



## MRC/CSO Social and Public Health Sciences Unit Consultation Response

<b>Title of consultation</b>
Standards for Sexual Health
<b>Name of the consulting body</b>
Healthcare Improvement Scotland
<b>Link to consultation</b>
<a href="http://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/standards/sexual_health_standards.aspx">http://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/standards/sexual_health_standards.aspx</a>
<b>Our consultation response</b>
<p><b>Do you agree that the proposed areas detailed in the scope are the right areas to be covered by the Sexual Health standards?</b></p> <p>In general the proposed areas seem right for the development of the standards, with a couple of caveats.</p> <p>In our research we conceptualise sexual health holistically, comprising four key outcomes: unplanned pregnancy; sexually transmitted infections; sexual violence and sexual function. We note that the first two are included in the review but the second two are not. We are unsure of the rationale for this. Strong epidemiological evidence shows that these four outcomes are closely inter-related, and that particularly for women, violence clusters with other adverse outcomes.</p> <p>We are unsure what is meant here by ‘wellbeing’ as this term is poorly defined, both in practice and in the scientific literature. Will the standards on wellbeing perhaps include sexual violence and sexual function/sexual difficulties? Sexual difficulties are common, including among young people, yet there is almost no existing service provision in Scotland and the problems are largely overlooked. There is also low statutory service provision for survivors of sexual assault (one service in Archway, Sandyford).</p> <p><b>Are there any key points or areas that are not covered?</b></p> <p>We are keen to know the rationale for the omission of gender identity in the development of indicators. It seems important to us that any standards should include whether services meet the needs of trans and non-binary patients (e.g. barriers to accessing services). Perhaps this is a cross-cutting indicator included under information and support? If not it will be important that all indicators are closely examined with a gender identity lens.</p> <p>We note that menopause will not be covered and we are concerned about this. We could also find no mention of menstrual cycle disorders and we are unclear on why this has</p>

been omitted.

### **Are there any additional references or evidence that we should include?**

It would be good to include any reports (forthcoming) from the Cross Party Group for Sexual Health and Blood Borne Viruses' inquiry into transgender and non-binary sexual and reproductive health. The associated call for evidence strongly emphasised direct experience, in keeping with the stated intention in the Sexual Health Standards Scoping Report to include people with lived experience among the proposed development group specialists.

We could not locate Scottish guidance on SARCs but guidance for England and Wales does exist: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/05/SARCs-service-spec-contract-template-and-paed-framework.pdf>

We could not locate any service standards for sexual difficulties (beyond NICE guidelines specifically for treatment for erectile dysfunction) which perhaps illustrates the scale of the gap in this field.

### **Any gaps in the group development group membership?**

Following on from our comments above, there is a gap for specialists in sexual violence and sexual function problems. We also feel the group membership looks weighted towards clinical professionals, and those who specialise in helping people when things have gone wrong. We feel the group would benefit from inclusion of individuals strong in prevention/health promotion and who would bring a holistic perspective to ensure that the indicators are consistent and mutually reinforcing across the different areas.

We are unclear what is meant by 'people with lived experience'. Is the intention to include individuals who have experienced certain sexual health outcomes or represent particular demographics? We would like to see the needs of people with 'protected characteristics' represented, including recognition of the intersections of marginalised experiences. This representation could be achieved through lived experience or in-depth knowledge of professional members.

### **When was the response submitted?**

12/12/2019

### **Find out more about our research in this area**

Families and Intimate and Sexual Relationships Work stream

<https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/mrccsosocialandpublichealthsciencesunit/programmes/relationships/fisr/#>

### **Who to contact about this response**

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