



**Primary Care
Women's Health Forum**

Primary Care Women's Health Forum e-update

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News

Primary Care Women's Health Forum

On the 22nd July 2014 the UK hosted the first Girl Summit. The aim of the Summit is to mobilise UK and international efforts to end female genital mutilation (FGM) and child, early and forced marriage (CEFM).

Child, early and forced marriage affects up to one in three girls aged less than 18, (one in 9 aged between 10 and 15) in the developing world. Young girls forced into marriage and becoming pregnant while they are still children increases the risk of complications in pregnancy and childbirth, becoming infected with HIV and suffering from domestic violence. They have reduced access to education and employment restricting their wider opportunities in life.

FGM is defined by the WHO as any procedure involving partial or total removal of the external genitalia or other injury to the female genital organs for non-medical reasons. The procedure may be carried out on young girls sometime between infancy and aged 15. This procedure which has no health benefits for girls and women can cause significant health risk during the time of procedure and longer term problems of chronic pain, infertility and complications during childbirth. It is estimated that over 20,000 girls aged less than 15 are at risk of FGM in the UK each year.

I agree, and I am sure you do too, with the strap line of the conference that *Girls have the right to reach their full potential*.

Details about the Girl Summit and how we can each support this work can be found [here](#). Please sign up to this today and share this website with your friend and colleagues.

Anne Connolly - *Chair of the Primary Care Women's Health Forum*

Primary Care Women's Health Forum Conference 2014

The Primary Care Women's Health Forum Conference will be held on **Wednesday 5th November 2014** at **St John's Hotel, Solihull**. The conference boasts an impressive line-up of key note speakers and a powerful agenda, which should prove both thought-provoking and beneficial for all those attending. The agenda has been designed to be relevant for healthcare professionals working in a primary care setting.

Speakers

Dr Julie Oliver - CASH Trainer/GPwSI Community Gynaecology

Dr Diana Mansour - Consultant in Community Gynaecology and Reproductive Health Care, Head of Sexual Health Services, Newcastle Hospitals Community Health

Dr Sarah Gray - GP - Tamar Valley Health, GP Specialist in Women's Health, Primary Care Lead for Sexual Health and Contraception - Cornwall, Clinical Lead NHS Kernow

Dr Christine Corrin - GP with Special Interest in Gynaecology

Dr Anne Connolly - GP/Clinical Lead for Women's Sexual Health

Dr Caroline Cooper - Associate Lead Cambridgeshire CASH Service, Faculty Registered Trainer

Dr Helen Ludkin - Nurse Practitioner with Special Interest in Gynaecology, Bradford

Dr Karen Ellison - Medicolegal Advisor

Mr Ian Russell - Specialist Practitioner in Sexual Medicine

Dr Paula Briggs - Community Lead Sexual Health Services, NHS Sefton

This is an excellent opportunity to be updated in a number of women's health topics which are relevant to primary care work as well as an opportunity to network and spend the day with like-minded clinicians. The format includes plenary sessions and a wide variety of workshops. We have a limited number of delegate places available so early booking is recommended.

Would you be interested in sharing your excellent work of how you are improving the care of your patients? There is an ideal opportunity to enter this year's Best Practice Award. **The deadline for abstract submission is Friday 29th August 2014.** For further information please [Click Here](#).



If you would like to hear the latest news on the conference, please join the Primary Care Women's Health Forum LinkedIn page. To join please [Click Here](#).

To register for the conference, please visit the website: [Click Here](#).

Sexual Health Concerns

It is becoming increasingly apparent that there is not only concern about what is happening to GP LARC service provision, but there is also no clarity about what we are expected to provide for our patients for core contraceptive or sexual health provision.

At a time when primary care is under pressure to increase the number of appointments for our elderly patients, those with long-term conditions, improve access for emergencies and make cost savings in order to survive there will be less time for this aspect of care. Richard Ma, GP from Islington, recently wrote an article for Pulse which many of you may have already seen. This eloquently expresses these concerns.

His thoughts are paraphrased in the attachment [here](#) but the full article can be found [here](#).

Emergency Hormonal Contraception

The EMA have recently announced their findings of the assessment of emergency contraception in 'heavier' women. The findings are attached and the CEU of the FSRH have written a statement which can be found [here](#).



FSRH Guidance - Contraceptive Choices for Women with Cardiac Disease

We see increasing numbers of women of reproductive age who have or are at risk of heart disease, not only because more women with congenital heart disease are surviving into adulthood but also because of the rise in obesity and other unhealthy behaviours. Many of these women require reliable contraception as cardiac disease is the leading cause of maternal death in the UK. This guide offers advice about how we should be managing these women.



BASHH Guidance

Both the recent BASHH guidance on management of TV and a really useful patient information leaflet on BV can be found on the BASHH website at www.bashh.org.

BMS

Thanks very much to the authors of the CLOSER study who have allowed us to share this paper, recently published in the Menopausal International Journal. The CLOSER survey is the impact of postmenopausal vaginal discomfort on women and male partners in the UK.



Top Tip - management of urogenital atrophy in postmenopausal women from Dr Caroline Cooper (GP and associate specialist in SRH, Cambridge)

Did you know?

10mcg vaginal oestradiol tablets used as directed (daily for 2 weeks and twice weekly thereafter) results in an annual systemic exposure of 1.14mg, similar to taking a single oral oestradiol tablet.

Systemic levels of oestrodiol remain in the post menopausal range, so there is no reason to be concerned about effects on the breast or endometrium.

See link to British Menopause Society consensus statement on the management of urogenital atrophy.

<http://min.sagepub.com/content/20/2/73.full>

BMS Meetings

<http://www.thebms.org.uk/events.php>

PHE Reports

These recent 2 papers from PHE are interesting and important

Impact of chlamydia screening on sexual behaviour of young adults in England

PHE has published *Components of chlamydia screening and the impact of screening on behaviour* which presents the results of a National Chlamydia Screening Programme online survey, carried out in January 2014 that examined the impact of chlamydia screening on young adults' sexual health awareness and sexual risk behaviours. It updates data from an earlier survey carried out in 2012.

The survey report analyses the results and evaluates the wider impact of the chlamydia screening programme, over and above its diagnostic and treatment aims. It confirms that the programme provides an effective means of delivering sexual and reproductive health messages to young adults and results in self-reported behaviour change. Ninety percent of respondents said they had received sexual health information at the time of their last test and the majority said that testing had an impact on their knowledge (e.g. they would know how to avoid chlamydia in future), health seeking (e.g. they would be more likely to test again in future) and sexual risk behaviour (e.g. they would use condoms with new partners).



An update to the C-Card Guidance

Brook has produced an updated C-Card guidance on behalf of Public Health England. It provides valuable advice to professionals setting up or running a C-Card scheme recognising the need to ensure that condom access remains a central part of efforts to improve sexual and reproductive health and reduce teenage pregnancy

The guide provides an introduction for professionals who are interested in developing, reviewing or commissioning a C-Card scheme as a standalone exercise or, preferably, as part of wider sexual and reproductive health procurement.



2013 Abortion Statistics for England and Wales

These latest abortion statistics show a small reduction in the standardised rates of abortion compared to 2012. In 2013 the rate was 15.9/1000 in women aged 15-44 and the under 18 abortion rate was 11.7/1000.

Other trends demonstrate that 79% of abortions are carried out at under 10 weeks gestation and nearly half are now performed as medical abortions.

Full report and access to local information is available [here](#).

Halving Late Diagnosis of HIV - A Toolkit for Action

An estimated one in five people living with HIV in the UK are unaware of their infection. Late diagnosis is associated with reduced life expectancy and increased risk of onward transmission to sexual partners.

MedFASH and the Greater Manchester Sexual Health Network have worked together to produce a toolkit for use in the campaign to reduce the number of the undiagnosed. This useful document provides a checklist of actions for engaging local partners in working together and can the learning from the pilot work in Manchester can be used in other areas.

www.medfash.org.uk and www.halveit.org.uk

Other Interesting Papers

Ten-year literature review of global endometrial ablation with the NovaSure® device



Potential role of aromatase inhibitors in the treatment of endometriosis



Tips from Dr Farah Chaudhry, Senior Speciality Doctor in Sexual and Reproductive Health, Kirklees

There is often confusion of the relevance of the finding of ALOs on cytology results and how to inform the woman. Farah has written a letter that she sends her patients who have these findings on their results. The letter is attached and she is happy for anyone to adapt this for use this in your practice.



Farah has also recently audited the use of Nexplanon in her service and has shared this paper with us. This provides interesting findings, which I am sure all of us who provide sub-dermal implant services can use to improve our continuation rates.



Congratulations

Congratulations must go to Dr Rosie Briggs who passed her eKA in sexual and reproductive healthcare within a week of qualifying as a doctor.

Further details about this qualification can be found [here](#).

Are You or Do You Know a Commissioner or Public Health Manager with an interest in Women's Health?

We are inviting commissioners to join a group of those interested in commissioning sexual and reproductive health services with the aim of circulating our e-bulletin to them and ensuring that relevant documents are made available to support their role in the delivery of services. To join the group please register from our home page www.pcwhf.co.uk

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. 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 14,000 primary care practitioners.

We have over 5000 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



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

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