

Better prevention

Better services

Better sexual health

The national strategy for sexual health and HIV

Implementation action plan

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Summary

The first national strategy for sexual health and HIV was published for consultation on 27 July 2001, with the aims of:

- reducing the transmission of HIV and STIs;
- reducing the prevalence of undiagnosed HIV and STIs;
- reducing unintended pregnancy rates;
- improving health and social care for people living with HIV; and
- reducing the stigma associated with HIV and STIs.

There has now been an extensive consultation exercise, including a series of regional consultation events and work with the voluntary sector to engage the views of key groups of service users, in particular young people, African communities and people living with HIV. We have also received over 400 detailed and thoughtful written submissions of very high quality. We are grateful to everyone who took the time to have their say and help us in developing a strategy that will deliver.

The large majority of people involved in the consultation welcomed publication of the strategy. Many felt that the development of a strategic approach to improve sexual health is long overdue.

There was strong consensus around our analysis of the problem, in particular the rising trend of infections, the link between sexual ill health, poverty and social exclusion, and varying standards of service provision. There was also a large degree of support for the main interventions proposed, in particular the development of service standards to ensure consistent quality of care regardless of the point of access.

Many respondents were concerned about exactly how in practice the strategy would be implemented, particularly following the mainstreaming of HIV funding. There were also strong views that improving clinical services – while important – would not of itself be sufficient. The strategy will require partnership working with other government departments and local government in order to succeed.

Given the overall support for the aims and interventions proposed in the strategy, we have not sought at this stage to revise the strategy itself. The strategy taken together with the consultation response and implementation plan set out in this document provide an overall framework for action. The implementation action plan details how the interventions will be delivered, and also addresses key concerns raised in the consultation.

Implementation is now already underway. Local areas have undertaken a mapping exercise to identify gaps and weaknesses in service provision, and local sexual health and HIV leads are being nominated. Research has been undertaken to ensure that the new national information campaign – to be launched this autumn – is as effective as possible. Expressions of interest are being assessed for roll-out of the chlamydia screening programme.

Throughout implementation, we will continue to work closely with key stakeholders and professionals in the statutory and voluntary sector. We will establish an Independent Advisory Group to advise government on implementation of the strategy, monitor progress and consider what further action may be necessary to achieve the strategy's aims. We will continue to involve service users, at both national and local level, in redesigning services around their needs. Through this broad partnership, we can succeed in the urgent task of reversing the upward trend of infections, tackling inequalities and modernising sexual health and HIV services.

1. Consultation on the national strategy

Consultation events

- 1.1 It was important to consult a wide range of professionals and service users in order to strengthen the strategy and ensure it can deliver. We have held six consultation events across England attended by a wide spectrum of health professionals and other local experts. We have also supported more targeted events run by the Terrence Higgins Trust Lighthouse, Brook and the African HIV Policy Network. We have benefited from consultation events run by other key stakeholders such as the fpa, the National AIDS Trust and the professional bodies.
- 1.2 The events provided an excellent opportunity to discuss points of concern and consider the practicalities of implementation. We are very grateful to everyone who took the time to attend and contribute their views.

Written responses

- 1.3 We were pleased to receive over 400 responses to the written consultation exercise. The responses contained a wealth of expertise which has been invaluable in developing our plan for implementation. We are very grateful to those organisations and individuals who took the time to respond in such detail. We were particularly grateful to receive information about many existing models of successful service delivery and multi-agency working, which will help to support implementation.

Consultation findings

- 1.4 Respondents generally welcomed publication of the strategy, describing the development of a strategic approach to improving sexual health and service delivery as long overdue.
- 1.5 The strategy's aim of mainstreaming prevention and service provision was broadly accepted. The proposals to develop service standards were strongly supported. There was particular enthusiasm for standards applicable to all service settings in order to deliver consistent quality of care regardless of the point of access.
- 1.6 The key points raised during the consultation exercise are summarised below with our response:
 - i) *Many felt that the strategy is overly descriptive and somewhat vague and non-committal about action to achieve change.*

This has informed our decision to publish an action plan for implementation with a clear timetable for introducing the main interventions.
 - ii) *Many felt that the strategy focuses too narrowly on the work of the Department of Health and the NHS. Some commented on a 'medical model' that is problem-oriented and centres on disease diagnosis and treatment. There was a need for a greater contribution from other government departments and from local government in order to deliver the strategy's aims.*

We believe that the Department of Health and the NHS are best placed to lead implementation of this strategy. It is right that the primary focus must be on strengthening public health interventions and modernising clinical services. However, we agree that successful implementation will depend on a broad partnership, including the involvement of other government departments and local government. The action plan includes a number of specific commitments towards this aim, including the development of a cross-government programme to tackle stigma and discrimination against people with HIV or STIs. This work will build on the model of cross-government working provided by the Teenage Pregnancy Strategy, particularly in improving education about sex, relationships, STIs and HIV.

- iii) There was concern that the strategy may not in practice be able to influence health service commissioning and service provision. The strategy would not have the status of, for example, a National Service Framework (NSF), and may be regarded as optional at local level.*

Controlling the spread of HIV is identified as a key priority in the Chief Medical Officer's Infectious Disease Strategy Getting Ahead of the Curve. Development of this action plan has been positioned both to recognise that the NHS has a limited number of immediate delivery priorities, while ensuring that this important area of service provision accessed by millions of people across the country also benefits from modernisation. Improving sexual health will also contribute to tackling health inequalities. The action plan sets out how progress at local level will be monitored. Where appropriate, we will ensure that links are made to relevant NSFs. The Diabetes NSF already includes a section on sexual health issues, and we are also exploring links to the forthcoming Children's and Long-Term Conditions NSFs.

- iv) The successful mainstreaming of sexual health will depend substantially on success in reducing the prevalence and impact of stigma and prejudice, among the general population and among professional groups.*

We agree that this is the case. The action plan commits to developing a cross-government programme to tackle stigma and discrimination. We are already supporting the HIV prejudice campaign launched on World AIDS Day. The national information campaign should also help to reduce the stigma associated with STIs. Our training strategy will include ensuring that prejudice of this type is not tolerated within the NHS.

- v) There were concerns about the devolution of overall commissioning responsibility to Primary Care Trusts (PCTs). There was particular concern that there is unlikely to be sufficient expertise within any one PCT to ensure effective commissioning of HIV prevention services for all local target groups and communities.*

We are encouraging PCTs to collaborate with neighbouring PCTs to commission services as part of a consortium. The shape of these consortia will differ between areas and services. This action plan commits to the development of a Commissioning Toolkit to support PCTs in commissioning sexual health and HIV services. Transitional arrangements have been made to safeguard the commissioning of specialised services, including HIV treatment and care. During the current financial year, PCTs will be expected to honour existing agreements, both financial and otherwise, negotiated by Regional Specialised Commissioning Groups.

- vi) Many argued that removal of ring-fencing for HIV prevention funding is premature, and should be deferred for a minimum of one further financial year so as not to coincide with devolution of commissioning responsibility to PCTs. There was also concern that the prevention strategy was overly dependent on the provision of information, while neglecting other areas of health promotion work which are more effective in changing behaviour, in line with the Ottawa Charter.*

HIV funding has been ring-fenced for many years, and it is right that ring-fencing should stop when services are well established. This is to avoid distortions in determining local budgets which do not reflect the reality of local need. Greater local flexibility in allocating budgets and determining local priorities is an integral part of *Shifting the Balance of Power*. While we appreciate that the rapid pace of change has caused uncertainty, we do not believe that the case for delaying mainstreaming was sufficiently strong. There are benefits in ensuring that HIV is an integral part of the new performance management framework for the NHS from the outset. We will carefully monitor the impact of mainstreaming, and will take action if problems are identified. We have accepted the argument that a broader approach to prevention is needed, linked to work to tackle health inequalities. This is reflected in the action plan commitment to develop a health promotion toolkit and best practice guidance for prevention work.

- vii) *Sexual health services, in particular GUM and services provided in general practice, are already perceived to be over-stretched. Implementation of the action plan, in particular the national campaign, needs to ensure that capacity is increased before uptake.*

The action plan sets out a number of measures to help increase capacity in GUM services, in particular by developing the role of health advisors and making targeted new investment this year. We do recognise however that reducing waiting times in GUM services will take time, and will depend on both new investment and modernisation of services. We will consult local practitioners on implementation of the national campaign, and will keep local areas informed of our campaign plans.

There has been a misunderstanding that we expect all the 'level 1' services set out in the strategy, including HIV testing, to be provided straightaway by all general practices. The Commissioning Toolkit will make clear that the priority should be to ensure that the local community has ready access to these services through a range of appropriate settings, including general practice, family planning and GUM clinics. The aim over time will be to develop and modernise sexual health services within primary care. The Commissioning Toolkit will provide further clarification on the different levels of service to address this and some other areas of uncertainty identified through consultation.

- viii) *Identifying and meeting the pre- and post-qualification training and development needs of the current and potential sexual health workforce was widely regarded as the cornerstone for achieving the direction and degree of change envisaged by the strategy. The current and potential workforce includes not only health professionals, but also social services, care providers, education and the voluntary sector.*

We agree with this assessment. We have prioritised this area, and will shortly complete an exercise to map current availability of basic skills training and other professional training. This exercise will inform development of a national sexual health training strategy which will address the training needs of a wide range of relevant professionals, not just the health sector. The strategy will link with the National Workforce Development Board and Workforce Development Confederations at local level.

As well as addressing clinical and medical issues, the training strategy will draw on a holistic and social model of sexual health, that recognises social circumstances such as poverty and levels of self-esteem. The nature of the training needed is likely to include additional work on staff attitudes, values and communication skills. In addition, we will consider the support needs of marginalised and socially-excluded communities and groups.

2. Implementation Action Plan

- 2.1 In response to the consultation, we have developed a 27-point action plan which provides a framework for delivery, and sets out detailed milestones towards the goals of better prevention, better services and better support for people with HIV and STIs.
- 2.2 The plan for implementation reflects the changes underway through *Shifting the Balance of Power*. PCTs have greater freedoms and empowerment in managing their services, while the Department will take a less prescriptive and a more supportive role, for example by disseminating good practice and providing practical support through Strategic Health Authorities.

Aims

- 2.3 Consultation has supported the five main aims set out in the strategy. These are:
- reduce the transmission of HIV and STIs, with a national goal of achieving a 25% reduction in the number of newly acquired HIV infections and gonorrhoea infections by 2007¹;
 - reduce the prevalence of undiagnosed HIV and STIs – in particular, by setting a national standard that all GUM services should offer an HIV test to clinic attendees on their first screening for STIs, and working towards shorter waiting times for urgent appointments in GUM services;
 - reduce unintended pregnancy rates – including setting a national standard that women who meet the legal requirements should have access to an abortion within 3 weeks of the first appointment with the referring doctor (other than in exceptional cases, for example where a longer wait is clinically appropriate);
 - improve health and social care for people living with HIV; and
 - reduce the stigma associated with HIV and STIs.
- 2.4 One aspect of the reform underway through *Shifting the Balance of Power* is to minimise the number of centrally determined compulsory targets. Instead, we are setting national standards for HIV testing and abortion services against which organisations can be assessed. We have also set a national goal to reduce newly acquired HIV and gonorrhoea infections, which we will encourage all organisations to work towards. Delivery of this goal and compliance with the national standards will be supported through the new Commissioning Toolkit, the training strategy and other measures set out in the detailed action plan below.

Investment

- 2.5 Sexual health and HIV services will continue to be funded to a very large extent from mainstream NHS allocations. This implementation plan sits within the overall framework for delivering the NHS Plan,

¹ This goal refers to newly *acquired* HIV infections as opposed to newly *diagnosed* HIV infections acquired a number of years previously. Modern surveillance techniques are able to distinguish between 'new' and 'older' infections.

increasing investment and modernising services. We have already announced new investment of £47.5 million to support implementation of specific initiatives within the strategy and to pump-prime change.

2.6 During 2001–02, alongside the consultation exercise and events, we invested £5.5million to prepare for implementation of the strategy as detailed below:

- We provided funding for every local area to undertake a baseline service mapping exercise, and identify gaps and weaknesses in existing services. These reports will be analysed and a summary report published in the autumn. (£1.6m)
- We have started to develop the information campaign, including undertaking research on what works. We also supported the World AIDS Day HIV prejudice campaign. (£0.8m)
- We have funded a study to investigate the incidence and re-infection rates of genital chlamydial infection in young women attending public health care settings in Portsmouth and Wirral. This will help to inform the design of the chlamydia screening programme, particularly screening intervals. (£0.6m)
- We have funded a range of national and local interventions aimed at reducing the recent resurgence of syphilis in England. These include an awareness campaign for groups most at risk of syphilis, reviewing and updating of national enhanced laboratory surveillance for syphilis and improving outbreak management skills. We have also funded local interventions in London, Manchester and Brighton, which complement national initiatives, but are more targeted, to local circumstances. We are also providing more doses of hepatitis B vaccine to GUM clinics. (£1m)
- We provided funding to 15 further areas to start or expand schemes for pharmacy availability of emergency hormonal contraception under a patient group direction. (£0.75m)
- We have taken forward other national initiatives, in particular the development of basic sexual health skills training for health professionals and introduction of a more efficient abortion data processing system. (£0.75m)

2.7 During 2002–03, we will invest a further £14million in order to:

- pump-prime change in GUM and abortion services (£6m);
- start to roll out the chlamydia screening programme (£1.5m);
- launch a national information campaign (£2m);
- undertake additional campaign work, including a targeted HIV testing campaign, and extend availability of public information leaflets (£0.7m);
- campaign to reduce drug misuser injecting (£1m);
- extend the availability of hepatitis B vaccine (£1m);
- develop and evaluate pilot projects, including one stop shops (£0.3m);
- develop service standards, the training strategy, mechanisms for user involvement, and disseminate good practice (£0.6m); and
- improve surveillance and progress the chlamydia re-infection study (£0.9m).

2.8 Confirmation of investment and action for future years will be made available once decisions about financial allocations for future years have been taken.

Action plan

Action	Detail	Who and when
Framework for delivery		
1. Local implementation	<p>We have asked PCTs to identify a sexual health and HIV lead, with an appropriate level of seniority and public health expertise, to lead implementation of the strategy at local level. PCTs may wish to collaborate in putting in place effective arrangements to lead implementation. PCT leads will need to work closely with the Local Authority lead, particularly on support for people with HIV.</p> <p>We have asked PCT leads to bring together an inclusive partnership involving local stakeholders and commissioning organisations, using existing partnership structures where possible, to take forward implementation.</p> <p>Each Strategic Health Authority will need a medical director or public health doctor with appropriate strategic management skills to ensure PCTs are performance managed in implementation of the strategy, including commissioning arrangements for sexual health and HIV services. Regional support for implementation will be provided through the Regional Public Health Groups and regional epidemiologists who will be employed by the Health Protection Agency from April 2003.</p>	PCT leads to be identified and in place by summer 2002.
2. Improve commissioning	<p>A sexual health and HIV Commissioning Toolkit will be published to support implementation and development of PCT and local authority plans from April 2003. It will cover:</p> <ul style="list-style-type: none"> • inclusive partnership models involving all key stakeholders, in particular local authorities and the voluntary sector, and effective models for multi-agency commissioning; • linking with the Local Modernisation Board, HIMP, local authority plans and programmes such as neighbourhood renewal, Connexions, Supporting People, mental health, substance misuse, teenage pregnancy and communicable diseases; • undertaking effective assessment of local needs as part of public health and inequalities programmes, and agreeing local benchmarks to measure progress towards the national aims. 	DH by end 2002.
3. Monitor progress	<p>An analysis of the local service mapping reports undertaken in early 2002 will be published to provide a benchmark against which progress can be measured and to identify priority areas for further action.</p> <p>Relevant performance indicators will be included within the PCT performance indicator set, in particular to monitor progress in reducing undiagnosed HIV, newly acquired HIV and gonorrhoea infections and increasing the offer and uptake of hepatitis B vaccine. Further performance indicators will be developed to reflect other priorities within the strategy. Strategic Health Authorities will be responsible for ensuring implementation stays on track. The contribution of social services will be assessed through joint NHS/social services in-year monitoring. We will explore the feasibility of broader joint assessment with the local authority.</p> <p>The reporting requirements of the AIDS Control Act will be amended to ensure that they support implementation of the strategy. A national report of the data collected will be published annually, and will assess progress towards the national targets.</p> <p>Current data availability will be reviewed, and a more detailed indicator set to support local monitoring of progress will be developed, drawing on the work of the Communicable Disease Surveillance Centre and the North West Public Health Observatory.</p> <p>National roll-out of patient-based data collection from GUM clinics to improve STI surveillance, following successful testing in London and the South East.</p>	<p>DH by autumn 2002.</p> <p>Starting with the indicator set for 2002-03.</p> <p>DH to announce outcome of review by autumn 2002, and to publish national reports starting in summer 2003.</p> <p>Sexual Health Services Data Group by March 2003.</p> <p>Communicable Disease Surveillance Centre by 2004.</p>

Action	Detail	Who and when
4. Monitor investment	<p>Following mainstreaming of the HIV budgets, levels of investment in HIV prevention, treatment and care will be closely monitored, including any impact on the voluntary sector. Data on levels of NHS investment will be collected via the Service and Financial Framework, and any issues of serious concern will be addressed by the relevant Strategic Health Authority or, as a last resort, by the DH Directorates of Health and Social Care.</p> <p>We will continue to keep under review the priorities set for Section 64 grants to voluntary organisations to ensure they support implementation.</p>	DH from summer 2002.
5. Involve users in designing services	<p>Set up a mechanism to enable service users, including people living with HIV, to influence policy at national level.</p> <p>Develop a good practice resource for PCTs and local authorities on involving sexual health and HIV service users at local level. Advice on involving service users in commissioning will also be included in the Commissioning Toolkit.</p>	<p>DH by end 2002.</p> <p>DH by March 2003.</p>
6. Independent Advisory Group on Sexual Health and HIV	<p>Set up an Independent Advisory Group on Implementation of the Sexual Health and HIV Strategy, with membership incorporating a wide range of views. The Group will monitor progress and advise government on implementation including any further action necessary to achieve the strategy's aims. The group will meet quarterly, and will publish an independent report on progress every year including a summary of national and local progress. The Expert Advisory Group on AIDS will continue to provide expert scientific and medical advice on HIV to the Chief Medical Officers of the UK Health Departments, pending the planned review of Advisory Groups as part of the Infectious Disease Strategy <i>Getting Ahead of the Curve</i>. In order to ensure continuity between the two groups, there will be an element of common membership.</p>	<p>Appointments to be made by end 2002. First annual report to be published by end 2003.</p>
Better prevention		
7. National information campaign	<p>Launch a new national information campaign about the risks of unprotected sex, targeting young adults in particular. This will be supported by partnership work with the private sector.</p> <p>The design of the campaign will be informed by a review of the evidence on what works, which will also be disseminated to support local campaign work. The campaign will complement targeted campaign work already funded by DH, and will be evaluated.</p> <p>Information about local services held by national helplines will be updated to support the campaign. Local sexual health and HIV leads will be briefed in advance on the campaign plans.</p> <p>DH will invest £2million in this campaign during 2002-03.</p>	DH in autumn 2002.
8. Disseminate evidence	<p>The Health Development Agency is undertaking a review of the evidence base for local HIV and STI prevention. We will also collate and disseminate evidence on inequalities in sexual health.</p>	<p>DH to disseminate main findings by autumn 2002, including holding a regional seminar programme.</p>

Action	Detail	Who and when
9. Information and advice for the general public	<p>Review the quality and accessibility of information about sexual health and HIV made available to the public, and implement improvements. Examples of good practice in the provision of information at local level will be included in the Commissioning Toolkit.</p> <p>Develop a health promotion toolkit, with the particular aim of addressing inequalities in sexual health. The toolkit will include best practice guidance on working with targeted groups and communities, and developing social and personal skills and self-esteem. This will inform development of the National Service Framework for Children. The toolkit will build on existing resources, such as the sexual health sections in the Health Visitor and School Nurse Resource Packs, and take account of good practice from DH funded health promotion for gay men, African and other minority ethnic communities.</p> <p>Develop a computer resource about STIs for young adults.</p> <p>The Commissioning Toolkit will cover publicising local services by keeping NHS Direct up-to-date, producing service directories and information cards, listing services in telephone directories, and direct advertising where appropriate.</p>	<p>DH from summer 2002.</p> <p>DH by autumn 2002.</p> <p>DH by March 2003. PCTs from 2003.</p>
10. Improve quality of helplines	<p>Improve the quality of helplines through:</p> <ul style="list-style-type: none"> • new models of service for the sexual health and HIV helplines, to ensure that the information needs of the general population and people with HIV are met, including effective referral to specialist advice; • provision of enhanced information on sexual health and HIV via NHS Direct; • advice on effective and appropriate use of local helplines and websites in the Commissioning Toolkit. 	<p>DH to test new models from autumn 2002, and incorporate within contracts from April 2003. DH by 2003.</p>
11. Education about sex and relationships	<p>A new emphasis will be given to STIs and HIV as part of the work already underway to improve education about sex and relationships and tackle teenage pregnancy. Effective teaching should enable young people to understand human sexuality, build self-esteem and understand the reasons for delaying sexual activity. Further work will include in particular:</p> <ul style="list-style-type: none"> • practical guidance for teachers including lesson plans and case studies through the new PSHE website; • guidance on Initial Teacher Training within the new Teacher Training Agency Handbook; • national roll-out of the pilot scheme to accredit SRE teachers, and a new pilot training scheme for school nurses and others involved in delivering SRE in schools; • partnership work through the National Healthy School Standard to improve the quality of SRE in schools, and through Connexions to ensure young people are referred to appropriate services; • consideration of options for promoting better support on sex and relationships issues within Further Education; • better support for parents in talking to their children about sex and relationships through the <i>Involving Parents in Prevention</i> teenage pregnancy initiative. <p>Education about sex, relationships and parenthood is already being offered in all Young Offender Institutions, using materials developed in partnership with the Sex Education Forum.</p> <p>The work to tackle stigma and discrimination (see action point 24) will include consideration of how education about sex and relationships can better contribute to this.</p>	<p>DH and DfES by 2003.</p>

Action	Detail	Who and when
12. Prevention for groups at special risk	<p>Target groups at special risk through partnership with the voluntary sector at national and local level. The key actions are:</p> <ul style="list-style-type: none"> • publication of a new framework and action plan for work with African communities, supported by a new role for the African HIV Policy Network in co-ordinating national HIV health promotion and advising on priorities – these will include access to HIV testing services, meeting information needs and asylum seekers; • continued support for targeted work with gay men through the Community HIV and AIDS Prevention strategy (CHAPS), and dissemination of the <i>Making it Count</i> model for local commissioning; • the Commissioning Toolkit will include access to good quality sexual health advice for people living with HIV; • a national information campaign targeting young injecting drug misusers, and continued support for local needle exchange schemes; • support for work to prevent the spread of communicable diseases in prison and Young Offender Institutions; • access for asylum seekers to information and advice about sexual health and HIV; • work with the FORWARD organisation to meet the needs of women and girls affected by female genital mutilation; • building on the work already underway as part of the Teenage Pregnancy Strategy to target other key groups, including young men, looked after children and people with learning disabilities, and linking to work to tackle inequalities in men's health. <p>An estimated 60% of all new HIV diagnoses in the UK in 2001, and over 80% of those heterosexually acquired, were recorded as probably acquired abroad, mainly in sub-Saharan Africa. This highlights the importance of targeted work with African communities in this country. The Department for International Development is investing £550m over 10 years to support a range of HIV/AIDS and sexual health programmes particularly in Africa, and is supporting research into AIDS vaccines and microbicides. The Government has also committed \$200million to the Global Fund to fight AIDS, TB and Malaria.</p> <p>Further action to prevent blood-borne transmission of HIV and hepatitis B will be set out in the Infectious Disease Strategy <i>Getting Ahead of the Curve</i> action plans.</p>	<p>DH by summer 2002.</p> <p>DH by 2003.</p> <p>DH by 2003.</p> <p>DH in partnership with the Home Office by 2003. DH from 2002.</p> <p>DH from 2002.</p>
Better services		
13. Set standards	<p>Work with professional bodies and service users to develop and publish a set of recommended service standards. These will cover HIV treatment (including supporting adherence to drug regimes and paediatric services), treatment of STIs (including partner notification) and psychosexual services. The standards will be informed by evidence of what works, and will link where appropriate to relevant National Service Frameworks, in particular those for Diabetes, Children and Long-Term Conditions. In addition, best practice guidance will be published for other sexual health services, including reproductive health services and services provided in primary care settings.</p> <p>Publish details of effective managed service networks to support implementation of the standards and best practice guidance.</p>	<p>DH in partnership with stakeholders by 2003, starting with standards for HIV treatment of adults by autumn 2002.</p> <p>DH in partnership with key stakeholders by 2003.</p>
14. Implement 3 levels of sexual health services	<p>Further guidance on the 3 levels of services will be provided in the Commissioning Toolkit, including developing the role of GPs, nurses, wider primary care teams and NHS walk-in centres. Strategic Health Authorities will support and oversee implementation of the 3 service levels.</p>	<p>PCTs to start to implement from April 2003.</p>

Action	Detail	Who and when
15. Develop targeted sexual health services	<p>Publish HIV care services framework and action plan for African communities, and ensure this is integrated within the HIV standards and networks.</p> <p>Disseminate good practice on developing other targeted services and taking account of diversity in meeting the needs of all sections of the population.</p>	<p>DH by end 2002.</p> <p>DH by 2003.</p>
16. Improve contraceptive services	<p>The Commissioning Toolkit will provide advice on developing the role of nurses in prescribing and referral, and ensuring that local contraception services include sufficient open access provision to meet the level of need. It will also provide examples of good practice.</p> <p>Collate evidence on the effectiveness of schemes which provide free or low cost condoms. This will include supporting 2 pilot projects targeting young people and deprived communities to test the feasibility of socially marketed condoms, building on work already underway as part of the Teenage Pregnancy Strategy.</p> <p>Publish good practice guidance on pharmacy availability of emergency hormonal contraception under a patient group direction, drawing on the learning from the pilots in Manchester and London and the 15 further schemes under development.</p> <p>Prepare clinical guidelines for the NHS in England and Wales on the effective and appropriate use of long-acting reversible contraception, including intra-uterine devices and sub-dermal implants.</p>	<p>DH by end 2002.</p> <p>DH from 2002.</p> <p>DH by 2003.</p> <p>National Institute for Clinical Excellence by 2006.</p>
17. Tackle inequalities in access to abortion	<p>PCTs will work towards the national standard that women who meet the legal requirements should have access to an abortion within 3 weeks of the first appointment with the GP or other referring doctor (other than in exceptional cases, for example where a longer wait is clinically appropriate).</p> <p>The Commissioning Toolkit will provide guidance on commissioning abortion services including:</p> <ul style="list-style-type: none"> • examples of good practice; • availability of free pregnancy testing and counselling; • enabling access at an early stage before more complex procedures become necessary, particularly for very young women who are disproportionately represented in the late abortion statistics; • arrangements for doctors with a conscientious objection to refer on to other services. <p>Implementation will also be supported through:</p> <ul style="list-style-type: none"> • an audit of abortion waiting times and commissioning policies; • development of an abortion waiting time performance indicator; • pilot early abortion procedures, including medical abortions, in non-traditional settings that meet legal requirements for abortion provision; • work with the Royal Colleges to develop training for junior doctors in this area. <p>New funding will be available during 2002-03 to support implementation of this action point (see action point 18).</p>	<p>PCTs from 2003.</p> <p>DH by end 2002.</p> <p>DH by 2003.</p>

Action	Detail	Who and when
<p>18. Improve GUM services</p>	<p>Develop health advisors' role and responsibilities within GUM services, and increase their numbers, informed by the recommendations from the Health Advisors Working Party. We have already supported the launch of a new Health Advisors Handbook and new guidelines on partner notification.</p> <p>Review GUM skill mix, working practices and workforce planning assumptions. Develop robust model to assess the impact of GUM waiting times on sexual health outcomes.</p> <p>Work towards shorter waiting times for urgent appointments and increasing access, and monitor waiting times. To support this we will:</p> <ul style="list-style-type: none"> • undertake an audit of GUM waiting times; • develop a GUM waiting time performance indicator in partnership with the relevant professional bodies. <p>Explore options for securing capital investment to modernise GUM facilities.</p> <p>£6million is being invested during 2002-03 to support improvements to GUM (in particular to develop the role of health advisors) and abortion services. This will be distributed in consultation with Strategic Health Authorities to the services where need is greatest, maximum additional impact will be made and there is a track record of effective service delivery.</p> <p>All homosexual and bisexual men to be offered hepatitis B vaccine on first attendance at GUM clinics. Investment of £1m during 2002-03 will support purchase and distribution of extra vaccine doses.</p>	<p>DH from summer 2002.</p> <p>DH by 2003.</p> <p>DH from 2002.</p> <p>DH from 2002.</p> <p>GUM services by end 2003. DH to begin distributing extra vaccine to GUM clinics by autumn 2002.</p>
<p>19. Roll out chlamydia screening</p>	<p>The national chlamydia screening programme will start to be introduced in 10 sites, selected from those areas which have expressed an interest, building on the learning from the successful pilots in Portsmouth and the Wirral. This will be an opportunistic screening programme which will primarily target women who access services, but will also promote greater uptake of testing among men. The programme will be supported by investment of £1.5million during 2002-03.</p> <p>The design of the programme, in particular screening intervals, will be informed by the study already underway into rates of re-infection with chlamydia.</p> <p>The programme will be supported by the development of new technology allowing near-patient testing with results available within 40 minutes. This new technology will be made available at 50 sites through a grant from the Capital Modernisation Fund.</p>	<p>DH from summer 2002.</p> <p>Communicable Disease Surveillance Centre to complete full study by 2004.</p> <p>Defence Science and Technology Laboratory by 2004.</p>
<p>20. HIV and STI testing</p>	<p>Increase offer and uptake of HIV and STI testing through the following measures:</p> <ul style="list-style-type: none"> • All GUM attendees will be offered an HIV test on their first screening for STIs, and subsequently according to risk; • the Commissioning Toolkit will promote good practice in providing HIV and STI testing and hepatitis B vaccine in a range of accessible settings; • DH will fund targeted campaigns to encourage uptake of HIV testing and access to services, linking with the other campaign work being taken forward; • continued support for the successful antenatal HIV testing programme. <p>We will review the support provided to people diagnosed with STIs (support for people with HIV is addressed separately overleaf).</p>	<p>GUM services to work towards this national standard from 2003.</p> <p>New HIV testing campaign to start by end 2002.</p> <p>DH by 2003.</p>

Action	Detail	Who and when
21. Develop One Stop Shops	Develop and evaluate three models for One Stop Shop sexual health services providing advice, contraceptive and GUM services on a single site. The models will cover youth services, specialist primary care teams and specialist services which meet the needs of all age groups. Expressions of interest will be sought against a specification for these three models. This will build on work to develop and evaluate new models of youth advice services to help tackle teenage pregnancy.	DH to invite expressions of interest by summer 2002. One Stop Shops to be operational by March 2003.
22. Clarify confidentiality arrangements	The Commissioning Toolkit will include advice on confidentiality, building on the Confidentiality Toolkit already disseminated as part of the Teenage Pregnancy Strategy. Service users need to be fully informed about the confidentiality arrangements which apply, in particular where arrangements differ between settings. Circulate a briefing note to services that offer HIV testing on the issue of confidentiality and life insurance. We will also explore with the insurance industry the extent to which current practice in relation to insurance for people with HIV reflects advances in HIV treatment.	DH by autumn 2002. DH by end 2002.
Better Support for People Living with HIV		
23. Improve support for people living with HIV	Commission report on the support needs of adults living with HIV, and develop standards. This will include access to good quality sexual health advice and supporting adherence to drug regimes. Commission report on the support needs of children living with HIV and their families, and develop standards. We will explore links between this work and the development of the National Service Framework for Children. Good practice on skills development for people living with HIV. Review administration of AIDS Support Grant, with the aims of minimising bureaucracy and ensuring the needs of people living with HIV are met.	DH by summer 2002. DH by summer 2002. DH in consultation with other Government Departments by late 2002. DH by autumn 2002.
Tackling Stigma and Discrimination		
24. Tackling stigma and discrimination	Tackle the stigma and discrimination which can be associated with HIV and STIs through: <ul style="list-style-type: none"> continued support for the roll-out and development of the National AIDS Trust's prejudice campaign; the Commissioning Toolkit will include guidance on practical ways of tackling the risk of stigma and discrimination within the NHS and other organisations; development of a more detailed action plan to tackle stigma and discrimination in partnership with other Government Departments, drawing on the consultation responses received. 	DH from 2002.

Action	Detail	Who and when
Supporting Change		
25. Workforce development	<p>The Commissioning Toolkit will signpost advice on liaison with Workforce Development Confederations to support implementation.</p> <p>Undertake a detailed review of the workforce implications of the strategy to inform planning at national level by developing links with Care Group Workforce Teams and the National Workforce Development Board.</p>	<p>DH by autumn 2002.</p> <p>DH by 2003.</p>
26. Training strategy	<p>Map current availability of basic sexual health skills training and other professional training to inform a national sexual health training strategy. The strategy will encompass the training needs of doctors, nurses (including family planning specialists and school nurses), midwives, health visitors, health advisors, youth and social workers and other relevant professionals, and will link to the work on teacher training under action point 11.</p>	<p>DH to complete mapping by summer 2002, and develop training strategy by end 2002.</p>
27. Develop the evidence base	<p>The content of the joint Medical Research Council and DH research programme is being reviewed to ensure that it effectively supports implementation of the Sexual Health and HIV Strategy. Further annual reviews will be undertaken by the Medical Research Council on an annual basis, informed by progress on systematic reviews of the literature in relevant subject areas. Particular priorities emerging from the consultation include:</p> <ul style="list-style-type: none"> • improving our knowledge of the link between social exclusion and poor sexual health, including HIV; • increasing our understanding of the determinants of risk taking and identification of effective risk reduction strategies; • building capacity to develop better evidence on sexual health and African communities; • further evaluation of the effectiveness and cost effectiveness of existing and new models of care for improving sexual health outcomes, including reproductive health; • research to improve the effectiveness of partner notification within clinics and the community; • keeping abreast of the development of effective microbicides and an affordable HIV vaccine. 	<p>Medical Research Council to commission new research projects from 2003.</p>



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