



Adolygu Iechyd Rhywiol 2017/2018 Sexual Health Review 2017/2018

A Review of Sexual Health in Wales

Final Report, February 2018



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

About us

Public Health Wales exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales.

We are part of the NHS and report to the Minister for Health and Social Services in the Welsh Government.

Our vision is for a healthier, happier and fairer Wales. We work locally, nationally and, with partners, across communities in the following areas:

Health protection – providing information and advice and taking action to protect people from communicable disease and environmental hazards

Primary, community and integrated care – strengthening its public health impact through policy, commissioning, planning and service delivery

Microbiology – providing a network of microbiology services which support the diagnosis and management of infectious diseases

Safeguarding - providing expertise and strategic advice to help safeguard children and vulnerable adults

Screening – providing screening programmes which assist the early detection, prevention and treatment of disease

Health intelligence – providing public health data analysis, evidence finding and knowledge management

NHS quality improvement and patient safety – providing the NHS with information, advice and support to improve patient outcomes

Policy, research and international development – influencing policy, supporting research and contributing to international health development

Health improvement – working across agencies and providing population services to improve health and reduce health inequalities

Further information

Web: www.publichealthwales.org
Email: generalenquiries@wales.nhs.uk
Twitter: @PublicHealthW
Facebook: www.facebook.com/#!/PublicHealthWales

Contents

Disclaimer.....	3
Lead Authors - Public Health Wales.....	3
Acknowledgements.....	3
A Review of Sexual Health in Wales 2017 - Summary of Key Findings.....	4
A Review of Sexual Health in Wales 2017 – Principal Recommendations	5
Introduction.....	6
Background to this Review.....	6
Our Approach to the Review	6
Defining Sexual Health.....	6
Review Methodologies and Findings	7
Priorities 1 & 2 - A needs assessment of those accessing integrated sexual health services, and an assessment of unmet need	7
Priority 3 - An assessment of risky behaviours, engagement and understanding of the scale and nature of all risk groups across the population	8
Priority 4 - Consideration of the current provision of integrated sexual health services, including an evaluation of the cost effectiveness of existing models of service and data quality	9
Priority 5 - Consideration of the sharing of patient information in line with National Health Service (Venereal Diseases) Regulations 1974	11
Priority 6 - Consideration of the potential for targeted health promotion campaigns.....	12
Related Work – The PrEPARED Project	13
References.....	14
Annexes.....	16

Disclaimer

The recommendations within this Review are presented uncoded.

Lead Authors - Public Health Wales

Zoë Couzens, Principal in Public Health

Adam Jones, Public Health Practitioner - Policy

Dr Giri Shankar, Professional Lead Consultant for Health Protection

Acknowledgements

This Review could not have been delivered without the support and collaboration – formal and informal, from short conversations to extensive undertakings – of numerous colleagues across Wales, working in the

statutory services and the third sector. Membership of Task & Finish Groups is included within the specific reports related to those tasks.

A Review of Sexual Health in Wales 2017 - Summary of Key Findings

1. Attendances in the sexual health clinics have doubled in the last five years which has led to considerable pressure on the existing service delivery model.
2. The sexual health service available through primary care is dependent upon the contractual arrangements between the primary care services and the health board, leading to variations in sexual health services provided throughout Wales.
3. Services that coped best with demand have a much higher proportion of drop-in clinics and would appear to have been adequately resourced to deliver them.
4. Sexual health services have bespoke IT systems which do not meet the requirements of a modern sexual health service. The existing systems are unable to support collaboration between services and partners, and are unable to support surveillance. Data transfer to the central service in Public Health Wales is variable in quality and timeliness.
5. Some populations were found to be disadvantaged through lack of service provision e.g. those in prisons and rural communities, whilst others experience inequity in service provision e.g. services provided by primary care and accessibility to, and availability of, abortion services.
6. Patients would welcome the introduction of self-testing, accessed through community settings and online, as an additional method for accessing sexual health services.
7. Services working in isolation, such as Condom--Card Schemes, have a significant role to play in sexual health provision but remain vulnerable to financial pressures.
8. The current regulations enabling the sharing of patient information between sexual health clinicians and wider health care providers are a barrier to joined up care.

A Review of Sexual Health in Wales 2017 – Principal Recommendations

1. To address the inequities in service provision Health Boards should understand the needs of their population and have a system in place to deliver services to vulnerable groups and to improve services more widely. In particular there is an ongoing need for:
 - Health Boards to ensure that staff are appropriately trained to meet the needs of the population;
 - Services to increase capacity through the provision of more drop-in clinics and deliver bespoke services in certain settings e.g. prisons, substance misuse services, etc.
2. Oral regular contraception should be available through an enhanced service within all community pharmacies.
3. Health Boards should look at other opportunities to extend provision of Long Acting Reversible Contraception (LARC) in both primary and secondary care.
4. Health Boards should consider whether an enhanced contract with primary care would improve service provision for their population.
5. For the purposes of individual patient care, relevant information should be shared among the registered and regulated health care professionals who have a healthcare relationship with the individual. Consideration should be given to a revision or replacement of current regulations (National Health Service (Venereal Diseases) Regulations 1974).
6. Opportunities for using the latest diagnostic e.g. molecular/point-of-care testing (POCT)/genomic should be considered in future delivery models. Health Boards should assess the need and plan and provide appropriate near patient and community self-testing for the population they serve.
7. Consideration should be given to amending the legal framework to allow for a patient's place of ordinary residence to be classed as a place where treatment for termination of pregnancy may be carried out.
8. Wales should have a case management and surveillance system that provides a national networked solution across the NHS in Wales. Consideration should also be given to including non-NHS (e.g. C-Card Schemes) sexual health services into this software programme.
9. Sex and Relationship Education is not addressed in this review as it is part of the Curriculum Review. However, consideration should be given to developing national information set on sexual risks which should be presented in a format accessible to a wider audience.

Introduction

Following the completion of the Sexual Health and Wellbeing Action Plan for Wales 2010-2015 in November 2016 the previous Minister for Social Services and Public Health commissioned Public Health Wales to undertake a comprehensive review of sexual health services in Wales. This review was to form the basis for a number of targeted interventions aimed improving access to services and protecting public health.

Public Health Wales worked with sexual health service providers across Wales to understand the issues and challenges service were facing in responding to an ever increasing demand for their services and to identify opportunities to increase capacity through alternative models of service delivery and increased productivity.

The aim of this report is to provide a brief overview of current service provision and to recommend some of the areas that appear to make a difference when focusing on patient experience and value based healthcare. Health Boards will wish to consider these when undertaking their own local service improvements.

Background to this Review

The formal request for Public Health Wales to commence a review of sexual health services in Wales envisaged the following areas being addressed:

1. A needs assessment of those accessing integrated sexual health services;
2. An assessment of unmet need;
3. An assessment of risky behaviours, engagement and understanding of the scale and nature of all risk groups across the population;
4. Consideration of the current provision of integrated sexual health services, including an evaluation of the cost effectiveness of existing models of service and data quality;
5. Consideration of the sharing of patient information in line with National Health Service (Venereal Diseases) Regulations 1974; and
6. Consideration of the potential for targeted health promotion campaigns.

The Minister for Social Services and Public Health established a Sexual Health Programme Board, chaired by the Chief Medical Officer, to oversee the review with the intent to establish the priorities for sexual health and sexual health services in Wales over the next few years in line with prudent healthcare principals. Public Health Wales provided updates to this Board throughout the review process.

The review excluded sex education, as the Welsh Government's Curriculum review was considering this and had established an expert panel to consider the future of sex education in schools, and Sexual Assault Referral Centres (SARCs) were also excluded from this review as they were separately reviewed in recent years.

Our Approach to the Review

Public Health Wales worked collaboratively with key partners and stakeholders, both from within NHS Wales and non-NHS sectors across Wales, to deliver the requirements through Task and Finish groups on Services and Legislation. The Services group oversaw the review of current service provision, the development of service specification and a gap analysis for current provision. The Legislation Group oversaw the aspect of the review to appraise the National Health Service (Venereal Diseases) Regulations 1974 and make recommendations regarding the sharing of patient information.

Defining Sexual Health

To set the context for the review, the review team sought to define all that constitutes sexual health.

Sexual health is more than the treatment of disease. The World Health Organization provides the

current working definition for sexual health as:

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”
(13)

Sexual health cannot be defined, understood or made operational without a broad consideration of sexuality, which underlies important behaviours and outcomes related to sexual health. The working definition of sexuality is:

“...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.” (13)

Most adults are sexually active and good sexual health matters to individuals and communities. Sexual health needs vary according to factors such as age, gender, sexuality and ethnicity. However, there are certain core needs common to everyone including high quality information and education enabling people to make informed responsible decisions, and access to high quality services, treatment and interventions.

Review Methodologies and Findings

In this section of the report, each priority task identified by Welsh Government is considered in turn, highlighting the key tasks undertaken by Public Health Wales, reflections on the findings of these tasks and recommendations arising from the findings. For many of these areas, a separate report was developed and delivered, and is linked to this overarching report in the relevant sections – in the interests of brevity the findings presented here are summaries, and readers should be directed to the full report for each area where appropriate.

Priorities 1 & 2 - A needs assessment of those accessing integrated sexual health services, and an assessment of unmet need

Tasks Undertaken

- A Patient Survey was undertaken to understand patients experience of sexual health services
- Public Health Wales held a workshop where representatives of the following population groups were in attendance: young people; vulnerable/excluded young people; older people; Lesbian, Gay and Bisexual (LGB); transgender; substance misuse; learning disability; looked-after children.

Outcomes

At the workshop individuals considered both information requirements and the format of this information the process of accessing sexual health services, from finding a service through to receiving results. Practitioners were also invited to run the workshop with their service users and feed back to the project team. We reflect upon the information requirements findings under [Priority 6](#) of the review.

Workshop participants were shown a video of the patient journey in Cardiff Royal Infirmary's Integrated Sexual Health Service. This example and subsequent discussion highlighted **physical barriers to access**, such as wheelchair access and facilities for self-swabbing and **sensory barriers to access** such as provision of British Sign Language (BSL) for patients with hearing loss. How clinics operated was considered, and the participants wondered whether, alongside young people's clinics, other population groups should have specified clinic time e.g. older people. **Confidentiality** remains a most important aspect of a sexual health service.

The patient survey ran from May 2017 – October 2017. 922 responses were received, of which just under 75% of the respondents were female and over 90% of all respondents were heterosexual. A similar percentage of respondents attended for STI testing as for contraception.

From the survey, the figures for manner of attendance demonstrates that there will always be a need for appointments for sexual health services but that the proportion of provision through drop-in clinics compared with appointment-based clinics should be increased. Respondents thought that **different methods for booking appointments should be considered** – in the same way that multiple options are offered in primary care. There was no preference for which day of the week people wished to access the sexual health service.

Over 60% of respondents stated that they would consider using on online self-taken STI tests.

Recommendations

- Consideration should be given to developing a national information set on sexual risks which should be presented in a format that makes it accessible to a wider audience e.g. animation, video etc.
- Sexual Health Services, and the services that they offer, should make every effort to increase accessibility for all those wishing to use the service. Linked to this, an increased drop-in provision should be provided within the clinic setting.

Priority 3 - An assessment of risky behaviours, engagement and understanding of the scale and nature of all risk groups across the population

Tasks Undertaken

- Further analysis of a student sex survey dataset from Swansea University was undertaken to obtain further insight into the perceptions of risk and behaviour indicators, as well as analysis of any trends in STIs to ascertain high-risk groups.
- Modelling work to develop a Welsh Risk Calculator for Sexually Transmitted Infections commenced in November 2017, and will be used to inform new interventions going forward (See Areas 1 & 2).
- A literature search into sexual risk was undertaken by the Public Health Wales Observatory Evidence Service, to inform our response to this area.

Outcomes

This has proven to be the most challenging aspect of this review. The Welsh-level data from the Swansea University Student Sex Work Project (n=3007) were re-analysed through the lens of risky behaviours, to gain an understanding of risk amongst primarily younger people. Key findings were that males were more than a third less likely to seek advice, have a sexual health check or treatment than females. Further, those individuals who reported first sex under the age of 16 were more likely to seek advice and to access regular sexual health checks. They were significantly more likely to access testing when with a new partner or every three months. This group was also less likely to practice 'safe sex' and three times more likely to report ever having had a sexually transmitted infection.

Priority 4 - Consideration of the current provision of integrated sexual health services, including an evaluation of the cost effectiveness of existing models of service and data quality

Tasks Undertaken

- A '**State of the Nation**' report was compiled by the Project Team, with the Public Health Wales Observatory Analytical Team providing maps of latest statistics showing: location of sexual health clinics in Wales; conception rates in females aged under 18; rate of legal abortions in females resident in Wales aged 15-44; location of pharmacies that provide emergency hormonal contraception in Wales; STIs diagnosed in sexual health clinics in Wales (March – September 2016) and location of C-Card Schemes; location of GP services in Wales that provide long-acting reversible contraception. Public Health Wales' Communicable Disease Surveillance Centre provided data tables/charts for STI rates, attendances at sexual health clinics (2011-2015).
- A week 'snapshot' of activity in Sexual Health Clinics in Wales was undertaken in May 2017. This allowed the Project Team to analyse each aspect of the clinic activity across Wales. Data collected included clinic type; whether it was drop-in or appointment based; number of staff in clinic, service provided in clinic; number of patients seen; number of patients turned away; services required by patients; any further referrals made. Staffing levels and budget for the services were also requested.
- A **draft service specification** was prepared in advance of 'Services' Task & Finish Group on 24th May, with the group considering the best approach going forward. Current and forthcoming service standards and care pathways for inclusion in new service specification have been adopted.

Outcomes

The following summarises the key findings from this area of the review:

- A core finding is that **sexual health services are not meeting the demand that is there**. There is a need to look at a different model of service provision to meet the demand for less complex cases.
- Services that are meeting demand have a much higher proportion of drop-in clinics although all services retain appointment clinics for complicated cases.
- Clinics are aware that the times that appointment lines are open means that there are potentially more patients who would contact them but are unable to phone at the times the lines are active. The result is an artificial cap on demand.
- There is a disparity of service provision across Wales which results in inequality of access to sexual health services
- The staff mix seeing patients is not consistent across Wales.
- Many clinics are nurse led and run alongside a Consultant led clinic for complex cases so that a consultant is present on site should they be needed.
- Powys Teaching Health Board is reliant on General Practice for the sexual health service for its residents but the provision appears limited, both geographically and inconsistent in the services offered per practice.
- All health boards provide clinics outside of the traditional 9am – 5pm hours, although there is variation in the publicised end times from 6pm to 7:30pm. The number of out of hours clinics that are held varies from one in one health board to a number held spread across the whole geographical area of the health board. Only two health boards run clinics on Saturdays and these are for young people only (under 25).
- Provision of sexual health services is variable across the prison estate in Wales and is not comparable to the service offered to the general community.

- There is a variation between health boards in the provision of abortion services. They vary on the gestation time limit for provision of medical terminations with some providing up to 9 weeks whilst two boards provide up to 16 weeks and one to 18 weeks before referring to British Pregnancy Advisory Service (bpas). Surgical abortions are provided up to 12 weeks in one health board area and 14 weeks in others after which patients are referred to bpas.
- Abortion services in Wales are inequitable potentially leading to late abortions or women being in a position where they have no choice but to continue with an unintended pregnancy. Abortion under clauses C and D of the 1967 Abortion Act can be carried out until 24 weeks of gestation. However, Obstetrics & Gynaecology departments in Wales will only manage abortions under clause A, B and E in the late mid-trimester, meaning that women not meeting clauses A,B and E have to travel to England for their treatment. These are often the most vulnerable of all patients (7).
- Maternity services do not all provide appropriate contraceptive advice let alone contraception
- Sexual health service provision in substance misuse services is developing in all health board areas but at varying speeds.
- There is recognition that the service needs to be provided within the substance misuse services, either through staff trained within the service or by in-reach from the sexual health service.
- There is evidence that the population in Wales would welcome the availability of community self-testing
- There are two software suppliers for the sexual health services in Wales (Mill & Blithe). Each service has a separate system. There is no centrally generated number so duplicate numbers on central surveillance are not related records.
- Clinics are still reliant on data input from paper rather than real time Electronic Patient Record (EPR). This results in excessive administration and delayed reporting.
- IT provision is not equitable across Wales – services have purchased largely piecemeal modular systems as funding allows.

Recommendations:

- Implement a **national service specification** in all Health Boards to support delivery of high quality, effective sexual health designed to meet the needs of the population they serve.
- In line with prudent healthcare principles the **skills and competencies** of the workforce need to match the complexities of patients being seen within clinics. Services should be provided in line with published guidance and best practice and a commitment to ongoing workforce development and training must be in place for all services.
- An amendment to the current legislative framework, to approve a patient's place of ordinary residence as a class of place where treatment for termination of pregnancy may be carried out, should be introduced.
- There is a need to address the sexual health of the prison population and address inequity between the prison sexual health services and between prison and outside community.
- Given that General Practice provides the majority of contraception all HBs should be encouraged to commission **Long Acting Reversible Contraception (LARC)** across all GP surgeries so that all patients can access the full range of LARCs and have a choice of contraceptive methods in line with the Welsh formulary, maximising effective contraceptive use and preventing unintended pregnancies.
- Consideration should be given to amending the legal framework to allow for a patient's place of ordinary residence to be classed as a place where treatment for termination of pregnancy may be carried out.

- Increased drop-in provision should be provided within the clinic setting to improve access.
- Consideration needs to be given to the development and implementation of a national **All-Wales community testing service** that works collaboratively with all providers in order to ensure the establishment of robust care pathways to support and treat the population.
- **Emergency contraception** has been supplied free through community pharmacies in Wales since April 2011. Going forward there is a potential for these pharmacies to further utilise their training and skills to provide **oral regular contraception** under a patient group direction (PGD), as well as continuing the established effective signposting and referral to other sexual health services. This is a service that has been successfully provided in other nations following on from the model for provision of emergency contraception (2).
- In order to effectively monitor the sexual health of the nation there needs to be a reliable case management and surveillance system that supports networked all Wales data collection. A National Dataset has been agreed for the sexual health services in Wales and is progressing through the Information Standards process. By having a common IT platform supporting specialist sexual health services and those wider services which contribute to addressing the sexual health of the population it will be possible to collect information on risk behaviour which will inform the planning of services and influence the provision of information and education.

Priority 5 - Consideration of the sharing of patient information in line with National Health Service (Venereal Diseases) Regulations 1974

Tasks Undertaken

An options paper for future considerations regarding patient data sharing between Integrated Sexual Health Clinics and Primary/Secondary Care was developed in conjunction with a specialist Task & Finish Group, and presented to Welsh Government in October 2017. The paper included a review of the existing literature, current legislation and examples from practice.

Outcomes

The Task & Finish Group considered examples where patient care has been impacted by the lack of information sharing, looking at perspectives on balancing confidentiality with patient care, and considering ways forward. The work culminated in an 'options' paper presented to Welsh Government in September 2017.

A total of 59 references made up the evidence behind the options paper, which also considered three linked areas of legislation (Data Protection Act 1998, Human Rights Act 1998, General Data Protection Regulation 2018) and analysed seven professional bodies' guidance on the matter, along with the patient guidance issued by four bodies.

The three options presented to Welsh Government in the paper were:

1. Maintaining status-quo
2. Amending/Repealing existing regulations and replace with new/updated regulations
3. Issuing new guidance to clarify expectations

The group also recommended that updated patient information should be provided, informing patients of any amendments to the Regulations and/or expectations of confidentiality. In addition, confidentiality policies would need to be updated according to new and/or revised regulations, in line with other existing confidentiality policies within the Service/Practice (this could be an opportunity for an 'All Wales' standardised policy, rather than on a Health Board-by-Health Board basis).

The Group concluded that:

- It is imperative that legislation/regulations continue to dictate that NHS providers within Wales make provision for patients to access testing and treatment for sexually transmitted infections without this being disclosed to other healthcare workers, with the exception of chronic conditions which can be sexually transmitted.
- A General Practitioner should be considered as part of any multidisciplinary team responsible for a patient's care, and therefore should be informed about ongoing, chronic conditions undergoing treatment where additional prescribing may cause harm.
- For the purposes of direct care, relevant information should be shared among the registered and regulated health care professionals who have a legitimate relationship with the individual, unless the patient refuses disclosure.
- Following consideration of this paper, a full consultation process should be undertaken, involving patients, clinicians and advocacy groups, making the case for change balanced with the duty to respect a patient's right to privacy. (Note: Should the consultation be conducted after May 2018 a Privacy Impact Assessment would be required; a mandatory requirement under the General Data Protection Regulation).
- Regardless of any change, further clear guidance is essential, for both patients and professionals, to provide clarity on either the current regulations, or any subsequent amendments.

Recommendations

Recommendations related to this priority area are as follows:

- For the purposes of direct care, relevant information should be shared among the registered and regulated health care professionals who have a legitimate relationship with the individual. This would require a revision or replacement of current regulations (National Health Service (Venereal Diseases) Regulations 1974) and a full consultation process should be undertaken regarding the next steps for this, to involve patients, clinicians and advocacy groups.

Priority 6 - Consideration of the potential for targeted health promotion campaigns

Tasks Undertaken

- Focus groups were undertaken with service users and professionals to ascertain Pre-Exposure Prophylaxis (PrEP) information requirements.
- The Needs Workshop considered the implications of printed materials/literacy concerns.
- The Frisky Wales website (www.friskywales.org) was expanded to include patient information pages on Syphilis, Hepatitis A, B and C, Chlamydia, Gonorrhoea, Herpes and Genital Warts, and is also hosting details of the PrEP project.

Outcomes

The Needs Workshop (outlined in the [Priorities 1 & 2](#) section of this report) considered the information needs of service users from all backgrounds. From this session, it was widely considered that the reality is that the **traditional landscape of sexual health has changed** from 'STIs, contraception, pregnancy' to deeper issues such as 'child sexual exploitation, pornography, online safety, inappropriate images, consent & drugs'. It was felt that there should be **more information available on STIs in the local community**, and a realisation that many can be asymptomatic, reinforcing that you cannot assume no risk. There should also be mainstream information about **Pre-Exposure Prophylaxis (PrEP) and HIV treatments and testing** which will assist in de-stigmatising HIV, and it was also felt that any general sexual health promotion should be 'sex positive'.

In terms of **what needs to be known related to sexual health services** the views expressed included that it was important to de-stigmatise sexual health and for individuals to know their rights and be aware of what services exist – when, where, for whom, type. There also needs to be information covering what to expect/ who to go to/ what is an emergency? The message should be that regular testing is acceptable.

The consensus feeling was that **tailoring messages for age and gender** was not necessarily helpful, with different information needed for an individual's personal circumstance. However, in all cases, the consensus was that information should be provided before an individual is sexually active.

Written information dominates the field of **sexual health resources** provided in Wales, either through leaflets or websites. Therefore, there is a requirement for individuals to be sighted and literate.

We feel that a review of existing literature regarding impact of mass-media campaigns to address risk could be undertaken in more detail, linked to the 'risk behaviours' tasks discussed in [Priority 2](#).

Related Work – The PrEPARED Project

Outside of the initial scope of the review, in April 2017, the Cabinet Secretary for Health, Social Care and Sport announced the intention to provide Pre-Exposure Prophylaxis (PrEP) within NHS Wales to those at most need (14). This required Public Health Wales to devise a study protocol, including the development of operational guidelines for those accessing PrEP in NHS Wales, as well as those requiring clinical management who are accessing PrEP outside of the NHS Wales. Although outside of the scope of the Review of Sexual Health in Wales, it is important to acknowledge the work undertaken to introduce PrEP in Wales, and therefore this is reflected upon below.

Tasks Undertaken

- Parameters for measuring uptake and impact of PrEP agreed in advance of project commencing. These will capture the data expected from Welsh Government. Also, they are in line with Public Health England (PHE) as far as possible, which will allow for comparisons across England and Wales.
- Basic information poster for clinics developed in time for 17th July launch, with written information for Frisky Wales developed and launched on 17th July. Terrence Higgins Trust Cymru are currently developing proposals for a more extensive engagement campaign, due to commence in January 2018.
- Operational Guidelines for the PrEP Project, and Management Guidelines for service users accessing PrEP outside of the NHS, have been developed in conjunction with the Independent HIV Expert Group.
- Plans for qualitative analysis and adherence monitoring to be developed in conjunction with colleagues in Welsh universities, with more progress expected in Q3 2017/18.
- Quarterly monitoring reports to be provided, commencing in September 2017.

Commentary

The requirement to deliver the PrEP study in tight timescales, alongside the widespread sexual health review, was challenging but delivered successfully through strong partnership working between Public Health Wales, NHS Wales Sexual Health Services, Welsh Government and Terrence Higgins Trust Cymru. The study continues to evolve, with interim findings being discussed and deliberated through regular communication between all involved and at the PrEP Steering Group meetings chaired by the Chief Pharmaceutical Officer. Work is underway to monitor the aspects of the study regarding adherence and qualitative analysis in conjunction with Cardiff University.

References

1. *Natsal-3*. [Online] Natsal-3. Available from: <http://www.natsal.ac.uk/natsal-3.aspx> [Accessed: 9th December 2017]
2. NHS South East London. *Evaluation of Oral Contraception in Community Pharmacy Pilot in Southwark and Lambeth Final Evaluation Report*. [Online] NHS South East London, 2012 Jan. Available from: http://ocsotc.org/wp-content/uploads/2012/04/NHS-2012_Evaluation-of-pharmacy-provision-of-OCs-in-London-1-2012.pdf [Accessed: 8th December 2017]
3. Bigelow CA, Bryant AS. Short Interpregnancy Intervals: An Evidence-Based Guide for Clinicians. *Obstetrical & Gynecological Survey*. [Online] 2015;70(7): 458–464. Available from: doi:10.1097/OGX.000000000000195
4. Smith GCS, Pell JP, Dobbie R. Interpregnancy interval and risk of preterm birth and neonatal death: retrospective cohort study. *BMJ*. [Online] 2003;327(7410): 313. Available from: doi:10.1136/bmj.327.7410.313 [Accessed: 30th August 2017]

5. Royal College of Obstetricians & Gynaecologists. *Leading Safe Choices*. [Online] Royal College of Obstetricians & Gynaecologists. Available from: <https://www.rcog.org.uk/en/global-network/global-health-projects-and-partnerships/leading-safe-choices/> [Accessed: 18th September 2017]
6. Faculty of Sexual and Reproductive Health (FSRH). *FSRH Guideline Contraception After Pregnancy*. [Online] Faculty of Sexual and Reproductive Health (FSRH); 2017. Available from: <https://www.fsrh.org/documents/contraception-after-pregnancy-guideline-january-2017/contraception-after-pregnancy-guideline-final27feb.pdf> [Accessed: 18th September 2017]
7. Purcell C, Riddell J, Brown A, Cameron S, Melville C, Flett G, et al. Women's experiences of more than one termination of pregnancy within two years: a mixed-methods study. *BJOG: An International Journal of Obstetrics & Gynaecology*. [Online] 2017;124(13): 1983–1992. Available from: doi:10.1111/1471-0528.14940 [Accessed: 14th December 2017]
8. Astle H, Cameron ST, Johnstone A. Comparison of unscheduled re-attendance and contraception at discharge, among women having the final stage of early medical abortion at home and those remaining in hospital. *J Fam Plann Reprod Health Care*. [Online] 2012;38(1): 35–40. Available from: doi:10.1136/jfprhc-2011-100149 [Accessed: 9th December 2017]
9. Chief Medical Officer Directorate, Scottish Government. *Abortion - Improvement to existing services - Approval for Misoprostol to be taken at home*. [Online] 2017. Available from: [http://www.sehd.scot.nhs.uk/cmo/CMO\(2017\)14.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2017)14.pdf) [Accessed: 9th December 2017]
10. Welsh Government. *Written Statement - Sexual Health in Wales*. [Online] Available from: <http://gov.wales/about/cabinet/cabinetstatements/2016-new/sexualhealth/?lang=en> [Accessed: 16th June 2017]
11. Welsh Government. *Taking Wales Forward 2016-2021*. [Online] Welsh Government; 2016. Available from: <http://gov.wales/docs/strategies/160920-taking-wales-forward-en.pdf> [Accessed: 9th March 2017]
12. Public Health Wales NHS Trust. *Making a Difference: Investing in Sustainable Health and Wellbeing for the People of Wales – Supporting Evidence*. [Online] Public Health Wales NHS Trust, 2016 Jul. Available from: <http://www.wales.nhs.uk/sitesplus/888/opendoc/293342> [Accessed: 9th May 2017]

13. World Health Organization. *Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002*. [Online] World Health Organization, 2006. Available from: http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf [Accessed: 18th September 2017]
14. Welsh Government. *Health Secretary Vaughan Gething announces all-Wales PrEP trial*. [Online] Available from: <http://gov.wales/newsroom/health-and-socialservices/2017/170428trial/?lang=en> [Accessed: 28th April 2017]

Annexes

The following papers were produced to address the requirements of this review, and should be read in conjunction with this paper

Document	Description
State of the Nation Report	Provides background information on the current status of sexual health in Wales, through clinic and diagnostic data.
A Review of Sexual Health Service Provision	This report outlines the services which currently contribute to the sexual health of the population of Wales and sets out the data available for some key indicators for sexual health. These data provide a baseline for the indicators and provide information on the current position for individual Health Boards. The indicators used will allow monitoring of some aspects of the progress of sexual health services in the long term.
Considering needs and risk in relation to sexual health	This paper outlines the work undertaken to identify service user needs in relation to sexual health, along with an assessment of sexual health risks.
Published Guidance on Sexual Health Services	This paper summarises the current clinical guidance, Cochrane Reviews and other guidance related to sexual health service delivery (As per September 2017)
Interim Sexual Health Service Specification (September 2017)	This national service specification has been developed to encompass a model of integrated service delivery based on national policy, best practice, local health needs, and evidence based practice.
Sharing is Caring - Consideration of the sharing of patient information in line with existing legislation and guidance, and options going forward	This paper presents officials with a series of options that could be taken to improve patient care, whilst also seeking to respect confidentiality and maintain trust, in relation to the current legislation in place in Wales.
Letter to Chief Medical Officer regarding key strategic findings	Letter from the Review authors to Chief Medical Officer for Wales, highlighting the key interim findings of the Review.