Written evidence from All Party Parliamentary Group on Women’s Health

About the All-Party Parliamentary Group on Women’s Health
The All-Party Parliamentary Group on Women’s Health (WHAPPG) was launched in June 2016 with Paula Sherriff MP as chair of the group.

The Group aims to empower women to ensure that they can make an informed choice about the best treatment for them and that they are treated with dignity and respect.

Key Concerns
- Recent trends show record demand for sexual health services. Clinics in England have seen the number of reach 3.3 million a year, putting the system under huge pressure and leaving people facing longer waits for appointments. The WHAPPG is concerned that rising demand is not being met and across the country women are unable to access contraceptive and reproductive services.
- Prevention is vital. Prevention is recognised by all as being important however rising demand and cuts in the public health budget means investment is not being made in this area. New statistics released by Public Health England show that per £1 spent on contraception £9 is saved. Despite this fact contraception services are still being restricted, along with patient choice, and many women are unable to access this service.
- Local councils are cutting services. The Faculty of Sexual and Reproductive Healthcare (FSRH) stated that more than 8 million women of reproductive age are now living in an area where cuts to contraception budgets have taken place. NHS Digital data on SRH services in England has also shown a decrease in contacts with SRH services in 2016-17, with prescriptions for long-acting reversible contraception (LARC), the most effective methods of contraception, falling by 6% over the last three years. There is evidence that across the country GPs are fitting IUDs for insufficient money as the local council is not investing in this area.
- Restricted access. Along with published data regarding access concerns, the WHAPPG has heard from a range of stakeholders that women are struggling to access contraception easily, and that some types of contraception are not offered or available. This is supported by the public petition organised by the FPA regarding action over access to contraception.
- Commissioning barriers and fragmentation. There is a lack of planning and clear pathways in sexual and reproductive healthcare which means the patient journey is disjointed. Due to the fragmentation, services are often not joined up, patients can get lost and often services are not available for the patient. Frequently the most vulnerable patients are the ones who are most likely not to be able to navigate the complex system that they need, often due to cultural, language, financial or geographical difficulties. Work force. One example of this issue is the reduction in funding and training for the provision by GPs of long acting reversible contraceptives. This means that fewer GP surgeries will be able to offer this service.

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1 https://www.local.gov.uk/about/news/record-demand-sexual-health-services-putting-system-tipping-point
treatment option, restricting access for women to one of the most effective forms of contraception.

- There has been a notable increase in the number of women under 40 seeking abortions⁶; this has been interpreted as being in part caused by barriers in the system to contraceptive access, and potentially linked to LARC access.

The Group believes that a radical assessment is needed of the provision of sexual and reproductive health services. There is a lack of joined up commissioning, thinking and investment across local and national levels. Due to the split in funding between local councils and central NHS England funding there is a lack of accountability and the WHAPPG believes that this needs to be urgently addressed.

The Group’s Recommendations

1) Accountability and oversight of the whole system must be a responsibility for one body. This body, whether PHE, DHSC or another, should have authority to make recommendations for action and hold local and national bodies accountable if they fail to deliver.

2) Appropriate investment in public health budget must be ring-fenced to enable council’s to continue to protect and improve the public’s sexual and reproductive health, and investment must be secured for LARC training and implant time.

3) The WHAPPG supports the RCGP report recommendation that commissioners from Clinical Commissioning Groups (CCGs), local authorities and NHS England should work through Sustainability and Transformation Partnerships (STPs) to agree joint plans for SRH, with the aim of maximising choice and creating the best outcomes for patients.

4) Health Education England (HEE) should ensure adequate training for healthcare professionals on contraception.

5) The Department of Health and Social Care should review and update the Framework for Sexual Health Improvement in England.

6) Above all, the WHAPPG believes that patients have the right to be provided with sufficient information to choose a method of contraception that is right for them.

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