

Good enough?

Of course women have a wish list – and it's a very good sign that they do. They want better facilities. Easier appointments. The same low cost but more for the money. A willingness to consider alternatives – and an unwillingness to rush in with the knife. But above all, women want their sexual health professionals to create good relationships – respectful, open, non-judgemental and supportive. All that said, largely, women feel that the British health service is 'good enough'.

And where we are good enough, wondrous things can happen. Women told me that where they have found a good provider, their lives have been changed. In the wake of a positive smear they have found the confidence to stop

smoking. After a contraceptive consultation, they have found the courage to insist on condoms. They have been given the information and the emotional resources to sort their contraceptive needs, to get treatment for their STIs or to have the babies they desperately need and want. That kind of feedback can only make us both proud and motivated to keep on working.

So our school report is not 100% positive. We still need to try harder. But in general, we are 'B++ and rising'.

Editor's Note

On 17 June 2004 Susan's book, *Staying Together*, written in connection with Relate (£9.99 Vermilion), was reviewed in *The Times* as "the only relationship book you'll ever need".

VIEW FROM PRIMARY CARE**Sexual health entering primary care: is prevention better than cure?**

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Apparently the new General Medical Services (GMS) contract provides a number of opportunities to further implement the *National Strategy for Sexual Health and HIV*. How? As a Trojan horse, a stealth bomber? It also provides a mechanism through which primary care organisations can secure the provision of Level 1 sexual health services in general practice. Oh, that's clear then. It's strong-arm tactics since, to put it another way, general practitioners (GPs) are not keen to have this on their plate so here's how to make sure it happens.

Why is it that whenever someone is praising the idea of primary care providing more choice and opportunity for patients with regards to any wonderful new initiative, they invariably add "I'm not a GP but ..."? I've not yet met a GP who is enthusiastic about additional workload. Primary care has just gone through possibly the most significant change in its history with the introduction of the new GP contract, and practices around the country are frantically trying to learn the rules and play the game. It's a game where not even the creators are clear how it should be played. For instance, should Level 1 sexual health services be an essential or an enhanced service? It looks like the answer to that important question will be provided by the lawyers who will fight over definitions of illness whilst filling their pockets. Those representing GPs will of course argue it is an enhanced service to ensure GPs get paid for providing it. Those representing the paymasters will argue against this so that costs can be contained.

The major problems of introducing wider sexual health services into primary care at the present time are clearly acknowledged. A lack of resources, a lack of time, the issues around contact tracing and partner notification, and let's not forget the patients. According to a report from the London Assembly Health Committee published earlier this year, most HIV patients would rather go to a genitourinary medicine (GUM) clinic than to their GP. People like the anonymity of a GUM clinic. It's difficult for many patients to even talk about sexual dysfunction issues with their GP whom they've known since childhood, let alone be quizzed and examined for sexually transmitted diseases.

The latest trend is for everything to be done under one roof – the 'one-stop shop'. This really is a tremendous idea. Most patients love it because it means fewer visits and is more convenient. So why when you have a GUM clinic that provides this one-stop service would anyone want to

start fragmenting sexual health services? Unless primary care provides all the services of a GUM clinic then some, if not many, patients are going to need to visit somewhere else for the rest of what they need. Yes, you've guessed it, the GUM clinic. 'Slip through the net' is a phrase that comes to mind, a problem that is likely to occur more often when any service becomes piecemeal.

The drive to establish more sexual health services in primary care may have been marketed as better patient choice but that's just the public face of it. Behind it, is there something more? Surely this is about trying to throw a lifeline to struggling GUM services. It's all about stars these days and it only takes one service failing to score to let the whole side down. If Trusts don't achieve their performance targets, at the end of the day it's the government in power who looks bad. Pass the buck to primary care, however, and problem solved. If primary care makes a success of it, the powers that be are heroes and will be seen congratulating themselves for suggesting the idea. If primary care fails then, hey, it's the GPs' fault as usual.

When the *National Strategy for Sexual Health and HIV* was first published, it looked like it might be a goer. A few issues needed to be sorted out if things were to run smoothly but in essence it seemed possible. Maybe it was a case of bad timing, but with the new GP contract and all it brings to the doorstep of primary care, now doesn't seem the right time to dish up another 'exciting challenge for primary care'.

Perhaps it's time to follow the mantra of sexual health and practise safer sex. For the time being let's slip a condom over the *National Strategy* and prevent sexual health services from escaping into the community where, at the moment, they may cause untold harm. In time, when it has regained some stability and has acquired the knowledge it needs to provide these services appropriately, primary care will be ready to welcome a new member into their family. But in the meantime, it may be better to leave sexual health services where they are: just do up the huts so they don't look like places for dossers, open them for longer, pack in the kindest staff, and send them bags of bullion so that they can see the punters promptly.

Editor's Note

Dr Rob Hicks is having a sabbatical. During this time the Journal will invite a number of different authors to contribute to this column.