

**Centre for Cultures of Reproduction, Technologies and Health (CORTH)
University of Sussex**

Submission lead: Dr Paula Baraitser (Director SRH:24; Kings College Global Health)

CORTH contributors: P.C. Eziefula (Brighton and Sussex Medical School), Hayley Macgregor (Institute of Development Studies), Maya Unnithan (Director of CORTH) and Maria Moscati (University of Sussex).

Submission of Research Evidence on Inquiry into Access to Contraception

Submitted to the All-Party Parliamentary Group on Sexual and Reproductive Health in the UK.

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Submission of research evidence on contraception

1. The impact of changes to services brought about by the pandemic on access to contraception, and availability of appropriate services.

As a result of the pandemic, access to both sexual health services and general practices was limited to consultations for emergencies only.

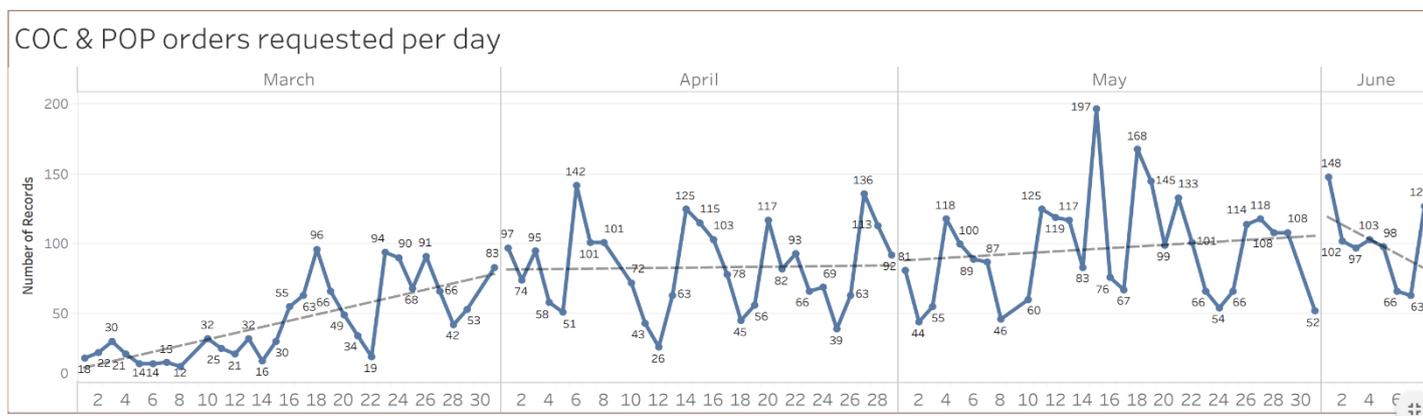
The Faculty of Sexual and Reproductive Health Care provided guidance promptly on safe provision of contraceptive methods without face-to-face consultations. This included guidance on telephone consultations and the extended use of Long Acting Reversible Methods of contraception.

In general practice where telephone consultations and the transmission of electronic prescriptions to local pharmacies is already standard practice then the switch to remote provision of most methods of contraception (except LARC) happened rapidly, although this approach still involved a pharmacy visit during the lockdown period, something that was impossible for those who were self isolating or shielding vulnerable household members. In limited cases local pharmacies were however able to deliver where there were prepayment certificates and through local NFS volunteers.

The increased demand for health care generated pressure on GP services to provide sufficient telephone appointments with priority given to those who were acutely unwell. This meant that in many cases access to telephone consultations for those who required contraception was difficult.

Specialist services had less experience of either telephone consultations or the posting medications and were slower to respond. In these services there are limited existing systems for remote prescribing and for the dispensing, packaging and posting of sexual health related medication.

Online services, such as SH:24 (www.sh24.org.uk) had existing services for remote management and were commissioned in many areas to fill these gaps. SH:24 has pioneered the provision of remote contraceptive services for the NHS and had existing safe prescribing systems in place for emergency contraception, the combined pill and the progestogen only pill. SH:24 provides comprehensive digital information to support decision making with online ordering of contraceptives. Users complete an online medical history which is reviewed by a specialist contraceptive clinician. If the user is medically eligible for their contraception of choice then an electronic prescription is sent to a UK registered online pharmacy who post the medication to the user's home by Royal Mail,



Error! No text of specified style in document.-1 Figure 1: number of COC and POP orders delivered by SH:24 per day.

tracked (but not signed for) delivery. The maintenance of postal services throughout the pandemic period meant that these services continued without disruption.

2. The extent to which people are able to easily access contraceptive methods in a way that takes account of their holistic sexual and reproductive health needs, while complying broadly with social distancing measures.

The majority of sexual health testing for people without symptoms is already done online. Since the social distancing restrictions came into force in March 2020, almost all sexual health testing has moved online. This included testing people online who had symptoms that did not require urgent care. In this way the remit for online testing expanded. Online services across the UK have seen a sustained increase in testing during the lockdown period.

3. The impact of current commissioning structures, be it positive or negative, on facilitating appropriate and quick access to contraception during the pandemic.

In many areas commissioners responded rapidly to provide online capacity to supplement the reduced clinic capacity that was a result of clinic closures. This was often where they had existing relationships with online services and were able to agree an extension to an existing contract.

4. The effectiveness of the remote consultation systems employed by many contraception providers in response to the pandemic, and any implications, be they positive or negative, for patients' access to care in the short or long term.

Faculty of Sexual and Reproductive Health guidelines suggest that collection of a medical history by remote means prior to a prescription for contraceptives is acceptable. Evaluation by SRH: 24 suggests that the accuracy of information provided within online medical assessments is very sensitive to the way that they are structured, worded and supported. Factors such as the medium of assessment, the visibility of the clinical team who view the information and clear information about the importance of each question are important (Baraitser et al, under review; McCulloch et al, 2020).

5. Inequalities in accessing contraception by, for example, region, ethnicity, disability, age, sexuality, gender, mental ill health, drug or alcohol dependence, and amongst migrant or asylum-seeking women.

Evaluation of the work of SH:24 suggests that early adopters of a free, online contraceptive service broadly reflect the population of the local area in terms of ethnic diversity and deprivation as measured by IMD. The study showed a lower level of repeat ordering among BME service users and further research is required to understand this (Rezel-Potts et al, 2020).

Evaluation of online STI testing suggests that uptake is similar across age, ethnicities, sexuality (Wilson et al, 2017).

6. Examples of good practice, in all settings, which are improving or facilitating access to contraception during the pandemic.

SH:24 existing providers of online services responded quickly to the pandemic, scaling online services rapidly to meet demand while maintaining a high quality of care.

Public Health England rapidly generated a tender framework for a national online STI and contraceptive service to be delivered by multiple providers and incorporating a wide range of contraceptive services.

King's College Hospital sexual health services has moved all contraception online and will provide appointments for LARC counselling with direct booking into an appointment for the fitting process. This minimises face-to-face contact while providing rapid access to a convenient service.

7. Potential challenges or obstacles to the restoration of contraception services, including workforce, implications for social distancing, increases in demand or backlogs and supply chain.

Most contraceptive services can be delivered remotely with the exception of IUD/IUS and implants. While many NHS Trusts seek to build their own online prescribing functions, this is challenging within NHS IT infrastructure and there is a danger that systems developed within inflexible structures will result in poor user experience for both service users and staff.

8. Recommendations for work which could be taken by bodies including DHSC, NHS England, Public Health England, Health Education England, CCGS, local authorities and others to overcome challenges and improve access and standards of care during the next stages of the pandemic.

PHE has generated a tender framework for a national online STI and contraceptive service to be delivered by multiple providers and incorporating a wide range of contraceptive services. This is a useful endorsement of online sexual health services as a way forward.

Quality standards in online sexual health service provision are important. There are existing standards from FSRH and BASHH these will need development and updating.

Note: The lead author is a senior associate of the CORTH research centre and is a clinician providing SRH services as founding director of SRH:24

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