Dudley
Metropolitan Borough Council

Agenda Item No. 11

Select Committee on Health and Adult Social Care – Tuesday 7th July 2009

Report of the Directorate of Public Health

Title of Report: Sexual Health

Purpose of the Report

1. The purpose of the report is to inform the Committee of the current position in Dudley with regards to sexual health. It covers:

   - the recommendations from the sexual health needs assessment
   - the findings from community consultation
   - the current progress towards the Chlamydia screening target

Background

2. The sexual health needs assessment was carried out in response to a National Support Team visit to Dudley in November 2007. The needs assessment addressed the following:

   - the level of sexual ill health in Dudley, including sexual health inequality
   - a description of existing services and identify existing gaps
   - sought the views of service users, especially hard to reach groups, on current service provision, barriers for accessing sexual health services and opportunities for future changes in service provision
   - identified effective evidence-based interventions from literature and examples of best practice to inform sexual health service redesign and service developments in the Borough.

   The key recommendations are:

   Recommendations from SHPIG:

3. The development of a local performance framework for sexual health that covers mainstream sexual health services, strategic commissioning, local authority and the third sector.

4. All sexual health services for young people across the Borough follow the DH “You’re Welcome” quality standards for young people. Moreover, the standards are monitored on a regular basis.

5. Hotspot areas for teenage pregnancy and sexually transmitted diseases have readily accessible sexual health services, which provide contraception, TOP referral, EHC and LARC prescribing.

6. Increase Chlamydia screening uptake through the main stream sexual health services (CASH, Brook, primary care, and community pharmacies) through ensuring that all SLA/ contracts specify a target of Chlamydia screening uptake.

7. Increase LARC training in primary care, Brook and CASH.

8. Improve the information system for CASH, Brook Birmingham and the EHC scheme.

9. The development of integrated care pathways for teenage pregnancy, sexually transmitted diseases, abortion and sexual health promotion to ensure functional integration of sexual health across the Borough.

Recommendations: PCT commissioning:

10. Expand EHC scheme through community pharmacy, from its current 10% coverage.

11. Include a clear care pathway for women requesting TOP to improve access to TOP before 9 weeks. This should cut across primary care, CASH and other family planning services and TOPs providers. It should enable patients self referral.

12. Opportunistic screening for Chlamydia is delivered effectively through main stream sexual health services (CASH, Brook and primary care) to ensure high volume uptake.

13. An opt out policy across all services, including FE and school settings if possible.

14. Agree and implement targets for early diagnosis of sexually transmitted diseases, including HIV and syphilis as part of the integrated care pathway for STIs. The care pathway should cut across primary care, TOPS services, CASH, Brook, Summit House, and secondary care GUM services.

Primary Care Commissioning:

15. Each GP practice should include a female GP, so that women have the opportunity to speak to a GP about sexual health issues.

16. Given that GP's are the most preferred point of access to sexual health services for some people, service provision should be culturally sensitive and all staff should be trained, skilled and confident to work in a culturally competent way.

17. GP practices should aim to make the appointment booking system as accessible as possible and keep waiting times for appointments to a minimum.

18. GP's and clinics should endorse the standards taken from Effective Sexual Health Promotion (4) and should use these as a framework to underpin their work, in order to be effective, sensitive and appropriate.

19. GP's who have specialist knowledge of HIV/are HIV aware should be more accessible so that better HIV support can be provided at a local point of delivery.

Public health and commissioning:

20. Improve provision of information and training of pharmacists and pharmacy staff.

21. Awareness raising / educational sessions need to be delivered to minority groups in their local community, with the support of interpreting and translation services to ensure that people who are unable to speak English or read in any community language, are still able to access information.

22. Activities / projects which train and support members of the community to deliver basic awareness-raising information/education to other members within their community, should be considered and resourced appropriately.

23. As per the national strategy (27) sexual health information should be clear, accurate, and up to date, provided in attractive and accessible forms and languages. This information should be readily available from GP's, nurses/clinics and also through other trusted professionals and community groups.

24. More use should be made of magazines, newspapers, the internet and other advertising mediums (e.g. buses) to raise awareness of sexual health issues, and advertise the full range of services available, and what they provide.

25. More education / preventative work should take place through schools to raise young people's awareness of the dangers of HIV and the possible consequences of particular lifestyle choices, whilst also ensuring that common stereotypes which may fuel stereotyping and discrimination are challenged.

26. Sexual health services should be provided in one central location, with services also being available through doctor's surgeries and a clinic at the hospital (Russell's Hall). i.e. more services should be provided in one location.

27. Services should review their opening hours to ensure they are as accessible as possible to service users, and that waiting times for appointments are kept to a minimum.

28. Appointments should be streamlined wherever possible to minimise the need for return / multiple visits and patients should be able to see the same doctor, to ensure consistency, wherever possible.

29. In line with the aims of the national strategy (27), services should take practical steps towards reducing the stigma and discrimination associated with HIV and STIs.

30. GP's and clinics should endorse the standards taken from Effective Sexual Health Promotion (4) and should use these as a framework to underpin their work, in order to be effective, sensitive and appropriate.

31. GP's who have specialist knowledge of HIV / are HIV aware should be more accessible so that better HIV support can be provided at a local point of delivery.

32. All staff should provide services in a non-judgemental, respectful and sensitive way, and should be trained, skilled and confident to work in ways which exemplify this. They should also actively counter and challenge discrimination, stigma and prejudice, (28). Confidentiality should be maintained at all times.

Sexual Health Community Consultation Recommendations:

33. The sexual health service users' needs assessment provided a snapshot into the knowledge and experiences of a number of people living in Dudley borough. Many of these were from groups/communities who would perhaps not normally have the opportunity to contribute their views and be heard. A number of key points emerged from the consultation workshops.

34. Some participants had a fairly good knowledge of sexual health issues, but a lot of people also had quite poor knowledge, and this appeared to be dependent upon factors such as their previous experiences, cultural issues and language barriers. For example, the women from the Asian women's group had very poor knowledge compared to the general adult population.

35. GP's family and friends, nurses/clinics and magazines/newspapers were the most commonly reported sources of sexual health information. In addition to these, participants would like services to all be based in one place. Individual circumstances also dictated how and where people would like to access information, for example, people with physical disability who find it difficult to travel, would like information to be available at their day centre and would like to access services at a one stop shop or through home visits.

36. Many participants demonstrated a clear lack of knowledge about the range of sexual health services available locally, and were unable to distinguish between the different types of service provision. The GP was more often than not identified as the first point of contact and some participants, particularly those over the age of 60, prefer to access services through their GP as they see them as a 'trusted professional/expert'. Participants who did demonstrate knowledge of the different sexual health services were mainly those who had personal experience of using them.

37. It was evident that many groups do not have equal access to sexual health information or sexual health services at present and it was felt that people don't talk openly enough about sex. Sometimes this can be due to people's beliefs that certain others should not be, or do not have sex, for example those with a disability. Many of the older Asian women are reliant on male family members to pass on information or to translate for them. As a result they are often not able to/are too embarrassed to access information of this nature.

38. Many of the participants agreed that the best way of passing on information of this nature would be through talking and informal interactions, rather than through more clinical appointments/consultations.

Current progress towards the Chlamydia screening target:

39. Our Chlamydia uptake in 08/09 was 7.8%, against 17% target. The target for this financial year is 25% (10,000 tests). We have adopted the following measures to ensure measurable progress towards the target (see projection table):

- The development of local enhanced service agreement with primary care and community pharmacy.
- The introduction of Chlamydia screening in antenatal care (will start on 1st September 09)
- The development of a local outreach deliver plan.

Intervention	Expected numbers of tests	Timeframe
Antenatal screening	500	September 09- March 2010
LES in primary care and pharmacy	2000	August 09- March 2010
Tests through Brook and CASH	1000	April 09-March 2010
Outreach activates	65000	April 09-March 2010

Finance

40. None identified.

Law

41. None identified.

Equality Impact

42. None identified.

Recommendation

43. It is recommended that:-

- The Overview and Scrutiny Committee receives this update on sexual health for information.

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