

Devon Sexual Health Strategy

2008 - 2012

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Foreword

Sexually transmitted infections are continuing to rise in Devon, reflecting the national trend. Delay in access to diagnosis and treatment can lead to further increases in sexually transmitted infections and the consequences of poor sexual health can have a long lasting impact on people's lives. Since the launch of the National Sexual Health Strategy back in 2001, improvements to sexual health services and programmes to reduce sexually transmitted infections have been made, but there is still more work to do.

An initial joint sexual health needs assessment was undertaken for Devon, as well as a review of national policy and the evidence-based literature, with the aim of using this information to help inform and develop a Devon Sexual Health Strategy. A draft strategy was produced and circulated for feedback among key stakeholders and service users were asked for their opinions and views on the strategy. Following the consultation, the strategy has been amended to take into consideration the feedback from service users and stakeholders in Devon.

The Devon Sexual Health Strategy sets out a vision to develop an environment in Devon that promotes positive sexual health for its population over the next five years. The aim of the Devon Sexual Health Strategy is to develop a comprehensive, integrated sexual health service which is delivered equitably, based on need and within the available resources. Devon Primary Care Trust wants its services to be friendly, confidential and in accessible and comfortable environments. The people of Devon should be able to use sexual health services with confidence and without fear of the stigma traditionally associated with sexual ill health.

There are many examples of good practice throughout Devon and this Sexual Health Strategy will build on this good work with support from key partner agencies. Devon Primary Care Trust will work to modernise services to meet the needs of its patients and service users, tackle inequalities and ensure better sexual health for everyone in Devon. Sexual health services are a universal service tailored to local need, but there are also vulnerable groups that require specific attention and intervention. The largest of these groups are young people. A separate Devon Young People's Strategy sets out their needs and proposals for improving the sexual health of young people in Devon. While the two strategies are separate, they have been designed to provide a seamless service.

Dr Virginia Pearson
DIRECTOR OF PUBLIC HEALTH

Devon Sexual Health Strategy

Executive Summary

1 Background

- 1.1 The number of new sexually transmitted infections diagnosed in genito-urinary medicine (GUM) clinics in the UK rose by 5.9% between 2006 and 2007. The direct costs of treating sexually transmitted infections costs the NHS approximately £165 million a year. Including the cost of treating sequelae would increase this.
- 1.2 The consequences of poor sexual health can be serious. Reducing sexually transmitted infections is a priority nationally and particularly for Devon Primary Care Trust. By April 2008, 100% of clients must be offered a GUM appointment and 95% of clients must be seen at a GUM clinic within 48 hours. Other key targets include the continued reduction in teenage pregnancies and the implementation of the National Chlamydia Screening Programme.
- 1.3 Sexual health services in Devon have struggled to meet the demand of its users and there are still some challenges in access to services. Sexual health represents a significant health inequality in Devon.
- 1.4 This Devon Sexual Health Strategy is underpinned by a sexual health needs assessment. Stakeholder views from two multi-agency stakeholder events, as well as feedback from a consultation on the strategy, were taken into account in writing this strategy.
- 1.5 The recommendations of the Devon Sexual Health Strategy support the development of an integrated sexual health service with equity of access and quality of service to its population. Together with the Devon Young People's Sexual Health Strategy, this strategy aims to be the delivery tool to address all relevant targets relating to sexual health. Devon Primary Care Trust will work with all partner agencies, including voluntary organisations and service users, to achieve this vision.

2 Burden of Disease

- 2.1 The number of new sexually transmitted infections diagnosed in GUM clinics in the UK rose by 5.9%, from 375,843 in 2006 to 397,990 in 2007. The continued rise in the number of people being diagnosed with sexually transmitted diseases is, in part, due to more people coming forward for testing as they are more aware of these infections. However, increased risk-taking behaviour has contributed to the rise in sexually transmitted infections. Key points to note in the South West and Devon, in particular, are:
 - The number of diagnoses of Chlamydia in genito-urinary medicine in the South West increased by 4.4% between 2006 and 2007 compared with 7.9% in England as a whole. Larger increases were recorded locally
 - Although a decline in the number of diagnoses of gonorrhoea has been seen in recent years, this slowed between 2006 and 2007, but despite this, the clinic in Torbay saw a significant increase in 2007

- The increase in syphilis diagnoses continues to be of concern - the greatest increase was observed in Torbay and, recently, Exeter. Most diagnoses are in men between the age of 25 and 39 years, and over half of these diagnoses are in men who have sex with men
- Genital herpes simplex and genital warts are discussed in detail in the Devon Young People's Sexual Health Strategy
- HIV transmission is highest amongst men who have sex with men and increasingly amongst heterosexuals, particularly among black and minority ethnic communities. Over the period 2005-2007, Devon Primary care Trust had a HIV incidence rate of 5.2 per 100,000 population. Torbay Healthcare Trust saw the largest increase, during 2005-2006, in the rate of diagnosed HIV-infected patients seen for care

Termination of Pregnancy

- 2.2 The vast majority of teenage pregnancy is unplanned. Half of all teenage conceptions to mothers under 18 years old in Devon in 2005 ended in abortion. The proportion of under 18 year old conceptions leading to abortion among young women tends to be lower in socially disadvantaged areas and higher where there is more extensive family planning provision, a higher percentage of women GPs and where there is easier access to independent abortion services. This is reflected locally in Devon.

3 Health Promotion and Disease Prevention

Teenage Conceptions

- 3.1 There is a strong link between social deprivation and sexually transmitted infections, abortion and teenage conceptions. Girls from the poorest backgrounds are ten times more likely to become teenage mothers than girls from wealthier backgrounds. Devon has a lower teenage conception rate than the South West and England average. The rate of under 18 conceptions has dropped by 8.8% since 1998 and the local rate in Devon was 30 per 1,000 women in 2005. Between the two time periods of 1998-2000 and 2004-2006, Exeter was the only area in which teenage conceptions increased whilst the percentage of conceptions leading to abortion decreased.

Emergency Contraception

- 3.2 Early access to emergency hormonal contraception and emergency IUCD is vital. Nationally, the trend shows that emergency contraception being provided in general practice is declining, however, within Devon, a high proportion of emergency contraception is obtained from walk-in centres and contraception clinics. Further information is given in the Devon Young People's Sexual Health Strategy.

Chlamydia Screening

- 3.3 During the period 1 September 2006 – 31 March 2007, the number of chlamydia tests sent to the Royal Devon and Exeter Hospital laboratory rose sharply. The number of chlamydia diagnoses in GUM clinics increased by 38% (when comparing the first seven months to the second seven months of this period). Exmouth Sexual

Health Clinic showed a 22% positive detection rate. The National Chlamydia Screening Programme for Young People started in Devon after this period in December 2007. Established chlamydia screening programmes are reporting that for every ten young people screened, one is positive for chlamydia. A national chlamydia screening target of screening 15% of sexually active young people in 2007/08 was set. Further details are given in the Devon Young People's Sexual Health Strategy.

Sexually Transmitted Infection and Blood Borne Virus Screening

- 3.4 The uptake of antenatal HIV testing is generally high and the positivity rates for HIV, hepatitis B and syphilis remain low. The coverage of prisoners in Devon who have been vaccinated against hepatitis B remains low, but has recently improved sharply.

4 Current Sexual Health Provision in Devon

- 4.1 Services in Devon are provided in many different ways and settings across the area. A key policy direction within the NHS is to encourage increased testing and management of sexually transmitted infections in primary care to reduce the substantial reservoirs of predominantly asymptomatic sexually transmitted infections in the population.

General Practices

- 4.2 Most general practices offer some sexual health services, however, these are very varied. Nevertheless, 58% of general practices indicated in an audit undertaken on current sexual health service provision in general practices in Devon that they would like to provide enhanced sexual health services.

GUM and Contraception Services

- 4.3 In North Devon GUM services are co-locating with contraception services in the near future. Both the GUM and contraception services also run outreach clinics, however, these services have been limited by low staffing capacity. The need for additional outreach clinics or enhanced GP services was also identified.
- 4.4 In Exeter the GUM service is co-located with the contraception service in a purpose-built unit in the city centre. The medical staffing for the GUM service is fragile, and there is an urgent need for GP and nurse training. The contraception services do run outreach clinics and further outreach clinics, or enhanced GP services should be considered where access to services is poor.
- 4.5 In South Devon, the GUM service is located in the outpatients department of the South Devon Healthcare NHS Trust. A Level 2 service is co-located with the contraception service at Castle Circus Health Centre in Torbay with outreach clinics. Further outreach services or enhanced GP services should be considered for the South Devon area as hard to reach groups from these areas find it difficult to access South Devon Healthcare Trust GUM services without private transport.
- 4.6 Plymouth runs an open access GUM service from a purpose-built unit at Derriford Hospital. The contraception service is run by the acute trust from the Cumberland Centre with satellite clinics.

Other Sexual Health Services

- 4.7 Clients with HIV and AIDS currently travel long distances to receive appropriate care of their choice. The referral and care pathway for HIV positive patients varies according to area. A specific health care needs assessment for clients with HIV and AIDS will be undertaken by the public health directorate to address service provision in Devon.
- 4.8 The pregnancy advisory services, fertility services, vasectomy services, psychosexual services and services provided by the voluntary sector are further discussed in section 12 of the strategy.

Vulnerable Groups

- 4.9 The sexual health of children and young people of Devon are discussed in the Devon Young People's Sexual Health Strategy.
- 4.10 There are three prisons in Devon. Currently, there are limited sexual health services in these prisons and a health needs assessment is underway to address this issue.
- 4.11 There are no specific sexual health services for people with learning disabilities and they are encouraged to access mainstream services. A review of access to services of this vulnerable group should be undertaken.
- 4.12 A Sexual Assault Referral Centre provides an integrated pathway of care and response to sexual assault and rape reporting. An Exeter multi-disciplinary steering group has been working together with the Sexual Assault Referral Centre's Home Office Consultant to develop a model and service standard at Hawkins House, Exeter. The Exeter SARC received a grant from the government for further development work on plans for the new centre.
- 4.13 Devon Primary Care Trust employs a detached link worker who works with the lesbian, gay, bisexual and trans-sexual community. His work also covers the public sex environment and the sex worker industry. His work primarily involves raising safe sexual health and social health awareness and training on lesbian, gay, bisexual and trans-sexual issues for any agency who requests it, for example schools and universities.

5 Effective Interventions

- 5.1 There is specific evidence published by the Department of Health that investment in sexual health interventions is good value for money (within the cost effectiveness range accepted by the NHS) and, in many cases, cost saving. This includes sexual health promotion and disease prevention, especially interventions targeting high risk groups; many screening programmes targeting high risk populations; high-quality and rapid access sexually transmitted infection services and a wide choice of contraception services and abortion services provided with minimal delay.
- 5.2 The Department of Health supports an integrated sexual health service¹ delivering contraception and termination of pregnancy, diagnosis and treatment of sexually

¹ *Effective Commissioning of Sexual Health and HIV Services*. A Sexual Health and HIV Commissioning Toolkit for Primary Care Trusts and Local Authorities. Department of Health 2003

transmitted infections and HIV, prevention of sexually transmitted infections and HIV, and services that address erectile dysfunction and psychosexual problems.

- 5.3 This strategy, based on the National Sexual Health Strategy, supports an integrated sexual health service with clear care pathways. Within this service framework, sexual health services are delivered at three levels of service provision. Level 1 is GP practice provision, Level 2 is primary care based (provided by specialist nurses or specialist GPs in a sexual health clinic or GP practice), and Level 3 is specialist provision. Each level builds on the scope of the previous one (Level 2 does everything that Level 1 does) and each level supports patient choice. A full description of the service model and elements within the service levels is given in Appendices 1 and 2.
- 5.4 The evidence of effective sexual health promotion and sexual health services are discussed more fully in section 14.

6 **Commissioning recommendations**

- To establish a Devon Sexual Health Local Implementation Team, chaired by the Director of Public Health
- To develop a specification for an integrated sexual health service for Devon Primary Care Trust and Torbay Care Trust, to be jointly commissioned by Devon Primary Care Trust and Torbay Care Trust
- To produce an implementation plan, based on commissioning actions identified in section 15 of the full report, and to oversee the implementation, taking into account the key priorities for service provision identified in sections 8, 9, 10, 11 and 12 of the full report and the needs of vulnerable groups
- All agreed outcome measures must be monitored, evaluated and reviewed
- To undertake specific health care needs assessments of psychosexual counselling services and services for clients with HIV and AIDS in 2008-09

1. Introduction

- 1.1 The key aim of the Sexual Health Strategy is to develop an environment in Devon which promotes positive sexual health for its population. In the Technical Consultation on Sexual Health in 2002 and published by the World Health Organisation, the definition of sexual health is: *'a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.'*
- 1.2 The Sexual Health Strategy will provide a framework for Devon Primary Care Trust to ensure sexual health services for people in Devon are integrated across all relevant services and that they are accessible and delivered equitably, based on need within the available resources.

Key objectives:

- to reduce the incidence and transmission of sexually transmitted infections in Devon and encourage healthy sexual relationships
- to provide a range of dedicated, high quality and accessible sexual health services for people throughout Devon which are needs driven and protocol led
- to ensure people will be able to access sexual health services, especially in rural areas, which are non-judgemental, confidential and fair
- to involve people who use services, in the development of those services and provide them with better information
- to ensure all clients requesting a GUM clinic appointment should be offered one within 48 hours and 95% should be seen within 48 hours
- to ensure all 15-24 year olds who are sexually active will have access to the Devon Chlamydia Screening Programme
- to ensure all clients with HIV and AIDS have appropriate level of care when required
- to reduce by half unintended pregnancy rates in Devon and promote long-acting reversible contraception (LARC)
- to ensure sexual health behaviour change programmes are in place to increase condom use or decrease the number of sexual partners – thereby decreasing the risk of sexually transmitted infections

- to ensure sexual health behaviour change programmes are in place to decrease the risk of acquiring blood-borne virus infections and to increase the uptake of hepatitis B vaccination
- to promote recognition and treatment of sexually transmitted infection and blood-borne virus infection to prevent ongoing spread from those already infected
- to promote contact tracing of the sexual partners of those diagnosed with sexually transmitted infection

2. Policy Statements

- 2.1 The policy statements provide an agreed set of core principles to which Devon Primary Care Trust will work with its partners in order to deliver the aims and objectives of the Sexual Health Strategy for Devon.
- 2.2 The Devon Sexual Health Strategy supports the standards set out in the National Sexual Health Strategy and other national guidelines, and the strategic aims of Devon Primary Care Trust, as follows:
- to increase the uptake of sexual health services, especially by priority groups, by providing a range of high quality, safe and accessible services
 - to respect the necessity for choice and confidentiality and to challenge stigma and discrimination in priority groups
 - to ensure equity of access to services, paying specific attention to the needs of disadvantaged groups to help reduce health inequalities
 - to increase sexual health awareness and education, and the importance of self care
 - to focus services on local needs through effective commissioning
 - to involve the people who use the services in developing those local services and to provide them with better information using a range of media
 - to use active communication campaigns to signpost sexual health services
 - to work towards providing open access to GUM services
 - to ensure a full range of contraception services is available to those who need them

- to train and educate staff to enable them to provide a range of sexual health and HIV services, with robust clinical governance arrangements in place
- to work with key partners to ensure sexual health needs are linked to priorities and plans
- to secure the commitment of all agencies to delivering the agreed recommendations of the Devon Sexual Health Strategy
- to agree local key success criteria and outcome measures for improvements in services

3. Background

National perspective

- 3.1 Sexual health is a significant public health priority in the UK. The number of new sexually transmitted infections diagnosed in GUM clinics in the UK rose by 5.9% from 2006 to 2007.
- 3.2 Against this background of rising incidence of HIV and sexually transmitted infections nationally and regionally, there is a strong national and local drive to improve sexual health services. Sexual health is one of the public health white paper “Choosing Health” areas and 48 hour access to genito-urinary medicine is one of the Department of Health’s top priority areas.
- 3.3 The number of GUM clinic attendances has quadrupled over the last decade and progress needs to be made to achieve the national target of 100% of clients being offered an appointment within 48 hours.
- 3.4 The consequences of poor sexual health can have a long lasting impact on people’s lives. For example, unplanned teenage pregnancies can limit access to education; chlamydia infection can give rise to pelvic inflammatory disease which can cause ectopic pregnancies and infertility.
- 3.5 At the launch of its fourth annual report, the Health Protection Agency announced that the number of new sexually transmitted infections diagnosed in GUM clinics in the UK rose from 375,843 in 2006 to 397,990 in 2007.
- 3.6 Dr Gwenda Hughes, Head of the Sexually Transmitted Disease Section at the Agency said: “The groups we are most concerned about are young adults and gay men and it’s crucial that we reach these groups with messages about safe sex, including condom wearing, and the importance of getting tested if they feel they’ve put themselves at risk of contracting a sexually transmitted infection.”
- 3.7 There are many national² and local drivers for better sexual health services and sexual health is a priority for the Strategic Health Authority and Primary Care Trust.

² National Strategy for Sexual Health and HIV (Department of Health, 2001); National Teenage Pregnancy Strategy (Social Exclusion Unit, 2000); Tackling Health Inequalities: A Programme for Action (Department of Health, 2003); Choosing Health (Department of Health, 2004); National Sexual Health Screening Programmes (NCSP, 2003); Recommended standards for sexual health services (MedFASH, 2005); Effective commissioning of sexual health and HIV services (DH, 2003); and national policy documents such as the Wanless Report, and national policy on patient choice and payment by results.

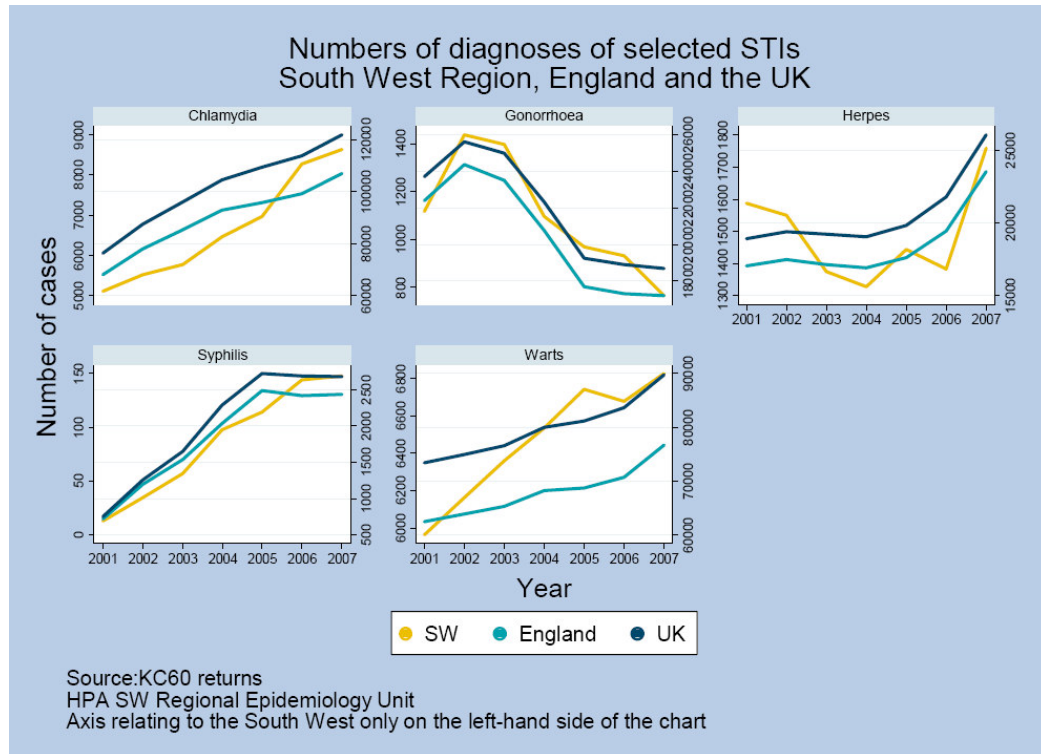
3.8 The key performance indicators for sexual health are:

- guaranteed GUM appointment availability within 48 hours for all patients referred to the service (including self-referral)
- reduction in the rate of teenage conceptions with the specific aim of halving the rate of conceptions among under 18's by 2010

3.9 Key points to note in the South West region are:

- the increase in syphilis diagnoses continues to be of concern - the greatest increase was observed in Torbay, Swindon, Salisbury, Cornwall, Bristol and recently, Exeter
- the number of diagnoses of chlamydia in genito-urinary medicine in the South West increased by 4.4% between 2006 and 2007 compared with 7.9% in England as a whole
- although a decline in the number of diagnoses of gonorrhoea has been seen in recent years, this slowed between 2006 and 2007 but, despite this, some clinics saw significant increases in 2007, including Gloucester, Weymouth and Torbay
- the increase in diagnoses in some clinics, such as Weston-Super-Mare, is likely to reflect, at least in part, improved access

Figure 1 – Number of sexually transmitted infections diagnosed within the South West Region, England and the UK for the period 2001-2007.



Local perspective

- 3.10 Sexual health services in Devon have historically been fragmented. Services have struggled to meet demand and inequality in access to services persists. Sexual health represents a significant health inequality in Devon and local drivers include the need for greater understanding of population changes, need, equity and demand. Meeting all the sexual health needs of the population of Devon will require partnership working across all sectors in order to make a significant impact on sexual health and to decrease stigma and discrimination.
- 3.11 MedFASH, a charity commissioned by the Department of Health to undertake a national review of GUM services as part of its commitment to the National Strategy for Sexual Health and Human Immunodeficiency Virus, recently reviewed the GUM services in North Devon, Torbay and Plymouth. Recommendations included the following:
- needs assessment required on sexual health and contraception services
 - 48 hour access to GUM services will not be achieved without additional investment
 - a clear implementation plan that will achieve the 48 hour access target in March 2008 needs to be developed

- 3.12 This strategy addresses these recommendations and aims to support a comprehensive sexual health service within Devon which includes contraceptive care and abortion, diagnosis and treatment of sexually transmitted infections and HIV, prevention of sexually transmitted infections and HIV, and services that address psychological and sexual problems.

4. Demography

- 4.1 Many sexual health services take place in the community and are delivered by a variety of providers. Most GUM services are provided by the acute trusts. With sexual health services in Devon being provided in so many different ways and settings across the area, it makes presenting comparable data difficult.

Demography of local authority areas

- 4.2 In June 2007, Devon had a total resident population of 759,078 and a GP-registered population of 747,706. Some people seek their health care outside Devon.
- 4.3 Within the population of Devon, black and ethnic minority groups comprise 2.7% of the Devon population (source: 2001 Census) and lesbian, gay and bisexual people 6% of the population (source: Devon County Council LGBT Employee Project). The prison population in Devon is 1,800.
- 4.4 Approximately 10% of the population are 16-24 years old. Teignbridge and East Devon have the highest proportion of 0-15 year olds whilst Exeter has the highest proportion of 20-24 year olds. The tables below outline the resident population by age, gender and local authority as at 31st December 2006.

Table 1 – Resident population for December 2006

Age group	East Devon			Exeter			Mid Devon			North Devon		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0 - 15	10,595	10,288	20,883	9,475	8,914	18,389	7,201	6,822	14,023	8,715	8,176	16,891
16 - 19	2,993	2,936	5,929	3,824	4,133	7,957	1,852	1,799	3,651	2,467	2,275	4,742
20 - 24	2,990	3,085	6,075	5,943	6,745	12,688	1,907	1,764	3,671	2,426	2,329	4,755
25 - 29	2,788	2,749	5,537	4,658	4,588	9,246	1,806	1,792	3,598	2,449	2,303	4,752
30 - 34	2,948	3,109	6,057	4,254	3,942	8,196	2,093	2,060	4,153	2,555	2,524	5,079
35 - 39	3,941	4,165	8,106	4,553	4,029	8,582	2,701	2,759	5,460	3,272	3,297	6,569
40 - 44	4,411	4,731	9,142	4,391	4,108	8,499	2,958	2,990	5,948	3,566	3,575	7,141
45 - 49	4,235	4,427	8,662	3,839	3,582	7,421	2,707	2,757	5,464	3,304	3,407	6,711
50 - 54	4,025	4,457	8,482	3,246	3,193	6,439	2,535	2,623	5,158	3,085	3,153	6,238
55 - 59	4,900	5,118	10,018	3,363	3,312	6,675	2,872	2,786	5,658	3,589	3,585	7,174
60 - 64	4,970	5,373	10,343	2,828	2,886	5,714	2,600	2,565	5,165	3,511	3,467	6,978
65+	15,148	20,159	35,307	7,308	10,411	17,719	6,377	7,834	14,211	8,409	10,609	19,018
Total	63,944	70,597	134,541	57,682	59,843	117,525	37,609	38,551	76,160	47,348	48,700	96,048

Table 2 – Resident population for December 2006

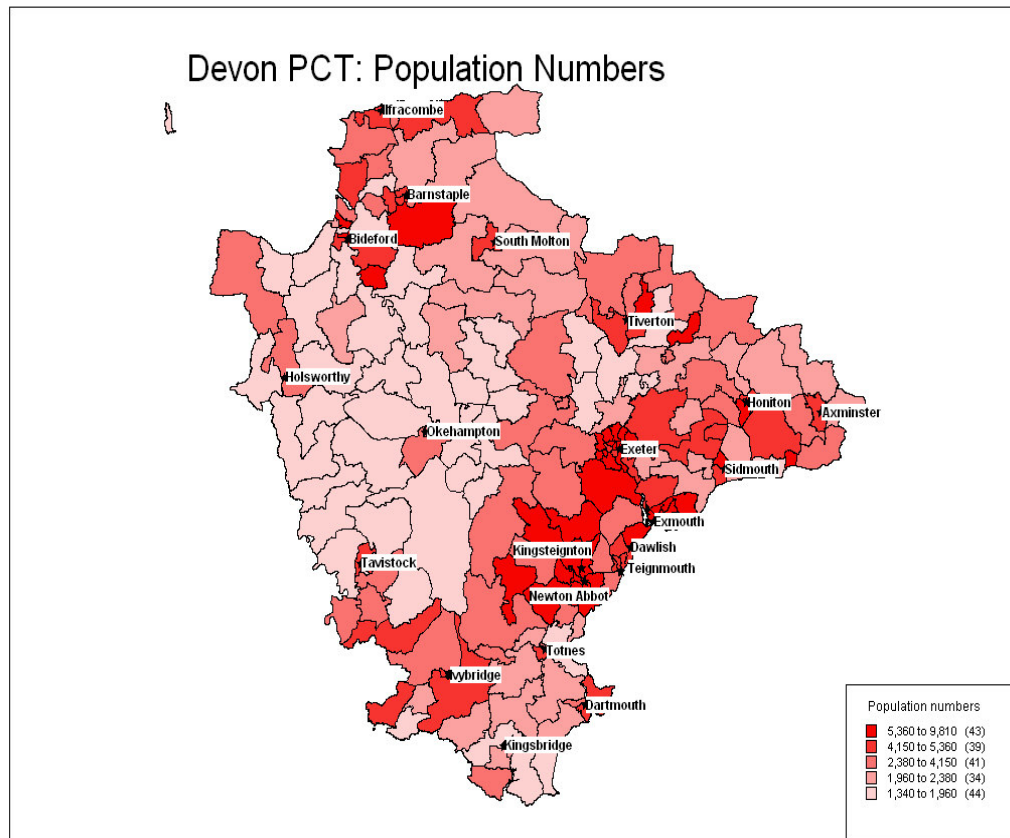
Age group	South Hams			Teignbridge			Torrige			West Devon		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0 - 15	7,321	6,895	14,216	11,134	10,519	21,653	5,535	5,254	10,789	4,674	4,344	9,018
16 - 19	2,162	2,016	4,178	3,134	2,887	6,021	1,622	1,511	3,133	1,321	1,226	2,547
20 - 24	2,095	2,005	4,100	3,123	2,676	5,799	1,470	1,344	2,814	1,268	1,064	2,332
25 - 29	1,933	1,793	3,726	2,926	2,733	5,659	1,396	1,325	2,721	1,130	1,078	2,208
30 - 34	1,952	1,931	3,883	3,126	3,270	6,396	1,518	1,554	3,072	1,192	1,198	2,390
35 - 39	2,585	2,808	5,393	4,144	4,418	8,562	2,115	2,047	4,162	1,652	1,685	3,337
40 - 44	3,139	3,373	6,512	4,804	4,986	9,790	2,351	2,324	4,675	1,880	2,041	3,921
45 - 49	3,067	3,378	6,445	4,506	4,602	9,108	2,189	2,287	4,476	1,924	1,979	3,903
50 - 54	3,112	3,167	6,279	4,199	4,368	8,567	2,080	2,184	4,264	1,811	1,876	3,687
55 - 59	3,534	3,541	7,075	4,800	4,931	9,731	2,608	2,618	5,226	2,052	2,217	4,269
60 - 64	3,303	3,405	6,708	4,664	4,712	9,376	2,440	2,505	4,945	2,097	2,043	4,140
65+	8,032	9,915	17,947	11,872	15,394	27,266	6,217	7,350	13,567	4,802	6,019	10,821
Total	42,235	44,227	86,462	62,432	65,496	127,928	31,541	32,303	63,844	25,803	26,770	52,573

Source: Patient registration system

Population map of Devon

4.5 The map below shows the density of the population by ward within Devon. West Devon is a large rural area which is relatively sparsely populated. The resident population by age and town for 2007 is given in Appendix 3.

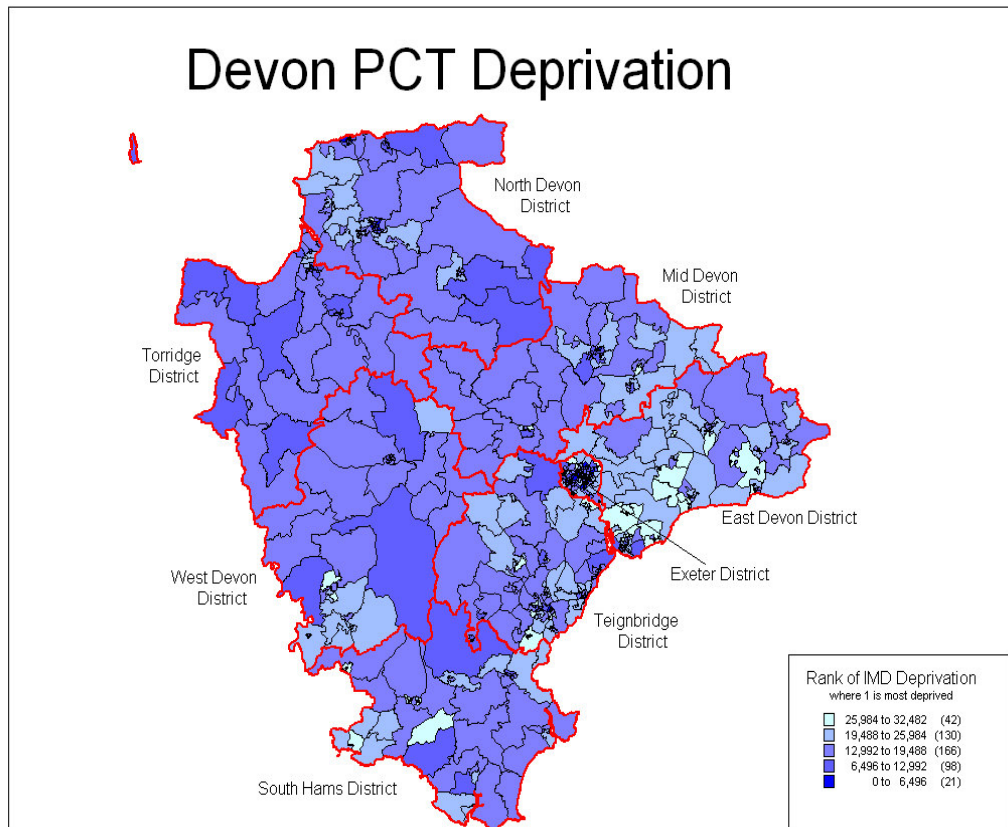
Map 1 – Population numbers for Devon Primary Care Trust in 2006



Areas of Deprivation in Devon

- 4.6 Poor sexual health is related to poverty, and sexually transmitted infections and teenage pregnancies tend to be higher in areas of deprivation. Ilfracombe Central and Priory wards in Exeter are the most deprived wards in Devon.

Map 2 – Areas of deprivation by index of multiple deprivation score for Devon, 2004



5. Burden of Disease

- 5.1 This section describes the morbidity in the population of Devon.
- 5.2 The number of new sexually transmitted infections diagnosed in GUM clinics in the UK rose by 2% between 2005 and 2006. The continued rise in the number of people being diagnosed with sexually transmitted infections is, in part, due to more people coming forward for testing and increased sensitivity and availability of tests. However, increased risk-taking behaviour has contributed to a continued rise in sexually transmitted diseases. Behaviours that increase the risk of sexually transmitted diseases include the misuse of alcohol and/or substance misuse, early onset of sexual activity and unprotected sex, and frequent change of and/or multiple partners. Sexually transmitted infections and unplanned pregnancies also cause considerable psychosexual morbidity.

Chlamydia

- 5.3 Genital chlamydia infection is the most common sexually transmitted infection diagnosed in GUM clinics in the UK and affects an estimated one in ten sexually active young people
- 5.4 There has been a large increase in the number of GUM diagnoses of chlamydia in the Exeter GUM clinic. This is due to a number of factors, including improved diagnostic techniques, more sensitive tests and an increase in the number of people attending the clinic.
- 5.5 The data below show the numbers of GUM diagnoses of both complicated and uncomplicated chlamydia. It gives numbers of diagnoses by year from 2004 through to 2007. Numbers of diagnoses have fluctuated over the time period displayed.

Table 3 - GUM diagnoses of Chlamydia (uncomplicated and complicated)

GUM Clinic	2004	2005	2006	2007	% change 2005-2006
North Devon Hospital	221	251	217	231	6.5
Royal Devon and Exeter Hospital	133	192	355	446	25.6
Derriford Hospital	588	686	990	1014	2.4
Torbay Hospital	189	213	343	440	28.3

Source: HPA

- 5.6 The change for chlamydia in England for 2006-2007 was 7.9%.
- 5.7 Further information on the Chlamydia Screening Programme is given in the Young People's Sexual Health Strategy.

Gonorrhoea

- 5.8 Gonorrhoea is the second most common bacterial sexually transmitted disease in the UK with 18,710 diagnoses of uncomplicated infection in 2007 diagnosed in GUM clinics.
- 5.9 Numbers of diagnoses in Devon have fluctuated over the last few years but have generally shown a downward trend, except in Torbay where there has been an increase. The data below in Table 4 show the numbers of GUM diagnoses of both complicated and uncomplicated gonorrhoea. It gives numbers of diagnoses by year from 2004 through to 2007. The change for gonorrhoea in England for 2006-2007 was -0.6%.

Table 4 - GUM diagnoses of Gonorrhoea (uncomplicated and complicated)

GUM Clinic	2004	2005	2006	2007	% change 2006-2007
North Devon Hospital	39	31	24	16	-33.3
Royal Devon and Exeter Hospital	44	42	52	28	-46.2
Derriford Hospital	62	78	100	55	-45
Torbay Hospital	34	17	17	27	58.8

Source: HPA

- 5.10 Of the GUM diagnoses of gonorrhoea in males in 2005-2006, 66.7% were in men who have sex with men in Exeter, none were in men who have sex with men in North Devon, and 6.3% in men who have sex with men in Plymouth. Torbay does not record this data. The percentage recorded is likely to be an underestimate as this sexual orientation is known to be under-reported in KC60 returns (KC60 returns are used to collate aggregate data from all NHS GUM clinics in England on sexually transmitted infection diagnoses).

Antimicrobial Resistant *N.gonorrhoeae* in 2006

- 5.11 *N. gonorrhoeae* infection can be easily treated with appropriate antimicrobials. Antimicrobial treatment should be expected to eradicate 95% of uncomplicated gonococcal infections within the community. However, the effective treatment of gonorrhoea has been complicated by the ability of *N. gonorrhoeae* to develop resistance to antimicrobial agents, thereby increasing the likelihood of onward transmission of the organism within the community.
- 5.12 The Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP) collects laboratory and clinical data on gonococcal isolates diagnosed in sentinel laboratories (GRASP), which covers two distinct geographical regions: London and outside of London. Overall, 26.5% of GRASP isolates were resistant to ciprofloxacin in 2006, an increase from the 21.7% observed in 2005, although this was not significant. The prevalence exceeded 10.0% in all government health regions of England and Wales in 2006.
- 5.13 The continued use of fluoroquinolones, despite no longer being recommended as first-line therapy, remains perturbing considering the high prevalence of resistance seen in MSM, some ethnic groups and across several regions of England and Wales.

Syphilis

- 5.14 In 2007 there were 2,680 diagnoses of infectious syphilis in the United Kingdom. There was a decrease overall in diagnoses of 0.1% from 2006 to 2007. During the period 2005-2006, there was a 2% rise in diagnoses among men.
- 5.15 The Royal Devon and Exeter Hospital and Torbay Hospital both showed an increase in the number of GUM diagnoses of syphilis. The data below show the numbers of GUM diagnoses of primary, secondary and early latent syphilis. The table gives numbers of diagnoses by year from 2004 through to 2007*. Numbers of diagnoses are generally low and have fluctuated over the time period displayed. The change for syphilis in England for 2006-2007 was 0.6%.

Table 5 - GUM diagnoses of infectious syphilis (primary, secondary and early latent)

GUM Clinic	2004	2005	2006	2007	% change 2005-2006
North Devon Hospital	<5	0	<5	0	*
Royal Devon and Exeter Hospital	6	7	9	14	55.6
Royal Devon and Exeter Hospital (Heavitree)	<5	<5	<5		*
Derriford Hospital	7	24	31	17	-45.2
Torbay Hospital	<5	<5	<5	8	700

* Data have been suppressed to protect patient confidentiality

Early latent syphilis formed 21.3% of all infectious syphilis reported by GUM in 2007

Source: HPA

- 5.16 Most male patients diagnosed with syphilis in Exeter were men who have sex with men and half of those diagnosed in Plymouth were also. None diagnosed with syphilis in North Devon were men who have sex with men, and, until recently, Torbay until recently, did not record sexual orientation. Within the South West region, the peak age at which infectious syphilis is diagnosed is 25-39 years, with 93% of diagnoses being in men and over half being in homosexuals.

Genital Warts

- 5.17 This condition is discussed in the Devon Young People's Sexual Health Strategy.

Genital Herpes Simplex

- 5.18 This condition is discussed in the Devon Young People's Sexual Health Strategy.

Pelvic Inflammatory Disease

- 5.19 Admission rates vary across Devon with Mid Devon local authority showing the highest age-standardised rate and South Hams the lowest. East Devon, Exeter, Mid Devon, Teignbridge and Torridge all have statistically significantly higher admission rates than England and the South West overall. Data in Table 6 show the numbers and rates of hospital admissions for females where pelvic inflammatory disease was the primary diagnosis during 2004-2005.

Table 6 – Hospital admissions for pelvic inflammatory disease (per 100,000 women population) during 2004-2005

Local Authority	Number of PID admissions (primary diagnosis), 2004/05	Crude rate of PID admissions (primary diagnosis), 2004/05	Age-standardised rate of PID admissions (primary diagnosis) 2004/05	Lower 95% Confidence Interval	Upper 95% Confidence Interval
East Devon	59	87.4	106.5	77.2	135.7
Exeter	64	109.2	112.1	84.2	139.9
Mid Devon	71	191.8	219.8	166.5	273.2
North Devon	26	56.4	60.3	36.3	84.4
South Hams	13	30.8	41.6	17.6	65.6
Teignbridge	52	80.7	99.7	71.1	128.4
Torridge	29	91.5	106.1	65.7	146.4
West Devon	13	50.9	57.3	23.0	91.6
South West	1,571	60.9	66.2	62.9	69.5
England	14,558	57.0	58.0	57.1	59.0

Source: HPA, APHO, HES

- 5.20 Local clinicians report that the high admission rates are due to a variation in the International Classification of Diseases coding rather than reflecting a true increase in this illness or poor access to services.
- 5.21 The data on admissions for ectopic pregnancy (Table 7), a condition that is strongly associated with a past history of pelvic inflammatory disease, also does not reflect the pattern in table 6.

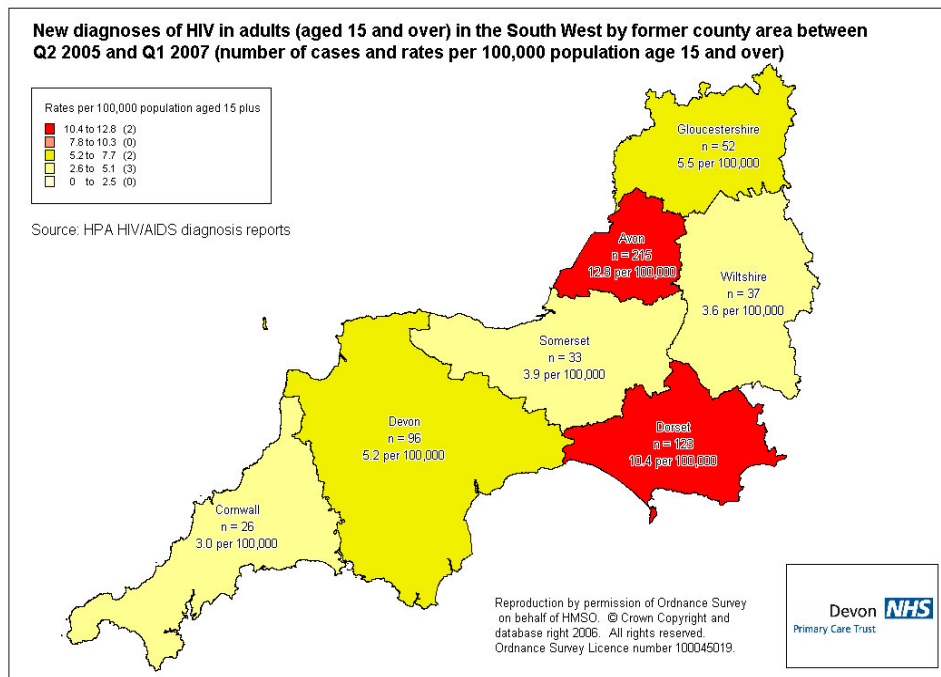
Table 7 - Directly age standardised rates of admissions for ectopic pregnancy

	2005			2006			2007		
	Rate/100,000			Rate/100,000			Rate/100,000		
	Ages 15-54	Lower CI	Upper CI	Ages 15-54	Lower CI	Upper CI	Ages 15-54	Lower CI	Upper CI
East Devon	50.18	22.47	77.90	33.35	12.31	54.40	77.27	42.8	111.7
Exeter	18.04	4.32	31.76	54.09	29.46	78.73	38.14	17.2	59.0
Mid Devon	53.11	17.83	88.38	37.76	7.21	68.30	51.06	15.4	86.7
North Devon	35.88	10.67	61.08	63.02	28.37	97.67	44.39	15.2	73.6
South Hams	55.17	20.25	90.10	65.82	27.91	103.73	21.44	-0.1	43.0
Teignbridge	65.89	33.89	97.89	61.08	31.55	90.62	29.03	8.7	49.4
Torridge	53.86	13.30	94.41	108.39	50.65	166.12	60.25	20.2	100.3
West Devon	7.44	-7.14	22.01	29.30	-4.41	63.00	22.01	-8.5	52.6
Devon	42.54	32.62	52.47	55.24	43.97	66.51	43.60	33.5	53.7

HIV Incidence

- 5.22 In 2005, an estimated 63,500 adults aged 15 to 59 were living with HIV in the UK, a third of them undiagnosed.
- 5.23 The highest level of transmission occurs among men who have sex with men and increasingly amongst heterosexuals, particularly among black and minority ethnic communities.
- 5.24 The incidence rates for HIV infection vary across the south west, with Avon and Dorset having the highest rates (see Map 3). Devon Primary Care Trust had a rate of 5.2 per 100,000 population over a two year period (2005-2007). In the South West over this period, 54% of new diagnoses were in white people, 33% in black, 53% in heterosexuals and 33% in men who have sex with men. Of all new diagnoses in the South West, 57% of diagnosed adults were infected outside the UK.

Map 3 – Number of new diagnoses of HIV in adults between 2005 and 2007



- 5.25 Torbay Primary Care Trust has the highest rate of HIV-infected patients seen in care of all neighbouring Primary Care Trusts (Table 8). Within the South West region, Bournemouth and Poole have the highest rate at 139 per 100,000 population.

Table 8 - Rates of diagnosed HIV-infected patients seen for care by Primary Care Trusts in 2006 (per 100,000 population aged 15 and over)

PCT	Rate for 2005	Rate for 2006	% change 2005-2006
Devon	23.9	32.6	15.4
Plymouth	43.8	58.1	14
Torbay	56.6	80.7	17.5
Cornwall	19.3	24	10.8
Somerset	18.5	24.7	14.4
Dorset	23.9	31.2	13.2

Source: HPA

- 5.26 The number of diagnosed HIV-infected patients seen for care in 2005/2006 is shown in Table 9. Derriford Hospital sees the highest number of HIV-infected patients compared with other acute trusts in the area.

Table 9 - Number of diagnosed HIV-infected patients seen for care by provider in 2005

Provider	Number for 2005	Number for 2006
North Devon Hospital	37	38
Royal Devon and Exeter Hospital	76	81
Derriford Hospital	120	146
Torbay Hospital	81	89

Source: HPA

Termination of Pregnancy

- 5.27 Half of all teenage conceptions to women under 18 years old in Devon in 2005 ended in abortions. The proportion of under 18 year old conceptions leading to abortion among young women tends to be lower in socially disadvantaged areas and higher where there is more extensive family planning provision, a higher percentage of women GPs and where there is easier access to independent abortion services.
- 5.28 Table 10 below shows the number and rates of legal abortions for women living within old Primary Care Trust boundaries in 2005. The age standardised rates vary between the Primary Care Trusts with Teignbridge having the highest rate of 14.6 per 1,000 women of child-bearing age and Mid Devon having the lowest rate of 10.9 per 1,000.

Table 10 – All legal terminations (NHS and non-NHS) for 2005

PCT	Total number of abortions	Crude rate of abortions per 1000 females, 15-44 years	Age-standardised rate of abortions per 1000 females, 15-44 years	Lower 95% confidence interval	Upper 95% confidence interval
Teignbridge	240	13	14.6	13.8	15.4
South Hams & West Devon	218	12.1	14.2	13.4	15
East Devon	216	11.7	13.1	12.4	13.9
North Devon	262	10.3	11.6	11	12.2
Exeter	356	11.8	11.3	10.8	11.8
Mid Devon	163	9.7	10.9	10.2	11.7
Devon PCT	1455	11.4			
England and Wales		16.9			

Source: Department of Health

- 5.29 Terminations figures can also be broken down by gestation and maternal age (Table 11). By 12 weeks, 90.4% of all abortions in Devon PCT have taken place compared with 89.3% in England and Wales.

Table 11 – Terminations by gestation age for 2005

	Gestation Age		
	0-9 Weeks	10-12 Weeks	13+ Weeks
England and Wales			
Number	123999	42482	19935
Percentage	66.50%	22.80%	10.70%
Devon PCT			
Number	898	417	140
Percentage	61.70%	28.70%	9.60%

Source: Department of Health

- 5.30 The highest proportion of terminations occurs in the 18-24 year old age group, both in Devon and in England and Wales (Table 12).

Table 12 – Terminations by maternal age for 2005

Age	Female Population	Number of Abortions	Rate per 1,000 female	
			Devon PCT	Eng and Wales
13-15	39819	108	2.7	3.8
15-17	13296	178	13.4	17.6
18-19	8843	182	20.6	31
20-24	18922	403	21.3	31.3
25-29	15445	229	14.8	23
30-34	19724	183	9.3	14.9
35+	51869	280	5.4	6.7
All	128099	1455	11.4	16.9

Source: Department of Health

- 5.31 In Devon 72% of abortions are performed in the acute trusts, compared with 40% nationally (Table 13).

Table 13 - Legal abortions: purchaser, gestation, Sexual Health Indicator and repeat abortions, by Primary Care Organisation, England and Local Health Board, Wales, 2006

	Purchaser (%)			Gestation weeks (%)			Sexual Health Indicator			Repeat abortions
	NHS	NHS agency	Non-NHS	0-9	10-12	13+	Total NHS funded abortions	NHS funded abortions at under 10 weeks	Percentage of all NHS funded abortions under 10 weeks	Percentage of previous abortions in women aged under 25
England and Wales	39	48	13	68	22	11	167,822	108,996	64.9	23
SW SHA	61	28	11	64	25	11	11,906	7,362	62	20
Devon	72	18	9	66	25	9	1,366	870	64	15
Plymouth Teaching	92	5	3	63	28	9	788	492	62	21
Torbay	..	73	..	67	21	12	431	287	67	18

6. Health Promotion and Disease Prevention

Young People's Sexual Health

- 6.1 The sexual health of children and young people, although covered in part by this sexual health needs assessment, has some issues specific to this group of the population. These issues are assessed in a separate piece of work and are presented in the Devon Young People's Sexual Health Strategy.

Teenage Conceptions

- 6.2 Teenage pregnancies have shown a downward trend over the last seven years, similarly to England as a whole. Since the launch of the National Teenage Pregnancy Strategy there has been a drop of 8.8% in the under 18 conception rate in Devon since 1998 (Table 14). Devon has a lower teenage conception rate than the South West and England average.

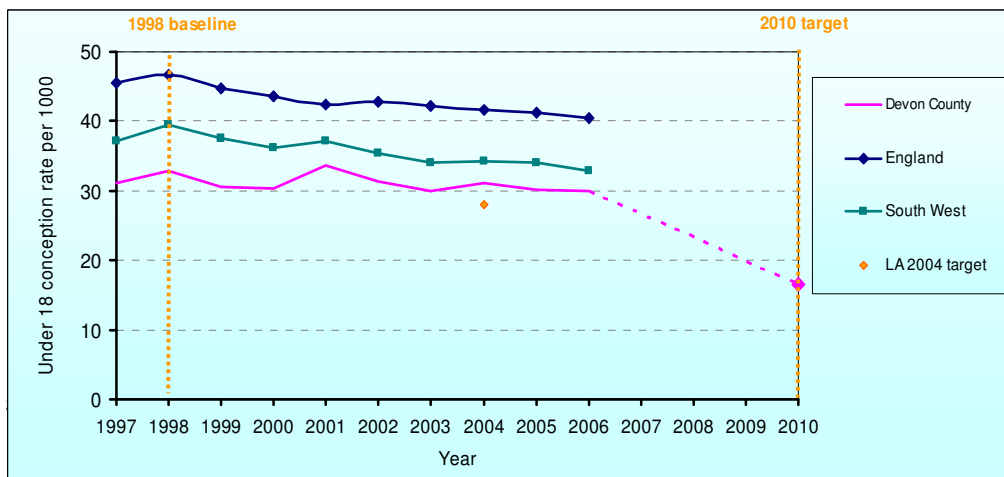
Table 14 – Change in under 18 conception rate 1998-2006

Change in under 18 conception rate 1998-06

	% change	Upper limit	Lower limit
Devon County	-8.8	5.1	-20.8
South West	-16.6	-12.4	-20.6
England	-13.3	-12.1	-14.5

- 6.3 Figure 2 below displays the teenage conception rate for Devon compared with the South West region and England over a period of eight years.

Figure 2 – Under 18 conception trend data



Source: Teenage Pregnancy Unit, February 2008

- 6.4 Between the two time periods of 1998-2000 and 2004-2006, Exeter was the only area in which teenage conceptions increased whilst the percentage of conceptions leading to abortion decreased. The table below (Table 15) shows the number and

rates of conceptions for under 18's and percentage of conceptions leading to abortion by local authority.

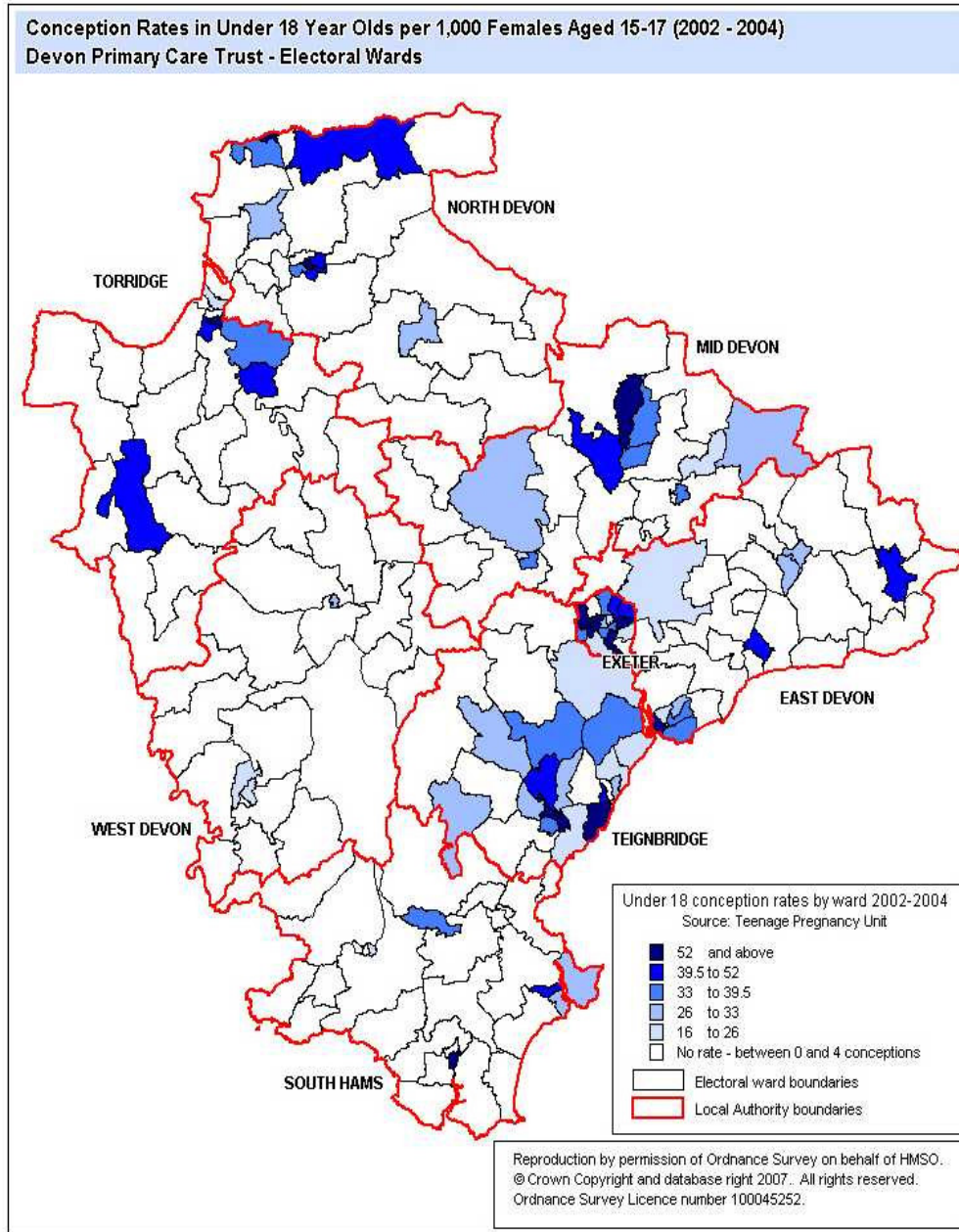
Table 15 – The number and rate of conceptions and the percentage of conceptions leading to abortion for under 18's by local authority

Area of usual residence	1998-00			2004-06			% change in rate 98/00 - 04/06
	Number	Rate	% leading to abortion	Number	Rate	% leading to abortion	
England and Wales	127,496	45.4	43	126,116	41.3	47	-9.0%
ENGLAND	119,036	45.0	44	118,400	41.1	47	-8.7%
Devon County	1,121	31.3	46	1,214	30.4	49	-2.9%
East Devon	166	27.9	50	193	30.0	59	7.5%
Exeter	250	45.0	45	256	46.9	38	4.3%
Mid Devon	127	33.6	46	112	26.2	39	-21.9%
North Devon	148	33.0	35	168	32.1	45	-2.8%
South Hams	95	22.3	55	96	20.0	61	-10.5%
Teignbridge	199	33.2	51	223	31.3	58	-5.6%
Torrige	75	23.5	31	93	25.6	46	9.2%
West Devon	61	23.7	46	73	24.6	49	4.0%

Source: ONS and Teenage Pregnancy Unit

- 6.5 The percentage of teenage pregnancies leading to abortions has gone down in Exeter and Mid Devon over the last seven years. The proportion of under 18 year old conceptions leading to abortion among young women tends to be lower in socially disadvantaged areas and higher where there is more extensive family planning provision, a higher percentage of women GPs, and where there is easier access to independent abortion services. This is reflected locally with Exeter (a more deprived area) having a much lower abortion rate than the South Hams (relatively affluent area).
- 6.6 Teenage conception rates to those aged under 18 are available at electoral ward level and are shown on the map below for 2002-2004 (Map 4). It is important to note that the numbers of teenage conceptions by ward are small and vary from year to year. If there are fewer than five conceptions (including where there are 0 conceptions) the data are suppressed to maintain confidentiality and are shown on the map as plain white. The highest local rates of teenage conception are in St David's ward in Exeter (most likely due to social housing), Castle in Tiverton, Ilfracombe Central in North Devon, Kingsbridge East and Bushel in Teignbridge.

Map 4 - Map of teenage pregnancies by electoral ward for 2002-2004



Source: Teenage Pregnancy Unit

6.7 There is a strong link between social deprivation and sexually transmitted infections, abortion and teenage conceptions. The risk of a sexually transmitted infection or an unintended pregnancy is associated with high numbers of partners, high rate of partner change and unsafe sexual activity, such as unprotected sex. Unintended pregnancies increase the risk of poor social, economic and health prospects for both mother and child. Girls from the poorest backgrounds are ten times more likely to become teenage mothers than girls from wealthier backgrounds. In teenagers, abortion rates are lower in socially deprived areas. Teenage pregnancies are also closely linked to poor educational attainment and other risk factors highlighted in the

Teenage Pregnancy Strategy³. Maps of deprivation by ward and percentages of girls achieving 5+ GCSEs by ward in Devon are given in Appendix 5.

Emergency Contraception

- 6.8 Early access to emergency hormonal contraception and emergency IUCD is vital. With the development of new guidelines and policies, there are now more opportunities to provide this service in venues other than in general practice.
- 6.9 Table 16 below shows the source used by women aged 16-49 to obtain emergency contraception. The trend shows that emergency contraception being provided in general practice is declining. However, within Devon, a higher proportion of emergency contraception is obtained from walk-in centres and contraception clinics.

Table 16 – Source of Emergency Contraception for Women from 2000–2006 in Great Britain

Where hormonal emergency contraception was obtained

Where obtained	Great Britain					
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	%	%	%	%	%	%
Own GP or practice nurse*	59	43	44	41	33	30
Family planning clinic	33	31	18	21	21	24
Other GP or practice nurse*	3	9	5	3	-	1
Hospital Accident and Emergency	3	2	5	5	2	1
Chemist or pharmacy†	..	20	33	27	50	45
A walk-in centre or minor injuries unit†	..	1	0	11	3	4
Other	5	2	4	1	2	1
Base**	134	135	129	105	123	67

* 'Practice nurse' added to code for the first time in 2001/02.

† These codes included for the first time in 2001/02.

** Percentages sum to more than 100 as respondents could give more than one answer.

Source: Contraception and Sexual Health 2005/06, ONS

- 6.10 Prescribing activity in general practices varies by local authority. Table 17 shows prescribing and costs of prescribing of emergency hormonal contraception through practices and is broken down by the pre-October 2006 primary care trust boundaries.

Table 17 – Emergency Hormonal Contraception (EHC) prescribing and costs in general practices for April 2006 - Jan 2007

	No. of items prescribed	Total cost of items prescribed
Devon PCT	3600	£21,676.00
East Devon	364	£2,090
Exeter	435	£2,809
Mid Devon	453	£2,874
North Devon	1012	£5,750
South Hams and West Devon	602	£3,752
Teignbridge	734	£4,401

Definition: Prescribing of Levonorgestrel across Devon Primary Care Trust by Local Authority

Source: Devon Primary Care Trust

- 6.11 Free emergency hormonal contraception is available through primary care and accredited pharmacists (see Devon Young People's Strategy) as well as through other outlets, such as some Youth Enquiry Services and school drop-ins and

³ Teenage Pregnancy: accelerating the strategy to 2010. Department for Education and Skills 2006

contraception clinics. Further information regarding emergency hormonal contraception is presented in the Devon Young People's Strategy.

Chlamydia Testing

- 6.12 The number of chlamydia tests sent to the Royal Devon and Exeter Hospital laboratory has risen sharply, even though the National Chlamydia Screening Programme for Young People only started in Devon in December 2007. The table below shows nucleic acid amplification test (NAAT) requests from the Royal Devon & Exeter Hospital laboratory covering a seven month period from 1 September 2006 to 31 March 2007. These figures do not give a breakdown of whether these are diagnostic or screening tests.

Table 18 – Chlamydia testing by the Royal Devon and Exeter Hospital Laboratory 1 Sept 2006-31 Mar 2007

Source	Number of tests			% of total lab Chlamydia test			Number Chlamydia tests positive			% Chlamydia tests positive		
	Male	Female	Total	Male	Female	Average	Male	Female	Total	Male	Female	Average
Exeter GUM clinic	1166	1211	2377	67.4	17.9	28	163	147	310	13.9	12.1	13
Exmouth SH clinic	53	57	110	n/a	n/a	1.3	13	10	23	24	17.5	21.8
Contraception clinic	0	440	440	0	6.5	5.2	0	26	26	n/a	5.9	5.9
Wynard/gynae admissions	0	391	391	n/a	5.7	4.6	0	29	29	n/a	7.4	7.4
Others including primary care	509	4657	5166	32	69	60.1	69	367	336	13.5	7.8	6.5
Total requests	1728	6756	8484				245	579	824			9.7

Source: Rachel Amherst, Sexual Health clinic, Exeter Walk-in Centre

- 6.13 In the seven month period prior to 1 September 2006, the total number of chlamydia tests performed was 7,236. There was a 15% increase in the total number of tests requested over the second seven month period, with Exeter GUM Clinic increasing its testing by 43%.
- 6.14 The number of diagnoses of chlamydia in GUM clinics increased by 38% between the first seven months and the second seven months. Exmouth Sexual Health Clinic shows a 22% positive detection rate.
- 6.15 Established chlamydia screening programmes are reporting that for every ten young people screened, one is positive for chlamydia. A national chlamydia screening target of screening 15% of sexually active young people in 2007/08 was set. Further details are given in the Devon Young People's Sexual Health Strategy.

Sexually Transmitted Infection and Blood Borne Virus Screening

- 6.16 At the Royal Devon and Exeter and North Devon Hospitals, the uptake of tests at GUM clinics was lower in the first quarter of 2006 compared to 2005, but at Derriford Hospital the uptake was similar between the years. Table 19 below shows the offer and uptake of both HIV tests and sexual health screens in GUM clinics across Devon for the first quarter of 2005 and 2006.

Table 19 - Offer and Uptake of HIV Tests and Sexual Health Screens in GUM Clinics

GUM Clinic	Jan-Mar 05			Jan-Mar 06		
	Offered	Tested	Percentage	Offered	Tested	Percentage
North Devon Hospital	281	209	74.4%	413	253	61.3%
Royal Devon and Exeter Hospital	831	510	61.4%	821	452	55.1%
Derriford Hospital	1372	850	62.0%	1406	873	62.1%
Torbay Hospital	393	329	83.7%	0	0	-

Data for Torbay Q1 2006 is missing

Source: Health Protection Agency

- 6.17 Where data are available, the uptake of antenatal HIV testing is shown as generally high.

Table 20 – Number of Women Booked for Antenatal Care and Uptake of Antenatal Testing for HIV

GUM Clinic	January - June 2005				Jan - June 2006				January - June 2007			
	Bookings	Offered	Tested	%	Bookings	Offered	Tested	%	Bookings	Offered	Tested	%
North Devon Hospital	827	806	721	87.2%	389	389	377	96.9%	903	903	865	95.8%
Royal Devon and Exeter Hospital	1721	1721	1598	92.9%	2013	2013	1981	98.4%	-	1890	1812	-
Derriford Hospital	2459	2459	2385	97.0%	2655	2666	2600	97.9%	2926	2897	2752	94.1%
Torbay Hospital	-	1334	1302	-	1366	-	1357	99.3%	-	-	-	-

Source: HPA

- 6.18 Generally, the proportions of women testing positive for hepatitis B, HIV and syphilis are low. Rubella antibody negative rates are increasing in the South West and in the population as a whole.

Table 21 - Antenatal Testing Positivity Rates per 1000 Women for hepatitis B, HIV, syphilis and rubella

NHS Hospital	Hep B positivity per 1000 women tested		HIV positivity per 1000 women tested		Syphilis positivity per 1000 women tested		Rubella antibody negative rate per 1000 women	
	2005	2006	2005	2006	2005	2006	2005	2006
	North Devon Hospital	0.0	0.0	2.7	0.0	0.0	1.1	7.8
Royal Devon and Exeter Hospital	0.9	0.5	0.0	0.3	0.6	0.3	12.4	25.2
Derriford Hospital	0.9	0.9	1.5	0.4	0.0	0.6	10.5	15
Torbay Hospital	0.8	0.8	0.0	0.0	0.0	0.0	34.6	50.8

Source: HPA

Hepatitis B Immunisation

- 6.19 Hepatitis B is a blood-borne viral infection that can be prevented through vaccination. The virus causes hepatitis and long-term liver damage. The virus can be spread through many routes including sexual transmission and the sharing of contaminated equipment during injecting drug use.
- 6.20 In 2002, the Prison Infection Prevention Team was established at the Centre for Infections. The surveillance of infectious diseases affecting the prison population includes hepatitis B and hepatitis B vaccination, and HIV and sexually transmitted infections.
- 6.21 The number of prisoners within the three prisons in Devon who have been vaccinated against hepatitis B has increased recently.

Table 22 - Hepatitis B Vaccination Coverage in Prisons in 2007

Prison	Prisoners already vaccinated		Prisoners vaccinated within 1 month of arrival		Average throughput per month		Vaccine coverage	
	Jan-07	Jul-07	Jan-07	Jul-07	Jan-07	Jul-07	Jan-07	Jul-07
	Channings Wood	0	0	6	14	79	79	8%
Dartmoor	0	33	4	5	79	79	5%	48%
Exeter	0	43	26	25	100	100	26%	68%

Source: HPA

7. Current Sexual Health Service Provision in Devon

- 7.1 Services in Devon are provided in many different ways and settings across the area. A key policy direction within the NHS is to encourage increased testing and management of sexually transmitted infections in primary care to reduce the substantial reservoirs of predominantly asymptomatic sexually transmitted infections in the population.

Sexual Health Service Provision in General Practices

- 7.2 Consequently, as part of the Devon sexual health needs assessment, a questionnaire was sent out to all the GP practices in Devon to determine current sexual health service provision and whether any practices would be interested in providing an enhanced service. Out of 106 practices, 72 replies were received (68%).
- 7.3 Currently, no general practice in Devon provides a Level 2 service, as described in the National Strategy for Sexual Health and HIV (a description of levels of service provision is given in Appendix 2). One general practice provides a locally enhanced service but does not incorporate all Level 2 elements of service. However, 58% of practices indicated that they would be interested in providing a Level 2 service.

GUM Clinic Waiting Times

- 7.4 The 48 hour GUM access target forms part of the Public Service Agreement target for sexual health. The target is that by March 2008, 100% of clients attending GUM services should be offered an appointment and 95% of clients should be seen within 48 hours (two normal working days). At present, none of the GUM clinics are meeting this target, however, all GUM clinics have seen a considerable increase in the proportion of attendees being seen and being offered an appointment within 48 hours. Table 23 below shows the waiting times in relation to the 48-hour target at GUM clinics collected routinely via Unify.

Table 23 – Unify Monthly GUM Waiting Times

Time period	NHS Organisation	Number of first attendances	Number of first attendances seen within 2 normal working days	% of first attendances seen within 2 normal working days	Number of first attendances offered an appointment within 2 normal working days	% of first attendances offered an appointment within 2 normal working days
May 2007	Devon Primary Care Trust	2,304	1,871	81.2	1,889	82
June 2007	Devon Primary Care Trust	2,481	2,026	81.7	2,050	82.6
July 2007	Devon Primary Care Trust	442	360	81.4	365	82.6
May 2007	Plymouth Hospitals NHS Trust	870	651	74.8	705	81
June 2007	Plymouth Hospitals NHS Trust	862	648	75.2	715	82.9
July 2007	Plymouth Hospitals NHS Trust	875	671	76.7	842	96.2
May 2007	South Devon Healthcare NHS Foundation Trust	328	249	75.9	317	96.6
June 2007	South Devon Healthcare NHS Foundation Trust	316	250	79.1	307	97.2
July 2007	South Devon Healthcare NHS Foundation Trust	414	298	72	409	98.8

Source: HPA

- 7.5 The following sections describe genito-urinary medicine and family planning services at a geographic level.

8. GUM and Contraception Service Provision in North Devon

Genito-urinary Medicine Services

- 8.1 In North Devon there is a consultant-led GUM service based at the North Devon District Hospital. The service employs a full-time consultant with evening clinics and outreach clinics into Bideford and Ilfracombe. The main clinic operates from the outpatients department and is supported by an outpatient nurse, two health advisors and a results administrator. There is one junior doctor (F2) training post. The IT data system has recently been installed. Both the GUM and contraception services have recently come under an integrated management structure of the Women's and Children's Directorate of the Acute Trust.
- 8.2 The highest proportion of GUM service users (Table 24) is in the 20-34 year age group.

Table 24 – GUM Service Users - North Devon Healthcare NHS Trust 2006

Age	Attendances		Total Attendances	Percentage
	Male	Female		
<16	8	55	63	1%
16-19	189	516	705	15%
20-24	576	618	1194	26%
25-34	567	594	1161	25%
35-44	408	379	787	17%
45-64	306	354	660	14%
65+	41	66	107	2%
Total	2095	2582	4677	100%

Source: North Devon Healthcare NHS Trust

8.3 Key challenges are:

- limited staffing capacity - there are not enough GUM trained nurses to support the community clinics which have the equipment but no skilled staff
- there is a proposed move for the GUM service to co-locate with the contraception service. The current new accommodation will require substantial modification to support the GUM service to increase patient flow and provide laboratory space
- six months ago, as a temporary measure, clinic appointments were opened up to meet the 48 hour target and to assess user demand - clinics have continued to be over-subscribed without additional support
- the need for additional sexual health clinics in the community has been identified

Contraception services

8.4 The North Devon contraception service is medically-led and based at the Barnstaple Health Centre. There are seven outreach clinics in five geographical locations: Barnstaple, Torrington, Ilfracombe, Holsworthy and Bideford.

8.5 The highest proportion of contraception service users in North Devon are in the 16-17 year age group (Table 25). Despite this, Ilfracombe Central ward has one of the highest teenage pregnancy rates in Devon (100.9/1000 females aged 15-17).

Table 25 – North Devon Contraception Service Attendances for 2004-2005

Age	Attendances		Total Attendances	Percentage
	Male	Female		
<15	38	330	368	7%
15	52	483	535	10%
16-17	155	1194	1349	24%
18-19	39	536	575	10%
20-24	29	662	691	13%
25-29	14	381	395	7%
30-34	15	365	380	7%
35-39	46	369	415	8%
40-44	5	291	296	5%
45-49	5	209	214	4%
50-54	2	188	190	3%
55+	7	103	110	2%
Total	407	5111	5518	100%

Source: North Devon Family Planning Services

8.6 There are plans for the GUM and contraception services to co-locate in the town centre in the near future under an integrated management structure of the Women's and Children's Directorate of the acute trust.

Key challenges:

- the contraception service lacks medical, administrator and receptionist support
- low staffing capacity does not allow contact tracing and follow-up of patients
- Further emphasis required on initiatives that enable vulnerable individuals to take greater control over their sexual health

8.7 Additional information on GUM and contraception services in North Devon is given in Appendix 4.

8.8 Braunton School has an extended open access school nurse-run drop-in where pupils can access emergency contraception, pregnancy testing and sexual health advice, including advice on contraception and sexually transmitted infections. This is held over school lunch time once a week for 45 minutes during term time. Torrington school has a nurse-run open access clinic on Friday lunchtime. There is a doctor-run clinic at lunchtime on a Monday. Services provided are oral contraception, Depo-injectable contraception, long acting reversible contraception, emergency contraception and condoms.

8.9 A MedFASH visit took place in North Devon on 23 and 24 January 2007. The recommendations were to undertake a needs assessment; to increase the capacity of the Level 3 sexual health service in order to lead an integrated sexual health service; to review commissioning arrangements for sexual health services, especially HIV services by the Primary Care Trust; to increase staff grade sessions; to employ dedicated administrative support and additional receptionist time; to create a nurse practitioner post to provide nurse leadership and develop the role of nurses in an integrated sexual health service; to consider establishing a community health advisor post, and to provide a walk-in service rather than an appointments system only. MedFASH commented on the lack of communication between Trust management, clinicians and the Primary Care Trust.

Key Priorities for North Devon

- **To review accommodation requirements for GUM, contraception services and outreach clinics**
- **To increase staffing capacity: GUM/HIV consultant support, contraception medical support, nurse practitioner, administration and receptionist support**
- **To develop a flexible workforce with skills to deliver an integrated sexual health service**
- **To work towards an open-access service and review outreach clinic times**
- **To increase sexual health services in Ilfracombe**
- **To develop sexual health clinics in Holsworthy, South Molton and Torrington/Lyton**
- **To improve IT facilities**
- **To develop a clinical network with Exeter and Torbay**

9. GUM and Contraception Service Provision in Exeter

Genito-urinary Medicine Services

- 9.1 The Exeter GUM service is based at the Walk-in Centre in Exeter and is medically-led. HIV care from a medical physician is provided fortnightly (one session). The consultant from North Devon provides clinical governance to the associate specialist for one session per week. The service is also supported by one clinical assistant for one session per week and it is also supported, as required by, locum clinical assistants.
- 9.2 A specialist in infectious diseases and microbiology provides two sessions per week of teaching to medical students.
- 9.3 The service is co-located with the contraception service in a purpose-built unit in the city centre (Walk-in Centre) and it has an integrated management arrangement across the two services.

9.4 Table 26 gives a breakdown of GUM service users at the Royal Devon and Exeter NHS Trust by age for 2006.

Table 26 – GUM Service users - Exeter 2006

Age	Attendances		Total Attendances	Percentage
	Male	Female		
< 16	2	52	54	0.8%
16 - 19	236	614	850	13%
20 - 24	769	1,037	1,806	27%
25 - 29	611	595	1,206	18%
30 - 34	372	329	701	10%
35 - 39	411	181	592	9%
40 +	996	521	1,517	23%
Total	3,397	3,329	6,726	100%

Source: Royal Devon and Exeter Healthcare NHS Trust

9.5 Key challenges are:

- the fragility of medical cover and inadequate senior medical staffing - the current service was set up in its current form as a short-term solution to the access difficulties in Exeter
- the urgent need for GP training (sexually transmitted infection screening and partner tracing) and nurse training (primary care, accident and emergency, and gynaecology nurses)
- the need for sexual health services in Exmouth, Honiton/Axminster, South Molton, Holsworthy, Tiverton and Okehampton was identified

Contraception Services

9.6 The contraception service is medically-led. The contraception service is co-located with the GUM service in a purpose-built unit in the city centre (Walk-in Centre). There is an integrated management arrangement in place. The Exeter service provides weekly outreach clinics at Tiverton, Exmouth and Okehampton (Table 27).

Table 27 – Outreach Clinic Attendances for 2006

Clinics	Attendances		Total Attendances	Percentage
	Male	Female		
Exeter	1083	17220	18303	89.9%
Exmouth	26	877	903	4.4%
Okehampton	5	595	600	2.9%
Tiverton	25	524	549	2.7%

Source: Dr Lisa Barnett, Exeter Contraception Services

9.7 The 20-24 year old age group is the highest contraception service user in Exeter (Table 28). This age group also represents the highest proportion of the resident population in Exeter.

Table 28 – Exeter Contraception Service Attendances for 2006

Age	Attendances		Total Attendances	Percentage
	Male	Female		
<13	0	5	5	0.02%
13	14	6	20	0.10%
14	11	115	126	0.62%
15	21	374	395	1.94%
16-17	251	2330	2581	12.68%
18-19	179	2722	2901	14.25%
20-24	250	5515	5765	28.32%
25-29	107	3202	3309	16.26%
30-34	99	1767	1866	9.17%
35-39	82	1303	1385	6.80%
40+	125	1877	2002	9.84%
Total	1139	19216	20355	100.00%

Source: Dr Lisa Barnett, Exeter Contraception Services

- 9.8 All the clinics are geared towards young people and the service is 'walk-in' throughout. There is specific protected time after school for girls who need to see a doctor. This is seen as very effective as the clinic sees 38% of all 13-19 year old girls registered in Exeter with a GP.
- 9.9 One hour weekly drop-in sessions for pupils at Ottery St Mary and Honiton schools are provided by nurses. However, these schools do not permit the distribution of condoms, emergency contraception or pregnancy testing. Students are able to access the Minor Injury Units for emergency hormonal contraception, but they have to be released from school. Not all Minor Injury Units provide pregnancy testing. In Exmouth, pupils are seen off-site at the Withycombe Centre. Open access drop-in sessions, run by nurses, take place at lunchtimes on Mondays and Thursdays. There is provision of emergency hormonal contraception, condoms, pregnancy testing, sexual health advice (including sexually transmitted infections) and contraception choices. School nurses also offer a service on Mondays during school holidays. The Axe Valley Community College has two open access drop-ins per week on Mondays and Wednesdays for one hour at lunchtime. Provision includes emergency hormonal contraception, pregnancy testing, condoms, sexual health and contraception advice. Colyton Grammar School has an open access drop-in service on Mondays for one hour with the same provision as Axe Valley.
- 9.10 In East Devon there is one GP practice in Exmouth that provides an enhanced sexual health service. As part of the promotion and consultation of this service, the learning disability team was involved.
- 9.11 Key challenges are:
- part-time workforce and training issues
 - lack of IT facilities
- 9.12 Additional information on GUM and contraception services in Exeter is given in Appendix 4.

9.13 A previous MedFASH visit made the following recommendations:

- to implement the use of Patient Group direction, the service required two whole-time equivalent medical consultants (based on workload at the time)
- HIV patients should have a care and referral pathway

Key priorities for Exeter

- **To increase medical staffing capacity, clinical governance and training by appointing a GUM consultant**
- **To continue staff training to enable the skill mix required for an integrated sexual health service**
- **To develop sexual health clinics in Exmouth, Honiton/Axminster, Tiverton and Okehampton**
- **To strengthen HIV services**
- **To improve IT facilities**
- **To develop a clinical network with North Devon and Torbay**

10. GUM and Contraception Service Provision in South Devon

Genito-urinary Medicine Services

- 10.1 The South Devon GUM service is run by the Women's Services & Sexual Health Services at the South Devon Healthcare NHS Trust. It is based in the outpatients department and runs 15 sessions per week. The service is consultant-led with governance and support from the North Devon GUM consultant. HIV care is delivered by a medical physician during one session per week run from medical outpatients.
- 10.2 There are plans to relocate a Level 2 sexual health service to Castle Circus Health Centre in Torbay, which will be integrated with the contraception service. The recent introduction of a new IT system, the Lille system, is assisting in data collection and reporting. There are plans to move to an integrated sexual health model later in 2008.

10.3 Table 29 below shows GUM Service User Attendances at the South Devon Healthcare NHS Trust for 2006.

Year 2006	First contact	Subsequent contact	Total
Q1	754	549	1303
Q2	678	502	1180
Q3	825	620	1445
Q4	781	739	1520
Total	3038	2410	5448

10.4 The highest proportion of Devon GUM clinic users which attend the Torbay service are in the 20-24 year age group. Table 30 shows a breakdown of all Devon GUM service users at South Devon Healthcare NHS Trust by age in 2006.

Table 30 – GUM Service Users who live in Devon - South Devon Healthcare NHS Trust 2006

Age	Attendances		Total Attendances	Percentage
	Male	Female		
<16	9	26	35	1.5%
16-19	201	337	538	23%
20-24	401	348	749	32%
25-34	329	245	574	24%
35-44	165	146	311	13%
45-64	84	68	152	6%
65+	6	4	10	0.4%
Total	1195	1174	2369	100%

Source: South Devon Healthcare NHS Trust

10.5 Key challenges are:

- GUM consultant appointment
- the GUM service is currently run from an unsuitable environment in the outpatient department at Torbay Hospital. Advanced plans have been made to relocate part of the GU service to central Torquay (Castle Circus Health Centre) where GU services will run alongside the Contraception Service as the first step towards wider integration of the sexual health services.
- the development of the Castle Circus Service will include a wider choice of access including walk-in services, young people's clinics and dual GU and Contraceptive Clinics.
- the GUM Lead highlighted the urgent need for dedicated gay and young people's clinics, as well as same day testing and results facilities
- the need for sexual health services in Teignbridge, Okehampton/Bovey Tracey and South Hams in general, as hard to reach groups from these areas find it difficult to access South Devon Healthcare Trust GUM services without private transport

Contraception Service Users

- 10.6 The acute trust runs the contraception services located in a community setting at Castle Circus Health Centre in Torquay. There are five outreach clinics run at Brixham, Midvale Road in Paignton, Newton Abbot Hospital, Teignmouth and Totnes (Table 31). This service is currently medically-led and run; however, a training package for nurses is being developed. There is a dedicated Young Persons' Clinic every Saturday morning in Newton Abbot (drop-in), every Monday afternoon at Castle Circus and every Wednesday afternoon in Brixham (drop-in).

Table 31 – South Devon Outreach Contraception Clinic Attendances for 2006-2007

Clinic	Total Attendances	Percentage
Brixham	177	2%
Brixham Yes	488	6%
Castle Circus	2960	39%
Midvale	2087	27%
Newton	1450	19%
Teignmouth	137	2%
Totnes	303	4%
Total	7602	

Source: Lesley Mitchell, Service Manager for GUM and Family Planning for South Devon Health Care Trust

- 10.7 Total attendances for the South Devon contraception service for 2006-2007 were 8472.
- 10.8 The highest user group are the over 35 year olds in South Devon. Table 31 includes data for first contact in the financial year for males and females. The total number of contacts for 2006-2007 was 7,602 in 409 sessions.

Table 32 – South Devon Contraception Service First Contact Attendances for 2006-2007

Age	First attendances		Total Attendances	Percentage
	Male	Female		
<15	73	173	246	6%
15	105	235	340	8%
16-17	245	546	791	18%
18-19	106	363	469	11%
20-24	115	624	739	17%
25-34	120	726	846	19%
>35	106	840	946	22%
Total	870	3507	4377	100%

Source: Lesley Mitchell, Service Manager for GUM and Family Planning for South Devon Health Care Trust

- 10.9 Key challenges are:
- the development of nurse-led clinics as most of the workforce is part-time
- 10.10 Additional information on GUM and contraception services in South Devon is given in Appendix 4.

- 10.11 The most urgent recommendations of MedFASH review of the GUM service at Torbay Hospital, performed on 26 January 2006, were to urgently invest in the capacity of specialist services and to review and improve commissioning arrangements. All patients are now offered a GUM appointment within 48 hours.

Key priorities for South Devon and Torbay

- **To develop an integrated sexual health service with Level 2 services being delivered from Castle Circus Health Centre and outreached to peripheral hospitals/health centres**
- **To increase staffing capacity: GUM consultant**
- **To develop a flexible workforce with skills to deliver an integrated sexual health service**
- **To develop sexual health clinics using established contraception clinics, including Teignbridge and South Hams**
- **To develop a clinical network with North Devon and Exeter**

11. GUM and Contraception Service Provision in Plymouth

Genito-urinary Medicine Services

- 11.1 Plymouth Hospitals NHS Trust run a consultant-led service with open access to patients from a purpose-built unit at Derriford Hospital. The Trust employs three staff grade clinicians and one part-time GUM consultant. Outreach services are offered to Kingsbridge in the South Hams area. There are two junior doctor (F2) training posts and one GUM nurse. A young people's sexual health lead and a sexual health commissioner have been appointed.
- 11.2 The highest proportion of GUM service users is the 20-24 year age group. Table 32 shows a breakdown of all GU medicine service users at Derriford Hospital in Plymouth by age in 2006. This will include people who are not registered with Devon Primary Care Trust.

Table 32 – GUM Service Users - Derriford Hospital 2006

		Age groups							Total
		Under 16s	16-19	20-24	25-29	30-34	35-39	40 & over	
Female	Follow up (old)	26	356	461	293	211	165	427	1,939
	HIV follow up	0	0	2	5	5	7	13	32
	HIV rebook	0	0	0	0	0	0	1	1
	New patient	69	518	603	356	236	199	287	2,268
	Rebook patient	18	332	626	443	254	183	490	2,346
	Total	113	1,206	1,692	1,097	706	554	1,218	6,586
Male	Follow up (old)	7	113	365	249	167	182	437	1,520
	HIV follow up	0	0	7	4	9	19	65	104
	HIV new	0	0	0	0	0	1	2	3
	HIV rebook	0	0	0	0	0	0	3	3
	New patient	9	284	550	304	200	157	324	1,828
	Rebook patient	1	80	396	309	217	199	457	1,659
Total	17	477	1,318	866	593	558	1,288	5,117	
Overall Total		130	1,683	3,010	1,963	1,299	1,112	2,506	11,703

Source: Plymouth Hospitals Trust, Team Leader GUM

- 11.3 Challenges for the GUM service are around the access target. Whilst performing well, the medical staffing is lean.

Contraception Service Users

- 11.4 The contraception service is run by the acute trust and is delivered in the community from the Cumberland Centre with satellite clinics in Kingsbridge, Ivybridge and Tavistock. There are links with the Young People's Service and the strategy to increase access to clinics is linked to regeneration of the City and the development of more satellite clinics. Presently, two trained nurses run 'clinic in a box' in the community and schools. Within Plymouth, contraception clinics are run at the Cumberland Centre on an appointment basis. Drop-in services are held at Plymstock, The Zone, Plymouth University and at the Trazilian Centre. Specific young people's clinics are run at the Cumberland Centre, The Zone (The Junction clinic), Plymouth University and the Trazilian Centre. All premises, apart from the main clinic at the Cumberland Centre, are non-NHS premises.
- 11.5 In Ivybridge and Kingsbridge, the predominant age of the service users is 16-19 years, whereas in Tavistock it is the over 35 year old age group. The tables below show a breakdown of attendances, by age, at the Youth Enquiry Service (YES) in Ivybridge, the Kingsbridge Family Planning Clinic and the Tavistock Family Planning Clinic.

Table 33 – Ivybridge Youth Enquiry Service for 2006

Age	Total Attendances	Percentage
14	84	17.2%
15	97	19.9%
16-19	280	57.4%
20-24	25	5.1%
25-29	2	0.4%
Total	488	100%

Table 34 – Kingsbridge Family Planning Clinic Attendances for 2006

Age	Total Attendances	Percentage
14	1	0.5%
15	6	2.9%
16-19	24	11.8%
20-24	10	4.9%
25-29	13	6.4%
30-34	23	11.3%
35-39	28	14%
40-44	29	14%
45+	70	34.3%
Total	204	100%

Table 35 – Tavistock Family Planning Clinic Attendances for 2006

Age	Total Attendances	Percentage
14	1	0.3%
15	5	1.5%
16-19	34	10.1%
20-24	17	5.0%
25-29	43	12.7%
30-34	51	15.1%
35-39	72	21%
40-44	44	13%
45+	71	21.0%
Total	338	100%

- 11.6 In 2006-2007, there were an additional 1,258 contraception service users from Devon who used Plymouth Primary Care Trust Family Planning Services. This figure represents 8.5% of all clients using the Plymouth contraception services.
- 11.7 Additional information on GUM and contraception services in Plymouth are given in Appendix 4.
- 11.8 The issue for the contraception service is around capacity and restricted sexually transmitted infection screening ability due to operational logistics and funding for the Young People's Sexual Health Service.
- 11.9 Plymouth GUM services had a National Support Team visit during the summer of 2006. They were recommended to move away from a medically- led model in GUM. Based on their subsequent action plan, chlamydia screening has been the priority for Derriford Hospital. They are now proposing to develop locally enhanced services in primary care with those GPs already trained, with a vision to put all Level 2 sexual health services and family planning into primary care. There is currently no plan to integrate contraception and GUM services, although a clinical network for staff working in GUM and family planning has been set up, with quarterly meetings led by the Director of Public Health.
- 11.10 MedFASH visit of GUM services in Derriford Hospital was performed in February 2006, which also recommended an urgent review of staffing levels and working practices.

Key priorities for working with Plymouth

- **For Torbay and Devon sexual health services to develop a clinical network with Plymouth sexual health services**
- **To share learning and intelligence**

12. Other Sexual Health Services in Devon

Sexual Health Provision for Clients with HIV and AIDS

- 12.1 Currently, clients with HIV and AIDS travel long distances to receive appropriate care of their choice. The referral route for HIV positive patients varies according to area. A specific health needs assessment for clients with HIV and AIDS will be undertaken to address service provision in Devon.

Pregnancy Advisory Services

North Devon area

- 12.2 There are four gynaecology consultants, one permanent locum consultant, one associate specialist and three staff grade or specialty doctors working at the North Devon District Hospital. The termination service is provided by two consultants within this department.
- 12.3 Approximately 250 surgical terminations of pregnancy (TOPs) are performed at the North Devon District Hospital annually for first trimester (ie up to 12 weeks' gestation) abortions. There are no medical terminations available below 12 weeks' gestation. Some medical terminations are carried out between 12-18 weeks' gestation on medical grounds (eg for foetal abnormalities). Thirty (11%) medical (second trimester) terminations are performed annually.
- 12.4 Although most women prefer the single visit procedure of surgical termination, in North Devon there is not the staffing capacity, at present, to manage more medical terminations. Medical terminations require higher staffing levels for follow-up due to higher rates of complication. A move to medical TOPs would result in many patients with complications (pain, bleeding) coming to hospital when the on call doctor is unable to assist them. Further, there is good evidence that patient satisfaction between methods shows a higher level of satisfaction with the single visit and short stay associated with the surgical procedure. All patients are seen within seven days and have their procedures within the following seven days. Presently, the unit is also taking referrals from Taunton. GPs are reportedly satisfied with this current service. Within North Devon over 98% of terminations are provided on the NHS.

Exeter area

- 12.5 The Royal Devon and Exeter Hospital provides a dedicated termination service. The service employs a co-ordinator to whom all referrals are directed. Two termination clinics take place per week. Terminations are offered up to 12 weeks' gestation. After this, patients are referred, under the NHS, to the British Pregnancy

Advisory Service (BPAS) in Torbay. Patients are given a choice of medical and surgical terminations. Approximately 15-25% of terminations are medical.

South Devon area

- 12.6 In South Devon, the British Pregnancy Advisory Service (BPAS) is commissioned to run the termination service. The number of terminations has increased from 642 in 2004-05 to 749 in 2006-07. With respect to patients, 58% are from Torbay, 32% from Teignbridge and 10% from South Hams and West Devon. Medical terminations fluctuated between 20% and 44% per quarter last year.

Plymouth area

- 12.7 Patients requiring termination in Plymouth are seen and assessed by associate specialists and are operated on by a consultant. Consultants operate on a rota and lists are run as 'extra' lists on a Saturday morning. In 2005-06, 1020 surgical terminations and 55 medical terminations were performed. There is the capacity to undertake two to three medical terminations per week. There were 70 referrals to the British Pregnancy Advisory Service in 2005-06. Eighty-one per cent of women underwent termination of pregnancy within three weeks of referral and 68% of terminations are performed at less than 10 weeks. There is a regular family planning and counselling service.

Fertility Services

- 12.8 Devon Primary Care Trust has developed and agreed an in-vitro fertilisation (IVF) policy and currently provides one cycle of IVF treatment to those who meet the criteria within the policy.
- 12.9 Devon Primary Care Trust funded 79 cycles of IVF in the 12 month period from October 2006 to September 2007.

Vasectomy Services

- 12.10 A GP in Exeter provides the only 'no-scalpel' vasectomy service in Devon to around 160 patients per year at St Thomas Health Centre on a Saturday morning. Patients are mainly from Exeter, but also from Exmouth and Cullompton. A no-scalpel service has been the recommended guideline by the Royal College of Obstetricians and Gynaecologists for the past three years.
- 12.11 General Practitioners in Northam Surgery and Abbots Road Surgery provide vasectomies in North Devon.
- 12.12 Vasectomies are also provided by general surgeons and urologists in the acute trusts.

Provision for Psychological and Sexual Problems

- 12.13 A separate needs assessment is presently being undertaken to map out current services serving the Devon population and to determine the demand for these services.

Voluntary Sector

- 12.14 Devon Primary Care Trust commissions some sexual health services from voluntary organisations in Devon, such as Positive Action South West and the Eddystone

Trust. The services provided by these voluntary organisations include giving support to those affected by HIV and AIDS, prevention work and awareness-raising, and training.

13. Vulnerable Groups

Children and Young People

- 13.1 See separate Devon Young Peoples' Sexual Health Strategy.

Prison Sexual Health

- 13.2 The Primary Care Trust took over the commissioning of prison health in 2004. The Prison Health Service is provided by Her Majesty's Prison Service. There are three prisons in Devon: Exeter, Channings Wood and Dartmoor. Exeter is a short-stay remand prison with 533 prisoners. Both Dartmoor (600 prisoners) and Channings Wood (600 prisoners) prisons house long-term prisoners. Currently, there are limited sexual health services at these prisons and a health needs assessment of prisoners within Devon is presently being undertaken by Devon PCT to address this issue.

People with Learning Disabilities

- 13.3 There is no sexual health service specifically aimed at people with learning disabilities. They are encouraged to access mainstream services. A review of access to services of this vulnerable group should be undertaken.

Sexual Assault Referral Centre (SARC)

- 13.4 A Sexual Assault Referral Centre provides an integrated pathway of care and response to sexual assault and rape reporting. This highly specialised service provides a dual approach in medical/forensic care and support/psychological therapies provision. The Sexual Assault Referral Centre team responds to requests from police, other professionals and self referrals. An Exeter multi-disciplinary steering group has been working together with the Sexual Assault Referral Centre's Home Office Consultant to develop a model and service standard at Hawkins House, Exeter. The Exeter SARC received a grant from the government for further development work on plans for the new centre.

Lesbian, Gay, Bisexual and Trans-sexual (LGBT) Community

- 13.5 Devon Primary Care Trust employs a detached link worker who works with the lesbian, gay, bisexual and trans-sexual community. His work also covers the public sex environment and the sex worker industry. His work primarily involves raising safe sexual health and social health awareness and training on lesbian, gay, bisexual and trans-sexual issues for any agency who requests it, for example schools and universities. He discusses internet safety issues and links clients with the Intercom Trust if there are any safety concerns. He also sign posts his clients to appropriate services, such as needle exchange schemes, post exposure prophylaxis, immunisations, GUM clinics, voluntary organisations, and Drug and Alcohol Action Teams (DAATs). He distributes condoms and lubricants to the lesbian, gay, bisexual and trans-sexual community and sex workers.

- 13.6 An increase in risk-taking in the lesbian, gay, bisexual and trans-sexual community with less frequent check-ups has been observed. This is because HIV is increasingly being perceived as a treatable infection. The incidence of sexually transmitted infections has also risen in the older groups of the lesbian, gay, bisexual and trans-sexual community because of the increase in group sex.

14. Effective Interventions

- 14.1 The direct costs of treating STIs cost the NHS approximately £165 million a year (estimated by DH in 2005). Including the cost of treating sequelae would increase this.
- 14.2 HIV imposes a significant burden on healthcare resources nationally at around £580 million a year. As well as high costs on treatment and care, HIV is associated with serious morbidity, significant mortality and a high number of potential years of life lost. The average life time treatment cost for an HIV positive individual is calculated at between £135,000 and £181,000. The monetary value of preventing a single onward transmission is estimated to be between £0.5 and £2.5 billion a year.
- 14.3 The average cost per contraceptive failure in 2005/6 was around £1500, including costs of ectopic pregnancy, maternity (live births), abortion and miscarriage. The prevention of unplanned pregnancy by NHS contraception services has been estimated to save the NHS over £2.5 billion a year.
- 14.4 Preventing sexually transmitted infections, such as Chlamydia, will dramatically reduce the costs associated with pelvic inflammatory disease and preventable infertility. *Chlamydia Trachomatis* infection is the most common bacterial sexually transmitted infection in the UK and the long-term consequences of infection are especially detrimental to women. It is a well-established cause of pelvic inflammatory disease, ectopic pregnancy and infertility (tubal).
- 14.5 It is estimated that these complications cost the NHS at least £100 million annually (Chief Medical Officer's Expert Advisory Group). Much of this cost arises because early infection is largely asymptomatic and a large proportion of cases remain undiagnosed which leads to the later development of serious complications in untreated women. The National Institute for Health and Clinical Excellence (NICE) has published specific interventional guidance to reduce the transmission of sexually transmitted infections⁴.

Cost-effective Interventions

- 14.6 In 2002, the Health Development Agency mapped and synthesised the best available review evidence for the effectiveness of interventions in sexual health by examining meta-analysis and other publications (www.hda-online.nhs.uk/evidence). It excluded screening and treatments, but there are briefings on teenage pregnancy, HIV prevention and prevention of sexually transmitted infections.
- 14.7 Key principles for successful interventions are:
- local assessment of needs, especially involving local people in the research process

⁴ *One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups.* National Institute for Health and Clinical Excellence 2007

- mechanisms which enable organisations to work together, ensuring dialogue, contact and commitment
- representation of local people within planning and management arrangements; the greater the level of involvement, the larger the impact
- design of specific initiatives with target groups to ensure that they are acceptable and that they work through settings that are accessible and appropriate
- training and support for volunteers, peer educators and local groups, encouraging maximum benefit from community-based initiatives
- visibility of political support and commitment
- reorientation of resource allocation to enable systematic investment in community-based programmes
- policy development and implementation that brings about wider changes in organisational priorities and policies, driven by community based approaches
- increased flexibility of organisations, so supporting increased delegation and a more responsive approach

14.8 There is specific evidence that investment in sexual health interventions is good value for money (within the cost effectiveness range accepted by the NHS) and in many cases cost-saving. This includes:

14.8.1 Sexual health promotion and disease prevention, especially interventions targeting high risk groups³, for example, widespread condom provision, outreach safe sex training for high risk groups, school education programmes and needle exchange services. A toolkit on effective sexual health promotion has been produced by the Department of Health⁵.

14.8.2 Many screening programmes. Screening strategies targeting high-risk populations, such as pregnant women for HIV and young women for chlamydia – leading to early treatment, averting costs of complications (such as infertility), and onward transmission.

14.8.3 High quality and rapid access sexually transmitted infection services. Untreated infections lead to onward transmission and further increased demand on GUM services. Prompt treatment of sexually transmitted infections and effective partner notification are key elements of cost effective preventive interventions

14.8.4 Wide choice of contraception services and abortion services provided with minimal delay. For every £1 spent on contraception services, £11 is saved

⁵ *Effective Sexual Health Promotion*. A Toolkit for Primary Care Trusts and others working in the field of promoting Good Sexual Health and HIV Prevention. Department of Health 2003

and the NHS could save money through improving contraception services by ensuring access to the full range of methods which reflect women's preferences, including more cost effective longer-acting reversible methods. NICE has published a clinical guideline on long acting reversible contraception (LARC)⁶.

14.9 The Department of Health has published a guide on the economics of sexual health interventions⁷. The document is based on a literature search and consensus meeting. Cost effective interventions are divided into four categories:

- Cost saving interventions

- Above averagely cost effective interventions compared with current NHS expenditure

- Averagely cost effective interventions compared with current NHS expenditure

- At upper end of cost effective interventions, but within current NHS range of expenditure

⁶ *Long-acting reversible contraception*. National Institute for Health and Clinical Excellence 2005

⁷ Payne N & O'Brien R. *Health Economics of Sexual Health: A guide for commissioning and planning*. Department of Health, 2005

<p>Health Promotion and Disease Prevention</p> <p>There are numerous cost effective and, importantly, cost saving interventions aimed at promoting sexual health especially due to the high costs associated with HIV/AIDS. Interventions are more cost effective when they effectively target high-risk groups.</p>	<p>Cost saving</p> <ul style="list-style-type: none"> • Free condom provision for medium and high risk groups (mainly men who have sex with men (MSM) and sex workers) (1,2,3,4,5,6,7,8,9) • Condom subsidy or tax reduction schemes (6,10,11) • Outreach health promotion and safe sex programmes for high risk groups (mainly MSM and sex workers) and hard to reach groups (3,12,13,14,15) • Provision of AIDS risk reduction messages in gay bars (12) • Safer sex skills training session/cognitive behavioural intervention for MSM (3,5,16,17,18,19) • Peer-leader interventions for MSM (3,5,17,20) • High quality integrated Sex and Relationships Education (SRE) (12) - includes especially <i>Safer Choices</i> School Programme evaluation (a 2-year multi component education programme in US high school students) (21) • Needle exchange provision to prevent HIV in injecting drug users (22,23,24)
	<p>Above averagely cost effective</p> <ul style="list-style-type: none"> • Behavioural HIV risk reduction sessions for high risk women (17,19,25)
	<p>Averagely cost effective</p> <ul style="list-style-type: none"> • One day cognitive-behavioural HIV risk reduction intervention in male adolescents (26) • Intervention based on individualised risk assessment and counselling, peer education, optional HIV testing and referrals to needed healthcare services for gay and bisexual male adolescents (27) • Use of condoms only 20% of the time by MSM – the message here is that only when condom use is high are condoms cost saving in this group – in that case condoms are hugely cost saving (6)
	<p>Not very cost effective but within current NHS range</p> <p>None</p>

<p>Screening</p> <p>Screening strategies, such as targeting all pregnant women for HIV and young women for chlamydia, are clearly cost effective - they help lead to early treatment, averting costs of complications (such as infertility) and onward transmission.</p>	<p>Cost saving</p> <ul style="list-style-type: none"> • Antenatal syphilis screening (28) • Antenatal screening for HIV in high risk women (29,30) • Screening for syphilis in high-risk prison population (31) • Many modelling studies conclude chlamydia screening is cost-saving <ul style="list-style-type: none"> ○ for selected population groups at high risk (32,33,34,35,36,37,38) ○ for young women (34,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53). <p>There are some uncertainties about complication rates which means there is more work needed to fine tune estimates of benefits of screening (50,54,55). Most studies do not use dynamic modelling (39,40,56) which may lead to underestimation of the benefits of screening.</p>
	<p>Above averagely cost-effective</p> <ul style="list-style-type: none"> • Antenatal syphilis screening (57) • Antenatal HIV screening in high-risk areas (58,59)
	<p>Averagely cost effective</p> <ul style="list-style-type: none"> • Antenatal screening for HIV (59,60,61,62,63,64) • Chlamydia screening for other groups – young men, older women (36,39,42,43,44,65). The note above about chlamydia screening studies also applies here.
	<p>Not very cost effective but within current NHS range</p> <ul style="list-style-type: none"> • Screening (and suppressive therapy) to identify discordantly infected heterosexual couples with no history of herpes (HSV-2) infection (66,67) • HIV screening in acute care settings (68)
	<p>Uncertain</p> <p>Gonorrhoea screening in high risk patients</p>

<p>Treatment interventions for STIs</p> <p>Comprehensive and accessible STI treatment services are cost saving.</p> <p>Highly Active Antiretroviral Therapy (HAART) is also averagely cost effective.</p>	<p><i>Cost saving</i></p> <ul style="list-style-type: none"> • Comprehensive and accessible (including extended outreach) STI treatment services in groups at high risk of HIV (13,69,70)
	<p><i>Above averagely cost effective</i></p> <ul style="list-style-type: none"> • Comprehensive treatment of bacterial STIs for the general population (10)
	<p><i>Averagely cost effective</i></p> <ul style="list-style-type: none"> • Retroviral treatment for HIV (10) – including Highly Active Antiretroviral Therapy (HAART) (71) Note that the increased treatment costs of HIV/AIDS makes some prevention interventions more cost effective (72) • Routine HIV testing for STI clinic attenders (73,74)
	<p><i>Not very cost effective but within current NHS range</i></p> <p>None</p>
<p>Service Organisation and Delivery</p> <p>Prompt treatment of STIs and effective partner notification are key elements of cost effective prevention interventions.</p>	<p><i>Cost saving</i></p> <ul style="list-style-type: none"> • Temporary increase in STI services capacity to gain control of a high equilibrium incidence of STIs (75)
	<p><i>Above averagely cost effective</i></p> <ul style="list-style-type: none"> • Good access to STI services with very short or no waiting times so that a low equilibrium level of infection incidence is maintained (75) • Partner notification (14)
	<p><i>Averagely cost effective</i></p> <p>None</p>
	<p><i>Not very cost-effective but within current NHS range</i></p> <p>None</p>

Fertility Control Services (including contraception and abortion) Accessible contraceptive services which reflect women's preferences are cost saving	Cost saving <ul style="list-style-type: none"> • Contraceptive services, in themselves, result in reduced cost and increased benefit (76,77) • Provision of an "ideal" profile (the choice women would make if given full information and offered the range of methods) of contraceptive services that better reflect women's preferences could save the NHS at least £500 million over 15 years. (This is mostly a move from combined oral hormonal to longer acting methods) (76) • Reducing the delay in obtaining an abortion – savings to the NHS of from £645,000 to £30 million per annum are estimated depending on women's choice of method. (76) • Access to over the counter oral contraception (76) • Access to emergency contraception. (76,78) <p><i>These conclusions are based especially on research recently commissioned by the Family Planning Association (fpa) (76). This used literature review and modelling methods to establish its conclusions.</i></p>
	Above averagely cost effective None
	Averagely cost effective None
	Not very cost effective but within current NHS range None

14.10 The Primary Care Trust should be guided by this evidence when allocating and maximising its resources. The evidence supports an increase in clinical capacity and access to services.

Effective Sexual Health Promotion

14.11 Programmes and interventions which are multi-component are most effective in reducing sexual ill health. Interventions are more likely to be effective if they include theoretical models, are targeted for particular communities and provide information and behavioural skills training⁸.

14.12 Programmes that focus on strengthening perceived norms that promote safer sex can lead to reduced sexual risk-taking⁸.

14.13 Sustained sexual health promotion campaigns, as part of multi-component programmes, can positively affect individual attitudes and intentions regarding safer sex⁸.

- 14.14 High quality sexual history-taking and risk assessment can provide opportunities for targeted sexual health promotion to become a routine part of good patients care and enable people to receive appropriately targeted advice and information on prevention of STIs, HIV and unintended pregnancy within clinical settings⁸.

Evidence of Effectiveness and Standards of Care

- 14.15 The Department of Health supports an integrated sexual health service⁸ delivering contraception and termination of pregnancy, diagnosis and treatment of sexually transmitted infections and HIV, prevention of sexually transmitted infections and HIV, and services that address erectile dysfunction and psychosexual problems.
- 14.16 The recommendation is that a sexual health service supports the delivery of three levels of service provision, as proposed by the National Sexual Health Strategy. Level 1 is GP practice provision, Level 2 is primary care based (provided by specialist nurses or specialist GPs in a sexual health clinic or GP practice) and Level 3 is specialist provision. Each level builds on the scope of the previous one (Level 2 does everything that Level 1 does) and each level supports patient choice.
- 14.17 Services that contribute to the management of sexually transmitted infections and the improvement of sexual health as a whole are very diverse and occur in a range of settings. These include general practice, school-based services and education, community contraception services, prison health services and ante-natal care to name but a few. A key policy direction within the NHS has been to encourage increased testing and management in primary care to reduce the substantial reservoirs of predominantly asymptomatic sexually transmitted infections in the population.
- 14.18 Recommended standards for sexual health services have been produced by the Medical Foundation for AIDS and Sexual Health (MedFASH) and endorsed by the Department of Health^{9,10} and the Faculty of Family Planning and Reproductive Health Care of the Royal College of Obstetricians and Gynaecologists¹¹. The British HIV Association has published standards for HIV clinical care in partnership with the Royal College of Physicians¹².
- 14.19 The Regional Sexual Health Task Group produced guidance on commissioning sexual health and blood borne virus services in prisons in the South West of England. This document went out to consultation in February 2008.
- 14.20 The National Institute for Health and Clinical Excellence (NICE) has also produced guidelines on long-acting reversible contraception⁵, reducing the rate of under 18 conceptions and reducing the transmission of sexually transmitted infections, including HIV³.
- 14.21 Further good practice guidance has also recently been published by the Department of Health and the Department for Education and Skills (DfES) on improving access

⁸ *Effective Commissioning of Sexual Health and HIV Services*. A Sexual Health and HIV Commissioning Toolkit for Primary Care Trusts and Local Authorities. Department of Health 2003

⁹ *Recommended standards for sexual health services*. Medical Foundation for AIDS & Sexual Health 2005

¹⁰ *Recommended standards for NHS HIV services*. Medical Foundation for AIDS & Sexual Health 2003

¹¹ *Service Standards for Sexual Health Services*. Faculty of Family Planning and Reproductive Health Care of the Royal College of Obstetricians and Gynaecologists 2006

¹² *Standards for HIV Clinical Care*. British HIV Association in partnership with the Royal College of Physicians, London, the British Association of Sexual Health and HIV and the British Infection Society 2007

to sexual health services for young people in further educational settings¹³. The evidence relating to effective interventions in young people will be discussed in the Devon Young Peoples' Strategy.

Local Practice

- 14.22 Devon PCT aims to develop an integrated sexual health service based on the above key recommendations. The following are some examples of good practice already taking place around Devon:
- 14.22.1 There is a RnB (Risk and Behaviour) targeted outreach support programme for vulnerable young people. Young people are referred by Social Services for intensive 1:1 support over a period of two years. The project runs in Exmouth and Exeter. This is partly funded by the Teenage Pregnancy Fund and run by the Young Devon.
 - 14.22.2 Added Power and Understanding in Sex Education (APAUSE) is a secondary school-based sex and relationships programme, developed by staff at the Department of Child Health in the University of Exeter. It trains teachers and health professionals and includes a peer-led component, covering knowledge and understanding of a range of issues. The peer education inputs have a particular focus on challenging attitudes and give students a chance to practice assertiveness skills. Evaluation of the programme has shown that young people are less likely to have sex at too young an age and have a better understanding of their health.
 - 14.22.3 Mid Devon secondary schools have developed common protocols, governance and terms of reference for school-based health drop-ins. This service is provided by a partnership of Devon Primary Care Trust, Devon Youth Service and Connexions. Young people participate in the drop-in steering groups.
 - 14.22.4 There are school and youth centre-based health drop-ins within secondary schools. There are plans to develop this service into a 'badged' scheme in the near future.
 - 14.22.5 There is a multi-agency sex and relationships training programme, including condom distribution and pregnancy testing. This is a four-day course for professionals working with young people. It is commissioned by the Primary Care Trust from the Teenage Pregnancy Fund and run by Positive Action South West.
 - 14.22.6 A pilot is underway in a secondary school in Exeter in which a GP is running one lunchtime on-site health advice service per week. The sessions are by appointment. The service provides access to a range of contraception methods, including condoms, implants, injectable contraceptives and oral contraception. Advice on hepatitis, sexually transmitted infections, relationships and general sexual health is also provided. The uptake has been very good. The service has been running since February 2007 and has been evaluated by young people using the service.
 - 14.22.7 There is a pharmacy-based emergency hormonal contraception scheme in operation throughout Devon. The scheme is free for 13-19 year olds.

¹³ *Improving Access to Sexual Health Services for Young People in Further Education Settings*. Department for Education and Skills and Department of Health 2007

There are over 100 trained pharmacists who provide good coverage, including market towns in Devon. A local sexual health services information wallet has been distributed to all pharmacists and Minor Injury Units providing emergency hormonal contraception to under 19 year olds as part of the national scheme. There is clear evidence that sexually transmitted infection screening, particularly for chlamydia in pharmacies supported by the provision of treatment under Patient Group direction provides an effective, accessible and non-judgemental service to both men and women. Chlamydia screening could be implemented by pharmacists and a Patient Group Direction developed for pharmacists to provide treatment for those testing positive.

- 14.22.8 Positive Action South West supports people with HIV and acts as an advocate for this group. Positive Action South West has been involved in the Devon sexual health stakeholder events. The Primary Care Trust also employs a Lesbian, Gay, Bisexual Trans-sexual health worker, who works with this hard to reach group. In addition, he also works in the public sex environment and the sex worker industry to raise safe sexual health and social health awareness. He provides awareness to organisations, such as schools and universities, as well as distributing condoms and lubricants to the lesbian, gay, bisexual and trans-sexual community and sex workers.

15. Commissioning of Sexual Health Services

- 15.1 The government has taken many positive steps to support improving sexual health. It provided £300 million to support the *Choosing Health* White Paper¹⁴, the national awareness campaign on sexual health, and the reduction on VAT on condoms.
- 15.2 To meet the needs and preferences of service users, Primary Care Trusts should aim to commission a full range of services which provide different levels of sexual health care in a variety of settings. This means an integrated, tiered sexual health service as set out in the National Sexual Health Strategy. The National Sexual Health Strategy as well as *Choosing Health* recommends the development of local managed networks for sexual health, in particular as regards to young people. This is re-iterated in the White Paper, *Our health Our care Our say*¹⁵.
- 15.3 In *Our health Our care Our say: a new direction for community services* and specifically in *Making it Happen*¹⁶, the development of the management of sexually transmitted infections in community settings and general practice is recommended and the involvement of the voluntary and business sectors encouraged. The Primary Care Trust should develop sexual health services in primary care in which generalist providers deliver general sexual health services (as defined by Level 1 services in Appendices 1 and 2) and specialist providers deliver specialist sexual health services (as defined by Level 2 services in addition to Level 1 services). The scope and use of pharmacies should also be increased. Services could also be nurse-led, making full use of nurse prescribing and Patient Group Directions. These arrangements should be overseen by clinical specialists who can provide the back-up to frontline services for people with complex needs.

¹⁴ *Choosing Health: Making healthy choices easier*. Department of Health 2004

¹⁵ *Our health Our care Our say: a new direction for community services*. Department of Health 2006

¹⁶ *Our health Our care Our say: making it happen*. Department of Health 2006

15.4 Key aims of the prevention of sexually transmitted infections and HIV and AIDS are:

- to reduce the number of newly acquired sexually transmitted and HIV infections
- to reduce the levels of unsafe sex
- to raise awareness of services

Action by commissioners and service providers:

- To focus sexual health promotion and prevention on targeted groups
- To ensure prevention is integral to service delivery
- To support staff to develop the required skills
- To work with voluntary and community organisations to raise awareness of the benefits of testing and, where testing, treatment and care are available
- To co-ordinate local information campaigns with national information campaigns

15.5 Key aims for better services are:

- to increase uptake by providing a choice of easily available services
- to give people better information about local services
- to develop an integrated sexual health service with three levels of service provision (Appendix 1 and 2) according to recommended standards for sexual health services^{9,10,11,12,13}
- to develop services according to the recommended standards for NHS HIV Services¹⁴ and standards for HIV Clinical Care published by BHIVA¹⁶
- to increase the uptake of Chlamydia screening
- to ensure that professionals in both the statutory and voluntary sector receive sexual health training according to the recommended quality standards¹³
- to develop managed service networks

Action by commissioners and service providers:

- To develop an integrated sexual health service, in particular:
 - To strengthen sexual health services provision in general practice
 - To support services by appropriate staffing levels
 - To develop care pathways and protocol-led services
 - To support staff with education and training to develop the required skills mix
- To ensure sexual health service provision meets clinical governance requirements
- To establish managed clinical networks, allowing providers to collaborate and plan services jointly as well as manage academic, teaching and research activity
- To provide high quality services and social care for those living with HIV and AIDS
- To ensure access to services for priority groups
- To understand influences and beliefs of targeted groups
- To improve IT facilities in clinics
- To ensure the siting, capacity and condition of facilities are such that sexual health services are accessible and up-to-date

15.6 Key aims for effective commissioning:

- to establish a multi-agency and multi-disciplinary steering group
- to develop and implement a local action plan
- to understand the local needs and identify priority population groups, especially people with learning disabilities
- to link to the wider policy context
- to work in partnership with other agencies and with users

- to identify current resources, including those that need development
- to set local targets for monitoring the development, implementation and outcomes of plans

Action by commissioners:

- To establish a multi-agency and multi-disciplinary local implementation team to implement the Devon Sexual Health Strategy
- To develop a sexual health strategy action plan
- To work in partnership with a range of stakeholders, including the voluntary sector
- To develop a set of local performance indicators for sexual health and HIV, linked to the PCT's Local Development Plan
- To monitor and evaluate agreed outcomes of the sexual health implementation plan and change it where necessary
- To develop insight into targeted populations using attitudinal intelligence

16. Recommendations

- 16.1 The rapid increase in acute sexually transmitted infections have placed significant pressures on sexual health services across the UK. Greater access to GUM clinics and further developing the role of primary care are key challenges in the control and management of acute sexually transmitted infections. A uniform protocol-led service across Devon will increase equity of access and quality of service.
- 16.2 The consultation on the Devon Sexual Health Strategy underlined the need to improve access to sexual health care, including the wider community-based elements, such as STI screening, alongside clear signposts and care pathways for access to mainstream services. The consultation also highlighted the need for clear and easily accessible information about services.
- 16.3 Devon Primary Care Trust will commission services appropriate for its population through reducing waiting times, increasing responsiveness, improving clinical outcomes, using new contracting opportunities in general practice and through continually reviewing its evolving services. Working towards an accessible,

confidential and high quality sexual health service with integrated care pathways should encourage increased uptake by all those needing this service in Devon.

Recommendations:

- To establish a Devon Sexual Health Local Implementation Team, chaired by the Director of Public Health
- To develop a specification for an integrated sexual health service for Devon Primary Care Trust and Torbay Care Trust, to be jointly commissioned by Devon Primary Care Trust and Torbay Care Trust
- To produce an implementation plan, based on commissioning actions identified in section 15 of the full report, and to oversee the implementation, taking into account the key priorities for service provision identified in sections 8, 9, 10, 11 and 12 of the full report, and the needs of vulnerable groups
- All agreed outcome measures must be monitored, evaluated and reviewed
- To undertake specific health care needs assessments of psychosexual counselling services and services for clients with HIV and AIDS in 2008-09

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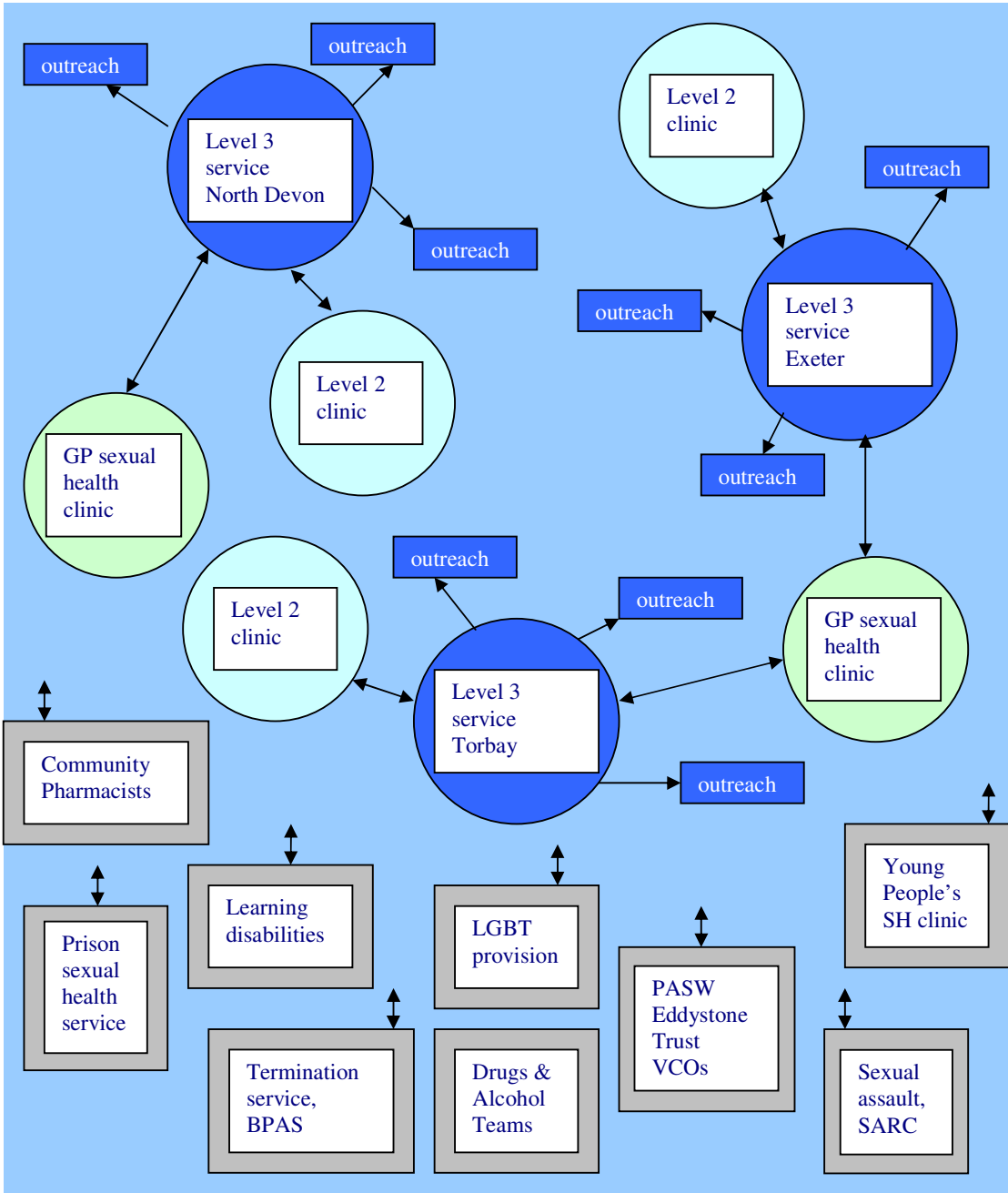
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APPENDIX 1

Proposed integrated sexual health service for Devon and Torbay

The following services will occur against a background of Level 1 services taking place in various settings in the community. Each level builds on the next (ie Level 2 does everything Level 1 does, and Level 3 provides everything Level 2 provides). All levels of service should be part of a managed clinical network (ie will be interdependent, supportive of one another and effectively managed).



APPENDIX 2

Three levels of service provision as described in *Better prevention Better services Better sexual health*, the National Strategy for Sexual Health and HIV, Department of Health, 2001.

Level One elements

- Sexual history taking and risk assessment
- Generic information for sexually transmitted infection prevention/safer sex advice
- Information re local GUM provision
- Information about the full range of contraceptive methods and where these are available
- First prescription and continuing supply of oral contraception (combined + progestogen only)
- First prescription and continuing supply of injectable contraception
- Emergency oral contraception
- Intrauterine device (IUD) and Intrauterine System (IUS) routine follow-up
- Referral for female sterilisation
- Referral for vasectomy
- Assessment and referral for psychosexual problem
- Pre-conceptual advice/provision of folic acid
- Counselling/screening for genetic disorders (sickle, thalassaemia, CF etc)
- Primary investigation of menstrual disorders
- Free NHS pregnancy testing and appropriate referral
- Estimate of gestation (VE or U/S)
- Referral for antenatal care
- Testicular examination
- Referral for termination of pregnancy assessment
- Cervical cytology for screening programme
- Referral for colposcopy for abnormalities from routine screening
- Hepatitis B screening and immunisation
- Chlamydia screening (urine) – men and women
- HIV testing and counselling (with referral pathways)
- Testing symptomatic women for sexually transmitted infections (GC, chlamydia, TV)
- Sex abuse – assessment and referral
- First episode of herpes – assessment and referral
- Ongoing supply of condoms for safer sex/contraception
- Genital warts – assessment and referral
- Substance misuse history (including IDU)
- Hepatitis C testing and counselling (with referral pathways)
- Appropriate management of vaginal discharge
- Men with symptomatic STIs – assessment and referral
- Recognition, assessment and onward referral re: female genital mutilation
- Diagnoses and treatment of urinary tract infections in men (with referral)

Level Two elements

- Problems with choice of contraceptive methods
- Investigation and treatment of problems with oral contraceptives
- Cu and medicated IUD insertion
- Emergency IUD insertion
- Diaphragm fitting and follow-up
- Contraceptive implant insertion and removal
- Screening asymptomatic women for sexually transmitted infections
- Screening asymptomatic men for sexually transmitted infections
- Testing symptomatic men for sexually transmitted infections
- Treating sexually transmitted infections

- Treatment of first episode herpes
- Treatment of genital warts
- Tests of cure for sexually transmitted infections
- Contact tracing/partner notification
- Management of recurrent herpes (including suppressive Rx) and initiation of suppressive treatment
- Management of psychosexual problems
- Management of organic sexual dysfunction
- Vasectomy surgery
- Assessment for termination of pregnancy
- School sexual health provision

Level Three elements

- Outreach services for sexually transmitted infection prevention/contraception
- Colposcopy and outpatient treatment
- Local co-ordination and specialist back-up for sexual assault, including forensic sciences
- IUD/IUS problem clinics
- Specialised HIV treatment and care
- Termination of pregnancy service
- Vulval diseases (specialist dermatologist services)
- Penile dermatoses (specialist dermatologist services)
- Specialist sexually transmitted infection services (eg syphilis, problem warts, recurrent NSU)
- Sexually transmitted infection services for groups with special needs (eg gay men, sex workers, prisons)
- Specialist contraception services (eg services for groups with special needs)
- Pain management
- Teaching of students
- Training of health professionals
- Clinical governance provision for Level 2 and Level 1
- Research and development

APPENDIX 3

Resident Population by age and by town (June 2007)

Market Town	00 - 04	05 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	Over 75	Total
Ashburton/Buckfastleigh	440	1,099	1,112	881	1,403	1,419	1,466	913	898	9,631
Axminster	526	1,347	1,206	1,058	1,677	1,769	2,314	1,806	1,930	13,633
Barnstaple	2,309	5,635	5,708	5,091	6,921	6,372	6,512	4,515	4,224	47,287
Bideford/Northam	1,699	4,003	4,108	3,700	5,113	5,133	5,804	4,212	3,890	37,662
Braunton	560	1,251	1,138	1,176	1,570	1,384	1,645	1,319	1,437	11,480
Crediton	984	2,291	2,234	1,848	2,897	2,973	3,013	2,026	1,794	20,060
Cullompton	1,216	2,805	2,573	2,359	3,631	3,212	3,191	2,037	2,037	23,061
Dartmouth	408	884	941	770	1,131	1,336	1,802	1,189	1,243	9,704
Dawlish	620	1,545	1,588	1,364	1,963	2,148	2,468	1,938	2,054	15,688
Exeter	6,616	13,575	23,123	19,145	19,994	16,868	15,629	10,672	11,140	136,762
Exmouth	2,001	5,013	5,609	4,717	6,170	6,084	6,655	5,239	6,230	47,718
Great Torrington	539	1,453	1,323	1,010	1,769	1,740	2,000	1,375	1,165	12,374
Holsworthy	630	1,638	1,507	1,140	1,908	1,991	2,366	1,642	1,411	14,233
Honiton	785	1,880	1,812	1,632	2,321	2,216	2,498	1,986	2,132	17,262
Ilfracombe	952	2,162	2,161	1,977	2,743	2,629	3,018	1,885	1,684	19,211
Ivybridge	1,641	4,299	4,006	3,177	5,292	5,458	5,434	3,285	2,819	35,411
Kingsbridge	624	1,642	1,792	1,399	2,054	2,373	2,932	2,240	2,512	17,568
Lyton/Lynmouth	72	229	286	241	337	407	456	281	273	2,582
Moretonhampstead	167	448	408	324	610	642	784	456	437	4,276
Newton Abbot	3,333	8,246	7,718	6,819	10,559	9,769	9,744	6,730	6,938	69,856
Okehampton	1,196	2,775	2,651	2,383	3,570	3,614	4,068	2,866	2,375	25,498
Ottery St Mary	654	1,915	1,434	1,299	2,206	2,109	2,341	1,736	1,727	15,421
Seaton	380	1,122	1,043	848	1,373	1,494	2,175	1,899	2,481	12,815
Sidmouth	529	1,574	1,471	1,152	1,947	2,034	2,792	2,618	3,579	17,696
South Molton	604	1,451	1,395	1,151	1,736	1,888	2,101	1,428	1,437	13,191
Tavistock	1,225	3,325	3,121	2,353	3,852	4,230	4,666	3,125	2,980	28,877
Teignmouth	788	1,798	2,075	1,716	2,224	2,611	3,200	2,236	2,796	19,444
Tiverton	2,041	4,520	4,057	3,879	5,444	5,111	5,289	3,803	3,503	37,647
Totnes	880	2,498	2,732	2,128	3,225	3,407	3,600	2,228	2,327	23,025

APPENDIX 4

Sexual Health Services Provision in North Devon – Additional Information

North Devon GUM Service

GUM clinic opening hours for North Devon are as follows:

Monday	9:00am – 11:30am (HIV only); 2:00pm – 7:00pm
Tuesday	9:30am – 12:00noon
Wednesday	2:00pm – 6:30pm
Thursday	9:00am – 12noon
Friday	2:00pm – 4:00pm

Outreach clinics are held at:

Bideford:	Wednesday	9:00am – 11:40am
Ilfracombe:	Thursday	2:00pm – 4:00pm

During a typical week, the clinic sees approximately 153 patients, of which 26% are patients who did not attend their appointments (DNA).

North Devon Contraception Service

Current contraception clinic opening hours for the following locations are:

North Devon College:		nurse available 5 days per week doctor available Tues and Fri for one hour at lunchtime
Barnstaple Health Centre:	Monday	9:30am – 6:30pm booked appointments 3:45pm – 4:15pm drop-in
	Thursday	4:00pm – 6:00pm drop-in
Torrington School:	Monday	1:20pm – 2:05pm (term time only)
	Friday	1:20pm – 2:05pm (term time only)
Torrington Hospital	Wednesday	evenomng clinic, 1 st & 3 rd Wed of month 4:20pm – 7:00pm
Bideford Hospital:	Tuesday	4:00pm – 5:00pm drop-in 5:00pm–6:00pm booked appointments
Ilfracombe Hospital:	Tuesday	4:00pm – 5:00pm drop-in 5:00pm – 6:00pm booked appointments
Holsworthy Hospital:	Thursday	on second and fourth Thurs of month
Holsworthy Skills Centre:	Thursday	12:50pm – 1:50pm (term time only)

Table 1 below gives details of the reasons for visits to the North Devon family planning clinic for the first nine months of 2005-06.

Table 1 – Reason for attendance at North Devon family planning clinic 2005-06

		<15	15	16-17	18-19	20-24	25-34	35+
Combined oral contraceptive/ condoms		116	220	585	193	229	149	76
Progesterone only pill/ condoms		13	12	56	20	57	55	92
Injectible (Depo)		16	40	103	84	99	85	83
Condoms only		150	255	756	199	180	155	200
PCC Pill and PCC IUD		20	41	143	33	38	26	15
Pregnancy test		40	51	111	38	64	41	29
Mirena/IUCD	Fit	-	-	7	-	12	51	75
	Check	-	-	-	9	25	77	216
	Removal	-	-	-	-	7	23	61
Implanon/other implant	Fit	-	-	35	23	28	15	20
	Check	-	-	13	9	12	16	23
	Removal	-	-	7	9	24	12	15
Cap	Fitting	-	-	-	-	-	-	5
	Check	-	-	-	-	-	-	12
Swabs	Viral/bacteria	6	25	31	41	41	64	68
	Chlamydia	8	27	31	43	44	63	63
Treatment	GU	-	7	16	13	12	12	23
	H.R.T	-	-	-	-	-	-	61
Smear		-	-	9	5	9	43	131
Consultation	F.P	242	437	1007	389	488	508	661
	S.T.D	181	323	719	284	307	260	283
	P.M.T	-	-	9	-	-	12	12
	Fertility	5	13	24	19	45	29	25
	Gynae	8	7	20	9	13	29	63
	Menopause	7	-	19	7	5	7	141
	Sex/relationships	111	223	689	231	243	220	253
	Pre/post T.O.P	-	-	-	-	-	-	-
	Sterilisation	-	-	5	-	-	5	5
	Other	140	247	623	279	317	324	403
Examination	Vaginal	-	-	16	7	13	37	100
	Breast	-	-	-	-	-	-	21
	B.P/ weight/urine	164	281	769	347	440	399	499
Referral	GU	-	-	9	7	-	-	-
	Counsellor	-	-	8	-	8	9	-
	T.O.P	-	-	-	-	-	8	-
	Gynae	-	-	-	-	-	-	7
Other	Blood Test	-	-	-	-	-	11	9
	Testosterone	-	-	-	-	-	-	-
	Spermicide/lub	-	5	7	-	-	-	21

Source: North Devon Family Planning Clinic

Sexual Health Services Provision in Exeter – Additional Information

Exeter GUM Service

GUM clinics run from the Walk-in Centre in Exeter. Opening hours are as follows:

Monday	9:00am – 5:30pm
Tuesday	8:30am – 11:45am; 1pm – 4:30pm
Wednesday	8:10am – 12 noon (follow-up appointments only)
Thursday	8:15am – 11:45am; 1pm – 4:30pm
(Thursday	10:00am – 2:00pm HIV specialist clinic)
Friday	8:10am – 12 noon

The clinics have a good new to follow-up ratio, which is approximately 2:1. The number of clients who make an appointment and do not attend clinic is about 20 per week (12%).

Exeter Contraception Service

Clinic opening times are as follows:

Exeter	Monday – Friday	9:00am – 6:00pm
	Saturday	10:00am – 1:00pm
Exmouth	Tuesday	6:00pm – 8:30pm
Okehampton	Monday	5:00pm – 7:30pm
Tiverton	Wednesday	6:00pm – 8:30pm (by appointment only)

Table 2 shows the number of attendances at the Exeter contraception service. The data is broken down by age and gender for attendances and then gives details of contraception services provided. The data is for the calendar year 2006.

Table 2 - Exeter contraception service attendances

	Age											TOTAL
	<13	13	14	15	16-17	18-19	20-24	25-29	30-34	35-39	40+	
Number of male users	0	5	10	17	192	136	195	80	74	58	88	864
Attendances by males	0	14	11	21	251	179	250	107	99	82	125	1,163
Number of female users	4	5	60	201	1,135	1,274	2,798	1,605	909	693	1,042	9,739
Attendances by females	5	6	115	374	2,330	2,722	5,515	3,202	1,767	1,303	1,877	19,205
No. of occasions emergency hormonal contraception given	0	1	30	75	439	475	856	368	154	84	77	2,559
No. of post coital IUD fits	0	0	0	0	3	3	11	5	3	3	3	31
No. of implanons fitted	0	0	2	13	50	68	126	63	19	24	10	375
No. of depo injections given	0	0	2	10	88	137	358	274	133	116	134	1,252
No. of mirena fits	0	0	0	0	0	5	19	24	55	85	135	323
Total no. of copper IUD fits	0	0	0	0	5	4	41	46	59	38	37	230
No. of positive chlamydia results	0	0	0	0	7	12	14	11	3	0	1	48
No. of positive pregnancy tests unplanned or "didn't mind"	0	0	3	3	27	40	73	25	22	14	6	213
No. of positive pregnancy tests 'planned' (tests not encouraged through the service)	0	0	0	1	1	3	10	9	5	1	1	31
No. of termination referrals	0	0	0	0	7	15	29	13	12	7	4	87

Source: Dr Lisa Barnett, Contraception Services, Exeter Walk-in Centre)

Sexual Health Services Provision in South Devon – Additional Information

South Devon GUM service

Current GUM clinic opening hours are as follows:

Monday	8:30am – 5:00pm
Tuesday	9:00am – 7:00pm
Wednesday	8:30am – 5:00pm
Thursday	9:00am – 7:00pm
Friday	9:00am – 5:00pm

Over the last 10 months Torbay has started using electronic records. There have been problems with the software and the data have not yet been validated. With this caveat in mind, the rate of people failing to keep an appointment has been around 19% (or approximately 25 clients per week) and the new to follow-up ratio average is around 2:1.

Approximately 33% of clients are from Devon Primary Care Trust (about 45 clients per week).

Sexual Health Services Provision in Plymouth – Additional Information

Plymouth GUM Service

GUM clinic opening hours at Derriford Hospital are as follows:

Monday	8:30am – 12:15pm; 1:15pm - 5:00pm
Tuesday	8:30am – 12:15pm; 1:15pm - 5:00pm
Wednesday	8:30am – 12:15pm; 1:15pm - 7:00pm (evening clinic is a female only clinic)
Thursday	8:30am – 12:15pm; 1:15pm - 7:00pm (evening clinic is a male only clinic)
Friday	8:30am – 12:15pm; 1:15pm - 5:00pm

The telephone is answered during the lunch hour for appointments.

During a typical week, the GUM clinic sees around 396 patients, of which 17% are patients from Devon. The new to follow-up ratio is 1:0.93 and the patients who failed to attend their appointments were about 13% (approximately 52 per week).

Plymouth Contraception service

Kingsbridge has a specific young people's drop-in clinic for under 25s which is nurse run. This clinic runs on a Monday from 3:30pm – 6:00pm.

The Kingsbridge contraception clinic runs by appointments only every Thursday from 9:30am–11:30am. It is run weekly by a nurse in addition to a doctor every fortnight. Kingsbridge East has a high teenage conception rate of 62.5/1000 females aged 15-17.

In Tavistock, clinic attendance is by appointment and is run by both a nurse and a doctor. Clinics run on a Tuesday 9:30am–11:30am on the first, third and fifth week of the month and on a Wednesday 6:30pm–8:30pm every second week of the month.

Tables 3, 4 and 5 show a breakdown of attendances at Tavistock and Kingsbridge family planning clinics and the Youth Enquiry Service in Ivybridge by age and the reason for attendance during 2006.

Table 3 - Ivybridge Youth Enquiry Service attendances for 2006

Activity	Age group					Total
	14	15	16-19	20-24	25-29	
Advice only	23	7	34	7	2	73
Condom	47	64	174	10	0	295
Emergency Contraception Levonelle	6	6	8	1	0	21
Implant check/remove/fit/advice	1	1	11	0	0	13
Injection	0	0	5	0	0	5
Oral contraception	4	12	25	1	0	42
Pregnancy test	1	1	19	2	0	23
Other not specified	2	6	4	4	0	16
Total	84	97	280	25	2	488

Table 4 - Kingsbridge family planning clinic attendances for 2006

Activity	Age group									Total
	14	15	16-19	20-24	25-29	30-34	35-39	40-44	45+	
Advice only	1	3	3	2	3	1	2	1	4	20
Cap	0	0	0	0	1	2	1	1	1	6
Cervical Cyt	0	0	0	0	0	2	1	2	7	12
Condom	0	0	1	0	0	6	1	6	13	27
Discussion	0	0	0	0	0	0	1	1	1	3
Evra	0	0	1	0	0	0	0	0	0	1
Femidom	0	0	0	0	0	0	0	0	0	0
Implant Advice/counselling	0	0	4	2	1	0	1	1	0	9
Implant check	0	0	0	0	0	0	1	1	1	3
Implant fitting	0	1	5	2	1	0	3	0	4	16
Implant removal	0	0	1	0	1	0	1	0	3	6
Injection	0	0	0	0	0	0	0	0	0	0
IUCD Check	0	0	0	0	1	2	2	1	2	8
IUCD Couns	0	0	0	0	0	0	0	0	1	1
IUCD Fitting	0	0	0	0	1	0	4	2	0	7
IUCD Refit	0	0	0	0	0	0	0	2	0	2
IUCD Removal	0	0	0	0	1	0	2	0	2	5
Mirena check	0	0	0	0	1	0	2	1	1	5
Mirena fit	0	0	0	0	1	0	0	0	0	1
Mirena Refit	0	0	0	0	0	0	1	1	1	3
Mirena Removal	0	0	0	0	0	0	0	0	0	0
Oral contraception	0	2	9	4	1	7	4	6	23	56
Pregnancy test	0	0	0	0	0	2	1	0	0	3
Telephone advice	0	0	0	0	0	0	0	0	0	0
Other not specified	0	0	0	0	0	1	0	3	6	10
Total	1	6	24	10	13	23	28	29	70	204

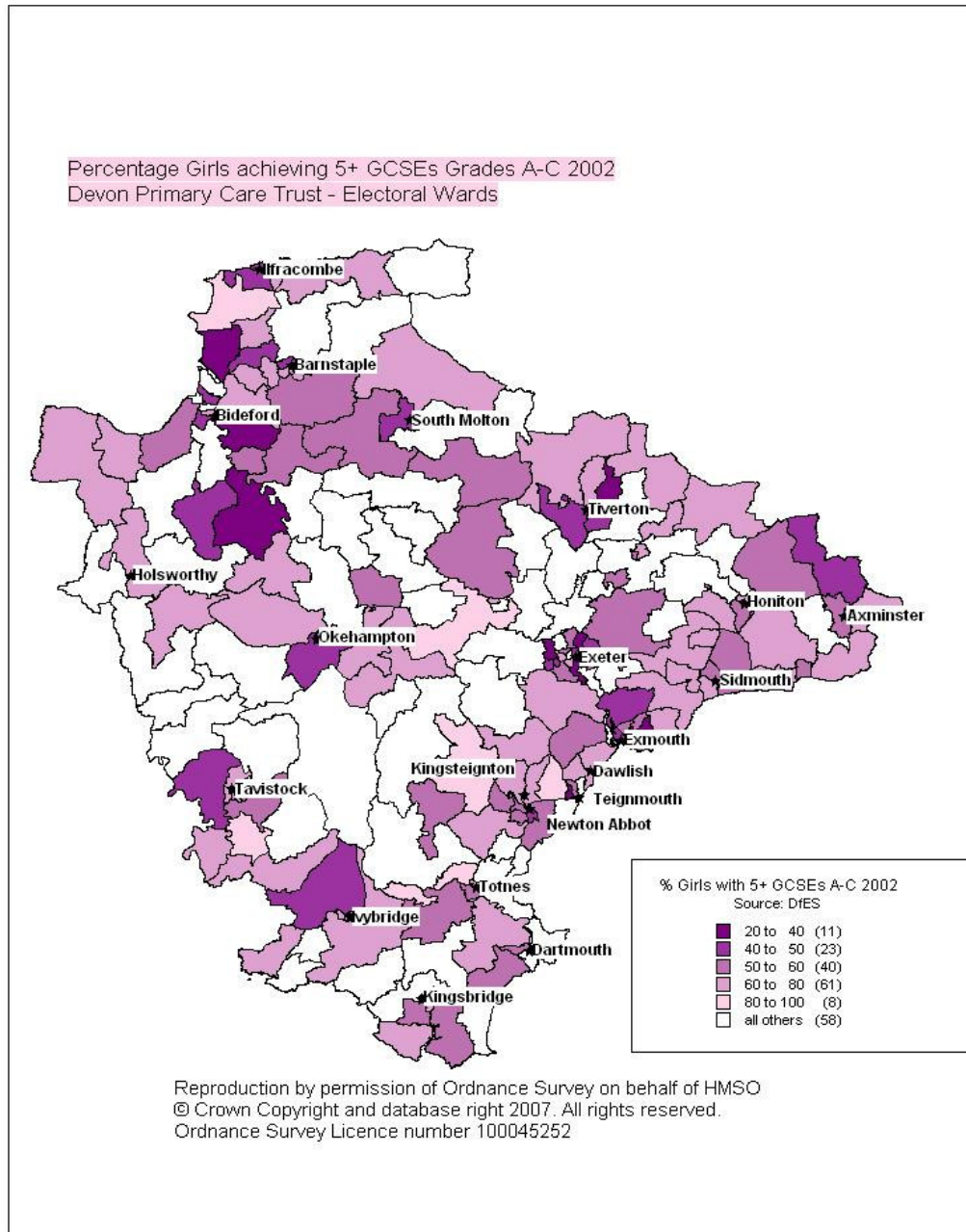
Table 5 - Tavistock family planning clinic attendances for 2006

Activity	Age group									Total
	14	15	16-19	20-24	25-29	30-34	35-39	40-44	45+	
Advice only	0	0	0	1	1	0	0	1	1	4
Cap	0	0	0	0	0	3	0	1	3	7
Cervical Cyt	0	0	1	0	2	2	2	3	5	15
Condom	0	2	0	0	8	8	22	2	14	56
Discussion	0	1	4	3	3	2	5	4	5	27
Evra	0	0	0	0	0	0	0	0	0	0
Femidom	0	0	1	0	0	0	0	0	0	1
Implant Advice/counselling	1	0	3	0	0	0	0	0	0	4
Implant check	0	0	1	1	1	1	2	0	0	6
Implant fitting	0	2	9	3	6	3	2	2	1	28
Implant removal	0	0	0	1	0	2	0	2	0	5
Injection	0	0	5	1	0	0	1	0	0	7
IUCD Check	0	0	0	1	6	5	3	4	2	21
IUCD Fitting	0	0	0	1	4	6	3	2	2	18
IUCD Refit	0	0	0	0	0	0	0	1	0	1
IUCD Removal	0	0	0	0	1	1	0	1	5	8
Mirena check	0	0	0	0	4	6	10	5	4	29
Mirena fit	0	0	0	0	4	5	9	7	4	29
Mirena Refit	0	0	0	0	0	2	1	2	0	5
Mirena Removal	0	0	0	0	0	2	2	3	2	9
Oral contraception	0	0	8	0	2	2	6	0	13	31
Pregnancy test	0	0	1	0	0	0	0	0	0	1
Telephone advice	0	0	0	1	1	0	3	0	4	9
Other not specified	0	0	1	4	0	1	1	4	6	17
Total	1	5	34	17	43	51	72	44	71	338

Source: Alison Cruse, Nurse Manager Family Planning

APPENDIX 5

Map showing the percentage of girls with 5 of more GCSEs, grades A-C, in 2002 by ward.



There is a positive correlation between deprived wards and low percentages of 5+ GCSEs, grade A-C, attained.