Harnessing the potential of long-acting reversible contraception (LARC) to improve public health, generate savings, and cut waiting lists: a consensus statement

We are calling on the Government to take action on a major public health issue that is driving significant inequalities in women's reproductive health* and placing an avoidable burden on the NHS.

Reproductive health has far-reaching impacts – affecting women's experiences throughout their lives, along with their families, the NHS, and the wider economy.[1] LARC has a key role in supporting women's reproductive health, but women currently face a stark postcode lottery in access to LARC from their general practice following a decade of insufficient funding and fragmented commissioning. Building on work to establish a Women's Health Hub in every Integrated Care System (ICS), the Government must now take steps to eradicate this postcode lottery by asking all local systems to jointly commission integrated LARC pathways – underpinned by a nationally-set, minimum fee for LARC in primary care – so that local, accessible, and acceptable LARC provision is in place for every woman.

What is the current crisis in primary care LARC access?

LARC methods are highly clinically and cost-effective forms of contraception.[2] They help women to prevent unplanned pregnancies, while the intrauterine system (IUS) also supports women's gynaecological health as the NICE-recommended first-line treatment for heavy menstrual bleeding (HMB) in women with no identified pathology or large fibroids or adenomyosis.[3]

Government analysis illustrates the significant return on investment that could be harnessed through improved provision: *every £1 invested in the provision of LARC in primary care saves £48 in healthcare and non-healthcare costs over 10 years.*[2] This return on investment is currently underpowered:

- Fragmented commissioning arrangements mean that many general practices or community services are unable to provide LARCs for gynaecological purposes[4]
- 84% of LARC fitters report that the fitting fee paid for gynaecological LARC does not cover the cost of providing the service, rising to 89% when considering the fitting fee for contraceptive LARC[4]
- Variation in fitting fees is stark, with fitters reporting a range of £25 to £200 in the fees paid to fit across the range of LARC methods and indications[4]

Uptake of LARC from primary care currently remains far below pre-pandemic levels, with unwarranted variation of LARC fitting rates (excluding injection) from less than 5 per 1,000 women to over 75 per 1,000 women across different parts of England.[5] This is leaving too many women at avoidable risk of unplanned pregnancy or suffering from disruptive HMB symptoms.

What is the opportunity offered by improved LARC provision?

Action to tackle this postcode lottery would unleash system-wide benefits in line with Government priorities for health and care, within and beyond the remit of the Women's Health Strategy:

National ambitions for the NHS	How can improved access to LARC in primary care help?
"We must continue to narrow health inequalities in access, outcomes, and experience"[6] **(NHS Operational Planning Guidance)**	Standardising access to LARC in primary care will be critical in overturning the current postcode lottery – under which the most deprived communities are those most affected by inadequate LARC access.[5] Women in the most deprived areas of England are more than twice as likely to have an abortion as those in the least,[7] while the burden of unhealthier pregnancies – which are more likely to be unplanned[8] – falls disproportionately on deprived and marginalised women.[9]
"NHS waiting lists will fall and people will get the care they need more quickly"[10] **(Prime Minister's priorities for Government 2023)**	In line with NHS Getting it Right First Time (GIRFT) recommendations published in 2021, enhancing access to LARC in primary care will bring care closer to home for more women with HMB.[11] This will reduce unnecessary pressure on secondary care gynaecology services, whose waiting lists have grown by over 60% compared to

* **Bayer recognises that access to reproductive healthcare is essential to anyone assigned female at birth, no matter how they identify. Bayer therefore supports and advocates for the right to access reproductive healthcare for trans, non-binary, and intersex people that need it. It is essential that there is an understanding of intersectionality to help minimise inequalities in care and the provision of essential services. We use the word women for simplicity but also in recognition that the majority of those requiring access to reproductive healthcare identify as women.**

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	pre-pandemic levels,[12] while 23% of HMB spells result in a secondary care operation.[13]
"[Systems should] develop robust plans that deliver specific efficiency savings"[6] **(NHS Operational Planning Guidance)**	Government analysis finds that undertaking gynaecological LARC procedures in Women's Health Hubs instead of secondary care offers an individual appointment cost saving of 68%,[13] which can be reinvested across the system. Recent findings from the National Institute for Health and Care Research illustrate the effectiveness of initiating treatment for HMB in primary care, with low rates of more costly surgical intervention observed 10 years later.[14]
"We will do more to retain our brilliant NHS staff and reform the way the health system works to ensure it is fit for the future."[15] **(NHS Long Term Workforce Plan)**	Improved LARC provision will increase training opportunities for the 89% of non- or never-fitters who are interested in providing LARC, but unable to access training[4] – supporting delivery of a central NHS and Women's Health Hub ambition of improving workforce experience and retention,[16] while better meeting women's needs.

Theory into practice: Work in Liverpool to establish some of England's first Women's Health Hubs is already illustrating the benefits of bringing LARC access closer to home: 820 more women are accessing LARC via GP practices,[17] with demonstrable additional benefits of streamlined and integrated care such as increases in uptake of cervical screening.[4] Establishing financial viability for LARC has not required the allocation of new funding, but budgets are effectively combined across the system – this work is underpinned by a clear business case.[18]

How can this opportunity be realised?

Local authorities and Integrated Care Boards (ICBs) must now work together to develop sustainable and streamlined commissioning arrangements for LARC, that both empower GP practices to deliver accessible LARC services for their populations, and ensure they are fairly reimbursed across contraceptive and gynaecological purposes. National guidance will be critical to drive consistent progress across England, and ensure that the current postcode lottery is not further embedded. While work to establish Women's Health Hubs provides an unprecedented opportunity to implement fairer commissioning and funding arrangements, for many women in England general practice will remain their first port of call for contraception. Future-proofed provision must therefore be in place in every locality to transform women's outcomes, reduce pressure on secondary care, and unleash the significant return on investment on offer.

As members of the Faculty of Sexual and Reproductive Healthcare Hatfield Vision taskforce,[19] we are calling on the Government to ask all ICSs to jointly commission integrated LARC pathways – underpinned by a nationally-set, minimum fee for LARC in primary care – so that local, accessible, and acceptable LARC provision is in place for every woman. Supporting the Fair Fees for Fitting campaign:

- Dr Stephanie Cook, Clinical Lead for Liverpool Women's Health Hubs
- Richard Scarborough, former Commissioning Manager for Sexual Health, Manchester City Council
- Dr Amanda Britton, Hampshire
- Tracey Elliott, Advanced Nurse Practitioner and Lead Nurse, Primary Care Women's Health Forum

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