

# Community Contraceptive Services Faculty Questionnaire 2006

Faculty of Family Planning & Reproductive Health Care



2006

## Community Contraceptive Services Faculty Questionnaire 2006

### BACKGROUND

The Service Leads of 207 community contraceptive services in the United Kingdom, (included in the Faculty of Family Planning & Reproductive Health Care's (FFPRHC) annual workforce census) were surveyed by the FFFPRHC during 2005/06 to assess:

- Funding of community Contraceptive services and any changes in the year
- Service provision – clinic based and targeted work
- Range and extent of training provided
- Service pressures impacting on training
- Patient involvement in service development and
- IT support (to enable data collection in line with SH common data set)

129 services responded to the Faculty questionnaire, giving a 62% response rate. Not all respondents answered all questions. There was a narrative part to the questionnaire to allow service leads to report issues which may not have been included/answered in the format of the questionnaire. This section provided a rich and valuable contribution to understanding the situation these services find themselves in currently and some of these comments are included in the summary of findings where relevant.

**The results presented should be read as a dynamic picture, as during 2006, many community services in England have continued to report further disinvestment and reductions in service provision and training. The Faculty has responded/is responding to at least five “consultations” in 2006 by PCTs seeking closure of entire community contraceptive services and/or not replacing retiring service leads with consequent adverse effects on training.**

**Key issues highlighted by the survey are as follows:**

## **1. FUNDING**

**1.1 Marked variation in the funding of community contraceptive services was reported, annual budgets ranging from 70,000 and 2 million pounds. Items included in service budgets varied from medical staff pay only to a comprehensive list including all pay and non- pay elements such as staffing, drugs, IT, education/training, estates and overhead costs**

**1.2 A number of service leads reported a lack of awareness within their PCT finance departments of the nature of their work and absence of budgets which correctly reflect their service and training activity.**

- Of the 81 out of 175 service leads in England who provided information on their budgets, over 50% reported budgets of under £500,000 per annum.
- Many reported difficulty in fully accounting for their budget as the information available to the service leads was often incomplete. There were considerable differences in the way community contraceptive service budgets were identified in different PCTs.
- Over 75% of service leads reported not being able to obtain clear information from their finance departments on how the reference costs for their services were being calculated by their PCT
- Over 20% of services reported service reductions impacting on clients due to budget cuts or inadequate workforce provision levels. The recurrent reasons behind the reductions were PCT financial position and imposed efficiency savings which have a disproportionate impact on services with already inadequate resources. Chronic under funding due to year on year budget reduction was also reported by some services. Many services reported PCTs diverting Choosing Health monies to balance their overall budget.
- Some services reported recruitment freezes and non-replacement of core clinical and clerical staff impacting on both service provision and training.
- Around 20% of services reported an increase in funding during the past year, mainly one off allocation for improving access to Chlamydia screening, STI testing, abortion provision and teenage pregnancy outreach work.
- Only 4 services reported recurrent funding to increase LARC provision.
- Only 3 services reported recurrent increased funding to employ senior medical/nursing staff to support medical /nurse training and development.

## **2. SERVICE PROVISION**

**2.1 There was clear evidence that community contraceptive services provided walk in services with user friendly opening times that fit in well with the modern, client centred NHS.**

**2.2 The majority of the services complemented general practice in extending access, providing specialist care, wider choice, intervention and provided outreach services for vulnerable groups. These include specialist contraception, training/support for GP teams and pharmacists, services targeting young people, fail-safe for those not registered with a GP, ethnic minorities, travellers, commuters, refugees/asylum seekers and street sex workers.**

**2.3 Many “family planning” services provided wider sexual and reproductive health services including cervical screening, Chlamydia screening/STI testing and treatment including contact tracing, sexual dysfunction. Some also provided medical gynaecology or a “closer to home” model indicating potential for further transfer of these services out of hospital into the community.**

Of the 129 services that responded

- Over 80% of services provided a walk in open access service (without appointment) for clients.
- 58% provided services that were open 5 days/week (including Saturday or Sunday).
- 86% provided services during unsocial hours (before 9a.m and after 5 pm during week days & weekends).
- 70% provided services for young people during unsocial hours.
- Over two thirds of the total clinic hours provided by these services were during unsocial hours.
- Over half (55%) provided outreach/ domiciliary services targeted at vulnerable and marginalised groups.
- Over a third (35%) employed community based health advisors, sexual health promotion specialists, outreach and link workers.

## **3. ACCESS TO SERVICES**

**3.1 There was evidence that inadequate service resources and low workforce capacity are resulting in clients being turned away, thereby reducing access.**

**3.2 Services also reported restrictions in LARC provision, in some cases leading to a service not meeting all the needs of service users.**

- Around 40% of services reported being forced to resort to one of the following systems to manage demand, maintain quality

and reduce clinical risk, thereby restricting access at walk-in clinics.

- accepting fixed numbers only
  - closing session early to walk-in when capacity is breached
  - Triage and see urgent cases only
- 50% of respondents reported restrictions in LARC provision, citing one of the following reasons.
    - lack of funding (20%)
    - non-availability of trained staff (20%)
    - catchment area/PCT residence (not open-access provision)

#### **4. TRAINING**

**4.1 There was overwhelming evidence of contribution made by community services to training of clinicians in contraception as well as other reproductive and sexual health care.**

**4.2 Despite the incompleteness of data available, an attempt has been made to provide information by SHA on the training contribution made by community services. (Appendix 1)**

Of the 129 services that responded:

- 70% provided training for the Diploma in family planning (DFFP) for medical practitioners.
- 30% provided training for nurses undertaking the R71 course for FP training.
- 30% provided cytology training.
- 29% provided confidentiality training.
- 17% provided training in child protection issues.
- 15% provided STIF courses.
- Nearly 73% provided training in LARC methods (IUD/IUS/Implant) for doctors.
- Over 50% provided training for nurses in Implant provision.
- Over 25% provided training for nurses in IUD/IUS provision.

**During 2005, these 129 services trained**

- ✓ **over 1500 medical students**
- ✓ **nearly 1000 doctors for the DFFP**
- ✓ **Over 500 doctors for the Letters of Competence in IUDs and Implants(LARC)**
- ✓ **450 nurses for the R71 course**
- ✓ **170 nurses in IUD/Implant provision**

**In addition to the above, some services also provided training for**

- ✓ **Foundation year 2 doctors,**
- ✓ **GP VTS trainees**
- ✓ **Faculty led structured SRH training for non consultant grade doctors and**
- ✓ **RCOG subspecialty trainees in sexual and reproductive health**

- Some service leads reported pressure on training activity due to service cuts, understaffed clinics and very busy clinics.
- Some also cited the absence of a clinical lead and fewer trainers as the reason for reduction in training.

## **5. CLIENT INVOLVEMENT IN SERVICE PLANNING & EVALUATION**

**5.1 There was evidence to suggest that many community services are proactive in involving users in planning and evaluation of their services.**

- 65% had conducted a patient satisfaction survey in the previous 2 years.
- 60% of services reported involving clients in planning services (focus groups, teenage days etc).

## **6. IT SUPPORT**

**6.1 There was evidence that data capture in these community services is a significant problem.**

- Only 5% of services reported computerised data collection systems in all clinic sites. BUT only 3% reported all electronic data collection.
- Only around 10% reported computerised appointment systems
- Around 45% reported manual data collection only and a further 45% reported a combination of paper and electronic systems.
- Only 50% reported any indication of future plans by the PCT to implement computer systems across all clinic sites.
- 50% of services are not currently able to provide data on attendances **by post codes**.
- Over 50% are not currently able to provide data on attendance **by ethnicity**.
- Only 15% of service reported monitoring client time spent (waiting) in walk-in clinics.

## **SUMMARY**

- ❖ **There is a recurrent message from community service leads of poor support and hastily planned disinvestment in core community services.**
- ❖ **Given the wide variations reported in how budgets were being calculated/estimated for these services, the validity of reference costs currently reported by PCTs is questionable.**
- ❖ **Community services play a significant role in enhancing client access and choice in sexual health care provision, in line with the aims of the modern, client centred NHS. Disinvestment in these services which provide a range of sexual and reproductive health care, complementing general practice, will adversely impact on the sexual health of our population.**
- ❖ **Community contraceptive services make a significant contribution to training of other professionals in various aspects of sexual and reproductive health care which are being adversely affected by the current workforce and financial pressures on these services.**
- ❖ **Data capture and IT systems in community services is woefully inadequate. It is evident that the NHS is not capturing the multitude of preventive (public health) interventions in many million consultations in community based SRH services.**

**The considered view of the Faculty is that if the issues raised by this survey are not addressed as a matter of urgency, the NHS stands to lose significantly both in terms of public health services, particularly to the vulnerable sections of the population, and training of clinicians to support future delivery of good quality primary care based sexual and reproductive health care.**

## Analysis of contraceptive services questionnaire by StHAs

## Appendix 1

### Training section Q12: C2

Your service actually provides the training

Ref No.	StHA	No. of Responders	STIF	R71 (Nurses)	DFFP (Doctors)	Cytology	Child Protection	Confidentiality
			Yes	Yes	Yes	Yes	Yes	Yes
1	Avon, Gloucestershire & Wiltshire	6	3	5	6	1	1	1
2	Bedfordshire and Hertfordshire	2	0	1	1	0	0	0
3	Birmingham and The Black Country	3	0	1	3	0	0	0
4	Cheshire and Merseyside	5	0	5	5	3	2	3
5	County Durham & Tees Valley	5	0	4	3	0	0	1
6	Cumbria & Lancashire	4	0	2	4	0	0	0
7	Dorset & Somerset	2	0	1	2	1	0	1
8	Essex	3	0	2	2	1	0	1
9	Greater Manchester	6	3	2	2	2	3	4
10	Hampshire and Isle of Wight	4	2	4	4	3	2	3
11	Kent & Medway	6	1	1	2	1	1	1
12	Leicestershire, Northamptonshire & Rutland	1	0	0	0	0	0	0

Ref No.	StHA	No. of Responders	STIF	R71 (Nurses)	DFFP (Doctors)	Cytology	Child Protection	Confidentiality
			Yes	Yes	Yes	Yes	Yes	Yes
13	Norfolk, Suffolk & Cambridgeshire	4	0	4	3	1	1	2
14	North & East Yorkshire & Northern Lincolnshire	4	0	1	2	2	1	1
15	North Central London	2	0	0	1	0	1	1
16	North East London	4	1	0	3	3	1	1
17	North West London	3	0	0	1	2	0	0
18	Northumberland Tyne & Wear	4	0	3	4	2	1	2
19	Shropshire & Staffordshire	2	0	1	2	1	0	1
20	South East London	5	2	3	5	2	2	3
21	South West London	2	0	1	2	1	0	0
22	South West Peninsula	5	0	4	5	2	0	2
23	South Yorkshire	3	0	2	3	2	1	3
24	Surrey & Sussex	7	0	4	5	2	0	0
25	Thames Valley	3	0	1	1	0	0	0
26	Trent	3	0	2	2	1	0	0
27	West Midlands South	3	0	1	2	1	0	0
28	West Yorkshire	3	0	1	2	0	0	0
	Anonymous	1	1	1	0	1	1	1
	Brook	8	1	0	2	0	4	5
	Wales	6	0	1	4	2	0	0
	Northern Ireland	5	1	2	3	1	0	0
	Scotland	6	4	0	5	1	0	1
	<b>Total</b>	<b>129</b>	<b>19</b>	<b>39</b>	<b>91</b>	<b>39</b>	<b>22</b>	<b>38</b>

## Training section Q12: C2

Your service actually provides the training.

Ref No.	StHA	No. of Responders	Accredited IUD/IUS for Doctors	Accredited IUD/IUS for Nurses	Accredited implants for Doctors	Accredited implants for Nurses
			Yes	Yes	Yes	Yes
1	Avon, Gloucestershire & Wiltshire	6	6	1	6	4
2	Bedfordshire and Hertfordshire	2	2	1	2	1
3	Birmingham and The Black Country	3	3	2	3	2
4	Cheshire and Merseyside	4	4	1	4	3
5	County Durham & Tees Valley	5	3	0	3	3
6	Cumbria & Lancashire	4	4	0	4	1
7	Dorset & Somerset	2	2	0	2	2
8	Essex	3	3	2	2	1
9	Greater Manchester	6	3	1	3	2
10	Hampshire and Isle of Wight	6	4	1	5	5
11	Kent & Medway	4	2	1	2	2
12	Leicestershire, Northamptonshire & Rutland	1	0	0	0	0
13	Norfolk, Suffolk & Cambridgeshire	4	3	0	3	0

Ref No.	StHA	No. of Responders	Accredited IUD/IUS for Doctors	Accredited IUD/IUS for Nurses	Accredited implants for Doctors	Accredited implants for Nurses
			Yes	Yes	Yes	Yes
14	North & East Yorkshire & Northern Lincolnshire	4	2	1	1	1
15	North Central London	2	2	1	2	1
16	North East London	4	3	3	2	3
17	North West London	3	1	0	1	0
18	Northumberland Tyne & Wear	4	3	3	4	4
19	Shropshire & Staffordshire	2	2	0	2	1
20	South East London	5	5	2	5	5
21	South West London	2	2	2	2	2
22	South West Peninsula	5	5	1	5	2
23	South Yorkshire	3	3	1	3	3
24	Surrey & Sussex	7	6	3	6	5
25	Thames Valley	3	1	0	1	1
26	Trent	3	2	0	2	1
27	West Midlands South	3	2	1	2	1
28	West Yorkshire	3	1	1	2	1
	Anonymous	1	1	0	0	0
	Brook	8	2	1	2	2
	Wales	6	4	2	4	4
	Northern Ireland	5	5	0	5	0
	Scotland	6	3	2	4	4
	<b>Total</b>	<b>129</b>	<b>94</b>	<b>34</b>	<b>94</b>	<b>67</b>