

Summer  
2017

# Sexual Health

## Quarterly Bulletin

Issue 55

**Cumbria &  
Lancashire**  
New Update

**PHE North West**  
Sexually transmitted  
infections in MSM in  
NW

**HIV Long Term  
Survivors**  
#letskickass

**News**  
Latest News &  
Events

Available online at: [www.phi.org.uk/expertise/sexual-health/](http://www.phi.org.uk/expertise/sexual-health/)

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## Foreword

Welcome to the summer edition of the North West Sexual Health Quarterly Bulletin. In this issue Cathryn Beckett-Hill, Public Health Locality Manager from Cumbria County Council, updates us on a pilot project which is offering point of care testing to community pharmacies throughout Cumbria and Janet Duckworth, Public Health Practitioner talks about sector led improvement to HIV late diagnosis.

Dr Roberto Vivancos, Consultant Epidemiologist, PHE North West looks at figures for sexually transmitted infections in MSM in the North West between January and September 2016.

Kathleen Charters, Wellbeing Practitioner at Sahir House looks back at 36 years since HIV was first announced and what the future looks like for long term survivors.

Liverpool John Moores University have become the first University to gain the Navajo Award; Laura Pieroni, Equality and Diversity Assistant tells us about this good news story.

We hope you enjoy the latest edition of the bulletin.

Ann Lincoln



# Cumbria & Lancashire Sexual Health Providers & Commissioners Update Network Update

by Cathryn Beckett-Hill / Public Health Locality Manager Janet Duckworth / Public Health Practitioner

## Point of Care Testing for HIV at Community Pharmacies in Cumbria

In 2015, Cumbria was highlighted as an area of high risk for late diagnosis of HIV following a number of serious complications, including two deaths, which could have been prevented with earlier diagnosis. Research clearly shows that those who do not know they have HIV are at higher risk of transmitting the virus, so reducing the pool of undiagnosed individuals, improves HIV prevention efforts.

Cumbria is challenged by its huge geography and small localities which inhibit access to services. Many people do not want their GP to test their HIV status, nor do they wish to attend a sexual health clinic. Equally, there are issues for some individuals receiving postal kits to their home or work address.

'In the Community' is a pilot project offering point of care testing (POCT), for HIV in community pharmacies across Cumbria. The pilot is hosted by OutReach Cumbria, developed in conjunction with the Local Pharmacy Committee and Cumbria Partnership NHS Foundation trust; and supported by Public Health England and Cumbria County Council. The aim of the project is to help make HIV testing an everyday occurrence within pharmacies which have trained staff, excellent opening times, private areas and most importantly, little risk of disclosure.

The project currently includes **15 'beacon' pharmacies** in areas with greater levels of high risk groups, and signposting from other pharmacies across the county. Pharmacists have been trained in sexual health discussions and how

to deliver HIV or syphilis POCT. Pharmacies have also been sufficiently resourced to provide condoms and chlamydia screening kits during the same visit. A clear pathway into local GUM care is in place for any reactive results or complex issues.

This pilot has improved access by encompassing pharmacy into the delivery efforts of HIV testing. It has been an excellent patient centred collaboration, which offers a confidential and non-judgemental service and provides a fast, accurate result within a few minutes. Whilst the number of tests completed so far has been lower than anticipated, three quarters of those who have accessed the service had never had a HIV test before.

## Sector Led Improvement - HIV Late Diagnosis

Cumbria and Lancashire Public Health Collaborative have been taking a Sector Led Improvement approach to Sexual Health. The first phase of this approach looked at chlamydia diagnostic rates and an analysis of the pathways with stakeholders; plans and ideas were collated and action plans for improvements were developed.

The second phase of this approach has focused on HIV and a stakeholder event was held on the 8th December 2016. Over twenty clinicians, service managers, volunteers, commissioners and public health specialists came together to review the evidence and determine actions to reduce the levels of late diagnosis across Cumbria, Lancashire, Blackburn with Darwen and Blackpool.

Issues that were raised through presentations and discussion; included how to improve testing in GUM, improving the role of partner notification, engaging primary care, learning from previously late diagnosed cases and embedding the role of the service user. Prompted by these key points, an action planning session was held using the WHO Guide to 'conducting programme review for the health sector response to HIV/AIDS' (2013).

The next steps for the joint actions that were agreed at the event, will be decided at the forthcoming Cumbria & Lancashire Sexual Health Providers and Commissioners Network meeting to be held on 13th July 2017.

## Further Information

Cumbria Partnership NHS Provider Trust: [Matt.Phillips@cumbria.nhs.uk](mailto:Matt.Phillips@cumbria.nhs.uk)

Cumbria Local Pharmacy Committee: [lynnmcfarlanecumbrialpc@gmail.com](mailto:lynnmcfarlanecumbrialpc@gmail.com)

OutReach Cumbria: [benv@outreachcumbria.co.uk](mailto:benv@outreachcumbria.co.uk)

Cumbria County Council: [Cathryn.Beckett-Hill@cumbria.gov.uk](mailto:Cathryn.Beckett-Hill@cumbria.gov.uk)





# Sexually transmitted infections in MSM in the North West

by Dr Roberto Vivancos / Consultant Epidemiologist, PHE North West



Public Health  
England

## New diagnosis of STIs in the North West

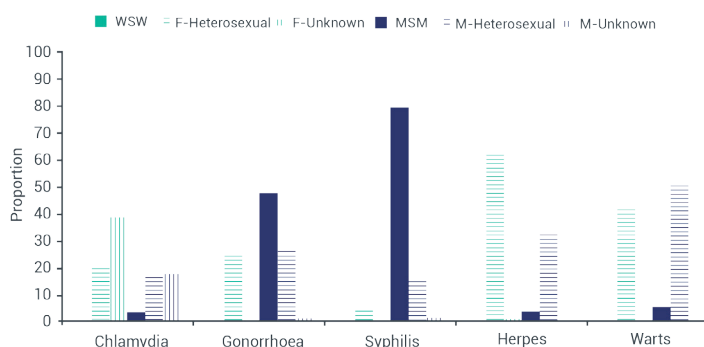
Between January and the end of September 2016, there were just under 40,000 new sexually transmitted infections (STIs) diagnosed in level 3 (GUM) clinics and for chlamydia in the community (CTAD) in the North West. Of these, about 3,400 (8.5%) were in men who have sex with men (MSM).

Women and heterosexual men in the North West get most of chlamydia infections, herpes and genital warts, which are the commonest STIs diagnosed at sexual health services.

However, MSM get disproportionately diagnosed with both syphilis and gonorrhoea (figure 1), where the majority of these infections are in MSM. Furthermore, though the last five years have seen a reduction on the diagnoses of chlamydia, herpes and genital warts in MSM, the detections of gonorrhoea and syphilis have increased, by 43% and 35% respectively (figure 2 and table 1), driving the increase of new STIs of this group by 10% in total.

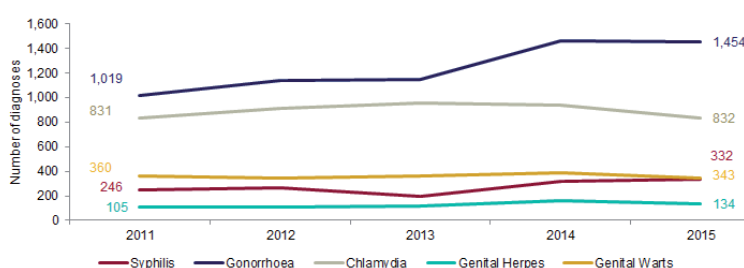
On a positive note, more recent years have seen a slowdown in the increase of detections of both gonorrhoea and syphilis in MSM, with only an increase of 5% in diagnoses of syphilis between 2014 and 2015, and a modest reduction in diagnosis of gonorrhoea.

**Figure 1: Proportion by sexual orientation for 2016 diagnoses in North West residents (January to September only).** Data source: GUMCAD



Data sources: Chlamydia - GUMCAD and CTAD; others - GUMCAD Over 50% of the Chlamydia data used comes from CTAD. This data set does not contain sexual orientation resulting in a large proportion of 'unknown'. Data is provisional. Data is by residents.

**Figure 2: Diagnoses of the five main STIs among MSM in GUM clinics: North West residents, 2011-2015.** Data source: GUMCAD



GUMCAD started in 2009. Reporting of sexual orientation is less likely to be complete for earlier years, so rises seen may be partly artefactual. Any increase in gonorrhoea diagnoses may be due to the increased use of highly sensitive nucleic acid amplification tests (NAATs) and additional screening of extra-genital sites in MSM. Any decrease in genital wart diagnoses may be due to a moderately protective effect of HPV-16/18 vaccination. Any increase in genital herpes diagnoses may be due to the use of more sensitive NAATs. Any increase or decrease may reflect changes in testing.

**Table 1: Percentage change in new STI diagnoses in men who have sex with men (MSM) diagnosed in GUM clinics: North West residents.** Data sources: GUMCAD data only

| Diagnosis      | 2015  | % change 2011-2015 | % change 2014-2015 |
|----------------|-------|--------------------|--------------------|
| New STIs       | 3,935 | 12%                | -10%               |
| Syphilis       | 332   | 35%                | 5%                 |
| Gonorrhoea     | 1,454 | 43%                | -1%                |
| Chlamydia      | 832   | 0%                 | -11%               |
| Genital Herpes | 134   | 28%                | -16%               |
| Genital Warts  | 343   | -5%                | -12%               |

Please see notes for Figure 2.



# HIV Long Term Survivors #letskickass

by Kathleen Charters / Wellbeing Practitioner

**“Since the beginning of the epidemic, HIV/AIDS has been the most devastating source of existential anxiety for the gay community. For those who were also infected during the height of the epidemic or shortly thereafter but outlived partners and friends, HIV infection is a constant reminder of the unimaginable death sustained by a group that prides itself on life. Now HIV disease is a fact of existence that shapes the lives of those long-term survivors who, everyday, face the harsh realities posed by the givens of existence...”**

*Existential Dimensions of Surviving HIV : The Experience of Gay Long-Term Survivors* **Silvio Machado, MA, MFTI**

June 5th 2017 marks the 36th anniversary of the first announcement since HIV was first announced in 1981.

Let's just sit with that for a second...

2017 also marks the 21st anniversary of Highly Active Antiretroviral Therapy (HAART) that changed HIV from a death sentence to a chronic but manageable illness.

And let's just sit with that.

How amazing and expedient has the clinical, research and community activist response been to this “epidemic”.

Half of people living with HIV are age 50 and older. By 2020 that number will be 70%.

This is an article about Long Term Survivors (LTS), who are into the fourth decade of the HIV

epidemic. Forty years of uncertainty; uncertain life expectancy, uncertain efficacy of drugs, uncertain futures, uncertain employment prospects.

**“The long gaps in work histories and lack of skills to work in the modern digital world present a high hurdle to re entering the work place. Combined with ageism, returning to work for the majority of survivors is nearly impossible.”**

*Tez Anderson, Founder Let's Kick ASS—AIDS Survivor Syndrome*

Long-Term Survivors age faster and differently. They may have multiple drug resistances, resulting in limited treatment options (known as salvage therapy) and physical damage from long-term HIV infection. They are also very likely to have taken earlier, less effective medications, which caused symptoms that are chronic and debilitating like neuropathy, cognitive impairment and cardiovascular disease. Multimorbidities and comorbidities result in polypharmacy that impacts treatment adherence and optimal care.

In a local HIV Pain Management Group (the majority of whom are Long-Term Survivors) 85% of those surveyed alongside ART were taking pain relief, anti depressants, medicines to combat insomnia, alleviate nerve damage, anxiety, blood pressure medications, calcium supplements and half of the group had been diagnosed with CPOD. All had episodic poor mental health.

## What are we doing in the UK to recognise and address the needs of LTS in the UK?

On Monday 23rd January 2017 over 70 experts from different sections of the HIV community, joined the Terrence Higgins Trust (THT) and the All-Party Parliamentary Group on HIV & AIDS (APPG on HIV & AIDS) in Westminster, to explore the challenges facing those ageing with HIV from a health and social care perspective. The event, chaired by Mike Freer MP, Chair of the APPG on HIV & AIDS, included the formal launch of THT's new “Uncharted Territory” report. This builds on the findings of their 2010 report ‘A National Study of Ageing and HIV (50 Plus)’ in recognition of the changes brought about by HIV clinical and care support, through the 2012 Health & Social Care Act. <http://www.tht.org.uk/clickhere>

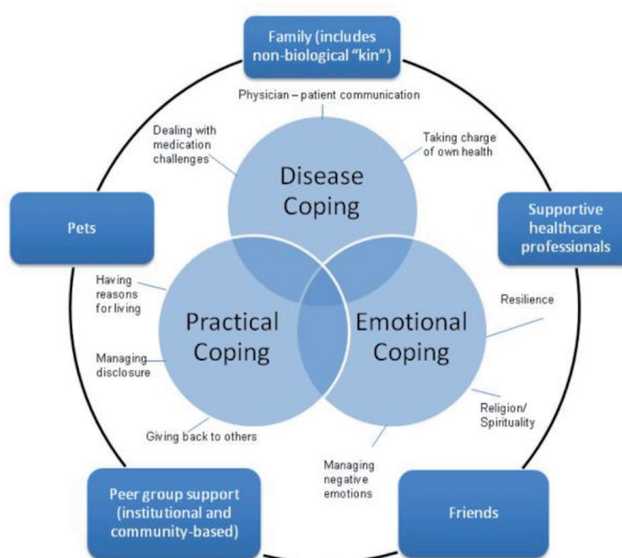
### Key findings from the report:

- A third of survey respondents were socially isolated and 82 per cent experienced moderate to high levels of loneliness.
- Of survey respondents, 58% were defined as living on or below the poverty line.
- Over a third of individuals aged 50 and over; and living with HIV were reliant on welfare benefits.
- Of respondents 84% were concerned about future financial difficulties.
- Of people living with HIV aged 50 and over; 81 per cent were concerned about how they would take care of



# HIV Long Term Survivors Continued

- themselves and manage daily tasks in the future.
- Of individuals aged 50 and over; and living with HIV 82% were concerned about whether they would be able to access adequate social care in the future and 88 per cent had not made financial plans to fund future care needs.
- Of people living with HIV aged 50 and over; 22% rated their current wellbeing as 'bad' or 'very bad'.
- Key recommendations from the meeting:
- Support services aimed at people living with HIV aged 50 and over should carefully consider the diversity of needs of service users and consider tailoring different support packages to 50-60 year olds, 61-64 year olds and to individuals aged 65+
- RCGP should work with BHIVA, BASHH, HIV charities and people living with HIV to provide training and support to current GPs to increase their understanding of HIV and its interaction with ageing
- Social care providers should ensure continued professional development for staff around HIV, using key awareness days such as World AIDS Day and utilising local and national HIV organisations to ensure all activities are based on up-to-date evidence.



## How do LTS, thrive and survive?

In a 2012 study entitled “How Have Long-Term Survivors Coped With Living With HIV?” The authors found a number of strategies that were working well for PLHIV. In general, coping with the disease-related challenges of HIV were characterised by participants managing medication issues, maintaining a therapeutic relationship through communication with health care providers, and taking an active role in their health care.

The findings are neatly summarised in this figure from the report.

The research underlines the positive impact of managing side-effects, expectations, changes in medical regimes and managing energy levels. It also highlights the positive impact between patient and Healthcare Professionals.

These common themes arose from the study and it was believed that, delivery of life skills, nutritional advice, exercise options, provision of safe spaces and ‘giving back’ would all add value and meaning to LTS in the future.

## Further Information

For local HIV supports services please see the link below:

<http://www.sahir.org.uk/>

This is the link to the UK’s National Long Term Survivors Group:

<http://www.nltsg.org.uk/>

And this is the link to the international HIV Long Term Survivors resources:

<https://letskickass.hiv/>

Article citations:

Existential Dimensions of Surviving HIV: The Experience of Gay Long-Term Survivors  
Journal of Humanistic Psychology Vol 52,  
Issue 1, pp 6-29 [10.1177/0022167810389049](https://doi.org/10.1177/0022167810389049)





by Laura Pieroni / Equality and Diversity Assistant

## LJMU the first University to gain the Navajo Award

At LJMU, we have a huge support for LGBT staff and students as well as the wider LGBT community. This was highlight on Friday 12 May 2017 when LJMU received the Navajo Merseyside & Cheshire LGBTIQ Charter Mark Award in recognition for our commitment to LGBT equality.



Nick Medforth Senior Lecture in Child Health and Care (School of Nursing and Allied Health) accepting the award.



From left to right, Moni Akinsanya, Nick Medforth, Phil Bakstad, Julie Lloyd, Laura Pieroni and Lorraine Shaw.

Navajo Merseyside and Cheshire Lesbian, Gay, Bisexual & Transgender (LGBT) Charter Mark recognises and celebrates organisations that are demonstrating commitment, to improving both their employment practices and service design, delivery and access for LGBT people within their organisation and across the region.

In opening the ceremony, Siobhan Blake, Deputy Chief Constable Merseyside Police and Former Chief Crown Prosecutor of Mersey Cheshire Crown Prosecution Service; and Jane Kennedy, Merseyside Police and Crime Commissioner, praised the dedication and commitment of NAVAJO partnership. The theme of this year's ceremony was Young People, in which the audience were able to listen to the story of young LGBT people and reflect on the issues that affect them on a daily basis. Each story highlighted the struggle the young people had encountered and their achievements.

Following on from the

presentations, Nick Medforth, Lecturer/Senior Lecturer School of Nursing and Allied Health; Phil Bakstad, Student Advice and Wellbeing and former Chair of LJMU LGBT Staff Network; Lorraine Shaw, Head, School of Nursing and Allied Health and Julie Lloyd Director People and Organisational Development; proudly went up to accept the Navajo award on behalf of Liverpool John Moores University.

Nick Medforth, Senior Lecture in Child Health and Care (School of Nursing and Allied Health) expressed at the event "The university has always been an environment in which I am able to be authentic and I have been supported by Moni Akinsanya, the University Equality and Diversity Adviser and colleagues, to embed equality and diversity into our processes during my time as Associate Dean. I am therefore delighted that the university has achieved the Navajo kite mark in recognition of its responsiveness to the needs of LGBT + members of our learning and working

community. The "icing on the cake" at the award ceremony, was seeing one of LJMU alumni, Chris Porter, former student of the Faculty of Education, Health and Community (BA Hons Working with Children and Young People/ MA Social Work) working with young people on behalf of the Young Peoples Advisory Service (YPAS) and supporting them to share their own experiences with courage and pride".

Lucy Day – LJMU Impact Officer and Chair of Liverpool Pride said "Being awarded a Navajo Charter Mark is a fantastic achievement for LJMU, which is underpinned by many years of hard work to support equality & diversity, demonstrating an ongoing commitment to staff and students. A Navajo Charter Mark doesn't just tell us what we're doing right now, it challenges us to continuously improve. I am proud to be part of an organisation which is truly committed to being an equal and inclusive place to work and study".



## News and Events

### Sexual Health and Wellbeing Symposium

This is the 9th Annual Young People's Sexual Health and Wellbeing Symposium: Empowering and Safeguarding through effective PHSE and RSE, taking place in Central London on Thursday 2nd November 2017. Further details can be found below:

[Click here](#)

### South West Sexual Health Annual Report 2017

The Annual Report 2017 from the South West Office for Sexual Health can be accessed below. It covers, SH commissioning, Prevention, Reproductive Health, Academic Updates & more. There are also details of the Sexual Dysfunction Report which can be found here:

[Click here](#) and [here](#)

### It Starts With Me

Renaissance and HIV Prevention England (HPE) are promoting the HPE Summer campaign around awareness and testing. Practitioners are holding FREE drop in testing events throughout the summer. The Renaissance team are offering confidential Rapid Result HIV Testing and a calendar of events is available to download here:

[Click here](#)

### The Faculty of Sexual & Reproductive Healthcare

FSRH have launched new Emergency Contraception guidance March 2017 this is a 5 year update of the 2012 Emergency Contraception guidelines. You can access the information here:

[Click here](#)

### FSRH & Brook: The Contraception Priority Setting Partnership

The Faculty of Sexual & Reproductive Healthcare Clinical Studies group; along with Brook are involved in a research project The Contraception Priority Setting Partnership (PSP). This is a project that brings together healthcare practitioners and patients to outline the most important research priorities in contraception. More details about the project can be found here:

[Click here](#)

### SRH Essentials for Practice Nurses Course

This is a one day training course taking place in London, on 11 September 2017; it is for practice nurses and has been designed to enable them to manage consultations about contraception and STIs. Further details can be accessed below:

[Click here](#)

## Sexual Health Quarterly Bulletin

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