

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

April 2019

Introduction

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the largest UK professional membership organisation focused on sexual and reproductive health (SRH) care. It supports healthcare professionals to deliver high quality SRH care. We offer the public and our 15,000 doctor and nurse members, NICE-accredited evidence-based clinical guidance, including the UKMEC, the golden standard in contraceptive prescription, as well as service standards.

FSRH provides a range of training and qualifications in SRH, overseeing the Community Sexual and Reproductive Healthcare (CSRH) Specialty Training Programme. We promote conferences and events, provide members with advisory services and publish the BMJ Sexual & Reproductive Health research journal jointly with the BMJ. FSRH is a Faculty of the Royal College of Obstetricians and Gynaecologists (RCOG) in the UK.

We believe good SRH plays a pivotal role in reducing health inequalities and gives women and men the chance to pursue their ambitions in education, work and with their families. Our goal is to ensure that standards in SRH delivery are protected and enhanced, realising our Vision of individualised and holistic SRH across the life course.

We recognise that much progress has been made in Wales culminating in the publication of the Review of Sexual Health in Wales in 2018. However, we also recognise the challenges SRH care is under in Wales across clinical settings, including primary care and integrated services. Many result of a lack of funding which has consequently led to staff shortages, poorly housed services and inefficiencies in service provision.

FSRH is committed to leading efforts to improve the consistency and quality of SRH care 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 Wales, including our own members. It also sets out what FSRH itself intends to do to make good SRH care a reality for all.

This document has been developed in consultation with the FSRH Wales Committee. The Wales Committee aims to share good protocols and good practice across Wales, highlight areas with gaps in SRH services and provide professional support for SRH senior clinicians, as well as co-ordinating and working with BASHH in Wales. The Committee aims to provide FSRH with an understanding of the Welsh context and promote the work of FSRH in Wales.

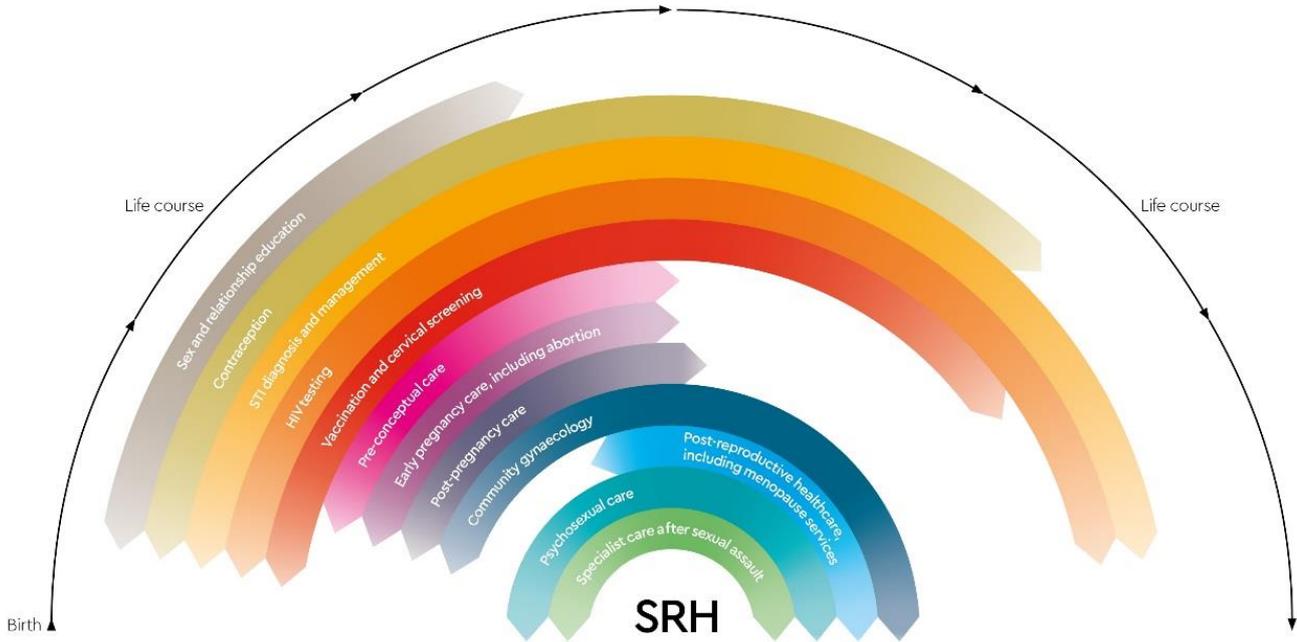
Our Vision for sexual and reproductive healthcare

FSRH believe that everyone has a right to expect individualised, holistic SRH 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.
- Services 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 (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.

SRH across the lifecourse



Each person's needs are different and will change throughout their life. SRH care therefore needs to be accessible and individualised across the lifecourse taking into account that some groups may be at higher risk of sexual ill health. Maintaining good SRH and well-being for all people living in the UK can have profound and positive long-term effects on the individual, their family and wider society.

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 SRH care 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 Wales get consistently high quality SRH care.

We believe these practical solutions come in the following areas:

- High quality service design and integration
- Trained and qualified workforce
- Increased and targeted funding for SRH
- Clear standards of care
- Evidence of effectiveness of SRH care at the population-level
- Effective clinical leadership

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

High quality service design and integration

While services in Wales tend to be fairly well integrated when it comes to the provision of different clinical services such as contraception, STI testing and cervical screening in one clinical setting, there is no overall set structure to SRH service design in Wales, leading to unclear service pathways for patients.

In order to realise the potential of SRH to deliver positive long-term health outcomes, these are some key actions those involved in the strategic planning of SRH services should consider:

- At present, the absence of a set structure to SRH services means that some are situated in gynaecology, some in public health and others in other primary care settings. **Official agencies in Wales should develop and advocate a model which specifies what excellence in such services should look like, which both existing and new services could work towards.**
- SRH care should be designed and delivered on the basis of quality as well as cost. **The Welsh Government, Local Health Boards and Public Health Network should recognise the positive impact that SRH 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 SRH care, 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. These 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 prove a forum for collective intelligence sharing².
- Health and wellbeing improvement requires a long-term commitment, particularly with regards to mitigating inequalities in access to and delivery of care. Likewise, 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.
- 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. 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.** This is vital for all SRH care, including abortion care.

How FSRH intends to support high quality service delivery

Wales has an inspirational track record of integrating services and for collaborative working. 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.

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 planning for quality services as:

- Placing quality at the heart of decision-making on service specifications
- Promoting 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
- Being evidence-based

We will therefore:

- Better involve users in service design.
- Support strategic planning of services with our clinical expertise to Welsh Government, Health Boards and other planning structures.
- FSRH will continue working with BASHH and RCOG to support the delivery of future services.

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, and we are well placed to advise on the optimum skill mix for sexual and reproductive healthcare in primary care and specialist services.

At present, across Wales there is a shortage of SRH consultants and Specialty trainees as well as a general shortage of GPs and nurses. There is also a shortage of professionals trained in abortion care, especially late-term abortions and complex cases, which means junior doctors find it difficult to access training.

In order to maximise the quality and efficiency of care, the following is needed:

- **All specialist SRH services should be consultant led.** There are enough consultants available to potentially enable this. However, due to a lack of posts, the goal of consultant-led, integrated services is not yet a reality. This is something that needs to change in order to maximise the quality of care in Wales.
- **There is often a shortage in funding for specialty training.** Where the relevant Deanery covers half the cost, the Health Boards regularly have difficulties in providing the other half. Further, there is a difficulty in that all trainees are appointed at the same time, so there is not a consistent flow of trainees. Therefore, better planning is needed.

The majority of uncomplicated care should be delivered by a multidisciplinary team of appropriately trained staff, including doctors, midwives, nurses, healthcare workers and pharmacists, with the support of others such as health improvement staff, administrative staff and youth workers in some settings.

- **Complex care in primary care and specialist services should be led by suitably qualified and trained healthcare professionals.**
- **Specialist SRH services should be involved in planning and advising on how services should develop to meet the evolving needs of the population.**
- There are not enough nurses across Wales and there is a particular shortage of nurses with specific contraceptive qualifications. In North Wales, many nurses who know how to fit IUDs are now nearing retirement. **There is a need for more nurses to be trained in these areas.**
- **There is a general shortage of GPs, who are regularly providing SRH care.** In particular, the Welsh Sexual Health Review is asking GPs to provide many aspects of SRH care. With this in mind, FSRH needs to be involved in ensuring that there are more GPs providing SRH care in the future. There is an opportunity to achieve this during the last year of GP training, for example by going to local GP training sessions in Cardiff which will be run by a Programme Advisor.

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 SRH 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.
- Recommend a minimum number of SRH trainees to create a sustainable workforce in the future and engage with the Welsh Deanery on how to best allocate trainees in Wales.
- Seek to work with Obstetrics & Gynaecology / sexual health / GUM / STI leads and relevant professional education authorities to consider how posts can be filled using a blend of skills associated across relevant medical professions.
- Be involved in ensuring that there are more GPs providing SRH care in the future.
- 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 clinical teams and across professional boundaries, 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 SRH 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.**

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](#)

Increased and targeted funding for SRH

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.

A number of issues in SRH in Wales have emerged as a result of insufficient funding and/or problems with its allocation with significant differences in levels of funding between Health Boards. These include staff shortages, long waiting times, poorly housed services, training issues, no budget for outreach and a situation where the full choice of contraception, including emergency contraception, is not always there.

A lack of trained staff means that senior staff are taking time undertaking routine procedures, which could be carried out by other healthcare professionals. The Welsh Sexual Health Review also represents an opportunity to consider how to improve the role of Healthcare Assistants, while it should be noted that FPA also provides relevant training in this respect, and FSRH is considering how to support around this modality of training too.

In order to increase the funding available to SRH in Wales and to consequently resolve some of the related issues, we propose the following action points:

- The UK Government should position SRH as a de facto beneficiary of any additional funding to NHS Wales that may result from political agreements made between Welsh Assembly politicians and the UK Government following Brexit talks.

SRH in Wales is funded and delivered through the NHS, as opposed to the fragmented SRH commissioning system in England. Therefore, demonstrating the return of investment of SRH interventions across the broader NHS system might be particularly beneficial to make the case for fully-funded SRH services.

- In order for NHS Wales to better understand the importance of SRH, it needs to review the considerable return on investment applicable to the provision of SRH services, not least how cost effective such services are regarding benefits to other Specialties. As such FSRH will engage with relevant leaders at Senior Management level.
- In terms of having appropriate, accessible and modern premises, the Welsh Assembly needs to be clear as to the standards required for such buildings so that services are developed appropriately.

How FSRH intends to deal with insufficient funding issues

We will:

- **Make the case that SRH services must be fully-funded and that investing in SRH care is cost effective and an essential intervention to improve the health of the population.**
- **Engage with relevant decision-makers at NHS Wales and Public Health Wales.**
- **Consider how to support the role of Healthcare Assistants with relevant training.**

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 SRH, 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](#).

How FSRH will propose clear standards of care

We will continue to develop free, high-quality, evidence-based service and quality standards to improve the quality of SRH services.

Currently, there are a range of standards available to guide the delivery of SRH care as advocated through the current Sexual Health Action Plan for Wales. However, we recognise that standards and other guidance are located in different places and may not always be the most accessible or user-friendly. We will consider how to best promote FSRH standards to service providers, regulators, SRH practitioners and decision makers in Wales.

Evidence of effectiveness of SRH at the population-level

Contraception is a highly effective clinical intervention. According to the Office of the UN High Commissioner for Human Rights (OHCHR), a person's reproductive rights should also be viewed as a human right⁴. This is an approach that has already been incorporated in Wales through the implementation of the Welsh Assembly Government's 'Sexual Health and Wellbeing Action Plan for Wales' for 2010-2015.⁵ It is, as such, important to be able to demonstrate the extent to which SRH care is effective and meets the needs of the people who require it.

Effective evidence gathering must take a whole-system approach and is the duty of all those responsible for SRH care. This means:

- **Planning of services being complemented 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. In particular, better public health indicators are needed around long-acting reversible contraception and provision of reproductive health services through Primary Care. Consideration should also be given to the role of cervical screening data in respect of planning of appropriate services.
- It is important that this data is interpreted with both a public health focus and a SRH perspective. In this sense, **clinical leaders can play an invaluable 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**.

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

⁵ [Sexual Health and Wellbeing Action Plan for Wales, 2010-2015](#), Welsh Assembly Government

- A common issue in SRH services in Wales is demand exceed capacity, meaning that not all patient needs can be met in a timely fashion. In particular, there are long waiting times for abortion accompanied by no checks or particular accountability for this. Consideration is, therefore, needed on how an appropriate outcome indicator - in particular those commended by RCOG - may be introduced to help ease the burden on waiting times. FSRH should work with RCOG, who may have a helpful role to play in drawing attention to and showing leadership in resolving this issue.

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, such as the RCOG, to identify the key indicators that could be used to assess variations in the quality of SRH care, including abortion 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.

Effective clinical leadership

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

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 SRH 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

How FSRH will promote clinical leadership in SRH

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

We intend to enable the development of the profession as a whole. We will:

- **Facilitate engagement and cooperation between the FSRH Welsh Committee and other key bodies including Public Health Wales as well as RCGP and RCOG in Wales in order to achieve better outcomes for patients, inclusive of a clear pathway to access contraception and abortion care.**
- **The Community Sexual and Reproductive Healthcare Specialty Training Programme (CSRH) will continue to 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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Please visit www.fsrh.org and follow us on [Twitter](#), [Facebook](#) and [LinkedIn](#)

Annex A: Key Policy Documents

Public Health Wales (2018)

[*A Review of Sexual Health in Wales*](#)

The review was undertaken by Public Health Wales following consultations with a wide-range of stakeholders. Public Health Wales worked with sexual health service providers across Wales to understand the issues and challenges service were facing in responding to an ever-increasing demand for their services and to identify opportunities to increase capacity through alternative models of service delivery.

Welsh Assembly Government (2013)

[*Safeguarding Children and Young People from Sexual Exploitation*](#)

This guidance is designed to assist practitioners in preventing child sexual exploitation (CSE), protecting children and young people who are at risk of abuse or are abused through sexual exploitation and prosecuting those who perpetrate this form of abuse.

Welsh Assembly Government (2010)

[*Sexual Health and Wellbeing Action Plan for Wales 2010-2015*](#)

Updated in 2018 (*Welsh Sexual Health Review*)

This document highlights the importance of prevention, education, individual responsibility, and access to healthcare services in relation to sexual and reproductive healthcare. It also aims to promote a culture where sexual health and sex and relationships are spoken about comfortably and openly in Wales.

Welsh Assembly Government (2005)

[*National Service Framework for Children, Young People and Maternity Services*](#)

This document sets out the quality of services children, young people and their families have the right to expect and receive in Wales.