Introduction

Bayer HealthCare (Bayer) welcomes the opportunity to respond to the Health Select Committee’s inquiry into public health post-2013.

We are one of the largest speciality pharmaceutical companies in the world, covering a range of disease areas including anticoagulation, cancer, and eye health. This submission mainly draws on our expertise as a global leader in women’s health, with a portfolio including oral contraceptives, long acting reversible contraceptives (LARC) intrauterine systems (IUS), a non-surgical form of sterilisation and an emergency hormonal contraceptive (EHC).

Our submission contains evidence of the impact of the 2012 Health and Social Care Act on the commissioning of these services, particularly in relation to the provision of and access to trained fitters of LARC methods.

Guidance published by the National Institute for Health and Care Excellence (NICE) recognises that LARC methods are much more effective at preventing pregnancy than other hormonal methods, and are much more effective than condoms because their efficacy is completely independent of user adherence.\(^1\) NICE estimates that because they rely on user compliance typical failure rates associated with oral contraceptives are 8 in 100 within the first year of use, whereas over the same length of time, failure rates for the LARC levonorgestrel intrauterine system, are only 0.1 in 100.\(^1\)

We welcome the Committee’s decision to hold a series of ‘case study’ evidence sessions on particular aspects of public health. Contraceptive health is not only a cost effective intervention, but it also one that affects the 10.6 million women living in England of reproductive age.\(^2\) This equates to almost 20,000 women in each parliamentary constituency in England.\(^3\) We would therefore urge the Committee to hold an evidence session on the impact of the public health reforms on contraceptive services.

Importance of high quality contraceptive care

Good contraceptive services deliver social, economic and personal benefits to individual women and their families, helping to protect against unintended pregnancy and allowing women to find a method that is most suitable for them at different stages of their lives. It is also highly cost-effective for the state, delivering saving in both health and broader public sector spending.
Maintaining open access services that provide the full range of contraceptive methods – including LARC methods – is both a statutory responsibility for local authorities and an essential provision for women.

According to the Department of Health’s framework for sexual health improvement in England, around 50% of pregnancies are unplanned and in 2014, there were over 175,000 abortions and almost 40,000 live births as a result of unintended pregnancy. This not only has life-changing consequences for the individual women and their families, but also has considerable financial impact on local health and public sector services.

We have welcomed the Department of Health’s ambition to reduce the number of unintended pregnancies among women of all ages. But success against this ambition is dependent on women having knowledge of, and access to, the full range of contraceptive methods, including LARC methods.

Since April 2013, responsibility for the commissioning of sexual and reproductive health services has been split as follows:

- **Local authorities**: Contraception, including enhanced services, and all associated prescribing costs, for implants and intrauterine forms of contraception but excluding contraception provided as an additional service under the GP contract
- **NHS England**: Contraception as an “additional service” under the GP contract
- **Clinical commissioning groups**: Contraception as part of abortion services

Bayer is concerned that the reform of commissioning responsibilities, as set out above, has resulted in the fragmentation of contraceptive care.

The All-Party Parliamentary Group on Sexual and Reproductive Health (APPGSRH) and the Advisory Group on Contraception (AGC) have shared these concerns. A recent report published by the AGC warned about the “potential impact of the reforms to the health system in leading to a greater fragmentation of care for women”.

Public Health England sought to mitigate this fragmentation with the publication of *Making it work: a guide to whole system commissioning for sexual health*. Bayer welcomed the publication of this guide. However, it is clear from the evidence that has been presented to the APPGSRH and other stakeholders that fragmentation of care remains an issue.

1. **We would recommend the Committee call upon the Department of Health, with NHS England and Public Health England, to provide details of how they intend to support local areas to commission and deliver a comprehensive contraceptive service for residents.**

**Additional costs associated with unintended pregnancy and impact on public spending in England**

Investment in contraception is one of the most cost-effective healthcare ‘buys’; it is estimated that £1 invested in contraception saves £11.09 in averted outcomes to the NHS. Investment in contraception therefore makes sense in reducing the financial
burden on the NHS and by improving outcomes for women by reducing the number of unintended pregnancies.

We are deeply concerned about the Government’s recent decision to introduce an in-year cut of £200 million to the public health grant, and the future prospects of any further reduction to the public health grant in the remainder of this Parliament.\textsuperscript{10} The Advisory Group on Contraception has estimated this year’s cut to the public health grant will cost the NHS more than it will save local government due to an unintended rise in the number of unplanned pregnancies.\textsuperscript{11}

A recent report commissioned by the Family Planning Association (FPA) estimated that the cost implications of unintended pregnancy in the UK during the course of this Parliament were £4.975 billion.\textsuperscript{12} However, under a “scenario of reduced services” this cost could rise to £5.617 billion.\textsuperscript{13}

We are therefore concerned about the planned cut to the public health budget this year, which we fear will have a damaging and immediate impact on the availability of contraceptive care for women.

By its very nature, limiting timely interventions in contraception will often have a negative impact on in-year outcomes that can be easily measured (e.g. through annual abortion statistics, conception rates and prescribing rates of LARC versus user-dependent methods).

2. \textbf{We would recommend the Committee encourage the Department of Health and Public Health England to closely monitor outcome indicators for contraceptive services, particularly if further cuts to public health budgets during this Parliament are introduced as a result of the Spending Review process.}

We are concerned that a reduction in the location of services, restrictions on opening hours, difficulties experienced by women in obtaining appointments and reports of LARC methods being ‘rationed’ would mean that women are denied the opportunity to chose the contraceptive method that is right for them.\textsuperscript{14,15}

The barriers outlined above run in direct conflict with national policy and clinical guidance. We fear that further budget cuts will compound this situation.

3. \textbf{We would recommend the Committee ask the Department of Health to provide details of any assessment it carried out about the impact of the public health cuts on women’s access to contraceptive service.}

The financial impact of unintended pregnancy on the NHS is high. However, these costs do not take into account the wider costs of unintended pregnancy on public sector expenditure, such as education, housing and welfare costs.

New research carried out by Bayer estimates that public expenditure associated with live births as a result of unintended pregnancies amounts to an estimated £360 million per annum – or £6.9 million every week – in England.\textsuperscript{16} Our research model uses local birth data to help every local authority understand the financial impact in their area, and we have outlined overleaf the implications of unintended pregnancies on public spending in local authority areas for the English Health Select Committee members.\textsuperscript{17}
Reducing the number of unplanned pregnancies, and the subsequent costs associated with supporting the children born as a result, should be a priority for public health services. Local authorities in particular can have a direct and rapid influence on the number of unplanned pregnancies, given their responsibility for commissioning comprehensive sexual health services for their local areas (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention).

There is a genuine risk that cuts to contraception will lead to a rise in unintended pregnancies over the next 12 months. Just a 5% increase in the number of unintended pregnancies that result in live births in England could cost a further £18 million to the non-health public sector responsibilities of councils (for example, education, housing and welfare).18 We are planning to share this data with individual local authorities as they develop their public health plans for 2015/16 and beyond.

The methodology behind this research is supplied in Appendix 1.
Table 1: Impact of unintended pregnancy on non-health public spending in English Health Select Committee members' constituencies\textsuperscript{19}

<table>
<thead>
<tr>
<th>Health Select Committee members</th>
<th>Constituency</th>
<th>Local authority area</th>
<th>Unplanned pregnancies resulting in live births</th>
<th>Total (per annum) education expenditure</th>
<th>Total housing expenditure</th>
<th>Total personal social services expenditure</th>
<th>Total social welfare expenditure</th>
<th>Total public sector expenditure</th>
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<td>£101,205</td>
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<td>£1,601,426</td>
<td>£3,512,329</td>
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<td>Devon</td>
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</table>
4. **We would recommend as part of its inquiry the Committee highlight the broader financial impact of cuts to contraceptive services to health and broader public services.**

5. **We would recommend the Committee urge Public Health England to reiterate the statutory responsibility of councils to provide open access sexual and contraceptive health services, including the need for this to be in multiple settings across an area, preferably both within and outside of primary care settings, providing the full range of contraceptive methods for all women.**

**Provision of training for the fitting of intrauterine contraceptive devices**

The fitting of LARC methods including intra-uterine contraceptive methods is a clinical procedure. Access, choice and provision of the full range of contraceptive methods are therefore dependent on a qualified and skilled workforce that is able to carry out these procedures safely.

Bayer are concerned about the existing number of healthcare professionals who are qualified to provide and fit intrauterine contraceptive and the impact this is having the ability of public health services to make a comprehensive service available. Currently, there is no audit or register held by NHS England or Public Health England on the number of professionals who can fit and remove the different types of LARC.

6. **We would recommend the Committee request the Department of Health to submit estimates on the number of healthcare professionals trained to fit and remove IUD/IUS devices in England.**

A recent Freedom of Information audit carried out by Bayer has revealed confusion among local authorities over who was responsible for funding training in contraceptive care. The audit also found that:20

- Only two thirds of local authorities (66%) have a list of the practices and clinics that have trained IUS/IUD fitters
- Over half of local authorities (55%) do not monitor the number of trainers available to train healthcare professionals to fit IUS/IUD
- The majority of local authorities (56%) do not have arrangements in place to fund the training of healthcare professionals to fit IUS/IUD for the current financial year

The absence of information about the number of healthcare professionals who are able to fit LARC does have a subsequent effect over the ability for local authorities to plan and commission services effectively. Furthermore, cutting off the training pipeline could lead to a situation where women are unable to access their contraceptive method of choice either at a community sexual health service or their general practice.

7. **We would recommend the Committee request the Department of Health and Public Health England to clarify where responsibility lies for funding and delivering training in fitting and removing IUD/IUS.**

8. **We would recommend the Committee call for appropriate funding to be made available for the training of healthcare professionals to fit and remove IUD/IUS devices.**
References

1. NICE, Clinical Guideline CG30, Long-acting reversible contraception (update), September 2014. Available at: https://www.nice.org.uk/guidance/cg30/chapter/1-recommendations
3. Women aged 15 to 44 living in England (10.6 million) divided by the number of parliamentary constituencies in England (533)
6. Bayer, data on file
10. The Guardian, Public health cuts could cost NHS extra and cause more unplanned pregnancies, 10 July 2015
11. The Guardian, Public health cuts could cost NHS extra and cause more unplanned pregnancies, 10 July 2015
16. Bayer, data on file
17. Bayer, data on file
18. Bayer, data on file
19. Bayer, data on file
20. Bayer HealthCare, Fit for purpose? A Freedom of Information audit of the provision of training for fitting intrauterine contraceptive devices, April 2015
Appendix 1

Calculating the impact of unintended pregnancies on public sector budgets beyond health: explanatory note of methodology

Introduction

Bayer has created a modelling tool to estimate the public sector spend – beyond healthcare costs – on children who are born as a result of unintended pregnancies. This includes spend on education, housing, personal social services, and social welfare.

This note summarises the methodology for the calculations used to arrive at these estimates.

The main sources used in this piece of work are:

- Office for National Statistics (ONS) data on local authority populations
- ONS birth summary tables for each local authority
- Findings from the National Survey of Sexual Attitude and Lifestyles (Natsal-3) on the prevalence of unplanned pregnancy
- Brook and the Family Planning Association (FPA)’s 2013 report Unprotected Nation: The Financial and Economic Impact of Restricted Contraceptive and Sexual Health Services

It is important to note that there is not an exhaustive amount of data on non-health spending associated with a child’s life. The financial implications identified, therefore, should be treated as estimates based on the data and literature available rather than definitive projections.

Wherever a scale of estimated cost is presented in source material, the most conservative figure has been used, so the total costs may in fact be higher.

Phase 1: estimating the number of full term unplanned pregnancies

1) Estimating the number of full term unplanned pregnancies

There are no official statistics for the number of full term unplanned pregnancies. The figure used in the modelling tool is calculated using:

- The most recent data from the Office for National Statistics on the number of live births by area of usual residence of mother
- Findings from the National Survey of Sexual Attitude and Lifestyles (Natsal-3) on the outcome of unplanned pregnancies

Natsal-3 findings suggest that 5.7% of unplanned pregnancies result in a live birth. The modelling tool applies this measure to ONS data on the number of live births by area of usual residence of mother to arrive at an estimated number of live births from unplanned pregnancy per local authority.

Step 2: estimating the public sector spend on children born as a result of unintended pregnancies
This section uses the modelling outlined in the Brook/FPA *Unprotected Nation* report as its foundation.

1) *Estimating the total annual spend on education for all children born from unintended pregnancies*

*Unprotected Nation* sets out Department of Education figures, which provide the following annual costs for a child’s education (at 2011 prices):

- Pre-school - £2,333 per annum, for 2 years
- Primary school - £3,159 per annum, for 4 years
- Secondary school - £5,353 per annum, for 5 years

From this, it is possible to calculate a mean annual spend on each child’s education. This is calculated by multiplying the number of years a child is in each stage of their education – pre-school, primary school and secondary school (up to age 16) – by the cost for that stage, and then dividing by 11 (the total number of years in education). This figure does not, therefore, include any education costs for 16 to 18 year olds.

To estimate the annual public sector spend on education up to age 16 of children born from unintended pregnancies, the mean education spend for each child is multiplied by the estimated number of children born from unintended pregnancies in each local authority.

2) *Estimating the total annual spend for housing for all children born from unintended pregnancies*

ONS estimates cited in *Unprotected Nation* state that 21% of households are in receipt of housing benefit and that, at 2011 prices, housing benefit paid to qualifying households was approximately £1,182 per annum.

In order to estimate the annual public sector spend on housing benefit for children from unintended pregnancy, the estimated number of children born from unintended pregnancies is first multiplied by 0.21. The result is then multiplied by the £1,182 annual housing benefit paid to qualifying households per additional child.

3) *Estimating the total annual spend on personal social services for all children born from unintended pregnancies*

*Unprotected Nation* provides estimates of the minimum and maximum spend on personal social services for a projected number of unintended pregnancies between 2013-2020. Bayer has used the minimum estimate, which assumes every child is born into average socio-economic conditions.

To estimate the total spend on personal social services for each child born from an unintended pregnancy, the minimum spend figure on personal social services for the period 2013-20 given in *Unprotected Nation* (£5,763,900,000) is divided by the projected number of children from unintended pregnancies for that period.

The estimated spend per child is then divided by eight to provide an estimated annual spend of £432.48 for personal social services for each child born from an unintended pregnancy.
To calculate the annual public sector spend on personal social services, the annual spend per child is multiplied by the estimated number of children from unintended pregnancy in each local authority.

4) Estimating the total annual spend on social welfare for all children born from unintended pregnancies

Unprotected Nation provides estimates of the minimum and maximum spend on social welfare for a projected number of unintended pregnancies between 2013-2020.

To estimate the total spend on social welfare for each child born from an unintended pregnancy, the estimated minimum spend figure on social welfare for the period 2013-20 given in Unprotected Nation (£52,347,300,000) is divided by the projected number of children from unintended pregnancies for that period.vi

The estimated spend per child is then divided by eight to provide an estimated annual spend of £3,927.75 for social welfare for each child born from an unintended pregnancy.

To calculate the annual public sector spend on social welfare, the annual spend per child is multiplied by the estimated number of children from unintended pregnancy in each local authority.

Please note that this estimate reflects changes associated with Child Benefit entitlement in 2013 and the rules in place in 2013. It does not, however, take into account the impact of inflation on inflation-linked benefits.

Step 3: Estimating the total public sector spend and spend per capita on children from unintended pregnancies

The total public sector cost is calculated by totalling the sum of the education, housing, personal social services and social welfare spending for each local authority. The model provides costs at local authority, regional and national levels.

It also calculates, for each local authority, the public sector spend on unintended pregnancy per head of their total population. This is calculated by dividing their estimated public sector spend by the most recent (mid-2014) ONS population estimates for each local authority.vii

16 December 2015
