Access to Contraception

ARE WE FAILING WOMEN?

Thomas Hesse, ST4 in CSRH
Background

Why now

Why me

Project scope

Context

- Mid-2017 GMCA population: 2,798,799
- Group of interest, Women aged 15-44 : 561,336
- 5.3% of population of women 15-44 living in England
SRH services - Tendering hurts

Main method in SRH

Service restructure post tender

Provider A July’16

Provider B Oct’15

Provider C Sept’16

Provider D Mar’18
SRH services- Youngest hurt the most

<25’s most affected by declining provision

Younger women most affected by service restructure

Women using SRH services (GMCA)

-53%  -46%  -33%  -26%  -17%  -9%  -9%
SRH services- Youngest hurt the most

<25’s most affected by declining provision

Younger women most affected by service restructure
What’s happening in General Practice?

Bulk of OCP provision in GP
- GP unable to absorb drop in SRH provision

Commissioners have a poor grasp of activity

SRH- OCP as main method

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What are GPs up to?

Bulk of OCP provision in GP
- GP not accommodating drop in SRH provision

Commissioners have access to incomplete data
- Registers of LES not reflective of activity
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Bulk of OCP provision in GP
- GP not accommodating drop in SRH provision

Commissioners have access to incomplete data
- Registers of LES not reflective of activity
- Significant inter-practice variation
The Implications

- Cost saving
  - R.O.I £4.61 per £1 over 5yrs
  - R.O.I £9.00 per £1 over 10yrs
Conclusions

- Cost saving
  - R.O.I £4.61 per £1 over 5yrs
  - R.O.I £9.00 per £1 over 10yrs
- General decline in SRH provision
  - Tendering hurts
  - <25’s hurt the most
- GP provision
  - Unable to buffer declining SRH provision
  - Difficulty in monitoring provision
  - Opportunity to review indicators

Any Questions?
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