

# Sexual Health Quarterly Bulletin Issue 19, March, 2008

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## Department of Health Update by Steve Penfold

Much is happening, so once again, the follow bullet-points capture some of the key actions:

### 2008/9 Operating Framework:

One of the identified priorities is "keeping adults and children well" which includes "tackling lifestyle issues such as obesity and alcohol abuse, teenage pregnancy, sexual health problems". Within the document, *Annex A* highlights the existing commitments that must be maintained, including 48-hour access to GUM services and the rollout of the chlamydia screening programme.

### Chlamydia Indicator:

The National Planning Guidance – *Vital Signs* document was published in January 2008 and included Chlamydia Prevalence as a tier two indicator for 2008/09 – 2010/11. In the first year (2008/09), the indicator remains chlamydia screening in the community and PCTs have been asked to plan to screen at least 17% of their population aged 15-24 years. For the final two years, all screens and tests done both in community settings and GUM will be used to estimate baselines for chlamydia prevalence which will be monitored (along with screening numbers in years two and three of the indicator).

### GUM Access:

Latest data (as at mid-April) for February shows that only five PCTs offered less than 90% access. Nationally **97%** of patients are offered an appointment to be seen within 48 hours and **84%** of first attendances are seen within 48 hours. There has been a 27% increase in "first attendances" compared to this time last year, which reflects genuine improvements in capacity.

### Revised KC60:

The Information Standards Board has now given approval for a revised collection of the KC60 from Genito-Urinary Medicine clinics. The new dataset will be called the **genitourinary medicine clinic activity dataset (GUMCAD)** - named by ISB.

GUMCAD will provide STI data by ethnicity, country of origin and sexual orientation at PCT level and smaller local levels (super output areas). Data is scheduled to be published quarterly from November 2008 (for the quarter ending September 2008) on the HPA website. In the next few weeks, guidance material will be distributed to GUM clinics.

### Chlamydia Screening:

Third quarter data (October to December 2007) was published on the 15<sup>th</sup> February. Figures show that there were nearly 82,000 screens completed, this is an increase of 39% on the previous quarter. This covers 88% of PCTs in England. The NCSP Team, regional facilitators and the National Support Team at DH, are working with programme areas to support them in making progress towards the target.

### Contraception:

The Public Health Minister, Dawn Primarolo, announced on 6<sup>th</sup> February £26.8m new funding for improving access to contraception in 2008/9 (see page 8). In summary, this funding will be allocated as follows:

- £12.8m to PCTs in their main allocations
- £14m for DH central programme budgets (£10.5m for sexual health team and £3.5m for children and young people.

For the £14m DH have arranged a meeting on 23<sup>rd</sup> April and have invited sexual health leads, regional teenage pregnancy coordinators, service providers, GPs, commissioners, public health leads and other key stakeholders. The DH expect SHAs to focus attention on those areas with the highest need. As rates tend to be highest in young people then they are likely to be the main beneficiaries. However, given that one of the Sexual Health team's key objectives is to have a much more highly skilled workforce able to offer the range of contraceptive choices, then the benefits should be felt by women of all ages. This funding should provide us all with an opportunity to make a significant

## Department of Health Update Cont.

impact. We are also working nationally to develop a targeted campaign highlighting contraceptive choices for women.

### Developing Contraception Data (Review of KT31):

Five PCTs (including Liverpool) currently employing manual collections of their KT31 have been chosen as pilot sites and are now beginning the process of testing and validating the revised dataset from Community Contraception Services. In addition the DH are now working with the two main IT providers (via Connecting for Health) with a view to testing the dataset collection with their respective systems once ISB have given their approval and issued a DSCN (Data set change notification).

### Best Practice Guidance for service commissioners and service providers of contraception and abortion:

Consultation meetings took place with selected stakeholders, following circulation of a draft in December. The DH now plans to publish the document this Spring.

### Primary Care:

As reported in September, the DH has commissioned the Royal College of General Practitioners (RCGP) to work in partnership with key stakeholders organisations to devise an Introductory Certificate Course in Sexual Health for general practice. The course will be set at introductory level providing a competency based approach to developing knowledge and skills in the management of sexual health in general practice. A pre-pilot course has been held at the RCGP in February 2008 to assist in refining the materials. The course will be available for general practice, i.e. to include practice nurses, on doctors.net. The project is on course for completion and publication by early April 2008. The course is intended to encourage interest and progression onto other recognised higher level sexual health courses e.g. Sexually Transmitted Infections Foundation (STIF) and the Diploma of the Faculty of Family Planning

(DFFP).

### Crown Prosecution Service – Intentional or Reckless Transmission of Infection:

The CPS have finalised their policy guidance and statement on this, which was published on their website 14 March. [www.cps.gov.uk/](http://www.cps.gov.uk/)

### Payment By Results:

The DH are looking to develop Payment by Results, especially for services currently outside of tariff. The development of a HIV outpatient tariff is underway, through work with London SHA, Manchester PCT and Birmingham Heartlands Foundation Trust. These sites will work as a national reference group and engage expertise as is necessary to ensure the development of a robust and agreed national HIV outpatient tariff. Meanwhile work is also underway with a KT31 pilot site to extend the data collection to help with the PbR tariff development.

### Teenage Pregnancy:

New provisional annual under-18 conception data for 2006 were published by ONS on 28 February 2008. In 2006, the under-18 conception rate was 40.4 per 1,000 females aged 15-17 an overall decline of **13.3%** since the 1998 baseline rate. The provisional 2006

under-16 conception rate for England has also fallen to **7.7** per 1000 girls aged 13-15. This is **13%** lower than the Teenage Pregnancy Strategy's 1998 baseline rate of 8.8 conceptions per 1000 girls aged 13-15.

### One-Stop Shop Evaluation:

In 2001, the Government published the National Sexual Health and HIV Strategy and one of the recommendations is the provision of more comprehensive and integrated sexual health services. One of the commitments in the strategy was to undertake an evaluation of different models of One Stop Shops. The report was published on 6<sup>th</sup> March and provides valuable findings and information for PCT commissioners and service providers considering an integrated approach as well as those already providing integrated services. A copy of the evaluation can be found at the following web address: [www.dh.gov.uk/en/PublicHealth/](http://www.dh.gov.uk/en/PublicHealth/)

### Sexual Health NST:

February saw the launch of "48-hour GUM: Getting to target and Staying there", which builds on the *10 High Impact Changes* document issued at the end of 2006. Copies of the new - and very helpful guide - can be found at: [www.dh.gov.uk/en/](http://www.dh.gov.uk/en/)

Steve Penfold (Delivery Manager) Sexual Health NST.

**Table 1: Under 18 Conceptions for England: 1998-2006**

Year	Number of under 18 conceptions	Under 18 conception rate*	Percent leading to legal abortion
1998	41,089	46.6	42.4
1999	39,247	44.8	43.5
2000	38,699	43.6	44.8
2001	38,461	42.5	46.1
2002	39,350	42.7	45.8
2003	39,553	42.2	46.1
2004	39,593	41.6	46
2005	39,804	41.3	46.8
2006	39,003	40.4	49

Source: Office for National Statistics, 2008

\*per thousand females aged 15-17

## Cheshire and Merseyside Sexual Health Network by Simon Henning & Terrol Evans

Since the last bulletin in December 2007 we have been looking at our key achievements for 2007/2008 and working on our priorities for 2008/2009, which are:

1. To maintain prompt access to GUM services and achieving the 48 hour access target.
2. To increase provision and demand for LARC
3. To reduce unplanned pregnancy at all ages (particularly teenagers)
4. To maximise efforts to meet the national target of 17% of young people between 15 and 24 years accepting screening for chlamydia
5. To increase testing and screening for HIV and other STIs
6. To focus on promotion of good sexual health
7. To commission, procure and project manage an appropriate IT system to support the delivery of community based sexual health services, in particular contraception services.
8. To increase access to sexual assault referral centres in Cheshire and Merseyside.
9. To increase the role of general practice in the delivery of sexual health services
10. To strengthen commissioning of sexual health services across Cheshire and Merseyside.

**Cheshire and Merseyside Sexual Health Network Strategy:** The network strategy 2008 to 2011 is almost complete and will be reviewed at a forthcoming half day meeting of the Network Board. This meeting will also review the progress of the Network and develop an action plan for meeting our objectives.

**Sexual Assault Referral Centres (SARCs):** The development of Sexual Assault Referral Centres (SARCs) for Cheshire and Merseyside continues in both areas. The Merseyside SARC will be called the S.A.F.E (Sexual Assault Forensic Examination) Place Merseyside. We have gone out to advert for the centre manager and will be interviewing on the 1<sup>st</sup> of April. We are hoping to "go live" in late summer 2008.

Both SARCs have dedicated project managers in post and development

groups, both chaired by the CMSHN Lead. It is hoped that the Cheshire SARC will be operational in 2009.

**Working Groups:** The CMSHN working groups continue to work hard and some of their key achievements in 2007 are listed below by group:

**Chlamydia Screening group:** Chlamydia screening is now taking place in all Cheshire and Merseyside PCTs. We have developed a single request form for use across all providers and electronic scanning for the processing of samples at Aintree.

The group continues to share good practice to assist in the attempt to reach the LDP target.

**Reproductive Health Working Group (formerly Abortion working group):** This group has produced a specification describing the requirements for the commissioning and provision of high quality, accessible abortion services. PCT commissioners are working alongside providers to meet the specification standards.

Client information leaflets have been produced and are being distributed locally.

The group is now developing a service specification for increasing the provision and demand of LARC (long acting reversible contraception) for Cheshire and Merseyside.

**Psycho Sexual Therapies working group:** This group has nearly completed a gold standard service specification. Care Pathways have been developed for the management of psychosexual problems for physical and psychological therapies and for primary and specialist care.

**Training and Workforce Development:** The chair of this working group has worked with the Department of Health and, as President of the Faculty of Sexual and Reproductive Health, to develop an electronic learning package aimed at medical and nursing staff. This will be free to access.

**IT working group:** The group

continues to develop a specification for an IT system to support integrated models of care which will record clinical and public health data, provide electronic patient records and test requests. This will provide PCTs with performance management data and aid the establishment of robust tariffs.

**Research and Audit working group:** The R&AWG continues to promote participation in research, share best practice and support innovation. The pilot audit on "Management of Chlamydia" has been completed. A research project on 'cost-effectiveness of diagnosis of Trichomonas Vaginalis' is on-going.

**Nursing Leads working group:** The Lead Nurses Group has now written Integrated Sexual Health Job Descriptions for band 3, 5 and 6 posts. They are in the process of putting together Knowledge and Skills Framework outlines for these Job Descriptions. One of the main functions of the group is peer support and sharing good practice

**Sexual Health Commissioners and Teenage Pregnancy Co-ordinators:** The commissioners and public health leads for sexual health and TP co-ordinators from each area are attending a facilitated meeting in April which will focus on teenage pregnancy and its links to the wider sexual health agenda – how can we work better together.

The TP group are also working with the Regional TP Co-ordinator and team to ensure that sexual health services will be accessible to young people and meet the "You're Welcome" and other relevant standards.

**And finally...**

For any further information about the Cheshire and Merseyside Sexual Health Network please contact either:

Simon Henning, Network Lead on [simon.henning@nhs.net](mailto:simon.henning@nhs.net)  
Or

Terrol Evans, Network administrator at [terrol.evans@nhs.net](mailto:terrol.evans@nhs.net)

## Cumbria and Lancashire Sexual Health Network by Stephen Woods

**Sexual Health Network Strategy – promoting positive sexual health for all.** Launched in November the first Cumbria and Lancashire Sexual Health Network strategy has as its vision *Positive sexual health for all*. The network is working to deliver the strategy which forms part of the wider Public Health Network Business plan.

### Positive sexual health is a holistic concept that incorporates the following

- Exploring the myths and taboos and promoting a change in culture.
- Developing a wider understanding of sex, sexuality and sexual orientation
- Acknowledgment that we all have a role to play in promoting positive sexual health and bringing about change.
- Promotion of positive, pleasurable, mutually satisfying and rewarding relationships.
- Encouraging emotional literacy and increased self esteem.
- Challenging prejudice, stigma and discrimination that can negatively affect sexual health.
- Enabling and supporting people to claim their own sexuality and to respect the choices and lifestyles of others.
- Comprehensive integrated health promotion/prevention activity, access to information and education for everyone.
- Provision of integrated and comprehensive sexual health services.

It has been written very much as a working document and as such provides an adaptable approach. This will allow for localised responses to the implementation of National and regional policy. It also provides flexibility to accommodate changes that result from national, regional and local review processes.

**Promoting Positive sexual health for all:** The Network has organised three events across Cumbria and Lancashire. The conferences are aimed at Chief Executives, Directors, Head Teachers, School Governors, Senior Church Leaders and senior leads in all organisations and agencies – It is sometimes difficult to engage people in an objective discussion of sexual health;

individuals are often uncomfortable and embarrassed by the subject. These Conferences aim to break down these barriers and work at encouraging an open and frank dialogue that challenges historical perspectives and acknowledges that sexual health is much more than the absence of infection. Baroness Gould will be delivering the opening address at each event. The dates and venues are as follows:

- **April 17<sup>th</sup> Cumbria Event North Lakes Hotel Penrith 9.30 – 4.30**
- **June 12<sup>th</sup> Burnley Football ground Turf Moor Burnley 9.30 – 4.30**
- **Sept 30<sup>th</sup> North Lancashire PCT Conference Centre Lancaster 9.30 – 4.30**

### Commissioning

The Commissioning Toolkit was launched on 28<sup>th</sup> March; it has been out for extensive consultation. The document provides a service model for the delivery of integrated sexual services and includes specifications for each level of service. A joint commissioning and public health group is to meet to discuss the tool kit, condom provision, Chlamydia programmes and future priorities.

### Chlamydia Screening – Media Campaign - Website:

The network has been working across the chlamydia programmes to deliver a joined up media campaign. The campaign is running across four radio stations giving full Cumbria and Lancashire coverage. In addition to this a centralised website for Cumbria and Lancashire went live on the 14<sup>th</sup> February and provides young people with the facility to order postal testing kits. The campaign has been supported by the addition of extra marketing and publicity materials. Plans are in place to run a competition across the two larger radio stations to find the face of Cumbria and Lancashire this will utilise the new website [www.best2know.co.uk](http://www.best2know.co.uk).

It has also been possible to get the agreement from all the Lancashire based PCTs to establish a centralised admin post based at the Preston Lab, this will resolve a number of issues and free up the

programmes to concentrate on targeted work and move closer to the target.

### Risk Taking Behaviour and SRE:

The Lancashire wide Sex and Relationship Education (SRE) policy has now been signed off and will be launched in the next few months. The network will be jointly hosting the event and will link in wider SRE needs and consider Planned Parenthood. In addition to this the network is supporting the development of a county wide training programme and a SRE/risk taking training strategy. Similar pieces of work are in place in the two unitaries and Cumbria.

**CLASH Website:** The Wider Public Health Network is about to create a new corporate image and communication plan. The CLASH site will reflect this and will be much improved and updated. The site has experienced a number of technical problems these should be resolved in the next few weeks and the site will be updated on a regular basis. [www.clashonline.co.uk](http://www.clashonline.co.uk).

### Future Workforce – supporting UCLAN:

The network has been working with the University of Central Lancashire (UCLAN) on the development of a new BSc and MSc in Sexual Health Studies and Sexual Health Studies in Practice. The new courses have been through stage one validation and should be available from September 2008. They provide both a clinical and non-clinical route and will equip participants with dual skills Family planning and STIs.

### Please note new address and telephone number

Cumbria and Lancashire Public Health Network  
Room 240  
Preston Business Centre, Watling Street Road  
Fulwood  
Preston  
PR2 8DY

Preston 01772 678118  
Mobile 07917210866  
[stephen.woods@centrallancashire.nhs.uk](mailto:stephen.woods@centrallancashire.nhs.uk)

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

### GUM Access Performance

The area as a whole has seen a great improvement in 48 hour access both in terms of what patients are being offered and how many are being seen. Local data shows that the majority of clinics are now reaching the target of 100% offered within 48 hours and well on their way to reaching the 95% seen target. Work is being done in the areas that are not quite there yet to improve access by implementing additional clinics, using walk-in systems and recruitment of additional staff. The Network would like to thank everyone involved for their hard work in this improvement to services.

### NST Funding

After several progress reviews by the National Support Team for Sexual Health, money has been given to several services that had produced business cases. Trafford GUM Clinic has been given funding to invest in a

Telephonetics results service and Withington GUM clinic have received funding for a self check-in system to be developed within their service. It is hoped this investment will improve the services for patients and staff and their experiences can be rolled out across the Network.

### Workforce Project

A review of the nursing workforce across Greater Manchester has been undertaken over the last 12 months funded by the Network with monies allocated to Greater Manchester from the National Support Team. The aim of the project has been to establish the 'fitness for purpose' of the workforce to deliver the National Strategy for Sexual Health. The methodology used for the project covered the following six steps:

- defining the plan
- visioning the future

- Assessing demand
- Assessing supply
- Action plan
- Implementation and review

The project has used questionnaires that were distributed to Lead Nurses, Staff Nurses and support workers with over a hundred responses received. The aim being to give a snapshot of staffing levels, skills and education and training needs. Job descriptions of all these roles are also being looked at to identify similarities and inconsistencies across the system. The project is now in its final stages and a report will be produced which will include recommendations for the Network.

For any information about the Network or any of the above updates please contact: Emma Thompson, Network Support Officer  
[emma.thompson@manchester.nhs.uk](mailto:emma.thompson@manchester.nhs.uk)

## STI and HIV Evidence Briefing Publications by Jennifer Downing

The two Health Development Agency (HDA) evidence briefing reports on the prevention of HIV and STIs have been updated and published on the NICE website. These reports have been used to inform the development of the guidance on preventing sexually transmitted infections and reducing under 18 conceptions. They are intended to add to the body of evidence on the prevention of HIV and STIs and their findings and recommendations ought to be read in conjunction with the original reports which are also available on the NICE website.

The updated evidence briefing on the prevention of STIs explores tertiary level evidence to identify the features of effective interventions based, for example, in clinics, schools, and in the community including those programmes that use outreach methods. Key findings show that prevention interventions can be effective if they use:

- Individual risk counselling
- Partner notification (as a means of detecting new infections)
- Clinic-based interventions using

behavioural skills

- school-based education to reduce risk-taking in adolescents
- Sex education, if begun before the onset of sexual activity
- Small group work or
- Detached education and outreach.

The updated evidence briefing on the prevention of HIV also explores tertiary level evidence and presents findings by risk group. Key findings show:

- Interventions with MSM ought to incorporate individual-level cognitive-behavioural interventions, including self-justification, risk-reduction, education and counselling. Group-level interventions ought to address issues of intimacy, relationships, communications skills, coping skills, interpersonal skills and relapse prevention.
- Interventions with people living with HIV ought to incorporate partner notification. Small group work ought to include stress management, HIV coping and counselling.
- Voluntary counselling and testing can be effectively promoted if it is aimed at high-risk population such as MSM and African populations.

- Evidence of cost-effectiveness was found in interventions that focused on MSM populations.

Both evidence briefing updates include recommendations for primary and secondary research. They also highlight the gaps in the current evidence to show where future efforts should be focused and provide methodological guidance for future studies.

Copies of the reports can be downloaded from the NICE website:

STI Prevention Evidence Briefing Update:  
[www.nice.org.uk/guidance/](http://www.nice.org.uk/guidance/)

HIV Prevention Evidence Briefing Update:  
[www.nice.org.uk/guidance/](http://www.nice.org.uk/guidance/)

For further information please contact Jennifer Downing, Senior researcher in sexual health on  
[j.downing1@ljmu.ac.uk](mailto:j.downing1@ljmu.ac.uk).

## Summary of the North West Sexual Health Profile—April by Lorraine Lighton

The North West Sexual Health Profile April 2008 has been compiled by HPA North West and circulated to NHS partners through the sexual health networks. The whole profile is too large for inclusion in this publication and some of the tables contain very small numbers so are not published in the public domain to reduce the risk of deductive disclosure. This summary explains the data which are available in the profile and includes some examples. More detailed information can be obtained from Dr Lorraine Lighton, Sexual Health Lead, HPA North West at [lorraine.lighton@gmhp.nhs.uk](mailto:lorraine.lighton@gmhp.nhs.uk).

### KC60 DATA

KC60 data included in this profile are produced from mandatory returns from genito-urinary medicine (GUM) clinics which are submitted to HPA Centre for Infections where they are validated and prepared for publication. They do not include cases managed outside these settings, e.g. in primary care, young people's services, contraceptive services, but are reasonable indicators for conditions which are usually managed in GUM clinics (e.g. gonorrhoea and syphilis).

Although this data collection is a mandatory requirement there is the potential for delays. Data for quarter 4 2006 and for 2007 is currently incomplete. Tables are shown here for uncomplicated gonorrhoea and uncomplicated chlamydia by clinic (see tables 1 and 2).

**Table 1: Uncomplicated Gonorrhoea by clinic**

UNCOMPLICATED GONORRHOEA		2004	2005	2006	2007	
HPU	Clinic				Q1	Q2
C&M	Leighton Hospital	51	47	64	14	15
	Macclesfield District General Hospital	23	14	23	11	10
	Halton General Hospital	13	39	38	0	6
	St Helen's & Knowsley Hospital	59	55	80	25	25
	Royal Liverpool University Hospital	375	464	350	85	92
	Southport District General Hospital	35	27	36	10	11
	Warrington & District General Hospital	41	59	73	28	9
	Countess of Chester Hospital	62	83	76	24	11
C&L	Arrowe Park Hospital	56	114	137		
	Royal Blackburn Hospital	85	67	45	16	12
	Blackpool Victoria Hospital	111	138	143	29	42
	Ormskirk & District General Hospital	8	5	17	6	
	Royal Preston Hospital	92	53	89	26	19
	Cumberland Infirmary	29	52	27	6	12
	Furness General Hospital	31	27	15	4	2
	Workington Community Hospital	22	20	25	20	6
GM	St Peters Health Centre	105	62	63	7	23
	Ashton Community Care Centre	27	32	28	1	4
	Royal Albert Edward Infirmary	43	54	44	15	20
	Royal Bolton Hospital	169	62	111	18	30
	Fairfield General Hospital	51	62	51	27	8
	Baillie Street Health Centre	111	52	62	23	16
	Manchester Royal Infirmary	390	344	391	81	65
	North Manchester Hospital	166	149	98	28	42
	Withington Community Hospital	179	85	129	33	26
	Royal Oldham Hospital	95	80	107	31	32
Capio Oaklands Hospital	41	44	53	10	10	
Stepping Hill Hospital	33	30	24	9	12	
Crickets Lane Clinic	69	69	86	15	17	
Trafford General Hospital	34	20	32	40	7	
<b>Total</b>		<b>2606</b>	<b>2409</b>	<b>2517</b>	<b>642</b>	<b>584</b>

**Table 2: Uncomplicated Chlamydia by clinic**

UNCOMPLICATED CHLAMYDIA		2004	2005	2006	2007	
HPU	Clinic				Q1	Q2
C&M	Leighton Hospital	448	350	409	148	117
	Macclesfield District General Hospital	345	347	277	69	70
	Halton General Hospital	168	268	256	55	45
	St Helen's & Knowsley Hospital	258	450	503	155	144
	Royal Liverpool University Hospital	2021	1576	1504	410	352
	Southport District General Hospital	414	397	407	114	105
	Warrington & District General Hospital	266	468	614	162	165
	Countess of Chester Hospital	563	641	623	159	122
C&L	Arrowe Park Hospital	679	805	709	**	
	Royal Blackburn Hospital	520	544	493	105	109
	Blackpool Victoria Hospital	629	703	868	224	248
	Ormskirk & District General Hospital	199	149	156	42	
	Royal Preston Hospital	736	860	844	220	219
	Cumberland Infirmary	240	301	355	108	91
	Furness General Hospital	248	288	302	54	75
	Workington Community Hospital	185	354	390	99	84
GM	St Peters Health Centre	373	308	361	135	111
	Ashton Community Care Centre	544	503	529	71	135
	Royal Albert Edward Infirmary	156	254	311	113	89
	Royal Bolton Hospital	805	354	898	189	188
	Fairfield General Hospital	397	468	482	141	98
	Baillie Street Health Centre	643	583	640	165	168
	Manchester Royal Infirmary	911	968	1085	264	210
	North Manchester Hospital	471	526	410	163	154
	Withington Community Hospital	629	263	430	137	144
	Royal Oldham Hospital	568	594	649	139	121
Capio Oaklands Hospital	265	310	280	69	54	
Stepping Hill Hospital	336	350	315	84	104	
Crickets Lane Clinic	241	380	457	153	157	
Trafford General Hospital	245	248	197	79	74	
<b>Total</b>		<b>14503</b>	<b>14610</b>	<b>15754</b>	<b>4026</b>	<b>3753</b>

## Summary of the North West Sexual Health Profile—April Cont.

### National Enhanced Surveillance of Syphilis

Data from enhanced syphilis surveillance forms is submitted to HPA Centre for Infections by GUM clinics in the North West. It has been estimated that at the time of producing these figures approximately one quarter of the data were still outstanding (see table 3).

Table 3: Estimated syphilis cases, North West: 2007

SYPHILIS CASES - 2007 (NESS DATA)					
	Male	MSM	Female	N/K	Total
Cheshire and Mersey	79	61	9		88
Cumbria and Lancs	67	56	6		73
Greater Manchester	291	261	19	1	311
Totals	437	378			472

### HIV New Diagnoses Data

Table 4 shows HIV new diagnoses. Data for recent years are expected to increase due to reporting delay. Data are to end December 2007.

Table 4: New HIV diagnoses, North West: 2007

Hospitals within:-	2000	2001	2002	2003	2004	2005	2006 <sup>1</sup>	2007 <sup>1</sup>
Cheshire and Mersey	57	73	94	111	118	135	135	106
Cumbria and Lancs	34	65	55	89	93	107	75	54
Greater Manchester	122	255	266	318	360	379	323	226
Other/not known	22	30	18	24	47	30	38	22
Total	235		433	542	618	651	571	408

1. Low numbers are due to a reporting delay

### Chlamydia screening

The profile includes data from the National Chlamydia Screening Programme validated by the HPA Centre for Infections. This does not include diagnostic tests or screens undertaken outside the screening programme. Table 5 shows a summary of data for the last two quarters of 2007.

Table 5: National Chlamydia Screening Data, North West: 2007

National Chlamydia Screening Data: 2007		Total screens		Total positives		% Positivity	
HPU	Primary Care Trust*	Q3	Q4	Q3	Q4	Q3	Q4
C&M	CENTRAL & EASTERN CHESHIRE	1220	1318	122	122	10%	10%
	HALTON & ST HELENS	189	232	4	14	2%	6%
	KNOWSLEY	383	460	34	42	9%	9%
	LIVERPOOL	1307	1793	122	163	9%	9%
	SEFTON	628	550	69	57	11%	11%
	WARRINGTON	111	206	10	21	9%	10%
	WESTERN CHESHIRE	558	709	52	63	10%	9%
C&L	WIRRAL	1259	1113	128	104	11%	10%
	BLACKBURN WITH DARWEN	195	409	32	41	17%	11%
	BLACKPOOL	522	667	51	52	10%	8%
	CENTRAL LANCASHIRE	1086	1842	131	124	13%	7%
	CUMBRIA	236	1031	29	100	13%	10%
	EAST LANCASHIRE	714	1162	74	75	11%	7%
GM	NORTH LANCASHIRE	344	1268	24	80	7%	7%
	ASHTON, LEIGH & WIGAN	744	882	93	98	13%	11%
	BOLTON	360	525	53	49	15%	9%
	BURY	229	434	22	44	10%	10%
	HEYWOOD, MIDDLETON & ROCHDALE	249	429	21	27	9%	6%
	MANCHESTER	2070	2353	187	218	9%	9%
	OLDHAM	488	538	51	44	11%	8%
	SALFORD	362	536	52	63	15%	12%
	STOCKPORT	326	569	31	63	10%	11%
	TAMESIDE & GLOSSOP	412	582	48	50	12%	9%
TRAFFORD	332	349	35	40	11%	11%	
<b>Total</b>		<b>14324</b>	<b>19957</b>	<b>1475</b>	<b>1754</b>	<b>11%</b>	<b>9%</b>

The calculation for positivity is: Number of confirmed positive/(number of confirmed positives + number of confirmed negatives)  
Number of screens excludes screens with equivocal, inhibitory or insufficient results

Based on postcode of residence and includes Boots data (among those aged 13-24)

Antenatal Screening report:

[www.hpa.org.uk/webc/](http://www.hpa.org.uk/webc/)

Data by zone:

[www.hpa.org.uk/webw/](http://www.hpa.org.uk/webw/)

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## Sexual Health Quarterly Bulletin

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## News and events

**DH Press release** - In February Public Health Minister Dawn Primarolo has announced a £26.8 million drive to improve young people's access to contraception and help reduce the number of teenage pregnancies. Latest figures show that 11 per cent of sexually active women do not use any form of contraception; 80 per cent of teenage pregnancies are in 16 and 17 year olds; and the highest rates of abortion are among 20-24 year olds.

Local health teams will therefore be given extra money to work with women of all ages to promote the full range of methods of contraception including Long Acting Reversible Contraception (LARCs) such as implants and IUS (Intrauterine System). Fourteen million pounds will be allocated to Strategic Health Authorities for innovative new ways of helping young people get access to sexual health advice and contraception. The ten regional health authorities will be asked to come up with proposals and, if agreed, they could be granted funding to run pilots. Examples of the way in which the money could be used are:

Offering contraception and more information at abortion clinics to prevent repeat abortions;

Working with health visitors to target vulnerable young women - particularly teenage mothers; and condom kiosks in pharmacies.

This money is in addition to the £130 million which has been invested in modernising sexual health clinics and services over the past two years. That investment has seen access to GUM clinics and uptake of HIV tests increase substantially.

Teenage pregnancy rates are at their lowest level for over 20 years. The Teenage Pregnancy Strategy has reversed the previous upward trend and reduced the under 18 conception rate by 11.4 per cent and the under 16

conception rate by 12.1 per cent. Speaking at the Association of Young People's Health Conference in London Ms Primarolo said: "There is increasing evidence of the key role contraception plays in preventing teenage pregnancy. We need to use this evidence and improve access to the full range of methods of contraception in many areas, particularly those with high and increasing rates of teenage pregnancy and high rates of abortion. "This is just one part of the Government's strategy on sexual health. We are working to educate young people about the dangers of STIs and will be launching a new national information campaign later in the year on the range of contraceptive choices available to young people."

Children's Minister Beverley Hughes said: "Teenage pregnancy rates are falling steadily and are currently at the lowest level for twenty years, but some local areas need to make much faster progress. As international evidence and our Teenage Pregnancy Strategy highlight, improving young people's access and use of contraception is vital in reducing the number of unplanned pregnancies.

"This new funding will allow the ten Strategic Health Authorities involved to develop new and innovative ways of engaging and educating young people in safer sexual behaviour. But increasing availability of contraception also needs to be accompanied by good quality sex and relationship education in schools and support for parents to talk to their children about these issues. That is why we are calling on all local authorities to fully implement our tried and tested guidance on tackling teenage pregnancy and for all areas to perform as well as the best."

Full press release is available at <http://nds.coi.gov.uk/environment/>

### 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

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.