Written evidence from Wendy Majewska

I am writing in my capacity as a Registered Nurse who has worked in Sexual Health and HIV since the early 1980’s. I have helped develop these services to meet the needs of those living with HIV, those with psycho-sexual issues, those most vulnerable to STI’s, those experiencing or vulnerable to Child Sexual Exploitation and those who have experienced rape and sexual assault.

In summary

- Sexual health services are poorer in my view, and the views of my colleagues, than they were 10 years ago across England
- Open access has reduced significantly
- If we reduce Health Advisers and those trained in identifying and supporting those most vulnerable we will stop finding those vulnerable to infection or sexual exploitation
- Rochdale Sexual Health Advisers were key in identifying issues of exploitation, if you do not look you do not see. Those vulnerable or experiencing CSE do not usually walk into a service stating that they are ‘being exploited’. It is intelligence gathering form an experienced and skilled team enabling early identification and support to be put in place
- Commissioners are not held sufficiently to account and can contribute to breaking up strong and high quality services to put a specification out to tender

In 2017, Central London Community Health (CLCH) with Chelsea and Westminster (C&W) were awarded the contract to provide sexual health following a tendering process in the boroughs of Wandsworth, Richmond and Merton. CLCH were the sole bidder for the service, the incumbent provider St Georges NHS trust did not bid. There was a feeling amongst local providers that the reduced financial envelope was insufficient to meet the service specification in the tender document. We understand other potential bidders did not bid for the same reasons as well as concerns about the lack of availability of suitable premises.

The tender specification separated sexual health services from HIV services leading to fragmented pathways and a significantly more complex patient journey. It reduced the ease of access for HIV patients to receive sexual health screening, fragmented staffing roles and led to a more complex staffing model necessitating a duplication of roles in relation to ensuring sexual health screening can be more easily available within HIV services.

During the mobilisation period CLCH appeared to not want to meaningfully engage with the clinical team lacking a rudimentary knowledge of the complexity of an inner city integrated sexual health service serving a diverse and often vulnerable population. Many clinical staff reported a sense of CLCH seemingly uninterested in providing a safe service of sufficient quality meeting patient need.
During mobilisation a staffing model was shared. This model was clearly inadequate and unworkable. At a meeting on 15/8/17 between St Georges, CLCH and the commissioners about the staffing model, CLCH acknowledged that the model was inadequate and was withdrawn as it did not meet the complex psychosocial and safeguarding needs of the service. This original model proposed cutting the health adviser team from 6WTE to 2 WTE. It was stated by commissioner Richard Wiles that a revised service model would have at least 4 WTE health advisers.

CLCH had been awarded the contract and the specification required them to secure an adequate site space to meet the requirements of the service specification. However, after 6 months of mobilisation and approx. 1 month before the service was due to transfer it became clear that no site had been secured for the clinic and instead proposed that the clinic moved form a purpose-built HIV and Sexual Health service centre with 20 clinical room into a sharing a space within a GP surgery with 6 clinical rooms available. They secured another site and then offered a separate clinic 1 hr bus ride away within a hospital which had 3 clinical rooms available.

This lack of planning and securing of appropriate estates resulted in:

- The main clinic in Balham having to share a waiting area with the GP surgery causing a reduction in young and vulnerable clinic attendees who were unhappy at their confidentiality not being maintained in a shared waiting area.

- The clinic at Balham was converted into a clinic which resulted in inadequate soundproofing; the issue was raised by clinicians with CLCH immediately the clinic opened, however no remedial action was taken by CLCH until there was a serious incident regarding a breach in patient confidentiality, when a service user had both their sexuality and diagnosis overheard by another patient waiting outside the clinic examination room. This resulted in distress and safety concerns for the patient.

- The move to the premises in Balham was publically opposed by the clinical team, President of the British Association of Sexual Health and HIV, local community groups and 3 local MP’s. Despite this the council and CLCH disregarded these concerns and the service was moved into these premises on 2nd October 2017 with the clinic open to patients on 3rd October.

1. The transition period presented a number of challenges and issues for both staff and patients; basic supplies were not available, the clinic lacked routine medication, patients were sent to local pharmacies with completed FP10s to receive treatment with further risk of breaking confidentiality, for weeks staff had to go to local pharmacies to buy pregnancy tests as none were available, telephone lines to book appointments were inadequate with patients waiting up to and beyond an hour to book an appointment. There was also inadequate publicity advertising the move and explaining the new booking system to the local population. Initially the service went from 6 days a week walk in access with booked appointments and specialist clinics available to a service with no walk in service available for anyone aged over 21. There continues to be a marked reduction in availability of walk in
clinics for patients. Before the service was tendered it often saw 600 patients a week who walked in and now this is reduced to 60 per week. Patients have to ring in advance to book an appointment, this has disadvantaged certain groups who find it difficult to call in advance particularly the young and vulnerable. There has been a reduction in specialist young people’s clinics in Wandsworth.

2. There is little faith that the current provider, with little experience or apparent willingness to learn about complex STI management, will be able to provide a Level 3 sexual health service that can meet the complex needs of patients attending.

Despite a number of delegations to Wandsworth Overview and Scrutiny committee by local community groups there has been little evidence that any organisation is being held to account to delivering the contract as laid out in the service specification. There has been a failure of rigorous systems to ensure that when services go out to tender that successful bidders are held to account to deliver the contract.

However, sadly I do not believe that this is unique to Wandsworth. Having worked in sexual health for many years, and managed a complex HIV and Sexual Health Service meeting the needs of the most vulnerable, the principles of sexual health clinics appear to have changed. I recently worked for a few months helping to manage STIs for an abortion provider service. This entailed contacting women when they were extremely vulnerable just having had their termination of pregnancy and advising them that they had an sexually transmitted infection. In trying to help the most vulnerable of these access clinics in order to obtain swabs and treatment for gonococcal infections I found myself frequently having to to almost ‘fight’ to get access for the women concerned. Often the most vulnerable need to be supported to access care, they do not need artificial barriers. I was both heartened and dismayed. I felt that ‘at least it wasn’t only Wandsworth’ that had seen it’s excellent service stripped apart, but it was in a number of areas across the country. Alternatively it was heartbreaking to know that the excellent sexual health clinics, of which the UK led the world, had appeared to leave behind their open access, seen within 48 hour service, to become an appointmented service similar to Primary Care. Those most vulnerable to sexual ill health need services that meet their needs. We need responsive, easily accessible, walk in provision for those that need it. Appointmented services work for some patients but generally those most at risk are often not terribly good at booking an appointment for ‘a week next Tuesday’ and keeping to it!

September 2018