

# Improving the delivery of sexual health services:

## Sexual health, reproductive health and HIV workforce scoping project report



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## Foreword

Sexual and reproductive health is a vital aspect of overall health and wellbeing of a person and therefore an important area of public health. Most men and women will need information, care and support for their sexual and reproductive health at some stage in their lives.

This means that people can access accurate information and choose a safe and effective contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections (STIs) but must also be able to receive appropriate care if they contract an STI. There should be help available with other issues related to sexual and reproductive health.

This report has been written at the time when the sexual health, reproductive health and HIV services are experiencing several changes relating to new commissioning arrangements, cuts to local authority budgets, changing population needs, staff shortages, new ways of working and some professional uncertainties.

The complexity and fragmentation of sexual health, reproductive health and HIV service commissioning has resulted in confusion and a lack of clarity over responsibilities. This applies to workforce planning, workforce sustainability and the education and training elements of the service as well as service delivery and policy making.

Within this report, our primary focus has been to identify the key actions that will contribute to improving education and training in sexual health, reproductive health and HIV, including workforce planning. Health Education England will continue to work with our partners to ensure we have enough people with the right skills in the right place to ensure that our population needs are met.

**Professor Wendy Reid**  
**Director of Education & Quality, National Medical Director**

This scoping report provides an overview of the current workforce delivering sexual health, reproductive health and HIV services; trends in population needs; and service changes affecting the workforce.

# 1. Introduction

In recent years there have been a number of reports examining the state of sexual health, reproductive health and HIV services in England. These have highlighted issues relating to new commissioning arrangements, cuts to local authority budgets, changing population needs, staff shortages, new ways of working and some professional uncertainties.

In 2017, with key partners, we began work to identify areas of workforce concerns and vulnerabilities in this field with the aim of:

- ensuring a workforce capable of meeting the population health needs in relation to the delivery of sexual health, reproductive health and HIV services;
- ensuring the workforce has the right skills, attitudes and values to meet future needs for the delivery of sexual health, reproductive health and HIV services;
- ensuring the sustainability of the sexual health, reproductive health and HIV workforce;
- assisting the system to build capacity and capability in recognising the importance of workforce development within the current commissioning arrangements for sexual health reproductive health and HIV.

Evidence was gathered through a stakeholder engagement event, a Task and Finish Group, conversations with service and education commissioners and providers, and recent publications by other pertinent groups on this subject. The Task and Finish Group heard evidence on several topics, identified as the main priority areas in relation to workforce education and training.

## 2. What is the healthcare need?

Sexual and reproductive health is a key component of our health and wellbeing, affecting men, women and transgender people during different stages of their life course. Conversations about sexual and reproductive health can be difficult for both patients and healthcare professionals. Those from vulnerable and marginalised communities may suffer poorer outcomes if they are having difficulties accessing these services.

People need joined up care over their life course that promotes choice, health and wellbeing. People accessing these services are often relatively young and relatively (or completely) well but need support with unplanned pregnancies, sexually transmitted infections (STIs) or help with sexual assault. Effective support and services represent an excellent return on investment as well as being an opportunity to address other health concerns. The care required can also be complex and multi-faceted (management of late stage HIV, complex contraception etc).

Whilst there are some positive indicators of improved sexual and reproductive health, such as the reduction in teenage pregnancy rate<sup>1</sup>, a decline in prescriptions for emergency

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<sup>1</sup> Office for National Statistics, [Statistical bulletin Births in England and Wales: 2016](#), 19 July 2017.

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contraception and a higher proportion of women using long acting reversible contraceptives (LARC)<sup>2</sup>, there are still significant regional variations in rates across England. Advice and access to appropriate contraception has been shown as a highly cost-effective intervention.

Fertility rates in older women are increasing<sup>3</sup>.

Although the overall number of diagnosed STIs in England has remained around the same as reported in 2016, there are increasing rates in some high-risk groups and the number of cases of STIs are rising<sup>4</sup>. Syphilis and gonorrhoea are two examples. Some of these infections are becoming antibiotic resistant and new types of infections are emerging.

The population living with HIV is ageing and living longer. HIV is increasingly considered as a manageable long-term condition, but patients have complex medical needs requiring both general medical and specialist skillsets for the treatment and management.

### 3. Who decides what services we have?

Sexual and reproductive health services include care in contraception, sexually transmitted infections, HIV services, sexual dysfunction, sexual assaults, abortion, genital dermatology, community gynaecology and post-reproductive health issues such as menopause.

The commissioning and provision of these services in England is complex. Local authorities, NHS England and Clinical Commissioning Groups are all responsible for commissioning different aspects of sexual health, reproductive health and HIV services from a range of NHS and independent sector providers in primary, secondary and tertiary care.

The largest proportion of services is commissioned by local authorities, through public health budgets within a challenging financial framework. There are reports that sexual health promotion and prevention services are seeing the largest proportion of reduction in investment within this budget.<sup>5</sup>

Whilst the Public Health England (PHE) publication *Making It Work*<sup>6</sup> has clarified the responsibilities for commissioning of services, there remains a perceived lack of clarity over the division of responsibility for the education and training of this workforce.

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<sup>2</sup> NHS Digital, [Statistics on Sexual and Reproductive Health Services - England: 2016/17](#), 5 October 2017.

<sup>3</sup> Office for National Statistics, [Statistical bulletin Births in England and Wales: 2016](#), 19 July 2017.

<sup>4</sup> Public Health England, [Sexually Transmitted Infections and Chlamydia Screening in England, 2017](#), 9 June 2017.

<sup>5</sup> Buck D, [Chickens coming home to roost: local government public health budgets for 2017/18](#), 12 July 2017.

<sup>6</sup> Public Health England, [Making it Work: A guide to whole system commissioning for sexual health, reproductive health and HIV](#), March 2015.

## 4. How and where are services provided?

The White Paper *Healthy Lives, Healthy People: Our Strategy for Public Health in England*<sup>7</sup> highlighted a commitment to an integrated model of service delivery to allow easy access to confidential, non-judgemental sexual health services (including for sexually transmitted infections, contraception, abortion, health promotion and prevention). Access to services should be open to everyone.

Across England there is considerable regional variation in how sexual health, reproductive health and HIV services are provided. Variations occur because of differences in the commissioning and contractual models used in local areas. NHS services can be provided from primary, secondary and tertiary care by either NHS or independent and third sector providers.

Traditionally the management of STIs, HIV and basic contraceptive services were provided by Genitourinary Medicine (GUM) sexual health clinics with sexual and reproductive health services providing all aspects of contraception, sexual and reproductive health services and basic STI screening. In many geographical areas sexual health and reproductive health services are now delivered through integrated service providers.<sup>8</sup>

A large proportion of care is provided in general practice, often being the first access point for individuals with contraceptive concerns or needs. It is estimated that between 75-80% of NHS contraceptive care is provided in general practice.

All community pharmacies are required to provide advice on sexual health, reproductive health and HIV services as part of their essential services, e.g. promotion of healthy lifestyles, providing opportunistic sexual health advice in public health campaigns, signposting people to other services. The range of services offered is variable depending on the local authority commissioning but many also provide emergency hormonal contraception, chlamydia screening, condom distribution and pregnancy testing services. Some pharmacies also offer repeat pill prescriptions, STI treatment (including chlamydia treatment) and HIV testing.<sup>9</sup>

## 5. Who works to deliver sexual health, reproductive health and HIV care?

The sexual health, reproductive health and HIV workforce in England has never been fully defined. The workforce covers a broad range of clinical and non-clinical, specialist and non-specialist staff providing services from hospital, primary care and community settings.

Specialist training for medical staff is through the Community Sexual and Reproductive Health (CSRH) pathway or Genitourinary Medicine (GUM) pathway. HIV services (both inpatient and outpatient) are also provided in some areas by specialist Infectious Diseases (ID) doctors.

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<sup>7</sup> HM Government, [Healthy Lives, Healthy People: Our strategy for public health in England](#), 30 November 2010.

<sup>8</sup> Department of Health, [Commissioning Sexual Health services and interventions Best practice guidance for local authorities](#), 2013.

<sup>9</sup> Public Health England, [Pharmacy: A Way Forward for Public Health: Opportunities for action through pharmacy for public health](#), September 2017.

GUM doctors deliver complex STI and HIV care and straightforward contraception services. Individuals with a CSRH background will have basic skills in GUM and expertise in complex contraception and gynaecology. A proportion of sexual health medical staff (non-training grades) have not undergone bespoke specialist training and take up non-training grade posts despite often being highly skilled and experienced.

Increasingly many GUM and CSRH services are delivered from nurse-led clinics (with support from GUM and CSRH consultants) with input from allied health professionals, sexual health advisers, administrative and clerical staff and healthcare scientists with some physician assistant and assistant practitioner roles also emerging. The treatment and management of STIs and complex contraception, however, requires access to, and support from, specialist staff.

A substantial proportion of initial entry level care is provided in primary and community care settings by general practitioners, practice nurses, school nurses, health visitors and pharmacists and others as part of their wider roles.

## 6. What do we know of the supply and demand of the sexual health, reproductive health and HIV workforce in Health Education England?

We are responsible for system-wide workforce planning for healthcare for England, although training provision and medical recruitment in sexual health, reproductive health and HIV services covers the four nations. This work draws primarily on two sources of data: the Electronic Staff Record (ESR) and the eWorkforce demand collection (since 2016 replaced with a joint collection, undertaken with NHS Improvement).

Both these sources have limitations in assessing supply and demand in community services and those provided by the third sector, with some staff not visible in either data source. There is also some evidence of issues with ESR coding for these workforces, especially within the tertiary area of work, which can often be the only identifier. For example, SRH consultants may be miscoded as GUM, and non-sexual health NHS consultants holding a weekly session as a specialty doctor in an aspect of sexual health may be coded as full-time against sexual health.

There is also variation in the extent that local teams in HEE commission post-graduate training for non-medical staff delivering NHS services. This has traditionally been based on local needs, with subsequent variable investment in sexual and reproductive health. The commissioning of some post-graduate nurse training relevant to sexual and reproductive health, such as school nurses, is currently transitioning to new funding models following the 2015 Comprehensive Spending Review.

The *Shape of Training*<sup>10</sup> report on postgraduate medical education concluded there was a need for more doctors who are capable of providing general care in broad specialties across a range of different settings driven by a growing number of people with multiple co-morbidities, an ageing population, health inequalities and increasing patient expectations. In response to Shape of Training, in line with many other medical specialties, the GUM postgraduate specialty

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<sup>10</sup> Shape of Training, [Securing the future of excellent patient care](#), October 2013.

(physician based) training is changing to produce dual-accredited doctors in GUM and General Internal Medicine (GIM). The CSRH specialty training curriculum is currently being reviewed by the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists (FSRH) to ensure it continues to meet the needs of patients and services.

## 7. What are the workforce issues in sexual health, reproductive health and HIV raised by our partners in this project?

The Task and Finish Group heard that reduced access to specialist sexual and reproductive health services has put additional pressure on general practice.<sup>11</sup> Conversely, pressures in primary care services are leading to reduced access to sexual and reproductive health care and more people trying to access specialist services.<sup>12</sup>

They also heard that perceptions that the payments for long acting reversible contraceptives (LARCs) are inadequate. Access to and the cost of training to develop and maintain competency in LARC fittings, the cost of indemnity cover in primary care combined with the service pressures and staffing levels were all identified as factors impacting on patient access to LARCs in primary care.

It is recognised that a specialist SRH workforce is needed to train and support primary care healthcare professionals. CSRH and GUM consultants play a key role in supporting the nursing and general practice workforce to deliver all aspects of sexual health and contraceptive care.

The Task and Finish Group heard that general practice staff are keen to extend their roles and to expand their skill sets.<sup>13</sup> In relation to women, the development of a 'whole women's' health pathway could provide one opportunity for upskilling general practice staff through training hubs to deliver some sexual and reproductive health services for their communities. It would ensure the delivery of specialist services such as management of the menopause, to match holistic patient needs in primary care and communities.

The FSRH reported that the geographical coverage of SRH specialists and the ratio of consultant posts to population may both be suboptimal. Whilst there has been an increase in numbers in recent years, HEE's data suggests this increase may be insufficient, with a third of the current consultant workforce aged 55 or over (and therefore more likely to retire within the next five years).

Many abortions are carried out outside the NHS and there has been no systematic overview or planning for this workforce. We heard that awareness of abortion is not routinely taught at undergraduate level and exposure to clinical training for this service is limited and patchy, often obtained only through a specific request by a trainee. Abortion services are still not fully understood amongst healthcare staff and there is a perception that stigma remains which may deter people from working in this service. The service can be highly specialised, requiring a workforce to match its needs. There is a lack of doctors with the surgical skills for providing

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<sup>11</sup> NHS Digital, [Statistics on Sexual and Reproductive Health Services - England: 2016/17](#), 5 October 2017.

<sup>12</sup> All Parliamentary Group on Sexual and Reproductive Health in the UK, [Breaking down the barriers: The need for accountability and integration in sexual health, reproductive health and HIV services in England](#), July 2015.

<sup>13</sup> Health Education England, [The General Practice Nursing Workforce Development Plan](#), March 2017.



abortions for women in the later stages of their pregnancies, leading to delays for some women in accessing this service.

The workforce employed by Sexual Assault Referral Centres (SARCs) is under review by NHS England and the results of this should be considered within the workforce planning process in the future. We heard that the sexual assault component of the curriculum for CSRH trainees is being reviewed as part of the CSRH curriculum review. Sexual assault is also a key component of the GUM curriculum.

There are new roles emerging in sexual health, reproductive health and HIV services. Health Education England will be piloting the Advanced Clinical Practitioner (ACP) role in Integrated Sexual Health against the *Multi-professional framework for advanced clinical practice in England*.<sup>14</sup> This is an opportunity to standardise advanced non-medical practice in integrated sexual and reproductive health nationally.

## 8. Are there any other emerging concerns?

There is an increasing move towards commissioning sexual health and reproductive health services from a single provider to integrated service contracts. The FSRH have argued strongly that all integrated services have leadership and clinical input from both CSRH and GUM specialists at consultant level.

There is also the emergence of new models of care including self-management and online services requiring a change in staffing structures and the development of new skills.

There are concerns that the separate commissioning of HIV services and sexual and reproductive health services has led to fragmentation and loss of integration of services and care pathways adversely impacting on patient experience and continuity of care.

In addition, some local sexual health, reproductive health and HIV reviews have concluded that the recommended consultant to patient ratio standards are not being met within services and may need reviewing.

The commissioners of sexual health, reproductive health and HIV services rely on staff being available and suitably qualified to match to the requirements of the service. They do not, however, always commission services taking full account of ongoing training needs and how the workforce will develop in the future to meet emerging needs. Funding arrangements for various elements of training are not always taken into consideration when services are re-tendered. Concerns were expressed about the impact that commissioning HIV and GUM services separately may have on education and training and recruitment to training posts.

The need to review the education and training needs of commissioners of public health services in local authorities was also identified. Local Councils as commissioners of services must be fully involved in decisions and activity aimed at developing the workforce.

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<sup>14</sup> Health Education England, NHS Improvement and NHS England, [Multi-professional framework for advanced clinical practice in England](#), November 2017.

## 9. Recommendations

The scoping project makes several recommendations to us and others, and highlights areas where other bodies might take action to ensure the sustainability of a workforce capable and appropriately skilled to meet population health needs in relation to the delivery of sexual health, reproductive health and HIV services.

### Health Education England (HEE)

#### *Short term*

- Work with NHS England to ensure the delivery of a sustainable and flexible workforce strategy for the delivery of and training in abortion services, with particular reference to later term abortions.
- Support the development of the Advanced Clinical Practitioner (ACP) role in integrated sexual health currently being developed by The British Association for Sexual Health and HIV (BASHH) and The Faculty of Sexual and Reproductive Healthcare (FSRH).
- Work with Public Health England and the Department of Health and Social Care to develop mechanisms for strengthening the monitoring of education and training components within sexual health, reproductive health and HIV service contracts e.g. standard commissioning specifications developed by PHE and the DHSC.
- Raise the case for investment in specialist training for nurses with Sustainability and Transformation Partnerships and Accountable Care Organisations through the Local Workforce Action Boards.

#### *Medium term*

- Develop prompt questions for Making Every Contact Count (MECC) conversations linked to sexual and reproductive health and link these to existing e-learning on MECC.
- Work with NHS England to support the implementation of recommendations arising from the Sexual Assault Referral Centre (SARC) workforce review.
- Explore with Public Health England the requirements for a workforce needs analysis and strategy following their horizon scanning work on population need for the future delivery of sexual health, reproductive health and HIV services.
- Support the development of leadership roles for nurses and advanced practitioners in integrated services.
- Consider how undergraduate and postgraduate trainee placements within the independent and third sector delivering NHS services may best be facilitated.
- Work with stakeholders to improve signposting to the qualifications developed for professionals working in sexual health and the relevant awarding bodies.

### *Long term*

- HEE should contribute to the development of system wide approaches that are important for the sustainability of the workforce in this field. This might include supporting work in a number of areas such as:
  - high quality data collection on the workforce in community interest or commercial non-NHS organisations being fully embedded into mainstream data collection at local, regional and national level.
  - promoting data cleansing of ESR data by employers for the workforce delivering sexual health, reproductive health and HIV services.

### **Wider stakeholders**

Where colleges, faculties and their members could take action to support the sustainability of the workforce:

- The Genitourinary Medicine Specialist Advisory Committee and Community Sexual Reproductive Health Specialist Advisory Committee and their specialty workforce leads should:
  - monitor the impact on recruitment in genitourinary medicine and sexual and reproductive healthcare of commissioning decisions by local authorities.
  - map independent training centres to establish the capacity for training in the independent and third sector in this field, e.g. General Medical Council accreditation.
- The Genitourinary Medicine Specialist Advisory Committee should:
  - review the impact on recruitment and retention of GUM specialty trainees as a result of the introduction of dual GIM/GUM accreditation.
  - consider models for the development and maintenance of specialist HIV inpatient skills in the context of reducing inpatient episodes and consolidation of inpatient services.
  - develop methods to gain and maintain skills in managing HIV as a long-term condition as those currently affected age and the prevalence of multiple co-morbidities increases.
- The Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists should:
  - explore the potential to develop training across women's health with other specialties.
  - improve support for Specialty and Associate Specialist doctors working in sexual and reproductive health to develop Certificate of Eligibility for Specialist Registration applications.
  - review the necessity of the sexual assault component of the curriculum for CSRH trainees and consider whether this area might be more suitable for credentialing.
- The British Association for Sexual Health and HIV the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists and Public Health England should:
  - review consultant and nursing staff to patient ratio standards in light of changes to service delivery models in sexual health and reproductive health services.

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- work with the Royal College of General Practitioners and Royal College of Nurses to develop a structured curriculum and skills passport that would support a career pathway for nurses and allied health professionals working in sexual health, reproductive health and HIV, including pathways for those working in primary care, sexual and reproductive health services, abortion care and sexual assault services and associated leadership roles.
- The Royal College of Obstetricians and Gynaecologists should consider developing a basic e-learning module for healthcare professionals to increase their understanding about the provision of safe abortion care in the UK and ethics of abortions and consider whether this area might be a suitable one for credentialing.
- The British Association for Sexual Health and HIV should explore the development of an e-learning module for healthcare professionals acknowledging the increasing role of peer support and how to use it in the delivery of HIV care.
- The Royal College of General Practitioners should update the GP resources on sexual health, reproductive health and HIV available on e-Learning for Healthcare.
- The Royal College of Obstetrics and Gynaecology, the Royal College of General Practitioners, the Faculty of Sexual and Reproductive Healthcare and Nursing and Midwifery Council should consider how to increase exposure of students to abortion care.

## Additional Recommendations

### Other Organisations

- NHS England and the Faculty of Sexual and Reproductive Healthcare of the Royal College of General Practitioners should conduct a review of competencies and accreditation required to deliver long acting reversible contraceptives services in pressurised primary care settings.
- The Department of Health and Social Care should consider indemnity cover for local authority commissioned services and extended roles in primary care and community settings as part of their review of indemnity.

## 10. Acknowledgements

This scoping project was commissioned by Health Education England's (HEE) Directorate of Education and Quality as part of the national Population Health and Prevention Programme.

We are grateful to all members of our Task and Finish Group (*Appendix A*) for the investment of their time, experience and for their active participation in the work of the group. We also thank the many stakeholders who took their time to contribute to this report by providing their views on the issues affecting this area of the workforce.

We are grateful to Professor Selena Gray, formerly HEE's Lead Dean for Community Sexual and Reproductive Health (CSRH), for providing advice, guidance and the leadership of the Task and Finish Group throughout the project.

## Appendix: List of Task and Finish Group members\*

Organisation/Area of Representation	Member Name	Job Title
<b>Health Education England</b>	Margit Veveris	Project Manager, National Programmes
	Janet Flint	Programme Lead, National Programmes
	Selena Gray	Associate Postgraduate Dean (Transformation), Lead Dean for CSRH
	Ann Boyle	Associate Postgraduate Dean, Acting Lead Dean for GUM
	Tara Bush	Project Support Officer
	Ged Byrne	Director of Global Engagement
	Bree Rankin	National Workforce Planner
	Thomas Speller	Deputy Head of Workforce Planning (interim)
<b>Public Health England</b>	Julian Brookes	Deputy Chief Operating Officer
	Sue Mann	Medical Expert - Sexual Health & Reproductive Health, Health and Wellbeing Directorate
	Kate Folkard	Programme Manager - HIV/STI Department
	Monica Davison	Programme Manager - HIV Prevention
	Sharron Ainslie	PHE Sexual Health Facilitator for Yorkshire and the Humber
<b>English Sexual Health Commissioners Forum</b>	Stephen Jones	Head of Sexual Health, Public Health Wiltshire
	Lesley Talbot	Programme Lead, Sexual Health, Shropshire County Council
<b>The Royal College of Physicians (RCP)</b>	Jackie Sherrard	Consultant GU Physician Chair of the BASHH education committee GU Workforce Lead
<b>Royal College of General Practitioners (RCGP)</b>	Helen Gracie	Policy and Research Officer, Policy and Campaigns
	Anne Connolly	Clinical board member and GP lead for maternal and child health, NHS Bradford City Clinical Commissioning Group (CCG)
	Philippa Matthews	Clinical Lead for Sexual Health
<b>The Association of Directors of Public Health (ADPH)</b>	Tracy Daszkiewicz	Director of Public Health (Interim) Public Health and Public Protection Wiltshire Council
<b>Department of Health and Social Care</b>	Andrea Duncan	Programme Manager for Sexual Health
<b>Faculty of Sexual and Reproductive Healthcare (FSRH)</b>	Jane Dickson	Vice President, Strategy
	Tracey Masters	Vice-president (specialty) & Consultant in SRH at Homerton Hospital, London
<b>National AIDS Trust</b>	Jane Anderson	Chair of Trustees
<b>British HIV Association (BHIVA)</b>	Chloe Orkin	President
	David Asboe	Clinical Director, HIV Medicine, Sexual Health, Dermatology Chelsea and Westminster NHS Foundation Trust

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<b>The British Association for Sexual Health and HIV (BASHH)</b>	Margaret Kingston	Consultant Physician Genitourinary Medicine Associate Medical Director, Manchester Foundation Trust
	Katia Prime	Consultant in HIV & Sexual Health, St George's & Queen Mary's Hospital, TPD Genitourinary Medicine S Thames
<b>Royal College of Nursing (RCN)</b>	Belinda Loftus	Specialist Nurse, working in SH/HIV
<b>NHS England</b>	Jose Figueroa	Consultant in Public Health Medicine
	Paul Vaughan	Director of Nursing - Transformation
	Nigel Acheson	Regional Medical Director and Higher Level Responsible Officer (South)
	Karen Storey	Primary Care Nursing Lead
	Janette Harper	Interim National Senior Manager for Women's and Children's Programme of Care - Specialised Commissioning
	Hong Tan	National Lead for SARCs and Partnership Working
<b>Local Government Association (LGA)</b>	Jon Sutcliffe	Senior Adviser - Workforce Policy and Strategy
<b>Royal College of Obstetricians and Gynaecologists (RCOG)</b>	Lesley Regan	President
<b>Marie Stopes UK</b>	Imogen Stephens	Medical Director
	Caroline Gazet	Clinical Director
<b>British Pregnancy Advisory Service</b>	Michael Nevill	Director of Nursing

\*Some of the members joined and some left the group throughout the process