The nurse role in implementing the national sexual health strategy

The rising incidence of sexually transmitted infections (STIs) in England and a recognition that looking after our sexual health is essential for long-term well-being, prompted the government to unveil its first sexual health and HIV strategy (Department of Health, 2001). The government’s aim is to modernise sexual health and HIV services and help primary care trusts (PCTs) to address the rise in STIs and HIV, and to reduce unintended pregnancies.

Despite a slowdown in the rate of increase in STIs, the incidence of chlamydia rose by more than 100 per cent between 1996 and 2002. And, despite a recent decrease in levels of gonorrhoea in gay men, it, too, has increased by more than 100 per cent in the general population over the same period. The number of people diagnosed with syphilis has also started to increase, and HIV diagnoses continue to rise.

The parliamentary health select committee recently produced a report on sexual health (Parliamentary Health Select Committee, 2003) and we share its concerns over the high level of STIs. It is important that we have already set clear goals and standards for improvement via the National Strategy for Sexual Health and HIV.

Although the rising incidence of STIs needs to be tackled and access to genitourinary medicine services (GUM) improved, we must also be realistic and acknowledge that addressing these issues will take time. It is still early days in the 10-year strategy.

The DoH has already committed £47.5m to specific initiatives in the strategy, with an additional £20m to be made available over the next two years. It has given PCTs new investment and support with commissioning services – it is critical that local sexual health services are modernised and improved to meet local needs.

The first phase of the chlamydia screening programme has been rolled out to 10 areas, covering 30 PCTs and over 400 individual testing sites, and we are doubling the size of the programme.

Last year the government launched its first sexual health campaign since the 1980s. Its Sex Lottery campaign is targeted at raising awareness of STI-risk among 18 to 30-year-olds, highlighting the importance of safer sex in preventing infection.

We must work hard to change behaviours and increase condom use among young people, thereby limiting the devastation and anxiety that STIs bring to peoples’ lives. Key to this is normalising condom use and making it easy to get advice and access supplies.

In addition to projects such as the innovative programme for chlamydia screening, and evaluating new ways of working such as ‘one-stop shops’ for sexual health services, we are developing a number of initiatives to support nurse practitioners in delivering services to patients.

Developing new roles for sexual and reproductive health nurses generates opportunities to expand the range of available services, as well as creating career development opportunities. However, if nurses are to advance their clinical roles and support delivery of the strategy, education and training must reflect these changes. Nurses new to the specialty require a clear framework to enable them to continually develop their skills and build on their knowledge.

We are supporting a new framework of competencies that sexual and reproductive nurses need to develop to enable them to provide safe, effective and accountable care for men and women. The framework has been developed by a multiprofessional, multiorganisational group of nurses and doctors and has resulted in an integrated career and competency framework for sexual and reproductive health nurses working throughout the UK. The framework will be published this autumn.

To complement the competency framework, the RCN is launching a new sexual health skills distance learning programme, with support from the DoH, which will aim to give nurses a sound holistic foundation for building their knowledge about contraceptive and sexual health. The programme will enable nurses to communicate sensitively and effectively on sexual health issues, to make an appropriate sexual health assessment, to provide condoms and pregnancy testing and to issue emergency contraception under patient group directions. Although the programme is accredited by the RCN, it will be open to all nurses and will be available from October.

It is essential that we respect the differing needs of clients from every background in our efforts to improve sexual health services. The need for practical, information-based training tools has never been greater. This is why the DoH is working with nursing and medical colleagues from the NHS and the university sector to produce a video to promote best practice in sexual health history-taking, which should be released before the end of the year. We want to provide a practical guide to help professionals to improve their skills at eliciting clear, concise and accurate sexual histories from clients in an open and effective way.

These are just a few of the initiatives the DoH is committed to as part of The National Strategy for Sexual Health and HIV (DoH, 2001). It is only through effective implementation and improved commissioning of services based on local needs and knowledge that the strategy can successfully deliver modern, accessible sexual health services.

REFERENCES

FOOTNOTE
Further information about the Sex Lottery campaign can be found at www.playingsafely.co.uk/