

Sexual Health

Quarterly Bulletin

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by *Andrea Duncan / Team Leader, Sexual Health & Screening*

HPV and MSM

In November 2015, the Joint Committee on Vaccination and Immunisation (JCVI) published its advice that a 3 dose HPV vaccination programme should be introduced for MSM, aged up to 45 years who attend GUM and HIV clinics; and prisoners who are MSM via prison sexual health services, subject to procurement of the vaccine and delivery of the programme at a cost-effective price. It has been announced that PHE will lead a pilot programme which will:

“In November 2015, the Joint Committee on Vaccination and Immunisation (JCVI) published its advice that a 3 dose HPV vaccination programme should be introduced for MSM”

- identify and resolve a range of practical and other implementation issues such as demand, vaccine supply & usage, data flows & monitoring, capacity and cost;

- determine whether a targeted HPV/MSM programme in GUM and HIV clinics can be delivered at a cost-effective price.

PHE are in the process of finalising which clinics will be involved in the pilot. Selection is by invitation based on geographic spread and the number of MSM attending each clinic. The aim is to include some of the areas with the highest MSM populations as well as a few rural areas with smaller MSM populations in order to evaluate the ability to implement an equitable programme. Prisons are not currently part of the pilot.

“PHE are in the process of finalising which clinics will be involved in the pilot.”

This is a targeted programme aimed at MSM who are already attending GUM/HIV clinics for an appointment. Information will be available at participating clinics for MSM being offered the vaccine.

It is expected that a small number of clinics will be ready to join the pilot from June 2016 with others joining as soon as they are ready. We hope the pilot will eventually reach up to 40,000 MSM.

Update of Abortion and Sexual Health Service Specifications

DH and PHE are undertaking joint work to update the model service specifications for abortion and sexual health. Work on the abortion specification is underway with a stakeholder meeting held on 10th June which commissioners and providers attended. The work on the sexual health specification will start over the summer.

Review of Cost Effectiveness

The evidence review of the cost-effectiveness of selected sexual health interventions is being finalised and should be published over the summer.

Cumbria & Lancashire Sexual Health Providers & Commissioners Network Update



by Janet Duckworth / Public Health Practitioner

On 1st June 2016 Lancashire, Blackpool, Blackburn with Darwen and Cumbria held the inaugural meeting of the Sexual Health Providers and Commissioners Network in Preston. The meetings, Chaired by Dianne Draper (PHE) will be held twice a year, with an annual wide stakeholder event.

The purpose of the meetings is to provide a strategic forum to bring together those with commissioning and provider responsibility for HIV, sexual health and reproductive services, for improved population and patient level outcomes in sexual health and HIV across the Network.

The Network will be a platform for sharing information, challenges, ideas and models of good practice. It will also promote and deliver health improvement and

prevention; and develop and implement sexual health service standards; guidelines; technical advances; and practical tools. The Network will work system wide to develop a shared responsibility for sexual health delivery.

Sector-led Improvement

A process of Sector Led Improvement across Lancashire and Cumbria, initially looking at Chlamydia, has been undertaken. The data analysis highlighted a number of areas for consideration and as a result, a workshop was held on 17th May which included commissioners and providers with support from PHE.

With the mobilisation of Lancashire and Cumbria re-commissioned sexual health services, this was an opportune time to benchmark our services

and share knowledge/best practice. Transparent performance reporting, ongoing self-assessment, peer challenge and sharing best practice are all part of sector-led improvement and the workshop garnered positive discussions.

Plans and ideas for improvement were collated at the event against the key areas of young men, data, delays to treatment and partner notification. It was agreed that action plans will be discussed at future Sexual Health Providers and Commissioners Network meetings. Data quality, re-undertaking partner notification and treatment audits will be revisited later in the year to monitor change.

At the first meeting of the Sexual Health Providers and Commissioners Network, a commitment was made to look at HIV in future plans.

The English HIV & Sexual Health Commissioners Group (EHSHCG)

by Jackie Routledge / Wellbeing, Prevention & Early Help Public Health Specialist

The logo for The HIV and Sexual Health Commissioners Group for England is a red arrow pointing to the right. Inside the arrow, the text "The HIV and Sexual Health Commissioners Group for England" is written in white.

The English HIV and Sexual Health Commissioners Group (EHSHCG) held its most recent meeting on 23 May. As well as the usual updates from Public Health England (PHE) and the Department of Health (DH) it provided an opportunity for an in

depth discussion on child sexual exploitation (CSE) and a workshop session on safeguarding. There was also a session on the importance of Hepatitis B and an update on the HPV vaccine pilot for MSM. The next meeting is 3 October 2016. If

you haven't already done so you can sign up to the commissioner only group at commissioners.nat.org.uk where you will have access to the group's online forum.

Chemsex - An Emerging Public Health Concern



Public Health
England

by Dr Andrew Tomkins - BASHH/PHE Fellowship

Dr Merav Klinier & Dr Roberto Vivancos

Introduction

Chemsex can be described as sex whilst under the influence of drugs, which have been taken immediately before or during a sexual session. The drugs most commonly associated with chemsex include Crystal Methamphetamine, Gamma-Hydroxybutyric acid (GHB), Gamma Butyrolactone (GBL) and Mephedrone.

Chemsex is of increasing concern in the NW, particularly in men who have sex with men (MSM). A large European Internet survey of men who have sex with men (MSM) identified that Manchester had the 2nd largest proportion of chemsex related drug use in Europe, surpassing London¹. To establish the risks associated with chemsex; perceived barriers to seeking support; and the services required by participants in Greater Manchester to better address this issue, we are conducting a health needs assessment with support from a BASHH / PHE fellow, Dr Andrew Tomkins.

As part of this needs assessment we are reviewing the existing scientific literature on the issue and doing a survey of MSM who engage in chemsex. Here we are summarizing some of the findings to date.

What we can draw from the literature

We have focused our review of the literature on research articles that looked at Chemsex and sexual activities in MSM, sexually transmitted infections/health impact, and perceived barriers to accessing support services.

The literature suggests that MSM who engage in Chemsex are likely to engage in risky sexual practices,

condomless sex, with either receptive or insertive fisting, and be involved in group sex/sex parties (i.e. defined as sex between more than two partners). Certain sexually transmitted infections have been linked with chemsex, like syphilis or gonorrhoea, and HIV / Hepatitis C coinfection.

Few scientific papers have focussed on accessibility to services, with these suggesting that participants had limited knowledge of support service availability and the perception that standard drug services would be ill equipped to deal with chemsex specific needs.

Local survey of MSM who engage in chemsex

We have been conducting an online survey of MSM who engage in chemsex to gain intelligence on their demographic characteristics, their HIV and Hepatitis C status, involvement in risky sexual practice and barriers to accessing specialist support services.

The survey has been promoted via two voluntary sector organisations and a sexual health clinic. Promotion included a link to the survey in monthly newsletters, targeted emails, via social media and through discussion at the specialist clinic.

So far, 52 MSM have completed the survey. Preliminary findings from the survey suggest that:

- 76% are HIV positive and 21% are HCV positive, all of which were HIV/HCV co-infected. 10% did not know their HIV status and 38% did not know their HCV status
- 85% had ever attended chemsex parties ('chillouts')
- 77% heard about chemsex parties via social networking applications
- Routes of drugs administered: 37%

inject/slam, smoke 13%, inhale 50%, rectal administration 6%

- 52% had used chemsex related drugs once in the last 3 months, with 8% using once per week
- High risk sexual practices include: group sex (79%), fisting (17%), unprotected active anal intercourse (63%) and passive intercourse (60%)

With regard to local Service provision:

- 46% were aware of current support services available
- 78% said they would prefer to access support in a specialist clinic within a sexual health setting, 20% within a voluntary sector and 2% within a standard drug service
- When asked what prevented individuals accessing support services, comments included: *"Being known."* *"Don't like a clinic environment prefer to go somewhere more relaxed."* *"Often staffed by middle class "professionals" who I have nothing in common with and wouldn't want to talk to."* *"Don't think I need advice. My chemsex behaviour is manageable and not problematic."*

Further work is ongoing to complete the health needs assessment which we hope will help clarify the risks and impact associated with chemsex in MSM, and which may guide the design of services that can appropriately address the issue.

References

- ¹ Schmidt AJ, Bourne A, Weatherburn et al. (2015) Use of drugs associated with chemsex among gay and bisexual men across 44 cities: results from the European MSM Internet Survey (EMIS). Oral presentation at 9th International Conference on Nightlife, Substance Use and Related Health Issues, Lisbon, 17-19 June 2015.

by *Kathleen Charters*

My name is Kathleen Charters and I am an activist and advocate on HIV issues and I am living with HIV.

I have recently joined the board of Sophia Forum which I am highlighting in this issue of the Sexual Health Quarterly bulletin.

Sophia Forum promotes the rights, health, welfare and dignity of women living with HIV through research, raising awareness and influencing policy. The organisation was established 10 years ago. Women living with HIV are meaningfully involved in all aspects of our work. Sophia Forum is the only organisation in the UK to have women living with HIV as our sole focus.

“Sophia Forum promotes the rights, health, welfare and dignity of women living with HIV through research, raising awareness and influencing policy.”

Here are some examples of the type of work, advocacy and research Sophia Forum does.

On the 14th February 2013, Sophia Forum launched a report in the House of Lords on Gender Based Violence and HIV and has

been keeping the issue on the national agenda through our networks of advocates, supportive Health Care Professionals, research teams and community sector organisations.

[Click here](#) for further information.

In 2014 and 2015 Sophia Forum ran 2 WISE – UP (Women Inspire Support and Empower to Unleash Positive Potential) weekends to empower the next generation of activists among women living with HIV. The residential weekends provide a confidential safe space to discuss issues affecting women living with HIV and to move towards developing individual advocacy strategies. Examples of facilitated discussions held were, identifying forms of violence beyond physical violence; HIV and human rights; and an introduction to advocacy.

The WISE - UP Workshop Report Executive Summary can be accessed [here](#)

In 2016 Sophia Forum partially analysed the UK responses to a World Health Organisation commissioned global study “Building a Safe House in Firm Ground”, the lead author of which was the Salamander Trust, together with partners ATHENA, ICW Zimbabwe and Asia-Pacific, GNP+ (Global Network of People Living with HIV) and Transgender Law Centre.

The results were presented at the annual British HIV Association conference in Manchester in April 2016 in a poster “Listen to us, learn from us, work alongside us”.

The poster won a Mediscript Community Award and will also feature at the Nurses HIV Conference in June 2016.

It is going to be an exciting couple of years working with the very dynamic and committed women who make up the board of trustees of Sophia Forum. I hope to continue to report here as to progress we are making.

You can find out more about us at: www.sophiaforum.net

Follow us on [Twitter](#) @SophiaForum

If you would like to be added to the Sophia Forum mailing list please email:

✉ info@sophiaforum.net

www.salamandertrust.net

Sahir House - BACP Senior Accreditation



Sahir House Counselling and Psychotherapy team achieve BACP Senior Accreditation

Jointly Donna Jackson and Lucy Martin have 37 years of experience and expertise in the field of HIV, counselling and psychotherapy and this week received their certificates from the British Association of Counselling & Psychotherapy (BACP) acknowledging their hard work.

Sahir House is the HIV support, information and training centre for Merseyside. Offering a wide range of services to people living with or affected by HIV on Merseyside, HIV awareness training, up to date HIV information and many opportunities for volunteering.

Lucy commented “the process of achieving this was a very challenging and rewarding process and shows a

commitment to my professional development and ethical practice.”

Senior Accreditation shows current and potential clients, employers and colleagues that you are an experienced, mature and accomplished practitioner in your specialism and that you have continued to reflect and develop since your initial accreditation as a counsellor/psychotherapist.

There are very few senior practitioners in the UK so Sahir House feel very proud to have two of them on the team.

Donna Jackson also commented “Many of the issues that clients bring to their sessions can be very complex and diverse. Having being awarded the Accreditation gives us recognition that our capabilities are at a national standard.”

• Sahir House is an HIV organisation based in Liverpool offering support to people living

with HIV on Merseyside since 1985

- Last year 84 people living with HIV received counselling at Sahir House
- 811 counselling contacts were delivered during the past 12 months
- Sahir House has a very low DNA rate of 18%, which is below the national average
- The number of people living with HIV in the UK has trebled in the last 10 years.

For more information about Sahir House Counselling and Psychotherapy service please contact:

Donna Jackson
Sahir House
2nd Floor, 151 Dale Street
Liverpool
L2 2AH
0151 237 3989

✉ info@sahir.uk.com

🌐 www.sahir.org.uk

🐦 [@SahirHouse](https://twitter.com/SahirHouse)



Sexual Health in Practice - Level 6, 30 Credits

Course aim

This course is designed to meet the evolving needs of practitioners holding a first level registration on the NMC Professional Register in the United Kingdom, who wish to develop knowledge and competencies within the contraception and reproductive sexual healthcare environment.

If you are a registered nurse, midwife or health visitor/public health nurse, completing this course will enable you to become professionally competent and confident in giving advice and effective care to people of all ages on matters concerning:

- fertility
- fertility control
- contraception
- sexuality
- sexual health promotion
- sexual health screening

Course length

This Advancing Skills course lasts 15 weeks, and consists of both theoretical and clinical components.

Course structure

You will complete an initial introductory 5 day study week followed by 7 LJMU-based study days organised over the remaining weeks of the course.

Clinical experience consists of working with an Instructing Nurse for a minimum of 36 hours within a specialist service. The clinical placement carries a separate additional cost to be paid directly by you to the local service. You should arrange this with the Contraception Services Clinical Manager.

The clinical placement usually starts early in the course and continues throughout the semester. It usually consists of 12 three-hour long

sessions, with one session completed per week.

Attendance

The programme is delivered over one semester (15 weeks) commencing in September and January as a part-time course.

Course content

During this module, you will study:

- male and female reproductive anatomy
- sexual health, development and sexuality
- sexual health promotion and education
- sexually shared infections
- fertility and sub-fertility
- contemporary methods of contraception and new developments in contraceptive methods
- choice, culture and religion
- reproductive/sexual health services at local and national level
- termination of pregnancy and professional medico-legal and ethical issues
- psychosexual problems
- well person screening
- pre-menstrual syndrome/ menopause
- sexual health and disability
- specialist groups and agencies

Assessment

You will be assessed via:

- a presentation of a public health poster highlighting an issue related to contraception or sexual health
- a critical analysis of a contraceptive or related sexual health issue from practice (2,000 words)
- a portfolio of clinical evidence and completed clinical assessment

Entry requirements

In order to be considered for this course, you must:

- be a Registered Nurse, Midwife or Health Visitor/Public Health Nurse currently on the NMC register
- have a confirmed clinical

placement in an appropriate Contraception and Sexual Health Service

Please note: Your placement within specialist contraception and sexual health services must be confirmed before LJMU can offer you a place.

CPD award

This Continuing Professional Development course can be studied within the **BSc (Hons) Health and Social Care Development** award framework or as a single CPD.

Study dates

Dates for the coming year will be available shortly.

How to apply

Please apply through the CPD apply system by visiting: www.cpd-applynw.nhs.uk.

You can contact your Trust Training Lead for further advice on this process.

Further information

Further details are available in our: [CPD courses for healthcare professionals brochure](#)

☎ 0151 231 5829

✉ health@ljmu.ac.uk

For general course queries

☎ 0151 231 5090

✉ courses@ljmu.ac.uk

🌐 www.ljmu.ac.uk/study



PHE - New funding for local HIV prevention

Public Health England (PHE) have announced an HIV Prevention Innovation Fund for 2016 to 2017 of up to £600,000 for local prevention initiatives. Please use the link to access the press release

[Click here](#)

PHE - Strategic plan: Better outcomes for 2020

This Strategic Plan from PHE sets out how it intends to achieve its aims (over the next four years) and highlights actions for the year ahead. It includes improving sexual health outcomes and supporting the commissioning of sexual health services locally

[Click here](#)

WHO Guidelines

The WHO guidelines 'Integrating collaborative TB and HIV services within a comprehensive package of care for people who inject drugs' have been updated and a consolidated version has been produced

[Click here](#)

Sexual Health Quarterly Bulletin

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South West Sexual Health Annual Report 2015/16

For interest the South West Sexual Health Board Annual Report 2015/16 can be accessed below. It can be found in downloads

[Click here](#)

Sexual Harassment & Sexual Violence in Schools inquiry

The Women and Equalities Committee has launched the first parliamentary inquiry into the scale and impact of sexual harassment and sexual violence in schools. The deadline for written evidence was 22nd May, however; details of this new inquiry can be read here

[Click here](#)

BHIVA Conference 2016

The 22nd annual conference of the British HIV Association was held in April 2016. The link below highlights aidsmap conference news and includes the first data on uptake of HIV self-testing in the UK

[Click here](#)

The Guardian: Government cuts are brewing a sexual health crisis

Verity Sullivan, Specialist Registrar in Sexual Health & HIV explains why the UK is facing a rising demand for sexual health and contraceptive care as STI diagnoses increase. To read the full article

[Click here](#)

cph.org.uk/expertise/sexual-health

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