



News

Primary Care Women's Health Forum

Much has happened since our last eletter; the Primary Care Women's Health Forum annual conference, the launch of the NICE menopause guideline, the third PCWHF survey on SRH commissioning changes for England and the submission on behalf of the PCWHF to the Health Select Committee Inquiry into Public Health post-2013, so apologies in the delay with this edition.

In November the PCWHF held our 7th annual conference. Due to problems with hotel refurbishment this was transferred from York to Leeds at the last moment. Many thanks to our conference lead, Julie Oliver, and Events4Healthcare for 'keeping the show on the road' and managing this venue change so efficiently.

The feedback from the conference attendees and speakers was excellent as usual and reflects our insistence that the content is appropriate for our learning needs when working in primary and community care settings.

Congratulations to the winner of the 2015 Primary Care Women's Health Forum annual award which was awarded to Dr Charlotte Asquith, GP in Carlisle, who presented her work on *Accessing oral contraception in primary care* at the conference. With permission her presentation can be [found here](#) and demonstrates how her team have developed a safe, mutually convenient system of reissuing oral contraception and sexual health advice in a timely manner, reducing the need for unnecessary appointments, while targeting women with specific risks or needs.

Please consider applying for this award in 2016 as it is an excellent opportunity to showcase the hard work that many of you are doing in primary care that would be useful for others to adapt for use in their workplace.

The 2016 PCWHF conference will be held in Solihull on 23rd November.

[NICE Menopause Guideline](#)

<https://www.nice.org.uk/guidance/NG23>

NICE have been working hard on their Menopause guideline for a long time now and this was finally published in November. There has been much publicity for this and we hope it will empower women to ask for help with their menopausal symptoms once again.

The GP representative on the NICE committee, Imogen Shaw, a GPSI from Essex, is one of the PCWHF founder members. Imogen recently presented the findings from the guideline to a working group of PCWHF PwSIs helping us to develop our own recommendations for use in primary care. This has been developed as a series of Top Tips, to be found here: http://www.pcwhf.co.uk/PCWHF_NICE_top_tips.html which are useful to share with others and can be used as the basis of a training session.

Further responses to the NICE menopause guideline can be found on the BMS, FSRH, Menopause Matters websites. With other useful patient information found on the 'Manage my menopause' website. <https://www.managemymenopause.co.uk>

The PCWHF survey on SRH commissioning changes in England

Thanks again to all who answered the survey monkey circulated in November. We have had over 600 responses that have provided evidence to support the PCWHF submission to the Health Select Committee's Inquiry into public health post-2013. Our recommendation is that the Inquiry should consider how the commissioning changes, resultant from the Health and Social Care Act 2012, are already affecting contraception provision and access and how further Public Health funding cuts would reverse the fantastic progress made since 2002. (see attached)

The survey results and the additional emailed replies have once again demonstrated:

- Reduced access to LARC, funding restrictions and decommissioning of primary care LARC provision in some areas where services have been retendered.
- Lack of communication between Public Health Commissioners and providers of primary care LARC services. This lack of reassurance of future funding means that future provision and development of these services cannot be planned at a time when we are under pressure for appointments.
- A reduction in training opportunities because of the time and costs required to attend training when there is uncertainty of future service provision, as well as reduced training provision.
- 37% of the respondents have noticed a recent increase in women attending for appointments in primary care for contraception as women are finding access to appointments at the community SRH clinics harder to obtain.
- Many examples of individual cases where services have been reduced meaning women have to travel long distances and at times which are inconvenient to obtain their LARC if the local GP service has been decommissioned.

If you have any other local examples of changes to access, LARC provision and payments, changes to expectations of provision of appointments for core contraception or any other concerns please email them to me at anne.connolly@bradford.nhs.uk. The information from specific (anonymised if required) is invaluable when presenting these concerns to PHE and the RCGP.

The FPA have updated their report Unprotected Nation 2015. This can be found at <http://www.fpa.org.uk/influencing-sexual-health-policy/unprotected-nation-2015>. This report clearly demonstrates the financial implications, to health and social care, of contraception funding cuts. This should be used for any local discussions as this demonstrates the short-sightedness of restricting access for contraception provision.

I am aware that the issues faced by our members in the devolved nations are significant and important so please share those as well so that we can collate and provide this information as required. The attached is a LARC report recently produced by Scotland that confirms the increase in provision of LARC by primary care in Scotland. Well done to all involved.

This will be the last e-letter of 2015. On behalf of the PCHWF committee may I wish you all a very Merry Christmas and a Happy New Year.

Anne Connolly

Chair of the PCWHF.

Book Recommendations

Managing the Menopause 21st century solutions by Nick Panay, Paula Briggs, Gab Kovacs – Cambridge Press

This book is a series of chapters written by the world experts on different aspects of menopause management and is really useful for those of us who do menopause consultations.

Meetings & Events

Other Meetings



Clinical essentials for Primary Care
A one day Interactive Workshop

[More Information](#)

[Register Here](#)

A series of one day workshops covering a number of different therapy areas to provide GPs with all of the new information they need for appraisal. **(5 hours of CPD available)**



A one day update on Gynaecology

National Association for Premenstrual Syndrome Conference 2016

SAVE THE DATE: Friday 1st July 2016, Nottingham University Sutton Bonnington Campus

The National Association for Premenstrual Syndrome (NAPS) Conference will provide you with a one day update in gynaecology. Presentations from eminent speakers together with interactive workshops and discussion groups. The conference will be aimed at GPs, GP Registrars, Practice Nurses, GPwSI in women's health, Hospital Doctors.

(5 hours of CPD available)

Celebrating
25
Years



**Menopause
Academy**

[More Information](#)

[Register Here](#)

5 half day regional events with a focus on treatment and management of the menopause. **(3 hours of reflective learning available)**

Useful Papers & Guidelines

Recent Papers

Long Acting Reversible Methods of Contraception (LARC) in Scotland Year ending March 2015 <http://www.isdscotland.org/Health-Topics/Sexual-Health/Publications/2015-11-03/2015-11-03-LARC-Report.pdf?>

The role of bariatric surgery in improving reproductive health

https://www.rcog.org.uk/globalassets/documents/guidelines/scientific-impact-papers/sip_17.pdf

BMJ article – defining safe criteria for diagnosing miscarriage

<http://www.bmj.com/content/bmj/351/bmj.h4579.full.pdf>

American College of Obstetricians and Gynecologists committee opinion on LARC.

acog.org/-/media/Committee-Opinions/Committee-on-Gynecologic-Practice/co642.pdf?dmc=1&ts=20151018T1336064912

Previous Pregnancies Among Young Women Having an Abortion in England and Wales

[http://www.jahonline.org/article/S1054-139X\(15\)00253-0/pdf](http://www.jahonline.org/article/S1054-139X(15)00253-0/pdf)

Women given strontium for OP treatment who have a risk of CV disease

https://www.dovepress.com/articles.php?article_id=24648#

Recent Guidelines

FSRH CEU response to new data on quickstarting hormonal contraception after use of ulipristal acetate 30mgs. (EllaOne) for emergency contraception.

<http://www.fsrh.org/pdfs/CEUStatementQuickStartingAfterUPA.pdf>

Please note the recommendations attached. This does mean a rethink of how to quickstart following use of UPA. The concern is that the ovulatory delay produced by UPA may be nullified by the action of hormonal contraception and therefore reduce the emergency contraception action.

Quickstarting can continue after the use of LNG 1500 as previously.

RCOG guideline on vaginal delivery post C-section.

As the rates of LSCS increase we need to support the recommendations provided by maternity units about Normal Vaginal Birth following C-section/ The RCOG guideline offers us evidence to support this.

https://www.rcog.org.uk/globalassets/documents/guidelines/gtg_45.pdf

UK guideline for the management of chlamydia trachomatis. Updated recommendation of the management of this common STI.

http://www.bashh.org/documents/2015_UK_guideline_for_the_management_of_Chlamydia_trachomatis_final_12....pdf

Best Practice Award

This year's winner: Charlotte Asquith

To learn more and read Charlotte Asquith's abstract please [click here](#)

Patient Information

RCOG Leaflet on Recovery after Gynaecological Procedures

Patient information on recovering after gynaecological procedures

<https://www.rcog.org.uk/en/patients/patient-leaflets/recovering-well-from-gynaecological-procedures/>

Other News

CMO report - The health of the 51% - Women

Dame Sally Davies has published her annual report and this year she has chosen women's health as the theme. The over-arching theme of the report is that obesity in women should be considered as a major health risk and that the Government needs to include obesity in its national risk planning.

Other themes and recommendations arising from the report include raising the profile of women's health that are not usually considered because of the associated stigma, such as perinatal mental health, urinary and faecal incontinence.

The 17 recommendations from the report are found here.

http://www.pcwhf.co.uk/PCWHF_cmo_report.html

And the full report can be found

at <https://www.gov.uk/government/publications/chief-medical-officer-annual-report-2014-womens-health>

Global Health - New sustainable development agenda

For those who have an interest in Global Health the **New sustainable development agenda and goals** were ratified by UN member states at the General Assembly on 25 September 2015.

http://static.www.bmj.com/sites/default/files/attachments/resources/2015/09/who_supplement.pdf

The Sustainable Development Goals (SDGs) will set the framework for global development policy over the next 15 years, including in the areas of HIV/AIDS and sexual and reproductive health. There are 17 SDGs and 169 targets including ending the AIDS epidemic by 2030, ensuring universal access to sexual and reproductive healthcare services by 2030, eliminating all forms of violence against women and girls, eliminating harmful practices such as child, early and forced marriages and female genital mutilation and ensuring universal access to sexual and reproductive health and reproductive rights.

Towards a new Global Strategy for Women's, Children's and Adolescents' Health <https://sustainabledevelopment.un.org/topics>

Report from the Women's Health Network on the Health Information Needs of Older Women in the UK

The RCOG Women's Network is made up of lay members and clinicians from across the UK. All members have personal experience of obstetrics or gynaecological services either as medical practitioners or patients. They inform the RCOG about issues affecting women during pregnancy, labour and birth, infertility, and gynaecological conditions through to the menopause and beyond and work alongside clinicians and health professionals to provide a patient's perspective to many aspects of RCOG activities.

The Network also engages with the **Women's Voices Involvement Panel** to inform its work and gain broader views.

The Women's Health Network have recently surveyed 'older women' about where they get their information from about their health needs. *The health information needs of older women report*, can be found below. Interestingly 87% of women reported that primary care is the main source of information.

It is also clear that many women are too embarrassed to complain of some problems such as problems with incontinence.

<https://www.rcog.org.uk/globalassets/documents/patients/womens-network/health-information-needs-of-older-women-final-report.pdf>

Tips from PCWHF members

Uma Marthi is a GPSI gynae and has for many years supported the work of the PCWHF and of Endometriosis UK. We have published work that Uma has developed previously about raising the profile of endometriosis to help reduce the delay in diagnosis (and hence improve management and outcomes) that many women suffer. Uma has simplified her recommendations into the 3 P's as an aide memoire, which can be found on our website http://www.pcwhf.co.uk/PCWHF_3ps.html.

Please share this with your colleagues to help improve the care these women receive. Further information about Endometriosis UK can be found at www.endometriosis-uk.org

Useful advice from Dr Cath Dickson GP from Harrogate about their recent CQC visit.

- *'We had a CQC visit to our primary care surgery recently and it was exhausting. A few tips that I have learned are:*

- *□□□□I can recommend that all dates on all needles, syringes, drugs and instruments are checked.*
- *□□□□I was asked in interview to show that our safeguarding procedure was robust and also that our vulnerable adult policy was known by all.*
- *□□□□I was also asked about referrals to either of these bodies.*
- *□□□□I was asked how I could ensure that all staff were up to date with training and how we supported this as a practice.*
- *□□□□We were also asked to show a "bi-cycle" of audit. One cycle was not enough and the CQC wanted to see at least 2 reports of the same audit cycle and show what we had learned from this process. We were not expecting the latter at all. I would recommend that all people undergoing a CQC inspection consider this. As I had audited my IUD insertions I was able to use this as the practice audit'.*

Request for help from Dr Judy Shakespeare - RCGP Clinical Lead for Perinatal Mental Health

"The Miscarriage Priority Setting Partnership (PSP) aims to help women and those affected by miscarriage work together with professionals to agree which are the most important questions that still need to be answered by miscarriage research. We hope this will help direct research and address existing gaps in understanding, for both women and those affected by miscarriage.

To do this we need your help. The priority setting process begins with a survey to identify research uncertainties. The survey can be completed by women who have had a miscarriage, those affected by miscarriage and professionals.

We would appreciate if you could complete this survey and share it with your networks to allow as many people as possible the opportunity to take part.

The survey can be found at www.miscarriagepsp.org/survey. Further information about the Miscarriage Priority Setting Partnership can be found at our [website](#)."

Do you have unanswered questions about miscarriage?



Have your say on research into miscarriage!

The **Miscarriage Priority Setting Partnership** for the first time brings together women who have experienced miscarriage, others affected by miscarriage and clinicians who care for them. Together we will develop priorities for future research.

How this will happen...



What will happen to the results?

The top ten research questions will be used to inform future clinical research for submission to research funding bodies. We will also publish and publicise the results. All uncertainties will be added to the **UK Database of Uncertainties about the Effects of Treatments (DUETs)**.

How do I get more information and take part in the survey?

Visit www.MiscarriagePSP.org or scan this QR code





Please visit our [website](#), where new members can also [join the Forum for free](#).

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