



THE APPG on
**Sexual and
Reproductive Health**

**Summary of launch event for Women's Lives, Women's Rights:
Strengthening Access to Contraception Beyond the Covid-19 Pandemic**

10th September 2020, 1.30 – 3.00pm, via Zoom

Meeting theme: launch of *Women's Lives, Women's Rights: Strengthening Access to Contraception Beyond the Covid-19 Pandemic*

Chair: Dame Diana Johnson MBE MP

Speakers:

- Rebecca Noel and Rosie Mughal, Advisory Group on Contraception
- Dr Anne Connolly, Chair of Primary Care Women's Health Forum, Inquiry panel member
- Alison Hadley, Director of Teenage Pregnancy Knowledge Exchange, Inquiry panel member
- Dr Asha Kasliwal, President, Faculty of Sexual and Reproductive Healthcare (did not present, but was part of the Q&A panel)

Opening

Dame Diana Johnson MBE MP opened the meeting by welcoming guests, panellists and guest presenters from the Advisory Group on Contraception. She outlined housekeeping messages and encouraged guests to Tweet the APPG @APPGSRH.

Rebecca Noel and **Rosie Mughal** from the Advisory Group on Contraception gave a short presentation on the Group's work on access to contraception. **Rosie** outlined that overall contraception spending power has been cut by 18% since 2015/2016 reporting year. The pressure on services and commissioners to deliver more with less is mounting.

Rebecca presented findings from the AGC's survey, which found that 28% of respondents were facing challenges accessing contraception prior to lockdown, increasing to 38% during the pandemic. The pandemic has tested services further and they must be supported to recover and improve.

Rosie closed by noting that it is vital for clear, accountable leadership to be established for contraceptive services within the next 6 months.

Diana thanked **Rebecca** and **Rosie** for the excellent overview and stated that many of their concerns are reflected in the APPG's report.

Diana outlined that the APPG had received a total of 60 written responses and 13 oral responses. She also paid tribute to Paula Sherriff, a former MP and Chair of the Women's Health APPG who took part in the oral evidence sessions.



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Presenting Women's Lives, Women's Rights: Strengthening Access to Contraception Beyond the Covid-19 Pandemic

Diana noted that the Inquiry had initially been opened in 2019, before reopening for submissions in 2020 to understand the impact of the Covid-19 pandemic on access to contraception.

Summarising the findings of the Inquiry, **Diana** stated that women in England are facing increasing difficulty in accessing contraception and that these access issues have been confounded by the Covid-19 pandemic. She also stated that inequalities in access mean that vulnerable populations face the most severe challenges in accessing the care they need. However, there are multiple opportunities to improve contraceptive provision within the current system. Diana handed over to two of the Inquiry's panellists, **Dr Anne Connolly** and **Alison Hadley**, to talk through the report's findings in more depth.

Anne Connolly outlined that LARC services are particularly underfunded in Primary Care, with GPs often reimbursed at less than the estimated total cost of providing LARC fittings. This has meant that GPs are not financially incentivised to provide these services, leading to a reduction in the number of GPs offering LARC services. Following the Covid-19 pandemic, there are further concerns that the cost of reinstating LARC services will prove a deterrent for many GP surgeries.

The audience heard that the division of responsibility for contraceptive care across three separate groups – the NHS, Local Authorities and Clinical Commissioning Groups – has fragmented the commissioning landscape and created a lack of overall accountability for contraceptive provision. These divisions can result in women being bounced from service to service, and often having to undergo multiple consultations or even multiple examinations before accessing care.

Anne stated that one optimistic finding from the pandemic is that digital and telephone services have likely improved access for some groups, e.g. women living in rural areas and women who live with an abusive partner. However, the pandemic has compounded access challenges for other groups, especially those without access to telephone or internet. **Anne** stated that, therefore, one recommendation of the Inquiry is that the Department of Health and Social Care's Sexual and Reproductive Health Strategy should recognise the reductions that have taken place in contraceptive funding in recent years, and the impact that this has had on the needs of marginalised and underserved groups.

Diana noted that the ultimate consequence of this is that women struggle to access the contraception which is best for them, and that some women likely experience unplanned pregnancies as a result.

Alison Hadley outlined the current lack of data measuring population need for contraception and inequalities in access to contraception. Currently, data only covers LARC provision rather than the full range of contraceptive methods in general practice and the annual publication of sexual and reproductive health (SRH) service contraceptive activity is inadequate. Without this data it is not possible to assess access to contraception or to efficiently plan and commission services to meet the needs of women.

The audience heard that Relationships, Sex and Health Education (RSHE) has been introduced in all schools this September. **Alison** noted that this has potential to significantly



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improve the sexual health and wellbeing of young people, including improving uptake of contraception. However, women currently do not have access to a national source of up-to-date, woman-centred information on the methods of contraception and the ways in which to access contraception. There is also a need to understand gaps in adult knowledge around contraception, and to capture women's experiences of contraceptive provision.

On workforce, **Anne** outlined the Inquiry's finding that there is a 'succession crisis' among Community SRH consultant doctors, with one third of CSRH Consultant vacancies in England left unfilled in 2018, and Health Education England estimating that one third of the current CSRH Consultant workforce could retire within the next five years.

Anne and **Alison** closed by highlighting some of the opportunities to improve access to contraception:

- The digitalisation of services is here to stay, so the APPG is calling for the Department of Health and Social Care to consider the development of a national digital contraception service. However, the APPG recognises that face-to-face services are crucial to access for some groups. Commissioners should identify digitally excluded groups and ensure they are reached through outreach and other means.
- The reclassification of the progestogen-only pill (POP) to make it available as a pharmacy medicine would allow women easier access to this incredibly safe drug and reduce strain of 'maintenance' appointments on GPs.
- Primary Care Networks are a huge opportunity to improve access to contraception by streamlining care pathways. From 2021, PCNs will have a remit to tackle inequalities in healthcare provision.

Diana thanked **Anne** and **Alison** and said that the report demonstrates the importance of access to contraception for women.

Stakeholder comments

Diana introduced each policy stakeholder and asked them to keep their comment to 2 minutes in view of the number of people commenting.

On behalf of the Faculty of Sexual and Reproductive Healthcare, **Dr Asha Kasliwal** said she strongly supported the report. She highlighted its finding that many specialists and GPs feel unable to meet the needs of their patients due to obstacles such as insufficient funding, disjointed commissioning and training limitations.

On behalf of the Royal College of Obstetricians and Gynaecologists, **Mr Edward Morris** also welcomed the report. He noted that the pandemic has stress-tested our already fragmented contraceptive healthcare system, and that the report clearly demonstrates why we should be designing services around patients' needs.

Dr Victoria Tzortziou-Brown said on behalf of the Royal College of General Practitioners that they concurred that the fragmentation of commissioning, and of service provision, is not in the best interests of women from a clinical perspective.



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Commenting on the timeliness of the report, **Professor Janice Rymer**, National Clinical Advisor for Obstetrics and Gynaecology, NHS England, noted that the data collected within the report will help inform how patients are supported in the second wave of the Covid-19 pandemic. She agreed that maternity care is well-placed to cover contraception plans and that it is important to ensure that all nurses, midwives, healthcare assistants and obstetricians have had comprehensive training in providing contraceptive care.

Beelin Baxter, representing the Department of Health and Social Care, said that the report raised many important issues which would be considered as part of the upcoming work to develop the upcoming Sexual and Reproductive Health Strategy. She said that the work on the Strategy would restart shortly and that the Department of Health and Social Care would be working with PHE, NHS England and other partners.

Adam Winter, representing Public Health England, welcomed the report as timely and stated that improving women's knowledge and access to contraception was a fundamental part of PHE's work on SRH. He outlined some of PHE's work in this area, including the recent launch of the e-SRH framework, the provision of an online sexual health resource and helpline and upcoming work with the Department of Health and Social Care on the Sexual and Reproductive Health Strategy.

Councillor Richard Kemp from the Local Government Association (LGA) gave some local context to the discussion, pointing out that despite funding cuts his council had been praised for their progress in contraception provision. He said that implementation of the report's recommendations would be made difficult by funding cuts and the reorganisation of Clinical Commissioning Groups. He said that the LGA was extremely concerned by the PHE reorganisation and could see no evidence base for the removal of PHE.

Representing the Royal College of Nursing, **Ruth Bailey** welcomed the Inquiry at a time when Covid-19 had exacerbated the inequalities in women's healthcare. She drew attention to the vital contribution of nurses and midwives to the provision of contraception. She highlighted that unprecedented rates of sickness during the pandemic, as well as the fact that up to 1/3 of nurses are considering leaving the profession, poses additional challenges to maintaining the workforce needed to support contraception provision. She called for a meaningful pay rise for nurses.

Dr Kathryn Gutteridge, President of the Royal College of Midwives, also welcomed the report, stating that women who are pregnant and in the perinatal period are less able to represent themselves fully if services aren't there for them. It is therefore important that contraception is accessible and that women are not expected to overcome obstacles independently. She highlighted that midwives will require further training in contraception and that this will need to be funded.

Dr Maggie Rae, President of the Faculty of Public Health, commended the report. She echoed that access to contraception, as well as being an effective public health intervention, is a fundamental human right. She said that, if properly financed, the recommendations in this report will lead to effective contraceptive provision in England.

Rob Carroll, representing the English Sexual Health and HIV Commissioners' Group, welcomed and supported the report's recommendations to create greater accountability in co-commissioning of SRH, and to tackle inequalities in access to contraception. He highlighted the positive gains associated with digital care and the need to build on this in future.

Supported by the Faculty of Sexual and Reproductive Healthcare (FSRH), the Royal College of Obstetricians and Gynaecologists, Marie Stopes UK and Bayer Healthcare.

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Lisa Hallgarten from Brook welcomed the report. She highlighted the way that Brook adapted rapidly at the beginning of the pandemic. She also drew attention to the need for more data on the ways in which young people access contraceptive care, and for a strategy for young people within the forthcoming Sexual and Reproductive Health Strategy.

Speaking on behalf of the APPG on Women's Health, **Melissa Barnett** stated that the increased attention to inequalities during the pandemic creates an opportunity for the APPG to talk about access to contraception and the need for investment in digital services. She mentioned that the reorganisation of PHE could allow for a broader review of commissioning responsibilities around women's health.

Questions from the floor

Diana handed over to **Harry Walker** to summarise questions on behalf of the audience. The first three questions to the panel comprised of whether demand for emergency contraception had changed during the pandemic, whether the APPG envisages the return of SRH services back to CCGs in England, and whether private health women's clinics run by trained GPs should be commissioned.

Anne noted that emergency contraception figures had dramatically reduced for the first couple of months. **Dr Asha Kasliwal** concurred that there had been no increased demand, but noted that there has been a higher demand for IUDs for emergency contraception since the publication of the NICE guidance that the IUD is the most effective method.

Anne outlined that the report did not recommend that the NHS took back control of commissioning, but that there is better co-commissioning and accountability, the latter being a bigger issue. **Anne** said that the issue of private women's clinics should be dependent on local need.

Harry asked on behalf of the audience what resources existed to ensure cultural sensitivities were taken into account when teaching RSE and whether teachers and school nurses were being educated to consider RSE. **Alison** said that there was a need for more research to understand the needs of underserved groups when receiving RSE and accessing contraception. She added that school nurses are integral to the delivery of RSE but that provision of school nurses varies hugely across the country, so provision also depends on collaboration with local SRH or voluntary sector services.

Harry asked on behalf of an audience member whether there is discussion about the unnecessary regulation of POPs prescription-only medicine. **Asha** stated that the POP is very safe and that the RCOG and the FSRH are in discussions with the MHRA to make this available over the counter.

In response to a comment that digital services improved access by clearing clinics apart from the most vulnerable, **Anne** stated that digital care must never be the only option and said that in her own experience some women found the digital offer very useful and some did not. **Asha** said that internet illiteracy and data poverty mean that a digital offer is not the solution for some women, and that some safeguarding issues are easier to pick up on in a face-to-face meeting.



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One audience member commented that the London Measure of Unplanned Pregnancy is a retrospective population measure of unplanned pregnancy, and that we also need a measure of population need of contraception. **Alison** agreed that there is a need for this and that it is one of the recommendations of the report. In the meantime, while not perfect, the London Measure would be a useful additional tool alongside abortion rates to understand unmet need for contraception. **Asha** agreed with this.

In response to a question about the necessity of asking intrusive questions due to the integration of sexual health and STI care, **Anne** agreed that contraception has moved too far towards a sexual health model and out of a holistic women's care model.

Closing

In closing, **Diana** thanked the speakers and attendees, the APPG team and Inquiry panel. She noted that numbers of attendees were between 180 and 190. She said that the APPG would keep attendees updated on the progress the APPG makes with the report *Women's Lives, Women's Rights*.