BPAS

British Pregnancy Advisory Service

2025-2028 Our Strategy

Forward from the Chair and CEO

BPAS stands at a pivotal moment in its history, as we present this strategy for the next three years. We remain determined in our mission to ensure that every individual can access high-quality, compassionate and safe reproductive healthcare. However, the challenges we face demand a bold and forward-thinking approach to not only sustain but also strengthen our organisation for the future.

The last few years have tested BPAS in ways we could not have foreseen. From financial instability and regulatory challenges to a rapidly shifting healthcare landscape, we have navigated significant hurdles. Thanks to the resilience and commitment of our incredible team of colleagues and the trust of our patients, we have made strides in stabilising our financial position, improving clinical standards, and enhancing service delivery. There is, however, much more to do.

This three year-strategy outlines our ambitious objectives whilst focusing on creating a sustainable, innovative, organisation with our staff at its heart.

Achieving financial sustainability is central to this vision. We must ensure that we can weather external pressures as well as investing in the services our patients deserve. We are committed to modernising our clinical estate, integrating cutting-edge digital infrastructure, and fostering a unified, compassionate culture that values and supports our people.

We are also acutely aware of the broader landscape we operate within. The demand for reproductive healthcare is increasing, yet access remains inconsistent, fragmented, and subject to outdated legislation. This strategy positions BPAS as a leader in driving policy reform, advancing research and innovation, and ensuring equitable access to reproductive choice across all regions.

Moreover, this plan will help us solidify BPAS as a financially robust organisation with a strong voice in advocacy, a reputation for clinical excellence, and a commitment to delivering services that meet the needs of our patients today and in the future.

This strategy evidences the dedication of the wider BPAS team, who continue to go above and beyond to ensure our patients can access the vital healthcare they need. We are confident that, together, we will achieve our goals and continue to build a BPAS that is a beacon of hope and empowerment for all who need this essential healthcare.

DR LUCY MOORE
Executive Chair

HEIDI STEWART
Chief Executive

who we are...

BPAS exists to support and enable people to make their own reproductive choices. We believe women are the ones best placed to make their own choices in pregnancy, from contraception, to pregnancy and birth choices, using unbiased, evidence-based information to support their decisions, and high-quality services to exercise them. We have been providing women-centred Sexual Reproductive Healthcare for more than 50 years, mostly on behalf of the NHS.

We continue to advocate, educate and campaign to defend and extend Sexual Reproductive Healthcare services to better suit the needs of women in the UK. We pride ourselves on being an integral part of the change in law in 2023 to ensure telemedicine and pills by post continued post pandemic, allowing greater access to abortion care. Where barriers prevent women accessing Sexual Reproductive Healthcare exist, we will remove them.

Our ambition

A future where every woman can exercise reproductive autonomy and is empowered to make her own decisions about pregnancy.

Our purpose

To remove all barriers to reproductive choice and to advocate for and deliver high quality, woman-centred Sexual Reproductive Healthcare.

- We provide access to termination of pregnancy from **48** clinics and **5** Telemedicine Hubs across the UK.
- We hold **41** contracts and **14** provision arrangements across the UK and British Isles.
- We have **916** contracted staff (781.6 FTE).
- **99.7%** of the treatments provided were funded by the NHS.
- We provided care in **74** different languages.
- We used our charitable funds to help **392** patients travel to safely access abortion services.
- Our latest overall satisfaction score was **9.51** out of **10.**
- **98%** of our clients would recommend BPAS to someone they know who needed similar care.
- We are the leading voice on advocacy for abortion care and **the only abortion provider that has a dedicated research and innovation function**, known in the UK and globally.
- Our campaigning voice has resulted in **decriminalisation in Northern Ireland**, telemedicine being written into law, and **new laws on safe access zones in both England and Scotland.**

Overview

In 2023/24 we provided:

48 CLINICS

5 TELEMEDICINE HUBS

41 CONTRACTS

14 PROVISION ARRANGEMENTS

74 CARE DELIVERED IN 74 LANGUAGES

392 PATIENTS FUNDED TO TRAVEL SAFELY

98% OF OUR CLIENTS WOULD RECOMMEND BPAS

106,424
Abortions

109,210
Telemedicine Consultations

44,714
Face-to-face Consultations

65,388
Pills By Post

442
Terminations of Pregnancy for Fetal Anomaly (TOPFA)

35,302
Patients with Contraception

Abortion care across the UK

Abortion numbers across England and Wales continue to rise with 2022 recording the highest numbers since the Abortion Act was introduced with medical abortions accounting for 86% of all abortions. The majority of abortions (80%) are carried out by Independent Sector providers (ISPs). 98% of abortions were funded by the NHS in 2022 (99% in 2021). The remaining 2% were privately funded.

The proportion performed in the independent sector under NHS contract has increased almost every year since this information was first collected in 1981, while the proportions of NHS hospital and private abortions has fallen over this period. There are regional variations within England by region of residence. Rates of abortion are highest in the Northwest (24.2 per 1,000 women aged 15 to 44) and lowest in the Southwest (17.6 per 1,000 women aged 15 to 44).

BPAS has provided late surgical services to women from Scotland for over 20 years. Women travelling to England for abortion were supported to make their arrangements by our unit manager at BPAS Glasgow.

All Scottish Trusts now provide medical abortion to 20 weeks. Surgical services are less well-supported with few going beyond 14 weeks.

Since 2021, we have actively campaigned for the Scottish Government to provide mid-trimester abortion care within Scotland, and successfully secured a commitment to commission a mid-trimester service centrally to ensure that no woman must travel out of the country for treatment.

Abortion care differs between north and south Wales. In Cardiff and the Vale, Aneurin Bevan, Swansea Bay, Hywel Dda, and Cwm Taf Health Boards, abortions are provided primarily by the NHS up to locally determined gestational limits. These limits vary between 10 weeks in Cwm Taf and 20 weeks in Hywel Dda. There is no availability of surgical abortion beyond 12-15 weeks in any of these Health Boards, meaning that significant numbers of women have no choice about the type of abortion procedure they receive.

Women in Wales outside of the locally determined gestational limit are referred to BPAS. We provide surgical services from BPAS Cardiff and clinics across England. BPAS provides surgical treatment to approximately 400 women from south Wales every year, of whom 80 are treated outside Wales. BPAS Cardiff also treats a small number of Welsh patients who opt to pay privately to access surgical care not provided by the Health Board.

Following the decriminalisation of abortion in Northern Ireland in 2019, for a short period of time BPAS provided a Pills by Post EMA service until local services emerged and the law determined the service had to be delivered from NI. Access to surgical abortion, not immediately available, was supported through the Department of Health (DoH). BPAS was commissioned to provide a Central Booking Service and booked patients into any of the three ISPs and arranged travel and accommodation. This was funded through a DoH grant.

Free abortion services in the Republic of Ireland commenced on 1 January 2019, following legalisation which became law on 20 December 2018. Abortion care is managed by the Health Service Executive (HSE). Women can still choose to travel and pay for their abortion care in the UK.

The Health (Regulation of Termination of Pregnancy) Act 2018 is the first to make abortion on request legal in Ireland, however it is far from perfect. The Act permits medical practitioners to refuse to care for patients on grounds of conscience except in emergency situations and currently permits abortion up to 12 weeks of pregnancy. Women under 9 weeks pregnant are cared for by GPs. Women between 9 and 12 weeks pregnant are cared for in hospital.

Where we are today

The last three years have been challenging for BPAS, with a fiscal crisis in 2021/22 resulting in redundancies, particularly within the back-office support functions, and the CQC Well Led inspection leading to a Section 29 Notice in 2023. Whilst the organisation is now on a more stable financial footing, having secured fairer pricing for services, and has made significant improvements at speed resulting in the CQC Section 29 notice being lifted, we are still on a journey of transformation.

STRENGTHS

- Our people and their commitment & passion
- Patient centred care
- Strong advocacy and policy voice
- Ability to adapt
- Credible history and reputation
- Stakeholder relationships
- Shared values across our people
- Research and global reach/impact
- Power of brand in changing the law for the better
- Only provider with dedicated Research & Innovation function
- National presence
- Telemed offer

WEAKNESSES

- Complex/Confusing patient pathways
- Ageing estates and variations in their environments
- Disjointed/outdated IT systems and processes
- Waiting times and impact on patients
- Staff morale and trust in leadership
- CAS/BIS systems
- Lack of data to understand true cost of delivering service
- Underutilisation of estates
- Induction, on-boarding and succession planning
- Overly complex policies and processes
- CQC ratings (50% Good or Outstanding)
- Historic bidding without understanding the return/cost
- New government and relationships to drive advocacy

S W O T

OPPORTUNITIES

- Streamline patient pathways – better patient experience and cost improvements for BPAS
- Estates utilisation and rationalisation
- Standalone contraception services and diversification of income
- Power of digital technologies for both patient experience and back-office efficiencies
- AQP contracts and opening of new geographies for BPAS
- Hub and Spoke model aligned to Women's Health Hubs
- Extending Advocacy into wider Reproductive life cycle, such as contraception
- Research based service innovation
- Clinics and services within the devolved nations
- Positive reform of abortion
- Staff advocates for services and our patients
- Fundraising and alternative investment/structure

THREATS

- Removal of contract monopoly under AQP contracts
- Loss of market share
- Recruitment and retention of skilled workforce
- Financial sustainability
- Single points of failure within BPAS
- External regulators
- Ability to down/up size at speed with limited financial runway
- Financial issues outside of BPAS control
- No diversity of income in portfolio (all NHSE funded)
- Competitors with significantly more investment at their disposal taking BPAS market share
- Limited access to funding to address infrastructure investment needed

Our people

Our people are our strongest asset, and we are proud of the care each of them delivers. BPAS has a total of 969 staff. Our employee numbers have grown significantly by 24% since April 2023 as we continue to invest in our services.

Given the challenges we have experienced in the last 3 years our people have been through a lot of changes, resulting in an impact on staff morale. Our colleagues give outstanding care to patients and are kind, non-judgemental and committed to supporting women, however we don't always show these traits to one another consistently.

We recognise there is more to be done and are refreshing and relaunching our values, in consultation with our staff, to ensure we place our people at the heart of BPAS. However these values will be meaningless unless we ensure we display the actions and behaviours that reinforce them from board to floor.

In 2023 BPAS used a third-party supplier to conduct our annual People Survey for the first time. This independence was well-received and valued by the workforce and resulted in a 74% response rate, delivering a 99% confidence level that the views were representative of the workforce.

Main Positive Findings

- 94% Feel colleagues demonstrate the BPAS values
- Line management was highly rated by over 80% of respondents
- 92% Find their work worthwhile
- 84% Find their work interesting
- 92% Will go above and beyond when needed
- 92% Would recommend BPAS to family needing treatment
- 98% Are proud to be working at BPAS
- Hybrid arrangements working well
- Communication within team is good
- The most common response to virtually every statement was a positive one

BPAS People Survey 2023 (main findings)

74% RESPONSE RATE

99% CONFIDENCE LEVEL

Younger employees and recent starters are more engaged than older longer serving employees

White British	492
Minority Ethnic Group	133
White Other	54

Minority Ethnic Group employees most engaged
White Other least engaged

EMPLOYEE ENGAGEMENT INDEX (EE) = 75.30

75.30 IS HIGHER THAN OTHER BENCHMARK ORGANISATIONS

Employee Net Promoter Score)eNPS) is 3.90

All TeleMed Hubs had the highest EEI and ENPS

Our people (continued)

A common theme was the disconnect between our front-line staff and the senior management at BPAS, together with the challenges of ensuring communications throughout the organisation from floor to board and back.

Our National Action Plan was formulated to address key areas needing improvement. We conducted a 'Pulse Survey' half way through the year and saw the impact on our people of better and increased communication, opportunities to give feedback and an increased leadership presence within our clinics. However, changing culture takes a significant amount of time and we are only at the start of this journey.

Our focus going forward is to flip the traditional hierarchy pyramid that puts senior managers at the top of the hierarchy and ensure our front-line staff, the people giving great patient care, are seen as the most important people within BPAS.

Our patients

BPAS has seen a 31% increase in patients over the last five years for abortion care. The method of abortion has changed, with a decrease in surgical and an increase in Early Medical Abortion (EMA). This aligns to national trends and is due to several factors, including post covid legislation enabling permanent provision of Pills by Post. The Sacha Study also highlighted the reasons some women choose this option as opposed to surgical abortion:

- Convenience around work and childcare
- Efficiency and reduced travel time
- The comfort and privacy of being in their own space.
- Perception that at-home treatment reduced stigma.
- Greater autonomy and choice

The shift towards Early Medical Abortion (EMA) in England and Wales over the past decade has no doubt been revolutionary for patients, however this has been driven in part by constraints on patient choice and particularly by barriers relating to skills gaps, infrastructure requirements, service structure, cost, reliance on the non-profit sector, and commissioning practices involving under-funding and competition.

BPAS currently offers contraception to all patients accessing abortion care. Uptake varies and over a five-year period has decreased by 4.4%, however uptake of LARC (Long Acting Reversible Contraception) has decreased by almost half at 8.9%. In 2023 127,000 women a year in England had an IUCD IUS fitted in a community medical setting. BPAS fitted 2.8% of these.

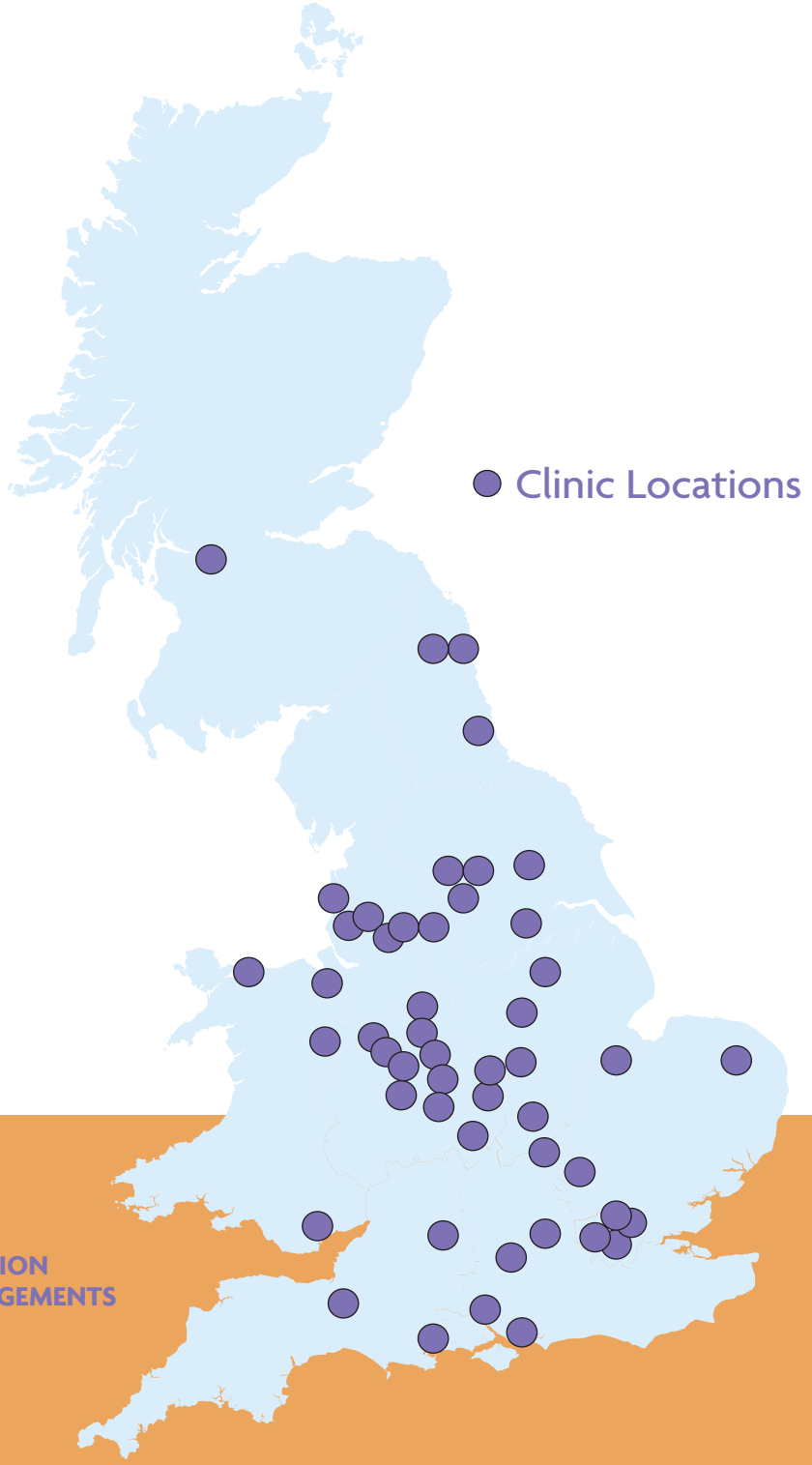
Despite data that shows demand for LARC continues to increase, provision of LARC within Sexual Reproductive Health services and GP practices is struggling to meet demand. Reduction in funding and fragmented commissioning has resulted in services struggling to meet demand with provision not yet returning even to pre-pandemic levels.

Our clinics and facilities

BPAS currently has 48 clinical sites across the UK. The services offered at these sites vary in terms of services offered. BPAS currently has four owned freehold properties with a total current value of £5m. These properties are generally quite old and need significant refurbishment. 22 of the clinical sites operate under leasehold arrangements and the remaining 21 through license arrangements.

Clinics have a range of opening hours; we lease them all for the full week but the % of time they are open varies from 115% (where a clinic is open more than 5 days a week) to 43%. We are currently underutilising some clinic capacity creating inefficiencies.

We have some significant risks across the current estate including lack of appropriate available property and escalating rental costs; clinics unfit for purpose (EGRESS); lack of a consistent service specification for clinics, capacity within a very small estates team and a number of clinics that require urgent relocation or refurbishment with significant associated capital costs.



48 CLINICS

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Our finances

Following the pandemic, BPAS experienced a period of financial distress. In 2020/21 through to 2022/23 BPAS made a deficit each year and in both March 22 and March 23 had a negative cash balance, relying on a bank overdraft. A financial recovery plan was approved by the Board in September 2022 and was successfully implemented in the final half of 2022/23.

This led to a much-improved financial position in 2023/24.

This plan involved:

- Divesting of the fertility business
- Reducing back-office costs
- The sale and leaseback of the Bournemouth property
- A comprehensive review of pricing across the whole of the customer base

In 2023/24 BPAS made a financial surplus of £5.7m. Income increased compared to the previous year by 16%. This was mainly due to fairer pricing agreements with NHS commissioners.

Despite savings made through the financial recovery plan, overall costs remained static compared to the previous year as additional costs were incurred in both operational and central staffing and premises. These cost increases were in line with meeting CQC requirements and improving clinical safety with extra investment in areas such as safeguarding. These cost increases continued into 2024/25 budget setting.

BPAS holds £5m of freehold properties on its balance sheet and is expected to have c.£3.5m in cash reserves at the end of 2023/24. The position is much improved but for BPAS to continue to enhance its financial sustainability, liquid reserves need to be built up to protect the organisation in the event of contract loss and allow time to resize the organisation. Year on year moderate surpluses need to be generated to ensure that BPAS can invest in essential infrastructure and innovation. The reserves policy is currently being reviewed as part of the overall BPAS strategy development.

The changing external landscape

Sexual reproductive healthcare is essential healthcare, and access to timely services has a significant impact on women's health outcomes.

The underinvestment in reproductive healthcare since 2015, has disproportionally impacted women and girls as they are the most likely to be impacted by pregnancy, disproportionately responsible for childcare and more likely to experience barriers to reproductive choice. According to Public Health England, every £1 invested in contraception saves the Treasury £9 over 10 years. However, over the last decade there has been significant cuts in these services. There has been a 167% increase in the number of local authorities closing and cutting contraceptive services, with 32 councils closing services and a third of local authorities reducing the sites commissioned to provide contraceptive services according to the FRSH. At the same time there has been a growing demand for Reproductive Health services overall.

Marginalised communities often face significant obstacles to receiving basic health care. This includes those marginalised by factors like race, wealth, immigration status, and sexual orientation. We know lack of contraception disproportionately affects those in living in the most deprived parts of the country, further exacerbating the existing health inequalities. Waiting times for IUDs varies depending on location but reports vary from 4 weeks to almost 12 months, some women with the financial means are seeking private provision which varies from £250 to £600 for coil fitting.

Abortion services have been unfairly funded for a long time, despite the increased support of NHSE to address the issue of the current tariff. Even at 100% tariff it does not take into account the increasing need for internet service providers to invest in safeguarding, digital, IT and pathways for those with complex needs. There also remains a lack of accountability in terms of commissioners implementing NHSE recommendations for abortion commissioning which creates geographical inequalities for women due to the individual priorities of regional ICBs.

MARGINALISED COMMUNITIES OFTEN FACE SIGNIFICANT OBSTACLES TO RECEIVING BASIC HEALTH CARE. THIS INCLUDES THOSE MARGINALISED BY FACTORS LIKE RACE, WEALTH, IMMIGRATION STATUS, AND SEXUAL ORIENTATION. WE KNOW LACK OF CONTRACEPTION DISPROPORTIONATELY AFFECTS THOSE LIVING IN THE MOST DEPRIVED PARTS OF THE COUNTRY, FURTHER EXACERBATING THE EXISTING HEALTH INEQUALITIES.

Women's Health Strategy

The Women's Health Strategy for England was published in August 2022. It is a 10-year, first of its kind strategy that sets out a range of commitments to improve the health of women across the country. The new Labour government has not directly addressed the strategy formally, but Labour's broader health policies touch on key areas that are relevant to women's health.

As of September 2024, there has been no specific confirmation from the new Labour government addressing the continuation or modification of the strategy. Without explicitly naming the Women's Health Strategy in their 2024 General Election Manifesto, the Labour Party campaigned on a policy platform which was committed to improving women's health; specifically reducing NHS waiting times; and tackling health inequalities. Both are key aspects of the existing strategy.

The new government has made a series of commitments to improving healthcare, including specific investments aimed at addressing women's health. For example, a commitment to train thousands more midwives and setting an explicit target to close the minority ethnic group maternal mortality gap. The new government also plans to invest in menopause support, mental health services, research on women's health, and women's health hubs.

The government has stated that they support the development and expansion of women's health hubs. They aim to increase the number of these hubs across the country, ensuring that more women have access to the care they need, as close to home as possible. Their goal is to make these hubs accessible in every community, particularly in under-served areas where women might currently struggle to access the care they need. BPAS are proud to be co-located within the Liverpool Women's Health Hub.

THE NEW GOVERNMENT HAS MADE A SERIES OF COMMITMENTS TO IMPROVING HEALTHCARE, INCLUDING SPECIFIC INVESTMENTS AIMED AT ADDRESSING WOMEN'S HEALTH. FOR EXAMPLE, A COMMITMENT TO TRAIN THOUSANDS MORE MIDWIVES AND SETTING AN EXPLICIT TARGET TO CLOSE THE BAME MATERNAL MORTALITY GAP. THE NEW GOVERNMENT ALSO PLANS TO INVEST IN MENOPAUSE SUPPORT, MENTAL HEALTH SERVICES, RESEARCH ON WOMEN'S HEALTH, AND WOMEN'S HEALTH HUBS.

The Health Service and NHS England

As a result of the new government's focus on economic growth and narrative around public spending, we can expect – at a minimum – increased pressure on NHS finances and changes to priorities for commissioning. At this point it seems unlikely that we will have a Lansley-style repeal and reform of the NHS in the coming years – although this may be something that the initial set of reviews and assessments contributes to.

At an abortion service level, we would anticipate an increased focus in how to avoid increased spending – so an increased focus on contraception and STI testing, incentive-based funding and commissioning, and renewed focus on how to reduce 'repeat' abortions. On the positive side, there will be increased appetite for innovation and spreading of the care burden which is currently limited by the law, such as primary care provision of EMA services, nurse and midwife provision of surgical care, and contraceptive alternatives.

Because of the increased pressure on the health service, for which there is no apparent solution in the medium term, we can expect that there is little opportunity for the government to undertake action around bringing abortion provision 'in-house' to the NHS. The blunt fact is that we are expecting close to 300,000 abortions to be provided in 2024, and the NH currently provides fewer than 50,000.

NHSE has a dedicated team leading on abortion work currently, and they remain committed to this work going forward. The NHS has published its objectives and vision for abortion services. This sets out the need for improved access and care through greater collaboration between the independent sector and the NHS, sustainable funding arrangements, integrated commissioning practices and greater NHS surgical provision.

This vision was first published as part of a letter to systems in March 2024 setting out the pressures facing the sector and asking integrated care boards to take forward a small number of key actions to help support services locally and nationally. Integrated Care Boards are asked to commission services in line with this vision. The letter set out a clear objective and vision for abortion services:

Improved access and care for all those who need abortion services.

- A more managed and collaborative approach between independent sector providers and the NHS to meet and manage demand, including coordination of provision at the most appropriate geographies to bring wait times in line with National Institute for Health and Care Excellence standards, expanding training to ensure we grow surgical skills and improve access to services.
- Appropriately funded, financially sustainable services supported by an NHS Payment Scheme that promotes sustainability for both independent and NHS providers.
- Commissioning practices that support sector resilience and development, promote quality and collaboration, and take a whole-pathway approach to sexual health and abortion services.
- Enhanced NHS provision, workforce training and support, particularly in relation to surgical abortions, to create additional capacity within the system and meet patient needs.

Parliament

BPAS work cross-party and have successfully led campaigns under different governments, for example the House of Commons vote to make telemedicine for early abortion care permanent, under Conservative leadership.

In July 2024 Labour were voted into parliament. Of those MPs known to be opposed or strongly opposed to abortion rights 70% lost their seats (a fall from 237 to 69).

Pre-election 51% of MPs were graded as strong or very strong supporters of abortion rights, compared to 40% who were opposed or strongly opposed. Applying a previous parliament party average weighting to newly elected members, we would expect the distribution of MPs in this parliament to be 81% supportive or strongly supportive and 15% to be opposed or strongly opposed.

Wes Streeting was appointed Secretary of State for Health and Social Care when the new parliament was formed. In his first month in office, he made announcements on areas including:

- The Department of Health and Social Care as a driver of economic growth, including supporting public health and enabling people to return to work.
- An independent investigation into the NHS by Lord Darzi, with its outcomes feeding into the Government's ten-year plan' to radically transform the health service. BPAS had responded to Darzi's call for evidence highlighting the challenges in abortion care.
- Criticism of the CQC as the regulator of health services following some widely published challenges within the organisation in July 2024, taking immediate action to increase oversight with a view to reform later in 2024.

The wider factors impacting BPAS

P — Political

- July 24 change in Government. 70% of MPs opposed to abortion lost their seats
- Positive pro-choice Parliament now in place (81%)
- Darzi review to inform radical reform of NHS
- Roe vs Wade Lowe and global political implications
- Increased focus on public health and prevention Vs treatment
- Brexit and impact on overseas workforce
- Increased devolution of health services
- Women's Health Strategy and Health Hubs under Labour Gov

E — Economic

- Protracted slow economic growth
- Increased financial pressures on commissioners
- Lack of investment in clinical trials and research
- NHS tariff uncertainty and historic volatility
- Available investment in digital internally
- Disjointed commissioning of reproductive health - ICBs, LAs

S — Social

- Abortion widely supported in UK (87%)
- Continued cuts to sexual health services
- Shortage of qualified health professionals
- Continued increase in Women's healthcare waiting times
- Increased inequalities for marginalised groups
- Rise in STIs
- Increased rates in abortions
- Well-funded anti-abortion groups
- Geographical disparities in access
- Stigma of abortion

T — Technological

- Telemed/Telecare
- Patient expectations and experience – 24/7 digital world
- Pharmaceutical progress – contragestive
- End to End EMA digital pathways emerging in USA and Europe
- AI powered back-office services to drive down operating costs
- Cyber Security and Data Breaches
- Fake News and (Mis) Information
- Transfer from building based to home-based healthcare
- Electronic Patient Records

L — Legal

- Decriminalisation of abortion
- Nurse and midwives' ability to deliver early surgical interventions
- Regulatory bodies and processes
- Environmental Legislation
- Outdated laws on abortion
- Home Office controlled Drugs Licenses
- Data Laws and Fair Processing
- New Employment Laws
- Increased patient litigation

E — Environmental

- Quality/adequate estates to deliver services
- Carbon footprint and impact of services
- Net Zero
- Infection prevention and control
- Mobility/ flexibility of service model
- Estates rationalisation and opportunities to co-locate in Health Hubs

C — Competition

- AQP Contracts opening up the market to main competitors and impacting on BPAS income
- AQP bringing new opportunities for BPAS
- Investment needed to compete and remain competitive
- Brand awareness and patient choice under AQP contracts
- Shift in marketing: direct to consumer
- Biggest competitor with £69m spending plan over next five years
- Smaller competitor 'cherry picking' MSI client portal and self service

Our challenges

Financial vulnerability

- Despite recent financial recovery, BPAS remains financially vulnerable. The organisation faces rising operational costs, limited cash reserves, and reliance on NHS contracts, which exposes it to risks from contract losses or changes in commissioning

Underutilised and ageing estate

- BPAS clinics are underutilised, with some operating at only 43% capacity. Many clinics are aging, require significant refurbishment, and face escalating rental costs. Additionally, several sites are flagged for urgent relocation due to inadequate safety measures like EGRESS

Competitive commissioning environment

- The shift to the Any Qualified Provider (AQP) model increases competition for contracts. This shift threatens our market position and destabilises our monopoly in some regions. This could result in lost contracts and income, making patient experience, engagement, and service quality critical for maintaining case-loads. Conversely AQP will enable BPAS to enter into new commissioning relationships and geographies

Workforce morale and retention

- Staff morale has been impacted by financial challenges and redundancies. There has been a lack of investment in learning, development, and clear career progression, further contributing to workforce dissatisfaction

Model of care and patient pathways

- BPAS's current clinical pathways are primarily developed based on contractual requirements rather than a unified clinical care model. Despite delivering four clinical services we have multiple and complex pathways that do not deliver the best experience for our patients or our staff

Fragmented reproductive health care system

- The current commissioning model separates services like contraception and abortion care, leading to fragmented care and inconsistent service delivery. There is opportunity for BPAS to provide standalone contraception that offers a seamless patient experience across the full life-cycle and attracts a diversified revenue stream from local authorities

Outdated abortion law

- UK abortion law remains outdated, restricting nurse and midwife involvement in surgical abortions and relying on criminal statutes from 1861. This limits BPAS's ability to offer more flexible, patient-centred care and contributes to extended waiting times

CQC regulatory challenges

- Only half of BPAS clinics are rated as "Good" or "Outstanding" by the Care Quality Commission (CQC). (Both competitors have 100% good or outstanding) We need to ensure consistent regulatory compliance across all clinics to avoid enforcement actions and maintain service quality

Technological and digital infrastructure

- As demand for telemedicine and digital first solutions grow, we face the challenge of improving our digital infrastructure to support telehealth and other digital services, ensuring we can scale and meet patient needs efficiently whilst reducing our cost to serve

Each of these challenges also presents an opportunity to reduce our central costs through investment in digital services and tools, review our current model of care and the infrastructure needed to deliver this, relaunch our values placing our people at the heart of our business, and continue to be the leading voice of advocacy and research within the sector.

Our vision for 2030

BPAS
British Pregnancy Advisory Service

By 2030 BPAS will be the leading provider of equitable, high-quality sexual reproductive healthcare, integrating digital innovation and research driven practices. We will empower informed reproductive choices, advocate for modernised laws, ensure sustainable growth, and eliminate barriers to reproductive choices, advocate for modernised laws, ensure sustainable growth. And eliminate barriers to reproductive autonomy through enhanced facilities, supported staff, and expanded access to care.

Our Strategic Objectives

1

Our people

Build a healthy, capable and diverse workforce where employees feel valued, supported and empowered to contribute to a resilient and agile organisation.

2

Our care

Streamline abortion and reproductive healthcare services and deliver pioneering digital services, improving patient access, and delivering better patient-centred care, standards and outcomes.

3

Our voice

Lead in reproductive health and rights advocacy – speaking up for our patients and staff, pushing for legal and regulatory reforms, addressing systemic barriers faced by our patients and working with partners to broaden our reach beyond abortion care.

4

Our finances

Secure long-term financial stability by building reserves to reinvest in our people and services, optimising costs, diversifying income, and ensuring positive contract contributions, while maintaining quality and compliance.

5

Research & innovation

Position BPAS as an organisation where opportunities for involvement in research and innovation are accessible to all and where we are recognised as research and thought leaders in abortion and reproductive healthcare.

6

Our infrastructure

Implement a modern, fit for purpose infrastructure strategy to consolidate and optimise clinical estate usage and use of data. Reducing patient delays, and meeting growing demand.

Strategic Priorities

1 Our people

Build a healthy, capable and engaged workforce where employees feel valued, supported and able to contribute to a resilient and agile organisation.

- **STRATEGIC WORKFORCE PLANNING**: Lead, support and deliver forward-thinking workforce planning, enabling BPAS to make the best use of people and skills
- **HIGH-PERFORMING, SKILLED ORGANISATION:** Provide a refreshed performance management framework that sets clear, fair expectations and where data and metrics contribute to inform decisions
- **COMPASSIONATE, INCLUSIVE & RESPONSIBLE LEADERSHIP:** Develop visible, capable, positive, confident and responsible leaders who embody BPAS values and culture, promote equity and role model behaviours
- **DEVELOP & EMBED VALUES-BASED CULTURE:** People are proud to work and belong at BPAS, and feel valued, supported, rewarded and recognised and able to collaborate and contribute to the success of the organisation

2 Our care

Streamline abortion and reproductive healthcare services and deliver pioneering digital services, improving patient access, and delivering better patient-centred care, standards and outcomes.

- **DELIVER OUTSTANDING CARE:** Implement improvement programmes in those clinics not currently rated by our regulators as good or outstanding, embedding continuous improvement framework across all our services
- **ENHANCING AND STREAMLINING OUR PATIENT PATHWAYS :** Innovate and improve the patient pathway and experience at BPAS, ensuring simple, consistent and easy to navigate services and enabling our staff to deliver the right care at the right time
- **TAILORING SERVICES TO INDIVIDUAL NEEDS:** Design and deliver a responsive, enhanced timely service for those patients with more complex needs and barriers, avoiding adverse outcomes
- **GIVING TRUE CHOICE TO WOMEN IN THEIR CARE:** Alongside our range of access points, we will explore a digital end-to-end pathway using technology to support patients self-managing at home

3 Our voice

Lead in reproductive health and rights advocacy – speaking up for our patients and staff, pushing for legal and regulatory reforms, addressing systemic barriers faced by our patients and working with partners to broaden our reach beyond abortion care.

- **ADVOCATE FOR KEY ABORTION LAW REFORMS:** Working with partners to ensure women are removed from the criminal law on abortion, and the Abortion Act 1967 is reformed
- **DEVELOP AND IMPLEMENT A FUNDRAISING STRATEGY:** Securing resources for advocacy campaigns, patient care programs, and research, ensuring long-term impact and expanded reach
- **EXTEND THE REACH OF OUR VOICE:** Build on the strengths of the BPAS brand and reach to advocate for wider changes in the delivery of Sexual Reproductive Health, particularly contraception access and equity
- **IMPROVE THE SUSTAINABILITY OF ABORTION SERVICES:** Working with system partners and NHSE to capacity-build the skills needed within the sector including the delivery of post 24-week abortion care in line with the law

Strategic Priorities

4 Our finances

Secure long-term financial stability by building reserves to reinvest in our people and services, optimising costs, diversifying income, and ensuring positive contract contributions, while maintaining quality and compliance

- **ENSURE LONG TERM FINANCIAL SUSTAINABILITY:** Develop and maintain a rolling 3-year financial plan which builds up sufficient reserves to maintain financial stability
- **DEVELOP A FINANCIALLY ASTUTE WORKFORCE:** Implement a Finance Business Partner Model enabling each division to have dedicated finance support whilst simultaneously building the financial skills and expertise of all our staff
- **UNDERSTAND THE COSTS OF OUR SERVICE PROVISION:** Mapping costs to service lines and individual contracts , to identify efficiencies and ensure pricing of contracts achieves an acceptable margin
- **IMPLEMENT AN ANNUAL COST IMPROVEMENT PROGRAMME:** Meeting the annual efficiency target in the NHS payment system as a minimum in addition to meeting our charitable objectives

5 Research & innovation

Position BPAS as an organisation where opportunities for involvement in research and innovation are accessible to all and where we are recognised as research and thought leaders in abortion and reproductive healthcare.

- **STRENGTHEN STRATEGIC PARTNERSHIPS:** Collaborate with key organisations including higher education institutions, expanding our network beyond sexual and reproductive health to enhance our capabilities and influence
- **ENHANCE INTERNAL ENGAGEMENT:** Ensure diverse perspectives are central to our activities, and respond effectively to the needs and insights of all stakeholders, encourage and support our staff to propose, contribute and engage in research and innovation
- **INCREASE PATIENT PARTICIPATION:** Collaborate with patients and staff to boost patient engagement in research. Integrate patient participation opportunities into our services, ensuring they are accessible and appealing
- **IMPROVE RESEARCH COMMUNICATION:** Develop strategies for disseminating research information across the organisation, stakeholders, and wider community, regularly reviewing and refining to ensure clarity and accessibility

6 Our infrastructure

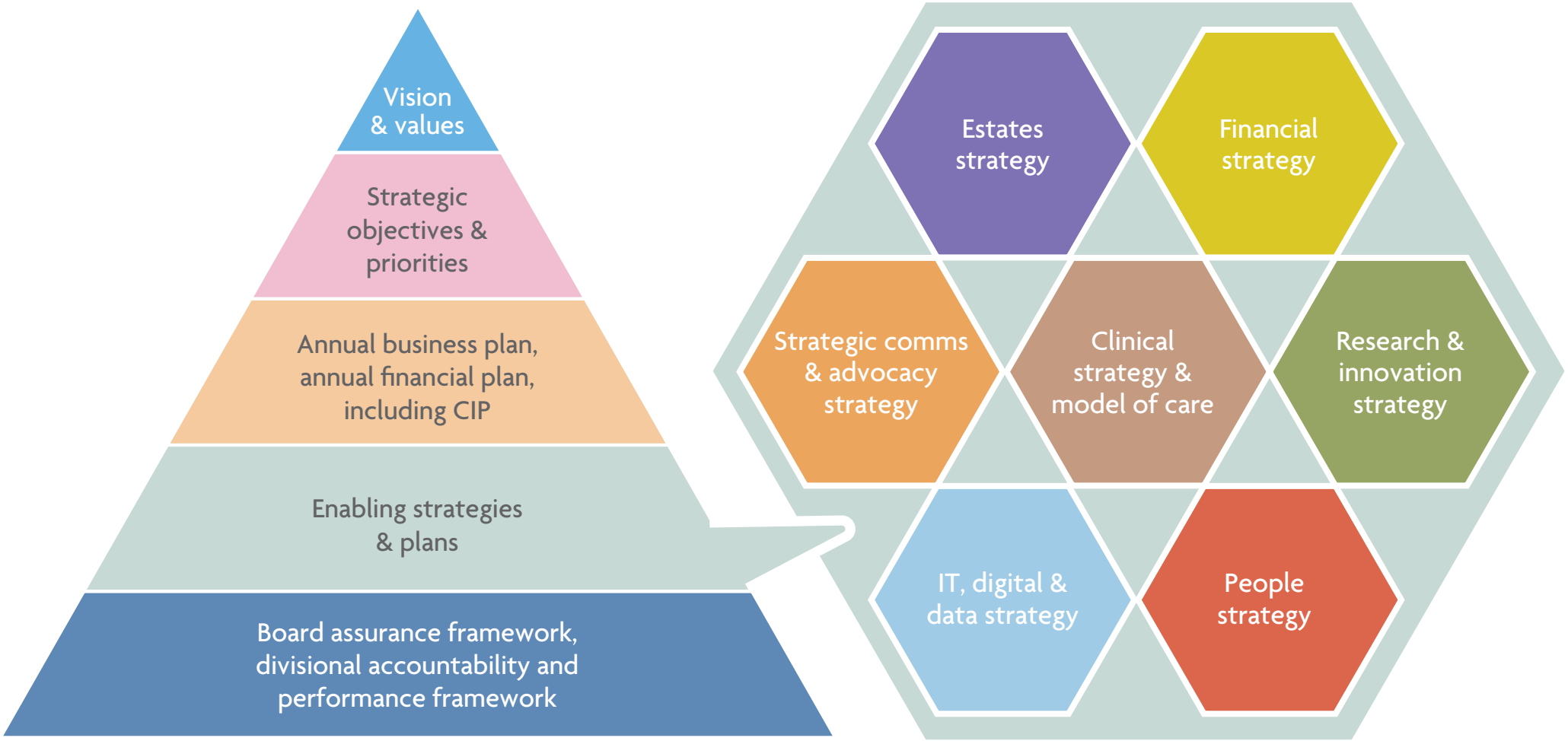
Implement a modern, fit for purpose infrastructure strategy to consolidate and optimise clinical estate usage and use of data. Reducing patient delays, and meeting growing demand.

- **DESIGN A HUB AND SPOKE MODEL :** Work with partners to develop a hub and spoke model that addresses barriers to access, reduces waiting times and ensures equity of service provision
- **IMPLEMENT A DIGITAL FIRST APPROACH:** Mapping and understanding our existing technology and explore innovative solutions to ensure we deliver efficient services from the back office through to front line patien -centred care
- **APPLY A DATA DRIVEN APPROACH TO DRIVE DECISION MAKING:** Ensure one single version of truth to understand current performance and be able to forecast and predict future demand, performance and activity trends
- **EMBED A HEALTH & SAFETY CULTURE ACROSS THE WHOLE OF BPAS:** Implement a quality assurance framework that ensure all staff are trained in health and safety of themselves, their colleagues, our buildings and our patients

Our priorities - implementation & delivery

Having developed our Strategic Objectives and Priorities our focus now moves to agreeing the annual business plan and supporting financial plan.

The plan will be supported by our seven Enabling Strategies, developed by subject matter experts during 2025/26.



How we will measure success:

We will collaborate with our staff, commissioners and stakeholders to develop key metrics in line with national standards and guidance on an annual basis.

We will build on our existing KPI dashboards and reporting processes, aligned to our Board Assurance Framework, to ensure we measure, report, and take corrective action if we are veering off course.

What will success feel like ?

Patients:
"I was able to access my preferred choice of care close to home within 5 days and I felt safe and respected in my choices"

Staff:
"The leadership team no longer feel distant from us at the front line, and I feel like my opinion matters"

Commissioners
"It feels like a partnership working with BPAS, they listen and ensure that local needs are reflected in the service"

CQC
"It has been great to see the improved trajectory of sites being rated Good or Outstanding, giving us confidence in the quality and safety of BPAS services"

Women
"I know BPAS has my back, our rights are front and centre in their campaigning that has had a real impact on society"

Media
"BPAS are my go-to organisation for any comment and view on women's sexual reproductive healthcare and women's rights"

Innovate UK
"We are proud to give a significant research grant to the team at BPAS for their outstanding work in women's reproductive healthcare"

BPAS
British Pregnancy Advisory Service

Appendix 1: How we developed our strategy

We have consulted and engaged staff from across the organisation in the development of our Strategy, an outline of which is provided below. This process has involved over 600 staff and as a result BPAS has a clear vision of what the next three years will look like

JUNE

STAFF VALUES WORKSHOPS

- Multiple virtual workshops & mass participation

JULY/AUGUST

STAFF ENGAGEMENT

- All staff survey
- Multiple workshop sessions
- Managers' Conference sessions

SEPTEMBER

BOARD STRATEGY SESSION

- Playback what our people have told us
- Current state of nation – SWOT, what does this mean for BPAS, proposed Strategic objectives?

NOVEMBER

MANAGERS' CONFERENCE

- Playback of our strategic objectives
- Development of the key priorities under each objective

DECEMBER

BOARD MEETING SIGN OFF

- Approval of three-year strategy objectives and deliverables

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