

irect telephone: +44 (0) 20 7772 6369  
Direct facsimile: +44 (0) 20 7772 6232  
Email: cdhillon@rcog.org.uk



Royal College of  
Obstetricians and  
Gynaecologists

Setting standards to improve women's health

27 Sussex Place, Regent's Park, London, NW1 4RG

Telephone: +44 (0) 20 7772 6200

Facsimile: +44 (0) 20 7723 0575

Website: [www.rcog.org.uk](http://www.rcog.org.uk)

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## **HEALTHY LIVES, HELTHY PEOPLE: Our strategy for public health in England**

### *The Royal College of Obstetricians and Gynaecologists:*

- ***Strongly endorses the life-course concept for women's health***
- ***Believes that every child can only be given the best start in life by reducing health and social inequalities***
- ***Believes that wellbeing can only be achieved by delivering education from the pre-school years in an incremental fashion***
- ***Believes that sexual health education and disease prevention strategies are pre-requisites to adulthood for boys and girls***
- ***Believes that pregnancy is a life-long health test for the mother and baby***
- ***Recommends a continuum in women's healthcare which may be significantly jeopardised by the potential fragmentation of commissioning***
- ***Understands that standards of clinical care will only be achieved through the quality of staff training and clinical research***
- ***Would welcome the opportunity to contribute to the leadership tasks inherent in the proposed reorganisation***

The Royal College of Obstetricians and Gynaecologists (RCOG), an international organisation, which includes all UK-based specialists in the discipline, welcomes the White Paper: *Healthy Lives, Healthy People: Our Strategy for public health in England* and the opportunity to comment on the Government's strategy. This response represents the views of the leadership of the RCOG and its UK-based membership, whose views were sought as part of the NHS reforms consultation process.

The RCOG believes that health inequalities result from social inequalities.<sup>1</sup> It notes the significant social gradient in health in the UK – the lower the person's social position, the worse his or her health. However, healthcare services contribute only one third of improvements to life expectancy. The remaining two thirds are contributed to changing lifestyles and removing health inequalities. The RCOG therefore sees the vision set out in the White Paper as an opportunity to help shape the future of women's health in the UK, a shift to prevention through education, advice and support.

The RCOG acknowledges that many improvements in the health of women and their babies over many decades have been the result not only of healthcare provision but also public health initiatives, such as fortification of some foods and immunisation. The proposals set out in this paper focusing on the holistic approach, including behaviours, life style choices, inequality, should see further improvements with concerted effort from all – commissioners and providers, as well the population as a whole. However, the ambitions set out in the White Paper can only be achieved through true integration - public health, health care, social and local services. It is time for all those responsible for developing and providing such services to take a fresh look and start doing things differently to achieve *more for less*.

Within our specialty, there has been an incremental change in practice in gynaecology, particularly as a result of the decrease in the number of major surgical procedures:

- therapeutic options for many conditions no longer include surgery
- early termination of pregnancy and management of miscarriage can be achieved without surgery on an outpatient basis
- hysteroscopy can be used to treat endometrial lesions
- laparoscopy can offer shorter inpatient stays and improved recovery times
- shift from surgical to medical management of heavy menstrual bleeding, as well as newer surgical techniques such as endometrial ablation.

The RCOG is concerned with influencing healthcare policy to ensure that women seeking obstetric and gynaecological services receive safe and high quality care. Commissioning of that care is crucial and it will be essential to involve specialists in the new commissioning arrangements. The RCOG has set up an Expert Advisory Group, under the chairmanship of a lay chair, Dame Joan Higgins, to review evidence and produce guidance to support commissioning through its report *High Quality Women's Healthcare: What should the service look like* (available in the summer of 2011).

The RCOG is pleased that the White Paper recognises that *by improving maternal health, we could give our children a better start in life, reduce infant mortality and the numbers of*

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<sup>1</sup> Marmot Review of Health Inequalities: Fair Society Healthy Lives, February 2010

*low birth-weight babies.* Health and wellbeing of women before, during and after pregnancy is a critical factor, laying the groundwork for good health and wellbeing in later life. The provision of women's sexual and reproductive healthcare must be a continuum. A care pathway that girls and women can enter and exit on needs basis is an excellent model. The RCOG will be providing guidance through its High Quality Women's Healthcare report. The RCOG supports the concept of networks as they result in pooling of expertise and skills to get the most for less.

The RCOG would like to see strengthening of the role and impact of ill health prevention. This will not only benefit the population but also achieve savings longer term. In term of women's health we are particularly concerned:

- about the rising tide of obesity;
- that 1 in 6 mothers smoke during pregnancy;
- that we have 500,000 new cases of sexually transmitted infections annually, 10% of whom become re-infected within one year;
- that 15% women suffer postnatal depression and children of women who were depressed at 3 months after giving birth had significantly lower IQ score at age 11 years and need additional special education
- that 1 in 3 women over 60 years have urinary incontinence.

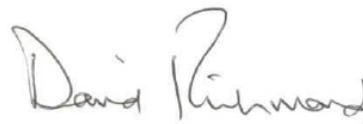
A shift in viewpoint and perceptions is required. A move towards a life-course approach to women's health care is an attractive one, using pregnancy as a life-long test for the mother and the baby. There is a potential for major health gain for mothers and their babies, as well as disrupting cross generational transmission of ill health.

Threaded through all services must be the education strand to have a real impact on prevention. The RCOG would like to see public education to begin in schools, supported by evidence-based information, so that children grow into confident respectful adults who are equipped to take personal responsibility and make good behavioural and lifestyle choices. However, to be fully effective local systems must be in place to facilitate such societal change. They will need to create conditions for people to take control and responsibility through engagement and empowerment.

Improving the health of the population also requires changes to the organisational systems and success will depend on effective and energised leadership, funding and effective co-ordination. The RCOG recommends a continuum in women's health care which may be significantly jeopardised by the potential fragmentation of commissioning between the National Commissioning Board, Public Health England and the GP consortia at a local level. We are concerned how Public Health England will cope nationally without the regional structure which exists with SHAs, public health laboratories and cancer registries.



Dr Anthony Falconer FRCOG  
*President*  
AF/DR/TW/CD



Dr David Richmond FRCOG  
*Vice President Standards*