



# **Sexual and Reproductive Healthcare for people with complex needs experiencing social exclusion**

*Launch of FSRH's Vision Implementation Plan for high-quality  
sexual and reproductive healthcare in Scotland*

Summer 2018  
Edinburgh, Scotland



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## Foreword

The Faculty of Sexual and Reproductive Healthcare (FSRH) represents a range of professionals involved in sexual and reproductive healthcare working across different settings. We believe good sexual and reproductive health (SRH) empowers people to pursue their ambitions in education, work and with their families.

Scotland is leading the way in different SRH areas such as teenage pregnancy and integration of services. However, we recognise the challenges sexual and reproductive health services are under in Scotland. Our members have been warning us of pressures on local budgets, impacts on patients as pressure on primary care and specialist SRH services increases and a lack of adequate SRH workforce development.

The expertise and knowledge held by FSRH's 15,000 members across the UK, of which 2,000 based in Scotland, mean we are well placed to lead the debate about what good SRH should look like. That is why the FSRH Scottish Committee has developed [a plan of implementation](#) to deliver [FSRH's Vision](#) in Scotland.

The plan of implementation has been developed by FSRH's Scotland Committee and launched at a seminar in Edinburgh with the presence of MSPs, the Minister for Public Health, clinicians and other stakeholders. The discussions, summarised in this report, focused on how barriers in Scotland prevent provision of high-quality SRH care with a focus on people experiencing social exclusion.

Our Vision is simple. We believe that good SRH plays a pivotal role in reducing health inequalities, and we want the model of SRH healthcare to meet the needs of every person who wishes to access it.

FSRH's plan of implementation for Scotland highlights practical solutions that can help those involved in service planning and delivery to guarantee that standards of care are upheld across the nation and that women and men living in Scotland can access high-quality services consistently.

However, we know we cannot deliver this Vision alone. It requires all those who share our Vision to work together. I hope you can get inspired by the initiatives and ideas presented in this report and join us in making FSRH's Vision a reality in Scotland.



Dr Pauline McGough  
*Chair of FSRH Scotland Committee*  
*Consultant in Sexual and Reproductive Health, Sandyford Sexual Health Services NHS GGC*



## About FSRH

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the largest UK professional membership organisation. It supports healthcare professionals to deliver high quality SRH care. We offer our 15,000 doctor and nurse members, of which 2,000 are based in Scotland, NICE-accredited evidence-based clinical guidance, including the UKMEC, the golden standard in contraceptive prescription, as well as clinical and 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 are the voice of SRH professionals in the UK and we believe it is a fundamental right for men and women living in the UK to have access to the full range of contraceptive methods and SRH services. 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.

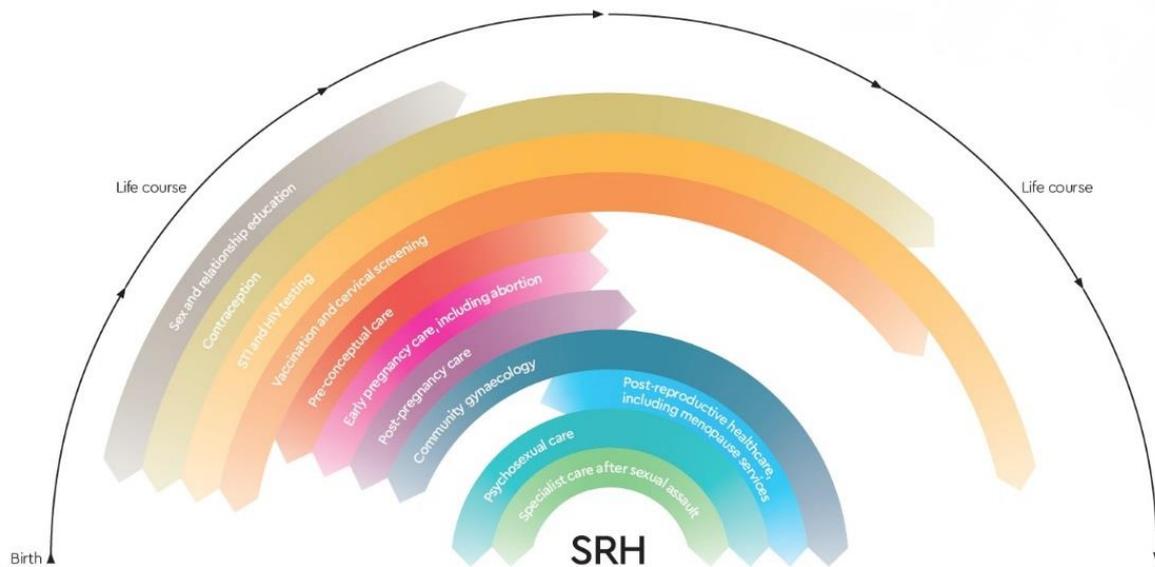
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### *FSRH Scotland Committee*

The Scotland Committee is composed of Consultants who work in the frontlines of SRH service delivery in Scotland. It aims to promote the specialty of SRH, providing clinical leadership in SRH across territorial Health Boards, contributing to local regional and national policy development and implementation as well as sharing good practice and challenges between members and practitioners in SRH. It aims to provide FSRH with an understanding of the Scottish context and promote the work of FSRH in Scotland.

## Introduction

Most people will need SRH information, care and support at some stage in their lives. However, 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 people may be at higher risk of sexual ill health.



*Diagram: SRH across the life course*

The stakeholder seminar and discussion, which took place in summer 2018, was held by FSRH with guest speakers from NHS Lothian, Police Scotland, SACRO, and the Minister for Public Health and Sport, Aileen Campbell. Proceedings were supported by Alex Cole-Hamilton MSP, co-convenor of the Cross-Party Group on Sexual Health and Blood Borne Viruses and the Scottish Liberal Democrat's Health Spokesperson.

This FSRH Scotland committee event brought together lead clinicians and practitioners in SRH, MSPs, charity and third sector organisations with an interest in discussing how high quality SRH provision can be made available to all in Scotland.

Discussions focused on how barriers in Scotland hamper provision of high-quality SRH healthcare, in particular, to people experiencing social exclusion.

## FSRH Vision for Scotland

During the stakeholder seminar, the FSRH launched [a plan to implement its Vision in Scotland](#), a document developed in consultation with the FSRH Scotland Committee.

FSRH's Vision is driven by the needs of the individual and provides a roadmap for how the current and future challenges in SRH 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 people living in Scotland get consistently high quality SRH care.

We believe these practical solutions come in the following areas:

- Planning and delivery of high quality person-centred services
- Development of highly trained and skilled workforce
- Development and implementations of standards of care
- Delivery of evidence-based clinical care
- Working collaboratively across services and with a range of partners and stakeholders
- Providing strong clinical leadership and subject expertise

A copy of FSRH's Vision is available [here](#).

## Guest MSP & Ministerial Introductions

### *Alex Cole-Hamilton MSP*

As the Scottish Liberal Democrats health spokesperson and co-convenor of the Scottish Parliament's Cross-Party group on Sexual Health and Blood Borne Viruses, Alex is a champion of SRH. Prior to his career, he has spent 19 years working as a volunteer health worker providing first-hand experience of working in a healthcare setting. In his welcoming remarks, Alex outlined the progress made so far in Scotland, with declining rates of teenage pregnancies and improvements in access to women's healthcare and abortion. In his welcoming remarks, he also set out why we cannot be complacent, highlighting opportunities in the legislative landscape which should be seized. Re-igniting this discussion on reproductive health and rights is a valuable contribution to policy, and through this the most vulnerable individuals who may have been 'left behind' can be supported.

### *Aileen Campbell, Minister for Public Health and Sport*

The Minister began by marking the Faculty's 25th anniversary, highlighting the progress made and that over this time a whole generation will have moved through many stages of the SRH lifecourse. Over the next 25 years, these same individuals will hopefully see similar progress as they move through yet more milestones.

With the recent success and progress made in Ireland, it was noted how women's reproductive rights have benefited from a renewed focus on the agenda. The Minister updated attendees on the current work of the Scottish Government, with renewed Public Health strategies under development and a shift from treating to preventing ill health and providing person-centred care. Among the examples of preventative spending that should be celebrated is the decision to provide HIV pre-exposure prophylaxis (PrEP). Scotland was among the first in the world to provide this drug as part of a national programme.

The Minister outlined how challenges presented by deprivation and poverty remain, with the latest statistics showing abortion rates in the most deprived areas twice as high than those in the least deprived. An important step to tackle these inequalities is through targeted partnership working, as well as integrating approaches in SRH to those in the planned overhaul of the Substance Misuse Strategy.

## Stakeholder Presentations

### *Dr Alison Scott, Consultant Gynaecologist at NHS Lothian*

Alison has been a consultant for 12 years and is based at NHS Lothian's Chalmers Centre. She has been instrumental in establishing the Women's Clinic which provide outreach and support services for socially excluded women.

The Women's Clinic, based at the Spittal Street centre (premises used by the Harm Reduction Team), provides a SRH service for vulnerable women. Many of its patients are involved with prostitution and/ or substance misuse. The clinic benefits from its co-location with the Harm Reduction Team who provides services such as methadone programmes and a needle exchange service. The clinic also provides a safe place for individuals to seek help, many of whom have chosen to continue visiting the service after they have exited prostitution – valuing the understanding, non-judgemental and holistic care provided. The Women's clinic follows the inclusion health model where other agencies join with health services to provide the women with help with all of the issues which they feel are important in their lives including tenancy, employability and benefits advice.

Alison led the discussion through the use of case studies which highlighted the unique challenges faced by the clinic's patients. With almost 50% of sex workers in Edinburgh holding non-UK citizenship, many of these individuals are not completely fluent in English. Historically, outreach services targeted saunas to provide condoms and signpost women to services. The number of saunas has decreased, and, therefore, services had to adapt so that support could reach patients who were now more likely to undertake sex work from private flats and through online advertising.

Women who are involved in prostitution, may have substance use problems, may have been involved in criminal justice, could be homeless, and are more likely to have multiple and complex social needs. Good SRH may not be their priority but their risk of unintended pregnancy and sexual ill health are the highest in society.

In order to address this, clinicians must acknowledge the other social issues and provide access to services which can support and help with the other pressures the woman may be dealing with. By doing this, the woman may then be able to look at keeping herself safe, protecting herself from exploitation and move on to positive changes in her life. Scotland's Equally Safe Strategy emphasises the benefits of multiagency working to reduce violence against women. The Women's clinic is a prime example of this kind of working.

Katie's story, below, demonstrates how the outreach services provided make a difference to these individuals.

**Katie's Story**

*"The nurses from the clinic used to come in and see us. Make sure everyone was ok. It was nice, reassuring that there was someone that actually cared for the girls. You see a lot of people don't care. The nurses, they talked to us. If we needed anything we could go to the clinic to talk to them. They let us know there was somewhere we could go to. To just think that somebody actually believed in you – that you were better than that. You didn't have to do that with your life. It was nice. But at the same time you didn't have that same belief in yourself."*

**Key Stats: Patients at NHS Lothian Women's Clinic**

76 consultations with 204 women  
54% UK (mostly Scottish)  
46% non-UK (mostly Romanian)  
94% have been involved in prostitution  
29% People Who Inject Drugs  
43% have had unintended pregnancy

**Key Stats: socially excluded women**

18 x more likely to be murdered  
12 x more likely to commit suicide  
16 x more likely to be raped  
81% have experienced violence  
68% meet criteria for PTSD  
mortality rate 12 x higher

### *Detective Inspector Bruce Coutts, Police Scotland*

Following action to reduce the activity of saunas in the city, Edinburgh experienced an increase in off street prostitution alongside a 10% reduction in attendance to the NHS Lothian Women's Clinic. Coupled with increased internet and digital advertising of sex services, individuals involved in sex work became further isolated from support and health services. In response, the Support, Health and Wellbeing (SHAW) visits were developed in partnership with Police Scotland and NHS Lothian to reach these vulnerable individuals.

The NHS and Police Scotland work together to identify private flats and means of access. At the heart of this service is the protection of individuals and communities from risk, harm and exploitation. Without the presence and intelligence provided by Police Scotland, the team from the Women's Clinic would not have a safe means of providing services and support in the individual's home setting.

### *Aaron Slater, Service Manager at Sacro*

Aaron is responsible for overseeing Sacro's Gender-Based Violence services in Edinburgh and Lothian, including the "Fearless" Domestic Abuse Service, Another Way, and Bright Choices.

The NHS Lothian Women's Clinic partners with Sacro's Another Way Service which offers non-judgemental, one-to-one support to women at risk of or involved in sex work. Sacro began its partnership with NHS Lothian's Chalmers Street Women's Clinic after clinicians identified that their vulnerable patients were not prioritising their contraceptive, immunisation or screening health needs because of other demands in their lives.

Working with Another Way, which offers support to those involved in prostitution, the partnership supports vulnerable individuals to attend appointments, access advice and support on benefits, criminal justice and employability. As a result, one in four women referred to Another Way via the Women's Clinic ultimately exit prostitution.

## Discussions

The discussions which took place during the Q&A session of the seminar included the following:

### *“How can we roll out practices like SHAW across Scotland?”*

Sentiment from many frontline representatives indicated that the work of NHS Lothian, Police Scotland and Sacro showcased during the seminar presentations would also work in other areas of the country.

Sharing of intelligence was identified as one of the major stumbling blocks to establishing such a model in other local areas. A review of the SHAW visits programme is planned, led by a multi-agency national steering group. The review should aid local authorities to follow similar processes and anticipate issues when implementing outreach services.

Other local authorities are already discussing how they can implement similar outreach services. Practitioners were encouraged to approach Police Scotland to discuss how this could work in their area.

### *“How can policymakers respond to those who oppose criminalisation of selling sex?”*

Discussion highlighted the expectation that a Private Members Bill would soon be brought forward to the Scottish Parliament calling for changes to prostitution laws to criminalise those paying for sex, but not those who sell it. This follows a motion backed at the SNP 2017 conference which argued that the purchase of sex is a form of violence against women. Similar moves have been made in Norway, Finland, Iceland, Canada, Northern Ireland and France. A previous Members Bill lodged by Rhoda Grant MSP in 2012 failed to gain cross-party support, with only 22 Scottish Labour and 1 Scottish Conservative MSP supporting the proposal.

Organisations led by sex workers often argue such changes can make working conditions for those selling sex more dangerous, claiming that limiting or displacing an individual's ability to sell sex may force them into unfamiliar or risky environments. The World Health Organisation (WHO) is often cited in support of sex workers leading policy discussions and advocating the decriminalisation of sex work.

In 2017, the Scottish Government published an [evidence assessment of the impacts of the criminalisation of the purchase of sex](#). The review, commissioned following the introduction of the Human Trafficking and Exploitation Act in 2015, highlights that harm-reduction approaches are more effective in securing human rights and complying with international law.

It should be recognised that the aim of criminalising the purchase and sale of sex is to protect individuals at risk of exploitation and gender-based violence. The outreach SHAW

service was developed in response to a reduction of saunas in Edinburgh. This increased the use of online advertising and the need for support to reach into the homes of sex workers. Criminalising the sale of sex will not eliminate this need, and therefore continued efforts to provide multi-agency responses to 'off-street' prostitution would be necessary to provide person-centred support.

The uncertainty caused by unclear Brexit negotiations remains over both areas of workforce planning and the level of service and access patients will experience. Concern remains around the possibility of non-UK or EU citizens being charged to access vital everyday services such as SRH. In NHS Lothian, specific exemption has been sought for overseas sex workers accessing SRH services.

Finally, the role of partnership working and the third sector in delivering services, advice, training and advocacy was recognised as being crucial in supporting services currently under-funded.

### *How do we maintain resources and funding?*

Over the past decade, we have seen much progress in access to and outcomes from SRH care. In an environment where funding and resources are being stretched, many attendees were keen to discuss how progress made is not lost, and that policymakers are convinced to sustain efforts and funding.

There is competition for resources in public health which highlights the importance of all engagement with policymakers. During this engagement, the benefits of preventative spending, outreach services and the role of FSRH in facilitating training can be communicated.

## Recommendations

Each of the following recommendations are based on the principles and themes set out in the FSRH Vision for high quality SRH care in Scotland. Based on discussion during the stakeholder seminar, we have identified the following relevant recommendations:

### *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 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.

### *A trained and qualified workforce*

High quality care is optimised when delivered by healthcare professionals with the appropriate mix of skills and experience. FSRH's membership encompasses both nurses and doctors including GPs, so FSRH is well placed to advise on the optimum skill mix for SRH delivery in primary care and specialist 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.

#### ***How FSRH will further support its contribution to the training and assessment of competency in the SRH workforce***

- Review the curriculum to ensure that it fully reflects the importance of issues such as the equality agenda
- Assess what more it 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

### *High 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 the FSRH website](#). There is a need for support and commitment from government, health boards and social care partnerships to continue to provide the highest standard of care for those at highest risk of unintended pregnancies and sexual ill health.



## Contact us

For more information about this report and the work of the FSRH, please contact:

+44 (0)207 724 5534

[info@fsrh.org](mailto:info@fsrh.org)

[www.fsrh.org](http://www.fsrh.org)