

THE SEXUAL HEALTH  
NETWORK  
GREATER MANCHESTER

# Greater Manchester Sexual Health Network Awards 2013

*Celebrating 10 years of success!*

Speakers Hand Outs



MANCHESTER  
CITY COUNCIL

# Sexual Health in context with new Public Health arrangements

**David Regan**

**Director of Public Health for Manchester**

**Manchester City Council**

David Regan

Director of Public Health

# The Reforms

## Health and Social Care Act (2012)

### Implementation 1<sup>st</sup> April 2013

- Public Health England
- NHS England
- Clinical Commissioning Groups
- Public Health Teams in Local Government

# What is Public Health England?

“Public Health England (PHE) is the expert national public health agency which fulfils the Secretary of State for Health’s statutory duty to protect health and address inequalities, and executes his power to promote the health and wellbeing of the nation.”

It has three key roles

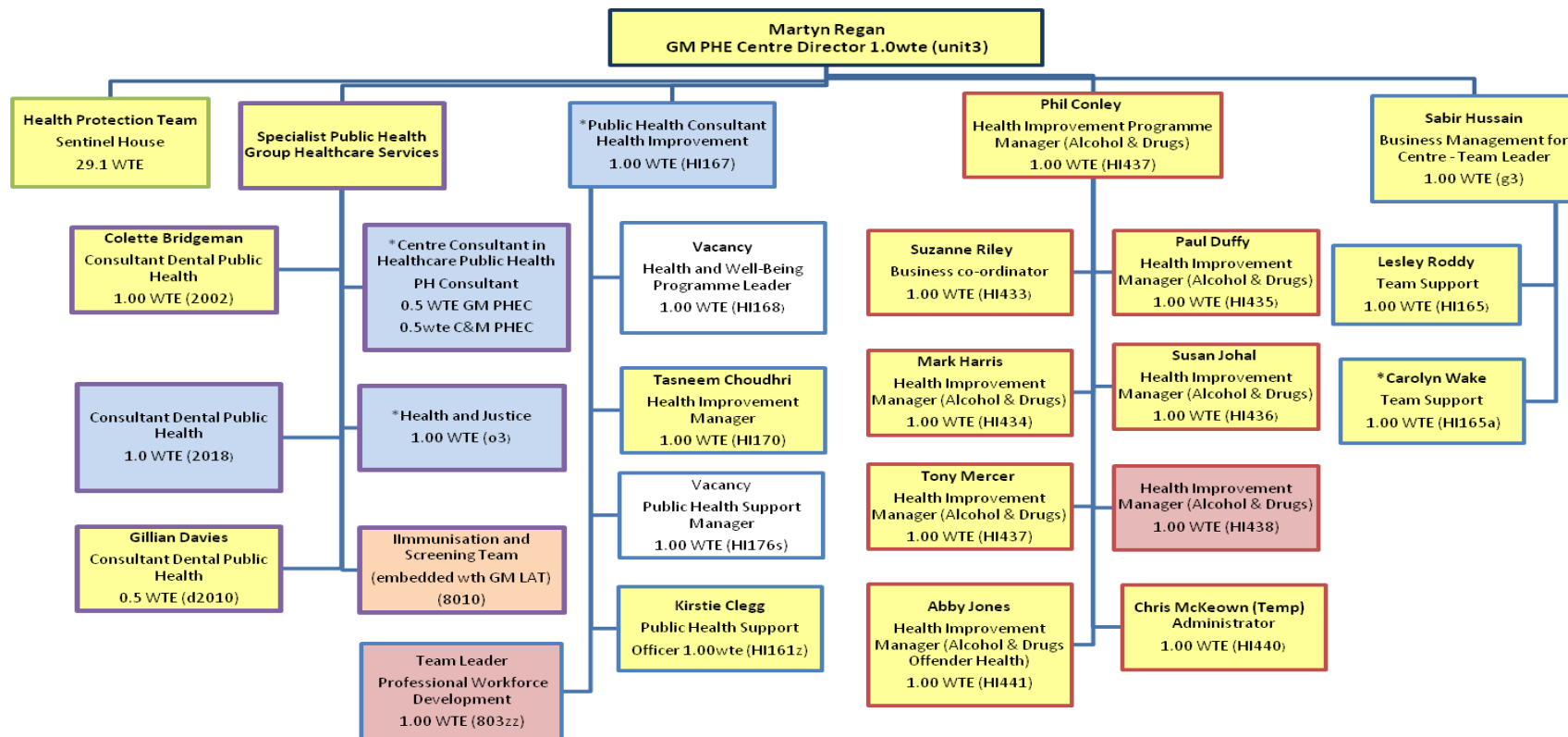
- To protect the public’s health
- To improve the public’s health
- To reduce health inequalities

# Role of Public Health England

## Public Health England:

- works transparently, proactively providing government, local government, the NHS, MPs, industry, public health professionals and the public with evidence-based professional, scientific and delivery expertise and advice
- ensures there are effective arrangements in place nationally and locally for preparing, planning and responding to health protection concerns and emergencies, including the future impact of climate change
- supports local authorities, and through them clinical commissioning groups, by providing evidence and knowledge on local health needs, alongside practical and professional advice on what to do to improve health, and by taking action nationally where it makes sense to do so

# Public Health England (Greater Manchester Centre)



# NHS England

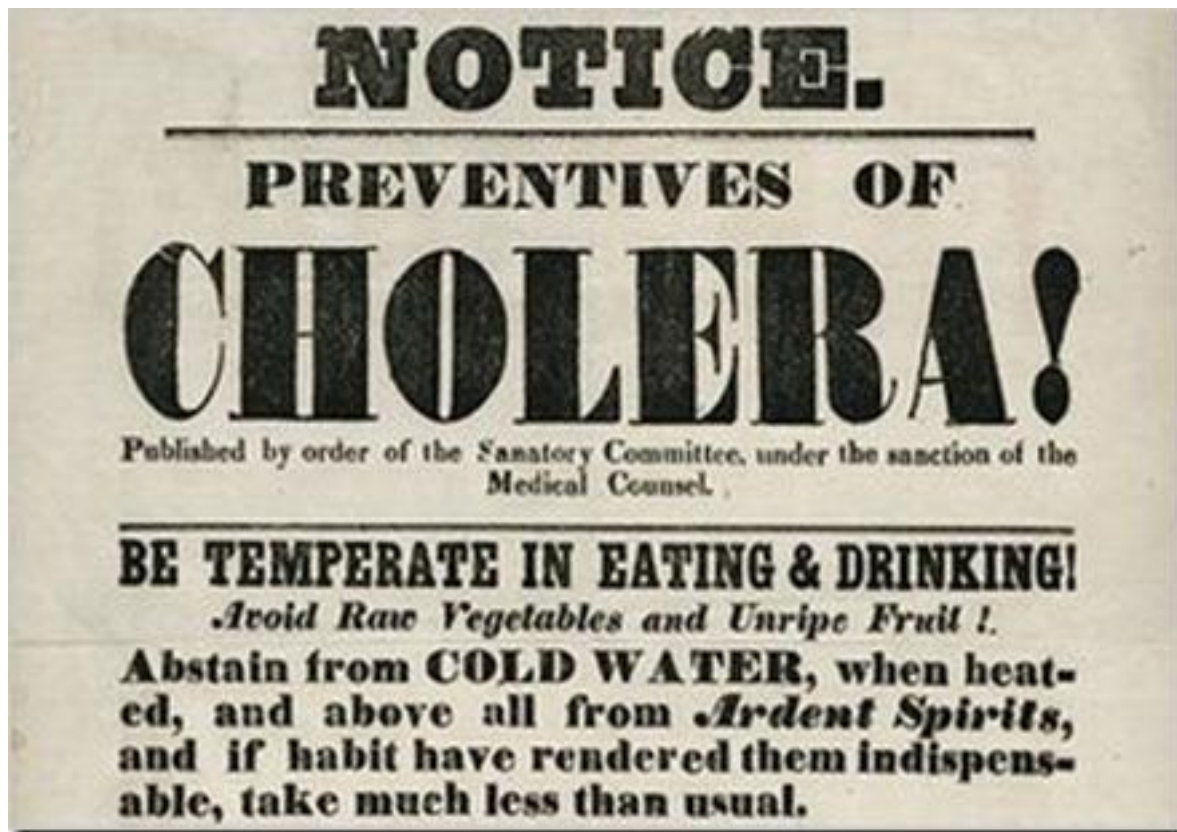
- Supporting the commissioning of high quality services
- Direct commissioner of GP/ primary care services
- Direct commissioner of specialist services including HIV treatment
- Greater Manchester Local Area Team (LAT) based at 3 Piccadilly Place, as are Public Health England.

# Clinical Commissioning Groups (CCGs)

- Commissioning health services for a given locality for their registered populations
- 12 in Greater Manchester and they have formed the Association of Greater Manchester CCGs
- Responsible for commissioning abortion services.

# Public Health in Local Government

## Public Health has come home



# But it is 2013 not 1848



But it is 2013 not 1848

Slide 10

# The Public Health Must Do's for Local Authorities

- Health Protection
- Advice to Primary Care
- National Child Measurement Programme
- NHS Health Checks Programme
- Commissioning the provision of a range of **sexual health services**, including identification and treatment of sexually transmitted infections, HIV prevention and sexual health promotion.

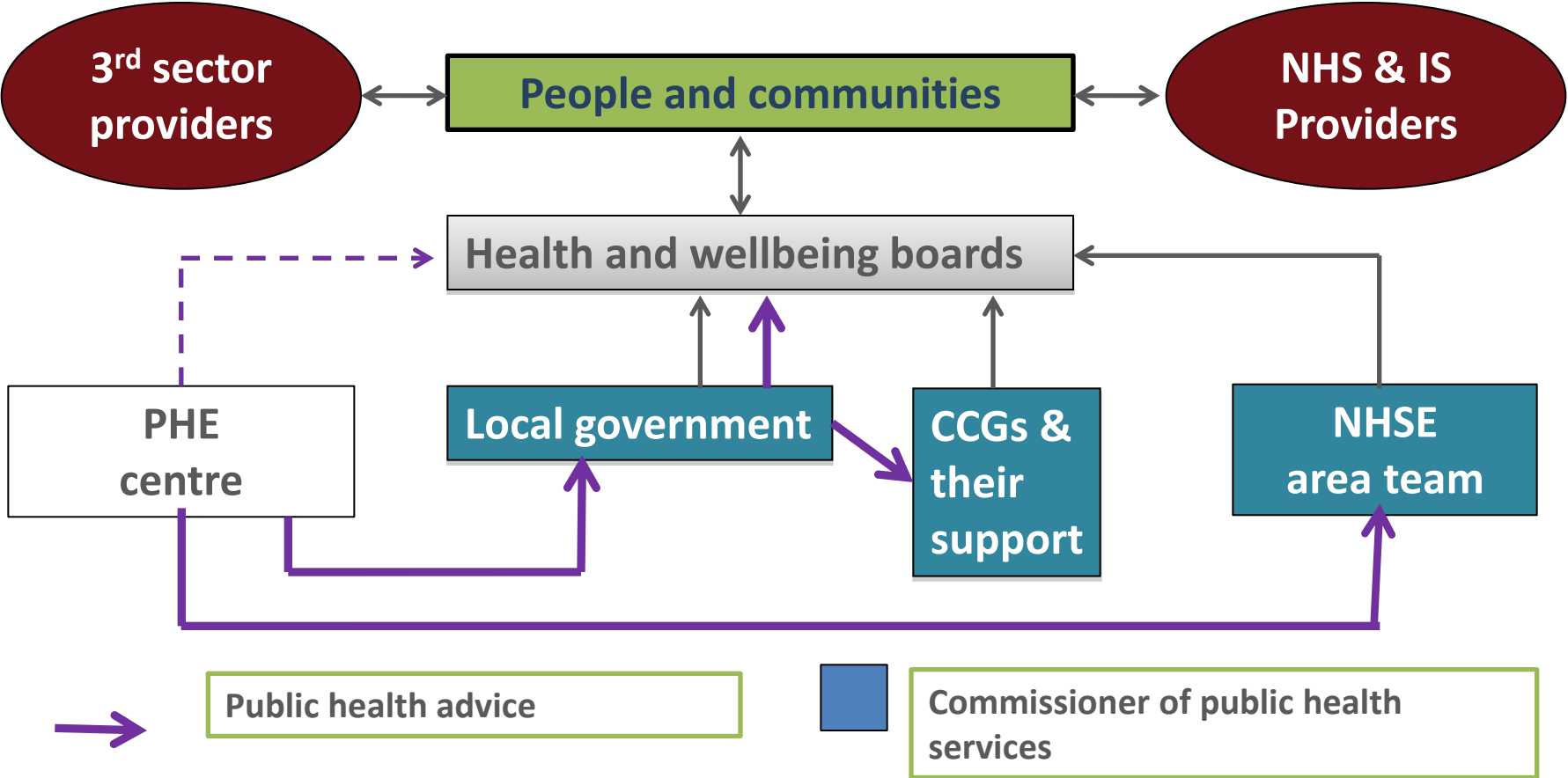
# And in addition

- **Alcohol and drug misuse**
- **Tobacco control & smoking cessation**
- **Obesity and weight management**  
**Increasing physical activity**
- **Local nutrition services**
- **Public mental health services**
- **Behavioural and lifestyle campaigns to prevent Long Term Conditions**
- **Support and challenge of NHS immunisation and screening services**
- **Dental public health services**
- **Injury prevention**
- **Local initiatives on workplace health**
- **Seasonal mortality initiatives**
- **Birth defect prevention**
- **Services for children 5-19**
- **Community safety**
- **Social exclusion**

# Local government has

- A **population focus**, as the democratically accountable stewards of local health and wellbeing
- The ability, in partnership with others, to address many of the **wider social determinants** of health including;
  - Economic Growth and Employment
  - Housing and the Environment
  - Education and Skills
  - Early Years (Marmot)
  - Crime and Disorder

# The New System



# The pivotal role of the Health and Wellbeing Boards

- Statutory committees of local authorities
- Strong political leadership
- Joint Strategic Needs Assessment
- Joint Health and Wellbeing Strategy
- Overarching outcomes framework (NHS, Social Care, Public Health)

# Public Health Outcomes Framework

## Sexual Health Priorities

- To reduce late diagnosis of HIV
- To achieve chlamydia screening targets for the 15-24 year old population – a diagnostic rate of 2.4%
- To reduce the under-18 conception rate

## Other Sexual Health Priorities

- To maintain 48 hour access to services
- To improve access and choice to abortion services

# The Reforms Revisited!

- Need to build on what has worked well in the past
- Need to make the system work for the residents of Greater Manchester
- Six months and 11 days old today!



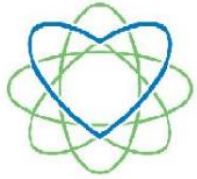


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# Greater Manchester Sexual Health Network

## Equity and Choice: The Manchester Experience

**Dr Asha Kasliwal**  
**Consultant and Clinical Director**  
**Palatine Contraception and Sexual Health Service**  
**Manchester**



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To develop a service that was  
accessible, modern and cost effective  
providing good quality care



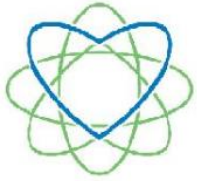
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Public and users

USERS

Commissioners

Palatine Services



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- Service review
- Health Needs Assessment



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# Principles of redesign

- **Sexual Health Inequalities**
  - Provide equity of access
- **Improving Patient Choice**
- **Increased accessibility**
  - Improved opening hours and offering continuity
  - Develop spokes
- **‘One stop’ shop**
- **Workforce Development and career structure**
- **Training**
- **Patient & Public Involvement**



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# Branding maintained

- Palatine



- FRESH

**FRESH** Central Manchester University Hospitals **NHS**  
NHS Foundation Trust

**Our Confidentiality Policy means that:**

- You will not be contacted at home unless you agree.
- Your GP (Family Doctor) will not be informed without your permission
- We keep information about you so that you can receive proper care and treatment but only those involved in your care will have access to your details.
- No matter what your age, information about you will only be shared to provide the best medical care, or to protect you or others from harm. Wherever possible this will always be done with your knowledge.
- You can ask the clinic staff if you have any questions or worries.



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# 5 main hubs

- In all 3 parts of the city based on HNA and availability
- Health and non healthcare settings
- Modern attractive premises
- Open 5-6 days a week
- FRESH clinics in 3 hubs and a mini-hub
- Both walk in and appointment sessions



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# What it means to public and users?

Integrated Contraception up to Level 3 and STI screening and treatment up to Level 2 service

- Contraception including complex contraception
- STI screening including HIV and syphilis
- Chlamydia treatment and partner notification
- IUD/IUS fitting including difficult ones referred by GPs
- Implant fittings and removals including referrals for deep implant removals



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# Specialist services cont'd

- Advice to professionals: GPs/ other CASH clinicians/ pharmacists/ gynaecologists
- Menopause
- Colposcopy
- Psychosexual counselling
- Community Gynaecology
- Outreach
- RU Clear treatments



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- Fully electronic patient health records ...so walk into any of our clinics and records are instantly available!
- Medical cover for complicated cases, emergency IUD etc.
- Choice of appointment at any site
- Consultant cover for all clinics and the outreach team



# Training

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## Greater Manchester and parts of North West

- Training:
  - DSRH/ MSRH
  - Subspecialty training
  - LoC IUT/ SDI
  - LoCMEd
  - Menopause SSM
  - Nurses- level 2/3
  - PGD's
  - Contraceptive Updates
  - Cervical Cytology
  - CASH workshops  
for Student Nurses
- Trainees:
  - Subspecialty registrar
  - GPs/ hospital Drs
  - SHO's 6/12 attachment
  - Nurses
  - Medical students
  - Student nurses
  - Career grade trainees
  - Pharmacists
  - Connexions



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# Local/ Regional Involvement

GM Sexual Health Network (GMSHN) Board

Priority Action Groups

GM Chlamydia Steering Group now PAG

North West Lead Clinicians Group

CSE Task & Finish Group

Cytology group



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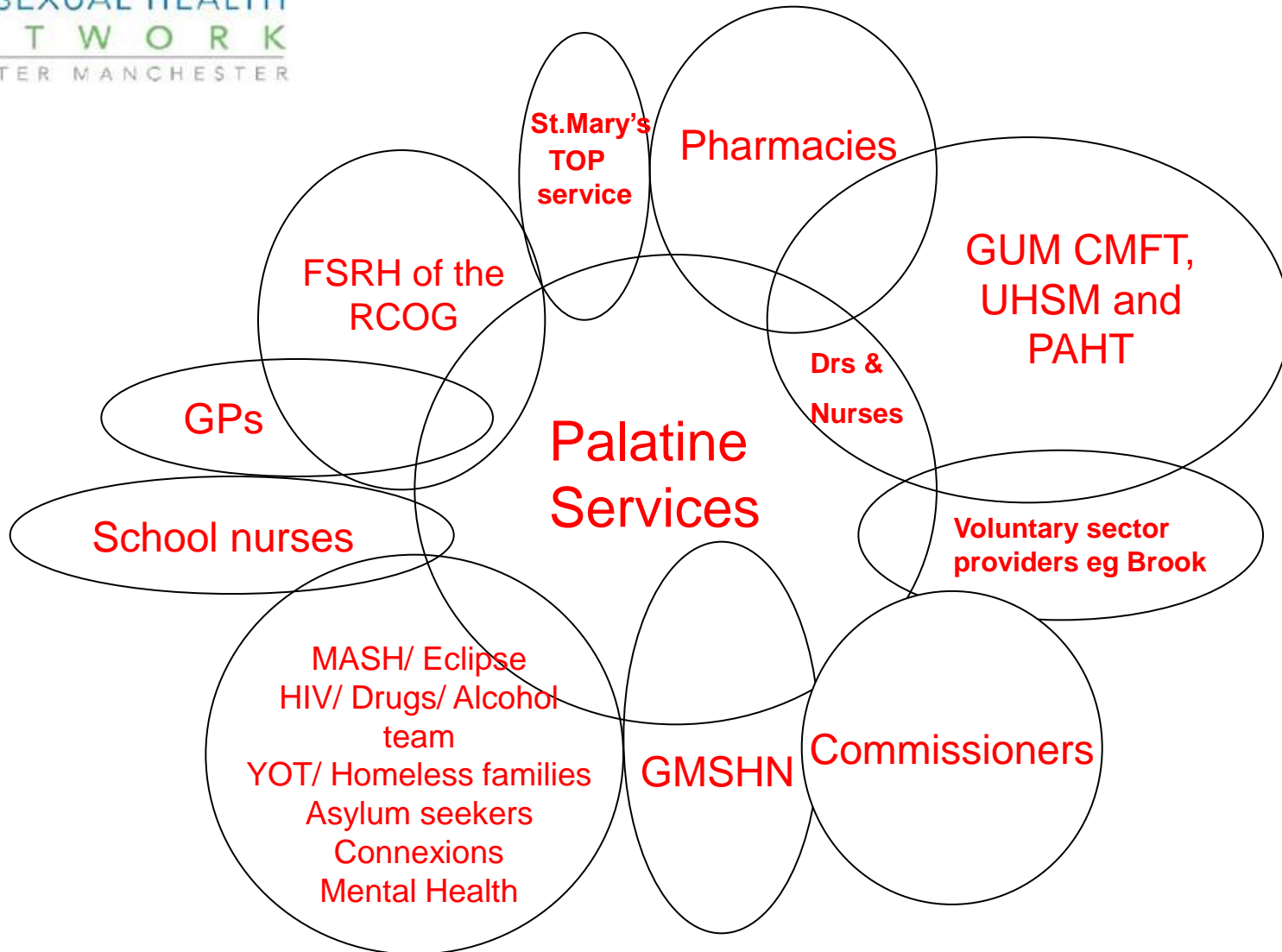
# National Involvement

- FSRH : Vice President, FSRH with involvement in  
Clinical Standards  
Exams  
IT Informatics: Jt FSRH/ BASHH  
Meetings
- Society of Consultants in CASH services
- Regional Assessor for Instructing doctors
- General Training Programme Director FSRH
- Represent FSRH on interview panels/ site recognition
- Support commissioners with service specifications and evaluation of tenders



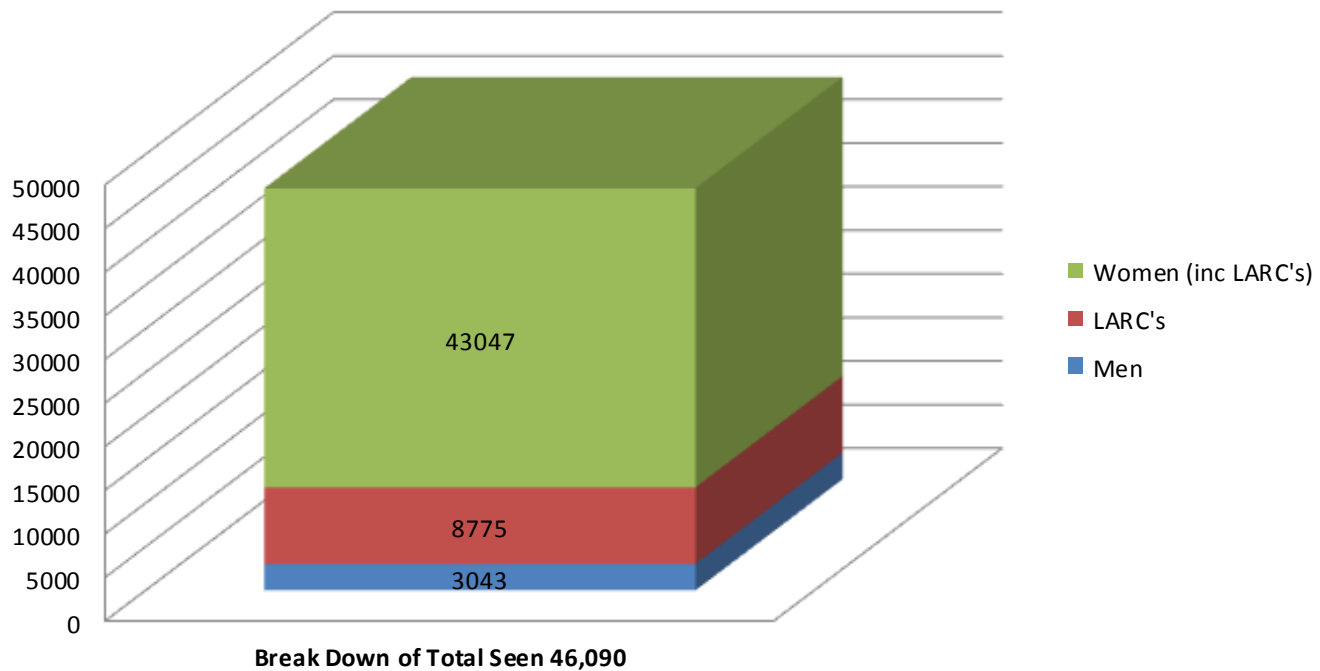
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# Partnership Working



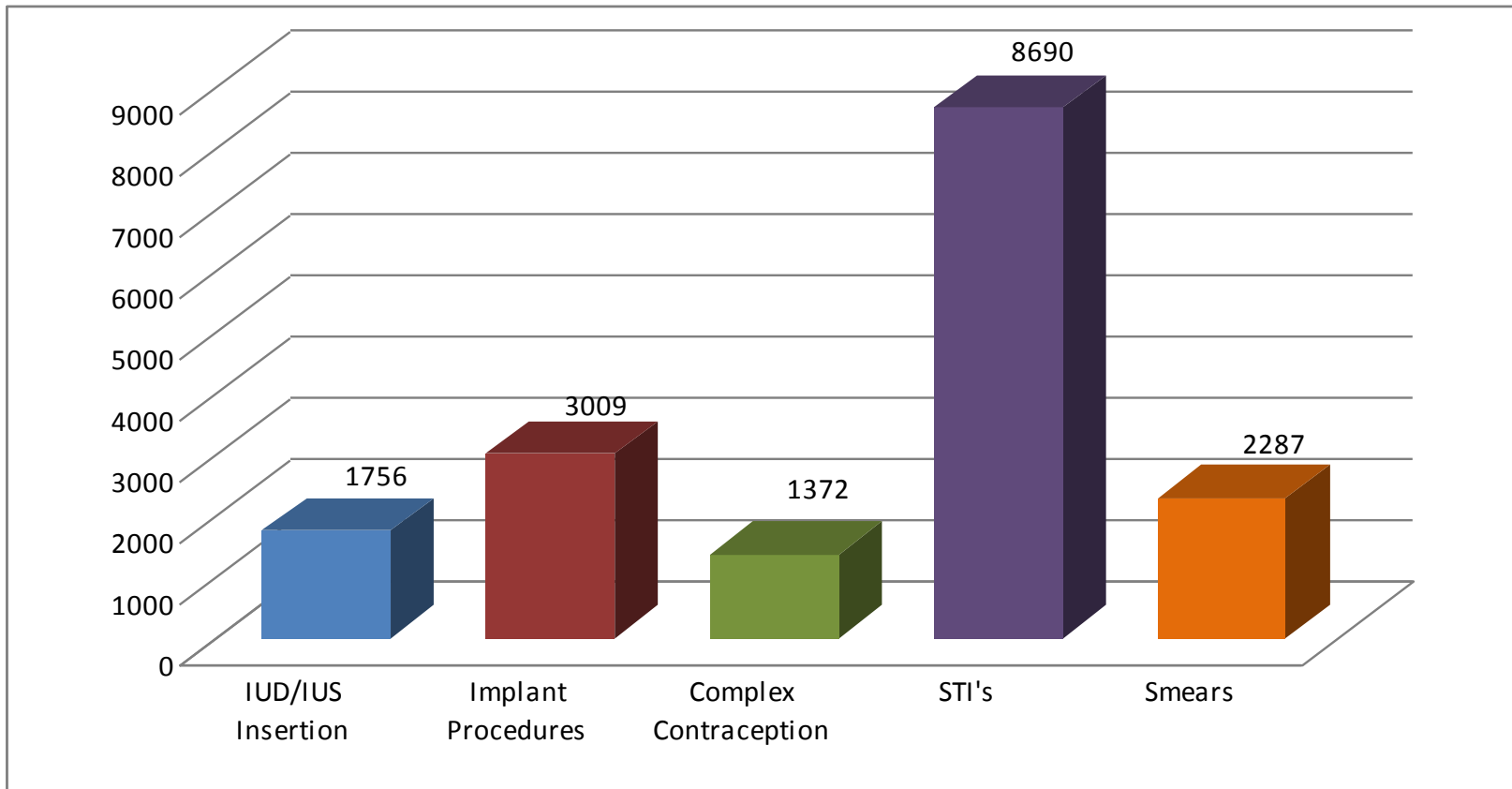


## Number of Patients Seen at Manchester Palatine CASH in 2012 - 2013





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# How do we provide choice and access?

- Choice of providers
- Choice of contraception
- Range of access
- Outreach



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# Service reviews

- Regularly with commissioners
- Map demographics to local population
- Focus groups, surveys and website feedback used to develop an action plan
- Changes implemented



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# What our users say

Excellent, very helpful and professional

Helped me loads

Fantastic attention to patient's needs

I find this place very convenient in terms of location and times

I feel very lucky to have this clinic. The doctors and staff are very helpful

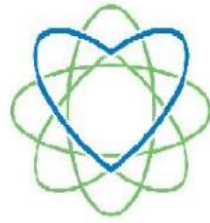
You were bloody awesome, thanks!

Simply grateful that the clinic, its staff and service are available on such an accessible level

Great, friendly and comfortable

Thank you to the doctor and HCA for making this consultation such a relaxed experience

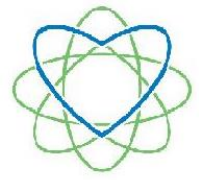




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**Neil Jenkinson**  
**Network Director**

# 2003?



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- **US and Britain invaded Iraq**
- **Repeal of Section 28**
- **First aids vaccine failed**
- **England won rugby World Cup**



## **Sex disease clinics 'cannot cope' BBC News 21 May 2002**

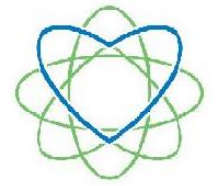
**Hospital specialists are warning of an epidemic in sexually transmitted diseases because of chronic under funding of their clinics across the UK.**

## **Warning over sex disease 'crisis' BBC News 22 Feb 2003**

**Commons Health Select Committee said “the picture in many parts of the UK is extremely worrying...I do not use the word lightly, but during the course of the inquiry, it has become plain that with sexual health we are looking at a public health crisis”.**

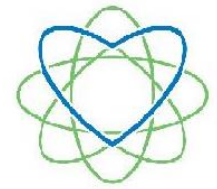
**BBC Panorama investigation shows waiting times were up to 9 weeks.....**

# 2003?



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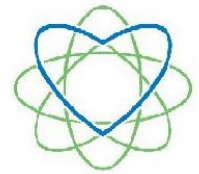
- **Cinderella services**
- **Nobody listening**
- **No profile**
- **Limited investment**
- **Poor premises and facilities**
- **Poor career structures**



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# So what happened?

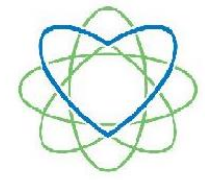
- **Government invested £47m nationally**
- **Greater Manchester received ~ £2.9m**
- **Effectively £1 per head of population**
- **Network £100k**



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# A Network?

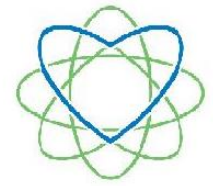
- **We don't need one, a waste of money**
- **Fear of losing of local autonomy**
- **Fear of losing of control**
- **Fear of losing of power**



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**“People would rather share a toothbrush than share best practice”**

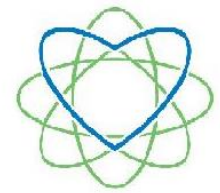




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**“Networks are like bidets  
everyone wants one, but nobody  
knows how to use them”**



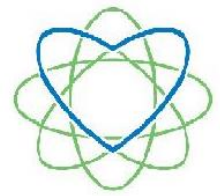


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# What was the sell?

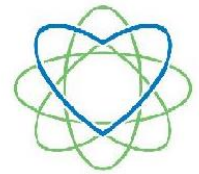
- **Collective strength**
- **Coherent approaches**
- **Control own destiny**
- **The whole will be greater than the sum of the parts**

# How?



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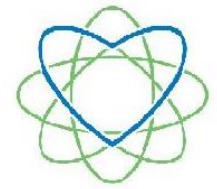
- **Build engagement, trust and respect**
- **Build the culture often seen at a local level at a Greater Manchester level**
- **Use the people and their personalities to the best advantage for services across Greater Manchester**



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# How?

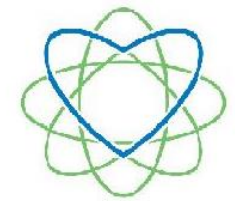
**Not rocket science ..... need to get  
right people in a room to reach an  
understanding of each other's service,  
its strengths and limitations.....**



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# A Relationship

**“the way in which two or more people or groups regard and behave towards each other” (Oxford Dictionary)**

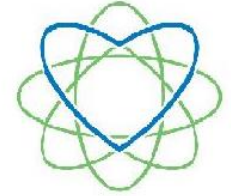


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# Networks

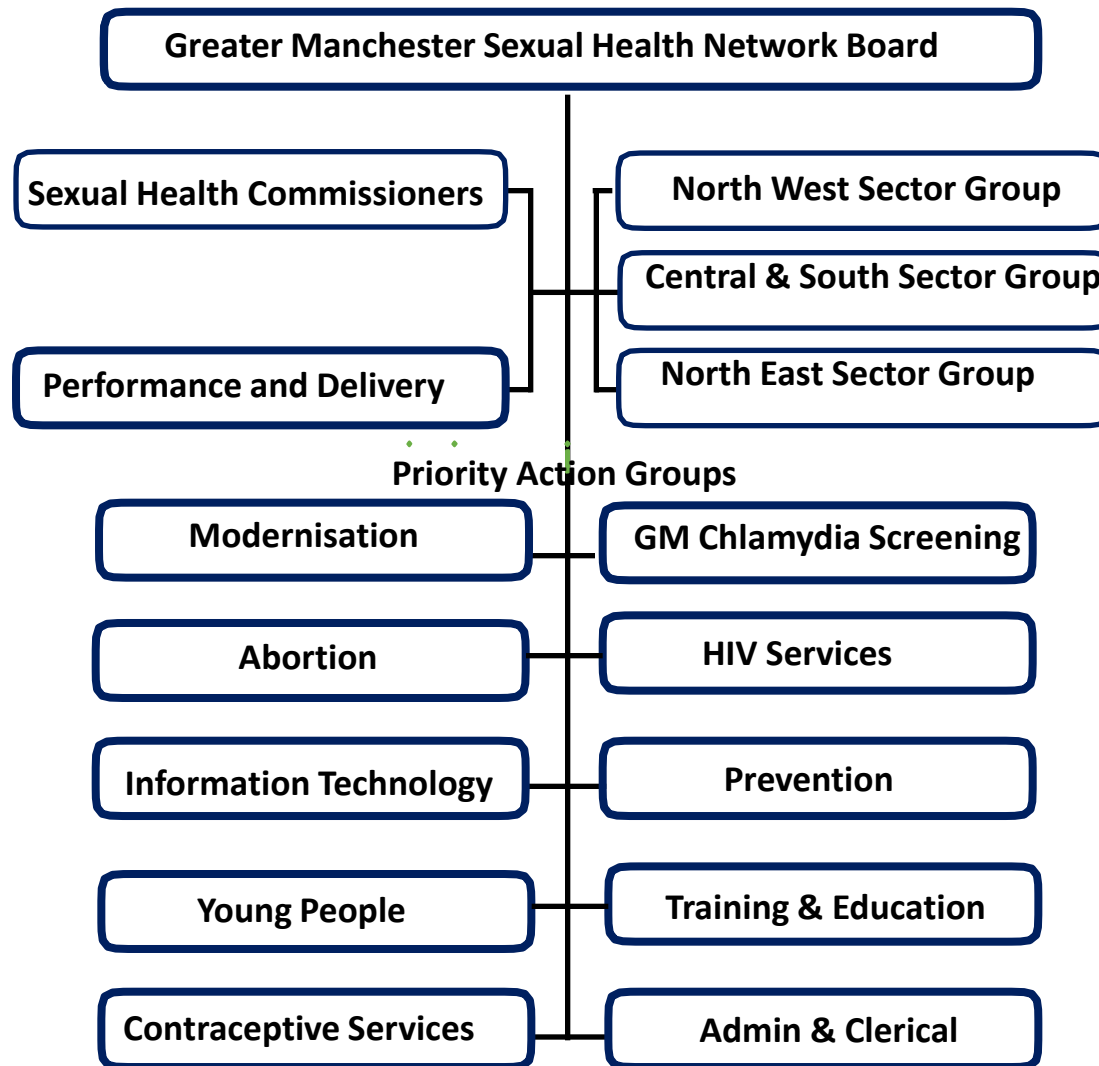
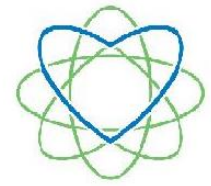
linked groups of health professionals and organisations from primary, secondary and tertiary care working in a co-ordinated manner, unconstrained by existing professional and geographical boundaries to ensure an equitable provision of high quality and clinically effective treatment and care services” (Scottish Office, 1999).

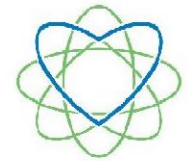
# Politics – big P small p



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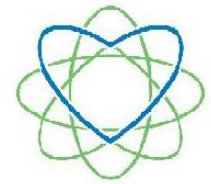
- **Changes in Government and Policies**
- **Balancing collaboration & competition**
- **Balancing professional versus organisational (employer) views**
- **Change often imposed top down, little thought to impact or implications**
- **Change in employers & commissioners**
- **Communication issues**





# Achievements

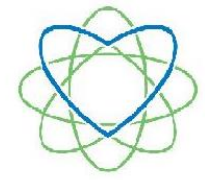
- **100% of users offered an appointment in 48 hours (from 20%)**
- **92% seen within 48 hours (from 18%)**
- **New to follow up ratio now 1 : 0.4 (from 1 : 2)**
- **25% more people seen across services**
- **Did not attends at 5% (from 32%)**
- **Centralised booking for abortion 80% seen under 10 weeks (from 45%)**
- **Redesign of pathways in abortion saving £4.5m**
- **Home delivery for HIV drugs saving £3m**



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# 2013

- **Excellent services providing quality and value to residents**
- **Continuously modernising, innovating, improving, sharing and learning**
- **User satisfaction indicates value the service**
- **People now want to work in GM services**



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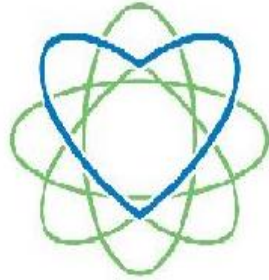
# Messages!

**Working together commissioners and providers can continue to deliver quality and value services to all residents across Greater Manchester.**

**All of us recognise that we are in difficult financial times and the facility and opportunity to have open and frank discussions will become increasingly important.**

**People in this room, through their skills and expertise, have created a culture that encourages innovation and integration for the benefit of users.**

**Of which you should be rightly proud!**



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**Thank You!**



# Helen Carroll & Kai Wooder



[www.brook.org.uk](http://www.brook.org.uk)

# What We Do

- Brook is a rights based and needs led organisation, promoting the health and well being of young people holistically
- Our approach is led by 3 Core Activities;
  - Clinical and Support Services
  - Education and Training
  - Lobbying, Campaigning and Advocacy
- A national and growing youth organisation with a 50 year history & with services located in the heart of communities
- We are operating from 26 centres and within 82 locations working with almost 300,000 young people last year. We also have a strong on-line presence including Ask Brook and a current on-line Clinic Pilot



# Greater Manchester

We currently have services located in;

- Manchester
- Oldham
- Salford
- Bolton
- Wigan
- Leigh

We are providing a range of services including; Clinical, Educational, Substance Misuse Intervention, C Card and CSE work inc participating in the pilot of the CSE Assessment Tool in Wigan



# What Young People want...

- **Information without embarrassment** – 86% want SRE to answer any questions asked
- **In everyday language** – 83% asked for SRE to be delivered in words they understand
- **Delivered in smaller groups** – 55% want SRE in smaller groups although only 33% thought boys and girls should be taught separately
- **Not simply about sex** – body confidence, avoiding peer pressure, love and sexuality should also feature

Source: Brook 21<sup>st</sup> Century Sex Report 2011



# Sex, Health & Well Being

- There are clear links between sexual risk taking & alcohol, drug use, homelessness and pressure
- Poverty can have a direct impact on young people accessing services
- We often need to address more immediate issues before addressing sexual health
- To achieve better outcomes for young people we need a more integrated and holistic approach



# So what are we doing?

- Working with H&WB partners to develop integrated services so that the support offered is as seamless as possible
- Improving and growing our range of services for young people to include;
  - Accredited personal development programmes
  - More opportunities to engage and participate
  - Brief Intervention Tools i.e. Love Life?
  - Support Services; Counselling, Early Intervention Prevention Workers, Emotional Well Being



# Clinical Services

**You're Welcome** - Key Points for us;

- Confidentiality
- Accessibility
- Joined Up Working
- Staff Skills, attitudes and values



# Consultation

What young people want from a consultation;

- Safe environment
- Confidentiality
- Their problems solved inc 'What's the plan'
- Referral to other agencies inc Counselling



# How do we know?

Involving clients in the evaluation of Services;

- Ongoing Basis
- Specific/In Depth
- Participation

*'I felt 100% comfortable and safe. The staff were very discreet and friendly, I didn't feel embarrassed at all'*

*'I got what I needed without the lecture'*



# Contact Us

**Linda Steggles**  
**Area Director**

[linda.steggles@brook.org.uk](mailto:linda.steggles@brook.org.uk)

**Jane Hughes**

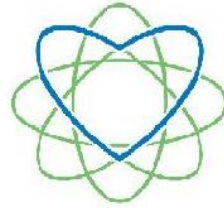
**Executive Director for Business Development**

[jane.hughes@brook.org.uk](mailto:jane.hughes@brook.org.uk)

**Brook**

[www.brook.org.uk](http://www.brook.org.uk)





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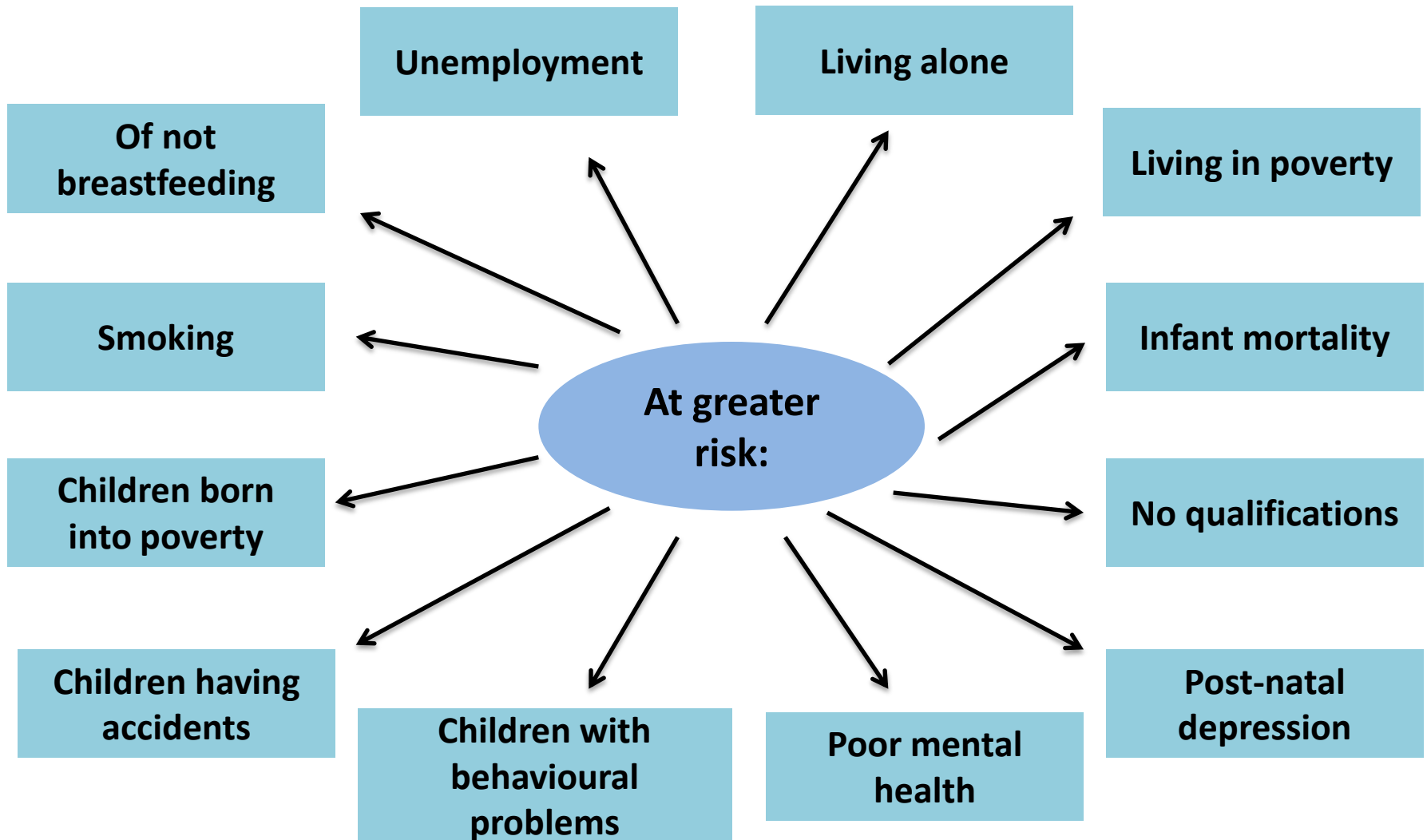
# Greater Manchester Sexual Health Network

**The Teenage Pregnancy Strategy Progress  
in Greater Manchester – Good practice  
and challenges**

**Jayne Littler & Michael Priestley**

Greater Manchester Sexual Health Network Conference on 11.10.13

# TEENAGE MOTHERS



Under 18s conception rate is an outcome indicator in the Public Health Outcomes Framework

# **UNDER 18s CONCEPTION RATE**

## **ENGLAND**

- The England rate has reduced by 10.2% since 2010
- Number of under 18 conceptions is currently around 29,100 per year
- Conceptions leading to abortion are 49.3%

## **GREATER MANCHESTER**

- Also reduced rate by 14.1%
- Number of under 18 conceptions is currently around 1,800
- But an overall reduction in all areas of Greater Manchester since 1998 of 30.1%

# UNDER 16s CONCEPTION RATE

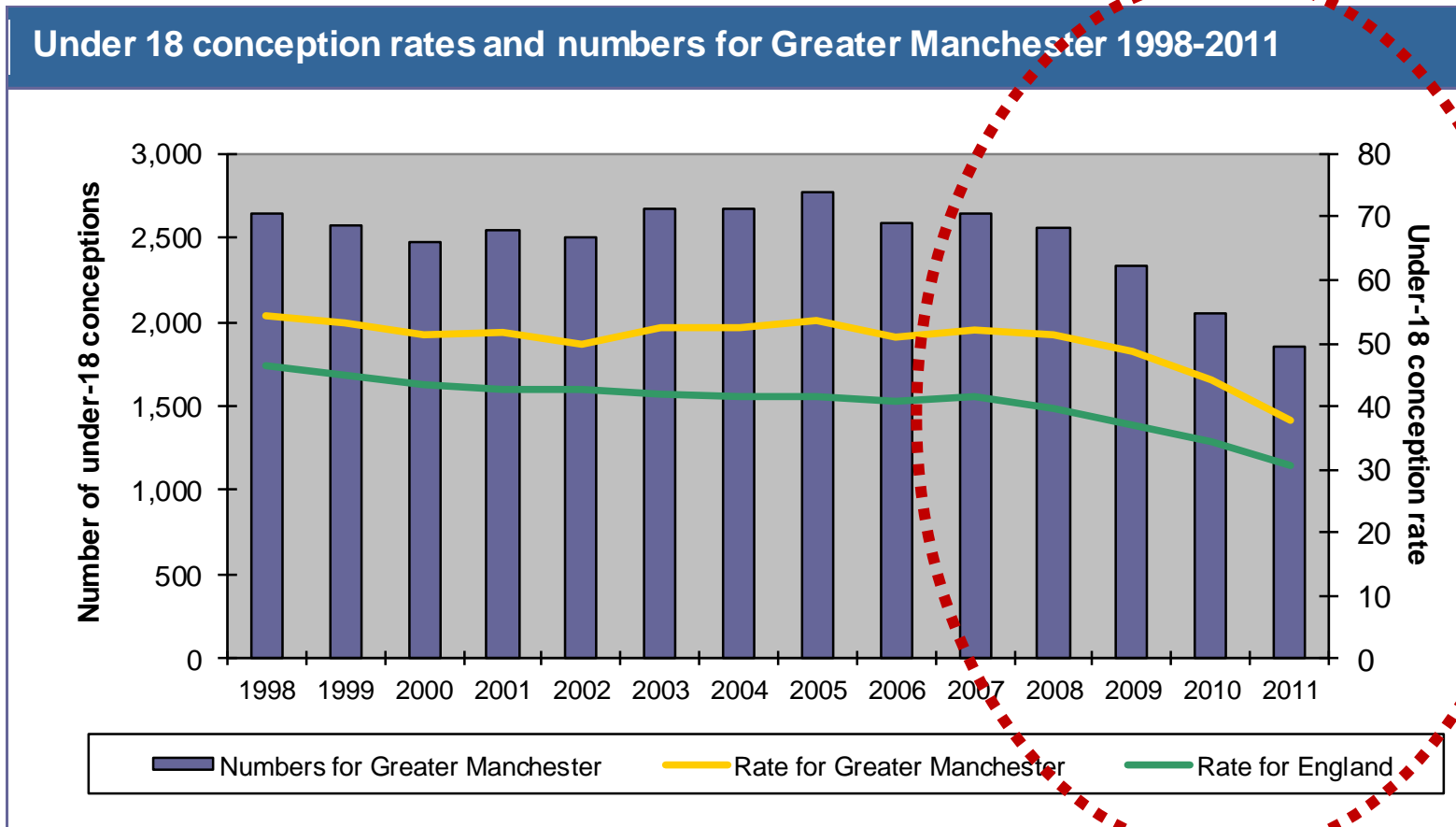
## ENGLAND

- Rate of under 16 conceptions is 6.1 per 1,000 girls aged 13-15;
- This is reduction from the previous year of 9.5%
- Number of conceptions for under 16s is around 5,660 per year;
- Under 16 conceptions leading to abortion is higher than under 18s at 61%;
- This is also a slight reduction from the previous year.

# TEENAGE PREGNANCY IN GREATER MANCHESTER

- Greater Manchester Sexual Health Network continues to prioritise reducing teenage conceptions
- Coordinated across Greater Manchester and across the North West through two key groups
  - NW Teenage Pregnancy Leads Group
  - GM Sexual Health Network Priority Action Group for Young People
- Areas have implemented different initiatives to meet the needs of their local population
- Tackling teenage conceptions is a broad agenda and continues to need collaborative approach

# GM PROGRESS FROM 1998-2011



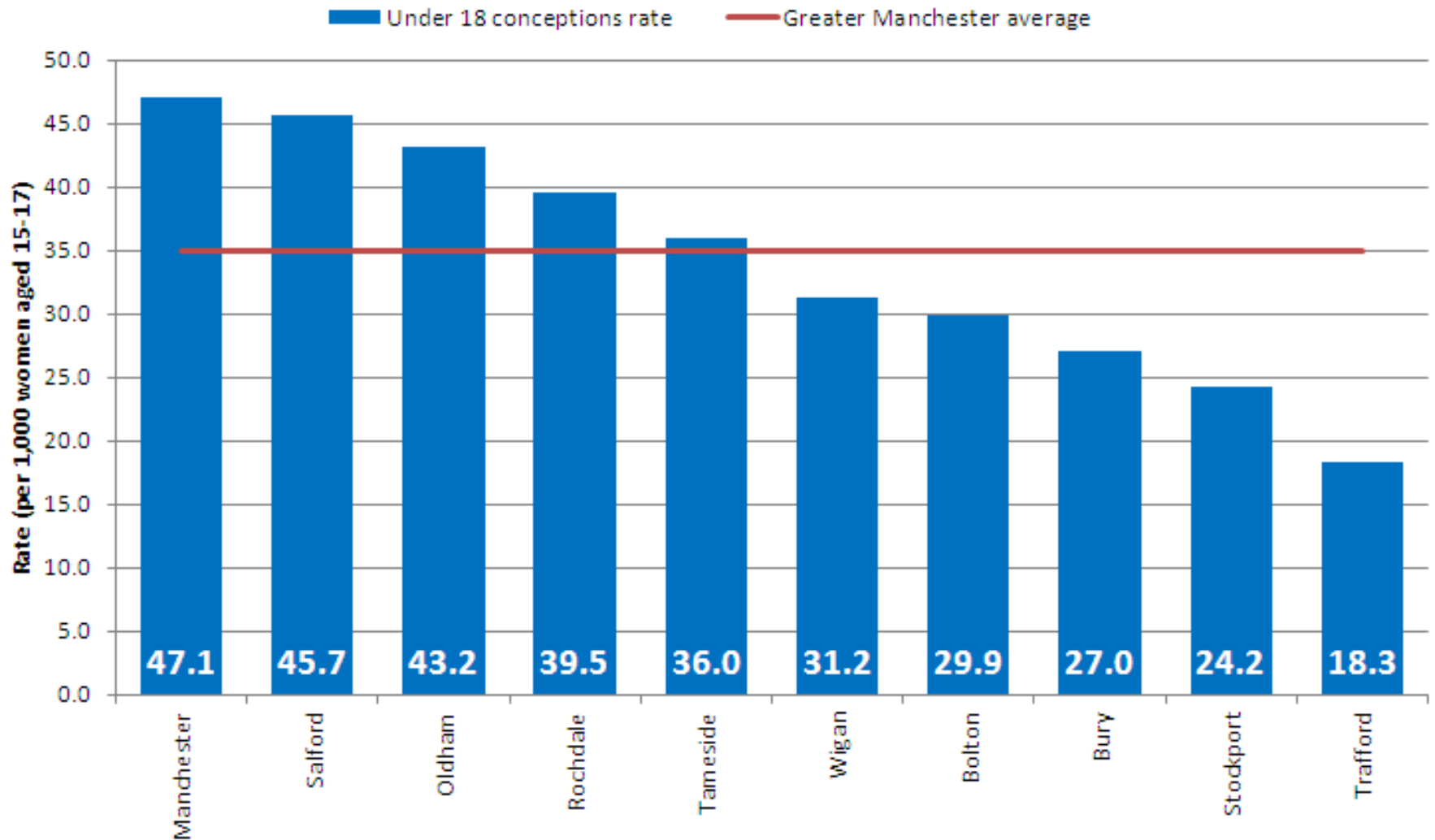
Source: Office for National Statistics © Crown Copyright

# GM OVERALL REDUCTIONS 1998-2011

CONCEPTION TRENDS IN GREATER MANCHESTER								
UNDER 18s CONCEPTION RATE AND NUMBERS							Reduction in rate	
	1998		2010		2011		2010-2011	1998-2011
	Number	Rate	Number	Rate	Number	Rate		
Gtr Manchester	2642	54.5	2052	44.0	1848	37.8	14.1%	30.6%
Bolton	249	50.3	198	39.3	213	39.6	-0.8%	21.3%
Bury	177	55.6	145	41.1	115	32.9	20.0%	40.8%
Manchester	540	61.3	398	57.2	411	52.5	8.2%	14.4%
Oldham	290	66.1	183	42.1	167	36.5	13.3%	44.8%
Rochdale	256	61.9	152	37.5	137	31.7	15.5%	48.8%
Salford	250	61.5	223	57.9	174	41.9	27.6%	31.9%
Stockport	230	43.2	168	33.2	145	28.4	14.5%	34.3%
Tameside	216	53.6	197	48.3	183	45.2	6.4%	15.7%
Trafford	137	34.0	112	28.7	101	24.2	15.7%	28.8%
Wigan	297	53.6	276	47.4	202	34.7	26.8%	35.3%

# LATEST QUARTERLY PICTURE BY AREA

## Quarter 2 2012 conceptions rate



# WHAT WE KNOW WORKS FROM THE EVIDENCE REVIEW

Analysis of 108 core data sources relating to TP  
published 2006 – 2010

- Sex and relationships education (SRE)
- Contraceptive and sexual health (CASH) services
- A universal and targeted approach to interventions as standard
- Workforce training
- Organisational infrastructure
- Tiered communications and messaging
- Support for parents

# QUALITY CONTRACEPTIVE & SEXUAL HEALTH SERVICES

- Access to contraception & sexual health advice
- Non-judgemental staff & confidentiality are crucial
- Holistic approach
- Free condom-distribution schemes
- School-based services are important
- GPs remain an important point of access

# SEX AND RELATIONSHIPS EDUCATION

- Good quality SRE is effective in reducing TP but not in isolation

Can:

- Reduce risky behaviours
- Improve knowledge of contraception
- Delay first sex

# SENIOR LEADERSHIP AND STRONG USE OF LOCAL DATA

- High performing or improving areas benefit from strong strategic leadership and senior local sponsorship
- Areas with decreasing rates tend to be those which have embraced the use of local data.

# WORKFORCE TRAINING

- The YP workforce must be able to:
  - Deal with YP confidently, non-judgmentally and with empathy
  - Recognise risk factors for TP
  - Signpost to contraceptive services
  - Children's rights
- There is a basic need to improve core knowledge of YP-specific sexual health issues amongst CASH nurses/service staff
- Youth workers, teachers, GPs & general practice staff are also under-equipped

# TARGETED INTERVENTIONS

- Challenge: identifying YP most at risk & targeting with appropriate interventions
- Interventions aimed specifically at the most at risk YP **can decrease TP rates**
- What works: early intervention; not replacing mainstream education; vocational programmes; increasing enjoyment of school; motivational counselling; implementation intentions

## **SUPPORT FOR PARENTS**

- Good communication between parents and young people can delay/reduce sexual activity
- Pre/primary school interventions involving parents may help to prevent TP
- Parents not always YP favoured source
- Extended family have a role to play
- Parents look to GPs for guidance
- Reticent parents favour 1:1 support
- Parents in TP hotspots know SRE least
- Develop universal/targeted parental communications strategies and materials

# THE CHALLENGES

We know what works in reducing teenage pregnancies and have had some good success in GM

The challenge now in these changing times is how to maintain the services and interventions we have developed in recent years:

- Schools are more autonomous
- School nurses balance health/safeguarding work
- YP workforce decreasing e.g. youth workers
- Priority given to high need at the expense of prevention
- Training may be reduced

# THE OPPORTUNITIES

- Public Health now part of the Local Authority (LA), improved health promotion and prevention of ill health
- Commissioning of sexual health and contraceptive services and school nursing now a LA responsibility
- Improved ability to join up work for children & young people
- Public Sector Reforms, platform for working across Greater Manchester
- Call to Action for school nursing, ensuring health offer

# EXAMPLES OF PRACTICE THAT IS WORKING IN GREATER MANCHESTER

- Most boroughs have c card schemes and pharmacy emergency contraception access
- Stockport Integrated Team around Schools and Colleges (iTASC) aims to increase the self-esteem and aspirations of young people by improving their health and wellbeing through the provision of integrated health services at four high schools.
- Bolton adolescent health service, hub and spoke model with 8 high schools in TP hot spot areas providing enhanced services including sexual health.

# EXAMPLES OF PRACTICE THAT IS WORKING IN THE NORTH WEST

- Young Addaction Halton works in partnership with Connexions and Terrence Higgins trust on Mobile Outreach Programmes in schools, parks, children's centres and in the Community linking the drugs/alcohol/substance misuse and Sexual Health agendas through work around 'Risk taking behaviours
- St Helens - The dedicated TAZ (Teenage Advice Zone) outreach team developed a programme based on delaying early sex & equipping young people with the skills to make healthier sexual health choices. The use of local intelligence data for teenage conception hotspots in wards, schools and colleges. St Helens currently has it lowest recorded under 18 conceptions since the baseline from 1998.
- The Wellbeing in Sexual Health (wish) team offer both 1-1 support and targeted group work for young people in Blackpool, in addition the team includes the Buzz Bus which is Blackpool's sexual health mobile provision for young people.



A photograph of a person's feet sticking out from under a white blanket on a bed. The feet are positioned in the lower right quadrant of the frame. The blanket is pulled up to the mid-thigh area, leaving the feet exposed. The background is a plain, light-colored wall.

**RU** CLEAR?

There's only one  
way to be clear

A simple test  
a clear result

**Geoff Holliday**  
**Diane Cordwell**

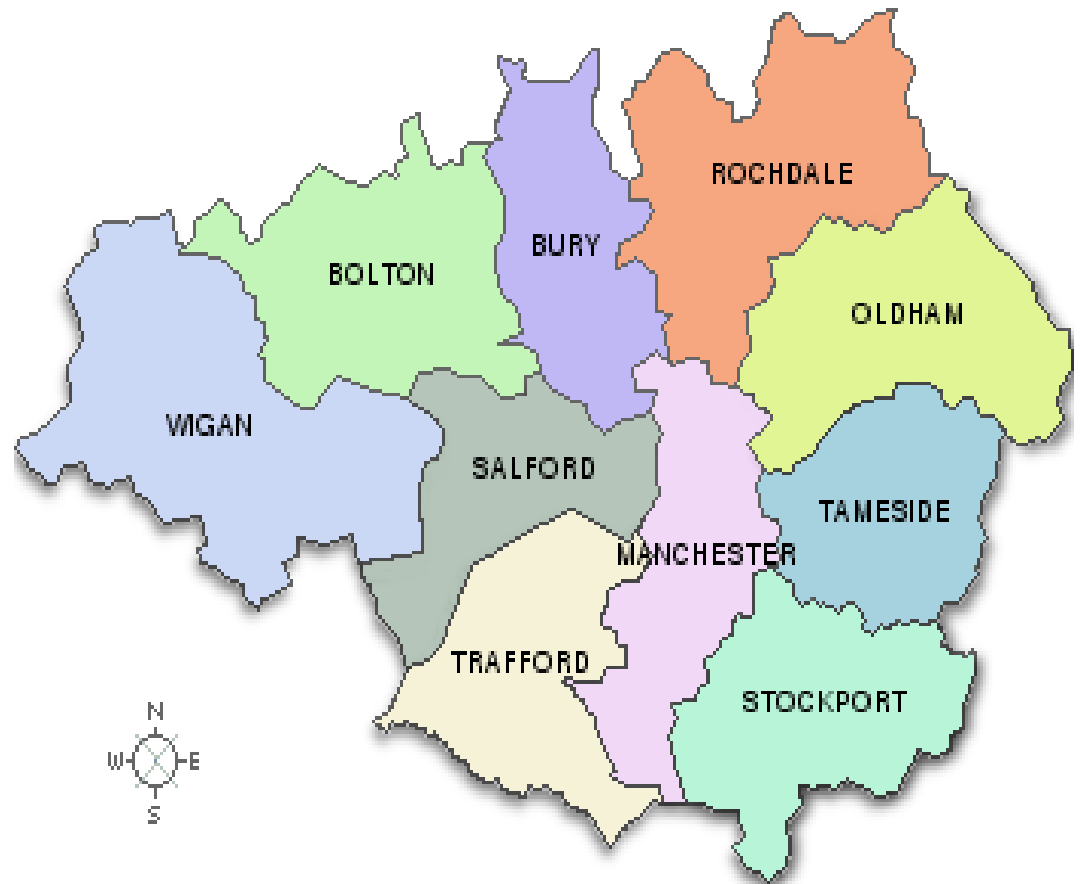
# RU CLEAR?

Established 2006

378,586 15-24 year olds

Largest Programme

Enable existing young people's services to provide screening

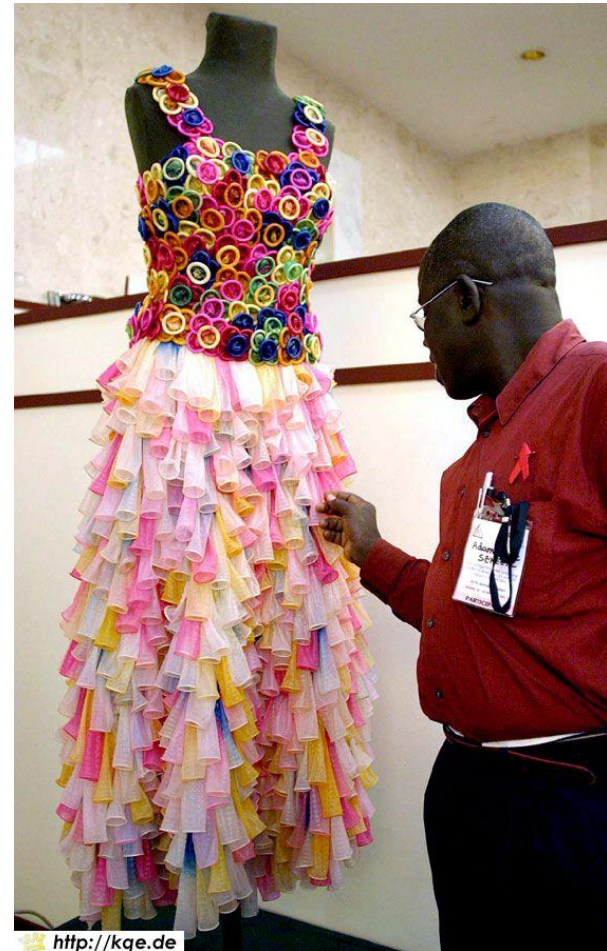


# Aims of Screening Programme

- Increase awareness of chlamydia
- Increased detection
- Prevent complications (PID, infertility)
- Prevent transmission to sexual partners/neonates
- Prevent re-infection
- Screening for Gonorrhoea

# More than screening

- Improving access to sexual health services for young people
- Condom & Prevention messages



# Public Health Outcome Framework 2013-16



- No longer have process target we have outcomes
- 2,300 diagnosis per 100,000 of 15-24 year old population
- Now includes GUM screens
- Partner Notification key to achieving reduction in prevalence.
- Target high risk groups as well as increasing general access to screening
- Need to continue to screen between 25-35% to get diagnosis rate

# DOMAIN 3: Health protection

- Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities
- **Chlamydia diagnoses (15-24 year olds)**
- **People presenting with HIV at a late stage of infection**



# Reducing Chlamydia Prevalence

- Dorey et al 2012
- Suggested that modelling around the current data showed the screening programme is reducing the prevalence rate in 16-24 year olds
- We need robust Partner notification
- Treatment rate of > 95%

# Greater Manchester compared to England 2012

	Testing coverage (% of population tested)	Number of LAs with >2,300 Diagnosis rate per 100,000	% of LAs with >2,300 Diagnosis rate per 100,000	Number of LAs with 2,000-2,999 Diagnosis rate per 100,000	% of LAs with 2,000-2,999 Diagnosis rate per 100,000	Number of LAs with < 2,000 Diagnosis Rate per 1,000	% of LAs with < 2,000 Diagnosis Rate per 1,000
GM	25	4	40	3	30	3	30
England	25.8	46	30	16	11	90	59

# RUclear Quarter 1 2013

	Ruclear	standard
Overall Treatment rate	96.7%	95% we were
Partner treatment rate	40.7%	No current standard previously 40%
Partner notification rate	0.7 per index	0.6 per index

# Current Position

- 1,420 registered screening sites
- 391 GP Practices registered across GM
- 75% of screens through Core services (target 70%)
- Successful postal service
- Over 235 active treatment sites



# GM headlines

- Latest recommendations from NCSP offer repeat tests to positives after 3 months (PHE 2013)
- Guidance from NCSP will be published in 7<sup>th</sup> Ed of standards to be published later this year
- Consultation with our users suggest they would be happy with this.
- RUclear will implement after discussion with Commissioners
- 3C's working with Oldham on delivering this national initiative
- Dried Blood spot , home testing for HIV proved to be acceptable. Feasible and cost effective when compared to modelling studies

# RUclear, achievements and added value

- Went live October 2006 3rd phase of National Coverage
- NCSP study in cost effectiveness following on from the NAO office study in 2009, RUclear was one of the most cost effective Programmes, due to collaborative Commissioning 1.5 WTE per LA
- Keeping abreast with national targets and anticipating developments.
- Completing National audits on behalf of GM
- Robust care pathway. Treatment rates and PN
- Recognised by the Office of the Children's Commissioner for the work around recognising young people being at risk of Child sexual exploitation

# Formal Review

- Review forms part of the Greater Manchester Sexual Health Network's Work Programme for 13/14 and is commissioned by the Network on behalf of the GM Sexual Health Commissioning Leads.
- **The Terms of Reference were agreed as follows:**
  - To review the performance of the programme in line with key indications set by the national programme (NCSP).
  - To consider how the future programme is best delivered considering the direction of the national programme and Public Health Outcomes Framework.
  - To make recommendations to GM Commissioners on improving the value delivered by the programme in line with all QIPP and GM SH Network objectives of a 20% improvement in quality and 20% improvement in cost in sexual health services.

**Thank You**



**Chlamydia**  
worth talking about



# Child Sexual Exploitation (and a few other bits)

**Detective Chief Superintendent  
Mary Doyle**

mary.doyle@gmp.police.uk 07917 233629



# HASC recommendations

- LSCB's to collect data in a standard format
- **All local authorities ensure sufficient funding for prevention within multi-agency teams**
- Police Forces to be encouraged to participate in multi-agency training – specific focus on front-line staff
- CEOP to use the reports from police forces to monitor performance
- Forces identify support services for victim/family for the duration of the CJ process and beyond – why just us??????
- **Sexual Health Services to consider how they may share information**
- Caution against focus on just one model of CSE
- **All A&E – all details of children up to 16 entered onto Child Protection Information System – not just younger children**

# *Project Phoenix*

- Project Phoenix – current position
- GMP – current position
- Ownership
- Governance
- Branding



# *Project Phoenix*

- 18 months ago – 3 phased plan
  - IT/Intelligence/visibility
  - Multi-Agency project steering group
  - Brigaded (not hubbed!) multi-agency teams

# *Current visibility - GMP*

- Current CSE flagged offenders – **223**
- Current CSE flagged victims – **499**
- Between 1<sup>st</sup> June – 31<sup>st</sup> August 2013

Incidents – **112**

Intelligence – **524**

PPI's – **206**

Crimes – **17**

**A – 4 E – 1 F – 0 G – 1 J – 2 K – 2 L – 0 M – 1 N – 0 P – 5 Q – 1**

\* Please note that a number of crimes / fwins / PPI's have not been correctly coded as CSE so the real number will be significantly higher. For example a further 11 crimes which should have been coded have been found in July alone.\*

# Phase 1 issues

- Officers are still not flagging crimes, fwins and nominals enough
- Many officers have still not been trained in relation to CSE.
- Officers do not fully have understanding of definition and tend to view in narrower terms ie on street grooming
- NCRS compliance is not always being adhered to.
- Standalone databases still exist

# *Phase 2 progress*

- Multi agency steering group now established
- Job Description for project manager agreed and funding identified
- Toolkit identification and assessment underway
- 'Cloud' pilot moving forward, funding identified (well nearly)
- Sexual Health Network engaged, SPOC for referral identified
- Terms of Reference being standardised

# *Phase 3 (Multi-Agency)*

- Across Greater Manchester the make-up of the teams currently involved in the safeguarding of children against sexual exploitation vary enormously.
- Police resources allocated to CSE are either drawn from the PPD via the PPIU's or are supplied by the local division.
- Partner resources are generally provided by the local authority responsible for that area as well as charities such as Barnardo's.
- These current structures are not conducive to joined-up working across Greater Manchester; this is largely due to the way the teams were developed as a response to specific local issues.
- **Health representation in only a few**

# Phase 3 (Multi–Agency)

- The Multi-Agency Working Group will identify key areas and considerations for a structure that brings resources together and provides a balanced approach to CSE throughout Greater Manchester. The focus must be on “working **together** to safeguard children”.
- The key considerations during this process are;-
- Location / Premises
- I.T.
- Geographical responsibility
- Make-up of units
- Governance
- Ownership



# MASH's and other things ....

- What are they
- Where we are currently
- How do they sit with OCG Hubs and others – constraints on partner resource
- Issues – agency representation, location, IT, child v adult divide  
....
- The way forward
- **Adult Safeguarding Boards** – equal footing to children, attendance, governance and funding (outcomes)
- Identification/management of dangerous people – threat/risk and harm
- Commissioning – a bigger role for Public Health?

# Conclusions (or questions?)

- Multi-Agency agreement of a way forward – data, teams, resourcing – CSE/MASH/ADULTS
- Shared and agreed vision for what we want to do
- Agreed ownership/governance framework/working together – us not the document
- Branding and marketing
- Don't let's have a reverse 'Baby P' effect





**Ruth Lowbury**  
**Chief Executive, MEDFASH**

Greater Manchester Sexual Health Network

*Sexual Health: Taking Responsibility*

Stockport, 11 October 2013

# MEDFASH (Medical Foundation for HIV & Sexual Health)



- An independent charity dedicated to quality in HIV and sexual healthcare
- Supporting and guiding health professionals and policy-makers since 1987

Sign up for  
**MEDFASH Sexual Health and HIV Policy eBulletin**  
[www.medfash.org.uk](http://www.medfash.org.uk)



# Halve It in Greater Manchester

## Outline

- Introduction to the Halve It campaign
- Halve It local engagement project in Manchester
- Next steps

# Halve It launched in 2010

## The campaign goals:

- Halve the proportion of people diagnosed late with HIV
- Halve the proportion of people living with undiagnosed HIV



# Halve It coalition members

# Halve It ✓

EARLY TESTING SAVES LIVES.



Royal College of  
General Practitioners –  
Sex, Drugs and BBV Group



# Halve It ✓

EARLY TESTING SAVES LIVES.



# Benefits of early diagnosis to the...



**...Individual**



**...State**

**Halve It V**  
EARLY TESTING SAVES LIVES.



# We have strong evidence and guidance...

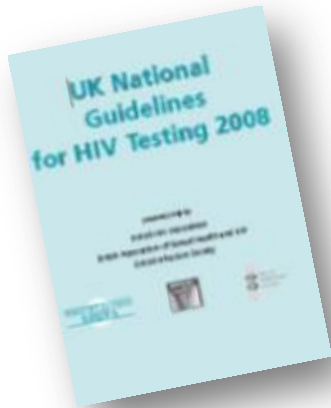
UK AND IRELAND  
FELLOWSHIP  
PROGRAMME



- Public Health Outcomes Framework



- UK national guidelines for HIV testing



- NICE public health guidance



## Halve It asks

- Ensure HIV is systematically considered in local health needs assessments and planning processes
- Fully implement NICE guidance on HIV testing
- Ensure local health organisations are equipped to realise benefits of early detection of HIV
- Increase and enhance the provision of education and information to groups most at risk of HIV
- Integrate use of quality-assured self-testing kits, when available, into local HIV testing strategies

# Early testing saves lives

## Foreword

**The Rt Hon David Cameron**  
The Prime Minister

The Halve It campaign is tackling one of the biggest obstacles in our fight against the spread of HIV in the UK – undiagnosed and late diagnosed HIV. I'm in no doubt that identifying and supporting those who don't know they have HIV is vital to tackling this epidemic. If they are unaware they have the virus they may not take the necessary steps to avoid passing it on and aren't benefitting from effective treatment to prolong their life and good health. We also now know being on treatment reduces the risk of HIV transmission.

We should all be very proud of the excellent HIV care provided by the NHS – but there is more we can do. We need to ensure we are offering HIV tests in a range of NHS settings – not just STI clinics, that people are aware of the early symptoms of HIV and that people at increased risk of HIV make having an HIV test part of their regular routine.



## Foreword

**The Rt Hon Nick Clegg**  
The Deputy Prime Minister

Early diagnosis is still the best chance for those living with HIV – but taking that first step can be difficult. Some people aren't aware of the risks. Others, understandably, may not want to face the news. Yet, the right medication and support – if taken early enough – can make a huge difference. Thousands of people, however, are still leaving it too late. That limits their chances of survival and of living healthier for longer. Late diagnosis also potentially puts others at risk and sets us back, as a society, in the bigger fight against this disease.

But by increasing people's understanding of HIV, we can cut infection rates, ensuring that those at risk get tested and, if they need it, receive treatment sooner rather than later. That work is hugely important and I'm proud to support the Halve It campaign and the efforts of its coalition members.



## Foreword

**The Rt Hon Ed Miliband**  
Leader of HM Opposition

More than 25 years after the UK's first public health campaign on HIV, it remains a huge national challenge. Around a quarter of those with HIV are unaware they have it, and almost half of those diagnosed are diagnosed late. This is just not good enough. It means people are not getting the crucial treatment they need and may not be taking precautions to avoid passing their infection on to others.

Early diagnosis and treatment prevent HIV progressing to AIDS and reduce the risk of onward transmission. This is not only better for individuals and for public health, but can save large amounts of public money too by preventing avoidable illness.

So reducing undiagnosed and late-diagnosed HIV must be a national priority. That requires tackling stigma around HIV testing and offering tests more widely. We know it is possible. Some of the best programmes around the country already show us what can be achieved when the will is there.

That's why I am proud to support the Halve It campaign – to reduce undiagnosed and late-diagnosed HIV across the UK.



**Early testing saves lives**  
HIV is a public health priority  
Third edition

Visit [www.halveit.org.uk](http://www.halveit.org.uk)



The Halve It coalition and this publication have been funded by Gilead Sciences Ltd.

## HALVE IT GOALS

Halve the proportion of people diagnosed late with HIV (CD4 count  $<350\text{mm}^3$ ) by 2015

Halve the proportion of people living with undiagnosed HIV by 2015

**Halve It**  
EARLY TESTING SAVES LIVES.



# Halve It local engagement

## Objectives

- To assist in assessing local needs and challenges
- To encourage local prioritisation of measures to reduce the rate of late diagnosed & undiagnosed HIV
- To facilitate engagement of key stakeholders to promote implementation
- To develop a replicable model of local engagement for Halve It

# Halve It local engagement

## Process

- GMSHN agreement to work with Halve It
- Interviews and focus groups
- Development of action plan
- GM engagement meeting - 27 November 2013
- Endorsement of action plan

## Outcomes

- GM: implementation of action plan
- Halve It: report to share learning

# Halve It ✓

EARLY TESTING SAVES LIVES.

## Together we can Halve It!

British HIV Association  
**BHIVA**

ALL-PARTY PARLIAMENTARY GROUP ON  
**HIV AND AIDS**

 **GILEAD**

 **Royal College  
of Physicians**

 **MEDFASH**

**AHPN** African Health Policy Network  
Improving Health and Wellbeing

  
National HIV Nurses Association

 **HIV PHARMACY  
ASSOCIATION**

  
TRANSFORMING  
THE U.K.'S  
RESPONSE  
TO HIV

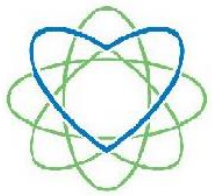
 **ELTON JOHN  
AIDS FOUNDATION**

Royal College of  
General Practitioners –  
Sex, Drugs and BBV Group

**Terrence  
HIGGINS  
TRUST**

**BASHH**  



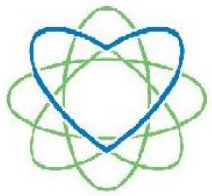



THE SEXUAL HEALTH  
N E T W O R K  
GREATER MANCHESTER

# HIV: Reducing late diagnosis

**Dr. Vinay Bothra - Consultant (Public Health England)**

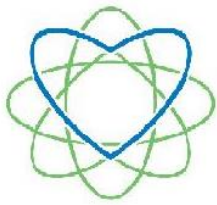
**Jon Dunn – Public Health Manager (Manchester City  
Council)**



THE SEXUAL HEALTH  
N E T W O R K  
GREATER MANCHESTER

# Contents

- What is it?
- Why is it important?
- What can we do about it?

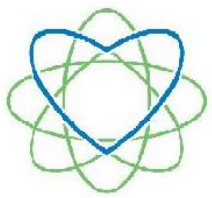


THE SEXUAL HEALTH  
NETWORK  
GREATER MANCHESTER

# Why is it important?

## The 4 P's:

- Patient
- Public health
- Public purse
- PHOF



THE SEXUAL HEALTH  
NETWORK  
GREATER MANCHESTER

# What can we do about it?

- Universal approach
- Targeted approach
  1. High incidence populations
  2. High risk communities





MANCHESTER  
CITY COUNCIL

# Developing a new sexual health website for Greater Manchester

October 2013

Jon Dunn  
Public Health Manchester

# Overview

- Developing a new sexual health website(s) for Greater Manchester
- Web-based interactive health improvement tools
  - What do we mean?
  - What could they do?
  - What is the evidence?

# Sexual health website(s) for Greater Manchester

## **Proposal**

Sexual health commissioners are working to develop and launch a new sexual health website(s) for Greater Manchester.

The website will contain static content and a number of interactive tools and functions.

We want our residents to be able to obtain information about sexual health and to provide tools to assist them to improve their sexual health and wellbeing.

# Sexual health website(s) for Greater Manchester

## **Static content**

- Information about sexually transmitted infections and how to obtain screening and treatment
- Information about HIV testing and treatment
- Information about contraception and how to obtain it
- Information about emergency contraception and how to obtain it
- Information about condoms and how to use them
- Etc

# Sexual health website(s) for Greater Manchester

## **Interactive tools**

- HIV tool
- Sexual health and wellbeing tool

## **Assessments**

- Completion and submission of baseline assessments
- Completion and submission of follow-up assessments

# Sexual health website(s) for Greater Manchester

## **Possible functions**

- HIV test reminder function
- Online ordering of chlamydia and gonorrhoea screening kits
- Online ordering of HIV home sampling kits
- Online ordering of condoms

## **Signposting**

- Directory of local services

# Web-based, interactive health improvement tools

## What do we mean?

Web-based, interactive health improvement tools can help users to:

- Improve their knowledge and understanding of health issues
- Self-assess their health needs and behaviours
- Prompt and commit to behaviour change through the provision of automated but tailored information, advice and guidance and goal setting
- Navigate to appropriate services

## Web-based, interactive health improvement tools

### **Has this been done before?**

The NHS Life Check is an example of a web-based, interactive health improvement tool. It has a focus on smoking, diet and exercise

Sexual health improvement tools are not common but the evidence base contains a number of examples of effective products.

# Web-based, interactive health improvement tools

## **Sexual health and wellbeing tool**

The tool could ask users a series of questions and provide tailored recommendations about, for instance:

- Use of condoms
- Use of contraception
- Uptake of sexual health screening
- Uptake of Hepatitis B vaccination
- Etc

# Web-based, interactive health improvement tools

Please enter your personal details below. Next, you will be asked questions based on your responses now. Your details won't be kept or shared and no one, apart from you, will see your answers or the feedback you'll get at the end of the checker.

## ABOUT YOU

I am a

Male

I am aged

20 to 24

I am

White: British

I am

Bisexual

I have

Regular female partner

Start Health Check

Sexual health and wellbeing interactive tool will ask users to answer a series of appropriate and relevant questions

Questions will be differentiated according to variables including age, gender and sexual orientation

# Web-based, interactive health improvement tools

## SEXUAL-HEALTH CHECK



**Do you and your partner use contraception?**

- Yes, we use contraception
- No, we don't use a regular method but we do use condoms
- No, because we are trying for a baby
- No, we don't use contraception

Next

Users will be asked questions about a number of different topics including contraception.....

# Web-based, interactive health improvement tools

## SEXUAL-HEALTH CHECK



### Do you use condoms?

- Yes, we use condoms all of the time
- Yes, we use condoms some of the time
- No, because I have a regular partner and we have both tested negative for sexually transmitted infections
- No, because I have a regular partner and we are trying for a baby
- No, we don't use condoms

Previous

Next

...use of condoms...

# Web-based, interactive health improvement tools

## SEXUAL-HEALTH CHECK



**Have you had a chlamydia test in the last twelve months?**

- Yes, and I've not changed my partner since my last chlamydia test
- Yes, but I've had new partners since my last chlamydia test
- No, I've not tested in the last twelve months, but I've had a chlamydia test in the past
- No, I've never been tested for chlamydia

Previous

Next

... chlamydia screening and other topics including:

- HIV testing
- Sexual health screening
- Hep B vaccination
- Testicular self-examination
- Breast examination

# Web-based, interactive health improvement tools

<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-and-baby-care.aspx>

---

## **Consider using condoms**

You answered: You use condoms some of the time

Using condoms will help to protect you and your partner from picking up or passing on a sexually transmitted infection. You can buy condoms from pharmacies, shops and supermarkets.

Doctors recommend that couples should use condoms until both partners have been screened for sexually transmitted infections. Women should also use a reliable method of contraception such as an implant for extra protection to prevent an unplanned pregnancy. Remember: bisexual men should use condoms, all of the time, when having sex with other men.

---

**Go for a HIV test now**

Users will receive tailored feedback and recommendations for further action

# Web-based, interactive health improvement tools

health check-up including an HIV test now. You can get free and confidential HIV tests from Sexual Health Clinics.

---

## **Get a free Ruclear chlamydia test**

You answered: You've had new partners since your last chlamydia test

Around one in ten young people have chlamydia. Lots of people who have this infection don't know it as it often has no obvious symptoms. It can be passed from an infected person to his or her partner during sex. If left untreated, chlamydia can cause long-term problems such as infertility.

Doctors recommend that all young people who are sexually active have an annual chlamydia test, and to test again whenever they change their sexual partners. As you have changed your partner since your last test, get a free and confidential chlamydia and gonorrhoea test from Ruclear now. Ruclear tests are available from Contraception and Sexual Health clinics and home testing kits can be ordered from the Ruclear website.

---

This is not a diagnostic tool!

Rather, the tool has been developed to allow users to consider their health needs and behaviours and to signpost to relevant services.

# Web-based, interactive health improvement tools

## **Evidence**

There is good evidence that web-based, interactive health improvement tools can be effective for improving knowledge and understanding about health issues and for motivating behaviour change.

Web-based, interactive health improvement tools are better than static content (web and printed) for engaging with the user and for prompting consideration of health behaviours.

# Web-based, interactive health improvement tools

## **Web versus traditional approaches**

Web-based interactive approaches are more effective than traditional approaches for communicating information and advice for\*:

- Improving knowledge and understanding
- Increasing safer sex self-efficacy
- Increasing intent to practice / maintain safer sex
- Prompting behaviour changes

\* 15 randomised control trials comparing web-based interventions with traditional interventions  
Source: Bailey et al (2010) 'Interactive computer based interventions for sexual health promotion'

# Web-based, interactive health improvement tools

## **Benefits**

- Acceptable and convenient for residents
- Effective approach for communicating information and for prompting behaviour changes
- Complements face-to-face interventions
- Low cost and the potential to reach high numbers of residents

Thanks for listening



# Developing Shared Commissioning

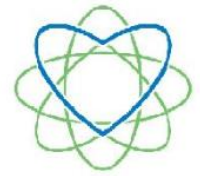


THE SEXUAL HEALTH  
NETWORK  
GREATER MANCHESTER

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# Commissioning Cycle



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**Purpose,  
Demand &  
Supply  
analysis**

**Analyse**

**Plan**

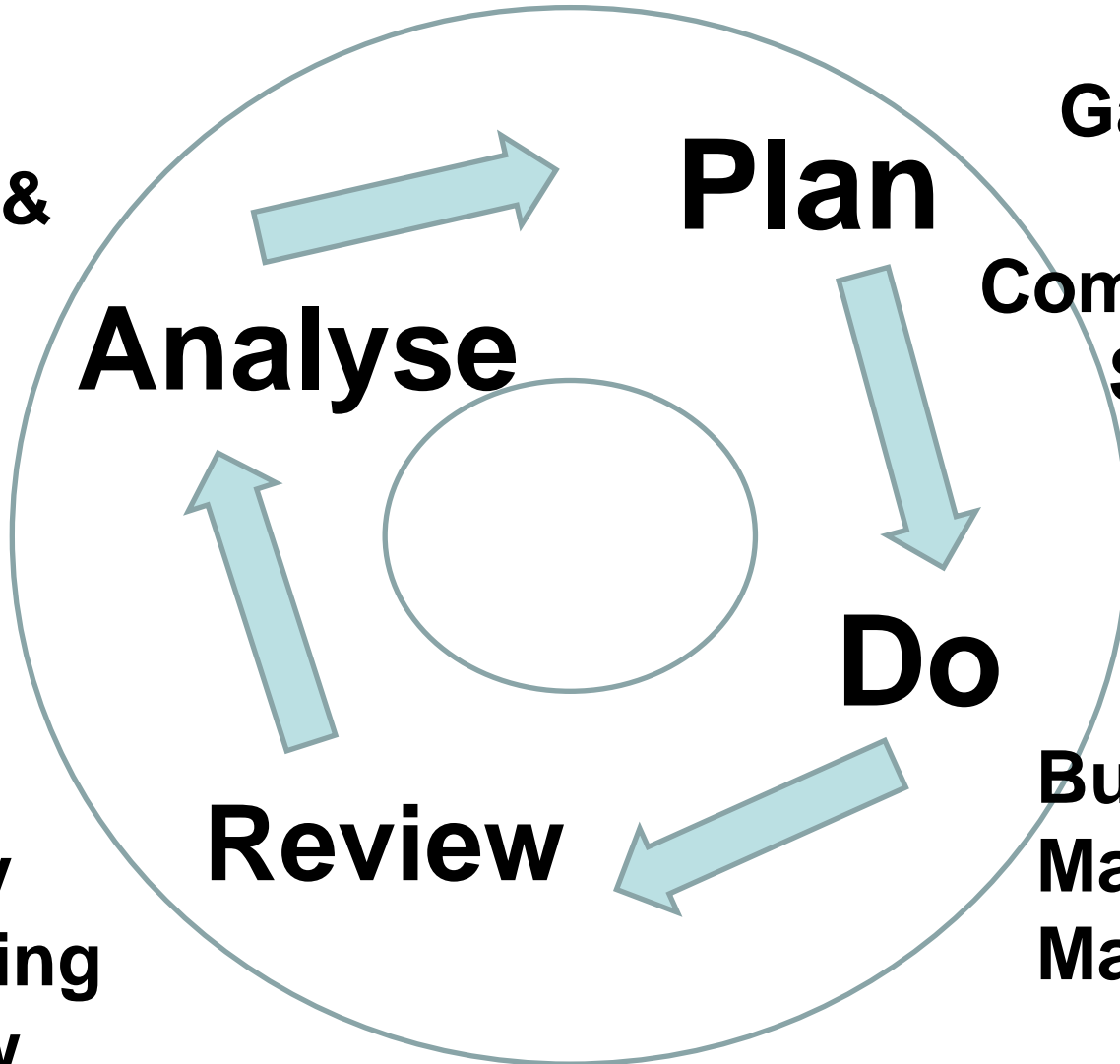
**Gap analysis  
Design  
Commissioning  
Strategy**

**Do**

**Budget &  
Market  
Management**

**Strategy  
monitoring  
& review**

**Review**



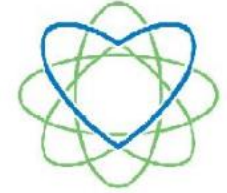


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# Shared Commissioning Vision

- To ensure future integrated sexual health services that are commissioned meet quality standards, key outcome indicators and demonstrate consistency
- To build on existing informal collaborative commissioning across GM to develop formal accountability arrangements
- To ensure these proposed commissioning services are value for money, make best use of skills, expertise and resources, securing the efficiencies of a larger footprint but sensitive to local needs

# New commissioning arrangements



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**Commissioned by  
NHS England**



**HIV treatment  
services**

**Commissioned by  
local authorities**



- **Contraception and Sexual Health Services**
- **GUM**
- **Integrated Sexual Health Services**
- **STI and HIV testing**
- **Sexual health prevention and promotion**

**Commissioned by  
Clinical  
Commissioning  
Groups (CCGs)**

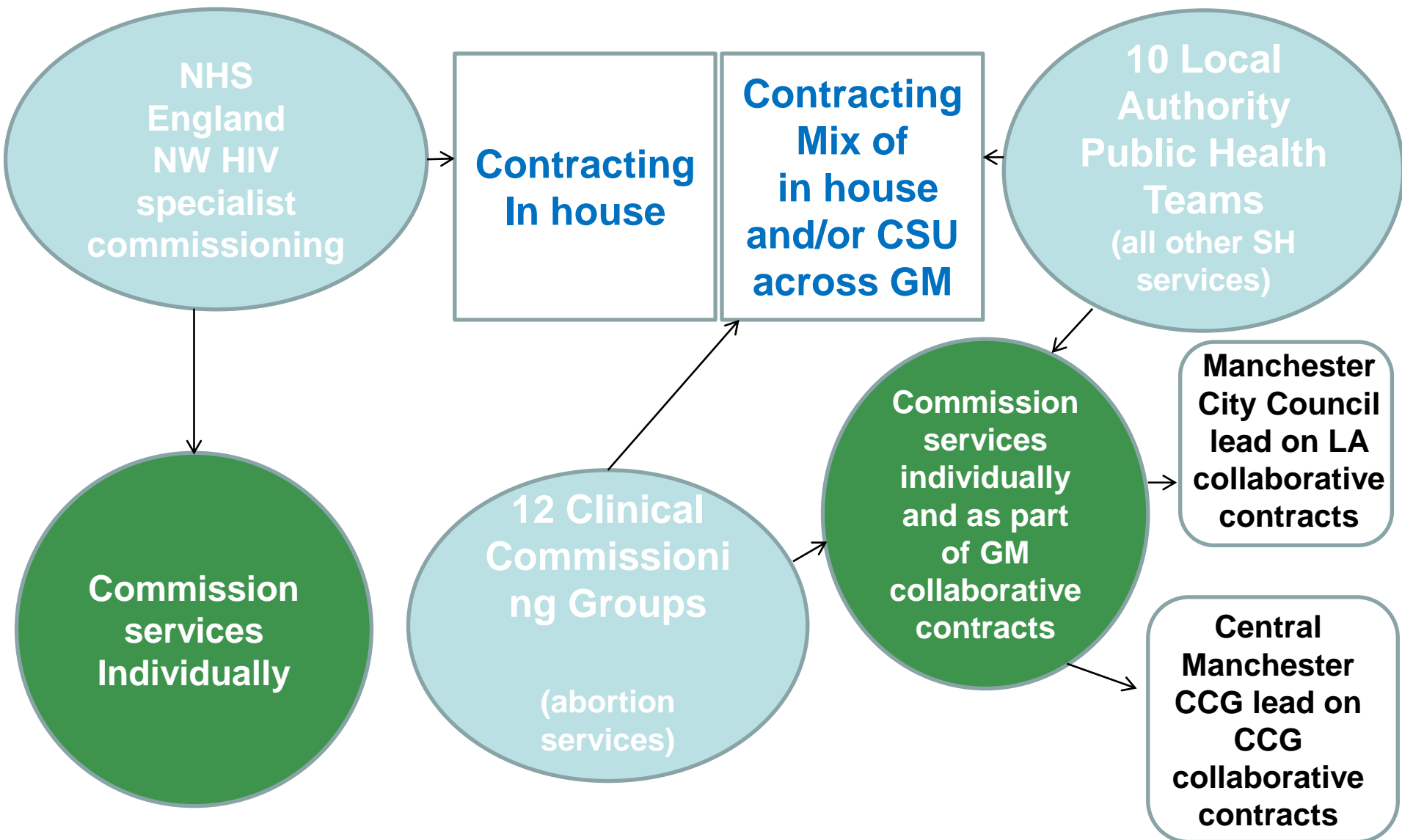


**Abortion services**



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# Current GM SH commissioning model



# Collaborative commissioning of TOP services in GM - Picture in 2005



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- **GM worst performing area in country in 2005**

Under 10 week gestation target was 49%  
compared with national average of 63%  
GM range 33 - 63%

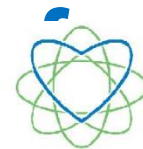
- Long waiting times for consultation appointments up to 14 days compared with national 5 days target
- High number of appointments not attended

# Collaborative commissioning of TOP services in GM - Picture in 2005

- High repeat abortion rate
- Limited choice of TOP services in GM (NHS & 2 independent sector clinics)
- Each PCT had a different contract with TOP Providers

# Collaborative commissioning

## TOP services in GM - What we did



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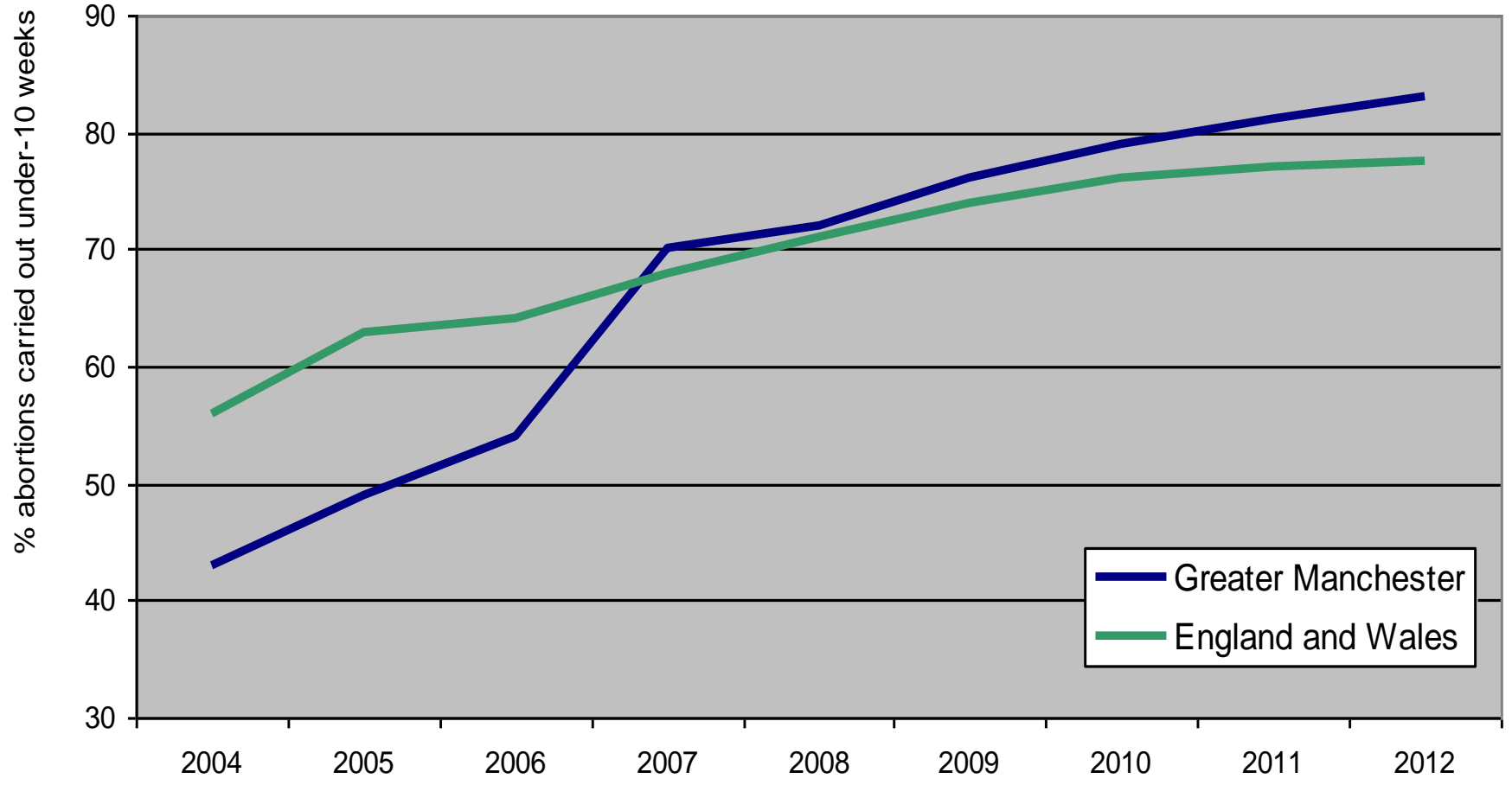
- GMSHN Priority Action Group TOP – Workplan
- Greater Manchester Service Specification (included provision of contraception & chlamydia screening)
- Introduced Central Booking Service, 2005 in Manchester. Central Booking Services rolled out across GM 2006 onwards

# Collaborative commissioning of TOP services in GM - What we did

- Increased number of providers offering TOP services
- TOP services providing contraception and STI testing
- Introduced multi-lateral contracts
- Negotiated GM prices with providers

# Collaborative commissioning of TOP services in GM - Picture in 2013

Percentage of NHS-funded abortions carried out under-10 weeks gestation, 2004-2012



# Collaborative commissioning of TOP services in GM - Picture in 2013

- **GM best performing area in country in 2012**  
under 10 week gestation target was 83%  
compared with national average of 77.5%)  
GM range 77%-86%
- Short waiting times for consultation  
appointments -  
3 days average against national target of 5  
days
- Number of appointments not attended has  
reduced greatly

# Collaborative commissioning of TOP services in GM - Picture in 2013

- Repeat abortion rate in line with national average
- Better choice of TOP services in GM ( NHS & 5 independent sector clinics)
- Collaborative commissioning – multi-lateral contracts with TOP Providers, standardised care , increased quality of service provision, value for money services, efficient use of time

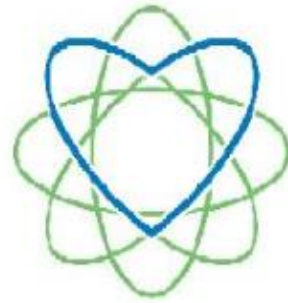
# Collaborative commissioning of TOP services in GM – Key messages

- Importance of working for the greater good ✓
- Success of good working relationships – GMSHN, joint work plans, respecting other professionals, sharing good practice, trust ✓
- Take time to get it right ✓
- It is ok for areas to join collaborative arrangements when they are ready to ✓

A photograph of a sunset over a road, with a large circular overlay in the center containing text. The sky is filled with dark, dramatic clouds, and the sun is low on the horizon, creating a bright glow. The road is a two-lane road that stretches into the distance, with a fence on the left side. The overall color palette is dominated by warm, reddish-orange tones.

**IF YOU WANT TO GO  
FAST, GO ALONE.  
IF YOU WANT TO GO  
FAR, GO TOGETHER.**

**AFRICAN PROVERB**



THE SEXUAL HEALTH  
N E T W O R K  
GREATER MANCHESTER

**Athia Chaudry**  
**Chair**  
**BME Network**



**ANEET KAPOOR – CHAIRMAN  
MANCHESTER LPC**



**CPGM**

Community Pharmacy Greater Manchester

**THINKPHARMACY**

## WHY PHARMACY?

- **Nearly 700 Community Pharmacies in Greater Manchester**
- **Many pharmacies have extended hours including evenings, Weekends and Bank Holidays**
- **99.8% of the population of GM can access a community pharmacy by public transport or walking within 15 minutes, and nearly 40% of patients can reach a pharmacy within five minutes**
- **A Pharmacist is available to give advice during the full opening hours of a pharmacy without the need to make an appointment**

## HOW PHARMACY CONTRIBUTES TO SEXUAL HEALTH SERVICES

**Pharmacy has a core role by:**

- **Having accessible community pharmacy locations with convenient opening hours in local communities**
- **Providing a wide range of extended and specialist services including Patient Group Directions for Prescription only medicines**
- **The public's increasing willingness to consult pharmacists on sensitive issues**
- **An ever-increasing range of medicines and products available over the counter (OTC) from pharmacies**

# CURRENT PHARMACY SERVICES

A range of pharmacy sexual health services are available across Greater Manchester

## Emergency Contraception

- **Community pharmacies have become key providers of emergency hormonal contraception over the past decade**
- **The proportion of women choosing to obtain EHC from pharmacies across England increased from 20 per cent to 55 per cent between 2002-2008.**

## Chlamydia Screen & Treat

- In conjunction with RUClear many pharmacies offer opportunistic testing to asymptomatic young women aged 15-24
- Following a positive result Pharmacists are able to offer treatment under a PGD

## Condom Supply

The C-Card (Condom Card allows young men and women to receive condoms free of charge from a variety of outlets)

## Oral Contraceptive Supply

In 2009 Manchester became the first City in the country to allow Pharmacists to supply Oral Contraception to Women requesting EHC

# DESIRED PATIENT OUTCOMES FROM PHARMACY SERVICES

- Prompt access to sexual health services without an appointment in a location close to home or work
- Convenient opening hours including evenings and weekends
- Access to a broad range of pharmacy-led services which are of comparable quality and follow the same national clinical standards as those offered through other providers
- A private and confidential service, in line with national and professional guidance
- Raising Public and Professional Awareness
- Signposting and formal referral where appropriate to other sexual health services through integrated care pathways

## KEY CHALLENGES

- **Local Variation and availability of services across Greater Manchester**
- **Integration of Services - Pharmacy sexual health services must be integrated into all other local health initiatives including education, housing, and inequality projects.**
- **Pharmacy needs to be represented at strategic, tactical and operational levels across Greater Manchester**
- **Pharmacy services need to sit within the wider NHS strategy with effective referral pathways to specialist services.**

# QUESTIONS PLEASE



THINKPHARMACY