Written evidence from Stonewall

Introduction

1. Stonewall warmly welcomes this opportunity to respond to the Health and Social Care Select Committee inquiry into sexual health. This response will highlight the specific sexual health inequalities faced by LGBT people, the impact of changes in funding and commissioning on LGBT people's access to sexual health services, and what needs to be done to address this urgently.

2. Stonewall is Britain’s largest organisation campaigning for LGBT equality. Through our Diversity Champions programme, we support organisations including NHS England, the Department of Health, over 50 NHS trusts and 50 county councils to create LGBT-inclusive workplaces and deliver inclusive services. In late October will be publishing LGBT in Britain: Health Report, research with YouGov into the health needs and experiences of LGBT adults, and we have developed extensive resources for public services on LGBT inclusion.

LGBT people and sexual health

Sexual health inequalities among LGBT people

3. The most recent statistics from Public Health England show that rates of Sexually Transmitted Infections (STIs) remain high, with gay and bi men particularly affected:

- The number of diagnoses of bacterial infections remain high among this group, with gay and bi men accounting for 78 per cent of diagnoses of the 7,137 cases of syphilis recorded 2017; the largest annual number of cases reported since 1949.
- Among gay and bi men, cases of gonorrhoea rose by 21 per cent and chlamydia by 17 per cent from 2016 to 2017.
- New diagnosis of HIV also disproportionately affects gay and bi men (accounting for 2,330 of the 4,383 new HV diagnoses in 2017). Diagnosis rates among gay and bi men have dropped by 31% since 2015, with the decline particularly focused in parts of London.

4. Among lesbians and bi women, a Public Health England systematic review of health needs found that there are higher rates of some types of STIs (primarily bacterial vaginosis). However, because there is no routine publication of prevalence data on STIs among lesbians and bi women (as there is for gay and bi men), evidence is not as robust. The review also found that there is a significantly higher rate of pregnancy among adolescent lesbians and bi women. This was especially the case among bi adolescents, with a rate of pregnancy twice as high as their heterosexual peers. Studies have also shown consistent barriers to accessing sexual health services for lesbians and bi women.
5. There is very limited evidence about trans people’s sexual health. The National Aids Trust states that while there have been few epidemiological studies about HIV prevalence among trans people, those that exist have identified high HIV prevalence, with global studies finding that trans women are at particularly high risk. Trans respondents to the National LGBT Survey were more likely to report negative experiences with sexual health services than cis respondents.

Commissioning and delivery

Funding

6. Since responsibility for sexual health service was transferred to local authorities in 2013, there have been significant budget cuts (of £200 million from April 2015 to 2016, with the subsequent Spending Review announcing 3.9 per cent budget cuts across public health from April 2016 to April 2021, totalling at least £600 million). Although local authorities are mandated to provide open access, confidential sexual health services, this is having an impact on their ability to provide services. In June, a BBC investigation found that almost half the councils in England were planning to cut spending on sexual health clinics at risk of closure or reduced opening hours.

7. The Local Government Association has warned that sexual health services are at a ‘tipping point’. Statistics published by council leaders show a 13 per cent rise in attendances at sexual health clinics since 2013. They have reported having to turn people away, even where they have symptoms of STIs, because appointments are fully booked. This stretch is reflected in a reduction in testing, with Public Health England finding that chlamydia testing has fallen by 61% since 2015.

8. The British HIV Association (BHIVA) and British Association for Sexual Health and HIV (BASHH) have also released data from surveys showing widespread agreement among clinicians that the standard of HIV and sexual health services is significantly deteriorating across the UK. As local authorities look to protect more expensive clinical services, BHIVA and BASHH data showed a significant strain on prevention, which is likely to include specialist LGBT support and outreach services.

9. Stonewall welcomed the recent data from Public Health England which recorded a fall in new HIV diagnoses in 2017. Clinical trials demonstrate that pre-exposure prophylaxis (PrEP) is extremely effective at reducing a person’s risk of contracting HIV, and in September 2019 the UK High Court announced that it rejected an application by Gilead to extent its patent on branded Truvada, thereby allowing the NHS to significantly reduce costs by using generic PrEP. There have been reports that several trial sites in England are turning away gay and bi men seeking to access PrEP through its national trial due to rising demand. It is therefore vital that PrEP is made routinely available via NHS England from 1 April 2019.

Fragmentation in commissioning systems

10. Since the introduction of the Health and Social Care Act 2012, changes in the public health commissioning have led to a significant impact in the division of commissioning responsibilities for sexual health. Multiple agencies (including Public Health England, local authorities, clinical commission groups and NHS England) are
involved, yet there is not any accountability across the system and a lack of national coordination on priorities for improving sexual health and wellbeing.

11. Due to the significant inequalities faced by LGBT communities, Stonewall believes that there should be increased accountability for local commissioning decisions, with clinical commissioning groups and local authorities mandated to undertake equality impact reviews. The new post of the National LGBT Health Advisor may also have a role in coordinating government bodies to ensure that health inequalities are reduced.

**Training and development of the workforce**

12. Barriers to access for LGBT people and experiences of anti-LGBT discrimination are commonplace across health and social care services. Due to the short-term nature of procurement of sexual health services, there is a reduced incentive to provide continuing education and training, including on diversity and inclusion. This is particularly concerning given that Stonewall’s *LGBT in Britain: Health Report (due for publication in October 2018)* found that:

- **Almost one in four** LGBT people (23 per cent) – including **40 per cent** of trans people – have witnessed discriminatory or negative remarks made against LGBT people by healthcare staff.
- **One in six** trans people (16 per cent) and **two per cent** of cisgender LGB people have been refused care by a health care service because of being LGBT.
- **One in eight** LGBT people (13 per cent) – including **32 per cent** of trans people, **20 per cent** of LGBT disabled people and **19 per cent** of BAME LGBT people – have received unequal treatment from healthcare staff because they are LGBT.
- **One in ten** LGBT people (10 per cent) have been outed without their consent by health care staff in front of other staff or patients.
- **One in four** LGBT people (25 per cent) – including **half** of trans people (48 per cent) – have experienced inappropriate curiosity by healthcare staff because of being LGBT. **Thirty per cent** of lesbians have experienced this, compared to **17 per cent** of gay and bi men.

**Signposting to services through Relationships and Sex Education**

13. Statutory status for Relationships and Sex Education (RSE) provides a great opportunity to ensure that all young people are given the knowledge, skills and values they need to protect their sexual health and have happy, healthy relationships.

14. It is Stonewell’s view that, as it stands, the draft guidance from the Department for Education (currently out for consultation) needs to be strengthened to ensure that it is inclusive of and relevant for all students, including LGBT pupils. It needs to be clear that students have a right to confidential advice and support, and signposts them to local sexual health services, including specialist LGBT services.

**Recommendations**
15. Funding of the public health system must be urgently addressed in the upcoming Spending Review. The Secretary of State for Health should commit to protect the public health budget to protect both prevention and clinical services.

16. There must be a clarification in the accountability for the delivery of sexual, reproductive health and HIV services and the inequalities that LGBT people face. The National LGBT Health Advisor should monitor and challenge each of the national bodies involved in the system to restore accountability for LGBT people’s sexual health and wellbeing. This should include commissioning new research, particularly on barriers to access for lesbian and bi women and trans people.

17. A new standard contract should be developed for sexual health providers, which includes standards on LGBT inclusion and requirements for staff training. Before services are put out to tender, a thorough equality assessment should be undertaken to determine the requirements of the local population, with specific consideration of the local LGBT community.

18. It is essential that PrEP is made routinely available from 1 April 2019 to ensure that everyone who needs PrEP is able to access it in a timely manner.

19. New Relationships and Sex Education guidance should be strengthened to make sure that all young people receive an LGBT-inclusive education. This should include signposting to specialist LGBT support and outreach, as well as clinical services.

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