

*National and local drivers for
sexual health service networks.*

Professor Michael Adler

*So why might we need service networks
for sexual health services?*

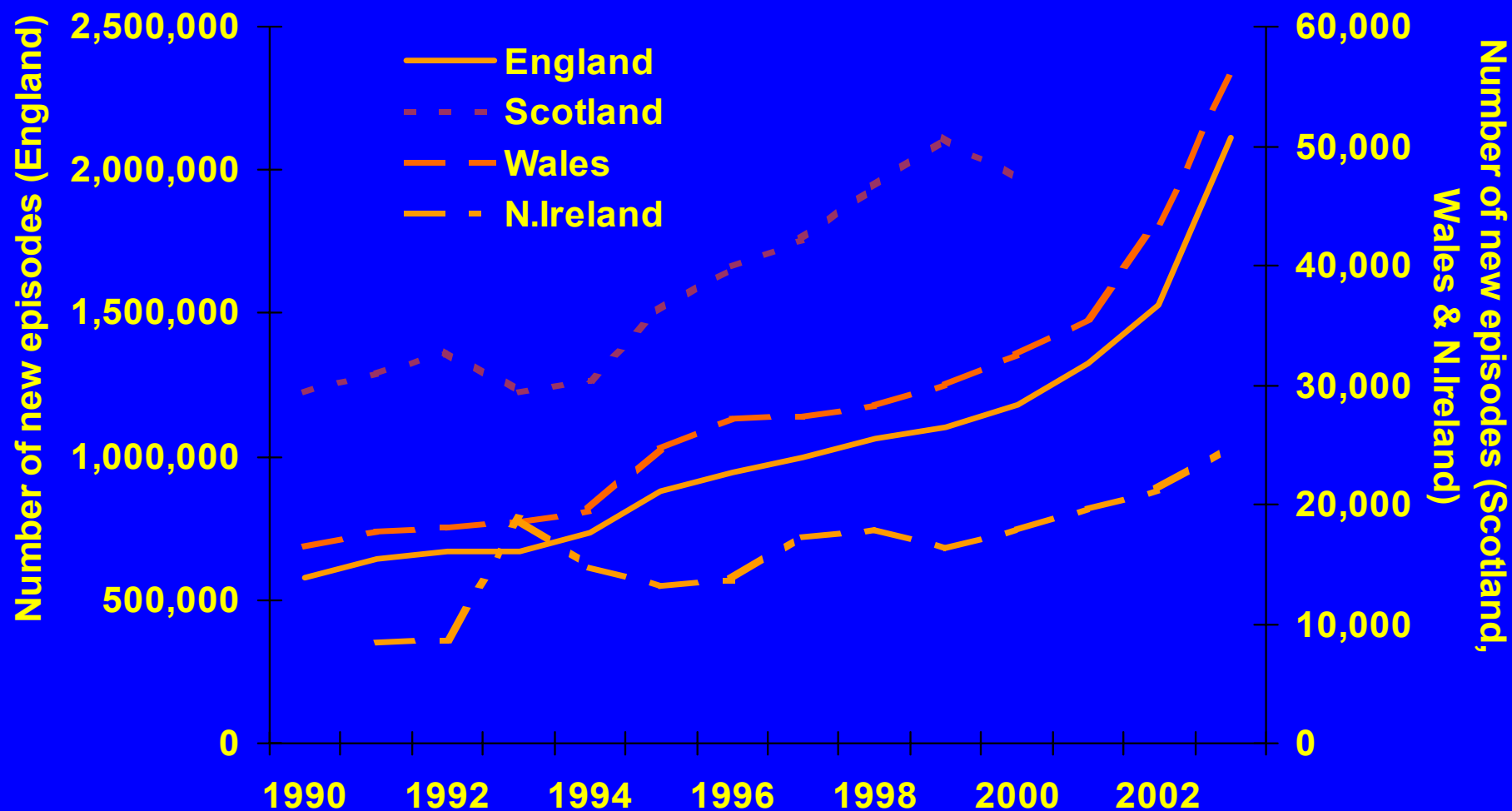
Presentation to include:

- **Background**
- National policy drivers
- Key challenges

Sexual Health-Definition

Sexual health is an important part of physical and mental health. It is a key part of our identity as human beings together with the fundamental human rights to privacy, a family life and living free from discrimination. Essential elements of good sexual health are equitable relationships and sexual fulfilment with access to information and services to avoid the risk of unintended pregnancy, illness or disease.

Number of STI diagnoses and workload at GUM clinics by country, 1990 – 2003*



* Data are currently unavailable from Scotland for 2001, 2002 and 2003, and for N. Ireland in 1990
 Data source: KC60 statutory returns and ISD(D)5 data.

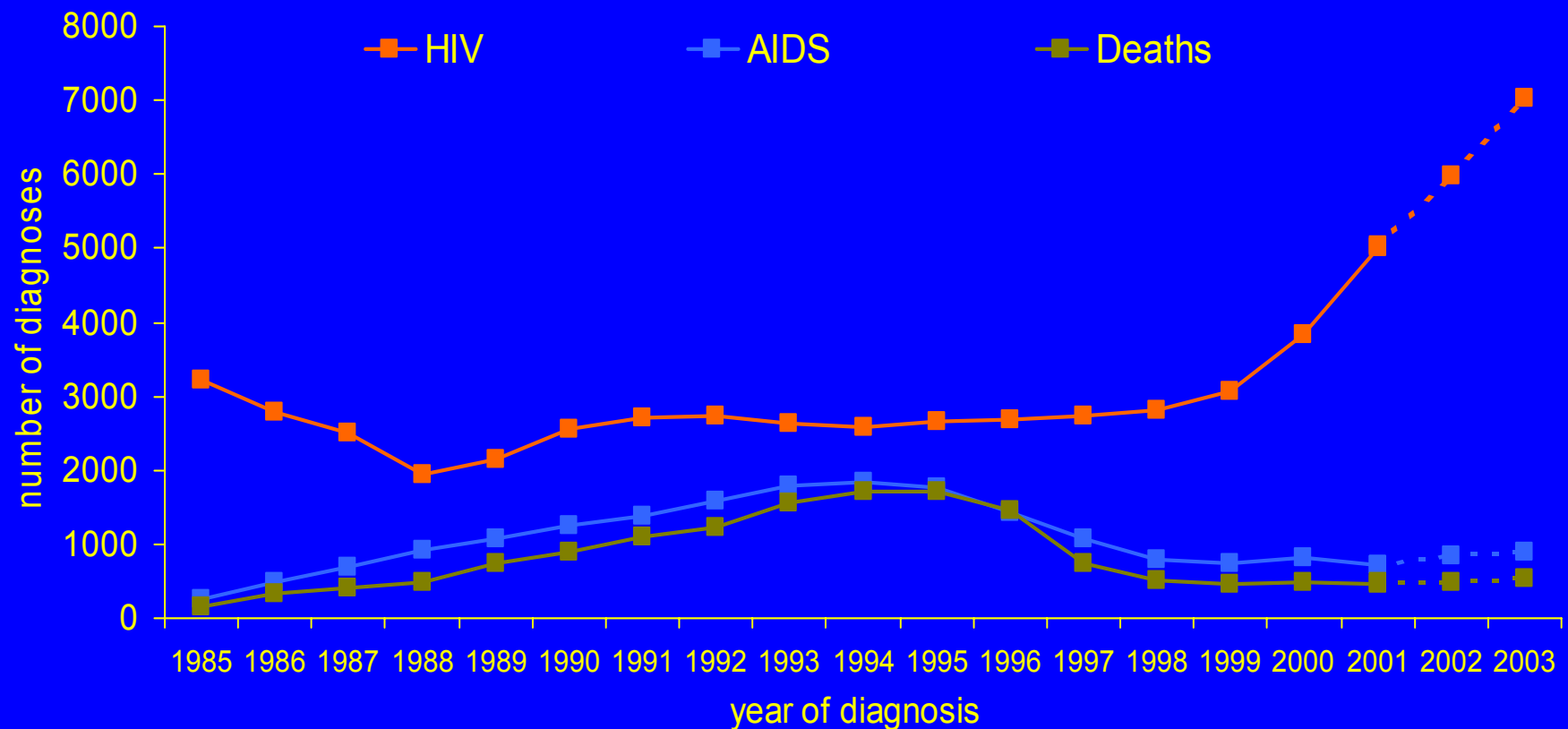
Number of new diagnoses of selected STIs, GUM clinics, England, Wales & Northern Ireland*, 2003

	% change		
	2003	2002-2003	1995-2003
Chlamydia	89,818	9%	192%
Genital warts	70,883	2%	27%
Gonorrhoea	24,309	-3%	139%
Genital herpes	17,990	-2%	15%
Syphilis	1,575	28%	1058%

* As data are currently unavailable from Scotland for 2001, 2002 and 2003, Scottish data has been excluded
Data source: KC60 statutory returns

New HIV diagnoses, AIDS case reports and deaths in HIV infected individuals* UK reports to the end of December 2003

**2002 and 2003 figures have been adjusted for reporting delay based on the pattern of previous years*



Source: CDSC, SCIEH & ICH (L)

1. Genitourinary medicine/HIV

–Median waiting times for first appointment
(Males 12 days, females 10 days)

2. Contraception/TOP

– 2.6 million attendances each year in
contraceptive clinics but often low priority and
lack of investment

–TOP delays and over medicalised

3. Teenage pregnancy

4. Costs

*So why might we need service networks
for sexual health services?*

Presentation to include:

- Background
- **National policy drivers**
- Key challenges

The National strategy for sexual health and HIV DH 2001

proposed:

“...developing **managed networks** for HIV and sexual health services, with a broader role for those working in primary care settings and with providers collaborating to plan services jointly so that they deliver a more comprehensive service to patients”

Shifting the balance of power

DH 2001

- Devolution of power to frontline staff
- Involving patients and the public
- New ways of working - expanding capacity and tackling the lottery of care
- Accountability framework - standards / evidence based care / monitoring
- Expectation placed on Trusts to “foster and encourage the growth of clinical networks across service organisations”

Choosing Health 2004

- sexual health identified as key public health priority
- sets out commitments to improve sexual health and promotes increased collaboration, *integrated care pathways* and networks as key to achieving this
- £300m investment to modernise and transform sexual health services over the next 3 years
- includes 4 data monitoring lines for local delivery plans to support achievement of the PSA target and broader strategy to improve sexual health

What networks demand of us...

- Cultural shift - horizontal view!
- Patient-focused care
- Bottom up innovation
- Mutual respect across levels, disciplines and specialties
- Clinical leadership with clinicians and managers working effectively together
- Sharing best practice

*So why might we need service networks
for sexual health services?*

Presentation to include:

- Background
- National policy drivers
- **Key challenges**



Challenges for sexual health services to overcome...

- silo working and fragmented provision
- variations in access & quality
- failure to meet demand
- rising rates of STIs and continuing high rates of unintended pregnancy and abortion
- new technologies (IT, diagnostics, contraceptives etc)

Aren't we networking already?

- Yes, of course, usually informally, and a tribute to the interest and commitment of individuals
- often for the benefit of patient but also to support professional development
- need structures, support and resources - a systematic approach to sustain co-ordinated care

There are increasing examples of collaboration...

- PCT strategy implementation groups
- roll-out and implementation of the *National Chlamydia Screening Programme* has provided a vehicle for collaboration
- one stop shop pilots
- innovative projects, e.g. SHIP in Birmingham, SE London Sexual Health Modernisation Initiative
- local training and support established - + STIF, DFFP
- networks established in SW London, Greater Manchester, partnership in Hull & East Yorks...

LDP data monitoring lines

- % of patients attending GUM clinics who are offered an appointment to be seen within 48 hours of contacting a service, aiming to reach 100% by 2008
- decrease in the number of new diagnosis of gonorrhoea per 100,000 population
- increase the % of the sexually active population aged 15-24 accepting screening for chlamydial infection
- reduce (halve?) the under-18 conception rate

*Effective
Sexual Health
Services*

A Sexual Health
Toolkit for Primary
Authorities

January 2003



Working in partnership
with communities, local go

HM Govern

Deliver
making he

Working in
people, the
voluntary a

Recommended standards for sexual health services

Medical Foundation for AIDS & Sexual Health

MEDICAL
FOUNDATION
& SEXUAL
HEALTH
a charity supported by the
British Medical Association

Recommended standards for sexual health services

For all settings providing NHS-funded sexual health services
including general practice, hospital and community-based clinics,
pharmacies, voluntary and independent sector organisations.



Current situation

- Increased profile and high priority for SH services
- Investment
- Standards
- Targets and monitoring lines
- Much promotion of, and interest in, networks ...

Key messages

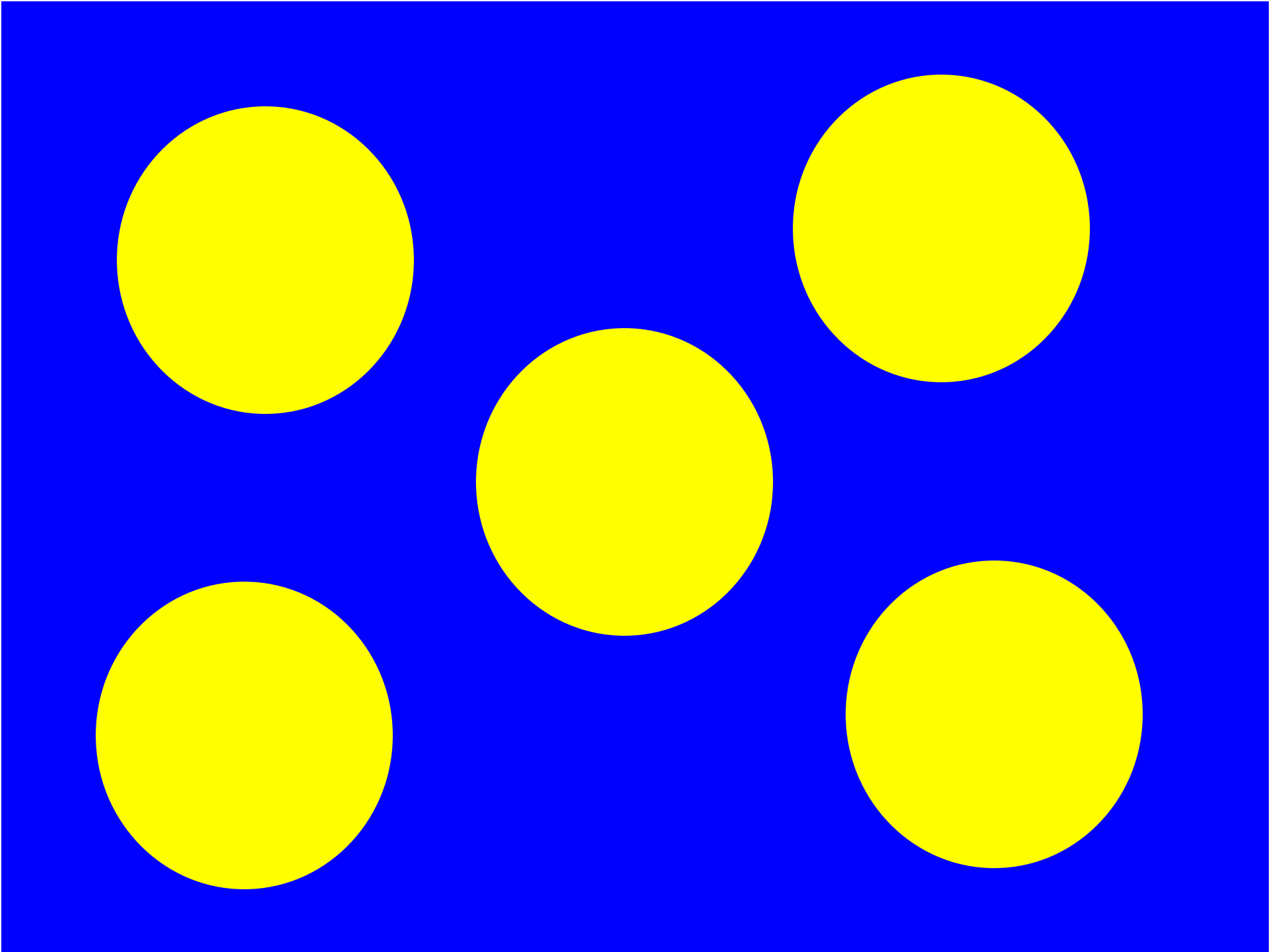
- many of the actions proposed in key policy agenda, such as the national strategy and public health white paper can be achieved through collaborative effort...
- it will be important to build upon existing collaboration and innovation...
- the contribution which can be made by voluntary, community and independent sector providers is increasingly recognised and needs to be harnessed...

*For sexual health services,
networks should help facilitate:*

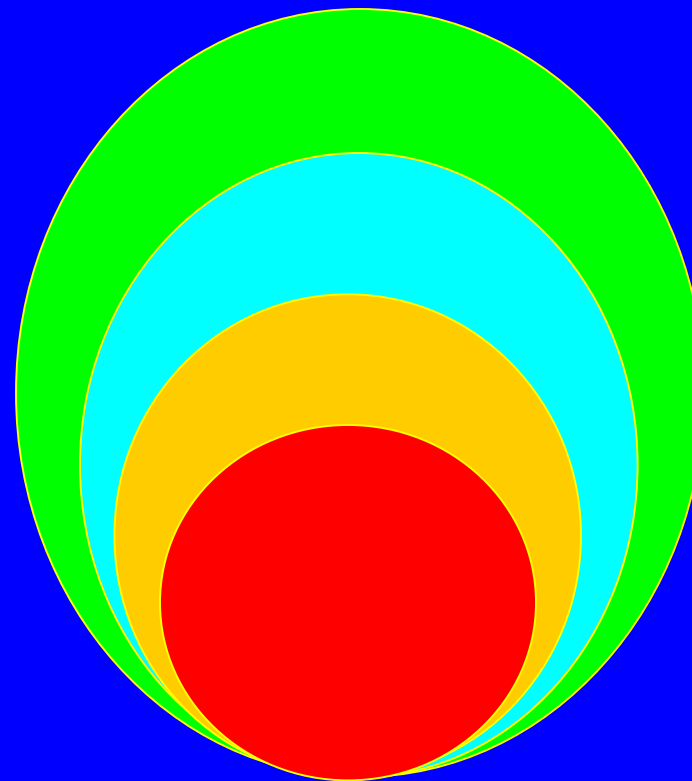
- consistent standards and quality of care
(across England and across providers)
- prompt and equitable access
- co-ordination between services e.g.
improved service links, information and
development of integrated care pathways

*For HIV services, networks
should help to facilitate:*

- make best use of available specialist expertise
- training and updating of knowledge and expertise in a fast changing and complex area of healthcare
- joint working between specialties to meet complex care needs of individuals living with HIV
- co-ordinated commissioning arrangements



Sexual Health and HIV Networks



Community VCO

Primary Care

FP clinics

GUM/HIV
Services