

## **VISION STATEMENT SEXUAL HEALTH**

### **Introduction**

This statement was produced after obtaining 'grass roots' views on the future direction of the Genitourinary Medicine specialty from its physicians and to encompass innovations developed during the Covid-19 pandemic. It represents a collective voice from the Royal College of Physicians (RCP), the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA).

It focusses on sexually transmitted infections (STIs) and health inequalities in sexual health but also recognises the interdependencies and importance of reproductive health, STI/HIV prevention and long-term HIV treatment and care provision.

### **Ambitions and Aims**

- **Control, eliminate and eradicate STIs as a public health threat** in the current decade. This requires free, confidential, rapid open access to STI screening, testing and treatment from an appropriately skilled workforce.
- **Promote a national agenda of sexual health and wellbeing** that is based on healthy choices, is people-centred and provides for equality, equity, justice and risk-minimisation.
- **Champion sexual health care for marginalised groups that may not be catered for elsewhere**, such as young people; people from ethnic, gender or sexual minorities; sex workers; those who are homeless and other inclusion populations.
- **End sexual health inequalities** by addressing social determinants of health so that benefits in health improvements are seen across the whole population and diverse communities.
- **Ensure appropriate funding and the removal of regular tendering requirements for sexual health services**. This will enable effective sexual healthcare provision and avoid the destabilising, expensive and resource-intensive effects of tendering.

### **How we can achieve these aims**

- **Rapid, open access to free, confidential screening, testing and timely treatment for all sexually transmitted infections (STIs)** - including HIV and hepatitis B/C - this should be consistent across the country with the provision of a seamless mix of digital and terrestrial services according to need.
- **Contact Tracing and Partner Notification as pivotal interventions** - using a range of methods, including digital platforms, to control individual re-infection and the community pool of STIs.
- **Safeguarding** - this should be embedded in all sexual health interactions so that young people and adults who are at risk of, or have experienced, sexual abuse, coercive control, domestic violence or other abuse are actively identified and supported with any safeguarding concerns being acted on.
- **Antibiotic stewardship** - this needs to be consistently sustained with the judicious and appropriate use of antibiotics. All services providing STI testing and treatment must comply with national STI treatment guidelines.
- **Provision of both virtual and remote STI services** - for consultation, advice and management, with face to face services for examination and assessment, where required or at individual choice.

- **Prevention of infection** - through the provision of risk-minimisation advice, regular STI testing, timely treatment, condom provision, HIV Pre and Post-Exposure Prophylaxis (PEP/PrEP) and Hepatitis A/B and Human Papilloma Virus (HPV) vaccination for at risk individuals.
- **Integration of sexual health** - enabling timely access to reproductive health advice, a full range of contraception options, including emergency contraception; cervical health; and rapid, seamless referral into HIV treatment and care where needed.
- **Provision of equitable, person-centred and inclusive services** - this is particularly important for those at high risk of infection, young people, sex workers, the disadvantaged and the vulnerable. Services must be tailored for the local population, be inclusive of all protected characteristics and be diverse to reflect sexual orientation, gender identity, ethnicity and the needs of inclusion populations.
- **Identification of inequalities in sexual health** - these should be specifically addressed and monitored in existing and developing services with levers to implement change.
- **Innovation to drive changes within the speciality** - this includes the provision of novel services to deliver sexual health care to specific groups such as young people; gender and sexual orientation minorities; sex workers; inclusion populations; the use of technological testing advances; and research with sharing of new developments.
- **Effective communication and health promotion** - this is needed for both individuals and the public to foster fulfilling and healthy sex regardless of gender, sexual orientation or ethnicity. It is also a key part of 'Making Every Contact Count' and of collaborative working with other specialities.
- **Outreach services** - these should be available to improve access to sexual health care, reduce inequalities in service provision and must be targeted to local needs and preferences.
- **Relationship and sex education** - this will help promote healthy sex and relationships.
- **Workforce** - this needs urgent investment to provide a sexual health service fit for the future that is diverse and able to address health inequalities. Currently, it is widely insufficient to meet demand, there is impending workforce loss due to age, and a period of rapid change is ahead. These factors make this an urgent priority.
- **Education, training, research and innovation in sexual health** - these are fundamental to delivering an effective workforce, efficient services and appropriate treatments. They are key to ensuring quality care and future-proofing the speciality.
- **Data collection** - aggregate STI and HIV testing data should continue with specific metrics to monitor the effectiveness of infection detection and control, prevention strategies and expanded testing.
- **Commissioning arrangements** - sufficient funding is required so that sexual health services can be delivered effectively. We strongly recommend the removal of sexual health service tendering; the use of standardised performance indicators with appropriate levers to enact service improvements; and the adoption of NHS alignment. All of these will act synergistically to maintain stable service provision and foster innovation and development.

## Outcomes

A co-ordinated and consistent approach to sexual health that also fosters innovation and development will optimise the elimination of STIs as a public health threat, lead to improved sexual health of the nation and achieve a reduction in health inequalities.