Five steps to better sexual health & supporting people with HIV

Introduction

Despite Government and NHS attention in recent years, sexual health and HIV remain major issues of concern across the UK. In particular:

- **HIV** – By 2010 there will be more than 100,000 people with HIV, over a quarter of whom will remain undiagnosed. HIV is the fastest growing serious health condition in the UK, with more than half of people with HIV beginning treatment later than recommended
- **Sexually Transmitted Infections (STIs)** - Total levels of STIs have risen steadily. Particularly worrying are the resurgence of syphilis and the emergence of complex STIs such as Lymphogranuloma Venereum (LGV)
- **Teenage Pregnancy** – Despite much governmental attention and some success in England, UK teenage pregnancy rates are still among the highest in Western Europe
- **Contraception** – There are wide variations in access to a full range of contraception methods, meaning that too many women have access to too limited a choice
- **Abortion** – There is still inequity in access to abortions, with big differences between neighbouring areas
- **Health Inequality & Stigma** – HIV remains a stigmatised condition in the UK, and that stigma can often be compounded by profound health inequalities connected to age, ethnicity, sexuality, or economic status. Poor sexual health is also not without stigma, which presents challenges in encouraging people to come forward for STI testing.

The UK has poor levels of sexual health and HIV health because:

- There have been changes in sexual behaviour over the past two decades which have increased the risks, and prevalence, of STIs.
- Access to wider sexual health services needs further development despite big improvements in access to specialist Genito Urinary Medicine (GUM) services
- Young people continue to have poor knowledge about sexual health
- The global HIV epidemic has had an impact in the UK
- Local financial and managerial investment in sexual health and HIV may not match the increase in numbers needing STI and HIV prevention and treatment.

Terrence Higgins Trust

ADPH

This joint report from the Association of Directors of Public Health and Terrence Higgins Trust sets out a five step plan to aid sexual health commissioners in improving the UK's sexual health and supporting people with HIV.

For more information:
www.adph.org.uk
www.tht.org.uk

Policy frameworks for improvement

Across the health systems of the UK there are a number of different policy frameworks which can be used to improve HIV and sexual health services. The principal ones are highlighted below. As well as presenting challenges for local commissioners, sexual health and HIV are also key areas for the UK Government and the devolved administrations. At a national level:

- Government should maintain a cross-cutting national focus on sexual health and HIV, which involves a range of departments including Health and Education
- The UK administrations should continue to work to tackle stigma related to HIV and poor sexual health
- Public health should be promoted by continuing the shift towards a prevention-focused approach to sexual health
- Government should look to optimise value for money by promoting the most cost-effective delivery models
- Government should continue a strategic use of policy to support people to make healthier choices.

England

Choosing Health, NHS Next Stage Review, NHS Operating Framework and World Class Commissioning all provide frameworks to enable the prioritisation of sexual health at a local level. Within all these policy mechanisms, the focus is on quality of service, high standards in commissioning and good local decision-making to produce services that meet local need. To make best use of these levers, it will be essential to advocate for locally determined targets and outcome measures around HIV and sexual health.
www.dh.gov.uk

Scotland

In Scotland, Respect & Responsibility is a monitored and funded strategy and action plan to improve sexual health, which identifies promoting positive sexual health as a key public health challenge for the Scottish Executive. The strategy promotes closer joint working between local councils and Health Boards and better collaboration on local planning.
www.scotland.gov.uk/Topics/Health/health/sexualhealth/respect

Wales

The NHS in Wales is currently in a period of review, but the Welsh Assembly Government has a specific "Strategic Framework for Sexual Health and HIV Prevention". The Minister for Health and Social Care has also established a task group to develop a care pathway that covers detection, diagnosis, treatment and palliative and supportive care, including social care, for HIV and AIDS, and a revised service specification to inform Local Health Board and Social Services planning and funding in order to deliver the care pathway. This group will report back to the Welsh Assembly Government by the end of January 2009.
www.wales.gov.uk

Northern Ireland

The new "Sexual Health Promotion Strategy for Northern Ireland" was launched on 1st December 2008. It includes a plan to ensure access to specialist GUM and sexual health services within two working days for clinically urgent cases; and a target to reduce new gonorrhoea infections by 25% by 2013.
www.dhsspsni.gov.uk/dhssps_sexual_health_plan_front_cvr.pdf

Economic arguments

Since the Wanless Reports of 2002 and 2004, it has been clear that health services need to be more engaged in keeping people healthy, rather than just treating illness. Levels of HIV and STIs continue to rise across the UK, with numbers of new diagnoses up 63% since 1998. The cost of providing sexual health services, including contraception and abortion services is now almost certainly in excess of £0.25 billion each year. Advances in treatment mean people with HIV are able to live healthier lives for longer, but this also increases the costs of treatment and care for HIV, which is now estimated to cost around £0.5 billion a year in the UK. In its National Sexual Health and HIV Strategy, the Department of Health has also estimated that the socio-economic costs of HIV are increasing by up to £3 billion each year. Research published by the fpa in 2005 indicated that the NHS in England could save almost £1 billion over 15 years by investing in contraception services and speeding up access to abortion by just ten days.

Effective prevention of HIV and STIs and investment in contraception services is essential to reduce transmission and limit costs. It is clear that across the UK, local health services and their partners need to invest in sexual health and HIV services now, in order to prevent an ongoing rise in expenditure on treatment into the future.

Evidence base

The evidence base and cost-effectiveness evidence of sexual health services is often incomplete. Underpinning the suggestions and steps in this document is the recognition of that dilemma for commissioners. Directors of Public Health have a role in the promotion of robust evaluation and should seek every opportunity to support the R & D agenda around sexual health.

Underpin with robust commissioning systems

Many PCTs will have well developed sexual health needs assessments but this is not universal, and data from GUM clinics or primary care may be difficult to access. Without this, an accurate assessment of needs and service gaps is difficult to construct. It is important that Public Health information must be adequate and that there is sufficient analytical and interpretive skill to utilise it appropriately. This includes the use of patient and public feedback and adequate Impact Assessment and Equality Audit mechanisms. Public Health Observatories may have a role here.

PCTs need leadership and sometimes champions for sexual health and Directors of Public Health are well placed to develop this, utilising all the required economic, health improvement, performance target and policy levers. Dedicated and skilled commissioning for sexual health needs further development and support in many PCTs.

Step one – establishing and strengthening public health preventative programmes

There is a need to establish well funded and coordinated public health programmes, and/or to strengthen existing ones, which are focused on helping people to maximise their sexual health. Such local programmes should:

- be targeted at those communities who need them most, especially young people, some Black African communities, sex workers and men who have sex with men (MSM)
- be coordinated across NHS, Local Government, Voluntary/Community sectors, as well as community pharmacies
- comprise printed and web based information, face to face services and make best use of new technologies and approaches such as web delivered services and social marketing techniques

- make best use of social networking sites to maximise the impact of safer sex work on communities in greatest need
- combine approaches to influence people to have safer sex, as well as providing easy access to STI testing and other clinical services
- be backed up by targeted national sexual health promotion programmes
- be linked with other health education initiatives, such as alcohol and drug education programmes
- be linked, and where appropriate integral with, case finding initiatives such as that for Hepatitis B and C for high-risk groups

Encouraging people to change their behaviours and reduce health risk is difficult. Changing sexual behaviour is no easier than reducing drinking or drug use or changing diet or exercise regimes. As such, for greatest impact there should be a properly coordinated approach which brings together a public health programme as described above, with the vaccination and screening work which is described below, and with Sex & Relationship Education in schools.

Step two – delivering sexual health vaccination programmes

The past five years have seen important opportunities arise for both vaccination and screening programmes which have a crucial protective role to play in minimising sexual ill health. The following programmes should be available in the UK:

- Fully implemented existing HPV vaccination programme for young people, alongside enhanced Sex and Relationships Education
- Hepatitis A & B vaccination for all sexually active MSM and sex workers and other appropriate high-risk groups

Each of these should also be used as an opportunity to discuss, in an appropriate way, the importance of good sexual health. As such, these vaccination (and screening) programmes should be integrated with sexual health promotion work.

Step three – expanding HIV and sexual health prevention, testing & screening

Sexual Health and HIV screening

Existing national chlamydia screening should be fully implemented. Whilst some questions remain about the effectiveness of current targets, and overall cost-effectiveness, combining asymptomatic STI testing where appropriate has other cost and health benefits. For instance, where levels of gonorrhoea warrant it, gonorrhoea testing may be done at the same time.

In addition, there should be further evaluation of the proposal for annual sexual health screening for all sexually active MSM, including MSM living with HIV.

Late diagnosis of HIV continues to be a major challenge in the UK, with 31% of people diagnosed in 2007 being diagnosed when their immune systems had already been damaged by the virus (HPA 2007). Urgent work is needed to encourage people who have been at risk to come forward for HIV testing earlier and to make it easier for them to do so.

The following is needed to slow the advance of HIV in the UK:

The establishment of local community based HIV prevention public health programmes. The past decade has seen a reduction in the scale of local HIV prevention work. A new approach to local HIV

prevention is needed, focused on increasing HIV knowledge, influencing risk behaviour and increasing uptake of HIV testing amongst those groups of people at greatest risk of acquiring or already having contracted HIV – principally MSM and black Africans. This should actively involve and be informed by these communities, should be based on evidence of need and comprise those interventions for which there is a clear evidence base of effectiveness.

Establishment of routine HIV screening programmes for people in the highest HIV risk groups. These programmes should be targeted at sexually active MSM and African people and, whilst being local, would benefit from city wide or region wide approaches to get maximum impact. As recommended in the new "BHIVA/BASHH/BIS UK National Guidelines for HIV testing 2008", these should establish an expectation of regular HIV testing, by providing:

- Accessible information about HIV testing, and identifying symptoms of HIV indicator illnesses, encouraging & empowering people to take a test
- New ways of finding people with undiagnosed HIV, including outreach testing
- Maintenance and expansion of 'opt out' approaches to opportunistic HIV screening in appropriate healthcare settings, for example antenatal & TB services
- Multiple sites where people can walk in and get an HIV test without needing an appointment including in sexual health services, A&E departments, GPs and other primary care settings, and Voluntary/community organisations (VCOs). Wherever possible testing should be available on a walk in basis.

Step four – establishing community based sexual health services & networks

In future, sexual and reproductive health services should be principally delivered from community based clinics, polyclinics, clusters of general practices, community pharmacies, and high street premises as well as from VCOs. Choice of service should include offering dedicated services for specific communities such as young people, MSM, Black African and Caribbean communities or sex workers, where levels of need are such to support these. These community services should be underpinned by outreach services targeting under served communities by delivering sexual health education and services in social venues such as bars, nightclubs, and youth clubs.

A major shift to community delivered services will require PCTs to actively lead the commissioning and modernisation of sexual health services and operation of sexual health networks in partnership with hospital based GUM services, which need to change their role so as to focus on caring for those people with complex needs.

Services should be increasingly integrated such that they:

- provide both contraception and STI care, as well as clear and easy referral pathways into other services such as abortion and HIV services where appropriate
- integrate clinical work with work to support people to change risk taking behaviour
- integrate as many functions as possible so that people generally only have to see one member of staff, and they should make best use of new information and testing technologies as well as new approaches to treatment, so minimising the need for repeat visits (e.g. texting test results)

Step five – managing HIV as a long-term condition

Advanced treatment has transformed HIV over the past decade into a manageable long term condition for most people in the UK. It remains a serious medical condition and will require specialist medical oversight for the foreseeable future. However, current models of hospital based care are likely to become

unsustainable as they become overwhelmed by the rapidly growing numbers of people with HIV. There are a number of steps which are needed.

Out of hospital delivered HIV clinical care for the 'well person with HIV'. It will of course remain vitally important that there is specialist clinical supervision of all HIV care, and specialist care for those with complex needs. However, the best way to ensure this is to establish community based service delivery for the majority of people with HIV who are well.

Specialist nurse delivered clinical services should be established in a variety of community settings and these clinics should be integrated with GPs and other primary care clinicians with a specialist understanding of HIV. In addition, specialist e-consultation clinics should be considered for people to get easy access to specialist knowledge, and clinic opening hours should be changed so that they are open early in the morning and in the evening for the increasing numbers of people with HIV in work. Referral pathways should be established with other specialist services used by people with HIV, e.g. oncology and mental health services.

Additionally there should also be a coordinated approach from clinical services and community organisations to encourage as many people as possible to begin their HIV treatment earlier, in line with national best practice guidelines.

Integrated health and social care services for people with HIV in greatest need. Unfortunately there are still too many people with HIV with high levels of social care need. This is because HIV disproportionately affects communities experiencing high health inequality. As such integrated HIV health and social care services should be established through close joint working between NHS, Local Authorities and VCOs, developing a one stop shop approach to HIV health and social care provision at the point of healthcare delivery. This will require work to establish, but it will also free up scarce clinical capacity from focusing on social care needs to focusing on clinical needs.

Access to locally delivered and proactive long term condition management programmes for all people with HIV. These should include easily accessible print and web based information, HIV specific newly diagnosed and expert patient programmes, peer delivered HIV health trainer services, accessible at the point of clinical service delivery.

Key Points

- Numbers of new diagnoses of STIs have risen by 63% in the ten years since 1998. New HIV diagnoses have increased by 170% in the same period
- The cost of providing sexual health services in the UK, including contraception and abortion services is now almost certainly over £0.25 billion a year. The socio-economic cost of HIV is estimated to be increasing by up to £3 billion a year
- Sexual health and HIV should be prioritised locally in order to make best use of existing policy frameworks, maximise investment in improved services and reduce future treatment and care expenditure
- Sexual health and HIV services should be commissioned and designed around the needs of the people who use them, with particular attention to the needs of higher-risk groups such as Black Africans, MSM and young people.