

South Western Sydney Local Health District

HIV/STI Implementation Plan 2015 - 2018

Leading care, healthier communities



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FOREWORD

The *South Western Sydney HIV/STI Implementation Plan 2015 – 2018* has been developed in consultation with District services and our external partners. Its aim is to continue our engagement with the *NSW HIV Strategy 2012 – 2015* and to respond to the soon to be released *NSW Sexually Transmissible Infections Plan 2015-2020*.

The *NSW HIV Strategy 2012 – 2015* aims to dramatically drive down rates of HIV infection and to maximise the health of people living with HIV. Our *Implementation Plan* focuses on promoting safe behaviours, improving access to HIV testing and supporting people with HIV to start and maintain anti-retroviral treatment.

Sexually transmissible infections such as chlamydia, gonorrhoea and syphilis continue to impose a significant health burden in NSW. Our *Implementation Plan* focuses on maintaining strong relationships with our non-government partners and responding to changing community needs. Aboriginal and Torres Strait Islander peoples, gay and other homosexually active men, sex workers and young people are prioritised for sexual health interventions.

The *Implementation Plan* describes the strategies that will be used in South Western Sydney Local Health District to effectively prevent, test and treat HIV and sexually transmissible infections, including the adoption of technology, supporting primary care and working in partnership with community organisations to better meet the needs of priority populations.

Amanda Larkin
Chief Executive
South Western Sydney Local Health District



CONTENTS

FOREWORD

1. INTRODUCTION.....	1
2. GOALS AND TARGETS	2
3. SWSLHD HIV AND STI SERVICES.....	4
4. SWSLHD DEMOGRAPHICS.....	5
5. HIV/STIs in SWSLHD.....	7
6. SWSLHD SERVICE ACTIVITY.....	8
7. PRIORITY AREAS FOR ACTION.....	14
7.1 Maintain high levels of safe behaviour	14
7.2 Intensify HIV and STI prevention with priority populations	15
7.3 Improve access to the needle and syringe program.....	17
7.4 Promote HIV and STI Testing	18
7.5 Improve the health and wellbeing of people with HIV — treatment, care, and support ...	20
7.6 Strengthen STI treatment and management.....	21
7.7 Strengthen STI contact management	23
8. MONITORING, EVALUATION AND REPORTING.....	24
9. WORK PLAN 2015-2018.....	25
ABBREVIATIONS.....	31
APPENDIX: ORGANISATIONS AND SERVICES CONSULTED.....	32



1. INTRODUCTION

This Implementation Plan 2015-2018 guides South Western Sydney Local Health District (SWSLHD) in the implementation of the *NSW HIV Strategy 2012-2015 A New Era* and the draft and forthcoming *NSW Sexually Transmissible Infections Plan 2014-2020*.

This Implementation Plan includes:

- goals and targets as identified in the NSW HIV Strategy and NSW STI Plan;
- brief summary of HIV and STI services in SWSLHD;
- overview of population demographics for SWSLHD;
- HIV and STI epidemiology in SWSLHD;
- seven priority areas for action as identified in the NSW HIV Strategy and NSW STI Plan; and
- detailed work plan which identifies when key actions will be achieved and by whom.

The work plan also identifies how actions correspond to strategies in the *SWSLHD Corporate Plan 2013-2017*.

This plan was developed through consultation with internal stakeholders and external key partners. Twenty one-on-one or small group interviews were conducted with SWSLHD internal stakeholders. This was followed by a consultation workshop with 38 external partners and internal stakeholders (see Appendix for a list of all services who participated in the development of the plan). The draft plan was then circulated to all external partners and internal stakeholders for further feedback.



2. GOALS AND TARGETS

The NSW HIV Strategy is an ambitious strategy which works towards the virtual elimination of HIV transmission by 2020. It aims to:

- reduce HIV transmission among gay and other homosexually active men by 60 per cent by 2015 and 80 per cent by 2020;
- reduce heterosexual transmission of HIV and transmission of HIV among Aboriginal populations by 50 per cent by 2015; and
- increase to 90 per cent the number of people living with HIV on antiretroviral treatment by 2015.

These goals are now within our reach because of advances in HIV treatment, treatment as prevention, and the potential of new prevention options such as pre-exposure prophylaxis (HIV negative individuals taking antiretroviral treatment to prevent HIV acquisition).

To achieve these ambitious goals requires not only that we continue to promote safe behaviours, such as condom use, but that we also consider how our services and programs need to adapt to this changing environment. To achieve an end to HIV transmission by 2020, the NSW HIV Strategy identifies key actions as:

- increasing HIV testing among priority populations;
- supporting people with HIV to commence early antiretroviral treatment; and
- continuing to promote the centrality of safe behaviours.

The goal of the NSW STI Plan is to reduce the transmission of sexually transmitted infections (STIs). It recognises that chlamydia, gonorrhoea and syphilis continue to impose a significant health burden in NSW. To achieve its goals the plan identifies key actions as:

- increasing consistent condom use with casual partners;
- increasing STI testing, particularly among priority populations; and
- improving STI diagnosis and management by health professionals.

SWSLHD monitors progress towards the goals of the NSW HIV Strategy and the NSW STI Plan by reporting to NSW Ministry of Health against a range of HIV and STI service measures. In 2014/15 these included:

- Achieving a 30 percent increase (from 2013/14 baseline) in HIV testing conducted by SWSLHD HIV and Sexual Health Clinics;
- Maintaining or increasing STI testing, treatment and management (from 2012/13 baseline);
- Maintaining or increasing proportions of STI testing, treatment and management for priority populations (gay men, sex workers and Aboriginal people);
- Maintaining or increasing numbers of HIV patients and HIV occasions of service; and



- Maintaining or increasing the volume of sterile injecting equipment distributed via the public needle and syringe program.

This Implementation Plan identifies the actions that SWSLHD will take to help end HIV transmission in NSW and reduce the transmission of STIs. The Implementation Plan is organised around the priority areas for action identified in the NSW HIV Strategy and NSW STI Plan:

1. Maintain high levels of safe behaviour;
2. Intensify HIV and STI prevention with priority populations;
3. Improve access to the needle and syringe program;
4. Promote HIV and STI testing;
5. Improve the health and wellbeing of people with HIV — treatment, care and support;
6. Strengthen STI treatment and management; and
7. Strengthen STI contact management.

Both the NSW HIV Strategy and NSW STI Plan recognise the importance of targeting programs to those most at risk. The NSW HIV Strategy identifies priority populations as:

- Gay and other homosexually active men
- Aboriginal people
- Sex workers
- People living with HIV
- People who inject drugs
- People from culturally and linguistically diverse backgrounds.

The NSW STI Plan also identifies young people as a priority population for health promotion programs. The NSW STI Plan identifies that the most appropriate provision of sexual health clinical services to young people in NSW is in general practice (although in SWSLHD, Youth Health Services also provide sexual health clinical services to marginalised young people).



3. SWSLHD HIV AND STI SERVICES

Publicly funded sexual health clinics are recognised as sites of sexual health expertise which have a strong focus on priority populations and patients with complex needs. Given that most STIs are diagnosed and treated in general practice, publicly funded sexual health clinics play an important role in providing support to general practice and other primary health care providers.

Most people with HIV in New South Wales now have their treatment and management needs met by general practitioners who are authorised HIV treatment prescribers. With a decline in in-patient care, the NSW HIV Strategy notes that it is increasingly appropriate that hospitals and sexual health clinics have a decreased role in the day-to-day care of people with HIV, instead focusing on those with more complex care needs. In SWSLHD there are no GPs who are authorised HIV treatment prescribers, which means people with HIV who choose to access services locally look to SWSLHD to provide those services.

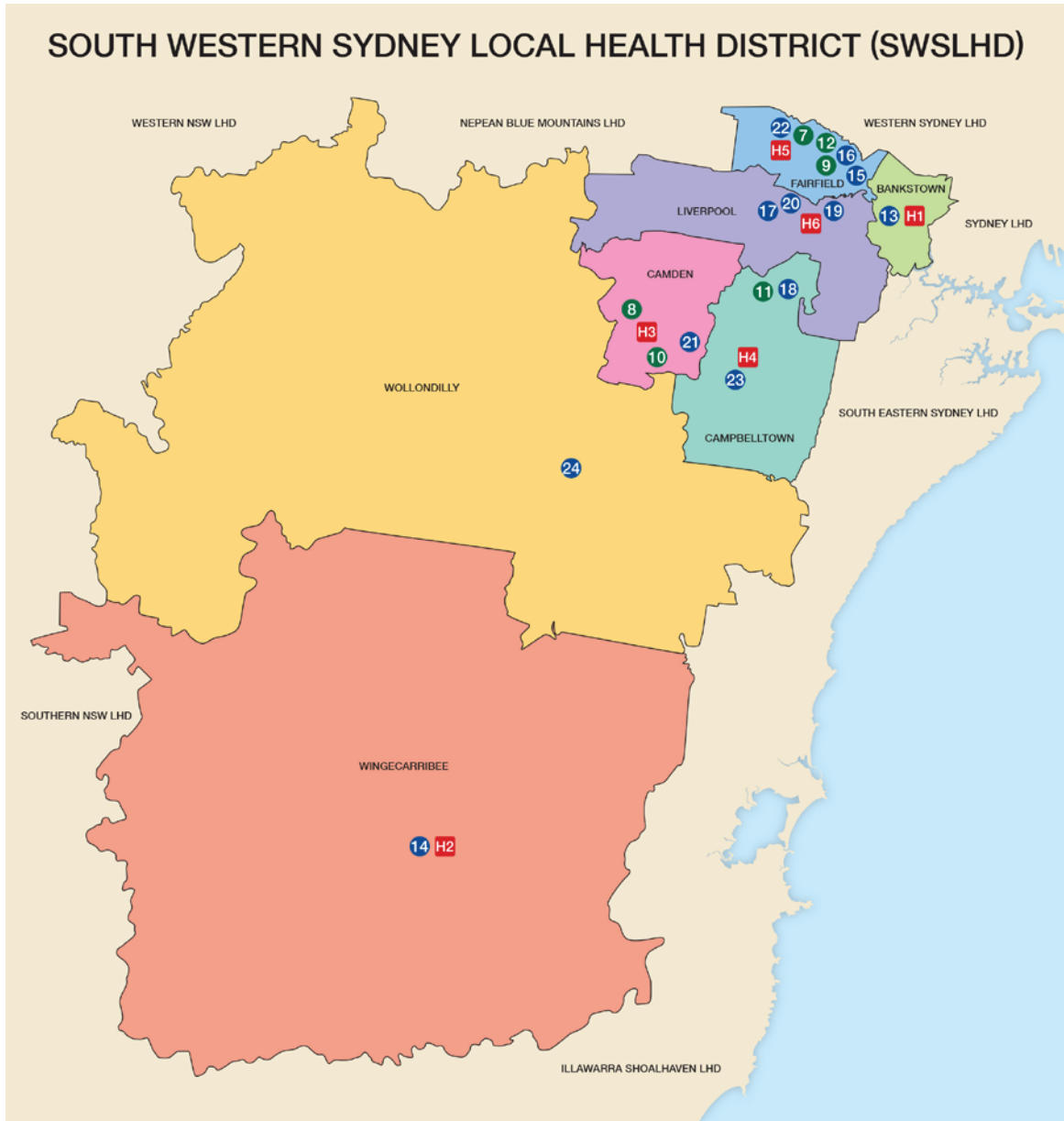
SWSLHD Service	Clients/Target groups	Main role
Sexual Health Clinic - Liverpool and Rosemeadow (Community Health)	Priority populations	Testing, treatment, care and contact tracing for HIV and STIs. Support and education to general practice.
HIV Clinic and HIV Outreach Team, (Liverpool Hospital)	People with HIV	Education, testing, treatment, management and care in- and out- patients and home care.
HIV and Related Programs, Health Promotion (Population Health)	Priority populations	Health promotion programs including professional education and training, resource development, policy development, community awareness campaigns and outreach education.
Aboriginal Sexual Health Promotion (HARP Health Promotion, Population Health)	Aboriginal people	Health promotion programs including community awareness and engagement, outreach and education programs.
Needle and Syringe Program (Drug Health)	People who inject drugs	Provision of sterile injecting equipment, health education, brief interventions, health advice and referrals.
Youth Health Services (Community Health)	Young people 12-24 – marginalised and at-risk	Clinical services (counselling, nursing, medical), including STI, HIV and NSP, as well as health promotion and population initiatives for young people ‘at risk’
Public Health Unit (Population Health)	Whole population	HIV, HCV and STI surveillance
HIV and Related Programs Unit (Population Health)	All priority population groups	Oversights program response and reports on progress achieving goals and targets.



4. SWSLHD DEMOGRAPHICS

- The estimated residential population of SWSLHD in 2013 was 905,000. The majority of who live in Fairfield, Bankstown and Liverpool Local Government Areas (LGAs).
- SWSLHD comprises Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee LGAs.
- By 2016 the population is expected to reach in excess of 966,000 people. By 2021 it is estimated to reach 1.06 million. Most of the growth is expected to occur in Liverpool, Camden and Campbelltown LGAs.
- The LGAs with the highest proportions and highest numbers of people aged 15-29, the numerically largest population group at risk of contracting STIs, are Fairfield, Liverpool, Bankstown and Campbelltown.
- Socio-economic factors have a significant impact on health. Fairfield, Bankstown, Campbelltown and Liverpool local government areas (LGAs) are in the ten most disadvantaged LGAs in metropolitan Sydney.
- At the 2011 Census 13,070 people in SWSLHD identified as having an Aboriginal or Torres Strait Islander background, an increase of 2,867 from 2006. The District has a lower proportion of Aboriginal residents than NSW (1.6 per cent and 2.5 per cent respectively).
- 36 per cent of the population was born overseas (compared with 26 per cent for NSW). Approximately half of all of families speak a language other than English at home. The major languages spoken include Arabic, Chinese languages, Vietnamese, Spanish, Hindi, Assyrian and Tagalog.
- Almost 8,000 people who were humanitarian arrivals settled in the district over the five year period 2008 to 2012 (approximately 40 per cent of all NSW humanitarian arrivals). Of these, the majority settled in Fairfield and Liverpool.
- In 2010 8,210 people who inject drugs were estimated to live in SWSLHD¹.
- Approximately 3-4 per cent of the NSW population of people with HIV were estimated to live in SWSLHD.
- At the 2011 Census, there were 319,317 males aged over 15 years of age living in SWSLHD. The Australian Study of Health and Relationships found that 1.9 per cent of the Australian male population identify as gay and another 1.3 per cent identify as bisexual. Using these findings regarding sexual identity in Australia, we can estimate that there are 10,200 gay or bisexual men living in SWSLHD.

¹ NSP Development Strategy 2014-2016. SWSLHD, March 2014



SWSLHD Hospitals

- H1** Bankstown-Lidcombe Hospital
- H2** Bowral and District Hospital
- H3** Camden Hospital
- H4** Campbelltown Hospital
- H5** Fairfield Hospital
- H6** Liverpool Hospital

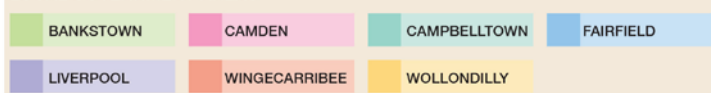
Affiliated Health Organisations

- 7** Braeside Hospital
- 8** Carrington Centennial Care
- 9** Karitane
- 10** Karitane @ Camden
- 11** Scarba - South Western Sydney
- 12** Service for the Treatment & Rehabilitation of Torture & Trauma Survivors (STARTTS)

Major Community Health Centres

- 13** Bankstown
- 14** Bowral
- 15** Cabramatta
- 16** Fairfield
- 17** Hoxton Park
- 18** Ingleburn
- 19** Liverpool
- 20** Miller
- 21** Narellan
- 22** Prairiewood
- 23** Rosemeadow
- 24** Tahmoor

LOCAL GOVERNMENT AREAS





5. HIV/STIs in SWSLHD

HIV

- There were 33 new HIV notifications in SWSLHD residents in 2013. The average age at diagnosis was 35 years with 82 per cent of cases among males.
- 55 per cent of newly diagnosed HIV infections were homosexually acquired, 36 per cent heterosexually acquired and 3 per cent were acquired through injecting drug use. Since 2004, there has been an increase in the proportion of HIV infections homosexually acquired (from 33 per cent in 2004 to 55 per cent in 2014).
- The proportion of heterosexually acquired, newly diagnosed HIV infections in SWSLHD in 2013 is higher than for NSW (36 per cent vs. 17 per cent, respectively).
- SWSLHD, compared to the rest of NSW, has a high proportion of newly diagnosed HIV infections which are classified as late diagnosis. In 2013, 27 per cent of newly diagnosed infections in SWSLHD residents were classified as advanced compared to 15 per cent for all NSW residents.

Syphilis

- There were 40 infectious syphilis notifications in 2013. Overall syphilis notifications remained stable during the period from 2008 to 2012. During this period, infectious syphilis represented 23.6 per cent of all syphilis notifications.
- The average age of notified cases was 39.1 years and 75 per cent of notifications were male.

Gonorrhoea

- There were 392 notifications in 2013. From 2008 to 2012, there was a four fold increase in the average annual notification rate (per 100,000 population).
- An enhanced surveillance project (more detailed follow-up of notified cases) in 2013/14 reported that:
 - 75 per cent of notifications were male and 25 per cent were female;
 - notifications were highest in the 21-30 year age group;
 - 1.75 per cent identified as Aboriginal, however, Indigenous status was not reported or unknown for 45 per cent of notifications; and
 - exposure with a person of the opposite sex only was the most common exposure for males and females.

Chlamydia

- In 2013, there were 2,007 notifications of chlamydia. The average age was 26 years with 57 per cent of cases among females.
- There was an increase of 70 per cent in the annual notification rate from 131 per 100,000 population in 2008 to 223 per 100,000 population in 2012.
- Campbelltown LGA had the highest rate of chlamydia notification (281 per 100,000 population) in 2012, followed by Liverpool (220) and Fairfield LGA (211).



6. SWSLHD SERVICE ACTIVITY

The following activity data is for the SWSLHD Sexual Health Clinic, HIV Clinic and public needle syringe program. This data is used to monitor performance against targets in the 2014/15 Service Agreement between SWSLHD and NSW Ministry of Health.

Figure 1.1: Total STI testing/treatment occasions of service increased by 17 per cent in January-December 2014 compared to January-December 2013.

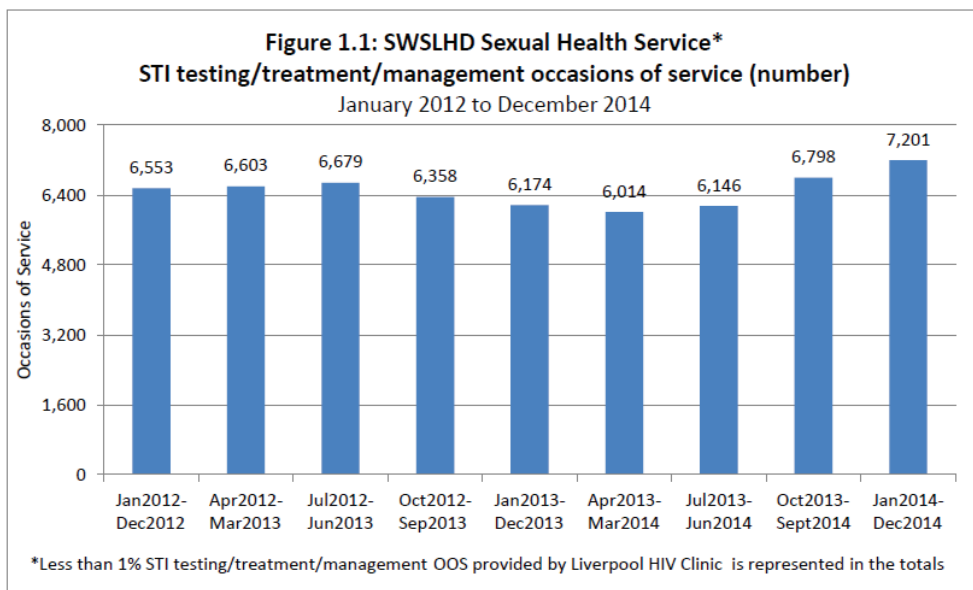


Figure 1.2: STI testing/treatment occasions of service provided to Aboriginal people increased by 131 per cent in January-December 2014 compared to January-December 2013. Outreach STI screening conducted in late 2014 contributed to significantly higher OOS in that period.

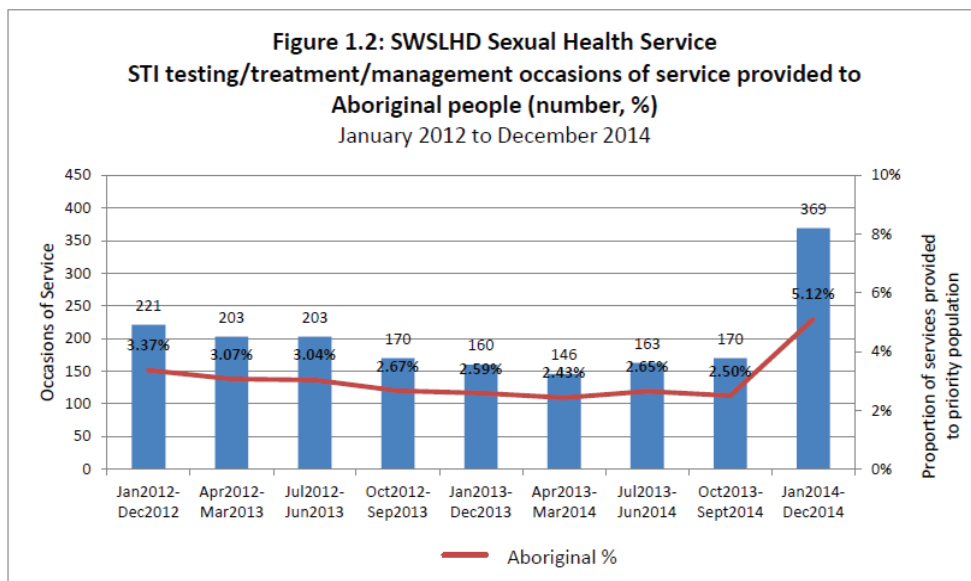




Figure 1.3: STI testing/treatment occasions of service provided to gay and other homosexually active men increased by 33 per cent in January 2014-December2014 compared to January 2013-December 2013.

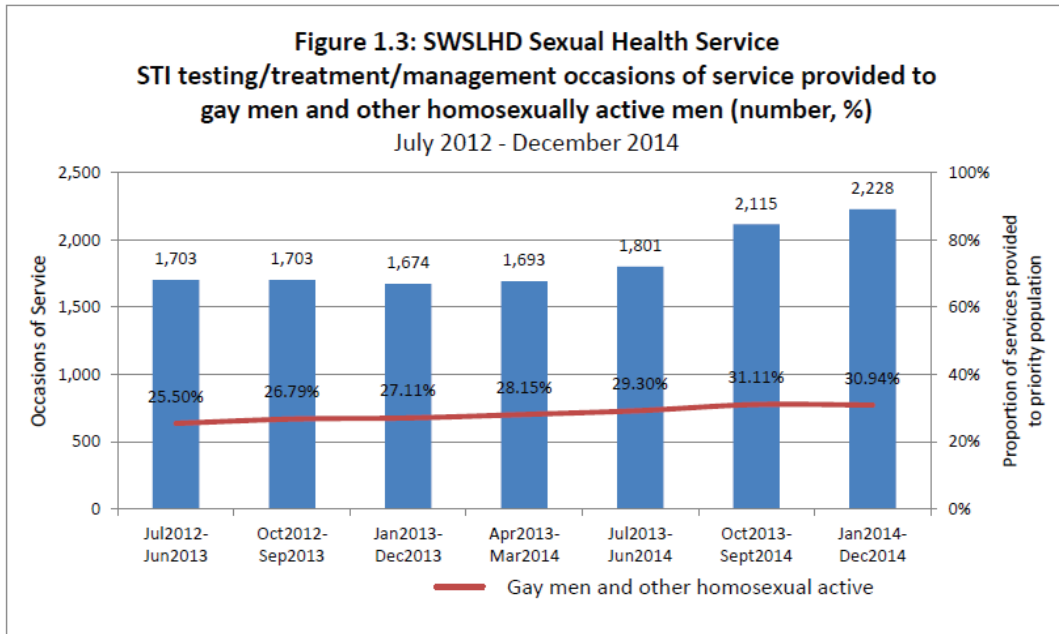


Figure 1.4: STI testing/treatment occasions of service provided to sex workers increased by 7 per cent in January-December 2014 compared to January-December 2013.

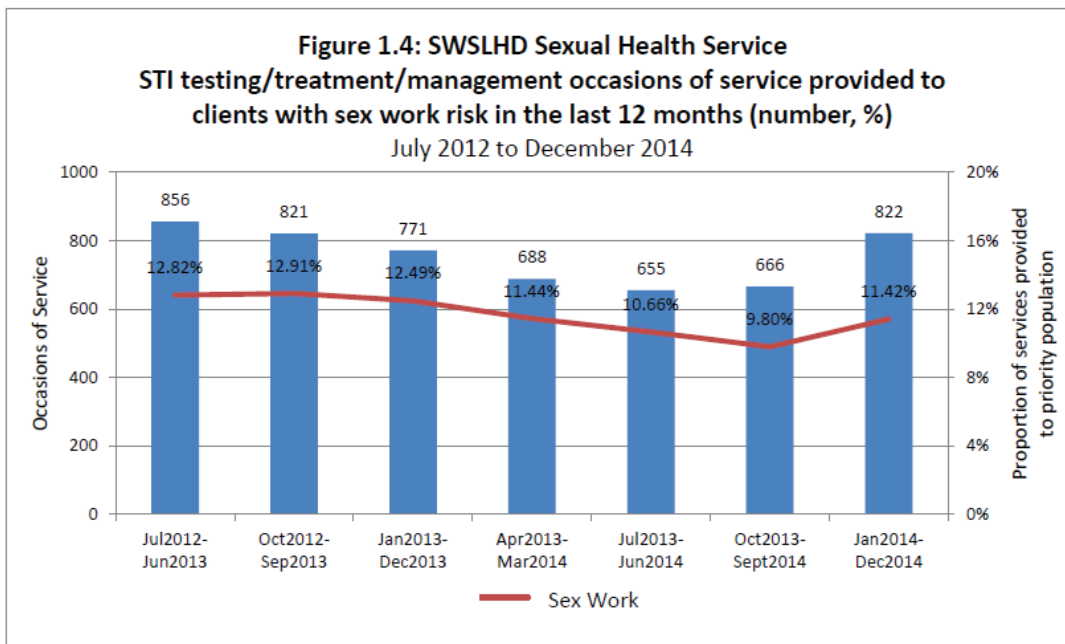




Figure 2.1: HIV testing occasions of service increased by 48 per cent in January-December 2014 compared to January-December 2013.

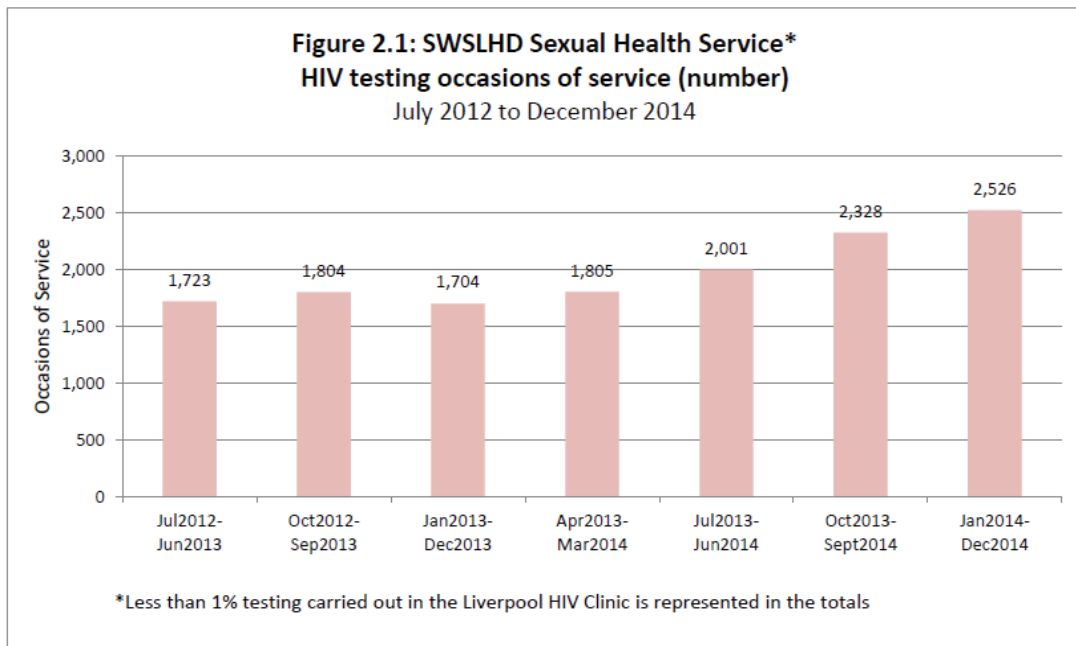


Figure 2.2: HIV testing occasions of services to Aboriginal people increased by 97 per cent in January - December 2014 compared to January-December 2013 (although total numbers are small).

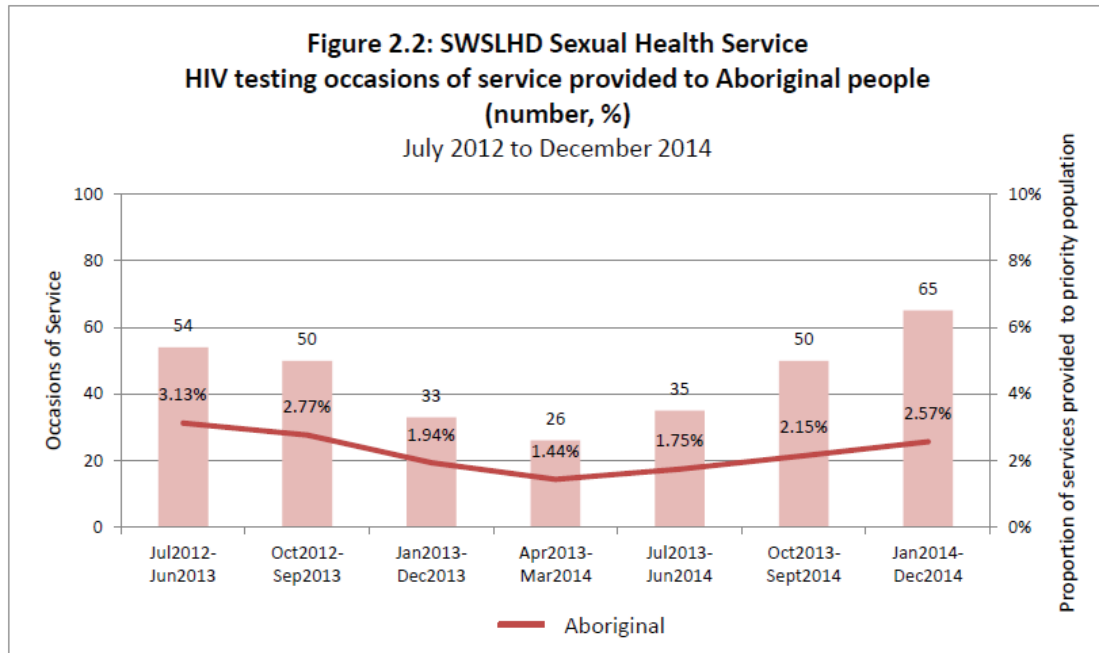




Figure 2.3: HIV testing occasions of services provided to gay and other homosexually active men increased by 68 per cent in January-December 2014 compared to January-December 2013.

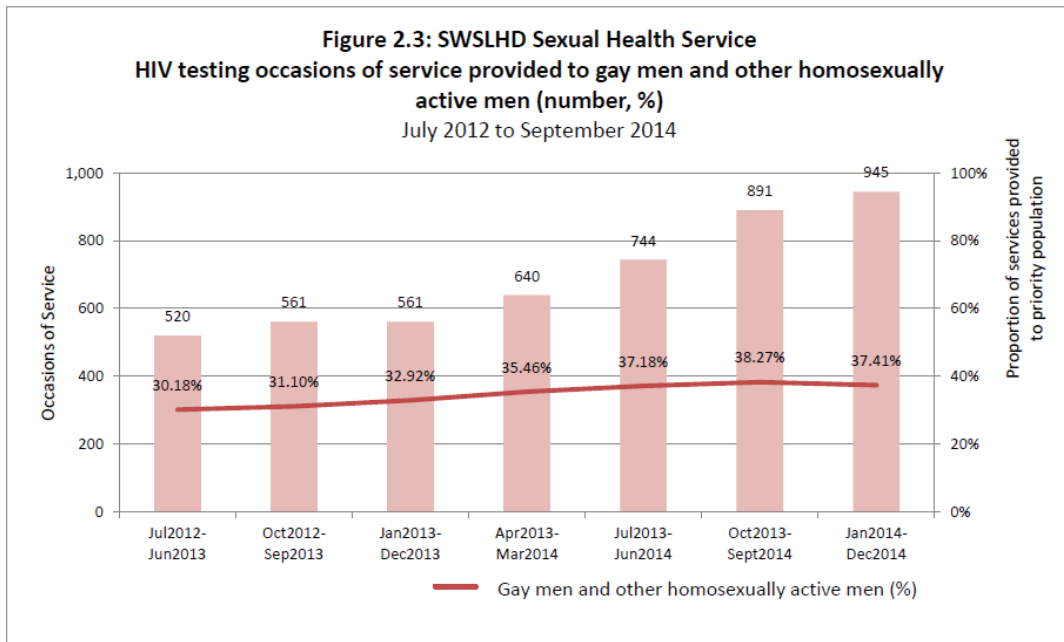


Figure 3.1: HIV treatment/management occasions of service increased by 25 per cent in January-December 2014 compared to January-December 2013.

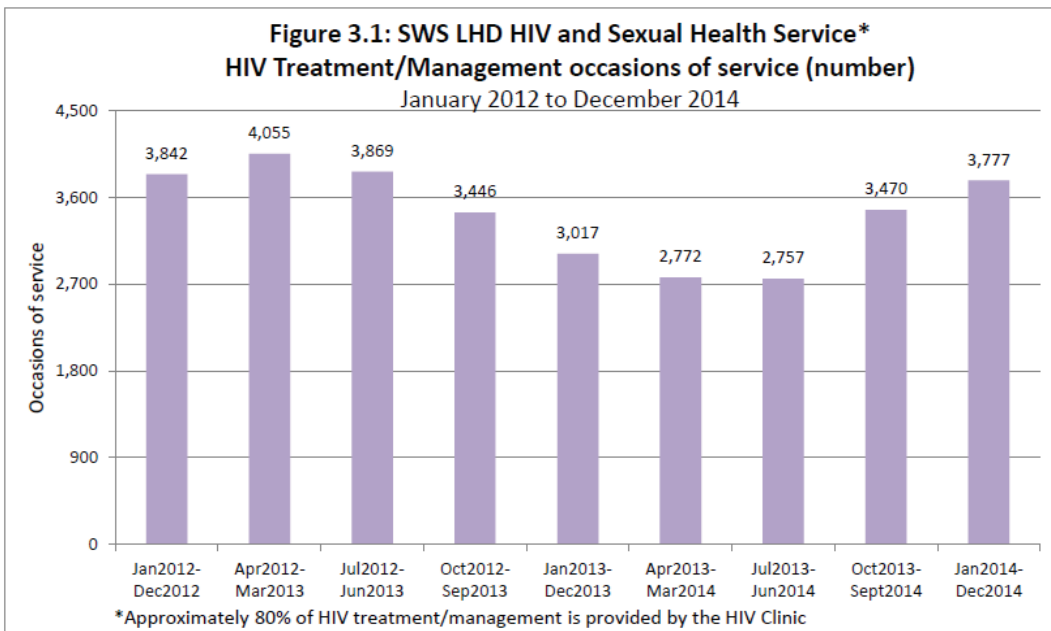




Figure 3.2: HIV treatment/management occasions of service to Aboriginal people increased by 22 per cent in January-December 2014 compared to January-December 2013.

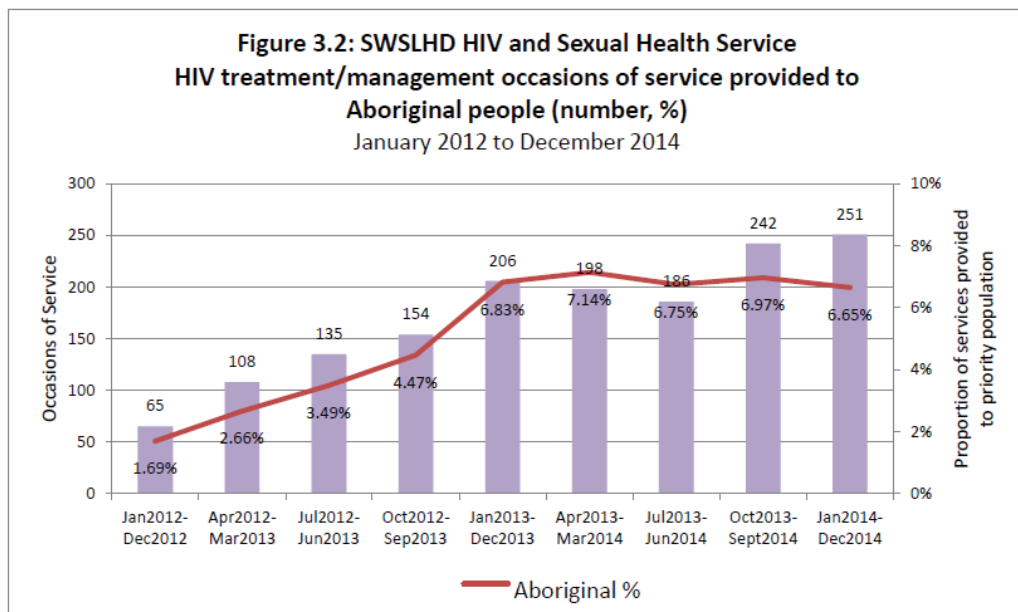


Figure 3.3: HIV treatment/management occasions of service to gay men and other homosexually active men increased by 36 per cent in January-December 2014 compared to January-December 2013.

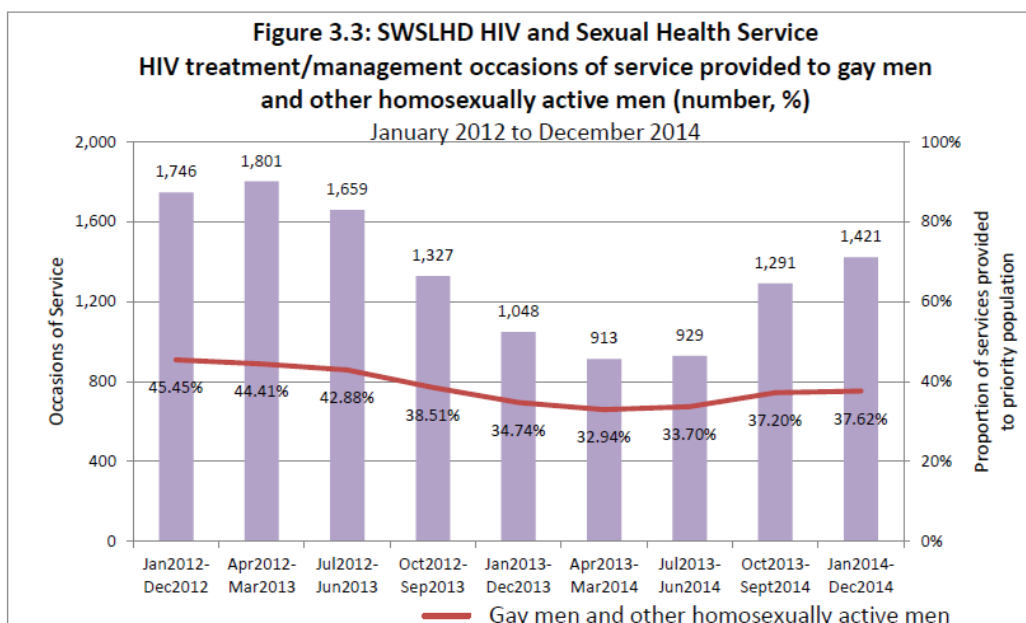
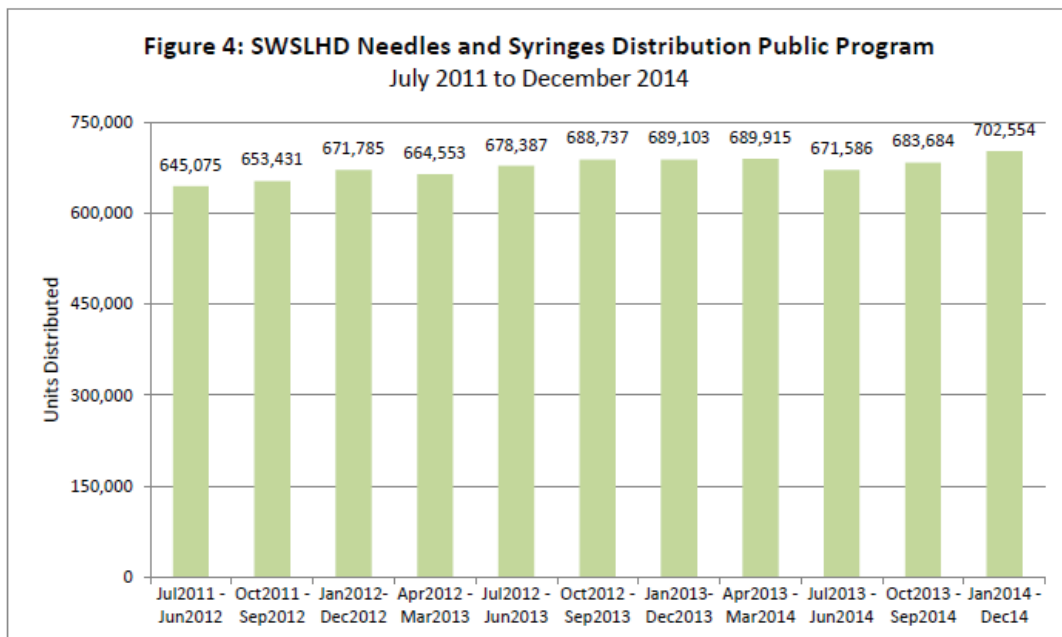




Figure 4: NSP distribution increased by 2 per cent in January-December 2014 compared to January-December 2013.





7. PRIORITY AREAS FOR ACTION

This Implementation Plan is organised around the priority areas for action identified in the NSW HIV Strategy and NSW STI Plan.

7.1 Maintain high levels of safe behaviour

Condom use remains central to HIV and STI prevention efforts. Harm reduction efforts also require continued focus. Over coming years biomedical prevention technologies such as treatment as prevention and pre-exposure prophylaxis are likely to play an increasingly important role. However, maintaining high levels of safe behaviour is critical if we are to achieve an end to HIV transmission.

This requires an ongoing multi-faceted approach. Social marketing campaigns are central to efforts, including using social media to facilitate audience engagement. Community organisations often lead through the development of statewide social marketing campaigns targeted at priority population groups. Local Health Districts are identified as partners in implementing statewide campaigns and initiatives at a local level. In addition, HARP Health Promotion initiates and develops local health promotion resources and programs.

The NSW STI Plan identifies that Local Health Districts, in collaboration with the Ministry of Health and NSW STI Program Unit, will build the capacity of youth services to increase awareness of sexual health and increase access to condoms. SWSLHD Youth Health Services provide sexual health promotion programs, improving access to condoms, capacity building for youth services, and supporting implementation of statewide events.

What we will do

- ▶ HARP Health Promotion will develop an annual work plan which will address the priorities outlined in the NSW HIV Strategy and NSW STI Plan to help maintain safe behaviours including:
 - supporting the local implementation of statewide social marketing campaigns;
 - developing local health promotion campaigns and resources for priority population groups, where gaps are identified;
 - participating in statewide community events (such as World AIDS Day, NAIDOC Week, HIV Testing, Live Nation, Youth Week);
 - participating in statewide committees focused on priority populations groups (e.g. CALD Gay Men's Action Group); and
 - working in partnership with non-government organisations to reach and engage priority population groups (ACON, NUAA, SWOP and Family Planning NSW).

- ▶ Youth Health Services will continue to prioritise sexual health promotion and clinical services for young people including implementing: outreach STI screening, condom access, participating in statewide health promotion events, GLBT support groups, and specific programs for Aboriginal youth.



-
- › HARP Health Promotion will work in partnership with Youth Health Services and NSW STI Programs Unit to support youth services to raise awareness of STIs and increase access to condoms.
-
- › Family Planning NSW will initiate discussions with Youth Health Services and HARP Health Promotion to explore the feasibility of introducing the Condom Credit Card, and opportunities to support the implementation of other statewide Family Planning NSW youth sexual health initiatives.
-

7.2 Intensify HIV and STI prevention with priority populations

The NSW HIV Strategy and NSW STI Plan recognises that some populations are at greater risk of HIV and/or STIs, so it prioritises prevention efforts to reach populations at greatest risk. Priority populations in the HIV Strategy are:

- Gay and other homosexually active men
- Aboriginal people
- Sex workers
- People living with HIV
- People who inject drugs
- People from culturally and linguistically diverse (CALD) backgrounds.

In addition, the NSW STI Plan identifies young people as a priority population for STI prevention programs, but acknowledges that their sexual health clinical needs are best met by general practice. This Implementation Plan recognises the importance of supporting GPs to meet the sexual health clinical needs of young people. SWSLHD also provides primary health care services, including sexual health services, to marginalised and at risk young people aged 12-24 years.

The NSW HIV Strategy identifies the importance of ensuring that programs and services better reach culturally and linguistically diverse populations. For example, in SWSLHD the majority of sex workers have a CALD background and so services are designed to meet their needs.

Community organisations working with specific population groups are given a central role in the NSW HIV Strategy and NSW STI Plan. Local Health Districts are identified as having a role in partnering with community organisations, particularly to facilitate access to sexual health clinics. SWSLHD has a number of partnerships with key community organisations. Some are recent initiatives while others are long-standing partnerships:

- Sex Worker Outreach Project (SWOP) is contracted to continue to provide peer worker-led outreach services within the district to street sex workers and to Chinese and Thai speaking parlour sex workers.
- ACON (formerly AIDS Council of NSW) will be contracted to run an online advertising campaign designed to increase HIV testing rates and to promote the sexual health clinic to gay and other homosexually active men in SWSLHD.
- NSW Users and AIDS Association, NUAA the peak drug user organisation in NSW, runs programs in Fairfield/Cabramatta and Liverpool/Campbelltown, funded by the Ministry of Health. Its



expertise will also be used in developing programs and services and when implementing consultation with service users.

What we will do

- ▶ Aboriginal Sexual Health Promotion, in partnership with the Sexual Health Clinic and Youth Health Services, will continue to provide STI screening at Aboriginal sports and community events.

- ▶ Aboriginal Sexual Health Promotion, in collaboration with Aboriginal Health, will continue to provide blood-borne virus/sexual health education in schools for Aboriginal students.

- ▶ Aboriginal Sexual Health Promotion, in collaboration with Aboriginal Health, will continue to participate in relevant community events and groups to provide education and promote sexual health services.

- ▶ Aboriginal Sexual Health Promotion and HARP will support the work of NSW Aboriginal Health and Medical Research Council in working with Aboriginal Community Controlled Health Services to support them to provide needle and syringe programs and STI testing.

- ▶ Aboriginal Sexual Health Promotion, Aboriginal Health and ACON will explore opportunities to support LGBTI Aboriginal people in SWSLHD.

- ▶ Aboriginal Sexual Health Promotion and the Sexual Health Clinic will consider the viability of implementing the 'Deadly Liver Mob' program (blood-borne virus and STI education and screening).

- ▶ SWOP will continue to provide outreach services to street sex workers and parlour outreach to Chinese and Thai speaking sex workers within SWSLHD and link them to the SWSLHD Sexual Health Clinic.

- ▶ HARP Health Promotion, in partnership with SWOP, will explore opportunities to better promote the Sexual Health Clinic to all sex workers (brothels, private and street-based).

- ▶ ACON will be engaged to implement an online HIV testing and Sexual Health Clinic awareness campaign targeted at gay and other homosexually active men in SWSLHD.

- ▶ Sexual Health Clinic will continue advertising to gay men on gay social apps (currently Grindr).

- ▶ HARP Health Promotion, in partnership with the statewide Multicultural HIV and Hepatitis Service and HARP Unit and SWSLHD clinical services, will work with CALD community organisations and general practitioners to raise awareness of the 'Ending HIV' campaign.

- ▶ Aboriginal Health, Aboriginal Sexual Health Promotion and Family Planning NSW will explore opportunities to implement the 'Sexuality, Health and Facilitating Groups' workshop and the 'Strong Family Program' in SWSLHD.



7.3 Improve access to the needle and syringe program

The NSW HIV Strategy recognises that the needle and syringe program is a proven, cost effective public health intervention of considerable success. The strategy aims to sustain the virtual elimination of HIV transmission among people who inject drugs. To achieve this, the major action identified is the need to increase and diversify the number of sites and mechanisms from which injecting equipment is available. It notes that such models need to be cost effective and efficient.

Furthermore such models need to be able to improve the supply and reach to people who inject drugs who are most marginalised: street based injectors, HIV positive young people, young injectors, Aboriginal people, and people from culturally and linguistically diverse backgrounds.

What we will do

- ▶ Drug Health, in collaboration with Bankstown -Lidcombe Hospital and Fairfield Hospital, will establish NSP outlets and sharps disposal bins at Bankstown -Lidcombe Hospital and subsequently at Fairfield Hospital.

- ▶ Drug Health, in partnership with HARP Health Promotion and NUAA, will enhance service user consultations to identify access barriers and service development opportunities.

- ▶ Drug Health, in partnership with Community Health and Hospital General Managers, will establish secondary NSP sites including internal chutes in remaining community health centres (where appropriate) and all hospital campuses.

- ▶ Drug Health, in partnership with Community Health, will develop local plans to increase distribution from low volume NSP services.

- ▶ Drug Health will develop local NSP promotional plans to increase services' awareness of NSP services, in collaboration with NUAA and NSP service users.

- ▶ Drug Health will continue to liaise with and support the work of NUAA in implementing programs within the local health district.

- ▶ Drug Health, in partnership with HARP Health Promotion, will liaise with the NSW Pharmacy Guild to
 - identify the LHDs priority areas to recruit new pharmacy NSP members;
 - increase distribution from existing pharmacy NSP members; and
 - implement standardised NSP signage in each pharmacy.

- ▶ HARP Health Promotion and Drug Health, in consultation with NUAA, will deliver health promotion activities to NSP clients and provide training for staff of secondary NSPs.



7.4 Promote HIV and STI Testing

To monitor achievement of the NSW HIV Strategy goals, the service agreement between SWSLHD and the Ministry of Health includes a Tier 2 key performance indicator to increase HIV testing by 30 per cent for 2014-2015. There is the potential for the next service agreement to require further increases in HIV testing in 2015-16.

Increasing HIV testing is key to achieving the NSW HIV Strategy's goals of the virtual elimination of HIV transmission. Increasing the number of people having an HIV test and the frequency with which they do, requires making it easier to have an HIV test. The desired outcome is to reduce the average time between HIV infection and diagnosis from 4.5 years to 1.5 years.

Making it easier to have an HIV test can include strategies such as offering rapid HIV testing, after hours testing, weekend testing, diverse location of testing services, using SMS/email reminder for HIV testing, 'Xpress' Clinic (use of computer kiosk to take a sexual history, plus faster consultations) and one visit HIV testing.

The NSW STI Plan identifies the important role of sexual health clinics and general practice in undertaking STI testing. It states that Local Health Districts will work to ensure priority populations are offered STI testing as part of routine service provision in general practice and other primary health care services, including mental health, drug health, youth health and antenatal services. The plan identifies that sexual health clinics need to make frequent STI testing easier for priority populations.

In addition to the Sexual Health Clinic, STI testing also occurs opportunistically in other SWSLHD services and non-government organisations such as Family Planning NSW.

Increasing HIV testing among Aboriginal people is recognised as a priority. The Aboriginal Health and Medical Research Council is leading a partnership response that involves LHDs and Aboriginal Community Controlled Health Services.

Given the emphasis on rapid HIV testing, the NSW HIV Strategy and NSW STI Plan identify the importance of ensuring appropriate STI testing is offered alongside HIV testing.

A range of initiatives has already been introduced in SWSLHD to promote HIV testing among priority populations:

- on-line and print advertising targeted at gay and other homosexually active men;
- introduction of rapid HIV testing at Liverpool Sexual Health Clinic;
- introduction of 'one visit' HIV testing with HIV negative test results delivered by phone;
- development of SWSLHD HIV testing policy;
- periodic delivery of the Australasian Society for HIV Medicine Active Learning Modules, in partnership with Primary Health Network, to general practitioners and primary health care nurses;
- 'Could it be HIV?' project targeting general practitioners and LHD services;
- promotion of HIV testing services at community events; and



- STI and HIV testing at Youth Health Services.

What we will do

- ▶ The HIV Clinic will finalise and implement the new HIV Testing Policy for SWSLHD and deliver training to all key clinical areas.

- ▶ Pathology will provide regular data reports to the HARP Unit on the number of HIV tests conducted by SWSLHD services.

- ▶ The Sexual Health Clinic will make it easier to have an STI/HIV test at the clinic by:
 - improving the physical environment (external, internal, signage);
 - enhancing the online presence of the Sexual Health Clinic, including an online appointment booking system;
 - continuing online advertising targeted at gay and other homosexually active men;
 - providing test results via email or SMS (if preferred by patient);
 - expanding outreach STI screening;
 - exploring the feasibility of specific clinic sessions for priority population groups
 - exploring the feasibility of peer-involvement in those clinics;
 - extending the opening hours of Liverpool Sexual Health Clinic (e.g. evenings and lunchtime); and
 - implementing an 'Xpress' Clinic.

- ▶ SWOP and Sexual Health Clinic will explore the feasibility of re-establishing Chinese and Thai language clinics for sex workers.

- ▶ Drug Health and HARP Health Promotion will identify how best to support training for Drug Health staff – including informed consent, conveying BBV results, client education and venepuncture – to enable blood-borne virus screening for at risk clients.

- ▶ HIV Clinic and Sexual Health Clinic, with the support of HARP Health Promotion, will continue to work with general practice to raise awareness of the need for STI and HIV testing for priority populations. (This will continue in partnership with Australasian Society for HIV Medicine, Royal Australian College of General Practitioners, Australian Practice Nurse Association, and NSW STI Program Unit.)

- ▶ HIV Clinic and Sexual Health Clinic, in partnership with primary health network and the Australasian Society for HIV Medicine and NSW STI Programs Unit, will work to identify and support local GPs and primary health care nurses who have an interest in working in HIV, sexual health and/or with priority population groups.

- ▶ Sexual Health Clinic will liaise with NSW STI Program Unit and the Australasian Society for HIV Medicine to help develop SWSLHD HIV and STI Health Pathways (web information portal for clinicians).



7.5 Improve the health and wellbeing of people with HIV — treatment, care, and support

The NSW HIV Strategy target is to have 90 per cent of people with HIV on antiretroviral treatment by 2015. This requires increasing the frequency of HIV testing to reduce the number of undiagnosed infections within the community. Already approximately 95 per cent of people with HIV who are seen by the HIV Clinic and the Sexual Health Clinic have commenced antiretroviral treatment.

For those people who have are diagnosed with HIV, there has been a focus on making it easier to access treatments. There is already significant national progress in this area. Restrictions on access to treatments (based on CD4 cell counts) have been removed and the Commonwealth government has initiated steps to make HIV treatments available at community pharmacies by July 2015.

In SWSLHD, people with HIV who access local services can have their needs met through the HIV Clinic at Liverpool Hospital or at the Sexual Health Clinic. The HIV Clinic provides services for people with HIV who have more complex needs. They may have co-existing conditions or be late HIV presenters, for example have presented to hospital with an opportunistic infection. They also tend to be heterosexuals and more recent immigrants. The HIV Clinic also provides an HIV Outreach Team that undertakes post-discharge follow-up and home visits when required.

Most people with HIV who are receiving HIV treatment and management from SWSLHD will do so at the HIV Clinic at Liverpool Hospital. The Sexual Health Clinic will see people with HIV whose needs are more straightforward (that is that they attend for regular health monitoring and treatment prescriptions). More often they tend to be gay men with HIV. During the consultation, a number of participants raised the need to ensure that there was further clarification of roles and communication between the two services to ensure they are meeting the varied needs of people with HIV.

With dramatically improved life expectancy, the NSW HIV Strategy states that it is increasingly appropriate for hospital and sexual health services to have a decreased role in day-to-day care for people with HIV, instead focusing on specific target groups and more complex care needs. Realistically, given the small number of people with HIV in SWSLHD compared to elsewhere in Sydney, it is not likely to be feasible to make HIV treatment and management available in general practice (there are currently no general practitioners in SWSLHD who are authorised HIV treatment prescribers). However, through the Ministry of Health HIV Support Program, the HIV Clinic is able to provide support to general practitioners in the community who diagnose new HIV infections.

Improving the overall health and well-being of people living with HIV is important, particularly ensuring health promotion programs enable people with HIV to be active partners in managing their own health. In SWSLHD, this means partnering with our external partners, such as Heterosexual HIV Service, Positive Life, Multicultural HIV and Hepatitis Service and ACON, to ensure people living with HIV have access to health promotion programs and support services as required.



What we will do

- ▶ HIV Clinic and Sexual Health Clinic will continue to provide treatment, care and support to people with HIV, with the HIV Clinic focusing on those with more complex care needs.

- ▶ HIV Clinic will continue to be the SWSLHD contact point for the NSW HIV Support Program to provide immediate support to doctors who diagnose HIV infection and, with the HARP Unit, ensure appropriate referral information is provided to newly diagnosed patients.

- ▶ HIV Clinic and Sexual Health Clinic will develop a service agreement on referrals and communication between the services to ensure the needs of people with HIV are being met by the most appropriate service.

- ▶ HIV Clinic and Sexual Health Clinic will continue to identify opportunities for joint education and training, such as the joint journal club, and ensuring there are opportunities for sexual health physicians to participate in the HIV Clinic.

- ▶ The HIV Clinic will continue to offer support for people living with HIV and work in partnership with ACON, Heterosexual HIV Service and Positive Life, to ensure people with HIV living in SWSLHD have access to online and face-to-face support services.

- ▶ The HIV Clinic and the Sexual Health Clinic will work in partnership with Multicultural HIV and Hepatitis Service (MHAHS) to ensure people with HIV from CALD backgrounds are linked to the MHAHS co-worker support service.

- ▶ The HIV Clinic and the Sexual Health Clinic will identify eligible patients with HIV who would benefit from referral to SWSLHD Oral Health Services.

- ▶ The HIV Clinic and the Sexual Health Clinic will identify patients with HIV who would benefit from referral to the Smoking Cessation Assistance Clinic at Liverpool Hospital.

- ▶ The HARP Health Promotion Team, in partnership with local services and ACON and Positive Life will continue to deliver HIV training and awareness events for the SWSLHD workforce, including a focus on reducing discrimination in health care settings.

7.6 Strengthen STI treatment and management

General practice is where most STIs are diagnosed and treated. Publicly funded sexual health services are important sites of sexual health expertise which have a role in supporting general practice, and other primary health care providers such as Aboriginal Community Controlled Health Services, in providing comprehensive and appropriate STI services.

Publicly funded sexual health services provide STI testing, diagnosis, treatment, counselling, contact management and patient education. They focus on priority populations, individuals with symptoms and patients with complex health needs. The NSW STI Plan identifies that the most appropriate provision of sexual health clinical services to young people in NSW is in general practice. In SWSLHD, marginalised and vulnerable young people can also access sexual health services at the Youth Health Services.

Sexual Health Clinics are currently provided Monday – Friday at Liverpool Sexual Health Clinic and one clinic per fortnight at Rosemeadow Community Health Centre in Campbelltown LGA. Given the low level of service activity at Rosemeadow, there is agreement among stakeholders that the clinic at the current



location is not working well and options need to be explored. Options include consolidating resources to expand services at Liverpool Sexual Health Clinic; and investigating alternative locations in Campbelltown CBD, for example via co-location with a non-government organisation. However it is acknowledged that establishing an alternative clinic in Campbelltown would involve significant establishment costs.

The need to significantly increase and sustain HIV testing rates among priority population groups highlights the need to innovate and modernise service delivery. This requires the sexual health clinic to:

- improve the physical environment (exterior, interior, signage) to make it a more inviting space for clients;
- provide an easy, fast, and positive experience for clients;
- improve user flow through all service 'touchpoints' (e.g. online, reception, e-reminders, kiosk);
- manage a sustained increase in occasions of service;
- reach and engage with priority population groups; and
- provide cost-efficient services.

Importantly, these changes should occur with the input and collaboration of priority population groups (such as gay men, sex workers and Aboriginal people) who are the intended service users.

What we will do

- ▶ Sexual Health Clinic, with support from NSW STI Programs Unit, Community Health and HARP Unit, will develop and implement a service redesign work plan.
- ▶ Sexual Health Clinic and HARP Unit, with the support of Community Health and NSW STI Programs Unit, will benchmark the service model and reach among priority population groups against a similar NSW sexual health clinic.
- ▶ Community Health will determine whether it is an effective investment to continue to provide a sexual health clinic in Campbelltown LGA or whether it would be more appropriate to consolidate sexual health clinical services in Liverpool.
- ▶ Sexual Health Clinic and HARP Health Promotion will support priority population groups to undertake an audit of the clinic to assess how user friendly it is and how it can be made more accessible for members of their communities.
- ▶ Sexual Health Clinic, with the support of HARP Unit, NSW STI Programs Unit and Community Health, will identify and implement cost-efficiencies such as the introduction of the voluntary use of Medicare cards.
- ▶ Sexual Health Clinic will continue to provide a referral and consultancy service to general practice and other primary health care providers.
- ▶ Sexual Health Clinic, with HARP Health Promotion and Youth Health Services, will work with the primary health network to support general practice to provide STI testing, diagnosis and treatment, particularly for young people (in partnership with Australasian Society for HIV Medicine, Royal Australian College of General Practitioners, Australian Practice Nurse Association, and NSW STI Programs Unit.)



7.7 Strengthen STI contact management

Advising sexual partners of a person diagnosed with an STI that they may have been exposed to an STI, and referring them to testing and treatment if required, is important to prevent further transmission. The Ministry of Health outlines the standard operating procedure for contact management and practical guidance for health care workers is available from the Australasian Society for HIV Medicine and NSW STI Programs Unit.

The NSW STI Plan recognises that Sexual Health Clinic staff are skilled in contact tracing and can provide education and support to GPs and other primary health care providers in this area.

'Patient-delivered partner therapy for chlamydia', where diagnosed patients are given an extra prescription for antibiotics for their sexual partners, will be trialed under the NSW STI Plan by the Kirby Institute in partnership with publicly funded sexual health services.

What we will do

- ▶ HIV Clinic and Sexual Health Clinic will continue to provide specialist contact tracing for HIV and STIs.
- ▶ Sexual Health Clinic will work with ASHM, NSW STI Programs Unit and primary health network to provide training and resources to general practice and other primary health care providers to conduct contact tracing.



8. MONITORING, EVALUATION AND REPORTING

To monitor implementation of this plan:

- a working group will be convened and will meet quarterly;
- the attached work plan will be reviewed annually and updated as required; and
- key performance indicators have been identified and will be monitored quarterly.

Performance Indicators:

1. Percentage increase in HIV testing conducted by SWSLHD Sexual Health Clinic and HIV Clinic.
2. Percentage increase in HIV testing conducted by other SWSLHD services.
3. Percentage of patients of SWSLHD services with HIV who are on antiretroviral treatment.
4. Percentage of STI testing/treatment/management occasions of service at the Sexual Health Clinic provided to priority population groups - sex workers, gay and other homosexually active men and Aboriginal people.
5. Number of gay and other homosexually active men who are reached by online advertising promoting HIV testing and the sexual health clinic.
6. Number of sterile injecting equipment distributed by SWSLHD NSP services.
7. Number of sites and mechanisms from which sterile injecting equipment is available in SWSLHD.
8. Number of new HIV infections in SWSLHD residents.
9. Number of STI notifications - syphilis, gonorrhoea, chlamydia - in SWSLHD residents.



9. WORK PLAN 2015-2018

Actions	Timeline	Lead	SWSLHD Corporate Plan Link
1. Maintain high levels of safe behaviour			
1.1 HARP Health Promotion will develop an annual work plan which will address the priorities outlined in the NSW HIV Strategy and NSW STI Plan to help maintain safe behaviours including: <ul style="list-style-type: none"> • supporting the local implementation of statewide social marketing campaigns; • developing local health promotion campaigns and resources for priority population groups, where gaps are identified; • participating in statewide community events (such as World AIDS Day, NAIDOC Week, HIV Testing, Live Nation, Youth Week); • participating in statewide committees focused on priority populations groups (e.g. CALD Gay Men's Action Group); and • working in partnership with non-government organisations to reach and engage priority population groups (ACON, NUAA, SWOP, and Family Planning NSW). 	<ul style="list-style-type: none"> • Draft plan: March 2015 • Final plan: April 2015 • Implementation: Ongoing • Review progress: December 2015 	HARP Health Promotion	1.5
1.2 Youth Health Services will continue to prioritise sexual health promotion and clinical services for young people including implementing: outreach STI screening, condom access, participating in statewide health promotion events, GLBT support groups, and specific programs for Aboriginal youth.	Ongoing	Youth Health Services	3.4
1.3 Family Planning NSW will initiate discussions with Youth Health Services and HARP Health Promotion to explore the feasibility of introducing the Condom Credit Card, and opportunities to support the implementation of other statewide Family Planning youth sexual health initiatives.	<ul style="list-style-type: none"> • Initial discussions, April-May 2015 • Ongoing 	Family Planning NSW	2.1
2. Prevention with priority population			
2.1 Aboriginal Sexual Health Promotion, in partnership with the Sexual Health Clinic and Youth Health Services, will continue to provide STI screening at Aboriginal sports and community events.	Calendar of events finalised: March 2015	Aboriginal Sexual Health Promotion	1.5
2.2 Aboriginal Sexual Health Promotion, in collaboration with Aboriginal Health, will continue to provide blood-borne virus/sexual health education in schools for Aboriginal students	Calendar of education program: March 2015	Aboriginal Sexual Health Promotion	1.5



Actions	Timeline	Lead	SWSLHD Corporate Plan Link
2.3 Aboriginal Sexual Health Promotion, in collaboration with Aboriginal Health, will continue to participate in relevant community events and groups to provide education and promote sexual health services.	Calendar of events finalised: March 2015	Aboriginal Sexual Health Promotion	1.5
2.4 Aboriginal Sexual Health Promotion and HARP will support the work of NSW Aboriginal Health and Medical Research Council in working with Aboriginal Community Controlled Health Services to support them to provide needle and syringe programs and STI testing.	Initiate meeting: by June 2015	Aboriginal Sexual Health Promotion	2.1
2.5 Aboriginal Sexual Health Promotion, Aboriginal Health and ACON will explore opportunities to support LGBTI Aboriginal people in SWSLHD.	Initiate meeting with ACON, May-June 2015	Aboriginal Sexual Health Promotion	2.1
2.6 Aboriginal Sexual Health Promotion and the Sexual Health Clinic will consider the viability of implementing the 'Deadly Liver Mob' program (blood-borne virus and STI education and screening).	<ul style="list-style-type: none"> • Assess feasibility: May 2015 • Project plan: June 2015 • Implementation: to be determined 	Aboriginal Sexual Health Promotion	1.5
2.7 HARP Health Promotion, in partnership with SWOP, will explore opportunities to better promote the Sexual Health Clinic to sex workers, including to all sex workers (brothels, private and street-based).	<ul style="list-style-type: none"> • Joint planning meeting: April 2015 • Plan developed: May 2015 • Implementation: Ongoing 	HARP Health Promotion	2.1
2.8 ACON will be contracted to implement an online HIV testing and Sexual Health Clinic awareness campaign targeted at gay and other homosexually active men in SWSLHD.	<ul style="list-style-type: none"> • Proposal approved: May 2015 • Implementation: to be determined 	ACON	3.4
2.9 Sexual Health Clinic will continue advertising to gay men on gay social apps (currently Grindr).	January – December 2015	Sexual Health Clinic	3.4
2.10 HARP Health Promotion, in partnership with the statewide Multicultural HIV and Hepatitis Service and HARP Unit and SWSLHD clinical services, will work with CALD community organisations to raise awareness of the 'Ending HIV' agenda.	<ul style="list-style-type: none"> • Forum planning meeting: Jan-Feb 2015 • Forum: March 2015 • Evaluation: March – April 2015 	HARP Health Promotion	3.4



Actions	Timeline	Lead	SWSLHD Corporate Plan Link
2.12 Aboriginal Health, Aboriginal Sexual Health Promotion and Family Planning NSW will explore opportunities to implement in SWSLHD 'Sexuality, Health and Facilitating Groups' workshop and the 'Strong Family Program' in SWSLHD.	<ul style="list-style-type: none"> Initial planning: June-Dec 2015 Implementation: Ongoing 	Aboriginal Health, Aboriginal Sexual Health Promotion	2.1
3. Improve access to the NSP			
3.1 Drug Health, in collaboration with Bankstown -Lidcombe Hospital and Fairfield Hospital, will establish NSP outlets and sharps disposal bins at Bankstown -Lidcombe Hospital and subsequently at Fairfield Hospital.	<ul style="list-style-type: none"> Bankstown Hospital by June 2015 Fairfield Hospital TBA 	Drug Health	3.4
3.2 Drug Health, in partnership with HARP Health Promotion and NUAA, will enhance service user consultations to identify access barriers and service development opportunities.	By Dec 2015 and on-going	Drug Health and HARP Health Promotion	2.1
3.3 Drug Health, in partnership with Community Health, will develop local plans to increase distribution from low volume NSP services.	By June 2015	Community Health	3.4
3.4 Drug Health will develop local NSP promotional plans (to increase service awareness of NSP services) in collaboration with NUAA and NSP service users.	By May 2015	Drug Health	2.1
3.5 Drug Health will continue to liaise and support the work of NUAA in implementing programs within the local health district.	Ongoing	Drug Health	2.1
3.6 Drug Health, in partnership with HARP Health Promotion, will liaise with the NSW Pharmacy Guild to: identify the LHDs priority areas to recruit new pharmacy NSP members; increase distribution from existing pharmacy NSP members; and, implement standardised NSP signage in each pharmacy.	By Nov 2018	Drug Health	2.1
3.7 HARP Health Promotion and Drug Health, in consultation with NUAA, will deliver health promotion activities to NSP clients and provide training for staff of secondary NSPs.	Ongoing	HARP Health Promotion and Drug Health	3.4



Actions	Timeline	Lead	SWSLHD Corporate Plan Link
4. Promote HIV and STI Testing			
4.1 The HIV Clinic will finalise and implement the new HIV Testing Policy for SWSLHD and deliver training to all key clinical areas.	<ul style="list-style-type: none"> Finalise policy: Jan-Feb 2015 Policy approval: March-April 2015 Implement training: Ongoing 	HIV Clinic	4.1
4.2 Pathology will provide regular data reports to the HARP Unit on the number of HIV tests conducted by SWSLHD services.	<ul style="list-style-type: none"> Reporting arrangements negotiated with Pathology: April 2015 Reporting: Ongoing 	Pathology	1.5
4.2 The Sexual Health Clinic will make it easier to have an STI/HIV test at the clinic	[See 6.1]	Sexual Health Clinic	1.4
4.3 Drug Health and HARP Health Promotion will identify how best to support training for Drug Health staff – informed consent, conveying BBV results, client education and venepuncture – to enable blood-borne virus screening for at risk clients	<ul style="list-style-type: none"> Planning: June-December 2015 Training implementation: Ongoing 	Drug HARP and Health Promotion	4.1
4.4 HIV Clinic and Sexual Health Clinic, with the support of HARP Health Promotion, will continue to work with general practice to raise awareness of the need for STI and HIV testing for priority populations.	Ongoing	HIV and Sexual Health Clinic	3.4
4.5 HIV Clinic and Sexual Health Clinic, in partnership with primary health network and ASHM and STIPU will work to identify and support local GPs who have an interest in working in HIV, sexual health and/or with priority population groups.	Ongoing	HIV Clinic and Sexual Health Clinic	3.2
4.7 Sexual Health Clinic will liaise with STIPU and ASHM to help develop SWSLHD HIV and STI HealthPathways (web information portal for clinicians).		Sexual Health Clinic	3.2
5. Health and wellbeing of people with HIV			
5.1 HIV Clinic and Sexual Health Clinic will continue to provide treatment, care and support to people with HIV, with the HIV Clinic focusing on those with more complex care needs.	Ongoing	HIV Clinic and Sexual Health Clinic	3.2
5.2 HIV Clinic will continue to be the SWSLHD contact point for the NSW HIV Support Program to provide immediate support to doctors who diagnose HIV infection and, with the HARP Unit, ensure appropriate referral information is provided to newly diagnosed patients.	Referral sheet developed: March 2015	HIV Clinic	3.2



Actions	Timeline	Lead	SWSLHD Corporate Plan Link
5.3 HIV Clinic and Sexual Health Clinic will continue to identify opportunities for joint education and training, such as the joint journal club, and ensuring there are opportunities for sexual health physicians to participate in the HIV Clinic.	As above	HIV Clinic and Sexual Health Clinic	4.1
5.4 The HIV Clinic will continue to offer support for people living with HIV, and work in partnership with ACON, Heterosexual HIV Service and Positive Life, to ensure people with HIV living in SWSLHD have access to online and face-to-face support services	<ul style="list-style-type: none"> • Service briefing: May 2015 • Referral to services: Ongoing 	HIV Clinic	3.4
5.6 The HIV Clinic and the Sexual Health Clinic will work in partnership with MHAHS to ensure people with HIV from CALD backgrounds are linked to the MHAHS co-worker support service.	<ul style="list-style-type: none"> • MHAHS briefing: May 2015 • Link to co-worker support service: Ongoing 	HIV Clinic	3.4
5.7 The HIV Clinic and the Sexual Health Clinic will identify eligible patients with HIV who would benefit from referral to the SWSLHD Oral Health Service.	April 2015 and on going	HIV Clinic & Sexual Health Clinic	
5.8 The HIV Clinic and the Sexual Health Clinic will identify patients with HIV who would benefit from referral to the Smoking Cessation Assistance Clinic at Liverpool Hospital.	April 2015 and on going	HIV Clinic & Sexual Health Clinic	
6. Strengthen STI treatment and management			
6.1 Sexual Health Clinic, with support from STIPU, Community Health and HARP Unit, will develop and implement a service redesign work plan.	<ul style="list-style-type: none"> • Service redesign working group convenes: Feb 2015 • Monthly working group meeting: Feb-June 2015 • Initial three month implementation, Feb-April 2015 • Ongoing implementation: May-Dec 2015 • Review plan: November 2015 	Sexual Health Clinic	1.4 5.2
6.2 Sexual Health Clinic and HARP Unit, with the support of Community Health and STIPU, will benchmark the service model and reach among priority population groups against a similar NSW sexual health clinic.	Identify appropriate service: April 2015 Obtain service data and staffing profile: May 2015	Sexual Health Clinic	5.2



Actions	Timeline	Lead	SWSLHD Corporate Plan Link
<p>6.3 Community Health will determine whether it is an effective investment to continue to provide a sexual health clinic in Campbelltown LGA or whether it would be more appropriate to consolidate sexual health clinical services in Liverpool.</p>	<ul style="list-style-type: none"> • Review recent and historical service data: April 2015. • Explore feasibility of relocating service: May 2015 • Transition period: May 2015 • Implement change: June 2015 	Community Health	3.4
<p>6.4 Sexual Health Clinic, with the support of HARP Unit, STIPU and Community Health, will identify and implement cost-efficiencies such as the introduction of the voluntary use of Medicare cards.</p>	See 6.1	Sexual Health Clinic	8.1
<p>6.5 Sexual Health Clinic will continue to provide a referral and consultancy service to general practice and other primary health care providers.</p>	Ongoing	Sexual Health Clinic	3.2
<p>6.6 Sexual Health Clinic, with HARP Health Promotion and Youth Health Services, will work with primary health network to support general practice to provide STI testing, diagnosis and treatments, particularly for young people.</p>	Ongoing	Sexual Health Clinic	3.2
<p>7. Strengthen STI contact management</p>			
<p>7.1 HIV Clinic and Sexual Health Clinic will continue to provide specialist contract tracing for HIV and STIs.</p>	Ongoing	HIV Clinic, Sexual Health Clinic	1.5
<p>7.2 Sexual Health Clinic will work with ASHM, STIPU and primary health network, to provide training and resources to general practice and other primary health care providers to conduct contact tracing.</p>	<ul style="list-style-type: none"> • Initiate partnerships: June 2015 • Identify education events: Aug-Sept 2015 	Sexual Health Clinic	3.2



ABBREVIATIONS

ACON	NSW LGBTI & HIV community organisation
ADM	automatic (needle and syringe) dispensing machine
ASHM	Australasian Society for HIV Medicine
CALD	culturally and linguistically diverse backgrounds
HARP	HIV/AIDS and Related Programs
HIV	human immunodeficiency virus
LGBTI	lesbian, gay, bisexual, transgender and intersex
LGA	local government area
MHAHS	Multicultural HIV and Hepatitis Service
NAIDOC	National Aborigines & Islanders Day of Observance Committee
NSP	needle and syringe program
NUAA	NSW Users and AIDS Association
STIs	sexually transmitted infections
STIPU	NSW STI Programs Unit
SWOP	Sex Worker Outreach Project
SWSLHD	South Western Sydney Local Health District



APPENDIX: ORGANISATIONS AND SERVICES CONSULTED

SWSLHD Services

Aboriginal Health

Community Health

- Youth Health
- Sexual Health Service

Drug Health

HIV/Immunology

Pathology

Planning

Population Health

- Health Promotion Service
 - Multicultural Health
 - HARP Health Promotion
- HIV & Related Programs
- Public Health Unit
- NSW Refugee Health Service

External stakeholders

ACON (formerly AIDS Council of NSW)

Australasian Society of HIV Medicine

Family Planning NSW

Heterosexual HIV Service

NSW Multicultural HIV & Hepatitis Service

NSW Users & AIDS Association

Positive Life NSW

NSW STI Programs Unit

Sex Workers Outreach Project



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