

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

May 2018

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](#). 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 Scotland. Our members are warning us of the pressures on local budgets, impacts on patients as pressure on primary care and specialist SRH services increases, the potential for further impacts on SRH services as other health services change and new policies are implemented, and a lack of adequate SRH workforce development across all clinical levels.

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, but 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 Scotland, 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 Scotland Committee. The Scotland Committee aims to promote the specialty of SRH in Scotland, providing clinical leadership in SRH across territorial Health Boards, 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 Scottish context and promote the work of FSRH in Scotland.

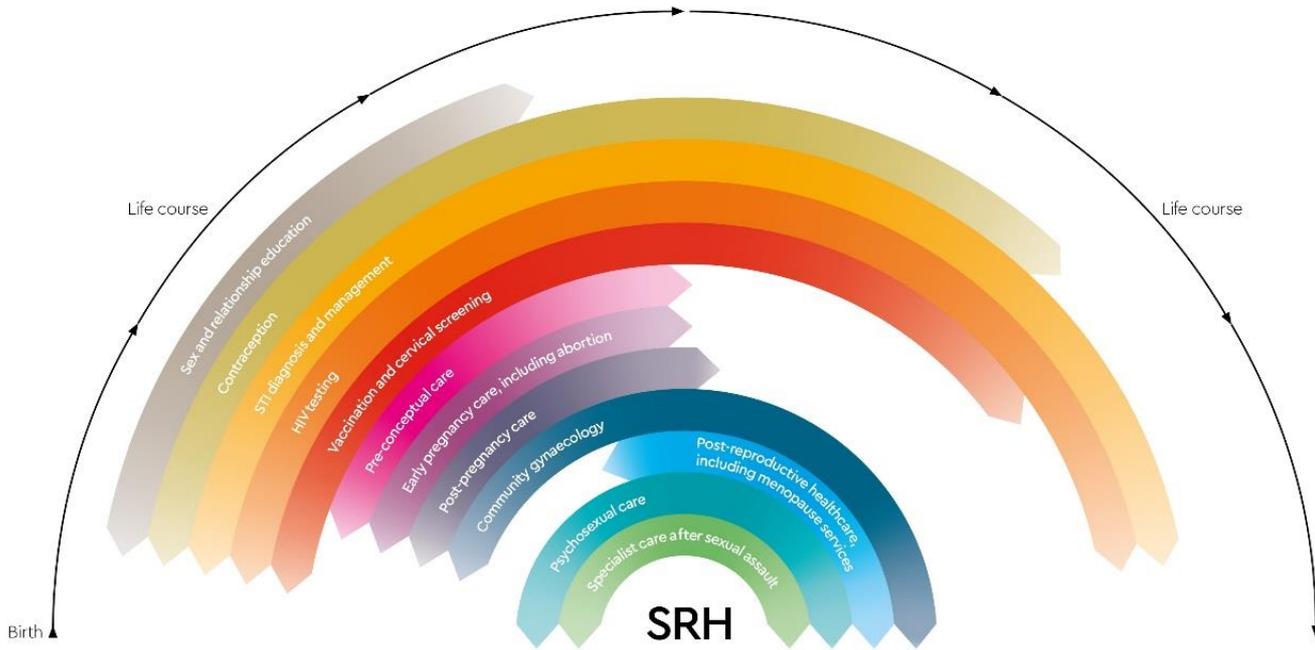
Our Vision for sexual and reproductive healthcare

FSRH believe 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 options 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 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 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 Scotland 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

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

High quality service planning, delivery and outcomes

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 health services should consider:

- Sexual and reproductive healthcare should be designed and delivered on the basis of quality as well as cost. **The Scottish Government, Health Boards and Health and Social Care Partnerships 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 given equal weight with other important elements of health improvement.
- **The effective planning and delivery of any service should be based on a productive working partnership between Boards and other governance structures, services and service users.** Boards are accountable for the health impact of services, but they are

dependent on the expertise of service leaders to drive and deliver improvements. Delivery of services may also be provided by a variety of primary care, third sector, and local authority agencies all of whom should be well placed to identify particular needs and support Boards in developing plans to address them.

- Boards should encourage the development of networks to facilitate evidence based care, effective pathways and sign posting. s are associated with quality improvement and increasing clinical effectiveness within healthcare systems¹. Perhaps more importantly, they foster collaboration and a sense of community driving forward a common purpose, and providing a forum for collective intelligence sharing².
- It should be recognised that health and wellbeing improvement requires a long-term commitment, particularly with regards to mitigating inequalities both in terms of access to and delivery of care. Equally, quality improvement does not happen overnight, particularly in areas with long-standing challenges. Frequent re-organisation can create instability, distract focus from quality improvement and hinder the development of effective networked provision, particularly when the purpose of reorganisation is not clear to stakeholders. Nonetheless, we support the re-organising of services where this can improve quality and outcomes.

How FSRH intends to support high quality service 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
- Recognising the importance of investment in training
- Supporting 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 the best interests of patients and public health. FSRH is available to support strategic planning of services with our clinical expertise to Scottish Government, Boards, other planning structures and Executive Leads.

We will therefore:

- **Support the FSRH Scottish 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.**
- **Develop Scotland-specific media, social media and public affairs communications platforms.**

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.

Trained and qualified workforce

High quality care is optimised 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:

- **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.**
- **All specialist SRH services should be consultant led.**
- **Specialist SRH services should be involved in planning, advising on how services should develop to meet the evolving needs of the population.**

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:

- 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.
- Technical skills associated with delivering interventions effectively.

- 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.**

Clear 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 continue to develop relevant standards and provide easy access to those and related standards from other organisations.**

Evidence of effectiveness

Contraception is a highly effective clinical intervention. According to the Office of the UN High Commissioner for Human Rights, a person's reproductive rights should also be viewed as a human right⁴. It is as such 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 supplemented by an assessment of population-level outcomes and quality indicators**, including using local data profiles, which enable Boards and localities 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**

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](#)

⁴ [Information series on sexual and reproductive health and rights: Contraception and family planning, Office of the UN High Commissioner for Human Rights](#)

role working with public health professionals to identify current issues and horizon scanning for emerging challenges in diagnosis, treatment and population health.

- In order to ensure comparability, accountability, and transfer of good practice, **services should be required to demonstrate performance against agreed national and local 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 develop standards, evaluate the implementation and the effectiveness of interventions and services. **The FSRH will play its part in encouraging 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 healthcare** 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, inclusive of vulnerable groups. 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, supported by the timely, accurate and secure sharing of information. Professionals should also be able to work together as a multi-agency team in the interests of the person receiving care, even when they are based in different providers.**

How FSRH will support integration of services

Scotland has an inspirational track record of integrating services and for collaborative working. There is an ongoing legislative process currently happening in Scotland with regards to the integration of health and social care, and FSRH will monitor and feed into this process to ensure that proposals lead to the improvement of SRH service quality and outcomes.

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 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 need 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.

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 publish regular progress reports assessing what still needs to happen to translate our Vision into reality and reporting on our own work in delivering the actions set out in this document.

Facilitate engagement and cooperation between FSRH and the RCGP in Scotland in order to achieve better outcomes for patients, inclusive of a clear pathway to access contraception/ SRH.

Specialty training will have a strong leadership component.

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

NHS Quality Improvement Scotland (2008) [Standards for Sexual Health Services](#)

NHS Quality Improvement Scotland's service standards for sexual health services, which focus on six key areas: access to services, coordination of approach, capacity of services, equity of service provision, choice of service provision and quality of care delivery.

The Scottish Government (2015) [Sexual Health and Blood Borne Virus Framework 2015-2020 Update](#)

This Framework seeks to strengthen and improve the way in which the NHS in Scotland, the Third Sector and Local Authorities support and work with individuals at risk of poor sexual health and blood borne viruses.

The Scottish Government (2016) [Pregnancy and Parenthood in Young People Strategy](#)

The Strategy emphasises the fact that supporting young people in this area cannot be achieved by health interventions alone and promotes tackling deprivation, inequality and lack of aspiration and opportunity head on.

NHS Health Scotland has also launched a new, [interactive web resource for the outcomes framework developed for the Pregnancy and Parenthood in Young Parents \(PPYP\) Strategy](#). Outcomes frameworks can help the planning and evaluation of health improvement work.

Learning and Teaching Scotland (LTS) (2010) [Reducing Teenage Pregnancy: Guidance and self-assessment tool](#)

Guidance on reducing teenage, reflecting the best national and international evidence on the most effective interventions and approaches in reducing teenage pregnancy.

The Scottish Government (2010) [The Healthcare Quality Strategy for NHS Scotland](#)

The Quality Strategy centres on putting people at the heart of the NHS and cultivating its staff's commitment to providing the best possible care by making measurable improvement in care quality.

The Scottish Government (2014, updated 2016) [Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls](#)

Equally Safe focuses on the importance of prevention of violence against women and girls, prioritising how to achieve greater gender equality, early interventions and tackling perpetrators.

The Scottish Government (2010) [Getting it Right for Every Child \(GIRFEC\)](#)

GIRFEC supports children, young people and their parent(s) to work in partnership with the services that are best placed to help them. It aims to improve the outcomes and wellbeing of children and young people in Scotland by promoting the provision of the right help at the right time from the right people.

The Scottish Government (2015) [Communications Toolkit Health and Social Care Integration: A guide to support the local implementation of Health and Social Care Integration](#)

A toolkit containing practical resources and information aimed at anyone involved in the implementation of health and social care integration to help local areas to communicate the purpose and outcomes of integration.

Social Work Services Strategic Forum (2015) [Social Services in Scotland: A Shared Vision and Strategy 2015-2020](#)

Developed by key stakeholders working in social services in Scotland, this strategy recognises the unique role of social services. The document shares a vision for sustainable social services and sets out where additional action is needed to ensure high-quality social care services that empower, support and protect better outcomes for people and communities.

The Scottish Government (2012) [Health Promoting Health Action: Action in Hospital Settings](#)

CEL setting out the importance of the concept that "every healthcare contact is a health improvement opportunity" and recommended Board actions to implement this.