

How will public health cuts affect sexual and reproductive health in the UK?

Summary

Following the announcement of £200 million cuts to public health in the UK, we examine the potential impact of these cuts on sexual and reproductive health (SRH). SRH services are a core component of public health provision, including advice and free provision of contraception. This briefing reviews evidence on the impact of reduced funding for SRH services, and conclude that it is likely to spell an increase in costs to the National Health Service as rates of unintended pregnancies and sexually transmitted infections rise. In pushing forward with the cuts, the Chancellor risks ignoring the long-term consequences in favour of short-term gains.

Introduction

In June, the Chancellor of the Exchequer, The Rt Hon George Osborne MP, announced new measures to bring down the UK's public debt, £200 million of which will be taken from cuts to health spending.¹ The proposed cuts will not fall on the National Health Service (NHS) but will be made in public health instead. In the UK, public health is devolved to councils who implement programmes targeting lifestyle choices and preventable illnesses. Sexual and reproductive health (SRH) services are one aspect of public health, and councils aim to reduce rates of unintended pregnancies and sexually transmitted infections (STIs). In this briefing we will consider what public health covers in terms of

¹ <https://www.gov.uk/government/news/chancellor-announces-4-billion-of-measures-to-bring-down-debt>

SRH services and how these proposed cuts might affect their provision.

Sexual and reproductive health

SRH services are a core component of local government involvement in public health, accounting for around 10 per cent of spending. Local authorities are responsible for the provision of contraception and advice on preventing unintended pregnancies through SRH outreach across schools, colleges and pharmacies. In a survey carried out by the Family Planning Association in 2010, improving SRH services was identified by the public as one of three public health priorities for England.²

Health inequities are intrinsically linked to wider social and economic inequality, and SRH is no different. Poor sexual health is much more common amongst the already marginalised, those living in poor housing or the unemployed. A proactive, preventative SRH service offers an opportunity to target some of these health inequities and to increase the prospects of the underprivileged. Teenage pregnancies reduce opportunities for young women from poorer backgrounds, making them less likely to pursue their studies or a career.³ By reducing pregnancy rates among teenagers SRH services can improve wider social opportunity.

An integrated system

From April 1st 2013, local authorities have been mandated to commission comprehensive SRH services, including free STI testing and provision of contraception. Central to the success of these services has been collaboration between local authorities, NHS England and Clinical Commissioning

² http://www.fsrh.org/pdfs/ResponseAPPG_SRH_Inquiry_RestrictionsAccessContraceptiveServices.pdf

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Groups.⁴ Despite the Government's call for an integrated SRH service provision, these cuts create perverse incentives, which directly reduce the likelihood of turning this rhetoric into reality. Pooling funding for joint provision is unlikely, when one provider has a ring-fenced budget, while another's is unprotected.

SRH services are closely tied up with specialist and clinical components, as well as preventative aspects of public health, making appropriate funding crucial for patients and clinicians according to the President of the British Association for Sexual Health and HIV, Dr Jan Clarke.⁵

The Department of Health plans to launch a consultation on the proposed cuts, but as the cuts are to be implemented this financial year it seems unlikely that research will be available in a timely manner for local authorities faced with some very difficult decisions.

Prospects of reduced SRH services

Though councils can decide how the cuts are implemented, the Chair of the Local Government Association, Cllr David Sparks, believes services will inevitably be affected, due to the significant portion of spending SRH accounts for.⁶

The prospect of reductions to SRH services is worrying for people who were already underserved. In 2012, 3.2 million women aged between 15 and 44 experienced restrictions in

obtaining contraception and accessing sexual health services.⁷ Areas with restricted services were associated with abortion rates that were, on average, 9.7 per cent higher than in areas with no restrictions. Above average abortion rates reveal an increase in the number of unintended pregnancies in areas with less SRH service access, a concerning trend if the proposed cuts are implemented.

False economies

Describing the cuts as 'non-NHS' is misleading as public health's preventative mandate has a knock-on effect on the NHS. The President of the UK's Faculty of Public Health described the cuts as a "potential disaster for the NHS" which contradict the 'Five Year Forward Plan', published less than six months prior, which set out a strategy to improve the NHS.^{8,9} A proactive approach to primary prevention is key to improving health systems and the well being of the population, according to the King's Fund, an independent charity, which carries out research on health care in England.¹⁰

The King's Fund's research suggests that cutting £200 million from public health would be a false economy, costing the country more in the long term. The Advisory Group on Contraception, which includes doctors and representatives from organisations working on SRH, estimates that if the budget cut affects all areas of public health equally it would cost the NHS an extra £250 million on

⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210726/Service_Specification_with_covering_note.pdf

⁵ http://www.bashh.org/BASHH/News/News_Items/Sexual_health_services_under_threat_following_200m_public_health_funding_cut.aspx

⁶ http://www.local.gov.uk/web/guest/media-releases/-/journal_content/56/10180/7319767/NEWS

⁷ <http://theagc.org.uk/wp-content/uploads/2013/11/Sex-lives-and-commissioning-April-2012.pdf>

⁸ <https://www.gov.uk/government/organisations/public-health-england>

⁹ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

¹⁰ <http://www.kingsfund.org.uk/publications/articles/transforming-our-health-care-system-ten-priorities-commissioners>

abortions and maternity services this year alone.¹¹

The Family Planning Association and Brook commissioned a report in 2013 to investigate the impact of restrictions and budget cuts to SRH services. The report found that maintaining the 2012 level of access to SRH services between 2013 and 2020 could cost the UK between £84.4 billion and £127 billion due to unintended pregnancies and the cost of STIs.¹² If access worsens, which is likely if budgets are reduced, this could cost between £8.3 billion and £10 billion more by 2020. The report leaves the reader in no uncertainty of the detrimental consequences of cuts to SRH services for the long-term financial health of the UK and the physical health of its people.

Short term mindset

Already, financial constraints have pushed service providers away from the provision of long-acting reversible contraceptives (LARC), such as the intrauterine device (IUD) or hormone implant, as they require a greater initial cost and consultancy time to fit, although in the long term they are more cost effective than other contraceptives. NHS England could save over £100 million each year by increasing the number of women using LARCs as their primary form of contraception.¹³ LARCs have a failure rate of between 0.005 per cent and 0.5 per cent, making them a far more effective and economical choice. However, due to the additional training required for health care

professionals to fit, remove and advise patients, LARCs are less readily available than other methods of contraception.¹⁴

In a survey carried out by the Faculty of Sexual & Reproductive Healthcare in 2010, 16 per cent of lead clinicians in England reported restricting the provision of LARCs over the past 18 months. Overwhelmingly (78 per cent) this restriction was due to financial considerations. As surgeries are offered no additional funding to compensate for the extra workload of fitting or removing implants many are reluctant to provide this service. One General Practitioner (GP) admitted, “we still do not have enough fitters, ultimately everything is financial and training is not free.”¹⁵

Conclusion

Organisations involved in public health and SRH have been unanimous in their reaction to the proposed cuts and have called for the Chancellor to reconsider. The Director of the Royal College of Midwives, Louise Silverton, describes the plan as “sheer folly.” The UK currently has the highest rate of unintended pregnancies in Europe and can scarce afford further cuts to the already overstretched provision of public health.¹⁶ Improvements to SRH services have been repeatedly called for in order to lower rates of unintended pregnancies, and yet these cuts reduce the ability of local government to act on this advice.¹⁷

11

<http://www.theguardian.com/lifeandstyle/2015/jul/10/budget-cuts-cost-nhs-rise-unplanned-pregnancies-abortion>

12

<http://www.fpa.org.uk/sites/default/files/unprotected-nation-sexual-health-full-report.pdf>

13

<http://www.fpa.org.uk/sites/default/files/unprotected-nation-sexual-health-full-report.pdf>

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http://www.guidelinesinpractice.co.uk/jan_13_connolly_contraception_jan13#.Va5W0xNVikp

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http://www.fsrh.org/pdfs/ResponseAPPG_SRH_InquiryRestrictionsAccessContraceptiveServices.pdf

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<http://www.fsrh.org/pdfs/ceuGuidanceYoungPeople2010.pdf>

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<https://www.guttmacher.org/pubs/journals/3324401.html>

The priority now is to ensure that these cuts to public health are not annualised in the upcoming Spending Review in November, when HM Treasury set fixed expenditure limits for public spending.¹⁸

Population Matters has previously expressed concerns about the short-term approach to SRH that threatens to increase contraceptive costs over time, and worsens the health impact for women. In pushing forward with the cuts, the Chancellor risks ignoring the long-term consequences in favour of short-term gains.

18

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447101/a_country_that_lives_within_its_means.pdf