

**Response to Mini-  
Commentary on 'Would an  
exclusive contraceptive  
clinic help meet the needs  
of patients attending an  
integrated sexual health  
clinic?'**

It was interesting to read Sharon Moses' thoughtful commentary questioning the role of an 'express'

contraceptive service in a community sexual health clinic and advocating improving contraceptive provision in primary care, the primary provider of contraception in the UK.<sup>1</sup> My colleagues in Newcastle, however, support this service innovation as they feel that women in their late teens and early twenties have been overlooked in the process of sexual health service integration and are at risk of unplanned pregnancy. A number of women attending our sexual health walk-in clinics had had to wait several hours to receive further pills or their injection. Given an 'express' service for asymptomatic sexually transmitted infection (STI) screening, is it not reasonable to offer a similar service for those needing further contraceptive supplies?

The separation of sexual health commissioning in England has led to women aged 20+ years finding it difficult to access 'same-day' contraceptive help. Due to the increase in primary care workload, many women report being unable to see their general practitioner (GP) or practice nurse for several days and then are provided with unsuitable appointment times. A growing number of GP practices are no longer providing comprehensive contraceptive care due to pressure of work and withdrawal of long-acting reversible contraception (LARC) contracts.

Integration of sexual health services may work for the young, those at risk of STIs and some vulnerable groups but not those who work, have young children, are from a number of the black and minority ethnic communities, or at low risk of STIs and are requesting further contraceptive supplies. In Newcastle we have a protected number of 'contraceptive' appointments otherwise we would be overrun with those requesting help with 'STI issues' that frequently are not STI-related but fall into the category of 'primary care' urology, dermatology and gynaecology problems. Patients are quick to learn that sexual health services provide walk-in clinics where patients can be seen that day and treatment is dispensed free of charge for 'STI' problems.

The setting up of an 'express' contraceptive clinic<sup>2</sup> is not 'dumbing down' of a service or failing to provide high-level 'sexual health provision' as these services will identify those who would benefit from STI testing and meet the needs of those who are being failed by

the current pressures placed on our National Health Service.

**Diana Mansour**, FRCOG, FFSRH

Head of Clinical Service, Sexual Health, Newcastle upon Tyne Hospitals NHS Foundation Trust, New Croft Centre, Newcastle upon Tyne, UK; Diana.Mansour@nuth.nhs.uk

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## REFERENCES

- 1 Moses S. Mini-Commentary on 'Would an exclusive contraceptive clinic help meet the needs of patients attending an integrated sexual health clinic?' *J Fam Plann Reprod Health Care* 2015;41:312–313.
- 2 Percy LA. Would an exclusively contraceptive clinic help meet the needs of patients attending an integrated sexual health service? *J Fam Plann Reprod Health Care* 2015;41:309–311.