Thank you very much for inviting me to attend the recent roundtable meeting in respect of the Health Select Committee’s inquiry into public health post-2013. I really appreciated the opportunity to discuss the impact on clinical services for sexual health and HIV.

I thought that the meeting provided an excellent forum for attendees to articulate their comments and areas of concern regarding the current delivery of public health functions. The meeting was well chaired and there was a fair and balanced opportunity for everyone to speak and put their views forward. It also allowed for interaction and helped to facilitate a richer discussion than perhaps the usual oral evidence format would have allowed.

I appreciate the information you have provided regarding the next steps for the inquiry and I am looking forward to seeing the final recommendations the Committee puts forward.

With that in mind, I thought it would be useful to provide a brief summary of the key points that the British Association for Sexual Health and HIV (BASHH) are keen to convey about the ongoing delivery of specialist sexual health services, so that patients and the public receive the best possible care.

- **Commissioning arrangements:** Concerns have emerged about the variability in commissioning arrangements and excessive weighting on cost which directly impinges on the ability of sexual health services to carry out their clinical functions. An updated national integrated service specification with guidance on realistic weightings for cost, quality and safety would enhance clinical provision and reduce variability. Commissioning practice would be improved if a health needs assessment was undertaken before proceeding to tender. Ensuring a more collaborative commissioning approach would also help to reduce the risk of fragmentation within sexual health services, particularly in respect of HIV.

- **Tendering and contracts of sufficient duration:** Tendering requires significant financial and staff resources, both from providers and commissioners. It takes time that could be spent on direct patient care, or developing clinical services, but instead is spent on developing tender processes and preparing submissions. The situation is compounded by short term contracts, which do not allow for effective longer-term planning or provider investment. Providing contracts of sufficient duration, for example 5 years, would strengthen the opportunity for provider investment and encourage workforce stability.

- **Avoiding fragmentation in HIV care:** Recent changes in the delivery of public health functions have created fragmentation in the commissioning and delivery of GUM and HIV services. This puts retention in care at risk and jeopardises our ability to ensure that those diagnosed with HIV are...
treated effectively and that their virus is suppressed - this together with early HIV diagnosis, partner notification and the detection/treatment of sexual infections, underpinned by health promotion are crucial in containing the HIV epidemic.

- **Importance of ensuring appropriate clinical expertise:** It is essential that appropriate clinical expertise is available and there are examples where attempts have been made to deliver sexual health services without providing adequate and appropriate clinical cover, for example with reduced consultant contracted time or loss of posts. This scenario restricts or delays access to appropriate care, puts undue pressure on nursing staff and ultimately jeopardises patient safety.

- **Training requirements:** Training and education of the next generation of specialist sexual health doctors is crucial. The same applies to specialist nurses. Health Education England, in particular, need to be involved in the development of service specifications so that this is an integral part of sexual health contracts. This is separate to the requirement to provide education and training for the wider health professional community and the public.

- **Workforce retention/recruitment issues:** The uncertainty regarding the delivery of sexual health services, the tendering process and the ongoing threats of further cuts to local public health budgets has created insecurity and has affected the morale of those working in sexual health services. Staff are increasingly concerned about the future of the specialty and their services which has resulted in reduced retention rates and increased difficulties in recruitment across all types of sexual health staffing.

- **Audit and research:** It is important, particularly in times of service change, to ensure that excellent quality and safety standards are achieved and that service changes and improvements that truly benefit patient care and outcomes are identified. Hence, local and national audit and research are crucial to providing a robust evidence base to guide developments.

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