The White Paper: 'Choosing Health'

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Introduction

'Choosing Health',[1] a Public Health White Paper, was published in November 2004 with its Implementation Paper expected in Spring 2005. Sexual and reproductive health plays an important role in this White Paper which heralds the Government's desire to move from a disease-orientated medical approach to a clinical style of supporting people to make better choices more in line with traditional community family planning and reproductive health services. This represents an opportunity to raise community contraceptive and sexual health service profiles, develop new sexual health approaches and secure funding to implement service development. However, to make the most of these opportunities, traditional community contraceptive services need to demonstrate that they are already delivering health-promoting clinical services with potential to do more.

The core principles

The three core principles of the new public health approach advocated by the White Paper are:

- informed choice
- personalisation
- working together.

The language may be new, but the principles have been rooted in contraceptive provision since it began in an organised manner over 40 years ago. 'Informed choice' means helping individuals to make their own decisions based on credible and trustworthy information. Personalisation[2] is defined as providing services flexibly, conveniently and sensitively, tailored to the realities of individual lives. 'Working together' embraces the concept of listening to individuals and developing partnerships with statutory and non-statutory authorities. The first two principles are part of core contraceptive practice; the third element has been the greatest challenge to small community contraceptive services due to the lack of administrative capacity. This needs to be addressed; the willingness is there, but financial support must be found.

Resources

No resources were announced with the White Paper itself. There have, however, been recent announcements by the Department of Health (DH) in England and Wales of substantial investment in sexual and reproductive health services (£300 million and £7 million, respectively). The Faculty of Family Planning and Reproductive Health Care will work at a national level, and local leaders must work with their Primary Care Trusts (PCTs) to ensure that relevant links are made and this substantial investment is utilised in a manner consistent with the principles of the White Paper. For instance, access to diagnosis, treatment and screening for sexually transmitted infections (STIs) can be improved, not only by increasing support for genitourinary medicine (GUM) clinics directly but also by investing in traditional open-access community contraceptive services, enabling them to deliver an element of GU services within their clinics in the now popular 'one-stop shop' approach.

Specific sexual health issues

Improving sexual health is one of six over-arching priorities within the White Paper. The others are a decrease in smoking, reducing obesity, increasing exercise, promoting sensible alcohol intake and improving mental health.

The White Paper announces plans for a major new media campaign in sexual health and acknowledges information alone will not be enough. It calls for modernisation of the whole range of National Health Service (NHS) sexual health services "to communicate better with people about risk, offer more accessible services, to provide faster and better prevention and treatment and for these services to be delivered in a different way".

The White Paper states that sexual health services should be delivered by a flexible, multidisciplinary workforce with extension of the role of nurses, youth workers and pharmacists. Family planning clinicians have always been at the forefront of the development of the multidisciplinary team, in recent years championing Patient Group Directions and enthusiastically supporting nurse prescribing and additional clinical skills such as fitting intrauterine and subdermal contraceptives. Family planning doctors have also played a central role in initiating and supporting the provision of emergency contraception by pharmacists.[3] The White Paper therefore specifically supports the traditional philosophy of community family planning services, which is outward looking, inclusive and groundbreaking. Refreshingly, there is a call not simply for primary care to do more in the field of sexual health, but for commissioning enhanced services in the new Primary Care Medical Contract and for primary care practitioners with special interests to work alongside contraceptive and sexual health experts in true partnership.

There are some specific statements within the White Paper to be welcomed by sexual and reproductive health clinicians. These include a commitment to accelerate the implementation of the National Screening Programme (NSP) for chlamydia to cover the whole of England by 2007. In addition to the role of primary care, it acknowledges that since 1.2 million women (the majority under 25 years of age) attend contraceptive services each year, these services can (and will) be the main focus for offering chlamydia screening as well as wider health advice. There is, of course, a need to offer screening to all men and women at risk and not just to women under 25, but the NSP can be viewed as a good start towards establishing the infrastructure on which we can build.

The White Paper also provides fresh support for the Teenage Pregnancy Strategy. It reinforces the need for better prevention by improved sexual and reproductive health education – in schools and community settings – as well as support for parents talking to their children about sex and increased access for sexually active teenagers to

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'young-people friendly' contraceptive and sexual health services. However, it is essential that such services are for all, and not just one sector of society. The White Paper correctly asks all clinicians and service leaders to consider if their services are reaching all those in need, and to further consider how to make these services more accessible, acceptable and suitable for the traditionally hard to reach sectors of society, such as black and ethnic minorities, those with learning disabilities, the young and the homeless population.

The acknowledgement that preventative services need to be developed and modernised, and that community contraceptive services have a key role to play in protecting individuals against unplanned pregnancies and STIs in addition to promoting good health and well-being, is to be welcomed by all clinicians in the field. However, many Faculty members may read this with disbelief and wonder if it relates to the same country, let alone the health service or Trust in which they work! Currently, contraceptive services are patchy and in some areas of England and Wales virtually non-existent. A recent, as yet unpublished, Faculty survey discovered that approximately one-quarter of areas in the UK had seen a reduction of clinical family planning services in the last 5 years. This message has at last, it seems, been heard by the DH with the commitment in the White Paper to carry out an audit of contraceptive service provision in England in early 2005, and to "invest centrally to meet gaps in local services; in particular to ensure that the full range of contraceptive services is available, good practices spread and services modernised". The Faculty has been assisting the DH with preparation for this audit and believes it will have the ability to describe current contraceptive service provision in a systematic manner. Once this information is available, services with the least capacity and/or most disinvestment will have a real opportunity to establish or re-establish themselves. The Faculty survey also showed that only 26% of contraceptive services can currently test and treat for common STIs, with 35% providing a limited service. There is a long way to go to achieve holistic sexual health provision. Finally, as well as financial resource, there is a desperate need for trained personnel. The good news is that the Faculty questionnaire demonstrated that 95% of services would be interested in exploring opportunities to provide additional training in sexual and reproductive health, should resources be made available.

Broader service implications

Commissioners, service leaders and clinicians must consider the broader implications of this White Paper. It signals a cultural change in approach and specific issues for sexual health, but also some other interesting ideas of relevance to our service and practice. A case study describes the "one minute Paddington Alcohol Test" whereby a brief intervention to tackle excess alcohol consumption is offered to those with alcohol-associated accident and emergency department presentations. It makes use of what has been called "the teachable moment", namely the desire not to make oneself vulnerable again. The relationship between alcohol excess and sexual risk-taking in young people is well established and some clinics have already been working in this area.[4] The relationship between risks associated with common contraceptive methods and smoking, in addition to the increased risk of abnormal smears due to smoking, is also well documented.[5] Advice and discussion about these issues and others, such as obesity, are commonplace in our clinics. The health-promoting lifestyle work of contraceptive and sexual health clinics needs to be acknowledged, expanded and resourced.

Other nuggets of innovation within the White Paper include the proposal for community matrons, who will take the lead in providing personalised care and health advice for individuals with complex problems. They would be supported by NHS-accredited health trainers who will have appropriate skills to help members of their community make changes in their lives at a time of their own choosing. The health trainers will offer practical advice and have good connections into services and support available locally. The concept of self-help in the form of a Personal Health Kit to allow individuals to develop their own personal health guide is also being considered. These are new ideas, but are based on the concept of personalised empowering services that has been at the core of contraceptive service provision since it started. Those involved in commissioning and providing services need to give real thought as to how these roles will relate to their services. At the very least, they must have real links to contraceptive and sexual health services and, in some instances, may benefit from being based within them.

Conclusions

The White Paper[1] has been broadly welcomed by major health organisations and individuals. For example, Nigel Edwards, Director of Policy for the NHS Confederation, said "this White Paper really pushes public health towards the top priority across the whole spectrum of Government for the first time. For too long there has been a focus on waiting lists and hospitals to the detriment of real health benefits that could be gained by tackling public health issues. Now we have foundations in place to make a real difference, but hard work is still to come in putting this into practice ... sexual health, in particular, has been one of the forgotten parts of the NHS by Governments, so more funding and a greater focus on this is an important step forward".

Ultimately, for specialist contraceptive and sexual health services and other primary care practitioners with a special interest in sexual health, the White Paper is not a gift-wrapped financial certainty but an opportunity. It is up to us to make the most of what can change. The Faculty will take the lead at a national level: it is currently working in a concerted way with the DH to help PCTs understand the potential of community contraceptive and sexual health services and the important benefits of investing in infrastructure and services, rather than disinvestment. However, change at a local level will only happen through local champions and leaders. Hopefully, we can all find inspiration from those who fought to establish the original family planning clinics, and then to have contraception included as a basic NHS service, as we strive to demonstrate and develop the place of community contraceptive and sexual health services in the NHS of the future.

Statements on funding and competing interests
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