

Written evidence submitted by the Advisory Group on Contraception to the Health and Social Care Committee's inquiry into Sexual Health

Executive summary

This submission outlines the views of the Advisory Group on Contraception (AGC) regarding the key challenges and threats that are facing sexual and reproductive health services in England, and in particular women's access to contraceptive services. It provides an overview of evidence demonstrating the impact that public health budget cuts are having on service provision and makes a number of recommendations for actions needed to ensure that women can access the full range of contraceptive methods, regardless of location, age or any other factor.

This response will focus exclusively on England, given the alternative commissioning arrangements in Scotland, Wales and Northern Ireland. However, many of the issues are also relevant in the devolved nations.

Key headlines:

- Access to contraception is a fundamental right for women, empowering them to prevent unplanned pregnancies and avert the significant financial and human costs associated with an unplanned pregnancy. The AGC believes that all women should have access to the full range of contraceptive methods to ensure that they receive the most appropriate method for their own needs and requirements.
- Contraceptive services are highly cost-effective. A recent Public Health England (PHE) study has conservatively estimated that every £1 spent on publicly-funded contraception saves £9 in averted direct public sector healthcare and non-healthcare costs.
- In 2012, the Government passed legislation that transformed the way that public health services are commissioned in England, with responsibility for public health transferred from NHS Primary Care Trusts (now defunct) to local councils. The idea behind this transfer was to align responsibility for public health with responsibility for housing, education and transport (which were already funded by local authorities). It is worth noting that this is distinct from the rest of the UK.
- However, in 2015 the then Chancellor, George Osborne, removed the protected status of all Department of Health budgets not controlled by NHS England. A consequence of this was that it essentially allowed the Treasury to raid council public health budgets – including a £200 million in-year cut from councils' budgets – as part of the Government's efforts to reduce the deficit.
- In each year since, councils have faced additional cuts to their budgets which have forced them to make difficult commissioning decisions on which services to fund. Yet, over the same period the demand for sexual health services has been rising, increasing the pressure on overstretched and underfunded services.
- To compound the problem, cuts and rising demand have left the workforce stretched and there are concerning examples from professional organisations that services are reducing hours or

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ceasing to operate as there is not appropriate workforce capacity. This has been further exacerbated by cuts to training budgets, which have reduced the number of professionals maintaining their qualifications and new professionals entering the field.

- In response to the in-year cut that took place in 2015, the AGC has collected year-on-year data from local authorities through Freedom of Information (FOI) requests to track trends in contraceptive services. This year-on-year analysis has highlighted worrying cuts to sexual and reproductive health budgets and an acceleration of the number of councils who are reducing the number of sites commissioned to deliver contraceptive services.
- Looking to the future, there is no sign of these pressures abating. Concerningly, the public health ringfence, which has helped to protect contraceptive services from the worst of the cuts, is due for removal in 2019/20. The uncertainty around what this will mean for sexual and reproductive health budgets puts future funding at further risk, particularly for councils in the most deprived parts of England. It is of the utmost importance that the Government prioritises investment in sexual and reproductive health services, which are proven to be highly cost-effective, and takes steps to ensure that the removal of the public health ringfence in 2019/20 does not negatively affect investment in sexual and reproductive health.
- Cuts to local services puts women's access to contraceptive methods at risk. The BBC has recently covered the AGC's research, and documented stories from women who have had to wait significant periods – from weeks to months – before accessing the contraception of their choice to help them prevent pregnancy. This includes stories of women who have become pregnant from less effective methods, while waiting months to access long-acting reversible contraception (LARC).¹

Recommended actions:

The Government has recently announced a five-year £20 billion funding boost to secure the future of the NHS. However, despite this recognition, the Government has failed to acknowledge the importance of investment in public health services. Giving money to the NHS while neglecting public health shows a lack of understanding about what is driving cost-pressures in the NHS and will fail to prevent future ill-health. As such, the AGC has developed a series of recommendations to ensure the long-term sustainability of sexual health services, with a particular focus on contraceptive services:

1. **Funding** – Urgent investment is required in public health budgets. It is vital that the money that has been cut from services is reinstated to stop the further decline in high-quality services.
2. **Ringfence** – Before any changes are made to the way in which local authority public health services are funded, the impact of the removal of the ringfence must be properly scrutinised. If the result of this scrutiny is that public health services are worse off, the move to business rates retention should be immediately halted.
3. **Integration** – Steps need to be taken to remove gaps in provision and align incentives for investing in contraception. As such, local councils, clinical commissioning groups and NHS

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England should, where possible, look to pool budgets for commissioning contraceptive services.

4. **Workforce** – It is vital that the number of funded training places is increased to train the next generation of sexual health care professionals to meet the rising demand for services. This will require greater investment in training.

Recent trends

1. Councils are reducing their budgets for sexual and reproductive health

- 1.1 Through its annual FOI audit, the AGC has revealed substantial cuts to council sexual and reproductive health budgets.² In 2015/16, there was a £200 million in-year raid on public health budgets from the Treasury and ever since councils have experienced regular cuts to their budgets, an annual real-terms average reduction of 3.9% over five years.³
- 1.2 From the data the AGC has compiled over a three-year period (2016/17 to 2018/19), 95 out of 143 councils have reduced their total budgets for sexual and reproductive health services (66%), six froze their budgets (4%) and 42 increased their budgets (29%). A yearly breakdown is as follows:
 - From 2016/17 to 2017/18, 87 councils out of 146 reduced their budgets on sexual and reproductive health (60%), 12 councils froze their budget (8%) and 47 increased their budget (32%)
 - From 2017/18 to 2018/19, 82 councils out of 145 reduced their budgets on sexual and reproductive health (57%), 33 councils froze their budget (23%) and 30 increased their budget (21%)
- 1.3 Since 2016/17, these cuts have meant that more than 8 million (8,193,951) women of reproductive age (15-49) live in an area where the council has reduced their budgets on sexual and reproductive health. As the Government moves towards plans to remove the public health ringfence, the future of these fundamental services is put in further doubt and at risk of total collapse. To quote the Local Government Association, these services are at a “tipping point”.⁴
- 1.4 Looking at contraception specifically, the vast majority of councils were unable to provide accurate data for their contraception spend through our FOI as contraceptive services are often delivered as part of integrated sexual and reproductive health services, meaning that councils cannot disaggregate the amount being spent on contraception (124 out of 148 councils). However, our previous FOIs have captured deep cuts to contraception budgets.⁵ While the move towards integrated services may be beneficial for service provision, it is gravely concerning that there is no oversight of accurate figures for how much is being spent on contraception, particularly as a mandated service.
- 1.5 The Ministry of Housing, Communities and Local Government publishes a list of planned and confirmed council spend on contraceptive services. These official data show that between 2017/18 and 2018/19, 43% of councils reduced their spending on contraception, and the total

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spend has reduced by 4% across England. However, these data are often based on estimates and do not therefore portray a true picture of local spend on contraceptive services.

2. The number of councils reducing contraceptive sites is accelerating

2.1 In the face of these cuts, councils have been forced to re-evaluate their local provision of services. Through the AGC's FOI audit we uncovered an acceleration in the number of councils who are reducing the number of the sites commissioned to deliver contraceptive services.

2.2 Over the four-year period since the in-year budget cuts (2015/16 to 2018/19), 74 out of 152 councils have reduced, or intend to reduce this year, the number of sites in at least one year (49%), and 19 out of 152 reduced the number of sites in multiple years (13%). Evidence of the acceleration of these cuts can be seen in the yearly breakdown:

- In 2015/16, 12 out of 138 councils reduced the number of sites (9%)
- In 2016/17, this rose to 32 out of 151 councils (21%)
- In 2017/18, this increased slightly to 33 out of 140 councils (24%)
- Moreover, 19 out of 137 councils (14%) have confirmed that reductions are already planned for this financial year (2018/19)

3. LARC prescriptions are going down and abortions amongst women over 30 are rising

3.1 At the same time as funding for contraception is being cut, prescriptions for the most effective and reliable forms of contraception, LARC – such as the intrauterine system (IUS), intrauterine device (IUD) and the implant – are declining. PHE data show that the number of prescriptions for LARC has reduced by 8% across England between 2014 and 2016. This is despite the Government and NICE recommending increasing uptake of LARC methods.^{6 7}

3.2 At the same time as access has been restricted, while no direct causation can be evidenced and there are other complex factors involved, the long-term trend of declining abortion statistics has plateaued since services were transferred to local authorities in 2013 and rose in 2017 (the last year data is available). The abortion rate per 1,000 resident women rose from 16.0 in 2016 to 16.5 in 2017 (185,596 to 189,859, an increase of 2.3%).⁸

3.3 As indicated by the data tables, there are also “an estimated 3,000 additional abortions that took place in 2017 that are not included in the figures”. Incorporating these additional abortions, this represents a 4.5% rise on 2014 (the lowest year since the transfer in 2013). It should be noted the data does not stipulate if these are residents of England and Wales.

3.4 While there has been a focus on reducing teenage pregnancies in the UK, which has been hugely successful, the numbers of abortions in older age groups are rising. The rates per 1,000 resident women aged 30-34 have increased steadily from 15.1 in 2007 to 18.2 in 2017, and rates for women aged 35 and over have also increased from 6.9 in 2007 to 8.5 in 2017.

3.5 Women are spending more of their lives looking to avoid pregnancy, and whilst the focus on teenage pregnancy has been effective, women outside this age group often report finding it difficult to access particular types of contraception. Changes to provision and increased

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pressure on GP services, which are the largest source of contraceptive information and provision in England and Wales, make contraception – particularly LARC – harder to access for these women. This, which according to the President of the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists (FSRH), “may be a factor in rising abortion rates in older women”.¹

Prevention

4 Investment in contraceptive services is highly cost-effective

4.1 These cuts to public health budgets and contraceptive services are in spite of a growing body of evidence of their cost-effectiveness. A recent PHE study has conservatively estimated that every £1 spent on publicly-funded contraception saves £9 in averted direct public sector healthcare and non-healthcare costs.⁹

4.2 However, through PHE’s own admission, this estimate does not consider the wider societal impact of unplanned pregnancy and it has been estimated by the Family Planning Association that over 10 years, each £1 cut from contraception spending could cost the UK £159 down the line.¹⁰

Commissioning and delivery of services

5 Commissioning arrangements

5.1 The Health and Social Care Act 2012 led to the largest redesign of the NHS in its 70-year history. As part of this reorganisation, public health services were transferred to local authorities. This transfer allowed councils to design services around the needs of their populations; however, this has led to a number of unintended consequences.

5.2 Firstly, and most notably, it enabled the Treasury to make significant stealth cuts to public health budgets – £200 million in 2015 and a further £600 million total cut by 2020/21.¹¹ At a local level, these cuts have enhanced scrutiny on spending, with councils being forced to make difficult commissioning decisions with scarce resources. This has also meant there is less incentive for local councils to invest in services which do not derive a direct financial benefit. For example, the cost of providing contraceptive services is borne by councils, but the associated savings from use of contraception mostly benefit NHS budgets.

5.3 With regard to contraceptive services specifically, the public health transfer has also split responsibility for funding different methods of contraception. Contraceptive services (excluding IUS, IUD and implants) are included under the GMS contract for GPs (commissioned by NHS England) but funding for contraception, including LARC, falls under local authority responsibility. When local authorities are forced to cut their investment in LARC, more pressure is placed on GPs, who are expected to fill the resulting gap in community services. The Royal College of General Practitioners (RCGP) has raised concerns that GPs are not adequately funded to cover the costs of administering LARC,¹² adding further strain to their budgets.

6 Demand

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6.1 This pressure on services is further compounded by record demand. The Local Government Association (LGA) reported recently that demand for sexual health services has risen by 13% since 2013. The result of this extra demand is that services are at a “tipping point” with people being turned away from services due to a lack of capacity.¹³

7 Impact on access

7.1 Although it is challenging to demonstrate the impact of rising demand coupled with cuts to budgets, it is notable that as cuts to services have deepened, the number of LARC prescriptions has dropped. This would suggest that women are finding it harder to access the most effective methods of contraception. At the same time, abortion rates, particularly amongst over 30-year olds, are on the rise. While the factors behind these two trends are complex, there is a strong indication that closures of services are leading to a reduction in the availability of LARC, which in turn could have an impact on rates of unplanned pregnancies.

7.2 We are concerned that the impact of cuts will disproportionately hit vulnerable women and those living in the most deprived parts of the country, further entrenching health inequalities. The AGC’s audit found that 23 out of the 38 councils in the most deprived quartile (60%) cut or froze their SRH budgets between 2016/17 and 2017/18. Of these 23 councils, 15 saw an increase in abortions (65%). Furthermore, 21 of these 23 councils (91%) are planning to freeze or cut their budgets further in 2018/19. Conversely, 9 out of 14 most deprived councils that did invest in sexual and reproductive health services over the same period have witnessed a reduction in the number of abortions (64%).

Workforce issues

8 The sexual health workforce is stretched and under threat

8.1 Funding cuts have also contributed to a situation where services do not have sufficient workforce capacity. This is because available funding for training courses has been reduced and often healthcare professionals are expected to fund their own training, reducing the incentive to maintain qualifications or undertake training.

8.2 The Royal College of Nursing (RCN) has published a report, based on a survey of its members, which details the myriad of concerns of nurses working in the sector. The report highlights that accessing funding for courses and difficulty with taking time off work for training are issues experienced by the majority of survey respondents.¹⁴ The long-term impact of this pressure on the workforce could see healthcare professionals move into other healthcare sectors that are better funded, further worsening capacity problems in sexual and reproductive health.

8.3 The RCGP has also documented similar concerns amongst the GP workforce. In their recent report, the RCGP warns that the skills of clinicians to fit LARC methods are being eroded. This is because services are being decommissioned as a result of budget cuts, which means GPs are no longer fitting enough devices to ensure patient safety.¹⁵

8.4 The FSRH also raises a series of concerns that the next generation of the workforce is not ready to fill vacancies that are emerging as a result of retirement. This is in part due to a lack of focus on “public health and preventative medicine in medical curricula at both undergraduate and postgraduate level”.¹⁶

About the AGC

The AGC is an expert group of leading clinicians and advocacy groups, working together to highlight the impact of policy reforms on women’s access to contraception. The group came together in November 2010 with the aim of ensuring that the contraceptive needs of all women in England are met, regardless of age or location.

Please be advised that some AGC members are responding to this call for evidence separately through their various organisations.

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For copies of our work, please visit theagc.org.uk/our-work.

References

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