

Memorandum of evidence from the British Medical Association to the House of Commons Health and Social Care Select Committee's inquiry into sexual health

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.

We welcome the select committee's inquiry into sexual health as an opportunity to highlight the BMA's longstanding concern regarding cuts to the public health budget in England. It is especially relevant to this inquiry in light of the finding that certain sexual health services have been most affected by these cuts.¹

The BMA, and other key health stakeholders, have issued a joint statement² calling on the Government to reverse the damaging cuts to local public health funding; and to provide sufficient investment that ensures all patients have access to high-quality sexual health services, wherever they live.

Executive summary

- Analysis of funding data³ demonstrates that cuts to the public health grant will average 3.9% a year until 2020/21. This reduction in the Government's investment in the public health grant to local authorities, and the knock-on impact that these cuts have on service provision, is resulting in people being unable to access vital public health services in their local areas.
- Local authorities are not resourced to adequately support the health of their populations, which has led to significant cuts to local public health services that are known to be cost-effective. Sexual health promotion, prevention, and advice services have suffered the greatest cuts (in percentage terms) compared to any other public health service.
- 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.
- There should be greater recognition of the evidence that prevention and early intervention is cost-effective,⁴ and a renewed focus on maintaining access to cost-effective public health services, including sexual health services, that reduce future demand for healthcare.
- **The BMA believes decreased spend on, and provision of, public health services is likely to have a detrimental impact on population health, increase future demand for treatment services, and risk widening health inequalities.**

¹ 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.

² BASHH, 'Save our sexual health services' public petition. Available at: <https://www.bashh.org/news/save-our-sexual-health-services-public-petition/>

³ 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>

⁴ BMA report, *Are UK governments utilising the most effective evidence-based policies for ill-health prevention?*, 2017.

Available at: www.bma.org.uk/-/media/files/pdfs/collective%20voice/policy%20research/public%20and%20population%20health/are-uk-governments-using-evidence-based-policies-ill-health-prevention.pdf

Sexual health and sexual health services

Commissioning and delivery of sexual health services

Funding

- 1.0 The public health grant to local authorities is being cut by an average 3.9% a year until 2020/21. 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.
- 1.1 Consequently, local authorities have significantly reduced spending on a range of public health activities. 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.
- 1.2 There have been particularly significant cuts to services providing sexual health promotion, prevention and advice – with funding for these services reducing by over 30% between 2016/17 and 2018/19. On a national scale, this is one of the most significant cuts (in percentage terms) suffered by any public health function.
- 1.3 In terms of the commissioning of other sexual health services, local authority budgets for the delivery of contraception services have decreased by nearly 4% between 2017/18; and funding for testing and treatment services for STIs (sexually transmitted infections) have fallen by 3% over the same time period.

Access

- 2.0 Concerningly, reductions in spending on sexual health services in some areas do not reflect the needs of the local populations. For example, there have been significant cuts to testing and treatment services for STIs in areas of high population-need. According to 2016 data, Lambeth has the highest level of new sexually-transmitted infections of all local authorities in England. Yet, between 2016/17 and 2017/18 Lambeth Council cut its funding for sexual health services providing promotion, prevention and advice by over 85%. Moreover, in 2017 three out of six sexual health clinics across Lambeth and Southwark closed, with more services being delivered online.
- 2.1 **The variability in commissioning arrangements for sexual health services in England, and the fragmentation of services as a result of this, must be addressed. The BMA is concerned that cuts to public health services mean that local authorities cannot maintain their levels of sexual and reproductive health provision. The consequence of which is that fewer people are able to access the services they need locally.**

Recent trends

- 3.0 Although the number of diagnoses of new STIs in England fell by 4% between 2015-16, recent data from PHE⁵ shows a marked increase in the rates of diagnoses for specific diseases – including a 12% increase in syphilis diagnoses (the largest number of diagnoses reported since 1949).
- 3.1 Particularly worrying are the potential impacts of a spread of antimicrobial resistance, which makes treatment much more difficult. Between 2016-17, diagnoses of gonorrhoea increased by over 20%, and there have been concerns raised recently about the emergence of extensively

⁵ Public Health England, *New data reveals 420,000 cases of STIs diagnosed in 2017*, June 2018. Available at: <https://www.gov.uk/government/news/new-data-reveals-420000-cases-of-stis-diagnosed-in-2017>

drug resistant gonorrhoea in England.⁶ The BMA has repeatedly warned⁷ about the threat of a ‘post-antimicrobial age’, where current antimicrobials will be ineffective due to increasing levels of resistance.

3.2 Drug resistant infections represent a major public health issue. They are already responsible for an estimated 700,000 deaths globally, per year. Without action to stop the spread of resistance it has been estimated this figure could reach 10 million by 2050.

3.3 Consequently, budgets cuts to vital public health services – such as those providing testing and treatment for STIs – have significant potential to undermine the wider efforts to tackle antimicrobial resistance.

Prevention – universal HPV vaccination, as a specific example of evidence-based policy-making

4.0 The BMA has been a longstanding advocate⁸ that universal HPV (Human Papilloma Virus) vaccination is the most effective way of preventing HPV-related infection and disease across our society.

4.1 In July 2018, the JCVI (Joint Committee on Vaccination and Immunisation) published its updated evidence review,⁹ advising the Government that extending the HPV vaccination to boys would be cost-effective. Following the JCVI’s expert recommendations, and sustained lobbying by the BMA and others, we are pleased that the UK Government has made a commitment to extend the HPV vaccination programme to boys. We would like to see details of the implementation programme published without delay.

Action at national and local level

5.0 Public health services that are known to be cost-effective, including sexual health services, are being significantly cut due to inadequate funding to local authorities to fulfil their public health functions. The BMA believes this is likely to have a detrimental impact on population health, increase future demand for treatment services, and risk widening health inequalities.

BMA recommendations (as outlined in the BMA’s 2018 report, ‘Feeling the squeeze’)¹⁰:

6.0 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.

6.1 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

⁶ PHE, Sexually transmitted infections and screening for chlamydia in England, 2017 (published 5 June 2018)

<https://www.gov.uk/government/news/new-data-reveals-420000-cases-of-stis-diagnosed-in-2017>

⁷ To read more about the BMA’s work on antimicrobial resistance, visit our website: www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/antimicrobial-resistance

⁸ BMA briefing for a parliamentary debate on HPV vaccination for boys (2 May). Available at: www.bma.org.uk/-/media/files/pdfs/collective%20voice/influence/uk%20governments/bma-briefing_westminster-debate-on-hpv_july2018.pdf?la=en

⁹ JCVI, *JCVI statement: extending the HPV vaccination programme – conclusions*, July 2018. Available at:

<https://www.gov.uk/government/publications/jcvi-statement-extending-the-hpv-vaccination-programme-conclusions>

¹⁰ 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>

reduce future demand for healthcare. Any new models of service provision routinely audited for their effectiveness and cost-benefit.

6.2 **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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