FACT SHEET ON
SEXUAL HEALTH

[See linked sheet on Children and Young People]

KEY FACTS

- Some Sexually Transmitted Infections (STIs) continue to increase particularly among the under 25s and other high risk groups.

- Chlamydia is the most common STI and affects an estimated one in ten sexually active young women. If left untreated it can lead to pelvic inflammatory disease, ectopic pregnancy and infertility.

- Rates of diagnoses of chlamydia in England have risen steadily since the mid-1990s. Rates are highest in young women aged 16-19.¹

- Delays in access to diagnoses and treatment lead to more people being infected with STIs.

- Estimated 58,300 people living with HIV in the UK at end of 2004. 34% (19,700) estimated to be unaware of their diagnosis

- 7,275 new HIV diagnoses in 2004. Gay and bisexual men continue to be the group most at risk of HIV transmission in the UK and there were 2,185 new diagnoses in 2004

- Heterosexually acquired HIV accounted for 4,287 new diagnoses in 2004. Nearly three-quarters (73%) of the total number of heterosexually acquired infections were probably acquired in Africa.
• Although teenage pregnancy rates are at their lowest for 20 years, England still has one of the highest rates in Western Europe.

• Nearly a quarter of all pregnancies in England and Wales end in abortion.
Inequalities exist

- STIs disproportionately affect young people. Both STIs and Teenage Pregnancy are more prevalent in those living in deprived areas with poor educational attainment and low aspiration. People living in London are also disproportionately affected by poor sexual health.

- HIV disproportionately affects young gay men (under 40) with lower educational qualifications and black African communities.

WHAT WE HAVE DONE SINCE CHOOING HEALTH

- Improving access to GUM services is one of the priorities for action in 2006-07 for the NHS.

- Targets to introduce a maximum 48 hour wait for all GUM appointments by 2008 are included in NHS delivery plans and are being closely performance managed by SHAs and DH. Waiting times have improved from 38% of patients seen within 48 hours in May 2004, to 57% in August 2006.

- We have established a National Support Team for sexual health to support delivery in the field and target those most challenged in making progress.

- We have introduced continuous data monitoring for GUM waiting times to enable more accurate data to be collected and strengthen performance management.

- We produced an extensive guide to rolling out the National Chlamydia Screening Programme (NCSP) across England which was distributed to every PCT. The aim of the guide was to facilitate the standardisation of the structures, processes, and outputs of the programme while still allowing local flexibility.

- We published the second annual report of the NCSP and held the second annual chlamydia screening conference which Caroline Flint the Public Health minister addressed.

- We have contracted Boots to undertake a two year pathfinder to test the acceptability of chlamydia screening in pharmacies. We have contracted TNS (expand) to undertake an independent evaluation of the pathfinder.

- We have published jointly with DFES “Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies”. The guidance asks local areas to review their strategies in the light of the findings from visits and new analysis and reflect them in their forward plans. It also sets out what support will be provided nationally to support local delivery.

- DFES have published Teenage Pregnancy: Accelerating the Strategy to 2010 which has a stronger focus on tackling the underlying causes of teenage pregnancy. The document highlights that in future particular attention will be paid to the 21 areas with increasing rates of conceptions.

- In conjunction with the DFES, the DH has continued to deliver the RU Thinking campaign aimed at younger teenagers; launched the Want Respect? Use a Condom campaign aimed at those older teenagers most likely to become teenage parents and have developed a new, soon to be launched, sexual health campaign targeting 18 – 24 year olds who engage in sexually risky behaviour and who are most at risk of contracting STIs.

- We have seen uptake of HIV testing in GUM amongst gay and bisexual men increase from 64% in 2003 to 79% in 2004. In heterosexuals, uptake of testing increased from 54% in 2003 to at least 75% in 2004.

- We have strengthened national HIV health promotion work as a result of additional investment of £1 million. A new African health promotion campaign on condom awareness was launched in May 2006.

- We have supported the implementation of guidance from the National Institute for Clinical Excellence (NICE) on long acting methods of contraception.

- We have developed an assessment toolkit for competencies for providing more specialised sexually transmitted infection services within primary care. This is a toolkit for assessing the range of competencies in skills, knowledge and attitudes required to manage STIs, when delivering more specialised sexual health services within primary care. The toolkit is transferable to any primary care setting. It complements the “Competencies for providing more specialised STI services within primary care” (2005) and provides a framework for assessing the competencies in that document.
WHERE WE ARE HEADING

- We will closely monitor progress towards the GUM access target with a focus on those who need to make most progress. And we will provide a range of support in the form of good practice guidance and for those facing the biggest challenge more intensive help via the Sexual Health National Support teams.

- We will use opportunities from the new Commissioning agenda to improve the quality of commissioning in sexual and reproductive health and ensuring local needs assessments are undertaken.

- Through the new campaign increase the acceptance of condoms as a ‘must have’ item; individuals being prepared to use condoms and carry them as part of their ‘going-out kit’ and an understanding of why using a condom is essential.

- We will continue work to ensure that the offer and uptake of HIV testing is increasing.

- We will be monitoring the progress of all areas towards their teenage pregnancy reduction target with a particular focus on areas with high and increasing rates.

- We will improve national and local data and metrics through the development of the new GUM waiting time data and the rollout of the Common Data Set for sexual health.

- We will continue to develop a high quality multi-disciplinary workforce in particular ensure that nurses are working in new and innovative ways in sexual and reproductive health. More sexual health nurses are now working in primary care settings, helping to improve access to services for patients. We are pursuing inclusion of sexual health in the pre-registration nursing curriculum nationally a core group of sexual health nursing experts have devised suggested core criteria for inclusion in the future pre-registration nursing curricula. We will also be approaching the Council of Deans to accept these criteria for inclusion in the programmes they deliver.

WE WILL HAVE DELIVERED IF

- High quality sexual health services are easily accessible in all parts of the country and we have met the target that nobody has to wait more than 48 hours for a GUM clinic appointment from 2008.

- We have a well trained, flexible and creative multi-disciplinary workforce able to deliver optimum care in all health care settings, where services can be taken to the people, and a variety of models of delivery can be considered.

- There is an increased focus on prevention and high quality health promotion material is widely available and the stigma surrounding sexual health and STIs is reduced.

- Chlamydia prevalence reduces through the achievement of high screening volumes in the National Chlamydia Screening Programme.

- We stop and reverse the increase in STIs.

- We achieve, in the long term, the normalisation of condom use and a steady reduction in the rate of STIs among the target group.

- Reductions in proportion of HIV remaining undiagnosed continues.

- New HIV transmissions reduce and reductions in late diagnosed HIV as awareness of benefits of testing increases.

- There is improved access to a wider range of contraceptive methods, particularly long-acting methods and see a reduction in numbers of unintended pregnancies and rates of repeat abortions.

- We stop and reverse the rates of increase in teenage pregnancies in the worst performing areas and reduce rates of under 18 conception in all areas in line with the PSA target.

Data source