

## News

Another year is nearly over, and what a year it has been for many of us working in the health service. Thank-you to the large number of clinicians who recently completed our on-line survey, the information gathered has provided a snap-shot of contraception and sexual health provision in the UK. The report is being finalised and we will share this with you in the next e-letter. The lack of communication about the future of services and the effect this uncertainty has on planning and training are the most frequent concerns.

As a Forum we alerted the RCGP about the perceived threat to primary care services and a motion was presented to the November council meeting. This motion was discussed at length and a position statement is expected soon from the RCGP, which we will share with you as soon as we can.

### PCWHF Conference 2014

The date for the 6th annual conference has been set and we are returning to Birmingham. The event will be held on Wednesday 5th November 2014 in the West Midlands. Once again we will make sure that the sessions are relevant for the work done in primary care and our presenters will challenge us to provide care fit for purpose for our female patients. There will also be a further opportunity for you to enter the Best Practice Award and share your work.

Further details about entering this prestigious award will be available on our website. Please [Click Here](#)

### NAPS Conference 2014

**Wednesday 14th May 2014, Double Tree By Hilton, Leeds**

The National Association for Premenstrual Syndrome (NAPS) promotes the best interests of women suffering from premenstrual syndrome (PMS). As well as supporting people on an individual basis the charity campaigns to increase awareness of the condition.

The NAPS conference aims to provide a pragmatic approach to a variety of Women's Health conditions. Specialists have been invited to lecture about different aspects of Women's Health. The NAPS conference is an excellent opportunity to network with colleagues, share examples of best practice and enhance knowledge for all those attending.

For more information on the NAPS conference or to register a place at the conference please [Click Here](#)

### Healthcare Hot Topics - New Dates

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The Healthcare Hot topics one day workshops have been designed by Doctors, for doctors and nurses, who work in primary care or are associated with the requirements of primary care health provision.

**You will receive 5 hours of CPD with a reflective learning log and a Hot Topics handbook.**

Courses are limited to 30 delegates on each workshop to maximise interactive learning opportunities.

**Please register now** to secure your place.

Feedback from the last event included:

- "All the sessions had practical "take home" messages"
- "All sessions were informative; this was an excellent day, very enjoyable and interactive"
- "Very informative, good coverage of the relevant subjects"
- "What's new in Women's Health was very valuable and well presented"
- "Dr Connolly is fantastic! Course was relevant to general practice with all lectures designed to answer questions for GPs"

Due to the popularity of the recent meetings we will be announcing some new dates for Women's Health. For more information please **Click Here**.

## Safety of Combined Hormonal Contraception

The Faculty of Sexual and Reproductive Health care have been addressing recommendations that make its nationally recognised qualifications more accessible. These include the Diploma(DFSRH) and Letters of Competence in Intrauterine Techniques (LoC IUT) and Subdermal Implants(LoC SDI).The project has involved working with RCGP RCN and BASHH From the 9th Jan 2014 the following changes will be made:

- *Nurses will be able to achieve a Diploma(NDFSRH) and become nurse diplomats of FSRH*
- *Nurses will be able to gain both Letters of Competence*
- *Doctors and nurses will be able to gain Letters of Competence without necessarily holding a Diploma first*
- *The Diploma will be streamlined and instead of requiring completion of 25 hours of e-learning it will require a pass in the online assessment (eKA)*

The use of this 1 hour 45 minute assessment enables adult learners to gain their sexual and reproductive health knowledge in way to suit their individual learning style

Details of the above will be on FSRH website but please leave individual urgent enquiries until after 9th Jan. To view the website please **Click Here**

FSRH believes that these changes will support high standards in the delivery of sexual and reproductive healthcare in a multidisciplinary field

The nationally recognised certificated qualifications are in many areas being requested

## Menopause

Wednesday 5th February  
2014, London

## Women's Health

More dates coming soon

by commissioners. See attached PowerPoint presentation for further information

Dr Amanda Britton  
Honorary Secretary  
FSRH council



### 2012 Q3 under 18 conception data

The third quarter 2012 under 18 conception data has been published by ONS. The file showing the rates for each LA is attached. To view the full data, including numbers please [Click Here](#).

At a national level it is good news! Comparing Q3 2012 with Q3 2011, there has been an 11% reduction from 29.3 in 2011 to 26.0 in 2012. This follows a 2.8% reduction in Q1 and a 14.7% reduction in Q2. All regions have seen a reduction.

North East	6%
North West	8%
Yorkshire and Humber	8%
East Midlands	5%
West Midlands	6%
East	25%
London	17%
South East	13%
South West	12%

### NATSAL-3 survey <http://www.natsal.ac.uk/>

The results of the 3rd British National Survey of Sexual Attitudes and Lifestyles (Natsal-3) have been published in The Lancet. This provides extensive data from a large, representative population sample collected with the aim of better understanding sexual lifestyles and improving sexual health.

The 3 reports produced by this ongoing work document the changes in sexual behaviour that occurred in the latter half of the 20th century; fall in age of first intercourse, increasing numbers of lifetime partners, increasing number of women having same-sex relationships and later ages of couples cohabiting and childbearing.

It also shows the significant numbers of women of all reproductive ages who have unplanned pregnancy:

- 16.2% - unplanned,
- 29.0 reported as ambivalent
- 54.8% as planned

Pregnancies in women aged 16–19 years were most commonly unplanned - 45.2% However, most unplanned pregnancies were in women aged 20–34 years - 62.4%

Factors strongly associated with unplanned pregnancy were;

- first sexual intercourse before 16 years of age
- current smoking
- recent use of drugs other than cannabis
- lower educational attainment
- and those receiving sex education mainly from a non-school-based source

Results also demonstrate that on average women in Britain spend about 30 years of their life needing to avert an unplanned pregnancy.

This report must influence public health commissioning decisions in many ways. But 2 of the important aspects of future work must include improving PHSE in schools and providing accessible effective contraception for women of all reproductive ages.

To view highlights of the Natsal-3 Survey please see the attached document.



## Emergency Contraception

The debate about body weight and the effectiveness of Levonorgestrel emergency contraception continues. HRA Pharma have submitted data to the European regulatory authorities and the labelling of levonorgestrel will change to say:

*'in clinical trials, contraceptive efficacy was reduced in women weighing 75kg or more and levonorgestrel was not effective in women who weighed more than 80kg'*

The FSRH CEU has issued a statement on this issue. To view please [Click Here](#)

It is important that we continue to offer advice to women presenting for emergency contraception on the superior efficacy of the copper-containing IUDs for this indication and that we have easily accessible pathways for women to have these inserted.

## Depo-provera and Fractures

A summary of the Lanza paper is attached for those who have not yet seen this work which was published earlier this year. This paper is very interesting reading, demonstrating that although the women who receive depo-provera have more fractures than nonusers, this may be a result of pre-existing higher risk for fractures in these women rather than the use of depo-provera.



## NICE Menopause Guidance Development Group

As a registered stakeholder for NICE developments we have been sent the attached document. We already have representation on the group from one of our members but NICE are currently seeking applications from lay members to sit on the Guideline Development Group for Menopause.



Please circulate this to anyone who may be interested in applying for this. There is a short application deadline of the 16th December

### Successful Results from the HPV immunisation programme

The eldest cohort of girls who received the HPV immunisations will soon be reaching the age for cervical screening in England. Recent results from HPV tests on 16-24 year olds has started to demonstrate that the immunisation programme is successfully preventing HPV 16/18 infection. The effect of the immunisation programme on reducing genital warts will not be seen for a further few years, but is expected now that Gardasil is the vaccine used, following the success of the campaign in Australia.

To view the HPV Vaccine results please see attached.



### QoF changes for 2014

QoF points are being reduced from April 2014 and the funds diverted to work elsewhere. The planned changes are attached. The main changes for women's health are the loss of points for recommending LARC and for contraceptive advice for women with epilepsy.



### Female Genital Surgery

Genital surgery in the NHS has risen five-fold in the last decade. In view of concerns about this rise the RCOG and BritSPAG make several recommendations for best practice. Please see attached for more information.



### Mood disorders during pregnancy and after the birth of your baby

This attached patient information booklet on mood disorders related to pregnancy was published by SIGN last year. This is a useful tool for women suffering with this problem to use and should be something we can signpost women to.



## Endometriosis

The PCWHF continue to support the excellent work done by Endometriosis UK. Two of our members attend their meetings to provide input from a primary care perspective. The attached patient information leaflet produced by the RCOG is a useful adjunct to our care for those women who suffer from this condition. To visit the website please [Click Here](#)



## Tip of the Month

This month the tip comes from Rachel Wharton who is a Practice nurse working in Kirklees. She has downloaded the Icontraception app on her iPhone and finds this really useful when deciding on contraceptive options for her women.

This is free to download and by inputting patient information it uses the UKMEC criteria to advise on relevant choices.

## Primary Care Women's Health Forum

If anyone has any interesting papers to share, interesting cases they have seen and managed or any learning points to share with the Forum members please email [enquiries@pcwhf.co.uk](mailto:enquiries@pcwhf.co.uk). We have an excellent opportunity to share best practice and improve the care we are giving to our women via this e-letter which is currently circulated to more than 11,000 primary care practitioners.

We have over 4000 members of the forum already and it is growing rapidly with over 100 new members each month. Registration is free to join. Please visit the Primary Care Women's Health Forum at [www.pcwhf.co.uk](http://www.pcwhf.co.uk)



Please visit our [website](#), where new members can also [join the forum for free.](#)

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