NZSHS
THE NEW ZEALAND SEXUAL HEALTH SOCIETY
SEXUAL HEALTH FOR ALL

Submission on the

Auckland Regional Sexual Health Service Workforce Review

22nd May 2015

To: Nicola Hill, ARSHS Workforce Review, ADHB

From: Dr Edward Coughlan, President New Zealand Sexual Health Society

Introduction

- The New Zealand Sexual Health Society (NZSHS) Incorporated is the peak sexual health organisation in the country. It represents professionals working or interested in the field of sexual health. Membership is multidisciplinary and includes doctors, nurses, counsellors, educators, health promoters and others in public health working in the field of sexually transmissible infections (STIs), including HIV/AIDS, and sexual and reproductive health.

- The NZSHS has serious concerns about this proposal. These can be summarised as:

  i) A 30% reduction to free and comprehensive sexual health services at a time when STIs are rising in New Zealand;
  ii) Further depletion of the specialist sexual health workforce which is already insufficient to meet needs;
  iii) Lack of consultation with sexual health stakeholders about this review.

Reduction in free and comprehensive sexual health services

- The NZSHS has **major concerns** about the proposed reduction in presentations contracted to the Auckland Regional Sexual Health Service (ARSHS).

- Sexually Transmitted Infections (STIs) are **common in New Zealand** and have a variety of possible complications, including chronic pain, infertility, neonatal morbidity and genital tract cancer.

- The **rise in notifications of bacterial STIs** including chlamydia, gonorrhoea and infectious syphilis in New Zealand over many years is an indication that current provision of sexual health care is inadequate.

- International comparisons show that **New Zealand rates for bacterial STIs are significantly higher than other comparable countries** – 2013 national chlamydia rate for New Zealand 633/100,000 population, United Kingdom 376/100,000 and Australia 355/100,000.[1]

- Recent **outbreaks** of syphilis and LGV among MSM emphasise current control challenges.

- Management of STI complications will continue to contribute to the **financial burden** of District Health Boards (DHBs) already experiencing tight fiscal constraints. Poor sexual health impacts heavily on individuals, families, relationships and communities, as well as the New Zealand economy.

- National surveillance has clearly demonstrated that **at-risk groups in the Auckland region are increasingly accessing ARSHS** – 30% increase in chlamydia case numbers from 2009 to 2013 at ARSHS. **Dramatic increase in Syphilis case numbers at ARSHS** – 41 in 2013, 85 in 2014. Nationally the number of complicated infections (epididymitis and PID) seen in sexual health clinics has more than doubled from 2009 to 2013.[1]

- We believe a 30% reduction to the ARSHS **is liable to accelerate STI transmission** in Auckland because fewer at-risk individuals will access services when they need them.

- Most-at-risk groups (persons aged <30, men who have sex with men, sex workers, transgender, Māori and Pacific, people living with HIV, people who inject drugs, "other") will have **fewer available appointment times** that are convenient. United Kingdom guidelines recommend that **all patients should be offered an appointment within 48 hours** of contacting a sexual health clinic.[2]

- For those infected it will delay treatment, **increasing the likelihood of secondary transmission** to partners.

- For those seeking screening, longer waiting times will cause **unnecessary anxiety and risks disincentivising screening**.

- Instead, good public policy **aims for earlier diagnosis and more frequent sexual health screening**.

- Individuals forced away from ARSHS face **uncertain access to timely quality care** in general practice. With GPs already overburdened primary care nurses have become the main providers of primary sexual health care yet are often not supported in upskilling and maintaining competency in this area. Risks include failure to initiate appropriate screening, misdiagnosis, incorrect treatment or prevention advice and failure to support contact tracing appropriately. Other options such as Family Planning are already at capacity with regard to doctor's availability.

- Individuals requiring sexual health screening and advice are also **vulnerable**. This can be because they are socially or economically marginalised, because of the embarrassment and stigma associated with sexual behaviour, for cultural or religious reasons, and familial factors (their partner or family member may also use their GP).

- It is well recognised that at-risk groups, especially young people, need **multiple doors of entry to facilitate access to sexual health care.**

- Consequently, the purpose of ARSHS is to offer free, culturally appropriate, accessible and confidential sexual health care to **overcome such barriers**.

- This promotes both **individual and public health**. STIs are communicable, hence delays in getting those infected screened, diagnosed and treated affect other people in the community. It is in everyone's interests to have easily accessed community sexual health services.

- Effective public health policy should be evidence-based. The NZSHS therefore **supports increased investment in IT systems** in Auckland to improve STI surveillance. This must at the very least include gender, age, ethnicity and MSM status (for males).

- The NZSHS also supports the proposal identifying **most-at-risk groups** (persons aged <30, men who have sex with men, sex workers, transgender, Maori and Pacific, people living with HIV, people who inject drugs, “other”).

- However the NZSHS is deeply concerned about the uneven reduction to services in ARSHS Central (Auckland City). Many high risk individuals live in Auckland City (MSM) and the **more than halving of this service** seriously risks the health of Auckland’s gay community. Many high risk individuals living in Auckland City are also young or are students, including international students.

Depletion of the specialist sexual health workforce

- The NZSHS is very concerned about the effect the 30% overall reduction will have on New Zealand’s **specialist sexual health capacity**.

- Our 2011 report to the Ministry of Health indicated New Zealand had half the number of sexual health physicians required.[3] The situation was deteriorating even then. The proposed reduction will **erode specialist capacity even more**.

- The ongoing sexual health workforce deterioration in Auckland will **reduce opportunities for training, clinical supervision and ongoing education**.

Lack of consultation with sexual health stakeholders

- As the peak sexual health body in the country, the NZSHS is disappointed not to have been invited to provide feedback on this consultation.

- We were also not invited to participate in the 2013 review, which recommended ARSHS become a secondary service.

- We signal our strong interest in being involved in future decisions regarding sexual health in Auckland.

Thank you for receiving our submission.

Yours sincerely,

Dr Edward Coughlan,
Director Christchurch Sexual Health Service
On behalf of the New Zealand Sexual Health Society
E: edwardc@cdhb.govt.nz Work Ph: 033640485
www.nzshs.org

New Zealand Sexual Health Society Executive Committee:

Dr Edward Coughlan	Clinical Director, Christchurch Sexual Health Service
Dr Jackie Hilton	Sexual Health Physician, Auckland Sexual Health Service
Alison Green	Chief Executive, Te Puawai Tapu, Hamilton
Alex Massey	Sexual Health Promoter, Southern DHB, Dunedin
Dr Jane Morgan	Clinical Director, Consultant Sexual Health Physician, Waikato DHB, Hamilton
Robert Muller	Manager, Village Collective (FLEP), Auckland
Dr Jeannie Oliphant	Sexual Health Physician, Auckland Sexual Health Service
Dr Peter Saxton	Director, Gay Men's Sexual Health research group, University of Auckland
Claire Hurst	Manager Sexually Transmitted Infection Education Foundation
Tiria Stewart	Staff Nurse Maori /Pacific Sexual Health Promotor Christchurch
Jolene Scanlon	Public & Sexual health Nurse Whanganui DHB
Dr Christine Roke	National Medical Advisor Family Planning Auckland
Dr Debbie Hughes	Sexual Health/Family planning Anamata Cafe for Youth Health Taupo
Shaz Iseli	Clinical Team Leader Anamata Cafe for Youth Health Taupo

Copy Posted Nicola Hill HR Department Auckland City Hospital Private Bag 92024 Auckland 1142
Cc
The Honorable Dr. Jonathon Coleman. Minster of Health. E: J.coleman@ministers.govt.nz
Chai Chua, Director General of Health. E: Chai_chua@moh.govt.nz
Manaia King, Manager, Manager Chronic Diseases, Public Health MoH.
E: Manaia_king@moh.govt.nz
Ngaire Sandel , Portfolio Manager MoH. E: Ngaire_Sandel@moh.govt.nz
Jo Elvidge, Principal Advisor Sexual and Reproductive Health MoH. E: Jo_Elvidge@moh.govt.nz

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2. Department of Health Choosing Health: making healthier choices easier. London: Department of Health. 2004
3. http://www.nzshs.org/about/policy-submissions/188-development-of-a-sexual-health-strategy-and-action-plan/file