

This factsheet summarises the use of family planning clinics in Northern Ireland for the year ending 31 March 2001. Statistics for the use of family planning services provided by GPs are not collected centrally.

Family planning and the National Health Service (NHS)

Article 12 of the Health and Personal Social Services (Northern Ireland) Order 1972 required the Ministry of Health (now the Department of Health, Social Services and Public Safety (DHSSPS)) to arrange the provision of family planning services in Northern Ireland. From 1st April 1974, all contraceptive advice provided by the NHS and all prescribed supplies were made available free of charge, irrespective of age or marital status.

General practitioners joined the NHS family planning service from 1st July 1975, on reaching an agreement with the DHSS on an item-of-service payment each year, for every female patient consulting about contraception. The vast majority of the province's GPs provide a contraceptive service. The agreement specifically excluded the prescribing of condoms and some GPs on moral grounds do not prescribe the IUD or emergency contraception.

The principal aims of a comprehensive family planning programme were to:

- avoid unwanted pregnancies;
- improve the physical health of families;
- reduce the perinatal mortality rate;
- alleviate maternal emotional stress.

In September 1975, a memorandum of guidance¹ was issued to the Health & Social Services Boards which stressed that a choice of sources of family planning advice should be available in every locality, and people should be free to change their source and to attend clinics in another health board.

Current issues surrounding family planning services

Provision of family planning services

Family planning services can be accessed from a range of providers that include community family planning clinics, hospitals, general practitioners, pharmacists and other organisations such as Brook. However, this factsheet focuses on the provision of family planning services by community family planning clinics and GPs.

Information on activity at community family planning clinics is collated centrally from the Korner return, KT31. Tables 1 to 5 present data on the provision of contraception in Northern Ireland's community family planning clinics only.

Family planning clinics

Research has shown that clients often choose to access different providers depending on their age and the service they require. Women under 20 and over 40 are more likely to go to a community clinic.² Latest statistics indicate that 60% of female **first** attenders are aged under 30 years, 20% are under 20, and just over 14% are over 40 years of age. (see Table 1).

While many GP services are excellent, clinics generally provide a wider range of methods. Clinics also provide a service for women at different stages in their reproductive life cycle, which is often complementary to that provided in general practice. Many family planning clinics provide a number of services free of charge in addition to a wide range of contraceptive methods. Many of these are not available through GPs and include psycho-sexual counselling, on the spot pregnancy testing and well woman services including advice on menstrual problems and the menopause.

Almost all family planning training of both doctors and nurses takes place in community family planning clinics.

General practice

Almost all GPs provide contraceptive services. (see Table 1).

While the majority of GPs throughout Northern Ireland are registered on the contraceptive list to provide family planning services there is no requirement for them or practice nurses to have received specialist training.

In research undertaken by the Contraceptive Education Service (CES) in England, 88% of GPs had some formal training. Of these, two thirds held family planning qualifications issued in the 1970s and 12% had current Faculty of Family Planning and Reproductive Health Care qualifications. A growing number of practice nurses are increasing their role in GP family planning services. The CES research also revealed that practice nurses were more likely to have attended recent formal training.³ Similar data is not available for Northern Ireland.

fpa and other organisations (including the Royal College of Nursing, Faculty of Family Planning and Reproductive Health Care, and National Association of Nurses for Contraception and Sexual Health) feel that GPs without an appropriate post-graduate qualification such as the Certificate of the Joint Committee of Contraception or the Diploma of the Faculty of Family Planning will be unable to provide high quality family planning services.

Cost

An **fpa**/Contraceptive Alliance study carried out in 1995 showed that family planning is a highly cost effective public service. Every £1 spent on family planning generates about £11 in savings to public funding by preventing an estimated 4 million unplanned pregnancies each year.⁴ Further reductions in services, or in choice of service provider or method, which have the effect of reducing the accessibility or availability of contraceptive advice and services, may reduce this cost effectiveness.

Contraceptive provision

Tables 2 and 3 illustrate trends in the total number of attendances and total number of first contact attendances at community family planning clinics.

Table 1: Doctors providing contraceptive services - as at 01/10/01

	Doctors providing contraceptive services
EHSSB	429
NHSSB	245
SHSSB	200
WHSSB	182
Total	1,056

Source: Central Services Agency

Table 2: Total number of attendances at Family Planning Clinics in Northern Ireland for the period 1996 - 2001

Year	Total number of attendances
1996	87,875
1997	83,200
1998	80,086
1999	79,954
2000	72,126
2001	76,082

Table 3: Total number of first contact attendances at Family Planning Clinics in Northern Ireland by Board area for the period 1996-2001

Year	EHSSB		NHSSB		SHSSB		WHSSB		Total
	female	male	female	male	female	male	female	male	
1996	22,842	524	6,452	121	6,167	356	4,501	135	41,098
1997	24,439	576	5,375	150	5,580	262	5,340	119	41,841
1998	25,269	559	5,072	128	5,316	208	5,255	122	41,929
1999	24,944	579	4,825	123	5,144	321	5,651	78	41,665
2000	23,769	620	3,156	84	5,640	212	5,086	100	38,667
2001	22,714	619	2,283	79	4,676	135	4,679	120	35,305

Table 4

Summary of family planning services in Northern Ireland (year ending 31st March 2001)

Total number of contacts: 76,082

First contacts - female

Main method of contraception chosen	Number of first contacts by age of client								
	under 16	16-19	20-24	25-29	30-34	35-39	40-44	45+	Total
Combined pill	222	2,927	3,254	2,301	1,057	568	188	78	10,595
Progestogen only	6	159	283	286	310	372	294	258	1,968
IUD	8	89	279	393	480	426	301	239	2,215
Cap, diaphragm, sponge	1	8	21	45	71	73	66	74	359
Sheath	150	1,801	1,878	1,713	1,461	1,266	781	693	9,743
Chemicals	47	241	319	206	128	91	46	45	1,123
Rhythm method	0	0	2	1	3	7	4	0	17
Female sterilisation	0	2	0	10	12	23	19	29	95
Implant	1	15	35	23	24	12	4	3	117
Other methods	52	527	735	585	462	465	241	262	3,329
No method provided	90	506	786	730	703	602	430	944	4,791
TOTAL	577	6,275	7,592	6,293	4,711	3,905	2,374	2,625	34,352

First contacts - male

Main method of contraception chosen	Number of first contacts
Vasectomy	42
Sheath	858
Other method	30
No method provided	23
TOTAL	953

Emergency Contraception

Type	Emergency Contraception provision by age of client								
	<16	16-19	20-24	25-29	30-34	35-39	40-44	45+	TOTAL
Homonal (COP)	25	137	133	49	45	22	6	5	422
Hormonal (POP)	192	1,458	1,765	764	395	233	92	48	4,947
IUD (inserted)	1	37	47	27	23	13	12	5	165
Other Methods	10	13	17	10	2	3	1	0	56
TOTAL	228	1,645	1,962	850	465	271	111	58	5,590

Note: There is a slight discrepancy between the total figures for the whole of Northern Ireland and the sum of those for the individual Boards. This is because one Trust was unable to provide figures broken down by age for the whole year.

Table 5

Summary of family planning services in the Northern Health & Social Services Board (year ending 31st March 2001)

Total number of contacts: 12,286

First contacts - female

Main method of contraception chosen	Number of first contacts by age of client								Total
	under 16	16-19	20-24	25-29	30-34	35-39	40-44	45+	
Combined Pill	62	248	178	101	56	30	15	6	696
Progestogen only	1	16	10	11	20	9	9	9	85
IUD	0	8	13	26	43	21	17	14	142
Cap, diaphragm, sponge	0	1	2	2	8	6	6	5	30
Sheath	20	102	81	80	81	49	24	18	455
Chemicals	31	91	87	35	27	13	3	1	288
Rhythm method	0	0	0	0	0	1	0	0	1
Female Sterilization	0	0	0	0	3	0	2	4	9
Implant	0	2	10	3	6	1	0	1	23
Other methods	23	82	72	34	30	25	21	13	300
No method provided	15	40	40	33	38	15	17	56	254
TOTAL	152	590	493	325	312	170	114	127	2,283

First contacts - male

Main method of contraception chosen	Number of first contacts
Vasectomy	0
Sheath	78
Other method	1
No method provided	0
TOTAL	79

Source: Northern Health & Social Services Board

Provider comment: Homefirst confirmed for 30th June 2000 that the reduction in first contacts was due to problems recruiting and retaining staff in the profession.

Emergency Contraception

Type	Emergency Contraception provision by age of client								TOTAL
	<16	16-19	20-24	25-29	30-34	35-39	40-44	45+	
Homonal (COP)	23	97	86	38	35	16	5	3	303
Homonal (POP)	22	62	41	11	8	1	3	2	150
IUD (inserted)	0	3	2	1	4	2	0	1	13
Other Methods	0	0	0	0	0	0	0	0	0
TOTAL	45	162	129	50	47	19	8	6	466

Table 6

Summary of family planning services in the Eastern Health & Social Services Board (Year ending 31st March 2001)

Total number of contacts: 44,029

First contacts - female

Main method of contraception chosen	Number of first contacts by age of client								
	under 16	16-19	20-24	25-29	30-34	35-39	40-44	45+	Total
Combined Pill	110	2,169	2,617	1,843	802	431	121	47	8,140
Progestogen only	3	104	219	214	219	286	212	185	1,442
IUD	5	65	172	231	271	242	180	147	1,313
Cap, diaphragm, sponge	0	4	10	26	38	43	34	48	203
Sheath	97	1,470	1,475	1,163	865	764	422	392	6,648
Chemicals	10	96	155	107	56	48	14	21	507
Rhythm method	0	0	2	1	2	5	3	0	13
Female Sterilization	0	2	0	8	7	21	16	20	74
Implant	1	8	13	13	8	9	0	1	53
Other methods	17	303	477	385	286	300	129	151	2,048
No method provided	60	307	477	422	324	256	149	278	2,273
TOTAL	303	4,528	5,617	4,413	2,878	2,405	1,280	1,290	22,714

First contacts - male

Main method of contraception chosen	Number of first contacts
Vasectomy	0
Sheath	573
Other method	26
No method provided	20
TOTAL	620

Source: Eastern Health & Social Services Board

Emergency Contraception

Type	Emergency Contraception provision by age of client								
	<16	16-19	20-24	25-29	30-34	35-39	40-44	45+	TOTAL
Homonal (COP)	1	19	33	8	6	5	1	2	75
Homonal (POP)	146	1,202	1,616	706	359	205	81	41	4,356
IUD (inserted)	0	29	41	25	18	9	9	4	135
Other Methods	0	0	0	0	0	0	0	0	0
TOTAL	147	1,250	1,690	739	383	219	91	47	4,566

Table 7

Summary of family planning services in the Southern Health & Social Services Board (Year ending 31st March 2001)

Total number of contacts: 8,671

First contacts - female

Main method of contraception chosen	Number of first contacts by age of client								Total
	under 16	16-19	20-24	25-29	30-34	35-39	40-44	45+	
Combined Pill	23	299	242	168	85	58	20	12	907
Progestogen only	1	14	25	22	24	27	21	31	165
IUD	0	5	43	77	94	95	55	44	413
Cap, diaphragm, sponge	1	3	7	11	12	12	15	12	73
Sheath	20	125	159	198	226	188	141	129	1,186
Chemicals	1	22	32	18	16	5	8	3	105
Rhythm method	0	0	0	0	0	0	1	0	1
Female Sterilization	0	0	0	1	1	2	1	5	10
Implant	0	1	5	2	5	2	1	1	17
Other methods	5	69	84	69	42	39	32	40	380
No method provided	12	86	161	154	209	219	162	416	1,419
TOTAL	63	624	758	720	714	647	457	693	4,676

First contacts - male

Main method of contraception chosen	Number of first contacts
Vasectomy	41
Sheath	89
Other method	3
No method provided	2
TOTAL	135

Source: Southern Health & Social Services Board

Provider comment: This refers to only the first two quarters of the year for Craigavon Area Hospital and there are no figures available for female sterilisation for Craigavon and Banbridge.

Emergency Contraception

Type	Emergency Contraception provision by age of client								TOTAL
	<16	16-19	20-24	25-29	30-34	35-39	40-44	45+	
Homonal (COP)	1	21	14	3	4	1	0	0	44
Homonal (POP)	21	124	67	25	14	18	5	4	278
IUD (inserted)	1	3	2	1	1	2	2	0	12
Other Methods	0	0	0	0	0	0	0	0	0
TOTAL	23	148	83	29	19	21	7	4	334

Table 8

Summary of family planning services in the Western Health & Social Services Board (Year ending 31st March 2001)

Total number of contacts: 11,096

First contacts - female

Main method of contraception chosen	Number of first contacts by age of client								
	under 16	16-19	20-24	25-29	30-34	35-39	40-44	45+	Total
Combined Pill	27	211	217	189	114	49	32	13	852
Progestogen only	1	25	29	39	47	50	52	33	276
IUD	3	11	51	59	72	68	49	34	347
Cap, diaphragm, sponge	0	0	2	6	13	12	11	9	53
Sheath	13	104	163	272	289	265	194	154	1,454
Chemicals	5	32	45	46	29	25	21	20	223
Rhythm method	0	0	0	0	1	1	0	0	2
Female Sterilization	0	0	0	1	1	0	0	0	2
Implant	0	4	7	5	5	0	3	0	24
Other methods	7	73	102	97	104	101	59	58	601
No method provided	3	73	108	121	132	112	102	194	845
TOTAL	59	533	724	835	807	683	523	515	4,679

First contacts - male

Main method of contraception chosen	Number of first contacts
Vasectomy	1
Sheath	118
Other methods	0
No method provided	1
TOTAL	120

Source: Western Health & Social Services Board

Emergency Contraception

Type	Emergency Contraception provision by age of client								
	<16	16-19	20-24	25-29	30-34	35-39	40-44	45+	TOTAL
Homonal (COP)	0	0	0	0	0	0	0	0	0
Homonal (POP)	3	70	41	22	14	9	3	1	163
IUD (inserted)	0	2	2	0	0	0	1	0	5
Other Methods	10	13	17	10	2	3	1	0	56
TOTAL	13	85	60	32	16	12	5	1	224

References

1. Family Planning service memorandum of guidance (issued with circular letter DHSS (OS1)). Department of Health & Social Services, NI 1975.
2. DHSSPS. Quality in family planning in Northern Ireland. Consultation document, 2001.
3. Walsh J. Reviewing contraceptive services: research findings and framework. London: Health Education Authority, 1999.
4. McGuire A and Hughes D. The economics of family planning services. Family Planning Association 1995.

Other Northern Ireland factsheets are:

Sex education in schools

Teenage pregnancy

Abortion

The legal position regarding contraceptive advice and provision to young people

Sexually transmitted infections

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