

About BASHH

The British Association for Sexual Health and HIV (BASHH) is the lead professional representative body for those managing sexually transmitted infections (STIs) and HIV in the UK. It has a prime role in education and training, in determining, monitoring and maintaining standards of governance in sexual health and HIV care. BASHH also works to further the advancement of public health in relation to STIs, HIV and other sexual health problems and acts as a champion in promoting good sexual health and providing education to the public.

Response Summary

BASHH welcomes the opportunity to respond to this consultation from the Health and Social Care Committee. The response seeks to highlight the importance of ensuring that broader public health services, including those for sexual health, are prioritised within any future health policy reforms, as a failure to do so will represent a major missed opportunity to strengthen outcomes and support ongoing efforts to 'level up' the health of the country. It also emphasises the need to specifically incorporate sexual health within the ambition to deliver health services through a co-commissioning approach.

The goals of the White Paper to promote collaboration over competition, support closer integration, reduce bureaucracy and deliver increased accountability within the system are all ambitions that BASHH support, and strongly believe should be expressly applied within the sexual health sector itself. In light of existing challenges in the area, many of which had stemmed from the Health and Social Care Act 2012, the need for a new sexual health policy direction was recognised by the Health and Social Care Committee itself, with the final report from the Committee's 2019 inquiry into sexual health recommending that a new strategy be developed by the Government to help deliver more joined-up commissioning and set out a clear national framework against which to deliver local services.¹ The Government agreed to this recommendation in October 2019², however the process for developing a new strategy has not yet begun and is needed more urgently than ever.

A positive direction of travel: reversing the impacts of the Health and Social Care Act

BASHH is supportive of the broad direction of travel set out within the Government's White Paper and welcomes the ambitions it contains around promoting collaboration over competition, supporting closer integration, reducing bureaucracy and delivering increased accountability within the system. These are especially welcomed considering some of the detrimental impacts that emerged from the Health and Social Care Act 2012 for sexual health services. In particular, the legislation caused a significant amount of disruption and fragmentation within sexual health, with the commissioning responsibility for varying functions split between numerous different organisations, causing confusion and reducing inefficiency.

Whilst STI prevention, testing and management, HIV prevention and diagnosis and contraception provision and management sat under the responsibility of local authorities, NHS England assumed the responsibility for the commissioning of HIV treatment and care, whereas Clinical Commissioning Groups (CCGs) were made responsible for commissioning community gynaecology, genital dermatology and psychosexual health services. Despite some pockets of good local practice, on the whole this led to increased fragmentation and complicated service delivery across the sector, as well as blurring the lines of accountability for when problems emerged. The Act also created new and burdensome tendering arrangements, which through their often short-duration timeframes have inhibited service planning and led to staff having to spend significant amounts of time away from clinical, frontline duties.

Considering the importance of addressing these issues, it is therefore somewhat concerning to see a relative lack of specific detail included within the White Paper with respect to how its plans will affect the delivery of critical public health functions moving forwards, including those for sexual health.

The need for more clarity around public health proposals

The impact of the Covid-19 pandemic has highlighted just how important it is to support the best possible public health outcomes for the widest population. Whilst it is therefore encouraging that the White Paper recognises the determination ‘to ensure that public health, social care and healthcare work more closely together in the future than ever before’, there is a complete absence about the mechanics for achieving this, beyond a commitment for an update on the design of the public health system to be published ‘in due course’.

The Government’s Green Paper on Prevention recognised the importance of facilitating significantly increased involvement in the commissioning of sexual health services from the NHS, as a means of ensuring that care could be more joined-up and prevention better embedded into the patient pathway.³ It is therefore critical that the intended move towards collaborative commissioning, as set out within the White Paper, extends to include sexual health services. It is only through NHS and local government functions being fully integrated that we will move away from the fragmentation that currently exists in the sector, and achieve a system that properly supports longer-term planning, innovation and a patient-centred approach to service delivery.

We would therefore urge the publication of more detail and a specific timetable for the Government’s public health proposals, which places at its heart close engagement and co-development from stakeholders working in the area.

Ensuring public health investment

It is also important that plans for strengthening public health are accompanied by increased investment for services. Sexual health services, which are funded in England through the local authority public health grant, are facing enormous pressures as a result of increasing demand and persistent budget cuts. These services went into the Covid-19 pandemic against a background of the highest number of HIV positive individuals accessing care, rising contraception needs, and record levels of various sexually transmitted infections (STIs). Gonorrhoea diagnoses were at their highest in a generation, syphilis rates at levels not seen since World War 2, and the need for antimicrobial resistance monitoring placing more complex demands on clinical services. General demand for services has also increased hugely in recent years, with the number of sexual health consultations in 2019 7% higher than the previous year, and 141% higher than 2011.⁴

Unfortunately, the increasing need for high-quality sexual health services and rising demands being placed upon them have come at a time when funding for services has come under unprecedented pressures. The ring-fenced public health budget, from which sexual health services are funded, has faced hundreds of millions of pounds in cuts since 2014/15, victim to the perception that they constitute ‘non-NHS services’, thereby making them an easier target for budget cuts. Calculations from the IPPR, based on local government data, show an estimated £850 million decline in net public health expenditure in England since 2014. Expenditure on sexual health services has been cut by almost £200m in this period, with a disproportionate amount of the cuts falling on the most deprived areas of the country.⁵

With these figures in mind, it is essential that as part of the plans to reform the health system, steps are also taken to prioritise increased investment for both sexual health and public health services more broadly.

Maintaining confidentiality

Patient confidentiality has been the bedrock of sexual health services in this country since the introduction of the Venereal Diseases Act 1917 and it is essential that the Government’s plans for the future of the

health system do not jeopardise this key tenet. We highlight this with reference to the mention within the White Paper of the development of a new data strategy which will aim to ‘set the direction for data in a post-pandemic system’. Whilst we welcome the broad ambition to improve data sharing and interoperability between different data systems within the NHS, it is also essential that safeguards around the non-disclosure of sensitive information are built into any new approach. This is particularly relevant in the context of issues such as HIV status and protecting patient anonymity upon sexual health clinic attendance.

Further information

For any further information on this consultation response, please contact bashh@mandfhealth.com

¹ Health and Social Care Committee. Sexual Health: Fourteenth Report of Session 2017-2019. May 2019. Available online here: <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1419/1419.pdf>

² Department of Health and Social Care. Government Response to the Health and Social Care Committee report on Sexual Health. October 2019. Available online here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/841189/government-response-to-health-and-social-care-committee-report-on-sexual-health-print-version.pdf

³ Department of Health and Social Care. Advancing our health: prevention in the 2020's. July 2019. Available online here: <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>

⁴ Public Health England. Sexually transmitted infections and screening for chlamydia in England, 2019. September 2020. Available online here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914184/STI_NCS_P_report_2019.pdf

⁵ IPPR. Hitting the poorest worse? How public health cuts have been experienced in England's most deprived communities. November 2019. Available online at: <https://www.ippr.org/blog/public-health-cuts>

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