



Name
Address Line 1
Address Line 2
Address Line 3
Address Line 4
Address Line 5

23rd December 2013

Dear [insert name]

We are writing to draw your attention to our recently published joint paper on tendering of sexual health services and to urge you to review immediately your council's sexual health tendering policies in the light of the key concerns we raise.

As you will be aware, from April 2013, the responsibility of commissioning of the majority of sexual health services has been moved from the NHS to Local Authorities (LAs), who are mandated, through secondary legislation, to provide appropriate access to sexual health services.

Whilst health services commissioned by LAs do not require any form of competitive tendering, in carrying out their procurement responsibilities for sexual health services it is expected that many LAs will decide to do this within the next two or three years. Some have already put services out to tender and others have indicated that they plan to do so.

It is recognised that tendering of health services can sometimes be an instrument of change that has the potential to offer patients' greater choice, bring about innovation and drive down costs, but it does cause considerable disruption and is not without risks. Therefore, all decisions to tender services must take this into account and if tendering is embarked upon it should be implemented in a way that ensures that disruption is minimised and that services meet nationally agreed standards and provide legally mandated access.

Our paper highlights a number of areas where tendering has negatively impacted on the provision of sexual health services, destabilising, disintegrating and fragmenting services, causing significant uncertainty amongst patients and staff, and reducing overall levels of patient care. The fact that many of the key threats highlighted in our paper occurred before the sexual health commissioning transfer reiterates the importance of LAs reviewing their tendering processes now to ensure that any future tendering is fit for purpose.

It is acknowledged that sexual health services in England have seen unprecedented improvements over the past 10 years, with sexually transmitted infections (STIs) remaining relatively stable since 2008, after rising by 20% between 2001 and 2005.

We have grave concerns that these improvements could be reversed with the current trends in tendering, and the prospect of wholesale tendering of sexual health by LAs in the future. This could have serious implications for patients' and the public's health.

Local Authorities should therefore consider if a competitive procurement process is the most cost-effective, and sustainable, way of improving sexual health services rather than a continuous improvement programme which is developed with the provider. Commissioners should not make decisions in isolation but should work with those responsible for specialist commissioning of HIV treatment and care. Joint commissioning would optimise the prevention, treatment and care of STIs and HIV.

If you would like to discuss the issues outlined in this letter and the accompanying paper, we would be happy to meet with you in the New Year. In the meantime, do not hesitate to contact us through Neil Balmer at neil.balmer@munroforster.com or 0207 0896 105.

Yours sincerely,

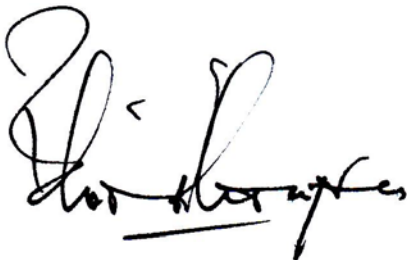
Dr Janet Wilson
President of BASHH

A handwritten signature in black ink that reads "Janet Wilson". The script is cursive and fluid.

Dr David Daniels
Chair of the RCP JSC in Genitourinary Medicine London

A handwritten signature in black ink that reads "David Daniels". The signature is stylized and cursive.

Sir Richard Thompson
President, Royal College of Physicians

A handwritten signature in black ink that reads "Sir Richard Thompson". The signature is highly stylized and cursive.