Promoting Scotland’s sexual and reproductive health: A joint manifesto

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Foreword

Promoting positive sexual and reproductive health is important for any future Scottish Government. Sexual and reproductive healthcare is uniquely positioned to support and reach individuals and groups across communities and throughout their lives – and is an essential service for the whole population.

Scotland has made significant progress in recognising the importance of improving sexual and reproductive health over recent decades. However, restricted investment, changing social and sexual behaviours and resulting demand for services makes meeting the needs of all those who require access to clinical care extremely challenging.

The COVID-19 pandemic has disproportionately affected those already experiencing discrimination, inequality and disadvantage; besides sexual and reproductive health services have been shut or drastically reduced, and accessibility seriously impacted.

Sexual and reproductive healthcare quality and provision across Scotland varies widely, and some people are currently being failed, facing reduced access to essential healthcare services.

We ask the next Scottish Government to continue to support and invest in the sexual and reproductive health of the population, and all those who provide services.

The members of the Faculty of Sexual and Reproductive Healthcare (FSRH), the Royal College of Obstetricians and Gynaecologists (RCOG) and the British Association for Sexual Health and HIV (BASHH) are committed and willing to continue to provide quality and responsive clinical input across the country; and to support and provide expertise to national, regional and local planning and delivery.

We believe that everyone in Scotland has the right to access high quality sexual and reproductive healthcare throughout life.
At the heart of our manifesto is a call to tackle health inequalities

- High-quality sexual and reproductive healthcare should be available and accessible to those most at risk of poor outcomes including Black and minority ethnic populations; gay, bisexual and other men who have sex with men; transgender people; young people especially with care experience; prisoners and those involved in criminal justice; people who inject drugs; those with learning disabilities; those involved in prostitution and those who are homeless.

- Those with the poorest health face the greatest barriers in accessing sexual and reproductive health services. Whilst healthcare alone cannot change health inequalities, it is vital that those who need care can access and receive it.

- Everyone should have access to quality, sensitive and non-judgmental SRH services that are gender-inclusive - delivered by staff sensitive to the impacts of inequalities and discrimination, and who are trauma informed and trained.

Ensuring remote and digital care promotes health inclusion

- Remote access to services is important and the next Scottish Government needs to ensure those who are digitally excluded are able to access IT-enabled sexual and reproductive health care.

- Investment is needed to widen digital health access with comprehensive provision of quality information, signposting, testing and treatment for sexually transmitted infections (STIs) and access to contraception as appropriate.

- There is a need to develop and introduce processes to integrate IT systems across NHS settings to increase collaboration, reduce duplication and inefficiencies - and improve sexual and reproductive health outcomes.

- STI and BBV testing has been hugely impacted by COVID across Scotland. The next Scottish Government needs to continue the commitment to resourcing postal STI testing to improve access.

Our calls to action

1. For integrated sexual and reproductive healthcare services and primary care

- Integrated sexual and reproductive healthcare services should prioritise those most at risk of ill health – with primary care supported to provide routine sexual and reproductive healthcare.

- They should embody a commitment to fulfilling the aims of the upcoming Health Improvement Standards and BBV Recovery Plan, and the interim Sexual Health and BBV Outcomes Framework.

- Services should be resourced to provide information, support, advice and interventions on menstruation; sexual relationships; contraception; sexually transmitted infections; pregnancy; infertility; termination of pregnancy and the menopause; gender identity, and recent sexual assault.
• More support for GPs is needed to ensure the appropriate balance between SRH services and primary care for routine work – without this, specialist services will continue to struggle to prioritise highly complex patients because of the demand for routine care.

• Additional accessible resources to empower people to make choices about their post-reproductive health are needed - in every primary care practice.

• Sexual and reproductive healthcare services should continue to appropriately support those who experience gender-based violence and abuse, and/or abuse as a child.

• SRH care should continue to emphasise the importance of approaching health holistically including referring to other NHS services, third sector organisations and agencies providing support with housing, benefits, domestic abuse, substance use, exiting prostitution etc.).

• COVID-19 has caused a huge reduction in HIV testing and diagnosis. Investment is needed to fulfill commitments to the Fast Track Cities initiative to eradicate HIV transmission by 2030, and to significantly increase and improve access to HIV testing and consistent access to HIV prevention methods such as PrEP and condoms, particularly amongst groups less likely to access services.

• Rates of STIs - especially syphilis and gonorrhoea - have been significantly rising; commitment is needed to support services to identify, manage and prevent these infections.

• Antimicrobial resistance is a major threat in ongoing treatment of some STIs and there needs to be investment in genomic technology to assist in the control of infection.

• Better pathways, referrals and joint clinics are needed between sexual and reproductive healthcare services, gynaecology and dermatology to support dermal skin issues and reduce unnecessary visits to SRH settings.

• Early medical abortion with both pills taken at home as provided effectively and safely during COVID needs to continue with resources, revised legislation and appropriate data collection.

2. For gynaecology services

• The current Scottish Government’s Women’s Health Plan should be continued as an ongoing ten-year plan with rolling topics.

• More resource needs to be allocated to support those with endometriosis, menstrual disorders and gynaecological cancers.

• Further investment is needed to deliver mental health support for those who are struggling - directly or indirectly related to gynaecological conditions.

• More resources are needed for uro-gynaecology that can affect women throughout their lives.

• Services addressing gynaecological skin and dermatological conditions need to better resourced.
3. For maternity services

- Knowledge and awareness of the importance of preconception care for all parents needs to be improved.

- Better support of Black and minority ethnic women in maternal health is needed - in line with work developing through the RCOG Race Equality Taskforce.

- Crucial work to improve perinatal mental health needs to increase.

- Ongoing commitment to reducing stillbirth and perinatal loss is required to ensure that improvements continue.

- More smoking cessation support before and during pregnancy, and after birth, is needed.

- Paediatric pathology services urgently require further investment – including recruitment - to better support those who experience stillbirth.

### Further information

- Sexual and reproductive healthcare (SRH) is provided in primary care, maternity services, gynaecology and integrated sexual health services - and by third sector organisations - who work in partnership to improve sexual health outcomes.

- FSRH, RCOG and BASHH represent over 3000 clinicians, healthcare professionals and staff from specialist third sector organisations working in SRH across Scotland.

- FSRH, RCOG and BASHH members are committed to improving Scotland’s sexual and reproductive health, and access to SRH care.

### Contacts

**FSRH**
Rosie Ilett: rilett@fsrh.org
www.fsrh.org
@FSRH_Scot

**RCOG**
Jen Watson: jwatson@rcog.org.uk
www.rcog.org.uk
@RCObsGyn

**BASHH**
www.bashh.org
@BASHH_UK