‘Better care, a Better Future: a new vision for sexual and reproductive healthcare in the UK’

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What I will cover

- Progress towards our Vision 2020
- Governance & leadership
- Education and Training
- English experience of new structures
- Abortion
- Your questions
Modernising the Faculty

“In 2032, the FSRH could be truly multidisciplinary and have 30,000 members representing all clinicians working in SRH in the community. Participating in partnership with the RCOG and RCGP, FSRH could be a significant political force acting on behalf of all its members to improve community based specialist services for public and patients.

Excerpt from 2020 Vision
Some of the things we heard...

“The image/brand of the FSRH (logo/website) feels dated and tired”

“FSRH need to be the brand which people refer to when SRH comes to mind”

“The FSRH needs to be a mutually inclusive brand for both men and women”

“FSRH is more than just family planning”

“We should make visible what we stand for and our beliefs”
Our purpose is:
To shape sexual and reproductive health for all.

And our vision:
A world where quality sexual and reproductive healthcare is accessible to all.
Why modernise?

- Be more efficient – offer value for money to our members
- Be more outward looking and able to influence standards of care
- Be more relevant to women and men’s health
- Partnerships, responsive to each country, capacity to take up opportunities
Website

- Fresh look and feel, using new brand and identity
- Accessible on mobile and tablet devices
- User friendly, logical navigation
- Visual maps of training programmes/trainers so can search by keyword or postcode
- Fully searchable resources library and strong functionality – searchable by date, key word topic etc

- Yes, we have had some teething problems!
Governance & leadership

- Previous structure
- Increased involvement of GPs
- Opened up access to become Officer or President
- Separation of Trustee and Council roles
- Member of Academy of Medical Royal Colleges
- Formalise relationship with RCOG
Education and Training: Progress, Challenges & priorities

Progress

► Continue to increase CSRH training numbers
► Nurse Diplomates & Associates
► EKA steady pass rate (86%)
► LoC numbers steady
► SRH Essentials
Challenges

- Lack of investment in training by commissioners
- Poor understanding of training among newer commissioners?
- Integration of SRH and GUM?
- More competition
- Clinician’s time more limited
Priorities

- Further tailoring training to primary care
- SDI insertion only training
- Increasing specialists with competencies to fill SRH consultant posts
- Training to provide abortion
- Nurse training
Our definition of SRH

“Sexual and reproductive health care supports all people in having a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of infection, coercion, discrimination and violence; enabling them to decide if, when and how often to have children by informing them of, and providing access to, safe, effective, affordable and acceptable methods of contraception of their choice. It also signposts women to the necessary support and care to go safely through pregnancy and childbirth, thus maximising the chance of having a healthy infant.”
High-quality SRH at every stage of our lives
10 principles to better SRH care

- Empowering people to lead healthy lives
- Access to care
- Funding
- Performance managed services,
- Trained competent staff
- **System leadership, services that cross boundaries**
- Evaluation including user experience
- Evidence based
- Robust standards
- **Designed around the needs of the users**
Next steps?

➤ Continue to collect evidence of where care can be improved.

➤ Develop country specific implementation plans.

➤ Support other stakeholders to play a part in this, including:
  ➤ BASHH
  ➤ RCOG
  ➤ RCGP
  ➤ People
Commissioning in England

- Services now commissioned by Public health who are part of local authorities NOT the NHS.
- Variable interest and competence – but some very engaged and good commissioners
- They want to succeed
- Funding significantly reduced - 30%
- Fast track integration
- Commissioners are challenging some of the traditional ways of working
Current areas of challenge

- Redirect to GP where possible.
- Some restrictions to access.
- Removal of NHS funded pathways
- On-line STI testing for majority of asymptomatic patients.
- Is there too much [syphilis] testing in heterosexual men and women esp over 25.
- Reduced number of specialist level 3 clinics (SRH and GUM)

Clinical engagement
Abortion

- Increased political activity by both pro-choice and anti-choice sides.

- Increased debate in the Irish Republic and Northern Ireland

- BPAS We trust women campaign to decriminalise abortion across the UK. [http://www.wetrustwomen.org.uk](http://www.wetrustwomen.org.uk)

- Current law does not encourage best practice.

- Poor access to abortions over 18 weeks across UK

- Training for doctors is becoming an issue – Conscientious objection.

- RCOG and FSRH working together
President elect

Dr Asha KASLIWAL
There is no health without sexual & reproductive health

The vision, “Better care, a Better Future: a new vision for sexual and reproductive healthcare in the UK” is available at: www.fsrh.org