



**Primary Care
Women's Health Forum**

Primary Care Women's Health Forum e-update

Issue 21: September 2014

News

Primary Care Women's Health Forum

As the weather changes and we head towards the colder darker nights our workload changes in primary care and we see an increasing number of patients with depression and stress related problems. Post-natal depression, and mood changes during pregnancy, are a common occurrence and not influenced by seasons. They are often missed by health-care professionals or 'hidden' by the mother because of the associated stigma.

I have previously shared the excellent leaflet published by SIGN on *mood disorders on during pregnancy and after the birth of your baby* for women and their families to use. But for those who may have missed this it can be found and downloaded from <http://www.sign.ac.uk/pdf/PAT127.pdf>. This is also available in other languages including Chinese, Polish and Urdu.

This month NICE published their pathway on antenatal and postnatal mental health which follows the recent publication on their guideline, found at <http://pathways.nice.org.uk/pathways/antenatal-and-postnatal-mental-health>

Ian Jones and Judy Shakespeare have also written an article in the BMJ entitled; 'Easily missed? Postnatal depression' *BMJ* 2014;349:g4500 which is a useful overview.

Being alert in identifying the problem early and managing successfully requires good communication and streamlined pathways for all relevant healthcare professionals; the midwives, health visitors, GPs, obstetricians, so that we can help improve the care we offer for these women – and their families.

Primary Care Women's Health Forum Survey

Accountability Inquiry by the All-Party Parliamentary Group on Sexual and Reproductive Health in the UK into Standards in Sexual and Reproductive Health <http://www.fpa.org.uk/all-party-group-uk/accountability-inquiry-standards-sexual-and-reproductive-health>

The All-Party Parliamentary Group on Sexual and Reproductive Health in the UK (APPG) welcomed the ambitions of the Department of Health's **Sexual Health Improvement Framework** and the vision it sets out for services in England.

Over the past year, the APPG has had representations from a number of organisations about the good work being carried out – including by Public Health England, sexual

health charities and professional bodies, commissioners and providers within the NHS – to deliver against the ambitions within the Framework, but we are also aware of ongoing areas of concern.

In particular, the APPG is concerned about the current accountability arrangements within the new NHS and public health architecture, and the lack of proper oversight over the quality and outcomes delivered by sexual health services.

Accountability includes oversight of clinical governance arrangements; scrutiny of commissioning assessments and funding decisions; monitoring of national service standards; and identifying the organisation/s responsible for ensuring services are properly integrated and that funding follows the individual, rather than integration being hampered by commissioning silos.

In response to these concerns, and in order to inform the ongoing debate about how the Framework’s ambitions can be achieved, the APPG has launched an accountability inquiry

The Primary Care Women’s Health Forum is the only organisation where the majority of its members are delivering sexual and reproductive healthcare in primary care settings. It is important that any concerns or recommendations that we may collect can be submitted as evidence to this inquiry.

I would think that our views on the following 4 questions are particularly relevant:

- At a local level which organisation/s do you believe should be responsible and accountable for overseeing improvements in sexual and reproductive health services, and why?
- What mechanisms within the NHS and public health architecture should be used to hold commissioners and providers to account for the quality and outcomes of sexual health services? For instance, service specifications, performance data and commissioning plans.
- How would you assess the current accountability arrangements for ensuring there are sufficient numbers of trained healthcare professionals working in sexual health services? If appropriate, what improvements do you believe could be made to strengthen these arrangements? Please add comments about maintaining trained clinicians in primary care services as well
- To what extent do women and men have choice and access to the full range of sexual and reproductive health services? How can choice in access to sexual and reproductive health services be improved?

There is a short survey about this at <https://www.surveymonkey.com/s/7X5GR75>, this is really important so please complete this if you work in primary care. (apologies but this is only relevant for those working in primary care in England). I would also appreciate any detailed case scenarios or concerns, including those from CaSH services, to add to the response to be sent to me at anne.connolly@bradford.nhs.uk.

Thank you

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**. We now have over 100 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. 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 - Clinical Lead for Maternity, 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.



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](#).

Healthcare Hot Topics - Women's Health

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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 with the requirements of primary care health provision.

Feedback from the last meeting:

"Extremely relevant topics with a good source of information"

"A very informative day with lots of tips to apply in practise"

"Lots of information to change purchase confidence in HRT"

New Dates:

| | |
|---|--|
| London Tuesday 25th November 2014 | London Wednesday 18th March 2015 |
|---|--|

*5 hours of CPD with reflective learning log book to take back to your practice with a record of your learning.

[Book Now](#)

PHE Commissioning Guide

The long-awaited PHE commissioning guide '*Making it work. A guide to whole system commissioning for sexual health, reproductive health and HIV*' has been published [Here](#). The guide has been attached below:



CGIN

Public Health England has published the latest guidance by the NHS cervical screening programme on HPV triage and test-of-cure and follow-up requirements. The latest addition is the recommendation of follow-up for CGIN.

See PHE guidance and a modified power-point presentation to share with your practice:

[PHE Guidance](#)

[Power-Point](#)



Recording Female Genital Mutilation (FGM)

The Department of Health have issued the attached guidance on recording Female Genital Mutilation and how the new rules affect general practitioners.

"All clinical staff MUST record in patient healthcare records when it is identified that a patient has had FGM"

- If it can be determined what type of FGM the patient has, (according to the WHO classifications) this MUST be recorded.
- Where it is not possible to determine the type of FGM, then 'Female Genital Mutilation' MUST still be recorded within the clinical notes.



Sexual Health Week - Message from the FPA

Contraceptive choices: beyond the morning after

Sexual Health Week 2014 is all about contraception. Many women struggle to name the 15 methods available to choose from and don't know that there are three methods of emergency contraception (EC) available. There are a lot of myths, misconceptions and half-truths out there and if women don't know the facts they are more at risk of an unplanned pregnancy.

This year we surveyed more than 2,000 women aged 16-54 across the UK who had ever been sexually active. 35% told us they had unprotected sex in the last two years when not planning a pregnancy; of these an overwhelming majority, 83%, didn't go on to use EC.

Many barriers can stop women getting the help they need. Our campaign posters focus on embarrassment because one-third of women said there was still a stigma attached to getting EC. And more than half of all 16-24-year-olds (52%) said getting it can be embarrassing.

Clinicians and pharmacists are in a unique position to reduce perceived stigma, ensure women are aware of all their options, and enable women to confidently make the best choices for them.

Our survey highlighted really important gaps in women's knowledge – and less than one-fifth said they had learnt about emergency contraception at school or college. As

professionals you can play a vital role in busting the myths and helping women to make informed choices.

Visit their campaign page to find out more about what they have planned.

<http://www.fpa.org.uk/sexual-health-week/sexual-health-week-2014>

Useful Papers

Useful papers this month include:

Noncontraceptive benefits of the estradiol valerate/dienogest combined oral contraceptive: a review of the literature



A review article on Hyperemesis gravidarum: current perspectives



Role of uterine forces in intrauterine device embedment, perforation, and expulsion. This is interesting to read as one of our members, Dee McCormack, has previously shared a case of hers which involved later uterine perforation.



Bayer Survey

A survey by Bayer Healthcare has demonstrated that many UK women are still not clued-up when it comes to contraception. (Click Below)



FSRH CEU advice

The Clinical effectiveness unit has issued two helpful and extremely relevant statements for use in consultations on concerns often raised by our 'pill users'. These can be found and downloaded for use from the FSRH website at www.fsrh.org. Documents have also been linked below:

Combined oral contraception and mood

Combined oral contraception and breast cancer



Summary of General Training Programme of FSRH accredited by RCGP

See attached summary document below of General Training requirements to obtain the Diploma or the Letters of Competence in SDI or IUT, produced by Dr Amanda Britton, FSRH Honorary Secretary.

Further details can be found on the FSRH website at <http://www.fsrh.org/pages/Training.asp>



Member's Tips

The case discussion of the month comes from Carrie Sadler, a GP and associate specialist in reproductive healthcare from Derby.

Carrie recently saw a woman who had had a Nexplanon fitted about six weeks earlier and had developed signs of infection at the site.

She discussed the case with colleagues in her sexual health service, a general surgeon and consultant dermatologist.

Her learning points for herself and to share are:

- Infection around an implant site is unusual
- There is no data about whether infection at the site affects the efficacy of the implant
- The importance of correct preparation and procedure. The FSRH states 'equipment for insertion and removal should be laid on a sterile field. The insertion/removal site should be cleaned with antiseptic solution. The guideline development group advise that non-sterile gloves can be used for implant insertions providing a no-touch technique is used (i.e. avoid touching the insertion site or parts of the sterile equipment that come in contact with the woman's arm). Sterile gloves are advised for implant removals.' Faculty of Sexual and Reproductive Health guideline on Progestogen only implants, Clinical effectiveness Unit, February 2014'
- the importance of keeping the site covered and dry for at least 24hours. Carrie advises 24 hours for an insertion and 48 hours after a removal or replacement
- Whether the implant should be removed or not depends on the severity of the infection

- Consider removal of the implant if there is persistent infection not responding to antibiotics or if there are signs of abscess formation

-Parenteral antibiotics would be needed if there are signs of systemic toxicity

Carrie is keen to collect any other suggestions / comments by sending these to carolynsadler@nhs.net. She will share these with us if there are any further useful recommendations .

The first international tip of the month comes from Sarah Green, an intern from the US.

She recommends the use of the following websites when advising on smoking cessation. The US Environmental Protection Agency have a page on how smoking effects the health of children and babies (<http://www.epa.gov/smokefree/>), and The Quit Smoking Community, which has lots of info on smoking and its effects (<http://quitsmokingcommunity.org/>).

If you have any interesting tips or papers to share with the members of the Primary Care Women's Health Forum please send them to enquiries@pcwhf.co.uk

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](http://www.pcwhf.co.uk), where new members can also [join the Forum for free.](http://www.pcwhf.co.uk)

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