



The case for including sexual & reproductive health and HIV as a central part of the Public Health White Paper

Executive summary

- Sexual & reproductive health and HIV is a major public health issue, and improving services in this area has been identified by the public as one of the three most important public health priorities in England. The nation has some of the highest rates of poor sexual health in Europe.
- Sexual & reproductive health and HIV services present a major opportunity to meet the Quality, Innovation, Productivity and Prevention (QIPP) challenge, making full use of the reforms set out in *Liberating the NHS*.
- A sustained local and national focus on transforming services would pay immediate dividends. Achieving these health, social and economic benefits would clearly and quickly demonstrate the impact of *Liberating the NHS* and the new approach to improving public health.
- Getting it right in sexual & reproductive health and HIV would boost public confidence in achieving longer term health improvements in obesity, alcohol, tobacco and illegal drug use.

1. The benefits of improving sexual & reproductive health and HIV

Sexual & reproductive health and HIV are an important part of the nation's public health. There will be real benefits from including these within the scope of national and local work to improve public health. In particular:

- **Health economic benefit** – there is a strong evidence base showing that investment in sexual & reproductive health and HIV services so as to improve public health minimises future NHS costs:
 - The NHS in England could save over £100m each year by increasing the use of long acting reversible contraception.
 - The NHS cost of providing lifetime treatment for people with HIV is increasing by £1 billion each year. Each time a person is prevented from acquiring HIV the NHS saves over £350,000. People whose HIV is undiagnosed are at particular risk of passing on HIV, and therefore there are also health economic benefits from improving rates of HIV diagnosis.
- **Health benefits** – early diagnosis of sexually transmitted infections (STIs) reduces the risk of costly complications and reduces the risk of onward transmission. Furthermore, undiagnosed STIs also increase the likelihood of HIV transmission. There are health benefits for people with HIV from being diagnosed earlier and starting treatment at the right time.
- **Reducing Health Inequality** – Poor sexual health is much more common amongst people who already experience inequality associated with their age, gender, ethnicity, sexuality, or economic status.

For some, this inequality is compounded by the stigma which is still attached to HIV, poor sexual health and teenage parenthood. Poor sexual health also affects a significant number of people who have other public health needs, in particular alcohol and drug misuse and violence.

- **Impact on societal and economic well being** – The societal cost of poor sexual health is significant:
 - High levels of teenage parenthood reduce the life chances of young people now as well as future generations.
 - Some STIs, if left undiagnosed, cause long term and life threatening complications, including cancers.
 - Failure to diagnose HIV infection early leads to avoidable serious illness and early deaths.
 - HIV is now a long term condition thanks to effective treatments, but people with HIV experience the effects of ageing earlier, and also have higher levels of ill health and higher levels of dependence on welfare benefits, than the general population.
- **Unintended pregnancy, STIs and HIV are avoidable by changing behaviour**
 - Unlike many other areas of public health, STIs and HIV are transmissible, yet they are also avoidable through good quality prevention work, prompt treatment and partner notification to reduce onward transmission, bringing rapid benefits to the NHS, the individual, and the wider community.

2. Improving sexual & reproductive health and HIV health outcomes

There is significant expertise in the field of sexual health and HIV care delivery and prevention which can be used to support the development of national and local quality and outcome measures for use by Government and local commissioners.

Priority areas should include the following:

- a continuing fall in the rate of births to women under the age of 18
- giving women of all ages control of their fertility through access to a full range of contraceptive choices and abortion services
- a reduction in avoidable HIV deaths, ill health and onward HIV transmission through a reduction in the proportion of people with HIV whose infection is diagnosed late
- a reduction in the prevalence of Chlamydia through increased screening of young people
- a reduction in new diagnoses of other STIs including gonorrhoea and genital warts.

So as to be able to optimise the likelihood of achieving these outcomes it will be important to ensure that people have open access to services in a timely manner. There is strong evidence to show that open access to sexual health services within 48 hours of seeking care is crucial to controlling STIs.

3. What needs to be done

Despite the best efforts and hard work of people in the sexual health and HIV field, there is still much more to be done to improve health outcomes for the individual, the quality of service for the consumer, and value for money for the taxpayer.

In particular, the following is needed:

Support for people to take responsibility for their sexual behaviour, through:

- local and national public health programmes that influence positive behaviour change
- improved Sex & Relationships Education in schools and in the home, ensuring young people have the information to make positive lifestyle choices
- providing education and information for those attending sexual health services
- access to sexual health vaccination and screening programmes
- access to good quality, evidence based sexual health information and advice services
- encouragement to contribute actively to both the management of their own sexual health and wellbeing and to the reshaping of community and social norms.

Transformation of sexual & reproductive health and HIV services

by:

- ensuring that they are delivered in the most cost effective way that guarantees quality and effectiveness across the health economy better linking them into the heart of community health and primary care services

- ensuring that all services are delivered as part of a local managed network, ensuring proper clinical governance, and coordinated by clinical specialists
- better integrating the delivery of sexual health and reproductive healthcare so that people can access both services at the same time if they wish, whilst ensuring separate specialist expertise where necessary
- actively encouraging self management
- offering people a greater choice of service, and ensuring that these continue to be open access
- ensuring people get the level and quality of care they need in a timely fashion by having care pathways in place and by guaranteeing that they can be seen within 48 hours of seeking care.
- ensuring that the workforce is appropriately skilled and trained.

Effective leadership and commissioning by ensuring:

- sufficiently skilled commissioners working within a consistent framework of service standards and outcomes
- proper coordination of commissioning for sexual & reproductive health & HIV services across the National Commissioning Board, GP commissioners and Local Authorities; this should ensure that services are commissioned at the most appropriate level in the new NHS system
- high calibre leadership from those individuals and organisations responsible for commissioning
- national leadership and comprehensive independent public health surveillance.

4. The cost of not improving sexual health & HIV

The cost of failing to improve sexual health will be much greater than the cost of investing in appropriate sexual health services and prevention work.

In particular:

- the economic cost as the State would bear the financial burden of increasing levels of STIs, HIV and unintended pregnancies
- the human cost as people suffer from avoidable infections, illness, premature mortality and from unintended pregnancies
- the societal cost of poor sexual health further harming communities already experiencing health inequality, in turn reducing their ability to make a full contribution to society as a whole.

It is therefore not surprising that when asked by Government in 2010, the English public rated sexual health as one of the three most important public health priorities. The real challenge and opportunity is for Government, civil society and the public to work together as part of the Big Society to make the achievement of this priority a reality.

For more information visit:

www.bashh.org

www.bhiva.org

www.brook.org.uk

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