Written evidence submitted by British Pregnancy Advisory Service (PHP0026)

British Pregnancy Advisory Service (BPAS) is a reproductive health charity that cares for 70,000 women a year with unplanned pregnancy or a pregnancy they cannot continue with on behalf of the NHS. BPAS provides pregnancy counselling, abortion, contraception, vasectomy and miscarriage management. The charity was established in 1968 and has over 60 centres across the country. This submission is based on the experiences of women trying to avoid unplanned pregnancy.

BPAS is a member of the Advisory Group on Contraception (AGC). The AGC shares concerns about the impact of cuts to the public health budget on provision of contraceptive services. Suggestions that GP services alone are able to provide the level of care required to ensure all women have access to all methods of contraception is misguided. Each contraceptive method has side-effects and a failure rate. Every woman needs sufficient time and expert advice in order to decide which method best meets her needs. This is often not provided in GP settings. Our recent experience indicates that women are finding it more difficult to access contraception, which is leading to unplanned pregnancies.

A study published in November 2015 by the Open University on young women’s experiences of unintended pregnancy found “Sometimes participants had found it difficult to seek out contraception because of their busy lives and limited clinic opening hours.”  Restrictions on the availability of services are affecting women’s ability to avoid unintended pregnancy. If women are unable to get appointments that allow them to fulfil their working and caring responsibilities they will be unable to get the contraception they need.

Women’s experiences of contraceptive services
BPAS provides contraceptive services, commissioned by clinical commissioning groups (CCGS) as part of our abortion care pathway. Our nurses also provide a telephone contraceptive counselling service. During consultations patients tell our nurses about their previous attempts to access contraception. Increasingly the stories BPAS staff hear indicate women were actively trying to avoid pregnancy but were unable to access contraception for a variety of reasons. Many of these are related to cuts in service provision.

Below are comments from women from November 2015. These were recorded by our contraceptive nurses. All these women had an abortion because of an unplanned pregnancy.

‘Had to travel too far to get contraceptive advice on two buses then I got turned away.’

‘I was happy using Cerazette (form of oral contraceptive Pill) with no problems then the GP gave me a cheaper one and it didn’t suit me.”

‘Had to wait 2 weeks to get contraceptive appointment with the nurse.’

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1 Advisory Group on Contraception http://theagc.org.uk/our-work/
‘I’m not getting the implant as there are no nurses to remove it.’

‘I can never get an appointment to fit a coil – now I am pregnant.’

‘Told no staff working who could to fit emergency coil – now I’m pregnant.’

Increasing numbers of contraceptive pill users complain GPs are only supplying three months of medication rather than one year. The risk in this is obvious – pressures on primary care mean that it is increasingly difficult to get a timely GP appointment. It is highly likely that women may struggle to make return visits every three months. It is also an additional waste of resource if the appointment is clinically unnecessary.

**Access to Emergency Hormonal Contraception**

BPAS believes that improving access to Emergency Hormonal Contraception (EHC) may address some of the challenges posed by more limited access to contraceptive services. As women are faced with reduced access to contraceptive services in advance of sex, and given the continuing high prevalence of condom use, it is essential that the NHS and Department of Health reduce barriers to obtaining EHC.

Women in England have three routes for accessing EHC: it is available via prescription from a GP, CASH clinic or A&E, via a Patient Group Direction (PGD), from locations participating in a local scheme, or they can purchase it from a pharmacy (OTC – although in fact it classified as P product and so is kept behind the counter). However, each route can present challenges. The earlier it is taken, the more effective it is. However women can struggle to obtain a timely GP appointment, and even when the need for EC is stated, an appropriate appointment may still not be offered. CASH clinics have closed or have reduced opening times as a result of budget cuts, equally creating difficulties obtaining a timely appointment. At the same time, variation in both the provision and the eligibility criteria of PGDs for EHC mean the access women have to NHS-funded EHC from a local pharmacist may vary between local areas and be dependent on them being the ‘right age’ for their area’s PGD. This means women may be expected to purchase EHC, however the costs of the P version of these products: Levonelle, Boots Emergency Contraceptive and EllaOne (up to £45), are prohibitive. It is worth noting that women in the UK are charged more than women anywhere else in Europe for OTC access.

In addition, there is huge variation in what women are asked during a “consultation” with the pharmacist when obtaining EHC, with some women reporting intrusive and unnecessary questions. We are very concerned that the current framework for providing EHC acts as deterrent to women obtaining it. Given that at least a quarter of sexually active women rely on condoms as their main form of contraception, we must ensure access to EHC as a back-up when that method fails, or is not used properly, is straightforward and equitable.

Local NHS commissioners should ensure there are no barriers to the prescribing of emergency hormonal contraception and put in place appropriate funding arrangements to support those community pharmacies who provide a full range of emergency
contraceptives at a location and time convenient for women, and encourage more to do so where necessary.

The Department of Health and Medicines and Healthcare products Regulatory Agency should explore, based on the well-established use of this extremely safe medication, the possibility of placing methods of emergency hormonal contraception onto the general sales list to increase availability and ideally reduce the financial burden to women, and in turn the NHS.

**Recommendations to the Committee**

- BPAS asks that the Committee consider contraceptive services as a case study. Unlike many other public health services the commissioning structure is extremely complex. As our cases studies show – if women requesting contraception are can access it they are more likely to avoid an unplanned pregnancy. This is better for women themselves but also reduces public expenditure. An unplanned pregnancy that results in abortion or birth will inevitably cost more than contraceptive services.

- BPAS asks that the Committee recommends to Government that it withdraw the planned £200 million cut to the public health budget. Our case studies show this is an obvious false economy – cuts to contraceptive services will lead to unplanned pregnancies that women were actively trying to avoid.

- To promote best practice and address variation in access and quality of EHC, the Committee should direct Public Health England to develop a national service specification for emergency contraceptive services and the use of Patient Group Directions for emergency hormonal contraceptives, promoting free access to women of all ages.

- In the absence of this, it is imperative that something be done to address the huge inflation of price of EHC by pharmacies and the pharmaceutical industry. It is a financial burden which falls directly to women trying to avoid pregnancy. The most obvious option is to place the progestogen-only formulation on the General Sales List, as has been done in the Netherlands and Sweden. There is no clinical need for a woman to speak to a pharmacist if she does not wish to, and the only reason to continue to keep it behind the counter would be wish to restrict women’s access to it.

*14 December 2015*