



Health and Social Care Inquiry on Sexual Health

Joint submission by the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA)

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EXECUTIVE SUMMARY

The World Health Organisation (WHO) states that all persons have the right to the highest attainable standard of sexual health, including access to sexual and reproductive health services.¹

The damage that is being caused, however, by the significant Government cuts that have been applied to the Public Health Budget in recent years, from which sexual health services is funded, is directly jeopardising the ability of those who need sexual and reproductive health services in this country to attain this fundamental WHO right.

As set out in this response, there is a growing weight of evidence demonstrating that timely access to essential sexual health and HIV care is deteriorating, and that services are struggling to cope with record demand, the pressures caused by the system and dramatic increases in a variety of sexually transmitted infections (STIs).

Whilst the overall number of STIs in England has remained relatively consistent in recent years, this figure masks alarming trends. Rates of gonorrhoea are at their highest in decades, increasing by 22% in the past year alone.² New diagnoses of syphilis meanwhile are at levels not seen since the Second World War, and have more than doubled in men who have sex with men (MSM) in just four years.² Vital sexual health and HIV outreach services have been cut during this time, leaving the most vulnerable increasingly isolated and unable to access the care they need.

Despite many examples of effective and innovative joint working between local commissioners and BASHH and BHIVA members to try to maintain standards, it is increasingly clear that we are facing an impending sexual health crisis. This can only be averted by providing a radically updated funding model for the sector, alongside a new long-term sexual health strategy. Failure to do so will cause irreparable harm to the health and wellbeing of countless individuals and to society as a whole.

KEY POINTS

- Sexual health and HIV services in England are facing unprecedented pressures with many areas at 'breaking point'.
- Significant and persistent cuts to the public health budget in recent years have had a severely detrimental impact on the level of care and access that services are able to provide, despite the best efforts of staff and commissioners to maintain standards.

- These cuts have been delivered against a backdrop of considerable growth in demand, dramatic increases in syphilis and gonorrhoea and the emergence of antibiotic-resistant STIs.
- Increased fragmentation as a result of the Health and Social Care Act 2012 has led to the dismantling of many previously well-integrated services.
- Intense pressures are having a hugely detrimental impact on the morale of professionals delivering sexual health care and there are growing concerns about the future of the sector as a whole.

The British Association for Sexual Health and HIV (BASHH) is the lead professional representative body for those managing sexually transmitted infections (STIs) and HIV in the UK. It has a prime role in education and training, in determining, monitoring and maintaining standards of governance in sexual health and HIV care. BASHH also works to further the advancement of public health in relation to STIs, HIV and other sexual health problems and acts as a champion in promoting good sexual health and providing education to the public.

The British HIV Association (BHIVA) is the leading UK association representing professionals in HIV care. Since 1995, it has been committed to providing excellent care for people living with and affected by HIV. BHIVA is a national advisory body on all aspects of HIV care and provides a national platform for HIV care issues. Its representatives contribute to international, national and local committees dealing with HIV care. In addition, it promotes undergraduate, postgraduate and continuing medical education within HIV care.

1. INTRODUCTION

- 1.1.** BASHH and BHIVA welcome this Health and Social Care Select Committee inquiry. To support our submission, BASHH and BHIVA have carried out member surveys to better assess how sexual health services and those working within them are managing current pressures, and to gather insights into the effect that these pressures are having on those trying to access them. Feedback from these surveys features throughout our response.

2. CURRENT PROVISION AND FUNDING OF SEXUAL HEALTH SERVICES IN ENGLAND

- 2.1.** Whilst the transfer of public health commissioning responsibilities in April 2013 has in some areas resulted in positive service reconfiguration³, it has on the whole increased fragmentation and complicated service delivery. Significantly it has also blurred the lines of accountability for when problems emerge in the system.
- 2.2.** Significant and persistent cuts to the public health budget have had a hugely negative impact on services. Councils will have been deprived of £600 million worth of public health funding between 2015/16 and 2019/2020, a situation which has had a particularly damaging knock-on impact on sexual health and HIV services.⁴
- 2.3.** There are real and justifiable concerns that additional cuts will be applied to a sector now at breaking point, particularly as almost half of local authorities said they were planning further funding cuts.⁵ Significantly, this situation puts sexual health in stark contrast to other parts of the NHS, which the Government has protected from cuts and in fact delivered increased investment.

2.3.1. "The level of cuts is unsustainable and we are not able to meet service demands."

- 2.4.** The introduction of competitive tendering for services has had a destabilising impact. Whilst it is entirely reasonable to encourage services to be delivered in a cost-effective and efficient

manner, many tenders are short-term and inhibit long-term service delivery planning, workforce training and retention. They have also meant that staff have needed to divert significant amounts of time away from clinical care to deliver tender submissions, in an environment when many clinics are already under-resourced.

- 2.5. There are grave concerns around the likely impact of possible changes to local authority's public health prescribed activity, as well as the implications of funding public health through business rates retention by 2020, which could be especially detrimental for those living in deprived areas.

3. INCREASED DEMAND FOR SERVICES AND NEW DIAGNOSES OF STIs

- 3.1. Against the backdrop of these unprecedented challenges, sexual health services across England are increasingly being subjected to a number of pressures, most notably as a result of several rising STIs and record demand for services.
- 3.2. Despite there being less money available for sexual health services, the number of people needing access to them has grown dramatically, increasing from 1.6 million in 2011 to more than 2.1 million in 2015, a rise of more than 30 per cent.⁶
- 3.3. Rates of gonorrhoea increased by 22% in the past year, whilst syphilis diagnoses have increased by 148% since 2008.

4. SPREAD OF ANTIBIOTIC-RESISTANT SEXUAL INFECTION

- 4.1. Worryingly, we have recently witnessed the first globally reported case of multi-drug resistant gonorrhoea in England, which follows an initial outbreak of high-level azithromycin resistant gonorrhoea between 2015-2017.⁷
- 4.2. Recent years have also seen increased resistance in the STI mycoplasma genitalium (Mgen), a newly discovered infection which has traditionally been wrongly diagnosed as chlamydia. Whilst it can be easily diagnosed through a simple diagnostic nucleic acid amplification test, a recent BASHH survey of public health commissioners found that only 10% were planning to provide funding for Mgen testing. 72% of BASHH experts said that if current practices do not change, Mgen will become a superbug, resistant to 1st and 2nd line antibiotics, within a decade.⁸

5. REDUCED AVAILABILITY OF ESSENTIAL SERVICES

- 5.1. Funding pressures have led to significant reductions in the availability of a wide range of important sexual health services in recent years. Results from the September 2018 BASHH and BHIVA surveys reveal that HIV prevention, outreach to vulnerable populations, reproductive health, cervical cytology and psychosexual health services have been particularly badly affected by cuts.
- 5.2. Three quarters of BHIVA members (75%) said that there had been an impact on access to HIV prevention advice and condoms, with 63% saying access had been reduced.
 - 5.2.1. *"Whilst there has been a rise in relation to prevention messages and provision of testing, there appears to be a drastic fall to services that support people living with HIV overall."*
- 5.3. Almost half (47%) of BASHH members reported reductions in the provision of cervical cytology functions and half of BHIVA members said that cervical screening had been reduced. This is of particular concern in the context of a fall in national cervical screening coverage and the higher risk of HPV related cancer in women with HIV.⁹

5.3.1. *"We do not do any cervical screening at all. All third sector organisations have closed in the area. Health advisors are no longer part of the service. Although there are home testing kits, the number of gum clinics has reduced. We used up our annual budget for condoms and cannot give them out. Virtually no counselling available."*

5.4. 42% of BASHH respondents reported reduced provision of psychosexual health care, mirrored by a similar number (41%) of BHIVA members, who said that access to psychology input for HIV related mental health problems had been reduced. This is despite the higher risk of mental health issues the HIV population faces. Nearly half of BASHH members (47%) also said that care for vulnerable populations had reduced.

5.4.1. *"Cuts to funding for outreach / prevention work - none going on in a rural county with pockets of high risk. Cut in contraceptive clinics as too far and expensive to do around the county."*

5.4.2. *"Outreach has become a luxury. Base site so busy, we cannot afford the staff to deliver outreach services which is a tragedy given that these often target the marginalised groups."*

5.5. The BHIVA survey showed that it is becoming more difficult for people to test for HIV, with 35% of respondents reporting that there is now reduced access to testing in their locality. Although 58% of services offered outreach testing, with a quarter of respondents (26%) saying that it was offered locally in another service, more than half (52%) said access to testing in outreach settings was reduced.

5.5.1. *"Very limited commissioning of [HIV]outreach services post tender. Previous dedicated outreach team disbanded. Current outreach offer is targeted for contraception and LARC. Outreach targeting MSM has been reduced due to financial restrictions"*

5.6. Funding cuts have led to reductions in non-core staff, such as Health Advisers and nursing staff, resulting in 27% of BHIVA members reporting that access to partner notification has deteriorated – partner notification is a key method of increasing testing of people at higher risk of HIV transmission.

5.7. Data also shows that there has been a worrying decline in the number of chlamydia tests being delivered, with an 8% drop in individuals testing in the last year. This jeopardises recent progress in reducing chlamydia and is leading to more women developing Pelvic Inflammatory Disease (PID).

6. REDUCED ACCESS TO CARE

6.1. These pressures are having a direct impact on the level of access available to services. Respondents to the BASHH member survey were three times more likely to report reductions in the overall level of access available to patients in the past year, with 54% saying that access had decreased.

6.1.1. *"Due to closures of nearby clinics, our waiting times and walk-in services just cannot cope with the increased demand for services."*

6.1.2. *"We are no longer able to offer as many "Walk in and wait" clinics - and are now providing a "same day service, appointment system" in the main. These clinics' appointments are usually full within minutes of the telephone lines opening - so many patients are turned away on the day."*

6.2. Those who did report increases in access were likely to attribute this to improvement of online services, although some felt that this was at the expense of traditional face-to-face care.

6.2.1. "We now have better access to online testing for most patients in London while access to face to face services has decreased a little in our service but a lot overall."

6.3. Reduced access also appears to be leading to an increase in the number of patients who are being 'turned away' from services. More than 6 in 10 respondents (63%) said they were having to turn away patients on a weekly basis. 19% of respondents said they were having to turn away more than 50 patients from their service every week. Whilst every effort appears to be made to see symptomatic patients, some areas seem to be struggling to see those with symptoms due to the pressures. Vulnerable groups are particularly affected by reduced availability of services, as they already face increased barriers in accessing care.

6.3.1. "Google analytics shows that over 1,000 more unique individuals visit our appointments booking page than we have appointments each week."

6.3.2. "...patients experiencing extreme difficulty in accessing an appointment be it for symptomatic or asymptomatic screening. Seen numerous women who have been at risk of unplanned pregnancy as not able to access timely contraceptive care."

6.4. Whilst the majority of patients that were turned away are offered the next available appointment or advised to try again for the next walk-in slot, 13% of respondents to the BASHH member survey said patients were being redirected to an alternative sexual health provider and 4% said patients were being redirected to primary care.

6.4.1. "The clinic is small, in a rural & remote area with no alternative sexual health provider. We will help people to consider whether they can self-care or see a pharmacist."

7. CHALLENGES AROUND RETENTION AND RECRUITMENT

7.1. There are increasing difficulties in recruiting and retaining appropriate staff for sexual health services, as a result of these pressures. 65% of respondents to the BASHH member survey said that it had become more difficult to recruit appropriate staff in the past year, citing the negative impact of tendering, persistent funding restrictions and uncertainties around the future of the sector.

7.1.1. "Contraception services especially affected by staffing limitations and difficulties in recruiting experienced medical and nursing staff."

7.1.2. "Among nursing staff, there is a feeling that sexual health as a speciality does not offer the opportunities it once did. Many are considering alternative roles in community and primary care, particularly those who are early in their careers."

7.2. Many responses also cited growing challenges with recruiting appropriately skilled nurses and increasing inability to hire bank/agency staff to cover study or annual leave periods, further increasing pressure.

7.2.1. "Surprisingly difficult to recruit appropriately trained nurses- we had to resort to training nurses with no experience."

8. DETERIORATING MORALE AND CONCERNS FOR THE FUTURE

8.1. These challenges are having a destabilising effect on staff, with alarmingly high numbers of those working in the area raising significant concerns about the future of the sector. 81% of

respondents to the BASHH member survey felt that staff morale had decreased within their service in the past year, with almost half (49%) reporting that morale had 'greatly decreased'.

8.1.1. *"Staff morale is at 'breaking point'."*

8.1.2. *"Demand for the service continues to increase, we have high levels of sickness and staff are exhausted."*

8.1.3. *"All staff have experienced adverse reactions and our complaints and incidents have risen significantly."*

8.2. More than 9 in 10 respondents to the BASHH member survey (92%) said that they were worried or extremely worried about the future delivery of sexual health care in England. Most frequently cited concerns were the continued negative impact of reduced funding against the background of growing demand, effects of service closures and the deterioration in staff morale and working conditions.

8.2.1. *"As services are squeezed and opening hours are reduced this is just adding to the burden of STIs nationally and it is inevitable that rates will continue to increase. We are turning back the clock with the appalling disinvestment."*

8.2.2. *"We have an extraordinary opportunity to reduce HIV and manage STIs in an increasingly sexually liberated society and we are squandering it because there is no central vision amongst those responsible for commissioning services - it seems inevitable that the young and the vulnerable will be left behind..."*

9. RECOMMENDATIONS

- Urgently implement a new funding model for sexual health, which recognises the significant increased demand that the sector is facing
- Develop a 10-year sexual health and HIV plan, to support long-term planning, strengthen the uptake of core BASHH and BHIVA standards^{10,11}, and encourage the spread of innovative service delivery
- Streamline the current sexual health service tendering process, to move away from short-termism and reduce the burden placed upon overstretched sexual health staff
- Implement a national prevention programme to address the dramatic recent rises in gonorrhoea and syphilis, akin to the national tuberculosis (TB) strategy that was introduced in 2015 in response to growing rates of TB¹²
- Reintroduce mandatory 48-hour access targets for sexual health services, to ensure that those who contact a service are triaged at the point of contact and seen within 48 hours where appropriate.

¹ World Health Organisation. Defining sexual health. Report of a technical consultation on sexual health. January 2002.

² Public Health England. Sexually transmitted infections and screening for chlamydia in England, 2017.

³ Public Health England. Sexual Health, Reproductive Health and HIV. A Review of Commissioning. August 2017.

⁴ Local Government Association. Councils respond to cuts in Public Health grants allocation. December 2017.

⁵ BBC. Cuts to sexual health services imminent. June 2018.

⁶ Caroline White. Sexual health services on the brink. *BMJ* 2017; 359. November 2017.

⁷ Public Health England. UK case of *Neisseria gonorrhoeae* with high-level resistance to azithromycin and resistance to ceftriaxone acquired abroad. March 2018.

⁸ BASHH. BASHH launches new NICE accredited guidelines to help prevent mycoplasma genitalium becoming the next superbug, but funding cuts may hinder implementation. July 2018.

⁹ BASHH and BHIVA member surveys. September 2018. Data on file.

¹⁰ BASHH. Standards for the management of STIs. January 2014.

¹¹ BHIVA. Standards of Care for People Living with HIV. 2018.

¹² Public Health England. Collaborative Tuberculosis Strategy for England. 2015.