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Tēnā koe Mr McHawke

Contraception, Sterilisation and Abortion Information Collection Framework

Thank you for giving The Royal New Zealand College of General Practitioners the opportunity to comment on Contraception, Sterilisation and Abortion Information Collection Framework.

The Royal New Zealand College of General Practitioners is the largest medical college in New Zealand. Our membership of 5,500 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. Our kaupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

Submission

Recent amendments to the Contraception, Sterilisation, and Abortion Act 1977 (the CSA Act) along with the Abortion Legislation Act 2020, which came into force on 24 March 2020, have changed reporting and review requirements. This consultation relates to the development of an information collection framework to guide the Ministry of Health in meeting these requirements.

The College wishes to provide feedback on the requirements that relate to contraceptive services. Our feedback is relevant to questions 50-53 and to a lesser degree questions 10-19 of the online survey.

Section 17 of the Abortion Act 2020 now requires the Director General of Health to review whether there is timely and equitable access to contraception services, sterilisation services, abortion services, and information or advisory services about whether to continue or terminate a pregnancy. These reviews must occur at least every 5 years.¹

The College has had concerns for some time regarding the inequity of access to contraception. This concern was the motivation behind the College's application to PHARMAC for funding for Mirena in 2016. This application was successful and Mirena has been 'fully funded' for contraception since November 2019.²

While we were extremely pleased to see the barrier of the cost of the device removed, the cost of insertion and removal of this and other long acting removable contraceptives (LARCs) continues to be a barrier to access. Funding is available to some women in some DHBs but significant inequities in access remain to LARCs and other forms of contraception throughout New Zealand. This is of particular concern in areas of high need, and rural localities.³ A further barrier is the ability to get an appointment with a health practitioner trained to insert and remove LARCs. Women who are not in a financial position to access the services of a private gynaecologist are at a disadvantage. The College is working with the RANZCOG, Family Planning and the MOH to develop nationally consistent standards for LARC insertion and we support increasing the access to LARC insertion through general practice.

¹ <https://www.legislation.govt.nz/act/public/2020/0006/latest/LMS237600.html> Accessed 31/3/21

² <https://pharmac.govt.nz/news-and-resources/consultations-and-decisions/decision-to-widen-access-to-levonorgestrel-intrauterine-lius-systems-mirena-and-jaydess/>

³ <https://www.nzma.org.nz/journal-articles/increasing-access-to-contraception-in-new-zealand-assessing-the-impact-of-a-new-funding-initiative> Accessed 31/3/21

The status of research around contraceptive use in New Zealand has recently been described as a 'data desert'.⁴ The most recent Ministry of Health Survey (NZHS) was conducted as part of the New Zealand Health Survey in 2014/15 but not reported until 2019.⁵ The New Zealand Family Planning organisation undertook an informal online survey in May 2020 which explored issues of access to contraception in more detail.⁴

The other source of data on contraception use is Pharmaceutical Dispensing Data and this is publicly available.⁶ Dispensing data however has significant shortfalls in that it does not capture contraceptives supplied on a Practitioners Supply Order (PSO). This is the usual form of supply for Depo-Provera and many LARCs. It also does not capture contraceptives supplied via Family Planning clinics. These are significant shortcomings. Contraceptives such as condoms purchased without prescription are also not captured in this data. The Health Quality and Safety Commission (HQSC) used dispensing data from the Pharmaceutical Collection in the preparation of the new contraceptive use domain of its Atlas of Healthcare Variation released in December 2020.⁷

Capturing, analysing, and reporting of relevant information is an important enabler of service improvement. The College is pleased to see that a specific focus on timely and equitable access to contraception services will be required to be a focus of future data collection.

The College considers that regulation is not required to enable collection of data on access to contraception. We would however like to work with the Ministry to explore how data collection could be improved to enable NHI numbers to be associated with contraception provided via PSO. This is important if dispensing data is to be useful for an equity analysis. This needs to be achieved without onerous administrative burden falling on providers.

Most women obtain their contraception through general practice. The recent New Zealand Family Planning organisation survey reported that "the most common source of contraception was a person's regular doctor or GP (70%)".⁴ It is therefore important that general practitioner input is obtained on any possible changes to data collection.

In the interim it is important that a well-designed consumer survey is undertaken as soon as possible. The results of this survey will provide information on current access to contraception which will enable valuable insights into what changes are still required, particularly with regards to access to LARCs.

Conclusion

The College is pleased to see the requirement to monitor and report on the timely and equitable access to contraception services, sterilisation services, abortion services, and information or advisory services about whether to continue or terminate a pregnancy. We consider that the current lack of good information on contraceptive services is unsatisfactory and we are keen to work with the Ministry to improve the availability of this information.

We hope you find our submission helpful. If you have any questions, or would like more information, please email us at policy@rnzcgp.org.nz

Nāku noa, nā



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⁴ https://www.familyplanning.org.nz/media/304436/contraception-use-survey-2020_final.pdf Accessed 31/3/21

⁵ <https://www.health.govt.nz/publication/contraception-findings-2014-15-new-zealand-health-survey>
Accessed 31/3/21

⁶ https://minhealthnz.shinyapps.io/pharmaceutical_data_web_tool/ Accessed 31/3/21

⁷ <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/contraceptive-use> Accessed 31/3/21