



Public Consultation on Access to Contraception

About the consultation questionnaire

There are four sections:

Section 1 Your details

Section 2 Implementing the recommendation of the Joint Committee

Section 3 Barriers and delivery

Section 4 Concluding comments

Most of the sections have questions on how much you agree or disagree with key issues. There are also opportunities to share your views in more detail throughout the consultation.

Section 1 - Your details

In this section, we ask that you tell us a little about yourself, so we can look at the submissions received from different points of view. This is the only reason for collecting this information.

Q1 Are you completing this questionnaire (please tick below.)

- On behalf of an organisation or representative body
- As an individual

Please fill in this section if you are making a submission on behalf of an organisation.

Q1.1 What is the name of your organisation?

Irish Medical Organisation

Q1.2 Please tick the category that best describes your organisation:

- Union/Staff Representative Body
 - Regulatory Body
 - Public Interest Group
 - Advocacy Body
 - Volunteer/ Not For Profit

 - Representative Body
 - Patient Interest Group
 - Academic Institution
 - Hospital
 - Hospital Group
 - Community Healthcare Organisation
 - Community Healthcare Network
 - Other (please specify)
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Q1.3 What is the address of your organisation?

- Number 10
 - Street Fitzwilliam Place,
 - Village/Town/City Dublin 2
 - County Dublin
 - Postcode (if in Dublin) or Eircode D02 Y322
-

Q1.4 What is your name and job title?

- First name Vanessa
 - Last name Hetherington
 - Job title Assistant Director, Policy and International Affairs
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Section 2 – Implementing the recommendation of the Joint Committee

The Joint Committee recommended:

“The introduction of a scheme for the provision of the most effective method of contraception, free of charge and having regard to personal circumstances, to all people who wish to avail of them within the State.”

Q2 There are many important factors that will inform the development of a scheme to increase access to contraception.

Please number the below factors from 1 to 6 by how important you think they are, 1 being the most important.

- ___6___ Meeting different preferences
 - ___2___ Meeting different needs
 - ___1___ How effective each method of contraception is
 - ___3___ The cost to individuals
 - ___5___ The cost to the State
 - ___4___ Ensuring equal access to all
-

Q3 Are there any other factors you think are important?

Patient Safety and Quality of Care is of utmost importance when providing medical services including contraceptive services. The IMO are of the view that access to contraception should form part of a comprehensive women’s sexual health programme in General Practice that includes:

- Advice on Contraception
- Access to contraception including Long Acting Reversible Contraceptive (LARC) methods. –
- Advice on sexually transmitted infection (STI), screening and and testing for STIs –
- Advice on fertility and pre-conception
- Advice on menopause

Like all medicines, oral contraceptive are not without risk (blood clots deep vein thrombosis,) or potential side effects (mood change, loss of libido, intermenstrual spotting or missed periods, breast tenderness, headaches, migraine etc)

There are numerous forms of contraception available and needs and preferences are different for women at different stages in their life. Individuals and couples must be able to make an informed choice about contraception based on age, sex, individual medical history, family history the efficacy of the contraception, potential side effects, etc.

Long Acting Forms of Contraception have been found to be more effective at reducing unplanned pregnancies than short acting hormonal methods as they reduce patient error. Studies also show that women are more likely to choose this form of contraception if they receive comprehensive information from their healthcare provider.

Sexual health is not just about contraception and preventing unwanted pregnancies, it also about prevent sexually transmitted infection. The prevalence of sexually transmitted infection (STI) is increasing. In 2018, the number of STI's rose by 7% compared with 2017 and of particular concern is the increase in cases of chlamydia among young women and anti-microbial resistant gonorrhoea.

Sexual health is also about advice on fertility, conception as well as advice on menopause.

The strategic vision of the Sexual Health Strategy 2015-2020 is to *“improve sexual health and wellbeing and reduce negative sexual health outcomes by ensuring that everyone living in Ireland has access to high quality sexual health information, education and services throughout their lives”* with a goal that *“equitable, accessible, high quality sexual health services that are targeted to need will be available to everyone”*

Counselling on crisis pregnancy and abortion services will continue to be provided on an opt-in basis.

Q4 What do you think might be the benefits of providing the scheme described above?

Please list these benefits in order of importance starting with the most important.

- Benefit 1 __A reduction in the number of unplanned pregnancies
- Benefit 2 __Reduction in demand for termination services
- Benefit 3 __If part of a properly resourced comprehensive sexual health programme in General Practice, sexual health outcomes will be improved including lower numbers of crisis pregnancies and reduced transmission of STIs
- Benefit 4 __ If part of a properly resourced comprehensive sexual health programme in General Practice, advice on fertility and pre-conception will improve maternal health.
- Benefit 5 _____

Q5 What do you think might be the challenges of providing the scheme described above?

Please list these challenges in order of importance starting with the most important.

- Challenge 1 __A major challenge will be to ensure that women have access to comprehensive sexual health programme where quality and patient safety are assured.
- Challenge 2 __A second challenge will be to ensure that women receive continuity of care right through their reproductive life
- Challenge 3 _____
- Challenge 4 _____
- Challenge 5 _____

Paying for contraception

Q6 For **barrier methods of contraception**, to what extent do you agree or disagree with the following payment options? Please tick below.

Note: Barrier methods include: male condoms, female condoms, diaphragms, and caps.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
<p>The current situation: individuals pay for all barrier methods themselves (except condoms provided free through the National Condom Distribution Service - NCDS)</p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Move to free-of-charge: All barrier methods should be free-of-charge to all residents of Ireland</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<p>Move to co-payment: All barrier methods should be co-paid, that is partly paid by the government and partly by the individual (except where provided free through the NCDS)</p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7 For **short acting hormonal methods of contraception**, to what extent do you agree or disagree with the following payment options? Please tick below.

Note: Short acting hormonal methods include: combined oral contraceptive pill, progestogen-only pill, vaginal ring and contraceptive patch.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
<p>The current situation: individuals pay for all short acting hormonal methods themselves (except for those with special rights under a medical card or GP visit card)</p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Move to free-of-charge: all short acting hormonal methods should be free-of-charge to all residents of Ireland (that is, no GP or product cost would arise)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<p>Move to co-payment: all short acting hormonal methods should be co-paid, that is, partly paid by the government and partly by the individual (except for those with special rights under a medical card or GP visit card)</p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 For long acting reversible contraceptive (LARC) methods of contraception, to what extent do you agree or disagree with the following payment options? Please tick below.

Note: Long acting reversible contraceptives include: intra-uterine system (IUS), intra-uterine device (IUD), the contraceptive injection, and the contraceptive implant.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
The current situation: individuals pay for all LARC methods themselves (except for those with special rights under a medical card or GP visit card)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Move to free-of-charge: all LARC methods should be free-of-charge to all residents of Ireland (that is, no GP or product cost would arise)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Move to co-payment: all LARC methods should be co-paid, that is, partly paid by the government and partly by the individual (except for those with special rights under a medical card or GP visit card)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Note: Currently short acting hormonal contraceptive methods and LARC methods are available to Medical Card Holders subject to a prescription charge (€2.00 per item – max. €20.00 per month per family), GP Visit card holders are required to pay the full cost for all short acting hormonal contraceptive and LARC methods.

Section 3 - Barriers and delivery

This section covers a range of issues related to access to contraception including: barriers, delivery methods and ways to increase access to contraception.

Barriers to contraception

Q9 In your opinion what are the main barriers to accessing contraception in Ireland? Please list these barriers, starting with what you think is the most important.

You can list up to 5 barriers.

- Barrier 1 _For non-medical card holders – particularly those just above the qualifying threshold, the cost (including GP insertion fee) is a significant barrier to accessing long acting reversible contraceptive methods. _____
- Barrier 2 __Lack of information is major barrier to accessing healthcare, - many individuals are unaware of the full range of options available to them.
- Barrier 3 _____
- Barrier 4 _____
- Barrier 5 _____

Q10 Please include any further comments you may wish to make on barriers to accessing contraception.

Cost of the LARC is a significant barrier for women in late 30s/40s (working poor and squeezed middle) who often cannot afford another child and where 21/7 contraceptive pill regime has failed them.

Early sexual initiation (under 17 years old) can be associated with adverse sexual health outcomes therefore comprehensive school-based Relationship and Sexuality Education (RSE) is required to improve sexual health knowledge and attitudes. With regard to age appropriateness, RSE content should be sex-positive recognising that some young people are sexually active and their preferences are diverse. RSE should discuss relationships and emotions and impartial information should be provided on pregnancy, contraception, sexually

transmitted infections, safe sex as well as information on sexual health services. Young people should also be informed of the risks of sexual activity and alcohol or substance abuse.

Q11 Please state to what extent you agree or disagree with the statement (please tick below).

Statement: Increased access to condoms is needed in Ireland.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Q12 Please provide further details on increasing access to condoms.

Condoms are important in reducing the transmission of STIs including HIV as well as reducing the risk of unplanned pregnancies. The National Condom Distribution Service distributes free condoms and lubricant packs to organisations that work with populations at risk of negative sexual health outcomes, however, free condoms and lubricant packs are not access by all organisations in all counties nor are they being distributed at sufficient scale.

In addition to increasing the distribution of free condoms to at risk populations, there is a need to raise awareness of the National condom distribution service to service providers, NGOs, student health services and other target audiences.

Ensuring patient safety and high quality care

The next three questions are about who should be responsible for ensuring patient safety and a high quality of care in relation to contraception. For example, a doctor, a nurse or a pharmacist may be responsible, in different circumstances.

Q13 Please state to what extent you are in favour of or against the different options for accessing short-acting hormonal contraception (contraceptive pills, vaginal ring and contraceptive patch) through the health service.

	Strongly against	Somewhat against	Neutral	Somewhat in favour	Strongly in favour
A GP prescribes contraception and a pharmacist fills the prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
A trained nurse prescribes contraception and a pharmacist fills the prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
A GP prescribes contraception the first time and a pharmacist completes reviews and fills additional prescriptions	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A pharmacist provides contraception directly (without a prescription)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using an online GP service to get a prescription and a pharmacist fills the prescription	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14 To what extent do you agree or disagree that more doctors and nurses should be trained to provide long acting reversible methods of contraception (LARC) (IUS, IUD, injection and implant). Please tick below.

Note: LARC methods have to be either inserted or injected, depending on the method.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

The vast majority of GP services (Over 90%) currently provide LARC services within their practice. Appropriate quality training must be available on an ongoing basis to GPs to provide and maintain these services.

Practice nurses, could be trained to provide long acting reversible methods of contraception, however, this must be only under strict supervision of a specialist General Practitioner to ensure patient safety.

Q15 To what extent do you agree or disagree that pharmacists should be trained to provide injectable forms of long acting reversible contraception (LARC) in addition to doctors or nurses. Please tick below.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

The provision of contraceptive through pharmacy services while it may provide ease of access to certain forms of contraception, at a seemingly low cost, it offers a significantly inferior service and inhibits GPs from providing a comprehensive sexual health service

- Pharmacy services will offer limited access to oral contraceptive pills only – leaving many patients unaware of the range of contraceptive options available to them including more effective options such as LARC methods. Currently Emergency Contraceptive Services are available through pharmacy services, however, individuals are rarely informed of the alternative Emergency Coil Option.
 - Patient safety is compromised as pharmacists will prescribe without knowledge of the patient medical and family history and without exploring potential that patient may already be pregnant, risk of interaction with other medicines, risk of sexually transmitted infection, underage sexual activity, coercion, domestic abuse and other issues affecting more vulnerable patients.
 - Continuity of care in General Practice is interrupted. Continuity of care is key to an integrated healthcare system that assures the best outcomes in patients and reduces duplication and waste. Since the flu vaccination has been available through pharmacists, it is difficult to track which patients have received the vaccination. In addition no increase in vaccination rates has been witnessed among elderly patients.
 - Removing the prescriber -dispenser split creates a conflict of interest and an incentive to prescribe and dispense for commercial gain.
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Q16 Do you have anything further to add on **who** should be delivering contraception?

The IMO is of the view that, in the interests of patient safety and quality of care, contraceptive services are best delivered through General Practice.

GPs have a comprehensive knowledge of contraceptive options and are best placed to offer guidance on the most effective form of contraception based on an individual's needs and preferences including:

- Long-active reversible contraception which is considered to be the most effective form of contraception for women and particularly advised for women who cannot tolerate the pill.
- Vasectomy which is also an effective form of irreversible contraception for men and which should also be funded
- 63/4 or 365 regime for the combined oral contraceptive pill which considered to be more effective and is currently off-label and thus cannot be advised by other health professionals

Issues such as informed consent, patient safety, coercive situations, young people – all require the privacy and the skills of a vocational trained doctor. Indeed the assessment and consultation with the GP provides an invaluable opportunity to check in on particularly vulnerable patients including:

- teenagers, (those underage and trying to be responsible)
- victims of domestic abuse, (the consultation provides an opportunity to ask how everything is going at home)
- asylum seekers (particularly where there are concerns relating to FGM).

Section 4 - Concluding comments

Q17 Given that the health budget is limited and that there are competing demands for resources, how important do you think it is to invest in the development of a scheme “for the provision of the most effective method of contraception, free of charge and having

regard to personal circumstances, to all people who wish to avail of them within the State?" Please tick below.

- No importance
 - Little importance
 - Moderate importance
 - High importance
 - Extremely high importance
 - Don't know
-

Q18 Please include any additional comments you may have about access to contraception and the recommendation of the Joint Committee.

Access to contraception should be provided as part of a comprehensive sexual health programme provided through General Practice that is fully costed and funded.

The introduction of any new programme should be accompanied by a factual, educational, public awareness campaign.

Thank you for your submission to this public consultation.



An Roinn Sláinte
Department of Health