

Briefing: do sexual and reproductive healthcare services feature in new models of care?

Findings from an audit

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Background

The NHS Long Term Plan¹ seeks to provide the population with joined-up and coordinated care, proactive health management and more options for how care is delivered. At the same time, new care models are being explored to better coordinate care between different providers and commissioning boundaries, improve outcomes and patient experience, and deliver financial savings.

Sexual and reproductive health (SRH) services are an ideal fit for areas building new models of care. They involve multi-disciplinary teams delivering high quality care across different settings. They seek to provide convenient access, incorporating digital offers alongside face-to-face appointments. They take a patient-centred approach, giving people more control of their own health and care across their life-course. They seek not only to improve individual health and wellbeing, but also that of the population as a whole.

In 2018, the Faculty for Sexual and Reproductive Health (FSRH) undertook a rapid review of new models of care, to understand where SRH services were being embedded and to identify lessons and best practice to share. This briefing sets out the key findings of the audit and is a companion to the main report launched by FSRH in 2019, “*Opportunities to embed sexual and reproductive healthcare services into new models of care. A practical guide for commissioners and service providers*”².

Key findings

The audit reviewed 51 plans from different types of new care model in England (including Sustainability and Transformation Partnerships, NHS England Vanguards and large-scale general practice organisations) to identify where and how SRH services were being incorporated.

The results showed that there was **huge and untapped potential** for SRH to be included in new models of care. Few models of care had explicitly recognised the opportunity to embed SRH services in their new local approach.

Of the 51 new models reviewed, 36 mentioned some aspect of SRH care other than maternity services. However, most of these were general references, often in the context of collaboration, transformation or integration. They were almost always in relation to sexual rather than reproductive health, were broad in nature and lacking in detail.

Community gynaecology and contraception services were only mentioned in 15 new models of care reviewed. 11 models mentioned STI diagnosis and management and 10 models mentioned HIV testing. All other aspects of SRH care were mentioned by fewer than five models. Psychosexual services and menopause services each received a single mention in the review.

Methodology

The audit took place between June and August 2018 and focused on new models of care that had emerged as a result of NHS England's *Five Year Forward View*.³

Literature search

The audit commenced with a literature search to identify and examine the strategies and operational plans of the following organisations:

- Vanguard, including Multispeciality Community Providers (MCPs) and Integrated Primary and Acute Care Systems (PACSSs)
- Sustainability and Transformation Partnerships (STPs)
- Integrated Care Systems (ICSs)
- Primary Care Homes (PCHs) and other large-scale general practice organisations
- Digital providers of SRH services

The data sources were identified using the *Investigator* platform,⁴ an online market intelligence and planning tool which collates published documents from health and social care organisations. This identified 51 relevant documents, on which a keyword search was undertaken, mapping each document for mentions of the following keywords taken from the Faculty's vision document:⁵

- Sex and relationship education
- Contraception
- STI diagnosis and management
- HIV testing
- Vaccination and cervical screening
- Pre-conceptual care
- Early pregnancy care, including abortion
- Post-pregnancy care
- Community gynaecology
- Post-reproductive healthcare, including menopause services
- Psychosexual care
- Specialist care after sexual assault

Where references to SRH services were found, the search was widened for other relevant documents. When local strategies or plans made no reference to SRH services other than maternity services, follow-up calls were conducted to check whether there were plans underway which had not been made public.

Expert interviews

To supplement the literature search, semi-structured interviews were undertaken with ten experts involved in the delivery of SRH services. These individuals had diverse backgrounds, including:

- Commissioners of SRH services
- Healthcare professionals and others responsible for driving forward innovative models on the frontline
- Experts in the delivery of online models
- Academics involved in the evaluation of new models of care

All interviewees commented on the potential for SRH services to be more widely incorporated into new models of care. Many provided examples of work they are undertaking to deliver SRH services in innovative ways. These case studies are set out in a separate document, along with recommendations for commissioners⁶.

A brief discussion of the limitations of the audit is set out in the appendix.

Conclusion

At the time of the audit, few models of care had explicitly recognised the potential to embed SRH services. Only a few areas had seized the opportunity to reshape SRH services around the needs of local populations, putting the patient at the heart of service design. These areas are breaking down barriers, encouraging different local providers and commissioners to collaborate and consolidate resources. Many incorporate digital health to provide convenient access to care.

FSRH believes that other areas could follow these examples and the NHS Long Term Plan provides a significant opportunity.

As NHS leaders begin to think about implementing the vision set out in the Long Term Plan - more joined-up and coordinated care, more proactive population health management and more options for how care is delivered – they should also consider the opportunities to embed SRH services into new models of care.

Get in touch

We are keen to work with commissioners and providers in Integrated Care Systems and Primary Care Networks to support them in incorporating SRH services.

For more information, please contact:

Harry Walker
Head of External Affairs & Standards
FSRH
+44 (0)20 3751 8077 | externalaffairshead@fsrh.org

Camila Azevedo
External Affairs & Standards Manager
+44 (0)2037945309 | externalaffairsmanager@fsrh.org

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- Dr Anne Connolly, Former Vice President, Faculty of Sexual and Reproductive Healthcare
- Robbie Currie, Sexual Health Programme Lead, London Borough of Bexley
- Prof Caroline Free, Professor of Primary Care, London School of Hygiene and Tropical Medicine
- Dr Asha Kasliwal, President, Faculty of Sexual and Reproductive Healthcare
- Dr Karen Kirkham, National Clinical Advisor for Primary Care, NHS England
- Dr Naresh Rati, Executive Partner, Modality Partnership
- Dr Aamena Salar, GP Lead, Gynaecology Vanguard, Modality Partnership
- Dr Ulrike Sauer, Lead Consultant in Sexual and Reproductive Health and Community Gynaecology, Oxleas NHS Foundation Trust

Appendix 1: Limitations of the audit

Vanguards

Between 2014 and 2018, there were 14 MCP vanguards and nine PACS vanguards working to provide population-centred health and care to their local populations. Of these, 11 and nine respectively made reference to the SRH keywords.

The most up-to-date documents available were reviewed. However, many of these vanguards are now part of larger integrated care organisations, including STPs and ICSs. This means that websites and documents have been archived and are no longer active or available. As a result, it is possible that there are other vanguards working on SRH who have not published details of their programmes and therefore were not picked up in the audit.

Almost all MCP and PACS vanguards made reference to maternity services, as maternity care was a key strategic priority for NHS England in the *Five Year Forward View*.⁷ However, other SRH services were mentioned rarely.

Sustainability and Transformation Partnerships (STPs)

Nine STPs were reviewed; those areas which had made reference to women's health in their original plans (published in and around 2015). For each of these nine areas, a further search was carried out looking for evidence of improvements and progress on broader SRH services.

Since the search did not encompass all STP areas, it is possible that there are areas which may have emerging SRH services which were not captured in their original plans. However, evidence suggests progress on all elements of STP plans has been slow⁸, so it seems unlikely that STP areas would now be focussing on an area that was not originally highlighted in their plan.

Similarly, as maternity improvements were also a focus of STP plans, all nine areas audited make reference to pregnancy and maternity services, with limited reference to SRH services at other points in the life course.

Integrated Care Systems (ICSs)

Of the 10 integrated care systems announced by NHS England during 2017⁹, only eight made reference to SRH in their operational plans or value statements, and only four made reference to SRH services other than maternity care. As with other new models of care, it is plausible that these ICSs are working on SRH but have not published details publicly.

Primary care homes and other large-scale general practice models

The initial evidence scan identified a few references to SRH by various models of large-scale general practice. However, additional information was limited. New models of general practice vary in scale and scope, and often do not have a consistent way of recording information¹⁰.

The audit identified a few examples of at-scale general practice where information is available. It may be that others are also incorporating core GP-delivered sexual health services. However, the extent to which these services are being delivered in a new way is difficult to establish.

A search was done of the NAPC Primary Care Home sites, but limited information was available on any of their services. Of the 14 rapid test sites, only one referenced maternity services¹¹.

References

¹ NHS England (2019), *NHS Long Term Plan*, available at: <https://www.england.nhs.uk/long-term-plan/>

² The Faculty of Sexual and Reproductive Healthcare (2019), *Opportunities to embed sexual and reproductive health services into new models of care. A practical guide for commissioners and service providers*, available at: <https://www.fsrh.org/documents/fsrh-report-2019-new-models-of-care-sexual-reproductive-health/>

³ NHS England (2014), *The NHS Five Year Forward View*, available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

⁴ Wilmington Healthcare Ltd (2018), *Investigator*, available at: <https://wilmingtonhealthcare.com/what-we-do/data-marketing-and-marketing-insight/investigator/>

⁵ The Faculty of Sexual and Reproductive Healthcare (2015), *Better care, a better future: a new vision for sexual and reproductive health care in the UK*, available at: <https://www.fsrh.org/documents/fsrh-vision/fsrh-vision.pdf>

⁶ The Faculty of Sexual and Reproductive Healthcare (2019), *Opportunities to embed sexual and reproductive health services into new models of care. A practical guide for commissioners and service providers*, available at: <https://www.fsrh.org/documents/fsrh-report-2019-new-models-of-care-sexual-reproductive-health/>

⁷ NHS England (2014), *The NHS Five Year Forward View*, available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

⁸ The King's Fund (2017), *Delivering sustainability and transformation plans: from ambitious proposals to credible plans*, available at: <https://www.kingsfund.org.uk/publications/delivering-sustainability-and-transformation-plans>

⁹ NHS England (2018), *Integrated Care Systems*, available at: <https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

¹⁰ Nuffield Trust (2016), *Is Bigger Better? Lessons for large scale general practice*, available at: <https://www.nuffieldtrust.org.uk/research/is-bigger-better-lessons-for-large-scale-general-practice>

¹¹ National Association of Primary Care (2017), *Rapid Test Sites*, available at: <http://napc.co.uk/primary-care-home/rapid-test-sites/>