Cross-Party Group on Sexual and Reproductive Health: Access to Contraception in England Inquiry – June 2020

Marie Stopes UK response

This submission focuses on six points of the Cross-Party Group's areas of interest:

- The impact of changes to contraceptive services brought about by the pandemic.
- Access to contraception while complying with social distancing.
- The effectiveness of remote consultation systems and any implications for contraception access.
- Examples of good practice in facilitating access to contraception during the pandemic.
- Potential challenges to the restoration of contraception services.
- Recommendations to overcome challenges and improve access and care during the pandemic recovery.

As expressed in our previous submission to the APPG for Sexual and Reproductive Health's 2019 inquiry into contraception access, fragmented and variable commissioning of SRH services, paired with cuts to local authority budgets, make it increasingly difficult for individuals to access the full range of contraception quickly and in a way that suits their individual needs. The Coronavirus pandemic has added further strain to gaps in provision and caused huge delays to clients accessing their first-choice contraception.

We would like the Cross-Party Group to consider this submission in addition to our 2019 submission. In 2019 we focused on the everyday impacts of commissioning and provision of contraceptive services, particularly post-abortion contraception. Our points and recommendations for these areas still stand. Our 2020 submission focuses on the impacts of the pandemic on access to post-abortion contraception.

Facilitating access to post-abortion contraception during the Coronavirus pandemic

During the Coronavirus pandemic, several barriers were identified with the provision of and access to abortion care emerging from social-isolation and other measures to prevent and manage COVID-19 infection. We are proud to have overcome many of these barriers to continue to deliver essential, core NHS abortion services.

The most impactful positive change to the delivery of our abortion service during the pandemic is the implementation of our at-home early medical abortion (EMA) service via telemedicine on 6th April 2020. This followed the temporary authorisation of a patient's home being a class of place from where she can use both mifepristone and misoprostol medications to begin a medical abortion before 10 weeks gestation. This at-home service aimed to protect both clients and our team members from any unnecessary face-to-face interactions that break social distancing and unnecessary travel guidelines and could put them at risk of contracting or spreading COVID-19.

As part of the abortion care pathway, we deliver most contraception post-abortion, including all long-acting reversible contraception (LARC). However, the pandemic has necessitated our post-abortion contraception pathway to be continually adapted, particularly for at-home and face-to-face EMA clients.

Contraception provision for at-home EMA clients

Clients accessing the at-home EMA service have been unable to choose LARC methods due to the need for a nurse to fit the devices face-to-face as part of their abortion treatment (for the sub-dermal implant or contraceptive injection) or after their abortion is complete (for an IUD or IUS).

To ensure that at-home EMA clients are protected from unintended pregnancy following their abortion, we have been facilitating the offer of desogestrel progesterone only pills (POP), where suitable, as a default bridging method for new contraception users. The pills can be delivered by post along with the EMA medication as part of the client's full care package. This follows the good practice of providing POP as a bridging method that's suitable for remote assessment as outlined in the Faculty of Sexual and Reproductive Health Clinical Effectiveness Unit (FSRH CEU) clinical advice to support contraceptive provision during the pandemic.[i] However, as many providers of contraception are offering POP as standard for new contraception users until it is safe to resume usual face-to-face services, there have been some supply chain issues, including temporary delays to deliveries due to high demand.

We have also been able to offer combined hormonal contraception (CHC) pills to those who have had a contraception check-up, including BMI and blood pressure checks, in the last year in line with the FSRH CEU advice.

Contraception provision for face-to-face EMA clients

Clients who were not eligible for the at-home EMA service (for medical or safeguarding reasons) were invited to a face-to-face EMA appointment to collect the medication to take home with them, or a surgical abortion at one of our clinics.

Our face-to-face EMA clients can still access Etonogestrel implant (ENG-IMP) fitting, or depot medroxyprogesterone acetate (DMPA) commonly known as the Depo Provera® contraceptive injection, at the time of their appointment if they choose. A trained nurse can provide these options during the face-to-face consultation as part of the abortion treatment. Short-acting contraception options are also available at their appointment. However, any face-to-face medical abortion client requesting an intrauterine contraception (IUC) as their ongoing contraception will not be able to leave their abortion treatment appointment with their method of choice, as the abortion must be completed before the IUC is positioned.

Ordinarily, this makes it necessary for the client to return to our clinic for fitting, once the abortion is complete. Prior to the pandemic, in order to increase access to the contraceptive implant, IUD or IUS for clients who cannot have their LARC of choice at the time of abortion, we established a number of very popular nurse-led LARC appointment lists. These lists are distinct from abortion treatment appointments and require clients to return to a Marie Stopes UK clinic after their abortion is complete.

However, following guidance from the FSRH CEU, we paused all appointments for routine post-EMA LARC lists, to stop all unnecessary face-to-face appointments.[ii] We have also paused our training programme for contraception implant fitting.

For those unable to access an IUC fitting until normal service resumes, a bridging method, such as the contraceptive injection or POP, is offered to make sure the client protected against unintended pregnancy in the short term.

Contraception access for surgical abortion clients

The contraception pathway has not changed for our surgical abortion clients and we have been able to maintain a full range of face-to-face contraceptive options during the pandemic. A client having surgical abortion treatment can, if they choose, have inter-uterine contraception (IUC) fitted at the time of their procedure. They also may have the option of other LARC methods, such as the sub-dermal implant, which can be fitted by a trained clinician as part of their treatment. More short-acting methods we can provide include condoms, the contraceptive pill (combined and POP), and the contraceptive injection, which is often used as a bridging method if they would like more time to think about their ongoing method of contraception.

The impact of changes to services and remote consultations

LARC access

It is vital that people have access to the full-range of contraception to be able to control their futures – the social distancing guidelines have had a huge impact on our provision of post-abortion LARC. The abortion care option that our clients are eligible to proceed with also impacts the type of contraceptive methods that we can provide. The pause in our nurse-led post-abortion LARC appointments potentially have negative impacts on EMA clients in the short term as the user-dependent contraception options are not as effective as LARC in typical use.

When looking at the difference between the number of people who were able to access LARC from our abortion services during the pandemic (with data from 23rd March 2020 – 31st May 2020) compared with the same period last year, the figures are a cause for concern.[iii] As the number of face-to-face appointments has reduced, and with the cancellation of our post-EMA LARC appointments, on average we have seen a 22% reduction in the number LARC we have been able to provide across our sites during the pandemic. This means this pandemic has prevented near one thousand women from accessing LARC from our services alone, who would have otherwise been able to access post-abortion LARC, making them less protected from unintended pregnancy.

Our at-home EMA clients have been requesting LARC following their abortion, but understand the reasons why this has not been possible to offer to all clients during the pandemic. We believe that this delay to accessing LARC for at-home EMA clients has created a back log and demand post- lockdown will increase. Once all lockdown restrictions are eased, we will arrange appointments for those who wanted post-abortion LARC but were ineligible during lockdown.

Updated FSRH guidance, dated June 2020, on the restoration of services outlines a phased approach, considering social distancing and PPE use. [iv] We are working towards the phased reintroduction of some of our post-EMA LARC fitting appointments from July 2020.

In some areas of England, we are also commissioned by CCGs to provide independent vasectomy services, and these services have also been affected by the pandemic, with appointments being postponed from 23rd March 2020 in order to prevent non-essential travel and face-to-face contact. Our vasectomy services resumed week commencing 11th May in most areas.

However, a small number of CCGs have instructed us to not resume services to men from their area. This meant we had to cancel a number of pre-booked appointments, even though we had protocols in place to comply with NHSE / PHE requirements for resumption of elective services. Overall this has impacted around 413 vasectomy clients who are awaiting appointments in these areas.

Recommendations to overcome challenges and improve access

Access to effective contraception should be defined as essential healthcare and prioritised during the pandemic. The impact of an unwanted pregnancy is profound, and inaccessibility of LARC services is likely to have resulted in additional abortions during the pandemic. Although definitive data is hard to extract, Marie Stopes UK's Medical Director, who separately leads the NHS abortion service in Cornwall from a large acute Trust, is aware that their service has treated four patients who have required more than one abortion during lockdown as they could not access effective contraception (despite the service continuing to offer POP or CHC pills). This NHS Cornwall service delivers 0.5% of all NHS abortions, and if extrapolated to the whole NHS it is likely there has been a significant impact on women.

Since 2013, responsibility for commissioning sexual health services is split between local government, clinical commissioning groups and NHS England. As abortion is classed as a clinical service, we are commissioned by CCGs as an independent abortion care provider, unlike contraceptive services which are commissioned by local authorities (contraception in SRH services) or NHS England (contraception in GP services). As such, we are only commissioned to provide contraception, including LARC, post-abortion, even though we could deliver this essential service to any woman that needs it. This is particularly distressing as we know that many women needing an abortion became pregnant whilst on a waiting list to have their choice of LARC fitted. Even before the pandemic they often faced very long waits, and this is likely to have worsened.

Fragmented commissioning for contraception provision has had a negative effect on SRH services prior to the COVID-19 crisis, as outlined in our 2019 submission. As the country begins to recover from the pandemic, these negative effects will be amplified.

However, there are ways to overcome these challenges and bridge the commissioning gap. In Hertfordshire, where we run an early medical abortion clinic in Hemmel Hempstead, the local authority has commissioned us to provide a LARC only clinic to help bridge the gap between available local capacity and demand. We have agreed with our existing clinic host-site to have an additional day there during the week to accommodate this. Unfortunately, the pandemic has delayed the availability of this clinic until the beginning of July, which will be our first stand-alone LARC clinic that is not part of an abortion care pathway. This provides a template for us to run nurse-led LARC clinics in other areas to improve access and to take the strain off GPs and sexual health clinics following the pandemic.

Clinical commissioning groups, NHS England and local authorities must work together, planning services based on patient and population need. Creative co-commissioning will be crucial to ensure fragmentation of abortion and contraception commissioning does not lead to more women falling through the gaps in provision. We recommend the co-commissioning of independent abortion services to fit contraception, on behalf of GP surgeries and sexual health services, in order for specialist LARC services to be available for those who have been unable to access these contraceptive methods due to lockdown restrictions.

We call for government to mandate co-commissioning of sexual health services, to end fragmentation of services and allow patients to have all their contraceptive needs met following this pandemic and throughout their lives.

About Marie Stopes UK

Marie Stopes UK is an independent provider of abortion care services throughout England, and a country programme within the global charity, Marie Stopes International. Marie Stopes UK provides quality abortion services to more than 62,000 women every year, with 42 abortion clinic locations in England. We can offer both medical and surgical abortion services, as well as counselling, and post-abortion contraception. We also provide vasectomy services to around 5,000 men every year at 25 sites across England.

Marie Stopes UK runs clinics out of 42 sites across England. We describe these sites as Centres (premises that only provide Marie Stopes UK services) which offer both early medical abortion and surgical abortion services, and Early Medical Units (clinics hosted from within a GP surgery or Healthcare Centre) which offer early medical abortion (EMA). We have 7 Centres and 35 Early Medical Units.

Contact

Franki Appleton

Advocacy & Public Affairs Advisor | Marie Stopes UK

franki.appleton@mariestopes.org.uk

End Notes

[i] Faculty of Sexual and Reproductive Health, (2020), FSRH CEU clinical advice to support provision of effective contraception
during the COVID-19 outbreak. Available at: https://www.fsrh.org/documents/fsrh-ceu-clinical-advice-to-support-provision-of-effective/

[ii] ibid.

[iii] Comparisons between 2020 and 2019 LARC figures in Marie Stopes UK clinics has been made using data where information from both time periods is available. New clinics which opened after 23rd March 2019, or clinics which closed prior to 23rd March 2020 have not been included in the data set.

[iv] Faculty of Sexual and Reproductive Health, (2020), FSRH Position Restoration of SRH Services during Covid-19 and Beyond June 2020. Available at: https://www.fsrh.org/documents/fsrh-position-restoration-srh-services-covid-19/