

Royal College
of Nursing

Sexual and Reproductive Health

RCN report on the impact of funding and
service changes in England

RCN REPORT

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1. Executive Summary

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2. Introduction

3. Background

Sexual health was defined by the World Health Organisation (WHO) in 2015 as:

4. Changes to commissioning of

The new commissioning arrangements were followed by the publication of a framework by The Department of Health (England) in 2013 to support the new commissioning arrangements (DH 2013). The forward of the framework from the Parliamentary under Secretary for Public Health, acknowledged the excellent progress that had been made in sexual health over recent years.

“The Government wants to improve sexual health, and our ambition is to improve the sexual health and wellbeing of the whole population. To do this, we must: reduce inequalities and improve health outcomes.” (page 3)

The framework discussed the potential impact of sexual ill health on society and recognised that effective commissioning of interventions and services is key to improving

outcomes. It also acknowledged the need to work across the system to promote integration and inclusion as well as challenge stigma in relation to sexual health (DH, 2013). It also set out the commissioning arrangements and also stressed the importance for all agencies to work together to make sure progress in sexual health continues. Most sexual health services transferred to local authorities, with Clinical Commissioning Groups (CCGs) and NHS England also having a key role. This policy change aimed to enable better integration to local needs assessment, help raise the awareness of the importance of sexual health and support prevention. It is overseen by local health and wellbeing boards to ensure that the care people receive is comprehensive, high quality and seamless.

6. 2018 RCN Survey into sexual health and the role of nurses

Over recent years the Royal College of Nursing (RCN) has become increasingly aware of anecdotal evidence from nurses and the RCN regional teams about some of the issues in relation to sexual health services changing, insufficient funding, low morale, lack of opportunities and significant public health cuts in the specialty.

In response, the RCN undertook a survey from 9 January to 11 February 2018 to support our understanding of the issues around provision of sexual health following the changes to commissioning arrangements from the 2012

Themes identified from qualitative data

A brief analysis of the qualitative data, using a

iii. Workforce planning and skill mix between support staff and registered qualified sexual health nurses

When asked about the changes to skill mix within the teams nurses were working in, 57.1% said that there has been a reduction in the numbers of registered nurses and 61% on the reduction to the overall workforce (as shown in Fig 3).

Fig 3 Changes to nursing staff working in sexual and reproductive health care teams

Several respondents highlighted the lack of workforce planning for the future. When asked about the staff with the right qualifications, 62.5% said they did not have the right staffing levels:

Fig 4: Perceived staff recruitment issues.

62.5% stated there was not enough staff with the right skills. Recruitment freezes/ blocks were given as reasons for lack of adequate staff recruitment in over 83% of cases. The respondents also indicated concern that the service is just not seen as attractive to new staff.

iv. Impact on staff and service users

Respondents expressed their concerns about the pressure on services and how they are not able to provide good quality care which in turn means turning individuals away from the services:

Some nurses are leaving because they feel unable to provide the level of care they want to:

The system and ways of working was also cited as a reason for poor staff morale and why staff are leaving:

7. Evidence from across the system on the current situation for sexual health

From Public Health England (PHE) data, it is estimated that year-on-year, there will be an increase in the number of STIs diagnosed. However, in 2017 PHE reported that in 2016, there were approximately 420,000 diagnoses of STIs in England, a decline of 4% compared to 2015. The most common infection was chlamydia with over 1.4 million tests being carried out and over 128,000 diagnoses made. The introduction of the human papillo

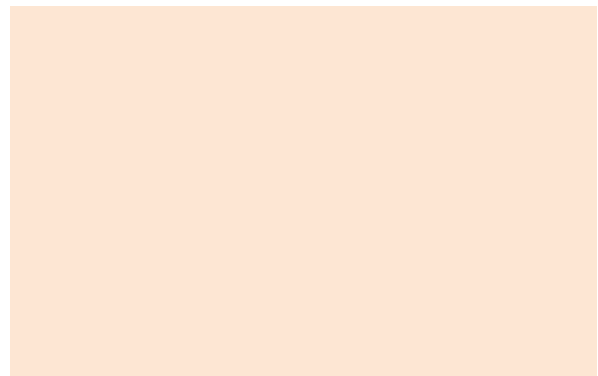
maintained, therefore any large-scale reduction in the commissioning of LARC could affect the number of competent practitioners in the future.

The AGC have reported that since 2015/16 some 45% of local authorities have reduced the number of intrauterine systems fitted and removed in general practice and 29% have reduced the numbers fitted and removed in community services (AGC, 2017). Additionally, 13% of local authorities reduced the number of contracts with general practice for 2017/18 (AGC, 2017). This could potentially reduce access for women and the skills gained could be lost for some doctors and nurses forever. Training is generally provided by the specialist services and any reduction in such training opportunities could have drastic effects for the future workforce both in specialist services and well as in general practice.

The FPA 2015 report warned that if current level of cuts to public health continue over the next five years, every £1 lost to sexual and reproductive health could cost the public purse u

1. Workforce, education and training.

1.1 The RCN recognises the importance of parity between doctors and nurses (RCN, 2017)



The concerns reported by nurses and others, such as, access to appropriate education and training and pressures to the workforce are of significant concern and that the current funding pressures and commissioning arrangements are perceived to have compounded the problems. The survey also highlighted wider issues with recruitment and retention of staff, as significantly impacting on staff morale.

The evidence from the RCN survey adds to

Appendix

Glossary

AGC	Advisory Group on Contraception
APPG	All Party Parliamentary Group
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BASHH	British Association for Sexual health and HIV
CCG	Clinical commissioning group
CPD	Continuing Professional Development
FPA	Family Planning Association
FoI	Freedom of Information
FSRH	Faculty of Sexual and Reproductive Healthcare
HEI	Higher Education Institution
IAG	Independent Advisory Group
LARC	Long Acting Reversible Contraceptives
MEDFASH	Medical foundation for aids and sexual health
NCSP	National Chlamydia Screening Programme
NICE	National Institute for health and clinical excellence
PHE	Public Health England
RCN	Royal College of Nursing
RCOG	Royal College of Obstetrics and Gynaecology
RCGP	Royal College of General Practitioners
SRH	Sexual and Reproductive Health
WHO	World Health Organisation

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