

LONDON ASSEMBLY

Dr Onkar Sahota, Chair of the Health Committee

London Assembly
City Hall
The Queen's Walk
London SE1 2AA

Dear Sadiq

Lack of access to sexual health clinics in London

I am writing to you as Chair of the Health Committee to ask you to look at how you can ensure that Londoner's access to sexual health services can be protected.

For many people, sexual health is an uncomfortable subject. Seeking support for sexual health can take courage, especially for people who are more likely to face barriers and prejudice when accessing services, such as young people, sex workers and transgender people. Despite the taboo, demand for sexual health services has risen.ⁱ While more people are taking responsibility for their health, services are decreasing and people are finding it harder to access support.

Sexual health clinics are closing in London, despite STI rates remaining high.ⁱⁱ London's STI rate is 79 per cent higher than the rest of the country, and the rates are rising for some conditions. Cases of syphilis, for example, more than doubled between 2012 and 2016.ⁱⁱⁱ Alongside this increase, it is becoming harder to access sexual health services. As well as closures, services have been moved to premises with worse transport links or are operating with reduced hours.^{iv} Three of the six central London clinics run by Guy's and St Thomas were closed in 2017. London has seen the greatest reduction of tier 3 services, which treat patients with conditions including HIV, Syphilis and Gonorrhoea.^v

- In Lambeth and Southwark, the overall number of clinics was halved last year
- Wandsworth's integrated hub at St George's was closed and transferred to Bolingbroke Health Centre and Balham Health Centre.
- North East London now has only 1 'tier 3' service which covers Barking and Dagenham, Havering, Redbridge, Newham, Waltham Forest, Hackney, Tower Hamlets and the City

These closures are causing many Londoners to be turned away from clinics. 11,000 people were turned away from Guy's and St Thomas's three remaining clinics in the six months between April and September 2017.^{vi} The true extent of the problem is unknown as not all clinics record how many are turned away and for those who do, the number does not include those who had turned up to a closed clinic. The reduction of the number of clinics is placing huge strain on remaining clinics, such as 56 Dean Street which reported that 1,500 people compete for 300 appointments every day.^{vii}

You have committed to supporting HIV prevention and treatment. In your draft health inequalities strategy, you recognise that variations in the rate of diagnosis for HIV mean that Black African Londoners are more than twice as likely as white people to be diagnosed late.^{viii} The closure of services is likely to make it harder for people to access treatment and support. Your

commitment to raising awareness and reducing stigma is admirable, however without access to services, these methods are unlikely to lead to earlier diagnosis.

The sharp decline of sexual health clinics also risks increasing rates of teenage and unwanted pregnancies. Better sex education and access to contraception have led to a welcome decline in teenage pregnancy over the last decade. However, the impact of education is severely limited without access to contraception. We continue to see the highest rates of diagnoses across all sexually transmitted infections in young people, between the ages of 16 and 24.^{ix} We believe the City is sending conflicting messages to young people. On the one hand, there is a push for sex education, giving people the knowledge to look after their sexual health. However, simultaneously, services which people need to access to take responsibility for their sexual health are being removed.

The committee is concerned about this shortage of sexual health provision. We would like the Mayor to utilise his political influence, especially through the London Health Board, to make the case for supporting sexual health clinics.

I look forward to your response on this important matter.

Yours sincerely,



Dr Onkar Sahota, Chair of the London Assembly Health Committee

ⁱ <https://www.kingsfund.org.uk/blog/2017/03/what-do-cuts-sexual-health-services-mean-patients>

ⁱⁱ <https://www.rcn.org.uk/news-and-events/news/sexual-health-service-closures>

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^{iv} <https://www.kingsfund.org.uk/blog/2017/03/what-do-cuts-sexual-health-services-mean-patients>

^v <https://www.rcn.org.uk/news-and-events/news/sexual-health-service-closures>

^{vi} <https://www.standard.co.uk/news/health/600-people-a-week-turned-away-from-oversubscribed-sexual-health-clinics-at-london-nhs-trust-a3749281.html>

^{vii} <https://www.standard.co.uk/news/health/600-people-a-week-turned-away-from-oversubscribed-sexual-health-clinics-at-london-nhs-trust-a3749281.html>

^{viii} Draft Health Inequalities Strategy, p. 98

^{ix} <https://www.gov.uk/government/news/new-data-reveals-420000-cases-of-stis-diagnosed-in-2017>