A Framework for Sexual Health Improvement in England
The Government has outlined its ambitions for improving sexual health in a framework document published on 15 March. The framework is designed to be used by local organisations, including local authorities and health and wellbeing boards, to help them commission the best sexual health services in their area. It sets out a number of ambitions for sexual health, including the need for:

- a fall in the number of unwanted pregnancies
- greater efforts to prevent HIV and STIs
- an increase in the number of people in high-risk groups being tested for HIV
- making sure that all people have rapid and easy access to appropriate sexual health services
- offering counselling to all women who request an abortion so they can discuss the options and choices available with a trained counsellor.

Progress will be reviewed by the Department of Health on an annual basis with Public Health England and other partners.

Frequently Asked Questions: Sexual Health Transition
A ‘frequently Asked Questions’ document which covers key transitional issues for sexual health has been produced by Public Health England, the Association of Directors of Public Health and the Local Government Association

http://goo.gl/J4ZWP

For further information please contact:

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Cheshire & Merseyside Sexual Health Network Update

by Simon Henning

And so it’s goodnight from him and its
goodnight from her!

Dear friends and colleagues, I am
sitting writing this in my office in
Bromborough with most of my
personal possessions packed up
in boxes. For those of you who have not
yet heard I am leaving my post as the
Director of the Cheshire & Merseyside
Sexual Health Network and the NHS at
the end of March. The desk to my right
is now empty too; it’s where the
wonderful Anna Fillingham used to sit.
Anna has recently left the Network to
start a new role with Wirral Clinical
Commissioning Group (CCG) in their
Service Redesign Team – lucky Wirral
CCG, good choice!

Looking back over the last 7 years
(can’t believe it has been that long), we
have achieved a huge amount together
as a network, thanks to the dedication,
hard work and passion of the network
members, you! Together we have
developed a wide range of clinical and
commissioning service specifications,
care pathways and developments in
high quality practice that have earned
us a fantastic national profile as
innovators. We even managed to do
the impossible and set up a Sexual
Assault Referral Centre (SARC) for
Merseyside in Liverpool and help with
the development of SARC services in
Cheshire. As a result I have had the
great privilege of being asked to
participate in many national working
groups and committees in some
amazing places such as the
House of Lords; I have even had a visit
to Number 10!

One of the key objectives for the
network when I was setting it up was to
reduce isolation particularly in the
provider services, but I soon realised
this was the same for the commissioners.
I attended each one of the
Medical Foundation for HIV &
Sexual Health (MEDFASH) reviews of
sexual health services across Cheshire
and Merseyside. I was constantly
amazed by the strength and resilience
of the nursing staff that sometimes had
to work in the most terrible conditions
and who often did not have the benefit
of a peer network and therefore
support. We set up a Lead Nurses
working group; they have done an
amazing job between them and the
group is still going strong! I am
delighted to say that the strength of
“support” from the network has meant
that sub-standard accommodation has
been replaced, which not only means
our staff have better working
conditions but our clients/ patients
receive their high quality care in high
quality surroundings!

Looking forward, the split in
commissioning of wider sexual health
services across Local Authorities,
Clinical Commissioning Groups and the
National Commissioning Board leaves
us with a challenge – to say the least! I
feel the work we have been doing on
road testing the sexual health tariffs
and pathways will be crucial to
maintaining the future of open access
and high quality integrated sexual
health care, built around the needs of
the people attending our services. I
would urge all commissioners and
providers to get involved and submit
the best data you can. I cannot see
another way in which open access and
integration can be maintained.
The network will continue in the future,
its’ worth being well recognised locally
and nationally. Fiona Johnstone
(Network Chair and DPH Wirral) is in
discussion with the new Public Health
England Centre in Cheshire &
Merseyside and the Collaborative
Public Health Service, to work out how
that will happen, but rest assured you
will be informed as soon as possible.

Fiona Johnstone, Chair of the Cheshire and Merseyside Sexual Health Network wanted to say a note of thanks to Simon
on behalf of the CMSHN members

‘We would like to extend our thanks to Simon for his dedication to the development of sexual health services (over more years
than I’m sure he cares to recall…..!), his leadership and, of course, his coordination of the Cheshire and Merseyside network.
More-over, I would like to extend my thanks to Simon for his personal commitment, his professional determination and his
drive. The development of the Cheshire and Merseyside Network into a key regional and national trend-setter and innovator is
a testament to the qualities that Simon has. Indeed, those of us lucky enough to know him, understand and appreciate his
resolve to succeed and achieve – whether it’s on the ski slopes of France, the kitchen department of John Lewis or in tricky
contract negotiations with Clinical colleagues. We will miss him greatly and wish him every success in his new ventures.’
Cumbria & Lancashire Sexual Health Networks Update by Jackie Routledge

On behalf of Lancashire, Cumbria, Blackpool and Blackburn with Darwen

The Network Structure
With all the current changes the Network has largely dissolved; however a core number have continued to work collaboratively throughout. The main aim of the transition work has been to ensure that as accountability for sexual health is fragmented across a number of new commissioning organisations, sexual health services are safely transferred with as little disruption as possible. It’s been a really busy time, with people moving on and securing posts in and out of sexual health. A number of us remain responsible for sexual health, but we are also working with some new faces.

Lancashire County Council has appointed two new posts to work on sexual health and the Network is pleased to welcome Lee Girvan, formerly commissioner for Substance Misuse Services, with a wealth of expertise in commissioning, as well as working with local communities and Christine Tetlow, who has a valuable background in performance management and commissioning.

The intention in the forthcoming months is to strengthen the Network and promote wider membership, from the local authorities, Clinical Commissioning Groups (CCGs) and the National Commissioning Board (NCB) area team and to revise the terms of reference. There remains a desire to continue as a commissioning function, but with the recognition that we need to work closely with our clinical colleagues.

Tariff Arrangements
We are pleased to confirm that across pan-Lancashire we are continuing with Payment by Results tariff arrangements for those GUM services that were already on tariff. This we feel is in the spirit of the open access mandate and essential for the funding of cross boundary attendances.

The chair of the Network is on a National group that has been established, to look at the implementation of the integrated sexual health tariff. Across pan Lancashire, as part of the commitment to the integrated tariff, all providers have agreed to continue to submit data to the Pathway analytics grouper and commissioners are advocating its adoption in 2014/15.

Abortion Services
One of the local Clinical Commissioning Groups (CCG) has agreed to host the Independent Sector contracts for abortion care. We have secured associate arrangements from across the five PCT areas, including some new associates. We will work in partnership with the CCG to meet the ambition to offer counselling to all women who request an abortion, as indicated in ‘A Framework for Sexual Health Improvement in England’, whilst ensuring women are not subject to delays in care.

Lancashire Branding
The revised web site with different images and style to reflect all young people has been launched. Materials for the Emergency Hormonal Contraception (EHC) service within pharmacies have been developed and are being distributed to all pharmacies pan Lancashire and Cumbria. Where brands have good recognition locally, for example ‘Connect’, ‘Brook’ and ‘Talkwise’, we are using them in conjunction with the corporate branding, but the ‘Best2Know’ brand is being adopted by providers as they produce new materials to advertise their services. The new Lancashire Public Health Collaborative are keen to work together to promote and develop the brand, working with young people in the development of more pages over the forthcoming months.

Commissioning
We are implementing where needed, HIV and Vasectomy care service specifications in readiness for the changes in accountability for these services. The work is ongoing to guarantee that all contract obligations are clearly articulated in service specifications to ensure continuity and quality is maintained, in readiness for the transfer to new commissioning organisations.

As we near the end of PCTs we are working much more closely with our Local Authority colleagues, the National Commissioning Board and Clinical Commissioning Groups. Our providers continue to work responsively, as the need for more information for the transfer increases.

HIV
Clinicians continue to be very supportive of the HIV formulary and we are monitoring its use for treatment naive patients. Part two of the meeting is a clinical forum, to allow Clinicians, including sexual health advisers to share best practice and discuss individual cases in a ‘commissioner free’ zone, this is going well and clinicians are reporting that they value the group. It is generating closer partnership working within and beyond pan Lancashire.

Workforce Development
The Network remains committed to working together to improve the local population’s health and a further sexual health and substance misuse education & training package is planned.

There have been many changes over the last few months with staff shifting their work priorities to fit with the emerging changes in structures and other staff moving to pastures new, however, as a small but committed network we continue to rise to the challenge. We look forward to realising some of the ambitions in the ‘Framework for Sexual Health Improvement in England.’

Jackie Routledge
Public Health Commissioning Manager
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Greater Manchester Sexual Health Network Update  
by Neil Jenkinson, Wendy Alam, Sarah Doran & Diane Cordwell

GMSHN new host will be Tameside Metropolitan Borough Council  
There is very positive news that the future of the Greater Manchester Sexual Health Network (GMSHN) has been secured from 1st April 2013! The Network has been hosted since its inception in 2003 by NHS Manchester but from April 2013 GMSHN, together with the GM Public Health Network, will be hosted by Tameside MBC under the new Health and Social Care Act arrangements. We would like to thank the staff of NHS Manchester and predecessor bodies for their support (facilities, IMT, financial and HR) over the past 10 years. The successes of the Network could not have been achieved without this infrastructure.

GMSHN Transformation Document  
In light of the above changes and the new commissioning landscape the Network has recently published a document entitled “The Transformation of Sexual Health Services in Greater Manchester”. The document is available on the Network’s website at:  

Hard copies of the document have been circulated widely to stakeholders to promote the value of good sexual health services. It details the diverse areas that come under the umbrella of sexual health, some of the common diseases and the importance of surveillance, prompt diagnosis and treatment.

The document highlights the Network’s purpose, role, structure and vision, detailing some of the key achievements so far and sets out work programmes and the challenges for the future. Hard copies of the document can be requested through Wendy Alam at the Network Office.

Glen Berry  
In February the Network received the very sad news of the passing of Glen. All that knew Glen remember his kindness, support and sense of humour. Glen spent over 45 years in the NHS undertaking roles in acute, community and mental health commissioning and brought this expertise and experience to roles in Public Health including, Prison Health and Alcohol misuse as well as Sexual health.

During his career Glen was committed and successful in getting the best services for people of Ashton, Leigh and Wigan and we will all miss him. Our sympathies are with his family and friends. Glen’s family have requested the £200 raised be given over to Wigan Hospice.

Child Sexual Exploitation  
Following the Greater Manchester Workshop on Child Sexual Exploitation (CSE) the GMSHN has co-ordinated a CSE task & finish group to improve awareness amongst staff and commissioners working in sexual health services, to standardise pathways and guidance and to improve information sharing. The GMSHN are dividing this work with the National Working Group for Sexually Exploited Children & Young People and are members of the Phoenix Multi-Agency Steering Group in Greater Manchester, working closely with GM Police and local authorities on CSE. In March, we welcomed the Deputy Children’s Commissioner and team to Greater Manchester to share the work that the RUclear screening programme has done to identify young people at risk of exploitation.

- RUclear? is currently working with Excelicare to be able to report partner notification and treatment rates direct to GUMCAD.
- RUclear? had a visit from the Deputy Children’s Commissioner and their team who were supportive of the failsafe measures RUclear? has in place to highlight young people who may be at risk of exploitation.
- The HPA have produced the final evaluation of the two Dry Blood Spot (DBS) pilots looking at the acceptability, feasibility and sustainability of home testing for HIV. Both pilots met American guidelines for cost effectiveness in HIV screening (>1 new positive test/1000 tests).
- Pilot 1 positivity 1.43 per 1000 tests (general population testing).
- Pilot 2 positivity 4.16 per 1000 tests (target high risk population testing).
- DBS testing was shown to be clinically effective, detecting previously undiagnosed HIV cases from high risk groups but also detecting HIV disease at an early stage of infection.
- Population screening showed clearly the ability to effectively access low risk groups. These groups reported that they may not otherwise have ever presented to health services for HIV screening. Shift-workers and students also reported better access to this method of home screening.

For further information & our contact details visit:  
www.sexualhealthnetwork.co.uk

RUclear?  
- From 1/7/12-30/9/12 RUclear? achieved a treatment rate of 96.8%.
Sexually Transmitted Infections Surveillance
Dan Hungerford, Epidemiology and Surveillance Scientist and Roberto Vivancos, Consultant Regional Epidemiologist

Gonorrhoea infections continue to rise in 2012

As reported in the previous bulletin, new diagnoses of gonorrhoea infection continue to rise in the North West of England, rising from 1882 (Oct 09 – Sept 10) to 2951 (Oct 11 – Sept 12). The most significant increases have been seen in urban areas. The local authorities of Liverpool, Manchester, Preston and Salford have all experienced incident rate increases of over 30 per 100,000 population (Figure 2), and remain the areas with the highest rates of new diagnoses (Figure 1).

These increases combined with gonococci decreased susceptibility to antimicrobials, require a joint response from healthcare professionals and public health. In February 2013 the Health Protection Agency, in collaboration with the British Association for Sexual Health and HIV (BASSH) and Terrence Higgins Trust (THT), released the Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP) Action Plan for England and Wales. It has been developed to raise awareness of the problem of antimicrobial resistance (AMR) of gonorrhoea and provide guidance to healthcare professionals in order to limit the spread of AMR, so that current treatments effectiveness is prolonged. Successful surveillance of treatment failures and resistance or susceptible gonococcal isolates is crucial for effective treatment response. Nevertheless the threat of untreatable gonorrhoea means that a public health prevention approach is paramount to the control of gonorrhoea and other sexual transmitted infections.

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Figure 1 (Left): Change in rate of gonorrhoea diagnoses at GUM clinics by local authority, North West England, October 2009 – September 2010 and October 2011 to September 2012. Figure 2 (Right): Rate of gonorrhoea diagnoses at GUM clinics by local authority of residence, North West England, October 2011 to September 2012.

ONS release 2011 conception data
The Office for National Statistics (ONS) has released annual conception data for 2011. The number of conceptions to women under 18 and to girls under 16 both fell by 10% compared to 2010. The under 18 conception rate for 2011 is the lowest since 1969 at 30.9 conceptions per thousand women aged 15-17. Conception rates in 2011 increased for women aged 30 years and over, stayed the same for women aged 25-29 and decreased for women aged under 25.
>Conceptions in England and Wales, 2011
>ONS 2011 conceptions statistical bulletin

Public Health Outcomes Framework (PHOF): new baseline data on HIV
New baseline data have been added to the PHOF data tool on the indicator for people presenting with HIV at a late stage of infection (Indicator 3.04). The interactive data tool allows local authorities to benchmark against the England average and to make comparisons with neighbouring authorities.
http://www.phoutcomes.info/

Chlamydia screening data for July-Sept 2012
The latest quarter chlamydia screening data for England have been published and the full tables are available on the National Chlamydia Screening Programme (NCSP) website. Diagnosis rates nationally and in many areas remain below the > 2,400 per 100,000 population aged 15-24 level recommended in the Public Health Outcomes Framework.
>NCSP : The Data

Parliamentary Questions on Sexual Health Policy
Anna Soubry, Parliamentary Under-Secretary of State for Health, answered a number of questions about the timing and content of the forthcoming Sexual Health Policy document in parliament earlier this week and confirmed that she anticipated the Sexual Health Policy document would be published in March. Click the link below to read more.
>House of Commons Hansard Debates for 26 Feb 2013 (pt 0001)

Updated NICE guidelines for fertility problems
The National Institute for Health and Clinical Excellence (NICE) has recently published updated clinical guidelines revising treatment recommendations for people with fertility problems, including those for couples with HIV (section 1.3.10).
>Updated NICE guidelines revise treatment recommendations for people with fertility problems
>Fertility treatment guideline CG156

BASHH Sexual Violence Training Day
Friday 21st JUNE 2013
Venue: Royal Society of Medicine, London
The BASHH Sexual Violence Committee, subgroup of BASHH ASIG, is organising a Sexual Violence Training Day taking place on Friday 21st June 2013 at the RSM. The programme covers a number of different aspects of sexual violence including sexual assault of men and young people, domestic violence, human trafficking, sexual exploitation and vulnerable adults.

This full day’s training comprises lectures, workshops and interactive case studies. It is relevant to anyone managing patients who disclose sexual violence, in particular GU/HIV trainees, SAS doctors, consultants, nurses and health advisers working in GU Medicine. For full details see:
http://www.bashh.org/events/230_bashh-sexual-violence-training-day

British HIV Association (BHIVA) Conference 2013
16 Apr 2013 until 19 Apr 2013
19th Annual Conference of the British HIV Association (BHIVA)
Manchester Central Convention Complex, UK

ONLINE REGISTRATION AND ABSTRACT SUBMISSION NOW OPEN

Please click here to review the First Announcement for the 19th Annual Conference of the British HIV Association (BHIVA) in Manchester. For more information visit:
www.bhiva.org Annual Conference 2013. aspx