Written evidence from Mr Mike Passfield

Parliamentary Health and Social Care Committee
Sexual Health inquiry submission 2018

As the provider of integrated contraception and sexual health services (iCaSH) in Bedfordshire, Cambridgeshire, Norfolk, Suffolk and Peterborough, we welcome the opportunity to submit our experience on providing these services and our concerns about any further reductions to public health budgets.

We manage 165,000 contacts a year across our regional services and care for 3000 people living with HIV, delivering complex contraception services which people would otherwise have to access in the more expensive, less convenient hospital setting. As a direct consequence of the long term contracts commissioners have entered into with us, as a single supplier, we have been able to invest in 10 new hubs and sexual health facilities across the east of England.

However, public health budgets have reduced nationally and this has equated to a reduction of £1.4 million over the last few years across the services we deliver. Rather than reduce the quality of services offered, we have:

- taken the difficult decision to reduce opening hours in seven clinics and close clinics in nine localities, working closely with commissioners to target these where they would have least negative impact. The activity that would have been undertaken in these clinics equates to 3.2% of the overall contract activity in Cambridgeshire: 0.6% in Norfolk, and 3.4% in Suffolk. Whilst percentage-wise the impact is relatively low, people living in these often rural areas, will now have to travel longer distances to access alternative clinics.

- Appointed a single innovative pathology provider across our regional services from April 2016 resulting in 8% savings across our iCaSH services

- Invested in our staff. We have devised a unique ‘Dual Training’ programme, up-skilling Specialist Nurses to deliver integrated contraception and sexual health services, and developed a new role (the Associate Clinical Nurse Specialist) to support registered nurses to expand their skills into specialist nursing

- Introduced a comprehensive modernisation and innovation programme which has reduced the number of times certain groups of people need to visit clinic, thereby freeing up clinic space for those that need face to face contact. This programme has included:

For Long Acting Reversible Contraception:

- Injectable LARC implants, where clinically appropriate, are now undertaken in a single appointment (rather than a pre-assessment appointment and a fitting appointment).
- Injectable LARCs (non implants) now involve one visit rather than four per annum by providing education and teaching on self-administration
providing 12 months-worth of oral contraceptive supplies, reducing the number of follow up appointments required
introducing the provision of telephone advice in Cambridgeshire, with 855 telephone conversations resulting in the delivery of contraceptive advice in 2017/18
investing in training and development so that nurses can undertake coil fittings (previously undertaken by consultants only) and developing dual trained nurses (sexual health and contraception) so service users can have all their needs met in one appointment
supporting our colleagues in primary care by both delivering LARC/contraception training for GPs and Practice Nurses and facilitating the accreditation of several GPs to provide LARC training themselves to colleagues in primary care; both of which increase the potential for LARC uptake
The proportion of women presenting for emergency contraception who receive a copper IUD within our regional services is approximately double the 7% achieved at a national level. The copper IUD is almost 100% effective at preventing pregnancy following non-use or imperfect use of contraception in contrast to the other option - hormonal emergency contraception (‘the morning after pill’) which has a variable efficacy and in some circumstances may be completely ineffective. Therefore national guidance is that all eligible women should be offered an IUD for emergency contraception as the first line choice. Furthermore, those women fitted with an emergency IUD have also been provided with a highly effective LARC method for ongoing contraception.

For Sexually Transmitted Infections:

- Introduced an online and postal Express Testing services for STIs which provides confidential screening for anyone aged 16+ and asymptomatic Online, confidential and discreet self-screening for STIs, with built in signposting and ‘call backs’ to ensure robust safeguarding. Over 12,000 kits were sent out in the first year of operation with positivity rates which are on par with traditional testing in clinics.
- We are in the vanguard nationally, operating a clinically-led pilot testing for Mycoplasma Genitalium amongst clinically appropriate patients, which is already demonstrating significant benefits to testing for this common STI routinely in the UK.

As a result of the above modernisation programme:

- STIs: Over 12,000 express test kits were sent out in the first year of operation with positivity rates which are on par with traditional testing in clinics. Due to the success of this programme, we have, with commissioners, made the decision to make Express Test the sole route for accessing STI testing for asymptomatic people in Norfolk and Suffolk to date
- Long Acting Reversible Contraception: we have seen an average 34% increase in LARC activity across our services, despite funding reductions, with only one area (Cambridgeshire) seeing a slight decrease of 3.4%

In summary, we have managed the impact of public health budget reductions to date through a comprehensive innovation and modernisation programme. For many, this has resulted in more accessible and convenient services. For some, particularly those living in rural areas, this has resulted in them travelling much further for services.

We are confident that our iCaSH services are now running effectively and efficiently. We are concerned that any further budget reductions will have a significant impact on the quality of services we deliver and in turn would affect the health outcomes of those we see,; some of whom are particularly vulnerable. The recently published Public Health England report ‘Contraception: Economic Analysis Estimation of the Return on Investment (ROI) for publicly
funded contraception in England’ supports the need for provision of publicly provided sexual
health services. The report identified that, assuming that if contraception were not publicly
provided, LARC use would be replaced by condom and pill use, there is a Return on
Investment across the public sector of £4.64 per £1 spent over 5 years, and £9.00 per £1
invested, over 10 years. The analysis within the report only refers to direct savings to public
sector budgets so is a conservative estimate of ROI that does not capture the wider societal
impacts of unplanned pregnancy on the outcomes of the mother and child.

We therefore strongly support the findings of this report i.e. that cuts to contraceptive services
will cost the government in both the short term and long term, through an increase in
healthcare, education and welfare costs from unplanned pregnancies. Prevention was
identified by the new Secretary of State for Health as one of his three priorities for the 10 Year
Plan and we strongly urge the Committee to identify the need for additional and ongoing
investment in public health budgets.

Mike Passfield RN QN MSJ MSc FRSPH FIHM MInstLM MCMI
Head of Integrated Contraception & Sexual Health Services

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