The Faculty of Sexual and Reproductive Healthcare (FSRH) welcomes the opportunity to respond to the consultation on the Government’s Mandate to NHS England to 2020.

The Faculty of Sexual and Reproductive Healthcare (FSRH) is a membership body of over 15,000 doctors and nurses delivering sexual and reproductive health (SRH) across the UK in both General Practice (10,000 members) and Specialist Contraceptive/SRH Services. The FSRH is a charity whose aims include producing and promoting high standards in SRH, providing national qualifications in SRH and providing learning opportunities for its membership – ultimately to improve care to women and men using SRH services wherever they are provided.

We are particularly keen to demonstrate our agreement with the Government’s overarching aims for the Mandate to NHS England, as well as its priorities for the health and care system. As the representative body of the bulk of SRH healthcare professionals in the UK, we unreservedly support the prioritisation of preventing ill-health and supporting people to live healthier lives.

However, we would also highlight that the recently confirmed £200 million public health cuts fundamentally undermine the aims and priorities that are outlined in this document by negatively impacting on NHS services. With this in mind, we recommend that, for the Mandate to have its desired impact on productivity and efficiency, it should set out a clear strategy as to how NHS England can work together with Local Authorities to provide leadership on public health and in turn meliorate NHS outcomes, efficiency and expenditure.

1. **Is there anything else we should be considering in producing the Mandate to NHS England?**

   Broadly speaking, FSRH agrees with the aims that the Department of Health outlines for the Mandate to NHS England.

   However, as this consultation states that the Government wishes to ‘endorse the NHS’s own plan for change, the Five Year Forward View’, which itself envisions ‘a radical upgrade in prevention and public health’¹, the FSRH believes that the Mandate should have a clear strategy as to how NHS England can work collaboratively with Local Authorities to galvanise public health. The **NHS Five Year Forward View** explicitly states ‘[…]we’re piling on billions of pounds in future taxes just to pay for

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preventable illnesses." FPA’s new report *Unprotected Nation 2015* calculates that even if the current access to contraception scenario were to be maintained, healthcare costs associated with unintended pregnancy would amount to a very substantial £4,975 million over the 2015-2020 period. Therefore, if public health, and particularly sexual and reproductive healthcare, were better utilised NHS services (as well as individuals and society) would reap both the health and financial benefits. with this strategy in place, the mandate could encourage mutual relationship between Local Authorities and NHS England that ultimately would lead to the melioration of NHS outcomes, efficiency and expenditure.

More specifically, since the system reorganisation brought in by the Health and Social Care Act, SRH service commissioning has been split across Local Authorities and different NHS commissioning bodies with no clear, established line of accountability for these services at a national level. Therefore, we believe that the Mandate should clearly set out who is ultimately responsible for sexual and reproductive health services at a national level and which aspects of SRH within this specifically fall under the charge of the NHS.

2. **What views do you have on our overarching objectives of improving outcomes and reducing health inequalities?**

FSRH supports the Government’s overarching objectives of improving outcomes and reducing health inequalities. However, we question the efficiency of implementing £200m in cuts to public health budgets in a bid to achieve this, as cutting funding is leading to inefficiencies as well as inequalities in services. Our joint FSRH and BASHH Rolling Survey (2015) has found that existing budget cuts have had a negative impact on health inequalities in sexual and reproductive healthcare. These cuts are resulting in significant variations in the quality of care and outcomes across England and increased pressure on NHS services, in particular those delivered in acute and primary care settings.

The findings from a new, online ComRes survey, which surveyed over 1000 British women aged 18-49, found that one third of British women aged 18-24 (32%) and a quarter of British women aged 18-49 (25%) find it difficult to get an appointment with their GP, nurse or clinician to talk about contraception. In addition, one quarter of women aged 18-24 (24%) agree that they do not feel comfortable discussing their choice of contraception with a relevant healthcare professional and one in ten British women aged 18-49 (11%) agree that their preferred method of contraception is not always available from their GP, nurse or clinician. Ultimately, these inequalities, and in turn inefficiencies, will only be compounded when Local Authority budgets are cut by at least 6.2% in 2016.

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2 Ibid.
4 The joint FSRH and BASHH Rolling Survey (April 2015) collected responses from 295 FRSH and BASHH members in order to build a wider, more qualitative view of SRH delivery trends from a national perspective.
5 ComRes interviewed 1108 British women of reproductive age (18-49 years) online between the 11th and 15th November 2015. Data were weighted by age, socio-economic grade and region to be representative of all GB women. ComRes is a member of the British Polling Council and abides by its rules. Full data tables are available at [www.comres.co.uk](http://www.comres.co.uk)
For example, in Somerset, local services have been cut back to the extent that many people are being forced to travel 33 miles (or 1 hour) for family planning clinics, meaning that some will not make the journey. This amounts to geographical discrimination in accessing key SRH services, leaving whole sections of the community at risk of unintended pregnancy.

In addition, the negative impact on health inequalities will only divert NHS funds away from their intended investment in improving outcomes in NHS services. As evidenced in Wiltshire, with SRH service provision becoming increasingly uncertain, patients are being directed to receive contraceptive care in a GP setting, which only serves to increase GP workloads and divert their attention away from improving other NHS outcomes. Increasing inequalities in terms of accessibility to contraception also risks leading to more unintended pregnancies and in turn more NHS funds spent on abortion and miscarriage care that could be spent on improving other NHS outcomes. For example, FPA’s Unprotected Nation reports that abortions, miscarriages and live births cost the NHS £662 million per year. £106 million, nearly one fifth, of this total is spent on abortion.\(^6\)

In this sense, by implementing public health cuts the Department of Health itself has already put barriers in the way of achieving the its own equality and efficiency objectives.

3. **What views do you have on our priorities for the health and care system?**

FSRH agrees with the Government’s priorities for the health and care system. However, once again, we believe that the recently confirmed £200m in public health cuts fundamentally undermine the Government’s priorities.

We support the Government in its prioritisation of ‘Preventing ill-health and supporting people to live healthier lives.’ However, we believe that the Government fails to put enough emphasis on the costs incurred by the NHS from unintended pregnancy, only citing obesity, smoking and alcohol as the main public health related financial burdens. FPA’s recently updated Unprotected Nation 2015 calculates that at current levels of access, unintended pregnancy would result in a cumulative cost in health expenditure of £8.2 billion in the period between 2015-2020.\(^7\) We believe the Government should recognise this significant, yet avoidable, health expenditure in its prioritisation of preventing ill-health and assessment of efficient healthcare spends.

This consultation also outlines that the Government is committed to “[...]empowering people to take the right actions to reduce risks to their health, with a particular focus on children and young people.” Yet, as our response to Question 3 illustrates, our Rolling Survey case studies are demonstrating that system reorganisation in the context of such cuts to public health budgets is disempowering many patients, particularly young people. A respondent to our survey in the Wirral has reported that clinic hours for services for young people have been cut and due to this lack of dedicated services, there has been a fall in attendance to SRH services by young people. This is particularly concerning when the Health and Social Care Information Centre’s (HSCIC) “Sexual and

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Reproductive Health Services, England: Statistics 2014-2015 illustrate that the main cohort of women needing to access SRH services are young women aged between 17-34\(^8\) and that the Sexual and Reproductive Health Profiles for the Wirral reveal that the under 18 conception rate is already significantly higher than the national average, resting within the ‘worst percentile’ for England.\(^9\)

The FSRH also support the Government’s prioritisation of ‘Transforming out-of-hospital care’ and putting more care in the community, closer to people’s homes. We believe proximity and accessibility to health services can only act as a catalyst for their uptake. However, as mentioned in our response to Question 3, cuts are already reducing patients’ proximity to services in the community. In addition, in Oxfordshire, we have seen evidence of cuts forcing community services to be relocated back into the acute setting, which has had a detrimental impact on service attendance, undermining the Government’s stated aims and increasing pressure on NHS services.

Yet, as argued throughout this consultation response, we believe that the Government’s prioritisation of ‘driving improvements in efficiency and productivity’ for NHS England is the priority that will be hindered the most by the recently confirmed £200m public health cuts. It is interesting to note that the consultation says the Mandate will endeavour to ‘[…]improve the productivity and effectiveness of our spending on medicines and pharmacy.’ However, in light of the cuts to public health budgets, which Simon Stevens, chief executive of NHS England, has himself outwardly rejected for the overall threat they pose to the healthcare system as a whole, it appears that the efficiency of contraception as a pharmaceutical spend has been overlooked. This is despite the fact the Department of Health itself has recognised that for every £1 invested in contraception the NHS saves £11 in averted outcomes.\(^10\)

**Conclusion**

Whilst FSRH agrees with the Government’s declared aims for the Mandate to NHS England and its priorities for the health and care system, we believe that the achievement of these aims is already fundamentally undermined by the implementation of £200 million in public health cuts. These cuts will return more costs to NHS services than savings and increase pressure in service settings that are already recognised as being under strain - acute and primary care settings in particular. Consequently, we believe that the Mandate should set out a formal strategy as to how NHS England can work with Local Authorities to galvanise public health and in turn meliorate NHS outcomes, efficiency and expenditure. Likewise, we believe that clear lines of accountability in terms of who is responsible for SRH services at a national level should be established with a view to reconsider whether it would be more efficient to re-position SRH services under the remit of NHS England.

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\(^9\) [http://fingertips.phe.org.uk/profile/sexualhealth/data&page=1\&gid=8000036\&pat=6\&par/E12000002\&ati=102\&area/E08000015](http://fingertips.phe.org.uk/profile/sexualhealth/data&page=1\&gid=8000036\&pat=6\&par/E12000002\&ati=102\&area/E08000015)