A question of policy

With May’s UK General Election approaching fast, this is a perfect time to look at RCOG’s policy work during the current government’s tenure.

In the RCOG’s High Quality Women’s Health Care report, published in 2011, the focus was on improving women’s health and wellbeing and the provision of first-class maternity services and gynaecological care.

The key recommendations of this document were:

- Services should be provided in managed clinical networks which link primary, community, secondary and tertiary services.
- A life-course approach to women’s healthcare should be adopted using every interaction a woman has with the health service, irrespective of age, to promote health and lifestyle changes rather than the constant firefight against disease and ill health.
- A national clinical director in women’s health should be appointed to lead on the quality agenda and ensure that service configuration, workforce and commissioning issues are championed in women’s healthcare.
- The variation in health service provision needs resolving by universally adopting clinical standards, guidelines and mandating the reporting of outcomes.
- Pressures on the workforce due to the Working Time Regulation and trainee numbers will need different service configuration and will lead to a reduction in the number of medically staffed units to ensure a safe service.

The report was prescient in signalling the changes that we see in today’s health landscape of the NHS. It demonstrates the importance of having evidence-based policy to bring about positive change in the provision of good quality health services.

During the past five years there have also been other pressing healthcare issues, some unexpected and some ongoing, which have been addressed by the RCOG’s policy function – the passage of the Health and Social Care Bill in Parliament, the release of the second report of the Francis Inquiry, the growing prominence of female genital mutilation (FGM) on the Government’s agenda, and the current Ebola crisis, to name but a few.
In addition, the RCOG has also worked closely with the Faculty of Sexual and Reproductive Healthcare (FSRH) and the specialist societies to promote and elevate standards of sexual and reproductive health in the UK.

Policy work is often conducted in the background with many people working hard to achieve a successful outcome, but often going unnoticed by members and the public. Much hard work goes on behind the scenes – lobbying MPs and Peers and continued dialogue with senior civil servants so that those in politics and government are aware of the College’s views on key healthcare issues. At the heart of RCOG policy is the desire to improve health for women everywhere, by being a channel to communicate the good work done in other departments across the College such as Clinical Quality and Education.

Health & Social Care Act
Past President Dr Tony Falconer comments: “It’s fair to say that this was one of the most challenging experiences during my time as President. It was a very contentious Bill when it was introduced into Parliament and there was much confusion over its intentions. The Coalition Government were interested in reforming the entire NHS while the opposition were concerned that elements within the Bill would open the NHS to privatisation.

“We tackled this by responding to relevant parts and it was fundamental for

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We will continue to lobby ministers and MPs to ensure that future policy considers women’s public health seriously.

us to ensure that services would not be fragmented, health inequalities in the general population would not increase and any contracts awarded to the independent sector would include the duty to train the health workforce. This was the easy bit; what was most difficult was to present our case to the membership.

“We decided we would work with government because remaining at the
table was and is, very important to having any influence in the scope and direction of future health policy. It was imperative that we maintained dialogue throughout in order to effect change where we could.”

Gerald Chan, Director of Health Policy, agrees: “From the outset, the RCOG Officers were clear that we should remain at the discussion table rather than pull out because we disagreed with some of the clauses. We needed to take the long-term view and this was the right decision. It gave us the opportunity to raise our concerns and opinions about the Bill to the very heart of Government. This approach opened doors for us and made it easier to keep the dialogue going with the Department of Health, MPs and other interested groups.

“We were aware that there was a lot in the Bill that was good, but there were parts which we were uncomfortable with; we sought clarification and assurances with Government that women would remain at the very centre of care. However, it was a very ambitious programme – it was wholesale reform at too quick a pace. In hindsight, it should have been introduced in stages.”

2 The Francis Inquiry Report
Following the publication of the Francis Inquiry Report, the College produced its Manifesto for Change comprising five basic principles.

• Always put the patient first
• Zero harm and patient safety
• Creating outstanding leadership and working together as teams of professionals
• Regulation, inspection and accountability
• Metrics and outcomes

The intention of this document was to be a reminder for all doctors working in O&G about their roles and responsibilities in the NHS.

“Much of what was picked up by Francis focused on the care of the elderly in hospitals and the role of nursing staff. The principles of openness, honesty and compassion are universal across the NHS. We want to do all we can to raise quality and standards in the profession and it is vitally important to ensure that we get our house in order. Our Manifesto has since been used as a template for other Royal Colleges, in addition to being incorporated
into the workstreams in different College departments,” says Gerald Chan.

Current President, Dr David Richmond, adds: “There were issues that Francis uncovered that required urgent action. In maternity, professional respect for other clinical disciplines is imperative – doctors, midwives, nurses and other allied health professionals must work together as a team to provide good care for the women we serve.

“We have analysed the recommendations of the Francis Inquiry, all 290 of them, and looked at where change is needed within our specialty. These lessons must be learned so that the tragedies that befell those poor families in Mid Staffordshire NHS Trusts are never repeated.”

3 Maternity services
This has been a political hot potato within local communities as small maternity units are closed and absorbed into larger, better equipped hospitals.

The evidence shows that women are willing to travel some distance in order to access more comprehensive services, but this is a hard sell since nobody likes the idea of losing the convenience of services at their doorstep. This is further complicated in rural areas where some women will have to travel miles if their local units shut.

The current move towards providing a seven-day service in the NHS helps make the case for the reorganisation of services. Within maternity, the RCOG has argued that 24/7 consultant-delivered services are needed.

4 FGM
Although in media terms the spotlight on FGM coverage is relatively recent, the RCOG has been campaigning for many years to raise awareness, both in the UK and internationally.

In 2013, the RCOG worked closely with the Royal College of Midwives (RCM), the Royal College of Nursing (RCN), the Community Practitioners and Health Visitors Association (CPHVA) and Equality Now, an international human rights organisation, to publish Tackling FGM in the UK, which called for a joined-up approach to prevent FGM. This report acknowledged that FGM is child abuse and children and women needed to be safeguarded from the practice. The best way to do this would be to ensure that social services, schools, local authorities, the police, hospitals, GPs and community groups share information so that early identification and intervention can take place.

Education is key to stopping FGM as it empowers young girls and women; it is an approach that will work, given time and patience, but FGM is a very complex problem because of the cultural and social issues involved. It is therefore fundamentally important to work with community groups who have a long history of working with FGM survivors to eradicate the practice in the UK.

Indeed, following the publication of the intercollegiate FGM group report, the Government has embarked on several new initiatives to stamp out the practice in the UK. In order to be responsive to these developments, David Richmond, convened a Task Force in 2014 to advise him on the RCOG’s response to FGM issues. This Task Force has submitted to several key government consultations and has been involved in high-level meetings with the Home Office and Ministry of Justice, to ensure that the law better protects girls and women.

“The RCOG is also trying to engage with its international members in countries where FGM is still practised. Recently, it has worked closely with the Inter-African Committee on Traditional Practices (IAC) and the Girl Generation (a social change programme funded by the Department of International Development) to produce messages to promote the non-medicalisation of FGM and to remind healthcare professionals of their role in caring for girls and women,” says David Richmond.

5 Ebola
Another important area in which the RCOG has been actively working includes providing guidance to healthcare professionals should a pregnant woman present in hospital with symptoms of Ebola. Guidance has been produced with Public Health England (PHE) and the RCM.

A great deal of work has been undertaken to ensure the UK’s resilience and preparedness. The RCOG is keeping a watching brief on the changing pattern of Ebola infection and is liaising with the Department of Health and NHS England, alongside sharing information with members who have gone to Ebola-infected countries to provide humanitarian relief on the best way to manage and treat pregnant women with Ebola.

The future
Most recently, the RCOG published a joint manifesto with the Faculty of Sexual and Reproductive Healthcare (FSRH) for the General Election in May 2015. In this document, titled Delivering compassionate and cost-effective care, we set our vision for women’s sexual and reproductive healthcare, calling upon the next Government to ensure that structures and initiatives are in place so that girls and women lead healthier lives.

Like the College, the FSRH is increasingly focusing on influencing policy as a way of ensuring that standards are maintained and improved. Chris Wilkinson, President of the FSRH, commented: “We welcome the opportunities that have arisen recently to work in partnership with the RCOG to ensure that women’s health receives the attention and focus it deserves in health policy. We are in the process of developing our vision for sexual and reproductive healthcare with our membership and we look forward to using this to encourage an improvement in standards in partnership with the RCOG and others.”

At the centre of RCOG’s policy work is the desire to deliver a higher and higher standard of health care to women.

Will our recommendations be taken on board? Only time will tell, but we will be lobbying ministers, their special advisers, MPs and their researchers to ensure that future policy considers women’s public health.

If you have any queries about our policy work, please contact gchan@rcog.org.uk.