

Sexual Health Quarterly Bulletin

Issue 24. June 2009

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Department of Health Update by Steve Penfold

For those of you who attended the NHS Confederation Conference in Liverpool, it was reassuring to hear Andy Burnham our new Secretary of State, include "prevention" as one of his four priorities. However it was clear from many speakers that the NHS will not be immune from financial woes, with many suggesting that doing more within existing resources will become the norm. Commissioners and service managers alike were warned to start developing plans now.

Talking of new Ministers, Gillian Merron is the new Minister of State for Public Health while Dawn Primarolo has moved on to become Minister for Children at DCSF.

National Chlamydia Screening Programme (NCSP)

Congratulations for achieving an average 17.3% screening across the region, placing NHS NW 4th in the country! London was the highest performing region, averaging 18.1%. Central Lancs delivered a huge 22.6% uptake, just 2.4% off this year's indicator of 25%.

As an NST, we continue to encourage areas to focus screening on those already coming through the doors of services. Studies show that around 60-75% of young people access their general practice annually, often for minor problems. Lambeth, which I mentioned last time, has a GP-champion and all 53 practices engaged in chlamydia screening, achieved 35.8% uptake with 8.6% positivity. Other places, such as Lewisham that made good use of CaSH services, also secured 35% uptake and 11.2% positivity. Contact Patrick Lenehan for more details

GUM 48 Hour Access - Operational Standard

An 'operational standard' has been agreed of "98% of patients to be offered an appointment within 48 hours". This tolerance allows services a small amount of legitimate flexibility while maintaining a challenging target. There remains no national "seen" target, although areas are encouraged to work towards the national average of 85+%.

Contraception - Funding

£10m was allocated to SHAs for 2009/10 to improve contraception services and reduce teenage conceptions, abortions and repeat abortion. The funding was also to ensure equitable access to Long Acting Reversible Contraception (LARC) methods, training and workforce and improving access to contraception following abortion.

At the same time, an additional £1.6m was allocated to SHAs to support further education colleges develop and expand on-site contraception and sexual health services.

New 5-day EHC

Autumn is likely to see the launch of a new 5-day EHC called ellaOne. Naturally any EHC should be offered as one choice for emergency contraception. The NST advocates that wherever EHC is offered, there should be a realistic pathway offered for an eIUD, which also provides a longer-term contraceptive solution.

Abortion Services and new mandatory access to contraception

Abortion data for 2008 has been published recently, showing a 1.6% decrease in the overall numbers compared with 2007. 91% of abortions were funded by the NHS (compared to 76% in 2001) and 58% of these took place in the independent sector under NHS contract. Around 90% of abortions were carried out at under 13 weeks gestation and 73% were at under 10 weeks.

Just a reminder that the 2009/10 Operating Framework makes clear that "The standard contract for 2009/10 includes the requirement that providers of abortion services should also provide contraception advice and services after an abortion has taken place." This is therefore built into the mandatory section of Schedule 2 National Service Contracts that commenced this April. Specifically providers will be responsible for having "an Improving Access to Contraception Services Plan and the Provider shall comply with its obligations under that plan". (Search online for "dH_091451" for more details)

Department of Health Update (Continued)

2008 HIV data

At the end of March the HPA published new HIV data:

http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1238055365942?p=1231252394302

Almost a third (31%) of persons newly diagnosed with HIV were diagnosed late. NHS London has developed an indicator and toolkit for reducing late diagnoses, which PCTs in the NW may find helpful:

<http://www.swagnet.nhs.uk/London%20SHA%20Late%20diagnosis%20indicator%20221208%20Toolkit.doc>

Faith Toolkits

The African HIV Policy Network will formally launch the HIV toolkits for Christian and Muslim faith leaders on

18 June. DH has supported this work through the National African HIV health Promotion (NAHIP).

Balanced Scorecard

Good progress is being made in the development of the new national Balanced Scorecard. South West Public Health Observatory are currently consulting on the site to obtain feedback on usefulness, user friendliness etc before it becomes available in August.

National Support Teams

The new Response to Sexual Violence team has just recruited sessional experts to assist during visits over the next two years. The primary remit will be to ensure there is a Sexual Assault Referral Centre in each constabulary, and to work with all areas to ensure the quality of care and forensic standards

lead to better patient outcomes and higher conviction rates.

DH Policy Team changes

Maria Griffin has recently left the team and her post is currently under recruitment. Robert Goodwin has also left the team and Charles Gunaratman from Chelsea and Westminster Hospital will be seconded to DH to project manage the work on PbR. Robbie Currie has joined on a part-time secondment from Camden PCT to pick up Rob Goodwin's other work.

Steve Penfold
Deputy Head, Sexual Health & Response to Sexual Violence National Support Teams:

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Cheshire & Merseyside Sexual Health Network Update

by Terrol Evans and Simon Henning

As we are moving into a period of severe financial restraint, it has become even more important than ever for the network to pull together to ensure that we are preventing sexual ill-health and delivering services with maximum efficiency and demonstrating value for money.

Public Health Intelligence and Marketing

We have recently established a new working group, PHIM (Public Health Intelligence and Marketing). Their main aims and objectives are:-

- To understand the population needs for sexual health service provision and sexual health promotion for the population of Cheshire and Merseyside and use the information to support world class commissioning
- To use various marketing techniques to ensure that sexual health promotion messages / campaigns are effective and credible to the target populations
- To support the CMSHN data analyst in the development and upkeep of the CMSHN dashboard. The dashboard will allow us to view on an individual PCT basis and sometimes down to ward level how a particular area is doing against national targets and

highlight where changes need to be made.

- Where appropriate to commission social marketing campaigns, we are very keen to make sure that there is some purpose to collecting information and to work further upstream, to focus on prevention!

This group will help us to ensure that we are far more effective in the targeted promotion of sexual health and the commissioning and delivery of sexual health services in order to gain maximum benefit. It will be a really important driver for the network.

Colette Greave, You're Welcome Implementation Lead, GONW

Colette continues to work with health services and key stakeholders to support the implementation of You're Welcome across the North West. You're Welcome now has a designated local lead in each Cheshire and Merseyside PCT / Children's Trust and they are in the process of rolling out training for the verifiers, including young peoples verification training. Colette has also been doing a lot of work with Further Education colleges to offer Peer to Peer package to encourage young people to pass on messages about safer sex and prevention of pregnancy.

Cheshire & Merseyside 
sexualhealthnetwork

And Finally...

If you would like any other information about the Cheshire and Merseyside Sexual Health Network please contact either:

Simon Henning, Network Lead
simon.henning@nhs.net

Terrol Evans, Network Administrator
terrol.evans@nhs.net

Colette Greaves, You're Welcome Implementation Lead
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0151 201 4154

Cumbria & Lancashire Sexual Health Network Update

by Stephen Woods & David Gibbins

Reminder - As from the 1st April 2009 the Cumbria and Lancashire Sexual Health Network will become a Pan Lancashire Network. The network activity will be focussed across Lancashire and the two unitary Authorities Blackburn with Darwen (BWD) and Blackpool. Cumbria will begin to develop its own structure. We have agreed to share the branding hence Cumbria and Lancashire Sexual Health Networks.

The re-development of the CLASH website will also be shared across both counties. Any questions regarding the Cumbria developments should be forwarded to Jane Muller at NHS Cumbria: jane.muller@cumbriapct.nhs.uk

As many of you will know the Sexual Health Network in Lancashire sits within the Lancashire Public Health network – and benefits from support from the wider network team specifically in relation to Communication, Commissioning & Intelligence and Workforce development/CPD. Gill Sadler the Public Health Network Director has now left on a 12 month secondment to head the regional North West Centre for Transformation in health and well-being. Interim arrangements have been made to accommodate this move and Deborah Harkins the Director of the Lancashire Joint Health Unit will take over the directorship of the network supported by the creation of a delivery programme manager post – Stephen Woods, the current Sexual Health Network, lead will take up the post for a 12 month period. The network will shortly be going out to advert for a Sexual Health Network Co-ordinator this will be offered as a 12month fixed term/secondment opportunity – anyone who is interested in this post should contact Stephen: stephen.woods@centrallancashire.nhs.uk or on 01772 777001.

Apologies - Branding

We are pleased to announce the new Network branding is completed we have new stationary and display materials

Unfortunately due to staff sickness the new website imagery has been completed but the content is still being re-

viewed however www.clashonline.co.uk should be fully up and running by the end of June. We will continue to develop this as a key communications resource and have the option to add additional material. The new strap line will be "Positive Sexual Health for All"

Once the new site is live we would welcome suggestions to expand the content – we will aim to have an extensive list of resources that will be able to be downloaded – the site will also have news links to all the major sexual health and HIV sites providing a valuable source of information

Best2know Text messaging service

The Best 2 Know text service was launched on the 18th April 2009. The text service is a type of new media that aims to attract the target audience of 18-24 year olds allowing them to order a free Chlamydia test kit simply and discreetly.

The text service works when an individual texts the word BEST to 82540. Texts are charged at standard network rates. They will then receive a response asking them to reply with their postcode, name and address. The text messaging system will then sort the postcode and assign it to a local Chlamydia Screening team who will then take responsibility for posting out the test kit.

Social marketing principles identified that interactive media would be an effective tool for engaging young people. Therefore, the text service fits well along side the already established best2know.co.uk website where the target audience can order a Chlamydia test kit online while also accessing a variety of sexual health information.

The Best 2 Know text service has been advertised on a local Lancashire radio and plans are in place for future promotion and publicity.



Cumbria & Lancashire
**Sexual Health
Networks**

Regional Contraceptive Monies

The network continues to support regional developments around increasing awareness of and access to Long Acting Reversible Contraception. There is an established regional work programme around Social Marketing, Workforce Development and Intelligence. The three networks are supporting the PCT's in developing local responses in line with the criteria set. All PCT's have now received confirmation of their allocations from the regional SHA pot. The three networks are working closely with the regional Contraceptive Lead to support and monitor developments.

New Network Structures

Clinical reference group

At the recent Sexual Health Network review day we agreed to look at amending the current network structure. The existing steering group will be replaced by a streamlined development group; this will support the network co-ordinator and set the work programme. In addition to this we will establish a Nurse leads group and a Clinical reference group, this will largely be an electronic group to provide essential clinical input to support network developments

The Network has now held its first Nurse Leads group for Cumbria and Lancashire; this is a group for senior nurses across Cumbria and Lancashire to network and share good practice, the function to achieve a consistent approach by nurses to sexual health provision across the sub region. The network is currently drafting a terms of reference for this group, it will also act as a route for consultation on clinical issues and will compliment the work of the clinical reference group. Anyone interested in becoming a member can contact:

david.gibbins@centrallancashire.nhs.uk



Cumbria & Lancashire Sexual Health Network continued...

LSEF/LGF Regional conference (Lancashire Sexuality Equality Forum / Lesbian and Gay Foundation)

As reported in the last bulletin the LSEF group has now been dissolved - and a new group Navajo Consultative Partnership (NCP) has been established – the first meeting of this new group will be on 24th June 10 – 12.30 in Room 240 Preston Business Centre Watling Street Road Fulwood Preston PR2 8DY. For further details please contact the new Chair Stuart Rutledge

stuart.rutledge@lancashire.pnn.police.uk

Teenagers Attitudes and Behaviours to Alcohol and Sex

Three North West Networks, LJMU, GONW, Local TP leads and the Pct's are working on a collaborative project to carry out a large scale piece of research to explore the sexual attitudes and behaviours of young people, alcohol and teenage conceptions. The main aim being to determine the role of risk factors such as alcohol on the sexual attitudes, behaviours, and teenage conception risks of young people in North West England, and to determine what factors enhance or mitigate these effects. This work will be delivered through questionnaires delivered in schools across the region. The questionnaire is in the final stages of agreement and will provide very comprehensive data and a robust evidence base to support future commissioning of services. Anyone interested in taking part please contact your local network lead.

Don't Forget - You're Welcome Post

The Network is pleased to announce it is working with the Regional Teenage Pregnancy Co-ordinator and You're Welcome lead in hosting a sub-regional You're Welcome post. The post will be sat within the network team and will work closely with the network and the regional team in taking forward the roll out of the You're Welcome programme. Nick Medforth is now in post and can be contacted

nick.medforth@centrallancashire.nhs.uk or nick.medforth@dh.gsi.gov.uk

Network Development areas

The network is in the process of developing future work streams. A number of development areas were identified at the network review day back in April. In addition to core work of the network we will look to establish task and finish groups around the following key areas

- Communication and Social Marketing
- CPD and Workforce Development
- Development of a prevention Framework
- Individual task groups will focus on –
- Continuing support for the LARC agenda
- Chlamydia maintaining and exceeding the target
- Community Contraceptive Tariff developments

Strategy review

As part of the overall re-branding of the network and in response to the network review day we are working on a revised network strategy. The overarching aims and objectives will to a large extent remain with the addition of the five priorities identified in the review of the national sexual health and HIV strategy. The document will provide the framework and context for delivery and will be accompanied by a more detailed network action plan. These will be posted on the new website once completed www.clashonline.co.uk

New fill - update

Discussions have taken place on a regional basis to establish guidance on the provision of new fill treatments across the North West. This has included discussions around the options available, their effectiveness and the cost of treatment. This work is still ongoing and further details will be available shortly. Any Comments can be made to david.gibbins@centrallancashire.nhs.uk



Cumbria & Lancashire
**Sexual Health
Networks**

Kit Bags

As previously reported the three Sexual health networks received some additional workforce development monies around sexual health and are in the process of discussion to develop regional resources that can support the delivery of Sex and Relationships education to the wider workforce. In Cumbria and Lancashire we are in discussion with the teenage pregnancy teams and are hoping to utilise existing training structures to disseminate resources. These will be in the form of a professional sexual health 'Kit Bag' for professionals to use as a training resource for work with Young People

Your Needs – Future CPD Continued Professional Development

One key area the network is looking to boost is the CPD programme – the plan has been reformatted and provides a comprehensive series of training opportunities across the entire network Work streams – anyone with any suggestions in relation to the sexual health agenda should contact Stephen or David

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Greater Manchester Sexual Health Network Update by Neil Jenkinson

The Network welcomes Wendy Alam as the new Network Administrator. Wendy started on the 8th June joining from Stockport. Wendy has worked in sexual health for many years and will prove a valuable asset to the team.

Priority Action Group 2 – Termination services

The group discussed how to plan their work for 2009 for feedback to the Board and agreed the following:

- A meeting is required for commissioners to discuss specification of services, follow up and discharge arrangements
- PPI – Specifically Patient Satisfaction Surveys as part of the Service Providers Contract.
- Provision of Contraception
- Review Service Specification: Brook, Cash and TOP Providers all come under the Community Contract. The group agreed it would be a good idea to develop a template contract allowing room for change within each PCT. Also to look at Acute Contracts and see what elements can be incorporated in the Community Contract. The idea is a developing contract over 3 years. No change is expected for providers other than different format and formal contracts imposed for any changes required. This work is scheduled to be completed by April.

In a continuing effort to reduce teenage pregnancy rates a study was suggested to look at the timeline between repeat TOP's plus a case study of multiple pregnancies and multiple terminations. It was also suggested that patient experience in relation to second pregnancy should be looked at. There is a new directive that from 1st April 2009 TOPS should be providing contraception at the point of termination. Patient surveys were discussed and it was agreed that as they are part of the service providers' contract, this group should focus on them.

Priority Action Group 5 – HIV Services

POCT – The group had looked at guidelines for POCT in relation to HIV and noted that POCT needs to be delivered following clinical governance guidelines and labs should be able to demonstrate satisfactory external quality controls in accordance with BHIVA and BASHH guidelines.

HIV LES - The group is looking at interest from GPs to provide a LES for HIV patients.

HIV Database – Interest was expressed in creating a new database for HIV patients across the Northwest and potentially nationally. It was explained to the group that the National Haemophilia Database in Manchester was



impressive in its accuracy, success, cost effectiveness and security. It was agreed the group need to know what would be needed to improve the current system and suggested that a representative from JMU be invited to the next meeting

Work plan - The work plan was discussed and lead colleagues were identified for the following: Testing guidance, POCT, Primary care and PC Audit, Shadowing of tariff and pathway mapping, Sperm Washing, HIV+ babies and children, Newfill, Social Care Framework HIV, Primary Care LES, Database.

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Abortion Statistics England & Wales 2008 by Hannah Madden

National Statistics were released 29th May by the Department of Health. They were published in Abortion Statistics, England & Wales: 2008 Main findings.

In 2008, for women resident in England and Wales:

- the total number of abortions was 195,296, compared with 198,499 in 2007, a fall of 1.6%
- the age-standardised abortion rate was 18.2 per 1,000 resident women aged 15-44, compared with 18.6 in 2007
- the abortion rate was highest at 36 per 1,000, for women age 19, the same as in 2007
- the under-16 abortion rate was 4.2 and the under-18 rate was 18.9 per

1,000 women, both lower than in 2007

- 91% of abortions were funded by the NHS; of these, just over half (58%) took place in the independent sector under NHS contract
- 90% of abortions were carried out at under 13 weeks gestation; 73% were at under 10 weeks

	2007	2008
All abortions	198,499 (100%)	195,296 (100%)
3-9 weeks	139,144 (70.1%)	142,645 (73.0%)
10-12 weeks	38,998 (19.6%)	33,661 (17.2%)
13-19 weeks	17,430 (8.8%)	16,101 (8.2%)
20-21 weeks	1,726 (0.9%)	1,615 (0.8%)
22-23 weeks	1,066 (0.5%)	1,150 (0.6%)
24 weeks & over	135 (0.1%)	124 (0.1%)

- medical abortions accounted for 38% of the total
- 1,988 abortions (1%) were under ground E, risk that the child would be born handicapped
- Non-residents:
- in 2008, there were 6,862 abortions for non-residents carried out in hospitals and clinics in England and Wales (7,099 in 2007)

See this link for detailed figures:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_099285

Summary of North West Sexual Health Profile June 2009

by Dr Roberto Vivancos and Kathy Chandler

This report is a summary of the North West Sexual Health Profile June 2009.

Tables 1 and 2 show data from KC60 returns from genito-urinary medicine (GUM) clinics for new cases of gonorrhoea and chlamydia (complicated and uncomplicated). The data presented is based on aggregate returns by clinic. As clinics reported quarterly aggregated figures during 2008, it is not possible to give figures by PCT. As a disaggregated reporting system from clinics was implemented in late 2008 information in the future could be broken down by PCT. Table 3 shows the number of cases of syphilis reported in each network during the first 9 months of 2008.

Table 1 Number of cases of gonorrhoea (uncomplicated and complicated) reported on KC60 returns from GUM clinics in the North West Jan 2005 to June 2008

Gonorrhoea		2005	2006	2007	2008		
HPU	Clinic				Q1	Q2	Q3
C&M	Leighton Hospital	47	64	70	9	19	
	Macclesfield District General Hospital	14	23	32	6	*	6
	Halton General Hospital	39	39	15	*	7	*
	St Helen's & Knowsley Hospital	62	89	94	25	36	18
	Royal Liverpool University Hospital	472	351	338	84	61	63
	Southport District General Hospital	29	38	47	22	10	
	Warrington & District General Hospital	59	73	71	17	11	10
	Countess of Chester Hospital	84	77	55	15	12	9
	Arrove Park Hospital	114	137	89	13	11	17
C&L	Royal Blackburn Hospital	67	46	45	14	19	13
	Blackpool Victoria Hospital	141	145	114	23	28	27
	Ormskirk & District General Hospital	5	17	9			
	Royal Preston Hospital	53	94	73	11	23	26
	Cumberland Infirmary	52	29	36	6		14
	Furness General Hospital	29	15	13	*	5	*
	Workington Community Hospital	20	25	25	13	15	15
	St Peters Health Centre	63	63	72	29	30	9
	Ashton Community Care Centre	32	28	23	5	*	5
GM	Wigan	55	44	46	11	15	10
	Royal Bolton Hospital	62	119	88		15	19
	Fairfield General Hospital	63	51	74	9	12	15
	Baillie Street Health Centre	53	63	101	20	13	
	Manchester Royal Infirmary	349	394	307	93	80	66
	North Manchester Hospital	149	101	166	27	30	35
	Withington Community Hospital	87	131	147	46		33
	Royal Oldham Hospital	80	107	145	25	17	26
	Capio Oaklands Hospital	45	55	50	12	16	
	Stepping Hill Hospital	30	24	34	13	9	8
	Crickets Lane Clinic	70	86	69	11	16	14
	Trafford General Hospital	20	43	67	12	*	*
	Total		2445	2571	2515	578	521

Chlamydia		2005	2006	2007	2008		
HPU	Clinic				Q1	Q2	Q3
C&M	Leighton Hospital	392	436	501	122	112	
	Macclesfield District General Hospital	347	277	238	65	74	71
	Halton General Hospital	270	261	211	59	59	62
	St Helen's & Knowsley Hospital	459	505	603	99	167	114
	Royal Liverpool University Hospital	1604	1534	1565	379	345	384
	Southport District General Hospital	438	452	493	177	155	
	Warrington & District General Hospital	469	619	652	158	142	123
	Countess of Chester Hospital	651	633	593	146	133	148
	Arrove Park Hospital	807	710	548	124	101	119
C&L	Royal Blackburn Hospital	567	513	493	130	152	136
	Blackpool Victoria Hospital	719	894	900	250	254	257
	Ormskirk & District General Hospital	168	168	115			
	Royal Preston Hospital	888	860	897	241	237	261
	Cumberland Infirmary	305	355	396	85		105
	Furness General Hospital	297	305	319	57	98	76
	Workington Community Hospital	355	393	350	76	117	127
	St Peters Health Centre	322	372	453	126	139	104
	Ashton Community Care Centre	511	552	558	145	159	170
GM	Wigan	260	315	296	69	93	83
	Royal Bolton Hospital	356	912	698		122	182
	Fairfield General Hospital	477	487	491	105	110	104
	Baillie Street Health Centre	592	656	693	178	156	
	Manchester Royal Infirmary	1018	1129	1057	333	321	279
	North Manchester Hospital	549	430	614	122	160	110
	Withington Community Hospital	280	456	627	175		159
	Royal Oldham Hospital	596	652	556	145	159	152
	Capio Oaklands Hospital	316	284	250	90	69	
	Stepping Hill Hospital	350	316	348	65	75	97
	Crickets Lane Clinic	385	457	611	169	192	190
	Trafford General Hospital	249	268	264	67	70	83
	Total		14997	16201	16390	3957	3971

Table 2 Number of cases of chlamydia (uncomplicated and complicated) reported on KC60 returns from GUM clinics in the North West Jan 2005 to September 2008

To minimise the late diagnosis of HIV the UK National Guidelines for HIV Testing 2008 (web link: <http://www.bhiva.org/files/file1031097.pdf>) recommend offering HIV testing to all patients attending GUM clinics. Table 4 reports the uptake of HIV tests by clinic between January and September 2008 based on data from the KC60 returns

*= less than 5 cases

To minimise the late diagnosis of HIV the UK National Guidelines for HIV Testing 2008 (web link: <http://www.bhiva.org/files/file1031097.pdf>) recommend offering HIV testing to all patients attending GUM clinics. Table 4 reports the uptake of HIV tests by clinic between January and September 2008 based on data from the KC60 returns.

Syphilis	2005	2006	2007	2008		
				Q1	Q2	Q3
C&M	82	126	99	37	20	21
C&L	112	83	88	15	18	35
GM	385	323	334	85	71	70
Total	579	532	521	137	109	126

Table 3 Number of cases of syphilis in the North West January to September 2008.

Source: KC60

Table 4 Number of HIV tests offered and accepted at GUM clinics in the North West January to June 2008

Source: KC60

HIV (OFFER & UPTAKE)		2008								
		January - September								
HP U	Clinic	Offered			Tested			Uptake %		
		Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3
C&M	Leighton Hospital	903	995		895	979		99.1	98.4	
	Macclesfield District General Hospital	753	960	1079	540	708	811	71.7	73.8	75.2
	Halton General Hospital	444	461	471	327	355	354	73.6	77.0	75.2
	St Helen's & Knowsley Hospital	952	1018	1034	553	641	672	58.1	63.0	65.0
	Royal Liverpool University Hospital	4435	4277	4519	2624	2534	2641	59.2	59.2	58.4
	Southport District General Hospital	1159	1124		1028	962		88.7	85.6	
	Warrington & District General Hospital	963	976	1088	752	758	860	78.1	77.7	79.0
	Countess of Chester Hospital	1249	1250	1360	864	825	954	69.2	66.0	70.1
	Arrowe Park Hospital	1546	1395	1577	889	786	844	57.5	56.3	53.5
C&L	Royal Blackburn Hospital	796	924	965	548	603	677	68.8	65.3	70.2
	Blackpool Victoria Hospital	1561	1724	1726	1029	1081	1158	65.9	62.7	67.1
	Ormskirk & District General Hospital									
	Royal Preston Hospital	1761	1818	1928	1078	1036	1183	61.2	57.0	61.4
	Cumberland Infirmary	754		922	567		719	75.2		78.0
	Furness General Hospital	525	650	668	426	482	480	81.1	74.2	71.9
	Workington Community Hospital	677	867	874	475	592	603	70.2	68.3	69.0
	St Peters Health Centre	920	996	995	611	632	688	66.4	63.5	69.1
Ashton Community Care Centre	1119	1163	1177	757	791	863	67.6	68.0	73.3	
GM	Wigan	495	759	640	417	652	493	84.2	85.9	77.0
	Royal Bolton Hospital		742	1274		692	1174		93.3	92.2
	Fairfield General Hospital	829	910	893	606	651	669	73.1	71.5	74.9
	Baillie Street Health Centre	1527	1539		857	858		56.1	55.8	
	Manchester Royal Infirmary	3170	2822	2681	2596	2317	2195	81.9	82.1	81.9
	North Manchester Hospital	1201	1180	1163	938	914	934	78.1	77.5	80.3
	Withington Community Hospital	1723		1986	1112		1359	64.5		68.4
	Royal Oldham Hospital	1135	1227	1279	692	693	712	61.0	56.5	55.7
	Capio Oaklands Hospital	367	420		312	365		85.0	86.9	
	Stepping Hill Hospital	641	1003	1131	337	610	674	52.6	60.8	59.6
	Crickets Lane Clinic	1099	1176	1178	880	922	927	80.1	78.4	78.7
Trafford General Hospital	498	611	767	406	503	647	81.5	82.3	84.4	
Total	33202	32987	33375	23116	22942	23291	69.6	69.5	69.8	

N.B. Data which was missing for reports for earlier quarters will not be displayed, even if it has subsequently been received and entered on the database by HPA Centre for Infections. However, it will be included in the compilation of annual statistics. Care needs to be taken in interpreting quarterly data for those clinics which have reported late at any point during the year."

HIV Diagnosis: An evaluation of missed opportunities within the Healthcare Profession

By Emily Hoyle & Colm O'Mahoney

A research audit was undertaken during the month of September 2008 in the Sexual Health Clinic at the Countess of Chester hospital to identify whether there were missed opportunities for HIV diagnosis in patients prior to their presentation and positive diagnosis at this Clinic. Work exploring missed opportunities of earlier HIV diagnosis in the UK is very limited and although there is only a small sample size in this research review. This work aims to show the importance of early diagnosis for patient's quality of life and to improve rates of transmission through improved behaviour post diagnosis.

In September 2007, the Chief Medical Officer for the Department of Health issued a letter to all doctors asking for their cooperation in screening those believed to be at high risk, for HIV. The article stated that to reduce HIV-related morbidity and mortality, it was essential that HIV is diagnosed as early as possible for treatment to be effective. An audit undertaken by BHIVA of deaths from HIV among adults identified that in approximately 25% cases, diagnoses occurred too late for effective treatment and that late diagnoses accounted for at least 35% HIV-related deaths¹. This audit also highlighted the fact that a significant proportion of people diagnosed late with HIV infection had been in contact with healthcare professionals in the preceding year with symptoms which, in retrospect, were likely to be related to HIV.

Methods

A retrospective analysis of patients presenting from 2005 – September 2008 to the Sexual Health Clinic, learning of their HIV status was undertaken. Twenty eight subjects were included in this review, ten females and eighteen males, and an analysis of each patient's medical records was undertaken to identify if any potential opportunities had arisen prior to their diagnosis where a HIV test should have been performed to gain an earlier diagnosis of the individual's status. The patients ages ranged from 23 – 74 years. A missed opportunity was categorised as "a visit in

which HIV was not discussed yet contained at least one of the characteristic's labelled as triggers."²

Categories

The data collected on each patient included an identification number for confidentiality purposes, date of birth, sex, nationality, prior sexual health clinic attendances, prior HIV testing, reason for presentation at Countess of Chester Sexual Health, any contact with health care services with symptoms suspicious of an opportunistic or seroconversion illness, number of times presented, symptoms present, any suspicion from patient of positive diagnosis prior to test, length of time from initial presentation to a health care professional with symptoms to diagnosis, any health care professional contact within this period, presenting viral load, CD4 count and %, and finally whether an opportunity was missed for earlier diagnosis.

Results

Twenty eight patients were included in this study, ten females and eighteen males and data was collected to identify if any missed opportunities for diagnosis did occur, enabling earlier diagnosis when viral load and CD4 counts were less severe.

Females

Sixty percent of female patients in this study were from high risk areas with a high prevalence of HIV. Only one of the females had previously attended a clinic for a routine screen. However, four patients had undergone a HIV test, which had all been negative prior to diagnostic testing. Of the ten females in this study, only one had any suspicion of being HIV +.

Five patients did have symptoms suggestive of either a seroconversion illness or of immunocompromised status, however five could not recollect any illness or symptoms suspicious of a positive HIV status. Five of the patients that did experience symptoms had presented to healthcare professionals prior to their diagnosis, but at no time was a HIV test discussed or undertaken. In one unfortunate case, a woman in her 50's

presented to A/E with weakness and gross lymphadenopathy. The SHO actually listed HIV in the differential diagnosis but didn't test for it. Only 6 months later when she became anaemic and was referred to haematology was a test done.

The longest period from initial presentation to any medical setting, to actual diagnosis at the sexual health clinic, Chester was six years. However 50% of females in this study were diagnosed at presentation appointment and the other four were diagnosed two years, two months and five months respectively, after initial presentation. Overall, this study identified missed opportunities in 50% of these females due to healthcare error.

Males

Eighteen males were recruited into this study. Of these individuals, seventeen were of British nationality, whilst the other was from St Lucia. Of the eighteen patients reviewed in this study, all had exposure to risk. Only nine of the eighteen subjects had been to a clinic prior to the presentation when HIV was diagnosed. Ten of the individuals had undertaken previous HIV tests, both in the sexual health setting and for occupational health screens. The sexual health appointment at which a diagnosis of HIV serostatus was identified was in the cases of 11 patients a self referral. Of these eleven patients, nine were asymptomatic. One patient did present to clinic suspicious of his HIV status, requesting a HIV test only.

In thirteen of the eighteen cases, signs and symptoms that should have prompted a suspicion from a health care professional were present. However, of these thirteen patients who had symptoms suspicious of a positive HIV status, only six actually presented to health care professionals with them. Of these, only two patients were suspicious of their status. The period from initial presentation to actual diagnosis of HIV + status varied from 0-18 months. The results concluded missed opportunities for diagnosis were present in 6/18 individuals in this study (33.3%).

HIV Diagnosis: An evaluation of missed opportunities within the Healthcare Profession continued...

Discussion

HIV is now a treatable medical condition which can be managed appropriately by specialists in the field to enable those living with the virus to remain fit and healthy and enjoy a good life progression. Despite this, there are still many people in the UK who are unaware of their status and thus, who remain a risk not only to their own health but also to others due to unknowing transmission of the virus. In 2005, there was an estimated 63,500 adults living with HIV in the UK, of whom approximately 32% had not been diagnosed¹. In that year, 7,450 individuals were newly diagnosed with HIV.¹ The Health Protection Agency estimate that just over one in four HIV infections remain undiagnosed³.

It is known that late diagnosis is the most important factor associated with HIV-related morbidity and mortality, and thus individuals need to be offered routine HIV testing in settings other than sexual health clinics to try and reach the many thousands of people who are still unaware of their status¹.

The 2008 UK guidelines for testing state that a HIV test should be offered to any individual presenting to a sexual health clinic, antenatal services, termination of pregnancy services, drug dependency programmes, and healthcare services for those diagnosed with TB, hepatitis B or C, and lymphoma⁴. A HIV test should also be considered in settings where diagnosed HIV prevalence in the lo-

cal population exceed 2 in 1000 population. A universal offer of HIV testing is estimated to be cost-effective where the diagnostic rate of HIV is greater than 1 per 1000⁵.

With the availability of highly active antiretroviral therapy (HAART) in the UK for the last decade, and with its continuing improvements, it has transformed the outcome for individuals with HIV infection. A national audit undertaken by the British HIV Association showed that of the deaths occurring amongst HIV positive adults, 24% were directly attributable to the diagnosis of HIV being made too late for effective treatment⁴.

Learning points

Having undertaken this study into delayed diagnosis of HIV infection, it is clear that missed opportunities by healthcare professionals to diagnose HIV does occur. It is also clear the detrimental impact this late diagnosis has, not only to the patient but also to society in general as transmission unknowingly of the infection is permitted to occur and the later a person is diagnosed the more difficult and costly care and management of this patient becomes from a HIV perspective. Therefore, it is important that certain approaches are taken by clinicians to ensure they are upholding their responsibility in preventing further transmission of HIV and diagnosing those who are HIV positive earlier to enable effective treatment.

It is important that there is a proactive approach to testing undertaken in all

healthcare settings. Sexual history taking and, if appropriate, HIV testing should occur at any possible and relevant opportunity. The Sexual Health Clinic at the Countess of Chester hospital has done its utmost to educate the local GP's and staff in the hospital to undertake HIV testing more routinely.

It is hoped that from this review, patients presenting to healthcare settings will be more regularly tested for this illness to prevent late diagnosis and therefore prevent further transmission and enable effective care and management of the disease.

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Sex and Relationships Education Review by Hannah Madden

The Qualifications & Curriculum Authority (QCA) has been asked by the secretary of state to hold a public consultation on the national curriculum.

This will include changes to the personal, social health and economic

education (PSHEE) across both primary and secondary phases. The consultation ends on 24th July 2009.

The Government intends to introduce the necessary legislation to make PSHE statutory in a 5th Session Bill in Autumn 2009.

To read about the proposed changes and take part in the consultation please visit the Qualification and Curriculum Authority's website:

http://www.qca.org.uk/qca_22256.aspx

Tameside and Glossop Centre for Sexual Health (TGCSH)

Service Development News By Dr Ranjana Rani

Exciting news from Tameside on the recent move to a new purpose built and dedicated department in the new Primary Care Centre located a stones throw away from the busy town centre of Ashton. The new centre is well equipped for our increasing workload as indeed is reflected in the increased attendance since our move. The staff are thrilled with the department. A recent patient satisfaction survey also reflected their high degree of satisfaction with our new premises.

TGCSH is the second largest centre in the Greater Manchester area and was attended by 6,000 new and 8,000 total cases in 2008. This is an integrated sexual health service which provides a seamless and full range of clinical services for STIs, HIV, contraception, sexual health and genital dermatology. This is the only centre which operates with a drop-in appointment system in all its clinics. TGCSH has a full time service with two evening clinics one of which is a specialist service for young people providing the whole range of sexual health services.

DOH's 48 Hour Access Target achieved April 2007

In the last 5 years the attendance rate increased by 280% for new cases and 166% for total cases. TGCSH service has had one of the



fastest development rates in the North West area. This has been achieved as a result of extensive modernisation, service expansion and financial support from the PCT. Figure 1 shows.

Chlamydia Screening Target

Tameside and Glossop PCT area has reached 18% Chlamydia screening Target in 2008 and ranked second in Greater Manchester area. RU Clear named us as "Star Screening Site".

New HIV service development

HIV service monitoring was started in November 2004 and treatment with antiretroviral agents started in January 2008. This new service for HIV has been highly respected and valued by locally resident HIV positive patients. Currently about 45 HIV positive patients attend our service and 18 of them are receiving antiretroviral treatment.

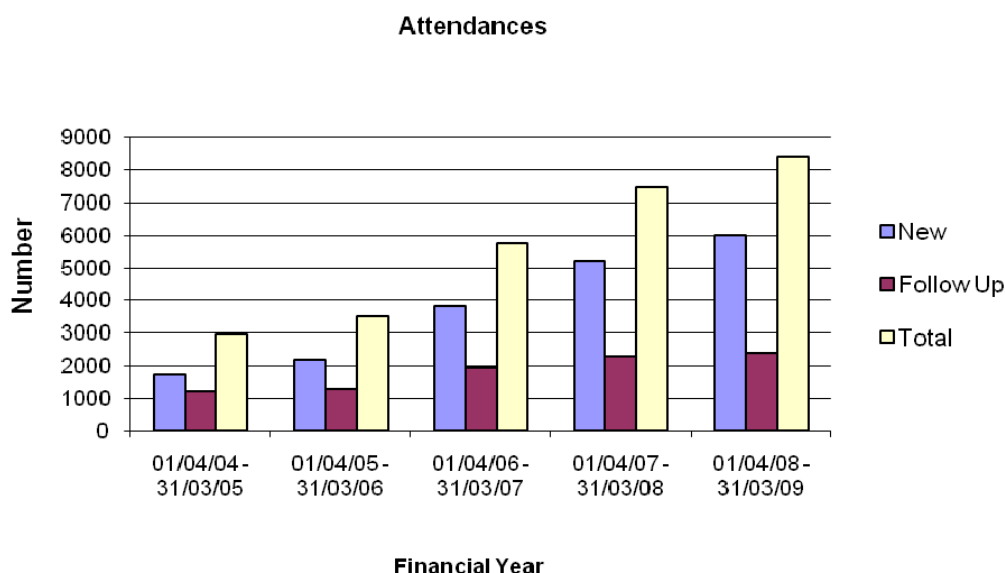
Training initiative in Sexual Health for Foundation year 2 SHOs –

Since August 2006 we have been recognised by the North West Deanery as a training centre for Foundation Year 2 Senior House Officers (FY2 SHOs). Each trainee spends 4 months in our unit and in the 3 years we have trained 9 SHOs. We provide excellent training opportunities in particular, specific issues related to confidentiality, child protection, monitoring and long term management of HIV positive patients. Feedback from trainees has been excellent. We have also participated regularly in providing training for diploma in Faculty of Family Planning and student nurses.



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Figure 1. Tameside and Glossop Centre For Sexual Health Data 2008 – 2009



Sexual Health Quarterly Bulletin

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News and events

Access to GUM Services

Department of Health

The following statistics were released by the Department of Health in May:

GUMAMM for month ending March 2009.

This data shows the number of first attendances to a GUM clinic for each clinic provider, how many of these attendances were offered an appointment within 48 hours and how many were seen within 48 hours. Main findings are:

- The percentage of 1st appointments offered within 48 hours was 99.8% for March 2009, an increase of 0.1% from February.
- The percentage of 1st attendances seen within 48 hours as a proportion of the total number of 1st attendances was 86.2%, a decrease of 1.0% from February.
- The total number of 1st attendances was 130,307 in March 2009 which is 5,923 per working day, an increase compared to 5,563 per working day in February.
- The total number of attendances was 185,242 in March 2009 which is 8,420 per working day, an increase compared to 7,855 per working day in February
- The collection covers 148 NHS providers that are responsible for 209 GUM clinics providing type 3 services.

GUMAMM data: <http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/SexualHealth/index.htm>

Obituary: Phil Yates

It is with great sadness we have to tell you of the death of Phil Yates. Phil was an outreach worker with the Armistead Centre in Liverpool and provided valuable contributions to the Sexual health Team at the Centre Public Health for many years. He died suddenly and unexpectedly on Monday 18th May. Our thoughts go out to all his family and friends at this very difficult time.

Phil touched the lives of many people in Merseyside and beyond

Martin Fenerty, Deputy Manager of the Armistead Centre paid tribute to Phil who was his friend and colleague, he said: "Phil had worked with the Armistead for 10 years in all parts of the service. His warmth, kindness and energy touched everyone from the many members of YGS and BOLD and the Positive Group to the clients of the Drop-in and beyond.

"Phil's death has affected all those that loved him in a social and working capacity. Phil was the youngest member of the Armistead family and we are grieving for our youngest."

Sexual Health of the North West Conference 2009

The regional sexual health conference this year will be a two day event brought to you by the three sexual health networks, LJMU Centre for Public Health, HPA and GoNW. Full programme and event content will be realised shortly. The conference will take place 29th and 30th September in the Imperial Hotel Blackpool. To register and for more information please see the Cumbria and Lancashire Public Health Network website www.clph.net

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.