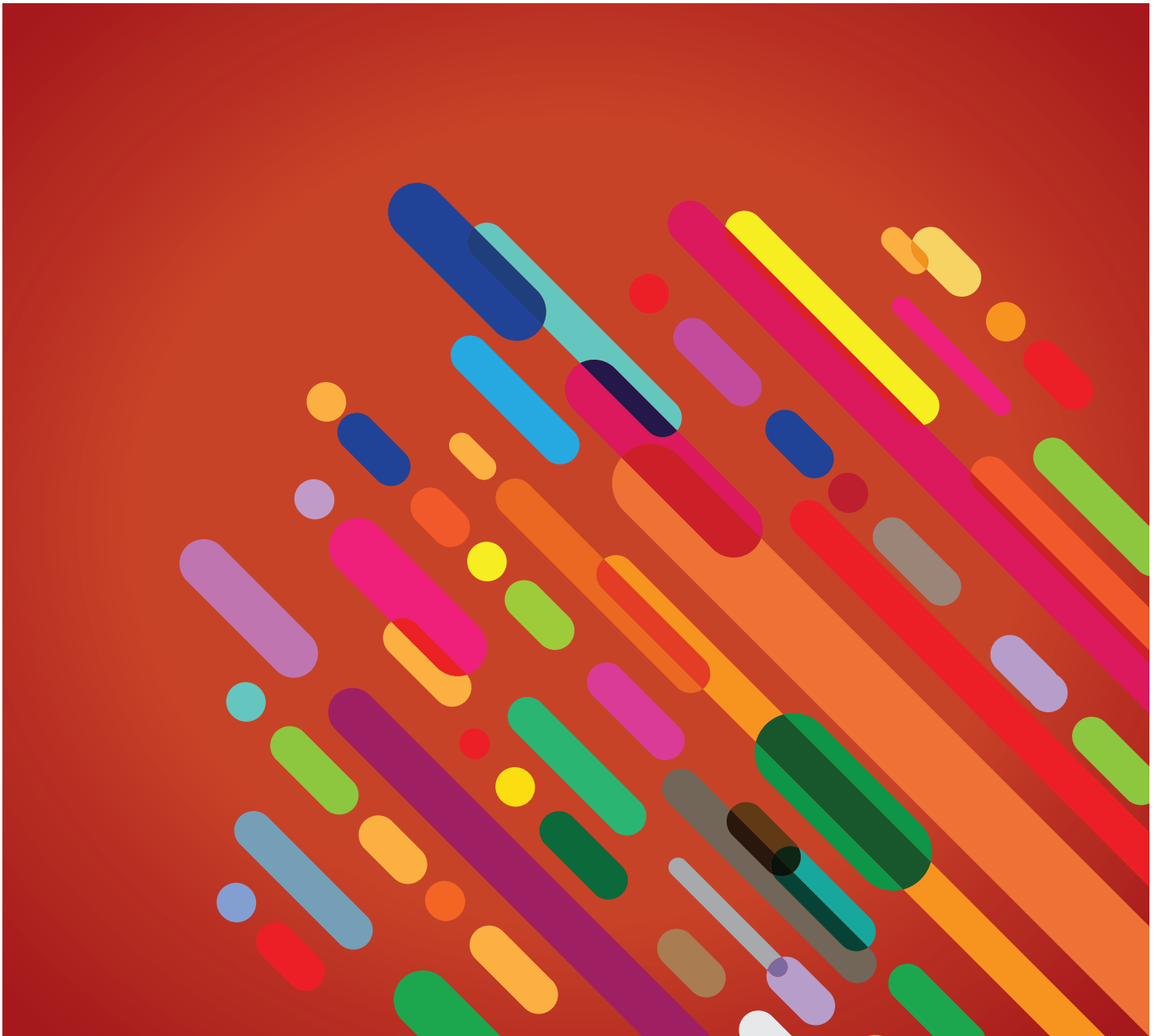




Consultation Report: Stakeholder Workshops on Actions for Sexual Health Services Ireland

June 2018



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Glossary

AMR	Antimicrobial Resistance
DoH	Department of Health
CIDR	Computerised Infectious Diseases Reporting
EC	Emergency Contraception
GC	Gonococcus
GDPR	General Data Protection Regulation
GMS	General Medical Services
GP	General Practitioner
HAV	Hepatitis A virus
HBV	Hepatitis B virus
HPSC	Health Protection Surveillance Centre
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HSE	Health Service Executive
ICGP	Irish College of General Practitioners
LARC	Long-Acting Reversible Contraceptives
MedLIS	National Medical Laboratory Information System
MSM	Men who have Sex with Men
NCDS	National Condom Distribution Service
NIAC	National Immunisation Advisory Committee
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
PWC	PricewaterhouseCoopers
SATU	Sexual Assault Treatment Unit
SHCPP	Sexual Health & Crisis Pregnancy Programme
STBRL	STI bacterial reference laboratory
STI	Sexually Transmitted Infection
SW	Sex Worker

1. About this report

1.1 Introduction and background

This report presents the outputs from two consultation workshops hosted by the Health Service Executive (HSE) Sexual Health & Crisis Pregnancy Programme (SHCPP) in May 2018. These workshops were held as a means of engaging with key stakeholders on a series of reports produced by SHCPP identifying areas for action in relation to sexual health services in Ireland. Participants at these workshops were multidisciplinary, with representation from the SHCPP, general practice, family planning clinics, community pharmacies, public sexually transmitted infection (STI) clinics and the HSE Integrated Care Programme for the Prevention and Management of Chronic Disease and Public Health.

SHCPP is responsible for implementing the National Sexual Health Strategy 2015–2020.¹ This report has been developed to support the implementation of the strategy's recommendation 4.12, which is to 'complete a needs assessment of all sexual health service requirements'.

A sexual health needs assessment offers a strategic review of sexual health needs and current service provision and delivery in order to improve the sexual health of the population.² To inform the sexual health needs assessment, the SHCPP undertook work to understand what is known in Ireland about sexual health needs and current service provision and delivery. This work has been published in a series of reports:

- 'Sexual Health Services in Ireland: A survey of STI and contraception services'³
 - This report provides information on the sexual health services across Ireland that provide STI testing and management and contraception services. The information is based on 50 services (including 23 public STI clinics) that provided sufficient information in responses to an electronic questionnaire on STI testing and management and contraception services, which was circulated at the end of 2015.
- 'Sexual Health Services in Ireland: A Survey of General Practice'⁴
 - This report provides information on the provision of STI testing and treatment services and contraception services by general practitioners (GPs) in Ireland. The information was provided by 261 general practices which responded to an electronic questionnaire on STI testing and treatment and contraception services circulated by the Irish College of General Practitioners (ICGP) to its membership at the end of 2015.
- 'STI Diagnostics in Ireland: A survey of laboratories'⁵
 - This report provides information on the provision of diagnostics for STI across Ireland. The information presented in this report was provided by 36 laboratory services which responded to an electronic survey designed to document STI diagnostic services provided across the country. The questionnaire was circulated at the end of 2015.
- 'Sexual Health in Ireland: What Do We Know?'⁶
 - This report provides an overview of the sexual health status of the population by outlining the available epidemiological data, statistics and research in the sexual health arena in Ireland.

Each report identifies key areas for action, specifically in relation to sexual health services and more broadly in the areas of sexual health surveillance, intelligence, research, training and information.

1 Department of Health, National Sexual Health Strategy 2015–2020 and Action Plan 2015–2016. 2015, Department of Health: Dublin.

2 Black, R. and Robinson, H., Newcastle Sexual Health Needs Assessment. 2016, Newcastle City Council: Newcastle upon Tyne.

3 Sexual Health Services in Ireland: A survey of STI and contraception services, available on <https://www.sexualwellbeing.ie/for-professionals/>

4 Sexual Health Services in Ireland: A Survey of General Practice, available on <https://www.sexualwellbeing.ie/for-professionals/>

5 STI Diagnostics in Ireland: A survey of laboratories, available on <https://www.sexualwellbeing.ie/for-professionals/>

6 Sexual Health in Ireland: What Do We Know?, available on <https://www.sexualwellbeing.ie/for-professionals/>

1.2 Approach to the consultation workshops

Purpose of the workshops

The purpose of the workshops was to discuss the actions arising from the reports with a view to how they can be achieved, within what timeframe and their relative prioritisation. In addition, input was sought on whether or not anything had been omitted from the reports.

Identifying key stakeholders

A range of stakeholders with a stake in publicly funded or subsidised services were invited to participate in the workshops.

Those who attended and participated in the workshops included representatives from public STI clinics, general practice, community pharmacies, family planning clinics, the HSE Integrated Care Programme for the Prevention and Management of Chronic Disease and Public Health, and key staff from the SHCPP.

A list of participants and the organisations with which they are affiliated is provided in Appendix 1.

Development of workshop materials

Prior to the workshop, the clinical lead collated the areas for action arising from the reports and presented them to the workshop participants under the following themes:

- Guidelines and standards
- Existing services, initiatives and responses
- New initiatives and developments
- Education and training for providers
- Sexual health research, intelligence, monitoring and evaluation
- Public engagement and communication

This document was circulated to all participants prior to the workshop. In addition, the report most appropriate to each participant was circulated (for example, the report on sexual health services in general practice was sent to general practice stakeholders), and participants were invited to request any of the other reports to review prior to the workshop.

Running the workshops

In order to accommodate the numbers participating in the workshops, two dates were chosen, the 16th and 18th of May 2018. Prior to the workshop, the clinical lead and the strategy project officer worked with a facilitator from PricewaterhouseCoopers (PWC) to determine the most efficient way of running the workshops and maximising the input from the participants. To this end, further work was done to group the themed areas for action into an efficient way of discussing points.

The clinical lead chaired the workshops and the strategy project officer and PWC facilitator captured the comments and inputs from the participants.

The workshops were interactive, with enthusiastic engagement from participants. All comments and suggestions were noted during the workshops.

Consultation on workshop outputs

Following the workshops, all of the comments and suggestions made in relation to the areas for action were circulated to the participants for consideration. Participants were also invited to provide any additional feedback that had not been discussed at the workshops. Those who had expressed a wish to attend but who were then unable to attend were also included in this second consultation step.

Once the deadline for providing feedback had passed, the clinical lead developed the final workshop outputs which are presented in a series of tables below under the themes outlined above. For each area for action the most relevant report is cited. For the purposes of presenting this in the tables below, the report name has been abbreviated whereby:

- 'SH in Ireland' refers to the 'Sexual Health in Ireland: What Do We Know?' report
- 'GP' refers to the 'Sexual Health Services in Ireland: A Survey of General Practice' report
- 'SH services' refers to the 'Sexual Health Services in Ireland: A survey of STI and contraception services' report
- 'Lab' refers to the 'STI Diagnostics in Ireland: A survey of laboratories' report.

2. Workshop outputs

Theme: Guidelines and standards

Recommended Action	Relevant Report	Workshop Discussions
New and existing guidelines		Content of new guidelines and standards
<p>1. Development, implementation and monitoring and evaluation of national guidance in relation to STI and human immunodeficiency virus (HIV) testing.</p> <p><i>Timeframe:</i></p> <ul style="list-style-type: none"> • STI (testing, assessment and treatment) completed by end 2018 • HIV testing commence 2019 when European Centre for Disease Prevention and Control (ECDC) guidelines available 	SH in Ireland	<ul style="list-style-type: none"> • Guidelines <ul style="list-style-type: none"> → Keep information concise and practical to enable support for implementation (what is the guideline, who is it relevant to, and how to best implement / adhere to it) → Consider looking at the National SATU (Sexual Assault Treatment Unit) guidelines available online; develop smaller versions of guidelines into themes: HIV, STIs, partner notification, STI treatments, STI testing labs; and have by stakeholder group too, e.g. GPs → Providers should have one consolidated source of practical information to support them with implementation → Explore impacts of GDPR (General Data Protection Regulation) on Partner Notification **PRIORITY** → Different tests for different groups – symptomatic, asymptomatic, men who have sex with men (MSM), self-testing (highlight importance of self-testing being acceptable) → National Medical Laboratory Information System (MedLIS) project is developing GP directory for diagnostics, with work planned by the pathology programme in 2019 to document what is done and quantify gaps to meet what is recommended in the directory • Standards <ul style="list-style-type: none"> → Consultation process to be carried out on the content of standards → Pragmatic approach must be taken to development of standards, must be achievable with consideration of existing resources → Time from contact to being seen in public STI clinics; this will be difficult to define; time frames should be based on urgency of care required; consider the wording of this action, specifically ‘time’ reference, age group → Partner notification standards and metrics
<p>2. Make guidelines on STI testing and management and HIV testing available to GPs in Ireland.</p> <ul style="list-style-type: none"> • Develop a sexual health website in consultation with relevant stakeholders that will incorporate a clinical information and guidelines section on the assessment and management of genital conditions. • Responsibility for the content of the HSE antibiotic prescribing website section on genital infections now rests with the Clinical Lead for Sexual Health and will be updated. <p><i>Timeframe: completed by end 2018</i></p>	GP	
<p>3. Develop and implement guidelines for STI testing and treatment.</p> <p><i>Timeframe: completed by end 2018</i></p>	SH services	

Recommended Action	Relevant Report	Workshop Discussions
4. Development of STI testing guidelines to include guidance on sample type for laboratories and laboratory service users. <i>Timeframe: continue work in 2018 and beyond</i>	Lab	<ul style="list-style-type: none">→ Consider various levels of services within the standards→ Use the standards to define the model of care and patient pathways→ Standards will help to identify gaps and required resources→ Standards should be viewed as a tool for continuous improvement, rather than a ‘stick’ or a threat to services→ Encourage self-assessment against standards Information and communications to service providers <ul style="list-style-type: none">• Guidelines should be easily accessible to everyone• Consider using www.sexualwellbeing.ie to share information about new and existing guidelines and standards• Raising awareness of guidelines – collate important points from existing guidelines into easily accessible information• Communication to the system about changes to guidelines and development of new ones is crucial• Raise awareness about existing guidelines and address effective implementation of same• Other mechanisms for raising awareness amongst GPs include ‘Forum’ and ‘Ezine’ through ICGP• ICGP e-learning hasn’t worked well in the past<ul style="list-style-type: none">→ people start but don’t finish→ shorter modules needed→ uptake depends on time and access• Make ICGP e-learning on STIs available to non-ICGP members<ul style="list-style-type: none">→ HSEland may be an option Implementation of guidelines and standards <ul style="list-style-type: none">• Guidelines<ul style="list-style-type: none">→ Identify synergies within the various guidelines and consider ‘cherry picking’ and ‘drip feeding’ the practical elements of information→ GPs / service providers don’t usually have time to read long documents→ Information about guidelines should be easily accessible and user-friendly
5. Determine the degree to which existing guidelines and recommendations are implemented, with identification of solutions where barriers are identified. ⁷	SH in Ireland	
6. Review and update Post-exposure prophylaxis (PEP) guidelines in line with agreed timeframe. <i>Timeframe: September 2018⁸</i>	SH in Ireland	
Standards		
7. Develop standards for delivery of STI testing, assessment and management appropriate to general practice. <ul style="list-style-type: none">• Standards should address the following areas: access; clinical assessment; diagnostics; clinical management; information governance; clinical governance; appropriately trained staff; links to other services; and patient and public engagement. <i>Timeframe: commence and complete in 2019</i>	GP	
8. Development of national standards in relation to turnaround time for STI diagnostics. <i>Timeframe: commence 2019</i>	Lab	
9. Develop standards in relation to public STI service access, specifically a standard in relation to the time from contact to being seen by a health care professional. <i>Timeframe: commence and complete in 2019</i>	SH services	

⁷ Migrant Health Assessment Sub-committee of HPSC Scientific Advisory Committee, Infectious Disease Assessment for Migrants 2015. 2015, Health Protection Surveillance Centre: Dublin. Society for the Study of Sexually Transmitted Diseases in Ireland, HIV in Pregnancy Guidelines. 2012: <http://ssstdi.ie/guidelines/> (28/02/2018). Health Protection Surveillance Centre, National Guidelines for the Prevention and Control of Gonorrhoea and for minimising the impact of Antimicrobial Resistance in Neisseria Gonorrhoea. 2017, HPSC: Dublin

⁸ www.emitoolkit.ie

Recommended Action	Relevant Report	Workshop Discussions
<p>10. Develop standards for STI services to ensure that there is an agreed level of service provision available across public STI clinics for the testing, assessment and management of STIs. Standards should address the following areas: access; clinical assessment; diagnostics; clinical management; information governance; clinical governance; appropriately trained staff; links to other services; and patient and public engagement.</p> <p><i>Timeframe: commence and complete in 2019</i></p>	SH services	<ul style="list-style-type: none"> → Consider national launch of guidelines → Set up a guideline group with regular meetings, e.g. SATU meet every two months → How will they be presented? <ul style="list-style-type: none"> • Online, not paper versions • Present the guidelines by stakeholder – what is relevant to their work? → Engage with those who developed existing guidelines re. implementation <ul style="list-style-type: none"> • Consider outbreak guidelines • The National gonorrhoea antimicrobial resistance (GC AMR) forum will look at implementation of the GC AMR guidelines • Many may not be aware of infectious disease (ID) assessment guidance for migrants
<p>11. Determine the minimum set of diagnostics that a public STI clinic should be able to access.</p> <p><i>Timeframe: commence and complete in 2019</i></p>	SH services	<ul style="list-style-type: none"> → In general, the approach to implementation of guidelines needs to be strengthened and should be included in any guideline development process and should be considered in determining the resources and budget for guideline development → Collaboration with other specialities should be strengthened, such as urology and gynaecology re. swabs and tests • Standards <ul style="list-style-type: none"> → Consider how to integrate standards into services; self-assessment as part of a quality and continuous improvement process <p>Audit of guidelines and standards</p> <ul style="list-style-type: none"> • What will be the audit format for guidelines and assessment of standards? <ul style="list-style-type: none"> → consider self-audit and frame positively – continuous improvement → SHCPP develop the audit tools and provide to services and collate results on things for national audit • Set some simple KPIs (Key Performance Indicators) to ensure quality across the whole sexual health clinic network

Theme: Existing services, initiatives and responses, and new initiatives and developments

Recommended Action	Relevant Report	Workshop Discussions
SHCPP led work		Contraception and condoms <ul style="list-style-type: none">• Potential constitutional and legislative change may present an opportunity for free contraception• With all stakeholders define contraception model of care<ul style="list-style-type: none">→ Refer to Crisis Pregnancy Agency (CPA) report on a contraception model→ Consider a targeted needs assessment for specific groups• Quick start contraception – access and training<ul style="list-style-type: none">→ Service user centred• Contraception in public STI clinics less of a priority<ul style="list-style-type: none">→ Sign post, quick start may be suitable• Include vasectomy in contraception model• Networking for LARC (Long-Acting Reversible Contraceptives) in primary care<ul style="list-style-type: none">→ Volume of work to determine if services should be provided in terms of skill set, need to be doing enough• Need to address limited availability of copper coil for emergency contraception• NCDS (National Condom Distribution Scheme)<ul style="list-style-type: none">→ ‘Flood the market’→ Careful management to ensure supply→ Need to monitor the scheme but what metrics should measure access and scale?→ Risk: Need to manage expectations of availability of NCDS and operate below 100%→ Delivering at scale is a priority but is this effective?→ Monitor and report on lack of access. What does lack of access mean?<ul style="list-style-type: none">• Need to understand better reported lack of access through research and needs to be monitored on an on-going basis with consideration of specific population groups – MSM, sex workers (SW), young people, etc.• Removal of VAT on condoms not considered a priority and may not be achievable<ul style="list-style-type: none">→ Focus should be on provision of free condoms to those in need
1. Continue to provide crisis pregnancy information resources and counselling services and develop a telephone counselling service. <i>Timeframe: complete new development 2018 and continue service beyond 2018</i>	SH in Ireland	
2. Continue to provide condoms (and lubricants) through the NCDS ⁹ ensuring that it is appropriately resourced to meet current and increasing need in terms of administration, monitoring and evaluation and the volume of condoms (and lubricants) provided. <i>Timeframe: continue work in 2018 and beyond</i>	SH in Ireland	
3. Continue the work of the SHCPP and HIV Pre-exposure prophylaxis (PrEP) working group on developing recommendations on PrEP. <i>Timeframe: continue work in 2018 and beyond</i>	SH in Ireland	
Public health led work		
4. Continue the multisectoral approach to responding to STIs (and HIV), particularly in relation to STI (and HIV) outbreaks in line with published guidance. ¹⁰ <i>Timeframe: continue work as needed</i>	SH in Ireland	
5. Continue implementation of the actions identified by the HSE Health Protection Surveillance Centre (HPSC) national response group to HIV and STIs in MSM. ¹¹ <i>Timeframe: continue work in 2018 and beyond as needed</i>	SH in Ireland	

⁹ National Condom Distribution Scheme, established by SHCPP in October 2015

¹⁰ <http://www.hpsc.ie/a-z/hivstis/sexuallytransmittedinfections/stguidance/>

¹¹ https://www.hpsc.ie/a-z/specificpopulations/menwhohaveseexwithmenmsm/MSM%20outbreak%20response%20action%20plan_June_2017.pdf

Recommended Action	Relevant Report	Workshop Discussions
6. Identify mechanisms for addressing late diagnosis of HIV, including implementation of the recommendations from the 2016 HPSC report on HIV in migrants. ¹² Timeframe: link with guideline authors 2019	SH in Ireland	Resource and quality improvement within existing public STI services <ul style="list-style-type: none">• Address gaps in Health Advisors around the country **PRIORITY**• Continue Health Advisor training that started in 2018, funded by SHCPP• Address gaps in services because of annual leave **PRIORITY**<ul style="list-style-type: none">→ Consider engaging with local GPs to cover clinics during annual leave→ Need to remember administrative capacity changes in clinics, e.g. consider staff resources outside of clinic hours for phone calls, partner notifications, etc., if there is any increase in service provision• Seek seed funding from HSE quality improvement to support work to identify and implement solutions to enhance efficiencies ** PRIORITY**<ul style="list-style-type: none">→ Galway quality improvement project as an example→ Engage with services to identify areas for enhanced efficiency→ Communication of this process in a positive way to the system is crucial; it is not about undermining services→ Walk-in services<ul style="list-style-type: none">• Hard if only one clinic a week – may not be practical for smaller services. Need mix of walk-in and appointments (walk-in / appointment / emergency?)• Physical environment huge factor; restrictions on OPD rooms, resources, etc., can't facilitate walk-in and appt.→ Services need to be supported and given confidence to make changes→ Remember some issues may only affect small number of people<ul style="list-style-type: none">• need to work with clinics individually• Technology – consider one standardised system for all services – use GDPR as an opportunity to drive this *PRIORITY** Model of service delivery and resources (STIs) <ul style="list-style-type: none">• Define the STI model of care ** PRIORITY**<ul style="list-style-type: none">→ Standards as a framework→ Consider the needs of all subgroups within the population; can't overlook the 10% in need if 90% of generic population are catered for; provide services for all and engage with the groups that are harder to reach / not presenting→ Young people's sexual health care should be integrated – is an integrated model cost-effective?
Public STI clinics		
7. Work with public STI clinics to identify and implement solutions to enhance efficiencies thus improving capacity within current resources <ul style="list-style-type: none">• particularly in relation to reducing waiting lists, increasing walk-in availability and patient care pathways (e.g. self-taken screening for asymptomatic patients). Timeframe: 2018 and beyond	SH services	
8. Identify resources required to ensure that there are no gaps in public STI service provision due to annual leave. Timeframe: 2018 and beyond	SH services	
9. Identify resources required to ensure that the agreed minimum set of diagnostics that a public STI clinic should have access to is put in place. Timeframe: commence 2019	SH services	
10. Identify mechanisms and resources required to address the gaps in health advisor provision in public STI clinics. Timeframe: 2018 and beyond	SH services	
11. Explore the apparent inequities in public STI capacity around the country and identify resources required to bring all areas to national average capacity. ¹³ Timeframe: 2018 and beyond	SH services	

12 O'Donnell, K., McElhinney, J., O'Sullivan, P., Ennis, O. and Doyle, S., HIV in Migrants in Ireland Report. 2016, Health Service Executive: Dublin.

13 It is important to note that in using the Resource Analyser (see Appendix 2 Sexual Health services report), the objective was to examine the distribution of the available resources between a number of geographical areas, based on population and deprivation considerations. This approach does not address whether or not the available resource is appropriate or adequate to meet population need.

Recommended Action	Relevant Report	Workshop Discussions
12. Identify resources required to ensure that all public STI clinics provide services in line with national standards. <i>Timeframe: when standards completed and model defined</i>	SH services	<ul style="list-style-type: none">→ Hub and spoke model of care<ul style="list-style-type: none">• Each ‘hub’ to have expertise and provide support to ‘spokes’ (Risk: ‘spoke’ services will be more vulnerable to resources being pulled back to the ‘hub’ if capacity is limited)• Would need solid expertise in each hub that spokes can rely on, with appropriate pathways for support so that no service is operating on its own; what’s appropriate for different tiers of service? Risk: One size fits all approach not appropriate; needs to be tailored based on type and size of service• Clinical governance within the model required to ensure quality services• Consider consolidating services into larger centres with more services per week• Consider nurse-led provision of services, development of Advanced Nurse Practitioner (ANP) roles, needs to be made more attractive with associated job security• Need to consider workforce planning re. expertise in services• Clear patient pathways from spoke to hub and hub to spoke• Consider looking at the Glasgow model for SH services• Sexual health funding** PRIORITY**<ul style="list-style-type: none">→ Look at funding streams and influencers; currently no designated sexual health path→ Need ring-fenced funding, e.g. can’t have discontinued services due to retirement of staff→ Funding model – need confidence to keep services operating <p>Provision of STI services in general practice</p> <ul style="list-style-type: none">• Vaccinations for Hepatitis A virus (HAV), Hepatitis B virus (HBV) and Human papilloma virus (HPV) in general practice<ul style="list-style-type: none">→ Lack of alignment between NIAC (National Immunisation Advisory Committee) recommendations and what is provided, unlike UK situation where the JCVI (Joint Committee on Vaccination and Immunisation) has been mandated to make recommendations→ Need to influence Department of Health (DoH) **PRIORITY**→ Needs to be highlighted and kept on agenda; link with KB (chair of NIAC) on how to help influence
13. Identify mechanisms and resources required to improve contraception services beyond condom provision in public STI clinics. <i>Timeframe: not a priority – priority would be considering quick start and signposting through a contraception model</i>	SH services	
14. Explore the apparent gaps in the provision of care for the management of genital dermatoses and erectile dysfunction. <i>Timeframe: agreed to be a priority area of need but addressing STI and contraception actions more pressing from time perspective</i>	SH services	
Prisons		
15. Make representations to the Irish Prison authorities regarding the provision of condoms within the prison service in line with Irish Prison Standards. ¹⁴ <i>Timeframe: liaison with Irish Prison Services 2018</i>	SH in Ireland	
Laboratories		
16. Development of an STI diagnostic network for appropriate referral of samples for additional STI diagnostic work within Ireland, avoiding the need to refer samples outside of Ireland. <i>Timeframe not discussed, link with Pathology Programme</i>	Lab	

14 http://www.irishprisons.ie/images/pdf/hc_standards_2011.pdf

Recommended Action	Relevant Report	Workshop Discussions
<p>17. Further exploration of the barriers to the provision of STI diagnostics cited by a significant proportion of laboratories.</p> <p><i>Timeframe not discussed, link with Pathology Programme</i></p>	Lab	<p>→ Cost for provision of vaccines and outline risk associated with not implementing</p> <ul style="list-style-type: none"> • GP contract – GMS Patients (DoH) **PRIORITY** • Communication pathways – useful for GPs to know who and where to send to • Diagnostics now much better in primary care • Younger GPs find it easier to offer STI screening – guidelines will help address this • Explore digital partner notification and GDPR, including social media • Community Health Advisors – address gap and training **PRIORITY** • Looking to standardise lab access (2020)
Condoms, contraception and crisis pregnancy services		
<p>18. Respond to any legislative changes that may arise, ensuring that appropriate support and services are available to those experiencing a crisis pregnancy in line with legislation.</p> <p><i>Timeframe: as directed by Department of Health and HSE</i></p>	SH in Ireland	<p>Other</p> <ul style="list-style-type: none"> • Need to train more nurses – not enough supply in some services • Could do a piece of work now to address current gaps and raise standards (tangible) – improve what we have in the absence of standards
<p>19. Work with relevant stakeholders to identify mechanisms to increase access, availability and affordability of contraception.</p> <ul style="list-style-type: none"> • Potential options to consider include online provision with clear pathways to face-to-face health care, provision through community pharmacies and provision in primary care through the existing infrastructure within the Cervical Screening Programme. <p><i>Timeframe: as directed by Department of Health and HSE</i></p>	SH in Ireland	<ul style="list-style-type: none"> • Older persons and dyspareunia • Society of SHA (Sexual Health Advisor) in UK • Diagnostics – need to look at demand coming through to understand the resources and capacity issues; map current demand? (linked to on-going MedLIS project) • NGO (Non-governmental organisation) funding an issue to partner notification for HIV • NHS (National Health Service) commissioning – current HSE approach is about a more robust estimates process
<p>20. Determine the impact that removing VAT on condoms would have on condom use and, if positive, make representation to the Department of Health and other appropriate authorities to consider removing VAT from condoms.</p> <p><i>Timeframe: focus attention on free access for those who need condoms</i></p>	SH in Ireland	

Recommended Action	Relevant Report	Workshop Discussions
Sexual health in general practice		
21. Identify and propose solutions to the financial barriers (specifically the General Medical Services (GMS) contract and lack of affordability for patients) to the provision of STI services in general practice. Timeframe: 2018 and beyond	GP	
22. Identify and propose solutions to the financial barriers (specifically the GMS contract and lack of affordability for patients) to the provision of STI services in general practice. Timeframe: 2018 and beyond	GP	
23. Support GPs in the provision of STI services, including an efficient mechanism for partner notification within general practice. Timeframe: 2018 and beyond	GP	
24. The output from the sexual health needs assessment will include recommendations in relation to improving the affordability of contraception for non-GMS patients attending general practice and the identified barriers with the existing GP contract for GMS patients. Timeframe: 2018 and beyond	GP	
25. Take measures to improve awareness and access to STI laboratory diagnostics, including availability of appropriate testing kits and transport of specimens for GPs throughout Ireland. Timeframe not discussed, link with Pathology Programme	GP	

Recommended Action	Relevant Report	Workshop Discussions
26. Work with NIO (National Immunisation Office) and other relevant stakeholders to address provision of hepatitis A, hepatitis B and HPV vaccine in general practice settings in line with NIAC ¹⁵ recommendations. <i>Timeframe: 2018 and beyond</i>	SH in Ireland	

15 National Immunisation Advisory Committee, <https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>

Theme: Education and training for providers

Recommended Action	Relevant Report	Workshop Discussions
<p>1. Continue to provide funding for training general practitioners in the fitting and removal of LARC devices.</p> <p><i>Timeframe: 2018 and on-going</i></p>	SH in Ireland	<p>Time constraints at the workshops precluded a detailed discussion of the individual recommended actions under this theme. There was broad agreement of the need for education and training resources for providers. Some of the discussions around guidelines (above) are relevant to education and training.</p>
<p>2. Ensure that up-to-date education and information resources are readily available to GPs throughout Ireland and that GPs are aware of their availability.</p> <ul style="list-style-type: none"> Develop a sexual health website that includes a section on education and training in relation to STIs, which will signpost GPs to education and training resources. The ICGP STI e-learning module will be updated before the end of 2017. <p><i>Timeframe: completed by end 2018</i></p>	GP	
<p>3. Continue to provide a suite of education for GPs in contraception, including contraception workshops, training in procedures and contraception e-learning courses.</p> <ul style="list-style-type: none"> The ICGP LARC e-learning module is currently available and a contraception e-learning module will be completed by end of 2017. <p><i>Timeframe: 2018 and on-going</i></p>	GP	
<p>4. Identify mechanisms through which knowledge gaps among health care providers in relation to PEP can be addressed and reassessed.</p> <p><i>Timeframe: commence 2019</i></p>	SH in Ireland	

Recommended Action	Relevant Report	Workshop Discussions
<p>5. Development of a directory of STI diagnostics for laboratory service users, particularly for primary care, outlining where samples can be referred to for this work.</p> <p><i>Timeframe: dependent on MedLIS directory and resources for same</i></p>	Lab	
<p>6. Develop an action plan to ensure that all public STI services have access to staff training and education.</p> <p><i>Timeframe: 2018 and on-going</i></p>	SH Services	

Theme: Sexual health research, intelligence, monitoring and evaluation

Recommended Action	Relevant Report	Workshop Discussions
Research and intelligence		Research and intelligence – topics
<p>1. Develop and agree a strategic approach to:</p> <ul style="list-style-type: none"> the systematic commissioning of nationally representative research with the general population regarding sexual knowledge, attitudes and behaviours that ensures standardised, timely, nationally representative data as well as continuing high-quality information on specific subgroups including MSM and young people developing links with key stakeholders to maximise opportunities for enhancing the collection of sexual health information in current on-going longitudinal studies of those under 18 and those over 50 to ensure the data being collected is relevant to policy and practice supporting and prioritising research in other specific population groups where data is unavailable or limited. <p><i>Timeframe: 2018 commence scoping population survey, on-going</i></p>	SH in Ireland	<ul style="list-style-type: none"> Contraception failure – capture data on failure of the morning after pill Understand lack of access to condoms Embarrassment – try to understand behaviours surrounding contraception Improve education and awareness of providers and patients re. emergency contraception (EC), in particular the morning after pill (limitations of hormonal EC and when non-hormonal EC indicated) Partner notification – show that it works Capturing gender identity in research, surveillance and monitoring Better understand sexual health needs and behaviours within specific ethnic and gender groups – address knowledge gap re. HIV and STIs Cancer survivors and sexual function Ethnic groups – Travellers Postal delivery and ordering of condoms to venues – NCDS; would it work in Ireland? <p>Research and intelligence – approach</p> <ul style="list-style-type: none"> Suggest linking with HSE Head of R&D – to have a portfolio of important research areas / topics readily available, e.g. for academic partners / students doing theses, etc. Sexual health research strategies – identify synergies and prioritise the portfolio Complete a research prioritisation exercise Consider alignment to international studies and research instruments Leverage opportunities with academic partners Population survey – time the planning to link in with the CSO (Central statistics office) Census Survey <p>Monitoring and evaluation of services and campaigns</p> <ul style="list-style-type: none"> Smaller audits rather than on-going systematic measuring might be sufficient for PEP; if monitoring and evaluating, consider using pharmacy records if available
<p>2. Complete work on the development of appropriate, standardised, sexual behavioural indicators as identified in recommendation 5.5¹⁶ of the National Sexual Health Strategy and promote their use with key stakeholders.</p> <p><i>Timeframe: completed end 2018</i></p>	SH in Ireland	

¹⁶ Recommendation 5.5: Agree a set of clinical and behavioural sexual health indicators.

Recommended Action	Relevant Report	Workshop Discussions
<p>3. Gain an understanding of reasons for contraceptive failure and non-use of contraception as cited by women reporting contraception failure resulting in a crisis pregnancy.</p> <p><i>Timeframe: 2018, part of national survey</i></p>	SH in Ireland	<ul style="list-style-type: none"> • Implementation of standards: start with self-audit and self-led improvements; anything that cannot be solved could then be directed to SHCPP to provide information and pathways for support • Self-audit for quality improvement will be received much better by services than an audit with a 'stick' approach • Self-audit of standards in first instance and SHCPP to devise tools to support process • HIV outcomes register <ul style="list-style-type: none"> → If this was mandated it would need to be very clear on use, ownership, GDPR implications, etc. → explore options for linking a HIV Outcomes Register to Central Registry for Reimbursement of Medication (HPSC conversation) → Information systems – National Shared Record (DoH) → Need to consider how it could be integrated effectively into practice systems • Audit of PEP stops post SATUs and post Emergency Departments (EDs)
<p>4. Undertake further research within MSM to explore reasons for lack of access to condoms as identified in MISI (MSM internet survey Ireland) 2015.</p>	SH in Ireland	
<p>5. Where information is lacking on condom use, access and barriers to use in other specific population groups, identify means of gathering this information where appropriate.</p>	SH in Ireland	
<p>6. Work with relevant stakeholders to gain a better understanding of demand, availability and accessibility of male sterilisation, particularly in primary care settings.</p> <p><i>Timeframe: 2018, part of national survey</i></p>	SH in Ireland	
<p>7. Further exploration of the significant proportion of STI diagnostic work that is not accredited.</p> <p><i>Timeframe: may be within scope of STI reference laboratory (STBRL)</i></p>	SH in Ireland	
<p>8. Continue to measure condom use, access and barriers to use in the general population, young people and MSM through national surveys.</p> <p><i>Timeframe: as part of national population surveys and targeted population surveys</i></p>	SH in Ireland	
<p>9. Continue to monitor knowledge, experience and behaviour in relation to contraception and ensure that this information is used to inform information, awareness and education initiatives particularly targeted at those in greatest need.</p> <p><i>Timeframe: as part of national population surveys and targeted population surveys</i></p>	SH in Ireland	

Recommended Action	Relevant Report	Workshop Discussions
<p>10. Develop and agree dissemination plans for sexual health information gathered to ensure that it continues to appropriately inform awareness campaigns, education and training, policy and strategic priorities in sexual health.</p> <p><i>Timeframe: 2018 and on-going</i></p>	SH in Ireland	
<p>11. Continue to support the complete implementation of the STI module in the national Computerised Infectious Diseases Reporting (CIDR)¹⁷ information system to link core behavioural data with STIs as identified in recommendation 5.8¹⁸ of the National Sexual Health Strategy.</p> <p><i>Timeframe: complete 2019</i></p>	SH in Ireland	
<p>12. Continue to measure crisis pregnancies in the general population to understand incidence and allow for trends to be tracked over time.</p> <p><i>Timeframe: as part of national population surveys</i></p>	SH in Ireland	
<p>13. Continue to monitor teenage birth rates at a national level.</p> <p><i>Timeframe: 2018 and on-going annually</i></p>	SH in Ireland	
<p>14. Continue to monitor and report on abortions in Ireland and on women travelling from Ireland to other jurisdictions.</p> <p><i>Timeframe: 2018 and on-going annually</i></p>	SH in Ireland	
<p>15. Continue to link with organisations that use online methods to distribute the abortion pill to women in Ireland as a means of estimating the prevalence of this practice and associated outcomes.</p> <p><i>Timeframe: 2018 and on-going annually</i></p>	SH in Ireland	

¹⁷ CIDR is an information system developed to manage the surveillance and control of infectious diseases in Ireland. It also monitors organisms' ability to resist antibiotic drugs (antimicrobial resistance). CIDR is a shared national information system for the CIDR partners – the former health boards, the Health Protection Surveillance Centre, the Food Safety Authority of Ireland, the Food Safety Promotion Board and the Department of Health.

¹⁸ Recommendation 5.8: Support, sustain and improve surveillance infrastructure and capacity, including the development of capacity to gather behavioural data systematically from sexual health service providers in CIDR.

Recommended Action	Relevant Report	Workshop Discussions
<p>16. Continue to gather information on knowledge and awareness of the use of antiretroviral therapy in HIV prevention to guide campaigns and other resources for improving awareness and knowledge and ensuring appropriate uptake.</p> <p><i>Timeframe: as part of national population surveys</i></p>	SH in Ireland	
<p>17. Development of sentinel sampling for gonococcal culture and antimicrobial susceptibility testing. In particular, development of a mechanism to ensure that a proportion of samples being received by the NVRL (National Virus Reference Laboratory) for gonococcal molecular diagnostics are submitted for culture and antimicrobial susceptibility testing.</p> <p><i>Timeframe: in line with work of national AMR GC forum¹⁹ and STBRL</i></p>	Lab	
Monitoring and evaluation of services and campaigns		
<p>18. Identify priority monitoring, evaluation and audit areas in line with standards.</p> <ul style="list-style-type: none">• Encourage and facilitate all public services seeing patients for STI testing, assessment and management to participate in monitoring, evaluation and audit. <p><i>Timeframe: commence 2019</i></p>	SH services	
<p>19. Identify priority monitoring, evaluation and audit areas in line with GP standards.</p> <ul style="list-style-type: none">• Encourage general practices seeing patients for STI testing, assessment and management to participate in monitoring, evaluation and audit and facilitate this process. <p><i>Timeframe: commence 2019</i></p>	GP	

¹⁹ Antimicrobial resistant GC forum which has been established by Public Health to address

Recommended Action	Relevant Report	Workshop Discussions
<p>20. Continue to provide condoms (and lubricants) through the NCDS, ensuring that it is appropriately resourced to meet current and respond to increasing need in terms of administration, monitoring and evaluation and the volume of condoms (and lubricants) provided.</p> <p><i>Timeframe: 2018 and annual</i></p>	SH in Ireland	
<p>21. Continue to monitor and evaluate the effectiveness of condom promotion campaigns.</p>	SH in Ireland	
<p>22. Continue work on the national audit of HIV care, identifying a mechanism through which information by risk groups can be collated and consideration given to developing a national HIV outcomes register.</p> <p><i>Timeframe: on-going annual reporting</i></p>	SH in Ireland	
<p>23. Explore mechanisms for increasing monitoring and evaluation of HIV and STI testing, which could be achieved through working with laboratories on case load and focused audit and working with community organisations for monitoring HIV testing in specific populations.</p> <p><i>Timeframe: Continue HIV testing monitoring framework commenced in 2018. STI testing monitoring not a priority; can be achieved through national population and targeted population surveys</i></p>	SH in Ireland	

Recommended Action	Relevant Report	Workshop Discussions
<p>24. Identify priority areas where collation of information is required (in relation to STI testing, the use of HIV post-exposure prophylaxis, vaccinations for the prevention of sexually transmitted pathogens, sterilisation or non-hormonal forms of emergency contraception) and identify mechanisms for undertaking collation of such information.</p> <p><i>Timeframe: through audits, not an urgent priority</i></p>	SH in Ireland	
<p>25. Identify mechanisms for assessing uptake and completion of hepatitis A and B vaccines and continue to gather information on uptake and completion of HPV vaccine in MSM and people living with HIV (PLHIV).</p> <p><i>Timeframe: continue current monitoring of HPV; others not a priority</i></p>	SH in Ireland	
<p>26. Identify and develop a mechanism for monitoring knowledge, awareness and experience of these vaccines, particularly in MSM and people living with HIV.</p> <p><i>Timeframe: through national and targeted population surveys</i></p>	SH in Ireland	
<p>27. Identifying a mechanism through which PEP use and uptake can be monitored and evaluated.</p> <p><i>Timeframe: commence 2019 as part of audits within services</i></p>	SH in Ireland	

Theme: Public engagement and communication

Recommended Action	Relevant Report	Workshop Discussions
On-going		Time constraints at the workshops precluded a discussion of the individual recommended actions under this theme. There was broad agreement of the need for public engagement and communication education.
1. Develop and agree dissemination plans for sexual health information gathered to ensure that it continues to appropriately inform awareness campaigns, education and training, policy and strategic priorities in sexual health.	SH in Ireland	
2. Continue evidence-based, targeted education and awareness campaigns for those most likely to engage in early sexual initiation and those reporting higher partner numbers.	SH in Ireland	
3. Continue evidence-based education and sexual health promotion programmes for young people and MSM in relation to STIs and HIV.	SH in Ireland	
4. Continue evidence-based promotion of condom use through national sexual health promotion campaigns.	SH in Ireland	
5. Provide appropriate information on HAV, HBV and HPV vaccines, particularly to MSM and people living with HIV, ensuring that those identified as not having knowledge and awareness are targeted.	SH in Ireland	
6. Identify mechanisms to increase knowledge and awareness in the general and specific populations (particularly MSM) of the indications and uses of antiretroviral therapy in HIV prevention.	SH in Ireland	

3. Next steps

The outputs from the workshops, together with the supporting reports provide the programme with a clear direction on priority actions arising from the sexual health needs assessment process. These actions will inform the development of annual programme business plans.

Appendix 1: Consultation workshop participants

Name	Affiliation
Ms Anita Butt	SHCPP Comms
Ms Vicky Byrne	PWC, Workshop Facilitator
Dr Susie Clarke	HSE Gay Men's Health Service (GMHS)
Dr Abigail Collins	Public Health, HSE Midlands
Dr Fionnuala Cooney	Public Health, HSE East
Ms Helen Deely	SHCPP Head of Programme
Dr Mary Dennehy	STI Clinic South East
Ms Janice Donlon	SHCPP Funding Officer
Ms Moira Germaine	SHCPP Health Promotion Officer
Dr Helen Hanley Hickey	STI Limerick, Ennis, Nenagh
Dr David Hanlon	HSE National Clinical Advisor and Group Lead, Primary Care
Dr Caitriona Henchion	Irish Family Planning Association
Ms Rachael Howard	STI Clinic MMUH
Ms Caroline Hurley	SHCPP Project Manager
Dr Derval Igoe	Public Health STI/HIV Special Interest Group and HPSC
Ms Tara Kelly	Irish Pharmacy Union
Ms Linda Latham	HSE Women's Health Service and Anti-Human Trafficking Team
Dr Justin Low	STI Clinic North East
Dr Aisling Loy	STI Clinic Portlaoise
Dr Fiona Lyons	SCHPP Clinical Lead
Ms Debbie Marshal	Mullingar STI clinic
Dr Shirley McQuade	Dublin Well Woman Centre
Ms Clio Milne	STI Clinic North East
Dr Caroline Mason Mohan	Public Health, HSE North West
Prof. Fiona Mulcahy	GUIDE Clinic
Ms Maeve O'Brien	SHCPP Research Officer
Dr Mary Short	Irish College of General Practitioners

