NICE National Institute for Health and Care Excellence

NICE local government briefings

Contraceptive services

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Introduction

Since 1 April 2013, local authorities have had responsibility for ensuring the commissioning and delivery of all community and pharmacy contraceptive services (apart from services provided by GPs).

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (HM Government 2013) state that each local authority shall provide, or shall make arrangements to secure the provision of, open access and contraceptive services in its area. (This means local authorities cannot restrict access to people who live in the local area, or who are registered with a local GP, or on other grounds such as age.)

The regulations state that services should include advice on, and reasonable access to, a broad range of contraceptive substances and appliances as well as advice on preventing unintended pregnancy. When the regulations mention 'contraception' they are referring to both regular and emergency contraception.

Local authorities are also responsible for: sexual health promotion, sexual health education and training for staff in community services, human immunodeficiency virus (HIV) prevention, testing and treating sexually transmitted infections (STIs) and partner notification.

This briefing summarises some of NICE's recommendations for local authorities and their partner organisations on contraceptive services (in particular, for under-25s) and on the general use of long-acting reversible contraception (LARC). It is particularly relevant to health and wellbeing boards. NICE has also been asked to produce a quality standard for contraceptive services.

The National Institute for Health and Care Excellence (NICE) is an independent organisation providing guidance and advice to improve health and social care.

For further information on how to use this briefing and how it was developed, see About this briefing.

What can local authorities achieve by improving contraceptive services?

Reduce inequalities

There is a 6-fold difference in teenage conception and birth rates between the poorest and most affluent areas in England (Conceptions in England and Wales, 2011 – conceptions by area of usual residence, Office for National Statistics).

Young people who are socially or economically disadvantaged (including those who are homeless or unemployed) may find it difficult to use contraceptive services, as may members of some faith and religious groups.

Those who have physical or learning disabilities or mental health problems, may also find it difficult to use these services and may need additional support.

Young women aged under 25, particularly those who are socially disadvantaged, may not know how (or where) to obtain emergency contraception.

Even when they have this knowledge, they may face a number of barriers to obtaining it. For example, they may lack the confidence to explain the urgency of their need for a consultation in a busy community pharmacy. They may not be able to get to services or may be refused help.

Reduce unwanted conceptions

Areas where access to free contraceptives or contraceptive services is restricted or limited have a higher abortion rate than the national average (Sex, lives and commissioning, Advisory Group on Contraception 2012).

Teenage pregnancies

Greater access to information, advice and the full range of contraceptive methods will help to reduce teenage pregnancies and demonstrate progress against the public health outcomes framework indicator for under-18 conceptions (Public health outcomes framework for England, 2013 to 2016, Department of Health).

Although the rate of under-18 conceptions is the lowest since 1969, at 35.5 conceptions per 1000 women aged 15–17, teenage pregnancy rates are still unacceptably high (Conceptions in England and Wales, 2010 – key findings, Office for National Statistics 2010).

Teenage pregnancy can affect the life chances of both the mother and her child. Babies of teenage mothers have a higher risk of dying in their first year and have a significantly increased risk of living in poverty, achieving less at school and being unemployed in later life.

More than 50% of teenage pregnancies end in abortion (Abortion statistics, England and Wales: 2011, Department of Health 2012).

Women aged 20 and over

Women aged 20 and over can also be at risk of poor sexual health. For example, 4 out of 5 (80%) abortions are performed on women in this group (Conceptions in England and Wales, 2010 – key findings, Office for National Statistics 2010).

Established campaigns and services aimed at teenagers may not be as relevant to older women. Their lifestyles are likely to be different, and different factors may influence their choice of contraception (Healthy women, healthy lives? The cost of curbing access to contraceptive services, All-Party Parliamentary Group on Sexual and Reproductive Health in the UK, 2012).

Save money

Investment in contraception saves money by reducing unintended pregnancy rates. This, in turn, will reduce costs for:

- the NHS – antenatal and postnatal care for mothers and healthcare for babies and children

- the education system – teenage mothers often experience disrupted education and low achievement at school and their children are more likely to have low aspirations and achievement
- welfare – teenage parents are likely to be unemployed and reliant on benefits.

What NICE says

NICE recommendations

This section highlights the type of activities that NICE's recommendations on contraceptive services (in particular, for under-25s) and the use of long-acting reversible contraception, published up to March 2014, cover. Those with responsibility for directly commissioning, managing or providing services are advised to read the recommendations in full by following the hyperlinks.

Following NICE's recommendations on contraception and contraceptive services will help you make the best and most efficient use of resources to improve the health of people in your area.

Contraceptive services

Basic principles

- People should be able to choose the most effective method of contraception that best suits their individual needs and lifestyle, so making it more likely that they will use contraception and use it effectively.
- People should have access to contraception services at times, and in places, that are convenient to them (for example, sited near colleges). They should also be provided with information and advice on all types of contraception (verbal and written).
- NICE's guidance includes everyone under age 16 who is competent to consent to contraceptive treatment, according to the Department of Health (Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health, Department of Health 2004).

- It is considered good practice to follow the criteria outlined by Lord Fraser in 1985, commonly known as the Fraser guidelines or as 'Gillick competence' (See Facts and figures).

Commissioning priorities

- Map the current range of local services (including community and pharmacy services), service activity levels and capacity across all contraceptive service providers.
- Use the data to develop an action plan setting out organisational responsibilities for local services for young people, including those who are socially disadvantaged.
- Involve young women and men, including those who are socially disadvantaged, in assessing the need for services and in planning, monitoring and evaluating services.
- Establish collaborative, evidence-based commissioning arrangements between different localities. Ensure no one is denied contraceptive services because of age, restrictions on methods or where they live.
- Ensure all contraceptive services (including those provided in general practice) meet, as a minimum requirement, the Department of Health's You're welcome quality criteria. They should also meet the Service standards for sexual and reproductive healthcare specified by the Faculty of Sexual and Reproductive Healthcare.
- Establish patient group directions (PGDs)[1] and local arrangements to ensure all young women can easily obtain free oral emergency contraception.

For details see joint commissioning of integrated services and assessing local need on NICE's 'Contraceptive services with a focus on young people aged up to 25' pathway.

Comprehensive high quality services for young people

Information

- Provide clear information in formats that are accessible for those with sensory impairments and learning disabilities, with low levels of literacy, or whose English may be poor.
- Provide information about the full range of contraceptive methods available, including emergency contraception (both oral and intrauterine) and long-acting reversible

contraception (LARC), and the benefits and risks of each method and how to manage any side effects.

Advice

- Offer culturally appropriate, confidential, non-judgmental, empathic advice and guidance according to the needs of each young person.
- Set aside adequate consultation time to encourage young people to make an informed decision, according to their needs and circumstances.
- Offer advice on the most effective methods and how to use them effectively and consistently.

For details see providing accessible NHS services – opening times, locations and general approach on NICE's 'Contraceptive services with a focus on young people aged up to 25' pathway.

Choice

- Provide the full range of contraceptive methods, including LARC, condoms to prevent transmission of sexually transmitted infections (STIs) and emergency contraception (both oral and intrauterine). **Or**
- If this is not possible, provide contraception to meet immediate needs and arrange access to services that can offer advice and timely provision of the full range of methods.

For details see providing accessible NHS services – opening times, locations and general approach on NICE's 'Contraceptive services with a focus on young people aged up to 25' pathway.

Access

Services should:

- be flexible, for example, by offering out-of-hours services at weekends and in the late afternoon and evening
- be available both without prior appointment (drop-in) and by appointment in any given area
- provide appointments within 2 working days

- be open to young people aged under 16 without a parent or carer.

For details see providing accessible NHS services – opening times, locations and general approach on NICE's 'Contraceptive services with a focus on young people aged up to 25' pathway.

Confidentiality

- Ensure young people understand that their personal information and the reason why they are using the service will be confidential.
- Reassure young people that they will not be discussed with others without their explicit consent. Explain that sharing information with another professional may be necessary, for example, to protect them from possible harm or abuse. If this is the case, the young person should be told who needs to be informed and why.
- Service managers should ensure staff are trained to understand the duty of confidentiality and adhere to the recommendations and standards laid out in their organisation's confidentiality policy.

For details see social care and other children's services in the public, private and voluntary sectors on NICE's 'Contraceptive services with a focus on young people aged up to 25' pathway.

Testing

- Provide free and confidential pregnancy testing with same-day results and, if appropriate, offer counselling or information about where to obtain free counselling.
- Assess the risk of an STI, advise testing if appropriate, and provide information about local STI services.

For details see providing accessible NHS services – opening times, locations and general approach on NICE's 'Contraceptive services with a focus on young people aged up to 25' pathway.

Providing condoms in addition to other methods of contraception

- Advise all young people to use condoms consistently and correctly in addition to other contraception. Condoms should always be provided along with other contraception because they help prevent the transmission of STIs.
- Ensure free condoms (including female condoms) are readily accessible (this could include, for example, at colleges and youth clubs).

For details see 'Providing condoms in addition to other methods of contraception' in schools and other educational establishments on NICE's 'Contraceptive services with a focus on young people aged up to 25' pathway.

Providing emergency contraception

- Ensure young women (and young men) know where to obtain free emergency contraception.
- Inform young women that an intrauterine device is a more effective form of emergency contraception than the oral method and can also be used on an ongoing basis.
- Ensure young women have timely access to an intrauterine device for emergency contraception.
- Ensure arrangements are in place to provide a course of oral emergency contraception in advance, in specific circumstances where the regular contraceptive method being used, for example condoms or the pill, is subject to 'user failure'[2].

Advise young women who are given oral emergency contraception that:

- it needs to be used as soon as possible after sex and that it is only effective if taken within a limited time
- other methods are more effective and reliable as a primary method of contraception.

For details see providing young women with emergency contraception on NICE's 'Contraceptive services with a focus on young people aged up to 25' pathway.

Please note: evidence shows that providing oral emergency contraception in advance does not encourage risky sexual behaviour. In addition, it does not mean people stop using other kinds of contraception (see the Cochrane paper Advance provision of emergency contraception for pregnancy prevention).

Workforce training and professional development

Commissioners and managers should ensure:

- health professionals working in contraceptive services have received the post-registration training required by their professional body
- support staff receive training in how to offer basic information and advice about contraception
- health professionals who advise young people about contraception are competent to help them compare the risks and benefits of the different methods
- all staff working for contraceptive services for young people, including administrative staff, know about the duty of confidentiality and child protection processes and legislation.

For details see training for health professionals and others involved in providing contraceptive services for young people on NICE's 'Contraceptive services with a focus on young people aged up to 25' pathway.

[1] Patient group directions enable suitably qualified nurses and pharmacists to dispense specific medicines in specific circumstances.

[2] Methods where there can be 'user failure' are those that the user has to think about regularly or each time they have sex and which must be used according to instructions (such as condoms or the pill).

Impact on resources

Long-acting reversible contraception

All long-acting reversible contraception (LARC) methods (intrauterine devices [IUDs], the intrauterine system [IUS], injectable contraceptives and implants) are highly cost effective.

LARC is more cost effective than the combined oral contraceptive pill, even after 1 year of use (Long-acting reversible contraception, NICE clinical guideline 30).

Oral emergency contraception

Oral emergency contraception is estimated to be more effective (and less costly) if provided in advance, than if the pills are provided when the emergency arises (Modelling the cost-effectiveness of interventions to encourage young people, especially socially disadvantaged young people, to use contraceptives and contraceptive services, economic modelling report for NICE clinical guideline 51).

Facts and figures

Below are other facts and figures on contraceptive services.

Oral emergency contraception

Oral emergency contraception (levonorgestrel or ulipristal) is available free of charge from: contraceptive services, family planning clinics, young people's advisory services, student health services, NHS walk-in centres and genito-urinary medicine (GUM) clinics.

Young people aged over 16 years can buy the oral emergency contraceptive pill without prescription but it costs about £25, which is unaffordable for many. Pharmacists have the right to refuse to provide it, but they should always give young women details of other local services where they can be seen urgently.

Although oral emergency contraception is sometimes referred to as the 'morning after' pill, this term is misleading. In reality, the traditional type (1.5 mg levonorgestrel) needs to be taken within

3 days of unprotected sexual intercourse. The newer version (30 mg ulipristal acetate) is licensed for up to 5 days after sex. The earlier that either of these pills is taken the better: it works best if taken within 12 hours (Hormonal methods, British National Formulary).

It is thought that 95% of pregnancies after unprotected sex are prevented if levonorgestrel is taken within 24 hours, 85% if taken within 24–48 hours, and 58% if taken 49–72 hours after intercourse. If it is taken more than 72 hours later it is unlikely to be effective (Emergency contraception, Faculty of Sexual & Reproductive Healthcare Clinical Guidance 2011).

Fraser guidelines

Under the Fraser guidelines (also called 'Gillick competence') those providing contraceptive services should believe that:

- the young person understands the health professional's advice
- they cannot persuade the young person to inform his or her parents that he or she is seeking contraceptive advice
- the young person is very likely to begin, or continue having, intercourse with or without contraceptive treatment
- unless he or she receives contraceptive advice or treatment, the young person's physical or mental health, or both, are likely to suffer
- the young person's best interests require the health professional to give contraceptive advice or treatment, or both, without parental consent.

Support for planning, review and scrutiny

Local authority scrutiny activities can add value to strategies and actions to improve the public's health. Effective scrutiny can help identify local health needs and check whether local authorities are working in partnership with other organisations to tackle the wider determinants of health. NICE guidelines and briefings provide a useful starting point, by suggesting useful 'questions to ask' during the scrutiny process.

A range of other support tools are available on the Centre for Public Scrutiny website and via Into practice on our website.

About this briefing

This briefing is based on NICE guidance published up to March 2014 about contraceptive services (in particular, for under-25s) and the use of long-acting reversible contraception (see the NICE website for details of published briefings and briefings in development). It was written with advice from NICE's Local Government Reference Group and using feedback from local authority officers, councillors and directors of public health.

It is for local authority officers and elected members and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. This includes: commissioners of contraceptive and sexual health services, local authority officers and councillors, directors of public health, and commissioners and directors of adult social care and children's services. It will also be relevant to members of local authority scrutiny committees.

This briefing may be used alongside the local joint strategic needs assessment to review or update the joint health and wellbeing strategy.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

About NICE guidance

NICE guidance offers:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes
- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines
- an assessment of the effectiveness and cost effectiveness of public health interventions.

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