



**Primary Care
Women's Health Forum**

Primary Care Women's Health Forum e-update

Issue 22: October 2014

News

Primary Care Women's Health Forum

Thank you to everyone who has completed the survey monkey circulated last month. We have had an astonishing response with nearly 1000 clinicians working in primary care submitting a reply.

The results will be submitted to the All Party Parliamentary Group on Sexual and Reproductive Health on behalf of the Primary Care Women's Health Forum. The significance of the messages we provide will be confirmed by the numbers of clinicians who have responded and expressed concern.

The survey slides can be found by clicking this attachment



The main issues seem to be similar to those collected from the survey in 2013:

- Continuing uncertainty about the future of funding for our primary care services and hence the inability to plan
- Reduced access to training
- Reduced funding in some services that have been re-commissioned
- Lack of communication with the PH Commissioners
- A desire that the commissioning should return to the CCGs

Please email any other issues to me at anne.connolly@bradford.nhs.uk. We would now like to collect any examples which are specifically about any funding or service restrictions and any factors which are reducing the patient experience. These examples will be used, anonymously if preferred, when this data is presented formally to the All Party Parliamentary Group on Sexual and Reproductive Health in November.

I apologise for those members who are not currently working in England as this may seem irrelevant to your work, but the learning outcomes from this should help advise any future commissioning changes in other countries.

Anne Connolly

Chair of the PCWHF

Primary Care Women's Health Forum Conference 2014

**Wednesday 5th November 2014
St Johns Hotel, Solihull**

[Last chance to register for this years PCWHF Conference.](#) We now have **over 140 delegates** registered from around the country. This is shaping up to be an excellent networking, as well as clinically informing event.

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. To view the agenda, please [Click Here](#)

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.

Delegates will be eligible to gain up to 5 hours of CPD and reflective learning.

We have a **limited number** of delegate places available, so please **[book now](#)** to avoid disappointment.

[Book Now](#)



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.](#)

Healthcare Hot Topics - Women's Health

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[Agenda](#)

[Registration](#)

This is a one day workshop that will update all attendees on the latest developments in Women's Health for both GPs and Nurses. The agenda covers topics including: contraception, menopause and case studies on abnormal bleeding and fertility.

Our last event had over 30 attendees and had an average rating of 9.6 out of 10.

Book now to avoid disappointment and enjoy several hours of CPD and learning in an informal discussion based environment.

New Dates:

London Tuesday 25th November 2014	London Wednesday 18th March 2015
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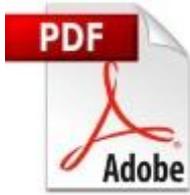
*5 hours of CPD with reflective learning log book to take back to your practice with a record of your learning.

[Book Now](#)

Useful Papers

Useful papers this month include:

Contraception



The US Contraceptive CHOICE Project has published further information focused on the reduction in teen pregnancy, birth and induced-abortion rates in the cohort who participated in the study.

In summary:

- In a cohort of teenage girls and women for whom barriers to contraception (lack of knowledge, limited access and cost) are removed and the use of the most effective contraceptive methods is encouraged, a large percentage opted to use LARC methods
- The rates of pregnancy, birth and abortion in the cohort were below both the most recent corresponding national rates and the CDC Winnable Battle 2015 goal



The second paper is a technical paper published in the US Paediatrics Journal on Contraception for Adolescents. This is aimed at providing a working knowledge of contraception to assist the paediatrician in both sexual health promotion as well as treatment of common adolescent gynaecological problems.



The NICE LARC guidance has been updated and published.

The 8-year review of the NICE guideline on long-acting reversible contraception concluded that there were changes to product licensing that meant that the section on progestogen-only sub-dermal implants was out of date. This is because the guideline referred specifically to the sub-dermal implant Implanon, which is no longer available. Implanon has been replaced by the implant Nexplanon, which contains the same drug (etonogestrel) and dose, but also contains barium to make it radio-opaque, and has a different insertion device. The evidence on progestogen-only sub-dermal implants has been reviewed and the recommendations in this section have been updated.



One of the PCWHF members, Dr Jenny Brotherston, has written an excellent article, which is published online in the Primary Care Women's Health Journal, on the benefits of using combined hormonal contraception. The article is a useful resource when deciding which CHC might suit which woman.



The findings of the recent inquiry in Rotherham and lessons learnt are listed in the attached document



The Spotting the Signs Proforma, which is a useful resource to use in any clinic working with young people, published by BASHH and Brook.

Bacterial Vaginosis



The recently published patient information leaflet on Bacterial Vaginosis, which can be found on the BASHH website has been attached

HPV



This paper published in Vaccine demonstrates the first indication that the national HPV immunisation programme is successfully preventing HPV 16/18 infection in sexually active young women in England. The reductions seen suggest high vaccine effectiveness and some herd-protection benefits. Continued surveillance is needed to determine the effects of immunisation on non-vaccine HPV types.

Other papers looking at improving the uptake of cervical screening in the future include:

- Efficacy of HPV-based screening for prevention of invasive cervical cancer: follow-up of four European randomised controlled trials

The Lancet, [Volume 383, Issue 9916](#), Pages 524 - 532, 8 February 2014

Results

HPV-based screening provides 60—70% greater protection against invasive cervical carcinomas compared with cytology. Data of large-scale randomised trials support initiation of HPV-based screening from age 30 years and extension of screening intervals to at least 5 years.

- Accuracy of human papillomavirus testing on self-collected versus clinician-collected samples: a meta-analysis

[www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(13\)70570-9/abstract](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(13)70570-9/abstract)

The results suggest that self-taken vaginal samples may offer an alternative for women not attending for routine screening but clinician taken samples remain superior.

And finally what about immunising 'older' women

Efficacy, safety, and immunogenicity of the human papillomavirus 16/18 AS04-adjuvanted vaccine in women older than 25 years: 4-year interim follow-up of the phase 3, double-blind, randomised controlled VIVIANE study

[www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60920-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60920-X/fulltext)

Interpretation

In women older than 25 years, the HPV 16/18 vaccine is efficacious against infections and cervical abnormalities associated with the vaccine types, as well as infections with the non-vaccine HPV types 31 and 45.

Ring Pessaries

Information



Attached information about Milex pessaries. The Milex ring pessary can be removed and washed, every 4-6 months and reinserted. Company recommendation is that a ring can be used for up to 2 years however this can be extended beyond this time.

The sizing chart is useful when opting to change from a standard PVC ring

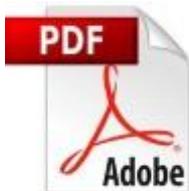
Sizing Chart



These products are easier to insert as they are more flexible and offer a wider range of products for use

The Milex ring costs £22.50

Denosumab



Minimising the risk of osteonecrosis of the jaw; monitoring for hypocalcaemia—updated recommendations.

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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