Reducing sexually transmitted infections (STIs) – Stakeholder workshop discussion

Date: Tuesday 23rd July 2019

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Area of scope: questions for stakeholder	Stakeholder views
Scope section 3.1 ***Who is the focus?*** **Groups that will be covered** We will be addressing all groups at risk of STIs with special consideration to groups that are disproportionately burdened and groups where increasing rates of STIs have been identified a) Who should the primary and secondary audiences be for the guideline (the groups that are likely to be acting on the recommendations in this guideline)? b) Are there any relevant groups that are disproportionately burdened that we may not have mentioned in the scope? c) Are there any relevant groups where increasing rates of STIs have been identified that we may not have mentioned in the scope? d) Are there any equalities issues that should be considered?	Stakeholders were happy with the draft list but suggested to also include youth offenders and prisons. They also suggested to consider reception and dispersal centres, and commercial sex workers (male, female, trans; those on the street or online). They noted that HIV positive people, trans/transgender people as well as immigrant groups are high risk groups that should be considered. They noted the lack of research and information on STIs in trans women, particularly with respect to best practice. Stakeholders suggested consideration be given to people with disabilities especially learning disabilities, as sexual health information and services are increasingly accessed electronically.
Scope section 3.2 ***Settings***	Stakeholders were happy with the draft list especially with the inclusion of general practice, as it is the main setting for young people and important for rural/ remote services.

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<tr><th>Area of scope: questions for stakeholder</th><th>Stakeholder views</th></tr>
<tr><td>Settings that will be covered

We have outlined settings that will be covered.

a) Are there any other relevant settings we may not have mentioned in the scope?</td><td>They also suggested to include:

• substance misuse services for chem sex

• 6th form colleges and universities

• sexual assault referral centres (SARC)

• secondary care

Also, to add e-health as an example under sexual health services, as it’s not entirely separate but part of a spectrum of sexual health services</td></tr>
<tr><td>Scope section 3.3

Activities, services or aspects of care

Key areas that will be covered

We outlined 4 key areas that will be covered

• Strategies for raising awareness of STI testing (such as leaflets, mass media, computer alert systems, SMS, online resources, apps, social media) – are there specifically named approaches or interventions that it would be helpful to be aware of?

• Strategies to improve uptake of STI testing (such as self-sampling kits, self-testing, point of care kits)

• Strategies to increase frequency of STI testing (such as opportunistic testing, partner-notification)</td><td>Stakeholders agreed that ‘partner notification’ should be a stand-alone key area to address as it’s an important strategy with the possibility to reduce infections, and that more should be done in this area.

They highlighted that limited access to sexual health clinics is a barrier to testing and is an important factor to consider in improving uptake and in increasing frequency of testing.

They queried the order in which the draft ‘key areas that will be covered’ has been listed. It was suggested to reorder the list by starting with the primary prevention strategies such as interventions to prevent STIs and strategies for raising awareness of STIs.

They highlighted the lack of STI awareness in young people as a growing problem and the need for an evidence-based approach to tailor services to these people.</td></tr>
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• Interventions to prevent STIs; o Overall? o HPV vaccine uptake in MSM o Hepatitis A vaccine uptake in MSM o Condom distribution (over25yr) o Chemsex o PrEP (see below) o Post exposure antibiotic prophylaxis a) Are there any relevant key areas we may not have mentioned in the scope? b) Will these areas adequately cover current gaps in testing for and preventing STIs? c) Are the right activities and interventions included? d) Are there any activities and interventions that should be excluded?	Stakeholders suggested to combine strategies to improve uptake and strategies to increase frequency of STI testing, as both strategies are interdependent and should be looked at holistically. They suggested 'online testing' as an example to improve uptake and increase frequency of testing. They noted that there should be more opportunities for online testing; but agreed that this needs to be properly assessed, as there may be excessive service use which in turn might lead to increased pressure on service providers. It was also noted that while some people benefit from the non-judgmental support, and privacy offered by online sexual health, others prefer relationships with clinicians. Stakeholders highlighted the distinction between home testing and home sampling. While home testing gives an immediate result, home sampling involves sending a home sample to a laboratory for testing. They noted that there may be overlaps between HPV and Hepatitis vaccinations due to identical risk groups, but both are great opportunities for other interventions such as HIV testing and partner testing. They mentioned that the challenge in vaccination is getting people back for follow up doses and that a relentless follow up, for example, a rigorous recall system should be adopted. Stakeholders noted that some STIs may need specific strategies. For example, screening may not be appropriate for all STIs. They agreed that most STIs will be covered by broad strategies or interventions, but there should be awareness of those that may not.
Scope section 3.5	Stakeholders welcomed and agreed with the questions drafted.

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Key issues and draft questions We outlined possible intervention questions addressing testing and preventing STIs. a) Are there any relevant interventions we have not mentioned in the scope? b) What interventions can we prioritise? c) Do these prioritised interventions cover current gaps in testing for and preventing STIs? d) Will the review questions enable identification of the studies that will cover the remit of the scope? e) Are there other review questions that could be considered (within the remit of the scope) **PrEP**: • Not currently commissioned in England • There is an ongoing PrEP impact trial Based on the factors above: a) Should we be including PrEP within this reducing STIs guideline? b) Should we consider the clinical and cost effectiveness?	They suggested that the examples on awareness raising should include more active approaches such as peer-based education/ interventions and people with lived experiences and a population-based approach to these questions might be appropriate. They highlighted that a question on the correct use of condoms to prevent STIs is better suited than the present question on condom distribution schemes. They noted that access to condoms is not the issue as there are many free condom distribution schemes available, but rather it's the correct use and attitudes towards condoms that's the issue. Stakeholders suggested that question(s) on promoting sexual health and mental wellbeing should be addressed. Stakeholders noted that interventions especially on awareness raising should be tailored to the general public as well as health care practitioners. They highlighted that interventions should include fast track access, service prioritisation (to the at-risk groups), partner notification and effective testing pathway **PrEP** Stakeholders strongly agree that PrEP should be included. They stressed that it is too important to leave out as it's the biggest change in sexual health practice in recent years. They added that the PrEP impact trial is a commissioning trial and does not consider effectiveness. An effectiveness review from NICE will be highly welcomed.

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c) Are there additional questions that are relevant to PrEP that should be included?	They suggested that PrEP should be accessed widely through primary care and as part of an integrated service for STIs. They noted that accessing PrEP may be used as an opportunity to test for STIs and that its relevance will be determined, if it becomes routinely available in sexual health services.
Scope section 3.6 ***Main outcomes*** We have outlined possible main outcomes of interest. ***From a public health perspective which of these should be targeted?*** a) Are there any relevant outcomes we may not have mentioned in the scope? b) What outcomes can we prioritise? c) Do these prioritised outcomes cover current gaps in testing for and preventing STIs?	Stakeholders welcomed the draft outcomes but also suggested further outcomes of interest such as: • Increase in effective use of condoms • Increase in positive behaviour change • Uptake of Hep A, Hep B and HPV vaccinations • Increase in access to services • Increase in STI testing and re-testing rates • Increase in awareness • Partner notification outcomes They noted that barriers to testing is a key outcome and highlighted that some outcomes like uptake of appointments may be difficult to measure, due to issues around access, limited availability of appointments and clinics running at capacity. Also, many sexual health clinics are already running at maximum capacity so unlikely that an increase in appointments would be noticed. They asked to take out uptake of appointments.

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	Stakeholders also suggested outcomes on health promotion; good sexual health, sexual wellbeing, waiting time to be seen and risk reduction.
Implementation a) What are the current contextual policy or practice drivers that could make implementation of this guideline challenging? b) Are there some of these that we should consider during development?	Stakeholders all agreed that lack of funding especially to local authorities (LA) will make implementing this guideline difficult. They highlighted the current austerity, funding cuts and how LAs do not have the financial resources to fund all the testing needed. They noted that this should be considered when looking at evidence, especially on raising awareness and increasing uptake of testing. Stakeholders noted that the variability in expertise and variability across STI guidance also makes implementation difficult.
Topic experts **a) Have we identified the right topic experts to join the committee?**	Stakeholders noted the need for technical expertise on STIs and that lay persons from disproportionately burdened and high-risk groups should be properly represented. They were in favour of lay persons from ethnic minority communities, as strategies or interventions may work differently in these populations.

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