

A black and white photograph of a person walking away on a beach towards a forested hill. The person is in the center-left of the frame, walking away from the viewer. The beach is wide and sandy, with footprints visible in the foreground. In the background, there is a large, dark, forested hill or mountain range under a cloudy sky. The overall mood is contemplative and serene.

Never give up.  
When your heart becomes  
tired, just walk with  
your legs - but move on.

Paulo Coelho  
The Pilgrimage

Close some doors today.  
not because of pride,  
incapacity or arrogance,  
but simply because  
they lead you nowhere

Paulo Coelho



LifeTastesWell.com

It takes a huge  
effort to  
free yourself  
from memory.

— Paulo Coelho

*"The secret of life...is to fall seven times  
and to get up eight times."  
- Paulo Coelho*

Join with those who sing songs, tell stories, enjoy life... because happiness is contagious. Join those who walk with their heads high even when they have tears in their eyes. Avoid those who... have never shed a tear.

Paulo Coelho

There are moments when troubles enter our lives and we can do nothing to avoid them. But they are there for a reason. Only when we have **OVERCOME** them will we understand why they were there.

-Paulo Coelho





Relationships are like birds,  
if you hold tightly they DIE  
If you hold Loosely, they FLY  
But if you hold with care,  
They remain with you for ever. [www.suhanijain.com](http://www.suhanijain.com)



A reporter asked the couple,

“How did you manage to stay together for 65 years?”

The woman replied, “We were born in a time when  
if something was broken we would fix it,

not throw it away...”

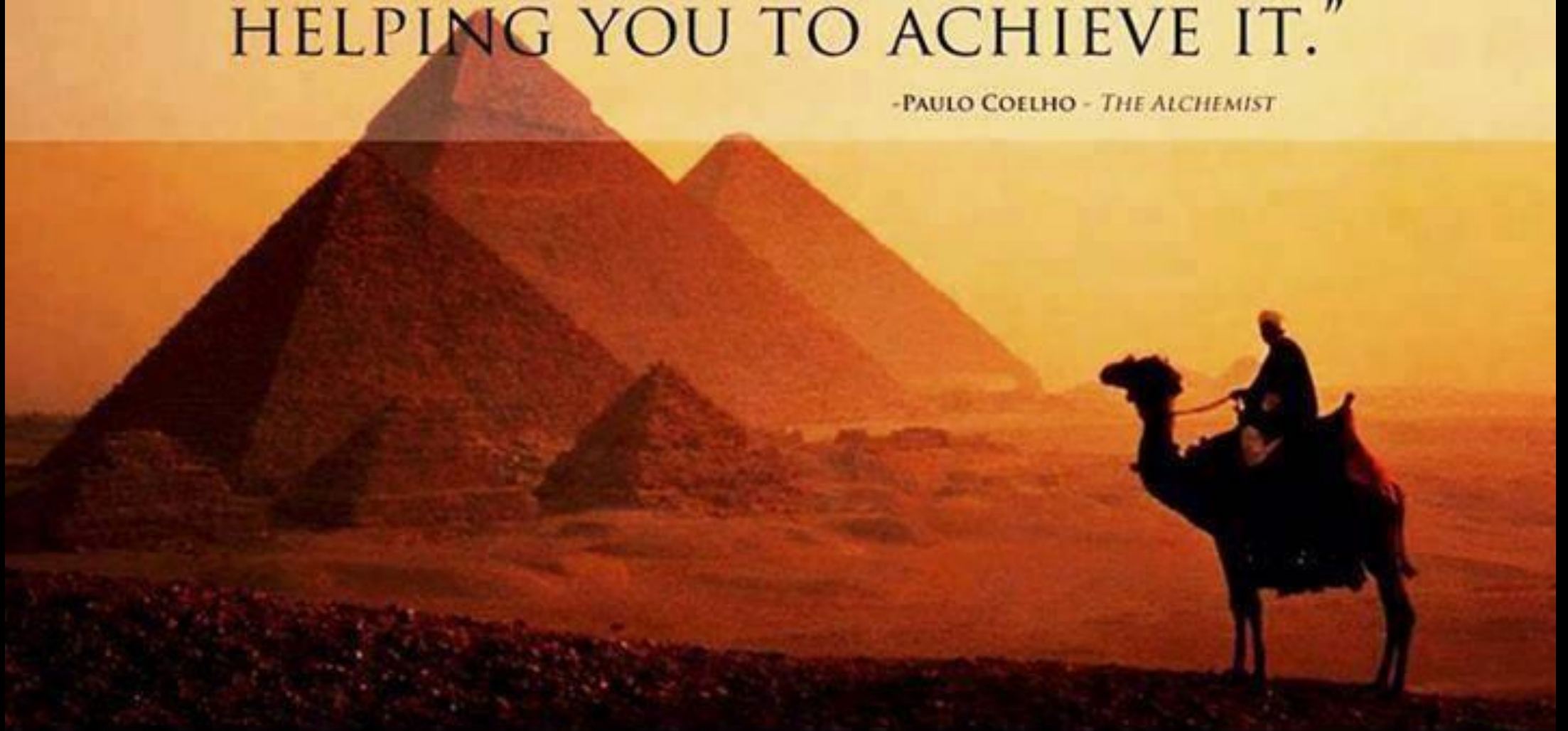


"ONLY A MAN WHO KNOWS  
WHAT IT IS LIKE TO BE  
DEFEATED CAN REACH DOWN TO  
THE BOTTOM OF HIS SOUL AND  
COME UP WITH AN EXTRA OUNCE  
OF POWER IT TAKES TO WIN  
WHEN THE MATCH IS EVEN." -

MUHAMMAD ALI

“WHEN YOU REALLY WANT SOMETHING,  
ALL THE UNIVERSE CONSPIRES IN  
HELPING YOU TO ACHIEVE IT.”

-PAULO COELHO - *THE ALCHEMIST*



You can break down a woman temporarily, but a real woman will always pick up the pieces, rebuild herself, and come back

*Stronger* than ever.

## Be Yourself

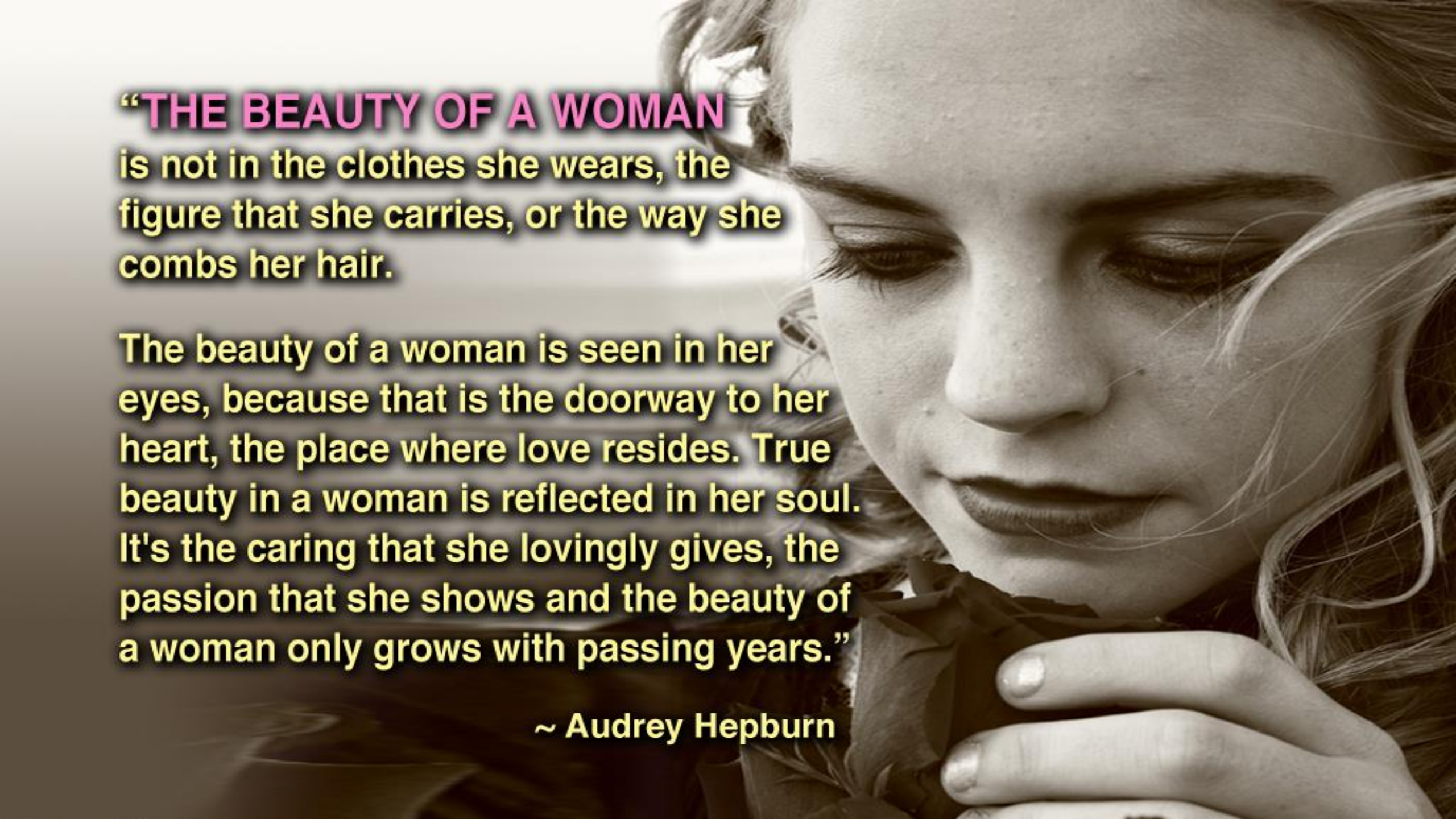
You must learn that you cannot be loved by all people  
You can be the finest apple in the world - ripe, juicy, sweet,  
succulent - and offer yourself to all.  
But you must remember...  
that there will be people who do not like apples.

You must understand that if you are the world's finest apple,  
and someone you love does not like apples,  
you have the choice of becoming a banana.  
But you must be warned that if you choose to become a banana  
you will be a second-rate banana.  
But you can always be the finest apple.

You must also realise,  
that if you choose to be a second-rate banana,  
there will be people who do not like bananas.

Furthermore...  
You can spend your life trying to become the best banana -  
which is impossible if you are an apple -  
or you can seek again to be the finest apple.

  
[mybodyandme.co.uk](http://mybodyandme.co.uk)



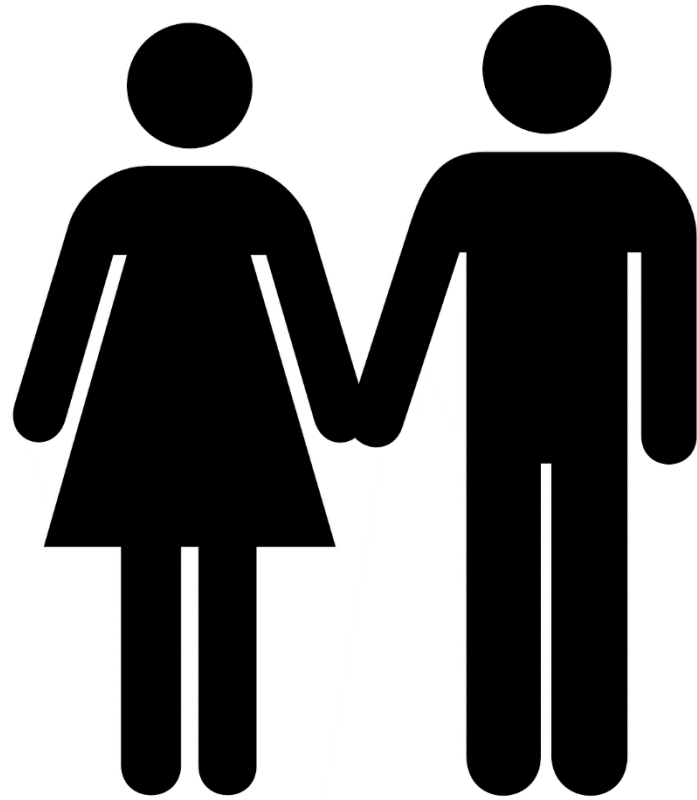
**“THE BEAUTY OF A WOMAN**


**is not in the clothes she wears, the figure that she carries, or the way she combs her hair.**

**The beauty of a woman is seen in her eyes, because that is the doorway to her heart, the place where love resides. True beauty in a woman is reflected in her soul. It's the caring that she lovingly gives, the passion that she shows and the beauty of a woman only grows with passing years.”**

**~ Audrey Hepburn**

BEST Jan 2016





**BEST Wed 17<sup>th</sup> Feb**  
**Paediatrics**  
**Asthma & Food Allergies**  
**Booking by 3<sup>rd</sup> FEB!!!!**

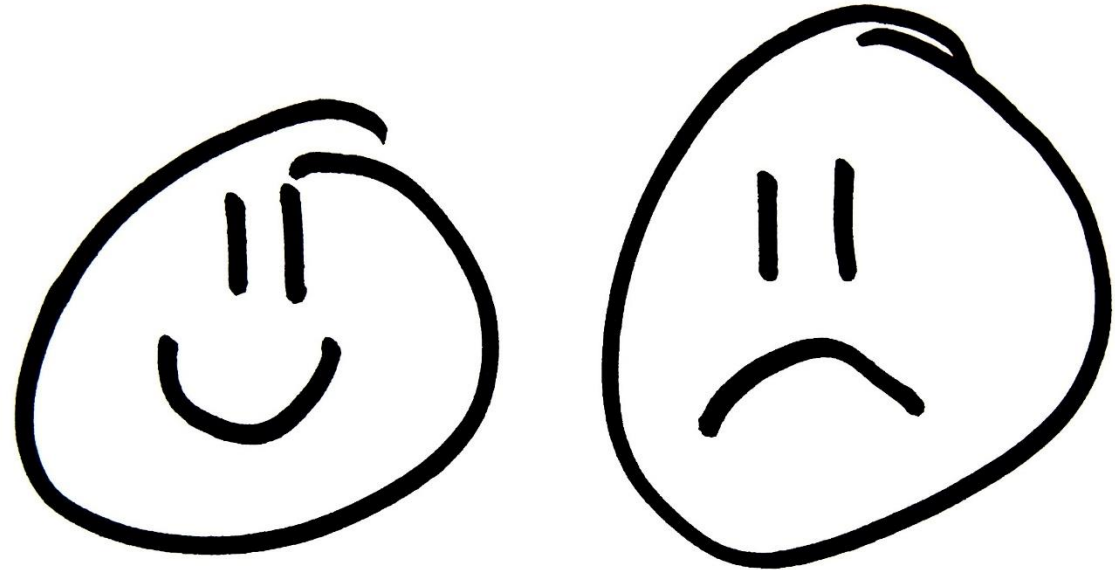
BEST Thursday March 17<sup>th</sup> –  
The Sick Child /Cancer in Children





# LMC Conference Jan 30<sup>th</sup>

- [barnsley.lmc@nhs.net](mailto:barnsley.lmc@nhs.net)



# PATHWAYS – Family Support Centre

IF THERE'S VIOLENCE  
IN THE HOME, THE KIDS  
GET THE PICTURE



# Cervical Screening model

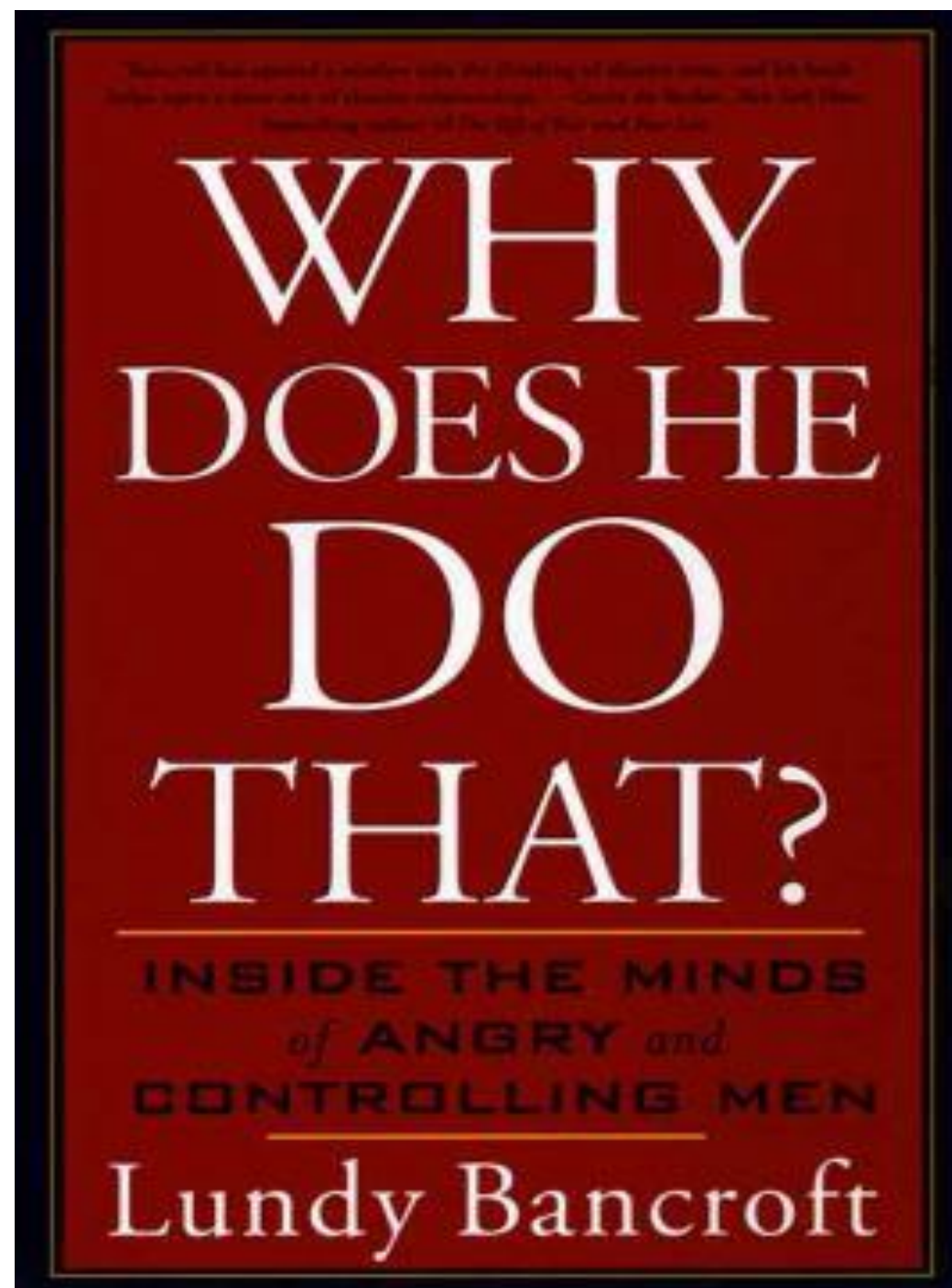
# Quiet Room.....

- *Zzz*



QUIZ

Prize



PAULO  
COELHO

**THE ALCHEMIST**

A MAGICAL FABLE ABOUT FOLLOWING YOUR DREAM

THE INTERNATIONAL BESTSELLER

1. When should you use a **BLUE** top swab ?





2. When should you use an orange top swab?



3. When should you use a GREEN top swab?



## 4. Name 3 Sexually transmitted infections

- Other than .....

- Chlamydia

- Gonorrhea

- HIV

- Genital warts

- Herpes!!!

5. What does “DASH” stand for in:

DASH Risk Checklist

Bonus: What about MARAC ?

6. What does this cervix show?  
What would you do next?



7. What does this cervix show?  
What would you do next?



## 8. Which Social class has the highest rate of Domestic Abuse ?

- Upper class
- Middle class
- Lower class

9. What types of domestic abuse are there?



# 10. What is Traumatic Bonding?



Sexually Transmitted Infections  
&  
HIV in Primary Care

**Dr S Bates**

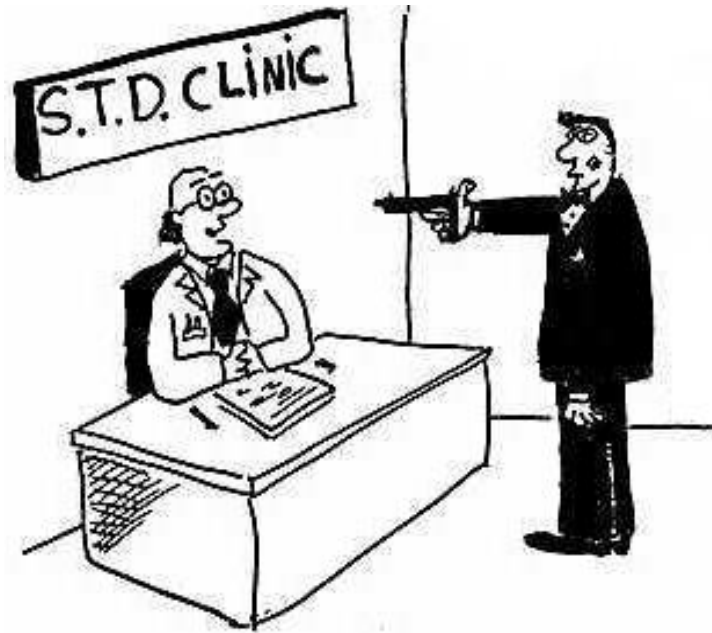
Gateway Clinic, Sackville street

# Our Service

- July 2015 – HIV and Sexual health care delivered from Gateway Clinic
- HIV care provided by Barnsley Hospital
- Contraception and STI care provided by Spectrum CIC

# GUM Services

- Confidential
- Non judgemental
- Open access
- Onsite diagnosis
- Free treatment



"Ah, Mr Bond, I've been expecting you..."

# Services delivered

**Contraceptive pills**

**Contraceptive patches**

**Coils**

**Implants**

**Assessment and referral for abortion**

**Psychosexual counselling**

**Youth clinic**

**Non-contraceptive use of IUS**

**Non-invasive screening (asymptomatic)**

**Chlamydia screening**

**Point of care tests for HIV**

**Diagnosis and treatment of STI**

**Biopsy to confirm diagnosis**

**Motivational interviewing**

**Contact tracing**

**Hepatitis B vaccination (sexual risk)**

**Genital dematoses**

**Non-STI causes of vaginal discharge**

**Cervical cytology**

# How to refer

- Allow patients to self refer and contact the clinic directly
  - Patient may not make contact
- 'Phone the clinic to make an appointment.
  - Ask for health advisors if confirmed STI or complex
- Refer by letter
  - delay of receiving an appointment.

# Contact details

Gateway Clinic

Gateway Plaza

Sackville Street

Barnsley

S70 2RD

Tel: 0800 055 6442



# STIs- general principles

- Accurate diagnosis
- Prompt, appropriate and simple treatment regimens
- Contact tracing
- Test of cure where appropriate

# Infection screening

When to think about Screening

- PCB / IMB
- Cervicitis
- Abnormal vaginal discharge
- Genital ulceration
- Dysuria
- Rectal / anal pain / discharge
- Skin rashes
- Evidence on a co-existing STI
- Recent partner change or high risk group / partner

## Tests – CT GC NAAT

- Men

- 1<sup>st</sup> void urine ( must have held urine for 1 hour)

- Women

- Endo-cervical swab
- Self or physician taken vulvo vaginal swabs



# Gonorrhoea - testing



## Caution

- A positive test does NOT mean an individual has gonorrhoea
- Patients with a positive NAAT test must have culture tests to confirm diagnosis
- Preferably should be referred to GUM

GC culture plate



# Chlamydia and gonorrhoea – Treatment

## Chlamydia

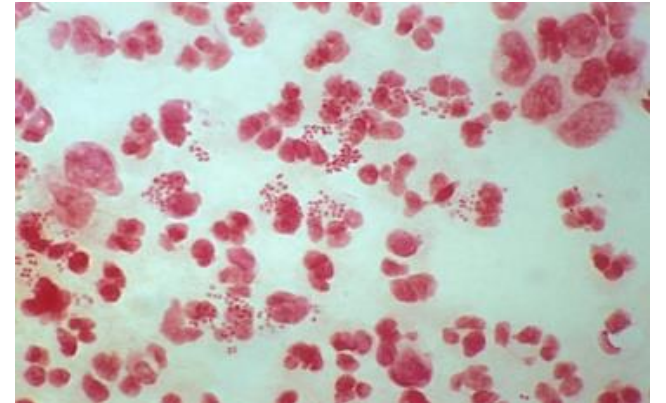
- Azithromycin 1 gr PO single dose
- Doxycycline 100mg bd 1/52 for rectal chlamydia

Consider referral to GUM for contact tracing

## Gonorrhoea

### **Refer to GUM**

- Ceftriaxone 500mg IM single dose with azithromycin 1 gram PO single dose



# Genital blisters / ulcers

HSV

Treatment:  
Valaciclovir  
500mg BD 5/7  
Refer to GUM



Tests:  
HSV PCR from lesion



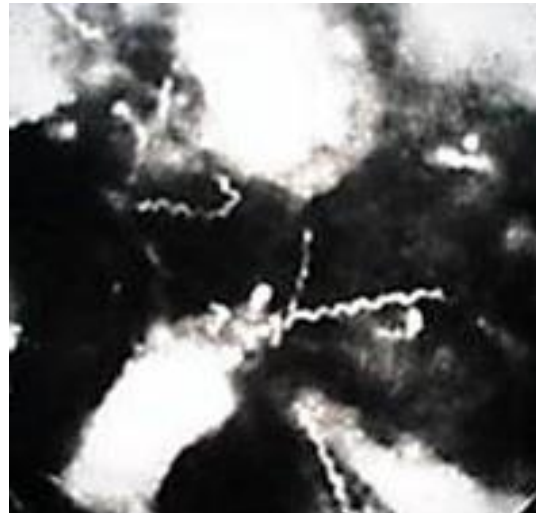
# Syphilis

If suspicious of syphilis refer to GUM

Treatment: Benzathine penicillin  
2.4MU IM for primary



STS - Serological tests  
for syphilis \*\* may be  
negative in early disease



Dark ground microscopy







# Genital warts



HPV Types 6 & 11 account for 90% of genital warts

HPV 6 & 11 infections are usually asymptomatic and resolve spontaneously - 90% within two years.



# Treatment

- Destructive methods
  - LN2
  - podophylotoxin
  - Surgery
  - Diathermy
  - Curettage
- Immune response modifiers
  - Imiquimod

# What's new?

- Resistant GC
- Chem sex
- LGV
- Hepatitis C

# LGV

- Chlamydia – invasive serovars L1,L2,L3
  - 80 cases per quarter
  - UK – highest global rates in MSM
  - 77% London, Brighton, Manchester
- Symptoms
  - Primary
    - Painless papule / pustule – may persist for weeks
    - Proctitis (96%) – blood/pus/pain
  - Secondary
    - Lymphadenopathy / bubo formation, usually unilateral ‘groove’ sign
    - Fever, arthritis, pneumonitis, hepatitis
  - Tertiary
    - Chronic inflammation, tissue destruction eg scarring, fibrosis, fistulae



- Diagnosis
  - NAAT testing for CT, if positive test for LGV serovars at Colindale
- Treatment
  - 3 weeks of doxycycline 100 mg BD ( or erythromycin / azithromycin)

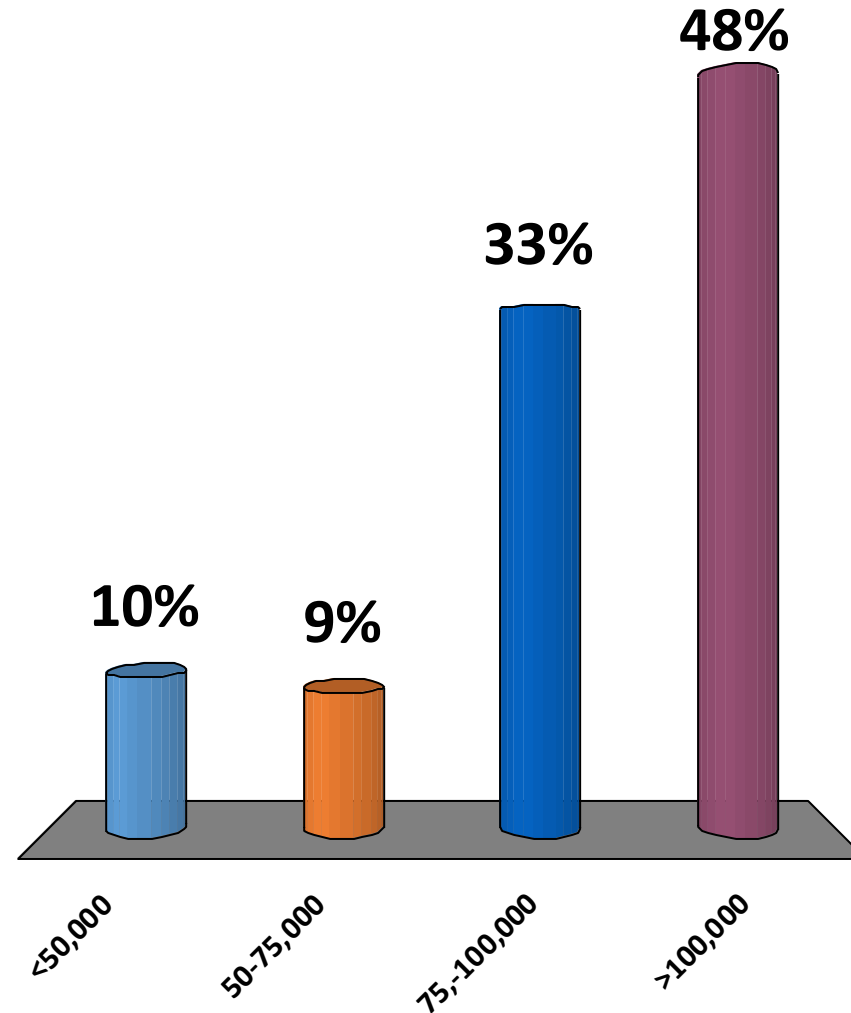
# HIV

Disease process,  
Epidemiology & Treatment



1. How many people are estimated to be living with HIV in the UK?

- A. <50,000
- B. 50-75,000
- C. 75,-100,000
- D. >100,000



How many people are estimated to be living with HIV in the UK?

A. <50,000

B. 50 - 75,000

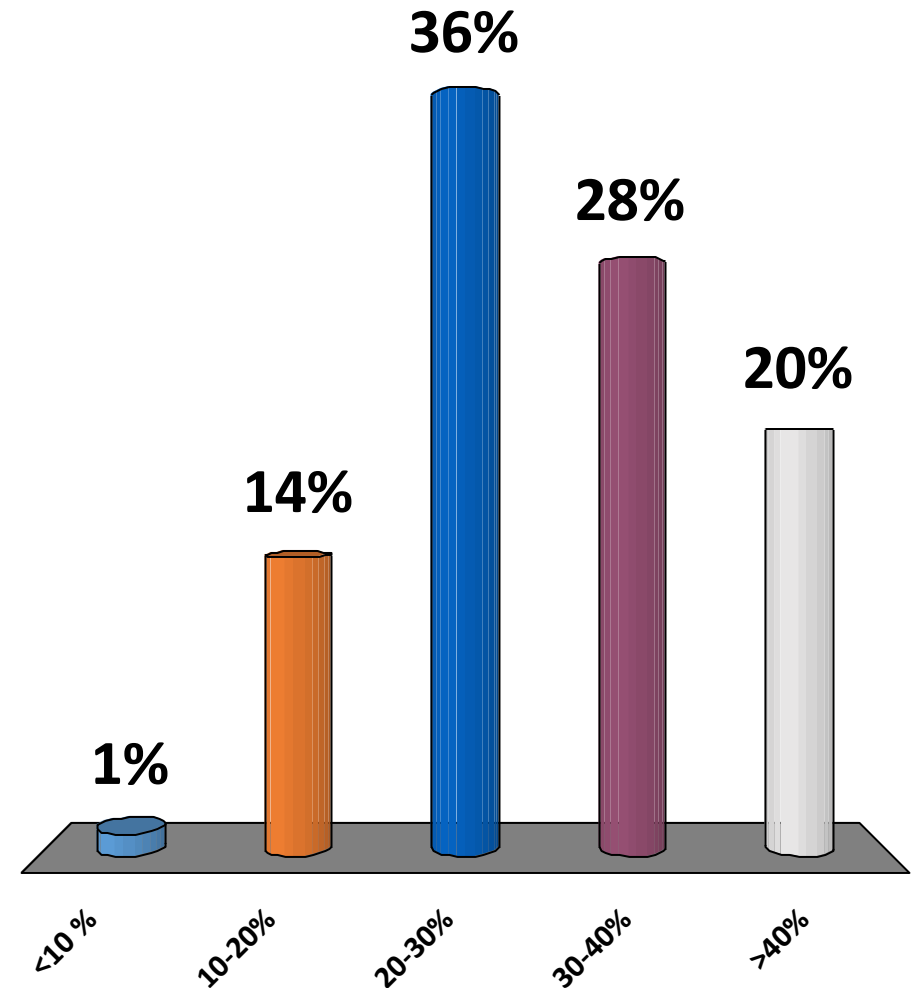
C. 75- 100,000



D. >100,000

## 2. What proportion of people with HIV remain undiagnosed?

- A. <10 %
- B. 10-20%
- C. 20-30%
- D. 30-40%
- E. >40%

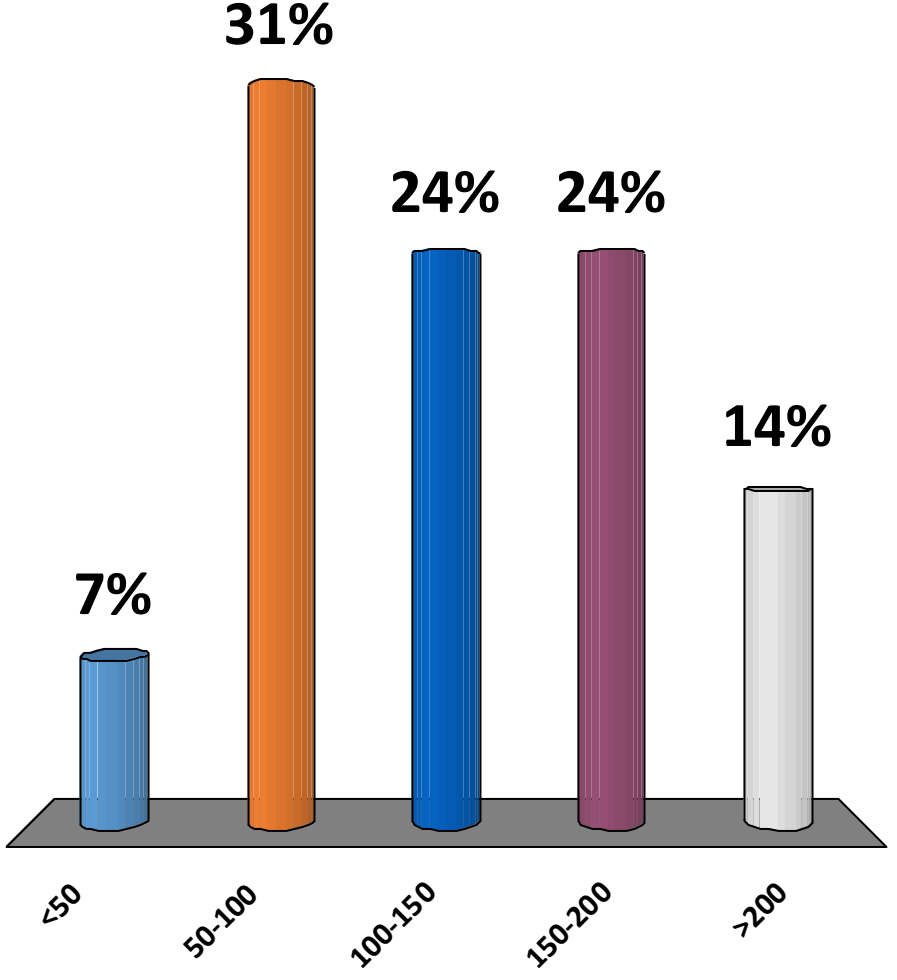


What proportion of people with HIV remain undiagnosed?

- A. <10 %
- B. 10-20%
- C. 20-30%
- D. 30-40% ✓
- E. >40%

# 3. How many people living with HIV are accessing services in Barnsley?

- A. <50
- B. 50-100
- C. 100-150
- D. 150-200
- E. >200

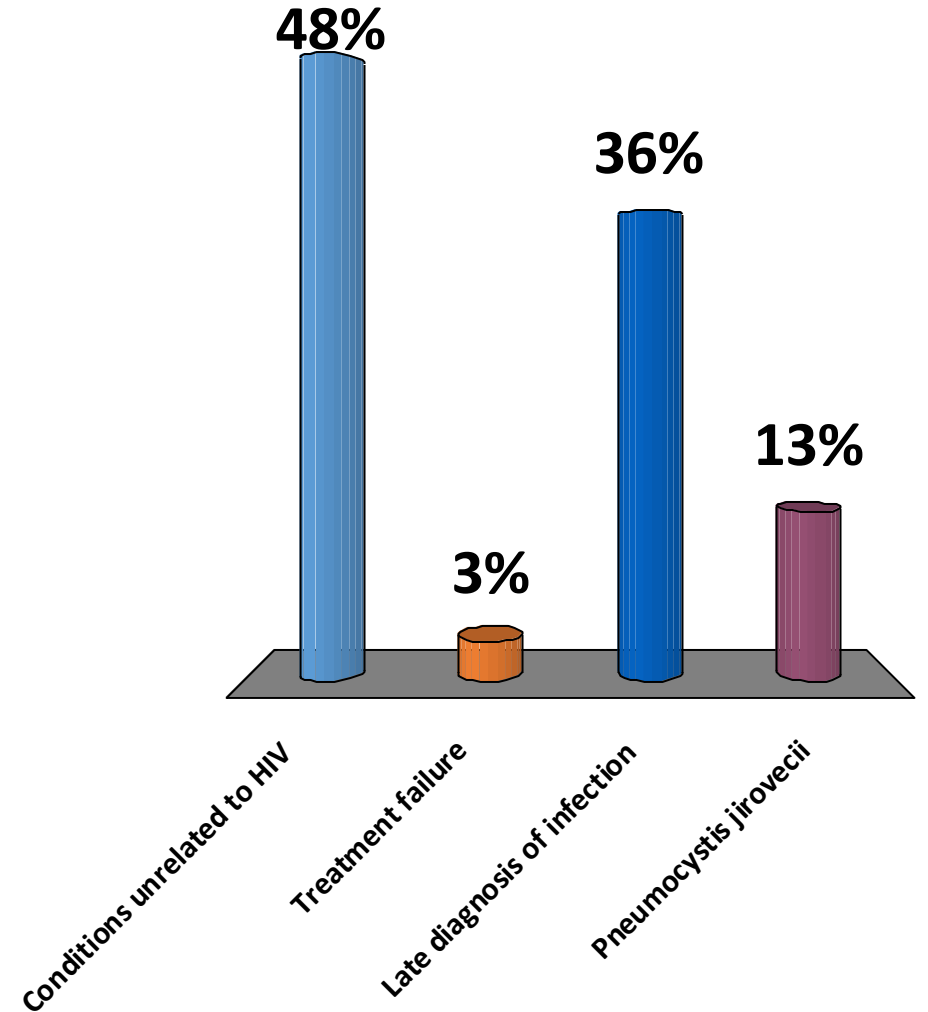


How many people living with HIV are accessing services in Barnsley?

- A. <50
- B. 50-100
- C. 100-150
- D. 150-200
- E. >200

# 4. What is the main cause of death in people living with HIV?

- A. Conditions unrelated to HIV
- B. Treatment failure
- C. Late diagnosis of infection
- D. Pneumocystis jirovecii



What is the main cause of death in people living with HIV?

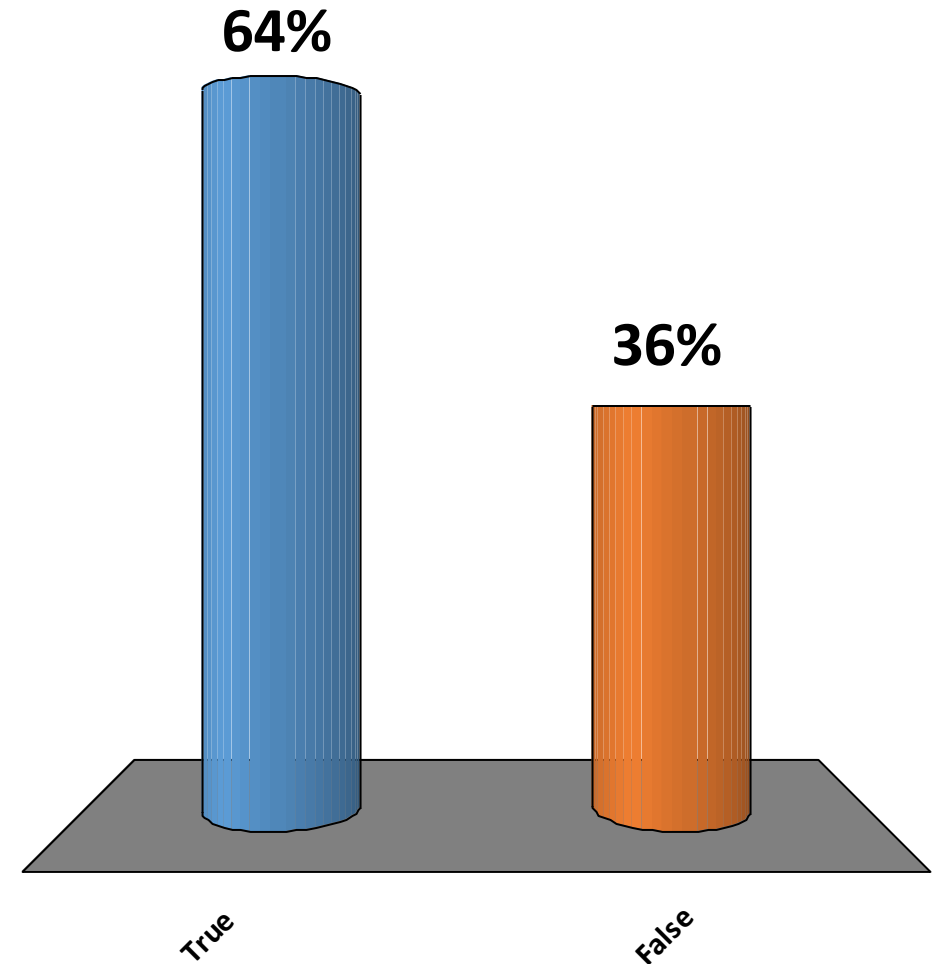
- A. Conditions unrelated to HIV
- B. Treatment failure
- C. Late diagnosis of infection ✓
- D. Pneumocystis jirovecii



5. In order to do an HIV tests, pre-test counselling has to be undertaken

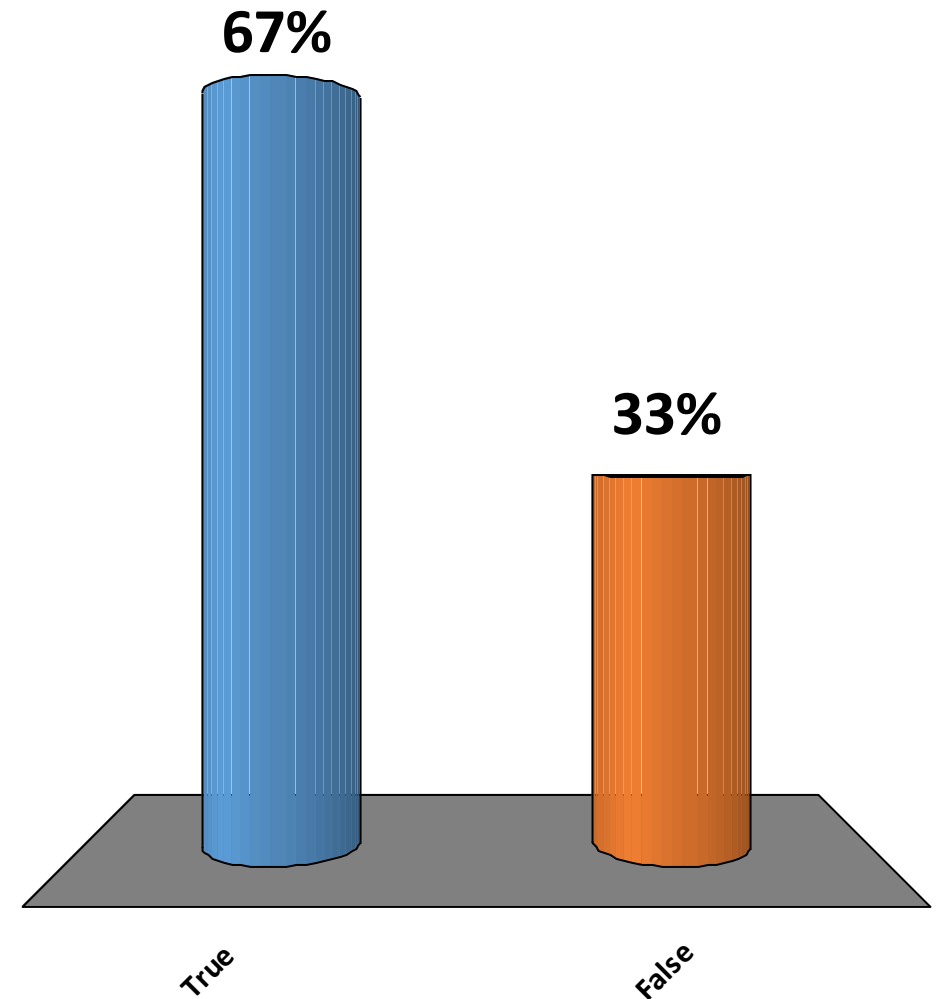
A. True

B. False



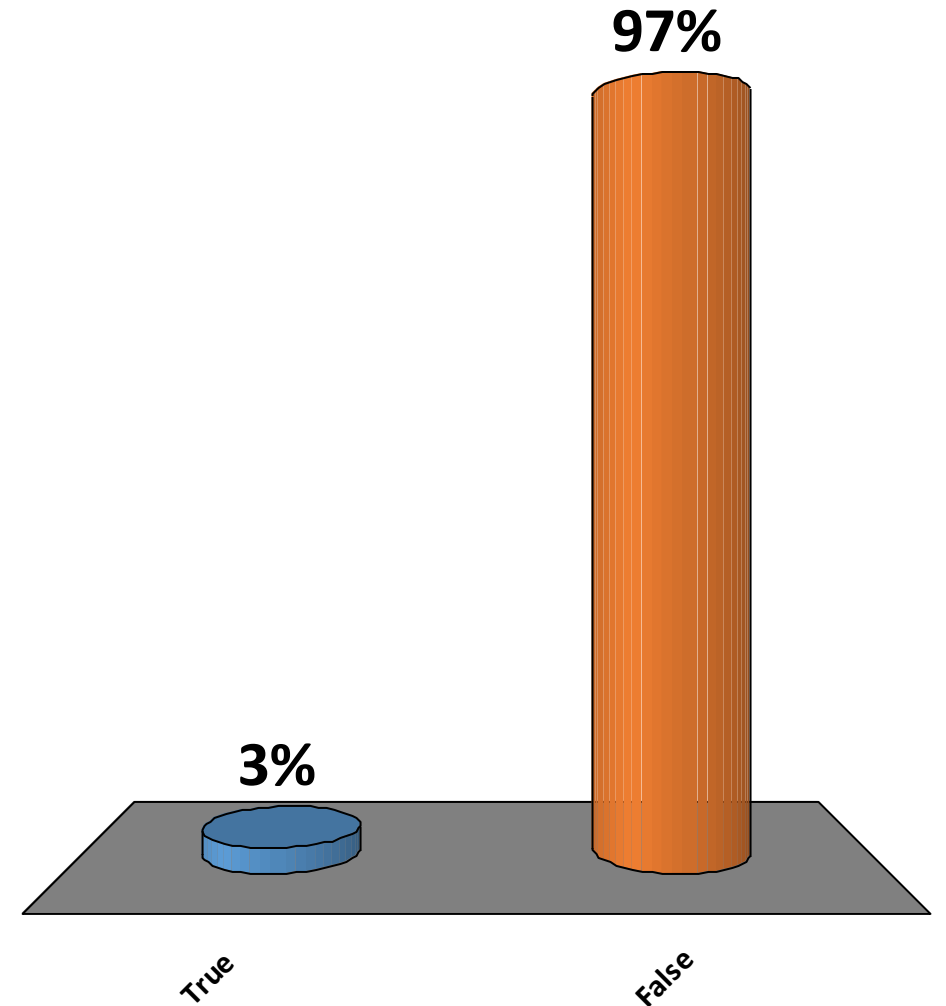
6. It takes 3 months following exposure for HIV to be reliably diagnosed on a blood test

- A. True
- B. False



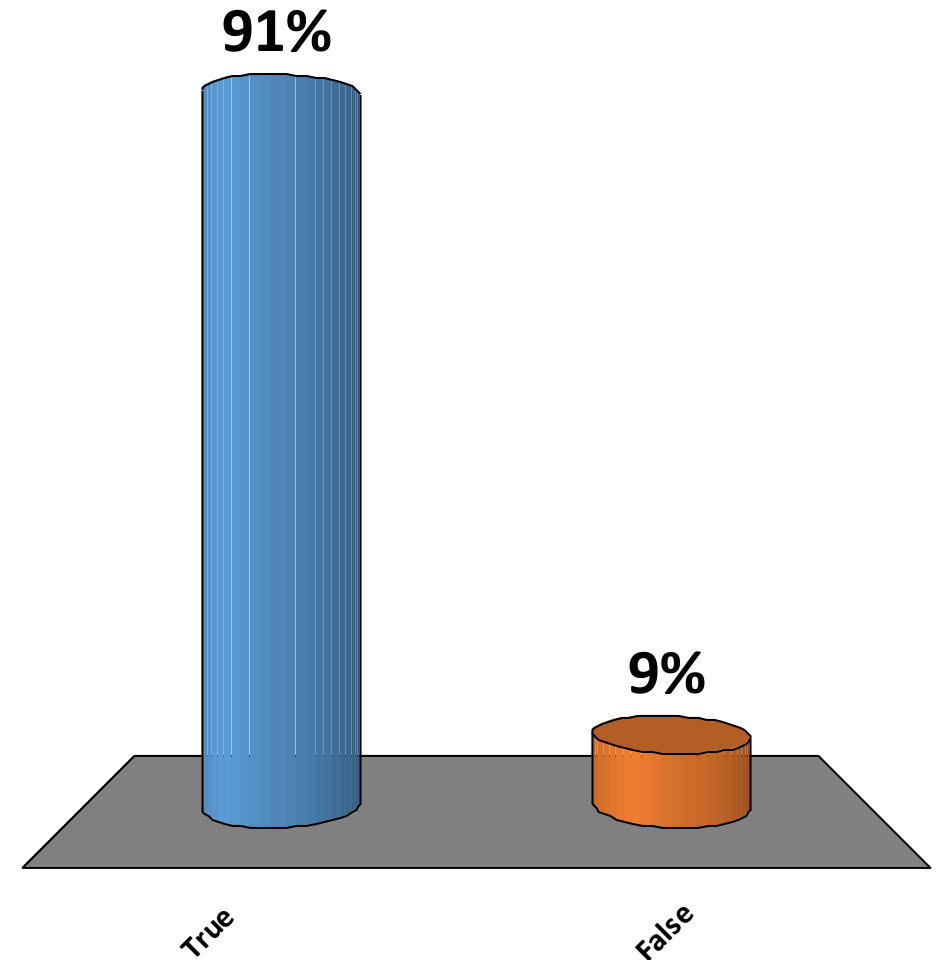
7. HIV tests should only be requested by practitioners with experience in sexual health issues

- A. True
- B. False



8. Any practitioner can request an HIV test, with verbal consent from the patient.

- A. True
- B. False



# Which of the following statements is true?

- A. In order to do an HIV tests, pre-test counselling has to be undertaken
- B. It takes 3 months following exposure for HIV to be reliably diagnosed on a blood test
- C. HIV tests should only be requested by practitioners with experience in sexual health issues
- D. Any practitioner can request an HIV test, with verbal consent from the patient.

HIV

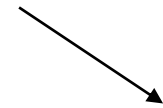
- the basics

# Acquisition

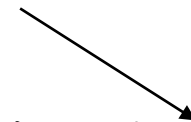
- Sex
- Vertical transmission
- Injecting drug use
- Blood transfusions with infected blood
- Percutaneous injury – needle stick

# HIV infection

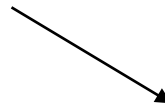
Acute infection - seroconversion



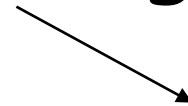
Asymptomatic



HIV related illnesses



AIDS defining illness



Death



Sero-conversion	CD4 > 500	CD4 500 - 200	CD4 <200
<ul style="list-style-type: none"> <li>○Fever</li> <li>○Myalgia</li> <li>○Arthralgia</li> <li>○Adenopathy</li> <li>○Malaise</li> <li>○Rash</li> <li>○Meningo-encephalitis</li> </ul>	<ul style="list-style-type: none"> <li>○Guillain-Barre syndrome</li> <li>○Bell's palsy</li> <li>○Polymyositis</li> <li>○Chronic demyelinating neuropathy</li> <li>○Idiopathic thrombocytopenia</li> <li>○Tinea</li> </ul>	<ul style="list-style-type: none"> <li>○Seborrhoeic dermatitis</li> <li>○Gingivitis</li> <li>○Warts</li> <li>○Molluscum</li> <li>○TB</li> <li>○Herpes Zoster/Simplex</li> <li>○Oral candida</li> <li>○KS</li> <li>○CIN</li> <li>○Primary CNS lymphoma</li> </ul>	<ul style="list-style-type: none"> <li>○Cryptosporidiosis</li> <li>○PCP</li> <li>○Toxoplasmosis</li> <li>○Cryptococcal meningitis</li> <li>○CMV</li> <li>○MAC</li> </ul>

Primary HIV infection

Classical triad of:

- Pharyngitis

- Rash

- Fever

# Clinical Manifestations

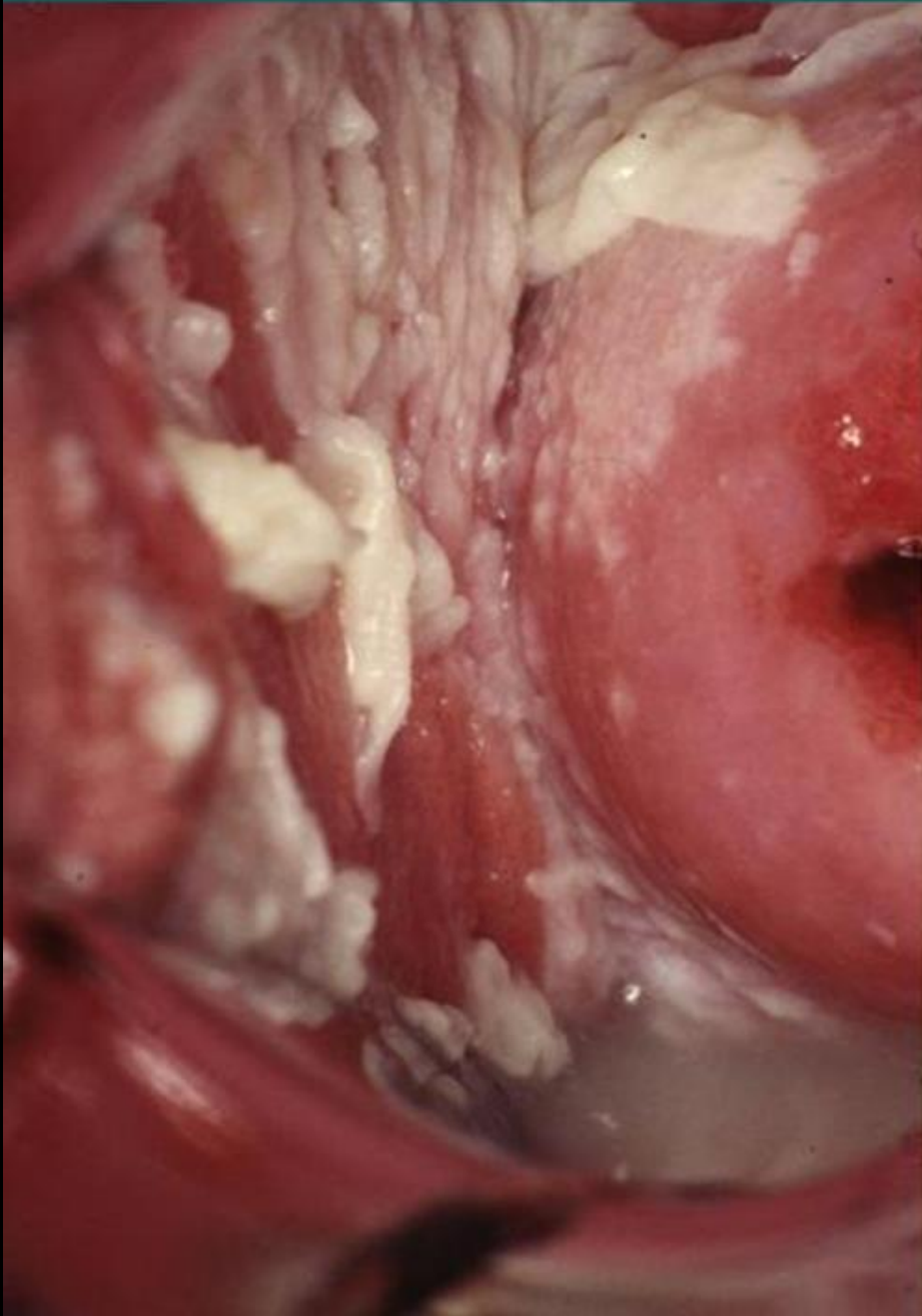






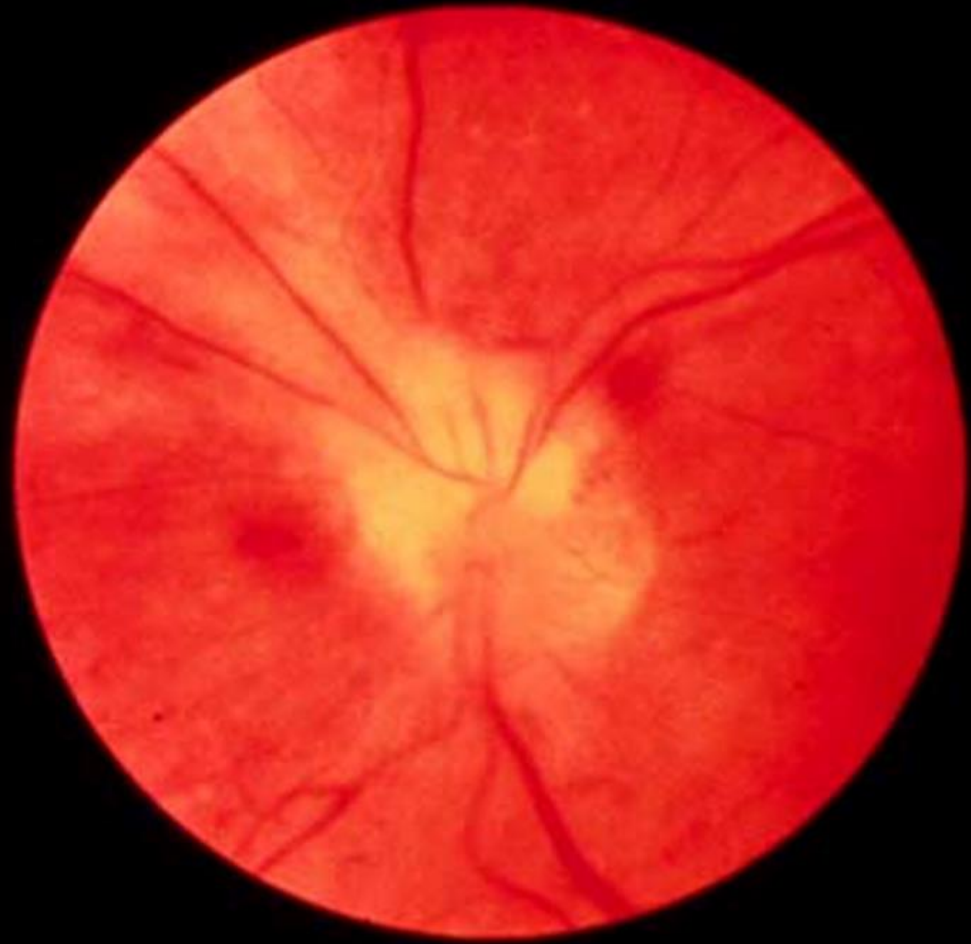
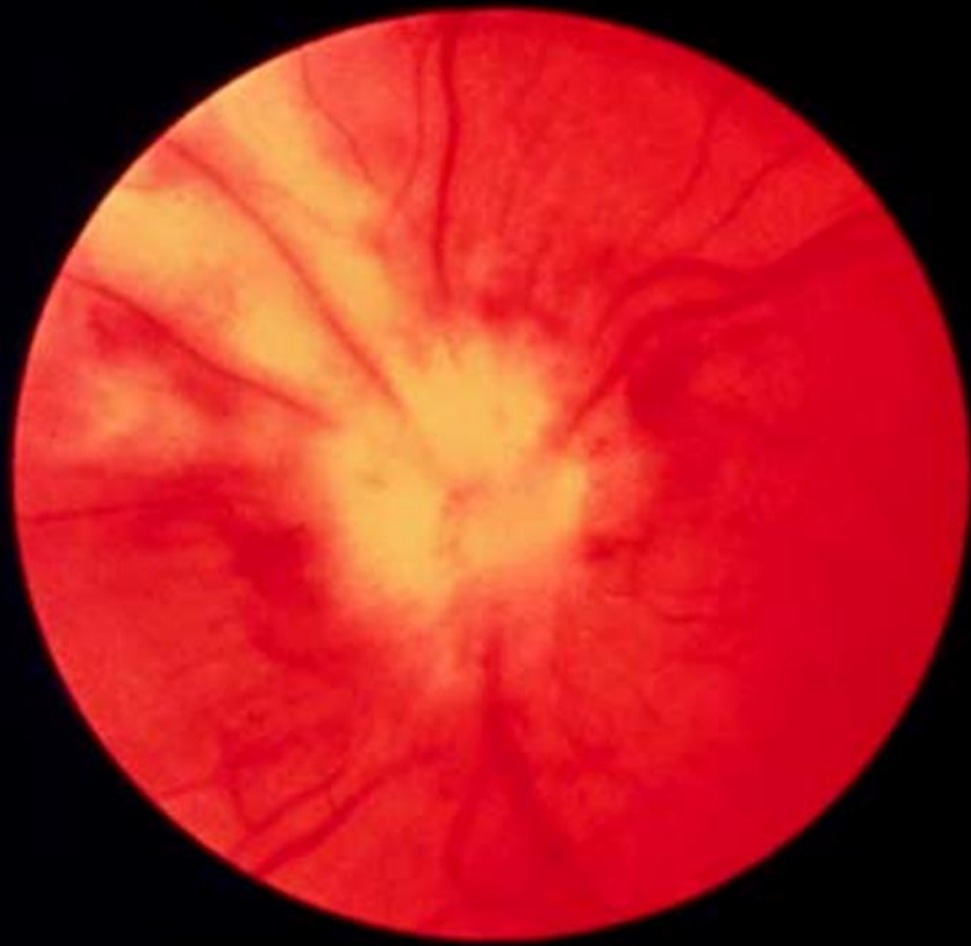








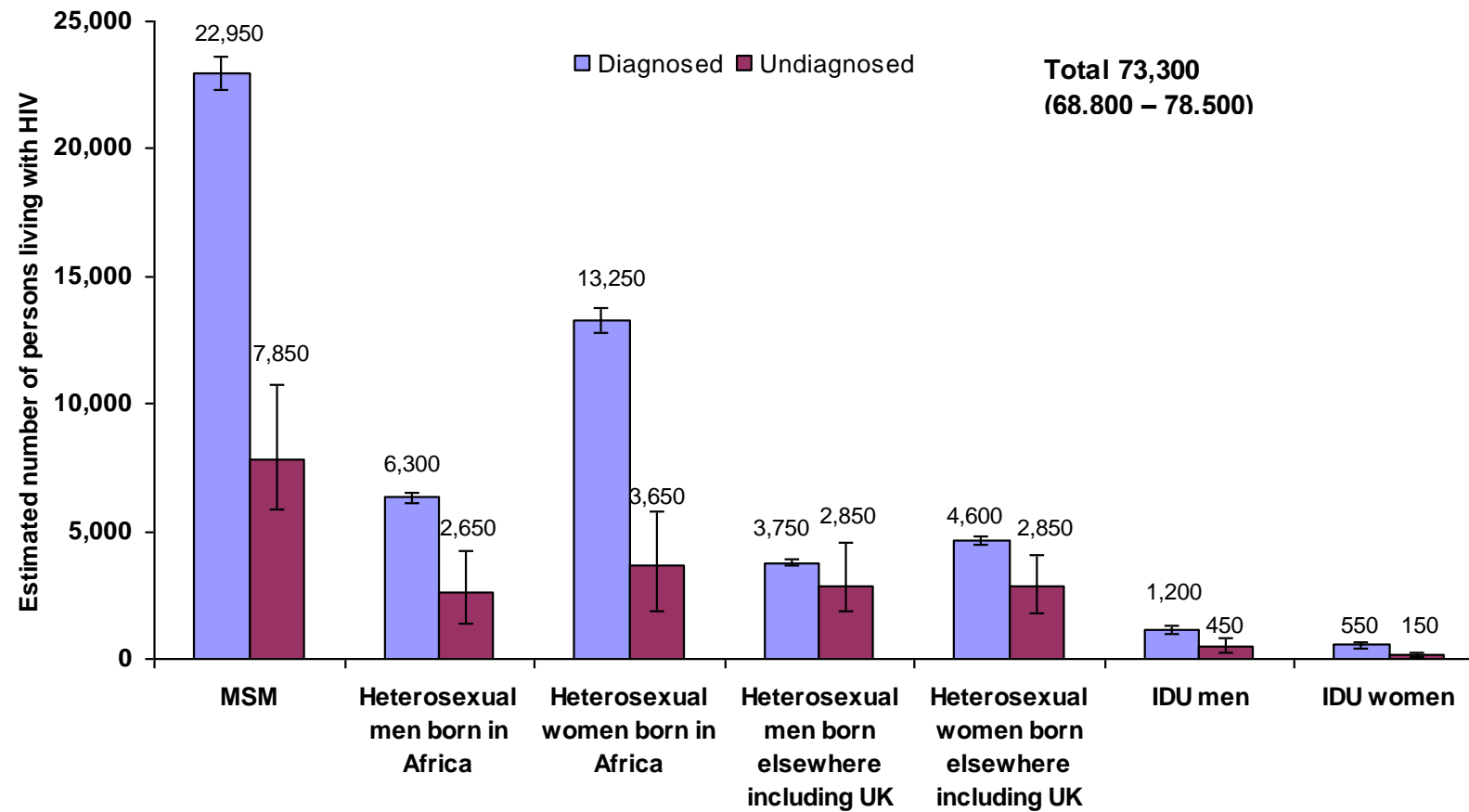




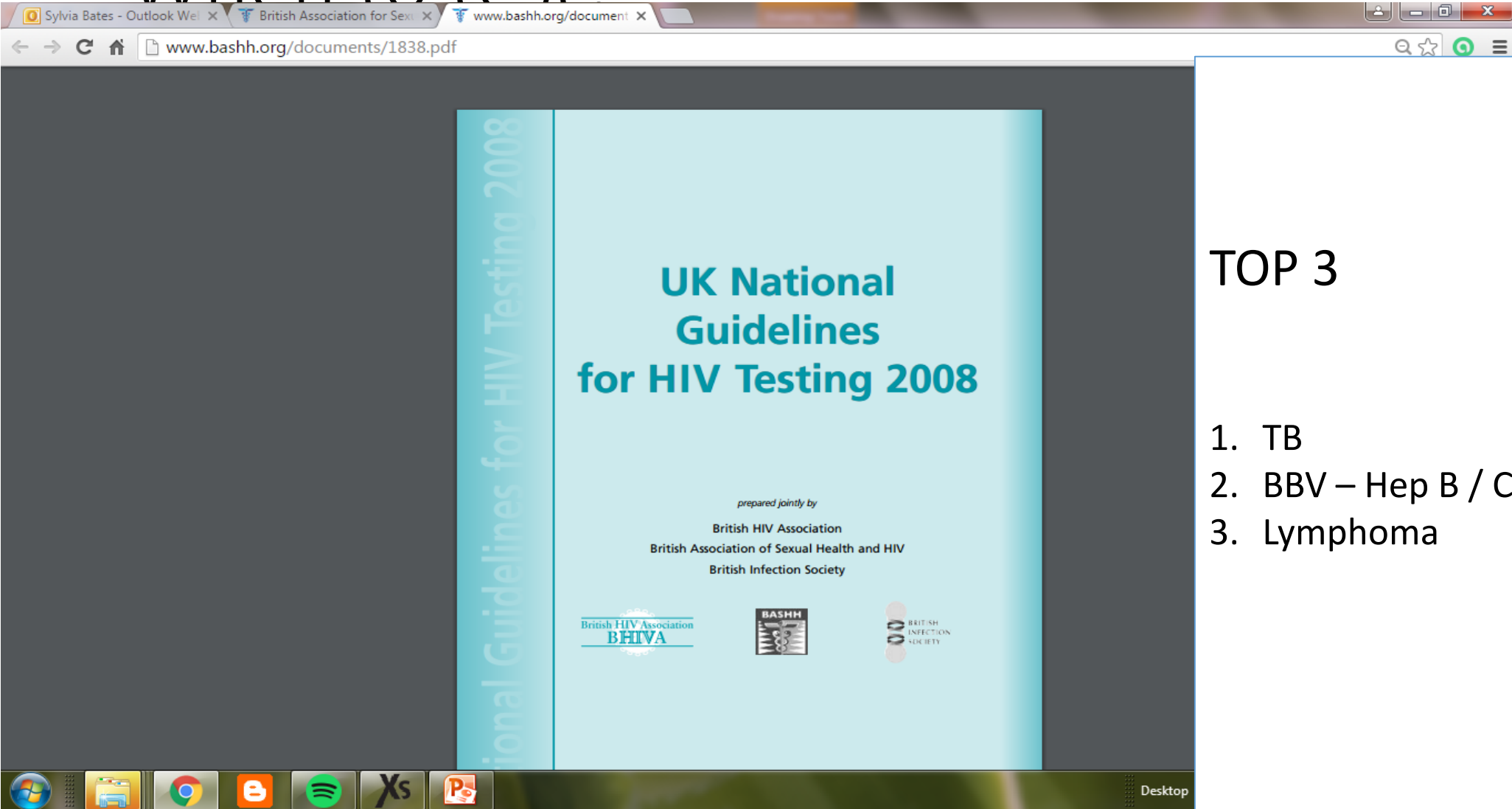
# HIV in the UK

- There are currently an estimated 96,000 people with HIV in the UK.
- 24% of those infected (>23,000) remain undiagnosed – HPA 2011
- 47% of new HIV diagnoses are diagnosed late (CD4 < 350). 56% of women are diagnosed late.
- 35% of HIV-related deaths attributable to late diagnosis – BHIVA audit 2006
- Effective treatments greatly reduce morbidity
- Better response to treatment if started early
- Fully suppressed viral loads reduce onward transmission

# Estimated number of adults (15 to 59 years) living with HIV (both diagnosed and undiagnosed) in the UK: 2007



# When to test?



## TOP 3

1. TB
2. BBV – Hep B / C
3. Lymphoma

***B. An HIV test should be considered in the following settings where diagnosed HIV prevalence in the local population (PCT/LA) exceeds 2 in 1000 population (see local PCT data<sup>†</sup>):***

1. all men and women registering in general practice
2. all general medical admissions.

The introduction of universal HIV testing in these settings should be thoroughly evaluated for acceptability and feasibility and the resultant data made available to better inform the ongoing implementation of these guidelines.

***C. HIV testing should be also routinely offered and recommended to the following patients:***

1. all patients presenting for healthcare where HIV, including primary HIV infection, enters the differential diagnosis (see table of indicator diseases and section on primary HIV infection)
2. all patients diagnosed with a sexually transmitted infection
3. all sexual partners of men and women known to be HIV positive
4. all men who have disclosed sexual contact with other men
5. all female sexual contacts of men who have sex with men
6. all patients reporting a history of injecting drug use
7. all men and women known to be from a country of high HIV prevalence (>1%\*)
8. all men and women who report sexual contact abroad or in the UK with individuals from countries of high HIV prevalence.\*

\* for an up to date list see

## UK National Guidelines for HIV Testing 2008

**Table 1: Clinical indicator diseases for adult HIV infection**

	AIDS-defining conditions	Other conditions where HIV testing should be offered
Respiratory	Tuberculosis Pneumocystis	Bacterial pneumonia Aspergillosis
Neurology	Cerebral toxoplasmosis Primary cerebral lymphoma Cryptococcal meningitis Progressive multifocal leucoencephalopathy	Aseptic meningitis/encephalitis Cerebral abscess Space occupying lesion of unknown cause Guillain–Barré syndrome Transverse myelitis Peripheral neuropathy Dementia Leucoencephalopathy
Dermatology	Kaposi's sarcoma	Severe or recalcitrant seborrhoeic dermatitis Severe or recalcitrant psoriasis Multidermatomal or recurrent herpes zoster



Gastroenterology	Persistent cryptosporidiosis	Oral candidiasis Oral hairy leukoplakia Chronic diarrhoea of unknown cause Weight loss of unknown cause Salmonella, shigella or campylobacter Hepatitis B infection Hepatitis C infection
Oncology	Non-Hodgkin's lymphoma	Anal cancer or anal intraepithelial dysplasia Lung cancer Seminoma Head and neck cancer Hodgkin's lymphoma Castleman's disease
Gynaecology	Cervical cancer	Vaginal intraepithelial neoplasia Cervical intraepithelial neoplasia Grade 2 or above
Haematology		Any unexplained blood dyscrasia including: <ul style="list-style-type: none"><li>• thrombocytopenia</li><li>• neutropenia</li><li>• lymphopenia</li></ul>
Ophthalmology	Cytomegalovirus retinitis	Infective retinal diseases including herpesviruses and toxoplasma



Haematology

Any unexplained blood dyscrasia including:

- thrombocytopenia
- neutropenia
- lymphopenia

Ophthalmology

Cytomegalovirus retinitis

Infective retinal diseases including herpesviruses and toxoplasma

Any unexplained retinopathy

ENT

Lymphadenopathy of unknown cause

Chronic parotitis

Lymphoepithelial parotid cysts

Other

Mononucleosis-like syndrome (primary HIV infection)

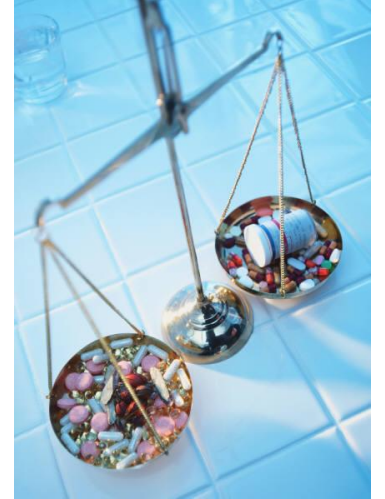
Pyrexia of unknown origin

Any lymphadenopathy of unknown cause

Any sexually transmitted infection

# HAART

- At least 4 useful, widely available single tablet regimens
- ‘Cleaner’ drugs – fewer side effects
- Newer drug groups with fewer drug-drug interactions
- Compliance is the key to successful treatment



ART is for life - *Never* advise a patient to stop ART without advice from HIV unit



# Benefits of treatment

- Preservation of immune function
- Improved life expectancy
- Reduced onward transmission
- Reduction of mother to baby transmission
- Fewer hospital admissions

# What to watch out for in Primary Care

- A few patients still choose not to disclose
- Watch out for drug interactions. Common culprits:
  - Statins
  - Omeprazole

[www.hiv-druginteractions.org](http://www.hiv-druginteractions.org)

- Live vaccinations

# How to do an HIV test

You need one of these....



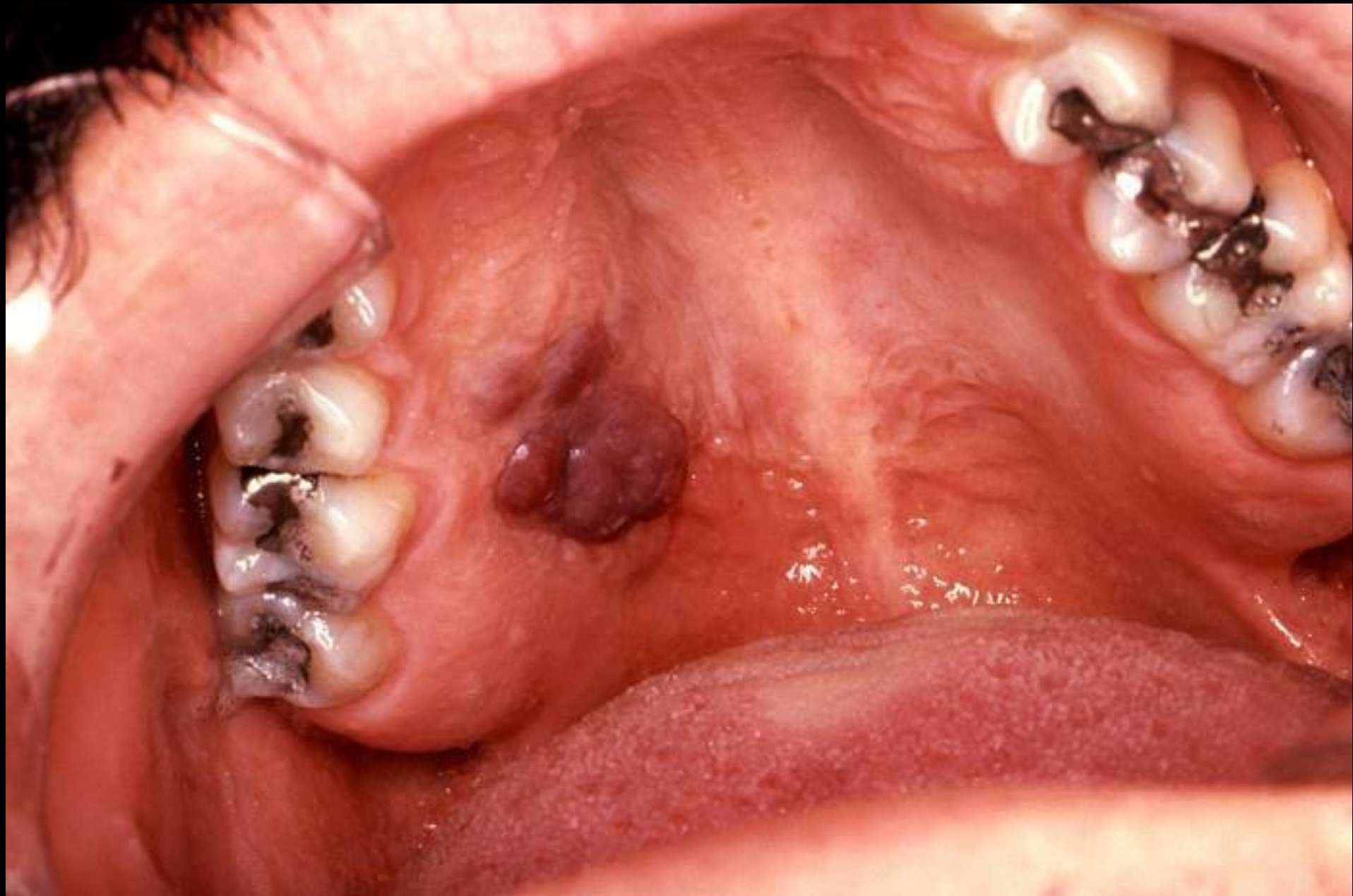
.....verbal consent and a standard microbiology form – simply request HIV test!

You do not need....

Formal pre test counselling\*, written consent, cat 3 stickers (unless other risk), special permission!

*\* If patient identified as being at high risk of infection GUM health advisors will come and see patient*





# Barnsley LGBT Community

Marie Hoyle

Deputy Chair for Equality Steering Group











1. When should you use a **BLUE** top swab ?



# 1. When should you use a BLUE top swab ?

- Bordetella pertussis- pernasal swab  
( whooping cough )
- urethral swab gonorrhoea



2. When should you use an orange top swab?



## 2. When should you use an orange top swab?

- Ear
- Paediatric
- Urethral





3. When should you use a GREEN top swab?



## 2. When should you use a GREEN top swab?

- Viral



## 4. Name 3 Sexually transmitted infections

- Other than .....

- Chlamydia

- Gonorrhea

- HIV

- Genital warts

- Herpes!!!

## 4. Name 3 Sexually transmitted infections

- Other than .....

- Chlamydia

- Gonorrhea

- HIV

- Genital warts

- Herpes!!!

Syphilis

LGV – Lympho Granuloma Venerum

Mycoplasma Genitalium (NSU)

Ureaplasma Urealytica (NSU)



Molluscum contagiosum

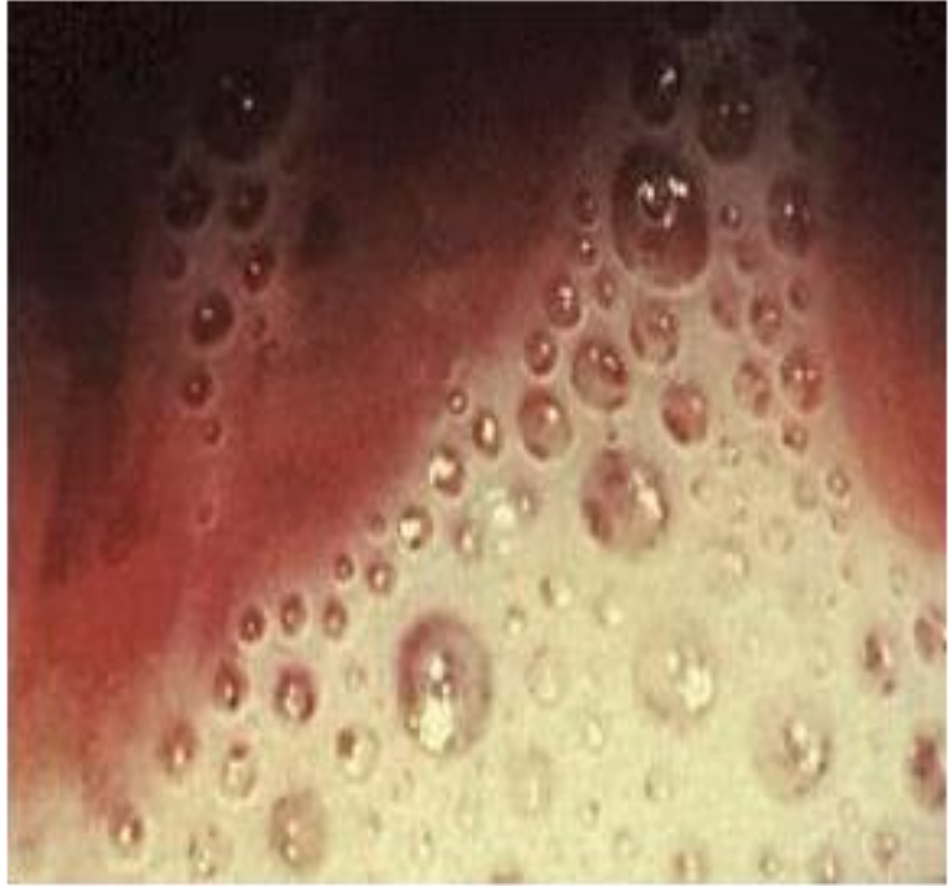
Hep A/B/C

Trichomonas vagin

Pubic louse

scabies













5. What does “DASH” stand for in:

DASH Risk Checklist

Bonus: When would you use it?

Domestic  
Abuse,  
Stalking,  
Harassment and  
Honour Based Violence risk identification

6. What does this cervix show?  
What would you do next?



7. What does this cervix show?  
What would you do next?



8. Which Social class has the highest rate of Domestic Abuse ?

## 9. What types of domestic abuse are there?

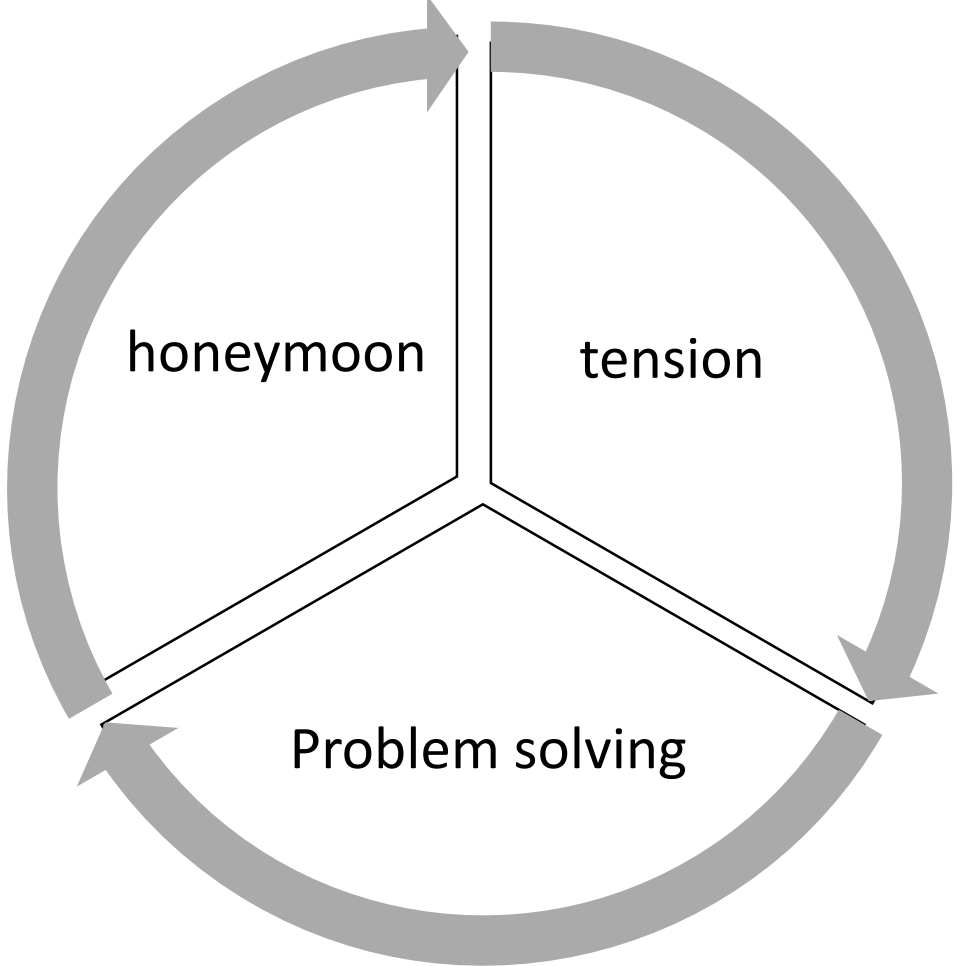
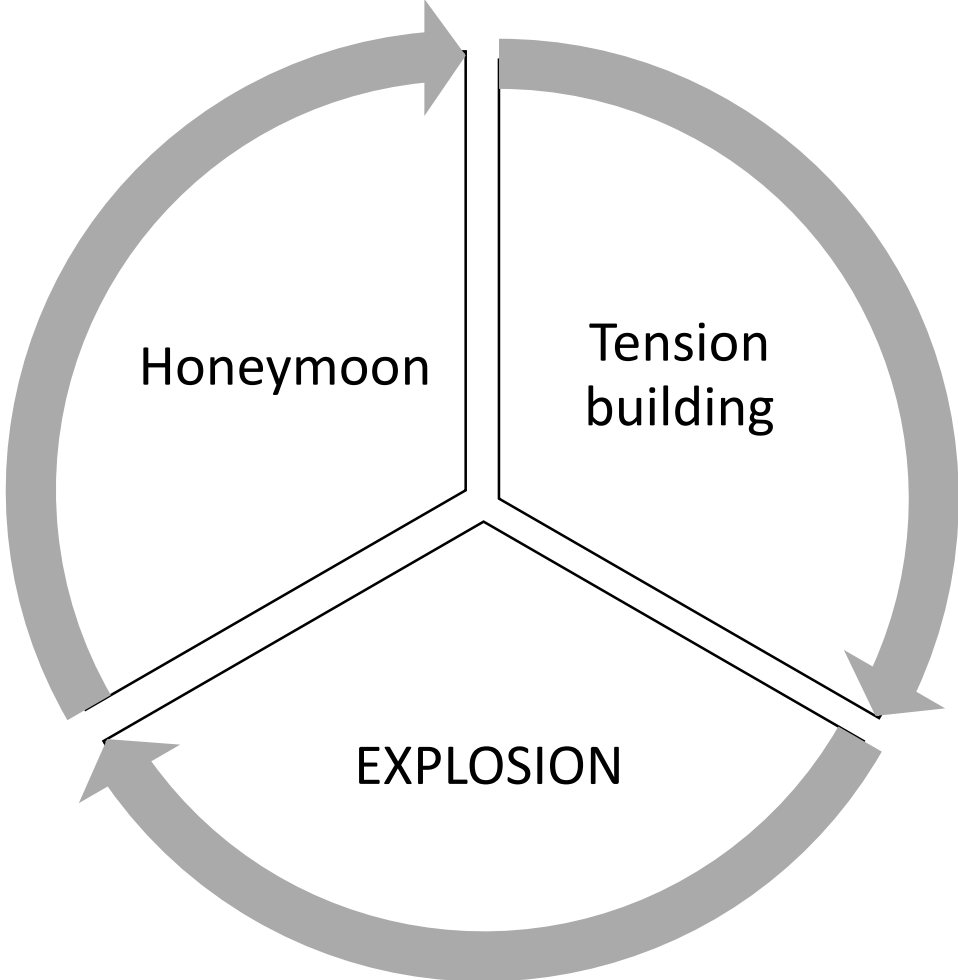
- Physical
- Emotional
- Sexual
- Financial
- Spiritual
- Psychological

# 10. What is Traumatic Bonding?

- Imbalance of power
- Cyclical sporadic nature of abuse
- Denial/ cognitive dissonance/ dissociation
- Masking the abuse
  
- Stockholm syndrome (victim- victimiser situation)
- 1973 /Sweden/6 days
  - Threatened
  - No means of escape
  - Isolated
  - Offered kindness



# Cycle of Abuse



Prize .....





My Story .....



























Value your Partners....



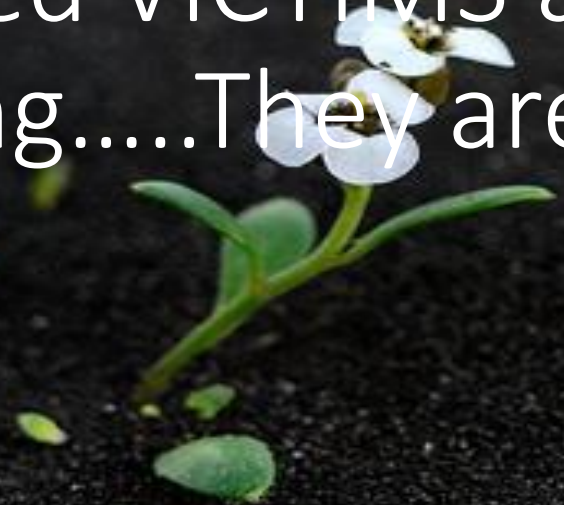
Value your Partners....  
Abuse spans ALL Classes



Value your Partners....  
Abuse spans ALL Classes  
Abused Victims are NOT STUPID



Value your Partners....  
Abuse spans ALL Classes  
Abused Victims are NOT STUPID  
Abused VICTIMS are NOT STUPID for not  
leaving.....They are SCARED .....

A small white flower with green leaves is growing from a dark, textured surface, likely sand. The flower is positioned in the lower-left quadrant of the image, partially overlapping the text.

Value your Partners....

Abuse spans ALL Classes

Abused Victims are NOT STUPID

Abused VICTIMS are NOT STUPID for not  
leaving....traumatic bonding

Be Encouraging... don't ever force them or get  
angry with them..



Value your Partners....

Abuse spans ALL Classes

Abused Victims are NOT STUPID

Abused VICTIMS are NOT STUPID for not  
leaving....traumatic bonding

Be Encouraging ... don't ever force them or get  
angry with them..

Remember the Children of the Abused Victims...



Value your Partners....

Abuse spans ALL Classes

Abused Victims are NOT STUPID

Abused VICTIMS are NOT STUPID for not leaving.....

Be Encouraging ... don't ever force them or get angry with them..

Remember the Children

My Story.....we are all vulnerable.. Being a HCP doesn't give us immunity





Had a child



# Domestic Abuse

## Pathways Domestic Violence and Family Support Service

Sam Goulding

Pathways IDVA- Independent Domestic Violence  
Advisor

YPVA-Young Person's Domestic Violence Advisor  
and Counsellor

# Aims and Objectives

- To bring into our awareness the issue of Domestic Abuse
- To begin to recognise the risk regarding Domestic Abuse
- To challenge some myths regarding Domestic abuse
- To look at what support networks are available to people
- To Improve knowledge of Pathways and what we offer

# Domestic Abuse-What is it?

The cross-government definition of domestic violence and abuse is:  
any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

Psychological

Physical

Sexual

Financial

Emotional

Why?



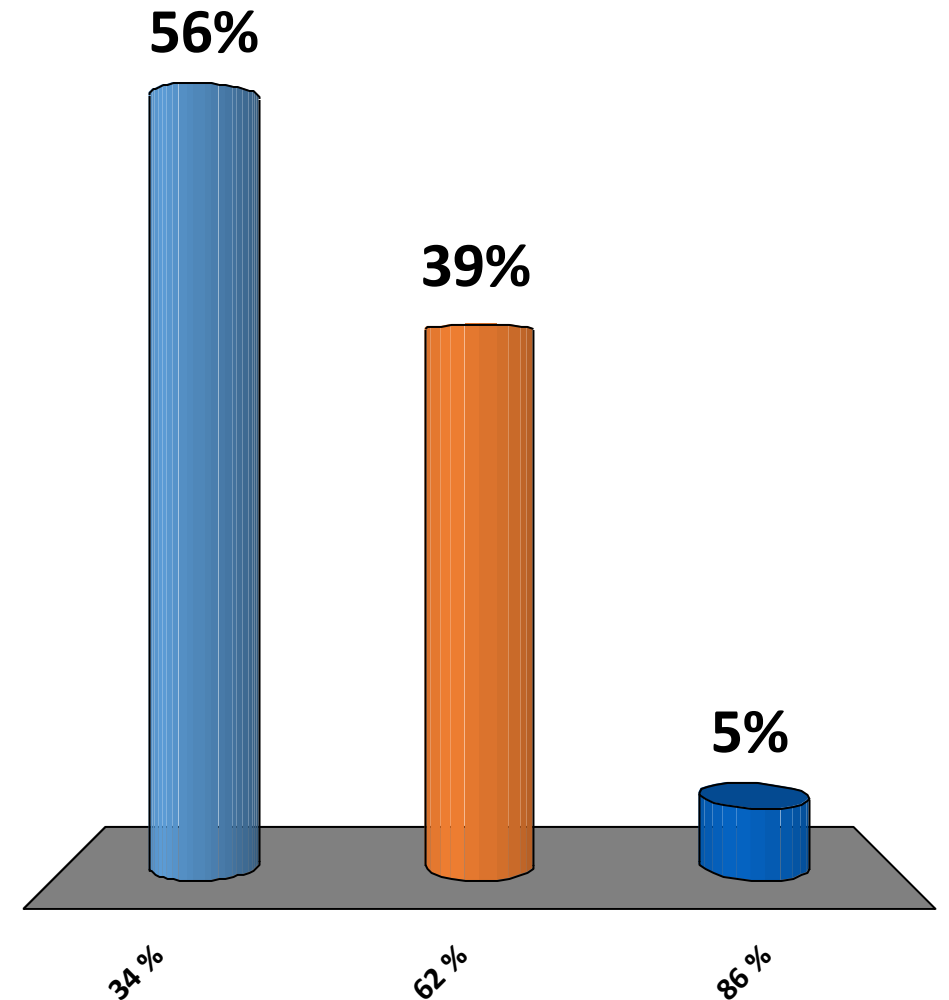
Why does someone stay in an abusive relationship?

1. The % young people aged under 18 at risk of serious harm or murder?

A. 34 %

B. 62 %

C. 86 %



# Quiz

- The % young people aged under 18 at risk of serious harm or murder?

A)34%

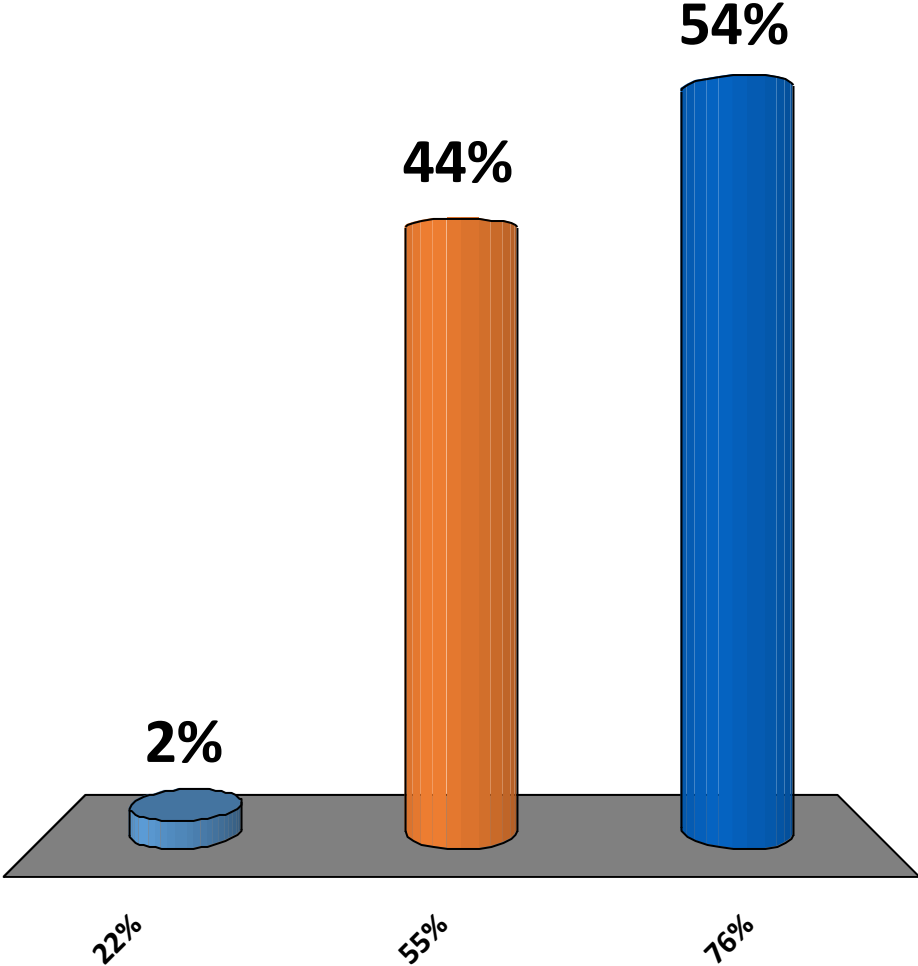
B)62%

C)86%



2. The % experiencing controlling behaviour e.g threats to kill, threats to expose sexual activity, isolation from family and friends or being put down in public

- A. 22%
- B. 55%
- C. 76%



# Quiz

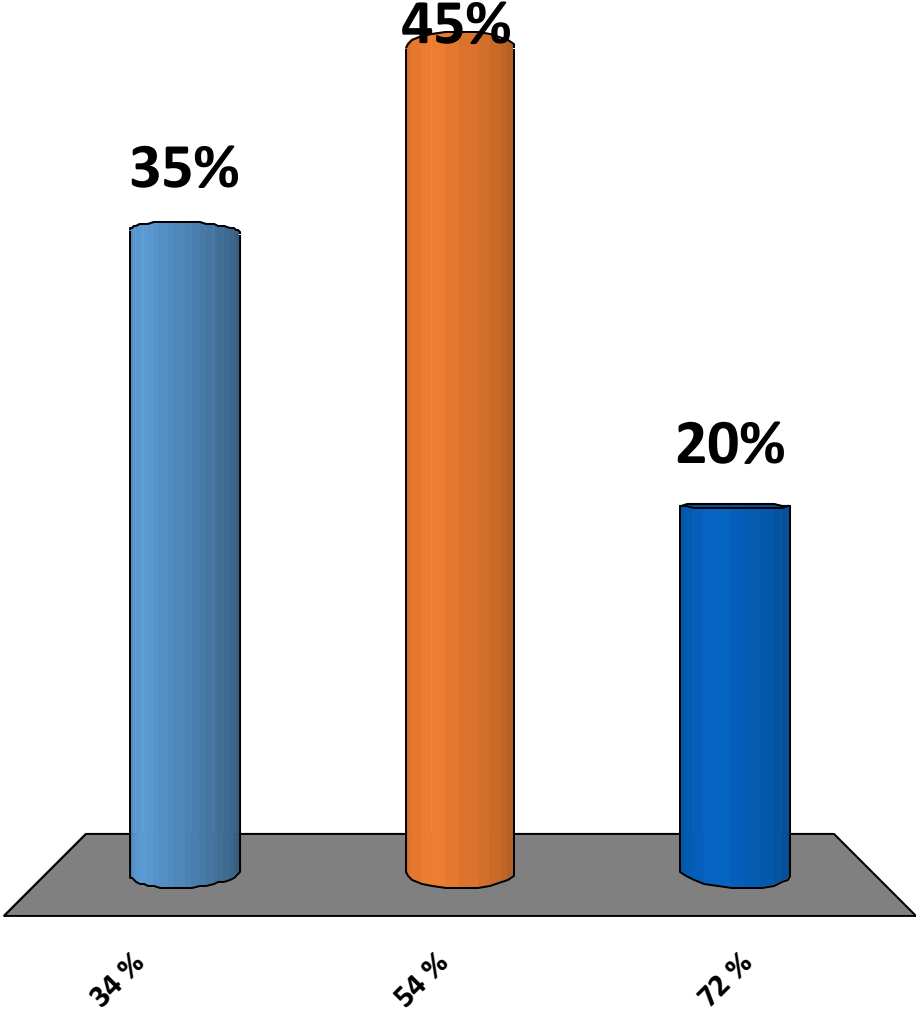
- The % experiencing controlling behaviour e.g threats to kill, threats to expose sexual activity, isolation from family and friends or being put down in public

A) 55   B)76   C)22



# 3. % of females reporting some form of emotional partner violence

- A. 34 %
- B. 54 %
- C. 72 %



# Quiz

- % of females reporting some form of emotional partner violence

A)72 B)34 C)54



# Case study

- The case Study I feel is a good example of some Multi agency working between a Barnsley GP and Domestic Abuse services.



# It can work and save money

## Yasmin's Journey

The true story of a domestic violence survivor, and what could have been

- What **actually** happened
- What **could have** happened with needs-led intervention



Yasmin has always suffered from OCD and depression. She meets her partner in 2012 and moves in soon after.

After 4 months the abuse starts when she discovers he is a heroin addict.



After the first violent instance she attends A&E.

A&E:  
£113

She is kept safe in hospital overnight, until she can be moved to a refuge.

overnight:  
£1,779

A&E staff call the police, and a nurse refers her to the A&E IDVA.

IDVA:  
£648

She is sent home with painkillers.

The refuge helps her access mental health support.

advocacy + mental health support needed as result of abuse:  
£1,660

refuge:  
£9,500

Eventually she is referred to the local housing team.

He beats her regularly. She sees A&E every fortnight. She calls the police more than 50 times.

A&E + callouts:  
£102,938

After 6 months she moves into private accommodation, where she regularly sees family and friends.

fare:  
£13,700

She now lives in supported housing because she can not live independently. She can not contact friends or family in case they lead him to her.

fare:  
£2,008,043

After she moves back in the violence starts again, and he begins injecting her with drugs against her will.

rehoused:  
£5,300

She is housed near the perpetrator. He regularly breaks in, until she agrees to move back in with him.

He tries to burn down the house with her inside. She flees and a MARAC assesses her as high-risk. Alarms are put in a new property.

rehoused:  
£5,300

alarms:  
£452

MARAC:  
£1,000

He breaks in and the downstairs alarm fails. He holds her hostage, repeatedly raping and injecting her.

After 5 days she makes it upstairs, setting off the upstairs alarm. He is arrested but escapes a custodial sentence.

supported housing for rest of life:  
£47,323.50 per year

#HearMe

[www.womensaid.org.uk/routes](http://www.womensaid.org.uk/routes)

women's aid

until women & children are safe

# Another example

## Katrina's Journey

The true story of a domestic violence survivor, and what could have been

- What actually happened
- What could have happened with needs-led intervention



After the first physical incident she calls the police. The police and social services perform a risk assessment.

callout:  
£2,000



Katrina falls pregnant soon after meeting her partner. He is very controlling, and their relationship is on/off.

They marry and have a second child in 2000.

He keeps all financial assets in his name, and forces her to take out £95,000 of debt in hers.

In 2010, he ends the relationship, and the house is repossessed when he stops paying the mortgage.

She works four jobs, but is advised to drop down to one by the job centre.

3 x re-housing:  
£5,300 each time

school meals:  
£370 / year  
(6 yrs)

She and her children are made homeless 3 times in 3 years. They rely on benefits and food banks to survive.

fare:  
£63,499.16

housing benefit:  
£3930.26 / year  
(6 yrs)

child tax credit:  
£3,299.60 / year  
(6 yrs)

She is recognised as having needs and being at risk because of the abuse.

They know that without support, she might keep returning to the relationship.

She is referred to a specialist domestic violence service, which helps her build financial and emotional independence

advocacy + group work:  
£365

She is helped into work and no longer needs benefits.

fare:  
£2,365

She fears her child will be taken into care, so she tells social services they have split up. Because of this she is not considered high risk.

She goes to a hostel, and he tracks her down.

After daily harassment she returns to the relationship, believing she is safer staying with him if she can't escape from him.

#HearMe

[www.womensaid.org.uk/routes](http://www.womensaid.org.uk/routes)

women's aid

until women & children are safe

# Support for Domestic abuse victims in Barnsley

- Police
- MARAC
- IDVAS
- ISVA
- YPVA
- Pathways
- Victim support
- BSARCs
- Citizens advice

# Pathways

- Counselling- Person centred Counselling
- NLP: Neural Linguistic Programming
- Support and information sessions
- IDVA service including legal support
- YPVA
- Women's Freedom Programme
- You and Me Mum
- Teen Self Esteem
- Adult Self Esteem
- Helping Hands
- Safe and Healthy Relationships

## Referral process

Telephone for advice to see if referral appropriate

Referrals from professional need to be emailed or faxed with as much detail as possible

Email address is

[pathwayscentre33@yahoo.co.uk](mailto:pathwayscentre33@yahoo.co.uk)

Phone number is 01226 731812





# What happens next

**Level of risk is assessed through client assessment**



**The right service is identified with the client and progressed with**



If your not sure just  
ask!! We happy to  
help and offer advice

[Sam.pathways@yahoo.com](mailto:Sam.pathways@yahoo.com)

01226 731812

07710597037



# Websites

- Pathways- [www.barnsleydvg.org.uk](http://www.barnsleydvg.org.uk)
- Women's aid- [www.womensaid.org.uk](http://www.womensaid.org.uk)
- Refuge- [www.refuge.org.uk](http://www.refuge.org.uk)
- Respect- [www.respectphoneline.org.uk](http://www.respectphoneline.org.uk)
- Mens advice line- [www.mensadviceline.org.uk](http://www.mensadviceline.org.uk)
- Broken rainbow- [www.broken-rainbow.org.uk](http://www.broken-rainbow.org.uk)
- [www.safe-services.org.uk/.../ADVA%20CAADA%20DASH%20RIC.doc](http://www.safe-services.org.uk/.../ADVA%20CAADA%20DASH%20RIC.doc)
- <http://www.safelives.org.uk/gp>



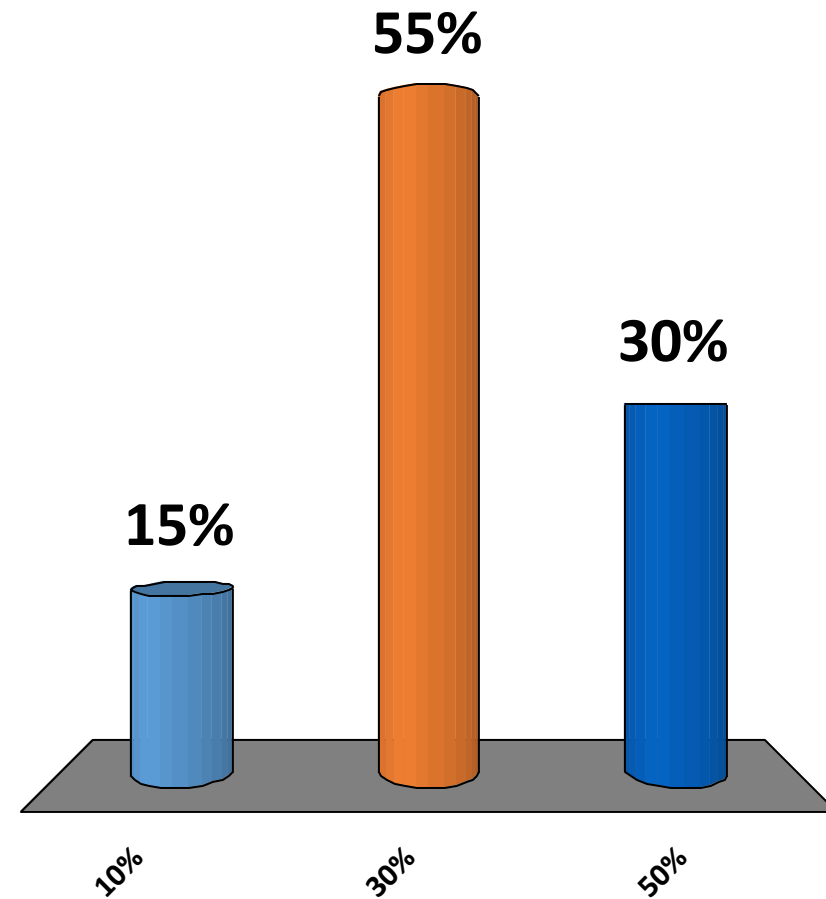
# Cervical Cytology Update

January 2016

Dr Helen Morris

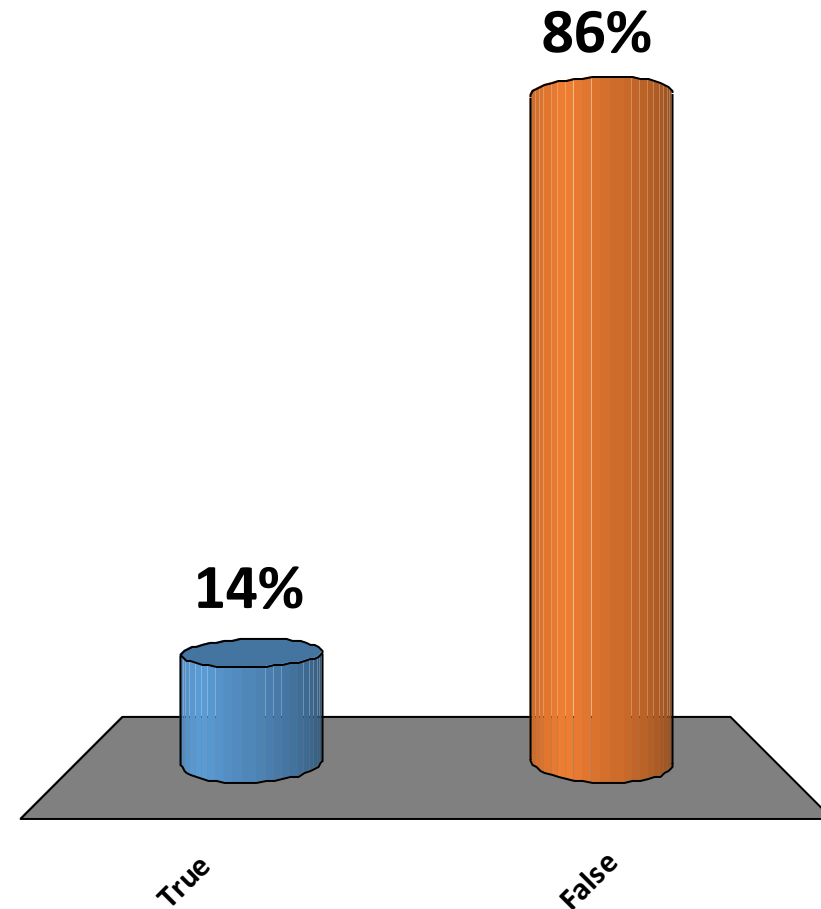
1. If the current partner is circumcised, it reduces the risk of cervical cancer by?

- A. 10%
- B. 30%
- C. 50%



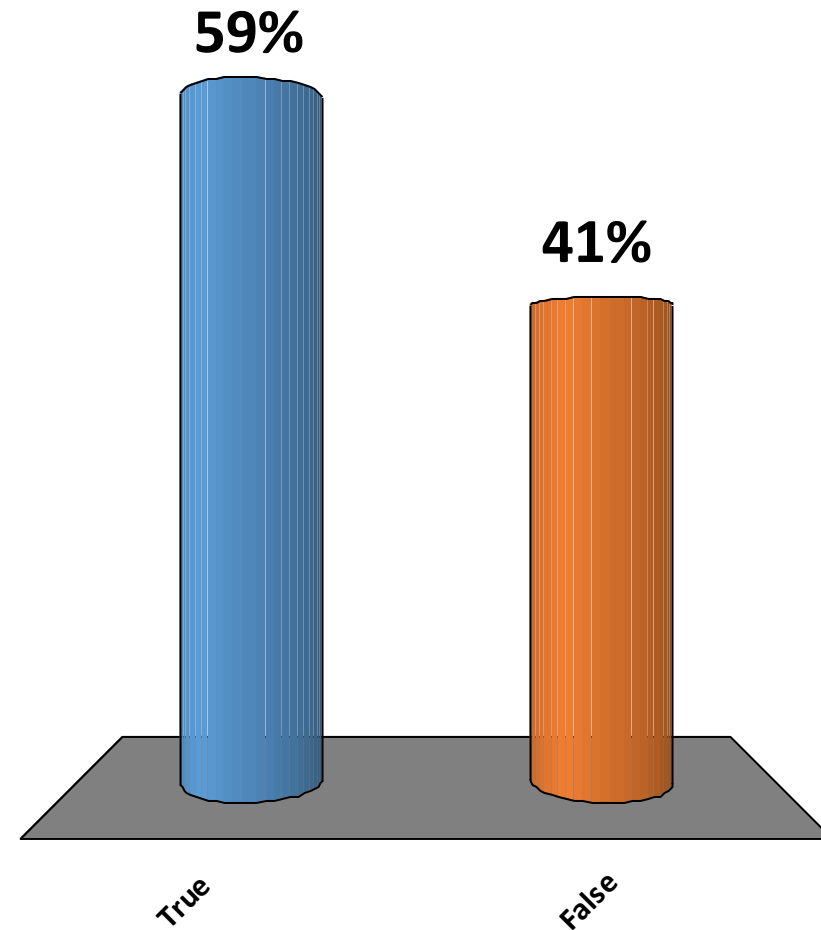
2. Progesterone only Pill increases the risk of cervical cancer ?

- A. True
- B. False



3. Carrots decrease the risk of cervical cancer?  
?

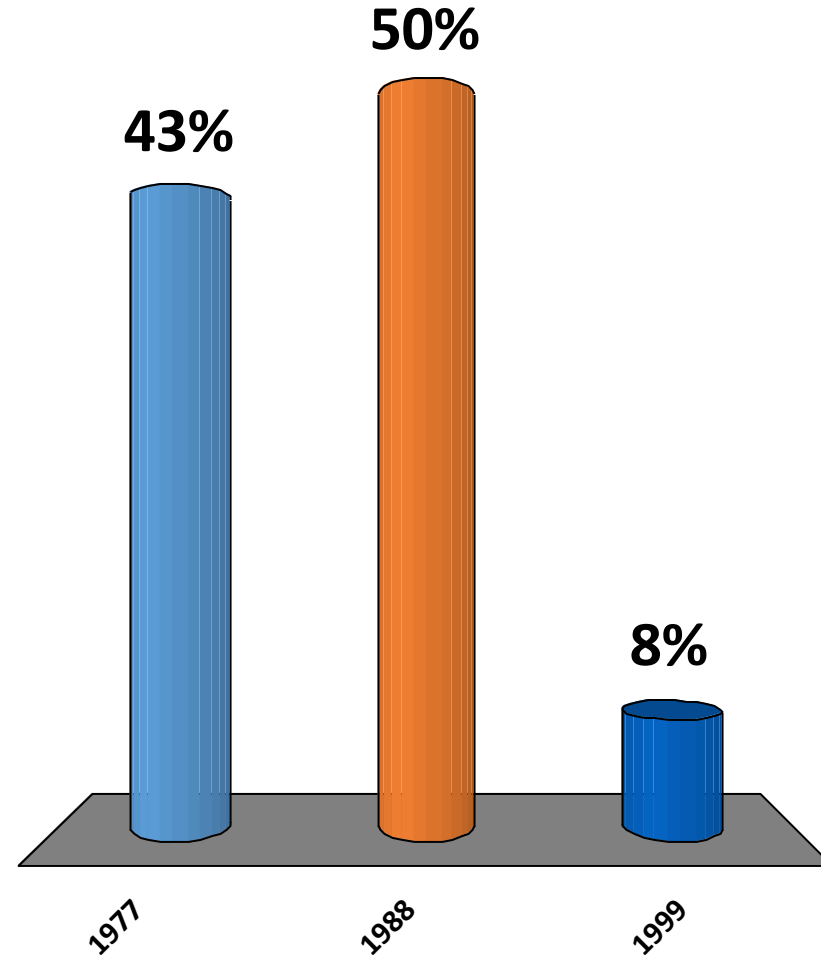
- A. True
- B. False





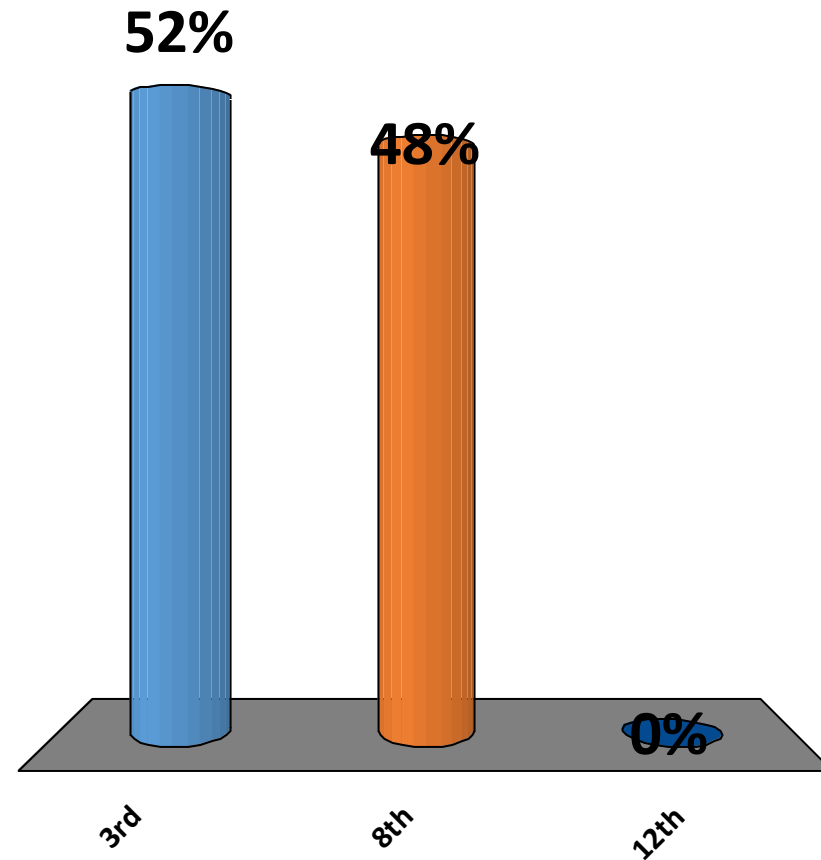
4. NHS screening programme was set up in :

- A. 1977
- B. 1988
- C. 1999



5. Cervical cancer is the ..... commonest cancer in women .

- A. 3<sup>rd</sup>
- B. 8<sup>th</sup>
- C. 12<sup>th</sup>





*Cancer Screening Programmes*

**INTERIM** Good practice guidance for cervical  
sample takers

---

A reference guide for primary care and community settings in  
the NHS Cervical Screening Programme

# Update training

- Sample takers should undertake a minimum of one half day's update training every three years.
- E-learning update modules may be used if they fulfil both the national and local requirements.
- Whatever form it takes, update training must cover all of the following areas

- current developments in the NHSCSP, nationally and locally
- recent literature relevant to sample taking, sampling devices and women's needs
- changes to local screening policies and procedures
- personal learning needs
- qualitative assessment of 20 recent consecutive samples produced by the sample taker.

# I would suggest also.....

- Continue self evaluation to ensure competence
  - audit individual rates of inadequate tests and abnormal test results compared to local rates
  - reflect upon this

# Start with recap!

- 3,044 new cases in UK in 2012
- 919 deaths in UK in 2012
- 63% Survival Rate for 10+ years (2010-11)

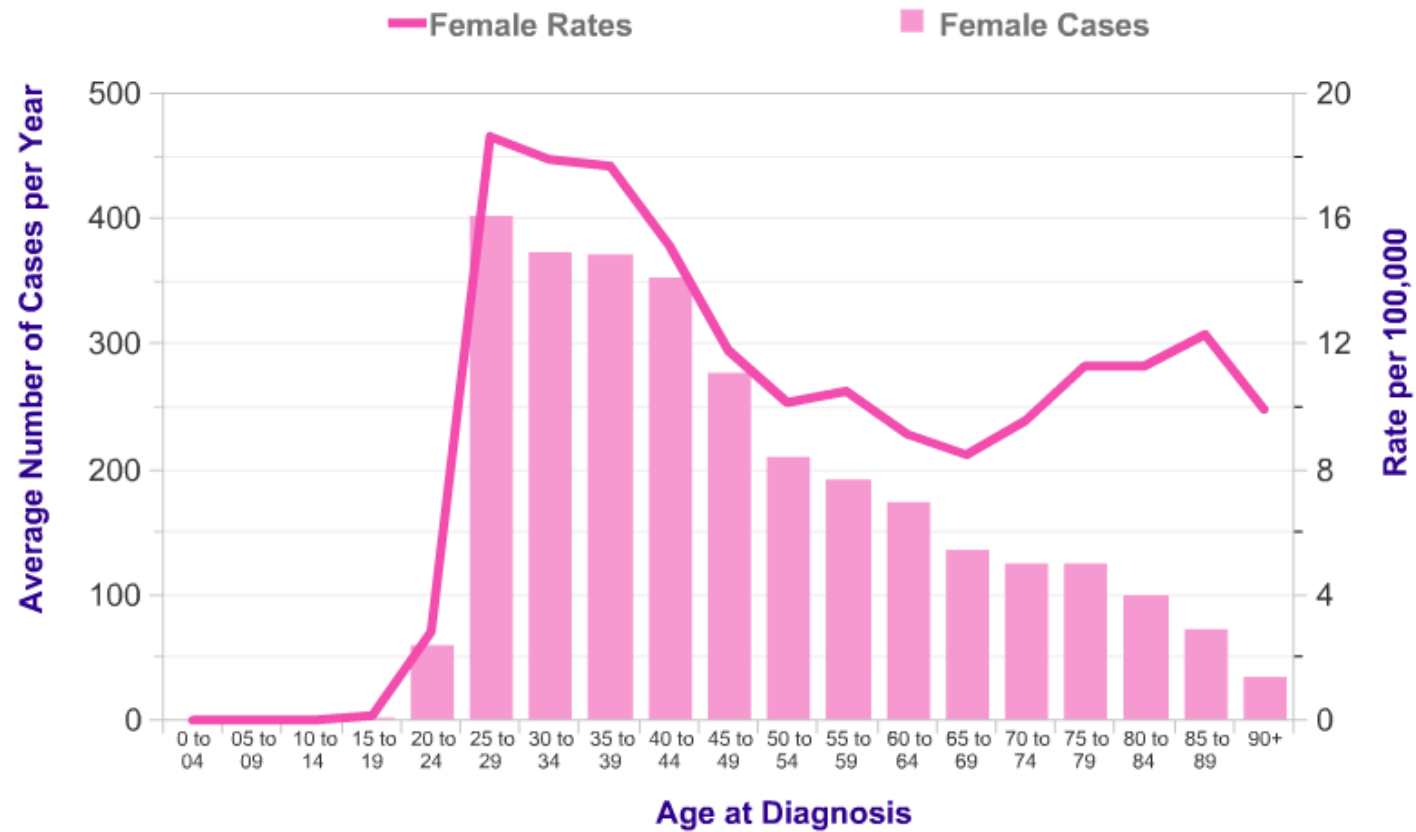
# Risk Factors

- Age
- HPV
- HIV other immunosuppression
- Combined Pill
- Diethylstilbestrol ( In utero exposure)
- Tobacco smoking

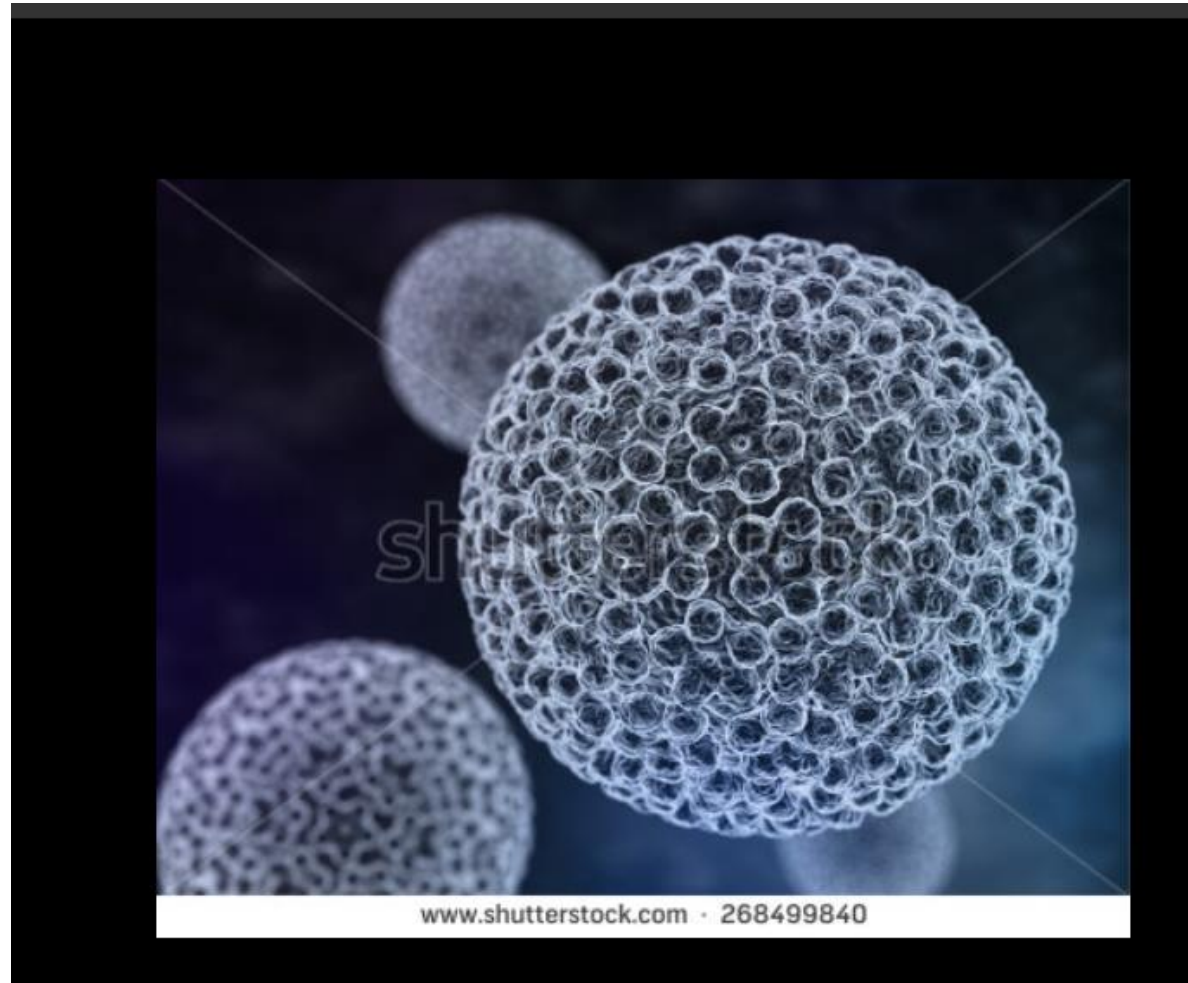


# Age

Cervical Cancer (C53), Average Number of New Cases Per Year and Age-Specific Incidence Rates, UK, 2010-2012



# HPV



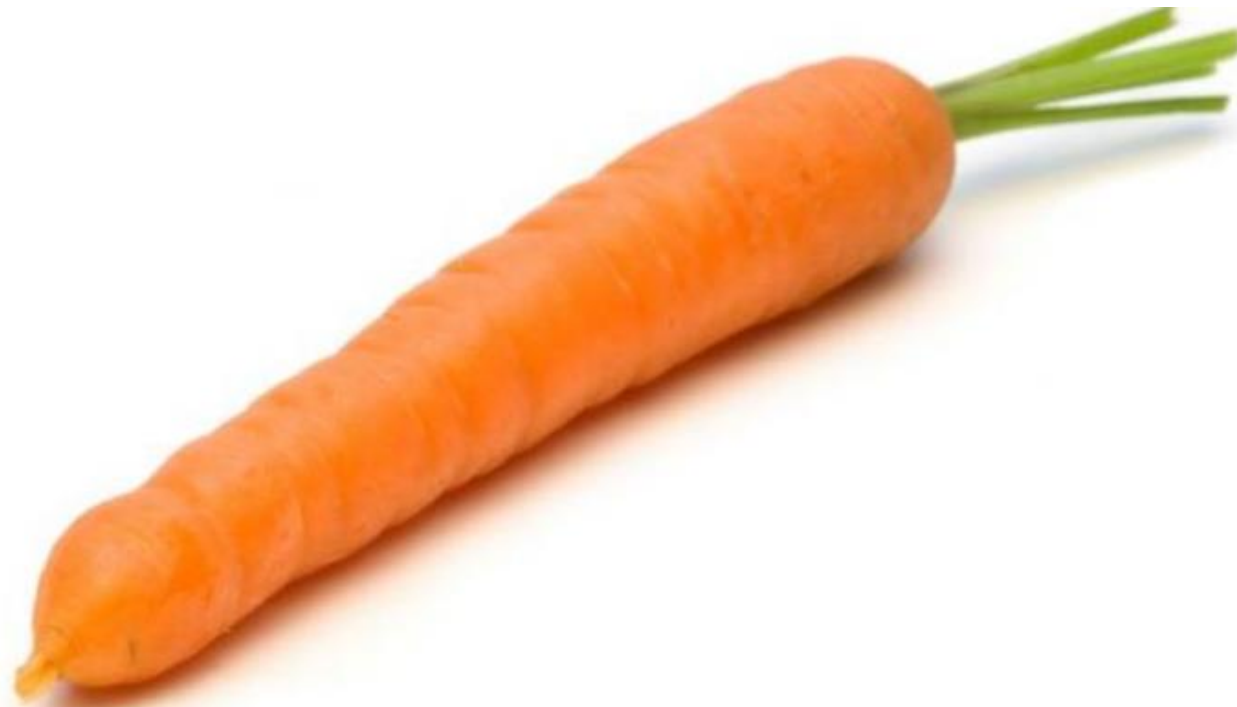
# Combined Pill



# Smoking



Reduce Risk



# Screening



Population screening programmes – guidance

## Cervical screening: programme overview

From: [Public Health England](#)  
First published: 1 April 2015  
Part of: [NHS cervical screening \(CSP\) programme and Population screening programmes](#)

A description of the NHS cervical screening programme, including evidence on screening for cancer and HPV for women over 25.

### Contents

[Evidence and recommendations](#)

[Screening tests](#)

[HPV triage](#)

[HPV test of cure](#)

[Vaccinated women](#)

[Providing prompt care](#)

[Commissioning](#)

[Contact the screening team](#)

[Screening](#) is the process of identifying individuals who appear healthy but may be at increased risk of a disease or condition.

The process is not perfect and in every screen there are a number of false positives and false negatives.

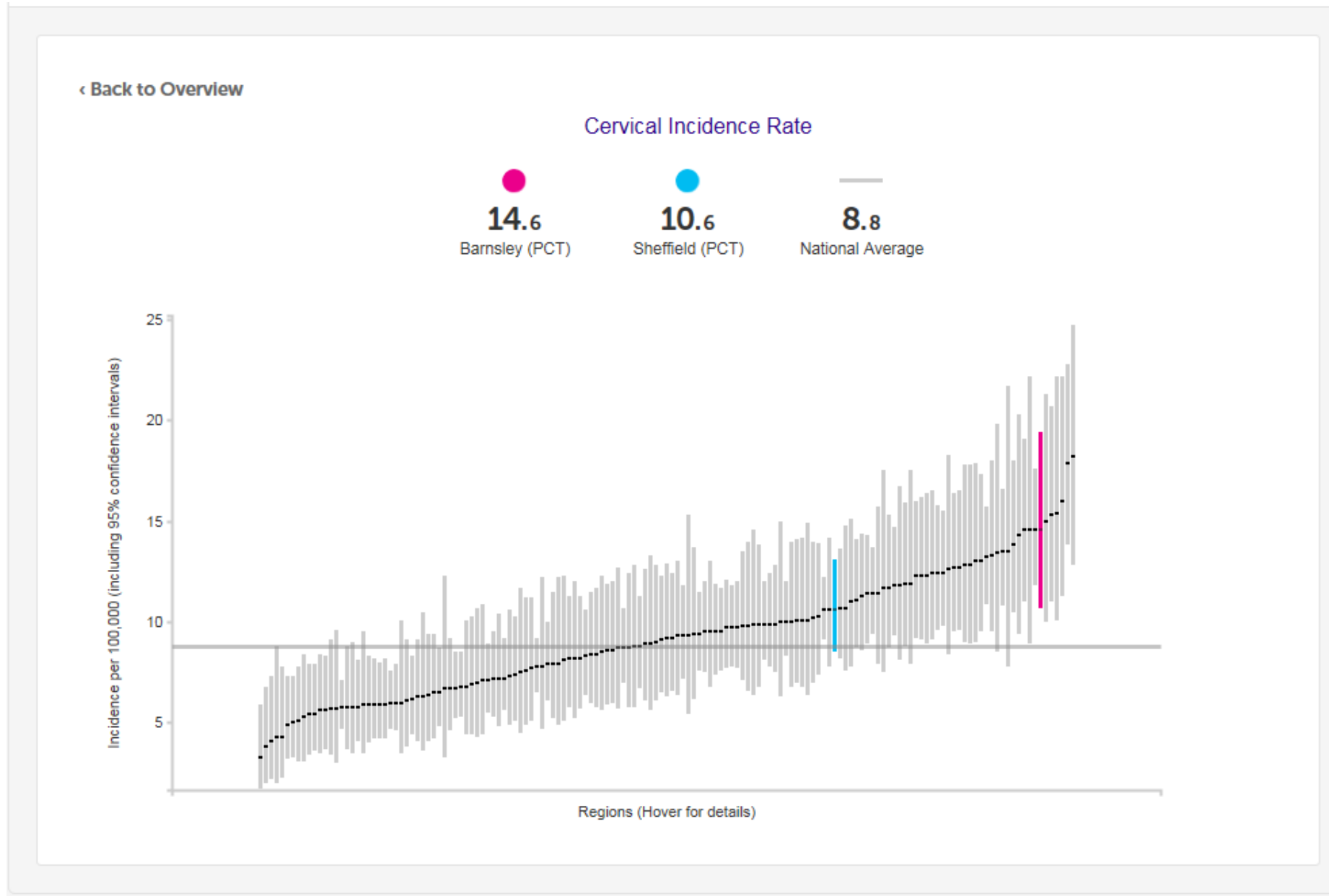
NHS cervical screening programme is available to women aged 25 to 64 in England.

All eligible women who are registered with a GP automatically receive an invitation by mail.

Women aged 25 to 49 receive invitations every 3 years. Women aged 50 to 64 receive invitations every 5 years.

NHS Choices provides information for the public on the [cervical screening programme](#)

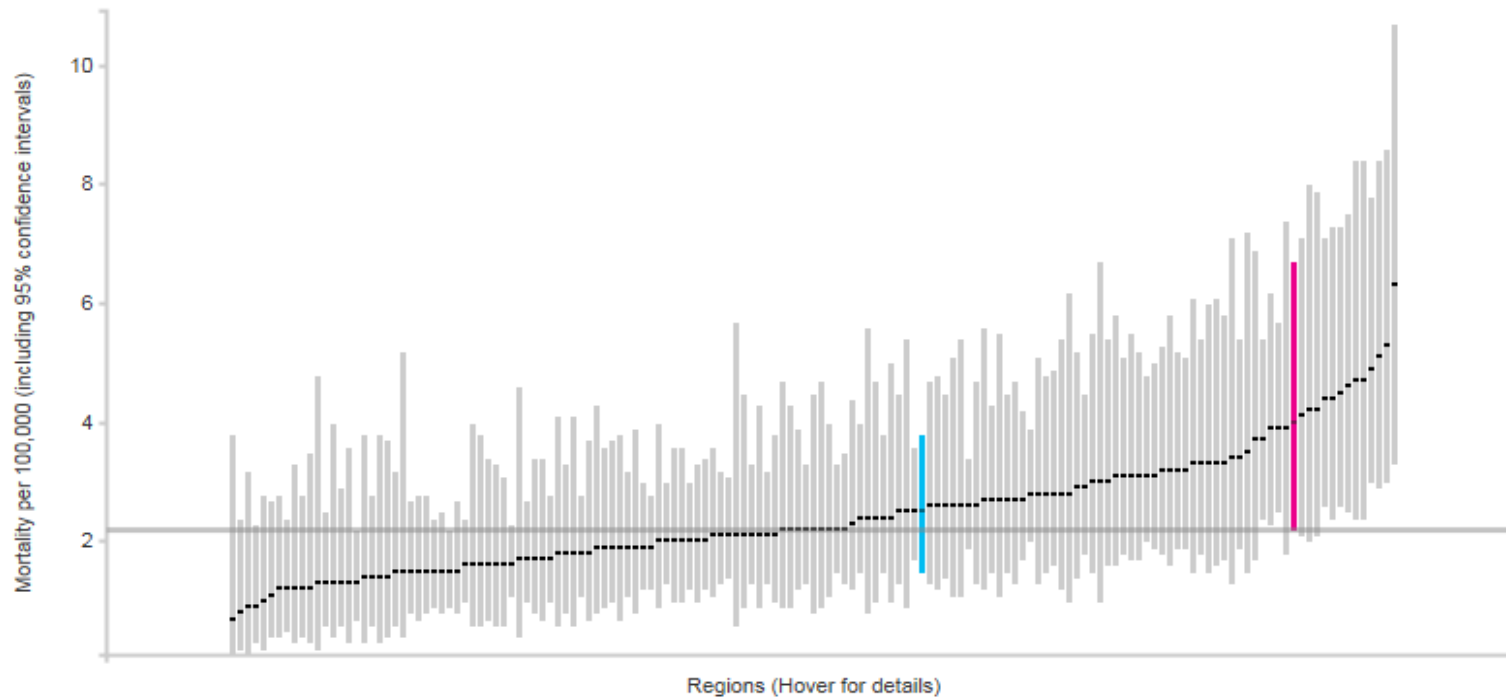
# Incidence of cervical cancer



# Cervical Mortality

[◀ Back to Overview](#)

## Cervical Mortality Rate





# Uptake of cervical screening in younger women

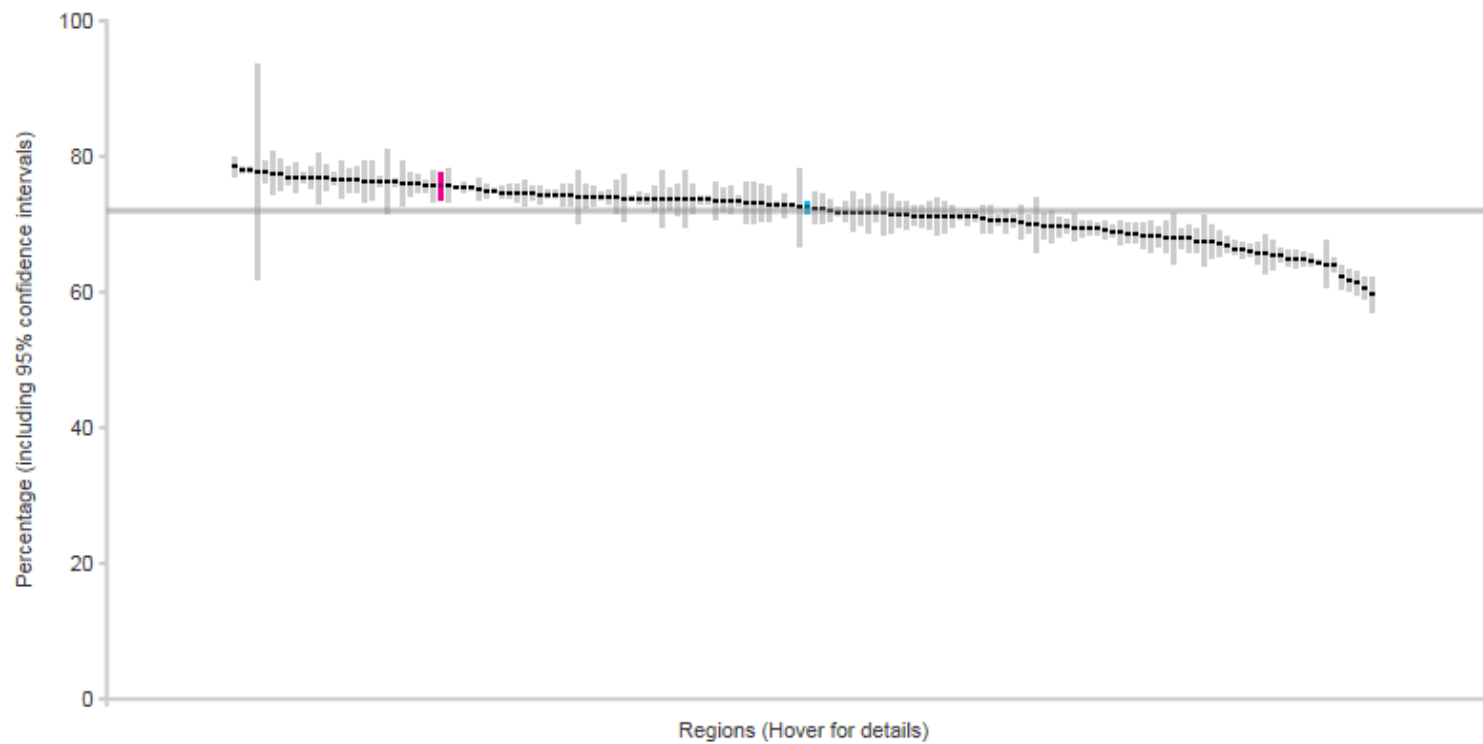
[Back to Overview](#)

## Cervical Screening Young Women

**75.6**  
Barnsley (upper tier LA)

**72.5**  
Sheffield (upper tier LA)

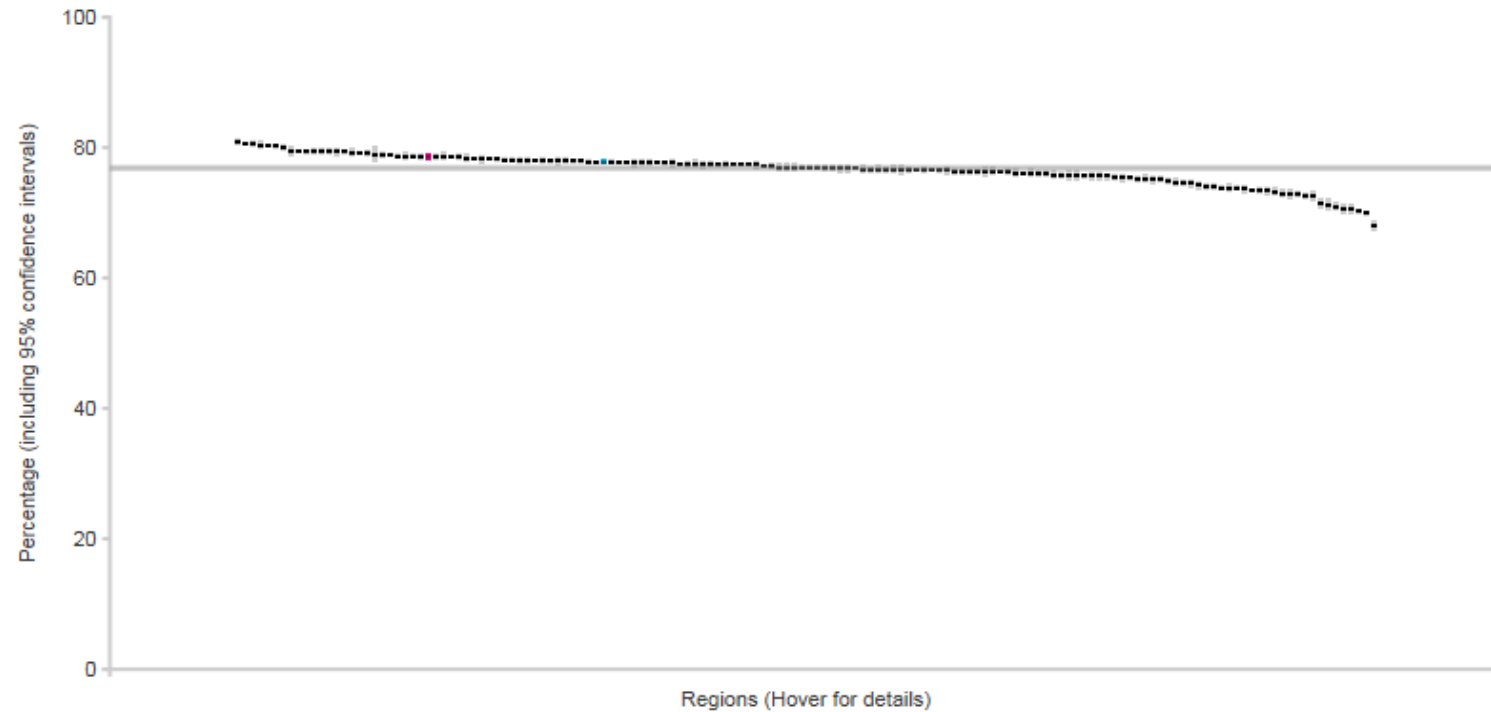
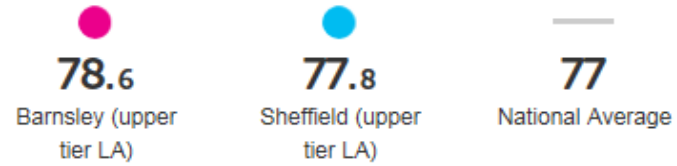
**71.9**  
National Average



# Uptake Cervical screening in older women

[← Back to Overview](#)

## Cervical Screening Older Women



# What's new?



Public Health  
England

Protecting and improving the nation's health

## **Changes to the Human papillomavirus (HPV) vaccine schedule 2014/15**

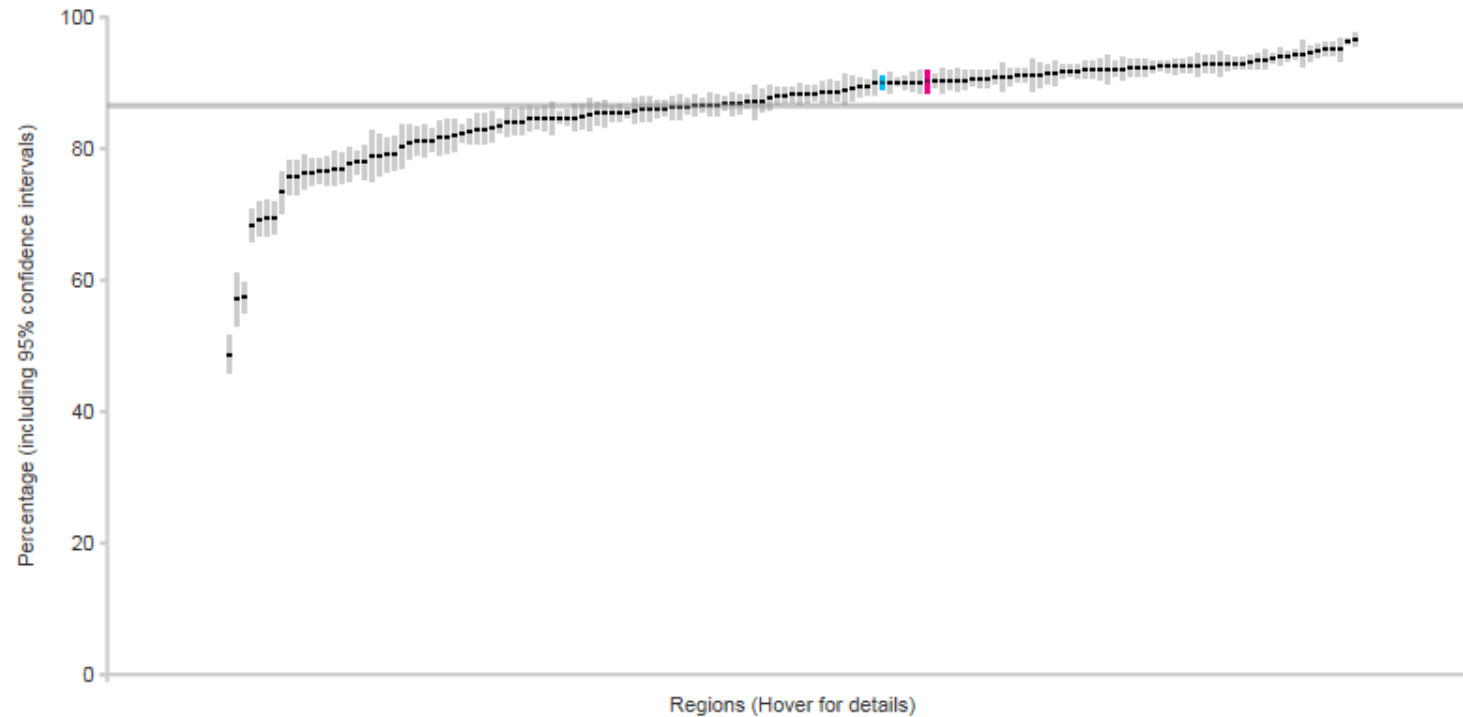
Advice for healthcare professionals

# HPV Coverage

[← Back to Overview](#)

## HPV vaccine coverage

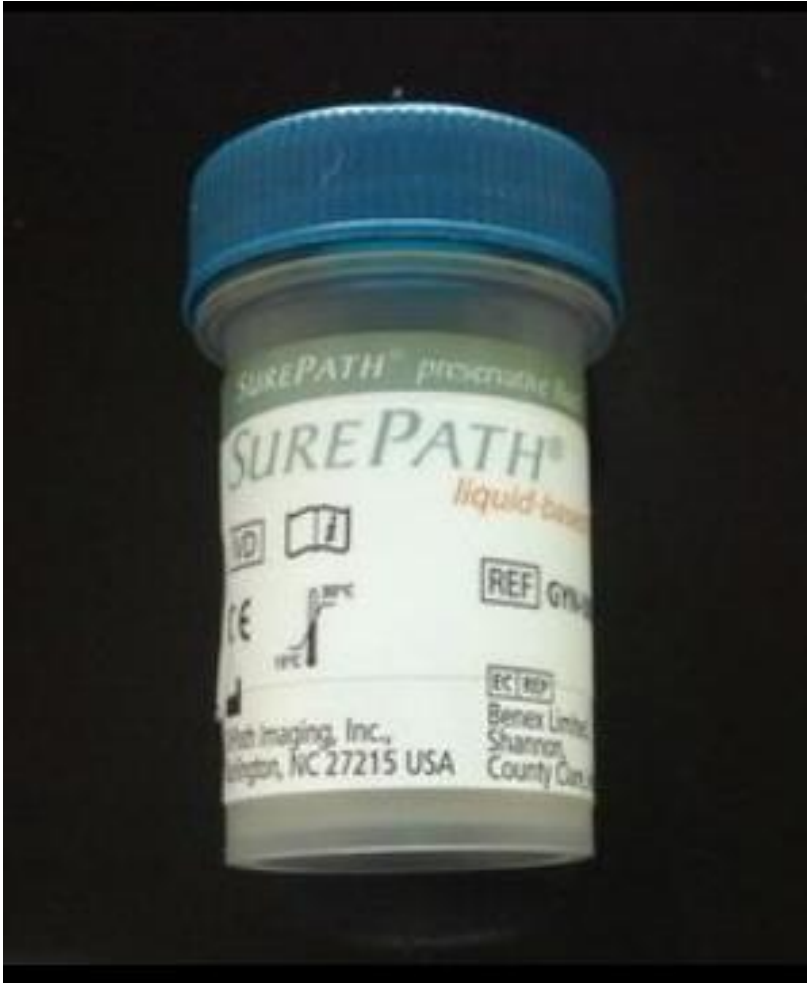
<b>90.2</b> Barnsley (PCT)	<b>90</b> Sheffield (PCT)	<b>86.7</b> National Average
-------------------------------	------------------------------	---------------------------------



Why did we stop screening from 20?

*It does more harm than good!*

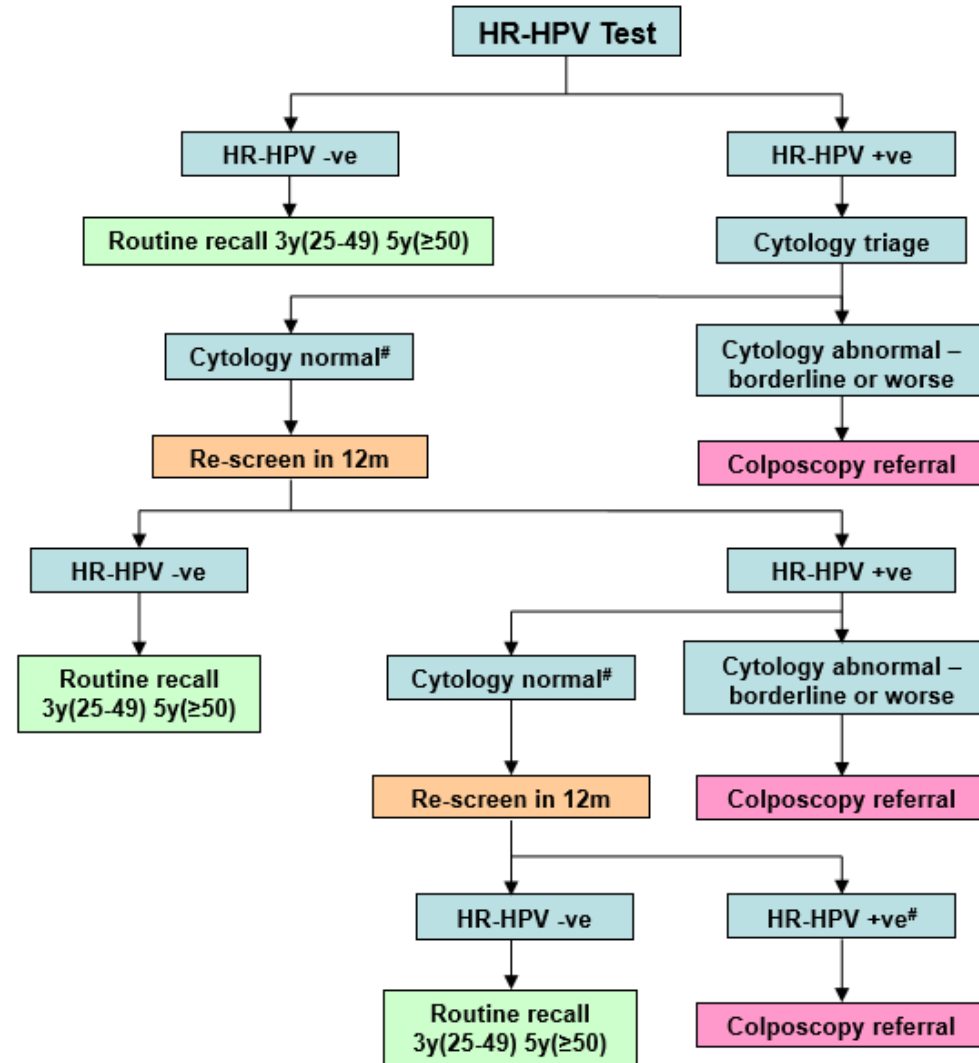
# Surepath



What's  
coming?

### HPV Primary Screening Protocol Algorithm

All women aged 25-64 on routine call/recall and early recall



# Elearning

NHSmail e-LfH Hub

portale.lfh.org.uk/account/logon

Clarity's Appraisal NHSmail Login

e-LfH Search the e-learning NHS Health Education England

Contributing to the revolution in healthcare training in the UK

Register

Username

Username

Password case sensitive

Password

Remember me? Log in

Forgotten username or password?

System Requirements

To ensure your device is correctly set up to display and record your e-Learning activity, please check your device using our checking tool.

Check my device

21:07 10/01/2016

e-LfH is a Health Education England Programme in partnership with the NHS and Professional Bodies

Terms and conditions | Accessibility | Contact us © e-Learning for Healthcare 2016



## Registration

### About you

- I am an existing e-LfH user
- I work within the NHS
- I work in a Dental Practice or University Dental School that provides NHS care
- I am a hospice worker
- I am a Medical Examiner
- I work within the Social Care Sector in England
- I work within the MoD
- I am a Student/Tutor in one of the following areas - Midwifery/ Health Visiting/ Radiography/ Audiology/ Medical
- I am a Qualified Health Visitor
- I am directly employed by the Department of Health
- I am employed by NICE
- None of the above apply to me

To register for e-LfH learning programmes please tell us who you are by selecting the most appropriate description.

### Cervical Screening

**Description**

This session aims to help the clinician take and manage the results of cervical screening in the context of the NHS cervical screening programme and understand the responsibilities of the sample taker.

**Authors** [Ruth Holman](#), [Sylvia Bates](#)

**Module** e-SRH 07 - Screening and Vaccination Programmes in SRH

**Duration** 35 min

**Date last reviewed** 2 March 2015



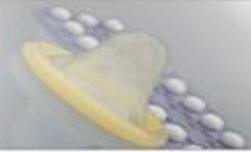
"Setting standards in contraception - improving sexual health for all"





e-SRH Sexual & Reproductive Healthcare e-learning

An e-learning resource supporting the training of doctors and nurses in sexual and reproductive healthcare



## Record of Learning Completion

This document provides a record of completion of the e-learning session:

### Cervical Screening

On

10<sup>th</sup> January 2016

By

Morris, Helen



e-SRH  
e-learning



Faculty of Sexual and Reproductive Healthcare



### Important Notice

This document does not constitute certification or a formal qualification and is as stated solely a record of completion of e-learning materials. For information about the Faculty of Sexual and Reproductive Healthcare, please visit [www.fsrh.org](http://www.fsrh.org).

# nwyhelearning.nhs.uk

The screenshot shows a web browser window with the following elements:

- Browser Tab:** CSTD | QARC North East, Yor | Title page
- Address Bar:** nwyhelearning.nhs.uk/elearning/yorksandhumber/shared/cervical\_sample\_taker/Preview/index.html
- Navigation:** Back, Forward, Refresh buttons.
- Bookmarks:** Clarity's Appraisal, NHSmail, Login, e-LfH Hub, CSTD QARC North, CSTD QARC North.
- Page Header:** NHS logo in the top right corner.
- Image:** A horizontal strip of six small photographs showing diverse women, likely the sample takers or trainers.
- Section Header:**

## Cervical sample taker training
- Text:**

This e-learning course has been created for medical and non-medical sample takers across Yorkshire and the Humber and the North East. It will form part of your basic sample taker training and three year update requirements and help you maintain and improve your knowledge of the cervical screening programme.
- Footer:** v2.1, [? Help](#), [Resources](#), [a-z Glossary](#), [Menu](#), [Next >](#)
- Taskbar:** Windows Start button, taskbar icons for various applications, system tray icons (Bluetooth, Wi-Fi, volume), and system clock showing 22:19 on 19/01/2016.

## Cervical sample taker training



<b>1</b> The Cervical Screening Programme <input type="radio"/> 20 mins	<b>7</b> Legal and ethical issues <input type="radio"/> 15 mins
<b>2</b> Causes of cervical cancer and HPV triage <input type="radio"/> 10 mins	<b>8</b> Professional issues <input type="radio"/> 10 mins
<b>3</b> Prepare in advance <input type="radio"/> 20 mins	<b>9</b> Case study: Parminder Singh <input type="radio"/> 10 mins
<b>4</b> Visualise the cervix <input type="radio"/> 15 mins	<b>10</b> Case study: Laura Britton <input type="radio"/> 10 mins
<b>5</b> Take the sample <input type="radio"/> 20 mins	<b>11</b> Case study: Jenny Warrington <input type="radio"/> 10 mins
<b>6</b> End the consultation <input type="radio"/> 10 mins	<b>12</b> Assessment <input checked="" type="radio"/> 15 mins

*Certificate of Completion*

**This is to certify that**

Helen Morris


completed the

**Cervical Sample Taker E-Learning  
Update Training v2.1**

course on

19/01/2016

# Audit



## Dashboard

SAMPLE TAKER CODE: P9056  
Mentor: | Tel:

**SAMPLE TAKER**

- Dashboard
- Your details
- Documents & Updates
- Events
- Submit training record
- Log out

### CSTD Application

Save application to desktop

### Latest documents

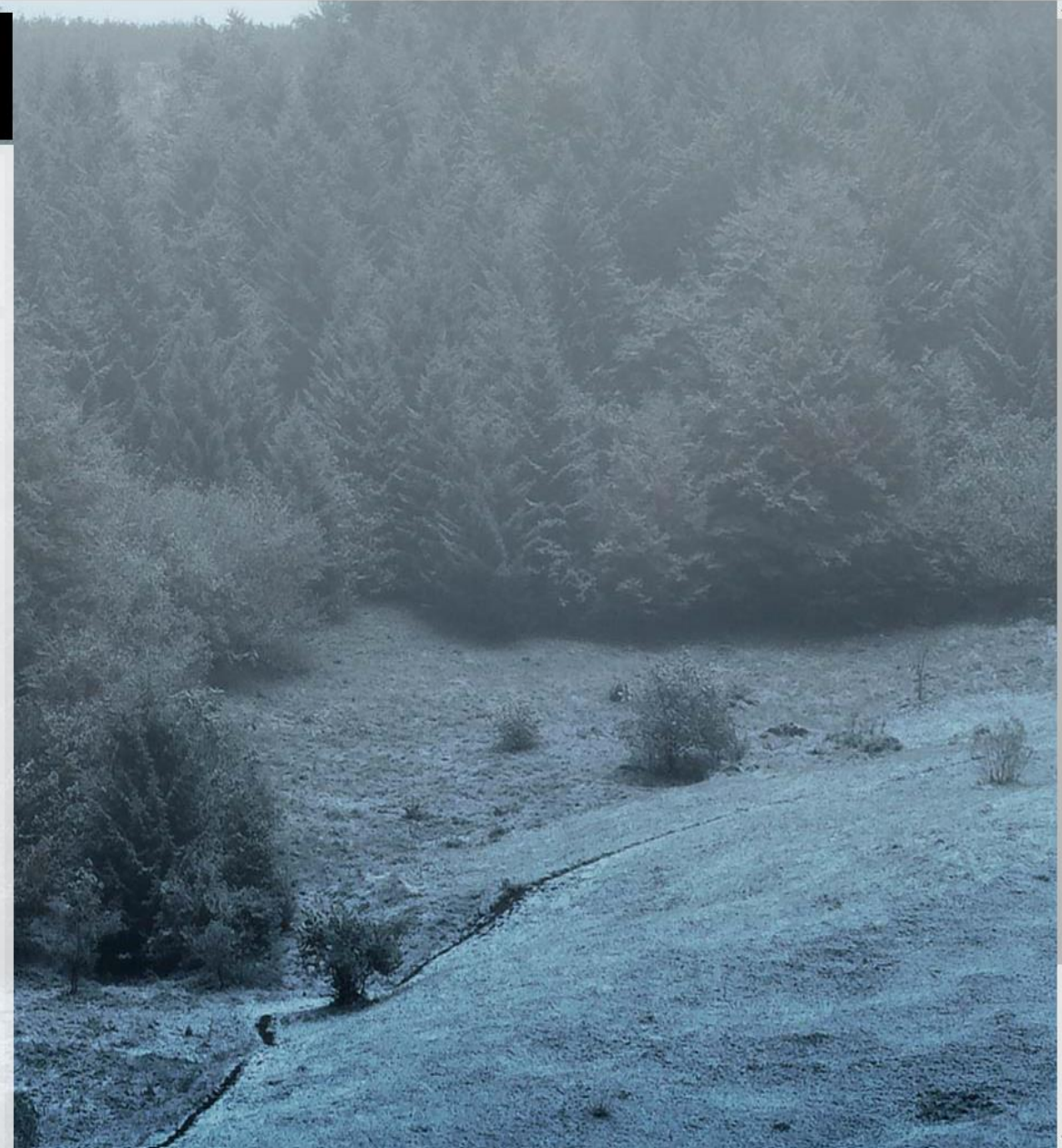
#### PCT Assigned Docs

- Laboratory averages 01/04/13 -31/03/2014  
Created on: 14/07/2014
- NEYH Sample Taker Training Guidance v2  
Created on: 06/08/2012
- Best Practice Guidance for Managing Female to Male Gender Reassignments  
Created on: 04/05/2012

#### SHA Assigned Docs

- Sample Taking Coordinator System User Guide  
Created on: 08/01/2016
- Access your Sample Taker Performance Data  
Created on: 14/12/2015
- Cervical Sample Taker Web-based System User Responsibilities Guide  
Created on: 10/11/2015
- Trainee Sample Taker E-portfolio System User Guide  
Created on: 16/10/2015

### Latest events





## *Cancer Screening Programmes*

### Laboratory Averages for the period 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014

Sample takers should audit and reflect on their individual TZ and inadequate rates compared with the rates reported by the local laboratory.

Laboratory	Average TZ+ Rate	Average Inadequate Rate
Calderdale Royal Hospital	86.32%	1.32%
Leeds Teaching Hospitals	88.56%	1.34%
Dewsbury and District Hospital	97.36%	1.48%
Path Links	81.71%	1.31%
Queen Elizabeth Hospital	99.75%	4.94%
Royal Hallamshire Hospital	91.21%	1.35%
Royal Victoria Infirmary	93.52%	1.28%
Sunderland Royal Hospital	89.22%	1.40%
University Hospital of North Durham	98.40%	0.90%
University Hospital of North Tees	98.47%	1.00%
York Hospital	94.49%	1.91%



# So what do I need to do?

- Get 4 hours of updating - lecture, elearning, reading
- Audit last years smears- inadequates
- Write up last 20 smears you did as a journal

REFLECT!



# Ideas for Personal Learning Needs

- Elearning from “elearning for health care”
- Get Open Exeter Access
- Register for QARC
- Ask a colleague to review you taking a smear and give feedback and vis versa
- Review HPV vaccinations
- Look at cancer screening programme
- HPV screening
- Literature for patients

# And if really struggling.....



*Cancer Screening Programmes*

**INTERIM** Good practice guidance for cervical  
sample takers

---

A reference guide for primary care and community settings in  
the NHS Cervical Screening Programme

NHSCSP GOOD PRACTICE GUIDE NO 2

JULY 2011

