

## **Equipping the NHS to deliver for Women's Reproductive Health – recommendations from the APPG on Sexual and Reproductive Health**

Unwarranted variation in access and quality of women's reproductive healthcare care will not be resolved without the right leadership in place to lead, plan and deliver integrated, preventative sexual and reproductive healthcare (SRH).

The following is an overview of policy asks developed following the All Party Parliamentary Group on Sexual and Reproductive Health's meeting on 23 November 2022, which brought together over 20 parliamentarians, officials and community representatives to discuss steps that can be taken to ensure the NHS is equipped to deliver SRH.

These recommendations are intended to support the development of the NHS Long Term Workforce Plan, alongside other policy opportunities with regards to SRH.

### **Key recommendation**

The NHS Long Term Workforce Plan must include an assessment of – and plans to address – the workforce crisis within SRH clinicians, based on the population need for the future delivery of women's reproductive health services. This should include analysis of current and appropriate future skill mix and training needs in SRH and adopt a strategic approach to tackle immediate vacancies, retention crises and longer-term arrangements for SRH workforce planning.

Plans should be fully-funded, set out against a timeline for delivery and aligned to the implementation of the Women's Health Strategy.

### **Integrated SRH**

1. The implementation of the Women's Health Strategy must see a continued focus on the effective establishment of Women's Health Hubs, supported by collaboration between primary care, SRH and gynaecology services. We must also see the appointment of a NHS Clinical Women's Health Lead, as set out in the Strategy.
2. Fragmentation of commissioning responsibilities in SRH, which has created disincentives for the training and education of the specialist and non-specialist SRH workforce, must be addressed as part of the development of Integrated Care Boards' 5-Year Joint Forward Plans.
3. A women's health lead, with accountability for reproductive health, must be appointed in every ICS Board to ensure that holistic women's reproductive health is prioritised in ICS planning.

### **Parity in pay, terms and conditions**

4. Standardised contracts should be introduced in Primary Care to ensure equal pay scales and terms and conditions for nurses working across all areas in SRH.

### **Safe staffing levels**

5. We must see legislative accountability for safe levels of healthcare staffing in England, Wales and Northern Ireland, as seen in Scotland via the Health and Care Staffing Act (which comes into force in 2024).

### **Training, service specifications and career development**

6. Community SRH Specialty training posts must be fully funded, with one new Specialty training post for each of the Health Education England regions for the next three years to provide local leadership, training and governance to the SRH workforce and services. This would also allow recruitment at ST3, attracting doctors from Specialties with higher attrition-rates such as Obstetrics & Gynaecology as well as those who have completed training in General Practice, but would like to pursue a career as leaders in SRH.
7. Service specifications for specialist SRH services must be designed to include training requirements in their contracts. Contracts must also provide sufficient time to allow for education and training, supervision, research, continuing professional development and other professional duties – as well as clinical responsibilities – to enable doctors to have meaningful, rewarding and varied careers.
8. SAS doctors, are vital to the sustainability of SRH services and make up a large proportion of doctors working within SRH, must be better supported to access career development and progression opportunities. Development opportunities for pharmacists and physician assistants should also be examined.
9. Standardised nurse career pathways in SRH should be clarified, ensuring that skills acquisition and advanced practice is recognised and rewarded. We must also see comprehensive commissioning in nursing education and development, that includes funding backfill for learners so that safe staffing is maintained while nurses attend courses and training clinics.
10. Greater support must be given to Trusts to enable them to encourage doctors to complete a training module in abortion as part of their accreditation to become a Specialist in obstetrics and gynaecology, and take up training on abortion earlier in their career development. In addition, steps that can be taken to ensure more doctors are trained to provide abortion up to the legal limit (23 weeks and six days) should be examined – with a particular focus on doctors in the north of England, to ease abortion workforce pressures elsewhere in the country.

### **Provision of LARC in primary care**

11. The primary care workforce must be adequately resourced to provide Long-Acting Reversible Contraceptives (LARC), the most effective contraceptive methods to prevent unplanned pregnancies – including fittings, removals and training. Local contracts should fully cover the costs of provision, training and maintaining access to this essential service – reflecting the vital role Primary Care has in the provision of contraceptive care.

### **Wellbeing**

12. Additional support provided to health staff during COVID-19 should be maintained as we move beyond the pandemic, to better support the SRH workforce and improve staff retention.

### **Abortion policy**

13. Criminal sanctions associated with abortion in England, Wales and Scotland should be removed, supporting a reduction in stigma associated with this area of healthcare (which can at present hinder effective recruitment and retention), while helping to address specific workforce challenges.
14. Safe access zones should be established around facilities providing abortion care to protect women accessing and healthcare professionals providing essential healthcare.