

Sexually transmitted infections (STI) policy

FPA supports everyone's right to good sexual health. We believe all people should be able to access comprehensive services for testing and treating STIs and that raising public awareness of STIs should be a priority.

In line with national guidelines these services should be open access. This means they can be accessed without a GP referral, to anyone regardless of age, place of residence or GP registration.

What do we believe?

- 1. All people should be equipped with the knowledge and skills they need to engage in sexual behaviour that is safe, responsible and enjoyable. This must include information about STIs and HIV.**
- 2. Raising public awareness of STIs, including symptoms of STIs and information regarding transmission is essential, as is increasing the numbers of people being tested/screened for STIs.**
- 3. Everyone should have access to free, confidential and open-access services for the testing of and treatment for STIs.**
- 4. All people should be entitled to anonymous partner notification services.**
- 5. Stigma is a barrier to accessing health care, particularly sexual health and HIV services. Combatting prejudice should be a priority for government, NHS and health-related bodies.**
- 6. Local and national government must invest in high quality, evidenced based sexual and reproductive health services.**
- 7. Online services, including internet based STI testing, have potential to improve sexual health and wellbeing. Online testing services must be subject to the same robust guidelines as in-person services.**
- 8. Sexual health and primary care professionals should be appropriately trained, supported and resourced to prevent and treat STIs.**

9. All young people should be vaccinated against the human papilloma virus, which is most commonly transferred by sexual contact and causes cancer in both men and women

10. High-quality, statutory relationship and sex education (RSE) in secondary schools can help equip young people with the skills to maintain their sexual health and reduce their likelihood of transmitting an STI.

Why do we believe this?

1. ***All people should be equipped with the knowledge and skills they need to engage in sexual behaviour that is safe, responsible and enjoyable. This must include information about STIs and HIV.***
2. ***Raising public awareness of STIs, including symptoms of STIs and information regarding transmission is essential, as is increasing the number of people being tested/screened for STIs.***

In England there were 422,147 new diagnosis of STIs in 2017. This includes 7,137 diagnoses of syphilis (a 20% increase from 2016) and 44,676 diagnoses of gonorrhoea (a 22% increase from 2016).¹

The impact of STIs is greatest in young heterosexuals under the age of 25 years and in men who have sex with men (MSM). Since 2008, syphilis diagnoses have risen by 148% mostly among men who have sex with men.¹

The British National Surveys of Sexual Attitudes and Lifestyles (Natsal) 2013 [pointed](#)² to continuing evidence of risky sexual behaviour as the main driver of sexually transmitted infection rates in the UK, whilst in 2016 Public Health England attributed increases in STIs amongst MSM to rises in condomless sex.

We believe the government should invest in high-quality and evidence-based prevention programmes and sexual health services.

Evidence suggests that exposure to sexual health services often has a knock-on effect on a person's future sexual behaviour; for example, a 2014 Public Health

¹ PHE, [Sexually transmitted infections and screening for chlamydia in England, 2017](#), June 2018

² The National Survey of Sexual Attitudes and Lifestyles (University College London, the London School of Hygiene & Tropical Medicine and NatCen Social Research, 2013)

England [survey](#)³ found that nine out of 10 respondents received sexual health advice alongside their last chlamydia test. After testing, 62% of respondents reported they were more likely to use condoms with a new partner and 66% reported they were more likely to test for chlamydia again.

FPA believes this shows there's a need for improvements in education and prevention programmes, to reduce the public health risk posed by STIs. Information needs to be easily accessible, non-judgemental and reflect the reality of people's experiences of sex and relationships; research⁴ shows that information targeted and tailored in terms of age, gender, culture and background is the most effective in achieving good health outcomes.

3. *Everyone should have access to free, confidential and open-access services for the testing of and treating for STIs.*

Free, confidential services are essential to ensure people have the information and skills they need to protect themselves.

In line with national guidelines, we believe services should be available, without a GP referral, to anyone regardless of age, place of residence or GP registration. Services should be available in convenient locations and should have a mixture of walk-in and appointment clinics, including on evenings and Saturdays.

4. *FPA believes that all people should be entitled to anonymous partner notification services.*

It is important that current and past partners of someone diagnosed with an STI who could be at risk of infection are informed of this risk, and FPA believes all people should be entitled to anonymous partner notification services.

[The British Association of Sexual Health and HIV \(BASHH\)](#) highlights the importance of partner notification services in their guidance.⁵ BASHH states that evidence has shown the effectiveness of partner notification in providing access to care for those who are at high risk of STIs, including HIV infection.

³ PHE, [Chlamydia screening and condom schemes encourage safer sexual behaviour in young adults](#) 2014

⁴ Downing et al, [Prevention of sexually transmitted infections \(STIs\): A review of reviews into the effectiveness of non-clinical interventions](#), Liverpool: Centre for Public Health.2006

⁵ BASHH, [BASHH Statement on Partner Notification for Sexually Transmissible Infections](#), 2012.

5. Stigma is a barrier to accessing health care, particularly sexual health and HIV services. Combatting prejudice should be a priority for Government, NHS and health-related bodies.

We believe that improved public awareness and knowledge of HIV and other STIs is important in reducing prejudice and misinformation.

Findings from the 2015 [People Living With HIV Stigma Index UK](#) show that people who reported high levels of stigma were more likely to avoid medical care, particularly in general practice and dental care.⁶

Stigma surrounding STIs causes significant problems in having patient voices represented. At a meeting of the All-Party Parliamentary Group on Sexual and Reproductive Health in February 2016, witnesses gave evidence that people using services are often unwilling to make public statements about their experiences, which makes it hard to build a clear picture of how improvements can be made.

6. *There should be investment in sexual and reproductive health services, including local government-commissioned community clinics.*

FPA has concerns about the future funding of sexual and reproductive health services. At present public health is funded through a ring fenced public health grant, which has seen significant cuts over consecutive years.

Between 2016/17 and 2020/21, for example, local authorities public health grant will be reduced by £331 million.⁷ This follows a £200 million in-year reduction to which was announced by the Government in June 2015. In real terms, the public health budget will have been slashed by £700 million between 2014 and 2020.⁸

Cuts to funding are likely to have significant ramifications on access to testing and treatment services for STIs. Our report, [Unprotected Nation 2015](#),⁹ found that the cost of treating STIs is likely to rise in the future, due to cuts in the funding of prevention programmes.

We also have concerns with regards to the removal of the ring-fenced public health grant. The government has announced the replacement of the public health grant with a Business Rate Retention Model, to be introduced in April 2020.

⁶ HIV Stigma Index UK, [HIV in the UK: Changes and Challenges; Actions and Answers The People Living With HIV Stigma Survey UK 2015 National findings](#), 2016

⁷ LGA, [Sexual health services at tipping point warn councils](#), August 2017

⁸ The Health Foundation' [Taking our health for granted](#), October 2018

⁹ FPA, [Unprotected Nation](#), 2015

Through whichever source sexual health is funded, FPA wants sexual health services to be prioritised by all agencies involved in commissioning and for spending cuts to public health to be reversed.

7. FPA believes that all young people should be vaccinated against the human papilloma virus (HPV).

HPV is linked to nearly all cervical cancers and the majority of vaginal cancers. It is also linked to around half of penile cancer and the majority of anal cancers in both men and women, as well throat, head and neck cancers in both sexes. It is most commonly transmitted through sexual contact.

Given this, FPA was pleased that in July 2018, following a recommendation from the Joint Committee on Vaccinations and Immunisations (JCVI) the government announced the HPV vaccination program, which has been offered to adolescent girls since 2008, will be extended to cover 12 and 13 year old boys. Health Ministers in Scotland and Wales also announced the introduction of vaccinations for boys. FPA would now like to receive confirmation that boys in Northern Ireland will be vaccinated.

We urge the government to; ensure national rollout begins at the earliest available opportunity and to implement a catch up program to allow boys, who have missed the vaccination, to be immunised up to year 11.

8. Online services, including internet based STI testing, have potential to improve sexual health and wellbeing. Online testing services must be subject to the same robust guidelines as in-person services.

Research shows that internet-based testing for Sexually Transmitted Infections (STIs) could increase the number of people being tested for syphilis, HIV, chlamydia and gonorrhoea, including among high-risk group. [A randomised controlled trial](#) of more than 2,000 people found uptake of STI testing nearly doubled in a group that was invited to use internet-accessed STI.¹⁰

The convenience and anonymity of the online services have the potential to expand access to STI testing for populations who do not use face-to-face services.

Having said this, we do have a number of concerns. Importantly there is potential for incorrect treatments to be prescribed, a BBC 5 Live [investigation](#) for example,

¹⁰ E Wilson et al, [Internet-accessed sexually transmitted infection \(e-STI\) testing and results service: A randomised, single-blind, controlled trial](#), PLOS Medicine, 2017

found that some websites offering treatment for gonorrhoea put patients at risk by not following best treatment guidelines.¹¹

We are also concerned that online services allow patients to alter answers to questionnaires to gain a more favourable outcome. For example, if a patient wants a treatment because they think they have symptoms, but their first set of answers does not allow them to receive it, they could change their responses to achieve the result they wanted.

Some online services can also lack partner notification options.

Furthermore, without the opportunity for face-to-face interaction with clinicians, patients do not have access to support and referral to other services, which can be crucial when receiving a diagnosis. Online services should clearly signpost to relevant other services to support people to manage the impact of their diagnosis.

Online services have potential to improve sexual health, however should complement rather than replace physical sexual health clinics.

9. *Sexual health and primary care professionals should be appropriately trained, supported and resourced to prevent and treat STIs.*

Evidence suggests that a training needs assessment is not happening in a systematic or routine way for the sexual health workforce.

Education and training of the workforce must be viewed as a fundamental aspect of effective and sustainable health service planning and delivery, ensuring patients continue to receive the highest standards of care.

To build a clearer picture of workforce capacity and capability, FPA believes that local education and training boards (LETBs) in each area should undertake a training needs assessment. This assessment should cover specialist services, general practice, the voluntary sector, the acute sector and community pharmacy as there's an ongoing need for a skilled workforce in all these areas.

10. *High-quality, statutory relationship and sex education (RSE) in secondary schools can help equip young people with the skills to maintain their sexual health and reduce their likelihood of transmitting an STI.*

¹¹ BBC News, [Concern over online gonorrhoea treatment](#), 2015

FPA believes that all children and young people have the right to high quality, comprehensive RSE, which promotes good sexual health and equal and enjoyable relationships.

Research shows that young people (particularly young women) who had learned about sex and relationships mainly at school were less likely to report poor sexual health outcomes.¹² School RSE increased the likelihood of people choosing to have sex for the first time at comparatively later ages, and reduced the likelihood of experiencing a sexually transmitted infection (STI). It also reduced the likelihood of young people reporting distress about sex or an experience of non-volitional sex.

Further resources

- [FPA's sex and relationships education policy statement](#)
- [FPA's sexually transmitted infections factsheet](#)
- [Unprotected Nation 2015: An Update on the Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services](#)

Additional reading

- [A Framework for Sexual Health Improvement in England](#)
- [The National Survey of Sexual Attitudes and Lifestyles](#)

¹² Macdowall W, Jones KG, Tanton C, et al, [Associations between source of information about sex and sexual health outcomes in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles \(Natsal-3\)](#) BMJ Open, 2015;5