Access to contraception: why patient choice matters

The Department of Health's 'A Framework for Sexual Health Improvement in England' states an ambition to "increase access to all methods of contraception, including long-acting reversible contraception (LARC) methods and emergency hormonal contraception, for women of all ages and their partners".[1] The London Sexual Health Transformation Project is a collaboration between 29 London boroughs aiming to improve access to sexual health and contraceptive services. Their vision is for a network of integrated 'one-stop shops' working closely with primary care to provide basic family planning services, with fewer Level 3 centres serving people with more complex sexual health needs.[2] Individuals with complex contraception needs may include people living with HIV, those who have been sexually assaulted, or those with support needs such as recreational drug use or English as a second language.

With this in mind, it is a concern that three of our local boroughs (Kensington & Chelsea, Westminster, and Hammersmith & Fulham) have the lowest general practitioner (GP) prescribing rates for LARC across all London primary care trusts.[3] In Kensington & Chelsea this was as low as 0.5 per 100 registered women aged 15 to 44 years.[3]

A questionnaire completed by 329 female service users at our four London genitourinary medicine (GUM) clinics (John Hunter Clinic, 56 Dean Street, West London Centre for Sexual Health, and West Middlesex Hospital) between January and February 2016 demonstrated that 38% (33/86) of non-LARC users and 27% 29/109) of LARC users had experienced difficulty accessing any form of contraception prior to attending GUM. Of these, the vast majority (88%; 55/62) said that their GP had no available appointments or did not offer a contraceptive service. Most users (77%; 126/164) preferred to have their sexual health and contraceptive needs met in an integrated service, and 83% (273/329) of clients found our service 'easy' or 'very easy' to access. The median LARC waiting time at our GUM clinics was 1–2 weeks.

We know that, for every £1 spent on contraception, £11 is saved in other healthcare costs.[4] Having expanded our LARC provision in recent years, these clinics remain popular and waiting times are competitive, even accounting for those needing to defer intrauterine contraception fittings until pregnancy has been excluded. Our findings suggest that there is difficulty in women accessing contraceptive services within primary care locally. Our integrated sexual health services demonstrated both the ability to offer a timely LARC service and address sexually transmitted infection testing needs. We believe future restriction to these services would be detrimental to contraceptive provision and lead to deskilling of staff crucial to the development of integrated networks.

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Correction notice This paper has been amended since it was published Online First. Owing to a scripting error, some of the publisher names in the references were replaced with 'BMJ Publishing Group'. This only affected the full text version, not the PDF. We have since corrected these errors and the correct publishers have been inserted into the references.

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