

# Sexual Health Quarterly Bulletin Issue 13, September, 2006

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## Department of Health Update by Steve Penfold

Summer often provides an opportunity to catch up at work, as things become quieter. Evidently not so for the DH programme team, who have provided me with six pages news. Here is a overview of some of the highlights:

**Best Practice Guidance** based on the evidence from the MedFASH reviews was issued by DH (2nd August).

The latest quarterly HPA GUM access survey results were out on 21st September.

**Continuous Monitoring Data for GUM** 48hr access is a mandatory return from October (for Sept. attendances). The DH is aware of some delays with GUM IT suppliers for the roll-out of IT upgrades. Most systems collect the required information already. Therefore guidance is being issued through the RSU suggesting local IT departments use third-party programmes to extract data for these returns until updates are complete. This is a priority for the NHS, so lack of a fully-functioning IT system is not a good enough reason for not returning data. Please discuss this with your Information Manager immediately if you are still in need of assistance.

**Chlamydia Point of Care Tests:** There are an increasing number of commercial home testing kits available for chlamydia. The Chair of the National Chlamydia Screening Steering Group has expressed concern at the recent commercial promotion of these self-testing enzyme detection kits for genital Chlamydia infection. In general, they lack comparative peer reviewed data supporting the accuracy of kits, which are currently available at chemists and supermarkets nationwide. Scientific advice is that the methods used are very likely to be inaccurate and insensitive when compared with NAATS.

**Boots Chlamydia Screening:** In October, Boots will launch a commercial chlamydia testing (using NAATs) and treatment service outside London. This is a commercial decision taken by Boots. Their decision was not initiated by DH and does not affect the current pharmacy pilot in

London. Boots have agreed to tell anyone seeking to purchase a kit that they can obtain a free test through NHS services. Although they will offer their own partner notification, they will be asking local stores to contact NHS services to ensure onward referral pathways are in place where appropriate, for example for symptomatic patients, or under 16s.

**DH is consulting to clarify policy on confidentiality** of information on sexually transmitted infections. The consultation closes on 31st October. DH will consider if any changes are needed to the existing legislation and the need for new guidance. [www.dh.gov.uk/](http://www.dh.gov.uk/)

**The Crown Prosecution Service is also consulting on policy** for "Sexual transmission of infections causing Grievous Bodily Harm" (closes 3rd November). The outcome should go some way in clarifying the circumstances when a person might be prosecuted for intentional or reckless transmission of HIV. [www.cps.gov.uk/](http://www.cps.gov.uk/)

**"Networks for Children's HIV Services"** will be published by DH in September following agreement with the Children's HIV Association (CHIVA) and other stakeholders. It will help develop these very specialised services nationwide.

**Teenage Pregnancy:** Two key new documents on delivering the Teenage Pregnancy Strategy have been issued recently. [www.everychildmatters.gov.uk/](http://www.everychildmatters.gov.uk/)

Joint DH/DFES guidance "Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies" was issued in July. The guidance sets out what we know about effective delivery of local teenage pregnancy strategies, based on in-depth reviews carried out in a number of areas with differing levels of success in reducing under-18 conception rates. It also includes new analysis on the underlying factors that affect young people's sexual behaviour and subsequent outcomes, to help areas target their strategies on young

## Department of Health update cont.

people at greatest risk of early pregnancy. The guidance asks local areas to review their strategies in the light of the review findings and new analysis and reflect them in their forward plans. It also sets out what support will be provided nationally to support local delivery.

On 12th September DFES published *Teenage Pregnancy: Accelerating the Strategy to 2010* which has a stronger focus on tackling the underlying causes of teenage pregnancy.

**Best Practice Guidance on Reproductive Health Services** is due to be published later this year. This will include the results of the contraceptive survey, which is currently being analysed.

**Abortion:** First quarter 2006 abortion data (covering January to March) was published by ONS on 30th August. This showed that rates have increased in all age groups.

**The Association of Public Health Observatories Report on Sexual Health** will present regional comparative data on a wide range of indicators of sexual health and its determinants. Due to be published.

**The new national sexual health campaign** to be launched later this year will be a multi-media campaign combining advertising, PR, online and partnership marketing to deliver broadcast and targeted messages throughout England. It aims to raise awareness of sexually transmitted infections (STIs) and promote safer sex via a 'normalising' condoms strategy. It focuses on the consequences of unprotected sex and the benefits of using condoms and targets 16-24 year olds in order to facilitate long-term behaviour change.

The key message is "sex without a condom is seriously risky; always use a condom". The adult campaign forms part of a combined teenage pregnancy and sexual health communications strategy, co funded by DH and the DFES.

The next phases of the RU Thinking (aimed at sexually inquisitive 13 – 16 year olds) and Want Respect (aimed at sexually experimental 16 – 18 year olds) campaigns are running in advance of and concurrently with the new sexual health campaign. In addition, there will be an enhanced stakeholder engagement programme

– including NHS/NGO/public sector and commercial partners.

**Nursing Update:** Two funded "Leadership in Sexual Health Nursing" national conferences will be held as a joint initiative between the Sexual Health Team at the DH and the National Support Team for Sexual Health, in February 2007. The planned dates are Thursday 22<sup>nd</sup> February in London and Wednesday 28<sup>th</sup> February in Birmingham. Details will be circulated shortly.

Following Royal College of Nursing concerns, Skills for Health Cancer Services Projects have issued "**Workforce competencies for taking cervical cytology samples**". This document is available on the Skills for Health website at [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

Finally, the NST will publish "**Ten High Impact Changes for Achieving 48hr Access**" in early Autumn. Wait for the gentle thud on the desk, or check the DH website regularly.

For further detail please contact Steve Penfold at [Steve.Penfold@dh.gsi.gov.uk](mailto:Steve.Penfold@dh.gsi.gov.uk)

## Cheshire and Merseyside Sexual Health Network by Simon Henning

The Cheshire and Merseyside sexual health network (CMSHN) infrastructure has grown by 100% in the last few weeks – there are now two of us! Terrol Evans has joined me as the CMSHN Administrator; she previously provided administrative support to the Wirral Sexual Health Commissioning/ Public Health Team. We are both based at St Catherine's Hospital in Birkenhead, Wirral.

We have been very busy over the summer months working in the various network working groups, and are about to deliver on some key areas of work. Probably the most important is the development of a care pathway for individuals seeking STI help. We are writing this so that it is clear to both clinicians and commissioners, it has been approved by the CMSHN Care Pathways Working Group and the network Board.

We are also busy working on another version of the care pathway that has been written from a service user point of view. We are writing a web based pathway that members of the public will be able to access so that they can navigate their way around various sexual health topics, including STIs, contraception and abortion issues, assess their own risk or needs and be directed to the most appropriate services.

Another key work area is the development of our website, this is very much a work in progress at the moment, but we are hoping to go "live" with it in the next few weeks. This will be a great way in which people can access information about the Network and also contribute to its development.

Anita Weston Nurse Adviser in Sexual Health to the Department of

Health will be attending our Network Lead Nurses working group at our meeting on the 25<sup>th</sup> September. Amongst other things, we will be looking at encouraging nursing innovation and leadership in sexual health how we can help meet the challenges of sexual health targets!

We will be in a position to share more of our work in the next edition of the bulletin. In the meantime, if you would like any more information, please do not hesitate in contacting Terrol or myself.

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## Cumbria and Lancashire Sexual Health Network by Stephen Woods

The Cumbria and Lancashire network has agreed a revised operating structure, which includes a central steering group and a number of sub groups covering –

- Termination services;
- Chlamydia Screening;
- HIV/BBV and HEP C;
- Prevention/communications/campaigns;
- GUM 48 Hour access;
- Commissioning;
- Level 1 + 2 Service Development;
- Information/data/IT systems.

The Cumbria and Lancashire steering group will oversee the Network developments and is made up of a commissioning lead, Public Health lead, sexual health lead, service provider and information lead from each on the PCTs. The steering group in conjunction with the Local Implementation Teams (LITs) identify the actions for the network work programme. The local LITs providing the zonal framework through which the network operates. Actions are then delegated as appropriate to the Network subgroups, some of which will be time-limited groups. Each of the groups are in the process of reviewing the terms of reference, membership and working towards developing an action plan.

The Network has a couple of key dates in the diary the first of which is the 4<sup>th</sup> October is the GUM 48 hour access workshop which will bring together public health, commissioning and clinicians to develop localised action plans to achieve the 77% interim target. The second is the network launch on the 23<sup>rd</sup> November – this will be the official launch of the network and will incorporate a celebration of good practice from across Cumbria and Lancashire.

The network is hoping to establish a mechanism to engage the lead clinicians in developments and link with other existing lead nurse/practitioner groups. Two further workshop days are planned to help initiate discussion and develop action plans these are

around level 1 and 2 service developments and collaborative commissioning.

To assist this process, the Network Co-ordinator is hoping to establish a piece of work that will lay the foundations for a consistent and collaborative approach to commissioning of sexual health services. Described below is the initial step along this road, the outcome of which will dictate the structure and content of the remainder of the work.

### The overall aim of the proposed initiative is:

To develop and agree a service delivery model for sexual health services that can be applied across the two counties

Phase 1 will include a facilitated workshop session with commissioners from across the two counties to explore the appetite and level of enthusiasm for collaborative working and, ultimately, commissioning of sexual health services. Is it possible to agree a service model and identify at which health economy level these should operate.

The workshop will hopefully address the following issues:

- Is there sufficient interest in the proposed notion of collaborative working and commissioning?
- Is it feasible to describe a potential model on which to base future commissioning of sexual health?
- What do people see as the pros and cons of this approach?
- Can commissioners describe what they want to 'buy' in terms of a sexual health service?
- Are there any opportunities for the re-commissioning of services? (Especially considering the Fitness for Purpose agenda)

Given positive responses to all or most of the above, the next stage

would be to begin to develop service specifications(s) that describe accurately the type of services that are required. MEDFASH provides the framework for this service model.

Such specifications would inevitably need to be localised since services are developed to differing degrees across the area in question.

Performance monitoring frameworks can then be constructed, possibly using as templates those already in use in the substance misuse field but also exploring the development and possible extension of the UNIFI system at this stage. Further clarity may emerge regarding the future structure of the Network and more importantly the place of the commissioning function within that network, as an added bonus almost of this process.

There are firm links established with the teenage pregnancy agenda and work around sexuality via the Lancashire Sexuality and Equality Forum. The aim here is to begin to share work and good practice across Cumbria and Lancashire.

As network co-ordinator I have been supporting the development of a Lancashire Wide Sex and Relationships Education Policy and training programme.

Funding has been agreed to employ a development worker to take this work forward. This is an example of good practice and provides an opportunity to link with other developments in Cumbria.

For further information please contact Stephen Woods at: [Stephen.woods@chorley-pct.nhs.uk](mailto:Stephen.woods@chorley-pct.nhs.uk)

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## Greater Manchester Sexual Health Network by Neil Jenkinson and Emma Thompson

The National Support Team (NST) – sexual health, visited Greater Manchester in July. The visit aimed to review and scope out support needs for local areas who have the biggest challenge and who represent the highest risk in relation to delivering the GUM 48 hour access target.

The methodology used by the NST provides an in-depth diagnosis of sexual health commissioning and services using an assessment framework: a synthesis day to analyse information received and a feedback plenary with recommendations for action and NST support. This is followed by a draft report presentation for stake holders to amend technical detail and final report to stake holders including PCT and Acute Trust chief executives. The Sexual Health Network and Manchester and Salford PCTs will also be asked to provide action plans demonstrating follow through of the recommendations from the NST review.

### Emerging findings:

The review identified a range of

strengths both at a GMSHN level and within respective PCTs and sexual health services. The leadership of the Network was acknowledged as a key to its success. The review also acknowledged the complexity of the service configuration and patient flows.

- It was recognised that further work needs to be done on the GM 48 hour access plan on demand capacity model (*NST offered support*)

- HIV services need to be reviewed to include the current commissioning review within six months. (*NST offered support*)

- PCT action plans, required by the SHA, need to specify what extra activity the investment will buy and do sensitivity analysis looking at different assumptions.

- The NST advised that there should be a specific delivery focused group for the 48 hour access target. The Network has an access group, which

may need to review its membership to ensure it is capturing the expertise from the network needed to achieve the target.

- The Network commissioning meetings should be more frequent and an option paper produced for either single or sector lead commissioning for sexual health services (as with HIV).

- It was proposed that a conurbation wide central booking system should be introduced, with consideration being given to a two tier system (*NST offered support*).

- The NST advised that the Network needs to produce plan of removing restrictive access within six months.

- Cross network patient survey needed of people trying to access services to determine/anticipate patient flows.

For further information please contact [Emma.thompson@manchester.nhs.uk](mailto:Emma.thompson@manchester.nhs.uk)

## The modern way of providing support to young people by Elaine Blousfield

The 2006 Ofcom Report has revealed that 16 to 24 year olds are spurning television, radio and newspapers in favour of online services. Increasingly, the so-called “network generation” are turning to new media as their preferred source for entertainment, information and communication. And if the success of the online counselling website Kooth is anything to go by, young people are increasingly regarding the internet as a source of help and advice also.

Currently live in Stockport and Cheshire, Kooth offers confidential counselling and support to 11 to 25 year olds through one-to-one chat sessions, private messaging, forums and an online magazine. Launched in 2004, the award-winning service, a partnership between Stockport Metropolitan Borough Council and Xenzone Ltd, has proved hugely popular. “Young people want electronic access to public services,” says Elaine Bousfield, Kooth’s Service Director. “For example, already almost 6% of young people in Stockport have used the service. They like the fact that it is free,

anonymous and non-establishment.” In a recent survey, 89% of Kooth users said they preferred online counselling to telephone support. Elaine Bousfield: “Many young people tell us they find talking on the internet easier than seeing a face-to-face counsellor. ....Our qualified and experienced counsellors and therapists are able to provide support at the point of need. Crucially, the service also acts as a rapid referral gateway to other services where appropriate.”

Kooth is a service that any local authority in the country can buy into. Deployment enables councils to meet objectives in terms of many local and central initiatives such as the Preventative Strategy, Teenage Pregnancy Strategies, because the service tackles some of the underlying issues that lead to teenage conception such as low self esteem, trauma, low achievement. Plus, Kooth is different from other online counselling services in that it can be localised with regional information and content. In the North West a regional Kooth service is being developed to offer support and access to services for young people

dealing with issues that can lead to teenage conception and sexual health difficulties. Several local authorities will buy into the service supported by region and young people across the North West will be able to access the service.

The evidence is that Kooth.com delivers measurable outcomes for young people in terms of improved physical, mental and emotional well-being so the Kooth offering was enhanced this summer with the launch of a new service called Kooth Plus. Aimed specifically at children in care, Kooth Plus provides a wide range of additional services to this group of vulnerable young people. “We want to help children in care to realise their potential,” says Elaine Bousfield. “So Kooth Plus allows them to receive support, express themselves, learn and have fun via a technology we know they are comfortable with.”

For more information about both Kooth and Kooth Plus visit [www.kooth.info](http://www.kooth.info)

## Liverpool, South Sefton and Knowsley Chlamydia Screening Programme – Joint First Prize Winner of North West NHS Innovations Award 2006 by Sara Lavelle

Liverpool, South Sefton and Knowsley Chlamydia Screening Programme (LSSKCSP) has recently been awarded joint first prize in the North West NHS Innovation Awards 2006 (Innovative Service category). The service provided facilitates testing for chlamydia and gonorrhoea using the same specimen, outside of a Genito-Urinary Medicine (GUM) setting. There are presently over 80 sites where men and women under the age of 25 can access screening, including contraceptive services, walk-in centres, pharmacies and GP surgeries. Clients are offered screening opportunistically, and are informed of their result by a central Chlamydia Screening Office within two weeks via letter, telephone or text.

The decision to offer dual screening was made by the LSSKCP Steering Group. This was prompted by the lack of data about the prevalence of gonorrhoea within the community, and the introduction of new technology to facilitate dual screening at no additional cost. It was decided that the outcome of gonorrhoea screening would be closely monitored from the outset. This was due to academic concerns that screening for gonorrhoea using nucleic acid amplification

tests (NAATs) may result in the generation of large numbers of 'false positive' results. However, empirical evidence suggests this is not the case.

Since 2004 when screening began, over 20,000 tests have been undertaken, of which 1% were positive for gonorrhoea. Interestingly, more cases of gonorrhoea have been found in those clients who tested negative for chlamydia. If gonorrhoea screening had not been offered, these clients may be falsely reassured by their negative chlamydia test. When a positive gonorrhoea result is received, the client is contacted, and arrangements made to 'fast-track' them to a GUM clinic. This is necessary to confirm the initial test result, arrange treatment, and obtain an antibiotic resistance profile, as per national BASHH guidelines on the management of gonorrhoea. Following the first two years of screening, it was found that 90% of gonorrhoea positive results were confirmed following repeat testing at GUM. This is significantly more than would be expected considering the positive predictive value of the test.

There is growing interest in this method of screening as it does not

incur additional cost and is acceptable to clients. Approximately 95% of all clients screened for chlamydia opted to be screened for gonorrhoea at the same time. As all clients are notified of their result whether it is positive or negative, no additional cost is incurred in processing gonorrhoea test results. Treatment costs are met by the relevant GUM clinic providing it, and increased workload reflected in the reporting of KC60 codes. The testing platform used (Gen-Probe Aptima Combo-2) appears to be a reliable indicator of the presence of gonorrhoea infection. As such, work is soon to be undertaken at GUM, in conjunction with the LSSKCP to determine a gold-standard for gonorrhoea testing using NAATs.

The outcomes of concomitant screening within the LSSKCP have been published in STI Journal (June 2006) and also presented at conferences nationally and internationally.

Further information can be obtained by contacting Sara Lavelle, Chlamydia Screening Programme Lead, on 0151 227 1471 or by emailing [sara.lavelle@northliverpoolpct.nhs.uk](mailto:sara.lavelle@northliverpoolpct.nhs.uk)

## Chlamydia screening in Greater Manchester by Emma Flynn

RU Clear Chlamydia Screening is going live with its first sites on 25<sup>th</sup> September 2006. The remaining first wave sites will be coming on board during October and November.

The Manchester Partnership laboratory, the lab undertaking all programme screens in Greater Manchester, has completed its tendering process and has now procured the Gen-Probe Aptima test. The test can provide a gonorrhoea test at no additional cost - which has re-ignited the debate about gonorrhoea testing in Greater Manchester. Currently all chlamydia positives will be offered a gonorrhoea test as will any young people screened at tier two sites (community sites which offer a sexual health screen).

At the end of July the National

Support Team for Sexual Health undertook a visit to Manchester and Salford to review sexual health arrangements. As part of the process they reviewed the RU Clear Chlamydia Screening Programme and gave thumbs up to the model of centralised co-ordination with locally managed treatment integrated within local services.

General Practice involvement in the Chlamydia Screening Programme across the country has been patchy - about 9% of national screens last year were done in primary care. The reasons for this have been linked to the lack of remuneration for GPs undertaking screening. Within Greater Manchester we feel that if we are serious about screening 50% of our sexually active population under 25 we will need to have a strong primary care input. To look at how we

might do this we are piloting remunerating practices on screening thresholds reached in a similar way to the cervical cytology screening programme. Practices will be paid per screen once they have reached a minimum threshold and get a higher payment if they reach the higher threshold of screens.

If you would like more information about RU Clear screening please contact the team on 0845 330 6363 or the website below.



## Wirral Brook campaign—to enhance young people's self-esteem and raise aspirations

by Kai Wooder

A campaign was launched in September 2006 which aims to build on the experience, knowledge and skills already developed by Wirral Brook and really consolidate our belief that young people should have access to accurate and relevant information as well as the opportunity to develop the personal skills, self-esteem and confidence needed to put information into practice.

Wirral Brook are proud to work with over 14,000 young people a year, specialising in the sexual health of young people by offering a diverse range of services that are accessible to all under 25's. This includes contraceptive, counselling and advice services, satellite clinics and STI screening.

The Outreach and Education team have a ten year history of successfully delivering high impacting sexual health services for young people outside of the clinic environment. The team have won two national awards in recognition of

effective sexual health and relationships work with young people and this work has continued to grow both in scale and depth. Involvement with local strategic planning and increased service delivery has ensured our continued contribution to effective sex and relationship services.

The importance of transferred learning cannot be underestimated within sexual health and the campaign will raise this issue within a wider spectrum. By launching a campaign to 'Increase young people's self-esteem and raise aspirations' we are pushing the boundaries of traditional sexual health and relationships education by firmly linking personal and social development to increased and more informed decision-making.

We believe this will lead to more confident and well informed young people who can and will take greater responsibility for their sexual health and relationship choices.

The Campaign will be titled '**All Different, All Beautiful**'. We will offer 10 schools or agencies a programme of personal development training that can be delivered over the course of one academic year. This will encourage young men and young women to explore what they value about themselves and others, develop personal skills, increase confidence and self-esteem and think about future goals and dreams. We will work with up to 400 young people through this strategy.

Young people will also be awarded with a Level 2 Certificate in Personal Development, validated by the Open College Network. We hope this will encourage those involved to view achievement as attainable and within reach as well as act as a springboard for future learning opportunities.

For more information about our campaign contact: The Outreach and Education Team on 0151 670 0177.

## HIV & AIDS in the North West of England 2005 by Jennifer Downing

The HIV & AIDS in the North West of England 2005 report published by the Centre for Public health showed that a total of 928 new cases of HIV/AIDS were reported by North West treatment and care agencies during 2005 – an increase of 14% from last year's total number of new patients (814).

These cases contribute to a new total of 4,195 individuals accessing treatment and care in the North West. The size of the HIV/AIDS positive population continues to rise through large increases in new cases, and because people with HIV are living longer due to life-prolonging treatments.

This year, the tenth annual report has highlighted that:

- The total number of people with HIV/AIDS presenting to services in the North West has increased by 114% since 2001 (from 1,964 in 2001 to 4,195 in 2005).
- Merseyside has seen the largest

percentage increase in new cases since 2001 (190% from 41 in 2001 to 119 in 2005).

- Greater Manchester still has the largest number of cases (2467 individuals), 59% of the total number in the North West.

Other findings include:

- The numbers exposed through heterosexual sex have shown a substantial increase, with 470 new cases in 2005 – a 23% increase on the figure in 2004 (383).

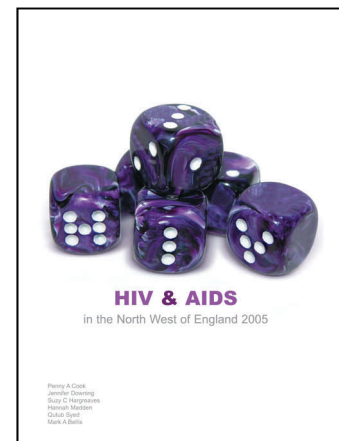
- Numbers exposed through sex between men continue to increase, with 373 new cases - a 4% increase on the number in 2004 (359). It is however much less than the 20% increase seen in 2004.

- Almost two thirds of new heterosexual cases were infected while overseas. Although this group includes businessmen and tourists travelling from the UK, over half are non-UK residents who are in the UK

as migrant workers, asylum seekers, overseas students and temporary visitors.

- 2005 saw a considerable increase in the number of female cases, with 331 new females – a 23% increase on the number in 2004 (269).

For further information please contact Jennifer Downing on 0151 231 4447 or access the website at [www.nwpho.org.uk/hiv2005](http://www.nwpho.org.uk/hiv2005)



## BMJ editorial on emergency hormonal contraception (EHC) by Hasim Miah

Emergency Hormonal Contraception (EHC) is the subject of an editorial by Professor Anna Glasier in the British Medical Journal. Accessible at: [bmj.bmjournals.com/cgi/](http://bmj.bmjournals.com/cgi/)

There has been considerable media interest in this piece particularly focused on the fact that increasing access to emergency contraception has failed to reduce abortion rates in the UK.

### Concerns raised by the editorial

Both DH Sexual Health Team and teenage pregnancy unit are concerned that some women may now think that EHC is not effective and not seek its use after an episode of unprotected sex or when regular methods of contraception fail.

Please can you distribute this advice widely to health professionals locally. We would request that health professionals should reassure women that this article does not question the efficacy of EHC and that they should continue to seek access to EHC in emergency situations.

EHC is safe to use and more effective the sooner it is taken after sex. Of the pregnancies that could be expected to have occurred if no emergency contraception had been used, EHC will prevent up to 95 per cent if taken within 24 hours; up to 85 per cent if taken between 25-48 hours; up to 58 per cent if taken between 49-72 hours. If the EHC is taken after 72 hours it is not known how effective it will be (fpa).

### Summary of Article

In summary Prof. Glasier says the following:

Emergency contraception has been heralded as the solution to rising abortion rates. In the USA some authors have suggested that a million abortions could be prevented annually if every woman used EHC every time she needed it.

In the UK where EHC has been widely available for five years, abortion rates have risen rather than fallen.

She questions the effectiveness of

advanced provision of EHC. While advanced provision to keep at home increased use of EHC, studies found it had no measurable effect on rates of pregnancy or abortion.

...“When reasons for not using emergency contraception, despite having a supply at home, were documented three out of every four women said they did not realise they had put themselves at risk of pregnancy”.

Prof Glasier concludes that the focus should be on contraception before or during sex, not after it.

### Government response — DH Policy

Emergency contraception has never been “heralded as the answer to rising abortion rates”. DH policy has always been that the first choice for women to protect against unwanted pregnancy should be reliable contraception used on a regular basis.

However, we have also worked to ensure that in emergency situations women should be able to access emergency contraception quickly and easily. We have done this by encouraging the NHS to increase access to this product in a range of settings and by enabling women age 16 and over to purchase emergency contraception in pharmacies.

Women and their partners have the right to make responsible choices about preventing pregnancy. Wide availability of emergency contraception increases the alternatives available to women to control their fertility.

It is, however, a key aim of the Government to reduce unintended pregnancy rates, as featured in both the sexual health and teenage pregnancy strategies, and provision of good quality contraceptive services are essential to achieve this. We are investing £40million to improve access to contraceptive services. We have asked PCTs to complete a national baseline questionnaire of contraceptive services. The results will inform the publication of best

practice guidance by the Department of Health and will help PCTs determine how best to meet gaps in local services. The Government has also recently reduced the VAT rate on condoms and other contraceptives, making the costs of these items more affordable and are working with the industry to increase the supply of free condoms to high risk groups. In addition, the National Institute for Health and Clinical Excellence has published guidance on long-acting methods of contraception which should raise awareness and usage of all the methods.

### Teenage Pregnancy Unit Response

The provision of emergency contraception is one small part of a much wider Teenage Pregnancy Strategy which is showing good progress in reducing under 18 conception rates, now at the lowest level for 20 years.

The Teenage Pregnancy Strategy focuses on helping young people delay early sex, the importance of using reliable contraception and condoms if they are sexually active, encouraging parents to talk more openly to their children about sex and relationships and raising young people's aspirations to delay parenthood until they are ready to face its challenges.

Emergency contraception is a safe and effective method which helps to prevent pregnancy but has always been promoted as a back up measure for unprotected sex, not as a substitute for more reliable contraception. The BMJ editorial does not question the efficacy of the method but found that many women failed to use emergency contraception when at risk of pregnancy - reducing its impact on abortion rates. It is essential that sex and relationships education, and parents, help sexually active young people minimise the need for emergency contraception by discussing the importance of using contraception and providing easy access to the wide range of reliable methods.

## Sexual Health of the North West conference 2006 by Hannah Madden & Jennifer Downing

The fourth annual Sexual Health in the North West conference was held at Wigan Investment Centre on 26<sup>th</sup> September and was attended by 250 health professionals from throughout the North West. This included delegates from the NHS, voluntary services, social services, and colleagues from the Department of Health and Health Protection Agency.

Dr Ruth Hussey, the new Regional Director of Public Health, opened the conference and talked about the challenges in sexual health that face the North West and urged colleagues to use the conference to renew their enthusiasm to tackle these challenges.

Jane Mezzone, Delivery Manager - Sexual Health from the Department of Health, provided extremely interesting information on how the National Support Team can help PCTs and other organisations struggling to achieve high standards in sexual health, particularly with the 48 hour access to GUM target.

Dr Penny Cook, Senior Lecturer from the Centre for Public Health, Liverpool John Moores University, presented the latest data HIV & AIDS treatment and care data from the North West. She also presented data on HIV and deprivation which showed that the most deprived areas of the North West have also the highest prevalence of HIV.

Sarah Hughes, Public Health Intelligence Officer, Health Protection Agency (HPA) and North West Public Health Observatory, gave an insightful presentation on a range of sexual health data, soon to be published in the North West Sexual Health Indicators Report.

Dr Lorraine Lighton, Sexual Health Lead, HPA, gave us an insight into the challenges of testing for syphilis in gay saunas and Keira Allen, Enhanced Surveillance Officer, gave a timely update on KC60 and other data collected from HPA.

Dr Jan Clarke, the Chair of the National Chlamydia Screening steering group, presented on the national rollout of the screening program that has already tested over 200,000 young people aged 16 – 25.

She explained that opportunistic testing attracts young people and gave examples of the methods used to encourage young people to test, such as exploiting freshers' week at universities and providing incentives.

The presentation by Bernie Ryan, Service Manager, provided an overview of the excellent work at St Mary's Sexual Assault Referral Centre in Manchester. She highlighted the limited sexual health services available for victims of sexual assault and reinforced the need for more 'one stop shop' referral centres as there are currently only two in the whole of the North West.

The talk by Professor Mark Bellis, Director, Centre for Public Health, on the history of the condom was particularly well received and drew attention to the policies that limit the advertising and promotion of condoms. He suggested that we ought to develop innovative ways to promote condoms and make advertising in the UK as easily accessible as it is in other countries.

Kathy Jones, Lead Nurse/Modern Matron, gave an insight into the changing role of nurses and highlighted examples of good practice in Liverpool in the areas of nurse lead sexual health and contraceptive services.

Many exciting issues that I'm sure interested all colleagues were raised throughout the day during the question sessions. The need for

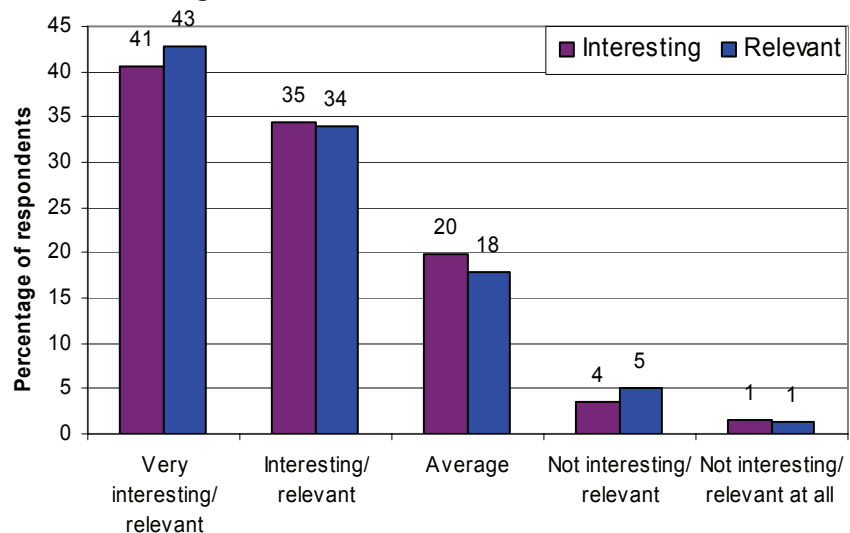
enhanced STI surveillance including, for example, data from GP surgeries was raised. As was the gap in qualitative research into behaviour motivation to explain some of the trends in infections that we are seeing in the North West.

A conference evaluation form was completed by approximately 120 delegates and feedback was generally very positive with 75% of delegates who responded finding the presentations overall either 'Very interesting' or 'interesting' (Figure 1). Many helpful suggestions and comments were made that we have taken on board. These included the suggestion for a presentation by the voluntary sector, as in previous years, and the suggestions for workshops or panel sessions to promote more discussion. Many practical suggestions were also made regarding the venue and organisation of the event all of which are much appreciated.

Overall the day was a great success and we received very positive feedback showing there is still a huge need and interest in such an informative and interesting regional event. Please remember that for cost and sustainability reasons we do not provide paper copies of handouts at the conference and all presentations are now available on the website [www.nwpho.org.uk/sexualhealthconf](http://www.nwpho.org.uk/sexualhealthconf)

For further details or enquires please contact [sexualhealth@livjm.ac.uk](mailto:sexualhealth@livjm.ac.uk)

**Figure 1: Results of the conference evaluation**



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## News and events

**XVI International AIDS conference. Toronto, Canada, 13th - 18th August 2006.** The theme of the conference this year was 'time to deliver' and focused AIDS 2006 on the promises and progress made to scale-up treatment, care and prevention. There were five tracks to the conference: biology and pathogenesis of HIV; clinical research of treatment and care; epidemiology, prevention and prevention research; social, behavioural and economic science and; policy.

Further details of abstracts and presentations can be found at [www.aids2006.org/](http://www.aids2006.org/)

Some general sessions, debates and press conferences are also available online at [www.kaisernetwork.org/aids2006](http://www.kaisernetwork.org/aids2006)

**Making you Count, Terrence Higgins Trust.** The Sector Development Team at Terrence Higgins Trust have developed a new training day for workers involved in gay men's health promotion, *Making YOU Count*.

The training will look at new innovative approaches to reducing the incidence of HIV amongst gay men whilst taking into account the ongoing changes in the new NHS. There will also be the opportunity to learn about new and effective projects being developed around the country.

The training will last from 10.00am until 16.30pm and is free to attend. There are a limited number of places available at each session and so we recommend that you book a place as soon as possible.

**London** 22nd September 2006,

### Call for information

Please contact us at the address provided if you have any comments or suggestions for developing the sexual health quarterly bulletin. Alternatively if you have any information

31st October 2006, 17th November 2006

**Nottingham** 3rd October 2006

**Cambridge** 6th October 2006

**Leicester** 10th October 2006

**Cardiff** 17th October 2006

**Southampton** 25th October 2006

**Sheffield** 14th November 2006

**Blackburn** 21st November 2006

For further details can be found at [www.tht.org.uk](http://www.tht.org.uk)

**Royal Society of Medicine conference HAART and HIV: Treatment and Management**

Thursday and Friday 7th - 8th December 2006 at The Royal Society of Medicine, London

Organised by The Royal Society of Medicine and National Institute of Health, USA in association with the British Association of Sexual Health and HIV and the British HIV Association.

Topics include:

- HIV in the real world
- What is new diagnostically
- Status of management guidelines of HIV in the UK
- Long term complications of ART
- Management of HIV, hepatitis B and C, co-infection
- Hepatic complications
- HIV and the kidney
- Women pregnancy and HIV
- Adolescent HIV
- Case studies and presentations
- New drugs
- Evolution of HIV

For more information and to register on line please go to:

[www.rsm.ac.uk/academic/](http://www.rsm.ac.uk/academic/) or contact:  
Tina Lanzara on telephone: 020 7290 3844 fax: 020 7290 2977,  
[tina.lanzara@rsm.ac.uk](mailto:tina.lanzara@rsm.ac.uk).

concerning upcoming events, reports or other news to advertise in the next quarter please notify us and we will do our best to include details in the next edition.