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PRESS RELEASE

'Sex Police' to Target Gays

Gay Sex Database Sparks Outrage

Public Views Silenced by Ignored Consultation

LONDON, 23 MAY 2007 -- A government database used to store intimate details of gay sexual behaviour is to replace the current free access to sexual health information across London, despite major concern from HIV charities and overwhelming hostility from a public consultation.

The London Gay Men's HIV Prevention Partnership (LGMHPP), a central fund that is contributed to by London's NHS trusts and that is administered by commissioners, have proposed radical changes to London's HIV prevention initiatives, slashing the budget for information resources, such as booklets, websites and advertising campaigns in the gay press, in favour of sexual health interviews and a central database of gay men.

"We surveyed over 16,000 men and the majority said they preferred access to written information. A relatively small number said they'd like information from a health worker on the gay scene," said Ford Hickson, Senior Research Fellow at the Department of Health funded research body, Sigma. "Under this new plan, if you don't get interviewed, you don't get information - many men will miss out."

Just 17% of London's gay men say they would be willing to talk to a sexual health worker on the gay scene, compared with 68% who wanted information via the

web and 57% who preferred to access sexual health information from reading the gay press.¹

The new scheme would require thousands² of volunteers to converge on bars and clubs to obtain intimate details of gay men's sexual behaviour, in order that safe sex '*lapsers*' can be ranked according to risk, recorded on a database and only then given information which is deemed appropriate. With no evaluated pilot of this initiative, and no evidence that supports it as an effective strategy, HIV charities fear it could undo years of work and alienate many men who do not want to access services in this way.

The draft commissioning intentions also indicated that gay men may not be aware that the details given would be used in this way. They indicated that an effective way of getting men to give the required information would be to '*approach them on the scene and ask them to participate in research about safer sex*'.

The plans were unanimously and emphatically criticised by professional agencies working in the HIV sector who, in a joint letter to commissioners, stated that the new plans were unfit for purpose, unfeasible to deliver and were likely to be unacceptable to the majority of men who have sex with men (MSM) in London. There has also been concern that the new scheme is in breach of the Equality Act (Sexual Orientation) Regulations, 2007, as information services are being detracted for gay men but not for other groups.

"Restricting gay men's access to sexual health information and forcing them to have these interviews is a preposterous plan and it's not just HIV charities that are concerned," said Matthew Hodson, Head of Programmes for GMFA, the gay men's health charity. "A public consultation was held which vehemently opposed the plans, but that seems to have been ignored."

The consultation process was deemed by the Compact Advocacy Programme at the National Council of Voluntary Organisations (NCVO) to be in breach of various codes of the Compact Agreement between government and the voluntary sector, as it allowed only a minimal response time and disregarded or misinterpreted the issues raised. In addition, the consultation did not follow the Cabinet Office's Code of Practice on Consultation.

Jess Crocker, Compact Advocacy Officer, said, "The supposed-consultation which took place was completely out of line with the best practice set out in the Compact. We need to see a new consultation, where responses are actually listened to, before any changes to funding or services take place."

The public consultation reported that gay men were '*overwhelmingly hostile to the strategy*' and that '*there was broad agreement that the proposal would not be*

effective in reducing transmission of HIV; that it would reach fewer gay men than are currently reached by HIV prevention initiatives and that it would not be acceptable to the majority of gay men and especially those gay men who had the greatest HIV-related information or support needs.' However, the NHS commissioners' response to the consultation stated that *'the strategic goals, values and indicators for success were generally welcomed'* by the public and HIV sector.

"We expected the public consultation to influence these HIV prevention plans," admitted Hodson. "But when these overwhelmingly hostile views are interpreted as generally welcoming by the commissioners, then clearly this hasn't happened."

The South London HIV Partnership has already started creating a *'single electronic data network designed to make it easy to track individuals'*. Their priority is to *'register all newly diagnosed HIV positive south Londoners and then work backwards to register the whole population of people with HIV in South London'*. As well as those who are registered they intend to *'follow up clients who have not registered'*, sparking fears of supposed confidential records being reviewed.

In a recent Guardian newspaper poll of 1,026 GPs and hospital doctors, more than 60% said they feared that medical databases could be vulnerable to hackers and unauthorised access by public officials from outside the NHS and social care. Doctors were also concerned about the potential for bribery or blackmail, and about clinicians not adhering to the rules.

-ENDS-

For more information about this or any other of GMFA's campaigns and actions, contact:

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Reference:

1. Risk and Reflection; Findings from the Gay Men's Sex Survey 2004. Sigma Research.
2. The new proposal aims 'to offer every reachable gay or bisexual man in London a brief intervention by Sexual Health Trainers, involving an assessment of his personal risk factors for engaging in unsafe sex, immediate

advice and information tailored to the needs he has revealed, back-up written information if relevant, and motivational discussion to encourage him to seek further support, where relevant' on an annual basis. The estimated gay adult male population of London is 163,552 (between 124,000 – 214,000). 450 men would need to undergo this assessment every day (including public holidays) for every man to be assessed. Assuming a half hour interview, over 1,100 volunteers would need to work two evenings a month (3 hours per evening) to interview every gay man. This does not include time for data collection, reporting or recruitment to the service.

Notes to the Editor:

Full details of the Commissioning Intentions and Public Consultation can be found at: www.gmfa.org.uk/londonservices

Public Consultation

Section 11 of *The Health and Social Care Act 2001* states the legal obligation to consult the public on changes to health services relating to them.

<http://www.opsi.gov.uk/ACTS/acts2001/10015--b.htm#11>

The Consultation code of the Compact agreement between government and the voluntary sector was not adhered to.

http://www.thecompact.org.uk/shared_asp_files/GFSR.asp?NodeID=100320

The following criteria of the Consultation code were not met during this consultation:

3.1 – Government undertakes to...prepare consultation documents that are concise, clearly laid out and written in simple language that will be understood by the intended audience;

The original consultation document was 51 pages long and we understand that providers were told at the stakeholders' meeting on 15th March that they did not properly understand it when they submitted critical responses. It therefore seems that the document was not clearly written and understandable.

5.1 – It is important to build consultation into plans for policy development, both on specific proposals and services, and more generally. Consultation at an early stage of policy development can help to ensure that the resulting proposals are in line with current experience and thinking in the field and avoid incorrect assumptions and misunderstanding at later stages.

(See also the Compact Funding and Procurement code of good practice:

2.9 – Government undertakes to provide whenever possible an opportunity for the voluntary and community sector to contribute to programme design.)

We understand that organisations felt that the original Commissioning Intentions document presented an untested approach that did not fit with their experience in the field and lessons learned over time. They did not feel that they were involved early enough in the development of these plans to best feed in their knowledge of the beneficiary population and how best to provide services to them. On the 15th March stakeholders' meeting, voluntary organisations offered to help with the programme design. This offer was not accepted.

5.3 – Consultation has to be an open and meaningful process if it is to command credibility and make the best use of the time and resources of all those involved. The Government should make clear in the consultation process those matters which are open to change and those on which it has made a firm decision.

We understand that organisations feel that their critical responses to the consultation were rejected and even misrepresented in the final Commissioning Intentions document (see 14.2 for more on this point). It therefore seems that this consultation was not seen to be open and meaningful for all those involved.

11.1 – For written consultations, wherever possible 12 weeks should be allowed for replies...

The original consultation period was less than one month (21 November to 15 December) despite the fact that organisations were consulting with their beneficiaries on these issues, including GMFA's public consultation with gay men. Even with the second round of consultation of three weeks that was recently announced, this consultation has not yet reached the absolute minimum time frame set out in the Compact of eight weeks.

14.2 Once a decision has been made on the way forward, respondents should be notified promptly how the work will proceed... This should explain: the consultation process followed; [and] how the decision reflects the results of the consultation...

As stated above, organisations feel that their responses were not reflected in the results of the consultation and even that they were misrepresented in statements such as "Overall no challenge is mounted against the strategic goals, values and indicators for success set out in the Intentions, which were generally welcomed". Any revised consultation process will need to provide strong assurances that all responses will be taken into account if the process is to be credible.

About the Compact, the Compact Advocacy Programme and NCVO

The Compact is an agreement between the Government and the voluntary and community sector made in November 1998. It aims to improve the relationship between the two sectors for mutual advantage. The Compact is made up of five codes of good practice. These documents act like a legal agreement with clear points that outline both government undertakings and undertakings by the voluntary and community sector. The five Compact Codes of Good Practice are:

- [Funding and Procurement](#)
- [Consultation and Policy Appraisal](#)
- [Black and Minority Ethnic Groups](#)
- [Volunteering](#)
- [Community Groups](#)

The Compact Advocacy Programme was set up, and is run, by the voluntary and community sector for the sector. Based at the National Council for Voluntary Organisations (NCVO), it is a scheme that provides practical support and wider campaigning to the sector in cases where the Government has breached the Compact.

The National Council for Voluntary Organisations (NCVO) www.ncvo-vol.org.uk is the umbrella body for the voluntary sector in England, with sister councils in Wales, Scotland and Northern Ireland. NCVO has a growing membership of over 5,100 voluntary organisations, ranging from large national bodies to community groups, volunteer bureaux, and development agencies working at a local level.

Equality Act (Sexual Orientation) Regulations 2007

The Commissioning Intentions Document is in breach of the Equality Act (Sexual Orientation) Regulations 2007, as the new plans discriminate on the grounds of sexuality.

<http://www.opsi.gov.uk/si/si2007/draft/20075920.htm>

The Act covers both direct discrimination and indirect discrimination. The Act covers services for gay men, and, since gay men are disproportionately affected by HIV, that the Act applies to all services relating to HIV. Of particular relevance is Regulation 4 (1) (d), which refers to the terms under which goods and services are supplied. Many of the criticisms and justifications for disinvestment in some methods of intervention (such as slashed budgets for information services) contained in the Commissioning Intention Document are not applied to other health promotion interventions provided by PCTs and as such would be illegal on discriminatory grounds.

The Department of Health's *Choosing Health White Paper* sets out the importance of using initiatives such as social marketing to encourage positive health behaviours and their committed to developing a social marketing strategy for health for all groups. With the new LGMHPP plans underway, this will not be the case for gay men and "Choosing Health" could be a thing of the past.

About GMFA

GMFA was established in 1992 and is GMFA is the UK's leading gay men's health charity, reaching over 140,000 men with our interventions. GMFA's mission is to improve gay men's health by increasing the control they have over their own lives. We believe that the best health promotion for gay men comes from gay men themselves, and so we use the knowledge and ideas of our 170 volunteers (most of them gay men) to design and plan our thought provoking sexual health interventions. Yearly we deliver three new mass media campaigns in the gay press to disseminate up to date information regarding HIV and STIs to the gay male community. Independent surveys have concluded that our campaigns reach up to 55% of the London gay population and we are the most reliable agency at reaching gay men. In addition to this we distribute our own health magazine, FS, free to London's gay bars and clubs to further educate gay men about relationships, their bodies, general health and STIs. Annually, we deliver 1000 hours of group work to educate gay men in safer sex, and over the last fourteen years have provided courses for over 10,000 gay men. We have recently launched two new websites containing information for gay men on sex and sexual health (www.gmfa.org.uk/sex) and details of sexual health services available for gay men in London (www.gmfa.org.uk/londonservices). Over the next couple of months we intend to launch websites for HIV positive gay men and a gay sports and social groups site. All of our sites can be accessed at www.gmfa.org.uk.