

Sexual Health Quarterly Bulletin Issue 20, June, 2008

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Department of Health Update by Steve Penfold

The last few months have been busy, with the end of March signalling the commencement of the "100% GUM Access Standard", which now needs to be maintained; the new chlamydia screening indicator; national progress to increase funding for contraception, and of course the Human Fertilisation and Embryology Bill, which has generated considerable work for the policy team. Below I'll focus on a few of the headlines, and a selection of the aspects that may not have reached you yet.

Chlamydia Indicator: Nationally last year 4.7% of the target population were screened, although the North West achieved 7.8%, which was the highest of any region. In the North West five PCTs achieved >10% coverage, with Blackpool screening 14.3%. Elsewhere Lewisham achieved the highest levels, screening 19.9% of their target population. We recognise that it is disappointing that we did not get nearer to the 15% target in 07/08, although real progress has been made in the past year in increasing coverage of the programme and screening rates are expected to rise sharply this year.

The DH is now putting in place better systems for capturing all the screens taking place in a variety of settings and this data will start to be reflected in the next round of data monitoring. A letter was sent to the NHS on 23 May from Alan Hall, Director of Performance at DH, stating that from April this year all chlamydia screens/tests undertaken outside of genitourinary medicine clinics (GUM) on 15-24 year olds will count towards calculating screening coverage in residents of each Primary Care Trust (PCT). PCTs have been asked to make arrangements to capture aggregate data on these screens/tests where an NCSP approved form has not been used. Quarterly reporting of aggregate data on other chlamydia tests should be in place in all areas by the third quarter of 2008/09. The longer term goal is that all screening and testing in the Community will be incorporated into the NCSP but first we need to capture all the data so that we have a true reflection of current screening and testing volumes.

GUM Access: 98.9% of patients were offered an appointment to be seen in March, although April has seen the expected slight dip to 98.5%. In March 85.6% were seen, against a sub-target for the year of 95%.

The "seen" element has had a major impact on making sure that offers of appointments that are being made are reasonable and has enabled most services to "hit the target but not miss the point". The 95% "seen" element has been a sub-target and is not a healthcare commission

indicator. Despite some research, the DH has also not been presented with any strong evidence of what a better seen target should have been.

For 2008/9 the focus is now on sustaining the "offered" position and continuing to narrow the gap with the percentage "seen". There is evidence that those with the largest gaps have higher DNA rates and higher numbers of patients seen over 10 days. Narrowing the gap is important as part of reducing DNAs and "doing today's work today", which is essential to minimise the risk of waiting lists building back up. GUM clinics are still facing rapidly rising uptake, and services do not need avoidable DNAs taking up clinic capacity, which in turn reduces patient choice.

Taking into account local circumstances and data (using phase 2/3 GUMAMM) commissioners and their service providers should agree what is reasonable for their locality. The DH are planning to issue an updated statement highlighting the support that is available to clinics to sustain the target including guidance and improved data availability. We are also finalising guidance on cross charging and a toolkit on measuring capacity and demand.

Contraception: Further to the £26.8m new funding announced in February the DH held a meeting on 23rd April and invited around 70 key stakeholders including SHA regional leads; commissioners; public health leads; regional teenage pregnancy coordinators; GPs and providers. The meeting was to agree priorities for the £10m funding (and for the next 2 years) available to improve access to contraception and being allocated through SHAs.

The following priorities were identified by the regional groups:

- Improving equitable access to LARC
- Training and workforce (particularly LARC training)
- Improving access to contraception following abortion
- Improved outreach and mapping
- Development of clinical pathways and mapping

In addition, many areas identified IT and data and targeting of schools and colleges as priority areas. In terms of IT, while we support the development of information systems we would encourage the use of this funding for the above priorities, in the first instance. We are working to identify funding for IT through other routes. For schools and colleges, separate funding will be available from the Children and Young People's team. The DH and each SHA will sign an SLA for this funding by the end of June.

Department of Health Update (Contin) by Steve Penfold

Distance Learning: The Department of Health and Teenage Pregnancy Unit supported the development of a distance learning course for nurses, midwives and health visitors who were essentially not working in a sexual health speciality, but had sexual health as part of their role. The course was owned and Professionally Approved by the Royal College of Nursing, with academic credit rating from the University of Greenwich. After three very successful years, and over 1700 participants, the course continues to have RCN Accreditation, but is now owned by the University of Greenwich, being redeveloped into an e-learning course. The new course will be available from the next academic year, i.e. 2008-9. The course conforms to the DH Recommended Standards.

HIV - DH review of health promotion programmes: This is proceeding with some visits done and dates agreed to visit all HIV partners. The DH is planning

a meeting inviting other stakeholders (eg not directly involved in the delivery of current contracts).

Payment By Results: Guidance on cross charging is being finalised and should be published shortly. From 2009, this will enable NW PCTs to go beyond the local agreement and cross charge PCTs outside of the region.

Early Medical Abortion Pilots: The evaluation report of the pilot and comparator sites was published on 7 May. The study showed that EMA in a community setting has proven safe, effective and acceptable and indicates that large community contraceptive centres, cottage hospitals or polyclinic type settings could offer a safe, high quality service for women. It is unlikely that the majority of GP surgeries will meet the required protocol for the provision of EMA. Further work is required to consult with service providers and users prior to

any formal change and policy if necessary, legislation.

Sexual Health NST: A number of people are asking about the role of the NST. I'm delighted to say that we will be around for a while yet, with our remit returning to more of one on "sexual health" and a little less "GUM", with our priorities being to increase chlamydia screening uptake; improving access to contraception (in particular LARC), while also narrowing the gap between "offered" and "seen" in GUM.

Finally, there have been a number of changes in the policy team. Both Anita Weston and Kate Henderson-Nichol have moved on. Recruitment is underway to address these gaps.

Steve Penfold (Delivery Manager)
Sexual Health NST

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

SARCs – the continuing stories!

Following on from the last bulletin in March we have not stopped! Much of our time has been spent on the rollercoaster that is the Merseyside SARC (sexual assault referral centre). The SARC is going to be called the SAFE Place Merseyside and will be going live in September. We have recruited an excellent centre manager who will already be known to many of you, Sara Lavelle, who previously set up the chlamydia screening office for Liverpool, Knowsley and Sefton PCTs. Sara has just started her post and is working away recruiting staff, ordering equipment and wondering what on earth she has let herself in for! The SAFE Place Merseyside will be located in the centre of Liverpool alongside Abacus Contraception and Sexual Health Services.

The Cheshire SARC plans are progressing well; we are looking to start recruitment for the centre manager around Christmas 2008, with a go live expected in the late autumn of 2009.

We have developed a care pathway for sexual assault for both Cheshire and Merseyside that will enable people who access the service to have a package of care put together, built around their individual needs and delivered locally. We are also highlighting the very strong links between sexual and domestic violence and joining up our efforts to tackle both

issues more effectively. This work has been done in conjunction with Crime and Disorder Reduction Partnership and Domestic Violence Leads from across Cheshire and Merseyside as well as voluntary sector organisations specialising in the care of people who have been raped or sexually assaulted.

Collaboration and Innovation – Young Peoples Sexual Health

We recently hosted an away day for sexual health leads, commissioners and teenage pregnancy co-ordinators from across Cheshire and Merseyside to look at ways in which they could better work together, establishing shared goals and projects and to see what is more effective on a wider footprint. We had presentations from SHA Assistant Director of Performance Christine Owen, Pete Clark NW Chlamydia Screening Lead (HPA) and NW TP Lead Wendy Nicholson. We also had presentations from Map of Medicine and one from Colin Avery (Oldham PCT) about his excellent work on sexual health in sporting academies; we are keen to work with Colin to see how we can take this model further across Cheshire and Merseyside. All in all it was a very positive day that lived up to its title!

We are also working on a "kitbag" for health visitors, school nurses etc that will include training as required on discussing sexual health issues, signposting to

relevant services etc. Part of the "kitbag" could include kits for chlamydia screening, general sexual health information including information about long acting methods of reversible contraception and where to go to get it! We will also be including information about SARCs and domestic violence services. We recognise that health visitors could have a significant role in raising awareness of sexual health issues, helping to prevent subsequent unplanned pregnancies and could act as a lifeline for those that are experiencing abuse.

Website

Please check out our website on www.cmsnh.nhs.uk. If there is anything you wish to see on the website or feel that we need to include, please contact the Network Administrator at terrol.evans@nhs.net (0151) 488 7775

And Finally.....

For further information on the work of the Cheshire & Merseyside Sexual Health Network and how to get involved, please contact Terrol as above or Simon Henning, C&MSHN Lead simon.henning@nhs.net

Cumbria & Lancashire Sexual Health Network by Stephen Woods

Update - Sexual Health Network Strategy – promoting positive sexual health for all.

As has been identified previously - 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.

Progress to date

We have held the first of the networks promoting Positive Sexual health conferences. This took place on the 12th June. The conference was aimed at Chief Executives, Directors, Head Teachers, School Governors, Senior Church Leaders and senior leads in all organisations and agencies – Whilst attendance was low the feedback from the day was very positive and as a result we have agreed to continue the theme and hold a wider stakeholder event later in the year this will incorporate the networks annual conference.

A Cumbria event will take place on

the 30th September and the actions from both events will help steer the network work programme.

The dates and venues are as follows - Sept 30th North Lancashire PCT Conference Centre Lancaster 9.30 – 4.30

Commissioning

A joint Commissioning and public health network group has met twice to discuss topics for future development to date these include

- Contraceptive service development
- Prevention framework
- Condom Collaboration/consortia

In addition to this the network is working with the other North West networks to develop a commissioning guidance document around the provision of LARC (Long Acting Reversible Contraception). Accompanying this will be a framework for improving awareness of contraceptive choice across the wider sexual health workforce.

Social Marketing Chlamydia Screening – Media Campaign - Website

Following social marketing techniques the network has been working across the Chlamydia programmes to deliver a joined up media campaign. The campaign ran across four radio stations giving full Cumbria and Lancashire coverage. In addition to this a centralised website www.best2know.co.uk was used to run a competition to find the male and female face of Cumbria (Cumbria's got Talent) and Lancashire (Lancashire's Bit of o'reet). The response was phenomenal with hundreds of contestants, two finale events took place in mid May. The social networking that resulted from the competition saw a massive influx of visitors to the site and an increase in the number of postal kits requested. There were 14,779 unique visitors to the site visiting the site 29,849 times and viewing an average of 12.5 pages per visit.

Top traffic sources to the site www.best2know.co.uk

Sources	Visits
Direct to Site	7,184
Rockfm	6,425
Best2know.co.uk referral	5,790
Facebook.com referral	5,234
Besttoknow referral	1,774

In addition to this the network has secured funding for a further 12 months development of the site and has also commissioned a series of summer posters at Blackpool airport to target young people flying the new route to Ibiza.

Risk Taking Behaviour and SRE

The Lancashire wide Sex and Relationship Education SRE policy will be launched on the 3rd July. The network will be jointly hosting the event and will link in wider SRE needs and consider Planned Parenthood. More information available from the Network Co-ordinator.

Website

The 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 continues to have a number of technical problems and we are considering changing our host agency. www.clashonline.co.uk

Please note new address and telephone number:

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Manchester Sexual Health Network by Neil Jenkinson & Emma Thompson

Achieving Target

The Network is pleased to announce that the majority clinics within Greater Manchester are now offering 100% access within 48 hours. Congratulations to all staff for making this happen and sustaining this over the past quarter.

Network Event

The Network will be hosting an event to recognise the significant achievements across Greater Manchester Sexual Health Services. There will be an opportunity to reflect on some of the excellent practice with a small awards ceremony and buffet tea. This will take place on Thursday 4th September 3pm to 6pm at the Lowry Theatre on Salford Quays. Everyone welcome please contact

sarah.hampson@manchester.nhs.uk for a booking form.

The Hathersage Centre

A new integrated sexual health centre opened its doors on the 27th May in Manchester. The Hathersage Centre is on the corner of Upper Brook Street and Hathersage Road. It encompassed the services of the Manchester Centre for

Sexual Health and one of the hubs of the Palatine Contraceptive services.

There will be an official opening later in the year. Contact numbers and opening time remain the same; details can be found at www.sexualhealthnetwork.co.uk

HIV Outpatient Consultation

A consultation is underway as part of the (Greater Manchester) HIV Tariff Project; it began on the 2nd June and will finish on the 13th July.

As part of this work a public event was hosted by George House Trust on the 10th June; the event was well attended and gave the public chance to take part in question and answer session with clinical and PCT representatives.

During the consultation period an online survey for patients is available online at www.sexualhealthnetwork.co.uk/hivsurvey

For further information regarding the project and/or consultation please contact sarah.stephenson@manchester.nhs.uk or emma.thompson@manchester.nhs.uk

Have your say

As part of the work of one of the Priority Action Groups within the Network a general patient survey has been developed and launched online at www.sexualhealthnetwork.co.uk/surveyhome.htm

The survey is a basic survey for patients to let us know if they know where their local service is and what they use it for. Feedback from the survey will be fed into the different working groups within the Network and it is hoped that further surveys can be done in the future.

For any information about the Network or any of the above updates please contact: Emma Thompson, Network Support Officer

emma.thompson@manchester.nhs.uk

HPV Vaccine News by Hannah Madden

Department of Health awards contract for HPV vaccine

The contract to provide the vaccine against HPV (human papillomavirus), has been awarded by the Department of Health to pharmaceutical company GlaxoSmithKline for their vaccine 'Cervarix'.

The contract is to supply the vaccine that protects against cervical cancer and pre-cancerous cell changes in the cervix caused by HPV viruses. The vaccine will guard against the two strains of the HPV virus which cause 70% of cases of cervical cancer, the second most common cancer in women worldwide. The vaccine will be made available to girls aged 12-13 years old from September of this year and from September 2009 the vaccine will also be delivered to girls up to 18 years in a two year catch-up programme.

Health Minister Dawn Primarolo said: "This vaccine could save the lives of 400 women a year. It is an exciting opportunity to immunise young girls against the future risk of cancer, the impact of which will be felt by women and their families for generations to come.

"With GSK committed to produce the vaccine for the NHS, we will be working closely with the local NHS to ensure the success of this ambitious programme."

The Joint Committee on Vaccination and Immunisation (JCVI) which provides independent expert advice to ministers on vaccination, examined a wide range of evidence before recommending in June 2007 that a HPV vaccination programme be routinely introduced for 12-13 year old girls. The vaccination programme also has support from Cancer Research UK and the cervical cancer charity Jo's Trust.

An adjudication was carried out to carefully examine the vaccines offered against a wide range of criteria such as their scientific qualities and cost effectiveness. The criteria used for the adjudication had been shared in advance with the companies which tendered. Based on this assessment, the Department of Health has chosen to purchase Cervarix.

The cost of the vaccine is commercially confidential. It will be purchased by the Department of Health who will supply it free of charge to the NHS. The Department of

Health will provide an additional £8.9m to PCTs - just over £55k for an average sized PCT - to support the implementation of the programme. This funding will pay for, for example, nurses to give the vaccine.

Information provided by Department of Health News Distribution Services.

<http://www.dh.gov.uk>

See also:

Kmietowicz Z (2008). Opportunity was missed in choice of cervical cancer vaccine, health campaigners say. *BMJ*; 336:1456-1457; originally published online 23 Jun 2008; doi:10.1136/bmj.a451

The HPV Vaccine Global Community of Practice, an international on-line forum where health professionals can share experience of HPV vaccine decision making and introduction. Information can be found at <http://hvp-vaccines.net/>

North West Sexual Health Profile June 2008

by Dr Lorraine Lighton & Kathy Chandler

The North West Sexual Health Profile June 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, HPA North West Sexual Health Lead, at lorraine.lighton@gmhu.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, eg in primary care, young people's services, contraceptive services, but are reasonable indicators for conditions which are usually managed in GUM clinics (gonorrhoea and syphilis).

Although this data collection is a mandatory requirement there is the potential for delays. Data for quarter 3 of 2007 are currently incomplete for around one third of clinics. Data for quarter 2 are incomplete for Arrowse Park and Ormskirk clinics. The clinic at Ormskirk closed during quarter 3 of 2007.

Tables are shown here for uncomplicated gonorrhoea (table 1) and uncomplicated chlamydia (table 2) by clinic. Numbers of cases of complicated gonorrhoea and chlamydia are not displayed here, but are very small and do not make a significant difference to the overall picture.

Data from the KC60 returns for syphilis are shown in summary form for the whole North West (table 3 & 4). Data for syphilis is also available from the National Enhanced Syphilis Surveillance system which reports annually and was included in last quarter's Bulletin. Data are not shown by clinic because of the small numbers at some clinics.

Table 1: Gonorrhoea diagnoses by clinic

GONORRHOEA		UNCOMPLICATED					
		2004	2005	2006	2007		
HPU	Clinic				Total		
		Q1	Q2	Q3			
C&M	Leighton Hospital	51	47	64	14	15	18
	Macclesfield District General Hospital	23	14	23	11	10	6
	Halton General Hospital	13	39	38	*	6	*
	St Helen's & Knowsley Hospital	59	55	80	25	25	24
	Royal Liverpool University Hospital	375	464	350	85	92	81
	Southport District General Hospital	35	27	36	10	11	11
	Warrington & District General Hospital	41	59	73	28	9	17
	Countess of Chester Hospital	62	83	76	24	11	10
C&L	Arrowse Park Hospital	56	114	137			
	Royal Blackburn Hospital	85	67	45	16	12	6
	Blackpool Victoria Hospital	111	138	143	29	42	20
	Ormskirk & District General Hospital	8	5	17	6		*
	Royal Preston Hospital	92	53	89	26	19	14
	Cumberland Infirmary	29	52	27	6	12	10
	Furness General Hospital	31	27	15	*	*	*
	Workington Community Hospital	22	20	25	20	6	11
GM	St Peters Health Centre	105	62	63	7	23	12
	Ashton Community Care Centre	27	32	28	*	*	7
	Royal Albert Edward Infirmary	43	54	44	15	20	11
	Royal Bolton Hospital	169	62	111	18	30	27
	Fairfield General Hospital	51	62	51	27	8	22
	Baillie Street Health Centre	111	52	62	23	16	30
	Manchester Royal Infirmary	390	344	391	81	65	75
	North Manchester Hospital	166	149	98	28	42	53
Withington Community Hospital	179	85	129	33	26	6	
Total	Royal Oldham Hospital	95	80	107	31	32	45
	Crapio Oaklands Hospital	41	44	53	10	10	15
	Stepping Hill Hospital	33	30	24	9	12	7
	Crickets Lane Clinic	69	69	86	15	17	21
	Trafford General Hospital	34	20	42	40	7	12
	Total	2606	2409	2527	637	578	571
	* = less than 5						

Table 2: Chlamydia diagnoses by clinic

CHLAMYDIA		UNCOMPLICATED					
		2004	2005	2006	2007		
HPU	Clinic				Total		
		Q1	Q2	Q3			
C&M	Leighton Hospital	448	350	409	148	117	109
	Macclesfield District General Hospital	345	347	277	69	70	50
	Halton General Hospital	168	268	256	55	45	58
	St Helen's & Knowsley Hospital	258	450	503	155	144	157
	Royal Liverpool University Hospital	2021	1576	1504	410	352	389
	Southport District General Hospital	414	397	407	114	105	97
	Warrington & District General Hospital	266	468	614	162	165	169
	Countess of Chester Hospital	563	641	623	159	122	158
C&L	Arrowse Park Hospital	679	805	709			
	Royal Blackburn Hospital	520	544	493	105	109	136
	Blackpool Victoria Hospital	629	703	868	224	248	229
	Ormskirk & District General Hospital	199	149	156	42		13
	Royal Preston Hospital	736	860	844	220	219	212
	Cumberland Infirmary	240	301	355	108	91	113
	Furness General Hospital	248	288	302	54	75	83
	Workington Community Hospital	185	354	390	99	84	108
GM	St Peters Health Centre	373	308	361	135	111	126
	Ashton Community Care Centre	544	503	529	71	135	141
	Royal Albert Edward Infirmary	156	254	311	113	89	93
	Royal Bolton Hospital	805	354	898	189	188	181
	Fairfield General Hospital	397	468	482	141	98	124
	Baillie Street Health Centre	643	583	640	165	168	183
	Manchester Royal Infirmary	911	968	1085	264	210	267
	North Manchester Hospital	471	526	410	163	154	139
Withington Community Hospital	629	263	430	137	144	198	
Total	Royal Oldham Hospital	568	594	649	139	121	147
	Crapio Oaklands Hospital	265	310	280	69	54	73
	Stepping Hill Hospital	336	350	315	84	104	88
	Crickets Lane Clinic	241	380	457	153	157	170
	Trafford General Hospital	245	248	266	79	74	62
	Total	14503	14610	15823	4026	3753	4073

PRIMARY & SECONDARY SYPHILIS - NW totals

2004	2005	2006	2007											
			Male						Female			Total		
			Q1		Q2		Q3							
			No.	MSM%	No.	MSM%	No.	MSM%	Q1	Q2	Q3	Q1	Q2	Q3
277	419	386	95	72.6	72	63.9	83	73.5	5	2	5	100	74	88

Table 3: Primary and secondary syphilis—North West totals

North West Sexual Health Profile June 2008 Continued

Table 5. HIV screening by clinic

HIV (OFFER & UPTAKE) Quarter 3 2007		Offered	Tested	% Uptake
HPU	Clinic	Q3	Q3	Q3
C&M	Leighton Hospital	874	872	99.8
	Macclesfield District General Hospital	705	536	76.0
	Halton General Hospital	410	308	75.1
	St Helen's & Knowsley Hospital	1002	589	58.8
	Royal Liverpool University Hospital	4240	2499	58.9
	Southport District General Hospital	843	743	88.1
	Warrington & District General Hospital	1037	787	75.9
	Countess of Chester Hospital	1243	779	62.7
	Arrowe Park Hospital			
C&L	Royal Blackburn Hospital	814	519	63.8
	Blackpool Victoria Hospital	1608	1050	65.3
	Ormskirk & District General Hospital	104	87	83.7
	Royal Preston Hospital	1626	998	61.4
	Cumberland Infirmary	806	600	74.4
	Furness General Hospital	559	460	82.3
	Workington Community Hospital	678	454	67.0
	St Peters Health Centre	832	547	65.7
Ashton Community Care Centre	980	626	63.9	
GM	Royal Albert Edward Infirmary	432	432	100.0
	Royal Bolton Hospital	1228	1112	90.6
	Fairfield General Hospital	866	626	72.3
	Baillie Street Health Centre	1500	882	58.8
	Manchester Royal Infirmary	2607	2180	83.6
	North Manchester Hospital	1257	982	78.1
	Withington Community Hospital	5319	2909	54.7
	Royal Oldham Hospital	1102	641	58.2
	Capio Oaklands Hospital	337	275	81.6
	Stepping Hill Hospital	792	433	54.7
	Crickets Lane Clinic	1071	876	81.8
Trafford General Hospital	416	316	76.0	
Total		35288	24118	68.3

Table 4: Early latent syphilis—North West Totals

EARLY LATENT SYPHILIS - NW total					
2004	2005	2006	2007		
			Q1	Q2	Q3
107	160	146	43	45	67

HIV testing at GUM clinics

Table 5 shows the proportion of attendees at GUM clinics who were offered and accepted HIV testing during quarter 3 of 2007.

Chlamydia screening

The profile includes data from the National Chlamydia Screening Programme validated by the HPA Centre for Infections which shows the proportion of tests which were positive (table 6). This does not include diagnostic tests or screens undertaken outside the screening programme. Below is a summary of data for the last quarter of 2007 and first quarter of 2008.

Table 6. Chlamydia screening by PCT

National Chlamydia Screening		Total							
HPU	Primary Care Trust	Q4, 2007				Q1, 2008			
		Number of screens				Number of screens (% Pos.)			
		<16	16-19	20-24	Total	<16	16-19	20-24	Total
C&M	CENTRAL & EASTERN CHESHIRE	190	634	494	1318	169 (8.3)	733 (9.5)	541 (9.6)	1443 (9.4)
	HALTON & ST HELENS	13	145	74	232	159 (6.9)	613 (10.8)	210 (6.7)	982 (9.3)
	KNOWSLEY	37	283	140	460	112 (2.7)	336 (8.3)	181 (10.5)	629 (7.9)
	LIVERPOOL	87	766	940	1793	96 (7.3)	1044 (9.6)	1394 (8.0)	2534 (8.6)
	SEFTON	67	285	198	550	56 (12.5)	347 (12.7)	272 (9.9)	675 (11.6)
	WARRINGTON	26	136	44	206	59 (6.8)	241 (13.3)	126 (13.5)	426 (12.4)
	WESTERN CHESHIRE	53	360	296	709	86 (0.0)	411 (8.0)	329 (8.8)	826 (7.5)
	WIRRAL	103	524	486	1113	116 (12.1)	718 (12.8)	541 (9.8)	1375 (11.6)
C&L	BLACKBURN WITH DARWEN	23	315	71	409	18 (11.1)	177 (14.7)	61 (16.4)	256 (14.8)
	BLACKPOOL	108	417	142	667	99 (10.1)	482 (10.4)	183 (16.4)	764 (11.8)
	CENTRAL LANCASHIRE	143	1269	430	1842	195 (6.2)	1097 (7.7)	698 (9.0)	1990 (8.0)
	CUMBRIA	104	641	286	1031	246 (3.7)	1053 (6.3)	271 (9.6)	1570 (6.4)
	EAST LANCASHIRE	173	822	167	1162	208 (9.1)	676 (10.4)	132 (14.4)	1016 (10.6)
GM	NORTH LANCASHIRE	81	991	196	1268	102 (3.9)	618 (7.1)	155 (14.8)	875 (8.1)
	ASHTON, LEIGH & WIGAN	119	551	212	882	111 (8.1)	667 (9.6)	261 (16.5)	1039 (11.2)
	BOLTON	81	334	110	525	97 (9.3)	402 (12.4)	130 (9.2)	629 (11.3)
	BURY	63	278	93	434	84 (3.6)	329 (12.8)	148 (8.8)	561 (10.3)
	HEYWOOD, MIDDLETON & ROCHDALE	43	308	78	429	59 (5.1)	631 (5.9)	118 (6.8)	808 (5.9)
	MANCHESTER	190	1056	1107	2353	217 (5.5)	1294 (9.0)	1267 (9.7)	2778 (9.0)
	OLDHAM	48	334	156	538	67 (10.4)	470 (10.6)	196 (11.7)	733 (10.9)
	SALFORD	79	269	188	536	170 (7.1)	714 (8.8)	731 (12.0)	1615 (10.1)
	STOCKPORT	58	305	206	569	76 (5.3)	398 (8.0)	236 (8.1)	710 (7.7)
	TAMESIDE & GLOSSOP	90	363	129	582	101 (6.9)	541 (12.2)	208 (5.3)	850 (9.9)
TRAFFORD	31	207	111	349	48 (6.3)	237 (9.3)	124 (9.7)	409 (9.0)	

Lesbian Health by Hannah Madden

A new report released this week reveals deeply disturbing levels of self-harm, substance abuse and exclusion from routine testing for cervical cancer in British lesbians. The first ever major study into British lesbian and bisexual women's health surveyed over 6,000 lesbian and bisexual women and has found that the health services are failing to identify and address specific healthcare needs among Britain's 1.8 million lesbian population. The report was produced by Stonewall (the UK organisation who campaign for equality and rights for gay, lesbian and bisexual people), De Montford University and Sigma Research.

Some of the findings are alarming. Levels of self harm and suicide are significantly higher in lesbians and bisexual women than in the wider population. In the last year, one in five lesbian and bisexual women say they have deliberately harmed themselves in some way compared to 0.4 per cent of the general population.

Lesbians are more likely to have smoked and to drink heavily than women in general. Lesbian and bisexual women are five times more likely to have taken drugs than women generally and forty per cent drink three times a week compared to a quarter of women in general. Lesbian and bisexual women in the North West are more likely to use illicit drugs than the English average (35%) with lesbians in Liverpool PCT and Sefton PCT having the highest rates (50% and 52% respectively) and Cumbria PCT the lowest in the region 10%. And North West lesbians are more likely to smoke; 32% in North West compared to England average of 29%.

Lesbian Sexual Health

Over half of lesbian and bisexual women have never been for a sexual health check up. Three quarters of those who have not been tested "don't think I'm at risk" and four per cent have been told by



healthcare workers that they do not need a test. Three quarters of lesbian and bisexual women think they are not at risk from sexually transmitted infections. A fifth of the entire sample (77 per cent of those who have been tested) had ever had thrush which, in common with other sexually transmitted infections, can be passed on to a partner through oral and penetrative sex. Five per cent (a fifth of those who have been diagnosed with an STI) have Bacterial Vaginosis, and the survey found lesbian and bisexual women also have been diagnosed with genital warts, chlamydia, genital herpes, pelvic inflammatory disease and Hepatitis B and C. Lesbians and bisexual women have both oral and penetrative sex and can share fluids through hands, mouth and sex toys.

Cervical screening

Fifteen per cent of lesbian and bisexual women over the age of 25 have never had a cervical smear test compared to seven per cent of women in general. One in five who have not had a cervical smear test have been told, wrongly, by healthcare practitioners that they are not at risk. One in fifty have been refused a test by their healthcare professional.

Experience of Healthcare

Half of the women surveyed have had negative experience of healthcare within the last year alone and a similar number feel unable to be open about their sexual orientation to their GP.

Just one in ten lesbian and bisexual women said that healthcare workers specifically given them information relevant to their sexual orientation.

Lesbians and bisexual women in the North West of England have had fewer negative experiences of healthcare in the last year – just 47% compared to the English average of 52%. Only two per cent of lesbian and bisexual women had attended a clinic specifically for them, this figure was only 1% in the North West.

The report makes ten key recommendations for the NHS:

1. Understand lesbian health needs:

Only one in ten lesbian and bisexual women said that healthcare workers have given them information relevant to their health care needs.

2. Train staff:

Only three in ten lesbian and bisexual women said healthcare workers did not make inappropriate comments about their sexual orientation.

3. Don't make assumptions:

Two in five lesbian and bisexual women said that in the last year healthcare workers had assumed they were heterosexual.

4. Explicit policies:

Only one in eleven say that their GP surgery displayed non-discriminatory policy.

5. Tell lesbians what they need to know:

Three quarters of lesbian and bisexual women think they are not at risk from sexually transmitted infections.

6. Improve monitoring:

One in ten lesbian and bisexual women stated that when they did come out to a healthcare worker they were either ignored, or the healthcare worker continued to assume they were heterosexual.

7. Increase visibility:

Half of young lesbian and bisexual women have self-harmed in the last year. Increased visibility of lesbian and bisexual women will help improve self-esteem and morale.

8. Make confidentiality policies clear:

One in eight lesbian and bisexual women are not sure what their GP's policy is on confidentiality.

9. Make complaints procedures clear:

Half of lesbian and bisexual women have had a negative experience in the health sector in the last year.

10. Develop tailored services:

Only two per cent of lesbian and bisexual women have attended a service tailored towards their needs.

The full report and regional tables can be accessed at

www.stonewall.org.uk/lesbianhealth

Sexual Health Quarterly Bulletin

Written and edited by

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News and events

'Changing up a gear' Young people's sexual health and wellbeing, sharing international perspectives 10 and 11 September 2008, Manchester

A two day international event to consider young people's sexual health and well-being, hosted by Government Office North West and delivered in conjunction with colleagues from Sweden. The aim of the conference is to build on the good evidence base emerging from the teenage pregnancy and sexual health strategies from both the North West region and national research. The main programme will consider historical contexts and potential learning from outside the UK. It will also consider protective factors of school and education and perspectives on young people's entitlement.

Presentations will consider rights, the media, energising policy and strategies, sex and relationships education and support for young people. There will also be a number of presentations and think tanks, which focus on different aspects relating to diversity. People working in the UK and in Sweden will deliver some presentations and think tank sessions jointly.

During dinner on day one, we will be sharing young people's perspectives, through various art forms. In addition, the dinner will offer the opportunity for networking and sharing emerging good practice. The Swedish delegates will be arriving a few days before the conference, this will enable them to visit local areas in the North West and share common interests.

**For further information contact
Wendy Nicholson, Regional Teenage
Pregnancy Co-ordinator via
victoria.wornell@dh.gsi.gov.uk.**

**To book a place contact:
Jayne Magin: + 44 (0) 1384 297792
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The Sexual Health of the North West Conference

The Sexual Health of the North West Conference, is being held at Aintree Racecourse on Friday 26th September 2008.

This year's conference consists of a full day of presentations and facilitated discussion around sexual health issues in the region. The conference includes topics such as the current epidemiology of HIV; criminalisation of HIV; psychosexual therapy; syphilis - where did it come from and where is it going?; Men Too- National Chlamydia Screening Programme in the North West; results from an adolescent HPV vaccine feasibility study; and LARC. The conference is currently awaiting CPD accreditation.

Unfortunately the conference is now fully booked but we are operating a waiting list. If you would like any more information or would like to be added to the waiting list please contact the Sexual Health Team at Centre for Public Health: sexualhealth@ljmu.ac.uk or (0151) 231 4448

Call for information

Please contact us at the address provided on the left 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.