

CHARITIES APPALLED AT LACK OF NHS PLANS TO IMPROVE SEXUAL HEALTH IN ENGLAND

13 January 2006

A report launched today by sexual health charities shows an alarming lack of local NHS planning to improve sexual health in England, despite considerable central Government funding being made available to do so. The report, a review of Primary Care Trust (PCT) Local Delivery Plans 2005-2008, finds that despite the introduction of specific targets to tackle poor sexual health in England, up to half of PCTs fail to mention plans to improve key areas such as faster access to sexual health services.

Perhaps more worryingly, there was only limited evidence of plans for service redesign and improvement necessary to achieve improvements in sexual health generally, and only 30% mentioned targeted planned investment in sexual health, despite the Government's additional £250m local funding for 2006/7 and 2007/8.

The report, published by Brook, fpa, MedFASH, National AIDS Trust and Terrence Higgins Trust found:

- Only 52% mentioned abortion services, and of those that did, it was primarily in the context of improving access for teenagers. Government statistics show that women in their twenties are most likely to seek an abortion.
- More than 50% failed to mention HIV, the fastest growing serious health condition in the UK, and nearly 50% did not mention planned work on reducing gonorrhoea diagnoses – which is another Government health target. Gonorrhoea is the second most common bacterial STI in the UK.
- Over 40% failed to mention tackling sexually transmitted infections (STIs) in general, and the same number made no mention of contraception services. Sexual health in the UK is currently amongst the worst in Western Europe, and we have the highest teenage pregnancy rates.
- One third of PCTs made no mention of plans to achieve the 48 hour access target for GUM services. Yet around one in three people remain sexually active whilst waiting for an appointment, driving up new infection rates.
- Almost a quarter (23%) of PCTs did not mention increasing the uptake of Chlamydia screening among 15-24 year olds despite a 223% increase in new diagnoses between 1995 and 2004. One in 10 sexually active young people is now estimated to be infected with Chlamydia.

The charities are urging the Department of Health and the NHS to accord sexual health improvement top tier priority status for PCTs, and to ensure adequate funding to support this. They also want to see a radical shift in thinking about the delivery of sexual health services, and better, more consistent planning.

Anne Weyman, Chief Executive of fpa, said:

"We are extremely dismayed that despite the public health White Paper, despite the targets, and despite the considerable extra investment that is coming to them in 2006, too few PCTs appear to be planning to take serious advantage of the chance to improve our appalling record on sexual health.

Sexual health remains too far down the list of local health priorities and is overshadowed by the pressure on PCTs to achieve financial balance."

NOTES FOR EDITORS

1. The report is available from THT's press office: 020 7816 8620/ 8621/ 8622.

2. During August and September 2005, an audit was undertaken of two PCT LDPs from each of the 28 Strategic Health Authority (SHA) areas, giving a possible sample of 56 LDPs.
3. 79% of PCTs were able to provide LDP data for analysis, either published on their website or provided directly when requested. This gave a final sample of 44 LDPs, which represented PCTs from across England in both urban and rural areas, with varying levels of prevalence of HIV and poor sexual health. The remaining PCTs were unable to provide data on their 2005 – 2008 plans.
4. National Sexual Health Targets And Investment - In order to address the deterioration in sexual health and the growing pressure on associated services, the Department of Health has committed to a Public Service Agreement (PSA) target in England for 2005 - 2008. PSA targets are agreed with HM Treasury and articulate national ambitions and objectives for public services.

The target refers to the following aspects of sexual health which should be reflected within Local Delivery Plans:

PSA 11a: reduction in the under 18 conception rate by 50% by 2010;

PSA 11b: 100% of patients contacting Genito Urinary Medicine (GUM) clinics to be offered an appointment within 48 hours by 2008;

PSA 11c: Decrease in rates of new diagnoses of gonorrhoea by 2008;

PSA 11d: Increase in the percentage of people aged 15-24 accepting chlamydia screening by 2007.

PCTs are required to submit data related to the target as part of the LDP process.

5. The charities are recommending the Department of Health and the NHS:
 - Establish sexual health improvement as a top tier priority for the NHS for which PCTs should be specifically accountable.
 - Support PCTs to make a radical shift in thinking about the delivery of sexual health services and implement significant service redesign. This should include the sharing of best practice where PCTs and other agencies have implemented successful changes.
 - Ensure adequate investment within sexual health services to achieve the improvements which are urgently needed.
 - Support PCTs to increase capacity and skills in sexual health service commissioning, planning and service delivery.