 2022