

In this issue

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HPV testing within the UK national screening programme

The NHS Cervical Screening Programme (NHSCSP) has announced that from April 2011 human papillomavirus (HPV) testing will be incorporated into the national screening programme in England. Initially, HPV testing will be used for the triage of borderline and mildly dyskaryotic smears, but there are also plans for its use as a 'test of cure' following treatment for cervical abnormalities. What will be the implications for colposcopy clinics, health professionals and women?

Page 64

Sexual history and the partner history in general practice

Why are doctors reluctant to take a partner's sexual history? Sensitive ways of broaching the subject are discussed in this article.

Page 68

Perception of young people's contraceptive services in the UK

This systematic review of 59 studies looked at the views of both providers and young people on services providing contraception. Young people themselves were most worried about confidentiality and anonymity. Other key themes were their perception of services, accessibility, embarrassment, the clinic environment and aspects of its organisation. These are important issues likely to have a major impact on the effectiveness of such services. Future commissioners should take note: choice should be preserved where possible, perhaps through co-ordination and networking across a larger locality.

See page 71

What would you do if...?

Consultations for emergency contraception and pregnancy testing were reduced in a group of deprived teenage women who made 'if-then' (contingency) plans. More than half of the group who practised making the plans made changes in

their behaviour compared with less than a third of the comparison group. Making 'if-then' plans helps people use their contraception more reliably by linking a situation with a desired behaviour. That is, *if this happens (I'm going to stay the night at a friend's house), then I will do that (put my pills in my make-up bag)*. The tailored individual-level interventions were delivered during consultations for contraceptive advice by clinicians trained in the techniques.

See page 85

Emergency contraception in South Africa

Unwanted pregnancy rates in South Africa remain high and this has been attributed to poor uptake of emergency contraception (EC). A number of studies have suggested that this is due to barriers in both public and private facilities. A new qualitative study identifies the key factors preventing increased use of EC, such as the cost of EC and a reluctance of staff in pharmacies, family planning clinics and public health clinics to provide women with EC. This reluctance is attributed to unsubstantiated concerns by health providers of EC, who believe that it discourages regular use of contraception and increases the risk of unprotected sexual intercourse and spread of HIV/AIDS in South Africa. The authors conclude that health providers of EC need better education and support.

See page 89

Teenage pregnancies and contraceptive risk-taking

The original government target for England, to halve the rate of teenage pregnancy by 2010, has not been met. Around half of all teenage pregnancies end in abortion, rather than motherhood. In London, this proportion is even higher. Contraceptive risk-taking and lack of knowledge about suitable methods are thought to be key factors in unplanned pregnancy among young people. This qualitative study of London teenagers interviewed Teenage

Pregnancy Strategy Coordinators, 'key informants' involved in referral and/or support, abortion providers and young people themselves. In-depth interviews were conducted with 10 teenagers who had terminated pregnancies. This study adds to the evidence that young women find it difficult to practise safe sex consistently and supports the continuing existence, and further development, of young people-focused contraceptive services.

See page 97

Does HRT cause breast cancer?

Part 1. The Collaborative Reanalysis

Samuel Shapiro and colleagues critically review the Collaborative Reanalysis of hormone replacement therapy and breast cancer risk. Controversially, they state that the findings do not adequately satisfy the criteria of time order, bias, confounding, statistical stability and strength of association, dose/duration-response, internal consistency, external consistency or biological plausibility. They say no conclusions either way can be drawn from this study. This is the first of three papers; the other two will evaluate the Women's Health Initiative and Million Women Study.

See page 103

Why patients don't ask questions in the consulting room

The Journal's Consumer Correspondent, ever eager to stir the pot, talked to 20 patients of both sexes, and asked what stopped them from raising issues with health professionals in the consulting room. She reviewed the issues that the respondents found most embarrassing, the blocks, and what patients want health professionals to do about them. She concluded that it is vitally important to get patients to raise issues of sexual health and reproduction in the consulting room, and in doing so challenge health professionals' own attitudes to sexuality.

See page 110