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This evidence is submitted on behalf of senior sexual health service clinicians in Dorset. We are seriously concerned that the commissioning changes and funding restrictions are leading to a serious decline in the sexual health of our community.

Context

For many years the sexual health services in Dorset have maintained informal clinical links. These have not been easy to maintain when commissioning responsibilities are fragmented or when competitive tenders have been imposed. However, in recent years Public Health Dorset has developed a vision to commission a pan Dorset integrated sexual health service. The current providers, Dorset Healthcare Trust, Royal Bournemouth Hospital and Dorset County Hospital, have agreed to integrate acute and community sexual health services under a single commissioning process, with Dorset Healthcare as the Lead provider. Clinicians have formalised the clinical network and are working closely together to provide a seamless pathway for patients with an increased focus on prevention. By combining back office functions and changing work patterns, the network plans to increase efficacy and cost-effectiveness.

Executive Summary

1. Initially, everyone agreed to provide a response to the House of Commons request but we are all so busy that two months was just inadequate. In addition to our increasing clinical workload, we spend a lot of time collecting mandatory data for performance management and contract meetings, yet this information does not seem to us to inform commissioning priorities.
2. All three provider services have been exposed to increased demand at a time when workforce numbers are in decline and funding has been severely restricted.
3. We are trying to work differently and put more emphasis on prevention but need extra funding to enable us to do this.
4. Pressures in the NHS as a whole, especially in primary care, have increased pressure on open access sexual health services. For example, more women are requesting cervical smears because they cannot make an appointment at their GP surgery.
5. Reductions in access to sexual health services disproportionally hit those who are most vulnerable – for example, young people, men who have sex with men (MSM), those with learning difficulties and mental health issues, sex workers, those for whom English is not their first language, and those who do not have access to internet or smart phones.
6. Over the rainbow is a Local NHS clinical service for MSM. In order to remain in its ideal location, staff have had to resort to crowd-funding. The rates of sexually transmitted disease at this clinic are 18 times higher than the average GUM clinic.

Evidence
1. **Access and Demand.**

In Bournemouth there is a six week wait for intrauterine contraceptive insertions, whereas 6 years ago this was less than two weeks. Increased numbers of staff have been trained to insert these devices. The increase in request for long acting reversible contraception (LARC) has been driven by increased public knowledge but also a reduction in the number of GPs who are able to fit LARC.

The LARC activity in primary care does not provide proportionate access to women for this service and, the shortfall, particularly in the West is picked up by the Community Sexual Health Services (C&SH). Recent LARC activity data showed that the community Trust is the main LARC provider in three localities in Dorset – Mid Dorset (89.2 insertion rate per 1,000), Purbeck (45.1) and West Dorset (22.3) and where GP activity is very low. This has a negative impact on the C&SH financially, delays in appointment times and an inability to meet the needs of more vulnerable populations for sexual health services, particularly in preventative and early intervention services.

Women are being diverted to Community clinics for services they are not commissioned to provide – e.g. LARC intervention for heavy menstrual bleeding and menopause management.

This has had a negative impact on community health services financially, and led to delays in appointment times and inability to meet the needs of more vulnerable populations.

The phone line for the Dorset sexual health services regularly deals with approximately 2,000 appointment requests per month. They are not able to accommodate everyone; each month between 150-200 requests for asymptomatic screening cannot be accommodated and an average of 400 patients per month are unable to be given an appointment. This is ten times worse in the Bournemouth and Poole conurbation than in west Dorset.

The GUM clinic at Royal Bournemouth Hospital does not record turn ways , as it does not provide a walk-in service. However, the Same Day Service (SDS) does record how many people can’t get through. Recently, approximately 2,000 people/month (crude data) were unable to get into the SDS. The number of slots available is entirely dependent on the number of staff. This is clearly concerning.

Patients are understandably becoming more aggressive as a result of the frustration due to - lack of access. Reception staff bear the brunt of dealing with these increasingly angry patients and so retention rates fall. In 2012 the C&SH service had 206.5 administrators hours; in 2017 they have 128.5 hours.

2. **Reduction of walk- in service**

In order to cope with demand, the contraceptive team have had to abolish this service which has led to a reduction in number of young people accessing services. The GUM service at Dorset County Hospital has reduced the age cut off for its integrated one stop walk-in clinic from under 25 to under 18 years. Walk-in clinics for those aged 18 and over have been replaced by same day clinics. These are regularly closed due to lack of staff, and patients are frequently turned away.

3. **Reduction in public health funding**

The budget is being reduced by approximately 20% over a 4 year period to 2019/20. For sexual health services, this translates into a reduced investment of £1 million over a 4 year period. The community service has had to close 5 outreach Contraception and sexual health clinics. The
GUM service at the Royal Bournemouth Hospital has had to close two of their evening clinics and staffing has reduced significantly. Most of the negative comments from patients concern access.

The reduction in local government funding seems to have coincided with an increase in the threshold for social services accepting referrals for children with safeguarding concerns. Higher referral thresholds for Child and Adolescent Mental Health Service ("serious" rather than "moderate" mental health problems) means that sexual health services are left with vulnerable young people who are unable to access specialist mental health services.

Staff have noted that all children who have attended the clinic and have been identified at risk of Child Sexual Exploitation (CSE) are already known to other services.

4. **Negative impact on services for LGBT patients.**
   Over The Rainbow (OTR) has provided advice and support services for the Lesbian, Gay, Bisexual & Transgender (LGBT) community across Dorset since 2001. Based in Bournemouth, this clinic serves a population that is at high risk of physical and psychological ill-health through sexual risk taking, high rates of recreational drug use and alcohol consumption, and social inequality. STI rates are 18 times higher than the average GUM clinic. Bournemouth is one of the high prevalence areas of HIV infection in the UK.

   The OTR service has had a base in the middle of Bournemouth, which is ideally situated, easily accessible and located in the heart of the gay community. The premises are not in a traditional healthcare setting, and are also used by other non-statutory organisations and individuals. There is evidence that the service is used by high risk hard to reach individuals who are unwilling to engage with mainstream services.

   The lease for OTR premises was due for renewal in October 2016. Public Health Dorset did not wish to renew the lease because of the cuts in public health funding, and forthcoming loss of ring-fencing of public health funds. Dorset County Hospital were asked to consider options for future provision of the service but they felt that they could not take on this additional cost pressure cost because their annual funding for sexual health had been cut by 6.6%. The highly trained, extremely competent, enthusiastic and award winning health advisers raised enough money for a year’s lease through crowdfunding.

   Sadly as from 28th September, we have had to close the premises. The GUM service will be transferred to the local Sexual Assault Referral Centre (who have offered the use of their premises free of charge) and other services scattered to other premises. The impact of these actions will show over time. The new premises have less space so the service will be much smaller. This is likely to result in longer waiting times for appointments and a likely knock on effect for public health. This high risk population should be a commissioning priority.

5. **Workforce issues**
   All services have had reductions in staffing. This is partly due to recruitment freezes, as a result of the funding cuts, but poor morale has also had an adverse effect on staff retention and recruitment. Staffing shortages make it harder for staff to take annual or study leave. This has caused difficulties with training both for staff trying to increase or maintain competencies and for staff who train others e.g. GPs and pharmacists.

   There are no speciality GU Trainees in the entire Wessex regions. No Specialty Trainee (ST)3 in the last recruitment round wanted to train in Wessex. When foundation doctors are asked why, they state that they have no confidence that there is a future in the specialty. Whereas in 2010
courses for the Diploma in sexual and reproductive health were oversubscribed (50 plus per year), now we are lucky to get 2 doctors who wish to train.

Dorset no longer runs a Sexually Transmitted Infection foundation Course (STIF) course due to lack of enthusiasm (and partially due to time constraints on staff needed to run the course).

The contraceptive team have been unable to recruit nurses to band 6 posts and do not have the funds to employ locum doctors, even though there are well qualified candidates willing to take up these posts. If doctors take annual leave, they are not replaced which leads to waiting lists to see doctors and pressure not to take leave.

One of the band 6 Health advisors from RBH left recently, and one band 7 is leaving. RBH GUM used to have six band 6 nurses; now they have two (one new and one about to go on maternity leave). Fixed term contracts have led to an increase in less suitable candidates applying. Both services are employing untrained staff, who they train in house but this takes time.

Staff morale is low in both the contraceptive community service and RBH GU Medicine and both services have noticed increasing number of skilled staff leaving to move to other specialities.

6. **Reduction in standards**
   Lack of funding locally means that we cannot follow national guidelines regarding testing for Mycoplasma genitalium.

7. **Lack of funding and commissioning for non-core sexual health services**
   Management of complex, non-STI GUM conditions such as genital dermatosis and chronic pelvic pain are not commissioned or funded by either Public Health or the Dorset CCG. This is despite it being well-recognised that we provide a valuable service, without which referrals to and pressure on other services such as dermatology, gynaecology and urology would increase significantly. GPs continue to refer patients to GUM, and patients also self-refer, as they present with a symptom rather than a diagnosis.

   An increasing number of women are referred to contraceptive clinics for services that they are not commissioned to provide e.g. LARC intervention for heavy menstrual bleeding, menopause management, management of premenstrual tension. The CASH is not sure if they can continue to afford to see these women, and the CCG, who do commission these services, are reluctant to help with funding. It always seems to be “someone else’s problem”.

8. **Increase in STIs**
   In common with the rest of the UK, rates of serious sexually transmitted infections have increased significantly in the last year. Infectious syphilis in Dorset has doubled over the first six months of 2018, compared to the same time period in 2017 and gonorrhoea has almost tripled.

   This is of great concern at a time when capacity and access to services have reduced.

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