

## Protection of women's sexual and reproductive health services following the September 2018 findings of the Advisory Group on Contraception

House of Lords, Oral Question  
Thursday 11 October

### About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

### Key points

- The public health grant to local authorities is being cut by an average 3.9% a year until 2020/21.<sup>1</sup> In 2017-18, this meant that local authorities had 5% less to spend, in real terms, on commissioning public health services for their local populations than the resources they had at their disposal in 2013/14.
- Consequently, local authorities have significantly reduced spending on a range of public health activities – certain sexual health services have been most affected by the cuts.<sup>2</sup> Between 2016/17 and 2017/18, local authorities' budgets for sexual health services reduced by 5% (£30 million), with recent data indicating a further 3% cut in 2018/19.
- The Advisory Group on Contraception's latest findings<sup>3</sup> reveal a "an acceleration in the number of councils reducing sites delivering contraceptive services". Almost half of England's councils have closed sites providing contraceptive services since the in-year public health budget cuts of 2015.
- The BMA's 2018 report, *Feeling the squeeze: The local impact of cuts to public health budgets in England*,<sup>4</sup> outlines our longstanding concern that local authorities cannot maintain their levels of sexual and reproductive health provision with decreased resources. The consequence of which is that fewer people are able to access the services they need locally.
- We urge the Government to reverse cuts to public health funding, and to make sufficient funding available to ensure that sexual health services (amongst a wider range of public health services) can meet the health needs of local populations.

<sup>1</sup> BMA report, *Funding for ill-health prevention and public health in the UK*. Available at: <https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/policy%20research/public%20and%20population%20health/funding-for-ill-health-prevention-and-public-health-in-the-uk.pdf> (accessed 08/10/18)

<sup>2</sup> Department for Communities and Local Government: Local authority revenue expenditure and financing England: 2016/17 budget individual local authority data and 2017/18 budget individual local authority data.

<sup>3</sup> Advisory Group on Contraception, *Cuts to contraceptive care deepen as new data reveal half of councils closed sites providing contraception since 2015*. Available at: <http://theagc.org.uk/wp-content/uploads/2018/09/2018-FOI-audit-press-release-1.pdf> (accessed 08/10/18)

<sup>4</sup> BMA report, *Feeling the squeeze: The local impact of cuts to public health budgets in England*, 2018. Available at: <https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/public-health-budgets> (accessed 08/10/18)



## Recommendations

- **Cuts to public health funding should be reversed, and sufficient funding made available to ensure that public health services can meet the health needs of local populations.** Any new mechanism for funding public health services in England must be adequate and sustainable; and should be monitored for its impact on health inequalities.
- **There should be greater recognition of the evidence that prevention and early intervention is cost-effective, and a renewed focus on maintaining access to cost-effective public health services that reduce future demand for healthcare.** Any new models of service provision routinely audited for their effectiveness and cost-benefit.
- **Common, minimum standards for the provision of public health services in England should be established, to address local variation in the quality and quantity.** These standards should be monitored and maintained by an independent body.

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