

ARTICLE/NEWS ROUNDUP

guidance from the DH on remuneration for GPs for chlamydia screening. There needs to be a nationally agreed pricing framework for chlamydia screening in general practice to encourage uptake and reduce inequity and resentment among GPs and other services which also provide screening.

However, use of innovative tests and financial incentives would almost certainly add cost to the screening programme; we therefore recommend an economic analysis to evaluate these strategies.

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References

- Scholes D, Stergachis A, Heidrich FE, Andrilla H, Holmes KK, Stamm WE. Prevention of pelvic inflammatory disease by screening for cervical chlamydial infection. *N Engl J Med* 1996; **334**: 1362-1366.
- Fenton KA, Korovessis C, Johnson A, McCadden A, McManus S, Wellings K, et al. Sexual behaviour in Britain: reported sexually transmitted infections and prevalent genital *Chlamydia trachomatis* infection. *Lancet* 2001; **358**(9296): 1851-1854.
- Health Protection Agency. *HIV and Other Sexually Transmitted Infections in the United Kingdom in 2003 Annual Report*. London, UK: Health Protection Agency, November 2004. http://www.hpa.org.uk/infections/topics_az/hiv_and_sti/publications/annual2004/annual2004.htm [Accessed 18 February 2005].
- Department of Health. *National Strategy for Sexual Health and HIV*. London, UK: HMSO, 2001.
- Department of Health. *The National Strategy for Sexual Health and HIV: Implementation Action Plan*. London, UK: HMSO, 2002. <http://www.dh.gov.uk/assetRoot/04/06/55/43/04065543.pdf> [Accessed 18 February 2005].
- Pimenta JM, Catchpole M, Rogers PA, Perkins E, Jackson N, Carlisle C, et al. Opportunistic screening for genital chlamydial infection. I: Acceptability of urine testing in primary and secondary healthcare settings. *Sex Transm Infect* 2003; **79**: 16-21.
- Pimenta JM, Catchpole M, Rogers PA, Hopwood J, Randall S, Mallinson H, et al. Opportunistic screening for genital chlamydial infection. II: Prevalence among healthcare attenders, outcome, and evaluation of positive cases. *Sex Transm Infect* 2003; **79**: 22-27.
- Department of Health. *Choosing Health: Making Healthier Choices Easier* (Public Health White Paper). London, UK: Department of Health, November 2004.
- McNulty C, Freeman E, Bowen J, Shefras J, Fenton K. Barriers to opportunistic chlamydia testing in primary care. *Br J Gen Pract* 2004; **54**: 508-514.
- Ma R. How should Islington Primary Care Trust implement screening for genital *Chlamydia trachomatis* in general practice? MSc dissertation, London School of Hygiene and Tropical Medicine, London, UK, 2004 [available at LSHTM library; shelf mark MSC 4427].
- Forrest Keenan K, van Teijlingen E, Pitchforth E. The analysis of qualitative research data in family planning and reproductive health care. *J Fam Plann Reprod Health Care* 2005; **31**: 40-43.
- Department of Health press release. 'Chlamydia screening on the high street'. Department of Health, London, UK, 8 February 2005.
- LaMontagne DS, Fenton KA, Randall S, Anderson S, Carter P on behalf of the National Chlamydia Screening Steering Group. Establishing the national chlamydia screening programme in England: results from the first full year of screening. *Sex Transm Infect* 2004; **80**: 335-341.
- Cassell JA, Brook MG, Mercer CH, Murphy S, Johnson AM. Treating sexually transmitted infections in primary care: a missed opportunity? *Sex Transm Infect* 2003; **79**: 134-136.
- Dawe F, Rainford L. Contraception and Sexual Health 2003. London, UK: Office for National Statistics, 2004. <http://www.dh.gov.uk/assetRoot/04/08/99/46/04089946.pdf> [Accessed 15 February 2005].
- Adams EJ, LaMontagne DS, Johnston AR, Pimenta JM, Fenton KA, Edmunds WJ. Modelling the healthcare costs of an opportunistic chlamydia screening programme. *Sex Transm Infect* 2004; **80**: 363-370.
- Perkins E, Carlisle C, Jackson N. Opportunistic screening for Chlamydia in general practice: the experience of health professionals. *Health Soc Care Community* 2003; **11**: 314-320.

News Roundup

US abortion law

A new law, previously blocked in 1999, came into effect in the state of Florida on 30 June 2005. Doctors in Florida now by law must notify parents by phone, in person or by certified mail before performing an abortion on a minor (under 18 years of age). They can, however, continue with abortion if it is a medical emergency and judges can also grant waivers in certain circumstances.

Reported by **Laura Patterson**, MRCP, DFFP
GP, Cirencester, UK

Cervical screening in Ireland

Cervical cancer death rates in the Irish Republic have been slowly increasing since 1950 and are now around 73 deaths per year. At present, cervical screening is only provided on an opportunistic basis. Two recent reports were discussed at the first Irish national screening conference held on 18 June 2005 at the University of Limerick. The reports were written by Dr Euphemia McGoogan, an international expert on cervical screening from Edinburgh, and Geraldine Luddy, Director of the Women's Health Council in Ireland. Both reports recommend an extension of the Mid-Western Health Board pilot project, which provides 5-yearly screening for women aged 25-60 years. The Department for Health in the Irish Republic is fully committed to rolling out a national programme but as yet is

unable to say when screening will be provided nationally.

Source: <http://www.icsp.ie>.

Reported by **Laura Patterson**, MRCP, DFFP
GP, Cirencester, UK

Abortion time limit

Members of the British Medical Association, at their recent conference, have voted against a proposal to reduce the time limit for abortion from 24 to 20 weeks' gestation. Less than 1% of terminations are carried out at or over 22 weeks' gestation.

The last time we saw a reduction in the legal limit, from 28 to 24 weeks' gestation, was in 1990. Improvements in medical care do mean that infants born around 24 weeks' gestation have a much better chance of survival now than ever before. Those who oppose a reduction in the legal limit fear that women would be forced to seek abortion abroad or carry unwanted pregnancies.

Source: <http://www.bma.org.uk/ap.nsf/content/abortion>.

Reported by **Laura Patterson**, MRCP, DFFP
GP, Cirencester, UK

Steroids may reduce the risk of miscarriage

A team of researchers in Liverpool tested whether prednisolone could prevent miscarriage by reducing the number of natural killer (NK) cells in the endometrium. Women with a history of recurrent miscarriage were investigated with endometrial biopsy. If the endometrium had high levels of NK cells, the women were offered oral

prednisolone during the first 21 days of the menstrual cycle. A second endometrial biopsy on Day 21 showed a reduction in the number of NK cells. Of the 29 women who took part, seven became pregnant and two have delivered healthy babies.

The treatment is promising but there is concern that certain private fertility clinics are offering 'NK kits' to vulnerable women when it is an unproven technique. Dr Quenby, who is leading the research, commented: "There are many unanswered questions at present, and we hope that randomised controlled trials will shed more light on the mechanisms involved and whether the use of prednisolone may, in fact, represent a new and effective treatment for recurrent miscarriages".

Source: <http://pregnancyandbaby.com/read/articles/5546.htm>.

Reported by **Henrietta Hughes**, MRCP, DFFP
GP, London, UK

Upward trend in STIs

The latest figures from the Health Protection Agency (HPA) show that sexually transmitted infections (STIs) are continuing to rise. There was an overall increase of 2% in 2004 compared with the previous year. The HPA said the figures were 'disappointing', but that the rate of rise had slowed and some infections were less prevalent. Chlamydia rose by 8% and syphilis by 37%. New cases of gonorrhoea fell by 10%.

Source: <http://www.hpa.org.uk>.

Reported by **Henrietta Hughes**, MRCP, DFFP
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