

Dear Minister,

**National Sexual Health and HIV Strategy:**

**Improving access to GUM services**

We very much appreciate that, so soon after your return to work, you were able to find time to lead the Strategy Consultation event with Steering Committee members at the Royal College of Physicians on December 20.

It was also encouraging to us that so many participants remained enthusiastic and committed to the ambitious aims of the strategy. Whilst there was also enthusiasm for widening the role of primary care in supporting existing specialist services, it was also clear that it will take time, training and additional resource before a majority of GP practices feel able to provide even level 1 services.

In the meantime, some means must be found to meet the escalating demands upon GU Medicine services for both HIV and STI care, especially as failure to do so will have profound public health and health economic consequences. Whilst we support the impending national information campaign, if successful, this will undoubtedly heighten public awareness and further increase demand for GUM services. The public credibility of the strategy and our attempts to stimulate and destigmatise sexual health-seeking behaviour at this vital early stage will then be undermined.

We hope that urgent strengthening of GUM services will be seen to be a high priority for the additional funding that has been secured over the next 2 years. In MSSVD and AGUM responses to the consultation document, we have asked that there should be restoration of growth in consultant numbers and additional health adviser, nursing, and administrative support. The requested number of new posts, 70 during 2002/3, matches the numbers of specialist registrars who will complete their training during this time period. Moreover, by targeting new posts to currently single-handed consultants but ensuring that all posts additionally

have some clinical sessions within the nearest inpatient (usually teaching) centre, we can ensure not only that capacity requirements are improved throughout England but also that clinical governance, the development of service networks, contribution to local multidisciplinary planning teams, and increased support for training in primary care can also be developed.

Further details of our requirements are attached and we are also sending copies of this letter to Cathy Hamlyn and Mike Adler for their consideration.

We also hope that we shall have the opportunity to visit you early in the New Year to discuss current HIV treatment and care provider (PACT) issues. The acceleration in the numbers of newly diagnosed patients is placing NHS Trusts throughout England under severe cost pressures. We are seriously concerned that the over-expenditure on current budgets for antiretroviral treatment and patient monitoring costs will force many trusts to attempt cost-containment by imposing restrictions on capacity of other aspects of local GUM services. The whole strategy could be undermined if the infrastructure of specialist services for both GUM and HIV is not properly supported.

We shall of course send a full [briefing paper](#) to you in advance of our meeting.

Yours sincerely,

George Kinghorn

Past President, MSSVD  
PACT Executive committee

Anton Pozniak

Chair, PACT  
(Providers of HIV/AIDS Treatment and Care)

Colm O'Mahony

Chair, AGUM  
(Association of Genitourinary Medicine)

Angela Robinson

President, MSSVD  
(Medical Society for Study of Venereal Diseases)

