Welcome
by Baroness Gould

Carte Blanche when Responding to the White Paper Consultation

Sexual Health Priorities in 2004 – the IAG Workplan

The Impact of the New GMS contract

A Look at One-Stop Shops

Who’s who on the Independent Advisory Group for Sexual Health and HIV

To contact the IAG please email: Sexual_Health_IAG@doh.gsi.gov.uk
To subscribe or unsubscribe from this newsletter please email: Sexual_Health_IAG@doh.gsi.gov.uk
Welcome to the Independent Advisory Group for Sexual Health and HIV’s first newsletter. The IAG for Sexual Health and HIV was established last year to produce recommendations for the government on sexual health issues.

The IAG captures and comments on the most pressing issues in sexual health, and is an opportunity to feed back directly to government. Our work is to reflect activity in SHAs, PCTs, the voluntary sector and other groups involved in sexual health.

The government has recently launched a White Paper consultation called ‘Choosing Health’ which addresses public health issues in general, and sexual health specifically. The IAG is responding, and I urge you to take action – either as an individual or on behalf of your organisation. The deadline for response is the 28th May 2004, and full details can be found in the White Paper article in this newsletter.

We have included areas the IAG will be considering to help stimulate your thoughts. I’m sure you will wish to develop your own areas and suggestions when responding to government. Either way, the more people respond to the Choosing Health consultation, the more likely the government is to take note of our concerns around the provision of sexual health care. This is a valuable opportunity for those of us who work in sexual health.

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Articles about the workplan, and information about members are also included in this issue – and you can see just how broad our remit is.

I hope this newsletter is the beginning of a long and fruitful conversation between those who work in the sexual health field and government. We would very much welcome your responses and input on any areas outlined in this newsletter.

With best wishes

Baroness Joyce Gould
Chair
gouldj@parliament.uk
The recently launched consultation for the ‘Choosing Health’ White Paper is a chance to debate where individual and state responsibility for health issues meets and diverges. This is an opportunity for us to think about some of the more controversial ways of improving the nation’s sexual health.

The Independent Advisory Group for Sexual Health and HIV has a holistic remit covering sexual wellbeing and a range of sexual health topics including abortion, contraception, STIs and HIV.

Is it time to offer free condoms in clubs, pubs and GP surgeries? Or to supply home testing kits for Chlamydia? Is a community clinic an appropriate place to carry out early abortions? Is the three week waiting time between first appointment and abortion procedure too long? Should we be preaching abstinence?

Sexual Health includes a variety of different issues, and for this reason our response will cover a broad range. We want to ensure that sexual health is a major part of the government’s public health initiative.

We urge you to respond to this consultation, either as an individual or on behalf of your organisation, as we believe it is vital as many of us respond as possible outlining the priorities as we see them.

The government wants the general public increasingly to take responsibility for its own health – what are the implications of this? Does this mean on-demand access to services usually prescribed by a healthcare provider?

Information is power, and the Independent Advisory Group on Sexual Health and HIV believes good sex and relationship education plays a key role in the nation’s public health.
Often, problems around sexual health have a root in ignorance. This does not just refer to the varied quality and provision of sexual health education in schools, but also to awareness in the general population. It is a fact that many people do not have access to good sexual health education which can protect, as well as inform, them.

This country needs to find ways of providing easy, accessible and inexpensive sexual health care to a very disparate society.

Woman, gay men and black and minority ethnic communities are disproportionately affected by poor sexual health but in fact we are all affected. For example, the increase in Chlamydia rates to one in ten sexually active young women translates across all social groups.

The IAG has been considering some of the following areas in its response to the White Paper Consultation. You may find them helpful when drafting your own response.

### PROVISION OF SERVICES

1. The implications of the provision of increased choice around abortion, such as second stage medical abortions at home.
2. Should home testing kits for Chlamydia be readily available?
3. What actions need to be taken to improve Genito-Urinary Medicine (GUM) clinics?
4. How can we improve access to contraceptive services? How can we address the shortage of trained professional staff that provide contraceptive services?

### EDUCATION

5. Ways of improving sexual health education in schools – a programme that allows young people to make an informed choice about issues concerning their sexuality.
6. Ways of improving sexual health education across the nation, including the socially disadvantaged and black and minority ethnic communities.
WORKING TOGETHER TO SUPPORT HEALTHIER CHOICES

7. What can SHAs and PCTs do to improve the provision of sexual health services in their locality – and what tools and information do they need to do this successfully?

8. How can effective networks be established to help all professionals working in sexual health to support each other’s work? Including specialist providers – GUM, HIV and abortion and those in general practice and the community.

9. Are there any demonstrably effective community models that could be applied to sexual health services? Are there any ‘best practice’ examples of reaching those who traditionally don’t come forward for help – for example, young men?

10. Self esteem issues – the links between drug and alcohol abuse, and poor sexual health, and when interventions can help.

11. What work needs to be done to help communicate with those groups who experience worse sexual health than average?

RESEARCH AND EVALUATION – THE EVIDENCE BASE

12. Epidemiology – whether government is working with the right evidence base, and how this should be addressed.

13. The increase of HIV and AIDs in this country – issues around failure to diagnose a number of cases.

You may wish to direct your response to any one of these points, all of them, or to develop your own points.

If you would like to respond to the Choosing Health consultation the contact details are:

Email: choosing.health.consultation@doh.gsi.gov.uk
Post: Choosing Health? Project Team
Department of Health, Room 528/9, Richmond House, 79 Whitehall, London SW1A 0NS
Website: www.dh.gov.uk/consultations/liveconsultations
Deadline: 28th May 2004

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Sexual Health

priorities in 2004

The Independent Advisory Group for Sexual Health and HIV meets four times a year and has an extensive workplan that informs the IAG’s responses to government.

This workplan is the basis for the agenda of each meeting, as well as the IAG’s publications like the annual review, the newsletter, and any responses to government.

One of the issues confronting the IAG is the breadth of its remit and how the group can effectively cover the huge range of issues that jostle for urgent attention.

“The sexual health field is an extraordinarily wide one, so we decided to break down our activity into thematic areas,” explains Baroness Gould, Chair of the IAG. “The group is regularly updated on the progress of the government’s sexual health strategy, which helps identify where our input is most required.

“Over the next year, the group is examining a series of themes, from access and service development through workforce, priority and resourcing right up to evidence base and prevention.

“Our aim is to work with the members of the IAG to develop a series of recommendations for government. We’re looking at issues as far-ranging as the effectiveness of delivery of services, to the concerns black and minority ethnic communities confront in relation to sexual health.

“We are also planning a series of visits to SHA areas to meet sexual health leads and speak to them about the practicalities of delivering the Sexual Health strategy in their locality.

“We will be reporting back on our progress,” concluded Baroness Gould.
The thematic areas to be discussed by the IAG are:

- Access and Development
- Primary Care
- Workforce
- Priority and Resourcing
- Evidence Base
- Performance Management
- Prevention
- Communication

If you wish to find out more about a particular area or to make a submission to the IAG please contact: Geoff Rayment at Sexual_Health_IAG@doh.gsi.gov.uk

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**JUNE MEETING**

- **Workforce**
  - Training – looking at the issue of ongoing training to improve the quality of services. Also looking at skills mix and how roles and responsibilities can be evolved to support more integration on sexual health services.
  - Specialist HIV Social Workers
  - Confidentiality

**SEPTEMBER MEETING**

- **Prevention**
  - Campaigns – Sex Lottery, CHAPS, African HIV prevention strategy and HIV testing.
  - Prevention tool kit – update
  - Screening programmes – update and future plans
  - Helplines
  - Information and material

- **Impact of new technologies**
  - Home testing kits

- **Evidence Base**
  - Data collection/information sharing/how valuable is the use of information technology
  - Social Research
The vision behind the new contract is that it will act as a lever to improve the quality of all services provided by general practices. In terms of sexual health, there is the opportunity to push, at a local level, for an expansion of services which eventually may lead to a redesign of the provision of sexual health services.

The new contract has three categories, or levels of service, that general practices will be providing: essential, additional and enhanced. In addition, the contract will reward practices for the quality of services it provides through the Quality and Outcomes Framework (QOF).

It is worth quickly outlining the categories for sexual health that general practices will be providing.

**SERVICES**

All practices will be required to provide essential services which include the management of patients or temporary residents who are ill, terminally ill or suffering from a chronic disease. In these terms, “disease” is defined by the International Statistical Classification of Diseases and Related Health Problems (ICD-10, World Health Organisation, 1992). Importantly, the ICD-10 includes all STIs and HIV within its definitions of disease.

Practices are also responsible for the provision of advice in connection with the patients’ health, including relevant health promotion advice and the referral of patients to other services.

Currently there is extensive debate regarding the definition of essential services in all clinical fields, as this definition determines which services practices are expected to provide out of their global sum allocation, versus what the Primary Care Organisations (PCOs) should fund as enhanced services. In terms of sexual health, the strategy recommends that all practices should provide sexual health services including sexual history taking, risk assessment, STI and HIV testing, hepatitis B immunisations, pregnancy testing and referral for termination of pregnancy. These services would have to be agreed with practices as essential primary medical services and PCOs should be supporting the training and resource needs of practices aiming to provide these services.
Additional services are those which a general practice has the right to provide but the practice can choose to opt out of the service as a means of managing their workload, or in the case of a conscientious objection, and patients should be referred to the alternative provider. There are seven additional services which practices may opt out of, and one of these is contraception. Should a practice opt out of providing contraception, the responsibility for provision reverts to the PCO.

Should the practice choose to provide contraception as an additional service, the regulations require the following:

- The giving of advice about the full range of contraceptive methods
- Where appropriate, the medical examination of patients seeking such advice
- The treatment of such patients for contraceptive purposes and the prescribing of contraceptive substances and appliances (excluding the fitting and implanting of intrauterine devices or implants)
- The giving of advice about emergency contraception and where appropriate, the supplying or prescribing of emergency hormonal contraception, or, where the contractor has a conscientious objection to emergency contraception, the prompt referral to another provider of primary medical services who does not have such objections
- The provision of advice and referral in cases of unplanned or unwanted pregnancy, including advice about the availability of free pregnancy testing in the practice area, and where the contractor has a conscientious objection to the termination of pregnancy, prompt referral to another provider of primary medical services
- The giving of initial advice about sexual health promotion and sexually transmitted infections
- The referral, as necessary for specialist sexual health services, including tests for sexually transmitted infections

Enhanced services make up the third category of provision and are funded by PCOs. There are three types of enhanced services: directed enhanced services, national enhanced services and locally enhanced services. PCOs must commission all six of the directed enhanced services, none of which relate to sexual health. There are two nationally enhanced services in terms of sexual health – IUCD fitting and More Specialised Sexual Health Services. These are provided at the discretion of the Primary Care Organisation. The latter service includes HIV and STI screening and treatment, the provision of condoms, pregnancy testing kits, prescriptions without charge for STI treatments and partner notification programmes.

The new contract guarantees an increased investment in general practice of 33 percent over the next three years. A key purpose of the new contract is to improve the quality of primary care and two-thirds of that investment will be available through the Quality and Outcome Framework mentioned at the beginning of the article. The framework comprises 1050 points against quality indicators. In relation to sexual health, services can aspire to achieving one quality point for contraceptive services and one quality point for pre-conception care. Each point is worth an average of £75 in year one, increasing to an average of £120 in year two. The IAG will be recommending an expansion of points for sexual health in any future revision of the QOF.
POTENTIAL FOR CHANGE

The contract will be kept under review for the first year of operation, and will be reviewed again after a further two years. There is scope for change, and the potential for the range of enhanced sexual services at both a national and a local level to be increased.

THE PATIENT SERVICES GUARANTEE

PCOs do have a responsibility to meet the Patient Service Guarantee which ensures that patients will continue to be offered at least the range of services that they enjoyed under old GMS. The services may be made available to the patient from somewhere other than their own local practice and provided by the most suitable provider in order to ensure patient choice and minimise any travel times. IUDs and contraceptive implants were provided under the old contract and therefore are guaranteed under the Patient Service Guarantee.

GMS AND PMS

Forty per cent of GPs work to PMS contracts, and these GPs will now have equivalent opportunities as those in GMS practices i.e. they can opt out of additional services and can apply to provide enhanced services. They also have the opportunity to apply for the points available in the Quality and Outcomes Framework (QOF) – with an opportunity to tailor the national QOF to meet the sexual health needs of their locality. This will be particularly beneficial when, as it is hoped, more points are added to the national QOF that relate to sexual health.

OUTCOMES

So what are the benefits of the new contract as far as sexual health services are concerned? In terms of effecting change, it is hoped that the enhanced services, and the options to tailor these services for a locality, will improve provision of care at a local level.

For example, the Department of Health is working towards a 48 hour access target for GUM clinics and enhanced services provide the best opportunity to redesign services in the most appropriate way for the locality.

The new contract opens a dialogue with the PCOs in terms of funding enhanced services. For those who champion sexual health, this will mean regular communications and negotiation with the PCO budget holders to make sure that sexual health does not remain the ‘Cinderella’ of the health services. In an area where the voice of the patient is noticeably silent, the sexual health leads, special interest groups and general practice teams will have to work very hard in order to provide the improved sexual health services England needs.

The IAG will be recommending an expansion of points for sexual health in any future revision of the QOF.
A look at
One-Stop Shops

One-stop shops have long been a buzzword in sexual health as in one visit patients can be advised on their contraceptive needs as well receiving testing, support, counselling and treatment for genito-urinary issues such as sexually transmitted infections.

The National Sexual Health and HIV Strategy and the Teenage Pregnancy Strategy both recommend a move towards a more comprehensive and integrated service, but evidence is required to fully assess the benefit of this approach.

For the first time, a joint team from University College of London and Bristol University, is studying the potential benefits of one-stop shops by evaluating the impact of three established services - in Birmingham, Morecambe and Enfield - compared to six ‘traditional’ services in the area.

The study is designed to test the following hypotheses:

1. The level of care in one-stop shops model is more integrated that the level of care provided in traditional models of sexual health provision.
2. One-stop shop models of sexual health provision are more effective than the traditional models in both identifying and reducing poor reproductive and sexual health outcomes.
3. One-stop shop models are more acceptable to the local community than less integrated models, and are better linked to other health, education, social and voluntary services than more traditional services.
4. Staff in one-stop shop services are more appropriately trained than other services.
5. Economic efficiency will be greater following a move from traditional services to traditional services plus one-stop shops.

The three model services studied cover a dedicated young people’s integrated genito-urinary and contraceptive service, a specialist mainstream service to meet the needs of all age groups, and a specialist primary care led service.

First outputs from this study will be available this autumn with a conclusion in January 2006. The results will be widely circulated, and available on the sexual health pages of the Department of Health website.
Dr Rudiger Pittrof is one of the two consultants heading up Enfield’s one-stop shop serving all age groups. He is a consultant in Integrated Health and HIV, and finds that the one-stop shop model has real benefits for both staff and patients.

“Staff generally appreciate working in an integrated way because of job enrichment. It is frustrating to look after a patient’s family planning needs but not be able to advise on sexual health issues. It’s more fun for the provider to give a broader service.

“We tend to see patients who are healthy in every other way – except with regards to issues relating to sexual risk taking. We find that patients come in for one thing, like contraception, and it is very valuable to be able to speak to them about their sexual health needs at the same time – the patient may not have been aware that they needed this support.

“From the patient’s perspective, the advantages of the one-stop shop are great. We estimate that we save them half a day in waiting times at clinics. That extra half day can be a real deterrent for someone who needs to take time off work or get child care. And the integrated approach only adds another 5-10 minutes to the consultation.

Based in the town centre, Enfield’s one-stop shop is headed by two consultants supported eight doctors on a sessional basis, and five full-time PGD nurses. They serve a community of 273,000 with a combination of drop-in clinics and GP referred clinics. The service provides screening for HIV and other sexual health issues, offering NAATS testing for gonorrhoea and Chlamydia, as well as providing links to services that the client may additionally need, for example, drugs or alcohol rehabilitation. These links can be very important for young people, a group that benefits greatly from Enfield’s service. “Young people have most to learn and most to lose,” observes Dr Pittrof. “Their problems tend to come in clusters – drinking, smoking, contraception, a bit of violence... We have extensive referral systems to help them if necessary.”

Pittrof is concerned that the needs of certain groups in Enfield still aren’t being met, for example recent immigrants and asylum seekers, as well as black and minority ethnic groups. He also tackles head on the problem that a one-stop approach might deter certain groups, for example, those women from a strict religious background.

“My anxiety is that part of the population only use family planning and not any other service. A 35 year old Bengali woman still needs family planning but may not want to visit a clinic that is also associated with STIs – it’s a sort of ‘what will the neighbours think?’ issue. But it is not known, locally, nationally or internationally, whether a one-stop approach does deter certain groups.”

What is certain, however, is that this is a small service for a large population. “Enfield’s sexual health service is fully saturated to the extent that I question whether what we do makes an impact at population level. We are scratching at the surface, and facing the usual issues of funding and prioritisation within our PCT – and we know there isn’t any more money at the moment.”
Who’s who on the Independent Advisory Group for Sexual Health and HIV

Chair
Baroness Joyce Gould
Baroness Gould, Chair of the Independent Advisory group on Sexual Health and HIV, is a House of Lords Life Peer with a strong interest in sexual health. She is President of fpa (formally named Family Planning Association), patron of FORWARD, an organisation that campaigns against female genital mutilation and also Chair of the All Party Pro Choice and Sexual Health Group. She has extensive experience of chairing large groups and communities.

Joint Vice Chair
Anne Weyman OBE
Anne Weyman currently is Chief Executive of fpa. She was involved in the development of the Sexual Health and HIV Strategy and is also a member of the Independent Advisory Group on Teenage Pregnancy. She was formerly Information and Public Affairs Director at the National Children’s Bureau. In 1987, she founded the Sex Education Forum and is now its President.

Derek Bodell
Formerly Chief Executive of the National AIDS Trust for nine years, Derek Bodell is acting as consultant on the development of the World AIDS Campaign and also works with an American group, Global Health Strategies, on NGO support for vaccines to benefit the needs of developing countries. He has over 15 years experience in delivering Sexual Health and HIV services at both a strategic and local level, contributing to policy issues within the UK, Europe and internationally. He also served as a member of the Sexual Health and HIV Steering Group and was involved in developing specific proposals in 1997 for the integration of HIV into a broader sexual health framework. He has extensive experience of chairing and facilitating groups, including as Chair of Stop Aids Campaign (SAC) and as an advisor on the World AIDS Campaign for UNAIDS.
Michael Adler CBE
Michael Adler is Professor of Genito-Urinary Medicine, Royal Free and University Medical School and was seconded to the Department of Health until 2001 to take a lead on the development of the Sexual Health and HIV Strategy. He is an advisor to the All Party Group on AIDS, and the Health Select Committee. He has also served as a Trustee and Chairman of the National AIDS Trust (NAT), and as Clinical Director of HIV/AIDS/GUM and Drugs Services for both Bloomsbury and the Camden Community Health Services. He has been a non-executive director of the Health Development Agency since 1999.

Jo Adams
Jo Adams is the Director of the Centre for HIV and Sexual Health and chair of the National Sex Education Forum. She was a member of the Sexual Health Strategy Steering Group, which helped develop the Sexual Health and HIV Strategy, chaired the Strategy's Sexual Health Promotion Working Group and wrote the Effective Health Promotion Toolkit. Jo has a particular interest in training to support sexual health and HIV work, youth work and has written a number of manuals and hand-books for practitioners.

Kevin Fenton
Kevin Fenton is Consultant Epidemiologist and Head of HIV/STI Section at the Public Health Laboratory Service. He has been actively involved in many aspects of the development and implementation of the Sexual Health and HIV Strategy including sitting on a number of the working groups. He currently chairs the Chlamydia Screening Programme Steering Group. He has also been involved with a number of research studies, which have informed the development of the strategy, including the National Survey of Sexual Attitudes and Lifestyles.

William Ford Young
A full time “grass roots” GP for 13 years during which time his interest in sexual health and HIV has been developed by work in GUM clinics, William Ford Young is currently the sexual health lead for Eastern Cheshire PCT, the lead for sexual health for Royal College of GPs’ Task Force Group for Sex, Drugs and HIV. He is also the Royal College of GPs’ representative for the Medical Society for the Study of Venereal Diseases ‘STIF’ (Sexually Transmitted Infection Foundation Course) Steering Committee. He is also the GP member of the Chlamydia Screening Steering Group at Department of Health and GP member of the PHLS Advisory Committee on STIs.

Surinder Singh
Surinder Singh is a General Practitioner and Clinical Lecturer in General Practice at the Royal Free and University College Medical School. He has worked in the area of sexual health and HIV/AIDS since 1987. He was previously Chairman of the Royal College of General Practitioners Working Party on HIV/AIDS and is now a member of the same committee and is also a member of the Expert Advisory Group on AIDS and Advisory Group on blood-borne Viruses. He has written various articles on sexual health and HIV infection, and has extensive experience of service planning and provision at both strategic and local level.
Consultants in Genito - Urinary Medicine

**Patrick French (specialist in HIV treatment and care)**
Patrick French is Consultant in Genito-Urinary Medicine at Camden PCT, Honorary Senior Lecturer at the Royal Free University College Medical School and Honorary Consultant Physician at the Whittington and UCLH Trusts. He was involved in the development of the Sexual Health and HIV Strategy as a member of the Steering Group. He also took responsibility for developing the Strategy’s approach to strengthening and modernising sexual health treatment and care services.

**George Kinghorn (generalist)**
George Kinghorn has been a Consultant in Genito-Urinary Medicine, Clinical Director for Communicable Diseases and a full time lead for clinical teaching and research in Sheffield since 1979. He is involved in a variety of local, regional and national initiatives including being the immediate past President of the Medical Society for the Study of Venereal Diseases (MSSVD). He was the main author of the genito-urinary medicine response to the consultation on the Sexual Health and HIV Strategy.

Nurses

**Kathy French**
Currently a part time sexual health advisor at the Royal College of Nursing, Kathy French is working on a distance learning skills course for nurses that has been commissioned by the Department of Health. Her previous position was as Clinical Nurse Manager for Contraception and Termination of Pregnancy Services at Kings Healthcare in London and Clinical Nurse Specialist in contraception. She is undertaking a PHD in teenage pregnancy and the invisibility of young males. She continues to do locum work to maintain clinical skills and knowledge.

**Lesley Greenhalgh**
Lesley Greenhalgh is a lecturer in adult nursing at the University of Salford, with extensive knowledge and clinical experience in sexual health underpinned by professional qualifications. She is the nursing lead on the board of the Greater Manchester sexual health network, a member of the Institute of City and Guilds, and was awarded a Diploma for Leadership in nursing for her contribution to the higher level of practice pilot study. Currently undertaking an MSC in strategic leadership at the University of Salford, Lesley is a member of the Genito-Urinary Nurses Association and the British Association for Sexual Health and HIV (BASHH).
Sexual Health Advisor

Heather Wilson
Heather Wilson is a Senior Health Advisor at Barnet Hospital. She has a background in social work and has been a sexual health advisor since 1989. Heather was President of the Society for Sexual Health Advisors in Sexually Transmitted Diseases (SHASTD) from 1998-2003. She has extensive knowledge of STIs and HIV, and was one of the health advisors on the working party that informed the Sexual Health Strategy. She also was one of the authors of the Manual for Sexual Health Advisors, commissioned by the Department of Health as one of the action points of the Strategy.

Abortion Providers

Ian Jones
Until recently Chief Executive of the British Pregnancy Advisory Service, Ian Jones has contributed throughout the consultation period of the Sexual Health and HIV Strategy and earlier Social Exclusion report on Teenage Pregnancy. He also has contributed to various Department of Health Working Parties, including the expert Group on the use of Conscious Sedation and more recently gave evidence to the House of Commons Health Committee enquiry into the Strategy.

Helen Axby
Helen Axby is Deputy Chief Executive of Marie Stopes International with 18 years experience including working directly with clients and service providers. As part of this role she has undertaken international work and worked alongside various international Ministries of Health, contributing to policy development including the recent legislation of abortion in Nepal. Other projects have included developing contractual agreements between the NHS and the non-government sector, service development including early medical abortion, the introduction of local anaesthetic and the management of late abortion.

Primary Care Trust – Chief Executive

Joanne Forrest
Currently Chief Executive of North Liverpool PCT, Joanne Forrest has over 20 years experience within the NHS as both a clinician and a manager. She is lead commissioner of sexual health services of all Liverpool and Sefton. As part of this role she has responsibility for other related areas including teenage pregnancy, termination services and prison health. She is also Chair of the Liverpool and Sefton Sexual Health Strategy Implementation Group.

Strategic Health Authority Director

Sheila Adam
Sheila Adam is Director of Public Health for North East London Strategic Health Authority and has in the past, worked at both regional and national level. Until recently she was Deputy Chief Medical Officer and co-chaired, with Michael Adler, the Sexual Health and HIV Strategy Steering Group and was involved in the Strategy’s development and launch. She was a Medical Research Council Training Fellow, a Visiting Professor at the London School of Hygiene and Tropical Medicine and is currently an Honorary Professor at Queen Mary University, London.
### Social Services Manager

**Stephen Slack**  
For the past eight years Stephen Slack has worked within the area of sexual health for the Social Services Department in Sheffield, initially as a specialist social worker for people with HIV before taking the role of Team Manager for the HIV Social Work Team and Lead Officer for sexual health. He has written local sexual health policy, based on the Sexual Health and HIV strategy, which is being implemented. Stephen is also involved in regional HIV training.

### User and Self Help Group Representative

**Christopher Woolls**  
Christopher Woolls is the Director of Staffordshire Buddies, a charity that provides support and care to people with HIV/AIDS. He worked in partnership with key local stakeholders, including people living with HIV, to formulate responses to the Sexual Health Strategy. Previously, he was Health Promotion Manager at Terrence Higgins Trust South. He has lived with HIV for the last ten years, and has extensive knowledge and understanding of the issues people face with the condition.

### Voluntary Sector

**Jan Barlow**  
Jan Barlow is the Chief Executive of Brook Advisory Services, an organisation which aims to protect, promote and preserve the sexual health and reproductive health of young people. She has over five years senior management experience in the voluntary sector in both large and smaller organisations. She was a member of a Sexual Health and HIV Strategy sub-group and was responsible for drafting a formal response to the Strategy. Brook Advisory was also commissioned by the Department of Health to undertake a consultation with young people on the Strategy.

**Nicholas Partridge**  
Nicholas Partridge is Chief Executive of Terrence Higgins Trust and has worked in the HIV/AIDS field since 1985. He has overseen the development, implementation and monitoring of HIV and STI prevention programmes, as well as the creation and delivery of a wide range of social care and advice services for people living with HIV. He was a member of the Sexual Health and HIV Strategy Steering Group and is a member of the Healthcare Commission.
Voluntary Sector continued...

Evelyn Asante-Mensah
Evelyn Asante-Mensah is Chief Executive of the Black Health Agency, an organisation that focuses on the needs of the black and minority ethnic communities in Manchester. She has worked in the sexual health and HIV field in a senior management capacity for the last 8 years and has experience of service delivery as well as developing policy. She was involved in the development of the Manchester Sexual Health Strategy as well as being involved in the Health Promotion Sub Group of the national Sexual Health and HIV Strategy working Group. She is also the Chair of both Central Manchester PCT and Manchester Health Inequalities Partnerships which has responsibility for commissioning services to tackle inequalities in Manchester from statutory and non statutory providers.

Elisabeth Crafer
Elisabeth Crafer is Chief Executive of Positively Women, a London based national organisation providing peer support to women living with HIV. She was a member of the Sexual Health Strategy Steering Group and the National HIV/AIDS Strategy Social Care group. She is also chair of the pan-London HIV Providers Consortium with 48 member organisations. She has also provided evidence to the All Party Parliamentary Group on AIDS, providing parliamentarians with evidence on issues affecting women and children.

Adviser on Black and Minority Ethnic Communities

Max Sesay
Max Sesay is Chief Executive of the African HIV Policy Network, an organisation that is responsible for representing Africans and black communities with HIV, as a result of this he has a firm grasp of their issues. He was a member of Sexual Health Strategy Steering Group and responsible for organising Strategy Consultation events with African Communities.

Laura Serrant-Green
Laura Serrant-Green is a lecturer in Adult Health at the University of Nottingham. A member of the black community, she has worked in a variety of posts related to sexual health and HIV/AIDS since 1986. These included nursing, outreach working, lecturing, research and the training of HIV nurse/outreach worker capacity and as a mentor to black youth. She has been interviewed on behalf of local and national television, radio and newspapers about sexual health, HIV and black communities, and is also currently a member of the Royal College of Nursing Sexual Health Forum and Advisory Group on Sexual Health.

Researcher

Graham Hart
Graham Hart has worked in the sexual health field since 1986 and has been researching, teaching and contributing to policy since this time. A medical sociologist by background, his current post is Associate Director of the Medical Research Council Social and Public Health Services Unit at the University of Glasgow. Professor Hart has published an extensive range of research articles, chapters and edited books, as well as serving on international scientific committees. He chairs a number of national committees, including the Department of Health Teenage Pregnancy Evaluation Advisory Committee, the Medical Research Council/Department of Health Sexual Health and HIV Research Strategy Committee, and the Medical Research Council Special Training Fellowships in Health Services and Health of the Public Research Panel.