

Patients at a London integrated sexual health clinic are concerned at redirection of contraceptive prescriptions

The drive for integrated sexual and reproductive healthcare (SRH) services in the UK has greatly improved access for women, and has demonstrable benefits.^{1 2} Services

are now under unprecedented strain, having been affected by large budget cuts in the face of increasing demand. Some local authorities have said that Level 3 (specialist) services should provide only the initial contraceptive prescription, thereafter redirecting women to either primary care or community pharmacies.

Our clinic is in inner London where local rates of sexually transmitted infections and unintended pregnancy remain high, despite a large decrease in teenage pregnancy during the past 10 years.³ We were concerned about the potential effect of changing channels of contraceptive provision and sought the opinion of female service users. Women who were prescribed the contraceptive pill, patch or ring or progesterone injection during the period February to April 2017 were invited to complete an anonymous online survey during their consultation. If they agreed, they received a text message with a link to complete the questionnaire.

The response rate was 46% (174/378). Most respondents were aged 18–34 years (150 women), of white ethnic group (133), and in full-time employment (118) or education (41).

Nearly two-thirds of respondents (109 women) were seen as walk-in patients. The largest proportion of women were prescribed a pill for contraception (108). Most were attending for an initial (49) or repeat prescription of contraception (92). Ease of access (129) was a main reason for attending the integrated service, with speed of appointment (90) another key factor.

Most respondents (150 women) were registered with a general practice. Most of these women (142) were concerned about the proposals to redirect contraceptive prescription, mainly because of difficulty in accessing primary care appointments (122). Many of them were concerned that the external proposals would lead to a difficulty in obtaining regular prescriptions (99) and in unintended pregnancy (68).

Our survey highlights the value patients place on open access to skilled professionals providing holistic SRH. It correlates with evidence detailing the benefits of integrated services, particularly when primary care services are restricted and overstretched. The public is concerned by the proposals to redirect the availability of contraceptives, which ignore women's need for integrated SRH and its importance to them.

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