

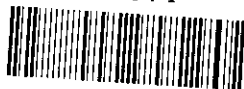
EASTERN HEALTH BOARD

REVIEW OF FAMILY PLANNING SERVICES

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PROPOSALS FOR FURTHER DEVELOPMENT

May 1995



1. INTRODUCTION

The Strategy document 'Shaping a Healthier Future' calls for an accessible and comprehensive family planning service to be developed in each Health Board area by the end of 1995. The comprehensive service is to include:-

- . Education, counselling and advice on all legal methods of contraception
- . Ready access to these methods, including natural methods of family planning, medical contraceptives such as the pill and spermicides, non-medical contraceptives such as condoms, IUDs, diaphragms, and male and female sterilisation services
- . Advice, counselling and the provision of certain services in relation to infertility

The Policy Agreement for Government - A Government of Renewal - indicates that family planning services will continue to be expanded, in line with the Health Strategy. In response to the Agreement, the Department of Health has drawn up guidelines to enable health boards:-

- . evaluate the current range and level of family planning services available in its area
- . implement the provisions of the Agreement

The guidelines also address the requirements in the National Health Strategy for family planning.

The Strategy document also states "General Practitioners provide a wide range of family planning services and will continue to play a central role in this area. If the service needs to be complemented, for example in the interest of patient choice, this should be achieved by the establishment and maintenance, either by the health boards or by other bodies acting on their behalf, of designated family planning clinics in major urban areas".

2. REVIEW OF CURRENT FAMILY PLANNING SERVICES

The guidelines define a comprehensive family planning service as including education, counselling and advice on all legal methods of contraception with ready access to these methods. While general practitioners (GPs) are recognised as the primary source of family planning advice and services, it is also recognised that there is a need to consider the development of a more broadly-based family planning programme involving health board clinics or other service providers.

It is within this context that the current review of family planning services in the Eastern Health Board (EHB) area was undertaken. The objective was to establish the level of services being provided at present and to assess whether they meet the definition of a comprehensive Family Planning Service, as outlined above. The review included general practitioners, hospitals and voluntary agencies.

Table 2 shows the provision of natural family planning by GPs

Table 2 Natural family planning provided by GPs

Natural Family Planning	Dublin City North	Dublin City South	Dublin County North	Dublin County South	Wicklow	Kildare	TOTAL (%)
Provide	24	40	3	11	12	10	100 (79.3%)
Refer to other centres	10	18	2	2	6	3	41 (32.5%)

Tables 3, 4 and 5 show the provision of hormonal contraception by responding GPs. All forms of hormonal contraception are widely available from family doctors.

Table 3 Provision of oral contraceptive pill by GPs

Oral contraceptive pill	Dublin City North	Dublin City South	Dublin County North	Dublin County South	Wicklow	Kildare	TOTAL (%)
Advise, inform, counsel	24	33	4	9	12	10	92 (73.0)
Prescribe	31	48	4	13	15	12	123 (97.6)
Refer to other GP, own practice	0	0	0	1	0	0	11 (0.9)
Refer to family planning clinic	0	0	0	1	0	0	1 (0.8)
Refer to other GP practice	0	0	0	1	0	0	1 (0.8)
Other	1	0	0	1	0	0	2 (1.6)

A high proportion of GPs prescribe the oral contraceptive pill. Two doctors indicated that they objected to its use.

Table 5 Provision of depot injection by GPs

Depot injection	Dublin City North	Dublin City South	Dublin County North	Dublin County South	Wicklow	Kildare	TOTAL (%)
Advise, inform, counsel	23	33	4	9	12	7	88 (69.8)
Prescribe	27	42	4	11	13	8	105 (83.3)
Refer to other GP, own practice	0	0	0	1	1	1	3 (2.4)
Refer to family planning clinic	0	4	0	0	0	1	5 (4.0)
Refer to other GP practice	0	2	0	0	0	1	3 (2.4)
Other	1	0	0	0	1	0	2 (1.6)

One GP objected to providing depot injection and two commented that it was rarely requested.

The provision of diaphragms and intrauterine contraceptive devices (IUCD) by general practitioners is shown in Tables 6 and 7.

Table 6 Provision of diaphragms by GPs

Diaphragm	Dublin City North	Dublin City South	Dublin County North	Dublin County South	Wicklow	Kildare	TOTAL (%)
Advise, inform, counsel	22	28	4	8	11	4	77 (61.1)
Fit/ provide	8	9	2	6	6	1	32 (25.4)
Refer to other GP, own practice	2	5	1	3	4	2	17 (13.5)

Tables 8 and 9 show how requests for female sterilisation and vasectomy are dealt with in general practice.

Table 8 Provision of vasectomy in general practice

Vasectomy	Dublin City North	Dublin City South	Dublin County North	Dublin County South	Wicklow	Kildare	TOTAL (%)
Advise, inform, counsel	25	34	4	11	14	8	96 (76.2)
Provide	1	1	0	0	0	0	2 (1.6)
Refer to other GP, own practice	0	0	0	0	0	1	1 (0.8)
Refer to family planning clinic	5	12	3	5	9	3	37 (29.4)
Refer to other GP practice	16	23	2	7	3	7	58 (46.0)
Refer to General Surgeon	14	20	2	2	7	4	49 (38.9)
Other	3	0	0	0	0	0	3 (2.4)

Over two thirds of GPs who responded provide advice, information and counselling in response to requests for sterilisation. Only two responding doctors actually performed vasectomies, with the majority referring either to another GP practice (46.0%), a General Surgeon (38.9%), or a family planning clinic (29.4%).

The number of GPs either providing services free to GMS patients themselves, or able to refer such patients for free treatment, is indicated in Table 10.

Table 10 Free services to GMS patients

Contraceptive type	Provide free		Refer for free service		TOTAL	
	Number	(%)	Number	(%)	Number	(%)
Diaphragm	17	(12.2)	28	(20.1)	45	(32.3)
IUCD	2	(1.4)	33	(23.7)	35	(25.1)
Vasectomy	0	(0.0)	75	(54.0)	75	(54.0)
Natural family planning	93	(66.9)	9	(6.5)	102	(73.4)

Two thirds, 93 (66.9%), of GPs who responded provided instruction in natural family planning free to their GMS patients. In contrast, only 17 (12.2%) and 2 (1.4%) provided diaphragms or IUCDs free to their GMS patients. One GP who provided free diaphragms said that he was only in a position to sustain this expenditure himself as he had a small GMS list. Four GPs indicated that they fitted diaphragms free for GMS patients but that the woman had first to purchase the appliance.

While 75 GPs (54.0%) who responded indicated that they could refer GMS patients for free vasectomies, a much smaller proportion indicated that they could refer for free diaphragms (20.1%) or IUCDs (23.7%). One doctor commented that while the situation in regard to female sterilisation had improved, there were still long delays in obtaining free vasectomies for public patients.

Table 11 shows the number of GPs, of the 139 who responded, who displayed certain family planning information leaflets and other related materials in their surgeries.

Table 11 Availability of leaflets in surgery

FAMILY PLANNING MATERIAL	NUMBER	%
Family planning leaflet (HPU with IFPA)	57	41.0
Contraceptive pack and tape (HPU with Dublin Well Woman Centre)	3	2.2
Booklet on hysterectomy	65	46.8
Guide to the female reproductive system (HPU)	53	38.1
Family planning leaflet (HPU)	54	38.8
Other family planning leaflet	45	32.4

A booklet on hysterectomy published by the Health Promotion Unit (HPU) in conjunction with the Hysterectomy Support Group was the most frequently available item, being available in 56 (44.8%) GP surgeries, while the contraceptive pack and tape prepared by the HPU and Dublin Well Woman Centre was available in 3 (2.2%) surgeries.

Of those who responded, 38 GPs (27.3%) had no family planning leaflets available in their surgeries. Two doctors commented that some of the HPU material directed clients away from the general practitioner.

planning clinic. **Condoms are widely available, according to GPs, with 122 (87.8%) indicating that they were available in the local pharmacies and in other outlets.** Only 1 GP said that condoms were not available in the local pharmacy, the remaining 16 GPs not knowing whether they were available or not.

3. HOSPITAL SERVICES

Gynaecological departments in general hospitals primarily provide services for women with gynaecological disorders. Family planning services are available in the three Maternity Hospitals. Where the oral contraceptive pill is prescribed, women return to their GP for ongoing care. Services in public hospitals are free to public patients.

The provision of male and female sterilisation services in hospitals in the EHB and adjoining regions is shown in Table 13.

Table 13 Provision of male and female sterilisation in hospitals in 1994

Hospital	Female Sterilisation	No.	Male Sterilisation	No.	Waiting Time	Ethics Committee Approval
Rotunda Hospital	Available	582	-	-	3 - 4 months	No
Coombe Women's Hospital	Available	488	-	-	3 - 6 months	Individual cases reviewed by Master
National Maternity Hospital	Available	353	-	-	12 months	Individual cases reviewed by Master
Beaumont Hospital	Available	77	-	-	6 - 9 months	No
St James's Hospital	Available	72	Very limited	5	None	Yes
The Meath Hospital	Available	46	Available	40	Female: Short Male: 4 months	No
Adelaide Hospital	Available	281	Available	258	Female: 2 - 3 months Male: 7 months	No
Portlaoise Hospital	Available	100	Available	28	Female: 1 year + Male: 2 months	No
Clane Hospital	Available	115	Available	39	None	No

Irish Family Medical Services is responsible for operating three Family Planning Centres in the Dublin area on behalf of the **Irish Family Planning Association (IFPA)**. These centres are located in the North City Centre, South City Centre and Tallaght.

In 1993, 8,839 new (first time) clients attended. The main purpose of first visit clients having a medical consultation is shown in Table 14.

Table 14 Main purpose of first visit clients having medical consultation

CONTRACEPTIVE METHOD	NUMBER	%
General advice	1,591	18.0
Oral methods	2,464	27.8
Post-coital	1,873	21.2
Vasectomy	552	6.2
Cap/diaphragm	137	1.6
IUCD	110	1.2
Natural methods	37	0.4
Injectable	103	1.2
IUCD check/removal	49	0.6
Well woman check	1,922	21.8
TOTAL	8,839	100.0

The client services provided include:

- . Contraception - All methods of family planning, including natural family planning
- . Choice of doctor - choice of male or female doctor
- . Condom sales - over the counter and postal
- . Pregnancy testing
- . Female sterilisation and vasectomy - counselling, assessment and referral

In general, the **IFPA** charges clients for services. However, approximately 10% of clients are non-paying. Some GMS patients elect to pay, but access to service is not denied on the basis of inability to pay.

The **IFPA** education service offers a Certificate in Family Planning for doctors and nurses, has a selection of books, pamphlets and leaflets on family planning and provides speakers on matters such as contraception for adults and young people.

The waiting time for vasectomy is 4-6 weeks.

There is normally a charge for services but a discount is offered to GMS patients and students. Vasectomy is offered free to GMS patients at the request of the patient's GP.

The National Association of the Ovulation Method of Ireland (NAOMI) aims to teach and promote natural family planning to engaged and married couples and has an office in North Great George's Street.

CURA, based in South Anne St., provides pregnancy counselling and practical help for girls and women with unplanned pregnancies. **Cunamh**, also based in South Anne St., provides pregnancy counselling. **Life Pregnancy Care Service**, based in Dame St. and in Bray, provides a caring service for women with unplanned pregnancy. **Women's Information Network** disseminates information via telephone helpline for women in crisis pregnancy and provides non-directive emergency counselling by phone.

Our Board currently provides grant aid to the following organisations:-

- **CMAC (now known as Accord)**
- **NAOMI**
- **Irish Family Planning Association**
- **CURA**

6. SUMMARY OF REVIEW

This review was carried out to establish the current provision of family planning services in the EHB region with a view to identifying areas of service which need to be strengthened in order to provide an accessible and comprehensive family planning service as envisaged in the Strategy document "Shaping a Healthier Future" and in the Policy Agreement for Government.

It is recognised that general practitioners are the primary source of family planning advice and services. This review is, therefore, constrained by the poor response rate from GPs in the postal survey on family planning services. While every effort will be made to achieve a higher response rate, the findings presented in this report, based on replies from 139 GPs, provide useful information from which some conclusions can be drawn.

A substantial minority of GPs (29.4%) do not hold a Family Planning Certificate or other relevant family planning training. Training is an area which must be addressed in any future development of family planning services.

Over half of responding GPs worked in a practice without a female partner. While it is encouraging that some male GPs are employing female doctors as assistants or on a sessional basis, the large number of practices without a female medical presence limits the choices open to women who would prefer to attend a female for family planning or other women's health services. There is a need for more female doctors in this area of general practice. The wider deployment of practice nurses would also strengthen the delivery of family planning services in general practice.

12 months exist in some centres. There is, therefore, a need to increase availability of sterilisation with a view to reducing waiting times.

7. PROPOSALS FOR THE FURTHER DEVELOPMENT OF SERVICES

Our Board's objective is to provide an accessible and comprehensive Family Planning Service in line with the Health Strategy so as to give individuals and couples the greatest possible support to decide freely the number and spacing of their children. To meet this objective, Family Planning Services provided for or on behalf of our Board should:-

- educate, advise and inform persons in relation to all legal family planning methods and the services available
- be responsive to the family planning needs of persons who require the service
- provide choices of legal methods of family planning and contraception
- respect the confidentiality of clients
- provide choice in relation to service provider
- pay particular attention to the information and service needs of disadvantaged and/or "at risk" groups, and of persons with special needs, such as teenagers, travellers and drug misusers, and in this context, would need to be flexible in relation to methods of delivery, e.g. outreach may be desirable

In addition, the role which certain family planning methods can play in health promotion and disease prevention should be recognised, in particular towards addressing health and social gain, through the prevention of sexually-transmissible diseases, such as HIV/AIDS and Hepatitis B.

7.1 Development of Services by the General Practitioner

Our Board recognises the primary role of the general practitioner in the provision of Family Planning Services and our aim must be to ensure that this role will be developed and strengthened. Currently, the provision of hormonal contraception and instruction in the fitting of a diaphragm are the only services covered under the G.M.S. Scheme. The extension of the G.M.S. Scheme will play a significant part in this regard by providing for a wider range of services to include:-

- . intrauterine contraceptive devices
- . contraceptive caps
- . contraceptive diaphragms
- . spermicidal contraceptives

Other measures proposed to develop the general practitioner's role include:-

- enlisting the support of the Irish College of General Practitioners in devising a training programme in Family Planning services

Information

Our Board recognises that, in order for the service to be effective, it is necessary that accessible, comprehensive and up-to-date information is readily available to the public who need it. Accordingly, a leaflet outlining the type and range of Family Planning Services available in our Board's area is currently being prepared. This leaflet will include details of all services and relevant telephone numbers so that the public can readily receive all necessary information. It will be widely circulated and supplies will be available at health centres, doctors' surgeries, community centres, pharmacies, hospitals, etc. Copies of all family planning materials, including those available from the Health Promotion Unit of the Department of Health, will also be widely circulated and made available.

Disadvantaged and/or "At Risk" groups and persons with special needs

Our Board recognises that a number of groups have particular needs in the area of family planning and will work towards developing a comprehensive and integrated programme aimed at improving the health and social gain of these persons.

The extension of the services under the G.M.S. Scheme and the establishment of our women's health pilot projects in Coolock and Tallaght/Clondalkin will assist in addressing the particular needs of women in these areas.

The Mobile Clinic service for travellers, which is staffed mainly by Public Health Nurses and which visits thirty sites on a three-week rota basis, provides advice on family planning services. Our Board will especially ensure that all persons attending the Clinic are provided with information and advice on the range of services available.

Persons with HIV infection, and those using intravenous drugs, are recognised as having particular family planning needs. Services will continue to be developed to meet those needs as part of our Board's ongoing programme of services for this group.

Our Board has developed a Health Promotion initiative for teenagers in a disadvantaged area with the objective of altering the attitude and behaviour of young people in relation to early sexual activity. It is now proposed to extend this initiative to schools in other areas such as Ballymun and the Inner City areas.

The Women's Health Project, which is based on the south side of Dublin and which was established by our Board in 1991 with the aim of targeting women working in prostitution, provides a service which is sensitive to the special needs of these women. Services provided by the project include information, family planning advice, counselling and free condoms.

Our Board funds the Ruhama Women's Project which is a religious voluntary organisation working on an outreach basis with women in prostitution. An important aspect of the policy of this organisation is to develop services in response to the women's expressed needs.

APPENDIX 1

22 March 1995

Mr. Kieran Hickey
Chief Executive Officer
Eastern Health Board
Dr. Steevens' Hospital
Dublin 8

Family Planning

Dear Mr. Hickey

The Minister for Health has asked me to refer to the provisions, regarding family planning, of the Policy Agreement for Government, and to let you know that, in response to the Agreement, a set of Guidelines have been drawn up to enable health boards (i) to evaluate the current range and level of family planning services available in its area and (ii) to implement the provisions of the Agreement. A copy of the Guidelines is enclosed. The Guidelines also address the requirements, about family planning, contained in the Strategy for Effective Healthcare - "Shaping a Healthier Future".

As indicated in your recent letter of allocation a sum of £.4m has been included in your 1995 allocation in respect of the development of family planning services.

The Minister has requested that an evaluation of current services, in the context of the Guidelines, be undertaken immediately and a report together with proposals for the development of the services in your area which is designed to meet the objectives of the Policy Agreement for Government and the Strategy for Effective Healthcare, be submitted to the Department by the end of May, 1995.

Yours sincerely

Tom Mooney
Assistant Secretary

F5.m15



FAMILY PLANNING POLICY

GUIDELINES FOR HEALTH BOARDS

March, 1995

Family Planning Policy
Guidelines for Health Boards

Summary

1. Each health board should ensure that an equitable, accessible and comprehensive family planning service is provided in its area.
2. The role of the general practitioner in providing family planning services is recognised and this role will be developed and strengthened.
3. A broadly-based programme, involving family planning clinics provided by the health board and/or other service-providers, will be developed to ensure that services are within easy reach and that choice of service-provider is available.
4. The family planning service in each maternity hospital/unit will be evaluated to determine the extent to which current needs are being met.
5. Sterilisation operations for family planning purposes are a matter for decision by the individuals concerned in conjunction with their consultants. Where sterilisation is not available at a particular hospital, the patient has the right to ask her consultant to refer her to a hospital where the procedure is available and the health board should make the appropriate arrangements.
6. Health boards should ensure that vasectomy services are available.
7. Arrangements for the dissemination of information on family planning should be made by health boards.

8. Copies of family planning materials, including those available from the Health Promotion Unit of the Department of Health, should be made available to the public through sources such as general practitioners, non-governmental organisations, maternity hospitals/units, pharmacies and health board services.
9. Each health board should provide a leaflet which outlines the type and range of family planning services available in its area and details of service providers or contact phone numbers.
10. The range of services to be provided free of charge under the G.M.S. is being extended to include spermicidal contraceptives and contraceptive devices.
11. The family planning requirements of individuals in deprived and/or at-risk groups, and for those with special needs, will be established by health boards, in consultation with the groups involved and provided in a manner which is easily understood by the recipients.
12. Health boards will ensure that the family planning needs of persons living in remote areas are adequately met.
13. Health boards should devise appropriate arrangements to ensure a co-ordinated approach in the development and implementation of the services (within health board or between health boards).

FAMILY PLANNING POLICY
GUIDELINES FOR HEALTH BOARDS

1. Introduction

The Policy Agreement for Government - A Government of Renewal - indicates that family planning services will continue to be expanded, in line with the Health Strategy, by both general practitioners and family-planning clinics. In this context, the Strategy for Effective Healthcare - "Shaping a Healthier Future" indicates that "an accessible and comprehensive family planning service will be developed in each health board area on a phased basis by the end of 1995". In addition, the Programme of Action of the U.N. International Conference on Population and Development (September 1994) calls on Member States to ensure that comprehensive and factual information and a full range of family planning services are accessible and convenient to all users.

While a range of family planning services is available in each health board area through general practitioners, non-governmental agencies, maternity hospitals/units, pharmacists and other health board services there is evidence to suggest that the service does not in every area fully meet the needs of the population. While this may result from the underdevelopment of some services it would appear that a major factor is the fact that the services are not coordinated, are not distributed equitably and, as a result, are not easily accessible by persons wishing to

use them. In addition full and detailed information on the services available is not always readily available to persons seeking it. These guidelines are being issued, therefore, to assist the health boards (i) in evaluating the current range and level of family planning services available and the extent to which these meet current needs in line with the provisions of the Policy Agreement for Government and the Strategy for Effective Healthcare and (ii) in formulating proposals designed to implement the provisions of the Policy Agreement and the Strategy. A further element to be considered is the availability of options for persons seeking information or services.

2. Definition of a Comprehensive Family Planning Service

A comprehensive family planning service includes:

- i) Education, counselling and advice on all legal methods of contraception.

- ii) Ready access to these methods, including:-
 - Natural methods of family planning;

 - Medical contraceptives, such as the pill and spermicides;

 - Non-medical contraceptives, such as condoms, IUDs and diaphragms.

- Male and female sterilisation services i.e. vasectomies and tubal ligations.

3. Objectives of a Comprehensive Family Planning Service

The objectives of a comprehensive family planning service are to give individuals and couples the greatest possible freedom to decide freely the number and spacing of their children, based on the right of individuals to choose voluntarily the number and spacing of their children.

In meeting these objectives, a comprehensive family planning service should:-

- educate, advise and inform persons in relation to family planning methods and the services available;
- be responsive to the family-planning needs of persons who require the service;
- provide choices in methods of family planning and contraception;
- respect the confidentiality of clients,
- provide choice in relation to service provider, and

- pay particular attention to the information and service needs of disadvantaged and/or at-risk groups, such as travellers and drug misusers, and of persons with special needs and in this context, would need to be flexible in relation to the methods of delivery e.g. outreach may be desirable.

In addition, the role which certain family-planning methods can play in health promotion and disease prevention should be recognised, in particular towards addressing health and social gain, through the prevention of sexually transmissible diseases, such as HIV/AIDS and Hepatitis B,

4. Delivery of Family Planning Services

Family planning information and services are currently provided in Ireland through the framework of

- the health boards
- general practitioners
- non-governmental organisations
- maternity hospitals/units
- pharmacies and
- the Health Promotion Unit

4.1 Health Boards

Under the Health (Family Planning) (Amendment) Act, 1992, and the Health (Family Planning) Regulations, 1992, health boards are obliged to make available a comprehensive family planning service. A health board may make this service available wholly, or partly, by way of an arrangement under section 26 of the Health Act, 1970.

At present health boards provide family planning services, advice and information through public health nurses, maternity hospitals/units and health promotion programmes. Health boards should continue to develop these services and, in particular, should develop their own services to meet gaps in current services, and particularly in areas where services are deficient at present.

4.2 General Practitioners

The Strategy for Effective Healthcare recognises the primary role of the general practitioner in providing family planning services and envisages that this role will be developed and strengthened.

A large number of general practitioners have completed the Irish Family Planning Association course in family planning since its inception in 1978 and information from surveys indicates a high interest and involvement by general practitioners in providing family planning services.

4.3 Non-Governmental Organisations

While general practitioners would be the primary source of family planning advice and services, it is considered that there may be a need for a more broadly-based range of service-providers which is responsive to the needs of users, and which provides appropriate choices in this sensitive and complex area of public health. In this context, surveys show that 70% of the clients of a family planning clinic in the Dublin area have a general practitioner but prefer to attend the clinic for services. NGOs also report an increasing number of new clients at a time when general practitioners are actively promoting well-woman services.

The Strategy recognises, therefore, that it is necessary to complement the role of the general practitioner in the area of family planning in order to meet the needs of persons who wish to avail of family planning information, advice and/or services in situations where general practitioners are not in a position to provide the necessary services or where general practitioners do provide service but the individual does not want to avail of it. In such cases, health boards will need to consider the development of a more broadly-based programme, involving family planning clinics provided by the health board or by making contract arrangements with other service-providers, such as family planning clinics. In this regard, such clinics currently operate in some health board areas. Developments of this

nature are essential to ensure that services are within easy reach and that choices, in this sensitive issue, are available to the client.

4.4 Maternity Hospitals/Units

The family planning services provided from maternity hospitals and units include:-

- information and advice
- prescriptions for the pill
- the fitting of diaphragms
- tubal ligation
- family planning clinics
- family planning nurses
- family planning advice before discharge
- literature on family planning.

These services are available, to one degree or another, in each hospital or unit and health boards should evaluate the services available to determine the extent to which they are meeting current need and the improvements required.

4.5 Sterilisation Services

(i) Tubal Ligation Services

Where tubal ligations are deemed necessary for medical reasons they are considered to be part of a hospital's normal activity and are performed on the same basis as any other medical condition and according to the same eligibility criteria. Sterilisation operations for family planning purposes are a matter for decision by the patients concerned, in conjunction with their consultants. Where sterilisation is not available at a particular hospital, the patient has the right to ask her consultant for a referral to a hospital where the procedure is available and the health board should make the appropriate arrangements.

The list below sets out the hospitals in which tubal ligation services are currently provided:-

- the Rotunda
- Beaumont
- St. James's Hospital
- the Adelaide
- the Meath
- the Coombe
- Holles Street
- Portlaoise General
- Mullingar General
- Limerick Regional
- Monaghan General
- Louth County
- Cavan General

- Our Lady's Navan
- Letterkenny General
- Sligo General
- South Victoria, Cork
- University College Hospital, Cork
- Erinville Maternity, Cork
- St. Finbarr's, Cork
- Tralee General
- Portiuncula Hospital
- University College Hospital, Galway.
- Mayo General
- St. Luke's, Kilkenny
- St. Joseph's, Clonmel
- Wexford General

(ii) Vasectomies

Health Boards should ensure that vasectomy services are available through, for example, hospitals, health board family planning clinics, clinics run by non-governmental organisations or through general practitioners.

4.6 Pharmacies

Contraceptives are available through pharmacists. Some of these e.g. the pill, are prescription items. In addition, information on family planning e.g. leaflets, is available through pharmacies. Health boards should ensure that this is widely available, and in particular, arrangements should

be made to provide information through pharmacies in remote areas.

4.7 Health Promotion Materials

The Health Promotion Unit of the Department of Health networks widely in providing family planning information.

The Unit has worked with a number of NGOs in producing the following materials:-

- family planning leaflet (with the Irish Family Planning Association)
- a contraceptive options pack and tape (with the Dublin Well Woman Centre)
- a booklet on hysterectomy (in association with the Hysterectomy Support Group)
- a guide to the female reproductive system (produced by the HPU) and
- a family planning leaflet (produced by the HPU)

Copies of these materials are available from the Health Promotion Unit and the agencies involved and they should be made available to the public through relevant sources such

as general practitioners, maternity hospitals/units, NGOs, pharmacies and health board services, such as health centres, health education/promotion offices, public health nurses etc.

5 Education

An integral part of comprehensive family planning service is education, counselling and advice on all legal methods of contraception. These guidelines outline various outlets through which education, counselling and advice can be delivered through the health services. At a general level, however, the question of education on family planning in the broader context of sex education is being addressed as part of an inter-sectoral health promotion strategy, involving the educational system.

6. Information

For the services to be effective it is necessary that accessible, comprehensive and up-to-date information is readily available to the public who need it. The question of education has been referred to in section 5 but it is important that each health board has available a leaflet which outlines the type and range of family planning services available in its area and if it is not possible to give full details of providers etc. in such a leaflet, a contact phone number should be advertised so that the

public can readily receive all necessary information. Special arrangements may also need to be made in this regard for the groups mentioned in section 8.

7. Eligibility for Family Planning Services

The following family planning services only are available free of charge to persons covered by a medical card:-

- the prescribing of the contraceptive pill and
- advice on family planning, including advice on the fitting of diaphragms.

There are approximately 280,000 women aged between 16 and 55 years covered by medical cards in the GMS. Those who require family-planning advice, information and services, which are not covered under the GMS, normally attend family planning clinics for such services.

It has been decided that a wider range of family planning services under the GMS is required to respond in an adequate way to the needs of persons in the GMS. Changes in this regard will take account of

- (i) the nature of the GMS Scheme - a scheme through which items covered are supplied to medical card holders only on foot of a prescription from their general practitioner;

- (ii) the appropriateness of providing the particular items through the GMS structure.

Notwithstanding this, in accordance with the Policy Agreement for Government, it has been agreed to extend the Scheme to include additional items such as IUDs and diaphragms to medical card holders. Accordingly, the following additional items will be made available under the GMS:-

- Contraceptive devices including
 - Intra Uterine Contraceptive Devices.
 - Contraceptive Caps
 - Contraceptive Diaphragms
- Spermicidal contraceptives) for use in) association
- Lubricating jelly) with contraceptive) devices.

These additional services will be made available from 1st July 1995 and appropriate arrangements are being made with the General Medical Services (Payments) Board, the Irish Medical Organisation and the College of General Practitioners.

8. Disadvantaged and/or at-risk Groups and persons with Special Needs

Health boards should ensure that family planning advice, information and services for individuals in deprived and/or at-risk groups, and for those with special needs, are provided as part of comprehensive and integrated programmes aimed at improving the health and social status of such individuals. As provided for in the Strategy for Effective Healthcare, health boards should establish, in consultation with the groups involved, the most appropriate means of providing family planning services, to ensure that they are user-friendly and effective in achieving their objectives.

As mentioned in paragraph 3, family planning programmes for the groups concerned need to be flexible in relation to their methods of delivery e.g. outreach arrangements may be required. In addition, information and advice on family planning, furnished to persons in deprived and/or at risk groups, should be provided in a manner which is easily understood by the recipient.

9. Access to Family Planning Services in Remote Areas

Health boards should ensure that the family-planning needs of persons living in remote areas are adequately met. General practitioners are considered to be the primary

source of services to persons living in their catchment areas but where it is necessary to complement the services provided by general practitioners, health boards should augment the services by contractual arrangements with NGOs, as mentioned previously, or develop their own services as part of routine community-based health board services, e.g. through public health nurses.

10 Co-ordination and liaison arrangements

Currently, proper co-ordination of existing family planning services appears to be lacking and it is suggested that in formulating proposals for a comprehensive family planning programme, each health board should devise appropriate arrangements to ensure a co-ordinated approach in the further development and implementation of the services.

Such co-ordination would facilitate improved liaison between the various individuals and agencies providing the services in areas such as referral within a health board or between health boards, where a particular service e.g. sterilisation, would be required. In this context, the services would be co-ordinated to ensure optimal quality in their content and delivery in the most cost-effective manner.

In targeting specific “at risk” or special needs groups, the services of general practitioners, our Board’s own staff, such as public health nurses, community workers and other outreach workers, will be utilised.

Access to Family Planning Services in Remote Areas

Our Board considers that general practitioners practising in remote areas are the most appropriate providers of a family planning service to persons residing in their catchment areas and will be targeting the general practitioners involved with a view to ensuring the provision by them of family planning services. The employment by male GPs of female GPs in their practices so as to provide a choice for women will be encouraged and facilitated. Also the employment of practice nurses will be facilitated. Where necessary, cross-referral of patients between general practitioners will be encouraged. The involvement of public health nurses and other appropriate health professionals in ensuring that all persons are made aware of the range of services available, either locally or at adjoining centres, will be pursued.

Co-ordination of Services

It is proposed to establish a group consisting of representatives of our Board, general practitioners, hospitals, and the appropriate voluntary agencies, to co-ordinate the continuing provision and appropriate development of family planning services in our Board’s area. Consideration is currently being given to the most appropriate constitution of such a group.

- encouraging the employment by male general practitioners of female general practitioners so as to provide a choice to women who would prefer to attend a female for family planning and other women's health services. This matter is being particularly addressed in the pilot projects detailed below.
- continuing to encourage and promote the employment of practice nurses by general practitioners
- ensuring that general practitioners have relevant and up-to-date information on the free availability of services such as vasectomy and sterilisation
- encouraging general practitioners to have information displayed in their surgeries relating to the full range of family planning services available
- piloting the provision of vasectomy services by suitably-trained general practitioners in appropriately-equipped surgeries

7.2 Development of Services involving GPs and Voluntary Agencies in pilot projects

As outlined in our Board's Community Care Financial and Services Plan for 1995, two pilot projects are being developed in the Coolock and Tallaght/Clondalkin areas for the provision of a comprehensive, measurable range of services for women, including family planning. The Coolock project involves a number of GPs practising in an agreed geographical area and also the Dublin Well Woman Centre. The Tallaght/Clondalkin project involves a number of GPs practising in an agreed geographical area and also the Irish Family Planning Association. Agreement has been reached with the Irish Medical Organisation on general practitioners' participation in the projects, and with both the Dublin Well Woman Centre and the Irish Family Planning Association on their participation in the project.

The pilot projects will be subject to ongoing evaluation and audit to measure the impact on both the health and social gain of the women in the areas involved and the cost-effectiveness of the services.

Hospitals

Our Board proposes to initiate discussions with hospitals to seek the wider availability of the full range of family planning services at hospitals (including sterilisation and vasectomy services) so that the waiting time for such services will be minimised. In particular, the wider availability of vasectomy services will be sought.

Voluntary Agencies

Our Board will continue to grant aid the voluntary agencies involved in the provision of family planning services to ensure the continued availability of choice for persons requiring services.

There is lack of knowledge among GPs in relation to the availability of free family planning services to public patients. Only 75 (54.0%) responding doctors knew that they could refer patients to hospital as public patients for a free vasectomy service. The numbers were even smaller in relation to diaphragms and IUCDs.

The Family Planning Policy Guidelines issued by the Department of Health state that copies of family planning materials, including those available from the Health Promotion Unit, should be made available to the public in a variety of locations. This review found that 27.3% of GPs did not have family planning materials available in their surgeries. Some GPs may not be aware of the availability or source of such material and some may be dissatisfied with material currently available. (Only 3 GPs who responded had the DWWC/HPU Information Pack and tape available).

Given the poor response rate from GPs, it is difficult to comment definitively on the distribution of services. However, it appears that North Dublin City and County are relatively under-served in comparison with the remainder of the EHB area, and in particular relative to South Dublin City and County. It is also of note that the only voluntary organisation providing comprehensive services on the northside is the **IFPA** at Cathal Brugha Street. In addition, hospital-based services are more heavily concentrated on the southside, with only the Rotunda Hospital providing all services other than vasectomy on the northside. Beaumont Hospital provides female sterilisation. Wicklow clients are served by the **DWWC** in Bray and to some extent by **Family Planning Services Ltd.** in Dun Laoghaire. There is no voluntary agency providing comprehensive services based in Kildare. North Dublin and Kildare are therefore priority areas for future service development.

Natural family planning methods are provided throughout the region by both GPs and voluntary agencies. Condoms are widely available in pharmacies and other outlets in addition to being available in clinics run by voluntary organisations and via a postal service. Hormonal contraception is widely available within general practice and is prescribed by the majority of GPs. The situation is quite different in relation to the provision of diaphragms and IUCDs. Only 25.4% of GPs who responded fit diaphragms. While there is some referral to other GPs both within and between practices, almost half of responding GPs refer a woman requesting a diaphragm to a family planning clinic. IUCDs are fitted by only 9.5% of GPs, with over half (54.0%) referring women to family planning clinics for this service. As less than 3.0% of first visits to the **IFPA** is for these forms of contraception, and as some GPs commented on the infrequency of requests for IUCDs, it is likely that the demand for IUCDs and diaphragms is relatively low. Given this low level of demand, it is difficult for a GP to maintain a level of expertise in fitting these devices. Family planning clinics, therefore, have an important role to play in providing IUCDs and diaphragms. Cross-referral among GPs should also be encouraged.

Equity is one of the key principles underpinning the Health Strategy. This review highlights difficulties encountered by GMS patients in accessing some forms of family planning. Hormonal contraception and natural family planning methods are widely available free to GMS patients. There is currently no provision in the GMS Scheme for the provision and fitting of devices such as IUCDs and diaphragms and the proposed extension of the GMS Scheme will address this issue.

Hospitals report that sterilisation as a form of family planning is becoming increasingly popular. Both male and female sterilisation have become more available. However, waiting times of up to

The Dublin Well Woman Centre (DWWC) was established to provide women with supportive care and health information, particularly in the areas of family planning and reproductive matters. It provides services in three locations. These are in Lower Liffey St., Lower Leeson St., and in Bray. 70% of DWWC clients are in the age group 20-34 years, 8% are under 20 years and 21% are in the over 35 year age group.

Over 40,000 new and return clients are seen annually. Table 15 shows the numbers attending the Liffey St. and Leeson St. centres in a representative quarter in 1992 and 1993 (prior to the opening of the Bray centre).

Table 15 New and Return Attendances - DWWC

YEAR	LEESON ST.		LIFFEY ST.	
	New Clients	Return Visits	New Clients	Return Visits
1992 (Jan-Mar)	1,200	2,852	1,056	1,697
1993 (Jan-Mar)	1,268	2,922	1,029	1,906

There was approximately a 3% increase in attendances in these two centres in 1994.

While the vast majority of clients live in the Dublin area, significant numbers of women travel from Kildare and Wicklow to avail of services.

The services provided include:-

- information on all legal forms of family planning
- advice on appropriate forms of family planning for individuals
- pregnancy counselling
- information and counselling on vasectomy and female sterilisation
- vasectomies are carried out under local anaesthesia

In general a fee is charged for these services, but approximately 10% of clients are non-paying.

Leaflets, information pamphlets and supplementary reading material are available in the centres. The DWWC education department provides courses, training, workshops and talks to individuals and groups on all aspects of women's health and sexuality.

Family Planning Services Ltd. provide clinics which are located in Dun Laoghaire and in Pembroke Rd. A comprehensive family planning service is provided, including the provision of vasectomies in the Pembroke Rd. Clinic.

There is also an education service for doctors and nurses and leaflets are available on family planning and related matters.

There were 4,800 attendances at the Pembroke Rd. Clinic in 1994, 80% of whom were Dublin based. One hundred women from Wicklow attended the Dun Laoghaire Clinic in 1994 in addition to 1,300 Dublin women. There are very few male attenders.

4. OTHER COMMUNITY BASED SERVICES

Parentcraft classes are held in a number of community care areas, as follows:

Area 2	1 centre
Area 4	2 centres
Area 5	3 centres
Area 6	1 centre
Area 7	1 centre
Area 8	3 centres
Area 9	3 centres

The main focus of these programmes is preparation for parenthood. As part of the programme, information is given on all legal methods of family planning. Relatively small numbers of women attend these classes.

Public Health Nurses provide advice and counselling to mothers on an individual basis and also provide counselling and support to community development groups and parenting groups on all health matters including family planning.

5. OTHER AGENCIES

A number of voluntary agencies provide family planning services in our Board's area.

The Catholic Marriage Advisory Council (CMAC - to be known in future as Accord) has centres at:-

Harcourt Street	Dun Laoghaire	Marino
Phibsboro	Templeogue	Swords
Blanchardstown	Clondalkin	
Newbridge		
Wicklow		

CMAC provides instruction in natural family planning and provides advice and information in relation to all legal methods of contraception. In relation to methods other than natural family planning, clients are referred to their GP or given information on the location of family planning clinics. All CMAC services are provided free. Counselling is provided for crisis pregnancy and a number of publications related to family planning matters are available in CMAC premises.

In 1994, 111 requests for family planning services in the EHB area were dealt with. In addition, 1,517 persons attended an evening on Fertility/Family Planning as part of a Marriage Preparation Course. As part of the CMAC Schools Programme 8,809 pupils, 274 teachers and 1,760 parents attended modules on fertility. Also, 429 persons attended modules on fertility/family planning/sexuality as part of an Enrichment Programme.

GPs were also asked about their response to a patient requesting help for infertility. Their response is shown in Table 12.

Table 12 Advice in relation to infertility in general practice

Infertility	Dublin City North	Dublin City South	Dublin County North	Dublin County South	Wicklow	Kildare	TOTAL (%)
Advise, inform, counsel	27	39	4	10	14	11	105 (83.3)
Provide help	8	10	0	6	6	1	31 (24.6)
Refer to other GP, own practice	0	0	2	0	0	0	2 (1.6)
Refer to family planning clinic	0	1	0	0	0	0	1 (0.8)
Refer to other GP practice	0	0	0	0	0	0	0
Refer to General Surgeon	4	6	0	1	2	4	17 (13.5)
Other	20	35	3	8	12	5	83 (65.9)

Those referring to 'Other' indicated that they would refer either to a gynaecologist or a special infertility clinic.

One doctor objected to all forms of family planning except natural methods, saying that they encouraged the spread of sexually transmissible diseases. This doctor objected to post-coital contraception and IUCDs on the grounds that they were abortifacients.

The role of the practice nurse in providing family planning services was highlighted by eight doctors. Two doctors said that, with adequate support, general practice had the scope to provide a comprehensive family planning service. Finally, one doctor said that providing a family planning service was time-consuming and should be adequately re-imbursed.

Of the GPs who responded, 119 (85.6%) provided information, advice and counselling in relation to condoms and 8 (5.8%) indicated that they would refer a patient requesting condoms to a family

Table 9 Services for female sterilisation in general practice

Female sterilisation	Dublin City North	Dublin City South	Dublin County North	Dublin County South	Wicklow	Kildare	TOTAL (%)
Advise, inform, counsel	26	34	4	11	14	9	98 (77.8)
Refer to other GP, own practice	0	0	1	0	0	0	1 (0.8)
Refer to family planning clinic	2	5	1	2	0	1	11 (8.7)
Refer to other GP practice	0	0	0	0	0	0	0
Refer to General Surgeon	7	23	2	3	7	6	48 (38.1)
Other	17	19	2	7	6	6	57 (45.2)

Females are referred to General Surgeons (38.1%) or to 'Other' (45.2%), mainly gynaecologists, to have sterilisation procedures carried out.

Table 6 continued

Diaphragm	Dublin City North	Dublin City South	Dublin County North	Dublin County South	Wicklow	Kildare	TOTAL (%)
Refer to family planning clinic	18	30	1	5	3	5	62 (49.2)
Refer to other GP practice	3	5	0	0	2	2	12 (9.5)
Other	0	6	0	0	1	0	7 (5.6)

Table 7 Provision of IUCDs by GPs

IUCD	Dublin City North	Dublin City South	Dublin County North	Dublin County South	Wicklow	Kildare	TOTAL (%)
Advise, inform, counsel	20	24	3	9	11	4	71 (56.3)
Fit/ provide	3	1	0	2	3	3	12 (9.5)
Refer to other GP, own practice	0	6	1	0	0	1	8 (6.3)
Refer to family planning clinic	20	30	2	8	3	5	68 (54.0)
Refer to other GP practice	4	7	2	3	9	4	29 (23.0)
Other	1	4	0	0	0	0	5 (4.0)

Advice, information and counselling on both diaphragms and IUCDs, are widely available in general practice. However, diaphragms are fitted by only 32 (25.4%) of GPs who responded and IUCDs by 12 (9.5%). GPs frequently refer to family planning clinics for provision of these forms of contraception. Four doctors commented that there was little demand for IUCDs and two said there was little demand for diaphragms.

Table 4 Provision of post-coital contraception by GPs

Post-coital contraception	Dublin City North	Dublin City South	Dublin County North	Dublin County South	Wicklow	Kildare	TOTAL (%)
Advise, inform, counsel	24	32	4	9	12	10	91 (72.2)
Prescribe	27	41	4	13	13	11	109 (86.5)
Refer to other GP, own practice	0	1	0	0	0	0	1 (0.8)
Refer to family planning clinic	1	4	0	0	0	1	6 (4.8)
Refer to other GP practice	1	2	0	0	2	0	5 (4.0)
Other	0		0	0	0	0	0 (0.0)

One GP commented that there was little available information on post-coital contraception. Four stated that they objected to prescribing post-coital contraception.

2.1 General Practitioner Services

A randomised survey of 250 GMS/Private practice and 50 Private practice only doctors was carried out in April 1995 using a self-administered postal questionnaire which represents 50% of the total number of general practitioners in our Board's area. The General Practitioners (GPs) are a representative sample of GPs working in the EHB region. Replies were received from 139 doctors, a response rate of 47%, nine of whom were in private practice only. The remaining 130 (93.5%) had both a GMS and Private practice.

Sixty one of the GPs who responded had a certificate in Family Planning. Fifty six (40.3%) GPs had received some other postgraduate training in family planning. Forty one (29.4%) GPs, 39 male and 2 female, indicated that they had neither a family planning certificate or any other training relevant to family planning.

The majority of responding GPs, 108 (77.6%), were male, with 27 (19.4%) females. Four replied anonymously. Over half, 72 (51.8%), worked in a practice which did not have a female partner, 51 (36.7%) had one female in the practice and 15 (10.8%) had two female doctors in the practice.

Table 1 shows the geographic distribution of the 126 GPs whose response included details of their centre of practice.

Table 1 Geographic distribution

AREA	MALE	FEMALE	TOTAL	%
Dublin City North	24	7	31	24.6
Dublin City South	46	5	51	40.5
Dublin County North	3	1	4	3.2
Dublin County South	10	4	14	11.1
Wicklow	10	4	14	11.1
Kildare	9	3	12	9.5
TOTAL	102	24	126	100.0

In the following tables column totals may be greater than the number of responding GPs per geographical area, as many GPs offer more than one option to their patients in relation to particular items of family planning service.