Written evidence from Dr Amy Bennett

I work in Guildford, Surrey, as a Consultant in Genitourinary Medicine and HIV. I have noticed first-hand the effect that funding cuts have affected my speciality. Locally there have been closures of a number of clinics, highly experienced and trained staff leaving their posts, and huge transitions between changing service models, which have left patients and staff anxious. Non-core services, such as genital dermatology, have been decommissioned.

1. Within Surrey, the pre-existing three providers were amalgamated under plans for one single provider to take on the contract in April 2017 for integrated GUM, SRH and HIV care, with an approximate 30% reduction in budget for the service over the term of the contract.

2. The number of hub and spoke clinics have reduced due to service closures. The clinic in which I worked (St Peter’s Hospital, Chertsey) was closed, along with a number of other hub and spoke services across the county. Speaking from my own personal experience, the closure of the Chertsey clinic has left a void in the geographical clinic representation across the North of the county, meaning patients have to travel additional distances to access the remaining services.

3. Of a total of 3 consultants, 6 non-consultant grade doctors, 5 nurses, 1 HIV pharmacist, 3 Health Advisors, 2 HCAs and 6 administrative staff previously employed at Chertsey GUM clinic, only 6 have remained within the new Surrey service (1 consultant, 5 administrative, 1 nurse). This represents a significant loss of often highly skilled and trained staff. Of the remaining staff who underwent TUPE to the new provider, many needed to compete in a selection process for the more limited posts within the new service.

4. Changing models, whilst necessary and expected in order to provide a service within new financial constraints, did lead to a period of some uncertainty for patients and staff. Changes include but are not limited to the following; switching from walk-in to appointment based clinics, days and times of clinic opening, sites of clinic opening, clinic closures, IT systems and accessibility of historical notes, referral pathways, appointment booking processes, use and promotion of online testing kits, contact details for clinics, processes for repeat prescriptions of HIV drugs.

5. Non-core services, such as genital dermatology and management of genital pain syndromes, have been decommissioned in Surrey. Provision of such services has remained within the acute trusts, meaning that patients identified within GUM services need to be referred across for ongoing care.

In summary, it is my opinion that the budget cuts to Sexual Health Services in Surrey and the resulting necessary changes in service structure have the potential to cause a lasting detrimental effect.

1st October 2018