

London Borough of Bromley Contraception Health Needs Assessment

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Prepared by Dr Melanie Coates, Public Health Registrar

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Glossary

CHC – combined hormonal contraception

EHC – emergency hormonal contraception

GP – General Practice

GRT – Gypsy, Roma & Traveller

HIV – human immunodeficiency virus

ICB – Integrated Care Board

IUD – intrauterine device

IUS – intrauterine system

LARC – long-acting reversible contraception

LGBTQ+ – lesbian, gay, bisexual, transgender, queer/questioning, plus

PCN – primary care network

POP – progesterone-only pill

SEN – special educational needs

SHEU – Schools Health Education Unit

SRH – sexual and reproductive health

STI – sexually transmitted infection

One-page summary

Key Findings

- Increasing abortion rate and increasing repeat abortions in Bromley, as well as plateauing conception rate in under 18s may represent an unmet need for contraception. Abortion rates may be higher in areas of higher deprivation or areas further from services.
- Trends in contraception use appear to be changing, with overall decreasing LARC uptake and user-dependent methods decreasing in GP but increasing in SRH services.
- There are inequalities in who is accessing contraception in Bromley, namely those living further away from services, those living in more deprived areas, and for some minoritised ethnic groups.
- Certain groups may not be having their needs met by current services, such as young people and students, geographically isolated communities, those living in deprived areas, women requiring intrauterine contraceptive devices for gynae reasons, Gypsy, Roma & Traveller (GRT) communities, people involved in commercial sex work, care leavers and looked-after young people, and trans and non-binary individuals. Further work is needed to identify these groups and understand their needs from contraception services.
- There may be need to increase awareness and education regarding contraception services in the borough, as well as campaigns to target misinformation and myths about contraception and sexual and reproductive health.
- The location of where residents prefer to access contraception may be changing, for example with increasing preference for online services in young people. More information is needed to understand why this is, and whether preferences vary between groups or communities in Bromley.
- Competing demands from residents outside of Bromley and people requiring IUSs for gynaecological reasons may impact contraception provision.
- The SRH workforce is facing critical challenges in recruitment, retention, and training. Limited time, funding, and trainers may present challenges for succession planning and sustaining specialist expertise in Bromley.

Key Recommendations

1. Consider expanding services into underserved areas to reduce inequalities in access
2. Consider extended opening hours for SRH services to improve accessibility e.g. for young people, full-time workers, and those with caring responsibilities
3. Strengthen data collection and monitoring to further understanding of service use by Bromley residents, including gaps and unmet need. In particular, this should focus on identifying underserved and at-risk groups that may experience inequalities
4. Further research is needed to understand needs of the population, including underserved groups, and effectiveness of interventions
5. Engage with service users, in particular vulnerable and at-risk groups, to further understand their needs and co-produce interventions
6. Education for service users and the wider population is needed, especially for young people, to increase awareness of contraception options and how to access different methods, as well as to combat disinformation and 'myths' surrounding contraception.
7. Consider widening e-service offer to over 25s and for regular contraception methods
8. Consider online pathways for appointment booking
9. Introduce pathways for non-contraceptive coils
10. Work with neighbouring boroughs to address need for their populations that may impact Bromley
11. Invest in training and workforce planning, including increasing numbers of trainers and those able to provide complex LARC services

Executive Summary

Access to contraception is a cornerstone of sexual and reproductive health, with the ability to decide how many children to have and when to have them widely recognised as a human right for many decades.(1) Ensuring access to contraception benefits women's and children's health, for example, through preventing pregnancy-related health risks for women, especially for adolescent girls.

Local councils have the responsibility to commission specialist sexual and reproductive health (SRH) services and ensure access to a broad range of contraception. In addition to open-access SRH services, this is met through enhanced contraception services in general practice (GP) (e.g. intrauterine contraceptive device and subdermal implant provision), and enhanced contraception services in pharmacy (e.g. emergency contraception).

This needs assessment comes at a time of changing landscape for sexual and reproductive health in the nation, and where many commissioners and providers of sexual health services have been making calls to the government to address the long-term funding and capacity challenges across local authority commissioned sexual health services.(2) The findings from the needs assessment will be used to improve contraception service provision and inform future service commissioning in Bromley.

Key Findings

The National Context



Live births increased this year for the first time since 2021 – however they are at some of the lowest levels for decades.(3,4)



There may be more women requiring contraception in the coming years - women of reproductive age (15-44 years) will increase by 4.7% between 2024 and 2034.(5)



Demand for abortions is increasing, including in under 18s - in 2022 there were 251,377 abortions performed, the highest number since the Abortion Act was introduced.(5) Women living in the most deprived areas of England are more than twice as likely to have abortions than women living in the least deprived areas.(6)



Overall, we are seeing declining contraception uptake - we have seen a 43% decline in the number of people accessing SRH services for contraception since 2014/15, and community prescriptions of LARC and user-dependent methods have decreased 16% and 19% respectively since 2013. Although the number of women accessing LARC is decreasing, LARC as a proportion of contraception uptake has risen.(7)



Overall, emergency contraception prescribing appears to be increasing – with prescribing shifting from community prescribers to SRH services.(8)



The SRH workforce are facing major challenges with recruitment and retention of staff - many posts are remaining unfilled for significant periods of time, and one third of the SRH workforce are expected to retire in the next five years.(9)

The Bromley Picture

As of June 2025, Bromley commissions 36 sites to deliver contraception across the Borough: 24 GP sites for enhanced contraception services (implants, IUSs and IUDs), 3 SRH sites (provided by Kings NHS Trust), and 9 pharmacy sites for emergency hormonal contraception (EHC) (subcontracted via Kings). In addition, the SH:24 online service is also subcontracted via Kings to provide EHC.

Fertility and Abortions



Live births and fertility rates in Bromley are falling - however, Bromley still has a significantly higher fertility rate than the London and England averages.(4)



Reductions in under 18s conceptions have stalled - the rate of conceptions in under 18-year-olds has dramatically declined over the past few decades, however it has now plateaued, remaining stable over the past 5 years. Under 18s conception rates in Bromley are significantly lower than the England average and in line with the London average.(10)



Abortions in Bromley may be increasing – abortion rates in Bromley have been increasing since 2017, and rates are significantly higher than the England average.(11,12) Abortions in under 18s have been above pre-pandemic levels since 2020/21. 80% of conceptions in under 18s lead to an abortion in Bromley, higher than the England and London averages, and one of the highest rates in London.(13) There are an increasing number of repeat abortions

taking place in Bromley, and these represent an increasing proportion of total abortions since 2018.(14)

Higher abortion rate may be correlated with areas of higher deprivation or further distance from services: abortion rate is highest in Five Elms PCN and The Crays Collaborative PCN.



Repeat abortion rate is highest in The Crays Collaborative PCN and Penge PCN. This may correlate with areas of higher deprivation, particularly in The Crays and Penge areas, or further distance from services, in Five Elms PCN.(14)

Increasing abortion rate, increasing repeat abortions, and plateauing conception rate in under 18s may represent an unmet need for contraception in Bromley.

Long-acting reversible contraception (LARC)

Prescribing of IUSs, IUDs and implants appear to be decreasing: between 2022 and 2023, total prescribing has reduced by 11% in Bromley, and there are early signs that rates may be decreasing in both GP and SRH services.(15) This is in keeping with national trends, where we are seeing decreasing contraception uptake generally and decreasing numbers of people accessing LARC specifically. In 2023, the total rate prescribed in Bromley GP and SRH services was 38.2 per 1,000 women aged 15 to 44 years, lower than the England rate but above the London rate.(16)



Contraception injection prescriptions are decreasing in GP but increasing in SRH clinics:

prescriptions for contraception injection in GP have been decreasing in Bromley and nationally.(17) However, prescriptions of the contraception injection increased by almost 50% in SRH clinics between 2022 and 2023.(18) Prescriptions in both GP and SRH services are below the England rate.



GPs fit the majority of IUSs, IUDs and implants in the borough: In 2023/24, GPs accounted for approx. 70% of fittings, whereas SRH services in Bromley accounted for 30%.(19,20)

Rates for all three methods in GP are above the London average but below the England average.(16) Rates in SRH services are below the London and England rates, indicating Bromley residents may access GPs more than SRH services for IUSs, IUDs and implants fits compared to most other London boroughs.(21)





LARC fitting took a hit during the pandemic, and we are still seeing the effects: in GPs and SRH services, there was an overall reduction in LARC uptake during the COVID pandemic. In GPs, the number of implant and IUD fits have not recovered to pre-pandemic levels however appear stable currently. The total number of IUS fits have now returned to pre-pandemic levels and are potentially increasing, however IUS fits for contraception have not recovered to pre-pandemic levels.(19) In SRH services the number of Bromley residents accessing services for IUSs and IUDs has returned to pre-pandemic levels, however implant and injections remain below pre-pandemic levels.(8,22-25)



IUSs for non-contraception (gynaecological) reasons are an emerging and increasing need: IUSs fitted for gynae reasons in GPs has almost quadrupled between 2018/19 and 2023/24 (from 54 to 204). This may impact provision of coils for contraception reasons.(19)



There is a geographical divide in accessing services: contraception services are concentrated in the north of the borough, in both GP and SRH services. This may neglect areas of Bromley located further from services.(20)



Areas of higher deprivation may use IUSs, IUDs and implants less: GP LARC (excluding injection) activity is concentrated in the north of the borough. Rates of IUS, IUD and implant fits appear to be lower in PCNs in areas with higher deprivation e.g. in Penge and The Crays Collaborative PCNs.(19)



There are differences seen in ethnicity of those accessing LARC in GP: those of White ethnicity are generally overrepresented in accessing LARC in GP services, while Asian, Mixed, and Other ethnic groups are underrepresented (data not available for SRH services).(19)

Cross-boundary use of SRH services



People from outside the borough represent a significant proportion of users of SRH clinics in Bromley: 40% of patients seen at Kings SRH clinics (for any service i.e. contraception, STI treatment, HIV care etc.) are non-Bromley residents, most frequently from Croydon and Lewisham, which may impact service provision.(8)

User-dependent contraception



Previous declines in user-dependent contraception may be changing: prescriptions of short-acting combined hormonal contraception (CHC) (combined pill, vaginal ring and/or contraceptive patch) and progesterone-only pill (POP) decreasing in GP. However, in SRH clinics, CHC prescriptions were in decline but have now levelled out and POP prescriptions are increasing. In SRH clinics, percentage of attendees using the male condom, patch and other methods of contraception (including cap, female condom, diaphragm, spermicides, natural family planning and vaginal ring) are increasing (although patch and other methods are still used at much lower levels).(26-27)



There is low uptake of the National Pharmacy Contraception Service in Bromley: despite starting in April 2023, prescriptions of oral contraception from pharmacies via the service remain low, with multiple pharmacies performing zero initiation consultations in the year 2023/24, and the highest performing pharmacy providing nine initiation consultations in the year.(28)



The number of free condoms distributed in 2023/24 was 30,502: these are distributed under the Kings NHS Trust contract as part of 3 schemes: Come Correct, Man2Man and WisDOM.(20)



Bromley residents' preferred contraception methods appear to be changing: prior to 2020/21, user-dependent methods were more popular than LARC methods in women attending SRH services for contraception. This switched in 2021/22, with LARC methods becoming more popular. However, there has been a recent change in this trend, with percentage using LARC methods decreasing from 58% in 2021/22 to 52% in 2023/24, and user-dependent methods increasing from 42% to 48% over this same period. This may be related to a wider trend of growing preference for non-hormonal contraception, possibly amplified by social media.(8)

Emergency hormonal contraception (EHC)



EHC prescriptions are decreasing in GP services but increasing in sexual health clinics: this may represent a shift in preference or accessibility of EHC.(8)



Higher numbers of those accessing EHC may correlate with areas of higher deprivation and areas closer to SRH services: prescriptions of EHC in both GP and SRH clinics are higher in Beckenham, The Crays and Penge areas.(29)



Young people may prefer to access EHC online rather than in pharmacies: pharmacy prescribing of EHC has been at low levels throughout 2023/24 (49 prescriptions), with online prescriptions via SH:24 almost 3x more popular (145 prescriptions in 2023/24).(20)

Under 18s



There may be a lack of knowledge of how to use sexual health services: the Schools Health Education Unit (SHEU) Survey found low numbers of students reporting knowledge of how to use a sexual health service (5% in Year 7, 11% in Year 10, and 24% in Year 13). 23% of Year 10 and 40% Year 13 pupils responded that they know where they can get condoms free of charge. These numbers have decreased since 2010.

Engagement Findings

GP practices that responded all reported a wait time for LARC fitting below 6 weeks. Nearly all practices have pre-fitting triage appointments, and two thirds of practices have a dedicated LARC clinic. Most respondents were unsure or did not think enough time was allocated for LARC fitting training. Funding challenges were a common feedback point, in particular LARC tariff payments, increases in employee costs, and need for funding for menopause clinics.

SRH services offer an integrated service with a comprehensive range of contraception services. Service strengths include flexible and person-centred care, strong team ethos and leadership, specialised clinic for complex coil fittings, support for vulnerable populations and safeguarding, and outreach and education.

Challenges faced include:

1. High demand - exacerbated by high numbers of patients attending from out-of-borough (e.g. Croydon)
2. Staffing pressures and capacity constraints
3. Fragmented commissioning
4. Unequal access caused by location of clinics in the north of the borough and the main clinic in a more affluent area, and lack of evening or weekend clinics presenting a barrier for young people or full-time workers
5. Difficulties for patients to navigate the system
6. Misinformation and lack of health education – particularly in young people
7. Changing trends in contraception uptake, which may be amplified by social media e.g. hormonal contraception
8. Training and workforce challenges – including anticipated reduction in trained workforce to fit LARC, shortage of faculty-registered trainers, lack of protected time for training, high cost of training
9. Low uptake in pharmacies

Vulnerable populations and those with unmet needs identified included:

- Young people and students
- Geographically isolated communities
- Those living in deprived areas
- Women requiring intrauterine contraceptive devices for gynae reasons
- Gypsy, Roma & Traveller (GRT) communities
- People involved in commercial sex work
- Care leavers and looked-after young people
- Trans and non-binary individuals

Recommendations

1. Consider expanding services into underserved areas to reduce inequalities in access

SRH clinics in Bromley are largely based in the north of the borough, with the main SRH clinic in a relatively less deprived area of Bromley. This may exacerbate inequalities for those living in the south of the borough, more rural areas and more deprived areas. There are 2 satellite clinics in Orpington and Mottingham, however these both only run a half-day clinic once per week each, and feedback from the service provider identified these clinics may be filled by patients from other areas.

Increasing the number of clinics running in current satellite sites may improve access for those living in nearby areas. Expanding services or offering a greater number of satellite clinics may improve inequalities in access to services, for example by introducing new locations for satellite or pop-up clinics. These could be in hard-to-reach areas, areas with higher numbers of vulnerable populations, such as near schools, or areas with higher deprivation.

2. Consider extended opening hours for SRH services

Extended hours for SRH clinics in Bromley may increase accessibility for young people, full-time workers, and those with caring responsibilities. It may also improve access for those living further away from clinic locations, where travel time to clinics may be longer.

3. Strengthen data collection and monitoring

Strengthening data collection and monitoring will enable greater understanding of service use by Bromley residents, including gaps and unmet need. In particular, this should focus on identifying underserved and at-risk groups that may experience inequalities. Currently, there is little or no data on sexual orientation and gender identity, ethnicity, disability and accommodation type (such as being homeless or sleeping rough) for service users in all contraception services. Collecting and analysing this data could identify groups with unmet need and allow targeted interventions and outreach to better support these communities in Bromley.

Service data should be routinely disaggregated by geography, deprivation, age, ethnicity and other demographic and protected characteristics, to identify emerging disparities.

4. Further research is needed to understand needs of the population, including underserved groups, and effectiveness of interventions

Further research is needed to guide operational and strategic decision making, including to understand the needs of residents, acceptability of different contraception methods in different populations, preferred service providers, impact of digital and remote services on access and outcomes, and any other unmet need, especially among potentially underserved groups (e.g. young people, minoritised ethnic groups and LGBTQ+ communities). Evidence should be embedded into service specifications and development.

5. Engage with service users, in particular vulnerable and at-risk groups, to further understand their needs and co-produce interventions

Service users, in particular vulnerable and at-risk groups, should be engaged to understand their needs and preferences. For example, engagement is needed with contraception users to further understand preferences in service use, such as the channel shift seen of contraception injection and EHC prescribing from GP to SRH services.

Outreach with key vulnerable populations should be prioritised e.g. young people (especially those with special educational needs), care leavers, those experiencing domestic violence, Traveller/Gypsy Community, trans and non-binary people, and those involved in the commercial sex industry. Engagement with these groups should be done to understand barriers and needs surrounding contraception services in Bromley. For example, engagement with young people should be done to further understand why pharmacy uptake of EHC is low, and with minoritised ethnic groups to understand why certain groups may be underrepresented in accessing contraception.

Interventions should be co-produced and communications should be tailored for target groups.

6. Education for service users and wider population, especially young people

Work should be done to increase public awareness of contraception options and how to access different methods. Campaigns should be done to combating disinformation and 'myths' surrounding contraception. Work may be needed to increase awareness of pharmacy options for oral contraception and EHC. This will become even more important when the National Pharmacy Contraception Service is expanded to include EHC in Autumn 2025.

Online navigator tools should be reviewed to ensure that clear and consistent communication is provided, which link up between different websites e.g. Bromley Sexual Health and Find Sexual Health websites. These should be accessible and easy to use, to ensure residents can navigate services easily. These resources should be advertised to all residents, particularly those in target groups.

Young people have been identified as a group in particular need of education around contraception access and misinformation, which is often exacerbated by social media, and is even more prevalent in SEN settings. Work should be continued and expanded with schools, including SEN schools, to deliver tailored and targeted education to these groups.

7. Consider widening e-service offer to over 25s and for regular contraception methods

Data from Bromley EHC uptake indicates e-services may be preferred by young people in Bromley over in-person e.g. at pharmacies. Online services for regular contraception methods are already well established in other boroughs in London, e.g. via SHL.UK which offers regular (oral, patch, and vaginal ring) and emergency hormonal contraception to people aged over 16 years.

Therefore, expanding free e-services to a wider age range and for both regular and emergency contraception in Bromley may improve access for those aged 25 and over, offer more efficient and convenient options for residents, provide more choice for residents about how they access services, and improve satisfaction. This could be done through widening the age range for SH:24 EHC and introducing regular contraception and EHC offers via the SHL.UK pan-London service. Channel shift to online services may reduce pressure on SRH and GP clinics, increasing capacity to meet more complex clinical needs. E-services may also support equity of access to services in harder to reach areas e.g. in more rural and deprived areas. However, in-person provision should be maintained to prevent digital exclusion of service users. If implemented, service data should be monitored regularly and user feedback evaluated to monitor the impact of these changes.

8. Consider online pathways for appointment booking

Introducing online appointment booking may improve convenience and satisfaction for patients and reduce administrative burden on services. However, other booking methods and walk-in clinics should be continued for groups who may find it harder to engage with online appointment booking, or for urgent appointments.

9. Introduce pathways for non-contraceptive coils

The number of coils fit for gynae reasons in general practice has almost quadrupled between 2018/19 and 2023/24, now accounting for one fifth of all IUS/IUD fits, and over a quarter of all Mirena coil fits. This may impact waiting times and capacity for IUS/IUD fits for contraception reasons. Dedicated pathways are needed to ensure these patients do not 'fall through the gaps' in commissioning, as coils fit for gynae reasons are not commissioned for inter-GP practice referral (for example if the patient's GP practice does not fit coils, or is unable to fit one), or for fitting at an SRH clinic (as these are only commissioned for contraception). Work should be done between local authority, SRH service providers, GPs and the ICB to introduce pathways for non-contraceptive coils.

10. Work with neighbouring boroughs to address need for their populations that may impact Bromley

High demand for SRH clinics in Bromley may be exacerbated by high numbers of residents utilising the service from outside of Bromley. Work should be done with neighbouring boroughs to support service provision.

11. Invest in training, including increasing numbers of trainers and those able to provide complex LARC services

Investments should be made in workforce training and retention. Protected time should be given for LARC fitting training and maintaining skills, especially in underrepresented areas. Funding options should be explored to support clinicians to train in LARC fitting. A long-term workforce plan should be made to prepare for upcoming retirements of SRH clinicians, including succession planning for specialist and complex work (e.g. complex coil fitting). Numbers of faculty registered trainers should be expanded. Local training networks for LARC fitters may help support clinicians to train in LARC fitting and maintain skills.

Although there is no Bromley specific feedback on the preferred source of contraception, the national survey pilot identified most women preferring to access contraception services from general practice. GP service provision of LARC should be supported through increasing numbers of LARC fitters in primary care, collaborative staffing, and strengthening referral networks between practices. Increased provision of LARC in GP may also reduce pressure on SRH services, freeing up capacity for complex cases.

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