

Reduced Access to choice of Contraception in Primary Care 2017-2022

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Introduction

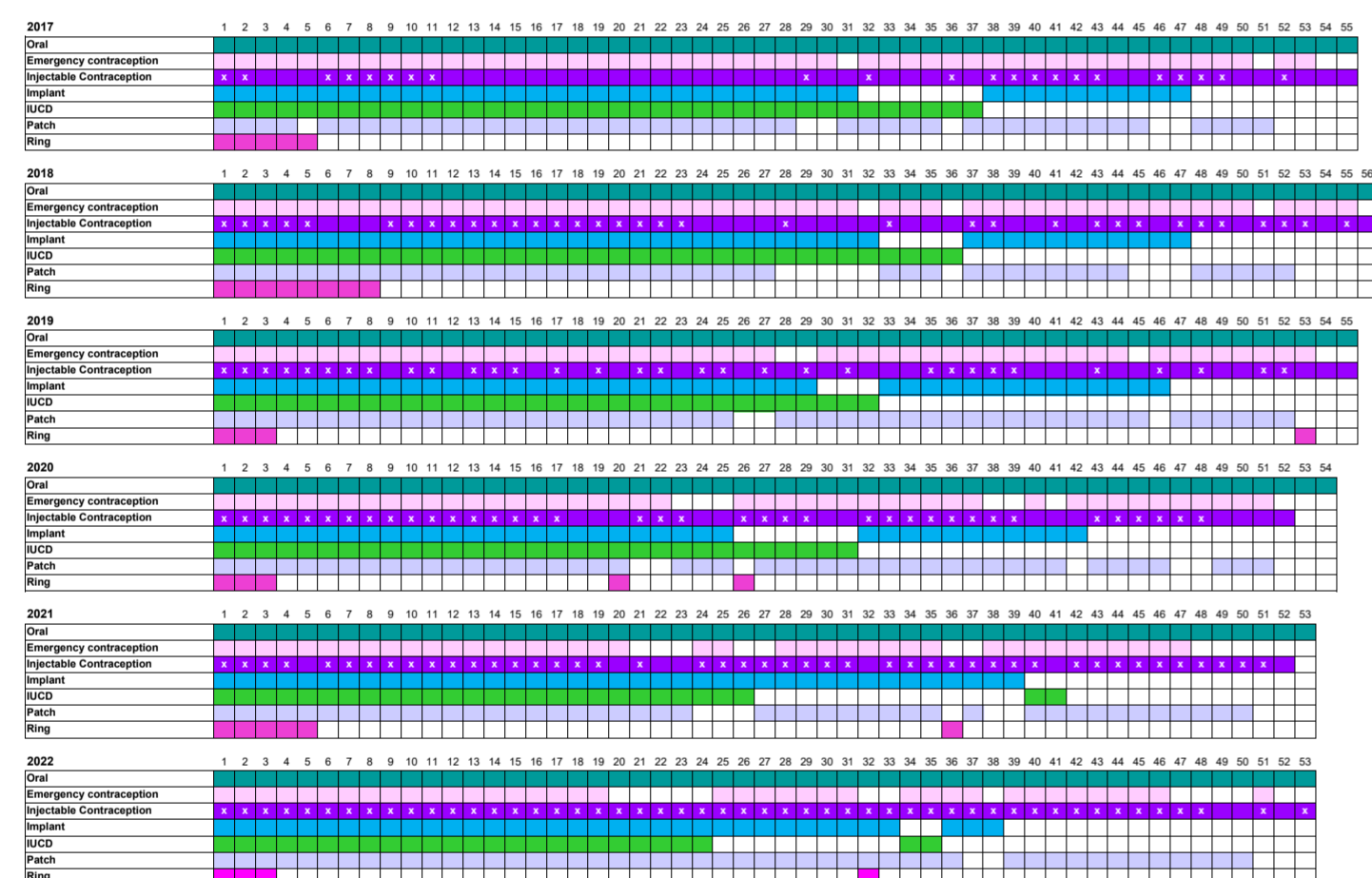
Scottish Government Policy¹ and the FSRH Hatfield vision² set improving access to contraception as a priority. The majority of contraception provision in Scotland, as elsewhere in the UK, via Primary Care.

Method

Microsoft Excel was used to analyse Ayrshire and Arran Health Board's primary care and the local integrated sexual health service prescribing data from 2017 to 2022. Publically available prescribing data from Public Health Scotland was also analysed.

Results

Practice numbers varied by year due to practice opening/mergers. There is wide variation in the range of contraceptive methods available in practices (figure 1) Each column is a practice.



X= self administered injectable contraceptive injection prescribed.

NB individual practices not necessarily in same position in each chart.

All practices prescribed oral contraception. In 2021, one practice only prescribed oral contraception.

More practices are prescribing self-administered injectable contraception. The contraceptive ring is rarely prescribed in this area. No practices prescribed a diaphragm or cap.

Fewer practices are prescribing oral emergency contraception. Numbers are small as in Scotland most emergency contraception is obtained free via pharmacies.

Practices prescribing:	2017	2018	2019	2020	2021	2022
Oral method only	0%	0%	0%	4%	2%	0%
Oral and injectable contraceptives only	7%	7%	6%	6%	4%	6%
IUCDs	67%	66%	58%	57%	53%	49%
Implants	75%	77%	80%	67%	74%	68%
No vLARC* methods at all	15%	16%	16%	22%	23%	28%

* vLARC= very long acting methods of contraception i.e. implant and IUCD

Government data shows that provision of intrauterine contraception and contraceptive implants in primary care shows a long term decline and the sexual health department has not been able to absorb the extra work, as shown in Public Health Scotland data (Figures 2 & 3).

Figure 2: Contraceptive Implants NHS Ayrshire & Arran Primary Care and Sexual Health Department (Public Health Scotland Data³)

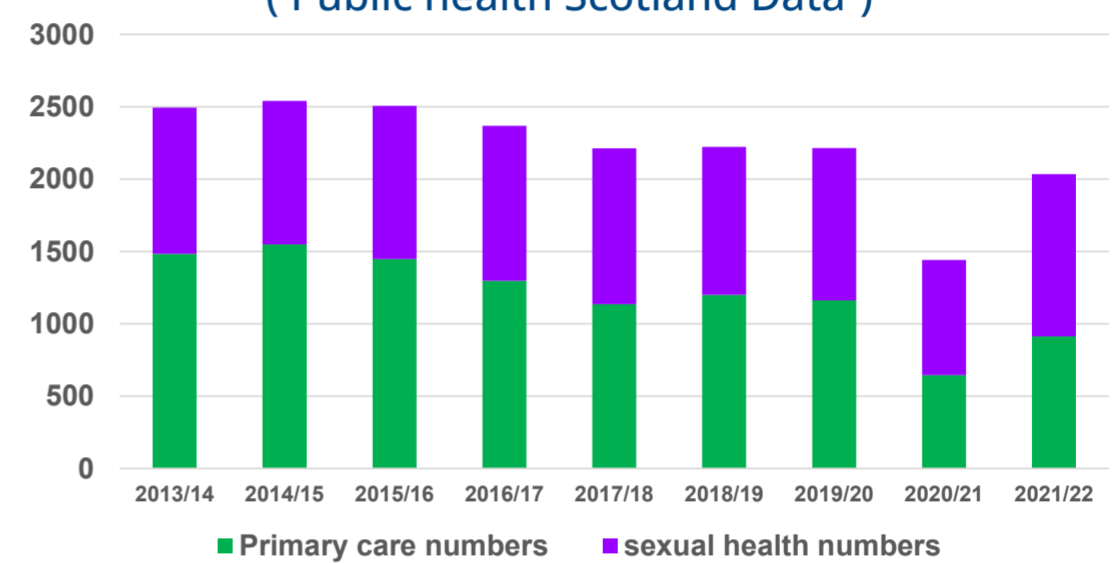
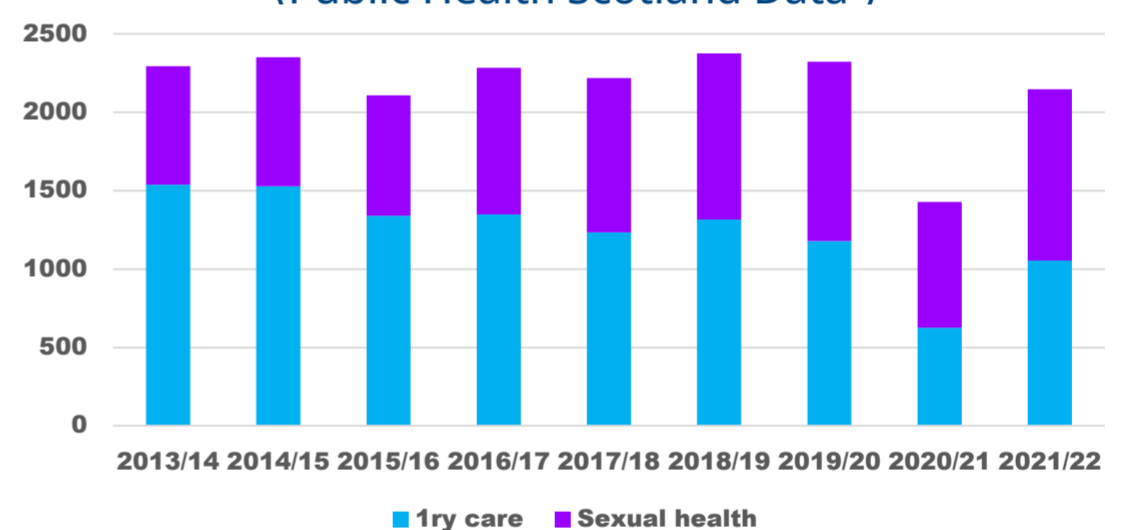


Figure 3: Intrauterine Contraception NHS Ayrshire & Arran Primary Care and Sexual Health Department (Public Health Scotland Data³)



Over 5 years the number of practices providing no vLARC has increased from 15% to 28%, reducing the choice of contraception available in those practices.

The number of practices providing intrauterine contraception declined from 67% to 49%.

The number of practices providing contraceptive implants declined from 75% to 68%.

The integrated sexual health service has not been able to absorb the extra work so overall provision of vLARC has declined.

Conclusion

The Scottish Government Women's Health Plan sets improved access to contraception as a priority. Data shows unequal and declining access within Primary Care in our Health Board area since 2017. There is a large and unexplained variation in access to different methods of contraception between GP practices within a health board area. Choice has been reducing and this was accelerated by the COVID pandemic.

Fewer practices are providing very long acting reversible contraception (vLARC= contraceptive implants, intrauterine contraception). Provision of vLARC has been declining for many years and has not recovered to pre-pandemic levels.

References

1. Scottish Government Women's Health Plan Scottish Government 2021 <https://www.gov.scot/publications/womens-health-plan>
2. The FSRH Hatfield Vision, Faculty of Sexual And Reproductive health 2023 <https://www.fsrh.org/news-and-advocacy/the-fsrh-hatfield-vision>
3. <https://publichealthscotland.scot/publications/long-acting-reversible-contraception-larc-key-clinical-indicator-kci/long-acting-reversible-methods-of-contraception-larc-in-scotland-year-ending-31-march-2022/>