

MINUTES OF THE MEETING HELD THURSDAY 28TH NOVEMBER 2024

TIME: 12PM – 1PM LOCATION: ONLINE

PRESENT: Jenny Rathbone MS (Chair); Sioned Williams MS; Laura Anne Jones MS; Rebecca Steinfeld – BPAS; Haleema Khan – NHS Confederation Wales; Catherine Larkman – WRN Wales; Andrew McMullan – BPAS; Rachael Clarke – BPAS; Bronwen Davies – Abortion Rights Cardiff; Debbie Shaffer – FTWW; Libby Humphries – Cardiff University; Leanne Prigent – NHS Wales; Molly Fenton – LYP Campaign; Eileen Munson – Menopause Specialist; Rhiannon Fisher – FTWW; Alison Scouller – Socialist Health Association Cymru; Annie Roberts – FTWW; Viv Rose – BPAS; Emily Manning – Endometriosis UK; Pauline Brelsford – Abortion Rights Cardiff; Louise Allen – NHS Wales; Sally Irving – NHS Wales; Dr Jane Dickson – NHS Wales AB UHB; Dr Amanda Davies – NHS Wales SB UHB; Bianca Armitage - RCM

APOLOGIES: Julie Richards – RCM; Lara Morris - FTWW

1. WELCOME, MINUTES, AND MATTERS ARISING

Minutes: Minutes were accepted.

2. “CONTRACEPTION: THE UNFINISHED REVOLUTION” BPAS REPORT

Presentation by Special Projects Lead at BPAS, Dr Rebecca Steinfeld

- Introduction into the “Contraception Re-Imagined: The Unfinished Revolution” report from BPAS which analysed survey data from 1,000 women needing contraception aged 18-45 across the UK. The report highlights ongoing barriers to access to existing contraception, and women’s turn away from hormonal contraception. The data shows an enormous appetite for change, especially for male contraception and contragestives.
- Welsh-specific trends showed that the majority of those surveyed were using long acting reversible contraception (LARC), and that 0% were dissatisfied with their current contraceptive method. The survey also showed that the main barriers to accessing preferred contraception method in Wales were that it was not available at pharmacies, the cost, and waiting times.
- Calls to action included asking the UK Government to invest more in contraceptive innovation and research, as well as signing a petition and sharing the report. BPAS also launched an ‘online hub’ with information about all sorts of contraception options, as well as what the future could look like with the introduction of contragestives or further innovation to male contraceptive options.

3. THE ROLE OF THE PHARMACY IN THE FUTURE OF CONTRACEPTION PROVISION

Presentation by Pharmaceutical Advisor to the Welsh Government and Head of Community Pharmacy at Cardiff and Vale UHB, Louise Allen

- Louise introduced her presentation with an introduction to herself as a Pharmacist for over 25 years who has worked across private and public sector jobs. She joined CAVUHB in 2008 and is now the Head of Community Pharmacy. She developed the independent prescriber contraception service there in 2018-2020 which became part of the national service in 2022. In 2022-2023 she developed, implemented, and then spread and scaled the Bridging QuickStart Contraception Service in conjunction with the Emergency Contraception Service. She was then seconded into the Welsh Government to lead on the integration of sexual health services with community pharmacy.
- Describes the importance of using the skills of pharmacist prescribers in community pharmacy – with 99% of Welsh community pharmacies now providing the Pharmacy Contraception Service.
- Although Louise has overseen a huge amount of change and progress in contraception provision at community pharmacies, the next steps include: the introduction of injectable LARC, a pilot of PrEP supply, guidance to support UHBs in integrating community pharmacy services with SRH + primary care services, contraception service expansion to include pharmacy technicians, and the expansion of STI kit access across community pharmacies.

4. INNOVATIONS IN MALE CONTRACEPTION

Presentation by Welsh scientist, Professor Christopher Barratt

- Professor Barratt's presentation was pre-recorded due to urgent commitments that arose at the last minute.
- Discussed the substantial and urgent need to dramatically improve the contraception portfolio and include men in this either hormonally or non-hormonally. Discusses the challenges which include 216 million unintended pregnancies per year, 35 million unsafe abortions, and 1/3 of women who discontinue hormonal contraception within 12 months due to side effects. Currently for men, the only options available are condoms or vasectomy – which means that responsibility largely falls on the female partner.
- Looked at the progress on a male pill which had been called 'promising' by the WHO in the 1990s, but discussed that this has stalled and innovation has moved more to transdermal gels and long-term implants. The inherent challenges involved in these methods are that they take 3-6 months to achieve effect, and roughly 3 months to recover. Progress is lagging behind due to lack of progress on hormonal method, but also poor understanding of sperm development and function
- Professor Barratt is currently working on Phenotypic Screening, with a view to replicating a male infertility phenotype. But there is a long way to go to see whether it is best used within the female reproductive tract, or given to males. Work is ongoing and has been funded by the Gates' Foundation.

5. OPEN DISCUSSION

Alison Scouller asked Rebecca Steinfeld about the role of financial hurdles in contraception access, as well as the differences in pharmacy access between a pharmacist and a pharmacy technician.

- Rebecca states that in Wales and the rest of the UK, cost was the second biggest barrier to accessing contraception. Louise stated that access and technicians will be able to do everything except prescribe oral contraceptives.

Dr Jane Dickson asked if any contragestives had been licensed, and also for clarification as to whether they were hormonal or not.

- Rebecca stated that there was no licensing of contragestives in the UK yet, but they have been used in studies and trials in India and Moldova. Mifepristone, which was used in both studies is licensed for other things, but not solely as a contragestive yet. Rebecca also stated that contragestives are technically non-hormonal and that there was a general trend in the public towards wanting something non-hormonal. Technically the mifepristone would act on a hormone but is not itself a hormone.

Emily Manning asked more about the high level of interest in male contraceptive from women and asked if there was any indication on how keen men would be on the idea.

- Rebecca stated that our survey didn't look at male attitude, but there have been previous surveys done that signal support but they are generally concerned about a loss of control.

Debbie Shaffer asked about recent media reports around community pharmacies and decisions to reduce services (including emergency contraception) due to a lack of funding. Debbie asked if this puts the emergency contraceptive service at risk and if there is anything the government can do.

- Louise confirmed that the representing body associated with those media reports only makes up 50-60% of community pharmacies and that the implication was mainly in England. Wales is different as emergency contraception is not locally commissioned, it is nationally commissioned so it won't be affected.

Dr Amanda Davies asked about what LARC may be available in the Swansea area in community pharmacies in the near future.

- Louise said that contraceptive injectables are available and they are looking into expanding that to the contraceptive implant, but there are further complexities involving training.

6. AOB

NEXT MEETING: 12PM – 1.30PM ON WEDNESDAY 29 JANUARY 2025
