

FSRH and RCOG statement on the Government's response to the Health and Social Care Committee report on Sexual Health

28th October 2019

The FSRH and the RCOG welcome the Government's reiterated commitment to developing a national Sexual and Reproductive Health Strategy to ensure that services are more holistic and can deliver joined-up care for patients. The upcoming Reproductive Health Action Plan by Public Health England (PHE) is a good step in this direction and should inform the proposed Strategy.

We look forward to collaborating with the Department of Health and Social Care (DHSC) and partners, and believe that PHE's Sexual Health, Reproductive Health and HIV External Advisory Group is the appropriate forum to oversee the development of the strategy.

In line with the aims of Prevention Green Paper, the FSRH and RCOG propose three priority areas for a national Sexual and Reproductive Health strategy:

- Improving access to contraceptive services and women's reproductive health care
- Accountability in co-commissioning of Sexual and Reproductive Health services
- Sustainable, long-term funding for public health services.

We are pleased that a focus of the new strategy will be to enhance access to the full range of contraceptive methods. We strongly recommend the Strategy to include a specific aim to improve access to Long-Acting Reversible Contraception (LARC), the most effective methods of contraception, in community and primary care settings, with training for healthcare professionals.

We fully support the Government's call for collaborative commissioning to become the norm requiring local authorities and the NHS to work closely together at both national and local level. However, relying on voluntary initiatives for collaborative commissioning of Sexual and Reproductive Healthcare services alone will not suffice, and reiterate our previous call for enhanced accountability across the system.

Further, we believe that sustained cuts to the public health budget will prove a major challenge to the delivery of the Sexual and Reproductive Health Strategy. The real-terms increase to the public health grant announced in the Spending Round is welcome, but it is far from being sufficient to fill the funding gap. We call on the Government to commit to drastically uplift the public health grant and prioritise it as a cost-effective, fundamental healthcare spend that includes responsibility for clinical services and should be ring-fenced.

Finally, it is encouraging to see the commitment to improve cervical screening commissioning arrangements so that this life-saving test can be delivered in Sexual and Reproductive Health services, which will help to increase the currently record-low uptake rates.

Ends

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Notes to editors:

- Around 39% of women in contact with SRH services for contraception were using oral contraception; 44% were using a long-acting reversible contraceptive (LARC) method such as the intrauterine device (IUD), the intrauterine system (IUS), the implant and the injectable. This is down from 41% and up from 42% respectively compared to the previous period.
- In this publication, SRH services include family planning services, community contraception clinics, integrated Genitourinary Medicine (GUM) and SRH services as well as young people's services e.g. Brook advisory centres. Data from GP settings and pharmacies is only included in data about prescriptions written by GPs and non-medical prescribers such as nurses, pharmacists and others). The NHS Digital data on Sexual and Reproductive Health Services, England - 2018/19 can be found [here](#).
- Freedom of Information (FOI) requests to all 152 upper tier local authorities in England last year found that almost half of councils in England have cut contraceptive services since the public health budget cuts in 2015. More than 8 million women of reproductive age are now living in an area where cuts to contraception budgets have taken place. The FOI audit by the Advisory Group on Contraception (AGC) can be found [here](#)
- According to data by the Department for Health and Social Care (DHSC), abortion rates to women aged 30-34 increased from 15.6 per 1,000 women in 2008 to 19.9 in 2018, and rates for women aged 35 and over increased from 6.7 per 1,000 women in 2008 to 9.2 per 1,000 women in 2018. DHSC's report on abortion statistics in England and Wales for 2017 is available [here](#).
- FSRH has been calling for increased investment in contraceptive services and fully-funded Public Health services. In this climate of uncertainty, we support the call by The King's Fund and the Health Foundation for the Government to commit to restoring £1bn of real-terms per head cuts to the public health grant immediately. Analysis by the two organisations can be found [here](#). FSRH has also submitted evidence to the inquiry, by the Health and Social Care Committee, examining the funding required for NHS capital, education and training, social care and public health to implement the NHS Long Term Plan, which can be read [here](#).
- We have also endorsed a consensus statement by more than 80 health and local government organisations calling on the Government to increase investment in Public Health to prevent ill health, reduce health inequalities, and support a sustainable health and social care system. Read it [here](#).
- The Faculty of Sexual and Reproductive Healthcare (FSRH) is the largest UK professional membership organisation working at the heart of sexual and reproductive health (SRH), supporting healthcare professionals to deliver high quality care. It works with its 15,000 members, to shape sexual reproductive health for all. It produces evidence-based clinical guidance, standards, training, qualifications and research into SRH. It also delivers conferences and publishes the journal BMJ Sexual & Reproductive Health in partnership with the BMJ. For more information please visit: www.fsrh.org