

## British Pregnancy Advisory Service submission to the Women & Equalities Select Committee

### Coronavirus and the impact on people with protected characteristics

The British Pregnancy Advisory Services (BPAS) is a British reproductive healthcare charity that offers pregnancy counselling, abortion care, miscarriage management, contraception and STI testing to 100,000 women each year via our clinics in England, Wales, and Scotland.

We advocate for women's reproductive choice, the provision of accurate and balanced information, and the right to make their own choices about their bodies and treatments including during pregnancy and birth.

We would like to bring to the attention of the Committee two specific issues:

- The need for the Secretary of State to reclassify emergency hormonal contraception to enable women to buy the medication directly from the shelf from pharmacies and other locations where medicines are sold without the need for a consultation with a pharmacist.
- The suspension of IVF services and the need for government reassurance and action for the patients affected.

### Emergency Contraception - key points

To protect women's ability to prevent pregnancy during Covid-19 while access to contraceptive services is disrupted and they may be unable to travel in person to a pharmacy, the most common form of emergency hormonal contraception (the morning-after pill) – levonorgestrel 1.5mg – should be reclassified by the Secretary of State for Health and Social Care as a general sales list medication. This would ensure women could buy the medication directly from the shelf from pharmacies and other locations where medicines are sold without the need for a consultation with a pharmacist.

### Levonorgestrel 1.5mg

Emergency contraception is an effective way to prevent pregnancy when a woman has had unprotected sex or the chosen method of contraception has failed.

### Current Access

Progestogen-based Emergency Hormonal Contraception (EHC), levonorgestrel 1.5mg, has been available from behind the counter as a Pharmacy (P) medication since 2003, but it can only be obtained at a pharmacy following a consultation with a pharmacist, and often at a high price.

Our work with women illustrates clearly that this acts as a barrier to access, and prevents women using this safe medication when they need it.

In 2018, bpas conducted a mystery shopper study of 30 pharmacies in England to better understand the pathway to purchase. In around 10% of visits the consultation was poor and unprofessional. This included one case where the pharmacist did not want to sell it until she had shown him a negative pregnancy test, another where she was asked to show ID with a date of birth (she was 22) before sale was agreed, and a further incident where she was sold an inappropriate product. In a further 7% of cases the shopper was turned away without further help or told to come back later, even though we had established we were visiting a pharmacy where EHC was provided before visiting. Effectively this means nearly one in five visits placed a woman at risk of an unwanted pregnancy. Emergency contraception is sold directly from the shelf in North America (both the US and Canada) and in several European countries including Sweden, the Netherlands and Norway.

In Covid-19, women who are self-isolating may not be able to attend a pharmacy in person, but even if they can social-distancing rules are creating even greater barriers to care. We are aware that one major chain no longer allows its pharmacists to use the private consultation room, so private discussions are held on the shop floor, and in other settings women requesting EC are told to leave the premises and that they will be telephoned to receive the consultation, and then asked to return to pick up the medication.

### Safety profile

Levonorgestrel EC is a low risk medicine that prevents the much greater risks posed by pregnancy. The World Health Organisation's Medical Eligibility Criteria for Contraceptive Use reports very few restrictions on the use of levonorgestrel emergency contraception. It describes Levonorgestrel EC as being safe for use in breastfeeding women, women with history of ectopic pregnancy, women with history of cardiovascular disease, women with history of migraines and women with liver disease. There is no known harm to the woman, her pregnancy or the foetus, if emergency contraception fails or is taken when she is already pregnant. There are also no circumstances where it is safer to be pregnant than to take levonorgestrel EC.

Levonorgestrel EC is a medicine where efficacy reduces with time, so any measures that improve accessibility and availability should improve the efficacy of the product and reduce women's chances of an unwanted pregnancy. This is all the more true during the Covid-19 pandemic when access to other, long-term forms of contraception is compromised.

### **Contraceptive services during Covid-19**

Contraceptive services in the UK are broadly divided between specialist sexual and reproductive health services (either in standalone clinics or integrated with other services) and General Practice.

Interim results of a survey conducted by the Faculty of Sexual and Reproductive Healthcare (FSRH) of their members found that by the end of April, more than 50% of specialist sexual health workers were either absent due to self-isolation or quarantine, or had been redeployed. This was also the case for around 30% of General Practice staff. Services are therefore under pressure and in many cases are providing a restricted service.

### Emergency contraception in services

Emergency contraception (either oral EHC or the copper coil (IUD)) are usually provided by both GPs and in specialist services. The same FSRH survey found that during Covid-19, 35% of specialist services and 65% of GP services had ceased or reduced their provision of the emergency IUD. At the same time, 20% of specialist services said that they had reduced or ceased provision of emergency contraception.

As such, Covid-19 is having a direct impact on the ability of women to access contraception and emergency contraception through the usual routes.

### Purchase of emergency hormonal contraception

Women are currently able to buy emergency hormonal contraception from pharmacies. Anecdotal evidence from during the pandemic is that there has been an increase in demand for emergency hormonal contraception in pharmacies, both as a result of lockdown and of a lack of availability of more long-term options.

The current rules around provision of emergency contraception is that women have to have a consultation with a pharmacist. This requires a woman to attend a pharmacy within 72 hours of an episode of unprotected sexual intercourse – which will be impossible if she is self-isolating, shielding, or symptomatic. Although some services are available online, these services are facing delays in processing and delivery of orders which means they are inappropriate for purchase after an incident of unprotected sexual intercourse.

Even where a woman is able to attend a pharmacy, we are aware of at least one large chain where staff have been informed that they should not use the private consultation area as it is impossible to maintain social distancing in the small space available. As a result, women are forced to have a conversation about their sexual activity over the counter in full view and hearing of other customers. Other pharmacies have introduced different regimens to avoid this problem, including asking women to leave so that they can be telephoned, and then told to return later to collect the medication. As the consultation is clinically unnecessary due to the safety of the medication and women's ability to accurately self-identify when they need to take it (ie following an episode of unprotected sex) these situations could be avoided if the medication was reclassified and women enabled to purchase it directly.

### **Impact on women**

The current Covid-19 pandemic is a time of great uncertainty for many – including for those who may have been furloughed, lost their job or seen a reduction in paid work, and for those who are worried about their housing situation. As such, we are expecting an increase in the number of women who are seeking to prevent pregnancy or to access abortion care where their contraception has failed. Women need to be able to access contraception as easily as possible at this time to avoid the potential for more expensive medical interventions such as abortion care in the coming months.

As an abortion provider with around 70 clinics around Great Britain, we have also seen a large decline in the number of women who are willing to attend a clinic in person. This is not indicative of a decline in the need for abortion services – women are accessing remote services in high numbers – but that there is an underlying fear of attending medical premises owing to the risk of contracting Covid-19. Any clinically unnecessary requirement to attend a healthcare premises to access emergency contraception is therefore likely to result in more women risking becoming pregnant.

The lack of clarity about the current long-standing legal situation with regards to emergency hormonal contraception means that some pharmacies refuse to sell medication to women's partners, to take the medication off the pharmacy premises, or to undertake additional actions like taking a pregnancy test before providing treatment. These are legally and clinically unnecessary but present additional barriers to women accessing essential care at this time.

### **Ministerial powers**

The Human Medicines Regulations 2012 endow the Secretary of State for Health and Social Care with the powers of being the licensing authority for marketing authorisation of medicines (reg.6).

Reg.62 of the Regulations provides for the licensing authority (the Secretary of State) to licence a product to be available on general sale, providing that he considers the product 'can with reasonable safety be sold or supplied otherwise than by, or under the supervision of, a pharmacist'.

Based on the safety profile of levonorgestrel, its lack of clinical contraindications, its long safety history, and its lack of capacity for misuse, it is clear that it meets the reasonable safety test.

### **Conclusion**

In line with other reductions in red tape and to increase clinical flexibility during this trying time for the health system, BPAS is calling for the Secretary of State to reclassify Levonorgestrel 1.5mg for the purposes of emergency contraception as a General Sales List medicine.

## The suspension of IVF services - key points

Due to Covid-19, the Human Fertilisation and Embryology Authority issued a General Direction which required all clinics to have stopped all fertility treatments by 15 April 2020, with the exception of non elective fertility preservation.<sup>1</sup> These closures will have had a disproportionate impact on women, those aged between 35 and 44, LGBT individuals and couples and transgender people.

The closure will have had a profound emotional effect on those who cannot undergo treatment during the current shutdown. Moreover, the length of the suspension will also have implications for access to services once they are able to resume. We believe clinics will be unable to cope with the built-up demand, and many individuals may no longer qualify for NHS-funded treatment because of their age by the time services resume. This is a crisis in healthcare that will extend far beyond the pandemic unless the government takes action.

### **The long-term impact on the provision of fertility treatment in the UK**

There is currently no clear date for the resumption of service but it is most likely to be a phased process based on patient safety and availability of resources.

However, assuming a closure for 2 months, based on HFEA data, the implication is that:

- 8727 fresh IVF/ICSI cycles will be lost
- 2908 frozen embryo cycles will be lost
- 1294 donor sperm IUI cycles will be lost.<sup>2</sup>

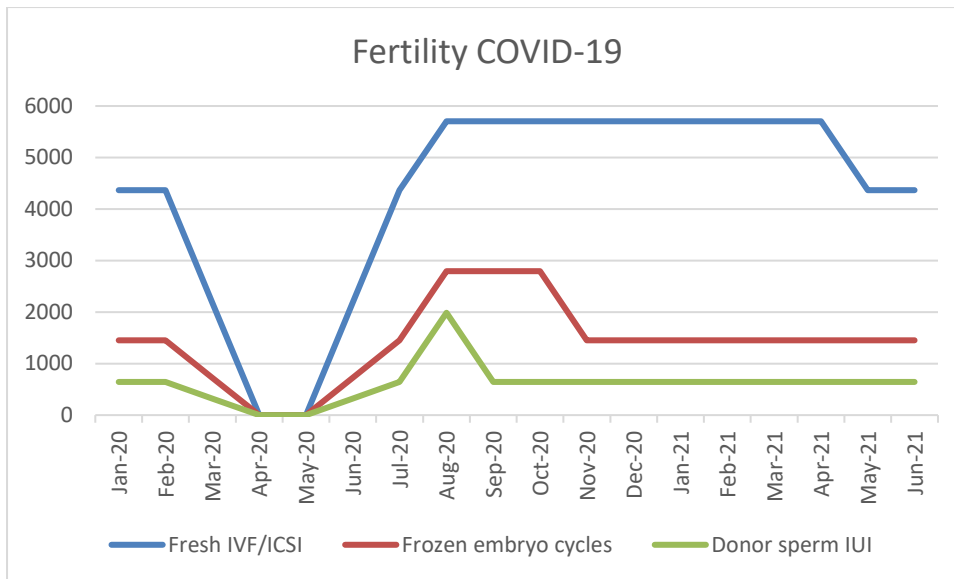
There will be a dramatic increase in the demand for fertility provision after treatments restart, and current fertility service providers will not have the capacity to cope with this increase at once.

Even if on average every unit was able to provide an extra 10 cycles a month for all treatment types, it would take 9 months to treat all the people who missed treatment during the COVID-19 close down. This time period is most likely to be an underestimate due to the expected phased return to fertility treatment provision, because for safety reasons when clinics re-open they will most likely have the capacity to treat fewer, not more patients

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<sup>1</sup> <https://www.hfea.gov.uk/treatments/covid-19-and-fertility-treatment/coronavirus-covid-19-guidance-for-professionals/>

<sup>2</sup> <https://www.hfea.gov.uk/media/2894/fertility-treatment-2017-trends-and-figures-may-2019.pdf>



At BPAS, we are looking to develop a not-for-profit IVF service as soon as possible to provide high-quality care for as many patients as possible, but government action is needed now to protect the health and wellbeing of all those affected.

### **Impact on those aged between 35 and 44**

The woman’s age is a key indicator of fertility. In 2017, the average patient ages for IVF and donor insemination treatments were 35.5 and 34.5, respectively. The majority (55%) of patients undergoing fertility treatment in 2017 were aged between 35 and 44.

NICE recommends that CCGs provide 3 funded cycles of IVF for women aged under 40, and 1 cycle for women aged 40-42. However, analysis by HuffPost UK has revealed that the vast majority of CCGs fail to follow these recommendations. Half of CCGs (45%) do not offer IVF to women over 40 at all, and many impose an age limit of 35 years old. For example, North Hampshire CCG stipulates that women must be able to start treatment before their 35th birthday. In Stafford and Surrounds, women must start treatment before their 39th birthday. In Shropshire, women must be younger than 37.5 years at the time of treatment. Basildon and Brentwood, Cambridgeshire and Peterborough, Croydon, and Mid Essex CCGs do not offer any funded IVF care.

Without government action, it is inevitable that women in need of treatment will move from being eligible for funded treatment to being ineligible because their age has increased during the course of the suspension of services.

### **Impact on LGBT individuals and couples**

LGBT patients will be particularly affected by the suspension as they rely on fertility services to have a child with a biological link. In 2017, 5.9% of treatment cycles were undertaken by women in female same-sex partnerships. Over the last decade, the numbers of women in

female same-sex relationships undergoing IVF and donor insemination rose by 374%, from 942 in 2007 to 4463 in 2017.<sup>3</sup>

### **Impact on transgender people**

Transgender individuals will also be disproportionately affected by the suspension of services as they will be unable to access fertility treatment using their frozen gametes during the current shutdown. They also rely on assisted conception services to have biological children.

### **Impact on people with disabilities**

Individuals with certain disabilities will be disproportionately affected by the suspension of services. For example, both men and women with spinal cord injuries can require fertility treatment to enable conception if they cannot have intercourse or cannot ejaculate. Individuals who have experienced sexual assault may be unable to have intercourse, and people with cystic fibrosis can also require IVF to conceive. There are many other disabilities which affect an individual's ability to conceive without medical intervention, and this group will be particularly affected by the current closures.

### **Government action is needed**

In Scotland, Wales and Northern Ireland, the devolved governments have confirmed that patients will not be disadvantaged by COVID-19 when clinics reopen. In these nations, effectively the clock was stopped when treatment was paused and will then restart when services resume.

The government in Westminster must give similar assurances that patients in England will not be disadvantaged as a result of treatment being paused, and guarantee increased funding to enable services to deal with the huge backlog of patients caused by the suspension of services during COVID-19.

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<sup>3</sup> <https://www.hfea.gov.uk/media/2894/fertility-treatment-2017-trends-and-figures-may-2019.pdf>