



FSRH

HATFIELD
VISION



**Faculty of Sexual and Reproductive Healthcare
Hatfield Vision:**

A Framework to Improve Women and Girls'
Reproductive Health Outcomes

The FSRH Hatfield Vision is endorsed by:



*Organon is proud to endorse the FSRH Hatfield Vision.

Full editorial independence of the Vision's content has been upheld and retained by FSRH.

Why the FSRH Hatfield Vision is critical for reproductive healthcare

Maintaining good reproductive health and wellbeing has profound and positive long-term effects on the individual and society. However, we know that many women and girls experience poor reproductive health outcomes, with almost half of all pregnancies in the UK being ambivalent or unplanned. We also know that women and girls have unique needs across their lifecourse, and that poor reproductive health outcomes develop over time and across generations.

This is why the Faculty of Sexual & Reproductive Healthcare (FSRH) has developed the FSRH Hatfield Vision, a framework that sets out what needs to be achieved to improve the health of 51% of the UK's population and tackle the inequalities that women and girls face across their lifetime. It is a legacy to the late Jane Hatfield, the first CEO of FSRH, who initiated the Vision and worked tirelessly to improve the quality of reproductive healthcare that every woman and girl receives.

The FSRH Hatfield Vision is designed both to support system change and to leverage commitment and accountability in women's reproductive health at national level. It aims to connect the Government's Women's Health and Sexual and Reproductive Health (SRH) Strategies and Action Plans in England, driving meaningful transformation across different parts of the system and enabling women and girls to experience high quality reproductive health at every stage of their lives.

At the heart of the FSRH Hatfield Vision is an ambitious target, which advocates that by 2030, reproductive health inequalities will have significantly improved for all women and girls, enabling them to live well and pursue their ambitions in every aspect of their lives.

This target will be reached, and can be measured by success in achieving 16 goals in different areas of women and girls' SRH. These goals will be enabled and supported by a series of actions, which should be implemented by Government and healthcare systems as a priority.

2030 Ambition

By 2030, reproductive health inequalities will have significantly improved for all women and girls, enabling them to live well and pursue their ambitions in every aspect of their lives



16 Goals to tackle reproductive health disparities

Ability to choose if and when to have children

- ▶ **Goal 1.** The proportion of pregnancies which are unplanned, unintended and/or ambivalent is reduced to less than 30% of all pregnancies by 2030 to ensure positive physical and mental health outcomes for women and children.
- ▶ **Goal 2.** The gap between rates of unplanned, unintended and/or ambivalent pregnancies in disadvantaged areas as compared to those in advantaged areas is halved by 2030.

Access and standards of contraceptive care

- ▶ **Goal 3.** Integrated Care Systems (ICS), local authorities and providers promote the fulfilment of SRH rights including offering women and girls the full range of contraceptive methods in the location of their choosing, with quick access to local general practice and specialist services when needed.
- ▶ **Goal 4.** Face-to-face and remote contraceptive consultations are patient-centred, with users feeling able to openly discuss their preferences, participating in decision-making effectively, as well as being informed about possible side effects and how to deal with them as per FSRH Quality Standards.
- ▶ **Goal 5.** Enhanced access to contraceptive care, addressing the needs of all those who are the least well-served, with a particular focus on populations that experience the worst inequalities such as, but not limited to, women and girls living with disabilities, from low socio-economic backgrounds, from Asian and ethnic minority groups, black women/girls and women/girls of colour.

- ▶ **Goal 6.** Access to Long-Acting Reversible Contraception (LARC) is made equitable across ICS geographies and demographics.
- ▶ **Goal 7.** By 2025, free oral emergency contraception is available and funded in all community pharmacies across England, including to under 25s.
- ▶ **Goal 8.** ICS should ensure that all methods of contraception are discussed with women during pregnancy and, where possible, their method of choice should be initiated prior to discharge from maternity services. Rapid follow-up pathways for LARC should be in place when needed.

Access to preconception care

- ▶ **Goal 9.** All women are offered comprehensive preconception care when they attend their contraception appointments in general practice, specialist SRH and community gynaecology services.

Access to menstrual health support

- ▶ **Goal 10.** Women and girls have access to a practitioner who is able to provide support, diagnosis and treatment for their menstrual health including pain, heavy bleeding and premenstrual mood disturbance at their general practice, specialist SRH services and community gynaecology services.
- ▶ **Goal 11.** Women and girls have universal access to free menstrual products within health services and schools.

Access and standards of abortion care

- ▶ **Goal 12.** As per NICE guidance, all women and girls seeking abortion have access to a choice of method (medical or surgical), including the option to self-refer directly to a service, as well as access to the full range of contraceptive methods.

Access to cervical screening

- ▶ **Goal 13.** Each local authority area meets the national NHS Cervical Screening Programme target of 80% coverage by 2025.

Access to menopause care

- ▶ **Goal 14.** Every woman is able to access a practitioner in their local area, such as a member of their primary care health team, who is able to provide menopause care, support them to manage symptoms and choose appropriate treatment if required.

Maternal health outcomes in black women and women of colour

- ▶ **Goal 15.** By 2030, widespread reproductive health disparities, particularly in maternal health outcomes, experienced by black women and women of colour as well as women and girls from Asian and minority ethnic groups, are significantly reduced.

Access to information

- ▶ **Goal 16.** Information is easily available to support women and girls in making decisions about their own reproductive health, ranging from signs and symptoms of gynaecological cancers to where to access support and care, regardless of age, ethnicity, language, disability, postcode, socioeconomic status, levels of literacy or religious belief.



Priority actions to tackle reproductive health disparities

Realising the 2030 Ambition and achieving the Goals will require priority action on:

Workforce

- ▶ **Action 1.** Community SRH specialty training posts are fully funded, with one new fully-funded specialty training post per Health Education England region for the next three years, to provide local leadership, training and governance to the SRH workforce and services.
- ▶ **Action 2.** The primary care workforce is adequately resourced to provide LARC fittings, removals and training. Local contracts should fully cover the costs of provision, training and maintaining access to this essential service.
- ▶ **Action 3.** Service specifications for specialist SRH services are designed to include training requirements in their contracts.

Commissioning

- ▶ **Action 4.** The NHS and ICS are mandated to collaboratively commission SRH with local authorities, and contracts with care providers require them to adhere to nationally-recognised quality standards such as FSRH's Standards for Sexual and Reproductive Healthcare Services.

Accountability

- ▶ **Action 5.** A National Clinical Director for women's reproductive health or a National Specialty Adviser in SRH, or similar, is appointed, who would hold accountability for the commissioning and outcomes of women's reproductive health.
- ▶ **Action 6.** A women's health lead, with accountability for reproductive health, is appointed in every ICS Board to ensure that holistic women's reproductive health is prioritised in ICS strategies.

Data and information

- ▶ **Action 7.** A national digital service platform is developed for SRH, which will serve as a one-stop point of access for the public and will support the maintenance of access to essential SRH care-operating seamlessly with existing regional / local digital offers.
- ▶ **Action 8.** The London Measure of Unplanned Pregnancy is introduced as the standard national measure of unplanned pregnancy.
- ▶ **Action 9.** The Department of Education signposts teachers to reliable and evidence-based information on issues across the breadth of SRH, to support effective implementation of statutory relationships and sex education guidance.

Health promotion

- ▶ **Action 10.** Providers are well-resourced to ensure that service staff use every contact with patients and the public to promote positive SRH and wellbeing in accordance with Making Every Contact Count principles.

A note on language:

Within this document we use the terms 'woman' and 'women's health'. However, it is important to acknowledge that it is not only people who identify as women (or girls) who access women's health and reproductive services in order to maintain their SRH and wellbeing.

The terms 'woman' and 'women's health' are used for brevity, on the understanding that trans men and non-binary individuals assigned female at birth also require access to these services. Delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex they were assigned at birth.

Jane Hatfield, first CEO of FSRH

Jane Hatfield was a passionate advocate for women's sexual and reproductive health and rights. As the first CEO of the FSRH, and throughout her working life, Jane championed equitable and high-quality SRH for all.

This was further brought into focus by her own experiences – including treatment following a diagnosis of ovarian cancer in 2019 – when she used her voice as a patient to raise awareness of life with ovarian cancer and the importance of early diagnosis and screening.

Jane left us on 22 May 2021. Not long before her death, while still serving as CEO at FSRH, Jane impressed on those around her a concept to set goals to support system change and ensure positive outcomes across key SRH areas for women and girls of all ages.

This document is a legacy to Jane's Vision.



About FSRH

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the leader in the field of sexual and reproductive healthcare (SRH), and we are the voice for 14,000 professionals working in this area. A multi-disciplinary professional membership organisation, we set clinical guidance and standards, provide training and lifelong education, and champion safe and effective SRH across the life course for all.

Realising our vision of high quality SRH for all requires clear support and guidance to be put in place. We work to provide this vital support to our members through excellent education, training, and continuous professional development, alongside access to evidence-based clinical guidance and care standards. Set within a supportive community of healthcare providers, we are the voice for all professionals involved in SRH, advocating for safe and high quality SRH care across all care settings.





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