FSRH Response to the Health Select Committee's Inquiry "Impact of the Comprehensive Spending Review on Health and Social Care"

The Faculty of Sexual and Reproductive Healthcare (FSRH) is a membership body of over 16,000 doctors and nurses delivering sexual and reproductive health (SRH) across the UK in both General Practice and Specialist Contraceptive 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. The majority of FSRH members are GPs – reflecting the bulk of SRH service provision in the UK.

FSRH welcomes the Health Select Committee's Inquiry into the impact of the Comprehensive Spending Review on health and social care. Our response is focused on the cuts to the public health. We are extremely concerned that the Chancellor's announcement[1] of a further 3.9% annual cut to public health budgets, on top of the £200 million previously announced, will have a disastrous impact on contraceptive provision in England.

We believe that these cuts will not only negatively impact on quality of, and access to, sexual and reproductive healthcare, but also go directly against the Government's stated objectives for the NHS as outlined in its *Five Year Forward View*. In financial terms, these cuts to the public health budget will result in significant additional health and wider society expenditure, hindering projected NHS financial efficiencies, whilst also contravening aims to prioritise prevention, reduce health inequalities and integrate care around the needs of the patient.

1. Financial Efficiencies

Sexual and reproductive healthcare (SRH) is a clinical NHS service and intervention, but since 2013 the bulk of SRH provision has been funded from the public health budget held by Local Authorities. The Chancellor's 2015 Comprehensive Spending Review announced that the public health budget will be cut by 3.9% each year until 2020/21. A report published by Nuffield Trust, The Health Foundation and The King's Fund has calculated that, in total, an annual 3.9% reduction of the public health budget will amount to a real-terms reduction of *at least* £600 million in public health

[1] HM Treasury (November 2015) *Spending Review and Autumn Statement 2015*

spending by 2020/21 - this reduction comes on top of the £200m cut to public health funding announced earlier in 2015.[2]

FSRH believes that in terms of SRH, these cuts to the public health budget represent a false economy that directly threaten the proposed financial efficiency savings set out in the *NHS Five Year Forward View.*

Contraception is an extremely efficient healthcare spend. The *Five Year Forward View* recognises the financial efficiency and economic importance of such preventative public health interventions, saying:

'[…] the sustainability of the NHS and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.'[3]

Moreover, the Department of Health itself has accepted the calculation that contraception saves £11 in averted healthcare costs with every £1 spent on SRH services[4]. Using this formula, the Advisory Group on Contraception (AGC)[5] has calculated that the implementation of the £200m cut in public health spending could result in additional costs to the NHS of up to £250m as result of restricted access to contraception.[6]

Furthermore, the FPA's report *Unprotected Nation 2015,* which explores the financial and economic impacts of restricted SRH services, has found that in the scenario of 10% reduced access, the health costs of unintended pregnancy will result in an increase of £450 million in health expenditure between 2015-2020.[7] Over the next 5 years, every £1 cut from SRH expenditures could cost the UK as much as £86 further down the line.[8]

With these figures in mind, FSRH is extremely concerned that the reduction on the public health budget in the Spending Review will hinder the NHS in achieving its planned £22 billion of financial efficiencies by 2020/21, even leaving aside the ethics of reducing access to contraception.

Costs to wider society

The likely consequence of restrictions to contraceptive care is an increase in unintended pregnancy, abortions and live births. These live births are expected to have significant long-term implications on public expenditure (e.g. social welfare and education expenditure). FPA's *Unprotected Nation 2015*

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[2] Nuffield Trust, The Health Foundation and The King's Fund (December 2015) *The Spending Review: what does it mean for health and social care?* Available at: http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/spending-review-nuffield-health-kings-fund-december-2015.pdf

[3] NHS England (2014) *NHS Five Year Forward View* Available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

[4] Department of Health (2013) *A Framework for Sexual Health Improvement in England*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

[5] The AGC is an expert advisory group of leading clinicians and advocacy groups who discuss and make policy recommendations concerning the contraceptive needs of women of all ages. The AGC was formed in November 2010 with a focus on ensuring that the contraceptive needs of all women in England are met.

[6] See Annex 1

[7] FPA (2015) *Unprotected Nation 2015* Available at: http://www.fpa.org.uk/sites/default/files/unprotected-nation-2015-full-report.pdf

[8] Ibid.

anticipates that unintended pregnancies could incur up to £57.26 billion in wider society costs over the 2015-2020 period. [9]

In this sense, the Spending Review's further cuts to the public health budget not only undermine the Government's aims for the NHS and healthcare overall, but also its aims for an efficient integrated system for health and social care.

2. Restrictions in access

The FSRH has received worrying reports from its members about restrictions to access to GP and specialist services as a result of both recent and anticipated funding cuts. Recurring themes include restrictions upon:

- Service provision (service users unable to access all methods of contraception)
- Increased waiting times and reduced service hours (resulting in patients not obtaining contraception)
- Accessibility of services (Appeal of service setting to certain groups and location of services)

It is difficult to see how the annual reduction in public health spending over the next 5 years would not further compound these restrictions to the detriment of patient health.

The following case studies, taken from the FSRH Survey of members[10], demonstrate some of the impacts that current restrictions to contraceptive services both GP and specialist services are facing.

Service Provision

A specialist service in South West England has reported a 'dumbing down' in the contraceptive care on offer to patients:

'Where there were previously 12 satellite contraception clinics these are now nurse led asymptomatic STI screening clinics which offer very uncomplicated contraception. It is therefore very difficult to get an appointment for any contraception that requires anything more than a basic knowledge.' [11]

Notably, this 'dumbing down' of contraception provision goes directly against NICE guidelines which recommend the increased uptake of long-acting reversible methods of contraception (LARCS)[12] as the most effective contraceptive methods in preventing unintended pregnancy. [13,14] There is therefore room to question how the Spending Review's further cut to the public health budget, and in turn contraceptive services, will achieve the *Five Year Forward View*'s aim of '…empower[ing] patients' and supporting them to '…manage their own [reproductive] health' when existing funding cuts are already preventing women from accessing the most effective contraceptive care. [15]

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[9] FPA (2015) *Unprotected Nation 2015* Available at: http://www.fpa.org.uk/sites/default/files/unprotected-nation-2015-full-report.pdf

[10] The joint FSRH and BASHH Rolling Survey (April 2015) collected responses from 300 FRSH and BASHH members in order to build a wider, more qualitative view of SRH delivery trends from a national perspective.

[11] FSRH and BASHH Joint Rolling Survey (April 2015)

[12] LARCs include intrauterine devices, intrauterine systems and the contraceptive implant and injection.

[13] NICE Guideline CG30 Available at: https://www.nice.org.uk/guidance/cg30

[14] Unlike user-dependent methods such as condoms or the oral pill, the effectiveness of LARC methods does not depend on daily concordance (NICE Guideline CG30)

[15] NHS England (2014) *NHS Five Year Forward View* Available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Likewise, our members are reporting that funding for LARC provision in the general practice setting (funded by the public health budget) is being withdrawn. A GP surgery in Greater London has told FSRH that despite having 5 partners who are fully trained to fit LARC methods, funding has been withdrawn and the practice will therefore no longer be able to provide this service. This discontinuation of LARC provision in general practice is particularly concerning. 80% of women opt to access contraception from their GP and may not necessarily know how to access other contraceptive services based in the community.[16]

The *Five Year Forward View* sets out to 'breakdown the barriers in how care is provided.'[17] In other words, services should be integrated around the needs of the patient. However, as these examples suggest, the funding cut is instead likely to fragment existing patient pathways. With public health budgets cut and restricted service provision, patients will be unable to use SRH services as a 'one-stop shop'. Instead, they will be referred on to separate services to cater for specific aspects of their broad range of needs. It is this type of inconvenience that can act as a deterrent for patients to take charge of their own sexual and reproductive health.

Waiting times and reduced service hours

Many of our members report increases in waiting times for patients trying to access contraceptive services. These increases are largely attributed to funding cuts that have necessitated a reduction in staffing capacity and clinical hours.

For example, a South-West based member cited a 2-3 month wait for LARC fittings. In addition, in Oxfordshire, service opening times have been drastically reduced.[18] Where before services had evening opening times and some weekend opening, clinic hours have been reduced to limited weekday opening, and just two days a week from 3-5pm in some areas of Oxfordshire.[19] This reduction in clinic hours reduces access both in terms of clinician time and appointment availability, as well as in terms of reducing service accessibility for full-time working people.

Geographical accessibility

FSRH has also learnt that patients are finding it increasingly difficult to access contraceptive services locally. Many services are being forced to close, increasing the distance that patients have to travel to access contraception.

For example, in Somerset it has been reported that patients are having to travel up to 33 miles (roughly 1 hour's travel in this area) to access their nearest contraceptive service.[20] Further cuts are likely to exacerbate pressures on other services to close or reduce provision, increasing patient journeys.

The closing of services is also leading to the relocation of SRH services from the community back into hospitals – despite this often being more expensive and inaccessible to patients, and contrary to the intended new models of care laid out in the *Five Year Forward View*.[21] A reframing of contraceptive services in both more acute and geographically isolated settings has the potential to dissuade certain

[16] FSRH and BASHH Joint Rolling Survey (April 2015)
[17] Ibid.
[18] Ibid.
[19] Ibid.
[20] Ibid.
[21] NHS England (2014) *NHS Five Year Forward View* Available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

groups from accessing contraceptive services, particularly those most at risk of unintended pregnancy. This has been evidenced in The Wirrall, where one FSRH member reports that the repositioning of a service from the community to the acute setting has led to a fall in attendance of vulnerable groups and young people. [22]

Impact on Primary Care

FSRH is equally concerned that restricting access to contraceptive care in community services will negatively impact on primary care. In lieu of other options, it is likely that patients will attempt to access this care in a general practice setting. A Primary Care Women's Health Forum (PCWHF)[23] survey has revealed that 37% of GPs surveyed confirmed a recent increase in women seeking primary care appointments for contraception.

These restrictions in access therefore are likely to increase GP workload and restrict appointment availability. GPs and other staff in primary care rely on SRH specialists to train and support their staff in SRH so reductions in the few specialist SRH services will also impact on the ability of GPs and their staff to deliver contraception to patients particularly in more complex cases.

'Radical upgrade in prevention and public health'

The above examples suggest that the Spending Review's further cuts to the public health budget are likely to dramatically undermine the 'radical upgrade in prevention and public health' set out by the *Five Year Forward View*.[24] Instead, access to preventative health interventions, such as contraceptive care, will be reduced. Rather than supporting the *Five Year Forward View's* aspiration of '…incentivising and supporting healthier behaviour'[25], in reality these cuts' impact is to restrict access to the very interventions that would facilitate such 'healthier behaviour'.

The public health ring-fence

A key lever for maintaining some focus on SRH service quality and accessibility is the public health funding ring-fence. FSRH welcomes the continuation of the ring-fence until 2018, in order to ensure the consistent quality of SRH services. We believe that the ring-fence must be extended beyond this to guarantee that SRH services receive the necessary funding amidst a climate of financial uncertainty and austerity.

However, extending the ring-fence alone will be insufficient to ensure a reasonable level of quality and access to SRH services. The BMJ recently found that many councils have diverted public health allocations away from their intended purposes to plug gaps in wider local authority services.[26] Therefore, we believe the Government should develop more stringent accountability structures with local authorities to identify expenditure of ring-fenced public health funds on unintended purposes.

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[22] FSRH and BASHH Joint Rolling Survey (April 2015)

[23] The Primary Care Women's Health Forum (PCWHF) is a network of over 5000 clinicians working in primary care and community health settings in the UK who have an interest in women's health. Details of their work (and this survey) are available through their website: http://www.pcwhf.co.uk/

[24] NHS England (2014) *NHS Five Year Forward View* Available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

[25] Ibid.

[26] BMJ (2014) *Raiding the Public Health Budget* Available at: http://www.bmj.com/content/348/bmj.g2274

3. Inequalities

FSRH believes that the 3.9% annual reduction of the Public Health budget will perpetuate existing health inequalities, contrary to the *Five Year Forward View's* aspiration to '…narrow the gap between the best and the worst, whilst raising the bar higher for everyone'.[27]

Following anecdotal reports by some of our members, we are concerned that local authorities may prioritise funding cuts in services that cater for over 25s as opposed to young people, as a result of the Public Health Outcomes Framework attributes particular importance to SRH indicators concerning young people and lacks any specific SRH indicators for over 25s. Not only does this appear ageist, in that distribution of funding cuts in SRH services will be strategically skewed in favour of young people, but this approach ignores that reproductive age spans between ages 15-49[28], and that there is an evident unmet need for contraception in over-25s, with abortion rates increasing in this group over the past decade.[29]

Likewise, we believe that the Government's aims to fully fund local authority public health budgets from retained business receipts will negatively impact on socio-economically deprived areas. The recent third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)[30] demonstrates that there are strong associations between unplanned pregnancy and women from socio-economically deprived backgrounds, as well as women with low educational attainment, depression and potentially harmful health behaviours. Such areas retain fewer business rates and will therefore be less likely to benefit from sufficient public health funding to meet their unmet need for contraception. Therefore, funding local authority public health budgets through retained business receipts only serves to worsen, rather than ameliorate health, inequalities.

4. Conclusions

Evidence collected by the FSRH and others suggests that a further 3.9% annual cut to the public health budget will have a profound negative impact on contraceptive provision in England. Not only will these funding cuts compound existing restrictions in the quality of, and access to, contraceptive care, but they are also likely to perpetuate health inequalities and hinder the NHS in its bid to achieve £22 billion in financial efficiencies by 2020/21.

Fundamentally, the Spending Review's further reduction of the public health budget undermines the stated objectives of the *Five Year Forward View* to create a 'radical upgrade in prevention and public health.'[31]

Contraception is a public health intervention that benefits the whole population and one which women may require access to for, on average, 30 years of their lives. It is not just an extremely cost effective healthcare spend, but a fundamental human right. Having considered the potential of the

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[27] NHS England (2014) *NHS Five Year Forward View* Available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

[28] World Health Organisation and ORC Macros (2004) "Infecundity, infertility, and childlessness in developing countries", in *Demographic and Health Surveys (DHS) Comparative reports* No. 9
Available at: http://www.who.int/reproductivehealth/topics/infertility/DHS-CR9.pdf

[29] Department of Health (2014) *Abortion Statistics, England and Wales: 2014*, available at: https://www.gov.uk/government/statistics/report-on-abortion-statistics-in-england-and-wales-for-2014

[30] Natsal-3 is one of the world's most comprehensive scientific studies of sexual behaviour in which 15,000 adults aged 16-74 years participated in interviews between September 2010 and August 2011

[31] NHS England (2014) *NHS Five Year Forward View* Available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Spending Review on SRH service delivery and access, we call for SRH spend to be repositioned under the remit of the NHS. FSRH believes, and evidence cited throughout this response supports, that now is the time to be investing in contraceptive care. Only with the unprecedented investment that the Spending Review announced for NHS Services can SRH services ensure that high quality, open access sexual and reproductive healthcare is available to each individual as standard.

Produced by the Faculty of Sexual and Reproductive Healthcare
22nd January 2016

For more information please contact:
Hayley Atkin
Policy Assistant
FSRH
27 Sussex Place
London, NW1 4TG

Email: policyassistant@fsrh.org
Telephone: 0203 198 3179

Annex 1: Briefing sent to Chancellor of the Exchequer in June 2015

AGC Advisory Group on Contraception

Briefing to support AGC's calculations on the financial impact on the NHS of £200m cuts to public health budgets

Background

On 4 June 2015 the Chancellor, George Osborne, announced a £200m cut in public health budgets devolved to local authorities.[i] It is unclear how these cuts will be divided, but it is likely that contraceptive services will be affected. The Advisory Group on Contraception (AGC) has raised concerns that cuts to contraceptive care and services will lead to an estimated increased cost of £250m to the NHS.

This briefing provides the background to the calculations used to reach the £250m.

Step 1: contraceptive care expenditure as a proportion of the total public health budget

The total public health spend for 2014/5 is £2,849,869,000[ii] (the most recent figures available).

The total spend on contraceptive care for 2014/5 is £287,881,000[iii].

This is made up of:

- Contraception (prescribed functions) = £184,105,000
- Advice, prevention and promotion (non-prescribed functions) = £103,776,000

Therefore contraceptive care is approximately 10% of the total public health spend.

Step 2: the impact of £200m cuts to contraceptive care if applied evenly across public health expenditure

The revised total public health spend following the £200,000,000 reduction announced on 4 June is £2,649,869,000.

Making the assumption that public health spending cuts are distributed evenly across all public health budgets, the revised spend on contraceptive care will be 10% of this new total figure. This equals £264,986,900.

By subtracting the new contraceptive spend figure from the original contraceptive spend figure, we can establish how much would be cut from local authorities' existing contraceptive care budgets.

Current spend (£287,881,000) – 10% of reduced public health spending (£264,986,900) = £22,894,100.

That equates to an in-year reduction of 8% of current spend.

The meetings of the AGC are funded by Bayer. The secretariat for the AGC is provided by Incisive Health, whose services are also paid for by Bayer. Members of the AGC receive no payment from Bayer for attending meetings, except to cover appropriate travel costs.

Step 3: using Department of Health estimate savings from contraceptive care to establish total lost savings to NHS

The Department of Health's *Framework for Sexual Health Improvement* states that for every £1 spent on contraception, £11 in costs is averted[iv].

Multiplying £22,894,100 by the £11 saving per £1 spent could therefore result in an overall cost to the NHS of **£251,835,100.**

Summary

It is therefore possible to conclude that the projected cuts could - perversely - result in additional costs of £250m, the majority of which will occur in this financial year.

Cutting contraception services is the definition of a false economy. Reductions in public health expenditure will be returned many times in NHS costs.

This is on top of the health, social and consequences of unintended pregnancy for women and their families.

For more information about these calculations or the work of the AGC more generally, please contact the AGC secretariat via agc@incisivehealth.com.

[i] HM Treasury, *Chancellor announces £4.5 billion of measures to bring down debt*, 4 June 2015. Available at: https://www.gov.uk/government/news/chancellor-announces-4-billion-of-measures-to-bring-down-debt

[ii] Department for Communities and Local Government, *Annex A: RA14 General Fund Revenue Accounts Budget Estimate 2014-15 (continued)*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/365581/RA_Budget_2014-15_Statistical_Release.pdf

[iii] Department for Communities and Local Government, *Annex A: RA14 General Fund Revenue Accounts Budget Estimate 2014-15 (continued)*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/365581/RA_Budget_2014-15_Statistical_Release.pdf

[iv] Department of Health, *A Framework for Sexual Health Improvement in England*, March 2013. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

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