

Barns Medical Practice Service Specification Outline: Sexual Health and Contraception Services



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Introduction

Sexual health screening is important as sexually transmitted infections can lead to more serious complications such as pelvic inflammatory disease and infertility in females. Men can experience complications such as infection of the testicles (orchitis). It is important to treat sexually transmitted infections to prevent spread of infection

The practice can offer details of how to arrange full STI screening through the sexual clinic .The sexual health clinic is run at North Ayr Health Centre and has drop in sessions as well as pre-booked appointment for opening times etc follow this link www.shayr.com

Testing can also be carried out in the practice including testing for blood borne viruses but for certain STIs immediate testing available at the sexual health clinic is more reliable. A longer appointment is needed for a sexual health screen in the practice and is usually carried out by a member of the nursing team.

Diagnosis

In women, symptoms of STI include vaginal discharge, irregular vaginal bleeding and pelvic pain. Men may experience pain on passing urine, inflammation of the tip of the penis or penile discharge. Infections can often be asymptomatic.

Screening asymptomatic patients is appropriate if a partner has tested positive for an infection or if an individual has any concerns that they may have been exposed to an STI.

Infections are diagnosed from vaginal swab in women and urethral swab and urine sample in men. For Chlamydia and gonorrhoea testing women can perform a self taken swab and it can be tested from a urine sample in men. Chlamydia is now resistant to Azithromycin and Doxycycline is the 1st line treatment. Recently, it has been reported that there is an increase in cases of Gonorrhoea, Syphilis and HIV. Sexual Health prefers to treat such infections and can be contacted immediately through the clinical mailbox: Clinical_sexualhealth ACH@aapct.scot.nhs.uk Blood borne virus screening can also be offered within the GP surgery to help identify those exposed to Hepatitis B , C and HIV.

Treatment is with an antibiotic appropriate for the infection identified and those identified as having a blood borne virus will be referred appropriately to the infectious disease team at the hospital. For patients with Herpes, the first year is the worst. A 5 day course of Aciclovir is required and should be put on repeat prescription. Suppression can take 6 months to a year. For rebound episodes, a 2 day course of Aciclovir 800mgs TDS is necessary. Patients should be sign-posted to The Herpes Virus Association for support/guidance.

Resources for Staff and or Patients

Sexual health Ayrshire – www.shayr.com

Contact number for sexual health clinic – 01294 323226

<http://www.patient.co.uk/health/sexually-transmitted-infections-leaflet>

Contraception

A variety of contraception options can be arranged via the surgery. We have clinical staff with special training to discuss the contraceptive options and arrange the prescription and/ or fitting of the chosen device. These include hormonal and non hormonal methods. We are a C-card distribution centre and so if you require a regular supply of condoms or dental dams this can be arranged at no cost as long as you present the card which is supplied. Natural family planning methods and diaphragms are rarely requested and so while the clinician is happy to discuss these methods the family planning clinic may be better placed to oversee these methods. We offer a coil fitting service for both copper and hormonal coils. We offer a Nexplanon service which is a device that is implanted in your arm for contraception. We offer a range of contraceptive injections pills/patches and rings and are happy discuss the pros and cons of all these methods. We can also offer emergency contraception and onward referral for vasectomy and sterilisation where appropriate. To help make an informed choice perhaps you would like to look at the options by clicking on the link below

<https://www.fpa.org.uk/sites/default/files/your-contraceptive-choices-chart.pdf>

Faculty of Sexual & Reproductive Healthcare (FSRH) (2016) Contraceptive Use. [Online] Available: <https://www.fsrh.org/standards-and-guidance/documents/ukmec-2016>

Progestogen Only Injections Depoprovera or Sayanna Press

For information on these methods click the links below. Staff should follow the checklist in appendix 1 for regular administration of these methods. Sayanna Press can be self administered and the advantages of this are that you would only need an annual review check in the surgery thus reducing the need for frequent visits to the surgery. Sayana Press is a popular choice following bariatric surgery as effectiveness of the OCP is reduced. When discussing injection site skin reactions, advice should be given on Lipoatrophy and careful documentation of sites at each consultation. Depo

Provera should be avoided in a woman with a BMI of 25 and above. Current research demonstrates that DEXA scans are not required for women using injectable contraception.

<http://www.sandyford.org/sexual-health-information/contraception/injection/>

<https://www.nhs.uk/conditions/contraception/contraceptive-injection/>

<https://www.sayanaanswers.co.uk/guide-to-self-injection>

UK Medical Eligibility Criteria for Contraceptive Use (UKMEC)-FSRH (2016) [Contraception](#) [Online]

Available: <https://www.fsrh.org>

Intrauterine Contraception

A range of hormonal and copper coils can be fitted in the surgery. These can be used for contraception, also in some cases a copper coil will be offered as a method of emergency contraception. Women who experience very heavy periods (menorrhagia) can be offered a Mirena coil to control this problem. This product is licensed for use in menorrhagia for 4 years. For information on these methods click the links below. Staff should follow the checklist in appendix 2 for regular administration of these methods.

<http://www.sandyford.org/sexual-health-information/contraception/non-hormonal-coils/>

<https://www.nhs.uk/conditions/contraception/ius-intrauterine-system/>

<https://www.nhs.uk/conditions/contraception/iud-coil/>

<https://patient.info/health/long-acting-reversible-contraceptives-larc/intrauterine-system>

<https://patient.info/health/long-acting-reversible-contraceptives-larc/intrauterine-contraceptive-device>

Progestogen Only Contraceptive Implant-Nexplanon

There are clinicians available in the surgery that can insert and remove the Nexplanon contraceptive implant. This is a small rod about the size of a matchstick that is implanted below the skin and provides effective contraception for 3 years. If this is a method that is of interest then please click the links below to help make an informed choice. Staff should follow the checklist in appendix 3 for regular administration of these methods.

<https://patient.info/health/long-acting-reversible-contraceptives-larc/contraceptive-implant>

<http://www.sandyford.org/sexual-health-information/contraception/implant/>

<https://www.nhs.uk/conditions/contraception/contraceptive-implant/>

Hormonal Contraceptive Pills Patches or Rings

These methods all work by delivering oestrogen, progestogen or a combination of both these hormones in order to inhibit your own menstrual cycle. The links below explain the various methods in detail and will help you make an informed choice. If you are choosing a new method of contraception then it is best to arrange an appointment with a clinician who has a particular interest in family planning. For repeat appointment let the administration team know and they will appoint you with the most suitable member of the team.

<https://patient.info/health/hormone-pills-patches-and-rings>

<http://www.sandyford.org/sexual-health-information/contraception/combined-oral-contraception-pill-coc/>

<http://www.sandyford.org/sexual-health-information/contraception/progestogen-only-pill/>

<http://www.sandyford.org/sexual-health-information/contraception/combined-hormonal-patch/>

<http://www.sandyford.org/sexual-health-information/contraception/combined-hormonal-vaginal-ring/>

<https://www.nhs.uk/conditions/contraception/combined-contraceptive-pill/>

<https://www.nhs.uk/conditions/contraception/>

Vasectomy and Sterilisation

Those who are certain that their family is complete and want a permanent method of contraception may wish to consider a vasectomy or sterilisation. These surgical procedures are not available at Barns Medical Practice but if you wish an NHS referral then please discuss with a clinician and the referral can be put in place. To help understand what is involved and help you make an informed choice please click on the links below.

<https://patient.info/health/sterilisation/male-sterilisation-vasectomy>

<https://www.nhs.uk/conditions/contraception/female-sterilisation/>

<http://www.sandyford.org/sexual-health-information/contraception/female-sterilisation/>

Emergency Contraception

Emergency contraception means contraception used soon after unprotected sex or if you think your regular method has let you down.

There are two methods available:

Emergency Contraception

Levonelle® (or Levonorgestrel Emergency Hormonal Contraception)

Taken within 3 days (72 hours of unprotected sex). Most effective when taken within 12hrs of UPS. Less effective the higher the woman's BMI-most women require double dose.

ellaOne® (or Ulipristal Acetate Emergency Hormonal Contraception)

Taken within 5 days (120 hours of unprotected sex). Not to be used on asthmatics on steroids. Not as effective for woman already taking POP. Cannot be used if taking St. John's Wort, epilepsy medication, PPI and Rifampicin.

Copper Intrauterine Device (IUD)

An IUD used to be called 'coil'. It is a small "T" shaped plastic and copper device that is put into the womb up to five days (120 hours) after the first unprotected sex within your cycle or within five days of the earliest time you could have released an egg. If a woman presents day 27, a copper coil can be fitted if sex took place 5 days before.

If you act quickly, emergency contraception will usually prevent pregnancy but it does not protect you from sexually transmitted infections.

Emergency contraception does not cause an abortion, they simply help prevent a pregnancy from happening.

Oral methods do not prevent pregnancy if you have further unprotected sex. Please read through our information on contraception. If you would like to find out more you can attend and discuss this with a clinician who has a special interest in family planning.

How do I get emergency contraception?

You can get advice and **free** emergency contraception pills from:

- Pharmacies (chemist shops) can provide those **who present within 72 hours of unprotected sex.**
It is best to take this as soon as possible.
Some chemists are open early, late, weekends and bank holidays.
You can find your nearest pharmacy by searching on [NHS 24](#) or by contacting **NHS 24 on 111.**

You can also buy emergency contraception from most pharmacies (chemist shops) if you are a female aged over 16 years.

<https://patient.info/search.asp?searchterm=emergency%20contraception>

Faculty of Sexual & Reproductive Healthcare (FSRH) (2017) FSRH Guideline Emergency Contraception [Online] Available: <https://www.fsrh.org>

Menopause

- When periods cease for 1yr if over 50yrs of age and for 2yrs if under 50yrs, it can be concluded that the lady is menopausal.
- Contraception can be stopped at age 55yrs.
- COCP can be used up until age 50yrs (if no contraindications), injectable contraception can be used until 50yrs, Nexplanon, POP and coil can continue until 55yrs.
- FSH should not be measure in women over 45yrs- delays treatment and not cost effective.
- Perimenopausal women can also suffer from vulvo-vaginal atrophy and sexual dysfunction.
- Healthy women younger than 60yrs should not be concerned about the safety profile of HRT. For vasomotor symptoms such as flushes and sweats, and low mood, HRT should be offered after full consideration of benefits and risks, since it was shown to be the most effective treatment with minimal risks.
- Women who have had hysterectomy or mirena in situ, oestrogen only (oral/transdermal). Women who have womb and no mirena in situ, oestrogen and progestogen (perimenopausal-sequential; postmenopausal-continuous combined (period free)).
- Women who choose not to opt for HRT or have breast cancer, should be offered discussion about all treatment options. HRT can promote growth of breast cancer in women who already have it rather than cause it.
- CBT (Dumfries House) has been shown to effectively manage anxiety, depressed mood, hot flushes and insomnia in women with menopausal symptoms. Gabapentin, Pregabalin, Clonidine and SSRIs have also proven to be beneficial for women who cannot take HRT. Always check with patients on Tamoxifen.

British Menopause Society (BMS) (2019) CBT [Online] Available: www.thebms.org.uk

British Menopause Society (BMS) (2019) Prescribable alternatives to HRT [Online] Available: www.thebms.org.uk

British Menopause Society (BMS) (2019) HRT-Practical prescribing [Online] Available: www.thebms.org.uk

British Menopause Society (BMS) (2019) HRT preparations and equivalent alternatives [Online] Available: www.thebms.org.uk

Dumfries House, GP and patient-led wellbeing services, KA18 2NJ, 01290 425 959

Staff involved and training required

Practice nurses and GPs are able to carry out consultations regarding sexual health and arrange appropriate investigations. The clinical staff has undertaken a variety of training in issues of family planning and sexual health. In order to arrange an appointment with the most suitably trained health professional the reception staff may enquire regarding the nature of your visit.

REFERENCES

1. The Faculty of Sexual and Reproductive Health <https://www.fsrh.org/home/> [accessed 4 January 2020].
2. UK national evidence- based guidelines on sexual screening and management <https://www.bashh.org/guidelines> [accessed 4 January 2020].

APPENDIX 1

PROGESTOGEN –ONLY INJECTABLE CONTRACEPTION CHECKLIST - (Depoprovera and Sayanna Press)

*** NOT FOR 1st ADMINISTRATION OR SWITCHING BETWEEN METHODS**

Dosing Interval

The recommended dosing interval is 13 weeks and may be administered up to 14 weeks from last injection; this is outside the product Licence for Depo-Provera.

Checklist

1.	Check prescription is available within patient record	
2.	Is the timing between injections suitable	Yes/ No
3.	Is there any risk of pregnancy? Consider emergency contraception and refer if indicated. Yes-check HCG and repeat in 2 weeks if less than 21 days since UPSI and defer injection. More than 21 days and negative give injection and advise extra precautions for 7 days.	Yes/No
4.	Product choice	Depoprovera Sayanna Press
5.	Self administration training	Yes/Declined
6.	Discuss common side effects annually Change to menstrual pattern Delayed return to fertility Weight gain record weight annually Injection site reactions	Yes/No
7.	Discuss less common side effects annually Prolonged heavy bleeding Loss of bone mineral density	Yes/No
8.	Record site of injection, batch number and expiry date within template	
9.	Record date when injection is next due	
10.	Task GP if prescription requires updating	
11.	Bone densitometry should be discussed at 2 years intervals. Record date discussed in vision template. Offer this method to adolescents only after other options have been excluded. Discuss osteoporosis risk factors	

APPENDIX 2

INTRAUTERINE CONTRACEPTION CHECKLIST FOR INSERTION PROCEDURE

1.	Patient information sheet given	Yes/No
2.	Eligible as per UK medical eligibility (UK mec)	Yes/ No
3.	Side effects discussed <ul style="list-style-type: none">• Risk of pelvic infection• Displacement/expulsion• Risk of perforation/ectopic• Change to menstrual pattern	Yes/ No
4.	Product choice suitability for IUCD or IUS	IUCD IUS
5.	Documentation using vision template <ul style="list-style-type: none">• Name of Chaperone• Details of insertion procedure ie name of device , batch number and expiry date• Uterus anteverted/retroverted and depth of sound	
6.	Record any vasovagal episodes post insertion including pulse and BP prior to discharge	Yes/No

APPENDIX 3

IMPLANT CONTRACEPTION CHECKLIST FOR INSERTION PROCEDURE

1.	Patient information sheet given	Yes/No
2.	Eligible as per UK medical eligibility (UK mec)	Yes/ No
3.	Side effects discussed <ul style="list-style-type: none">• Headaches, nausea, breast tenderness and mood swings• Irregular periods or amenorrhoea• Changes to skin including acne	Yes/ No
4.	Insertion procedure discussed including risk of bruising/ scarring	Yes/No
5.	Documentation using vision template <ul style="list-style-type: none">• Name of clinician• Details of insertion procedure ie name of device , batch number and expiry date• Local anaesthetic amount used, batch number and expiry date	
6.	Record any vasovagal episodes post insertion including pulse and BP prior to discharge	Yes/No