

Better care, a better future:
*Implementing our Vision for Sexual and
Reproductive Healthcare in Northern Ireland*

November 2019

Introduction

The Faculty of Sexual and Reproductive Healthcare (FSRH) is made up of a range of professionals involved in sexual and reproductive healthcare, working across many different settings. We believe good sexual and reproductive health plays a pivotal role in reducing health inequalities and giving women and men the chance to pursue their ambitions in education, work and with their families.

The expertise and knowledge held by FSRH's 15,000 members means we are well placed to lead the debate about what good sexual and reproductive health looks like. That is why we have developed our [Vision for sexual and reproductive health care](#). Our Vision is intended to lay the foundations for holistic sexual and reproductive healthcare, which operates around the needs of the individual and their communities.

We recognise the challenges sexual and reproductive health services are under in Northern Ireland. Our members are warning us of the pressures on local budgets and lack of adequate SRH training available across all clinical levels resulting from a disparity in the prioritisation of sexual and reproductive healthcare across different Health Trusts and directorates. These issues are in turn impacting on staffing availability, resulting in reduced access to services and clinical hours available. Waiting times can also be extremely long, while referral pathways are often poor. The absence of system leadership from a SRH Consultant is of particular concern.

FSRH is committed to leading efforts to improve the consistency and quality of sexual and reproductive healthcare available in all parts of the United Kingdom. Yet we know we cannot deliver this Vision alone. It requires all those who share our Vision to work together. This Implementation Plan is intended to support that goal and encourage practical solutions to those charged with planning and delivering services in Northern Ireland, including our own members. It also sets out what FSRH itself intends to do to make good sexual and reproductive healthcare a reality for all.

This document has been developed in consultation with the FSRH Northern Ireland Committee. The Northern Ireland Committee aims to promote the specialty of SRH in Northern Ireland, providing clinical leadership in sexual and reproductive health care across territorial Health Trusts, contributing to local regional and national policy development and implementation, sharing good practice and challenges between members and to practitioners in SRH more widely. It aims to provide FSRH with an understanding of the Northern Irish context and promote the work of FSRH in Northern Ireland.

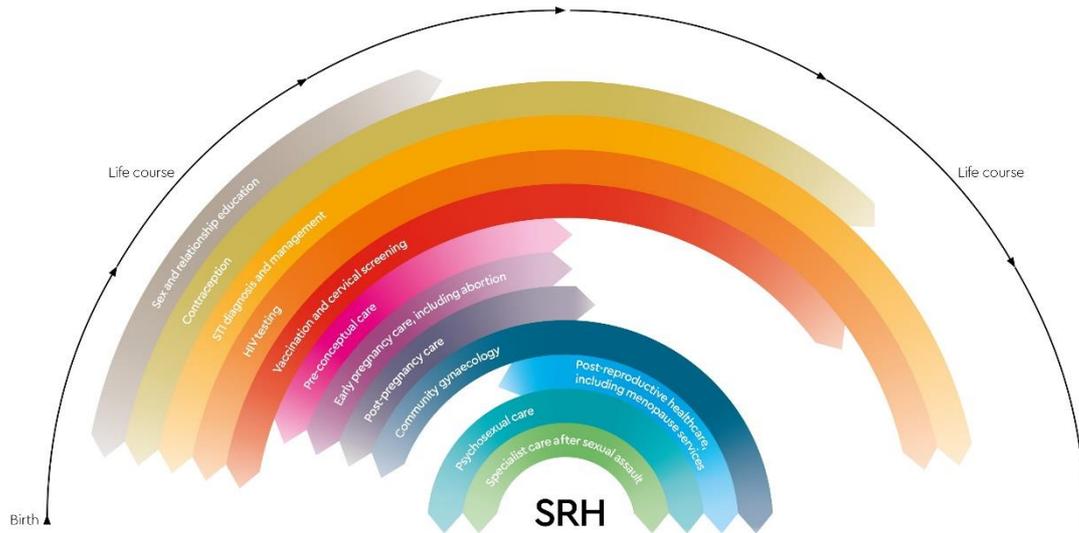
Our Vision for sexual and reproductive healthcare

FSRH believes that everyone has a right to expect individualised, holistic sexual and reproductive health care throughout their lives. This means:

- Every healthcare professional and member of staff providing SRH care, wherever it is delivered, will treat patients with kindness and respect. All care and support will be provided in a non-judgemental way irrespective of sexuality and behaviour.
- Any personal and clinical information provided to healthcare professionals will be treated confidentially.
- All information will be accurate to people of all sexual orientations, up to date and easily available in a format that can be understood and help individual decision making including about contraceptive care, pregnancy choices and sexual health.
- Easily accessible information about local SRH services will be available. These will provide open access care, including extended hours opening. This is especially important when seeking emergency contraception, support for sexual assault or access to post exposure prophylaxis after sexual exposure to HIV.
- The full range of contraceptive methods should be offered with the opportunity to discuss how different contraceptives work on a one to one basis with a trained professional.
- There should be no fear of harassment or stigma when consulting with healthcare professionals or visiting clinical premises, for example for those requesting an abortion or emergency contraception.
- Healthcare professionals should work as a team. Where they are not able or qualified to provide a type of care themselves, for example fitting of long-acting reversible contraception (LARC) or providing specialist gynaecological care, there should be rapid referral to someone who can.
- Patients have the right to see a trained healthcare professional, with opportunities to be referred elsewhere when their needs are beyond the scope of what is available at that service.
- Integrating care around the needs of the individual, not institutional silos, with people able to get integrated/holistic advice and support across the breadth of SRH including contraception and STI testing and treatment.
- Patients being given every opportunity to feed back their wants and experiences of care and support and be confident that this will be listened to and acted upon.
- All healthcare professionals, whatever their area of medicine, have an awareness of the impact of their treatment or intervention on a person's reproductive health.

Our Vision is simple. We want the model of SRH healthcare across the United Kingdom to meet the needs of every person who wishes to access it.

Diagram showing the wide reach of SRH across the lifecourse:



How do we get there? Enabling high quality care

Our Vision is driven by the needs of the patient and provides a roadmap for how the current and future challenges in sexual and reproductive healthcare can be overcome; but that alone will not be sufficient. Those involved in the planning and delivery of services are looking for practical solutions that can help to guarantee women and men living in Northern Ireland get consistently high quality sexual and reproductive healthcare.

We believe these practical solutions come in the following areas:

- Service planning and delivery
- High quality workforce
- Standards of care
- Evidence-based service delivery
- Collaborative services and working
- Leadership
- Patient-centred care

This section explores these practical solutions in more detail and outlines what FSRH intends to do to support their implementation.

Service planning and delivery

Access to high-quality SRH not only improves health outcomes and averts future health costs, but also has a wider societal value in preventing future welfare costs and improving the educational, professional and financial outcomes of those who are able to prevent, plan and space their pregnancies.

In order to realise the potential of SRH, these are some key actions those involved in the strategic planning of sexual and reproductive healthcare services in Northern Ireland should consider:

- Sexual and reproductive healthcare should be designed and delivered on the basis of quality as well as cost. **The Devolved Assembly of Northern Ireland, all Health Trusts and directorates should recognise the positive impact that sexual and reproductive health services can have on the health and wellbeing of their populations**, both in the immediate and longer terms. This impact should be reflected in the prioritisation and resources they devote to sexual and reproductive healthcare, including engaging with socially excluded and disadvantaged groups, and giving sexual and reproductive healthcare equal weight and parity of esteem as with other important elements of health improvement.

- **The effective planning and delivery of any service should be based on a productive working partnership between Trusts and other governance structures, services and service users.** It is Trusts who should be accountable for the health impact of services, but it will be services who often have the expertise to suggest and deliver improvements. Delivery of services may also be provided by a variety of primary care, third sector and local healthcare Trusts, all of whom should be well placed to identify particular needs and support the Department of Health & Social Care in developing plans to address them.
- Trusts should encourage the development of networks to facilitate effective pathways and sign posting. Networks are associated with quality improvement and increasing clinical effectiveness within healthcare systems (Ferlie, 2010)¹. Perhaps more importantly, they foster collaboration and a sense of community driving forward a common purpose and providing a forum for collective intelligence sharing (Health Foundation, 2014)².
- It should be recognised that health and wellbeing improvement requires a long-term commitment, particularly with regards to mitigating inequalities of access to and delivery of care. Equally, quality improvement does not happen overnight, particularly in areas with long-standing challenges. Trusts should recognise that frequent re-organisation creates instability, distracts focus from quality improvement and hinders the development of effective networked provision. Nonetheless, we support the re-organising of services where this can improve quality and outcomes.

How FSRH intends to support high quality service planning and delivery

We are clear that service design and delivery must be done on the basis of quality and value rather than just cost alone. Planning for quality requires the input of clinical experts, helping to identify unmet needs, areas where quality improvements are required and changes that should be considered as the needs of populations evolve.

In particular, FSRH sees quality planning for quality services as:

- Placing quality at the heart of decision-making on service specifications
- Protecting patient choice, and involving service users
- Recognises the importance of investment in training
- Not disrupting the development of the connected care described in our Vision
- Supporting long term planning and quality improvement

It is important that decisions are taken on the basis of appropriate clinical expertise and advice, and in a way that prevents accusations of conflicts of interest. FSRH is available to support strategic planning of services with our clinical expertise to Trusts and other Executive Leads.

¹ [Networks in Health Care: a Comparative Study of Their Management, Impact and Performance](#), Ferlie, 2010.

² [Effective networks for improvement: Developing and managing effective networks to support quality improvement in healthcare](#), Health Foundation, 2014.

We will therefore:

- Support the Northern Ireland Committee in helping facilitate high quality service delivery
- Bring together relevant guidance, and official statutory advice in one place on our website, in order to bring together the evidence and support as to what high quality service specification should look like

High-quality workforce

High quality care is only possible when delivered by healthcare professionals with the appropriate mix of skills and experience. Our membership encompasses both nurses and doctors including many GPs, so we are well placed to advise on the optimum skill mix for sexual and reproductive healthcare in primary care and specialist services.

In order to maximise the quality and efficiency of care, we believe that:

- **All specialist services should be consultant-led**, as well as advising on how services should develop to meet the evolving needs of the population
- **The majority of uncomplicated care should be delivered by a multidisciplinary team of appropriately trained staff, including doctors, midwives, nurses, health care workers, pharmacists with the support of others such as health improvement staff, administrative staff and youth workers in some settings.**
- **More complex care in primary care and specialist services should be led by suitably qualified and trained healthcare professionals**

How FSRH intends to support a highly trained and qualified workforce

FSRH already makes a major contribution to the training and assessment of competency in the sexual and reproductive healthcare workforce. There is, however, more that we can do.

We will therefore:

- **Review our curriculum to ensure that it fully reflects the importance of issues such as the equality agenda**
- **Assess what more we can do to develop team-based competencies**, including:
 - Considering the development of training for non-traditional workforce, aimed at healthcare assistants, pharmacists and others.
 - Developing approaches to encourage effective work within and across clinical teams, including in general practice and gynaecological services.

With the medical profession currently considering significant changes to the way in which future doctors are trained, now is an appropriate time to consider how best to ensure that the sexual and reproductive healthcare workforce has the correct skills for the future.

The skills required to deliver high quality care are wide-ranging, including the:

- Technical skills associated with delivering interventions effectively
- Communication skills and cultural competency to ensure that the needs of a diverse population can be met, and to forge trusting relationships with people to enable them to make informed decisions about their care
- Ability to identify wider support needs and encourage people to seek advice, signposting them to where they might best receive it

As the medical profession considers the potential reforms to the structure of postgraduate medical education and training across the UK outlined in *Shape of Training*³, **we will work constructively with relevant organisations to ensure that the future training needs for high quality, evidence-based SRH, are fully met for both doctors and nurses.**

Standards of care

It is important that services are planned and delivered on the basis of high quality, evidence-based standards. In the field of sexual and reproductive health, there are a range of standards and quality measures which would prove beneficial in guiding service planning, development and delivery of care, as listed on our website:

<http://www.fsrh.org/standards-and-guidance/>

How FSRH will propose clear standards of care

There are a range of standards available to guide the delivery of sexual and reproductive healthcare, many of which have been developed by FSRH. However, we recognise that this advice is located in different places and may not always be the most accessible or user-friendly for people seeking assistance. **We will therefore bring together the relevant guidance and standards in a single directory.**

³ [Shape of Training Review, Securing the future of excellent patient care: Final report of the independent review led by Professor David Greenaway, October 2013, accessed 12 August 2015](#)

Evidence-based service delivery

Contraception is a highly effective clinical intervention and a person's reproductive rights are a human right. It is also important to be able to demonstrate the extent to which sexual and reproductive healthcare is effective and meets the needs of the people who require it.

Effective evidence gathering must take a whole system approach and is the responsibility of all those responsible for the sexual and reproductive healthcare. This means:

- **Planning of services being complemented by an assessment of population-level outcomes and quality indicators**, including using local data profiles, which enable Trusts to benchmark the services and outcomes for their area against comparable populations.
- It is important that these data are interpreted with both a public health focus and a sexual and reproductive health perspective. In this sense, **clinical leaders can play an invaluable role working with public health professionals to identify issues that need addressing, as well as emerging trends that should be planned for.**
- In order to ensure comparability, accountability, and transfer of good practice, **services should be required to demonstrate performance against national outcome measures.**

How FSRH will support evidence-based service delivery

Standards must be translated into high quality care and it will be important to gather evidence to evaluate the implementation and the effectiveness of services. **FSRH will encourage the appropriate audit of quality, including working with relevant official bodies with regards to population-level outcome indicators.**

We will also work with partners **to identify the key indicators that could be used to assess variations in the quality of sexual and reproductive health care to:**

- Assess variations in the quality of care
- Identify emerging trends in need that must be addressed
- Highlight examples of good practice which could be replicated

Connecting services

It is important that service delivery meets the needs of local populations. Not all stakeholders will be able to meet all needs and it is right that they should signpost people to the support that is most appropriate for them. In particular, **clear referral pathways need to be available for GPs, supported by the timely, accurate and secure sharing of information e.g. through joined up IT systems across Trusts, care settings and service types. Professionals should be able to work together as a team in the interests of the person receiving care, even when they are based in different providers.**

How FSRH will support integration of services

- Helping facilitate consultant-led services
- Supporting the Northern Ireland Committee with promotion of SRH issues in Northern Ireland to boost gravitas of the speciality, including raising awareness that SRH is a specialist service amongst GPs and nurses.
- Highlight examples of good practice which could be replicated

Leadership

We recognise that it is often up to clinicians to advocate for the safe, effective, person-centred service they wish to be able to deliver. This leadership can have a number of dimensions, including:

- Patient-facing roles, ensuring that the quality of care delivered is of a high standard
- Service-facing roles, providing clinical management within a service on sexual and reproductive health issues, irrespective of the setting
- Participating in different networks to ensure high quality care, supporting consistent care and service delivery for all population groups helping to bring together different networks, and ensuring appropriate coverage for populations.
- Population-level roles, supporting high quality strategic planning, helping to identify unmet as well as visible health needs and ensuring that quality considerations are reflected in service specifications
- Professional-level roles, working through FSRH to enable the development of the profession as a whole
- Well-supported leadership roles enabled and facilitated by respective Trusts and directorates

A key element of leadership will be to act as a bridge between population and patient-level considerations, ensuring that the needs of communities and individuals are met.

How FSRH will promote clinical leadership in sexual and reproductive health

Our Vision is about our members providing leadership in sexual and reproductive healthcare, which reaches across many different disciplines, and we intend to play a leading role in promoting and scrutinising its delivery.

We intend to

- Promote the importance of SRH leadership and a SRH consultant in Northern Ireland
- Facilitate engagement and cooperation between FSRH and primary care/RCGP in Northern Ireland to achieve better outcomes for patients, inclusive of a clear pathway to access contraception and wider sexual and reproductive healthcare

Contact us

For more information about our Vision, this implementation plan and the work of FSRH, please contact:

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Annex A: Key Policy Documents

Department of Health, Social Services and Public Safety (2008) [*Progress and Priorities: Addendum to the sexual health promotion strategy and action plan \(2008-2013\) to December 2015.*](#)

Department of Health, Social Services and Public Safety (2016) [*Guidance for Health and Social Care Professionals on Termination of Pregnancy in Northern Ireland*](#)

A clarification of the laws regarding abortion in Northern Ireland to enable clinicians to undertake their medical duties with confidence

The Regulation and Quality Improvement Authority (RQIA) (2013) [*Review of Sexual Health Services in Northern Ireland*](#)

This document makes 16 recommendations for improving specialist sexual health services in Northern Ireland, including integrating commissioning arrangements between SRH and GUM services and the development of regional service frameworks