

# Sexual Health Quarterly Bulletin

 Issue 16, June, 2007

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## Department of Health Update by Avril Howarth

National Support Teams have been successfully used by the Department of Health (DH) to provide support to local NHS organisations on key Public Service Agreement (PSA)/Local Delivery Programme areas, such as orthopaedic and accident and emergency waiting times. Following the achievements of these, and as part of the delivery arrangements for *Choosing Health, Every Child Matters*, and the NSF for Children, Young People and Maternity Services, the Department of Health has developed National Support Teams (NSTs) to provide tailored intensive support to local areas that face the biggest challenges in delivering public health PSAs.

As part of this programme, the Teenage Pregnancy National Support Team is offering support to local partnerships, engaging with children's services including education, social care, youth services, and the voluntary and community sector, to support their work to reduce, by 2010, the under 18 teenage conception rate by 50%.

The Teenage Pregnancy NST has skilled practitioners and managers with credible clinical and change agent expertise, and relevant experience in the field of teenage pregnancy, Children's Services, inter-agency working and public health policy and practice. Additional support and expertise is provided by the Regional Teenage Pregnancy Co-ordinator; a key member of the visiting team, actively involved in preparation for, during and in the follow up after the visit.

The Teenage Pregnancy NST will initially visit the 22 areas in England with high and increasing rates of under-18 conceptions, identified through 2005 Office of National Statistics data. With several visits currently taking place across England, more are being planned to support the North West over the coming months.

As advocates of a partnership approach, not only are we working closely with other NSTs including Sexual Health and Health Inequalities (developing plans for joint visits where appropriate) but the Teenage Pregnancy NST is also working in partnership with the Department for Children, Schools and Families (DCFS), Teenage Pregnancy Unit (DfES), Government Offices, and

Strategic Health Authorities to ensure the priority local areas are supportive of the visit. Each visit is carried out over three days to understand the environment within which delivery is taking place, including the local demography and culture, and the strengths and weaknesses of key local organisations and their partnerships.

Significantly, the visit does not represent a formal assessment or inspection: it is about developing an understanding of the local area and providing immediate feedback including clear recommendations tailored to the needs of the area. These will build upon both existing and emerging good practice with the offer of further NST support, which in turn will inform the local area's action plan.

Nor is the visit a prescribed part of performance management. Instead, it aims to influence key local players in relation to, for example, the priority placed on delivering the Teenage Pregnancy Strategy and the policies and actions necessary to achieve this. This approach is reinforced by a follow-up package of support, which is agreed between the NST and local leads. This may include the further involvement of specific members of the NST, or the commissioning of additional expertise supported from NST funding.

In short, the NSTs work alongside colleagues in the field to make a significant contribution to local public health delivery. It is an approach that has been warmly welcomed by all of the areas we have visited so far.

Teenage Pregnancy Delivery Managers working with the North West are:

Dr Avril Howarth – National Delivery Manager

Kate Quail - National Delivery Manager

Sarah Carter – Associate Delivery Manager

For further information about the NSTs, including the Teenage Pregnancy NST, please contact Cathy Hamlyn, the Director of NST Development, at: [cathy.hamlyn@dh.gsi.gov.uk](mailto:cathy.hamlyn@dh.gsi.gov.uk), or 020 7210 5124.

## Sahir House - NAPHAM Project by Serena Cavanagh

Sahir House is the multicultural HIV support charity in Merseyside, and a team of volunteers and paid workers are **raising funds** to set up a mutually beneficial collaboration with the National Association for People living with HIV/AIDS in Malawi (NAPHAM).

HIV has deeply affected the people of Malawi. Sub-Saharan Africa accounts for over 73% of people living with HIV globally. 15% of the 10.4 million Malawians are estimated to be living with HIV. Malawi is has the eighth highest prevalence of HIV in Africa. Half a million children are orphaned to HIV. 70% of hospital deaths are HIV related and only a small proportion of people are able to access anti-retroviral treatments. The Merseyside to Malawi team from Sahir House will offer support and training to NAPHAM staff, volunteers and the communities of Lilongwe, the capital of Malawi, in the following ways:

- Community HIV training
- Nursing support
- Alternative therapies
- Health and well being support and

- advice
- HIV and bereavement counselling
- Nutrition workshops using locally grown produce
- Child and family support
- HIV marketing, publicity and information delivery

The team have raised just over £15,000 to fund the outgoing journey and to purchase resources in Malawi however there are some resources we need to take with us.

### Are you able to donate any of the following?

- **Manual food hand blenders** - these enable people with HIV in Malawi to make 'smoothie' drinks from local produce which are rich in nutrients aiding improvement to the immune system
- **Female condoms & lubricant** – can you donate a box?
- **Health supplies** – surgical gloves, antiseptic creams, bandages

The team has done a fantastic job so far raising funds however we are still

raising funds so we can host a team from the NAPHAM organisation to visit Merseyside to work with Sahir House. This will help us gain a more international understanding of HIV, helping our local services to provide higher quality support to the local HIV community. Other ways you can support the project:

- Help us gain sponsorship via any of your contacts
- Fundraise for the project

The Merseyside to Malawi Team from Sahir House will be flying out to Malawi at the end of July 2007. On return the team will be available for reporting back, presentations to your organisation or you can contact us to arrange a visit with the NAPHAM staff when they visit Sahir House. To donate please visit our website [www.Sahir.uk.com](http://www.Sahir.uk.com). For more information or to donate any of the requested resources or any other support you may think will help, please contact a member of staff at Sahir House at [info@sahir.uk.com](mailto:info@sahir.uk.com) or 0151 708 9080.

## Greater Manchester Sexual Health Network by Emma Thompson

### Workforce Project

The GMSHN has commissioned Lesley Greenhalgh, a Nursing lecturer from Salford University to undertake a workforce project across Greater Manchester. It is hoped that the project will determine, and make recommendations for, the future of the nursing and support staff workforce across the conurbation. The project will be done in line with the National strategy for Sexual Health, taking into consideration the future functions and roles required in tier 1, 2 and 3 whilst referring to national best practice guidelines.

The project aims to:

- Determine the baseline of the current sexual health workforce
- Determine current training and education being undertaken and provided and considering future needs
- Consider key stakeholder views and needs around current workforce; ensuring links are made with Directors of Nursing and workforce development leads
- Establish a future workforce plan for local services whilst informing a training and education strategy for the

network.

It is hoped that the project will ensure that any money invested is done so sensibly to ensure appropriate future skill mix. The GMSHN has a Priority Action Group that will steer the project and bring together nursing staff from across the system. The project was recently used as a case study in the Public Health Resource Pack produced by the NHS Workforce Projects

[www.healthcareworkforce.nhs.uk](http://www.healthcareworkforce.nhs.uk)

If you would like any further information about the GMSHN or the Workforce Project please contact:

Emma Thompson (Network Support Officer)  
[emma.thompson@manchester.nhs.uk](mailto:emma.thompson@manchester.nhs.uk)

### 10 High Impact Changes

Members of the GMSHN attended the recent '10 High Impact Changes' conference organised by the Department of Health. Geoff Holliday (Public Health Commissioner, Salford PCT) gave a presentation on the day to explain in more detail the case study included in the DH publication

available at [www.dh.gov.uk](http://www.dh.gov.uk).

The case study explained the recent reconfiguration of Salford's sexual health services into a hub and spoke model and relates to High Impact change 3 – Analyse and Improve utilisation of the multidisciplinary teams in GUM. The PCT redesigned existing services to implement a primary-care-based integrated sexual health service delivery family planning, GUM and Sexual Health, young people's services, HIV and psychosexual services in Salford. The modernisation increases access to sexual health services (both GUM and reproductive health) for the population of Salford and has already seen a marked improvement to the 48 hour access figures.

If you would like any further information on the modernisation of services in Salford please contact:

Geoff Holliday (Public Health Commissioner)  
[Geoff.Holliday@SALFORD-PCT.NHS.UK](mailto:Geoff.Holliday@SALFORD-PCT.NHS.UK)

## Cumbria & Lancashire Sexual Health Network by Stephen Woods

The Cumbria and Lancashire Sexual Health Network now has a new Chair, Professor John Ashton the new Director of Public Health at Cumbria PCT. Many of you will know John from his time as the Regional Director of Public Health. A huge thank you must go to Andy Howe the previous Chair. Andy did a great deal to establish the network and support its development; he is taking 12 months out to pursue other activities. On behalf of the network and its members I would like to wish him all the best.

The network is about to review the last 12 months and reassess its priorities. A network review day is to take place on the 6<sup>th</sup> June. The day will celebrate the work to date, review the sub-groups and their priorities, clarify the relationships with the local Sexual Health LIT's and develop an action plan for the next 12 months.

### Key Developments

The Network Commissioning sub-group has completed a draft toolkit to support the commissioning of sexual health services. The toolkit identifies a service model and provides outline specifications for the delivery of integrated sexual health services. The specifications have been developed from examples of good practice locally, regionally and nationally and thanks go out to all those who have

been willing to share their hard work. The toolkit includes specifications in the following areas:

- Chlamydia Screening
- Condom Distribution
- Level 1 GP essential services
- Level 2 more specialised GP sexual health services
- Level 2 specification for re-aligned community sexual health services
- Level 3 GUM specialist sexual health services
- Level 3 termination of pregnancy service

### Young People

In addition to this is a foundation level specification for generic screening and signposting services and a Level 2 specification for the delivery of young people's sexual health services.

### Advertising and Marketing

The model also provides an outline specification for the marketing and advertising of sexual health services.

### Performance Framework and care pathways

The next steps in the process will be to establish an aspirational care pathway for access to modernised services and initial discussions have taken place in relation to a centralised triage and referral point. The performance framework will provide

specific outcome measures and monitoring information. The toolkit will provide a "pick and MIX" framework of specifications for the modernisation of sexual health service delivery.

### Chlamydia Postal Kit Pilot

The Network Chlamydia sub-group is piloting a young persons self-administered chlamydia testing kit. The kit will come in a specifically designed package and will enable young people to self-test and post off their sample direct to the lab. The packaging is being designed in consultation with young people and the hope is to be up and running by the summer.

### Sex and Relationships Education

There is a great deal of activity around SRE training and SRE policy development right across Cumbria and Lancashire. For example Lancashire Teenage pregnancy partnership, Blackpool partner and Blackburn with Darwen Partnership are all progressing well in this area. The network has provided specific input into the development of the Lancashire wide policy and associated training programme.

For further information please contact Stephen Woods, Cumbria and Lancashire Sexual Health Network Co-ordinator, 01253 651 031.

## Cheshire and Merseyside Sexual Health Network by Simon Henning

Once again the C&MSHN has been busy with all sorts of pieces of work in order to improve the sexual health of our population. Cheshire and Merseyside PCTs have commissioned the Centre for Public Health at John Moores University to provide enhanced surveillance of STI data at C&M GUM clinics (see page 5) which will also include activity happening outside of GUM clinics. We are hoping that this more detailed information will allow us to do far more targeted health promotion activities where they are needed most.

We have recently launched a Psychosexual Therapies Working Group and managed to attract clinicians from right across Cheshire and Merseyside. The group will be

developing a specification that will ensure consistent high quality care and better access to services. It was a very interesting first meeting, full of ideas and challenges!

The Training and Workforce Development Working Group is pulling together a training package aimed at both clinical and non-clinical staff to better equip those on the "frontline" with the knowledge and skills they need to deal with day to day sexual health issues and referrals. We are very keen to "normalise" sexual health and provide better and easier access for the public. Our Lead Nurses Working Group is going from strength to strength and is working on developing network wide job descriptions, person specifications as well as network wide

Patient Group Directions. Kathy French Sexual Health Adviser from the Royal College of Nursing has expressed an interest in attending a meeting in December in order to support the group and see what they are doing that could be used elsewhere. Lastly, we are working with colleagues from Merseyside and from Cheshire to establish Sexual Assault Referral Centres (SARC). It is hoped that we will be in a position to submit bids to the Home Office in August for start up monies for the SARCs and set up the services as soon as possible.

For further information please contact: Simon Henning, C&MSHN Co-ordinator [simon.henning@nhs.net](mailto:simon.henning@nhs.net) or Terrol Evans, administer [terrol.evans@nhs.net](mailto:terrol.evans@nhs.net)

## National Chlamydia Screening Programme in the North West by Pete Clark

I am proud to announce that the North West has become one of the first regions in the country to achieve total coverage for chlamydia screening. Following the recent addition of new programme areas in Cumbria, Halton & St Helens, and Warrington PCTs, young people aged 15-25 now have access to opportunistic chlamydia screening wherever they live in the North West of England.

I would like to welcome all new programme areas, and take this opportunity to extend a special welcome to colleagues from The Terrence Higgins Trust (THT) who will be delivering the Chlamydia Screening Office in Halton & St Helens and Warrington PCTs. This is the first venture of its kind in the North West for THT and we look forward to a successful partnership.

### North West /East Screening Office Workshop

I recently had the pleasure of hosting the first North West (& North East) Chlamydia Screening Office workshop, held at Halton Stadium Widnes. The range of innovative and exciting programmes in operation throughout the North West was evident by the excellent presentations delivered by each programme area. The workshop and discussions highlighted the fact that the Region has a wealth of knowledge and experience within chlamydia screening teams, aimed at enabling young people to access screening with confidence.

Importantly, throughout the day, participants identified that there remains considerable differences between programme areas including; IT systems being used; laboratory links and platforms; finance and support from PCTs. These experiences reflect the significant difference between PCTs across the Regions.

Completed evaluations of the day emphasised the fact that staff welcomed the opportunity to share experiences with colleagues from other areas, and 93% of participants found the local programme area presentations very useful. Similarly, the day highlighted the abundance of support and advice available to all workers from their peers. The day was a great success (over 80% of participants scored the day 'very useful'), and I look forward to making this a regular event.

### Quality Assurance questionnaire

In an attempt to identify some of the disparities on a national basis, a quality assurance questionnaire will be circulated to all chlamydia screening offices in the forthcoming weeks. Results will be collated and findings fed back to programme areas and PCTs. This exercise will allow the NCSP to map the implementation and roll out of the national programme, recognise common issues and identify areas that may need support.

### Annual Conference

The 4th annual conference of the NCSP will take place on the 9<sup>th</sup> November 2007, at the Queen Elizabeth II Conference Centre in London. The conference will bring together those directly involved in the planning and/or delivery of the NCSP across England to update their knowledge of the Programme, discuss topics of common interest, learn about innovations in good practice and network with colleagues. The programme for this year's conference is currently being developed and will be available on the NCSP website in June.

Registration for the event can be completed online via the conference website:

[www.hpa-events.org.uk/ncspconference](http://www.hpa-events.org.uk/ncspconference)

For further information regarding the NCSP please contact Pete Clark North West Regional Facilitator (NCSP) [pete.clark@hpa.org.uk](mailto:pete.clark@hpa.org.uk)

### Chlamydia Screening Office Co-ordinators



## Enhanced sexually transmitted infection (STI) surveillance in Cheshire and Merseyside

by suzy C. Hargreaves, Penny A. Cook & Julie Kelly

Rising concern about sexual risk taking behaviour and increasing rates of sexually transmitted infections (STIs) in the population have led to sexual health being established as a priority area by the Department of Health. There are now a series of targets relating to sexual health for primary care trusts (PCTs) and strategic health authorities (SHAs). For example, public sector agreement (PSA) target area PSA11C1 relates to the number of new diagnoses of gonorrhoea in a calendar year in each PCT and *Every Child Matters* requires knowledge of STI rates by local authority area for those aged under 16 years. Moreover, area of residence is needed to implement payment by results schemes. In addition to the above, the NHS in England: the operating framework for 2006/07 identifies sexual health as one of the top six priorities for action as part of existing three year plans and the recent report from the Healthcare Commission, *Performing better? A focus on sexual health services in England*, calls for better data on sexual health.

The KC60 system collects quarterly aggregate data from 232 GUM clinics in England, Wales and Northern Ireland on the total number of episodes of STIs or sexual health services provided. The KC60 data have limited epidemiological information and no geographical marker, making it of restricted use for timely local monitoring, planning, intervention and control purposes. For this reason, Cheshire and Merseyside have established an enhanced surveillance system to provide excellent quality data and analysis which can be used locally at appropriate geographical levels to inform planning and commissioning of sexual health services.

The work in Cheshire and Merseyside builds on the enhanced STI surveillance pilot work conducted in 2005. Its aims are to provide Cheshire and Merseyside PCTs with enhanced data on diagnoses of STIs for each area of residence for use on local monitoring, planning, intervention and control purposes. The enhanced

data reports will allow the PCTs to assess local epidemiology and measure performance against targets.

To date, data have been collected on the top five STIs and all the other STIs recorded by the KC60 system from six GUM clinics in the Cheshire and Merseyside region. The GUM clinics that have so far provided data are: Arrowe Park Hospital (Wirral), Countess of Chester Hospital, Leighton Hospital (Crewe) Royal Liverpool University Hospital, St Helens Hospital and Southport and Formby District General Hospital. We are awaiting data from Macclesfield District General Hospital and Warrington Hospital, both of whom are currently obtaining the necessary software to extract the data, to give us more complete data for Cheshire. Data on chlamydia and gonorrhoea screening results are also being collected from Liverpool Microbiology Laboratory to give a more complete picture of the prevalence of chlamydia and gonorrhoea across Cheshire and Merseyside. The enhanced STI surveillance for Cheshire and Merseyside aims to build on the work of the 2005 pilot study by producing not only analysis on the top five STIs but also put them in the context of total attendances. Currently a report on a full year's data for 2006 is being produced. Data fields collected are:

- Patient number/GU number: this is to enable de-duplication within a clinic's dataset and between years so that longitudinal analysis can be conducted. This number is not identifying outside the GUM department but along side diagnosis code and date can be used to identify a single episode, diagnosis or attendance;
- Age at diagnosis;
- Postcode of residence: this is to enable mapping to lower super output area (LSOA) and primary care trust (PCT) to enable data to be mapped for use in commissioning services and planning interventions;
- Sex;
- Ethnicity;
- Diagnosis code (KC60 code);
- Diagnosis date;

- Whether an infection was homosexually acquired;
- Occupation: this field is used to code data as to whether or not an individual is a student.

These disaggregated data are more in-depth than KC60 data alone providing an excellent resource for planning and commissioning services at a local level. Information to be provided in the twice-yearly reports will include data on infection by PCT, clinic, age and sex including data on total attendances enabling calculation of the top five infections as a proportion of total attendances as a measure of how much clinic activity is related to those with an STI; maps at LSOA level illustrating areas in need of intervention for planning purposes; information on concurrent infections broken down by PCT, clinic, age and sex. Further to this, for planning and intervention purposes, aggregated datasets at LSOA level will be provided for PCT analysts to identify "hotspots" of infections in their local areas. Separately, we plan to conduct some analysis on recurrent infection rates on four years' worth of data for the clinics that were included in the original pilot study.

These are the main functions of the enhanced STI surveillance system for Cheshire and Merseyside. The flexibility and nature of the data creates the possibility of further analysis whilst providing timely updates of what is happening locally. As with the implementation of all new surveillance systems, initial problems are inevitable. However, with each data collection period, these will be improved upon and we will have an accurate and unique local resource that will provide an invaluable tool for the improved commissioning of sexual health services.

If you have any enquiries regarding the surveillance system, please contact Suzy Hargreaves, [s.hargreaves@ljmu.ac.uk](mailto:s.hargreaves@ljmu.ac.uk)

References available at:  
[www.dh.org.uk](http://www.dh.org.uk)  
[www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)  
[www.hpa.org.uk](http://www.hpa.org.uk)

## The Healthcare Commission - Press Release by Janine Maher

The Healthcare Commission released findings from a review of data on sexual health and also highlighted initiatives currently in place to improve sexual health in England and outlined their approach to assessing sexual health service delivery.

Sexual health is an important part of physical and mental health. Good sexual health services are vital in inspiring public health and tackling health inequalities. The review has found that tracking progress and recognising where improvements are needed in sexual health are difficult because of gaps in the data currently available. As a result, services are limited in their ability to target groups at high risk, use data to plan and allocate resources where they are needed, or effectively monitor people's access to services and levels of sexual health.

The findings of the review show data are derived from different geographic levels such as local authorities, primary care trusts and GUM (genitourinary medicine) clinics, meaning there is not a clear indication of where improvements are needed. Data are also collected at different intervals of time such as monthly or quarterly and from different sources, for example the Health Protection Agency (HPA), the Office of National Statistics or the Department of Health (DH). This makes comparison of data difficult.

Furthermore, data are often missing vital information for tracking progress, such as age, gender, ethnicity of patients, or the information itself is out of date. This makes it difficult to target prevention and treatment services at those who need them most.

The review also found there are many initiatives in place to improve sexual health, including the DH's National Chlamydia Screening Programme and the Department of Health and Medical Foundation for HIV and Sexual Health (MedFASH) review of GUM services. The DH also runs a sexual health National Support Team, which helps services in areas with the greatest challenges. The priorities for this team are to help services meet the national target of 48-hour access to GUM services and the national target for reducing the conception rate for under-18s. Key recommendations highlighted in the report include:

### **Improving data, information and planning**

There is an urgent need for a comprehensive data set to allow more effective targeting of services for those who need them most, and to track progress. The DH and its partners are already developing the Common Data Set for Sexual Health and HIV to support and monitor implementation of the national strategy regarding sexual health.

However, if these developments do not improve the quality of sexual health data in the next year, the DH should produce guidance to providers of sexual health services to support routine collection of information on age, gender and ethnicity as a minimum requirement. Data on where patients live (through a partial postcode) would enable regulators, performance managers and others to track achievement more effectively.

Government Offices and strategic health authorities, which monitor the performance of local government and healthcare organisations on the commissioning of services, need to make use of the data available on sexual health in their performance management of PCTs and local strategic partnerships. Providers of sexual health services should collect data in line with nationally agreed guidelines, including the Common Data Set for Sexual Health and HIV, ensuring that age, sex, locally tailored ethnic monitoring and postcodes are used.

### **Ensuring progress, standards and effectiveness are maintained**

The DH is urged to measure progress on its National Strategy for Sexual Health and HIV and to review the MedFASH standards for sexual health and HIV service delivery.

Sexual health service providers should engage with patients and the public to ensure that services meet the needs of local communities. The Healthcare Commission's Head of Public Health, Jude Williams said: "We know that sexual ill-health is a significant problem in England. In order to identify problem areas a specific, detailed and consistent data set on sexual health is urgently needed. It is vital that everyone involved in sexual health services, from the government through to those providing front-line services, makes improving data collection, and using that data to deliver effective ser-

vices, a top priority. The commission will play its part in driving this improvement by monitoring and reporting on progress in this area."

As part of this review the commission has collated previously published data on sexual health, to identify themes and trends. This data was collated from a variety of sources including the HPA, the DH and the South West Public Health Observatory. It is clear from data on sexual health, such as the following, that sexual health needs to remain a top health priority:

### **Teenage pregnancy**

Between 1998 (the baseline year for the government's Teenage Pregnancy Strategy) and 2005 (the latest year for which data are available) the under-18 conception rate in England fell by 11.8%. This is the lowest rate for over 20 years.

However the under-18 conception rate in the most deprived 10% of wards is still four times higher than the rate in the least deprived wards. Evidence from the Teenage Pregnancy Unit in the Department for Children, Schools and Families shows the impact teenage conceptions can have. Teenage mothers are 22% more likely to be living in poverty at age 30 than those who give birth at the age of 24 or over.

### **Abortions**

The rate of abortions has increased by nearly 50% between 1984 and 2005, with more than 180,000 abortions carried out in 2005.

### **Chlamydia**

The known incidence of chlamydia, which increases the risk of pelvic inflammatory disease and ectopic pregnancy, increased by more than 300% (from 35,840 to 109,958) between 1996 and 2005.

### **HIV**

The known incidence of HIV increased from 2,500 cases in 1995 to almost 7,500 in 2005. Areas with the highest number of diagnoses have also been found to be in the most deprived populations.

The Healthcare Commission will be monitoring progress in sexual health services through its annual health check and ongoing assessment and surveillance of services.

## Sexual Health Quarterly Bulletin

Edited by

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Sexual Health Researcher

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## News and events

### Department of Health press release - North West to get extra GP and sexual health services

Patients right across the North West are to benefit from the next round in the drive to find extra GPs. Health Minister Andy Burnham today announced the next five areas that will benefit from the programme which will help around 55,000 thousand patients get easier access to family doctors and sexual health clinics.

The new services expected to open are extra family practices, walk-in sexual health centres and family planning services. Next to benefit will be Ashton Leigh and Wigan, Bolton, East Lancashire, Manchester and Trafford with other areas also set to join the programme in the coming months. The contracts for the new services will run for an initial five years, with the potential to extend for longer.

The 'Fairness in Primary Care Procurement' programme is expected to provide patients with better access to a family doctor and more choice of GP, including flexible opening hours and extended services, such as minor surgery. All local residents will have the choice to access any new services.

New services being planned in each of the five areas include:

- **Ashton Leigh and Wigan** – extra general practices in Ashton in Makerfield and Golborne, Atherton and Tyldesley, Ince and Platt Bridge and Leigh and Higher Folds.
- **Bolton** – an extra general practice
- **Trafford** – a walk-in sexual health and family planning service
- **East Lancashire** – an extra general practice in Accrington
- **Manchester** – an extra general practice in Charlestown.

Health Minister Andy Burnham said: "I am delighted to be able to announce that five more areas in the North West will benefit from extra primary care services which will enable 55,000 thousand more patients to get access to essential services. GPs are largely

providing a good service, but there are still areas where NHS patients cannot rely on traditional practices. We want to continue to help the NHS plug these remaining gaps by introducing these new services, reducing the pressure on existing practices and giving patients the choice they deserve. This is yet another step towards delivering our pledge made in January 2006, in the White Paper, 'Our Health, Our Care, Our Say' to establish a national procurement programme addressing the health inequalities in the most under-doctored areas throughout England."

Although there is no national shortage of GPs, towns and cities with the most GPs have more than double the least. All the five areas involved in this next wave of the programme currently have significantly fewer GPs per person than the national average of 57.9 GPs per 100,000 people (Ashton Leigh and Wigan 45.1; Bolton 54.8; Trafford 51.5; Manchester 47.8; East Lancashire 46.7). The department aims to bring these areas up to at least the national average.

The Department of Health-led procurement will provide the local NHS with access to resources and expertise. The department will centrally manage the procurement process for Primary Care Trusts (PCTs), while PCTs will own, manage and sign-off their local contracts. Over the coming months, the department will work with further PCTs with the fewest GPs for their populations, as identified in the white paper, as well as other relatively under-doctored or Spearhead PCTs, to invite new providers to deliver extra local services.

The programme aims to attract a broad range of providers, from existing entrepreneurial GPs to social enterprises and corporate independent providers. Advertisements will appear in both the national and local media from the end of June to help ensure that the full range of potential providers are aware of the programme, including local GPs. New services are expected to open to patients by Spring 2008.

### Conference

**The Sexual Health of the North West conference 2007** to be held at Wigan Investment Centre on Thursday 27th September 2007.

The programme for the event is currently

being confirmed and sessions will include talks on HIV, enhanced STI monitoring, sexual health promotion and regional Chlamydia screening, among others. Invitations will be sent in the post and via email by the end of July.