English HIV and Sexual Health Commissioners Group

BASHH 100 YEARS 1922-2022 British Association for Sexual Health and HIV

Association of Directors of Public Health

BHIVA British HIV Association

FSRH The Faculty of Sexual & Reproductive Healthcare

## From the Chairs and Presidents

Please reply to **all** authors

6th October 2022

Dear Colleagues

**Displacement of Sexual Health and Sexual and Reproductive Health Activity by Monkeypox (MPX)**

We are writing jointly to you as a result of the displacement of sexual health (SH) and sexual and reproductive health (SRH) activity by MPX activity in clinics and its potentially serious impact on both the sustainability of SH and SRH services and the health of our populations.

As you know, the performance data for SH services in a range of clinics nationally has shown that on average, 25% to 30% of SH tariff activity has been displaced by currently unfunded MPX activity. As a result, in several areas the volume of usual contracted SH activity, including out-of-area activity, is down. This is evidenced by

1. BASHH Monkeypox Survey
    a. Reduced access and delivery of STI screening on 90% of Sexual health services
    b. Reduced PrEP delivery by at least 25% in more than 50% of services
2. FSRH member Survey
    a. Increased waiting times and delays to contraception including basic contraception
    b. Clinical time spent delivering SRH has been reduced impacting on women and girls
    c. Some services have stopped delivery of some types of SRH care altogether
    d. Workforce shortages have been exacerbated by MPX
    e. Occupational Health vaccines and other vaccines such as HPV and Hep B not being prioritised which risks outbreaks and infections

English HIV & SH commissioners are also undertaking surveys and gathering intelligence from members and will share that in due course.

We are writing to request that you do not withdraw funding from services at the current time, nor otherwise exert contractual penalties for this exceptional displacement, while we continue to press for specific funding for this unfunded burden. There are several reasons for this:

1. MPX activity is exceptional and should be funded by national government.

2. Withdrawal of funding from some providers risks destabilising the provider financially and operationally.

3. Destabilising services could have serious enduring impacts, including collapse of provision or withdrawal of providers from the market, with consequent worsening of SH and SRH provision and outcomes for service users and worsening of health inequalities.

4. Any reduction in provision of SH and SRH services risks:

    a. Reduced access to HIV pre-exposure prophylaxis potentially leading to avoidable HIV infections

    b. Outbreaks of STIs, increased STI transmission, increased burden on acute medical services and long-term consequences of untreated infection.

    c. Reduced access to contraceptive services, particularly long-acting reversible contraception (LARC), the most effective methods, and the consequent financial, societal and psychological costs of unplanned pregnancies.

    d. Reduced access to experts in complex contraception means that the most high risk women with comorbidities are unlikely to be able to access effective contraception or preconception care. We are aware that reduced access to complex LARC removals is discouraging women from using these methods going forward

We do not make this request lightly. After repeated advocacy with government and with NHS England/Improvement, we are still at the stage of these national agencies repeatedly requesting evidence while this burden on services remains unfunded. We continue to press them for MPX funding and have repeatedly advised them that the exceptional nature of this epidemic, the transmission routes of MPX and its impact should not be considered as routine sexual health expenditure. This request for you to honour contract value is done by exception to prevent a real risk of serious system destabilisation.

During the COVID pandemic, many local commissioners accepted that contracted sexual health activity and KPIs had not been met. We ask you to consider the current MPX situation

– without creating a precedent – one of similar severity and to act **not to withdraw funding**. We recommend that you should consult your Borough/District/County/City legal teams and would suggest that local authorities have powers in place which would enable you to take this exceptional course of action as commissioners.

Our goal is to enable SH and SRH services to return as soon as possible to a situation where activity is not displaced, and where MPX activity is properly funded. In the meantime, we ask you to use your powers to continue funding clinics as per currently contracted values, and to honour payments, while we continue to push for funding.

The English HIV and Sexual Health Commissioners Group Executive and networks will be inviting you to discuss this further shortly. Meanwhile, we have one further request, which is that you share with us your data on the impact of MPX on SH and SRH service activity so that we can continue to map the ongoing impact of this to government.

Yours sincerely

Jim McManus
President
Association of Directors of Public Health
President@adph.org.uk

Claire Dewsnap
President
British Association of Sexual Health and HIV
President@bashh.org

Laura Waters
President
British HIV Association
bhiva@bhiva.org

James Woolgar
Chair
English HIV and Sexual Health Commissioners' Group
James.woolgar@liverpool.gov.uk

Janet Barter
President
Faculty of Sexual and Reproductive Health
President@fsrh.org

Copy to All Sexual Health Providers