Heath and Social Care Committee: Enquiry into Sexual Health

1.1 General background

The King’s Fund report identified cuts to national Sexual Health (SH) service spending of around 4% between 13/4 and 14/15 by LGAs. In addition, the central government cuts to the public health grant of 200m in 2015/6 and recent reports of expected further cut of at least 600m by 2020/21 are unprecedented in their magnitude and leave SH services and the people who use them in an extremely vulnerable position. On top of the financial cuts currently being inflicted on SH services, the reclassification of services as being “non-NHS” is in our opinion extremely dangerous. These are clinical services for patients, led by NHS-trained consultants. Many of the patients are extremely vulnerable because of their age, social circumstances and mental health problems. Both child and vulnerable adult safe-guarding requirements of all SH services are growing over time. We are now also seeing a crisis in recruitment to the speciality, particularly among junior doctors who should be our new generation of Sexual Health Consultants and a reduction in consultant posts for them to recruit into. The complexities of managing STIs is growing with the emergence of resistance strains of gonorrhoea and *Mycoplasma genitalium*.

1.2 Cornwall Services

1.21 Executive Summary

Cornwall has developed high quality county-wide SH services over the last 20 years in collaboration with local Public Health Services. The transfer of commissioning to the cash-strapped Cornwall Council has led to year on year cuts against a background of increasing demand for services. The service has now been put out to tender with a much reduced financial envelope in which to deliver a new service commencing 01 April 2019. We are extremely concerned about the viability of such a service and the resulting negative impact on the Sexual Health of Cornwall.

1.22 Background

20 years ago, Level 3 (SH) services in Cornwall were extremely outdated, being delivered from a wooden hut on the old City Hospital Site and at only 2 other sites on weekly basis in Newquay and Penzance. Since then, RCHT has worked with Public Health Services in Cornwall to develop county-wide integrated GU/Contraception services in multiple sites across Cornwall. We have an extremely dedicated team of 2 part-time and 2 whole time consultants, supported by a skilled nursing and admin team. We have a purpose-built central facility, “the Hub” on RCHT premises. We were one of the roll-out sites for the introduction of Chlamydia Screening (the only rural site selected) and we also offer high quality HIV services. Up until now we have had excellent patient feedback and the CQC rating of our services was ‘Good’, with acknowledgement of the strong clinical leadership and governance measures in place.

1.23 Demand/Access

Level 3 Face to face services: in 2016/7 RCHT SH services delivered 23,364 patient episodes of care. There has been a year on year increase in demand for services. Level 3 SH services are provided as a mixture of drop-in and appointment services. They are provided at the Hub and then either weekly or fortnightly in 12 other locations; the majority of which are integrated services. There is a drop-in service in Cornwall daily Mon-Frid and Saturday morning provision.

The Cornish population has very little ethnic diversity, but there is a significant burden of sexual ill-health among the < 25 year olds and men who have sex with men (MSM), many of whom are reluctant to openly identify as such further increasing their vulnerability. Cornwall has areas of high rural deprivation which are
usually a proxy indicator for poor sexual health. The proposed 50,000 new homes being built with the Cornwall 5 year plan, will create further demand on the SH services.

1.24 Funding

We have been obliged to make significant savings over the last few years, leading to the closure of dedicated Young People’s contraception services in St Austell and Bodmin. We have also been unable to replace several highly skilled nurses and consultant and specialty doctor hours have decreased. The year-on-year increased demand for SH services has led to the service having a budget deficit of 300k (total budget just under 3m), which the hospital has asked us to address. This has resulted in further loss of service provision in peripheral clinic locations. The Council have now advised us regarding their intention to tender the services. The projected reduction in funding for the services we currently offer is at least 450k when compared with the existing budget, for a contract of 3y+2y+2y, with no built in inflationary capacity. The resulting financial deficit to the service over the 7 year period is therefore in the region of 35% in real terms. Across the SW region, most other services are being asked to make cuts of between 18-20%.

The direct impact of these cuts will be a reduction in service provision in all areas of Cornwall. This will obviously have an immediate and profound impact on access for patients. In sites, such as Newquay and Penzance, we are looking at having to move from a model of weekly drop-in followed by an appointment session to fortnightly appointment only clinics. In all other areas where we currently have weekly provision we are likely to be forced to reduce access to fortnightly.

Despite many approaches over the last 3 years to the Council requesting pilot funding for digital on-line services, this has been repeatedly refused. The Council had advised their intention to develop a digital service for patients, but now this has been added to the requirements for the service specification of the new level 3 Service, to be delivered within the reduced financial envelope. This major project will be extremely time consuming and expensive to develop. It will however produce benefits for low-risk asymptomatic patients and may avoid clinic attendances for some people in this group. It will also help to increase access for those patients who are unable to get to a face to face facility and so address unmet need which is likely to be significant in such a rural county. We believe there may be little if any overall reduction in face to face contacts at SH clinics as a result of on-line testing. This may make the project unaffordable without significant investment.

The risks of these huge real-time reductions in finance are obvious, including patients having to cope with the symptoms of STIs for longer before they can be seen, the public health risk of increasing STI rates and an increase in teenage pregnancy risks. We see an extremely vulnerable group of patients, many of whom have safeguarding issues, and it is likely that the most vulnerable, including the very young and those with mental health problems will suffer the most.

In addition, we are having to look at reviewing the diversity of SH services offered; therefore allied sexual health services most of which are mainstream within in the specialty nation-wide, are at risk and may be lost due to the proposed finding cuts. These include genital dermatology services, services for patients with genital pain syndromes, psychosexual services and management of patients with chronic non-STI conditions such as recurrent bacterial vaginosis and candida. There is no other capacity within the existing healthcare system to manage these highly symptomatic and often distressed patients.

From a staffing point of view, we envisage having to potentially lose the equivalent of 1 or more consultants, 1.5 specialist middle-grade doctors and a considerable number hours of trained nursing and support staff time. This will obviously significantly reduce SH services within the county and may also lead to a fragmentation of HIV services, that are separately commissioned but provided by the same team providing clinical SH Services.
Importantly, the service has an established training commitment including a full-time specialist registrar, a full time GP specialist trainee and F2 medical trainee, medical and nursing students, and also provides training for other doctors within the Trust including gynaecology and paediatric trainees and other doctors, nurses and youth workers providing sexual health care in county. A reduction in senior doctor and nurse capacity will seriously endanger this training ability and may lead to penalties for the provider.

It is our understanding that the clinical SH services currently delivered by Brook < 25 yr olds in Cornwall (predominantly oral contraception condoms and STI testing) which are also being tendered and have also been subjected to significant financial cuts.

1.25 In Summary

Cornwall currently has good specialist SH services, which have been built up over many years with the help and support of our public health colleagues and the Cornwall SH partnership group. Clinics in new locations have been developed as a results of previous formal public health needs assessments and reports.

The financial cuts threatened as a result of reductions in LA funding from central government over recent years, and the tendering of SH service outside the structure of the NHS, risk seriously damaging the ability to provide viable, safe and comprehensive SH services for the Cornish population and to train and support staff to deliver these services for the future.

1.26 Recommendations

We would urge the Health Select Committee to ask the government to

- Strongly recommend the immediate reversal of any further cuts to the public health budget
- Reinvest in these critically important services
- Transfer commissioning of SH services to the CCGs
- Hold the LGAs to account for commissioning decisions and the resulting impact on clinical services

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