Contraceptive services

NICE quality standard

Draft for consultation

March 2016

Introduction

This quality standard covers contraceptive services and methods of contraception for men and women, including emergency contraceptives. It applies to young people (under 25) and adults. This includes all women of childbearing potential, and young people under 16 who are competent to consent to contraceptive treatment under the Department of Health's Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health.

It does not cover sexual health or reducing sexually transmitted infections. For more information see the Contraceptive services topic overview.

NICE quality standards focus on aspects of health and social care that are commissioned locally. Areas of national policy, such as the Department of Health's Commissioning sexual health services and interventions: best practice for local authorities, are therefore not covered, but should be read alongside this quality standard.

Why this quality standard is needed

Introduction

An estimated 19% of pregnancies are unplanned[1]. There are some groups who are at a greater risk of unplanned pregnancy, such as young people and vulnerable groups.

[1] Wellings K, Jones KG, Mercer CH et al. (2013) The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). The Lancet 382: 1807-1816

According to the 2010/12 'National survey of sexual attitudes and lifestyles'[2], the median age of first intercourse was 17 for both sexes, but it was 16 in those aged 16–24 at interview. Between one-quarter and one-third of all young people are thought to have sex before 16.

England has one of the highest rates of teenage pregnancy in western Europe. But the 2010 under-18 conception rate for England and Wales (estimated to be 35.5 conceptions per 1,000 in women aged 15-17) is the lowest since 1969. The estimated number of under-18 conceptions in England and Wales fell from around 28,000 in 2012 to around 24,000 in 2013, a decrease of 13%.

Current contraceptive methods

Current contraceptive methods include long-acting reversible contraception (also known as LARC), oral contraceptive pills and barrier methods.

Oral contraceptives are the most common form of contraception used by women (NHS contraceptive services: England, community contraceptive clinics. Statistics for 2013–14 Health and Social Care information Centre). The male condom is another commonly used method in the UK.

In a 2008/09 survey, less than 1% of women reported using diaphragms and caps (Contraception and sexual health Office for National Statistics). The uptake of long-acting reversible contraception has been slowly increasing. In 2013/14, 31% of all women who made contact with sexual and reproductive health services were enquiring about long-acting reversible contraception.

The effectiveness of oral contraceptive pills and barrier methods depend on their correct use every day or each time the person has sex. The effectiveness of long-acting reversible contraceptive methods does not rely on correct everyday use.

[2] Mercer CH, Tanton C, Prah P.et al. (2013) Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). 30: 382. 1781-1794

Abortion rates

Although 88% of women aged 15-44 in a heterosexual relationship report using at least 1 method of contraception, 184,571 abortions still took place in 2014 (Abortion statistics, England and Wales: 2014).

In 2009, the highest abortion rate was among women aged 19–20, at 34 per 1,000 pregnancies (Abortion statistics, England and Wales: 2010 Department of Health). The rate for those aged under 16 was 4 per 1,000, and for those aged under 18 it was 17.6 per 1,000 ('Abortion statistics, England and Wales: 2010'). Repeat abortions accounted for 25% of all abortions in women under 25 in 2009 (see NICE's guideline on contraceptive services for under 25s).

Contraceptive services

Contraceptive services aim to help men and women choose a method that best suits their individual needs and lifestyle, making it more likely that contraception will be used effectively ('Contraceptive services for under 25s').

In this quality standard 'contraceptive services' refers to the whole range of open access contraceptive, sexual and reproductive health services for all ages. It includes:

- primary care
- services offered by community, education and pharmacy outlets (commissioned by local authorities from the NHS, the private or voluntary sectors)
- services commissioned by clinical commissioning groups (such as termination of pregnancy [abortion] services)
- services commissioned by NHS England (for example, contraceptive services provided as part of other specialist services).

[Adapted from Contraceptive services for under 25s (NICE guideline PH51)]

The quality standard is expected to contribute to improvements in the following outcomes:

- unplanned pregnancy rates
- under-18 conceptions

- repeat abortions
- accessibility of contraceptive services
- contraceptive information provision
- use of long-acting reversible contraception.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- NHS Outcomes Framework 2015–16
- Public Health Outcomes Framework 2013–16.

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 NHS Outcomes Framework 2015–16

Domain	Overarching indicators and improvement areas
5 Treating and caring for people in a safe environment and protecting them from avoidable harm	***Overarching indicators*** *5a Deaths attributable to problems in healthcare* *5b Severe harm attributable to problems in healthcare* ***Improvement areas*** **Reducing the incidence of avoidable harm** 5.1 Deaths from venous thromboembolism (VTE) related events 5.2 Incidence of healthcare associated infection (HCAI) i MRSA ii C. difficile **Improving the culture of safety reporting** 5.6 Patient safety incidents reported
Alignment with Adult Social Care Outcomes Framework and/or Public Health Outcomes Framework *Indicators in italics* in development	

Table 2 Public health outcomes framework for England, 2013–16

Domain	Objectives and indicators
1 Improving the wider determinants of health	***Objective*** Improvements against wider factors that affect health and wellbeing and health inequalities ***Indicators*** 1.11 Domestic abuse 1.12 Violent crime (including sexual violence)
2 Health improvement	***Objective*** People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities ***Indicators*** 2.4 Under 18 conceptions

Patient experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to contraception.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway on patient experience in adult NHS services), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and people who use services.

Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that affect patient experience, and are specific to the topic, are considered during quality statement development.

Coordinated services

The quality standard for contraceptive services specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole contraceptive service care pathway. A person-centred, integrated approach to

providing services is fundamental to delivering high-quality care to people in contraceptive services.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality contraceptive service are listed in Related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in assessing, caring for and treating people in contraceptive services should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development sources on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting people accessing contraceptive services. If appropriate, healthcare professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

Statement 1. People requesting contraception from open access contraceptive services are given information about, and offered a choice of all appropriate methods.

Statement 2. Women requesting emergency hormonal contraception are informed that an intrauterine device is the most effective form of emergency contraception.

Statement 3. Women who have an unplanned pregnancy and seek an abortion, discuss contraception and are given a choice of the full range of contraceptives at assessment for an abortion.

Statement 4. Women who have been pregnant discuss contraception with their midwife within 7 days after pregnancy ends.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect the data for the proposed quality measures? If not, how feasible would it be for these systems and structures to be put in place?

Question 3 Do you have an example from practice of implementing the NICE guidelines that underpin this quality standard? If so, please submit your example to the NICE local practice collection on our website. Examples of using NICE quality standards can also be submitted.

Question 4 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources required to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

Question 5 Can you identify an area of contraceptive education outside that currently covered in the national curriculum, which is supported by evidence based guidance where quality improvement is required? If so please provide details of the area and evidence based guidance.

Questions about the individual quality statements

Question 6 For draft quality statement 1: Is the definition we have provided for open access accurate? Can you suggest any amendments that would expand on or improve the definition?

Question 7 for draft quality statement 3: Guideline recommendations state that contraception should be discussed as soon as possible after an abortion as well as at assessment. Which group of healthcare professionals would have the discussion with women after an abortion, and when would this take place?

Quality statement 1: Contraceptive information and methods

Quality statement

People requesting contraception from open access contraceptive services are given information about, and offered a choice of all methods.

Rationale

Offering information about the full range of contraceptives available will ensure people can make an informed choice. This is relevant for both people requesting non-emergency contraception as well as those seeking emergency contraception. It will also increase their awareness about how to use contraceptives effectively. Providing a choice of all methods, along with this information, will also help to reduce unplanned pregnancies.

Quality measures

Structure

Evidence of local arrangements and written clinical protocols to ensure that people requesting contraception from open access contraceptive services are given information about, and offered a choice of all methods.

Data source: Local data collection.

Process

a) Proportion of people who request contraception from open access contraceptive services and are given information about all methods.

Numerator – the number in the denominator who are given information about all methods.

Denominator – the number of people who attend open access contraceptive services who request contraception.

Data source: Local data collection.

b) Proportion of people who request contraception and are offered a choice of all contraceptive methods.

Numerator – the number in the denominator who are offered a choice of all contraceptive methods.

Denominator – the number of people who attend open access contraceptive services and request contraception.

Data source: Local data collection.

Outcome

a) Contraceptive use.

Data source: Local data collection and health services information centre data.

b) Unplanned pregnancies.

Data source: Local data collection and health services information centre data.

What the quality statement means for service providers, healthcare practitioners, and commissioners

Service providers (such as GPs and sexual and reproductive health services) ensure that protocols and procedures are in place to offer everyone attending open access contraceptive services information about, and a choice of, all contraceptive methods.

Healthcare practitioners (such as GPs, sexual and reproductive health consultants and nurses) ensure that they give people who request contraception, information about and a choice of, all contraceptive methods.

Commissioners (clinical commissioning groups, local authorities and NHS England) ensure that services provide information on all contraceptive methods and offer a full range of contraceptive methods.

What the quality statement means for people attending contraceptive services

People attending a contraceptive service will be offered a choice of all contraceptive methods, and the information they need to decide which methods are suitable for them.

Source guidance

- Long-acting reversible contraception (2005) NICE guideline CG30, recommendation 1.1.1.1 (key priority for implementation).
- Contraceptive services for under 25s (2014) NICE guideline PH51, recommendation 3.

Definitions of terms used in this quality statement

Open access contraceptive service

An open access service:

- is available without referral to anyone wanting contraception, irrespective of their age, place of residence or GP registration
- has walk-in and appointment clinics, including evenings and Saturdays
- offers free testing and treatment for sexually transmitted infections, and notification of sexual partners of anyone found to have an infection
- offers free contraception and reasonable access to all methods of contraception
- is confidential.

[Adapted from Commissioning sexual health services and interventions: best practice for local authorities (Department of Health)]

Information

Information covers all contraceptive methods and includes:

- how the method works
- how to use it
- how it is administered
- insertion and removal (for implants and intrauterine devices)

- suitability
- how long it can be used for
- risks and benefits
- failure rate
- non-contraceptive benefits
- when to seek help.

[Adapted from Long-acting reversible contraception (NICE guideline CG30) and expert opinion]

All methods of contraception

This refers to the 15 methods available. These are divided into 2 groups:

Methods that do not depend on the person remembering to take or use them. These include long-acting reversible contraceptives.

- contraceptive implant
- contraceptive injection
- intrauterine system (IUS)
- intrauterine device (IUD).

[Adapted from Long-acting reversible contraception (NICE guideline CG30)]

Methods that do depend on the person remembering to take or use them. These include:

- contraceptive vaginal ring
- contraceptive patch
- combined oral contraceptive pill
- progesterone-only pill
- male condom
- female condom
- diaphragm or cap with spermicide
- natural family planning.

[Adapted from the Faculty of Sexual & Reproductive Healthcare guidelines on barrier methods for contraception and STI prevention, fertility awareness methods, progestogen-only pills and combined hormonal contraception]

Equality and diversity considerations

Contraceptive options may be limited for women with some existing health conditions, such as migraines. Options may also be limited for those with a learning disability or cognitive impairment. Options are presently limited for men.

Any information provided should be accessible for those with additional needs such as language differences, physical, sensory or learning disabilities.

Question for consultation

Is the definition we have provided for open access accurate? Can you suggest any amendments that would expand on or improve the definition?

Quality statement 2: Emergency contraception

Quality statement

Women requesting emergency hormonal contraception are informed that an intrauterine device is the most effective form of emergency contraception.

Rationale

Emergency contraception can be given, either as a pill or as an intrauterine device (IUD). The pill is most commonly used and can be easily obtained from a variety of locations, such as pharmacies and GPs. But the IUD is more effective and, once in place, can be used on an ongoing basis. This reduces the risk of both unplanned pregnancies and the need for emergency contraception in the future.

Quality measures

Structure

Evidence of local arrangements and written clinical protocols to ensure that women requesting emergency hormonal contraception are informed that an intrauterine device is the most effective form of emergency contraception.

Data source: Local data collection.

Process

Proportion of women who request emergency hormonal contraception who are informed that an intrauterine device is the most effective form of emergency contraception.

Numerator – the number in the denominator who are informed that the intrauterine device is the most effective method of emergency contraception.

Denominator – the number of requests made for an emergency hormonal contraceptive.

Data source: Local data collection and quality outcomes framework data indicators CON001 and CON002.

Outcome

a) Intrauterine device use as an emergency contraceptive.

Data source: Local data collection.

b) Unplanned pregnanc*y.*

Data source: Local data collection.

What the quality statement means for service providers, healthcare practitioners, and commissioners

Service providers (such as GPs, sexual and reproductive health services and pharmacies) ensure that protocols and procedures are in place to ensure that women requesting emergency hormonal contraception are informed that the intrauterine device is the most effective option. Service providers also ensure that referral pathways are in place for women who choose this method if they do not have it available.

Healthcare practitioners (such as GPs, sexual health consultants, nurses and pharmacists) ensure that they inform women requesting emergency hormonal contraception that the intrauterine device is the most effective option.

Commissioners (clinical commissioning groups, local authorities and NHS England) ensure that services providing emergency hormonal contraception inform women that the intrauterine device is the most effective form of emergency contraception.

What the quality statement means for patients.

Women requesting an emergency contraceptive pill are told that an intrauterine device (IUD, also known as the coil) is more effective than oral methods and can also be used as long term contraceptive.

Source guidance

- Contraceptive services for under 25s (2014) NICE guideline PH51, recommendation 9.
- Emergency contraception (2011) Faculty of Sexual & Reproductive Healthcare guideline, section 11.

Definitions of terms used in this quality statement

Women

'Women' is used to refer to all girls and women of childbearing age, including those under 16.

[Adapted from Long-acting reversible contraception (NICE guideline CG30)]

Emergency contraception

If a person has had sex without using contraception, or thinks that their contraception did not work, an emergency contraceptive can be used. There are 3 different types:

- emergency contraceptive pill, levonorgestrel 1.5 mg
- emergency contraceptive pill, ulipristal acetate 30 mg
- emergency intrauterine device.

Both emergency contraceptive pills are also referred to as the 'morning after pill' and are an emergency hormonal contraceptive.

[Adapted from Emergency contraception (Faculty of Sexual & Reproductive Healthcare)]

Intrauterine device

Also referred to as an IUD, this is a small, T-shaped copper device that is placed in the uterus. It has 1 or 2 threads on the end that hang through the entrance of the uterus (the cervix).

[Adapted from Intrauterine contraception (Faculty of Sexual & Reproductive Healthcare) and expert opinion]

Equality and diversity considerations

As using intrauterine device involves an appointment with a trained healthcare practitioner, there may be a delay in accessing this type of emergency contraception. This could be more of an issue for women who have difficulty accessing services because they live in rural areas.

Quality statement 3: Contraception after an abortion

Quality statement

Women who have an unplanned pregnancy and seek an abortion, discuss contraception and are given a choice of the full range of contraceptives at assessment for an abortion.

Rationale

A discussion about contraception will give women the opportunity to make an informed choice. Offering the full range of contraceptive options at assessment for an abortion, will reduce the chances of future unplanned pregnancies or repeat abortions.

Quality measures

Structure

Evidence of local arrangements and clinical protocols to ensure that women, who have an unplanned pregnancy, and seek an abortion, discuss contraception and are given a choice of the full range of contraceptives at assessment for an abortion.

Data source: Local data collection.

Process

a) Proportion of women who discuss contraception at assessment for abortion.

Numerator – the number in the denominator who discuss contraception.

Denominator – the number of women being assessed for an abortion.

Data source: Local data collection.

b) Proportion of women who are given a choice of the full range of contraception when being assessed for an abortion.

Numerator – the number in the denominator who are given a choice of the full range of contraception.

Denominator – the number of women being assessed for an abortion.

Data source: Local data collection.

Outcome

a) Contraception uptake rates after abortion.

Data source: Local data collection and health services information centre data.

b) Repeat abortions.

Data source: Local data collection and health services information centre data.

What the quality statement means for service providers, healthcare practitioners, and commissioners

Service providers (such as secondary care services, genitourinary medicine and community services) establish protocols to ensure that their staff discuss contraception with women who have an unplanned pregnancy and seek an abortion, at assessment for an abortion. Service providers also offer women a choice of the full range of contraceptive methods.

Healthcare practitioners (such as GPs, hospital doctors and nurses) ensure that they discuss contraception with women who have an unplanned pregnancy and seek an abortion, at assessment for an abortion. Healthcare professionals also offer these women a choice of the full range of contraceptive methods.

Commissioners (clinical commissioning groups and NHS England) ensure that abortion services discuss contraception with women who have an unplanned pregnancy at assessment for an abortion. Commissioners also ensure that services offer women a choice of the full range of contraceptive methods.

What the quality statement means for patients

Women who plan to have an abortion will be offered the chance to discuss contraception during assessment for their abortion. They will be offered a choice of the full range of contraceptive methods.

Source guidance

- Contraceptive services for under 25s (2014) NICE guideline PH51, recommendation 7.
- Long-acting reversible contraception (2005) NICE guideline CG30, recommendation 1.3.3.1.

Definitions of terms used in this quality statement

Women

'Women' is used to refer to all girls and women of childbearing age, including those under 16.

[Adapted from Long-acting reversible contraception (NICE guideline CG30)]

Choice of contraception

This refers to the 15 methods available. These are divided into 2 groups:

Methods that do not depend on the person remembering to take or use them. These include long-acting reversible contraceptives.

- contraceptive implant
- contraceptive injection
- intrauterine system (IUS)
- intrauterine device (IUD).

[Adapted from Long-acting reversible contraception (NICE guideline CG30)]

Methods that do depend on the person remembering to take or use them. These include:

- contraceptive vaginal ring
- contraceptive patch
- combined oral contraceptive pill
- progesterone-only pill
- male condom
- female condom

- diaphragm or cap with spermicide
- natural family planning.

[Adapted from the Faculty of Sexual & Reproductive Healthcare guidelines on barrier methods for contraception and STI prevention, fertility awareness methods, progestogen-only pills and combined hormonal contraception]

Discussion

Discussion of contraception should cover all 15 methods and include details of:

- how the method works
- how to use it
- how it is administered
- insertion and removal (for implants and IUDs)
- suitability
- how long it can be used for
- risks and benefits
- failure rate
- non-contraceptive benefits
- when to seek help.

[Adapted from Long-acting reversible contraception (NICE guideline CG30) and expert opinion]

Equality and diversity considerations

Take into account age, religion, culture and reasons why the woman has had an abortion when discussing contraceptives, because these may affect which options are suitable for her.

Question for consultation

Guideline recommendations state that contraception should be discussed as soon as possible after an abortion as well as at assessment. Which group of healthcare professionals would have the discussion with women after an abortion, and when would this take place?

Quality statement 4: Contraception after pregnancy

Quality statement

Women who have been pregnant discuss contraception with their midwife within 7 days after pregnancy ends.

Rationale

Discussing contraception within 7 days after pregnancy ends will give women the opportunity to make an informed choice about contraception before their first postnatal ovulation. It may also prevent unplanned pregnancies and reduce abortions.

Quality measures

Structure

Evidence of local arrangements and clinical protocols to ensure that women who have been pregnant, discuss contraception with their midwife within 7 days after pregnancy ends.

Data source: Local data collection.

a) Process

Proportion of women who have been pregnant who discuss contraception with their midwife within 7 days after pregnancy ends.

Numerator – the number in the denominator who discuss contraception within 7 days after pregnancy ends.

Denominator – the number of women who have been pregnant.

Data source: Local data collection.

b) Process

Proportion of women who have been pregnant who are given contraception after pregnancy ends.

Numerator – the number in the denominator who are given contraception after pregnancy ends.

Denominator – the number of women who have been pregnant.

Data source: Local data collection.

Outcome

a) Unplanned pregnancy rates in women who have been pregnant.

Data source: Local data collection.

b) Contraception uptake rates in women who have been pregnant.

Data source: Local data collection.

What the quality statement means for service providers, healthcare practitioners, and commissioners

Service providers (such as primary care, community and secondary care services) ensure that they establish protocols to discuss contraception with women within 7 days after pregnancy ends.

Healthcare professionals (such as GPs and midwives) ensure that they discuss contraception with women within 7 days after pregnancy ends.

Commissioners (clinical commissioning groups and NHS England) ensure that services offer women a comprehensive discussion about contraception within 7 days after pregnancy ends.

What the quality statement means for women

Women who have been pregnant will have the opportunity to discuss contraception with their midwife within 7 days after pregnancy ends.

Source guidance

- Contraceptive services for under 25s (2014) NICE guideline PH51, recommendation 6.

Definitions of terms used in this quality statement

Women

'Women' is used to refer to all girls and women of childbearing age, including those under 16.

[Adapted from Long-acting reversible contraception (NICE guideline CG30)]

Equality and diversity considerations

Take into account age, religion and culture when discussing contraceptives, because this may affect which methods are suitable. If the woman has not had a live birth, be sensitive to when might be an appropriate time to discuss contraception.

Status of this quality standard

This is the draft quality standard released for consultation from 22 March to 20 April 2016. It is not NICE's final quality standard on contraceptive services. The statements and measures presented in this document are provisional and may change after consultation with stakeholders. The draft quality standard contains 4 quality statements.

Comments on the content of the draft standard must be submitted by 5pm on 20 April 2016. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from August 2016.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's quality standard service improvement template helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in Development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between health, public health and social care practitioners and adults and young people using contraceptive services, and their families or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Adults and young people using contraceptive services and their families or carers (if appropriate) should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards process guide.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Contraceptive services with a focus on young people up to the age of 25. (2014) NICE guideline PH51
- Prevention of sexually transmitted infections and under 18 conceptions. (2007) NICE guideline PH3
- Long-acting reversible contraception (2005) NICE guideline CG30
- Emergency contraception (2011) Faculty of Sexual & Reproductive Healthcare guideline

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Public Health England (2015) Sexual and reproductive health in England: local and national data
- Health and Social Care Information Centre (2014) NHS contraceptive services, England – 2013–14, Community contraceptive clinics [NS]
- World Health Organization (2014) Ensuring human rights in the provision of contraceptive information and services
- Department of Health (2013) Commissioning sexual health services and interventions: best practice guidance for local authorities
- Abortion review UK (2012) UK: contraceptive services not reaching all women, audit finds

Definitions and data sources for the quality measures

- Health And Social Care Information Centre (2014) NHS contraceptive services, England – 2013–14, ccommunity contraceptive clinics.

- NHS employers (2015) 2015/16 General Medical Services (GMS) contract Quality and Outcomes Framework (QOF): Guidance for GMS contract 2015/16.

Related NICE quality standards

Published

- Domestic violence and abuse (2016) NICE quality standard 116
- Antenatal and postnatal mental health (2016) NICE quality standard 115.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- HIV testing: encouraging uptake.
- Reducing sexually transmitted infections.
- Sexual health across the life course.

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 2. Membership of this committee is as follows:

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE

or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has been incorporated into the NICE pathway on Contraceptive services with a focus on young people aged up to 25.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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