



News

Primary Care Women's Health Forum

This edition of the e-bulletin has been delayed whilst waiting for the publication of the latest All Party Parliamentary Group on Sexual and Reproductive Healthcare Report (APPG SRH). This was presented on the 11th July in Westminster and one of our members Dr Amanda Britton, GP principle from Basingstoke, attended on behalf of the PCWHF.

The APPG SRH inquiry set out to understand what impact the new structures have had on sexual health, reproductive health and HIV services following the publication of the Health and Social Care Act 2012 and to identify where things could be done differently to improve patient experience and outcomes. This is a very thorough report with many recommendations, and on behalf of the PCWHF we must congratulate and thank Baroness Gould on her ongoing hard work to keep SRH on the political agenda.

The report includes a reference to the results of the survey of PCWHF members working in England we ran in November 2014. Thanks to all who completed the survey which provided a 'snap shot' of LARC provision and concerns in primary care since the commissioning changes following the publication of the 2012 Health and Social Care Act. The results can be found at http://www.pcwhf.co.uk/images/LARC_Survey.pdf

The results demonstrated the uncertainty that many of our members have had about the future of the funding of LARC service provision in their practice. This uncertainty has often caused problems with the planning of future clinic provision and the training of a workforce in LARC techniques.

Amanda's comments on the APPG SRH report:

'I think the document is great as it truly is overarching and has some pertinent recommendations which were agreed with by all who attended the presentation of this latest report'

On our behalf Amanda raised the important point that there is no understanding of what is currently being delivered in Primary care – where NHS England are the commissioners - as well as the uncertainty of enhanced service provision. This was recognized as an important concern and as such PHE are planning a bench marking exercise to try to determine the quality and amount of core service provision that is not prioritized by any targets or QoF points.

The report also includes recommendations on the importance of provision of education of future clinicians to maintain service provision, wherever that is delivered, and to make SRE a statutory requirement in ALL schools.

The report is attached [here](#) for further information.

The Government has also announced that the 'ring-fenced' public health budget will be cut by £200m, as part of a package of measures to tackle public finances. This means that the £2.8bn originally earmarked for councils to spend on public health in 2015/16 will be reduced by 7%.

One SRH service in North London has already seen a 50% cut to their contraception budget. This funding restriction will reduce access to services and women will be required to obtain their contraception from their GP practice or they may opt not use any reliable method, risking a reversal of the current trend of reduction in both teen pregnancy and abortion rates that many of us have worked very hard to achieve over the past 15 years.

The Advisory Group on Contraception have written to the PCWHF raising concerns about this financial cut and of the extra workload we will inevitably see in our GP practices as SRH service provision is reduced. (see attached)

It is important that we continue to collect examples of local service restrictions that are causing problems and affecting local access and provision. Please contact me at anne.connolly@bradford.nhs.uk if you have any information to share for use as evidence for future reports.

There will not be an e-update in August, so on behalf of the Directors of the Primary Care Women's Health Forum I hope you have an enjoyable summer.

Anne Connolly

Chair of the PCWHF

Meetings & Events

Primary Care Women's Health Forum Conference 2015



Primary Care Women's Health Forum Conference What's New in 2015

The Primary Care Women's Health Forum's 7th annual conference will be held on **Thursday 5th November 2015** at the **Royal York Hotel**. Once again we will make sure that the sessions are relevant for the work done in primary care and our presenters will challenge us to provide care fit for purpose for our female patients. Last year's conference was a great success with over 120 primary care delegates.

Since launching this year's conference we are pleased to say we have received an overwhelming response. The conference provides an exceptional networking and learning opportunity for those with an interest in female health so please book now to avoid disappointment.



The conference consists of an impressive line-up of key note speakers and a powerful agenda, which should prove both thought-provoking and beneficial for all those attending. To view the full agenda [Click Here](#).

There is also a further opportunity for you to enter the [Best Practice Award](#) and share your work.

In addition, delegates will be eligible to gain up to **6 hours of reflective learning**.

To book now please [Click Here](#).

[More Information](#)

[Book Now](#)

Other Meetings



**Healthcare Hot Topics
Women's Health**
A one day Interactive Workshop

[More Information](#)

[Register Here](#)

A one day interactive workshop for healthcare professionals who have an active interest in women's health (**5 hours of CPD available**)



GP Appraisal in a Day
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)**



**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

A number of relevant articles have been published this month in the International Womens' Health Journal.

Endometriosis – alternative methods of medical treatment

<http://www.dovepress.com/endometriosis-alternative-methods-of-medical-treatment-peer-reviewed-article-IJWH>

Critical appraisal of paroxetine for the treatment of vasomotor symptoms

<http://www.dovepress.com/critical-appraisal-of-paroxetine-for-the-treatment-of-vasomotor-sympto-peer-reviewed-fulltext-article-IJWH>

Endometriosis and ovarian cancer: links, risks, and challenges faced

<http://www.dovepress.com/endometriosis-and-ovarian-cancer-links-risks-andnbspchallenges-faced-peer-reviewed-fulltext-article-IJWH>

Clinical Utility of Exemastane in the treatment of breast cancer

<http://www.dovepress.com/clinical-utility-of-exemestane-in-the-treatment-ofnbspbreast-cancernbs-peer-reviewed-fulltext-article-IJWH>

A paper entitled *The added benefits of Combined Hormonal Contraception* written by Joanna Speedie and Diana Mansour has been published in the Women's Health Journal.

http://www.womenshealthj.com/images/stories/Onlinearticles/whj_speedie_onlineapri2015.pdf

Recent Guidelines

The FSRH CEU have published the Fertility Awareness Guidance

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

With mandatory reporting of FGM there has been further information released including the publication of the RCOG – Female Genital Mutilation and it's Management Green Top Guideline.

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg53/>

A further Green Top Guideline published by the RCOG is on Chicken Pox in Pregnancy.

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg13/>

Tips

Top tip from Dr Sarah Gray - the PCWHF Representative for Cornwall and Devon regarding Estring.

There is good evidence that the effectiveness of supportive pessaries for managing pelvic organ prolapse is considerably increased by the use of vaginal estrogen. Pre-treatment before pessary fitting improves lubrication and elasticity to allow an appropriate size of pessary to be positioned. Ongoing use improves comfort and reduces the risk of complications such as vaginal wall erosion. Some elderly women find twice weekly applications difficult to remember on a regular basis. Others report difficulty in application itself, particularly women with physical disability. Community nurses or care home staff are generally unable to do this for them. Having discussed why and obtained informed consent I frequently place an estradiol 2mg slow release vaginal ring above a silicone pessary to avoid these difficulties. I then remove both at three months, inspect the vagina, and place a new estradiol ring above the same silicone pessary (which has been washed).

There has been a manufacturing issue with respect to Estring® (Pfizer) since February. We are pleased to report that stocks are back in the wholesalers and they can be prescribed again. This will be very welcome news for those women who have really liked this delivery route and dose.

Top Tip from Jenny Brotherston GPSI Sexual Health from Hull.

An algorithm for timing of removal of the LNG-IUS written by Jenny and originally published in Pulse magazine is attached here with permission from Pulse. The rest of the article can be found at Brotherston J.

<http://pulse-learning.co.uk/clinical-modules/women-s-health/larc>

Patient Information

Patient Information Leaflet on PCOS

Polycystic Ovarian Syndrome is an increasingly recognized problem and must be managed as a long-term condition with life long monitoring and dietary advice. The RCOG have published this useful Patient Information Leaflet to use to help women understand their condition.

<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/gynaecology/pi-pcos.pdf>

FSRH Special Skills Module Menopause Theory

Information about the FSRH Special Skills Module Menopause Theory course to be held in Bristol in November 2015. [Click Here](#) for details.

Other News

Esmya has been Awarded a Long Term License

In the European Union, Esmya (ulipristal acetate 5 mg) is indicated for pre-operative treatment of moderate-to-severe symptoms of uterine fibroids in adult women of reproductive age.

Additionally, Esmya is indicated for intermittent treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. The duration of a course of treatment is three months; subsequent courses should start at the earliest during the second menstruation following completion of the previous treatment course.

Previously the number of cycles of treatment was restricted but this new license allows repeated courses to be used if indicated.

[http://www.fertstert.org/article/S0015-0282\(14\)02298-5/fulltext](http://www.fertstert.org/article/S0015-0282(14)02298-5/fulltext)



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