



**WE NEED TO
GET BETTER
AT SEX**

Effective use of sexual health services to improve public health

WE NEED AN OPEN RELATIONSHIP...

Planned cuts in sexual health services could cost the NHS an additional £1 billion between 2015 and 2025 due to rising cases of sexually transmitted infections (STIs).* Investing in improved sexual health services will reduce future costs and enable healthy, happy relationships.

Right service, right place, right time

Everyone has sexual health needs during their lifetime. Over 90% of women use contraception during their lifetime. People who are young, black ethnic minorities, men who have sex with men or live in the poorest areas experience the greatest sexual ill-health.

People often use mobile phone apps, such as Tinder and Grindr, to find sexual partners.

Chemsex is recreational drug use during sex and is linked to high risk behaviours like injecting drugs, unprotected anal sex and multiple sex partners.

The sexual health budget for 2016/17 was £600 million, only £11 per adult. Up to 10% of the population receive sexual health services each year. The average cost per sexual health service provided is £98.

It costs £400 per new STI diagnosis, this is good value for money preventing further infections and reducing costly complications.

...AND WE NEED TO EMBRACE EVERYONE

IDENTIFICATION

Free, quick and easy access to tests and specialist clinicians is essential, so people get timely treatment and notify partners reducing onward spread of infection.

Each year 3 million chlamydia tests lead to over 200,000 cases being found and treated. Chlamydia associated pelvic inflammatory disease in sexual health clinics has nearly halved from 2446 in 2008 to 1317 in 2017.

PREVENTION

Includes provision of condoms, health promotion, education and vaccination.

Recent advances in HIV prevention:

- HIV treatment offered earlier, as soon HIV is diagnosed: once HIV is stably suppressed there is no risk of transmission.
- Pre-Exposure Prophylaxis (PrEP): in HIV negative people PrEP prevents HIV acquisition but requires careful monitoring.

New HIV diagnoses in England down by over a third from 4,247 in 2014 to 2,732 in 2017

Routine HPV vaccination has almost halved genital warts diagnoses in young women aged 15-19 years from 8,620 in 2013 to 4,436 in 2017

SUPPORT

Social inequality is linked with poorer sexual health. Collaborative working across services can address this health inequality.

Related services include drug and alcohol, sexual assault, domestic violence, young people's support and mental health teams.

50% of new syphilis and gonorrhoea diagnoses occur in areas with the lowest 30% of income.

REDUCED COMPLICATIONS

Infertility, chronic pain, nervous system problems and cancers are serious consequences of untreated STIs.

People are 10 times more likely to die in the year following diagnosis of HIV if they are diagnosed late, when the immune system is damaged, compared with someone who is diagnosed early.

REDUCED ONWARD TRANSMISSION

Breaking chains of transmission through routine testing, prompt treatment and partner notification is key. Many STIs have no symptoms therefore may be unknowingly carried and passed onwards.

Asymptomatic chlamydia infection can stay in the body for over a year if it is not treated.

REDUCED OUTBREAKS

Close working between public health, sexual health and health promotion teams is needed to tackle outbreaks.

Syphilis outbreaks are occurring around the UK. Complications are more difficult and expensive to treat e.g. neurosyphilis requires 14 clinic visits for daily injections instead of a single dose of antibiotic.

THE BOTTOM LINE

Improved sexual health services could save the NHS
£1 Billion

YOUR LOCAL SERVICE

Everyone has sexual health needs. Local commissioners must meet their diverse population needs, making the setting of targets challenging. Increasing diagnoses could indicate a change in number of infections, testing patterns or data reporting.

Local areas can use national indicators available through Public Health National Outcomes Framework, and local data such as PHE quarterly reports and fingertips data. The Spend and Outcome Tool (SPOT) is now available to support commissioning.

Collaborative working between commissioners, local sexual health services and public health is required to identify local priorities and actions.

Sexual health affects every population. Meeting local sexual health needs enables healthier lives.

USEFUL RESOURCES

British Association for Sexual Health and HIV (BASHH)

● bashh.org

Sexually transmitted infections (STIs): annual data tables. Public Health England.

● gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables
● fingertips.phe.org.uk/profile/sexualhealth

Practical Guidance to SPOT for Improving Sexual and Reproductive Health: 2017 Guidelines for Local Authorities. Public Health England. 2017.

● assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/675836/SPOT_Guidelines.pdf
● gov.uk/government/publications/spend-and-outcome-tool-spot

***Unprotected nation.** Family Planning Association. 2015.

● fpa.org.uk/influencing-sexual-health-policy/unprotected-nation-2015

Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV. Public Health England. 2014 (Revised 2015).

● gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services

A framework for sexual health improvement in England. Department of Health. 2013.

● gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

Sexual health services on the brink. White C. *BMJ* 2017;359:j5395.

● doi.org/10.1136/bmj.j5395

We can't go backwards. XES.

● wecantgobackwards.org.uk/Why-it-matters/Good-sexual-health

BASHH



**British Association for
Sexual Health and HIV**