



**Primary Care  
Women's Health Forum**

# Primary Care Women's Health Forum e-update

Issue 20: July 2014

## News

### Primary Care Women's Health Forum

Many Local Authorities are currently in the process of tendering for providers of their sexual and reproductive health services. Most will be aiming to commission a service which provides integrated care. The majority will be asking for a single provider and some will be acknowledging the need for that provider to subcontract work to the services we currently provide in primary care.

The recent Advisory Group on Contraception report Sex, Lives and Commissioning II can be found on the [AGC website](#) and the summary of the report is attached. The results of this second freedom of information audit continue to demonstrate concerns about the future of these commissioned services in some Local Authorities. The AGC strongly urges councils to continue funding primary care contracts for LARCs. 'Removal of these agreements could have a significant impact on women's access to the full range of contraceptives and be a significant barrier towards the Government achieving its ambition of reducing the number of unintended pregnancies in England'

When we collected information from you earlier this year, in our Primary Care Women's Health Forum survey, there was significant concern and uncertainty amongst our members about the future of the important services we currently provide. This information was presented to the APPG as well as informing the position statement on LARC services in primary care issued by the RCGP.

If you currently deliver an enhanced service for LARC or any other aspect of contraception or sexual health that you have been funded to provide it is really important that you are aware of how this will be funded after April 2015. If you are unsure then ask your CCG board members or your local public health team about how these services will fit into their plans before it is too late.

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

### Findings of AGC



### PHE Annual England STI data report

In 2013 there were 450,000 STI diagnoses made in England, a small decrease compared to 2012. Chlamydia remains the most commonly diagnosed STI. The diagnosis of gonorrhoea is rising which may be due to the more frequent testing and sensitive testing methods currently used, but remains a concern.

The rate of genital warts diagnosed in females is of interest as it demonstrates a clear reduction in the 15-19 age group. This can only be due to the effect of the HPV vaccination campaign even though this age group would have received the bivalent Cervarix vaccine. This reduction would be expected to have a more significant reduction over future years following the change to the quadrivalent Gardasil vaccine. This trend provides more evidence to support the campaign for immunising our young men.



**PHE Infection report**



**PHE Annual England STI data report**

Figure 4b. Rates of genital warts diagnoses\* in females by age group\*\*, 2009–2013, Engl:

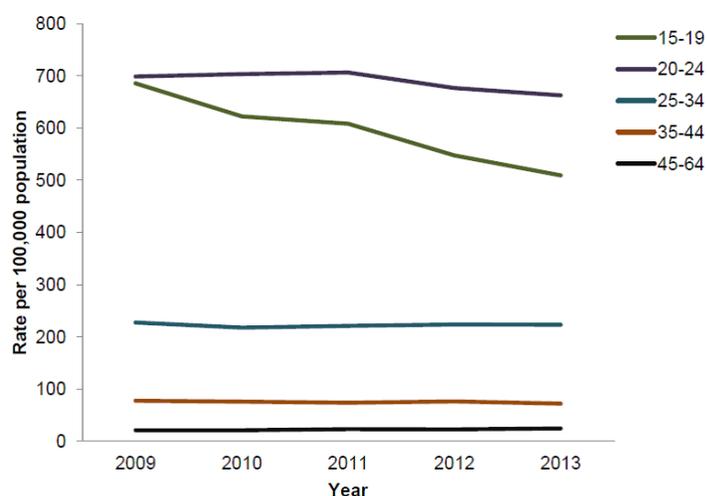
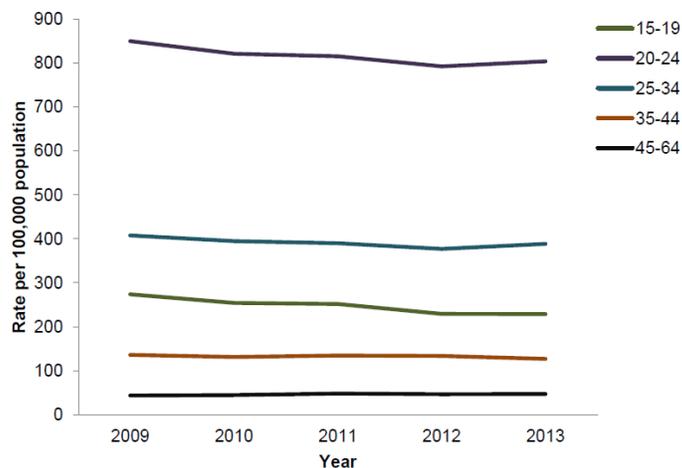


Figure 4a. Rates of genital warts diagnoses\* in males by age group\*\*, 2009–2013, England



**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 Johns Hotel in 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. For further information please [Click Here](#). Details about projects which have been entered in previous years can be found on the PCWHF website.



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](#).

### **Expert panel report - optimising care and reducing inefficiencies in the local management of Overactive Bladder (OAB)**

OAB is a common, under-reported and costly condition. Insufficient management causes significant impact on the quality of life, problems for sufferers in the work-place and is a frequent cause for the elderly to enter care homes.

Updated NICE guidelines on managing urinary incontinence in women and lower urinary tract symptoms in men recommend that the majority of this care should be provided in community settings. By optimising the strengths of the multidisciplinary team and offering streamlined integrated care pathways we will reduce the costs of OAB management and improve the patient experience.

This report, written following an expert panel meeting, offers recommendations on how this can be achieved. It includes suggestions on pathway development and practical

advice to allow appropriate management of OAB in the community.



### Brook - sexual health behaviours traffic light tool

This fantastic resource helps professionals who work with children and young people to identify, assess and respond appropriately to sexual behaviours. It uses a 'traffic light tool' to categorise sexual behaviours, to increase understanding of healthy sexual development and distinguish this from harmful behaviour.

- By identifying sexual behaviours as **GREEN**, **AMBER** or **RED**, professionals across different agencies (including teachers and youth workers) can work to the same criteria when making decisions and protect children and young people with a unified approach
- The behaviours are also rated into groups according to whether the behaviour is age appropriate.

To visit the website please [Click Here](#).

### Interesting papers:

#### Fibroid embolisation

Uterine artery embolisation is offered as management of large single fibroids by an increasing number of gynaecology units. This provides an alternative to hysterectomy in those women who choose to retain their uterus or those wanting to retain their fertility. It has been recommended by NICE in the recent HMB Quality Standards (QS47) as an option to be discussed with women.



The attached paper on fibroid embolisation discusses the pros and cons of this procedure in more detail from a gynaecologists view point but does include some interesting information for us working in primary care.

#### REVIVE study

The REVIVE(Real Women's Views of Treatment Options for Menopausal Vaginal Changes) survey assesses the knowledge about vulvar and vaginal atrophy in postmenopausal women and recorded attitudes about interactions with healthcare providers and the available treatment options.



The survey identified unmet needs, including poor understanding of the condition and available treatments both from the women themselves and their healthcare professionals.

#### Optimal management of subfertility in women with PCOS

Polycystic Ovarian Syndrome is a long-term chronic condition which is becoming increasingly diagnosed. The mainstay of treatment remains life-style modification, weight reduction and increasing



exercise, for the majority. This is particularly important for those women who want to conceive; both to improve their fertility and the outcome of pregnancy.

### DMPA and weight

A common complaint of women using any hormonal method of contraception is one of weight gain. The attached slide demonstrates the weight changes expected in women using DMPA.

It is likely that the women who find this the biggest challenge are those who will have gained weight following their first injection. Maybe we should be more stringent at monitoring and advising on weight management if these women wish to continue with this popular and effective method of contraception.



### Caya - new diaphragm

The attached PDF document and product information offers more information about the new diaphragm. This is not currently on the Drug Tariff and therefore must be purchased from a supplier. Each diaphragm lasts for 2 years and is produced from hypoallergenic silicone with a nylon spring. The 2 spermicides available in the UK include Gygel (nonoxinol-9) and Caya Gel (lactic acid). Further information and prices for these and other diaphragms can be obtained from Durbin PLC



### Sharing Best Practice

This e-letter is a useful resource for sharing best practice. This can be by using cases (anonymised), pathways or audits. This will be useful for evidence for appraisals and revalidation.

This month **Kate Lowery**, an ST3 in Cambridge has shared her excellent emergency contraception pathway – see attached. Thanks very much to Kate for sharing this.



### Healthcare Hot Topics Workshop

The Healthcare Hot Topics Women's Health one day workshop has been designed by Doctors, for Doctors and Nurses, who work in primary care or are associated

**2014 Dates**

**Wednesday 10th**

with the requirements of primary care health provision.

September  
London

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

Feedback from the last event included:

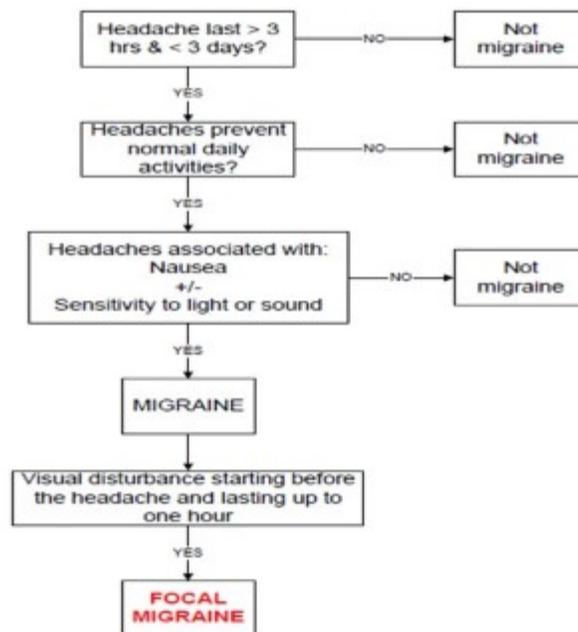
- "All the sessions had practical "take home" messages"
- "All sessions were informative; this was an excellent day, very enjoyable and interactive"
- "Very informative, good coverage of the relevant subjects"
- "What's new in Women's Health was very valuable and well presented"
- "Dr Connolly is fantastic!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

For more information or to register your place please [Click Here.](#)

## Migraine and CHC

Useful flow chart re migraine to help advise whether women should use oestrogen containing contraception

# Migraine – international headache society



## Tip of the Month

Please see attached slide – useful for teaching purposes – as used by Professor Sian Jones when teaching nurse practitioners about estimating uterine sizes at pelvic examination

# Uterine size estimations

- Postmenopausal



Normal



8 weeks



10 weeks



12 weeks



## FSRH Committee Membership

The FSRH are keen to have more input from primary care doctor and nurse members who are interested in joining any of the committees. Currently there is a request from the FSRH Clinical Standards Committee for Primary Care Representation. The work of this committee is to support clinical excellence and governance in all services providing sexual and reproductive healthcare, including primary care.

Further details can be found on the FSRH website, please [Click Here](#). Alternatively contact Diana Halfnight on [Diana@fsrh.org](mailto:Diana@fsrh.org)

## 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 14,000 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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