Cheshire & Merseyside Sexual Health Network Update
by Anna Fillingham & Simon Henning

Breaking news!
The Cheshire & Merseyside Sexual Health Network (CMSHN) has been asked by the National AIDS Trust (NAT) to take part in a small national working group to come up with a resource for commissioners on HIV testing and in particular reducing late diagnosis. What makes this more interesting is that Cheshire and Merseyside are classed as lower prevalence areas for HIV, requiring more targeted approaches to reducing undiagnosed HIV and therefore late diagnosis. We are currently developing a CMSHN action plan which has initially been well received by the NAT. More to follow.....

Anna Fillingham – Presented at the “Tackling Teenage Pregnancy” conference on the 24th September
Reduction in teenage pregnancy remains one of the key public health outcome measures for sexual health. Anna Fillingham the Projects Manager for the CMSHN, was one of the speakers at the “Tackling Teenage Pregnancy” conference in Manchester. Anna spoke alongside the national experts and leaders in the field of teenage pregnancy.

CMSHN Health Advisers Working Group
Health advisers from GUM, CASH and Chlamydia Screening Services across Cheshire and Merseyside have formed a working group to look at sharing good practice and new ways of working. The group is chaired by Gary Barker, from St Helens and Knowsley Trust and meets on a quarterly basis. If you are a Health adviser working in Cheshire and Merseyside and would like further information please contact Gary at gary.barker@sthk.nhs.uk.

The CMSHN website has a new look!
We have redesigned our website and it is now part of the Cheshire & Merseyside Partnerships (ChaMPs) website please have a look around and tell us what you think: http://www.champspublichealth.com/sexualhealthnetwork/
Cumbria & Lancashire Sexual Health Networks Update by Jackie Routledge

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

The Network Structure
The Network has taken on the task of managing the transition of sexual health on behalf of Lancashire, Blackpool and Blackburn with Darwen. This has meant that some of the development work has been deferred. There have been some changes in the structure, with Cumbria recently employing a commissioner who will be responsible for sexual health, alongside the Associate Director for Public Health. They are managing the transition in Cumbria, working collaboratively with the Network. We also welcome new faces from Blackburn with Darwen into the network. The main aim of the transition work is 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.

Lancashire Public Health
We are pleased that in the absence of a Director of Public Health for Lancashire, they have recruited three senior posts of; Director of Public Health Improvement, Director of Health Policy and Protection and Director of Population Healthcare. Their first priority is to formalise the draft structure, with a planned release date in early October followed by a short staff consultation process.

Sexual Health Service Providers
We are working with all our providers; advising and updating on a regular basis around all the changes and potential issues for the immediate and long term future. We are rationalising and improving the Local Enhanced Service agreements in readiness for Local Authority having the commissioning responsibility. All our providers are working flexibly with the commissioners to enable safe sexual health transfer.

Abortion Services
We are working with local Clinical Commissioning Groups (CCG) to agree an approach to abortion services. The aim is to continue to host; associate arrangements are currently in place with Independent Sector Providers. Whilst CCGs hold the accountability, it is hoped that the responsibility for contract management will be undertaken by another body. We have shared the service specifications and are auditing the activity by CCG, so that they are aware of the service being delivered and the financial cost.

Lancashire Branding
As a consequence of all the changes, this work has been delayed but we are about to launch a revised web site to reflect all young people. Over the coming months we intend to work with young people to develop the website further. Materials for the Emergency Hormonal Contraception (EHC) service within pharmacies, are being developed to coincide with the changes in service. Where brands have good recognition locally, for example ‘Connect’, ‘Brook’ and ‘Talkwize’, 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.

Commissioning
As commissioners we have agreed some Key Performance Indicators and propose that new service specifications will be aligned. Having shared indicators will mean that, we have a much greater intelligence about not just activity, but performance, against investment. 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 ensure that all contract obligations are clear in readiness for the transfer to new commissioning organisations.

A big piece of work is the data capture of all contracts, to which we are all contributing. This involves ensuring that the contracts are safely transferred to the receiving organisations, alongside the appropriate finance and with a full legacy. The legacy includes all relevant documents and clearly articulated service specifications. An event is being held to look at a prioritising process and a forward plan for any procurement of contracts in line with the Local Authority procurement strategy.

Road Testing the London Integrated Sexual Health Tariffs
Providers in Lancashire and Blackburn with Darwen and Blackpool continue to upload activity data onto the Grouper. We remain committed to reviewing the assumptions of the currencies within the integrated tariff, by testing a couple of common pathways with local pricing as part of the national integrated tariff work. The National Reference Group for the further development of the Integrated Tariff have met once and future meetings have not yet been planned. We are still working to a sub-regional adoption if possible and feel that the work is going to help support open access arrangements.

HIV
The HIV formulary and the immediate and necessary drugs list has been ratified. We have held our first discussion regarding potential future drugs and agreed an approach. Clinicians continue to be very supportive of the formulary and we are monitoring its use for naïve 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 and this is going well and generating closer partnership working. A request to widen the membership to other clinicians from other areas has been received and this is under consideration.

The home delivery tender has been awarded to a new provider and existing patients have been transferred. Once the service has embedded, NHS North Lancashire and Cumbria plan to commission a home delivery service for some of their patients.
Cumbria & Lancashire Sexual Health Networks Update continued

We are working across the region in support of a therapeutic tender that is underway for HIV. This is being supported locally by the Consultant in GU Medicine and the Network lead. An audit is ongoing to identify prescribing patterns and also to understand future prescribing in relation to HIV drugs, in preparation for the tender.

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

We have had 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, but as a network we continue to rise to the challenge.

Jackie Routledge
Public Health Commissioning Manager
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Greater Manchester Sexual Health Network Update
by Neil Jenkinson, Wendy Alam and Sarah Stephenson

HIV specification
A workshop was held on the 16th August to discuss additions to the existing all-ages integrated specification to include HIV care. Attendees were varied and included: commissioners; clinicians; Liverpool John Moores University; voluntary sector and local authorities. Led by commissioners, colleagues worked together to agree the aims, objectives and outcomes of future HIV services and draft HIV Key Performance Indicators (KPIs). These will be circulated for consultation shortly and comments are welcomed.

Although a national HIV specification is expected, it is also thought that as with other national specifications (for example the Termination of Pregnancy one), that local adaptations will be possible.

Access to infertility treatment and sperm washing
NICE has been reviewing its IVF guidelines and the consultation document included reference to sperm washing. The Network has submitted comprehensive feedback. One of the suggestions made in the consultation document was that timed, unprotected intercourse could be an alternative to sperm washing. The Network’s position remains that sperm washing is a safer alternative and we have supplied the NICE writing group with several academic references that support this. In particular, work by Bujan et al (2007) showed that couples who had access to sperm washing treatments demonstrate higher levels of safer sex behaviour when they were not trying to conceive.

Home delivery of HIV drugs
As mentioned in the last bulletin, the number of patients using the home delivery service increased by 31% in the last financial year.

There are now 2,500 Greater Manchester residents on home delivery, a saving of around £3 million over the next financial year.

The new service provider – Evolution Homecare – is now transferring patients from the previous provider. Trusts that are not currently part of home delivery are welcome to join. Any queries please contact Mark Storey at NHS Shared Business Services on 0161 212 3728.

Academic partnership
Delegates at July’s Festival of Public Health held in Manchester and organised by Arpana Verma (NHS Bury and Manchester University) were encouraged to write up research or project work that they have been involved in.

GM Network members are asked to let the Network Office know if there are any pieces of work they need support with. There is a lot of good work going on that would be of value to other colleagues but we don’t consistently share it. Contact the Network Office if you need more information.

Welcome
Dr Penny Cook has recently joined Salford University from Liverpool John Moores University. We will continue to enjoy working with her and she has agreed to join the GM Network Board.

Poster presentations
Congratulations to colleagues at the Network and Public Health Manchester who presented a poster on sperm washing at the Health Protection Agency’s conference in September.

RUclear?
Final figures for 2011/12 show Greater Manchester achieving an overall screening volume of 26.6% and an overall diagnosis rate of 2.5% against a target of 2.4% diagnoses in 14-15 year old population (e.g. 2,400 diagnoses per 100,000 of the population).

Greater Manchester’s overall positivity (including GUM) was 9.3%, tests taken through the Programme had a positivity of 7.8%.

RUclear? remains embedded in core and existing services. In 2011/12 59.1% of tests were taken through core services compared to England’s 55.3% against a target of 60%. Of all tests taken in Greater Manchester 66% were processed by RUclear? compared with 20% through GUM and 13% through non-National Chlamydia Screening Programmes (NCSP)/non-GUM settings.
Greater Manchester Sexual Health Network Update continued

The most popular sites used by young people to get a test through RUclear? were through Contraception & Sexual Health (CASH) services (55%) followed by postal kits (15%) and GPs (12%).

RUclear? started a radio campaign on Key 103 in September. Previous radio campaigns have resulted in increased numbers of postal kit requests.

The HIV pilot is currently being evaluated by the HPA. A new offer of home testing kits to vulnerable groups commenced in June and we will compare the results of both studies. RUclear? is working closely with The Lesbian & Gay Foundation (LGF) on this project.

Visit our website
Further information about the Network and our contact details can be found on our website: www.sexualhealthnetwork.co.uk

Sexually Transmitted Infections Surveillance - GUMCAD
By Roberto Vivancos, Consultant in Health Protection/CCDC, Cheshire & Merseyside HPU

Sexually transmitted infections (STI) surveillance requires information on new episodes of infection to monitor trends, identify outbreaks and inform commissioning of sexual health services. This information was formerly collected on the KC60 Central Return Form, a paper-based system collecting aggregated data. Since April 2008 the system was replaced by the Genitourinary Medicine Clinic Activity Data Set (GUMCAD), which provides anonymised, patient-level electronic data. The justification for the change was to improve the way that the data are extracted and submitted to the HPA and the quality and timeliness of data outputs from the HPA.

Each GUM clinic is required to generate a quarterly data extract of all patient attendances and associated diagnoses at GUM clinics. The data are submitted at the end of each calendar quarter, six weeks after the end of the quarter.

During the transition period from KC60 to GUMCAD there were problems with some clinics being unable to submit data, or with data being submitted with errors that were later corrected. However, currently in the North West we have complete data for all GUM clinics.

The information is submitted on each attendance by Primary Care Trust and Local Authority of residence, Lower Super Output Area of residence, gender, age, sexual orientation, ethnicity and country of birth.

Although all specified fields are mandatory, completeness of these fields has not been 100% for all. Since 2008 the completeness of the basic demographic fields has improved. Completeness of fields in 2011 in data for North West residents is shown in the table below.

<table>
<thead>
<tr>
<th>Field</th>
<th>No. completed</th>
<th>% Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient LA</td>
<td>102859</td>
<td>99.22%</td>
</tr>
<tr>
<td>Patient LSOA</td>
<td>103081</td>
<td>99.43%</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>102088</td>
<td>98.47%</td>
</tr>
<tr>
<td>Ethnicity Id</td>
<td>98131</td>
<td>94.66%</td>
</tr>
<tr>
<td>Gender</td>
<td>103670</td>
<td>99.999%</td>
</tr>
<tr>
<td>Age</td>
<td>103456</td>
<td>99.79%</td>
</tr>
<tr>
<td>PCT Code</td>
<td>103671</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Data Caveats
1. Data within the table is based on cleaned data used to provide analysis in the region and for the published data tables currently available on the HPA website.
2. Data for 2011
3. STI codes for chlamydia, gonorrhoea, syphilis, genital warts, herpes and HIV.
4. Completed within the table means valid codes which excludes codes for not known, unknown or not stated. No fields were blank.

For further information please contact:
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roberto.vivancos@hpa.org.uk
Implementing GUMCAD2
By Patrick Lenehan, National Chlamydia Screening Programme, Regional Facilitator - North West

The Genitourinary Medicine Clinic Activity Dataset (GUMCADv2) is an anonymised patient-level electronic dataset which collects information on diagnoses made and services provided by GUM clinics and other commissioned enhanced (non-GUM) sexual health services.

The original GUMCAD system, which was implemented in 2008 to collect sexual health data from all GUM clinics across England, has now expanded to cover all other commissioned enhanced sexual health services outside of the traditional GUM clinic setting.

The same dataset is collected and submitted by both GUM and commissioned non-GUM sexual health service providers. As such, the dataset will now collectively be referred to as GUMCADv2 irrespective of whether the clinic is a GUM or non-GUM site. The “v2” added to GUMCAD purely denotes a revision to the standard to incorporate the expansion of the dataset to include the non-GUM sites (i.e. a change in version).

An Information Standards Notice for GUMCADv2 was issued by the NHS Information Standards Board (ISB). As such, the collection of this dataset from all commissioned sexual health services (GUM and non-GUM) is mandatory.

The overall aim of the proposed change is to enhance the national surveillance data of STIs by extending the original GUMCAD system to cover commissioned enhanced (non-GUM) sexual health services that offer testing, diagnosis and/or treatment of STIs (GUMCADv2). This will provide more robust estimates of sexual health service provision and STI epidemiology across England to enable; (1) development, adaptation and refinement of interventions, (2) monitoring effectiveness of sexual health policies and (3) planning and managing services.

The type of non-GUM sexual health services can be sub-categorised into the following groups:

- Sexual and Reproductive Health (SRH) Services
- Young People’s Services e.g. Brook clinics
- Integrated Sexual Health Services
- Other (e.g. Outreach programmes, Termination of Pregnancy (ToP) services, Terrence Higgins Trust).

At present, if a service has been commissioned to only provide Chlamydia testing as part of the NCSP, they are not required to report GUMCADv2.

The following quarterly data extracts are required from each service:

Quarter 1: January 1st – March 31st
Quarter 2: April 1st – June 30th
Quarter 3: July 1st – September 30th
Quarter 4: October 1st – December 31st

The deadline for submission to the HPA is six weeks after the close of the quarter. All GUMCADv2 data should be submitted to the HPA using our secure internet service, the HIV/STI Web Portal. Access requires a username and password which will be issued to the primary contact at each service once they have registered with the HPA.

GUMCADv2 is an electronic data return. As such, it is essential that you have a clinical information system which is ready to collect and report data in the correct format. The HPA can offer guidance as to whether your IT system is able to extract the relevant data into a CSV file for submission.

If you have any questions in the first instance contact Holly Mitchell (GUMCAD2 Scientific Coordinator)

Holly.Mitchell@hpa.org.uk

Contacts:
Scientific Coordinator
(Holly.Mitchell@hpa.org.uk)
Scientific Lead
(Mandy.Yung@hpa.org.uk)

Key References
Standards for the management of sexually transmitted infections (STIs)
http://www.bashh.org/about/bashh_publications
Information Standards Notice
http://www.isb.nhs.uk/documents/isb-0139
GUMCAD guidance material
GUMCADv2 Guidance to clinic staff
http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1309969711946
Technical guidance and specification for data extract from GUM clinics and ESHS
http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1309969711627
SHHAPT codes: Frequently Asked Questions
http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1279269851932

[1] General Practitioners with Special Interests (GPwSI) will only be included if they operate from a practice that has been commissioned to provide an enhanced sexual health service.
News and events

Behavioural interventions in MSM
A systematic review of reviews of behavioural HIV prevention interventions among men who have sex with men focuses on behavioural interventions and offers some comments on transferability of evidence, as well as the use of the review technique within a changing health domain.

Mobile App for C Card Scheme
A new mobile phone app has been launched to help the drive to improve sexual health and reduce unplanned pregnancies in Medway. The Kent and Medway C Card app has been designed to give teenagers aged 19 and under the information they need on how and where to get free condoms using their C Card. To read more follow the link: http://www.medwaypct.nhs.uk/explore-nhs-medway/news/latest-news/scheme-to-cut-teen-pregnancy-goes-mobile/

Teenage Pregnancy rate continues to decline
The Office for National Statistics released under-18 conception data for 2nd Quarter of 2011 on 29th August; across all regions the rolling quarterly average under-18 conception rate is at its lowest level since the start of quarterly data records in 1998. For the North West region the rate of under-18 conceptions fell by 4% from Q2 2010. The rolling quarterly average shows a continuing decline in conception rates.

For a breakdown of your local data please contact your Teenage Pregnancy lead or anna.fillingham@nhs.net.

£8 million invested to tackle HIV and improve sexual health
Almost £8 million is being invested in driving down HIV infections and providing information to improve people’s sexual health, Public Health Minister Anne Milton announced on July 23, 2012. The money will go to the Terrence Higgins Trust and FPA (Family Planning Association) over three years and builds on previous work funded by the Department. Click here to read the full article.

EasySRE – Films & resources for effective SRE delivery
A new website for well-being, sex and relationships education. Designed with young people, teachers and health workers this website contains resources aimed at Key Stages 1-5 and beyond. The website has done some of the hard work for you. There are films, lesson plans, games, sign-posting information and forums enabling you to swap ideas and information. The films are high quality and use drama, animation, interviews and demonstrations to explore many aspects of SRE and well-being. The resources are available as downloads or as DVDs. Free to use in educational & youth settings throughout Walsall, and elsewhere by subscription. Simply register at www.easysre.net.

Westminster Health Forum Keynote Seminar:
Next steps for sexual health policy: access, commissioning and public health Morning, Tuesday, 4th December 2012, Central London. The next Westminster Health Forum seminar on Sexual Health will take place at a time of major change in public health policy, during the transition to a new-look NHS. This event is CPD certified. Find out more: Our Website | Book Online | Live Agenda |

Promotional campaign for young people to access School Nursing Service
Students who started secondary school this September are being encouraged to get to know their school nurse so they know where to go for help and advice when they need it. A number of tips for parents and young people have been issued on how best to use the school nursing service to smooth the transition to a new school. View the full article to find out more http://www.dh.gov.uk/health/2012/08/backtoschool/. The Department published a vision and call to action for school nursing services in March as part of the School Nursing Development Programme.

If you have any interesting news & events we could feature in the December issue of the bulletin please contact Ann Lincoln at a.l.lincoln@ljmu.ac.uk.