

Department for Health and Social Care: Women's Health Strategy - Call for Evidence

May 2021

1. The Royal College of General Practitioners (RCGP) welcomes the opportunity to respond to the Department for Health and Social Care call for evidence on a Women's Health Strategy.
2. The RCGP is the largest membership organisation in the UK solely for GPs. Founded in 1952, it has over 54,000 members who are committed to improving patient care, developing their own skills, and promoting general practice as a discipline. The RCGP is an independent professional body with expertise in patient-centred generalist clinical care.
3. In 2017 we published *Time to Act*¹, a report on sexual and reproductive health (SRH) services in the UK, endorsed by the Faculty of Sexual and Reproductive Healthcare. In the same year, we launched a *Women's Health Educational Framework*², a library of resources for women's health, relevant for continuous professional development (CPD) for GPs and other primary healthcare professionals. Details to access our report and educational framework can be found in the footnotes.
4. We also launched a Women's Health Toolkit³ which is categorized into sections best representing the needs of women at different stages of their lives, while recognising that there is much overlap. This covers reproductive health, menstrual wellbeing, menopause and more. Each section includes resources for healthcare professionals, women and commissioners to help optimize the care provided and to support women to make choices about self-care and management.
5. The RCGP recognises that not all those born with a womb identify as a woman and that not all women have wombs. In this response we use the term "Women's Health Strategy" as set out in the call for evidence. The health matters discussed relate, in varied ways, to both the biological experience of being born with a womb and the gendered experience of identifying and presenting as a woman.

Executive Summary

6. The RCGP support the introduction of a Women's Healthcare Strategy (WHS) and recognise the need for a life course approach to women's health as part of the solution to address and act on health inequalities. Women make up roughly 51% of the population⁴, 47% of the workforce⁵ and women related concerns account for an estimated one in four consultations in primary care.
7. General Practitioners (GPs) are the first point of contact for most into the healthcare system. GPs understand the needs of their local communities and are

well positioned to deliver appropriate care to the population they serve. The challenges experienced in general practice must therefore be treated and addressed as crucial barriers to an effective WHS.

8. It's imperative that prevention, considerate commissioning, further training and better funded, more accessible sexual & reproductive services are placed at the heart of a WHS to enable an efficient, life course approach to women's healthcare.
9. We have long held the concern that women's and reproductive health care do not receive the same incentives, training or resources when compared to other forms of healthcare and this must be addressed and rectified in the WHS.

A life course approach to women's healthcare

10. We are pleased to see the government recognises the need for a holistic, life course approach to women's health care. It is essential that the new strategy focuses on early intervention, prevention, and empowering women and that there is overall ambition to improve the psychological, physical, social, and sexual wellbeing of women if the inequalities women currently experience are to be reduced. This includes addressing the shortage of trained health professionals in gynaecology, menopause care, violence against women and girls (VAWG) & SRH services.
11. Women's life course runs from menarche, through to reproductive years, menopause and beyond. Though these are noted as separate stages, the RCGP recognises that there is much overlap and that it is different for each woman requiring holistic individual, personalised assessment, management, and support.
12. To deliver a life course approach to women's healthcare that is patient focused, holistic and preventative, changes to the funding and oversight of the currently fragmented commissioning with no overall accountability is essential.

A central focus on sexual and reproductive health

13. For the majority of women in their reproductive years, contraception and preconception care are important aspects of their daily lives that require personalised support. At any point, an estimated 78% of women aged 16-44 are sexually active and either wanting to prevent or to achieve a pregnancy.⁶ In addition, general practice remains the preferred place for women to access their contraception.⁷ This demonstrates a clear need for a WHS to ensure better commissioned and more accessible sexual and reproductive health (SRH) services are delivered through well-trained, funded and incentivised general practice, community and specialist services, across the country.
14. Many of the health problems faced by women can be improved by methods of prevention, including contraception. However, the provision of SRH services has

faced barriers since 2012 as a result of the Health and Social Care Act, which led to the fragmentation of the commissioning responsibilities for SRH provision in England.⁸ Currently, three different commissioners exist for SRH provision, each providing a variety of different services; local authorities, Clinical Commissioning Groups (CCGs) and NHS England. From a GP perspective, reimbursement for contraception provision from primary care is complicated and inadequate and must be addressed to provide overall better healthcare for women.

- 15.** Our current fragmented commissioning system affects the provision of SRH services in a number of ways. Payments for core contraception (pills and injections) services are not separately ringfenced, and instead, make up part of the global sum. Funding for enhanced long-acting reversible contraception (LARC) services, such as the coil or implant, comes from the public health budget. On top of this, the same procedure may be commissioned from a different source, depending on its purpose - for example, enhanced services for intra-uterine system (IUS) insertion for contraceptive purposes are commissioned and funded by public health, whereas insertions for gynaecological purposes are reimbursed by CCGs, even though this distinction is meaningless in many clinical circumstances.⁹
- 16.** In addition, the RCGP is concerned that the fragmented commissioning of SRH services and consequent increased difficulty in accessing these services, is creating health inequalities between those who are able to navigate the increasingly complex system and those who are not. Some of the most at-risk patients are the least able to reach the support they need due to cultural, language, financial or geographical difficulties and some services are restricting access to contraception and sexual health services based on residency or age thereby further reducing access for patients.¹⁰
- 17.** We also recognise the need to better understand and address the differential health outcomes for women of certain ethnic backgrounds, especially with regards to maternal mortality and morbidity. Existing data demonstrates that Black women and Asian women have a higher risk of dying in pregnancy when compared to White women, with Asian women facing twice the risk and Black women facing four times the risk.¹¹ In order for an effective WHS to be implemented, further research must be carried out to better understand and address the health inequalities such as this within our healthcare system.
- 18.** To address these problems, the RCGP recommends;
 - A public health indicator should be introduced, which measures the availability of LARC through GP surgeries;
 - Public Health England should be responsible for responding to the data collection around SRH, and be mandated to make recommendations for action when outcomes decline;
 - Regulations should be amended to enable the introduction of statutory guidance on the number, type, and specifications of SRH services which local authorities must provide;
 - Public health indicators which cover the whole care pathway for SRH must be introduced, and include over 25s;

- The government must review the framework for Sexual Health Improvement in England and establish an indicator set to monitor progress against it;
- Improve access to appropriately funded training for all relevant healthcare staff.
- Consideration should be given to widening the availability of over the counter, free contraceptives which can assist women to take control of their reproductive lives;
- Improve access to abortion services to tackle health inequalities in this area across the country.
- Introduce targets on reducing unwanted pregnancies by improving access to contraception and enabling people to make better informed choices.

Considerate commissioning of women's health services

19. Commissioning decisions around women's healthcare must be focused on the needs of women rather than the needs of the fragmented commissioning system, which has significantly affected the care received at different stages of women's lives.
20. The RCGP has concerns about current commissioning in England, where fragmented commissioning pathways and reduced funding is pushing the provision of crucial healthcare services for women such as SRH, as evidenced above, to the brink.
21. In our Time to act report from 2017, a spokesperson for the RCGP Patient & Carer's Group said "the current issues with fragmented commissioning in England and training across the whole of the UK are causing problems with patient choice, creating health inequalities, generating unnecessary cost for the NHS, and risking patients experiencing the psychological burden of unplanned pregnancy."¹²
22. To address these problems, the RCGP recommends;
 - Local health systems and NHS England should work together to agree joint plans for SRH, with the aim of maximising choice and creating the best outcomes for patients, according to assessed local need;
 - The government must review the contracts and payment systems used to commission SRH and Genitourinary medicine (GUM) services so that they focus on integration, incentivising prevention, and early intervention.

Upskilling and educating the primary care workforce

23. A WHS must optimise the ambitions of the NHS plan to deliver streamlined care in local settings by upskilling and educating both GPs and the wider primary care workforce in women's healthcare services such as; gynaecology, menopause care, violence against women and girls (VAWG) and SRH.
24. The fragmented nature of training in England is making it more difficult for GPs to access the training needed to be able to provide the most effective forms of

women's health services such as contraception.

25. The address this, the RCGP is calling on the government to ensure training for local GPs, medical students and nurses is a mandatory part of specialist SRH services' contracts.
26. We are also aware of the impact that the pandemic has had on VAWG and acknowledge that health professionals do not receive enough training and education on the health impacts of VAWG prior to and after qualifying. We recognise that this means the workforce often struggles to respond well to those seeking healthcare and support. We therefore support the need for more comprehensive training and education for GPs and the wider healthcare sector on the health impacts of VAWG.

Supporting women in the workplace

27. Having a womb should not affect your ability to work in a workplace, but the reality demonstrates that it does. From the first occurrence of menstruation through to menopause, many women suffer from menstrual related issues (such as pre-menstrual symptoms, heavy and painful menstruation) and throughout their lives, many women are also victims of VAWG. Both menstrual related issues and VAWG have proven to affect a woman's physical, psychological and social well-being and their ability to concentrate or function both at home and work.
28. Menstrual related issues affect a significant proportion of the 25% of UK population who are female of reproductive age. The opportunity for early management of menstrual related issues is often delayed because of the associated stigma and myths which leave women feeling unsupported and embarrassed to ask for help or treatment, at a time when they are often exhausted by the physical problems caused by the condition. A lack of management of these issues can put some women at risk of developing long-term consequences of untreated disease, putting further strain on an already stretched GP workforce and wider NHS.
29. GPs are well positioned to diagnose, support and manage the concerns of women with menstrual related issues and can therefore assist in the prevention of these issues from long-term risks when gone undiagnosed for so long. Though the RCGP's 54,000 members are provided with a range of guidance relating to women's health including menstrual related diagnosis, we recognise the need for the wider GP workforce to have access to additional support to deliver a better quality level of care to their patients, to increase awareness and knowledge of menstrual related issues and to further prevent long-term diseases forming as a result of not being diagnosed.
30. Recent data from the World Health Organisation (WHO) suggests that 1 in 3 women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.¹³ It is also estimated that around one in five victims of domestic violence and abuse in the

UK have to take time off work because of the abuse.¹⁴ This demonstrates a clear need for domestic violence, and specifically VAWG, to be addressed as a priority area for supporting women in the workplace through an effective WHS.

31. It is essential that a WHS supports women in the workplace by improving the education and accuracy of online information on women's health problems, for women, GPs and wider primary care workforce, to ensure that a woman's working potential isn't compromised by the effects of unwanted pregnancies, VAWG and menstrual related issues.
32. In addition to the above, there are a number of measures that both the government and employers can take to better support women's health at work. The RCGP recommends:
 - Women experiencing miscarriage or stillbirth are made eligible for paid bereavement leave;
 - Women experiencing menopause have access to support to help them manage their symptoms at work, to encourage retention and wellbeing;
 - Employers are encouraged to create an atmosphere where female employees are supported to attend vital health appointments such as screening invitations, without worrying about taking time off work.

A more inclusive healthcare system

33. It's essential that a WHS addresses the difficulties within the healthcare system that affect transgender and non-binary patients. Current IT systems in general practice do not accommodate for transgender and non-binary patients in relation to referrals and screening, leading to difficulties for GPs and insufficient care for the patients involved. For example, a trans male cannot be referred for a cervical smear or to a gynaecology clinic if they are recorded as male in the practice database, despite still having female reproductive organs.
34. To address this, we emphasise the need for improved IT systems that accommodate for transgender and non-binary patients. Specifically, the RCGP suggest that NHS systems should record codes for biological sex as well as gender identity, while ensuring all patients are afforded the right to express their preferences for how they wish to be named and referred to by their GP and other healthcare professionals. Additionally, professional training on gender identity issues and service provision need to be reviewed and adequately resourced.
35. A WHS must also take in to account that women from diverse ethnic backgrounds have different approaches to healthcare and therefore very different experiences. Ensuring that primary and secondary care is culturally competent is therefore important for an effective WHS.

An aligned future

36. A number of opportunities to significantly improve the healthcare system for women in England lie ahead - the WHS, an SRH Strategy, a VAWG strategy and

the introduction of the Health & Care Bill. We urge the government to ensure that each of these strategies are aligned with the legislative changes expected in the Bill and vice versa.

37. The Health & Care Bill aims to implement changes to better integrate planning and services at a local level through formalising a widespread adoption of Integrated Care Systems (ICS) across England and presents real opportunities to deliver better care for women, closer to home. It is essential that the government's proposed WHS is developed with these legislative changes in mind, and that women's healthcare is given the prominence and representation that is so necessary.

38. A WHS must ensure women's health transformation as an ICS work programme with a designated lead to ensure a system side response to make the system more responsive and efficient, and to reduce the inequality within the system that the current fragmented care causes.

¹ RCGP. (2017). Sexual and Reproductive Health: Time to Act. Available at: <https://www.rcgp.org.uk/-/media/Files/Policy/Media/8895-RCGP-Sexual-Health-online.ashx?la=en>

² RCGP. (n.d.). RCGP Women's Health Library. Available at: <https://elearning.rcgp.org.uk/course/index.php?categoryid=57>

³ RCGP. (n.d.). Women's Health Toolkit. Available at: <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/womens-health.aspx>

⁴ The World Bank. (2019). Population, female (% of total population) - United Kingdom | Data. Available at: <https://data.worldbank.org/indicator/SP.POP.TOTL.FE.ZS?locations=GB>

⁵ Royal College of Obstetricians and Gynaecologists. (2019). Better for women. Available at: <https://www.rcog.org.uk/globalassets/documents/news/campaigns-and-opinions/better-for-women/better-for-women-full-report.pdf>

⁶ PHE. (2018). Health matters: reproductive health and pregnancy planning. Available at: <https://www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning>

⁷ PHE. (2018). What do women say? Reproductive health is a public health issue. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731891/What_do_women_say_reproductive_health_is_a_public_health_issue.pdf

⁸ RCGP. (2017). Sexual and Reproductive Health: Time to Act. Available at: <https://www.rcgp.org.uk/-/media/Files/Policy/Media/8895-RCGP-Sexual-Health-online.ashx?la=en>

⁹ RCGP. (2017). Sexual and Reproductive Health: Time to Act. Available at: <https://www.rcgp.org.uk/-/media/Files/Policy/Media/8895-RCGP-Sexual-Health-online.ashx?la=en>

¹⁰ All Party Parliamentary Group on Sexual and Reproductive Health in the UK. (2015). Breaking down the barriers: The need for accountability and integration in sexual health, reproductive health and HIV services in England, page 23

¹¹ MBRRACE-UK. (2020) Saving Lives, Improving Mothers' Care. Available at: https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2020/MBRRACE-UK_Maternal_Report_2020_-_Lay_Summary_v10.pdf

¹² RCGP. (2017). Sexual and Reproductive Health: Time to Act. Available at: <https://www.rcgp.org.uk/-/media/Files/Policy/Media/8895-RCGP-Sexual-Health-online.ashx?la=en>

¹³ World Health Organisation (2021) Violence against women. Available at: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

¹⁴ Trades Union Congress. (2014) Domestic Violence in the Workplace: A TUC Survey Report. London: TUC