

unrepresentative of the general population of community or GUM clinic users. The fact that participants were prepared to talk about their experiences could indicate that they were either particularly satisfied or dissatisfied with the service they received. It is likely that the sample contains dissatisfied GUM users, as those that are satisfied are likely to continue to attend GUM services.

The three interviewers were employed by the community service and two were clinical staff. One interviewer (JE) had been involved in four of the clients' clinical care due to the difficulties in recruiting and retaining the sample and the limited availability of individual interviewers, however the remaining 12 clients were interviewed by interviewers who were not known to them.

Despite efforts made by the interviewers to avoid bias, this probably encouraged positive reports of the community service. Ideally, independent researchers should have been employed for all interviews to overcome potential bias but funding for this was not available.

The strength of the data is shown by the fact that data saturation was apparent after interviewing 16 clients, the consistency of some of the themes (such as the proximity of the community clinic) and the fact that there are few contradictory data. Although there is a paucity of published data at present concerning clients' experience of community STI services, what there is does seem to support the conclusions reached in this study.¹⁰

More research is needed to determine whether a community STI treatment service would be acceptable to client groups who do not currently use such a service.

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Statements on funding and competing interests

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Competing interests One of the authors (JE) was responsible for both implementing and evaluating the service studied. The author's detailed knowledge of the service was an advantage but the authors recognise the potential for this to bias their interpretation of the data. The authors actively sought to minimise the potential for bias at all stages of the study.

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NEWS ROUNDUP

Healthcare Commission review of sexual health

The Healthcare Commission has released the findings of a review of data on sexual health that also highlights initiatives currently in place to improve sexual health in England and outlines the Commission's approach to assessing sexual health service delivery. The review has found that it is difficult to track progress and recognise where improvements are needed in sexual health because of gaps in the data currently available. As a result, services are limited in their ability to target groups at high risk, use data to plan and allocate resources where they are needed, or effectively monitor people's access to services and levels of sexual health.

Source: www.healthcarecommission.org.uk

Leaflet on emergency contraception

Brook has produced a new leaflet on emergency contraception aimed at young people. This is the latest addition to the *Nothing But The Facts* series of pocket-sized leaflets.

'Ask Brook' is a confidential helpline, online enquiry service and text information service. Young people can contact 'Ask Brook' free and in confidence on 0800 0185 023 or by online enquiry at www.brook.org.uk. For automated information on key sexual health topics they can text 'BROOK INFO' to 81222. For details of the nearest young people's sexual health service they can text 'BROOK SERVICE' followed by their postcode and they will receive a reply within 24 hours.

Wellbeing of Women booklet

Over 50% of all women in the UK will experience a reproductive health problem during their lifetime. The charity, Wellbeing of Women, has produced a free information booklet to help women understand their bodies better so that they access help sooner. This forms part of the charity's Healthy Woman awareness campaign launched in August 2007.

The aim is to keep it simple and the message is that bodies are like any machine in that they need care, maintenance and repair. Women can use this booklet as a single point of reference to get the confidence to speak to their GP and receive the treatment they need.

For a copy of this free information booklet e-mail wellbeingofwomen@rcog.org.uk or call 020 7772 6400.

Health Protection 2007 Conference

The Health Protection Agency (HPA) annual conference in September focused on new scientific research and its application in practice.

A 1-day symposium on STIs formed part of the conference programme. This covered current public health priorities in sexual health, recent developments in infection and disease prevention strategies, and ethical and technical issues around tests and diagnosis. There was also a session covering the latest developments in the National Chlamydia Screening Programme, and the current issues around HIV testing and screening strategies outside GUM settings.

For information about future HPA conferences visit the HPA website at www.healthprotectionconference.org.uk.

HRT and older women

New evidence confirms that hormone replacement therapy (HRT) should not be prescribed to older women who are many years past the menopause. The treatment will not help prevent chronic conditions such as heart disease in these women. The findings of the WISDOM study, which was conducted by the Medical Research Council's General Practice Research Framework and Clinical Trials Unit in collaboration with clinicians in Australia and New Zealand, are published on bmj.com.¹

Professor Janet Darbyshire, Director of the MRC Clinical Trials Unit, said: "There were more cases of angina, heart attack, sudden coronary death and blood clots in women taking the combined hormone therapy compared to women not taking HRT. The rates of stroke, breast and other cancers, fractures and overall deaths were not significantly different in these two groups".

Reference

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