



## **The impact of cuts to local authority public health budgets**

**Report of a survey conducted by MEDFASH March-April 2016**

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## **1 – Introduction**

Concerns were voiced by healthcare professionals about the potential impact of the in-year cuts to local authority public health budgets imposed by the Government during 2015/16, and the further public health budget cuts for 2016-2020 announced in the Chancellor's 2015 autumn statement.

In order to assess the impact of these cuts to local authority public health budgets, MEDFASH conducted a short online survey. The aim was to find out how these cuts have affected and will affect local sexual health, reproductive health and HIV services. The survey was open to anyone with an involvement in commissioning, providing or using sexual health, reproductive health or HIV services commissioned by local authorities (not including specialist HIV treatment and care services commissioned by NHS England.)

## **2 – Methodology**

The survey was carried out using online survey tool SurveyMonkey between 7 March and 10 April 2016.

An invitation to complete the survey was added to the MEDFASH website home page and circulated via the MEDFASH Sexual Health & HIV Policy eBulletin. Other organisations were asked to share the invitation via their newsletters or websites and those which did so included the British Association for Sexual Health and HIV (BASHH), the British HIV Association (BHIVA), the English HIV and Sexual Health Commissioners Group, the Faculty of Sexual and Reproductive Healthcare, the FPA's Sexual Health News, and the National AIDS Trust's HIV Policy Network.

A total of 188 respondents completed at least one part of the survey.

Results were analysed for all participants and are presented below. In addition, a separate analysis is presented of responses from lead clinicians, the largest single group responding. It is possible that some services or organisations are represented by more than one participant, but an analysis of lead clinicians, of whom there should be only one per service or organisation, gives a more fairly weighted picture of the overall pattern of reported cuts to services.

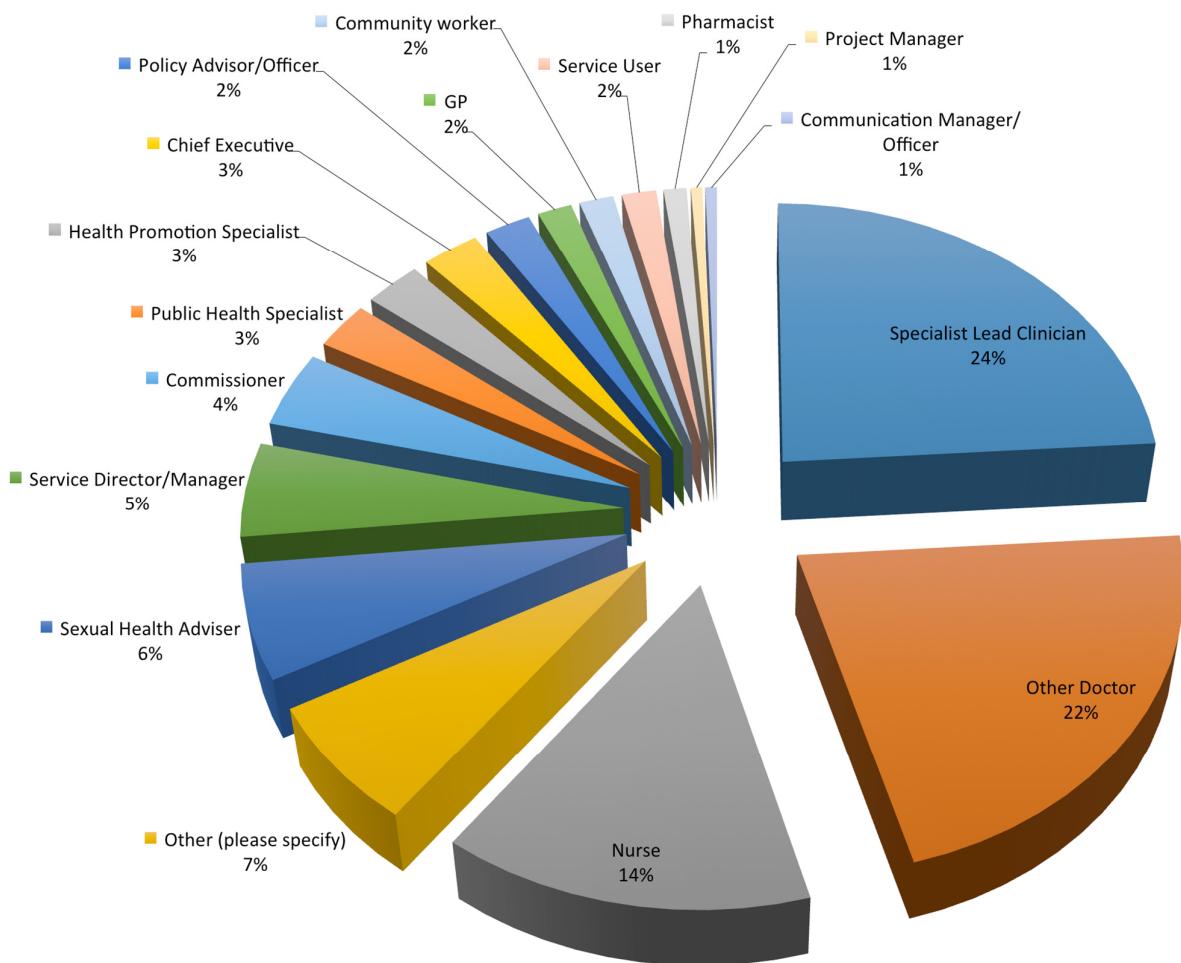
### 3 – Main findings

'What is your role?' (Q1, n=188)

The survey asked respondents to specify their role from a drop-down list.

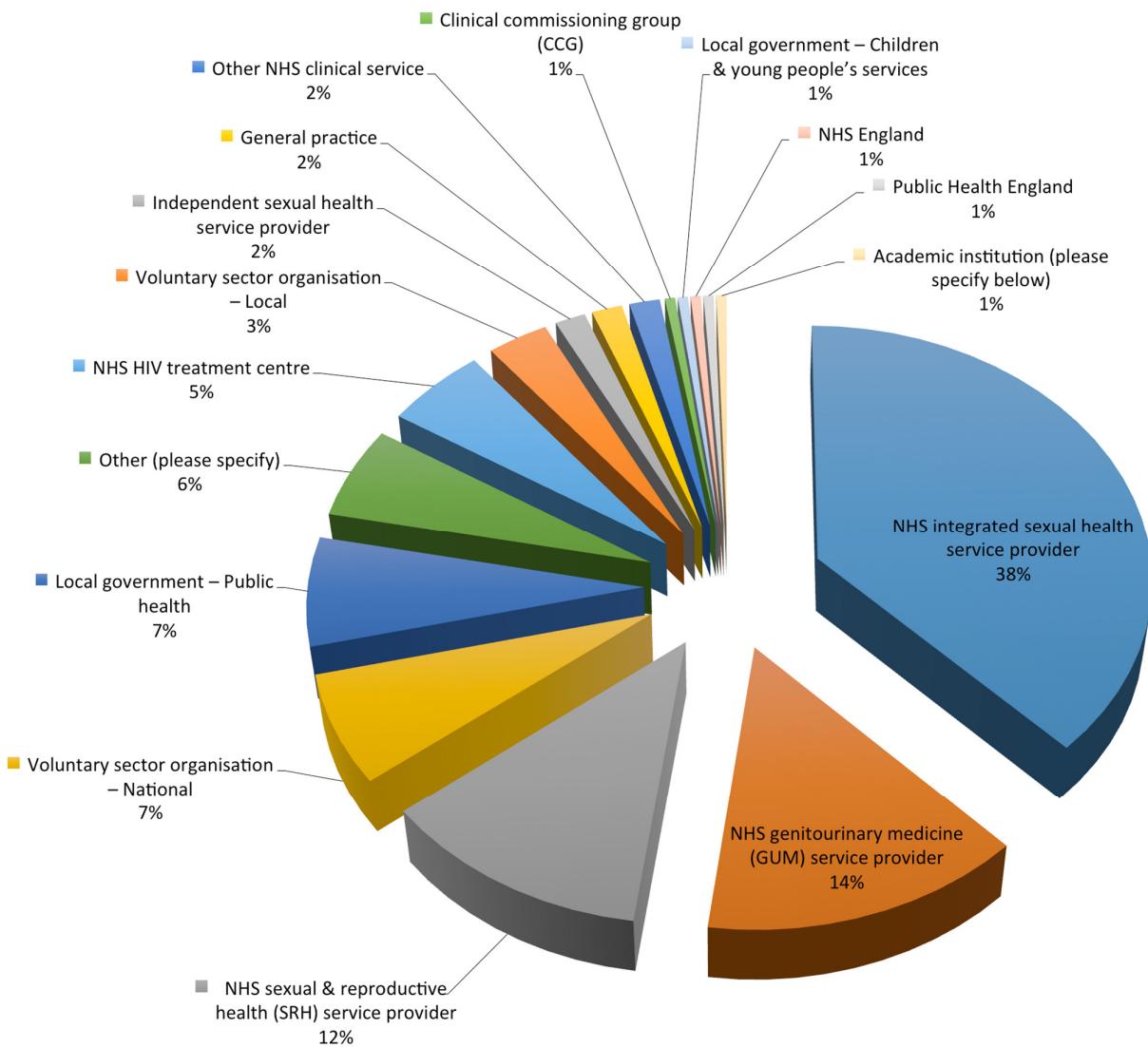
188 respondents answered this question, and their responses are shown in the pie chart below.

Almost half (46%) of the respondents were clinicians or other doctors (24% and 22% respectively), followed by nurses at 14% of respondents.



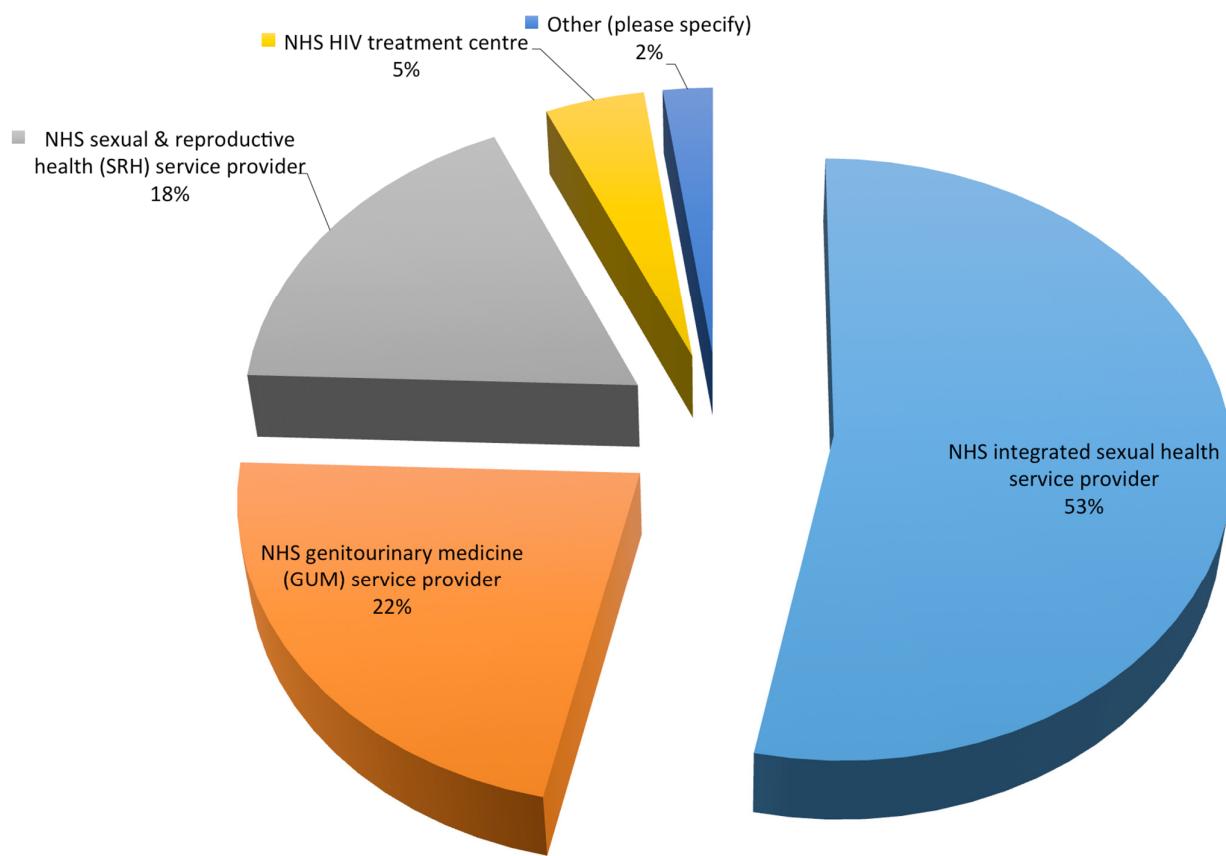
### 'Your main place of work is...' (All respondents) (Q2, n=188)

Participants were asked to select their main place of work from a drop-down list. 38% of respondents worked for **NHS integrated sexual health service providers**, followed by 14% for **NHS GUM (genitourinary medicine) service providers**, and 12% for **NHS SRH (sexual and reproductive health) service providers**. This was followed by **national voluntary sector organisations**, where 7% of respondents worked; another 7% worked for **local government**.



**'Your main place of work is...'** (Limited to specialist lead clinicians) (Q2, n=45)

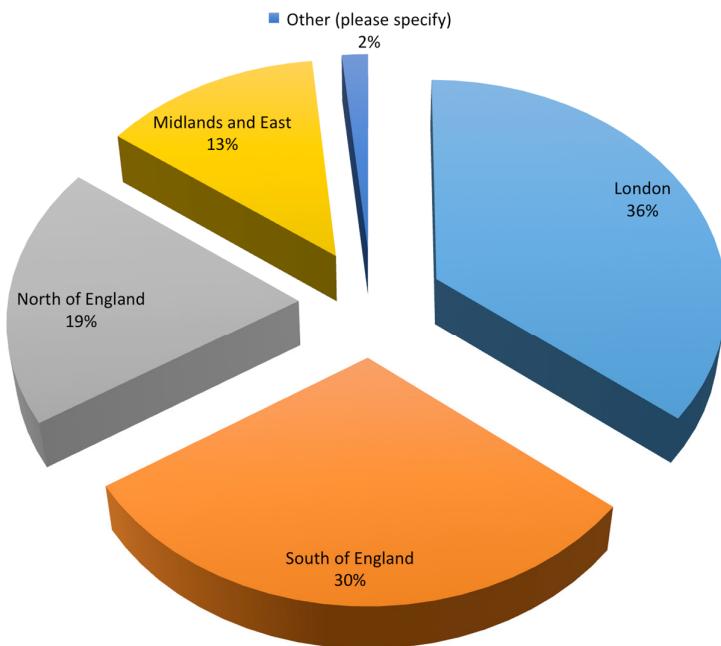
The majority of specialist lead clinicians, 53% of the 45 who responded to the survey, work for a **NHS integrated sexual health service provider**. The 2% answering '**Other**' to this question represents one respondent, working for a "*community enterprise which delivers only on NHS contracts*".



**'At which location are you based?' (All respondents) (Q3, n=188)**

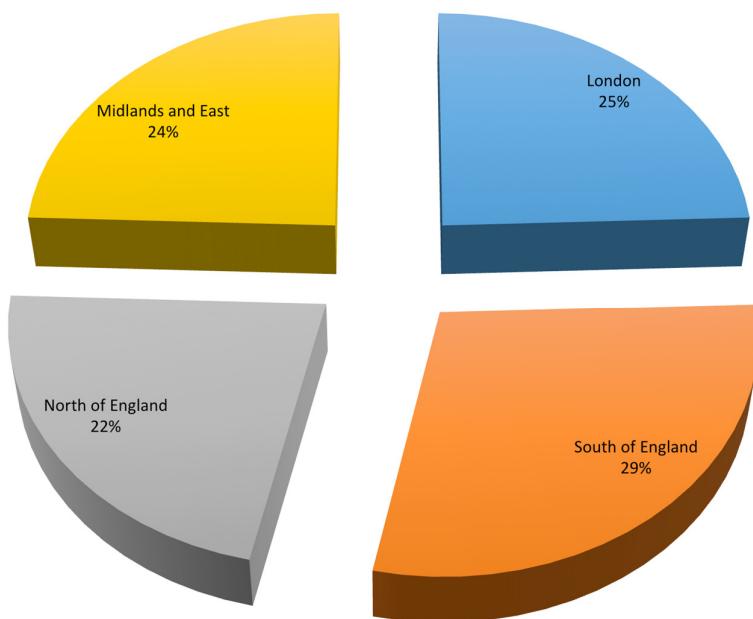
Participants were asked for their location and were asked to choose from a list of options. 188 participants answered this survey question, and their responses can be seen below.

All of the participants responding to this question came from England, the area affected by the cuts in question. Over 65% of respondents were based in London or the South of England, with 13% coming from the Midlands and the east of England, and 19% coming from the north of England. The remaining respondents either did not respond, or considered their work to be nationwide in nature.



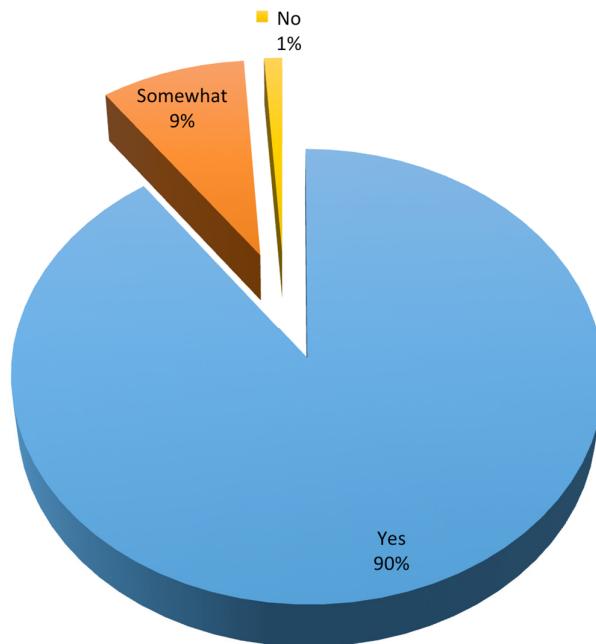
**'At which location are you based?' (Limited to specialist lead clinicians) (Q3, n=45)**

Specialist lead clinicians who responded to the survey gave a less capital-centric spread of results.



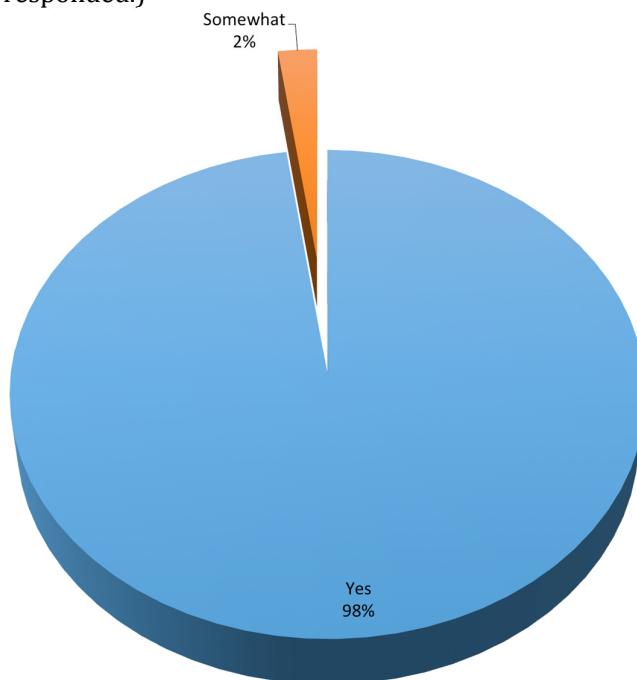
**'Are you aware of the 2015/16 in-year cuts to local authority public health budgets imposed by the Government?' (All respondents) (Q4, n=181)**

A simple question was posed to gauge awareness of the cuts amongst the participants. The majority (90%) of respondents answered that they were aware of the cuts, with only 1% of respondents having no knowledge of them and 9% being 'somewhat' aware.



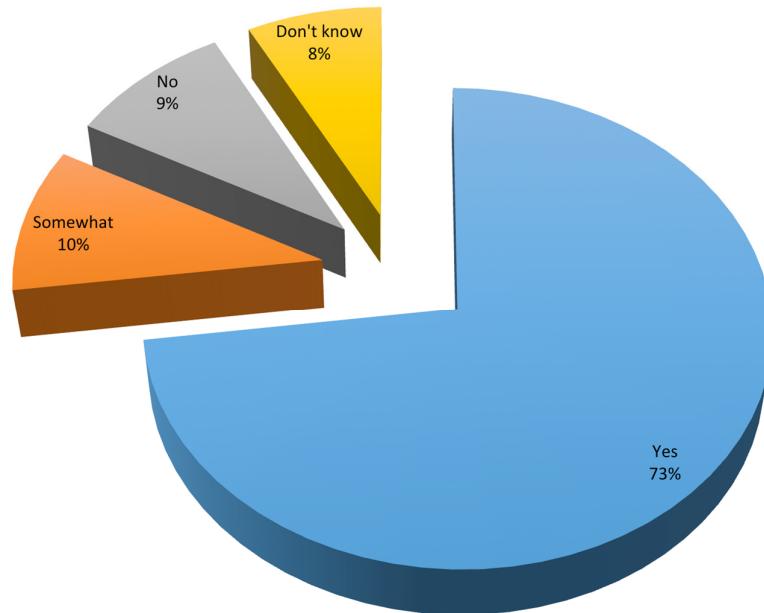
**'Are you aware of the 2015/16 in-year cuts to local authority public health budgets imposed by the Government?' (Limited to specialist lead clinicians) (Q4, n=45)**

None of the specialist lead clinicians responding to this question responded that they had no knowledge of the 2015/16 in-year cuts. (The 2% 'somewhat' response represents one respondent out of the 45 total lead clinicians who responded.)



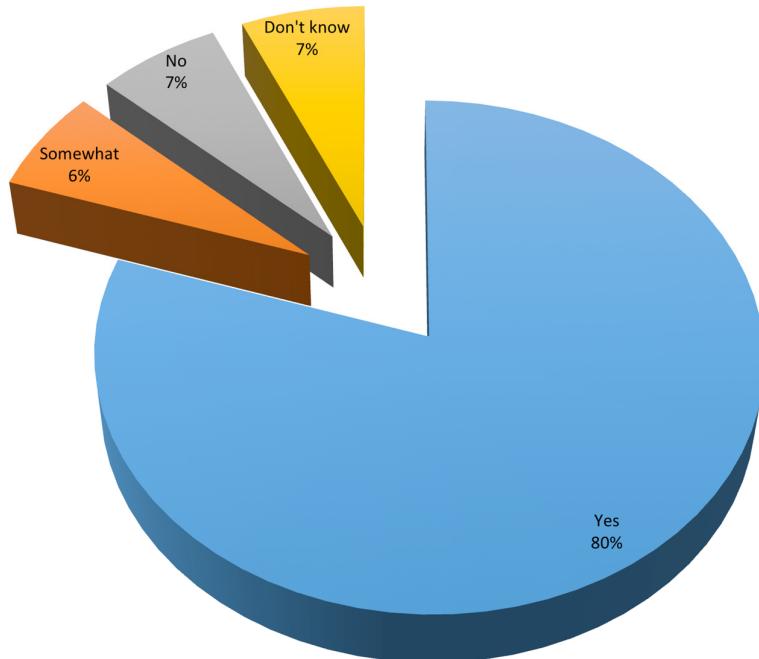
**'Have the 2015/16 in-year budget cuts affected sexual health, reproductive health or HIV services in your local area?' (All respondents) (Q5, n=181)**

This question was posed to participants to ascertain whether the cuts affected services local to them. 73% of respondents answered that the 2015/16 in-year budget cuts had affected sexual health services, reproductive health services and/or HIV services in their area.



**'Have the 2015/16 in-year budget cuts affected sexual health, reproductive health or HIV services in your local area?' (Limited to specialist lead clinicians) (Q5, n=45)**

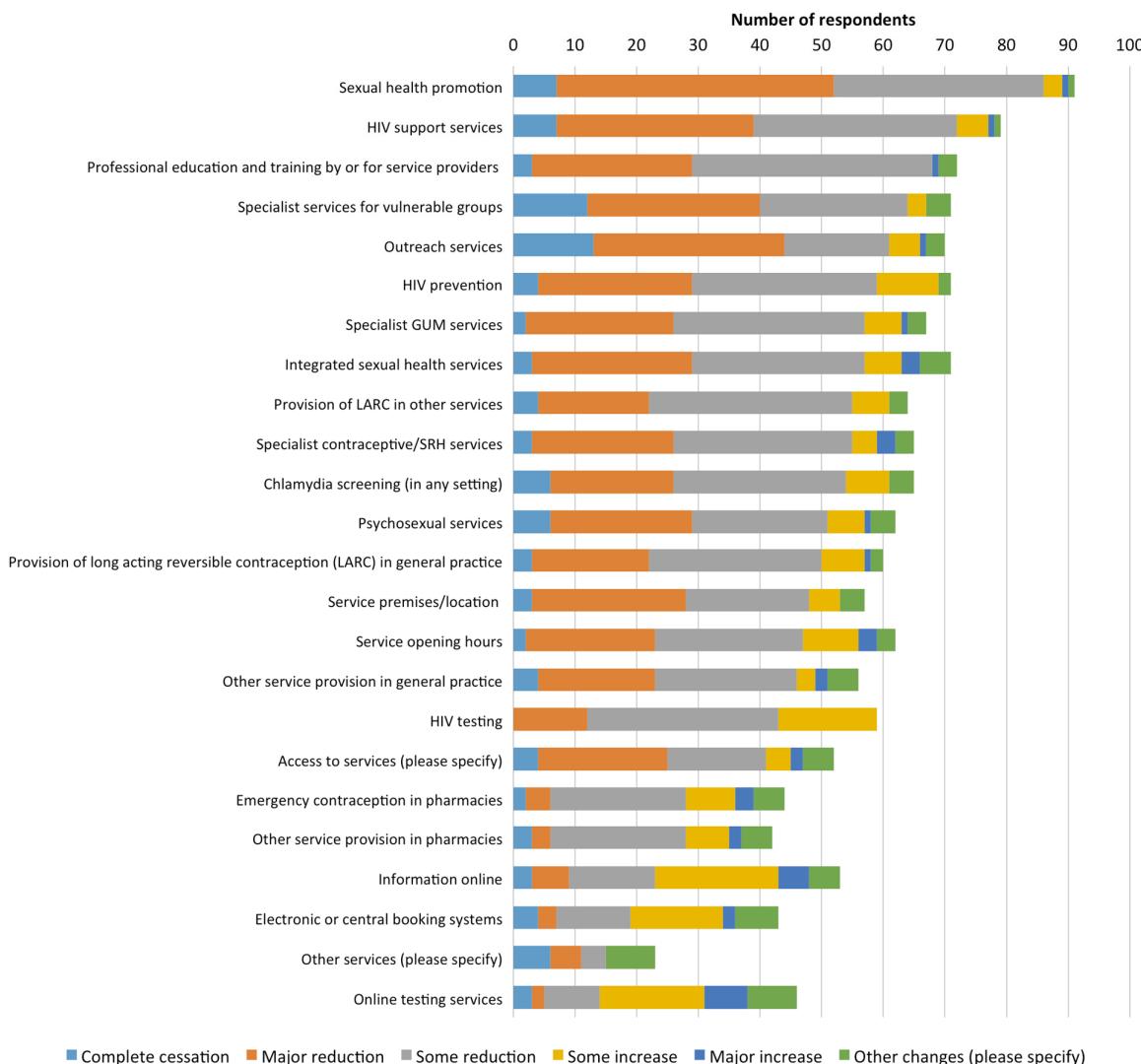
The responses from specialist lead clinicians paints a similar picture to the overall response to this question; however, the proportion saying that the cuts had affected services in their area, 80%, was higher than the overall result (73%).



**'Which sexual health, reproductive health or HIV services have been affected in your local area by these 2015/16 in-year budget cuts? (Tick all relevant)' (All respondents) (Q6a, n=115)**  
The participants were asked which services in their local area had been affected by the 2015/16 in-year budget cuts. 115 respondents indicated that at least one service in their area had been affected.

**Sexual health promotion** was by far the most reduced service according to the survey participants, with 86 (46% of the 188 survey participants) saying it had been either completely ceased or reduced in their area. The next most reduced was **HIV support services**, with 72 survey respondents, 38% of the total, saying it had been ceased or reduced locally. **HIV prevention**, was picked by 31%; 59 respondents. 68 respondents (36%) said that **professional education and training by or for service providers** had been ceased or reduced; however, only three respondents (less than 2%) indicated that it had ceased completely. Services named most often as being completely ceased were **specialist services for vulnerable groups** and **outreach services**, with 12 and 13 respondents respectively (6% and 7%) indicating these had been stopped in their area.

Services that the survey indicated had experienced some expansion as a result of the 2015/16 in-year budget cuts included **online information services** (13%), **online testing services** (13%) and **electronic or central booking systems** (9%).

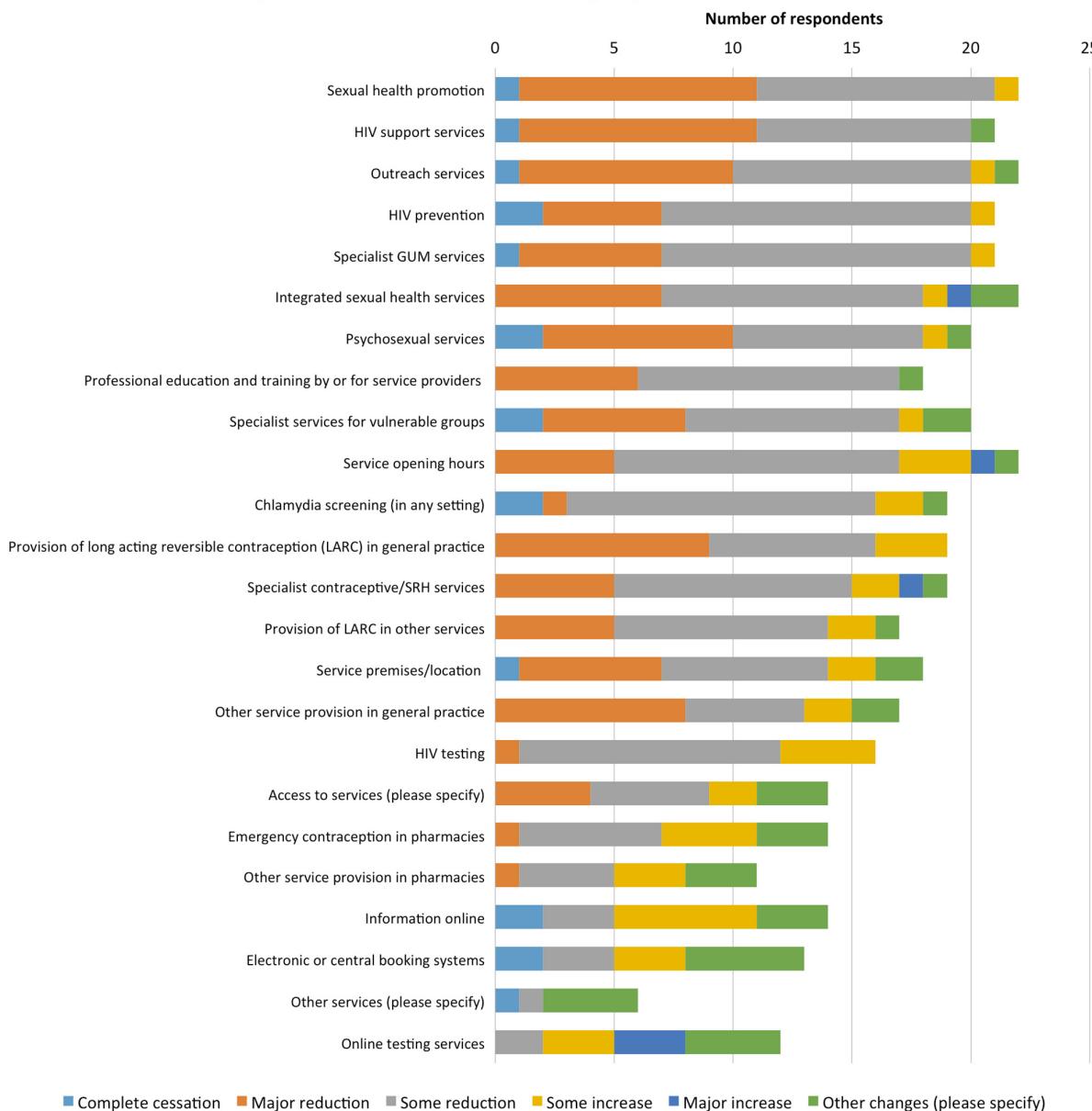


**'Which sexual health, reproductive health or HIV services have been affected in your local area by these 2015/16 in-year budget cuts? (Tick all relevant)' (Limited to specialist lead clinicians) (Q6a, n=33)**

(A small enough number of specialist lead clinicians provided responses to this question that each square unit in the graph represents one respondent.)

**Sexual health promotion** and **HIV support services** were the most-reduced overall services according to the specialist lead clinician respondents, similarly to the results from all respondents. Other services that have been affected are **outreach services** and **HIV prevention**.

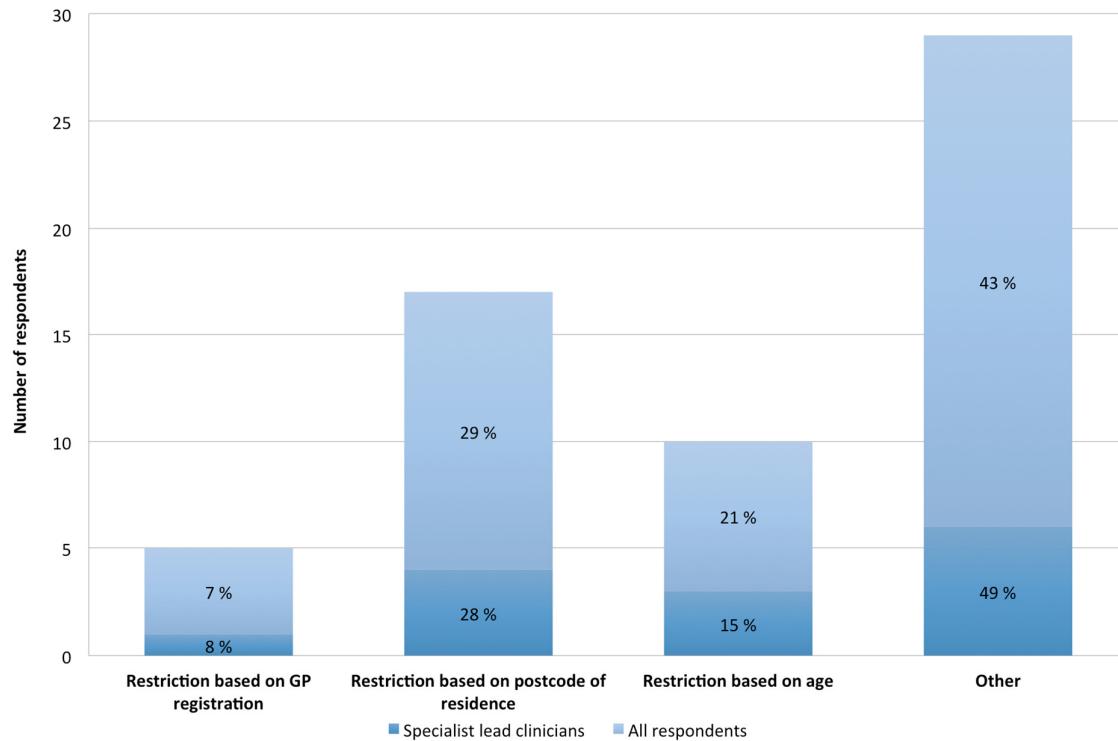
Cost-cutting services such as **information online**, **electronic or central booking systems** and **online testing services** were again named as services that might grow as a result of the cuts.



■ Complete cessation ■ Major reduction ■ Some reduction ■ Some increase ■ Major increase ■ Other changes (please specify)

**'If you have selected "Access to services", please specify:' (Q6bi, n=47)**

Participants who indicated an effect from the 2015/16 in-year budget cuts on access to services in the first part of Q6 were then asked to specify what particular restrictions had been imposed. Three options were made available in a drop-down menu. The participants could also select '**Other**' and provide an open-ended response in the next part of the question.



The responses from those choosing '**Other**' indicate that increased restriction to access is often due to the pressure on services, causing clinic hours to be cut, services limited, and outreach scaled back. However, a few respondents judged access to have improved, e.g. through increased online provision.

A representative selection of responses from participants (due to the large number of responses), with responses from lead clinicians in bold type:

- “Services offered, such as cervical screening, now severely limited. Clinics [are] preparing to close [but] at the same time demand [is] increasing due to limits on other services and lack of access...”
- “Clinics [are] closing in [xxx] area due to lack of staff and appropriate skill mix...”
- “**Due to staff shortages.**”
- “[There has been a] reduction of capacity within clinics.”
- “Outreach has been affected.”
- “Due to budget cuts, opening times have been reduced.”
- “[There has been a] reduced capacity of GUM service.”
- “**Clinic times [have been] cut back.**”
- “**Loss of satellite clinics and non clinic settings.**”
- “Reduced appointments due to reduction in staffing.”
- “Access to services has increased. [There is] more availability and easier access.”
- “Access to services has increased through online provision, pharmacy and GPs.”
- “**No change so far.**”

**'If you have selected "Other services" or "Other changes", please specify:' (Q6c, n=26)**

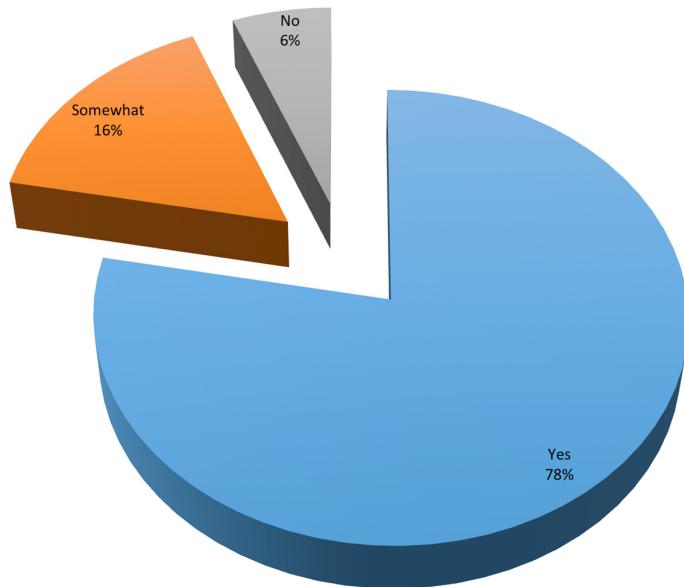
Participants who selected 'other changes' to the previous parts of question 6 were then asked to provide information to specify what other changes in sexual health, reproductive health or HIV services they had seen as a result of the 2015-16 in-year budget cuts.

Survey respondents named a reduction in staff as having an impact on collaborative working and training. Specialised HIV, contraceptive and clinics are also named as being affected. A number of respondents described being unsure of the impending impact that the cuts would have on these other services, and even the status of their budgets.

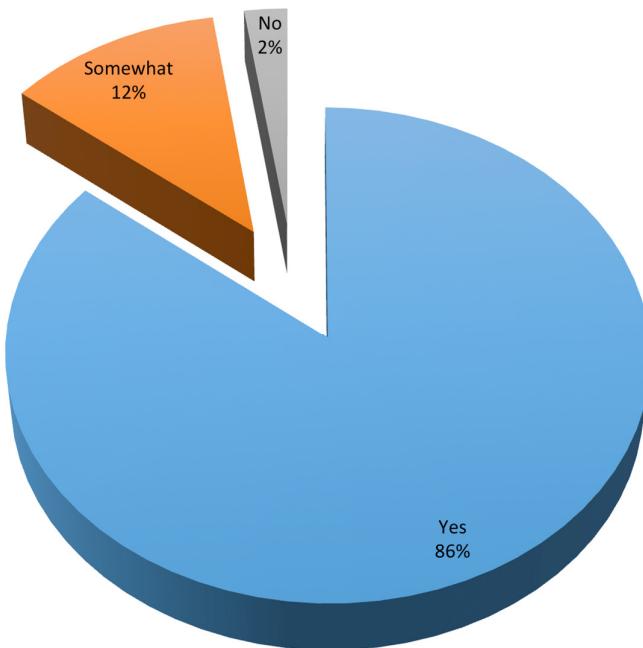
A representative selection of responses from participants (due to the large number of responses), with responses from lead clinicians in bold type:

- **"[The] major (4%) reduction in medical & nursing staff employed to deliver the integrated sexual health service planned for implementation in July 2016 will have a huge impact on access."**
- **"The local network management team have been made redundant so the network will no longer be managed, significantly compromising collaborative working & provision of training both within the specialty & to GPs."**
- **"We have been tendered to a new organisation but HIV remains with the acute trust. Therefore there will be loss of co-location and potential loss of staff cross-over and cover for leave in the other service."**
- **"Loss of community based specialised nursing services for people living with HIV."**
- **"The provision of contraception advice and invitation to contraception consultation at the time of women booking for their termination."**
- **"Saturday morning clinic closed as commissioners cut budget and demanded reductions in patient numbers attending per month from 1000 to 750."**
- **"[A] major reduction in sexual health promotion to young people, events and POCT HIV Testing, and restrictions on NCSP kits and staff (even though our online STI postal kit has proved very effective in the community)."**
- **"[The] outcome [is] not known for this area."**
- **"Unsure about the changes to those services."**
- **"Awaiting [the] impact of [...] services put up for tender."**
- **"We have still not been told what we are being asked to provide next financial year or what our budget will be with 2 weeks to go. We have been told our budget will be cut and we will be going out to tender next year."**

**'Are you aware that the Government has announced further cuts to local authority public health budgets in its most recent Spending Review for 2016-2020?' (All respondents) (Q7, n=154)**  
Participants were asked whether they were aware of further cuts in 2016-2020 announced by the Government. 154 respondents provided an answer to this question. The majority of respondents (78%) were aware of the planned cuts, while 16% more were somewhat aware of them.

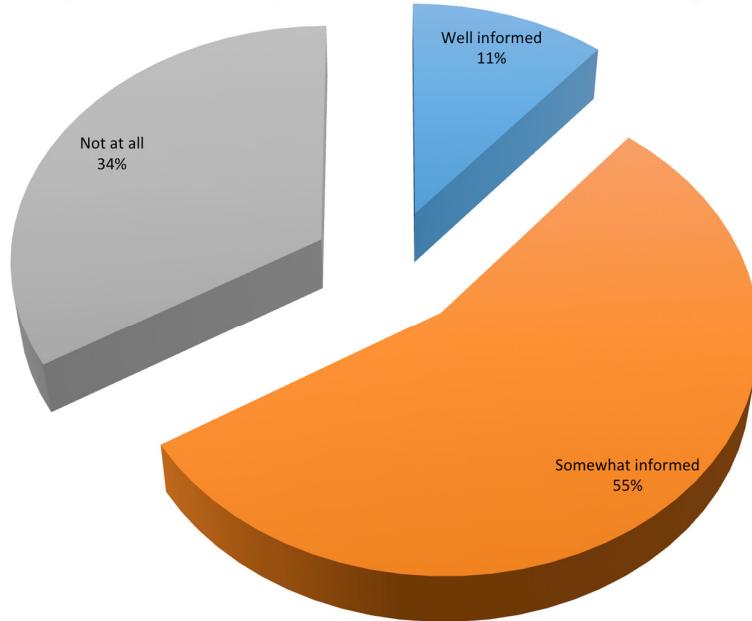


**'Are you aware that the Government has announced further cuts to local authority public health budgets in its most recent Spending Review for 2016-2020?' (Limited to specialist lead clinicians) (Q7, n=42)**



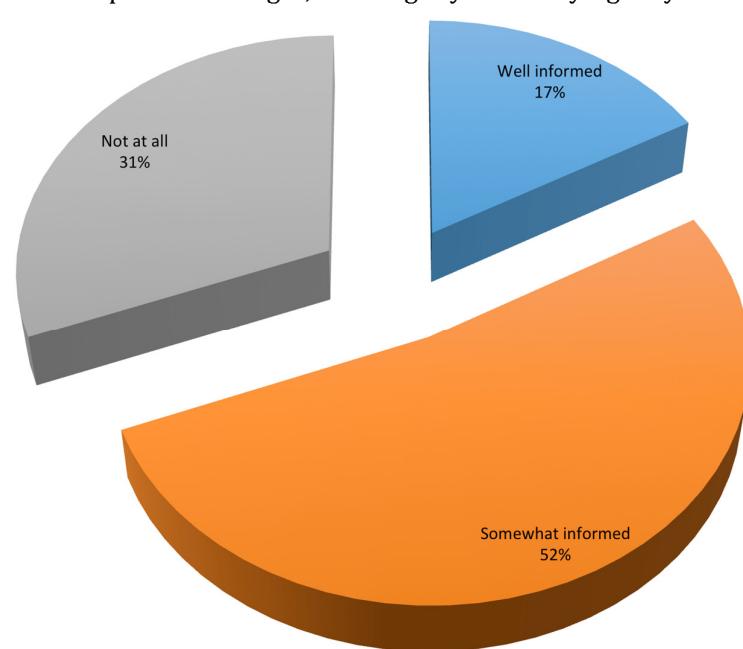
**'How well informed do you feel about planned changes to sexual health, reproductive health and HIV services in your local area for 2016/17 following these further cuts to public health?' (All respondents) (Q8, n=154)**

Survey participants were asked how informed they felt about the planned changes in their area associated with the further cuts announced by the Government. Just over half (55%) felt somewhat informed about the future cuts to these services in their area. Only 11% felt well informed, and more than a third (34%) of respondents said they felt 'not at all' informed about the planned changes



**'How well informed do you feel about planned changes to sexual health, reproductive health and HIV services in your local area for 2016/17 following these further cuts to public health?' (Limited to specialist lead clinicians) (Q8, n=42)**

Lead clinicians reported similar proportions to the rest of the respondents with regards to how informed they felt about the planned changes, with slightly fewer saying they were 'not at all' informed.

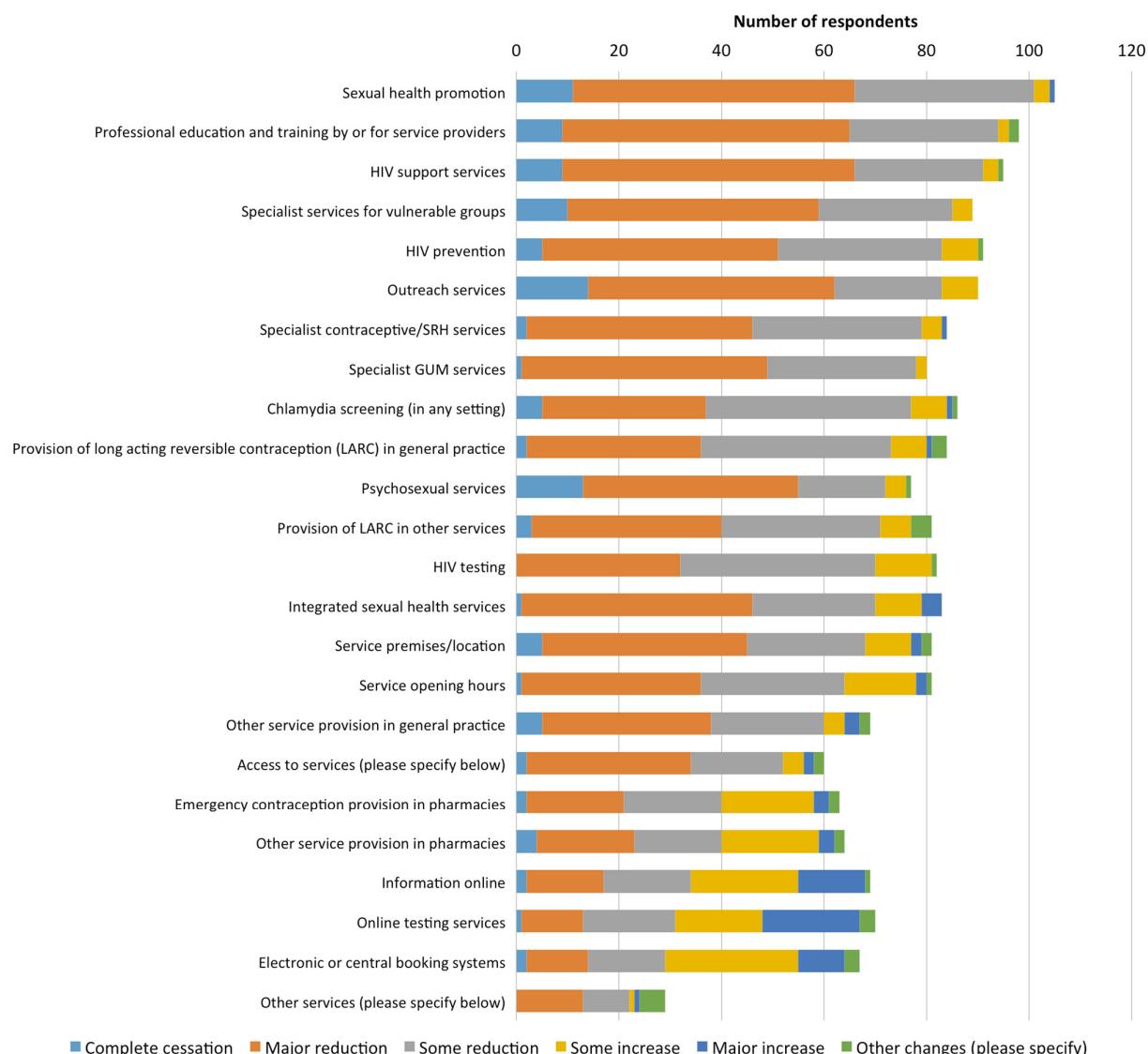


**'Based on this knowledge, which sexual health, reproductive health or HIV services do you believe will be affected?' (All respondents) (Q9a, n=131)**

Participants of the survey were asked to select which services they believed would be affected by the planned further cuts in 2016-2020. 131 participants selected at least one service that they believed would be affected.

Among the services that were expected to be either reduced or completely ceased were: sexual health promotion (101 respondents), HIV support services (91), HIV prevention services (83), professional education and training by or for service providers (94), specialist services for vulnerable groups (85) and outreach services (83).

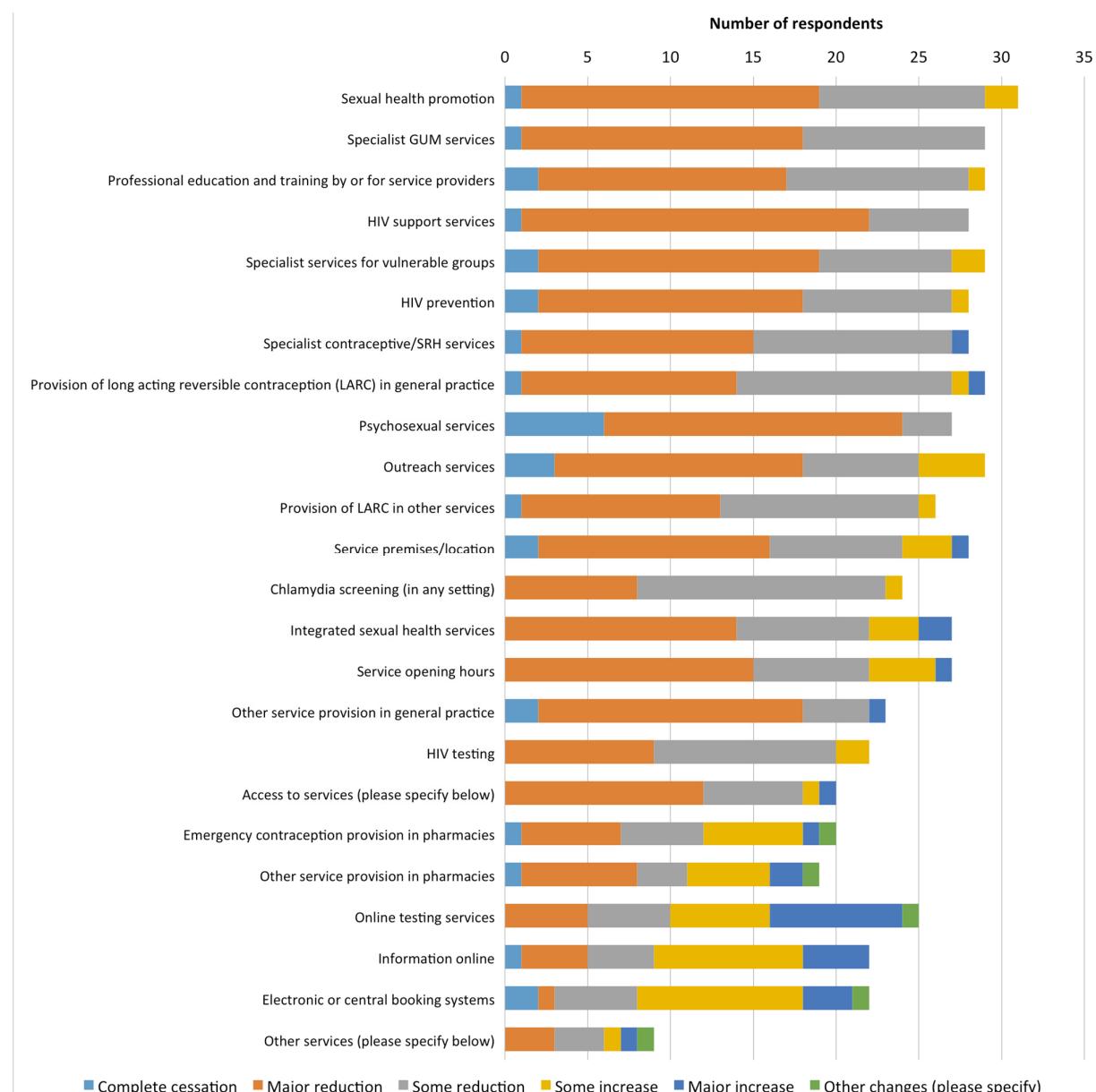
The services that were predicted to increase the most were: emergency contraception (21 respondents) in pharmacies, other (22) provision in pharmacies, the provision of online information (34), electronic or central booking systems (36) and online testing services (35).



**'Based on this knowledge, which sexual health, reproductive health or HIV services do you believe will be affected?' (Limited to specialist lead clinicians) (Q9a, n=40)**

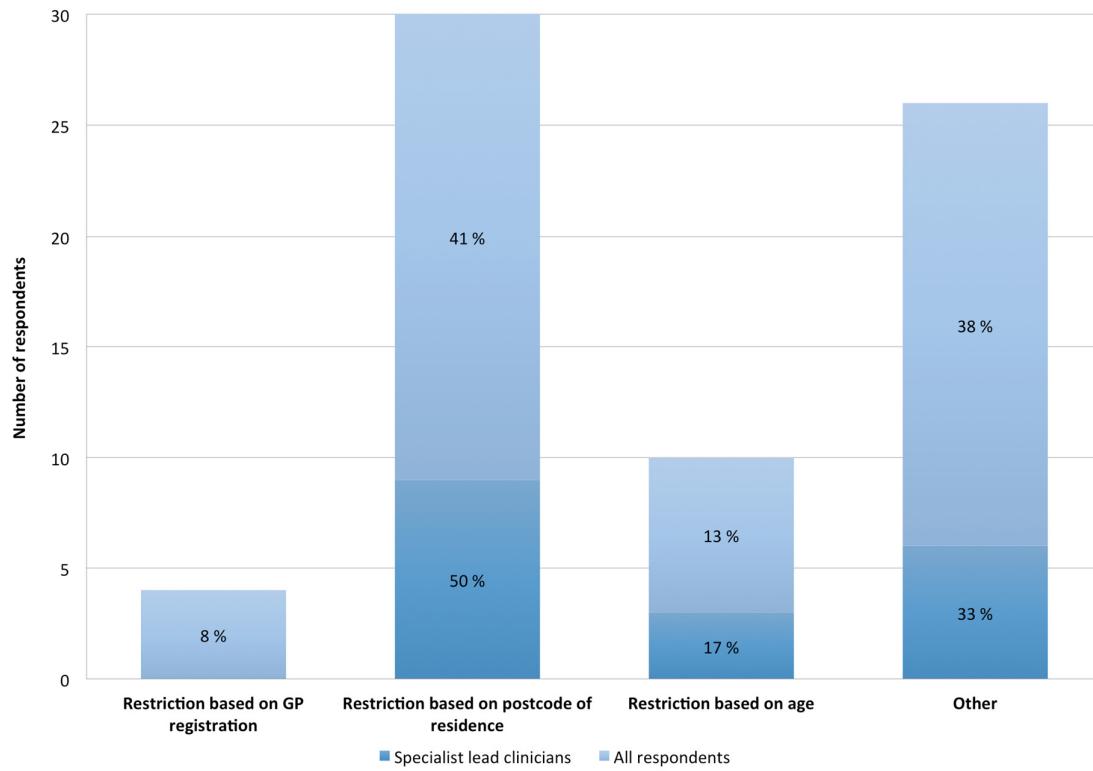
Looking solely at the responses to this question by specialist lead clinicians, a similar but slightly less positive picture emerges of the anticipated changes to services as a result of the planned cuts.

**Sexual health promotion** remains the service most likely to be reduced as a result of the planned cuts, with 29 (73%) of 40 lead clinicians saying it would be completely ceased or reduced in some way. It is joined by **specialist GUM services**, also with 29 lead clinicians suggesting that service would be ceased or reduced in their area. **Professional education and training** and **HIV support services** were both expected to be ceased or reduced by 28 (70% of the 40 total respondents), and **specialist support services for vulnerable groups** were expected to be reduced in some way by 27 (68%). Services providing contraception were also commonly named as services where reductions were likely to be seen: **specialist contraceptive/SRH services** was picked by 27 (68%), **provision of LARC in general practice** also by 27 (68%) and **provision of LARC in other services** by 25 (63%). **Psychosexual services** was named by the largest proportion (6, or 15%) as a service likely to be completely ceased in their area.



**'If you have selected "Access to services", please specify:' (Q9b, n=53)**

Participants who indicated that they felt that there would be effects from the planned cuts on access to services in the first part of Q9 were then asked to specify what particular restrictions they felt would be imposed. 53 respondents answered this question. Three options were made available in a drop-down menu. The participants could also select 'Other' and provide an open-ended response.



'Other' expected changes in access were then detailed by 53 respondents. A representative selection of responses follows, with responses from lead clinicians in bold type:

- **"Restricted services will mean that the most vocal / able to secure appointments (usually the least needy) will be seen at the expense of people who most need sexual health care."**
- "Availability of services."
- "Services closing completely - including local community and hospital clinics."
- "**[The] tendering process will restrict access to some services making them referral only.**"
- "Service access to vulnerable groups [will be affected]."
- "**Further clinic time cutbacks expected, and [we are] unable to supply LARC to all.**"
- "**Reduced GUM services.**"
- "If [the] reduction of service occurs then there will be less access for those who work or are at school."
- "Opening times [will be affected] and [there will be] staff reduction."
- "We are trying to increase provision online, in pharmacies and primary care - it's hoped that this will divert activity away from GUM/SRH."
- "Access will be more limited to online 'innovations', which will exclude more deprived/vulnerable groups."
- "[There will be] no Chlamydia screening for under 25s in GPs or pharmacies."
- "They have cut school nurses who went into school to provide a sexual health clinic."

**'If you have selected "Other services" or "Other changes", please specify:' (Q9c, n=28)**

Participants were asked to provide information to specify what other changes in sexual health, reproductive health or HIV services that they expect to see as a result of the further budget cuts. Several different services were named as likely to be affected, including women's health, specialist services for LGBT people and the young, outreach, and the effect that moving to a more internet-based service would have on those without access or skills, or those with low engagement with their health.

A representative selection of responses from participants (due to the large number of responses), with responses from lead clinicians in bold type:

- *"The service budget makes the service unsustainable. Privatisation is also not the solution as the private companies work on the bare minimum and the residents [of the area] have been accustomed to a very good and high standard service."*
- *"We are seeing a range of services such as social care, benefits advice etc. being cut. These often form part of an integrated package of care, with referrals to and from sexual health and HIV services. All of this will impact upon the overall level of care and people's ability self manage, adhere to medications, access appointments etc."*
- *"We are not planning to increase some budgets, despite expected growth, which in real terms is a cut in funding this will obviously have an impact - but we're trying to encourage an increased take-up of more cost-efficient and convenient services - this will take time and resources - both of which are in very short supply."*
- *"Professional education and training by or for service providers: Young People's Sexual Health pushed more in to under-skilled school nurses, affecting quality, consistency, availability and confidentiality."*
- ***"We have a very well respected community LGBT service, which provides level 3 GUM to MSM who are reluctant to attend mainstream services. PH has paid the lease on the property but may not renew it due to the PH cuts. This will threaten the service and has serious implications for public health."***
- ***"Restriction on ability to provide holistic women's health care - i.e. using LARC (IUS) for dysmenorrhoea & menorrhagia, and cessation of perimenopause / menopause care."***
- ***"We still have the situation of sexual health performing 12% of cervical smears in the borough, without remuneration. We may have to stop providing this."***
- *[The] complete cessation of sexual health promotion services for vulnerable and young people*
- *"I would have thought that sexual services will become more person orientated on the internet as technology advances, but this does not allow for people who have no skills or internet access, [or] those people who lack interest in their own health."*
- *"Our service has been awarded a new contract for an integrated service following a competitive tender and this is due to start on the 1 April 2016. The specifications are very detailed and specifically require the provision of health promotion and outreach service, otherwise I feel these may have been at risk with the public health cuts."*
- *"Unsure at this time."*
- ***"Yet to be determined."***
- *"I have no idea as this info has not been discussed or disseminated."*
- *"No significant change."*

**'Do you have any further comments about changes following the 2015/16 in-year cuts to local authority public health budgets in your local area?' (Q10, n=63)**

Participants were invited to submit their responses to this question in an open-ended format.

There were many in-depth open-ended responses to this question. Particular emphasis was put on the affect that the cuts would have on the health of young people, the provision of HIV services, the loss of outreach and the effect it would have on public health – and the increased future cost of having to deal with the consequences of this.

A representative selection of responses from participants (due to the large number of responses), with responses from lead clinicians in bold type:

- **"The tendering / commissioning process was constantly changing. It caused major changes and disengagement of staff as we lost staff and our award winning outreach service."**
- **"Move to local authority and tender process has seen money that could have used to improve patient services and care spent on expensive and costly tender process."**
- **"Providers trying to save money by using nurses instead of doctors BUT there is a chronic shortage of nurses as it is and they will need a considerable amount of training before they can work independently."**
- **"[There has been a] shortage of clinical staff, but simultaneous push to have longer opening hours, making it stressful for the current staff."**
- **"Huge damage to sexual health and public health services in the locality - tendering, reduced staff morale, staff losses and reduced service provision."**
- **"The situation at our very large GUM/HIV service is pretty dire. Morale very low, many admin and support staff have lost their jobs, reduction in numbers of nurses and doctors, patients are noticing mainly there is a problem getting through on the phones to make appointments or for other enquiries. Worse yet to come, I fear."**
- **"Fragmented commissioning across 6 local authorities with no cohesive commitment to sexual health."**
- **"Services have been based on cost rather than quality."**
- **"Budgets were cut! Staff [was] halved! Services available are very limited. The consultation paper has not been adhered to."**
- **"Our services in sexual health promotion have been virtually wiped out across [the county]"**
- **"Ring fence [the] budget for sexual health in deprived areas."**
- **"In my area of work in [county] the integrated sexual health service was moved out of a purpose built sexual health centre, with all relevant equipment in the hospital, to a local primary care centre without adequate rooms, facilities or adequate management of the change. As a result patient numbers declined significantly, as people have further to travel. In particular as a well used outreach service to another local hospital had its funding removed. A high-risk population in the local male sauna which was targeted by outreach was also no longer funded and this service was dropped. A service in a neighbouring area is now overwhelmed by demand and is having to increase clinic sessions to cope with the demand as it is closer for many patients. Staff morale dropped and several highly experienced members of staff left, leaving shortfalls in staff numbers. Although a purpose built area is being prepared for the service, new equipment, couches, computers, microscope, furniture etc. is being purchased, while the old purpose built sexual health centre remains empty, with unused equipment going into storage. This building will be used for another service but the trust ran out of money to redevelop it. This is a scandalous waste of money, resources and time. The tendering process takes no account of the cost of change and the subsequent impact on staff and patients."**
- **"HIV and sexual health services are not just competing against other public health issues. Areas of adult and children's social care are being re-defined as 'public health' and PHE monies used to fund**

*these areas. Public health including sexual health and HIV services are at greater risk and they are often not high priorities for local authorities."*

- *"[I am] concerned that teenage pregnancy will rise in the future, along with STI rates. Vulnerable children are more at risk."*
- *"Young people under 25 will be severely affected by these cuts. This may lead to increase in STIs and unwanted pregnancies."*
- *"It will be the vulnerable groups that suffer - especially young people's services - we have already seen where these services have been amalgamated into all-age services young people stop using them."*
- *"Services for young people will be cut and integrated with wider services. This is a concern for vulnerable groups and child protection."*
- *"School nurses being cut and no teaching on sexual health or just general health in schools. In this day and age I think this is imperative."*
- *"Support services for people living with HIV have been cut completely with no consultation, they've also cut the young peoples clinic completely. It seems [that the cuts] are made to service users least likely to speak up in defence of the service."*
- *"Our HIV support service has been reduced by half in [town] which is a high risk, high prevalent area."*
- *"Budget cuts led to a restructure of the local service, thereby reducing the number of staff employed but also increased opening areas in some sites, under the premise that it would now be a specialist service dealing with complex issues. We still see general contraception and GU medicine along with the complex cases, even though we no longer have the capacity."*
- *"In order to meet the savings required, the local council decides to provide those services that are statutory requirements. This means most of the prevention and outreach programmes have been and will be decommissioned from 15/16 and beyond."*
- ***"Major negative impact on sexual health services is expected."***
- *"I think this will destabilise sexual health services to an extent that it causes major compromise to quality of care and patient safety."*
- *"These cuts are a ticking time bomb, both financially and with regards to public health."*
- *"These are extremely short-sighted and will have a devastating impact on service-users and the general budget. The cuts will not represent a saving in real terms, as the lack of preventative health care will mean that more people are being seen later on in the system at a huge cost to the state."*
- ***"Not very clear of the exact cuts!"***
- *"We are squeezed enough, please don't squeeze anymore - health is at risk."*
- *"Disgusting. So sad for our young people."*
- ***"[The changes were] severe and thoughtless."***
- *"STOP the cuts! There is a crisis and we are not getting on top of it - we need help!"*

**'Do you have any further comments about expected changes for 2016/17 resulting from further cuts to local authority public health budgets in your local area?' (Q11, n=52)**

Participants were invited to submit their responses to this question in an open-ended format. Respondents predicted that there would be a loss of services and/or access to them as a result of the cuts to budgets in 2016/17. Concerns were also raised about the health of young people and vulnerable groups as a result of the loss of outreach and education, access to contraception, an exacerbation of the already rising STI and HIV infection rates, and a reversal in progress made in cutting unwanted pregnancies and teenage pregnancies, raising awareness of STIs and improving rates of testing.

A representative selection of responses from participants (due to the large number of responses), with responses from lead clinicians in bold type:

- *"Restriction of access to services which are meant to be open to all. I expect longer waiting lists for LARC procedures."*
- *"A disaster for all women particularly of childbearing age who need regular contraception due to lack of capacity in all services including GP."*
- *"Our remaining areas where contraception provision has not been stopped completely will not have the resources to pick up the extra workload."*
- *"Teenage pregnancy will raise in our very poor area."*
- *"The rates of teenage pregnancies, back street abortion, female genital mutilation, sexually transmitted disease and effective screening for cancer will all rise significantly- this will have definite and major effect on urban communities. Have they got the funds for this?"*
- *"[...] pregnancy rates and rates of sexually shared infections will rise. All the hard work we have done over the last few years with reducing teenage pregnancy rates, raising awareness of STIs and encouraging people to come and be tested will seem in vain. Where will they all go?"*
- *"Teenage pregnancies and STIs will rise. The services are becoming a tick box exercise. There is no more networking, as we are not commissioned to do that. Expertise is being lost and not shared. Sessional workers are poorly trained!!!"*
- *"The further cuts will affect sexual health services locally which in turn increase onward transmission of STIs including HIV."*
- ***"Rapid increase of sexually transmitted infections."***
- *"The early intervention work with those with sexual dysfunction or sexual risk taking will be compromised, increasing demand for resources in the longer term. A small investment of time initially can prevent repeat attendances & worsening sexual ill health."*
- *"Reduced access and support for vulnerable groups - it is not just the clinical work but also the education work that is so important with young people and sexual health."*
- *"Other services reduction - young people's services, health visitors, FNPs, drug and alcohol workers. All will reduce provision of support and information."*
- *"I think this will destabilise sexual health services to an extent that it causes major compromise to quality of care and patient safety."*
- *"I don't believe there is any more that can be cut without endangering health."*
- *"We're having to make some unpopular cuts to some loved services though we're also part of the sexual health transformation programme, which some might argue is also unpopular! But the hope is that transformation will not only deliver savings but also better outcomes for our residents. Here's hoping."*
- ***"We have been left very little time to plan our service."***
- ***"We still don't know any specifics."***

**"Do you have any comments about the impact of these past or future budget cuts on service users and the public in your local area?" (Q12, n=70)**

Participants were invited to submit their responses to this question in an open-ended format. There was a very strong reaction to this question from survey participants, warning that the long-term costs to both funding and the health of the population would outweigh any benefits gained by cutting funding in 2016/17.

A representative selection of responses from participants (due to the large number of responses), with responses from lead clinicians in bold type:

- *[It is] extremely concerning as I work in an area of high deprivation and need, with vulnerable children and adults with mental health and social needs, for example looked after children, the homeless. Demand already outstrips supply and already it can take several attempts to access the service due to volume of patients in the clinics. With the cuts staff have not been replaced and 1/3 of our clinics are planned to close, services we offer have been cut back to a minimum due to cost. Our outreach service working with the most vulnerable children in the county, those sexually exploited, is severely under resourced and is being cut by 20%, reducing access and quality of what can be provided. This is very short sighted; by cutting our early intervention the economic, health and social fall out will be magnified."*
- *"This represents a significant change in the way that our services are accessed and I remain concerned about the skills/capacity in other parts of the system to cope with the increase in workload and capacity. Offering an online testing option is really useful but I am concerned that this might not best meet the needs of the people most at risk of HIV and STIs. We have a high level of HIV and late-presentation in the local population, and nothing in the current proposals would appear to be able to tackle this."*
- *"We are being put out to tender to "drive down the cost of the service using the market". We have no certainty for service planning or delivery or improvement. There are risks to our HIV and PAC services which are being delivered by the same team as the GU service. This is putting current providers with a long history of co-operative working and skills sharing in competition, leading to stress and deterioration in working relationships and patient experience."*
- *"Service users have not been adequately consulted. The GUM clinic will no longer be walk-in, patients will have to go to the community site for that service. This will impact > 9,000 patient visits a year. I think users will be very disgruntled."*
- *"Very little sexual health services in schools Year 9-11 could lead to increase in TP and STIs. Interaction with young people cut."*
- *"Our service users, particularly the most vulnerable, will experience a virtual loss of service. This will lead to future poor sexual health outcomes. It is a very short sighted way of approaching people's needs."*
- *"Those most vulnerable people will be disadvantaged. The disinvestment on prevention programmes will see the worsening of sexual health and wellbeing in the local area."*
- *"Vulnerable people living with HIV with complex health and social care needs including mental health needs are finding no support."*
- *"The budget cuts seem to target extremely vulnerable individuals such as sex workers and substance users. The impact of these cuts is likely to lead to an increased utilisation of health care services overall. There is very little dialogue between the sexual health department and the local authority and it is difficult to create a sensible combined approach."*
- *"There is no commitment to prevention and continuing the work that effected the downward trend in teenage conception."*
- *"Prevention saves money in the long run. Just as we have got teenage pregnancy at its lowest rate! Watch it rise over the next few years."*

- “The success seen in reducing teenage conceptions will be lost.”
- “More teenage pregnancies just when they were reducing, and a lack of services for the responsible contraception users who particularly accessed our services at night as they worked during the day.”
- **“There will be an inevitable negative impact on STI and HIV control and on unwanted pregnancies, particularly in the young.”**
- “We may expect a surge in STIs and unwanted pregnancies in the near future.”
- “I feel that the infection and pregnancy rates of young people will definitely rise.”
- “I fear for young people - tremendous steps have been made forward and this will now go into reverse.”
- “Massive impact - lots of people potentially with undiagnosed and untreated infection raising the risk of onward transmission, increased unplanned pregnancy and abortion rates, poor public knowledge of sexual health and resulting poor public health - we are already seeing rises in syphilis, gonorrhoea and teenage pregnancy rates.”
- **“Devastating. We have shut clinics, lost staff from consultants to admin, [and] will be restricting access. Will try and protect teens, LARC, outreach, symptomatic STIs (asymptomatic not our contract) and HIV prevention.”**
- **“Will drag sexual health services back into dark ages and compromise sexual health of our local population.”**
- **“Short term financial savings will lead to massive financial losses in the future due to rising incidence of STIs/HIV and unwanted pregnancies as a result of service cuts.”**
- “These cuts are a very short-term solution but with serious long-term consequences. At the end of the day these are people’s lives that are being affected and there seems to be no strategy or sense to the decisions that are being made.”
- “The usual short-term thinking of people holding the purse-strings –the long-term costs will be greater but will be someone else’s problem!”
- “I don’t feel that this is a change based on patient need or input, I feel that this is another way of restricting NHS services to the general public and has not been thought out in any long term way.”
- **“We have a public health crisis in the making. Services are being cut at a time when serious STIs are increasing. Staff morale is low and it is hard to replace staff who leave. GUM specialty training posts are unfilled. Nurses are a valuable part of the workforce but in a few years time there may not be enough senior doctors to train them. GPs won’t be able to fill the gap. This is reminiscent of the last crisis in sexual health - but the destabilising effect of the tenders and fragmentation of services means that it will be much harder to rectify than it was in the early 2000s.”**
- **“This (Hunt/Lansley ‘reforms’) represents the greatest threat to Sexual Health services since the 1950s. We face a perfect storm of STIs increasing (already exponential in MSM in London), reduced provision for contraception in specialist services and GPs, and losing well established services & experienced staff while squandering huge amounts of cash on a totally unnecessary competitive tendering process. If they’d wanted to destroy all the benefits gained over the last 30 years since the AIDS campaign / Our Healthier Nation / Sexual Health Strategy etc., they couldn’t have chosen a better method and a worse time to do it. Locally we will struggle on with reduced services, and possibly under a new, profit-grabbing / asset-stripping management, but we won’t go down without a very loud fight.”**
- “Thinking about a change in career.”

## 5 – Conclusion

A picture emerges from this survey of services facing significant impact from current and expected future cuts to local authority public health budgets.

In view of the profile of respondents to the survey, the picture is mostly drawn from the perspective of service providers. It will be interesting to compare it with other surveys which have gathered responses from commissioners, especially those in local authorities. To allow anonymity and encourage openness, respondents were not required to provide the name of their employer or local authority so there is the possibility of 'bunching' of a number of responses from one place with a resulting bias in the survey results. However, as the findings from lead clinicians closely mirror those of the survey overall, this does not seem to be a major concern.

In the current financial climate and given the scale of cuts to local authority public health budgets, it would be unrealistic to expect there to be no reduction in services. It is encouraging that the economies to be derived from new technologies are being grasped, with increases in online information and services, and electronic booking systems. However, with the greatest impact of cuts appearing to fall on preventive services (eg sexual health promotion, HIV prevention, LARC in general practice), those targeting the most vulnerable (specialist services, especially those for vulnerable groups, HIV support services and outreach), and the training and education of the workforce, concerns must be raised about their longer-term impact on sexual health outcomes for the population. A worsening of outcomes could prove the public health budget cuts to have been an ill-judged and false economy.

One further, major concern that should not be overlooked is the morale of the workforce. This report is based on the feedback of individuals who reported their current knowledge, experiences and expectations. The free text sections prompted an outpouring of comments, mostly negative and many of them heartfelt. A large selection of these has been included to give a full flavour. Whatever the financial challenges to be faced and the models of service provision adopted for the future, the skills, motivation and morale of the workforce will be critical for their success.