

## **Submission: Royal College of Nursing (RCN) response to Health and Social Care Select Committee Inquiry into Sexual Health, September 2018**

### **Summary**

- Access to sexual health and reproductive services has dropped by 24% in the past ten years. Pregnancy termination rates in women over 30 are increasing. Cases of Syphilis are up 148% since 2008; cases of Gonorrhoea increased 22% in 2017 compared to 2016; and antibiotic-resistant strains of infection are being detected. Many clinics have closed, moved to less convenient locations or reduced their opening hours or services, and there is evidence that patients with STI symptoms are finding it more difficult to access appointments within 48 hours.
- Investment in contraception leads to significant savings elsewhere in the NHS. Furthermore, cutting public health funded elements of sexual and reproductive health provision risks increasing demand on other parts of the health system which are struggling, notably general practice.
- We therefore welcome this opportunity to contribute to the Committee's inquiry into sexual health. Our submission reiterates the concerns we raised in our recent report 'Sexual and reproductive Health: RCN report on the impact of funding and service changes in England'. In this, we argued that the cuts to public health budgets (and within that cuts to sexual and reproductive health (SRH) funding), combined with changes to the commissioning of SRH services, has left services at tipping point and risks undoing the progress achieved over the last two decades.<sup>1</sup>

### **Recommendations for action on Sexual and Reproductive Health (SRH)**

- The UK Government should reprioritise sexual and reproductive health services for all, with funding and action to support this. An updated Strategic Framework which retains a focus on prevention, addresses the broad spectrum of issues within SRH, and is accompanied by a robust monitoring framework would be timely. It is important to capture and build on learning from the many successes in SRH.

### *Funding*

- The Government must reverse cuts to public health funding in England and allocate sufficient funding to ensure that consistent high quality public health services can meet the health needs of local populations in England.
- The funding mechanism for public health delivered by Government through Local Authorities (LAs) must be sustainable and equitable: the formula for funding public health should follow an assessment of local health needs rather than the ability of a local authority to generate funds.
- LAs must be required to provide assurance that they have allocated sufficient funding to support high quality SRH services and ensure that SRH services are delivered effectively.

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<sup>1</sup> The report is based on intelligence gathered our members, including from a survey of over 600 nurses working in sexual health and from our regional offices across England

### *Commissioning*

- The Government should review the currently fragmented commissioning arrangements for SRH services in England, which are impacting service quality and access, and identify an approach which best supports integrated care.

### *Standards and training*

- Ongoing SRH workforce training and education and should be a mandatory inclusion in provider contracts.
- Online providers of SRH services should adhere to the same guidance and standards as face-to-face services and adhere to best practice for prescribing and safeguarding of children and vulnerable adults. The education and training for staff providing online services should equate to that expected from professionals in clinics.
- Employers must support nurses and other staff working in SRH to access relevant Continuing Professional Development (CPD) and other learning and skills development with protected time and funding.

### *Workforce*

- The Government must introduce a plan for delivering and developing the SRH workforce, as part of the strategic health and care workforce plan required to address the workforce crisis in the UK. This must be based on data-driven workforce modelling to meet the needs of the population now and in the future supports the development of career pathways to address recruitment and retention. The RCN calls for legislation in England to establish Government accountability for workforce supply, to secure nurse staffing for safe and effective care, across all health and care settings, including public health.

## **Supporting Information**

### **Recent trends in Sexual and Reproductive Health Services**

- 1.1. Major advances have been made in SRH services in England since the landmark National Strategy for Sexual Health and HIV was published in 2001<sup>2</sup>. The implementation of this strategy was supported by funding and action at all levels, raised the profile of SRH, led to increased funding and awareness and focused on service redesign, prevention and promotion amongst the population.<sup>1</sup>
- 1.2. As sexual health became normalised within the health system, service provision improved with increased access to screening, testing and treatment for Sexually Transmitted Infections (STIs) and Human Immunodeficiency Virus (HIV). The huge reduction in England's teenage pregnancy rate, increased STI testing rates and a focus on innovation and improving access are some of the many achievements of the drive for better SRH.
- 1.3. However, during the five years since public health services were moved into local authorities, changes to the commissioning and provision of SRH services, funding reductions and recruitment freezes have compromised the availability and quality of services and threaten many of these earlier gains. In May 2018, we published our report highlighting the precarious state of England's SRH services. This was based on intelligence from our regional teams and frontline members across England about

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<sup>2</sup> Department of Health The national strategy for sexual health and HIV 2001 London: Department of Health, 2001

services being decommissioned or significantly redesigned, resulting in wide variation in provision and accessibility for their patients.<sup>ii</sup>

- 1.4. Nurses working in SRH services told us that they are concerned that the public are being left unprotected and quality is diminishing due to staffing shortages, an inadequate skill mix, lack of training, low morale and a tick box culture.<sup>iii</sup> As record demand for SRH services puts the system under huge pressure<sup>iv</sup>, nurses reported having to turn patients away from some services.<sup>v</sup>
- 1.5. Urgent action must be taken to protect and strengthen SRH services in England in order to avoid a major public health crisis. To build on the progress achieved following the 2001 Sexual Health Strategy, the Government should reprioritise SRH, with leadership and commitment at all levels to reducing inequalities and achieving good SRH for all. An updated Strategic Framework, with action and funding behind it and prevention at the core is necessary. Where policies and actions have been effective, such as the HPV vaccination<sup>vi</sup> and the reductions in teenage pregnancy rates, it is vital that we learn the lessons of these for future planning, design and delivery of services.

## **Commissioning and delivery of Sexual and Reproductive Health services**

### *Commissioning*

- 2.1 SRH services have undergone dramatic changes since commissioning was transferred from the NHS to local authorities in 2013. These changes have created a lack of accountability arrangements at local and national level, severely limited oversight and scrutiny and made SRH services more vulnerable to financial pressures.<sup>vii</sup>
- 2.2 We have highlighted the inconsistent nature of the commissioning process. Contraception provision and HIV testing, for example, are commissioned by three different bodies. Nurses report that this makes it more difficult for people to identify and access services, thereby exacerbating health inequalities between those who are able to navigate the complex system and those who are not.<sup>viii</sup>
- 2.3 This variability in commissioning arrangements has led to fragmentation<sup>ix</sup>, a lack of clear responsibility for funding, and undermined efforts to plan and deliver a holistic, integrated service. For example whilst there has been a drive to promote the HPV vaccination of school aged girls, concurrently access to HPV screening has been undermined by the diversity of service provision and commissioning across the country.
- 2.4 As the Faculty of Sexual and Reproductive Health (FSRH) set out in its vision for SRH in the UK, care must be integrated *“around the needs of the individual, not institutional silos, with people able to get integrated/holistic advice and support across the breadth of SRH including contraception and STI testing and treatment”*.<sup>x</sup> Commissioning must support integrated care and be inclusive of other organisations that are inextricably linked, in order to improve referral pathways between services. For example maternity services should support midwives to screen for STIs and offer contraception post-delivery, school nurses should be supported to deliver emergency contraception, and termination services should consistently offer ongoing methods of contraception.

### *Access/Demand*

- 2.5 NHS Digital data shows that there were 24% fewer contacts with dedicated SRH services in 2016/17 compared to 2006/7, which has raised concerns about access to services.<sup>xi</sup>

- 2.6 The Faculty of Sexual and Reproductive Health has argued that cuts to public health budgets mean that local authorities cannot maintain service provision, resulting in fewer people being able to access the services they need locally. Furthermore, cuts are likely to have a disproportionate impact on the most vulnerable, and on individuals living in the most deprived areas of the UK, who are already most at risk of negative SRH outcomes<sup>xii</sup>. Restricting access to SRH services will impact negatively on population health and inequalities in the longer term, which in turn will impact wider services and systems.
- 2.7 As pregnancy termination rates in women over 30 are rising, new research reveals that almost half of councils in England have closed sites providing contraceptive services since 2015. This means more than 6.2 million women of reproductive age (15-49) live in an area where the council has reduced the number of sites delivering contraceptive services.<sup>xiii</sup> This reduces women's access to the most effective and reliable forms of contraception, known as long-acting reversible contraception (LARC), which is the preferred choice of contraception for women over 30.<sup>xiv</sup>
- 2.8 While services in England are being reduced, demand is rising. Record numbers of people are accessing SRH services<sup>xv</sup>; cases of Syphilis are up 148% since 2008<sup>xvi</sup>; cases of Gonorrhoea increased 22% in 2017 compared to 2016; and antibiotic-resistant strains of infection are being detected.<sup>xvii</sup>
- 2.9 Rather than reduced STI rates, which would be a significant marker of progress, diagnosis rates in 2017 remained largely stable with 2016. There is concern that this stabilisation of infection rates could actually result from fewer tests being carried out rather than a real drop in infection rates.<sup>xviii</sup> Higher demand with reduced services means people will be waiting longer for diagnosis and treatment, or could be discouraged from accessing treatment at all.
- 2.10 Many clinics have closed, moved to less convenient locations or reduced their opening hours or services, and there is evidence that patients with STI symptoms are finding it more difficult to access appointments within 48 hours.<sup>xix</sup> In London, which has the highest STI rate in England<sup>xxi</sup>, the RCN has raised concerns to the Mayor of London about reductions in clinics, with the greatest reduction in 'tier 3' SRH services which treat patients with more complex, symptomatic conditions. In Lambeth and Southwark, the number of clinics reduced by half last year and across London boroughs, staff are leaving or facing redundancy. Guy's and St Thomas' NHS Foundation Trust reduced the number of its clinics from six to three last year and according to the Trust's impact report had to "turn away" 11,447 patients on their day of attendance across its remaining three sites between April-September 2017.<sup>xxii</sup>

### *Funding*

- 2.11 Despite the Government's aim to reducing the demands on acute care services by expanding community-based care and improving public health<sup>xxiii</sup> and contrary to evidence that indicates the cost-effectiveness of public health interventions<sup>xxiv</sup>, local authority public health budgets were 5% less in 2017/18 than they were in 2013/14. This led to substantial cuts to SRH services. Overall, LA budgets for SRH services reduced by £30 million between 2016/17 and 2017/18, resulting in the closure of many clinics and more services being offered online, even in the areas where the need is greatest.<sup>xxv</sup>

- 2.12 This loss of funding is undermining the progress that had been achieved in promoting an integrated SRH service, and restricts the ability of those within the service to plan for the future in terms of staff recruitment and development. This further compounds staffing issues and impacts on the quality of provision.
- 2.13 There is a growing consensus that cutting SRH budgets represents a ‘false economy’, with initial cost savings outweighed by longer term expenses.<sup>xxvi</sup> In 2015, the FPA warned that every £1 lost to SRH could cost the public purse up to £86 overall, whereas every £1 spent on contraception saves over £11 to costs elsewhere in the NHS<sup>xxvii</sup>. Furthermore, cutting public health funded elements of SRH provision risks increasing demand on other parts of the health system which are struggling, notably general practice.<sup>xxviii</sup> Unless public health is protected and ring-fenced, there is a risk that cuts will be politically easier to defend to local communities than cutting acute services.
- 2.14 We remain concerned about the Government’s plans to replace the public health grant with funding through LA business rate retention from April 2020. This risks further reductions in public health spending as LAs struggle to balance budgets and competing priorities, particularly for those who are unable to increase income by developing business activity in their area. Economically depressed areas in greatest need of public health support are likely to be the worst impacted by this change.<sup>xxix</sup>

#### *Service provision*

- 2.15 There has been a welcome focus on innovation in the context of service provision, with the aim of increasing accessibility and responding to growing demand from service users. This includes moving towards delivery of care via digital platforms and online portals which integrate various elements of SRH services, such as online access to STI testing kits that enable patients to carry out tests at home. Wider SRH and contraceptive advice is also being made available through these online portals, which then prompt individuals to seek additional support from local services if needed.
- 2.16 However, in London the RCN has raised concerns about the management of the roll out of the new online service designed to replace face-to-face consultations, which was delayed by seven months whilst SRH clinics continued to close. The remaining clinics are struggling to meet demand and patients with developed symptoms are facing longer waits and journey times for treatment. Clinic closures and staff losses leave individuals with complex and urgent care needs without adequate access to services and delays in diagnosis or treatment could put more people at risk.
- 2.17 While we welcome innovation, it is crucial that quality and safety standards are maintained, which will depend on how the provision is set up. The transition from online to clinic services and safeguarding issues must be key considerations. It is also imperative that online provision is not driven by cost savings, or commissioned in isolation from, or instead of, existing services with recognition that patients must be able to choose the service that best meets their needs. This is particularly important with regard to patients who cannot access the online services or home testing kits, examples include individuals living in orthodox religious communities or experiencing domestic violence, or younger people who prefer to access services elsewhere. This must be considered within plans to reduce face-to-face services.

- 2.18 Online providers should adhere to the same guidance and standards as face-to-face services and adhere to best practice for prescribing and safeguarding children and vulnerable adults. Furthermore, the education and training for staff providing online services should equate to that expected from SRH professionals in clinics.

#### *Prevention*

- 2.19 All STIs are preventable and any reduction in SRH prevention activity could lead to another generation missing key messages on ways to prevent the spread of infections. Here again we emphasise the importance of integrated commissioning in England with prevention messages as part of wider healthcare, particularly in school nursing provision, primary care and maternity where discussions about safe sex and prevention should be built in to standard contracts, with mandatory relationship and sex education.

#### **Workforce issues**

- 3.1 Nurses are integral to the delivery of quality SRH services and play a diverse range of roles across a range of settings including awareness raising, detecting infections, fitting devices and issuing contraception. Previously SRH was not mandatory in the curriculum for student nurses and teaching staff had varying levels of expertise, leading to wide variation in nurses' skills and training. Therefore the RCN welcomes the new Nursing and Midwifery Council standards of proficiency for registered nurses which include the need for staff to promote health (with SRH included in this) and we look forward to these being embedded in the curriculum.
- 3.2 In our response to our SRH survey, 57% of respondents to our SRH survey reported that there had been a reduction in the number of registered nurses where they work and 62.5% said they did not have the right staffing levels, with the majority pointing to recruitment freezes as the reason behind shortages.<sup>xxx</sup>
- 3.3 Retention and recruitment of nurses in SRH is a key area of concern. Low morale, concerns about quality of care, and a lack of access to training and development and career progression are key reasons for poor retention rates. In terms of recruitment, members report that SRH is not regarded as attractive to new staff and raised concerns about the diminishing options for education and training.<sup>xxxi</sup>
- 3.4 We need sufficient nursing staff across the system, with the right skills, knowledge and experience to deliver safe and effective care but the workforce problems in SRH is part of a broader trend of nursing shortages which can be seen across the whole of the UK, demonstrating an ongoing workforce crisis. The RCN is calling for legislation which would introduce accountability at Government level and at Board level within employer organisations, and grow the UK health and care workforce. Alongside this legislation, the Government must deliver a comprehensive workforce strategy based on systematic analysis of the numbers and/or training required to meet the system needs, to ensure that there is an adequate supply of nursing staff to meet the needs of the population. Based on the workforce strategy, specific workforce plans should be developed at national, regional and local level to support strategic objectives as detailed in the workforce strategy and supported by robust commissioning arrangements for pre- and post-registration education and development.
- 3.5 There remains a need for high quality post-registration education and training for nurses to develop the specialist skills and knowledge required to meet service needs. However in response to our SRH survey question about access to appropriate and accredited post-

registration SRH qualification, 63% stated that being able to devote time to their study was a concern. Funding for CPD and problems with being released from work were also cited as issues by the majority of respondents to our survey.<sup>xxxii</sup>

- 3.6 In order to deliver a high quality service, nurses and other staff working in SRH need protected time and funding to access relevant CPD and other learning and development and they require support to do so from employers. Locally commissioned providers are responsible for ensuring that there are sufficient staff numbers to deliver the services and the outcomes that have been commissioned, and this should be detailed in service contracts and specifications. Commissioners have a responsibility to ensure that the service specification supports ongoing training and education and should be a mandatory inclusion in provider contracts.

### About the Royal College of Nursing

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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<sup>i</sup> Progress and priorities – working together for high quality sexual health Review of the National Strategy for Sexual Health and HIV, produced for the Independent Advisory Group on Sexual health and HIV by Medical Foundation for AIDS and Sexual Health (MedFash) July 2008

<sup>ii</sup> The report is based on intelligence gathered our members, including from a survey of over 600 nurses working in sexual health and from our regional offices across England

<sup>iii</sup> Based on responses to our survey published in RCN (2018) 'Sexual and reproductive Health: RCN report on the impact of funding and service changes in England'

<sup>iv</sup> Local Government Association (2018) *Record demand on sexual health services putting system at tipping point*

<sup>v</sup> Based on responses to our survey published in RCN (2018) 'Sexual and reproductive Health: RCN report on the impact of funding and service changes in England'

<sup>vi</sup> The HPV vaccination in school-aged females has contributed to a 90% reduction in diagnoses of first episode genital warts in 15 to 17 year old girls since 2009 according to PHE Sexually transmitted infections and screening for chlamydia in England, 2017

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/713962/hpr2018\\_AA-STIs\\_v5.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713962/hpr2018_AA-STIs_v5.pdf)

<sup>vii</sup> Kings Fund 2017 <https://www.kingsfund.org.uk/blog/2017/03/what-do-cuts-sexual-health-services-mean-patients>

<sup>viii</sup> RCN (2018) 'Sexual and reproductive Health: RCN report on the impact of funding and service changes in England'

<sup>ix</sup> BMA 2018 <https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/public-health-budgets> and RCGP Sexual and Reproductive Health TIME TO ACT 2017

<sup>x</sup> FSRH 2015. *Better care, a better future: a new vision for sexual and reproductive health care in the UK.* [pdf] London: FSRH. Available at: <https://www.fsrh.org/about-us/our-vision/>

<sup>xi</sup> <https://www.fsrh.org/news/fsrh-statement-data-srh-services-nhs-digital/>

<sup>xii</sup> BMA 2018 <https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/public-health-budgets>

<sup>xiii</sup> Advisory Group on Contraception (AGC) 2018 'Cuts to contraceptive care deepen as new data reveal half of councils closed sites providing contraception since 2015' <http://theagc.org.uk/wp-content/uploads/2018/09/2018-FOI-audit-press-release-1.pdf>

<sup>xiv</sup> <http://theagc.org.uk/wp-content/uploads/2018/09/2018-FOI-audit-press-release-1.pdf>

<sup>xv</sup> <https://www.theguardian.com/society/2018/sep/01/sexual-health-clinics-in-england-see-record-demand-amid-budget-cuts>

<sup>xvi</sup> DRAMATIC INCREASE IN SYPHILIS AND GONORRHOEA LEAVE SEXUAL HEALTH SERVICES AT TIPPING POINT, British Association for Sexual Health and HIV June 2018

<https://www.bashh.org/news/news/dramatic-increase-in-syphilis-and-gonorrhoea-leave-sexual-health-services-at-tipping-point/>

<sup>xvii</sup> PHE 2018 Sexually transmitted infections (STIs): annual data tables

<https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>

<sup>xviii</sup> FPA Unprotected Nation 2015 <https://www.fpa.org.uk/influencing-sexual-health-policy/unprotected-nation-2015>

<sup>xix</sup> Until 2010, the Department of Health had a mandatory 48 hour-access target for symptomatic patients.

<sup>xx</sup> Kings Fund April 2017 <https://www.kingsfund.org.uk/blog/2017/03/what-do-cuts-sexual-health-services-mean-patients>

<sup>xxi</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/731736/spotlight\\_on\\_sexually\\_transmitted\\_infections\\_in\\_london\\_2017\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731736/spotlight_on_sexually_transmitted_infections_in_london_2017_data.pdf)

<sup>xxii</sup> <https://www.bbc.co.uk/news/uk-england-london-42771665>; RCN London Region intelligence 2018

<sup>xxiii</sup> Five Year Forward View 2014 <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> ; Five Year Forward View Next Steps 2017; PHE Health promotion for sexual and reproductive health and HIV: strategic action plan, 2016 to 2019; A Framework for Sexual Health Improvement in England 2013; One of the DHSC's priorities for 2017-18 is to "transform out-of-hospital care to keep people living healthier for longer in their community" (<https://www.gov.uk/government/organisations/department-of-health-and-social-care/about#our-priorities>).

<sup>xxiv</sup> According to one study, for every £1 invested in public health, £14 will subsequently be returned to the wider health and social care economy (Masters R, Anwar E, Collins B et al (2017) Return on investment of public health interventions: A systematic review. Journal of Epidemiology and Community Health pp1-9)

<sup>xxv</sup> BMA 2018 <https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/public-health-budgets>

<sup>xxvi</sup> Why cutting spending on public health is a false economy, <http://www.ox.ac.uk/research/why-cutting-spending-public-health-false-economy> ; 'False economy' warning as councils plan £85m worth of cuts to public health spending; 12 July 2017, Michelle Madsen, The Pulse <http://www.pulsetoday.co.uk/news/commissioning/false-economy-warning-as-councils-plan-85m-worth-of-cuts-to-public-health-spending/20034792.article>

<sup>xxvii</sup> FPA 'Unprotected Nation 2015 An Update on the Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services', 2015

<sup>xxviii</sup> RCGP Sexual and Reproductive Health TIME TO ACT 2017

<sup>xxix</sup> <https://www.ifs.org.uk/publications/10551>

<sup>xxx</sup> RCN (2018) 'Sexual and reproductive Health: RCN report on the impact of funding and service changes in England'

<sup>xxxi</sup> RCN (2018) 'Sexual and reproductive Health: RCN report on the impact of funding and service changes in England'

<sup>xxxii</sup> RCN (2018) 'Sexual and reproductive Health: RCN report on the impact of funding and service changes in England'