FSRH feedback to Public Health England’s Draft Reproductive Health Consensus Statement

June 2017

FSRH has submitted feedback to Public Health England’s draft Reproductive Health Consensus Statement.

1. Do you agree with part A of the statement (the pillars of good reproductive health)?

Yes, FSRH agrees with part A of the statement. FSRH very much welcomes this process to build consensus on reproductive health across the Public Health System which we feel is long overdue. In its Vision, FSRH combines two World Health Organisation (WHO) definitions to describe sexual and reproductive health (SRH) that broadly encapsulate the six pillars of reproductive health proposed in the consensus statement document. The six pillars are reflective of FSRH’s Vision and principles of good SRH care, which encompass supporting sexual and reproductive wellbeing; empowering people to lead healthy and fulfilling lives; placing patients at the heart of care; breaking down institutional and medical boundaries; delivering SRH by highly-trained professionals with the right competency and experience; among others.

2. What (if any) are the gaps in part A that must be or that you would like to see included

FSRH welcomes the focus on sexual and reproductive wellbeing in part A as a positive approach to reproductive health.

Whilst the promotion of a broader consensus on HIV, STIs and sexual health is something FSRH supports, we feel that this consensus statement should be entirely focused on reproductive health to redress the gap in tackling reproductive health as a core Public Health issue. FSRH feels the introduction to the document should make clear that the focus of this consensus work is on reproductive health.

FSRH suggests that PHE reconsiders referencing debates on language, including sexual health definitions in the statement, as these will take away the focus from reproductive health and are likely to ignite differences.

A focus on women and their reproductive health is also welcome. While FSRH acknowledges the importance of men’s reproductive rights and needs, women’s health should be at the centre of any reproductive health consensus. Women have reproductive health needs that are unique to their gender and gender is also a key social determinant of health. Women’s realisation of their reproductive rights is negatively affected by gendered inequalities in access to healthcare, information and other societal goods, which further justifies focusing the statement on women.

FSRH also suggests Part A of the statement should present the methodology process more explicitly instead of relegating it to the appendix. The fact that the statement is the result of a robust consultation process across a multitude of partners in the field lends weight to the statement. Likewise, it is key to clarify the purpose of the statement, target audience and
expected outcomes, including the subsequent Action Plan.

3. What (specifically) are the areas included in part A that you could not live with and how would they need to be modified

None

4. Do you agree with part B of the statement (the elements of good reproductive healthcare)

Yes. FSRH suggests that awareness of fertility (among men and women) could be highlighted in the document in areas as this appears to be an omission.

5. What (if any) are the gaps in part B that must be or that you would like to see included

FSRH would like to make the following comments on some of the pillars:

“Pillar: A positive approach to Reproductive Health and healthcare free from stigma and embarrassment in all aspects.”

For FSRH, success across the system would reflect the principles of good SRH outlined in the its Vision. The first pillar could be complemented with the principle from FSRH’s Vision that entails empowering people to lead healthy and fulfilling lives, irrespective of sexuality or lifestyle, across their life course.

“Pillar: Knowledge and resilience in all aspects of reproductive health enabling informed and responsible choices promoting healthy relationships, good reproductive health, and decisions about pregnancy and childbirth that maximise well-being.”

The Faculty’s Vision stretches beyond a focus on access to contraception to embrace holistic SRH which operates around the needs of the individual, rather than professional silos. One of FSRH’s principles of good SRH calls for placing service users at the heart of care when SRH services are designed and delivered. This is in line with this pillar’s call for a focus on user-centred perspectives that empower men and women to self-realise their reproductive wellbeing at all stages of life. However, it is important to stress that this is only possible if three other principles of good SRH from FSRH’s Vision are applied. Therefore, good user-centred SRH must be:

• “Fully integrated, with those involved in SRH care working together seamlessly across organisational and medical boundaries and settings in the users’ best interests”

• “Delivered by collaborative multi-disciplinary teams with appropriate competency, training and experience – making effective use of the different skills of their members to achieve shared outcomes”

• “Led by clinicians who are able to provide leadership to all aspects of care and who are committed to collaborative and cross organisational working to improve care for the individual and the wider population”

In turn, these principles are directly connected to the following pillar regarding proportionate, universal rapid access to high quality reproductive healthcare:

“Pillar: Proportionate universal rapid access to high quality reproductive healthcare regardless of age, ethnicity, gender and sexuality to include access to the full range of contraceptive choices, preconception care, fertility investigation, symptom
management”
“Appropriately trained workforce of health and non-healthcare professionals competent in communication skills, system awareness and service delivery”

FSRH offers a range of knowledge and skills-based qualifications for those who deliver reproductive healthcare. FSRH believes that workforce training is essential if we are to ensure sufficient capacity in the medical, but also non-medical workforce, such as social care workers and teaching professionals. Therefore, FSRH would like to see workforce training featured as an essential condition to enable “proportionate universal rapid access to high quality reproductive healthcare”. FSRH suggests that this pillar could read as follows:

“Proportionate universal rapid access to high quality reproductive healthcare regardless of age, ethnicity, nationality, income level, social status, geographic location, gender and sexuality to include access to the full range of contraceptive choices, preconception care, fertility investigation, symptom management and post-reproductive care. A highly-skilled and trained workforce is an essential requirement to guarantee access at this level”

The comments below highlight the importance of giving more prominence to SRH workforce issues regarding training, recruitment and retention in the consensus statement:

• The crisis of the healthcare system and its impacts on the workforce

The healthcare system is undergoing a workforce crisis marked by a difficulty in training, recruiting and retaining staff, including in abortion care. Users bear the brunt of such crisis, with a shortage of doctors impacting on access and quality of SRH care. In its recent report “The Long-Term Sustainability of the NHS and Adult Social Care”, the House of Lords Select Committee on the Sustainability of the NHS presented evidence that points towards an absence of long-term workforce planning to secure the appropriately skilled, well-trained and committed workforce that the health and care system will need in the future. The Select Committee states this is the “biggest internal threat to the sustainability of the NHS” and that too little attention has been paid to training the existing workforce.

Furthermore, the report presented evidence that cuts to the Public Health budget have meant that front-line services such as SRH care “risk being scaled back or even decommissioned, as local authorities respond to cuts”. Another study by The King’s Fund looked at genito-urinary medicine (GUM), among other areas, and the impact of financial pressures on patient care. It notes changes to the commissioning of SRH and HIV services implemented in 2013 have resulted in fragmentation of services and that staff morale has been adversely affected.

• General practice and the challenge of retaining skills-based knowledge

Cuts to budgets mean less opportunity to train healthcare professionals to address complex contraceptive care and less opportunity to promote the skills-based knowledge required to fit long acting-reversible methods of contraception (LARCs), a highly-effective method of contraception. The implication of this is that women will be less able to access the full range of contraceptive options on offer in the UK. This is particularly relevant in a general practice context, keeping in mind that SRH services are delivered both in the community and in general practice. As general practice surgeries are under enormous budgetary pressure, training opportunities for staff become a challenge, rendering them unable to provide LARCs. This, in turn, impacts on poor patient experience. Therefore, it is vital that GPs and other healthcare professionals in primary care are given advice, support and training from
SRH specialist services.

- **Recruitment and retention**

There is a significant SRH consultant workforce shortage in spite of the fact that Community Sexual and Reproductive Health (CSRH) is a hugely oversubscribed medical specialty training programme and despite evidence that many SRH consultants will be retiring in the near future. CSRH consultants are required for the delivery of highly complex contraceptive and reproductive care as they have completed the necessary gynaecological and technical training. Good SRH requires combined leadership from Public Health, commissioners and Consultants in SRH who are trained to develop and lead services that support all aspects of care. Therefore, future leaders in SRH are necessary to ensure the provision of high-quality services that can prevent unintended pregnancies and curb subsequent health costs. Moreover, it is vital that professionals are trained and supported to address reproductive health with young people and adults in all relevant settings, not just in healthcare settings.

- **An opportunity to enhance access to reproductive healthcare: MECC**

Finally, FSRH believes that access to high quality reproductive care could be enhanced by implementing “Making Every Contact Count” (MECC) frameworks to maximise every opportunity to increase awareness of reproductive health and sign-post youth and women to the necessary support and care throughout their lives. For instance, a recent UK study reported that almost 1 in 13 women accessing maternity or abortion care had conceived within a year of giving birth. Therefore, pregnancy represents one of many opportunities to discuss a woman’s contraceptive options and support her to make decisions about the spacing of future pregnancies. With this in mind, FSRH would like to suggest that the statement incorporates learnings from the research conducted for the “Missed Opportunities” project.

6. **What (specifically) are the areas included in part B that you could not live with and how would they need to be modified**

None

7. **Are the Venn diagrams (appendix) useful and how would you improve on them?**

FSRH is not convinced that the Venn diagrams are helpful. FSRH can offer the diagram from FSRH's Vision that represents the life-course approach to SRH. Notwithstanding its societal importance, SRH is inherently personal. Most men and women will need different, changing SRH information, care and support at different stages of their lives, as the diagram illustrates:
8. Additional comments

FSRH would like to have the opportunity to work with PHE to promote the consensus work when it is published and as appropriate.

For more information, please contact:

Harry Walker
Head of External Affairs & Standards
Email: externalaffairshead@fsrh.org
Telephone: 020 3751 8077