

Sexual Health, Reproductive Health and HIV Needs Assessment for the London Borough of Sutton

January 2016

take part, take pride



Acknowledgements

The structure of this report is based on the Department of Health National Support Teams for Sexual Health and Teenage Pregnancy “How to Guide” to Sexual Health Needs Assessment (SHNA). All other sources of information are appropriately cited throughout the document.

Author Clare Ridsdill-Smith with thanks to

- Public Health Sutton - Dr Nicola Lang, Bethan Davies, Hayley Peek, Sylvia Godden, Helen Imison
- GIS Team - Phil Giraud
- Sutton CCG - Sarah Taylor, Sue Roostan, Sian Hopkinson, Sharron Bowden, Sarah Raheem and Lou Naidu
- Sutton and Merton Community Services- Dr Ruth Clancey, Liz Sherlock, the School Nursing Team, Chris Lovelace
- St Helier Hospital - Dr Steve Estreich, Dr Ceri Slater and Yvonne Walker
- SWAGNET- Janine Railton, Leanne Bobb
- NHS England - Josh Ford, Jess Peck and Nóra Simon
- The Havens - Mathy Rajanikanth and Simon Cordon

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
BASSH	British Association for Sexual Health and HIV
CaSH	Contraceptive and Sexual Health
CB	Commissioning Boards
CCG	Clinical Commissioning Groups
DH	Department of Health
Dual NAATs	Dual Nucleic Acid Amplification Tests
HPE	HIV Prevention England
HIV	Human Immunodeficiency Virus
IUD	Intra-Uterine device
LA	Local Authorities
LARC	Long Acting Reversible Contraception
LSOA	Lower Super Output Area
MSM	Men who have Sex with Men
MSOA	Middle Super Output Area
NCSP	National Chlamydia Screening Programme
NICE	National Institute for Health and Clinical Excellence
ONS	Office for National Statistics
PACT	Prescribing Analysis and Cost Tabulation
PHE	Public Health England
PHOF	Public Health Outcomes Framework
PWID	People Who Inject Drugs
SARC	Sexual Assault Referral Centre
SH, RH, HIV	Sexual health, Reproductive Health and HIV
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TOP	Termination of Pregnancy
WHO	World Health Organisation

1 Executive Summary

Sexual health covers the provision of prevention, advisory, diagnostic and clinical services relating to contraception, relationships and sexually transmitted infections (STI), including Human Immunodeficiency Virus (HIV) and abortion. Good sexual health is an important aspect of an individual's health and wellbeing; people need to have the information, skills and the means to make choices that are right for them.

Sexual ill-health is not equally distributed among the population. Those at highest risk of poor sexual health are often from specific population groups with varying needs. These groups include; young people, men who have sex with men (MSM), people from black African communities, people living with HIV and other marginalised or vulnerable groups.

The population of Sutton is similar to England. However, at small area level, there is variation in the distribution of population groups, including those in highest need for Sexual Health, Reproductive Health (SRH) and HIV services.

According to ONS projections, Sutton's population will increase by around 14.3% from 2012 to 2022, which is a higher rate of increase than for either London (13%) or England (7.2%), and based on GLA 2013 round demographic projections¹ it is estimated that the BME population group will increase by 31.7% by 2022.

Although Public Health England has some excellent datasets for STIs and HIV, there is a paucity of data for reproductive health. Additionally, there are gaps where good quality data are not collected, especially from general practice. This makes it difficult to present a complete overview of sexual health, reproductive health and HIV for the borough.

1.1 National evidence and policy

The evidence base for sexual, reproductive health and HIV interventions is published nationally. The approach overall is that preventative interventions should be targeted towards the general population to avoid stigma and marginalisation of affected population groups. However it is also advised that this should be balanced with targeted interventions for the most at-risk groups. This is a complex balance to achieve and activity should be guided by local knowledge rather than national advice.

1.2 National and London wide commissioning policies

There have been significant changes to the commissioning of sexual health (SH), reproductive health (RH) and human immunodeficiency virus (HIV) services following the implementation of the Health and Social Care Act, 2012. Sexual health services are now commissioned by a number of organisations. STI testing, HIV testing, partner notification and contraception services are commissioned by Public Health teams based in Local Authorities (LA), abortion services are commissioned by Clinical Commissioning Groups (CCGs) and specialist services, for the treatment of HIV, are commissioned nationally by NHS England. This artificial fragmentation of care pathways by commissioning responsibilities has led to concerns that services could be commissioned in silos built around commissioning structures rather than service users. These fears have prompted the publication of two key documents which highlight the importance of collaborative commissioning and improved accountability to mitigate these risks:

- Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV²
- Breaking down the barriers: the need for accountability and integration in sexual health, reproductive health and HIV services in England: All Party Parliamentary Group on Sexual and Reproductive Health in the UK (2015)

Nationally there is no single definition of integrated commissioning but as the case examples included in the 'Making it Work' document show, this is likely to be defined locally to reflect local circumstances.

NHS London has led the development of a local tariff for integrated sexual health services. These tariffs are not mandatory but are intended to secure improvements in integration, innovation and productivity.

¹ (SHLAA capped household size-based ethnic group).

² PHE. (2014) Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV.

1.3 Local commissioning policy

Until April 2016, GUM and CaSH services will continue to be jointly commissioned by Sutton and Merton Councils through block contracts (held with St Helier Hospital (GUM) and Sutton and Merton Community Services (CaSH)), and the Council will cross charge other boroughs for GUM activity but not for CaSH.³

From April 2016 Sutton and Merton Councils will commission sexual health services separately.

1.4 Funding

Sexual health services are commissioned from the Public Health Grant allocation and the Council is mandated to ensure that comprehensive, open access and confidential sexual health services are available to anyone, whether they are Sutton residents or not. In 2014-2015 the sexual health services budget (£2.5M) was approximately 30% of Sutton's Public Health Grant (£8.2M).

The Public Health Grant allocation, which is based on the borough's resident population, does not include funding for people living outside Sutton to use sexual health services in the borough; but does include funding for the Council to pay out-of-area providers for Sutton residents who choose to use these services.

Local authorities and the NHS are facing financial challenges. As part of wider Government action on deficit reduction, it was announced that the 2015/16 Public Health Grant would be reduced in year by £200 million.⁴ This equated to a 6.2% flat rate cut for each borough. Further savings were announced in the Autumn Statement (2015).

1.5 Reproductive health in Sutton

Teenage conceptions

- Sutton appears to be underperforming compared to London and England in reducing the number of under 18 conceptions. Rates in the borough are now similar to the national average.
- Within Sutton there is an unequal distribution of under 18 conceptions. In general, higher conception rates tend to be related to deprivation.
- An increasing proportion of under 18 conceptions are ending in abortion.

Contraception

- The most common medical method of contraception in Sutton is oral contraception.
- Sutton GPs have low prescribing rates for long acting reversible contraception (LARC).
- Male condoms cannot be prescribed in general practice⁵ and data suggests that condoms are not being prescribed with all other contraceptive prescriptions from CaSH.

Abortion

- The overall abortion rate in Sutton is higher than the national average and the highest rate is in women aged 18-24 years.
- Access to abortion services appears to be good as the proportion performed under 10 weeks is higher than comparators.
- There are a high proportion of repeat abortions in both women aged under 25 years and those aged over 25 years.

1.6 Sexual health in Sutton

- Sutton has a lower rate of STIs than England and London.
- The population groups most at risk of STIs in Sutton are the same as the national picture: those under 25 years of age; men who have sex with men (MSM); black ethnic group; socio-economic deprivation.
- Overall, there has been little change in the rate of STI diagnoses (chlamydia, syphilis, genital warts, and genital ulcers) over the previous five years (2009-2013). However there has been a large

³ Until recently there was not an agreed set of prices for specialist SRH services.

⁴ This was achieved by reducing each local authority's grant by an equal percentage.

⁵ Sutton Local Area Sexual Epidemiology Report LASER (2013).

increase in the number of diagnosed cases of gonorrhoea and most cases are in MSM. MSM also experience a high proportion of the small number of syphilis diagnoses.

- There is a higher rate of re-infection than the national average, suggesting that partner notification and health promotion could be more effectively delivered within services.
- Positivity within the National Chlamydia Screening Programme (NCSP) is similar to the national average; however the Public Health Outcomes Framework (PHOF) indicator was not reached.

1.7 HIV in Sutton

A comparison of Sutton to England demonstrates that Sutton has:

- A higher prevalence of HIV than the national average.
- HIV prevalence that is above the threshold recommended for offering routine HIV testing to all individuals registering with a GP Practice and to all general medical admissions.
- A higher proportion of newly diagnosed individuals presenting late with numbers equally divided between MSM and heterosexual adults.
- The highest proportion of late HIV diagnoses in London but a low proportion of very late presenters.

Within the context of sexual health, Sutton is likely to see an increase in demand for contraceptive services, growth in HIV diagnoses and sexually transmitted infections (STIs) that may be exacerbated by changes in the population profile of the borough. This growth will happen at a time when NHS and local authorities are facing financial constraint and uncertainty about the Public Health Grant.

1.8 Review of current services in Sutton

The review of local services highlighted that there are a large number of commissioners, providers, IT systems, datasets and contracting arrangements within the borough. Although not unique to Sutton, this situation can fragment a patient's journey across the range of sexual health services and reduce the availability of good-quality intelligence to monitor services and outcomes.

Signposting

The two websites ('SWISH' for residents > 25 years and 'Getting it On' for residents < 25 years) that are commissioned by Sutton Council to provide information and advice about sexual and reproductive health and HIV services, give residents of different ages inconsistent messages.

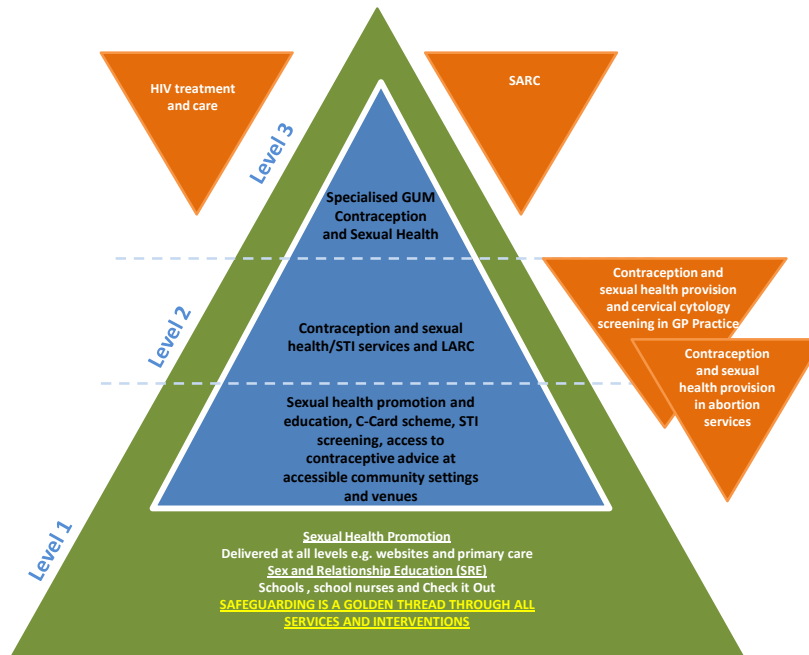
Access

Access was reviewed on the basis of the choice of service providers and opening hours. It was found that:

- **Contraception:** Sutton residents have good access to contraceptive services from a choice of providers across the borough. Fewer providers in Sutton offer all forms of long acting reversible contraception (LARC).
- **Sexual health:** Sutton residents have reasonable weekday access to Level 1 and 2 sexual health services but access after 6.30pm and at weekends is more limited. Residents do not have access to Level 3 sexual health services (Genitourinary Medicine Clinic (GUM)) within 48 hours 7 days a week.
- **Abortion:** Sutton residents appear to have good access to abortion services. This is supported by the finding that a higher proportion of NHS funded abortions are carried out before 10 weeks gestation compared to London and England.
- **National Chlamydia Screening Programme:** Sutton residents have good access to the National Chlamydia Programme from a choice of providers located across the borough and online.
- **HIV testing and HIV services:** it was not possible to evaluate access to HIV testing and HIV services.

Structure of services

The diagram below provides an overview of sexual health services



Location of services

The current location of the CaSH service in the north of the borough was chosen, when the service was commissioned by Sutton and Merton PCT, to provide a central location that was accessible to residents of both boroughs. Although this arrangement suited previous commissioning arrangements, the large number of Merton residents using CaSH may pose a financial risk to Sutton Council unless this activity can be cross charged following disaggregation of contracts in April 2016.

Genitourinary medicine (GUM) and HIV services are also located in the north of the borough, which may make access less convenient for people living elsewhere in Sutton.⁶

Activity, data costs and assurance

The paucity of information reported to commissioners and existing contracting arrangements have made it difficult to: estimate the total cost of delivering sexual healthcare in Sutton, review patient feedback along care pathways or review clinical governance processes.

The absence of appropriate data also makes it difficult to establish how successfully services are engaging people from communities at higher risk of poor sexual health.

Workforce assessment and capacity

There is no local register of professionals in Sutton who are part of the sexual health workforce. A better understanding of this workforce (number of people, skill mix and qualifications) could help commissioners with workforce planning, training and service development.

Three training opportunities were identified as part of the needs assessment that could improve residents' access to services and improve the skill mix of the workforce:

- **Emergency hormonal contraception (EHC) training sessions for pharmacists** could improve capacity and access to services.
- **Training for primary care clinicians (particularly practice nurses) to deliver intra-uterine contraception** could improve the cost effectiveness of the services and improve access.
- **Sexual Health In Primary Care (SHIP) courses for GPs**

⁶ As the LSOA of residents who have used these services were not available no conclusions have been drawn.

Some feedback from local organisations and providers suggested that there could be a shortage of school nursing resource.

Resident Feedback

There is limited information available to review patient experience of services, but where available, feedback has been positive.

Local organisations (Sutton Council and Healthwatch) have consulted widely with young people in recent years. Surveys have highlighted that a significant proportion of young people are not aware of the sexual health services available to them. However some 'at risk' groups have been difficult to engage with (e.g. men who have sex with men (MSM)). In future the benefit and quality of local consultations could be optimised if stakeholders (in particular commissioners) were involved in their design. This would ensure that the questions posed and any findings were relevant and pertinent to service improvement and outcomes.

1.9 Recommendations

Integration

National guidance recommends that commissioners adopt a whole system approach to commissioning sexual health services to ensure that capacity, supply and demand can be managed across the full range of services, and that open access services are maintained. This Sexual Health Needs Assessment has highlighted the need to integrate commissioning across care pathways and organisations.

Provider	Finding	Recommendation
System wide integration	Changes to the commissioning landscape have led to structural divisions in commissioning between the NHS (Clinical Commissioning Groups), Local Authorities (Public Health) and NHS England. There are multiple interdependencies between different services which should be reflected in the way that these services are commissioned.	<p><u>Sutton Council and Sutton CCG should explore opportunities to align budgets and strategic planning for sexual health (GUM, contraception and abortion services, health promotion and prevention).</u>⁷</p> <p><u>Sutton Council should collaborate with NHS England as commissioners of HIV services to align and integrate commissioning in line with national policy.</u></p>

Accountability

Commissioning bodies need to ensure that they are commissioning services from providers who have robust and effective clinical governance systems in place.

	Issue	Recommendation
Assurance processes	Although providers are registered with CQC and are contractually required to have relevant policies and protocols in place, this is not assured locally.	<u>Sutton Council and the CCG should explore opportunities to develop a unified clinical governance framework.</u>
Patient feedback	Service user feedback is often collected by providers but few share the results of these surveys with commissioners.	<u>Ensure that patient feedback data is shared with commissioners.</u>
Resident feedback	A number of useful community level surveys have been done to collect public opinion in Sutton, most recently working with young people, e.g. Sutton Council and Healthwatch. Improved coordination and planning of these projects between partners could improve the quality and value of the work.	<u>Undertake coordinated community level public involvement exercises to collect public opinion and assess awareness of local sexual health, reproductive health and HIV services.</u>

⁷ This joined up commissioning arrangement could leave each organisation responsible for their respective budgets (e.g. Making it Work, Case Study 1) or could involve using pooled budgets and/or a section 75 agreement. (A Framework for Sexual Health Improvement in England (2013), Department of Health).

Signposting

	Issue	Recommendation
Websites /social media	<p>There are two sexual health websites commissioned by Sutton Council, (SWISH for those over 25 years old and Getting It On for those under 25years). However:</p> <ul style="list-style-type: none"> • There is inconsistent signposting to services from the two websites • The websites focus on services offered by CaSH and GUM rather than a more comprehensive overview of all the services available • Information is not arranged methodically to guide people, stepwise, to the most appropriate service • Appointments cannot be booked online 	<p><u>Create a single website with clear branding, suitable for all ages, that signposts people stepwise to the information and services that they need. Use the website to collect data to inform service design.</u></p> <p>Based on the methods employed in innovative sexual health website design incorporate a patient management approach using:</p> <ul style="list-style-type: none"> • Click for information/self care • Call for advice • Clinical service appointment
	<p>There are a number of national help lines, tools to support people's choice of contraception, apps and online advice that could support people to self care if they were signposted more clearly.</p>	<p><u>Improve signposting to non commissioned nationally recognised services:</u> e.g.</p> <ul style="list-style-type: none"> • 'My contraception' an online tool developed by Brook and the Family Planning Association (FPA) • 'My HIV' an online resource, developed by the Terrence Higgins Trust to help people to manage all aspects of their HIV⁸
	<p>The population groups most at risk of STIs in Sutton are the same as the national picture: under 25; men who have sex with men (MSM); black ethnic group; socio-economic deprivation.</p>	<p><u>Use social media e.g. Facebook, Instagram and Grindr to engage at risk groups with health promotion and services</u></p>

Access

	Issue	Recommendation
Level 1-3 Sexual Health Level 1-3 Contraception	<p>In recent years, pilot projects have successfully introduced STI testing in CaSH and long acting reversible methods of contraception (LARC) in GUM. While these changes have broadened the range of services available within each setting, Level 3 contraception services are only available in CaSH and Level 3 sexual health services in GUM. This means that some people still need to visit more than one clinic to meet their sexual health needs which is less convenient for service users and less cost effective for commissioners.</p>	<p>In some areas, GUM and CaSH services have integrated. Within integrated services, clinics can be organised to provide longer opening hours and a range of targeted sessions for different populations and age groups. This can improve outcomes for patients and be more cost effective for commissioners.</p> <p>In Sutton co-locating GUM and CaSH could reduce the number of people travelling out of borough for services by creating a 'one stop shop' with longer opening hours, improved access to Level 3 GUM and opportunities to develop targeted sessions, e.g. for MSM.</p> <p><u>Co-locate GUM and CaSH services to improve outcomes for patients increase opening hours and develop targeted sessions for different populations and age groups</u></p>

Location	<p>GUM and CaSH services are both located in the North of the borough which may make access less convenient for those who live elsewhere in Sutton.⁹ However:</p> <ul style="list-style-type: none"> • Transport links to the area are reasonable; and • As demonstrated in this needs assessment both of these services are located within a more deprived part of Sutton. 	<p><u>Review the location of GUM and CaSH services</u></p>
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SRE, School nursing and teenage pregnancy

Provider	Issue	Recommendation
Schools, school nurses, Check it Out (CiO Team)	<p>Schools in Sutton perform well in Ofsted inspections of SRE but the findings of local surveys (Healthwatch and Sutton Council Risky Behaviour survey) suggest that there are opportunities to:</p> <ul style="list-style-type: none"> • Raise awareness of sexual health services to young people • Address sexual health issues in the wider context of young people's health and wellbeing. 	<p><u>Consider, with schools, commissioners, providers and pupils, whether an app could compliment a sexual health services website in signposting young people to sexual health services. The app, which could also signpost drug and alcohol and mental health services would support schools to comply with new Ofsted requirements.</u>¹⁰</p>
	<p>A number of issues were identified in the pathway for SRE, school nursing and CiO:</p> <ul style="list-style-type: none"> • The large number of academy schools in the borough has reduced the Council's oversight of SRE teaching. • There is a perceived lack of capacity within the school nursing team and concern that the effectiveness of SRE teaching could be undermined if teachers, who lack the confidence to teach the subject, cannot access school nursing support when they need it. • Some schools educating more vulnerable children do not engage with the CiO team. • Sutton appears to be underperforming compared to London and England in reducing the number of under 18 conceptions 	<p><u>Review provision of SRE, school nursing support and CiO sessions in schools and outreach services as well as the capacity and skills available within these teams.</u></p> <p>This review should be based on the referral pathway set out by CaSH and take a collaborative approach involving: schools, safeguarding leads, commissioners (sexual health, children's services, drug and alcohol and children and adolescent mental health (CAMHS) and young people).</p>

⁹ It has not been possible to review the impact of distance travelled on access as commissioners do not receive a report of service use by LSOA.

¹⁰ Evidence shows that unplanned pregnancy has been found to be most strongly associated with sexual intercourse before the age of 16 years; current smoking, recent use of drugs (other than cannabis); and lower educational attainment.

Pharmacy

Issue	Finding	Recommendation
EHC training sessions	Providers highlighted the need for more EHC training sessions to meet demand and ensure continuity of the service.	<u>Access to EHC services in pharmacies could be improved by providing more LA funded training sessions to increase the number of trained staff</u> This would also support providers to comply with the requirement of the EHC contract held with Sutton Council
Chlamydia screening	Chlamydia screening.	<u>Work with Terrence Higgins Trust (THT) to explore the barriers to delivering Chlamydia screening in pharmacy</u> Find best practice examples to share with pharmacies to improve performance in line with the contract. ¹¹
Chlamydia treatment	At present pharmacies are not commissioned to provide chlamydia treatment in Sutton. London wide Patient Group Directives (PGDs) are already available for the supply of azithromycin and doxycycline for the treatment of uncomplicated genital <i>chlamydia trachomatis</i> within community pharmacy.	<u>Consider improving access to chlamydia treatment in community setting by commissioning this service from pharmacies</u>
Pharmacy Sexual Health Pharmacy Pilot	The enhanced sexual health pharmacy pilot will be rolled out to seven pharmacies this year.	<u>As part of the review of the enhanced pharmacy pilot commissioners should consider opportunities to develop this project by aligning HIV testing with needle exchange and Hepatitis C testing</u> ¹²

General Practice

Issue	Finding	Recommendation
General Practice	The vast majority of contraceptive prescribing takes place within general practice and some sexual health services are also delivered as part of the core GP contract. Although accurate READ coded data is available for these services at practice level, it is not currently reported to NHS England. This reduces oversight of care pathways and creates issues for capacity planning and service development.	From April 2016 Sutton CCG is likely to have responsibility for commissioning GP Practice in Sutton. This new commissioning arrangement could provide an opportunity for Sutton Council to collaborate with the CCG to collect anonymised sexual and reproductive health data from practices using the General Practice Extraction System (GPES). This has the potential to provide public health intelligence and inform sexual health commissioning. <u>Improve data collection from GP Practices in Sutton</u>
Care pathways in primary care	Despite General Practice being pivotal to service delivery, primary care pathways are poorly defined and reported and have been affected by changes in	<u>In collaboration with the CCG and local GPs, Sutton Council should explore the opportunity to review care pathways in general practice to ensure that: current</u>

¹¹ Pharmacies providing the EHC service must ensure that an accredited pharmacist will be available to provide coverage at least 80% of the time the pharmacy is open which should include either late night or weekend opening (Sutton Council EHC service specification).

¹² Recommendation from document 'At the Sharp End Report (Turning Point).

All services (both pharmacy-based and specialist needle exchanges) should be staffed and equipped to provide:

- Information and practical advice on safer injecting practices, avoiding site infections, prevention of transmission, safe disposal of used equipment
- On-site Hepatitis B vaccinations and tests for Hepatitis C and HIV and support in referring and accessing treatment
- General health checks and first aid for injection-related infections and injuries.

	<p>commissioning arrangements:</p> <ul style="list-style-type: none"> • It is estimated that 80% of NHS contraceptive care is provided by general practice¹³ • It is estimated that between 60-70% of young people aged between 15-24 years visit their GP surgery at least annually¹⁴ <p>LARC Commissioning Contraception for gynaecological (non contraceptive) purposes and contraceptive purposes are commissioned by two different organisations - Sutton CCG (non contraceptive) and Sutton Council.</p> <p>LARC In 2013, Sutton ranked 279 out of 326 local authorities in England for the rate of GP prescribed LARC. The current upward trend in the prescribing of LARC by GPs in England is not reflected locally.</p> <p>Abortion Approximately one third of those attending abortion services (2014-2015) in Sutton were referred by their GP. In Sutton the high proportion of repeat abortions in both women aged under 25 years and those aged over 25 years suggests that there is an opportunity to improve care pathways to contraceptive services following abortion.</p> <p>National Chlamydia Screening Programme (NCSP) There is wide variation in activity between the GP practices participating in the NCSP.</p> <p>STI infection There is a higher rate of reinfection with STI in Sutton than the national average.</p> <p>HIV testing Despite guidance from The Health Protection Agency (2011)¹⁵ it is unclear whether GP practices are routinely offering HIV testing to all adults registering with the practice.</p>	<p><u>practice is aligned with evidence based care and that practices are optimising opportunities to promote sexual health by:</u></p> <ul style="list-style-type: none"> • Introducing the 3C and HIV programme¹⁶ • Using routine six monthly oral contraception review appointments¹⁷ to promote: sexually transmitted infection (STI) testing, HIV testing and uptake of public health services such as smoking cessation • Sutton CCG and Sutton Council agreeing to collaborate to commission LARC for gynaecological (non contraceptive) purposes and contraceptive purposes.¹⁸ • Reviewing access to LARC in general practice and improving the skillmix of those trained to deliver the service, e.g. by increasing the number of trained practice nurses who can fit intrauterine contraception. • Developing a robust care pathway for women referred for abortion, by their GP, to have a contraception review appointment, in general practice, following the procedure. • Reviewing local care pathways and processes to delivery health promotion and partner notification in general practice.
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¹³ The Time is Now: Achieving World Class Contraceptive and Abortion Services (2009). Independent Advisory Group on Sexual Health and HIV.

¹⁴ Hogan et al. BMC. Public Health 2010, 10:616. <http://www.biomedcentral.com/1471-2458/10/616>

¹⁵ Time to test for HIV: Expanding HIV testing in healthcare and community services in England.

http://www.bhiva.org/documents/Publications/Time_to_test_final_report_Sept_2011.pdf

¹⁶ The 3Cs & HIV programme is designed to strengthen sexual health work already funded and underway in local areas, being delivered by general practices. The 3Cs & HIV programme focuses on supporting practices across England to: Provide the '3Cs' offer of:

a) a chlamydia screen,

b) signposting or provision of contraceptive advice and free condoms, during routine consultations with a young adults (15 – 24 years olds),

c) deliver HIV testing in adults (≥ 16 years) in line with current clinical guidelines: raising awareness of indicator conditions where HIV testing should be considered and, in high prevalence areas, routine offer of HIV test to all new practice registrants.

http://www.chlamydia-screening.nhs.uk/ps/3cs_hiv.asp

¹⁷ In line with national guidelines¹⁷ women who taking oral contraception are offered GP review appointments every 6-12 months.

¹⁸ Best practice example described in 'Section 6: How to Commission across pathways' of the document: Making It Work (A guide to whole system commissioning for sexual health, reproductive health and HIV).

Workforce development	There is limited information about the number of primary care staff who have received sexual health training or who hold an up to date qualification.	<u>Working with the GP postgraduate education lead, evaluate the training needs of primary care staff and the available capacity within the workforce.</u> <ul style="list-style-type: none"> Consider innovative ways to deliver training to busy GPs e.g. webcasts, online resources. Consider funding for STIF training courses
Innovation and productivity	<p>Innovative pharmacies are providing online consultations and contraceptive services, e.g. emergency hormonal contraception and oral contraception.</p> <p>Long acting reversible contraceptive injections have been licensed for women to administer to themselves at home. Once trained women would only need an annual review with their GP.</p>	<u>Work with the CCG and GP federation to improve productivity in care pathways and improve access for residents.</u>

CaSH and GUM

	Issue	Recommendation
CaSH and GUM contracting	<p>The block contracts held with the CaSH and GUM services have few reporting requirements and only limited data is available to commissioners. This means that it is not possible to understand:</p> <ul style="list-style-type: none"> Activity across care pathways; Patient outcomes; or The real cost of delivering Level 1-3 sexual health and contraceptive services for Sutton residents. <p>The number of attendances at CaSH for Merton residents could pose a financial risk to Sutton Council if cross charging arrangements are not reviewed.</p>	<p><u>Consider the introduction of the integrated sexual health tariff in Sutton</u></p> <p>The integrated sexual health tariff developed within London for GUM and CaSH services could provide:</p> <ul style="list-style-type: none"> Equitable outcomes for sexual and reproductive healthcare; Near real-time data for commissioning and public health; Audit, benchmarking and service re-design opportunities; and Financial savings and mitigation against the risks posed by disaggregation from Merton.
IT integration CaSH and GUM	<p>The CaSH and GUM services collect data using different software systems. This is a barrier to integration because:</p> <ul style="list-style-type: none"> The datasets are not compatible and cannot be used to build a more sophisticated analysis of what is happening in sexual health and reproductive health services. Information is held in silos reducing surveillance. 	<u>Streamlining data collection in CaSH and GUM services would improve safety and accountability in sexual health services, in line with national objectives, and support service planning</u>
Reinfection with sexually transmitted infections	There is a higher rate of reinfection with STI in Sutton than the national average.	<u>Review partner notification processes with CaSH and GUM service providers</u>

Chlamydia and Gonorrhoea testing

Area	Finding	Recommendation
National Chlamydia Screening Programme	In Sutton, the NCSP is currently delivered as a standalone service by Terence Higgins Trust. National guidance, referenced in this needs assessment, has	<u>Integrate the NCSP within mainstream services – in line with national guidance.</u>

(NCSP)	advised that there is no need for a chlamydia specific data collection process or administration hub because the Chlamydia Testing Activity Dataset (CTAD) captures data directly from laboratories.	
PHOF indicator target	Although positivity within the NCSP is similar to the national average the PHOF indicator target was not reached.	<u>Continue to promote chlamydia testing in all settings</u>
Dual NAATs	Screening for gonorrhoea is recommended in high prevalence populations and settings, but there is limited evidence to provide a robust definition of this for use in practice. ¹⁹	<u>Commissioners and providers should monitor the appropriateness of offering dual chlamydia and gonorrhoea testing (dual NAATS) in Sutton in line with evidence and national guidance</u>
Reinfection with sexually transmitted infections (STIs)	There is a higher rate of reinfection with STI in Sutton than the national average.	<u>Review local practice of health promotion and partner notification with the aim of reducing reinfection rates</u>

Abortion services

Issue	Finding	Recommendation
Abortion services	The high proportion of repeat abortions in both women aged under 25 years and those aged over 25 years in Sutton suggests that there is an opportunity to improve access to contraceptive services following abortion.	<u>Sutton Council and the CCG should ensure that service and contracting arrangements support an integrated care pathway for service users to access contraception services following an abortion</u>
Data quality in abortion services	Two abortion providers are not reporting activity data to Sutton CCG.	<u>Review the management of Marie Stopes and St George's Hospital abortion contracts</u>
Reinfection with sexually transmitted infections	There is a higher rate of reinfection with STI in Sutton than the national average.	<u>Review local practice of health promotion and partner notification with the aim of reducing reinfection rates</u>

HIV

Issue	Finding	Recommendation
Develop an integrated approach to HIV testing and treatment	There is scope to improve the exchange of information between commissioners of HIV testing and treatment services in Sutton.	<u>Identify opportunities to streamline commissioning of HIV treatment (NHS England) and HIV testing (Sutton Council) to improve patient outcomes</u>
HIV testing	<ul style="list-style-type: none"> HIV testing is commissioned by a number of organisations making it difficult to establish the total number of HIV tests undertaken in all settings in Sutton. The Health Protection Agency (2011) have advocated the routine offer of an HIV test to all adults registering in general practice and all general medical admissions where the local diagnosed HIV 	<u>Review HIV testing in all settings to ensure that resources are targeted appropriately and data collection is improved through closer collaboration between commissioners (Local Authority (LA), CCG and NHS England)²⁰</u> <u>Consider commissioning online HIV testing</u> Individuals who have their HIV infection diagnosed late (defined as CD4 count \leq 350)

¹⁹ Guidance for the detection of gonorrhoea in England: Public Health England (2014).

²⁰ NAT (October 2014) Commissioning HIV testing services in England: a practical guide for commissioners.
http://www.nat.org.uk/media/Files/Publications/Nov_2013_Toolkit.pdf

	<p>prevalence is greater than two per thousand among 15-59 year olds</p> <ul style="list-style-type: none"> The diagnosed prevalence rate of HIV in adults aged 15-59 years in Sutton was 2.41 per 1,000 (2014). In Sutton, (2011-2013), 57% (95% CI 41-72) of HIV diagnoses were made at a late stage of infection (CD4 count <350 cells/mm³ within 3 months of diagnosis) compared to 45% (95% CI 44-46) in England. Action to tackle late diagnosis includes expanding HIV testing. 	<p>cells/mm³) have poorer health outcomes than those diagnosed earlier.²¹</p>
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111

Provider	Finding	Recommendation
111	Calls to 111 provide an insight into the access and capacity available within the local healthcare system.	<u>Work with the CCG to develop a reporting mechanism for 111 data relevant to sexual health services</u>

Sexual Assault Referral Centre (SARC)

Provider	Finding	Recommendation
The Havens	<p>The service can only provide data for Sutton and Merton (based on PCT localities).</p> <p>The SARC service is not working closely with GUM and CaSH services.</p>	<p><u>Address this issue with NHS England commissioners to ensure that a Sutton dataset is available</u></p> <p><u>Encourage closer working relationships between SARC, GUM and CaSH</u></p>

Workforce development

	Finding	Recommendation
Sexual health workforce	<p>The sexual health workforce is diverse and includes:</p> <ul style="list-style-type: none"> Specialists (specialist doctors and nurses in community and reproductive health and genitourinary medicine and HIV); and Generalists (GPs, practice nurses, pharmacists, school teachers and college tutors) <p>Safe, efficient, cost-effective and high quality care relies on the right mix of staff with the right mix of skills.</p>	<p>Knowledge of all of the professionals in Sutton who are part of the sexual health workforce, will inform commissioners whether their skills are used to best effect.</p> <p><u>Benchmark the skills available within the sexual health workforce in Sutton</u></p>

1.10 Future developments

There are a range of service and technological developments that are likely to impact upon service provision and interventions:

- The development of Point of Care Testing (POCT)**
POCT for STIs and HIV can shorten clinical pathways so that diagnoses and appropriate treatment will be available in a much quicker timeframe.
- Pre-exposure prophylaxis (PrEP)**

²¹ PHOF indicator: Presented as a 3 year aggregate and calculated for a defined time period in people aged ≥15 with a CD4 count within 91 days of diagnosis and residence information: $\frac{\text{number of people with a CD4 count } <350 \text{ cells per mm}^3}{\text{total number of people}}$

PrEP is the use of antiretroviral drugs by people who are HIV-free, to avoid acquiring the virus. There is strong evidence to show that PrEP can be an effective way of preventing HIV infection provided the drug is taken appropriately.²² NHS England HIV CRG is currently debating whether to introduce a PrEP programme in England with guidance expected in the first quarter of 2016.

- **Sayana Press long-acting reversible contraceptive (LARC)**

The Sayana Press long-acting reversible contraceptive (LARC) which provides contraception for at least 13 weeks received a licence in September 2015. After training by a healthcare professional, women prescribed the medicine can administer the contraceptive injection themselves with an annual check-up by their GP.

- **GP networks and federations are increasingly being viewed as a vital part of the future of general practice**

Working with the GP federation could provide an opportunity to reduce the administrative burden of contracts for GP practices and commissioners and support the development of consistent standards within services.

- **Devolution**

It is imperative to create a long term solution for sexual health, reproductive health and HIV. Bringing together the NHS, public health and social care budgets at a supra-local level in Greater Manchester is the first example nationally where structural barriers are being broken down to challenge complexity, and improve outcomes.

²² The results of a two-year study: Pre-exposure prophylaxis to prevent acquisition of HIV-1 infection (PROUD) jointly funded by the Medical Research Council and PHE (published in the Lancet September 2015). [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)00056-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)00056-2.pdf) showed that PrEP was highly protective for men who have sex with men (MSM) who engage in condomless sex.

Background and scope

Sexual Health, Reproductive Health and HIV (SH, RH and HIV) services are vital in helping to build strong, healthy and resilient individuals and communities. The purpose of this needs assessment is to inform the commissioning of high quality Sexual Health, Reproductive Health and HIV services that will meet the needs of residents of the London Borough of Sutton and improve sexual health and wellbeing. The document describes for Sutton:

- The population groups at risk of sexual ill health and opportunities for prevention
- Relevant national and local policy
- Local sexual health epidemiology
- Current services
- A review of activity in current services
- Recommendations

The findings of this needs assessment will be used to inform our commissioning strategy to improve the services we provide to residents.

Section 1: Overview

This section provides an overview of the population groups at risk of sexual, reproductive ill-health and HIV and opportunities for prevention.

The World Health Organisation²³ uses the following definitions of Sexual Health and Reproductive Health:

“Sexual Health is a state of physical, mental and social wellbeing in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”

“Reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.”

1.11 Contraception

The outcome of unplanned pregnancies is poorer than planned pregnancies and is associated with an increased risk of mental health problems.²⁴ Contraception aims to prevent unwanted or unplanned pregnancy. There are a variety of different medical methods available. Some of these methods also contribute to a reduction in the spread of STIs (e.g. condoms). At the time of writing there were five main types of contraception available in England. Long acting reversible contraception (LARC) (including intrauterine device (IUD); injectable contraceptives; contraceptive implant) to prevent unintended pregnancy has been recommended by DH and NICE since 2005.²⁵ Research has shown that the IUD is the most effective method of emergency contraception (99% effective at preventing pregnancy).²⁶ Once inserted, it can continue to be used as a method of ongoing contraception.²⁷ NICE recommend that condoms should be prescribed alongside other methods of contraception, in particular for service users under the age of 25²⁸. The types of contraception available in England are shown in Appendix 1.

²³ Definition of reproductive health, World Health Organisation, November 2014, http://www.who.int/topics/reproductive_health/en/

²⁴ Department of Health (2013). A Framework for Sexual Health Improvement in England.

²⁵ NICE (2014) Long acting reversible contraception (update), NICE guidance. <http://www.nice.org.uk/guidance/cg30/chapter/1-recommendations>

²⁶ NHS (2015). IUD (intrauterine device). <http://www.nhs.uk/Conditions/contraception-guide/Pages/iud-coil.aspx>

²⁷ World Health Organisation (2012). Emergency Factsheet, Factsheet number 244.

<http://www.who.int/mediacentre/factsheets/fs244/en/>

²⁸ NICE (2014) Contraceptive Services with a focus on Young People up to the age of 25, NICE guidance.

1.11.1 At risk groups

Interventions are targeted at all women of reproductive age. However research indicates that young women aged 16-19 years are less likely to use contraception.²⁹

1.12 Termination of pregnancy

In the UK, a termination of pregnancy (TOP) can be carried out if it is certified by two medical practitioners and meets one of several indications/criteria.³⁰ It is advised that TOPs are carried out as soon as possible, usually before 12 weeks and ideally before 9 weeks. The abortion rate is a useful indicator to help assess the access to and effectiveness of contraception services and information. The Department of Health also recommends that women seen in abortion services can be referred to alcohol and drug services and domestic or sexual violence support services.

1.12.1 Prevention

To prevent unwanted pregnancies, the Department of Health recommends that amongst all women of fertile age:

- Knowledge and awareness of all methods of contraception is increased
- Access to all methods of contraception is increased

1.12.2 At risk groups

The overall numbers of abortions have remained stable since 2008 but rates are falling in younger women and rising in older women.³¹ There has been an increase in repeat abortions over the last 10 years. Rates of repeat abortion were lower in women who chose LARC post-presentation. Therefore the Department of Health (DH) advises that LARC should be available in abortion clinics. Women considering an abortion should be offered pre and post procedure counselling.

1.13 Teenage pregnancy

Teenage pregnancies can have a serious detrimental impact on the future of the young parents and their children. In the short term, teenage mothers have an increased risk of postnatal depression and poor mental health and by age 30, they have an increased risk of living in poverty and having no qualifications.³² Children of teenage mothers have an increased risk of infant mortality and living in poverty.

1.13.1 Prevention

Interventions are targeted at young men and women under 18 years and their parents. DH recommends that all young people³³ have:

- Effective school-based sex and relationship education⁴ that includes information on how alcohol and drug use impacts on decisions about sex, including negotiation of safer sex
- Timely access to the full range of contraceptive options

1.13.2 At risk groups

Unplanned pregnancy has been found to be most strongly associated with sexual intercourse before the age of 16 years, current smoking, recent use of drugs (other than cannabis) and lower educational attainment. Strong associations were also found with a lack of sexual competence at first sex and with receiving sex education mainly from sources other than school.³⁴

1.14 Sexually transmitted infections (STIs)

1.14.1 Overview of STIs

Sexually transmitted infections (STIs) are amongst the most common infectious diseases in the UK. The hallmark of STIs is that they are predominantly transmitted from person to person through sexual contact.

²⁹ Office for National Statistics (2009) Opinions Survey Report No. 41: Contraception and Sexual Health.

³⁰ DH and Office for National Statistics (2013). Abortion Statistics, England and Wales: 2013, Summary information the abortion notification forms returned to the Chief Medical Officers of England and Wales.

³¹ Department of Health (2013). A Framework for Sexual Health Improvement in England.

³² Department of Health (2013). A Framework for Sexual Health Improvement in England.

³³ Department of Health (2013). A Framework for Sexual Health Improvement in England.

³⁴ The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). Lancet. ISSN 0140-6736. DOI: [10.1016/S0140-6736\(13\)62071-1](https://doi.org/10.1016/S0140-6736(13)62071-1)

Some STIs can also be spread from mother to child during delivery and from blood to blood (e.g. sharing injecting equipment or contaminated blood products). STIs can have serious consequences beyond the initial infection, including pelvic inflammatory disease, cervical cancer and infertility.

1.14.2 Prevention

The predominant risk factor for STIs is unsafe sexual behaviour including unprotected sexual intercourse and multiple sexual partners. Prevention recommendations include:

- Effective school-based sex and relationship education⁴ that includes information on how alcohol and drug use impacts on decisions about sex, including negotiation of safer sex
- Prioritising prevention and supporting behaviour change³⁵
- HPV vaccination programme (National Childhood Vaccination Programme for girls aged 12-13 years)³⁶
- Motivating people to practise safe sex (including contraception/condoms)
- Rapid access to appropriate sexual and reproductive health services⁴ to increase availability and uptake of STI testing to reduce the spread of infections
- Increase awareness of sexual health amongst stakeholders, especially those working with vulnerable groups³⁷

1.14.3 At risk groups

Population at risk	
Under 25 years	In England this population experiences the highest rates of STIs. ³⁸ People in this age group have been shown to have higher rates of partner change and engage in more high-risk sexual behaviour than the general population. ³⁹
Men who have sex with men (MSM)	There has been a large increase in the number of STI diagnoses in this group. PHE attribute this increase in part to increased testing in this population but also to “high levels of unsafe sexual behaviour.” ⁴⁰
Black population	In England in 2014 the highest rates of STI diagnoses were in people of black ethnicity. ⁴¹ The cases occurred mainly in people living in areas of high deprivation and PHE suggest that they are “most likely the consequence of a complex interplay of cultural, economic and behavioural factors.” ⁴²
Socio-economic deprivation	The relationship between socio-economic background and STIs could be influenced by a range of factors, for example. ⁴³ <ol style="list-style-type: none"> (1) provision of and access to health services (2) education (3) health awareness (4) health-care seeking behaviour (5) sexual behaviour

³⁵ DH recommends that all intervention programmes are evidence-based and targeted at the populations that are most at risk of infection (young people, gay and bisexual men, some Black and Minority Ethnic groups).

³⁴ Adolescents are at greater risk of developing HPV-associated cancers. Research has shown that the risk of invasive cervical cancer was five times higher among women who reported first intercourse before the age of 18 as compared to those who were 22 years or older.³⁶

³⁷ Department of Health: A Framework for Sexual Health Improvement in England.

³⁸ Health Protection Weekly Report (2014; Vol 8, No.4).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/345181/Volume_8_number_24_hpr2414_AA_stis.pdf

³⁹ Johnson AM, Mercer CH, Erens B, Copas AJ, McManus S, Wellings K, et al. Sexual behaviour in Britain: partnerships, practices and HIV risk behaviour. The Lancet. 2001;358:1835-42.

⁴⁰ Health Protection Weekly Report (2014; Vol 8, No.4).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/345181/Volume_8_number_24_hpr2414_AA_stis.pdf

⁴¹ Health Protection Weekly Report (2014; Vol 8, No.4).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/345181/Volume_8_number_24_hpr2414_AA_stis.pdf

⁴² Health Protection Weekly Report (2014; Vol 8, No.4).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/345181/Volume_8_number_24_hpr2414_AA_stis.pdf

⁴³ LASER (2013).

1.15 **Re-infection with a sexually transmitted infection (STI)**

Re-infection with the same STI is used as a marker of inadequate prevention of STIs in people who have engaged with healthcare services.

1.15.1 **Prevention**

The World Health Organisation (WHO) suggests that re-infection could be reduced if every interaction (between patient and staff) included an element of counselling and education about STIs.

1.15.2 **At risk groups**

The WHO has identified the following reasons why people become re-infected.⁴⁴

- Failure to complete the course of medication
- Failure to arrange for sexual partners to be treated
- Inadequate protection
- Failure to abstain from sex during treatment for sexually transmitted infection

1.16 **Human Immunodeficiency Virus (HIV)**

HIV (human immunodeficiency virus) is a chronic infection of the immune cells by a retrovirus. The infection cannot be cured but effective anti-viral treatment enables people to achieve a typical life expectancy. The virus infects the cells that are involved in the body's immune response to infection and this leads to a depletion of CD4 T cells. This impairs the body's ability to fight infection and increases the risk of opportunistic infections.

Anti-viral treatment (ART) slows the spread of the infection and maintains the function of the immune system. Therefore early diagnosis, before the CD4 count falls below 350 cells/mm³ can improve prognosis. Without treatment, HIV can progress to AIDS (Acquired Immunodeficiency Syndrome) in approximately 10 years.

1.16.1 **Prevention**

HIV is predominantly spread through unprotected sexual intercourse (without a condom) with an infected person (95%)⁴⁵. It can also be transmitted from mother to child (during delivery or breastfeeding) and by sharing infected needles and injecting equipment. DH recommends that HIV prevention includes "health promotion and sustained support for behaviour change."⁴⁶

- Effective school-based sex and relationship education⁴ that includes information on how alcohol and drug use impacts on decisions about sex, including negotiation of safer sex
- Tackle stigma, prioritise prevention and support behaviour change⁴⁷
- Condoms are a critical component in a comprehensive and sustainable approach to the prevention of HIV and other sexually transmitted infections (STIs)⁴⁸
- Rapid access to appropriate sexual and reproductive health services⁴ to increase availability and uptake of STI testing to reduce the spread of infections
- Partner notification
- Post Exposure Prophylaxis following Sexual Exposure (PEPSE) in line with national guidance⁴⁹
- Anti-retroviral treatment (ART) this suppresses an individual's viral load which reduces their infectivity and the risk of transmission to another individual
- Pre Exposure Prophylaxis for at risk groups (national guidance awaited)
- Increase awareness of sexual health amongst stakeholders, especially those working with vulnerable groups

⁴⁴ World Health Organisation (2013) Management of STIs/RTIs. http://hetv.org/resources/reproductive-health/rtis_gcp/newinfections.htm

⁴⁵ <http://www.nhs.uk/conditions/HIV/Pages/Introduction.aspx#close>

⁴⁶ Department of Health (2013). A Framework for Sexual Health Improvement in England

⁴⁷ DH recommends that all intervention programmes are evidence-based and targeted at the populations that are most at risk of infection (young people, gay and bisexual men, some Black and minority ethnic groups).

⁴⁸ UNFPA, WHO and UNAIDS: Position statement on condoms and the prevention of HIV, other sexually transmitted infections and unintended pregnancy

⁴⁹ <http://www.bashh.org/documents/HIV%20PEPSE%202015%20Consultation%20Doc.pdf>

1.16.2 Late diagnosis

Individuals who have their HIV infection diagnosed late (defined as CD4 count ≤ 350 cells/mm³) have poorer health outcomes than those diagnosed earlier.⁵⁰ Late diagnosis is associated with an increase in risk of mortality in the year following diagnosis and increased healthcare costs. Earlier diagnosis and treatment can reduce the risk of transmission. The proportion of people who are diagnosed late can be used to indicate the effectiveness of public health prevention and diagnosis interventions. Action to tackle late diagnosis includes expanding HIV testing.

1.16.3 Sexually transmitted infections and HIV transmission

STIs can increase susceptibility to HIV acquisition, and may increase genital tract HIV viral load in an HIV-infected individual from previously undetectable levels, increasing the risk of HIV transmission.⁵¹

Population at risk	
MSM	This is the population group most affected by HIV in the UK. The high number of new diagnoses is due to ongoing transmission and increased testing. The proportion of men who are diagnosed late has reduced.
Black African population	Two-thirds of all heterosexual people with diagnosed HIV are in this population group. Rates of undiagnosed infection in this group are high (two thirds of men and one third of women living with HIV).

1.17 Female Genital Mutilation

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons. It has no health benefits and harms girls and women in many ways. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003.

1.17.1 Prevention

- A mandatory reporting duty to report FGM will come into force for healthcare professionals, teachers and social workers in Autumn 2015. Procedural guidance for those subject to the duty on the process for referrals will be issued separately.⁵²
- If professionals falling outside the mandatory reporting duty become aware that FGM has been carried out on a girl under 18, they should share this information with the local safeguarding lead, and follow their organisation’s safeguarding procedures

1.17.2 At risk groups

The distribution of cases of FGM in the UK will reflect those areas that have larger communities from countries that practice FGM, e.g. London.⁵³

1.18 What this means for Sutton

The size of some of the ‘at risk’ population groups are shown in the table below.

	Number of Sutton residents potentially at risk		
Sexually transmitted infections			
Total population estimate (ONS 2014)	198,134		
Reproductive Health	Total	Female	Male
Population of reproductive age (15-49 years)			

⁵⁰ PHOF indicator: Presented as a 3 year aggregate and calculated for a defined time period in people aged ≥ 15 with a CD4 count within 91 days of diagnosis and residence information: $\frac{\text{number of people with a CD4 count } < 350 \text{ cells per mm}^3}{\text{total number of people}}$

⁵¹ Position statement on the use of antiretroviral therapy to reduce HIV transmission January 2013. The British HIV Association (BHIVA) and the Expert Advisory Group on AIDS (EAGA).

⁵² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447433/Draft_FGM_multi-agency_guidance_on_FGM_for_consultation_.pdf

⁵³ Multi Agency Practice Guidelines (2014) Department of Health. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

(ONS 2014)	117,816	59,812	58,004
<u>Sexual and reproductive health and teenage pregnancy</u>	Total	Female	Male
Young people 15-24 years (ONS 2014)	21,657	10,623	11,034
<u>FGM and HIV</u>	Total	Ethnic group	Population
BME population (Census 2011)	40,697	Black/African/Caribbean/Black British	9,120
		Asian/Asian British	22,035
		Mixed/multiple ethnic groups	7,134
		Other ethnic group	2,408
<u>Sexually transmitted infections and HIV</u>			
MSM population (NHS England 2015)	197 - 394		
People living with HIV (GUMCAD 2015)	328		
People with undiagnosed HIV (estimated)	80		
<u>All aspects of sexual and reproductive health</u>	All	Aged 16 years and older	
Vulnerable children (Sutton Council 2015)			
Looked after children	220	60	
Children on a Protection Plan	230	*	
Children in Need	1225	140	

* Small number suppression

Section 2: National Policy Context

This section provides an overview of national policy for sexual and reproductive health and HIV. Key strategy documents and NICE guidelines are identified along with guidance for commissioning integrated sexual health services.

1.19 Wider Policy Context

1.19.1 Public health outcomes framework⁵⁴

The Public Health Outcomes Framework (PHOF) comprises indicators that Local Authorities must consider in exercising their public health functions. The Framework is published under Section 73B(1) of the NHS Act 2006 (inserted by section 31 of the Health and Social Care Act 2012). The table below shows the relevant PHOF indicators.

Table of Public Health Outcomes Framework indicators relevant to Sexual Health, Reproductive Health and HIV⁵⁵

Target	Aim
Proportion of people presenting with HIV at a late stage of infection ⁵⁶ (CD4 count <350 cells per mm ³ ; presented as 3-year aggregate)	Promote early diagnosis through an expansion of HIV testing provision
HIV coverage: the percentage of pregnant women eligible for infectious disease screening who are tested for HIV, leading to a conclusive result	HIV screening in pregnancy has almost eliminated the risk of babies being born with HIV
Age-standardised rate of mortality from causes considered preventable per 100,000 population (including deaths from HIV/AIDS: ICD-10 B20-24)	Highlights the importance of prevention interventions and treatment
Chlamydia diagnosis rate of >2,300 cases per 100,000 population aged 15-24 years	Reduce transmission of infection and reduce risk of long-term consequences of infection. Increased diagnosis rate indicates increased control activity
Under 18 conceptions rate per 1,000 female population aged 15-17	Improve the short and long term health outcomes for teenage parents and their children

1.20 SH, RH, HIV health and wellbeing

1.20.1 Framework for Sexual Health Improvement in England (Department of Health 2013)⁵⁷

This document sets out the Government's priority to improve the sexual health and wellbeing of the population. The priority areas for sexual health improvement are:

- To tackle stigma, discrimination and prejudice
- To reduce the rate of STIs
- To tackle HIV through prevention and increased access to testing
- To reduce unwanted pregnancies among all women of fertile age
- To support women with unwanted pregnancies
- To promote integration, quality, value for money and innovation in sexual health interventions and services

This document summarises the evidence-based interventions to improve sexual health outcomes. It describes the role of commissioning in improving sexual health outcomes and makes the evidence-based

⁵⁴ DH. (2012). Public Health Outcomes Framework. <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

⁵⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382115/PHOF_Part_2_Technical_Specifications_Autumn_2014_refresh_02.12.2014_FINAL.pdf

⁵⁷ DH. (2013). A Framework for Sexual Health Improvement in England. <https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>

case for sexual health services as a cost effective intervention and describe best-practice for sexual health commissioning.

1.20.2 Relevant NICE guidance:

- NICE Public Health Guidance. Preventing STIs and under 18 conceptions⁵⁸
- NICE Public Health Guidance Increasing the uptake of HIV testing among men who have sex with men⁵⁹
- NICE Public Health Guidance. Increasing the uptake of HIV testing among black Africans in England⁶⁰
- NICE Clinical Guidance. Long acting reversible contraception⁶¹
- NICE Public Health Guidance, Contraception services with a focus on young people up to the age 25 (March 2014)

1.20.3 Teenage Pregnancy Strategy (Department of Health 2010)⁶²

The strategy highlights the importance of tackling the underlying issues behind teenage pregnancy, such as poverty and low educational attainment. It identified that the two measures with the greatest impact on teenage pregnancy rates are:

- Comprehensive information advice and support from parents, schools and other professions
- Accessible, young people-friendly sexual and reproductive health services

1.20.4 Public Health England Action Plan 2015-16: Promoting the health and wellbeing of gay, bisexual and other men who have sex with men⁶³

The document highlights the specific health needs of the gay, bisexual and MSM population and outlines an approach to improve health and wellbeing. It includes a specific section on sexual health.

1.20.5 All Party Parliamentary Group on Sexual and Reproductive Health in the UK (2015) Breaking down the barriers: the need for accountability and integration in sexual health, reproductive health and HIV services in England (July 2015)

This document sets out the issues facing sexual, reproductive health and HIV services in the UK. The work was informed by 35 submissions of written evidence from policy makers, providers, commissioners and service users. It makes a number of recommendations to the government to improve accountability and drive integration and innovation.

1.21 Commissioning SH, RH and HIV services

1.21.1 Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV⁶⁴

This document sets out the complex commissioning landscape for SH, RH and HIV services. The commissioning responsibilities of relevant organisations are summarised in Commissioning sexual health services and interventions: Best practice guidance for local authorities⁶⁵ and are shown in the diagram below.

Legislation stipulates that SH, RH and HIV services provided by LAs must be open access so that anyone (whether they live in the borough or not) is able to access the services, including testing, treatment and contraception. This guidance suggests that services should be accessible in terms of location and have reasonable opening hours and waiting times.

⁵⁸ <http://pathways.nice.org.uk/pathways/preventing-sexually-transmitted-infections-and-under-18-conceptions>

⁵⁹ <http://publications.nice.org.uk/increasing-the-uptake-of-hiv-testing-among-men-who-have-sex-with-men-ph34>

⁵⁹ <http://publications.nice.org.uk/increasing-the-uptake-of-hiv-testing-among-black-africans-in-england-ph33>

⁶⁰ <http://publications.nice.org.uk/increasing-the-uptake-of-hiv-testing-among-black-africans-in-england-ph33>

⁶¹ <http://www.nice.org.uk/guidance/cg30>

⁶² Department of Health (2010) Teenage Pregnancy Strategy : Beyond 2010.

https://www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf

⁶³ PHE (2015) PHE Action plan 2015-16:Promoting the health and wellbeing of gay, bisexual and other men who have sex with men.

⁶⁴ PHE. (2014) Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV.

⁶⁵ DH (2013). Commissioning sexual health services and interventions: Best practice guidance for local authorities.

Commissioning responsibilities for sexual health, reproductive health and HIV services.

Local authorities	Clinical Commissioning Groups	NHS England
<ul style="list-style-type: none">• PUBLIC HEALTH• Contraception (including LARC)• Advice on preventing unintended pregnancies in specialist services and those commissioned from primary care (GP and community pharmacy)• STI testing and treatment in specialist services and those commissioned from primary care• Chlamydia screening as part of the NCSP• HIV testing including screening in primary care and general medical settings• Partner notification for STI and HIV• SOCIAL CARE SERVICES• HIV social care• Wider support for teenage parents	<ul style="list-style-type: none">• Abortion services including STI and HIV testing and contraception provided as part of pathway• Female Sterilisation• Vasectomy• Non-sexual-health elements of psychosexual health services• Gynaecology including any use of contraception for non-contraceptive purposes• HIV testing when clinically indicated in CCG-commissioned services (including A&E and other hospital departments)	<ul style="list-style-type: none">• Contraception provided as an additional service under the GP contract• HIV treatment and care for adults and children (including drug costs for PEPSE)• Testing and treatment for STIs and HIV in general practice when clinically indicated or requested by patient under the "essential services" of GP contract• HIV testing when clinically indicated in other NHS England-commissioned services• HPV immunisation programme• NHS infectious diseases in pregnancy screening programme• Sexual health elements in secure or detained settings• Sexual assault referral centres• Cervical screening• Specialist foetal medicine services

1.21.2 Developing integrated chlamydia screening provision locally (Public Health England 2014)⁶⁶

This guidance describes how chlamydia screening for young adults (under 25 years) can be integrated into primary care and sexual health services (i.e. integrated with contraception and diagnostic services) as part of a whole-system approach to sexual health.

1.21.3 Guidance for the detection of gonorrhoea in England (Public Health England 2014)⁶⁷

PHE do not recommend opportunistic screening for gonorrhoea "unless there is a clear local public health need", for example a prevalence of infection $\geq 1\%$.

1.21.4 Integrated Sexual Health Services: National Service Specification⁶⁸

The Department of Health has produced a sample service specification to assist Local Authorities with their local service specifications.

1.21.5 Service Standards for Sexual and reproductive healthcare (2013)⁶⁹

This document, based on current evidence of best practice and agreed by the Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists, sets out the nationally agreed standards for providing safe, high-quality sexual & reproductive health services within the NHS.

1.21.6 Sexual Health: Clinical Governance Key principles to assist service commissioners and providers to operate clinical governance systems in sexual health services (2013)⁷⁰

This document sets out the key principles for establishing a clinical governance framework for sexual health services. The main elements of clinical governance are set out in Appendix 2.

⁶⁶ PHE (2014) Developing integrated chlamydia screening provision locally.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/373133/Developing_NCSP_services_locally.pdf

⁶⁷ PHE (2014) Guidance for the detection of gonorrhoea in England.

⁶⁸ DH (2013) Integrated Sexual Health Service: National Services Specification.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210726/Service_Specification_with_covering_note.pdf

⁶⁹ Faculty of Sexual and Reproductive Healthcare (2013). Service standards for sexual and reproductive healthcare.

http://www.fsrh.org/pdfs/All_Service_standards_January_2013.pdf

⁷⁰ DH (2013) Sexual Health: Clinical Governance Key principles to assist service commissioners and providers to operate clinical governance systems in sexual health services.

Section 3: Local Strategic Context

1.21.7 Joint Health & Wellbeing strategy

Within the borough of Sutton, the overall aim of the Public Health team is to improve the health and wellbeing of people in Sutton by working with communities and residents to increase the opportunities for all to enjoy a healthy, safe and fulfilling life and reduce health inequalities between communities.

1.21.8 Public Involvement & Contraceptive Needs Assessment for Sutton and Merton Community Services (2009)

This local research with public, service user and staff involvement was commissioned to inform service delivery and design. The main findings are now historic and centre on the development of a service “hub” for CaSH services. There are many relevant insights into the attitudes, beliefs and behaviours of service users that may not have changed over time although staff views are likely to have changed as the service has evolved. Key messages from young people include:

- (1) Lack of knowledge about where to access services
- (2) Reluctance to try certain contraceptive options
- (3) Need for accessible services specifically for young people
- (4) Better integration of services with school/other youth settings

Key gaps in the services provided at the time of this report include:

- (1) Lack of all services being available at all clinics
- (2) No self-referral to abortion services
- (3) Lack of knowledge about available services requiring better advertising to staff and service users

1.21.9 Independent evaluation of chlamydia screening programme (2013)

A local evaluation of the chlamydia screening programme in Sutton, Merton and Croydon was commissioned in August 2013 to inform commissioning decisions when the current contract expired. The resulting report recommended looking at integrating the commissioning or delivery of the NCSP within other services.

1.21.10 HIV Prevention Needs Assessment for London (2013)⁷¹

This report from the Future Commissioning of London HIV Prevention Services Project Steering Group includes an evidence review of effective interventions for the prevention of HIV. The strategic recommendations include:

- (1) Maximising opportunities for borough-level commissioning of prevention interventions
- (2) Broad population based primary prevention in addition to a targeted approach for risk groups (MSM; MSM>50 years; Black African)
- (3) Integrating prevention into wider services including targeting the wider determinants of health
- (4) Focus on monitoring and evaluation of outcomes
- (5) Develop clear governance arrangements

1.21.11 Health Equity Assessment of Options for the Future Commissioning of HIV Prevention Services in London (2013)⁷²

This report considered how the commissioning decisions for HIV prevention that emerged from the HIV prevention needs assessment for London⁷³ could impact on health inequalities within groups with protected characteristics. Three interventions were identified as suitable for pan-London commissioning (raising information and awareness through communication media; condoms; outreach).

⁷¹ Future Commissioning of London HIV Prevention Services Project Steering Group (2013). HIV prevention needs assessment for London.

⁷² Future Commissioning of London HIV Prevention Services Project Steering Group (2013). Health Equity Assessment of Options for the Future Commissioning of HIV Prevention Services in London.

⁷³ The commissioning recommendations include:

- (1) focus on a combination of evidence-based interventions commissioned with public and patient engagement;
- (2) increase HIV testing at scale and pace;
- (3) increase condom provision and promotion at scale and pace;
- (4) collaborative working with services for people who misuse drugs;
- (5) consider the use of digital media/technologies.

1.21.12 London Integrated Sexual Health Tariff

Pathway Analytics was commissioned to support the London Sexual Health Programme to develop a set of currencies and tariffs to promote the delivery of integrated sexual health care in London. The brief given was to develop a set of tariffs that would:

- Promote best interests of patients and public health
- Ensure open access services are maintained
- Promote integrated service delivery (GUM and contraception services)
- Offer value for money, affordability and not destabilise services or commissioners
- Promote use of clinical best practice care pathways
- Currencies and tariffs should be setting-independent
- The information management burden should be kept to a minimum – use existing statutory reports (GUMCAD and SRHAD)
- Provide a tariff that represents the true cost of delivering best practice care
- Patient first - not to disadvantage patients with expensive needs and encourage a patient-led approach to care delivery
- Allow cross-charging - encourage investment in quality services without compromising local budgets

1.21.13 An Integrated Tariff for Sexual Health Services (2015)

This presentation to the London Directors of Public Health, considered the implications of introducing the Integrated Tariff for Sexual Health Services. It included the benefits of the tariff and a comparison of current spend by borough with projected spend and commissioner case mix under the integrated sexual health tariff.

1.21.14 Commissioning of Sexual Health Services in Sutton

Sexual health services are commissioned from the Public Health Grant allocation and the Council is mandated to ensure that comprehensive, open access and confidential sexual health services are available to anyone, whether they are Sutton residents or not. In 2014-2015 the sexual health services budget (£2.5M) was approximately 30% of Sutton's Public Health Grant (£8.2m). The Grant, which is based on the borough's resident population:

- Does not include funding for people who live outside of the borough to use sexual health services in Sutton; **but**
- Does include funding for the Council to pay out-of-area providers for Sutton residents who choose to use sexual health services elsewhere.

Until April 2016 GUM and CaSH services will continue to be jointly commissioned by Sutton and Merton Councils using block contracts held with St Helier Hospital (GUM) and Sutton and Merton Community Services (CaSH). The Council cross charges for out of area GUM activity but not for CaSH, because until recently there was not an agreed set of prices for specialist SRH services. From April 2016 Sutton and Merton Councils will commission services separately.

1.22 Summary of policy context and what this means for Sutton

Evidence and policy

The evidence base for sexual, reproductive health and HIV interventions is published nationally. The approach overall is that prevention interventions should be targeted towards the general population to avoid stigma and marginalisation of affected population groups. However it is also advised that this should be balanced with targeted interventions for the most at-risk. This is likely to be a complex balance to strike and activity should be guided primarily by local opinion rather than national advice.

Commissioning

There have been significant changes to the commissioning of SH, RH and HIV services following the implementation of the Health and Social Care Act, 2012. Sexual health services are now commissioned by a number of organisations: STI testing, HIV testing, partner notification and contraception services are commissioned by Public Health teams based in Local Authorities (LA), abortion services are commissioned by Clinical Commissioning Groups (CCGs) and specialist services, for the treatment of HIV, are commissioned nationally by NHS England.

This artificial fragmentation of care pathways by commissioning responsibilities has led to concerns that

services could be commissioned in silos built around commissioning structures rather than service users. These fears have prompted the publication of two key documents which highlight the importance of collaborative commissioning and improved accountability to mitigate these risks.

- Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV⁷⁴
- Breaking down the barriers: the need for accountability and integration in sexual health, reproductive health and HIV services in England: All Party Parliamentary Group on Sexual and Reproductive Health in the UK (2015).

Nationally there is not a single definition of integrated commissioning but as the case examples included in the Making it Work document show, this is likely to be defined locally to reflect local circumstances. NHS London has led the development of a local tariff for integrated sexual health services. These tariffs are not mandatory but are intended to secure improvements in integration, innovation and productivity. From April 2016 Sutton and Merton Councils will commission services separately.

⁷⁴ PHE. (2014) Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV

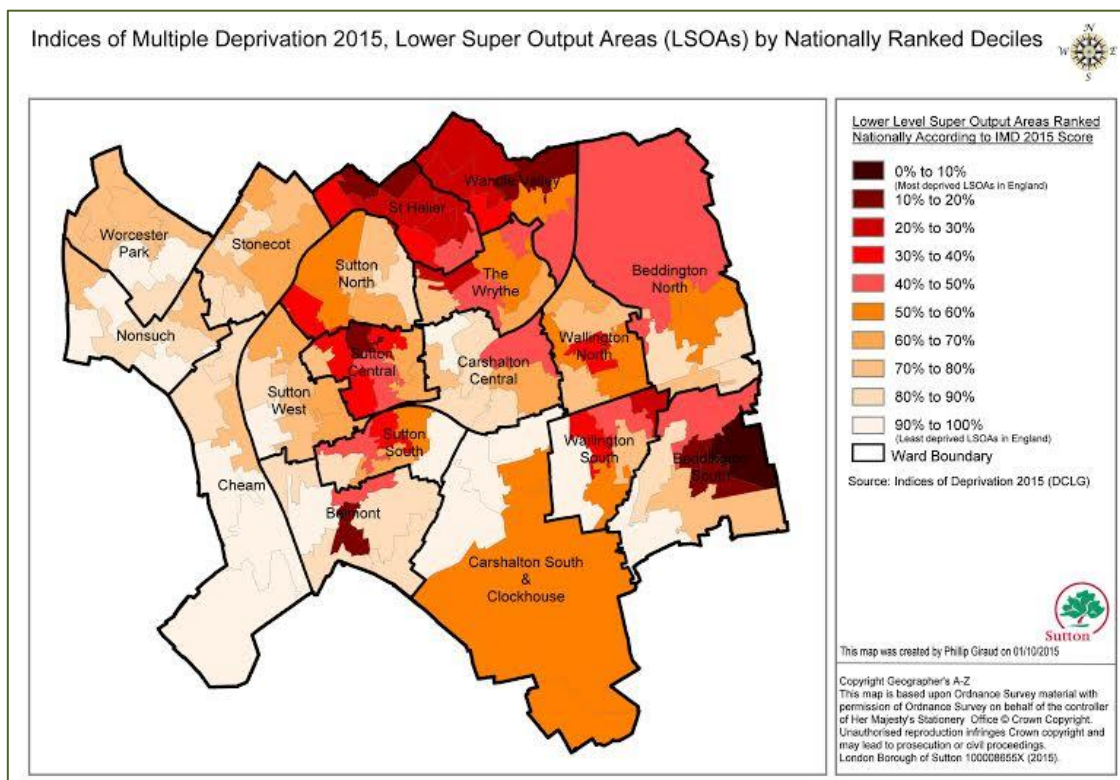
Section 4: Sutton's population and local sexual health, reproductive health and HIV epidemiology

1.23 Sutton's population

The London borough of Sutton is one of the most southerly in the capital and is comprised of 18 wards. The most recent population estimate was 198,134 people (ONS 2014), an increase of 2,220 people since the previous estimate of 195,914 (ONS 2013). The table below provides a breakdown of the population by age group.

Population of Sutton, numbers of residents by age and sex (ONS 2014)						
Age in years	PERSONS		MALES		FEMALES	
	Number	%	Number	%	Number	%
Total all ages	198,134	100	96,508	100	101,626	100
15-24 years	21,657	10.9	11,034	11.4	10,623	10.5
25-49 years	96,159	48.5	46,970	48.7	49,189	48.4

Sutton is a moderately affluent borough and overall levels of deprivation have not changed significantly over time. However there are marked differences within the borough with small areas of Sutton becoming more deprived compared with the rest of England. At borough level Sutton ranks 196 out of 326 boroughs according to IMD (where 1 is the most deprived and 326 is the least deprived); Sutton's wards with areas in the most deprived quintile are Beddington South, Belmont, Wandle Valley, St Helier and Sutton Central. The map below shows the Index of Multiple Deprivation (2015) by Lower Super Output area (LSOA).



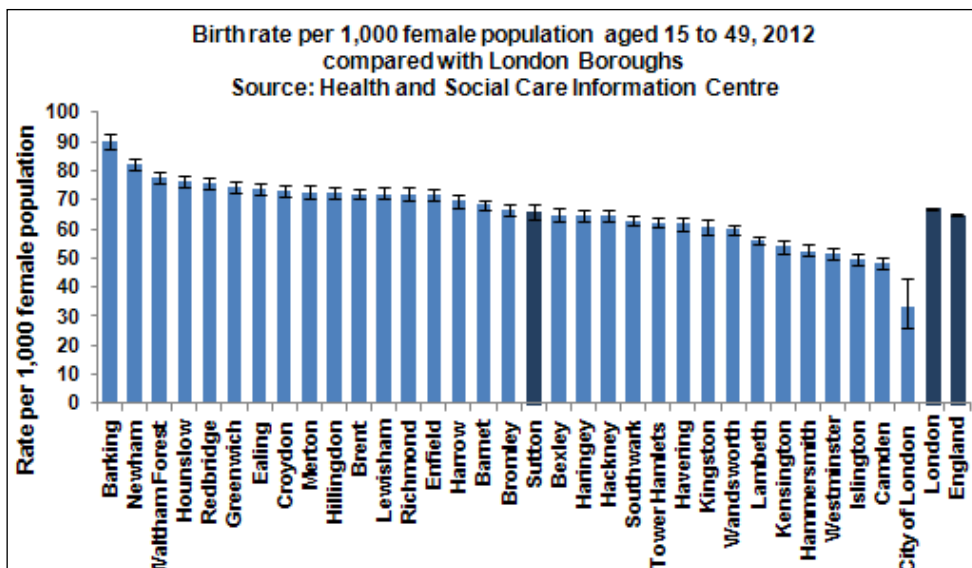
Sutton has become increasingly more ethnically diverse over the last decade. In the 2001 census 11% of the population were Black and Minority Ethnic (BME). By 2011 the census indicated that 21% of people living in Sutton were BME. This is a lower proportion than for London overall (40%), but higher than England (15%).

According to ONS projections, Sutton's population will increase by around 14.3% from 2012 to 2022, which is a higher rate of increase than for either London (13%) or England (7.2%). Amongst 15-25 year olds however, the population is projected to fall by 5.0% (2012-2022) while the 15-44 year old age group is

projected to increase by 4.3% (2012-2022). Based on GLA 2013 round demographic projections (SHLAA capped household size-based ethnic group), it is estimated that this population group will increase by 31.7% by 2022.

1.24 Fertility

The General Fertility Rate in Sutton in 2012 (64 per 1,000 women of childbearing aged 15-44 years) was the same as the average for London (64), but higher than England (62.4), although not significantly. The graph below profiles the birth rate for Sutton in comparison with other London boroughs, showing that Sutton is in the midrange for London (2012).⁷⁵

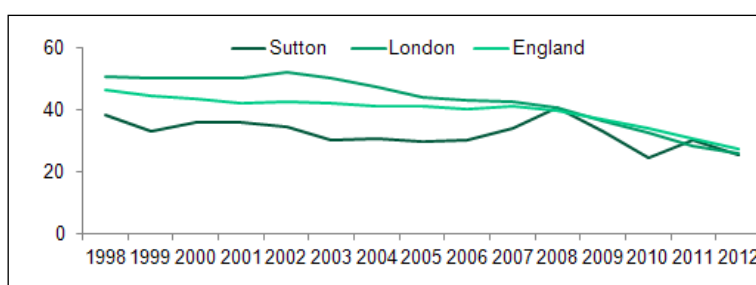


1.25 Teenage conception

'Nationally most teenage pregnancies are unplanned and around half end in an abortion. Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioral problems'.⁷⁶

In 2013, Sutton had a lower teenage conception rate when compared to the national profile. That year, the under 18 conception rate⁷⁷ was 17.8 per 1,000 which was lower than London (21.8 per 1,000) and England (24.3 per 1,000)⁷⁸. The graph below shows that between 1998 and 2012 there was a reduction in under 18 conception rates in Sutton that was in line with the national trend, however the rate of decrease in Sutton was less than it had been in London and England over this time period (see above).

Graph to show the conception rate per 1,000 females aged 15-17 years 1998-2012



Source Sutton JSNA 2015

⁷⁵ Sutton JSNA (2015)

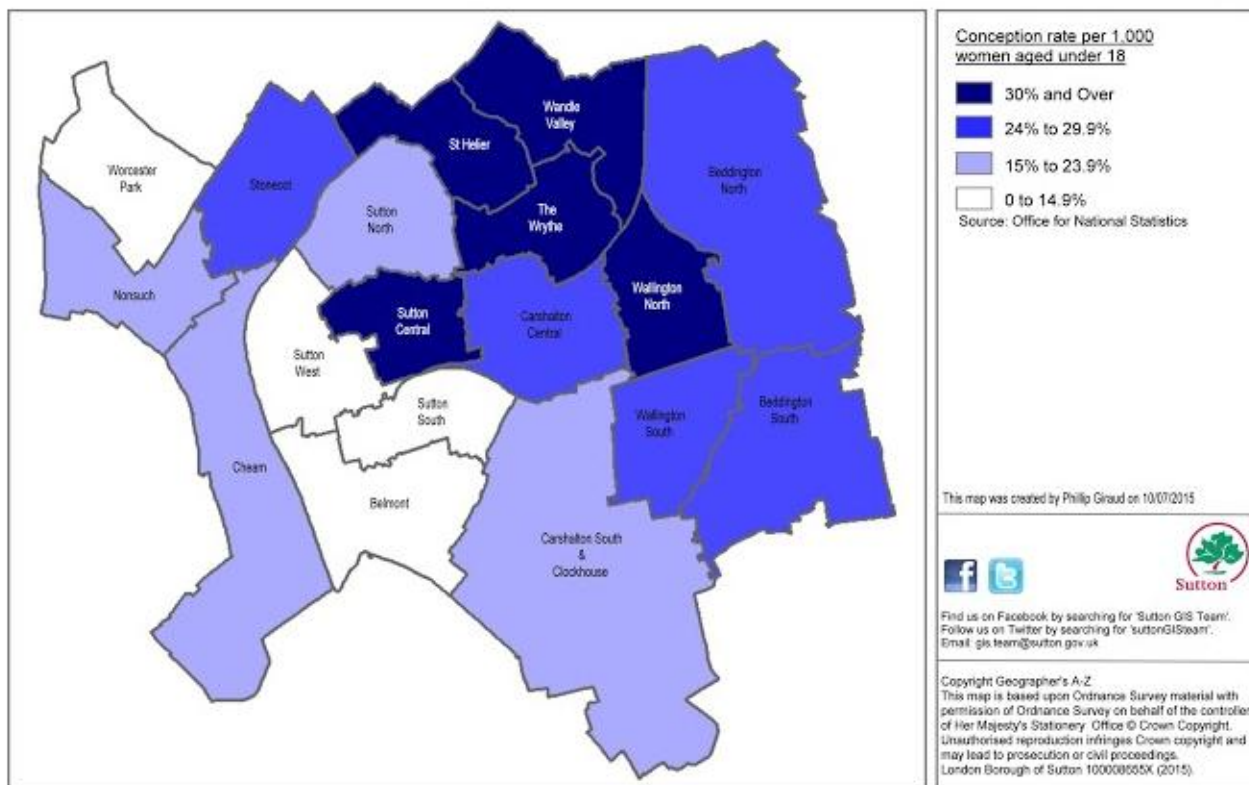
⁷⁶ Sutton Local Area Sexual Epidemiology Report LASER (2013)

⁷⁷ Females aged 15 – 17 years

⁷⁸ GLA Intelligence <http://data.london.gov.uk/dataset/teenage-conceptions-borough>

Teenage conception rates are an important social and health measure and historically, areas with high teenage conception rates have also had relatively high deprivation measures such as unemployment and child poverty. In Sutton between 2010 and 2012 the highest teenage conception rates were within the northern wards of the borough, emphasising the correlation between deprivation and higher rates of teenage conception. (See the map below).

A map to show teenage conception rates by ward (2010 – 2012)



1.26 Contraception

The Government⁷⁹ and the Faculty of Sexual and Reproductive Healthcare (FSRH) both highlight the importance of providing men and women with knowledge, choice and access to all methods of contraception, to aid in the reduction of unwanted pregnancies.

1.26.1 Attendances at Sexual and Reproductive Health Services

In 2013, Sutton residents accounted for 6,389 (0.4%) of 1,485,812 attendances at sexual and reproductive health services (SRH) in England, where regular contraception was prescribed. The number and proportion of contraceptive methods prescribed to Sutton residents by these services (2013) are shown in Table 1 below.

1.26.2 Long Acting Reversible Contraception (LARC)

Long Acting Reversible Contraception (LARC) methods (which include contraceptive injections, implants, intra-uterine system (IUS) or intrauterine device (IUD)) are regarded as more effective than 'user dependant methods' (which include oral contraceptives, condoms, contraceptive patches and natural family planning) because they do not depend on daily compliance. However in 2013, LARC methods were prescribed less often to Sutton residents, by SRH and primary care services, compared to England.

- **Prescribing of LARC in Sexual and Reproductive Health Services**
In 2013, 29.3% of Sutton residents attending sexual health services were prescribed long acting reversible contraceptives (LARC) which was lower than England (34.2%).⁵
- **Prescribing of LARC in Primary Care**
In 2013, Sutton ranked 279 out of 326 local authorities in England for the rate of GP prescribed LARC, with a rate of 37.1 per 1,000 women aged 15 to 44 years, compared to 52.7 in England. The

⁷⁹ A Framework for Sexual Health Improvement in England' published by the Department of Health (2013).

current upward trend in the prescribing of LARC by GPs in England is not reflected locally. In Sutton, between 2011 and 2013 the rate of prescribed LARC decreased although it is unclear why this is.⁴

1.26.3 User Dependent Methods of Contraception (UDM)

In 2013, oral contraceptive agents were the most commonly prescribed contraception for Sutton residents in both SRH services (41%) and primary care (86.4%) as shown in Tables 1 and 2. Oral contraceptives make up a smaller proportion of the contraceptives prescribed in SRH services than in primary care, and this is most likely because male condoms cannot be prescribed in general practice.⁸⁰

Table 1: Number of contraceptive methods prescribed for SRH services residents (2013)⁸¹

	Contraception Method	Count	Percent
Long Acting Reversible Contraception (LARC)	IUD Device	288	4%
	IU System	397	5%
	Injectable contraceptive	757	10%
	Implant	455	6%
User Dependent methods (UDM)	Oral contraceptives	3,253	41%*
	Male condom	2,675	34%
	Female condom	*	0%
	Contraceptive patch	*	0%
	Natural family planning	*	0%
Other		27	0%

Source: Sutton Local Area Sexual Epidemiology Report LASER (2013)⁸²

* Small number suppression

1.26.4 Table 2 Number of types of contraception and percentage of total contraception prescribed in general practice: 2013⁸³

Choice	Contraceptive Method	LA (%)	PHE Centre (%)	England (%)
Long Acting Reversible Contraception (LARC)	IU Device	0.5	0.8	0.5
	IU System	1.3	1.1	1.6
	Injectable Contraceptive¥	9.9	7.1	11.4
	Implant	1.1	1	1.8
	Total LARC	12.9	10.1	15.3
User Dependent Methods (UDM)	Oral Contraceptives*	86.4	87.9	83.6
	Contraceptive Patch	0.5	1.3	0.8
	Other±	0.2	0.8	0.3
	Total UDM	87.1	89.9	84.7
	Total Contraception	100	100	100

Source: Sutton Local Area Sexual Epidemiology Report LASER (2013)⁸⁴

* Includes combined pill and progesterone only pill

± Includes vaginal ring, cap/diaphragm and spermicides

1.26.5 Abortion

In 2014, 176,238 NHS funded abortions were carried out in England. 739 of these procedures were for Sutton residents.⁸⁵ In Sutton approximately 46% of these abortions were medical and 54% were surgical similar to London (44% medical and 56% surgical) and England (50.1% medical and 49.9% surgical).

⁸⁰ Sutton Local Area Sexual Epidemiology Report LASER (2013).

⁸¹ Sutton LASER (2013).

⁸² The data used in Table 3 is based on Prescribing Analysis and Cost Data (PACT). Care should be taken when interpreting this information as the total number of prescriptions is not representative of the number of women who have received each contraceptive method.

⁸⁴ The data used in Table 3 is based on Prescribing Analysis and Cost Data (PACT) are care should be taken when interpreting this information as the total number of prescriptions is not representative of the number of women who have received each contraceptive method.

⁸⁵ Department of Health: Abortion statistics, England and Wales (2014).

Medical abortions are an approach used to manage procedures up to 9 weeks of pregnancy⁸⁶ using medication while a surgical abortion involves a minor operation.

The age of Sutton residents who had an abortion in 2013 is shown in the table below (no data is available for 2014).

Table comparing the number of abortions carried out (2013) in Sutton, London and England.

Area	Total number of abortions	95% Confidence Interval	Under 18	18-19	20-24	25-29	30-34	35+
England	177,016	176,192 - 177,843	11,062	16,503	51,400	41,657	30,064	26,330
London	45,652	45,234 - 46,073	1,829	3,106	11,906	12,018	9,078	7,715
Sutton	739	687 - 794	44	70	191	164	134	136

Source Abortion Statistics 2013

Other abortion datasets for Sutton (2013) are reviewed and compared in the table below:

Indicator	Comparison of Sutton with London and England	Comment
Total abortion rate (2013)	Sutton 18 per 1,000 female population aged 15-44 years England 16.6 per 1,000 female population aged 15-44 years London 22.8 per 1,000 female population aged 15-44 years. ⁸⁷	In 2013 the total abortion rate in Sutton was higher than the national rate, but lower than the London rate.
Abortion rates in women aged under 25 years (2013)	Sutton In Sutton the highest rates of abortion were in women aged 18-19 years and 20-24 years (35 per 1,000). England London	In 2013 Sutton had higher abortion rates than England across all age groups and a higher abortion rate for women aged 18-19 years than London. In all other age groups London had higher abortion rates than Sutton.
The proportion of under 18 conceptions leading to abortion (2013)	Sutton 66.0% England 49.1% ⁴ London (not quoted)	In 2013, Sutton ranked 33 out of 311 in England (where 1 st was the highest percentage) for under 18 conceptions leading to abortion.
Access to NHS funded abortions at 10 weeks gestation	Among NHS funded abortions, the proportion of those under 10 weeks gestation: Sutton 85.2% England 79.4% London 82.9%	The proportion of NHS funded abortions carried out before 10 weeks gestation was higher in Sutton than London or England (2013). In 2013 85.2% of NHS funded abortions were carried out before 10 weeks gestation which was higher than London or England. (In 2014 the proportion rose to 88.4% which was again higher than London or England).
Repeat abortions in women aged under 25 years (2013)	Sutton 32.5% England 26.9% London 32.6%	In 2013 Sutton ranked 19 th (out of 129) in England (where 1 st had the highest rate) for the proportion of under 25 year olds who had had a previous abortion.
Repeat abortions in women aged 25 years and over (2013)	Among women aged 25 and over who had an abortion, the proportion of those who had had a previous abortion was: Sutton 49.8% England 45.3% London (not quoted)	Sutton ranked 23 rd (out of 146) in England, for the proportion of repeat abortions carried in women aged 25 and over (1 st has the highest rate).

⁸⁶ Department of Health: Abortion statistics, England and Wales (2014).

⁸⁷ Sexual and Reproductive Health Profiles (Public Health England). <http://fingertips.phe.org.uk/profile/sexualhealth>

The information in the table above suggests that women in Sutton are using abortion services and have timely access to them. Although this is positive, (abortions performed earlier are associated with lower complications rates) performance in this indicator and others (the total abortion rate and the under and over 25 years repeat abortion rates) suggests that there is a need to review:

- Access to contraceptive services
- Advice and education services
- Individual use of contraceptive methods.

In addition, the high proportion of repeat abortions in women aged under 25 years and those aged over 25 years in Sutton suggests that there is a need to improve access to contraceptive services following abortion. Abortion providers play an important role in the provision of contraception, and evidence shows that contraception provided in this setting, particularly long acting reversible contraception (LARC) methods, can reduce repeat abortions.^{88,89}

1.27 Sexually transmitted infections (STIs)

1.27.1 Diagnosed incidence of STIs

In 2014, 1,483 new STIs were diagnosed amongst residents of Sutton, a rate of 757 per 100,000 residents which is **lower** than England (797 per 100,000) and London (1,347 per 100,000).⁹⁰ 50% of the new STIs diagnosed were in men and 50% were in women. The table below compares the rates of new STI diagnoses per 100,000 population (2014) in Sutton and England.

Table to show the rates per 100,000 population of new STIs in Sutton, London and England

Diagnoses	Rate 2012	Rate 2013	Rate 2014	Rate in London residents 2014	Rate in England residents 2014
New STIs	792.7	817.0	757	1,347	797
Chlamydia	283.0	301.6	262	532	375
Gonorrhoea ¥	42.3	55.8	59.2	190.5	63.3
Syphilis	2.1	2.6	4.1	27.4	7.8
Genital warts ‡	142.5	146.2	132.2	161.3	128.4
Genital herpes ±	52.2	60.9	62.8	88.1	57.8

Sources Sutton LASER (2013) and Sexual and Reproductive Health Profiles: Public Health England (2014)⁹¹

1.27.2 Chlamydia

The Public Health Outcomes Framework (PHOF) includes an indicator to assess progress in controlling chlamydia in sexually active young adults under 25 years old: the annual diagnostic rate among the resident 15-24 year old population. The diagnosis rate reflects both the coverage and the proportion testing positive at all sites, including GUM diagnoses as well as those made outside of GUM. Since chlamydia infection is most often asymptomatic, a high diagnosis rate reflects success at identifying infections that if left untreated may have lead to serious reproductive health consequences.

The chlamydia diagnosis rate in 15-24 year olds in Sutton was 1997.1 per 100,000 population (2013). 24.7% of 15-24 year olds were tested for chlamydia with an 8.1%⁹² positivity rate. Nationally, 24.9% of 15-24 year olds were tested for chlamydia with an 8.1% positivity rate, the same as the Sutton average. Of those who tested positive, 70% were female and over half were aged 20-24 years.⁹³

⁸⁸ Rose S and Lawton B, 'Impact of long-acting reversible contraception on return for repeat abortion', America Journal of Obstetrics and Gynaecology, 2012, 206(1):37.e16.

⁸⁹ Cameron et al., Effect of contraception provided at termination of pregnancy and incidence of subsequent termination of pregnancy, BJOG, 2012, 119(9): 1074-80.

⁹⁰ Sexual and Reproductive Health Profiles (Public Health England) <http://fingertips.phe.org.uk/profile/sexualhealth>

⁹¹ Rates are calculated using 2012 ONS population estimates.

¥ Any increase in Gonorrhoea diagnoses may be due to the increased use of highly sensitive Nucleic Acid Amplification Tests (NAATs) and additional screening of extra-genital sites in MSM.

‡ Any decrease in genital warts diagnoses may be due to a moderately protective effect of HPV-16/18 vaccination.

± Any increase in genital herpes diagnoses may be due to the use of more sensitive NAATs

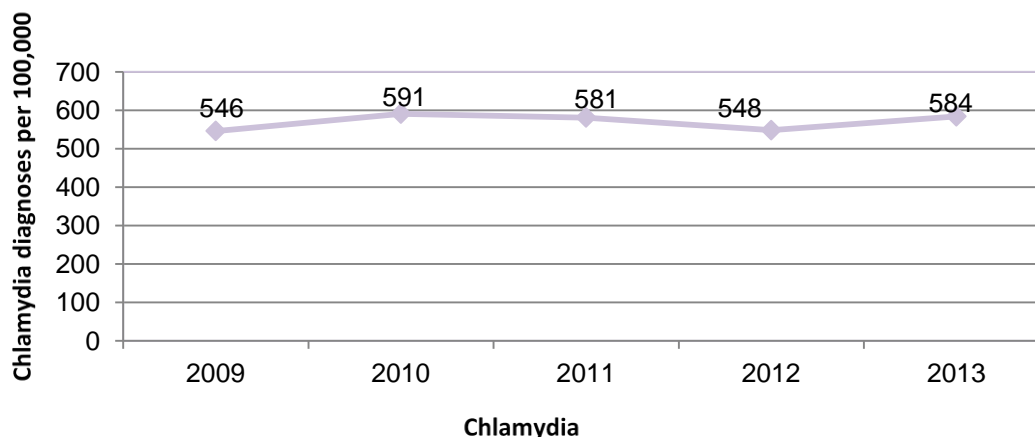
Data Source: The Genitourinary Medicine Clinic Activity Dataset v2 (GUMCAD) and Chlamydia test and diagnosis data are sourced from the Chlamydia Testing Activity Dataset (CTAD).

⁹² Source: Sexual and reproductive health profiles, Public Health England (2013).

⁹³ Source: Chlamydia testing data for 15-24 year olds in England, January to December 2013.

In 2013 there were 584 new chlamydia diagnoses (across all ages) in Sutton (301.6 per 100,000 population) which was slightly lower than the England average (379.0 per 100,000) and ranked the borough 155 out of 326 LAs. This is illustrated in the graph below.

Graph to show the number of chlamydia diagnoses in Sutton, 2009-2013⁹⁴



1.27.3 Gonorrhoea

Unlike chlamydia, which is tenfold more common, gonorrhoea is concentrated in core risk groups, including men who have sex with men (MSM) and black Caribbean people. It is also highly geographically concentrated and infection is strongly associated with deprivation.⁹⁵ A recent population-based survey detected gonorrhoea only in those aged 20-24 years; in this age group the prevalence was 0.1% in men and 0.2% in women.⁹⁶ Data from GUM clinics show that 42% of diagnosed gonorrhoea is among MSM.⁹⁷ Transmission is perpetuated by higher rates of partner change and complex sexual networks, which can lead to localised outbreaks. Chlamydia co-infection is common, being found in half of those diagnosed with gonorrhoea in clinic studies, and all of those with gonorrhoea in a recent British population-based survey.⁹⁸

Since 2009 the rate of gonorrhoea in Sutton has increased from 25.5 per 100,000 population to 55.8 per 100,000. In 2013 the gonorrhoea rates in Sutton was higher than England for the first time although the remains well below the average rate for London (155.4 per 100,000). Local data shows that 59% of gonorrhoea cases in men were in MSM in 2014 an increase from 35.5% in 2010.

Internationally gonorrhoea is demonstrating a growing resistance to the antibiotics used to treat it making it a high priority for Public Health England and the World Health Organisation (WHO)⁹⁹ to limit the spread of infection. The increase in the proportion of cases amongst MSM suggests that this group may benefit from targeted health promotion advice/campaigns or services.

In Sutton, an estimated 7.2% of women and 5.4% of men diagnosed with gonorrhoea at a GUM clinic between 2009 and 2013 became reinfected with gonorrhoea within twelve months. This was higher than the national average for women (3.7%) but lower than the national average for men (8.0%).⁴

⁹⁴ Source: Sutton Local Authority Sexual Health Epidemiology Report (LASER) 2013, Public Health England.

⁹⁵ Public Health England. Sexually transmitted infections and chlamydia screening in England, 2012. Health Protection Report Vol 7 No. 23 - 7 June 2013.

⁹⁶ 2 Sonnenberg P, Clifton S, Beddows S, et al. Prevalence, risk factors, and uptake of interventions for sexually transmitted infections in Britain: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). The Lancet 2013; 382: 1795-806.

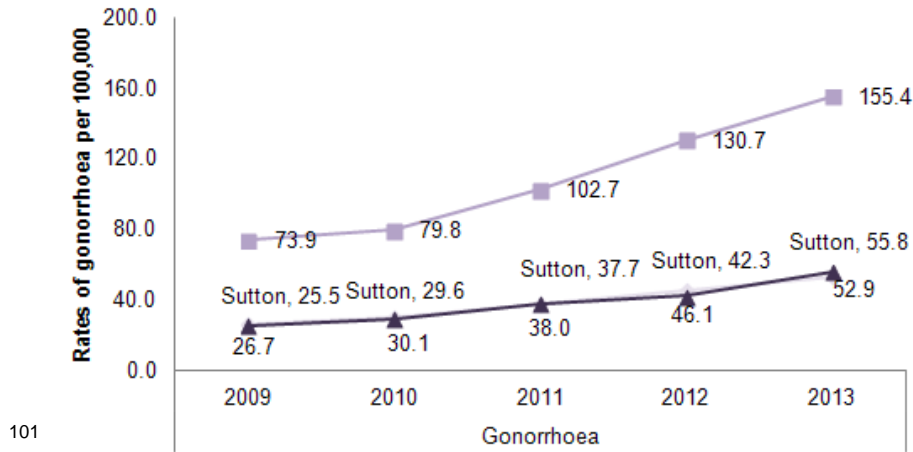
⁹⁷ Public Health England. Sexually transmitted infections and chlamydia screening in England, 2012. Health Protection Report Vol 7 No. 23 - 7 June 2013.

⁹⁸ Guidance for the detection of gonorrhoea in England, Public Health England (2014).

⁹⁹ Nearly half a million new sexual infections in 2012, Public Health England, June 2013.

<https://www.gov.uk/government/news/nearly-half-a-million-new-sexual-infections-in-2012> (January 2015).

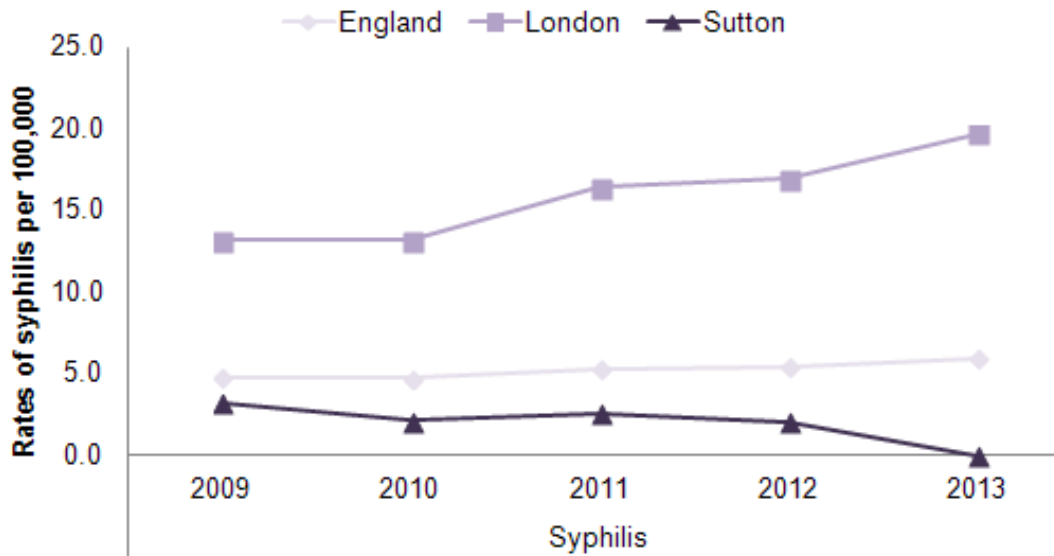
Rates of Gonorrhoea diagnoses in Sutton 2009-2013¹⁰⁰



1.27.4 Syphilis

There are very small numbers of people diagnosed with syphilis in Sutton which makes it difficult to interpret trends; however the figures suggest that rates have been decreasing since 2009 (see graph below). London and England have seen an increase over the same time period. In Sutton, an increasing proportion of syphilis cases in men are diagnosed in MSM. Public Health England have identified that nationally many of the diagnoses are made at the primary or secondary stage.

Graph to show rates of syphilis diagnoses in Sutton 2009- 2013¹⁰²



To help manage the increase of syphilis in England, PHE recommends that sustained, intensive and targeted efforts to interrupt further transmission should be maintained and intensified. They also recommend the use of partner notification to help penetrate sexual networks to control infection.¹⁰³ It may be appropriate to target these messages to MSM in Sutton.

1.27.5 Human Papilloma Virus (Genital Warts)

The rate of diagnoses of genital warts in Sutton has been relatively constant since 2010. Rates are slightly higher than England, but lower than London (see the graph below).

Graph to show rates of genital warts diagnoses in Sutton 2009- 2013¹⁰⁴

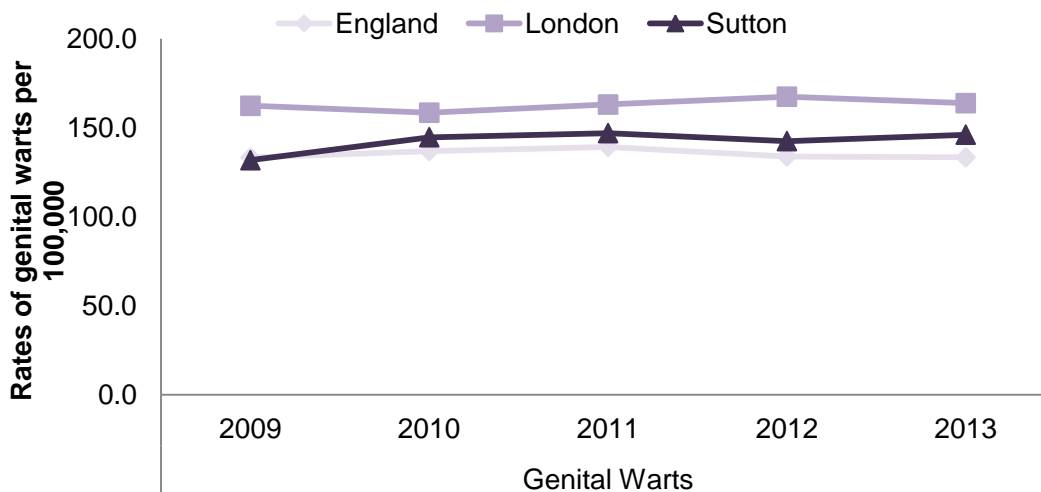
¹⁰⁰ Source: Sutton Local Authority Sexual Health Epidemiology Report (LASER) 2013, Public Health England

¹⁰¹ Source: GUMCADv2.

¹⁰² Source: Sutton Local Authority Sexual Health Epidemiology Report (LASER) 2013, Public Health England.

¹⁰³ Recent epidemiology of infectious syphilis and congenital syphilis, Public Health England, Health Protection Report, Vol. 7, No 44, November 2013.

¹⁰⁴ Source: Sutton Local Authority Sexual Health Epidemiology Report (LASER) 2013, Public Health England.



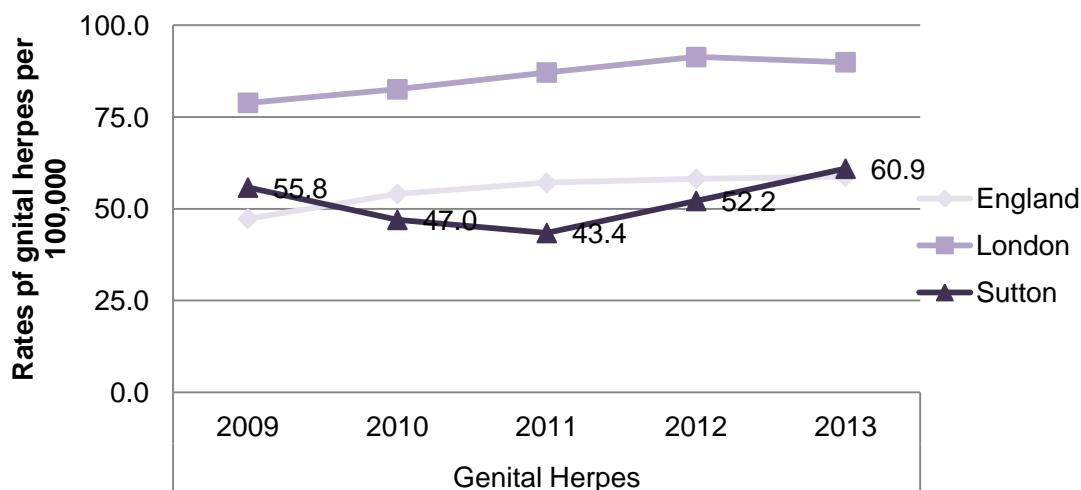
Genital warts are caused by the human papilloma virus (HPV). Depending on the serotype of the virus, infection can increase the risk of cervical, and other, cancers. A vaccine against HPV was introduced in England in 2008. HPV vaccine is currently being offered through the NHS childhood vaccination programme to girls aged 12 to 13. In 2013-2014, in Sutton 93.4% of girls in the cohort (Year 8) had received dose one, 92.7% had received dose two and 90.4% had received all three doses of the vaccine. This result is slightly higher than for England overall, where only 86.7% of the cohort had received all three doses of the vaccine.¹⁰⁵

1.27.6 Genital Herpes

The rate of genital herpes (per 100,000 population) has fluctuated between 2009-2013 (see the graph below). The trough was 43.3 per 100,000 in 2011 and the peak is 60.9 per 100,000 in 2013. With fluctuating rates of genital herpes diagnoses it is important that Sutton maintains and possibly intensifies the testing and publicity of genital herpes. General sexual health promotion advice and information could assist in raising awareness of how to prevent the infection. This could be targeted at the most at-risk groups.

¹⁰⁵ Annual HPV Vaccine coverage in England: 2013-14, Public Health England, <https://www.gov.uk/government/statistics/annual-hpv-vaccine-coverage-2013-to-2014-by-pct-local-authority-and-area-team> (January 2015).

Graph to show the rates of genital herpes diagnoses in Sutton 2009- 2013¹⁰⁶



1.27.7 STI Prevention Groups

1.27.7.1 Men who have Sex with Men (MSM)

Men who have sex with men continue to experience high rates of STIs and remain a priority for targeted HIV and STI prevention and health promotion work. Nationally the number of diagnoses of STIs reported in MSM has risen sharply in recent years and accounts for the majority of increased diagnoses seen among men.¹⁰⁷ It is likely that condomless sex, associated with HIV seroadaptive behaviours, and Chemsex (a specific form of recreational drug use to facilitate or enhance sexual activity)¹⁰⁸ are leading to more STI transmission in this population.¹¹

In Sutton in 2014, 19% of new STI cases in men (where sexual orientation was known) were in MSM,¹⁰⁹ an increase from 18% the previous year.¹¹⁰ In 2014, 59% of diagnoses of gonorrhoea among male GUM clinic and integrated GUM/SRH clinic attendees in Sutton were among MSM which was lower than England (68%)¹¹¹ and 50% of diagnoses of syphilis among male GUM clinic and integrated GUM/SRH clinic attendees in Sutton were among MSM which was also lower than England (86%). (The figures for Sutton (syphilis and gonorrhoea) should be regarded with caution because numbers are very small).

1.27.7.2 Ethnic Groups

In England (2014) the highest rates of new STI diagnoses were found amongst people of Black ethnicity.¹¹ Sutton reflected this pattern in 2013 with a diagnoses rate of 1,963 per 100,000 for new STIs amongst the Black and Black British population, compared to a rate of 680 per 100,000 amongst the white population.

1.27.7.3 Socio-economic deprivation

GUM clinic data (2013) shows that in general, the more deprived LSOAs have higher rates of STI diagnosis than the least deprived areas. The geographic variation in the distribution of STIs for Sutton is highlighted in the map below. Higher rates of STIs can be seen in the North, Central (around Sutton Central ward), and Eastern parts of the borough, reflecting some of the more deprived areas within Sutton.

¹⁰⁶ Source: Sutton Local Authority Sexual Health Epidemiology Report (LASER) 2013, Public Health England.

¹⁰⁷ Health Protection Report Vol 9 No. 22 - 26 June 2015.

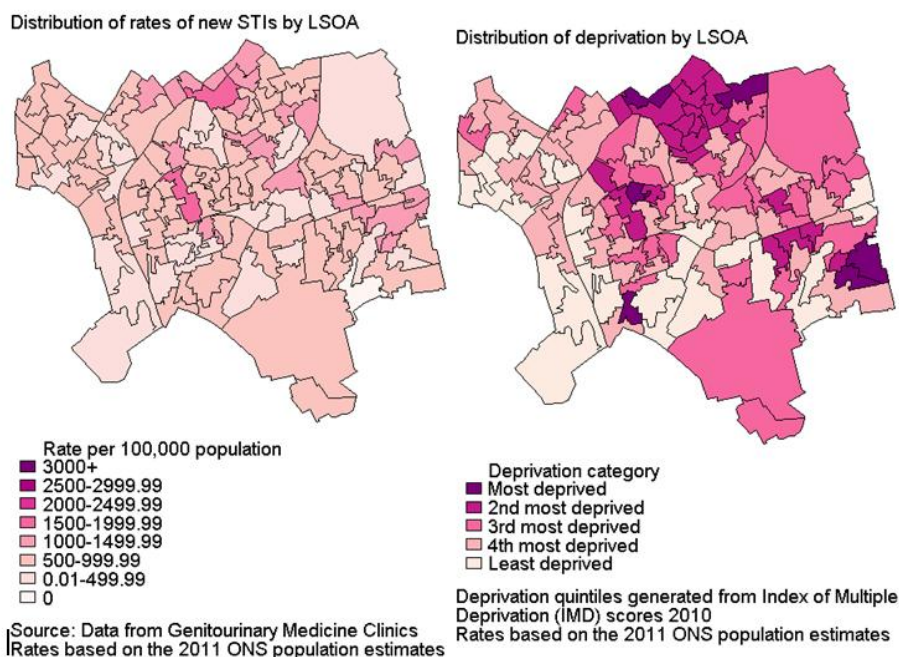
¹⁰⁸ Chemsex, information from Reshape. <http://www.reshapenow.org/chemsex>

¹⁰⁹ Figures for MSM include homosexual and bisexual men.

¹¹⁰ A proportion of these increases may reflect an increase in the reporting of sexual orientation.

¹¹¹ High levels of Gonorrhoea transmission are of particular concern, as data from the Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP) show the emergence of gonococcal isolates with resistance or decreased susceptibility to antimicrobials used for treatment - Health Protection Report Vol 9 No. 22 - 26 June 2015.

Map to show rates of new STIs and deprivation by LSOA in Sutton (GUM diagnoses only) 2013



1.27.7.4 Young People

Data from NATSALI-3¹¹² suggested that people aged 16-24 years were most likely to report at least one new sex partner of the opposite sex in the past year and at least two sex partners of the opposite sex (new or current) in the past year.¹¹³

In Sutton (2014) 52%¹¹⁴ of diagnoses of new STIs were in young people aged between 15-24 years which is similar to England (see the table below).

Table to show the rate of new STIs by age group and gender in Sutton: 2014

Age	<15	15-19	20-24	25-34	35-44	45-64	65+	Total
Number of diagnoses	*	289	473	439	167	95	*	1482
Rate of diagnoses per 100,000 population		2464.0	4703.7	1552.1	555.8	193.4		756.5

Source GUMCADv2

*Small number suppression

In 2014, over 1.6 million chlamydia tests were carried out in England among young people aged 15 to 24 years and a total of 137,993 chlamydia diagnoses were made, equivalent to a detection rate of 2,012 per 100,000 population. The chlamydia detection rate in Sutton that year was lower (1,574 per 100,000), as was the proportion of young people screened for chlamydia in Sutton (23.6%), compared to London (27.9%) and England (24.3%).¹¹⁵

1.27.8 Reinfection rates

Reinfection with an STI is a marker of persistent risky behavior. In Sutton, an estimated 8.5% of women and 9.1% of men presenting with a new STI at a GUM clinic during the five year period from 2009 to 2013 became reinfected with a new STI within twelve months. This was slightly higher than the national average (6.9% of women and 8.8% of men).⁴

Young people are also more likely to become reinfected with STIs, contributing to infection persistence and health service workload. In Sutton an estimated 15.2% of 15-19 year old women and 11.2% of 15-19 year

¹¹² <http://www.natsal.ac.uk/natsal-3.aspx>

¹¹³ Health Protection Report Vol 9 No. 22 - 26 June 2015.

¹¹⁴ Source GUMCADv2.

¹¹⁵ Sexual and Reproductive Health Profiles (Public Health England). <http://fingertips.phe.org.uk/profile/sexualhealth>

old men presenting with a new STI at a GUM clinic (2009–2013) became reinfected with an STI within twelve months.¹¹⁶ Teenagers may be at risk of reinfection because they lack the skills and confidence to negotiate safer sex.

As mentioned earlier in the needs assessment, in Sutton, an estimated 7.2% of women and 5.4% of men diagnosed with gonorrhoea at a GUM clinic between 2009 and 2013 became reinfected with gonorrhoea within twelve months. This was higher than the national average for women (3.7%) but lower than the national average for men (8.0%).⁴

1.28 **HIV**

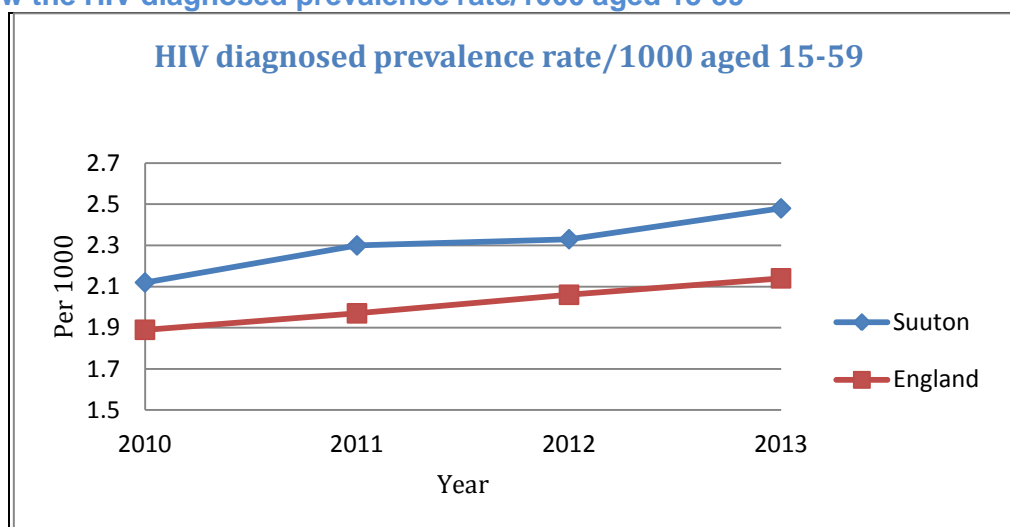
In Sutton in 2014, 77.6% of those attending a GUM service were tested for HIV, similar to London (75.3%) and England (68.9%).

In Sutton the number of HIV infected individuals resident in Sutton has been increasing year on year since monitoring began in 1995. In 2014, the diagnosed HIV prevalence rate in Sutton was 2.41 per 1,000 adults (aged between 15 and 59) which was higher than England (2.22) but lower than London (5.85). There has been little change in the overall incidence of HIV however people with the infection now have better survival rates, which explains the increasing prevalence (see graph below, 2010-2013 data only).

In the same year, 323 adult residents (aged 15 years and older) in Sutton received HIV-related care of whom 52% were of Black-African ethnicity and 32% were of white ethnicity. It was estimated that 72.8% had probably acquired the infection through sex between men and women and 23% through sex between men.

As local diagnosed HIV prevalence (2.41 per 1,000 adults aged 15-59 years) exceeds two per thousand among 15-59 year olds, Sutton should consider advocating the routine offer of an HIV test to all adults registering in general practice and all general medical admissions in line with Health Protection Agency guidance (2011).

Graph to show the HIV diagnosed prevalence rate/1000 aged 15-59



1.29 **People living with HIV**

The recorded number of Sutton residents (15 years and over) receiving HIV care is 328. The diagnosed prevalence rate of HIV in adults aged 15-59 years is 2.41 per 1,000 which is the sixth lowest rate in London. It is lower than the London average, 5.85 per 1,000¹¹⁷ but higher than England 2.22 per 1,000.¹¹⁸ The proportion of individuals with HIV who are undiagnosed in England is estimated to be 24%.¹¹⁹ If this figure is representative of Sutton, then there are approximately 80 adults (15 and over) with undiagnosed infection.

¹¹⁶ Sutton Laser.

¹¹⁷ Source: PHE (2015) Annual Epidemiological Spotlight on HIV in London: 2013 data.

¹¹⁸ Source: PHE (2013) Sutton Local area sexual health epidemiology report (LASER).

¹¹⁹ Source: PHE (2015) Annual Epidemiological Spotlight on HIV in London: 2013 data.

At a geographical level, over two thirds of all MSOAs in Sutton have an HIV prevalence of over 2 per 1,000. Approximately 8% of cases are in the most and least deprived quintiles (respectively) and the middle 3 quintiles each have 25-30% of the cases.

1.29.1 Late diagnosis

Individuals who have their HIV infection diagnosed late (defined as CD4 count ≤ 350 cells/mm³) have poorer health outcomes than those diagnosed earlier.¹²⁰ Late diagnosis is associated with an increased risk of mortality in the year following diagnosis and increased healthcare costs. Earlier diagnosis and treatment can reduce the risk of transmission. The proportion of people who are diagnosed late can be used to indicate the effectiveness of public health prevention and diagnosis interventions.

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. It is a critical component of the Public Health Outcomes Framework (PHOF indicator 3.04) and monitoring is essential to evaluate the success of expanded HIV testing. In Sutton, between 2011 and 2013, 57% (95% CI 41-72) of HIV diagnoses were made at a late stage of infection (CD4 count < 350 cells/mm³ within 3 months of diagnosis) compared to 45% (95% CI 44-46) in England (see graph appendix 15).

57% (95% CI 29-82) of men who have sex with men (MSM) and 52% (95% CI 31-73) of heterosexuals were diagnosed late.

1.30 What this means for Sutton

At borough level, the population of Sutton is similar to England. However at LSOA level, there is variation in the distribution of population groups, including those at highest need for SH, RH and HIV services.

According to ONS projections, Sutton's population will increase by around 14.3% from 2012 to 2022, which is a higher rate of increase than for either London (13%) or England (7.2%) and based on GLA 2013 round demographic projections¹²¹ it is estimated that the BME population group will increase by 31.7% by 2022.

Public Health England has some excellent datasets for STIs and HIV; however there is a paucity of data for reproductive health. Additionally, there are gaps where good quality data are not collected, especially from general practice. This makes it difficult to present an overview of sexual health, reproductive health and HIV for the borough.

Reproductive health

Teenage conceptions

- Sutton appears to be underperforming compared to London and England in reducing the number of under 18 conceptions. Rates in the borough are now similar to the national average.
- Within Sutton there is an unequal distribution of under 18 conceptions. In general higher conception rates tend to be related to deprivation.
- An increasing proportion of under 18 conceptions are ending in abortion.

Contraception

- The most common medical method of contraception in Sutton is oral contraception.
- Sutton GPs have low prescribing rates for long acting reversible contraception (LARC).
- Male condoms cannot be prescribed in general practice¹²² and data suggests that condoms are not being prescribed with all other contraceptive prescriptions from CaSH (NICE Guidance).

Abortion

¹²⁰ PHOF indicator: Presented as a 3 year aggregate and calculated for a defined time period in people aged ≥ 15 with a CD4 count within 91 days of diagnosis and residence information: $\frac{\text{number of people with a CD4 count } < 350 \text{ cells per mm}^3}{\text{total number of people}}$

¹²¹ (SHLAA capped household size-based ethnic group).

¹²² Sutton Local Area Sexual Epidemiology Report LASER (2013).

- The overall abortion rate in Sutton is higher than the national average. The highest rate is in women 18-24 years who have a higher rate than London.
- Access to abortion services appears, to be good as the proportion performed under 10 weeks is higher than comparators.
- The high proportion of repeat abortions in both women aged under 25 years and those aged over 25 years suggests that there is an opportunity to improve access to contraceptive services following abortion.

Sexually Transmitted Infections

- Sutton has a lower rate of STIs than England and London.
- The population groups most at risk of STIs in Sutton are the same as the national picture: under 25; men who have sex with men (MSM); black ethnic group; socio-economic deprivation.
- Overall, there has been little change to the rate of STI diagnoses (chlamydia, syphilis, genital warts, genital ulcers) over the previous 5 years (2009-2013). However there has been a large increase in the number of diagnosed cases of gonorrhoea and most cases are in MSM. MSM also experience a high proportion of the small number of syphilis diagnoses.
- There is a higher rate of re-infection than the national average, suggesting that partner notification and health promotion could be more effectively delivered within services.
- Positivity within the NCSP is similar to the national average, however the PHOF indicator was not reached, suggesting that there may be a need to increase the volume of testing.

HIV

A comparison of Sutton to England demonstrates that Sutton has:

- A higher prevalence of HIV than the national average.
- An HIV prevalence that is above the threshold recommended for offering routine HIV testing to all individuals registering with a GP Practice all to all general medical admissions.
- A higher proportion of newly diagnosed individuals presenting late, equally divided between MSM and heterosexual adults.
- Sutton has the highest proportion of late HIV diagnoses of HIV in London but a low proportion of very late presenters.

Within the context of poor sexual health and looking to the future Sutton is likely to see an increase in demand for contraceptive services, growth in HIV diagnoses and sexually transmitted infections (STIs) that may be exacerbated by changes in the population profile of the borough. This growth will happen at a time when NHS and local authorities are facing financial constraint and uncertainty about the Public Health Grant.

Section 5: Description of current services

This section provides an overview of the sexual and reproductive health and HIV services commissioned for Sutton residents. A map showing the location of services is included at the end of this section.

It is important for individual service users and communities that commissioned services are cost-effective, high quality and safe for patients. Clinical governance is a golden thread that runs through commissioning and provision of sexual and reproductive health and HIV services. Appendix 2 sets out the main elements of clinical governance.

1.31 **Sex and Relationship Education**

1.31.1 **Sex and relationship education in schools**

Sex and relationships education (SRE) involves learning about the emotional, social and physical aspects of growing up, relationships, sex, human sexuality and sexual health. Some aspects are taught in science, and others are taught as part of personal, social, health and economic education (PSHE). The SRE programme is intended to provide children and young people with accurate information, skills to form relationships and knowledge to keep them safe on and offline.

What schools include in their sex-education programme is a matter for local determination; however, all schools must have regard to the Secretary of State for Education's Sex and Relationship Education Guidance and the supplementary guidance 'Sex and Relationship Education (SRE) for the 21st Century'.^{123,124} The National Curriculum framework and Ofsted guidance have both changed significantly since 2000. These changes have taken account of evolving technology and the need to protect children and young people from inappropriate online content, cyber-bullying and exploitation. Details of sex and relationship education covered as part of the national curriculum are included in Appendix 3.

1.31.2 **School Nurses**

The School Nursing team is commissioned by Public Health (Sutton Council). School nurses work across health and education, providing a link between school, home and the community. They provide sexual health advice and support to individuals and the school population as a whole, and work in collaboration with teachers, youth workers and social care.

School nursing is a universal service covering all children who attend a state-maintained school in the London Borough of Sutton. The school nursing team in Sutton contains a skill mix team of specialist practitioners, school staff nurses, nursery nurses and support workers. Children can self refer and home visits are available. The staffing structure of the service is shown in Appendix 4.

1.32 **Prevention and signposting**

Public Health commissions the SWISH website and the Getting it On website (for younger people) to inform and signpost residents to sexual health services. In addition pages on the Council's own website provide sexual health advice and links to other sites, (additional information about these services is included in Appendix 5).

1.33 **HPV Vaccination Programme**

Data is not currently available.

1.34 **Community Pharmacy**

1.34.1 **Emergency Hormonal Contraception (EHC)**

Community pharmacies are often the public's first point of contact with a healthcare professional and can provide a 'vital role in meeting the needs of diverse communities, particularly the needs of young people who may be anxious about approaching contraceptive services'.¹²⁵

¹²³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

¹²⁴ <http://www.sexeducationforum.org.uk/media/17706/sreadvice.pdf>

¹²⁵ NICE guidelines PH510 'Contraceptive Services with a focus on young people up to the age of 25' (March 2014),

There are 43 community pharmacies in Sutton.¹²⁶ All of the pharmacies can sell emergency hormonal contraception (Levonorgestrel and Ullipristal) over the counter without prescription to women aged 16 years and over.¹²⁷ In addition Sutton Council commissions 16 of these pharmacies (37%) to provide:

- Free EHC to young women between aged 13 to 25 years following unprotected sexual intercourse (UPSI) or failed contraceptive method.
- Free EHC to Sutton residents over 25 years following unprotected sexual intercourse (UPSI) or failed contraceptive method.

The EHC contracts are reviewed and issued annually by Sutton Council.

Additional information about the delivery of EHC services in community pharmacies in Sutton	
Training	The EHC service is delivered under two Patient Group Directives (PGD) ¹²⁸ by pharmacists who have completed the relevant CPPE open learning packs ¹²⁹ and met the training requirements set out in the contract. The training which is commissioned by Sutton Council is delivered quarterly by a pharmacist and supported by an e-learning module, developed by Croydon Council and commissioned by Sutton Council. Pharmacists are required to attend training annually.
Location/opening hours	For opening hours see Appendix 6 and for the location of services see the map below.
Appointments	Individuals can attend a pharmacy without an appointment and will be seen if a trained pharmacist is on site to deliver the service. Pharmacies providing the service must ensure that an accredited pharmacist will be available to provide coverage at least 80% of the time the pharmacy is open which should include either late night or weekend opening.
Relevant care pathways	<ul style="list-style-type: none"> • Onward referral to CaSH or GUM for advice and treatment and longer term methods of contraception (pathway for individuals not eligible for the pharmacy service as well as those requiring additional treatment following provision of EHC) • Chlamydia testing – the pharmacy is required to offer a Chlamydia test to all clients provided with EHC aged 15-24 years • Safeguarding referrals in line with local policy.

1.34.2 Chlamydia/Gonorrhoea testing

In 2014-2015, 22 pharmacies were commissioned by Sutton Council to deliver asymptomatic chlamydia testing to those aged between 15-24 years as part of the National Chlamydia Screening Programme (NCSP). The Council reviews and issues these contracts on an annual basis and to remain eligible to deliver the service; pharmacies must provide at least 10 chlamydia tests each year. Sutton Council commissions the Terence Higgins Trust to administer the NCSP on their behalf (see below).

Additional information about the delivery of chlamydia/gonorrhoea testing services in community pharmacies in Sutton.	
Training	Training for chlamydia/gonorrhoea testing is provided free of charge to pharmacies by Terrence Higgins Trust (THT). A representative from the pharmacy must attend the annual update and trained staff can cascade learning to other staff members.
Location/opening hours	For opening hours see appendix 6 and for the location of services see the map below.
Appointment type	People can attend the pharmacy without an appointment and will receive the service if

¹²⁶ The Sutton Pharmaceutical Needs Assessment (April 2015) established that Sutton residents have good access to pharmacy services, by car, public transport and on foot.

¹²⁷ Prices vary

¹²⁸ The PGDs used for Levonorgestrel and Ullipristal are part of a set of clinically comprehensive templates developed by the London Contraception and Sexual Health PGD Group to standardise care across London. Each PGD requires:

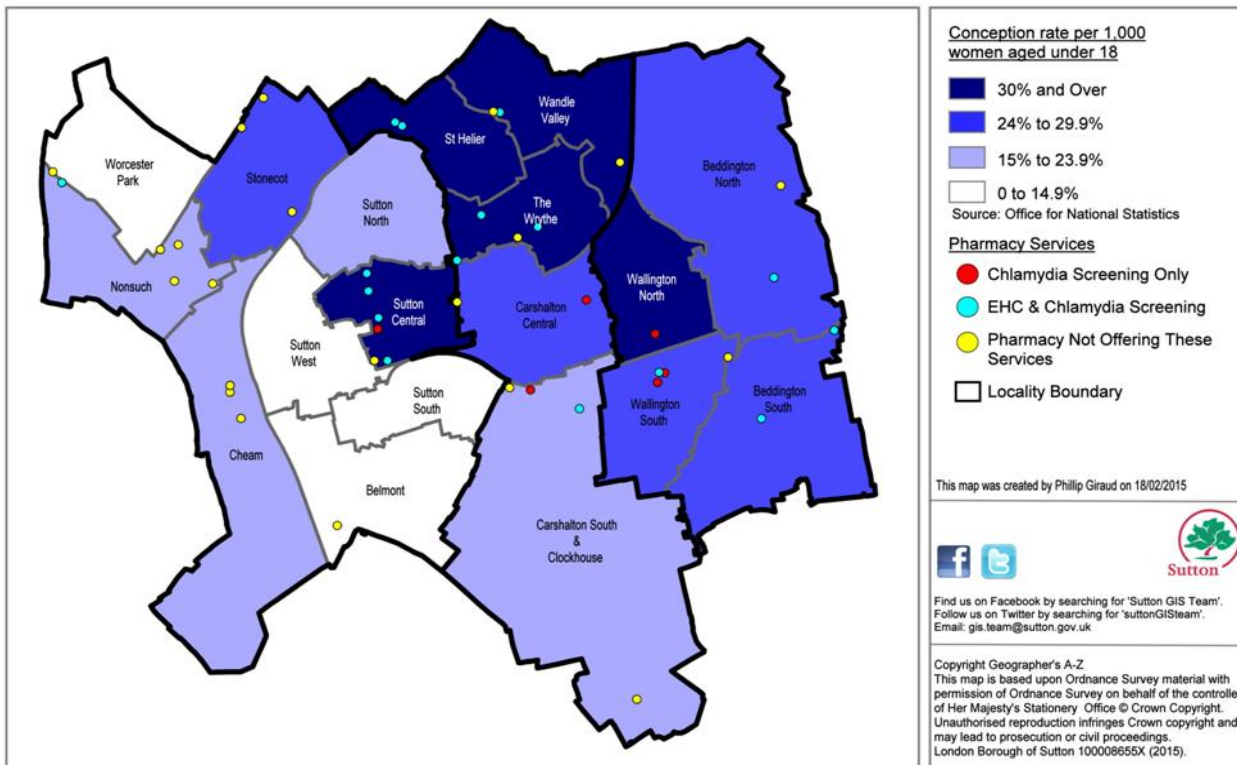
a) signatures by a relevant doctor, pharmacist, lead practitioner and clinical governance or patient safety lead on behalf of the authorising organisation, as set out in PGD legislation

b) the addition of individual authorisations agreements or lists of approved practitioners. Individual practitioners must be authorised to practice under the PGD by each organisation within which they work. This is a legal requirement. Clinical governance and audit surrounding PGD use are local responsibilities.

¹²⁹ CPPE open learning packs – Emergency Hormonal Contraception; Contraception; Sexual Health in Pharmacies; Safeguarding Children and Vulnerable Adults; Dealing with Difficult Discussions Protection/Safeguarding and EHC.

	a trained member of staff is on site to deliver it.
Relevant care pathways	<ul style="list-style-type: none"> • Onward referral to CaSH or GUM for advice and treatment in line with the recommendations set out in the service specification • Safeguarding referrals in line with local policy.

Teenage Conception Rates 2010 - 2012 and Pharmacies providing Emergency Hormonal Contraception (EHC) and Chlamydia Screening Services (Dispensing Appliance Contractor not shown)



1.34.3 Sexual Health Pharmacy Pilot

This year a sexual health pharmacy pilot will be rolled out to 7 pharmacies. As part of the project these sites will provide enhanced sexual health services: EHC, chlamydia testing, C-Card scheme and HIV testing.

1.35 General Practice

1.35.1 Sexual health services commissioned from all GP Practices

There are 27 GP practices in Sutton that provide sexual health services as part of their core GP contract, commissioned by NHS England (see below). In addition all practices are commissioned to provide cervical screening.

Commissioner	Sexual health services commissioned from all GP practices in Sutton
NHS England	Advice about the full range of contraceptive methods and where appropriate, the medical examination of these patients
	Treatment of patients for contraceptive purposes and prescription of contraceptive substances and appliances (excluding the fitting and implanting of intrauterine devices and implants)
	Giving advice about emergency contraception and where appropriate, supply or prescription of emergency hormonal contraception ¹³⁰
	Provision of advice and referral in cases of unplanned or unwanted pregnancy, including advice about the availability of free pregnancy testing in the practice area
	Giving initial advice about sexual health promotion and sexually transmitted infections
	Referral as necessary for specialist sexual health services, including tests for sexually transmitted infections
NHS England	Cervical Screening Programme

1.35.2 Contraception services

GP practices are well placed to deliver contraceptive care to their registered list and it has been estimated that between 60-70% of young people aged between 15-24 years visit their GP surgery at least annually¹³¹ and an estimated 80% of NHS contraceptive care is provided from general practice.¹³²

In the document Quality Standards for Contraceptive Services¹³³ the following contraceptive measures are suggested as the minimum that should be offered within General Practice:

- Emergency contraception – progesterone only
- Emergency contraception - Ulipristal acetate
- Condoms - male
- Condoms - female
- Progesterone only - oral
- Progesterone only - injectable
- Combined hormonal - oral
- Combined hormonal - transdermal
- Combined hormonal - vaginal ring

1.35.3 Sexual health services

Testing and treatment for STIs (including HIV testing) may be carried out in general practice when clinically indicated or requested by individual patients. The Royal College of General Practice and the British Association for Sexual Health and HIV (BASSH) have produced a guideline document to support GPs to deliver these services.¹³⁴ NHS England, through the GP contract, is responsible for primary care provided by general practice to people living with HIV, as for the rest of the population.¹³⁵

1.35.4 Cervical Screening

The national Cervical Screening programme is commissioned by NHS England for women aged 25-64 years who are registered with a GP. Eligible women are automatically invited for regular screening

130 Where the Contractor has a conscientious objection to emergency contraception, prompt referral to another provider of primary medical services who does not have such conscientious objections.

131 Hogan et al. BMC. Public Health 2010, 10:616. <http://www.biomedcentral.com/1471-2458/10/616>

132 The Time is Now: Achieving World Class Contraceptive and Abortion Services (2009) Independent Advisory Group on Sexual Health and HIV.

133 A Quality Standard for Contraceptive Services (2014) Faculty of Sexual and Reproductive Healthcare.

134 Sexually Transmitted Infections in Primary Care (BASSH and RCGP 2013).

<http://www.bashh.org/documents/Sexually%20Transmitted%20Infections%20in%20Primary%20Care%202013.pdf>

135 Making it work. A guide to whole system commissioning for sexual health, reproductive health and HIV (Public Health England revised 2015).

appointments at the intervals shown in the table below. Administration of all aspects of the Cervical Screening Call and Recall programme and distribution of invitation and result letters to women is managed by Serco in line with the national service specification.¹³⁶

Age in years	Screening interval
25 -49	Every three years
50 -64	Every five years
> 65	Only women who haven't been screened since age 50 or those who have recently had abnormal tests

Currently there is no routine data collection or performance management of these services by NHS England. However two QOF indicators (2015-2016) are relevant: CON003, which rewards GPs for discussing LARC with women seeking emergency contraception and CON001 which requires the practice to maintain a register of women aged 54 or under who have been prescribed any method of contraception at least once in the last year (or other clinically appropriate interval e.g. last 5 years for an IUS).

Additional information about delivery of sexual and reproductive health services in GP practice	
Training	Sexual Health, Women's Health and Men's Health are all clinical modules within the Royal College of General Practitioners (RCGP) Curriculum and are linked to core competencies. ¹³⁷ GPs and appropriately trained practice nurses can deliver contraceptive care in General Practice and a number of training courses and qualifications are available to support GPs to deliver sexual health services in primary care, e.g. the Faculty of Sexual and Reproductive Health Diploma and the Sexually Transmitted Infection Foundation (STIF) Course.
Standard opening hours	Standard opening hours for General Practice are 8.00–18.30. However in 2014-2015 23 of the Sutton GP practices offered extended hours and four opened on a Saturday. Those opening at the weekend were located in the following wards: the Wrythe, Wandle Valley, St Helier and Beddington South (source: NHS England 2015). All practices close on a Sunday as well as bank holidays.
Appointment type	GP practices typically offer 10 minute appointments booked in advance or 'emergency' on the day appointments. The time to the next routine GP appointment varies by practice but on average is between 2-14 days (August 2015).
Relevant care pathways	<ul style="list-style-type: none"> • Referral to CaSH for LARC if the service is not available in the practice • Referral to CaSH, community gynaecology service or secondary care gynaecology service for complex contraception • Referral to termination of pregnancy services • Referral to GUM for specialist sexual health services • Safeguarding referrals in line with local policy

1.35.5 Long Acting Reversible Contraception (LARC)

Sutton Council commissions 12 GP Practices (see Appendix 6) to provide long acting reversible contraception (LARC) to their registered population and to those referred to them by Sutton GP Practices not offering the service. These contracts are reviewed and issued annually by Sutton Council.

The service commissioned includes the fitting, review and removal intra uterine contraceptives (IUC) (copper intra uterine device (IUD), Mirena®/Jaydess® (LNG-IUS))¹³⁸ and sub-dermal implants (SDI). Each practitioner providing IUC service is required to insert a minimum of 12 devices per year (in line with the FSRH guidelines) and undertake an annual update. Practitioners providing subdermal implants must insert a minimum of two devices per year and be reaccredited every 5 years¹³⁹ to meet the requirements of the contract with Sutton Council.

¹³⁶ Public Health Functions to be exercised by NHS England: Service Specification number 25 Cervical Screening (2013). https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256494/25_cervical_screening.pdf

¹³⁷ RCGP Curriculum: Professional and Clinical Modules <http://www.rcgp.org.uk/training-exams/gp-curriculum-overview/-/media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-modules.ashx>

¹³⁸ The use of LNG-IUS for the medical management of Menorrhagia is covered by a separate agreement managed by Sutton Clinical Commissioning Group (CCG).

¹³⁹ GPs who regularly undertake minor surgery will be allowed to self-declare their competence in this area, for both accreditation and re-accreditation purposes, and will be judged by annual appraisal and audit.

Additional information about delivery of LARC services in GP practice.	
Training	GPs and Practice Nurses providing the service must meet the training requirements of the contract.
Appointment type	Appointment type varies by GP practice with some setting aside a dedicated session each week to fit LARC while others offer these appointments as required.
Relevant care pathways	The contract with Sutton Council requires that the following care pathways and protocols are in place: <ul style="list-style-type: none"> • Onward referral to another GP practice or community service when LARC is not available within the practice. • Onward referral for complex coil fittings and removals (Level 3), complications or uterine perforation. • Protocols to ensure that clients with epilepsy who require LARC receive appropriate management.

1.35.6 Chlamydia screening

All but one of the Sutton GP Practices (Green Wrythe Lane) are commissioned to provide chlamydia screening as part of the National Chlamydia Screening Programme.

1.36 GP Out of Hours Service (SELDOC) LEVEL 1

The South East London Doctor's Cooperative (SELDOC), commissioned by Sutton CCG provides out-of-hours care to patients in Sutton from a base at St Helier Hospital. Calls made to 111 are triaged and directed to SELDOC if appropriate. The service can provide contraceptive advice and prescriptions for contraception and emergency hormonal contraception (EHC) if appropriate.

1.37 Contraceptive and Sexual Health Service (CaSH)

The CaSH service provides Levels 1, 2 and 3 contraceptive services and Level 1 and 2 sexual health services using a hub and satellite model - the hub is located at Green Wrythe Lane Clinic and the satellite at Jubilee Health Centre West.

Contraceptive and Sexual Health (CASH) services in Sutton are commissioned by Sutton and Merton Council as part of the block community contract provided by the Royal Marsden (Sutton and Merton Community Services (SMCS)). The CaSH service provides open access to anyone requiring care whether they are resident in Sutton or not. The cost of attendances by people living outside of the borough is covered by the current block contract and the provider does not cross charge for this activity.

Formal referrals from doctors or other healthcare workers make up a small proportion of the total workload. In 2014-2015 the service provider estimated that approximately 75% of patients that attended clinics had self referred while approximately 25% had been referred by their GP.

1.37.1 Level 1+2 Contraception services (see also Young People)

All methods of contraception including emergency contraception are offered with the exception of the combined hormonal vaginal contraceptive ring and patch, which can be provided by prescription if no other method of contraception is suitable. All types of long acting reversible contraception (LARC) are available, contraceptive injections, Intra Uterine contraceptives (IUC) (Copper Intra Uterine Device (IUD), Mirena®/Jaydess® (LNG-IUS)) and Sub-Dermal Implants (SDI). Pregnancy testing and pregnancy advice or referral for termination of pregnancy is available at all clinics.

1.37.2 Level 3 Contraception services

CaSH offers Level 3 Contraception services:

- Complex insertions and removals of intra uterine contraception (IUC) with the use of intra cervical local anaesthetic blocks if necessary
- Scanning for IUCs with missing threads
- Removal of sub dermal contraceptive implants

1.37.3 Sexual Health Services

Since 2014, the CaSH service has been commissioned to offer chlamydia, gonorrhoea, syphilis and HIV testing for all ages and treatment of uncomplicated chlamydia. Chlamydia screening as part of the national

chlamydia screening service is offered to young people aged 15-24 (the screening programme is currently coordinated by the Terence Higgins Trust (THT) see below).

1.37.4 Counselling for psycho sexual problems

The service offers psychosexual counselling, unless sexual problems are associated with any psychiatric morbidity or personality disorder.

1.37.5 Young People

The Check it Out (CiO) service, commissioned under the same contract, is a specialist contraception and sexual health service for young people (13-19 years) that is provided in collaboration with the school nursing team. The target group for the service is vulnerable young people, including those at risk of sexual exploitation, early unplanned pregnancy or with other safeguarding concerns. A referral pathway, developed by Sutton and Merton Community Services, is included in Appendix 7.

The CiO service deliver routine clinics, outreach and one to one outreach services (see Appendix 6 for the location and opening hours of services) in specific groups in schools, youth centres and other education settings offering:

- Contraceptive and sexual health services (condoms, oral and injectable methods of contraception (including emergency hormonal contraception)¹⁴⁰
- Pregnancy testing and pregnancy advice or referral for termination of pregnancy¹⁴¹
- Input into sex and relationships education (SRE)

The CiO service also contribute to the Local Safeguarding Children’s Boards (LSCB) through the Multi Agency Sexual Exploitation (MASE) operational groups and provides training (child sexual exploitation and female genital mutilation (FGM)) to a number of professionals. The Consultant in Reproductive and Sexual Health is the named doctor for children’s safeguarding within the service.

1.37.6 Training delivery

A number of CaSH service staff are registered to provide training for primary and secondary care clinicians:

- DFSRH, NDFSRH, letters of competence in IUC and SDI fittings (primary care doctors and nurses)
- Course of 5 as part of the DFSRH and Introduction to Contraception course (GPs, GUM staff, practice nurses and other clinicians with an interest in contraception)

In addition the service provides:

- An annual seminar update in contraception and sexual health for CaSH staff and staff working in primary and acute care
- Training for cervical screening sample takers, offering initial an two day course and updates
- A supervision group for doctors with an interest in contraception

Additional information about the delivery of CaSH services.	
Staffing structure	The staffing structure for Sutton and Merton is shown in Appendix 4. The number of staff required to deliver the service for Sutton residents is not known.
Opening hours	The opening hours of the CaSH Services (including CiO) are shown in Appendix 6. Clinics are available for a total of 42 hours a week of which 35 hours are walk-in clinics and the remainder are booked appointments. There is a Saturday morning service at Green Wrythe Lane. All clinics are closed on Sunday and bank holidays.
Appointments	CaSH offers mixed access with walk-in and booked appointments. (Clinics for complex contraceptive problems and psychosexual medicine are appointment only).
Relevant care pathways	<ul style="list-style-type: none"> • Care pathways as described by Pathway Analytics¹⁴² • Onward referral to GUM for Level 3 sexual health services.

1.37.7 C-CARD scheme

The CaSH (Royal Marsden Community Services) service has been commissioned to deliver the C-Card scheme in Sutton since April 2015. The C-Card scheme¹⁴³ is a type of condom distribution scheme, which

¹⁴⁰ Young people who want implant or intrauterine contraception (IUD/S) or have complex health needs use mainstream services.

¹⁴¹ Follow-up is always arranged for all those referred for termination of pregnancy.

¹⁴² Pathway Analytics, mapped and costed sexual health pathways (2015). <http://www.pathwayanalytics.com/10-sexual-health/231-currency-tariffs-2015>

¹⁴³ http://www.brook.org.uk/attachments/C-Card_condom_distribution_schemes_-_What_why_and_how_-_July_2014.pdf

provides registered young people with a C-Card – a paper or credit card-style card – which entitles them to free condoms.

The service is available from a number of outlets (see Appendix 6) and a service finder and online registration are available on the Come Correct website: www.comecorrect.org.uk

1.38 **GUM**

There is one Genitourinary Medicine Clinic in the north of the borough based at St Helier Hospital that provides Level 1,2 and 3 Sexual Health Services and Level 1 and 2 Contraceptive Services. The GUM clinic is open access to anyone requiring care (whether they are resident in the area or not) and formal referrals from doctors (or other healthcare workers) make up a small proportion of the total workload.¹⁴⁴ The GUM service is collocated with the HIV service. The staffing structure is shown in appendix 4.

The GUM service is commissioned by Sutton Clinical Commissioning Group (CCG) on behalf of Sutton Council, through a block contract that is part of the acute contract held with Epsom and St Helier University Hospitals NHS Trust. Under the terms of the Public Health grant councils are only funded to commission sexual health services for their residents - the grant does cover the use of open access sexual health services by residents of other local authorities.¹⁴⁵

1.38.1 **Sexual health and HIV**

The GUM service is mainly outpatient based with a focus on screening, diagnosis and management of sexually transmissible infections (STIs) and related genital medical conditions. It accepts referrals from the National Chlamydia Screening programme providing treatment for people with a chlamydia positive result. Anyone using the GUM service is tested for HIV unless they decline the test. Same-day HIV testing is available by appointment one morning a week. Post exposure prophylaxis after sexual exposure (PEPSE) is also available on site. All test results are available by text (SMS), phone call or letter - depending on patient choice.

1.38.2 **Contraception and termination of pregnancy**

Provision of contraception is integral to the service (combined and progesterone only pills, condoms, female condoms and emergency hormonal contraception) and since January 2015 the GUM clinic has also been piloting a project to provide Level 2 contraception services. The service also makes referrals to termination of pregnancy providers.

1.38.3 **Clinical Psychology**

People can self refer or be referred to the clinical psychology service for help with sexual difficulties. Problems may include: relationship issues, needing support to make lifestyle changes to improve sexual health or coping with traumatic events related to sexual assault. Most sessions are arranged on a weekly or fortnightly basis and last for about 50 minutes.

1.38.4 **Young People**

Following an agreement between providers in South West London, The Point is name is used by GUM clinics across the region to create a 'brand' that young people can recognise. The walk-in service is for those under 18 years. GUM staff are part of the Multiagency Safeguarding Hub (MASH).

1.38.5 **Partner Notification (PN)**

The GUM service manages partner notification and access to relevant healthcare for the sexual contacts of those who may be at risk of infection from the index case.

The PN process includes identifying a look-back interval in which infection of contacts may have occurred, agreeing and recording contact actions with the index case, and following up and recording the outcomes of PN. This applies to infection detection, reducing onward infection and re-infection, and the complications of infection.

¹⁴⁴ BASSH Recommendations for Core Service Provision in Genitourinary Medicine (2005).

¹⁴⁵ In 2014-2015 Sutton Council paid approximately £300,000 in out of area payments cross charged by providers outside of the borough.

PN is important for Public Health because it is a core component in the prevention of sexually transmitted infection. In 2012 BASHH produced a Statement on Partner Notification for Sexually Transmitted Infections.¹⁴⁶

1.38.6 Training delivery

Consultants from the service participate in hospital training of specialist registrars, nurses, and medical students and provide annual postgraduate GP education sessions.

Additional information about delivery of GUM services	
Organisational structure/staffing	GUM services are led by consultants with specialist training in genitourinary medicine, working with nurses, health advisors, doctors and a clinical psychologist as part of a multidisciplinary team. The organisational staffing structure of the service at St Helier Hospital is shown in Appendix 4.
Opening hours	The opening hours of the GUM service at St Helier Hospital are shown in Appendix 6. The service is open approximately 23.5 hours per week and closed on Friday afternoon, at weekends and bank holidays. There is one evening clinic a week that finishes at 6pm.
Appointment type	Mixed access with walk-in and booked appointment clinics, with approximately 75% walk in and 25% appointment clinics (in line with BASHH Guidelines).
Relevant care pathways	<ul style="list-style-type: none"> • Care pathways as described by Pathway Analytics¹⁴⁷ • Onward referral to CaSH for Level 3 contraceptive services (complex LARC, complex IUD/IUS and implant removal).
Other services	As an open access service Sutton residents can use GUM services outside of the borough. Other local GUM services include: <ul style="list-style-type: none"> • Courtyard Clinic - St George's Hospital • Wolverton Centre - Kingston Hospital • Sexual Health Centre - Croydon Hospital

1.39 HIV Services

In Sutton the HIV service is located in the north of the borough based at St Helier Hospital and is commissioned by NHS England. There are interdependencies between the GUM and HIV outpatient clinics, which are co-located and co-provided, notably clinical expertise, training, education, and infrastructure. Service delivery is measured against a dashboard of annual measures that are included in Appendix 8.

Staff at the clinic offer outpatient appointments and provide inpatient care as required. Inpatient care is at St Helier Hospital unless specialist care is required when patients are transferred to the clinical infections unit at St George's Hospital.

Additional information about delivery of HIV services	
Staffing structure	The organisational staffing structure of the service at St Helier Hospital is shown at Appendix 4.
Opening Hours	The HIV service is available 7 hours a week and the opening hours are shown in Appendix 6. Telephone advice is available in office hours Monday to Friday. The service is closed at weekends and bank holidays.
Appointments	Routine HIV appointments are available by appointment only.
Relevant care pathways	Care Pathways relevant to the services include: <ul style="list-style-type: none"> • Referral to the wider multidisciplinary team • Onward referral of complex cases requiring inpatient care to St Georges Hospital

¹⁴⁶ Statement on Partner Notification for Sexually Transmitted Infections 2012 BASHH. <http://www.bashh.org/documents/4445.pdf>

¹⁴⁷ Pathway Analytics, mapped and costed sexual health pathways (2015). <http://www.pathwayanalytics.com/10-sexual-health/231-currency-tariffs-2015>

1.1 Abortion services

Three providers are commissioned by Sutton CCG to provide abortion services and contraception services; these are shown below:

Provider Name	Number of weeks gestation
BPAS	Medical and surgical procedures- up to 23 weeks +6 days
Marie Stopes International	Medical and surgical procedures- up to 23 weeks +6 days
St George's Hospital	Surgical up to 14 weeks + 6 days Medical up to 16 weeks + 6 days

1.1.1 Central booking line

Abortion services in Sutton are managed via a central booking line which is commissioned from BPAS by Sutton CCG. GPs and other healthcare providers can refer women to the service or women can self refer. Calls to the central booking line are triaged to the most appropriate provider and an appointment is booked. At the same time women are offered the option of a telephone contraception counselling call with a BPAS nurse.

1.1.2 Level 1 and 2 Contraception services

All providers offer advice and concurrent provision of contraceptive methods (including insertion of IUD and implants where clinically appropriate) in line with the Faculty of Sexual and Reproductive Health's Service Standards for Sexual and Reproductive Healthcare.

1.1.3 STI and HIV testing

The CCG commissions STI testing (syphilis and HIV tests)¹⁴⁸ from abortion providers. Chlamydia and gonorrhoea testing are provided to those aged 25 years and under in line with the National Chlamydia Screening Programme (NCSP). Test results are by available by text message, email, letter or telephone call.

Additional information about delivery of abortion services	
Staffing structure	Unknown
Opening hours	Opening hours vary but across all of the providers abortion services are available 7 days a week with some late evening appointments to 9pm.
Appointments	For the convenience of the service user termination of pregnancy consultations and treatment are usually provided in a 'one stop shop' appointment. For younger women (<16 years) this is less often the case and two appointments are required.
BPAS	Each patient under 18 completes a safeguarding risk assessment. BPAS receives clinical supervision from the Department of Genitourinary Medicine (GUM) at St George's Hospital. The hospital is working with BPAS Clinical Department in a collaborative way to provide training, technical support and advice including consultation on policy and procedures. Arrangements for Marie Stopes and St Georges Hospital are unknown
Relevant care pathways	Referral to GUM or CaSH for further advice and treatment.

1.1 Male and female sterilisation procedures

1.1.1 Vasectomy Services

Vasectomies are commissioned from General Practice, as part of the Extended Minor Surgery Service, by Sutton CCG. One GP based at Robin Hood Lane is commissioned to provide the service.

1.1.2 Female Sterilisation

This service is commissioned by Sutton CCG – there is no information available.

¹⁴⁸ BPAS has responsibility for referral of positive HIV and syphilis cases to GUM services.

1.2 Sutton Community Gynaecology Service

Sutton Community Gynaecology Service is commissioned by Sutton CCG and was launched in July 2015. The service is consultant led and provided by Epsom St Helier University Hospital NHS Trust for people registered with a Sutton GP Practice. This one stop shop accepts referrals for community based gynaecology and:

- Complex coil fittings/removals (GP FP10 script provided)
- Complex contraceptive disorders

Additional information about delivery of services	
Staffing structure	Unknown
Opening hours	At present the service is run from Jubilee Health Centre, Wallington on alternate Wednesday mornings with plans for growth when other suitable sites are identified.
Appointments	Referrals to the service are made using the CCG GP referral forms and sent to the service by email or post.

1.3 Sexual Assault Referral Service (SARC)

NHS England is the lead commissioner for the SARC service which is jointly funded by NHS England (50%) and the Mayor's Office for Policing and Crime (MOPAC) (50%). The service is intended for any London resident assaulted in London, although in exceptional circumstances people are seen who do not meet either of these criteria.

There are three SARC centres in London that cover the whole of the city, each is located near to a hospital:

Location of SARC Service	Nearby hospital
Camberwell Haven	King's College Hospital
Whitechapel Haven	Royal London Hospital
Paddington Haven	St Mary's Hospital

The Havens is open 24 hours a day, 7 days a week and 365 days a year. The service accepts: self referrals as well as referrals from the police, A&E and other healthcare professionals. The majority of referrals to the service (90%) are made by the police with the remaining 10% from associated services or self referrals.

First appointments at the Havens take a 'holistic medical approach' and typically last 3-4 hours. Treatment is carried out in line with the relevant care pathway. Testing for sexually transmitted infections is undertaken at a 2 week follow up appointment either at the SARC or at a GUM service, depending on what the individual prefers. Follow up counselling (6-12 sessions) or psychology appointments (14-20 sessions) are available to support those coming to terms with the emotional effects of sexual assault. Again women can choose to attend SARC or GUM for these appointments.

1.4 **National Chlamydia Screening Programme**

The National Chlamydia Screening Programme screens young adults aged 15-24 years. In Sutton the Terence Higgins Trust is commissioned by a South West London collaborative to coordinate and manage the service, (in settings other than GUM). The contract includes:

- Provision of testing kits, publicity materials and training for providers
- Delivery of outreach services in non clinical settings
- Coordination of test processing and results services by The Doctors Laboratory (TDL)
- Signposting patients with a positive chlamydia test to CASH or GUM and those with a positive gonorrhoea test to GUM for treatment. (It is routine in Sutton for individuals who are eligible for NCSP to be offered a chlamydia and gonorrhoea test at the same time (on the same sample)).
- Data management and reporting

The NCSP is available across the borough from both health care and outreach (non clinical) settings. These include:

- Primary care (GP practices and pharmacies)
- CaSH and Check it Out
- Online self-completion chlamydia test kits: www.checkyourself.org.uk and <http://freetest.me.uk/>
- Outreach services for example schools, Sutton Life Centre, Sutton Youth Centres and Sutton District and Training.

1.5 **Other services**

1.5.1 **Accident and Emergency and Wilson Walk-in Centre**

Sutton residents can access emergency contraceptive services from A&E (St Helier Hospital) and from local walk-in centres. Whilst there is not a walk-in centre in Sutton, residents can use the service in Merton, located at the Wilson Health Centre, Cranmer Road, Mitcham. The centre is open 8am to 8pm, every day of the year including public and bank holidays. Services are available to local residents, irrespective of whether or not they are registered at the centre. These services, commissioned by Sutton CCG, provide contraceptive advice, prescriptions for contraception and EHC if appropriate. People may be signposted to the service by 111 or be seen as a walk-in.

A&E at St Helier Hospital also offers post exposure prophylaxis after sexual exposure (PEPSE) to HIV.

1.5.2 **HIV prevention programmes**

Sutton commission condom distribution and safer sex campaigns aimed at men who have sex with men (MSM) provided by the pan-London HIV prevention programme but these services are not delivered in Sutton. Each Local Authority makes a financial contribution that is weighted by their local diagnosed HIV prevalence.

Sutton also jointly commissions two consortia hosted by the London Borough of Croydon that provide prevention programmes (e.g. condom distribution; prevention messages; brief interventions) and support services (e.g. counselling; advice and advocacy) aimed at the Black African and BME communities. Additional providers include Africans Getting Involved (AGI), SHAKA and First Point.

Prevention information and needle exchange are provided to people with substance misuse issues by the Community Drug Service for South London.

1.5.3 **Social Care support for people living with HIV**

There are no dedicated HIV social workers in Sutton. People with HIV access adult social care using standard care pathways.

1.5.4 **Chlamydia testing – online service**

www.checkyourself.org.uk website – remote testing facility for ordering chlamydia testing kits online. The website is owned by Greenwich Borough Council. There are currently 16 other boroughs signed up to the service. THT manages the positive chlamydia tests.

www.freetestme.org website – remote testing facility for ordering Chlamydia testing kits online. The website is owned by Preventx Limited. THT manage the positive Chlamydia tests.

1.6 South West London Clinical Services Network (SWAGNET)

The South West London HIV & Sexual Health Clinical Services Network (SWAGNET) is commissioned by a South London collaborative. SWAGNET is based at the Roehampton Clinic at Queen Mary's Hospital and is open Monday to Friday 9.00am – 5.00pm (excluding bank holidays).

The network provides the structure for collaboration and co-ordination between the organisations and professionals who deliver clinical services for HIV, STI and Reproductive Sexual Health in South West London and a focus for clinical governance. SWAGNET facilitates a programme of training courses and educational meetings that satisfy continuing professional development (CPD) requirements. The network delivers a number of nationally established and accredited training courses (STIF and DFRSH) alongside courses developed to meet local needs: Let's Talk about Sex workshop and HIV in Primary Care for South West London.

SWAGNET hosts two websites: www.swagnet.nhs.uk (the network website with information and resources for professionals and network members) and www.swish.nhs.uk (The South West London Information on Sexual Health (SWISH) site is an information hub and service finder for people aged over 25 years living in South West London).

The SWAGNET Steering Group meets twice a year and oversees the work of seven operational subgroups which meet three times a year.

- Genito urinary medicine (GUM)
- Reproductive sexual health
- HIV
- IT and data
- Research
- Sexual Health promotion
- Young People

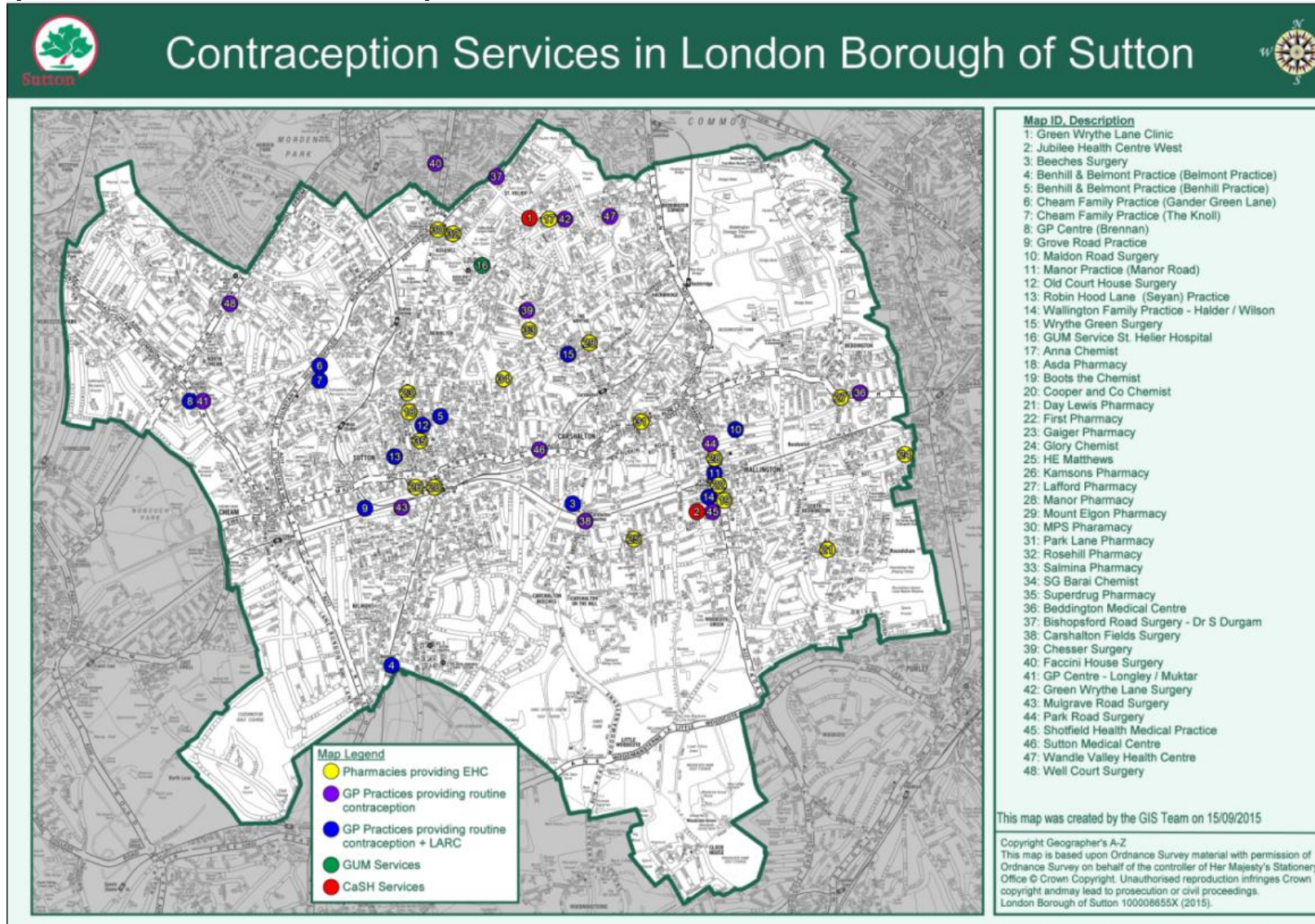
The Network is overseen by the South West London Sexual Health Commissioning Group.

1.7 What this means for Sutton

The review of services has highlighted the large number of commissioning and provider organisations that contribute to delivery of sexual, reproductive and HIV care within the borough. The large number of IT systems, contracting and governance arrangements and data reporting requirements further complicate this picture.

The CaSH service hub (Level 1-3 contraceptive services) is based at Green Wrythe Lane, in the north of the borough. The location was chosen in consultation with service users and the local population to provide a convenient and accessible site when the services were procured by Sutton and Merton PCT.

1.8 Map to show location of contraception services in Sutton



C-Card and outreach services are not shown

Section 6: Review of SRE and activity in local services

This section provides an overview of Sex and Relationship Education (SRE), school nursing and Check it Out services in Sutton. Safeguarding and the risks posed by sexual exploitation are a priority in all of these services.

1.9 Sex and Relationship Education (SRE)

Whole School Population

The large number of academies within the borough has made it more difficult for Sutton Council to have oversight of the SRE that is taught in senior schools. Meetings of the school PHSE leads are held once a term and on average 23-30 of the 44 school leads attend. All schools are invited and all receive any relevant correspondence.

Primary schools teach SRE in discrete lessons from years 4, 5 and 6, sometimes with the support of the school nursing team. Letters are sent to parents offering them the choice of withdrawing children from SRE lessons outside of the statutory science curriculum. In Sutton 100% of parents give their consent to their children attending these classes. This is in line with the national trend.

Ofsted assessment of SRE in schools is most often covered as part of the assessment of safeguarding. Within the borough all schools (primary and secondary) have been rated either good or outstanding against this measure.

1.10 School Nursing

Whole School Population and more vulnerable students

In Sutton each school (with the exception of colleges and independent schools) has a named school nurse who visits regularly. 'The Sex Education Forum Checklist for school nurses - supporting good quality SRE' was completed with the school nursing team (see Appendix 17). These discussions highlighted:

- The challenge of working with academies that take different approaches to SRE;
- That it is not routine for school nurses to be consulted when an SRE programme is being reviewed or the SRE policy is updated; and
- That some schools are better at planning SRE sessions than others. The school nurses would like discussions to start in September so that they can plan their support for different schools and year groups.

The school nursing team also commented that they work with an increasing number of young people with low self esteem and mental health issues. This observation is supported by a Sutton Healthwatch survey of 50 young people, which ranked these issues at the top of their list of concerns (see Appendix 18).

1.11 Check it Out (CiO) Teams

More vulnerable students

The CiO Team provides regular outreach to colleges and to schools that are educating more vulnerable groups of children. CiO clinics, at Carshalton Boys School see 10-12 pupils a week and another clinic at Carshalton College about 20 students. Walk-in clinics at Robin Hood Lane (8-10 people) and Green Wrythe Lane (40 people) bring the weekly total of young people using the services to about 80 people.

A one-to-one outreach service has been popular with schools and outside education providers and last year 345 one to one appointments were delivered by CiO in Sutton. These appointments focus on a range of issues, e.g. gender identity, support for children at possible risk of sexual exploitation and young girls considering pregnancy.

In addition CiO visit Limes College (Pupil Referral Unit) and Skills Integrated Learning Centre (SILC) to provide blocks of sexual health education that are timetabled into the curriculum. The CiO team attend teenage antenatal clinics six times a year at Muschamp Children's Centre and the Teenage Parents

Integrated Youth Services once a year to talk to young parents. At present CiO do not visit Carew Academy and have found it difficult to engage with St Philomena’s School.

Several of the CiO team have come from school nursing roles in Sutton to join the service. This means that they have a good understanding of the local education system and strong working relationships with their school nursing colleagues. The CiO service manager commented that the teams workload has increased and that some of the work referred to them by schools and school nurses could have been managed by a school nurse (see Appendix 17).

1.1 What this means for Sutton

- The large number of academies in Sutton can make it challenging for Sutton Council to have oversight of SRE in schools. However all schools in Sutton are delivering SRE and, with the exception of independent schools, can be supported in this by the school nursing team and CiO.
- Opportunities to deliver effective SRE could be undermined if teachers who are not confident to teach the topic cannot access school nursing support when they need it.
- The school nursing team has highlighted that they are working with an increasing number of young people with low self esteem and mental health issues that could impact upon the decisions and sexual health choices that young people are making.

This section provides an overview of performance and activity in sexual and reproductive health and HIV services in Sutton. The complexity of commissioning and provider arrangements is best illustrated by presenting this section by subject area.

For each subject there is:

- A summary table
- A detailed review
- A conclusion ‘what this means for Sutton’

1.2 Emergency Contraception

Overview of Emergency Contraception Services			
Commissioned Providers	Provider	Commissioner	
	All Sutton pharmacies offer EHC over the counter		NHS England
	16 pharmacies (37%) are commissioned to offer EHC free of charge		Sutton Council
	27 GP practices (100%) offer EHC		NHS England
	12 practices are commissioned to provide IUD		Sutton Council
	CaSH (including CiO and outreach)		Sutton Council
	Others	OOH GP and A+E	Sutton CCG
	Sexual Assault Referral Centres	NHS England	
Signposting	Getting it On website (< 25years) – signposts CaSH, GUM and pharmacies SWISH website – signposts CaSH and GUM Sutton Council’s own website has links to the sites above.		
Access to services	EHC is available from GPs, pharmacies, CaSH and GUM, with a number of pharmacies across the borough offering extended hours (evenings and weekends). OOH GP services and A&E provide additional access to EHC 24 hours a day 7 days a week. Emergency IUD services are commissioned from fewer providers in Sutton (12 GP practices, CaSH and GUM) than EHC is. Residents can access services on weekdays but not at weekends or bank holidays.		

Appointments	Pharmacy, CaSH and GUM services are walk-in clinics while GP practices offer same day emergency appointments.		
Data capture/reporting	Provider	Data capture	Data reporting
	Community Pharmacies (commissioned)	Webstar	Webstar
	Community Pharmacy (over the counter sales)	Not captured	Not reported
	GP Practices	READ coded data captured on EMIS or Vision	ePACT prescribing data
	CaSH	RIO	Monthly contract monitoring meetings. SHRAD national dataset (data extracts run annually)
	GUM	Blithe Lillie	GUMCAD
	OOH GP	Adastra	Not reported and EHC data not searchable on the system
	A&E		SUS
Emergency Contraception Activity (2014-2015)	Provider	EHC	Emergency IUD
	Pharmacy (15-25 years) See below for graph of activity by pharmacy	637	N/A
	GP (all reproductive age groups) See below for graph of activity by GP practice	503	Unknown e-PACT data does not capture this information.
	GUM	Unknown	Unknown GUMCAD reports 'contraception given'
	CaSH (all reproductive age groups)	455	12 (2013 data only)
	Other settings/providers	Unknown	Unknown
Calls to 111 failed contraception (2014-2015)	In 2014-2015, 22 people registered with a Sutton GP called 111 with queries about failed contraception.		
Repeat prescriptions for emergency contraception	Pharmacy - data not collected GP - information not available from E-PACT (information captured on GP clinical system but not reported) CaSH- In Sutton a lower proportion of people received a repeat prescription for emergency contraception than the national average (7.7% compared to 10.3%). ¹⁴⁹ All repeat prescriptions were in women under the age of 25. GUM - data captured on clinical system but not reported.		
Safeguarding and confidentiality	All commissioned emergency contraception services provide care in line with CQC requirements, relevant national guidance and corporate policies. There are currently no assurance processes in place.		
Feedback from services	QOF indicator CON003 (2014) - the percentage of women, on the register, prescribed emergency hormonal contraception one or more times in the preceding 12 months year by the contractor who have received information from the contractor about long acting reversible methods of contraception at the time of or within 1 month of the prescription.		
Workforce planning/training	<p>Pharmacy It is not know how many pharmacists are currently trained to deliver the EHC service across the borough.</p> <p>General Practice There are currently 29 GPs who are qualified to fit emergency IUD devices working in 15 of the 27 GP practices in Sutton. There are no qualified practice nurses.</p>		

¹⁴⁹ Source: Sutton Local area sexual health epidemiology report (LASER): Contraception appendix 2013

1.2.1 Summary of Access

It seems that residents have good access to free EHC services across the borough from a range of providers. Pharmacies typically have long opening hours and several of those commissioned by Sutton Council are open 7 days a week. OOH GP services and A&E provide additional access to emergency contraception 7 days a week.

Residents aged 16 years and over can also buy EHC over the counter without a prescription, from any of the pharmacies in Sutton.

Signposting to services from commissioned websites is inconsistent. This is particularly an issue for residents aged over 25 years of age who are not signposted to pharmacy services by the SWISH website. This could mean that some residents are not aware of the emergency contraceptive services available to them.

1.2.2 Summary of Activity

It is difficult to produce an overview of emergency contraception provision across care settings because:

- Over-the-counter sales of EHC from community pharmacies and online sales are not captured.
- EHC services are commissioned by different organisations.
- There are a large number of clinical systems in use.
- GUMCAD reports 'contraception given' and not the type of contraception provided.
- SHRAD and E-PACT datasets relate to different populations, resident and registered.
- E-PACT prescribing data, relates to prescriptions issued from General Practice and does not include the persons age, gender etc. Accurate READ coded GP activity data is held at practice level, but this data is not reported.

In 2014-2015 approximately 1,595 doses of emergency hormonal contraception were issued by General Practice, community pharmacy and CaSH services in Sutton. Community Pharmacy accounted for the greatest proportion 40% (n=635) of EHC items issued (2014-2015), despite poor signposting from websites and the fact that pharmacies were only commissioned to provide the service to women aged 15-25 years for most of that year.¹⁵⁰

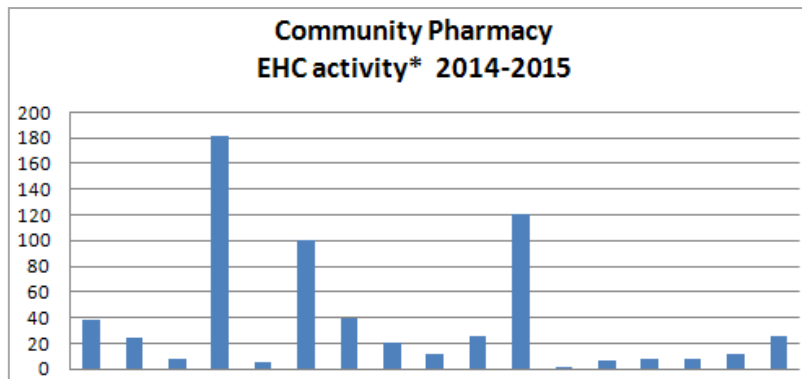
There is wide variation in the amount of EHC prescribed in General Practice (see graphs below) and significant variability in terms of uptake of emergency hormonal contraception (EHC) from pharmacies. In 2014-2015 three pharmacies provided EHC to 100 or more women while seven pharmacies provided EHC to less than 20 women in the same year. The data may reflect that residents are choosing one pharmacy in preference to another but the availability of trained pharmacists, reducing capacity in some services, may also be a contributory factor. The availability of training, which was raised as an issue by Sutton pharmacists (see Appendix 17), should be reviewed to make sure that providers can fulfil the contract: 'ensure that an accredited pharmacists will be available to provide coverage at least 80% of the time the pharmacy is open which should include either late night or weekend opening'.

IUDs were only prescribed as emergency contraception to the 25-34 age group in CaSH and it was used infrequently as a method of emergency contraception (n=12 in a calendar year). Based on e-PACT data it is not possible to tell how often IUDs were prescribed for emergency contraception in General Practice. However Sutton GP Practices performed well against QOF indicator CON003 (discussing LARC with women seeking emergency contraception), scoring an average prevalence of 94.57% against this indicator in 2014, better than London and England.

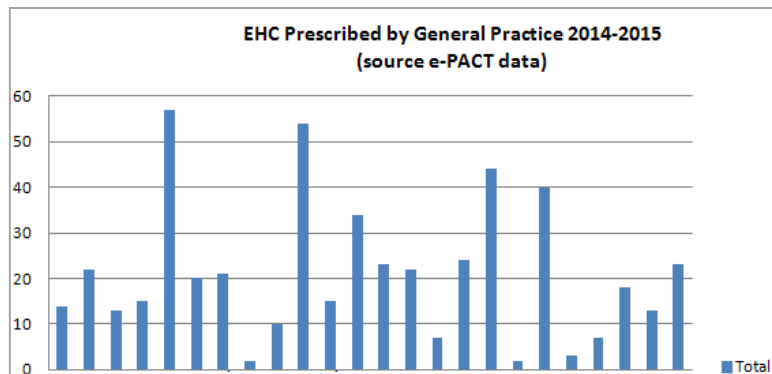
There were only 22 calls to 111 about failed contraception in 2014-2015. This could suggest that residents can access the emergency contraceptive services that they need or that they are not using 111 for advice and signposting.

Patient feedback is not routinely reported to commissioners from these services. From the data available it is not possible to compare the demographic groups that these services reach.

¹⁵⁰ Since October community pharmacies have been commissioned to provide EHC to women aged – put in age group

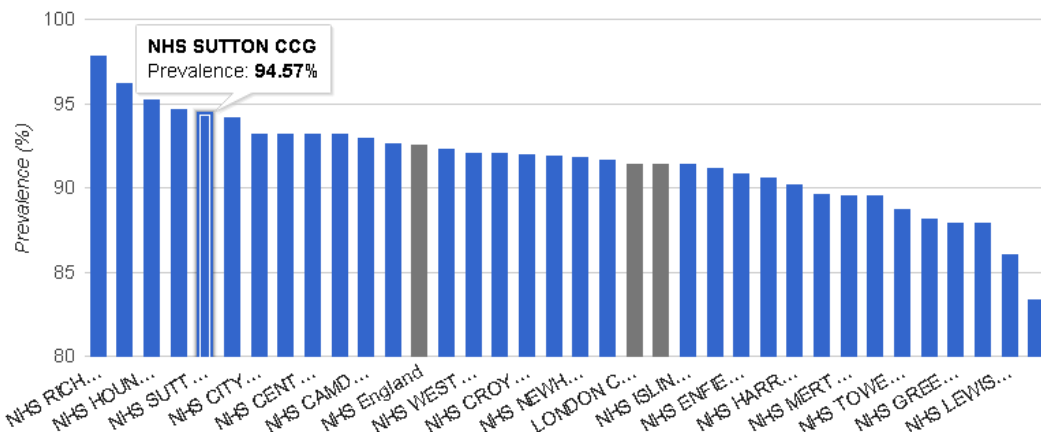


Pharmacy names withheld
*Commissioned activity only (source Sutton Council 2015)



General Practice names withheld
Source Sutton CCG (2015)

1.2.3 London Area Team values for QOF CON003 2014



Source QOF Database <http://www.gpcontract.co.uk/child/Q71/CON003/14>

1.3 What this means for Sutton

- The websites commissioned by Sutton Council to signpost residents to emergency contraception providers deliver inconsistent messages.
- Residents seem to have good access to free emergency hormonal contraception (EHC) services across the borough from a range of providers and in 2014-2015, community pharmacy was the most popular provider of the service in Sutton.
- There is a wide variation in the number of EHC doses delivered by pharmacies which may reflect a gap in access to training.
- Fewer providers offer IUD for emergency contraception and there is a paucity of data available to evaluate the service.
- Fragmentation of commissioning and data collection meant that it has not been possible to estimate the total cost of delivering emergency contraception, review patient feedback along care pathways or review assurance of clinical governance processes.

1.4 Contraception Services

Other Contraceptive Services			
Commissioned Providers	Provider	Commissioner	Level or service
	27 GP practices (100%) offer core contraceptive services	NHS England	Level 1
	12 GP practices (44.4%) offer LARC	Sutton Council	Level 1+2
	GUM (St Helier Hospital)	Sutton Council	Level 1+2
	Abortion providers	Sutton CCG	Level 1+2
	CaSH (including CiO, outreach and C-Card)	Sutton CCG	Level 1+2+3
	Community Gynaecology Service	Sutton CCG	Level 3
	Dr Dan Muktar	Sutton CCG	Vasectomy Service
	Unknown	Sutton CCG	Female sterilisation
Signposting	The websites commissioned by Sutton Council (Getting It On and SWISH) and the Council's own website signpost residents to CaSH and GUM.		
Access (For full details of opening hours see Appendix 6)	<p>LEVEL 1 Contraception in General Practice (core services) GP practices are open weekdays, typically 8.00 am-6.30pm and are located across the borough. Some practices offer extended hours and four open on Saturday morning; none are open on Sunday or bank holidays. Most GP practices offer booked appointments (usually within a week) or same day appointments (for urgent or emergency problems) for registered patients.</p> <p>LEVEL 2 LARC in General Practice - fewer practices (12) offer long acting reversible contraceptive methods. Appointments for LARC require a clinician working with an assistant, with access to clinical space and equipment with adequate time (approx 30mins) for the procedure. These requirements may make it more efficient for practices to offer weekly LARC clinics. Typically these services are not available in the evening or at weekends.</p> <p>LEVEL 1+2 Open access contraception services in GUM (St Helier Hospital) offers contraception services during walk-in clinics and booked appointments. LARC appointments (implants, intra uterine devices and systems) are held on Thursday afternoons. The GUM service is closed on Friday afternoon, weekends and bank holidays.</p> <p>The CaSH service (Sutton and Merton Community Trust) is open until 7.30pm (Mon-Thurs), 10.00am-12.00am on Saturday and closed on Sunday.</p> <p>LEVEL 1+2 Contraception in abortion services - All commissioned providers offer advice and concurrent provision of contraceptive methods (including insertion of IUD and implants where clinically appropriate) for women attending abortion services. Abortion services are available from a number of venues 7 days a week with some late evening appointments to 9.00pm.</p> <p>LEVEL 1, 2 + 3 Contraception in CaSH - the hub service is located in the north of the borough with a satellite clinic at Jubilee Health Centre. Contraception services are available daily at walk-in clinics at the hub. Other than in emergencies, LARC /complex LARC services are appointment based. CaSH is open on weekdays until 7.30pm (Monday-Thursday) and 4.30 pm Friday. The service offers walk-in appointments between 10.00am-12.00am on Saturday and is closed on Sundays and bank holidays. The CaSH clinic at Jubilee Health Centre is open each Tuesday between 9.30am-4.30pm. There are 12 C-Card distribution points, located across the borough within community pharmacies, CaSH services and youth clubs. A number of these providers offer extended opening hours.</p> <p>LEVEL 3 Community Gynaecology Clinic - the service, based in Jubilee Health Centre is open on alternate Wednesday mornings. The service</p>		

	accepts referrals from General Practice for complex contraception and complex coil fittings/removals (GP script to be provided). PERMANANT CONTRACEPTION - One GP Practice provides vasectomy service, from Robin Hood Lane Practice, Sutton.		
Data capture/ reporting	Setting	Data capture	Data reporting
	General Practice Routine contraception	READ coded information and free text entries Vision or EMIS	No data reporting arrangements
	General Practice LARC	READ coded information and free text entries Vision or EMIS	Activity data reported to Sutton Council
	GUM(St Helier Hospital)	Blythe Lily software	GUMCAD (Does not include details of the type of contraception prescribed)
	Abortion provider	- BPAS clinical system - Marie Stopes clinical system - St Georges Hospital clinical system	Quarterly contract report to Sutton CCG.
	CaSH (Sutton and Merton Community Services)	Rio	Data reported at monthly contract monitoring meetings. SHRAD national dataset (data extracts run annually)
	CaSH (Sutton and Merton Community Services)	C-Card	Data reported at monthly contract monitoring meetings.
	Community Gynaecology Service	Unknown	Unknown
User Dependant Contraception Activity 2014-2015	Setting	Activity data	
	General Practice routine contraception	Attendance and activity data not reported	
	General Practice LARC	IUD = 146 IUS = 331 (total number prescribed for contraception + menorrhagia) Subdermal implants = 274 (activity estimated using ePACT prescribing data).	
	GUM (St Helier Hospital)	Data captured on Blithe Lilie GUMCAD	
	Contraception provided in the GUM clinic during the contraception pilot March – September 2015	118 women received user dependent methods (progesterone only pill and combined oral contraception) of contraception while approximately 104 received LARC (subdermal implants, IUS and IUD).	

	BPAS Contraception advice line	Of the 777 women referred to abortion services by the BPAS Central Booking line 90 women (11.6%) agreed to speak to the contraception Advice Line. 86.7% of callers were aged 18-25 years while the remaining 13.3% (n=12) of callers were aged under 18 years. 63.3% of the women (n=57) had experienced problems obtaining contraceptive advice locally. 43% of the women (n=39) had not used contraception before pregnancy.	
	BPAS	Of the 246 women who received abortion care (2014-2015), 51 (21%) were prescribed LARC (Injection, implant, IUD or IUS) and 33 (13%) oral contraception. (source BPAS).	
	Marie Stopes	No data available	
	St George's Hospital	No data available	
	CaSH (Sutton and Merton Community Services)	8,249 different Sutton residents attended 9,949 appointments at the CaSH service (2014-2015). 9,487 of these appointments were for contraception (all types) ¹⁵¹ LARC activity data 2013 ¹⁵² is shown below: IUD= 288 IUS= 397 Implant= 455	
	C-CARD	Activity unknown	
	Community Gynaecology service	No data (new service July 2015)	
Permanent Contraception	Vasectomy services (Robin Hood Lane GP Practice).	58 procedures (April – August 2015) Source Sutton CCG	
Out of area activity	Sutton residents may choose to access CaSH services outside of the borough. There is no up to date data about out of area CaSH activity.		
Care Pathways	Referrals to Level 3 services GP to GP referrals for LARC services.		

¹⁵¹ Source: Royal Marsden 2015'

¹⁵² Sutton Local Authority sexual health epidemiology report (LASER) contraception index 2013.

	GP referrals to CaSH for Level 2+3 contraceptive care. Referrals made by GUM to CaSH for Level 3 contraceptive care. Referrals from CaSH to GUM for Level 3 sexual health services following delivery of contraceptive care.
Safeguarding/confidentiality	All commissioned contraception services provide care in line with CQC requirements, relevant national guidance and corporate policies. There are currently no assurance processes in place.
Training	29 GPs in 15 practices are qualified to fit coils, however there are no practice nurses within the borough that have this skill. 25 GPs are qualified to fit subdermal implants; there are no nurses with this skill. One practice commissioned by the council to fit coils does not have a GP or nurse qualified to fit sub dermal implants.

1.4.1 Summary of Access

The websites commissioned by Sutton Council (Getting It On and SWISH) and the Council's own website do not provide a comprehensive overview of the contraceptive services available. These sites focus on the services provided in CaSH and GUM and use some terminology, e.g. LARC, that people may not understand. There is also contradictory information on different sites which can confuse signposting, e.g. the C-Card outlets signposted on the Getting It On website are different to the outlets mentioned on the Come Correct website (a dedicated PAN-London resource for the C-Card scheme). In addition there are a number of non-commissioned services, e.g. help lines, tools to support choice of contraception, apps and specialist advice (e.g. contraception advice for HIV positive women) that could benefit residents and commissioners if they were signposted more clearly. In 2014 CaSH and GUM appointments cannot be booked on line.

Access in Level 1+2 contraceptive services

Sutton residents have good weekday access to Level 1 contraceptive services from a range of providers located across the borough (GP Practice,¹⁵³ CaSH, GUM). However access to services after 6.30pm and at weekends is limited. Access to routine contraception is less time critical than emergency contraception and alongside commissioned services residents can buy condoms from pharmacies, many of which open long hours 6-7 days a week, and the OOH GP service which can provide emergency prescriptions for routine contraception if required.

With the exception of Depo-Provera injections which are offered by all GP Practices in Sutton, Level 2 LARC services are available from fewer providers. Residents have a choice of visiting their GP (if the practice offers the service) CaSH or GUM. Most LARC (except Depo-Provera injections) is provided on an appointment basis.

GUM services are located in the north of the borough and offer 'open access' services for people irrespective of their place of residence. This location may be less convenient for those living in the south of the borough; however transport links are reasonable and as demonstrated earlier in this needs assessment this is a more deprived part of Sutton.

Level 1+2 contraceptive services are also commissioned from abortion providers by Sutton CCG. Abortion services are available from a number of venues 7 days a week with some late evening appointments to 9.00pm.

Access in Level 3 contraceptive services

Level 3 contraception services are provided by the CaSH service (open access) located in the North of the borough which is open Monday - Friday and by Sutton Community Gynaecology Service, on alternate Wednesday mornings. The service is closed at weekends.

The location of the CaSH service was decided following an external consultation by Options UK when service users and the local population were asked about their preferred location for clinics. Green Wrythe Lane was chosen at the time by the commissioner (Sutton and Merton PCT) because it provided easy access for Sutton and Merton residents and is located in an area of social deprivation. In a recent survey (2015) of 124 CaSH service users, 52% (n=64) of respondents were Sutton residents and 35% (n= 43) were Merton residents. Of the Sutton respondents 47% (30 of 64 people who replied) lived within a mile of

¹⁵³ GP practices do not provide C-Card or condoms to patients on their registered list.

Green Wrythe Lane, while 56% (24 of 43 people who replied) of Merton residents lived within a mile of the service. The snapshot provided by the survey seems to support the original rationale for siting the service where it was accessible to residents of both boroughs. Commissioners do not receive a report of service use by residents based on their LSOA.

Access in permanent contraceptive services

Permanent contraception is commissioned by the CCG. Vasectomies are available from one provider based at Robin Hood Lane Surgery, Sutton; it is unclear where residents can access female sterilisation.

1.4.2 Summary of Activity

It is difficult to produce an overview of contraception provision across care settings because:

- Contraception services are commissioned by different organisations.
- Although accurate READ coded GP activity data (for the contraceptive services provided under the GMS/PMS contract) is held at practice level, this data is not reported. E-PACT prescribing data, which is available, relates to the number of prescriptions issued by General Practice and not the number of people receiving care or their age.
- GUM and CaSH services are commissioned through block contracts and have limited reporting requirements.
- The GUMCAD dataset does not publish details of the type of contraception that was provided for the patient.
- There are a large number of clinical systems and reporting processes in use.
- Provision of coils in General Practice is complicated by commissioning responsibilities (Sutton Council commission IUS for contraception and Sutton CCG coils for menorrhagia) and READ coding issues make it difficult to attribute work and drug costs accurately.

1.4.2.1 Level 1 + 2

1.4.2.2 General Practice

GP practices prescribe a wide range of contraceptives and in 2014-2015 most Sutton GP practices prescribed the nine contraceptives recommended in The Quality Standards for Contraceptive Services.¹⁵⁴ In line with national guidance, male condoms are not prescribed in General Practice.¹⁵⁵ At present it is not possible, from the data available, to estimate the number of women accessing contraceptive care in General Practice or the number of appointments provided annually to meet this need.

Sutton Council commissions IUD, IUS and contraceptive implants from 12 General Practices. Estimated activity for IUD and subdermal implants are shown in the table below.

A recent audit by Sutton CCG found that 29 GPs in 15 practices are qualified to fit coils, however there are no practice nurses within the borough that have this skill. 25 GPs are qualified to fit subdermal implants; there are no nurses with this skill. One practice commissioned by the council to fit coils does not have a GP or nurse qualified to fit subdermal implants. Data about the number of coils fitted by each clinician is not collected by Sutton Council or Sutton CCG.

As identified earlier in this needs assessment, Sutton ranked 279 out of 326 local authorities in England for the rate of GP prescribed LARC (2013). Improving access to training for GPs and particularly Practice Nurses should be supported.

1.4.2.3 GUM

3,438 Sutton residents were seen in GUM (2014-2015). It is unknown how many of these people received contraceptive care. The GMCAD sexual health dataset, used to report GUM activity, does not collect data about the type of contraception prescribed; however a graph produced as part of a LARC pilot project at St Helier Hospital, gives an indication of the range of contraception provided by the department between March – September 2015. The graph shows that approximately 118 women received user dependent

¹⁵⁴ A Quality Standard for Contraceptive Services (2014). Faculty of Sexual and Reproductive Healthcare.

¹⁵⁵ Sutton Local Area Sexual Epidemiology Report LASER (2013).

methods (progesterone only pill and combined oral contraception) of contraception while approximately 104 received LARC (subdermal implants, IUS and IUD).

There is no data available about the number of patients who were referred to CaSH from GUM for Level 3 services.

1.4.2.4 CaSH

8,249 different Sutton residents attended 9,949 appointments at the CaSH service (2014-2015) an average of 1.2 appointments per Sutton resident. 9,487 of these appointments were for contraception (all types).¹⁵⁶

LARC activity data for CaSH (excluding Depo-Provera activity (2013¹⁵⁷) is shown in the table below. Contract reporting data for CaSH does not include a breakdown of LARC activity so this data has been sourced from the Sutton LASER Contraception Index last published 2013.

Item prescribed	Number			
	General practice 2014-2015	GUM 2014- 2015	Abortion services BPAS data only	CaSH 2013-2014
Intrauterine device	146	Unknown		288
IUS for contraception	Unknown ¹⁵⁸	Unknown		397
Subdermal implants	274	Unknown		455

Sutton residents may choose to access CaSH services outside of the borough. There is no up-to-date information about out-of-area CaSH activity.

a) The C-Card Scheme

The C-Card scheme is managed by the CaSH service. The level of activity in this service in 2014-2015 is unknown.

1.4.2.5 Contraception provided within abortion services

Of the 777 women referred to abortion services by the BPAS Central Booking line 90 women (11.6%) agreed to speak to the Contraception Advice Line. 86.7% of callers were aged 18-25 years while the remaining 13.3% (n=12) of callers were aged under 18 years. 63.3% of the women (n=57) had experienced problems obtaining contraceptive advice locally. 43% of the women (n=39) had not used contraception before pregnancy.

Three abortion providers, BPAS, Marie Stopes and St George's Hospital are commissioned by Sutton CCG. Activity data is only available for the BPAS service. Of the 246 women who received abortion care (2014-2015), 51 (21%) were prescribed LARC (Injection, implant, IUD or IUS) and 33 (13%) oral contraception.(source BPAS)

Collecting data from all providers and collaborating with the CCG who commission the service should be a priority. As identified earlier in this needs assessment: there is a high proportion of repeat abortions in both women aged under 25 years and those aged over 25 years in Sutton which suggests that there is opportunity to improve access to contraceptive services following abortion. Abortion providers play an important role in the provision of contraception, and evidence shows that contraception provided in this setting, particularly long acting reversible contraception (LARC) methods, can reduce repeat abortions.^{159,160}

¹⁵⁶ Source: Royal Marsden 2015.

¹⁵⁷ Sutton Local Authority sexual health epidemiology report (LASER) contraception index 2013.

¹⁵⁸ ePACT data shows that 331 IUS were prescribed for contraception and menorrhagia (2014-2015).

¹⁵⁹ Rose S and Lawton B, 'Impact of long-acting reversible contraception on return for repeat abortion', America Journal of Obstetrics and Gynaecology, 2012, 206(1):37.e16.

¹⁶⁰ Cameron et al., Effect of contraception provided at termination of pregnancy and incidence of subsequent termination of pregnancy, BJOG, 2012, 119(9): 1074-80.

1.4.2.6 Level 3

In line with national guidance, Level 3 contraception services are commissioned by local authorities and in Sutton the service is delivered by the CaSH service at Green Wrythe Lane. There is no activity data for this element of the service.

Sutton CCG also commissions a Level 3 contraception service (complex coil fittings/removals and complex contraceptive disorders) from the Sutton Community Gynaecology Service. The coil fitting service requires a GP script FP10 to be provided. There is no activity data available for this service.

1.4.2.7 Check it Out

Data is not reported separately for the Check It Out service.

1.4.2.8 Permanent Methods of Contraception

Vasectomy services are provided by Dr D Muktar at Robin Hood Surgery. 58 procedures were carried out April - August 2015 (Source: Sutton CCG). There is no data about female sterilisation procedures.

1.4.3 Pathways/referrals

There is no data for the number of GP to GP referrals for LARC services.

There is no data for the number of GP referrals to CaSH for Level 2+3 contraceptive care.

There is no data for the number of referrals made by GUM to CaSH for Level 3 contraceptive care.

There is no data for the number of referrals from CaSH to GUM for Level 3 sexual health services following delivery of contraceptive care.

Existing data reporting arrangements do not provide assurances that care pathways and transitions of care are managed appropriately. Understanding the numbers of these referrals could support capacity planning and inform service redesign.

1.4.4 Quality in services/patient feedback

1.4.4.1 General Practice

There is no patient feedback that is specific to contraceptive services in General Practice. However some of the findings from the annual GP Survey, completed by a sample of people registered with the practice, are included in Appendix 9 and summarised below:

- The proportion of patients who would recommend their Sutton GP Practice (2013-2014) ranged between 54.9% and 94.7%
- The proportion of patients who reported a good overall experience of making an appointment in a Sutton GP Practice ranged between 50.8% and 95.7%.

2 GP practices commissioned to provide the LARC service were placed in special measures by CQC in 2015.

1.4.4.2 CaSH

Feedback from CaSH service users has been positive (see Appendix 10):

- A care survey of 229 service users carried out in CaSH (2013) showed good levels of satisfaction with the service.
- In a smaller user satisfaction survey carried out by the Check it Out Team (February 2014) most people rated the service good - excellent.
- A survey of 124 service users carried out in 2015, found that:
 - 121 of 122 people (99%) who answered the question: 'Was the main reason you came to clinic dealt with to your satisfaction?' replied yes.
 - 111 of 124 people who answered the question: 'Was the total amount of time spent in clinic today acceptable to you?' replied yes.

1.4.4.3 GUM

Feedback from the GUM contraception pilot was positive about the quality of care delivered by the service. Of 53 people who responded to the survey:

- 98% felt the main reason for their attendance was dealt with to their complete satisfaction with the remaining 2%, to some extent.
- 98% felt they were treated with dignity and respect and 98% would attend the clinic again.

- 96% would definitely recommend the service and the remaining 4% would probably recommend it. (For more information about the pilot results see Appendix 11).

The Friends and Family Test (FFT) data published by GP Practices, The Royal Marsden (CaSH), Epsom and St Helier Hospitals (GUM) and other providers is aggregated information and not specific to contraceptive services.

1.4.5 Training/workforce development

Currently there is not a comprehensive local list of the staff delivering contraceptive services with: the number who have successfully completed nationally accredited training (according to their scope of practice) and fulfilled relevant update requirements. This information would help providers and commissioners to identify training needs and support workforce development.

The percentage of nurses dual trained to deliver contraceptive (including LARC methods) and GUM services is unknown. Dual training is one of the key performance indicators for productivity included in the Integrated Sexual Health Services: National Service Specification (2013).

The annual contraceptive health seminar run by the CaSH service was attended by approximately 80 participants (2014-2015). It would be valuable to review delivery of GP training with the Postgraduate GP Education Department to explore innovative teaching methods, e.g. webcasts or online courses to extend the reach and consistency of training.

1.4.6 Commissioning of Intra uterine systems

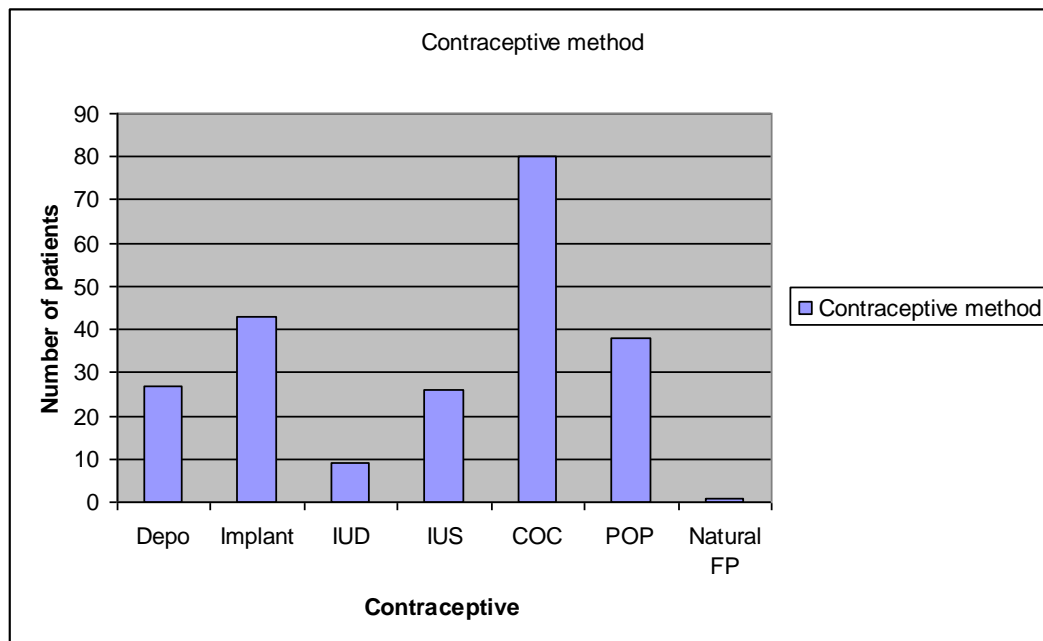
Contraception for gynaecological (non contraceptive) purposes and contraceptive purposes are commissioned by two organisations, Sutton CCG (non contraceptive) and Sutton Council. This fragmented commissioning arrangement is problematic for GP Practices and commissioners because of the variation in care pathways, contracting, reporting arrangements and payment processes between these services.

These differences, which can be significant, cause friction between GPs and commissioners, reducing access to services and creating perverse incentives and unexpected patient flows. For example: at present a woman seeking contraception for gynaecological purposes has worse access to services¹⁶¹ compared to a woman using services for contraceptive purposes.

Sutton CCG and Sutton Council should work collaboratively to deliver the service in line with the best practice example described in 'Section 6: How to Commission across pathways' of the document: Making It Work (A guide to whole system commissioning for sexual health, reproductive health and HIV).

¹⁶¹ Sutton CCG commissions 7 GP Practices and Sutton Community Gynaecology Service to deliver IUS for gynaecological purposes. The Community Gynaecology service is referral only and open on alternate Wednesday mornings.

1.4.7 Contraception Methods prescribed to people attending the GUM service March-September 2015



1.1 What this means for Sutton

- The websites commissioned by Sutton Council to signpost residents to contraception services deliver inconsistent messages and use terminology that people may not understand.
- There are a number of non-commissioned services that could benefit residents and commissioners if they were signposted more clearly, e.g. help lines, tools to support people to choose the most suitable method of contraception, apps and specialist advice (e.g. contraception advice for HIV positive women).
- There seems to be good access to Level 1 contraception services from a range of providers located across the borough.
- From the data available it is not possible to establish whether access to Level 2 and 3 services is adequate or whether the location of GUM and CaSH services in the north of the borough is limiting access to some residents living elsewhere in Sutton.
- There is a need to review the contraceptive services provided in primary care:
 - GP Practices play a pivotal role in delivering contraceptive care and collect information about these services, however this data is not reported.
 - GP Practices are not part of the C-Card scheme
 - There is a gap in local knowledge about the number of GPs and practice nurses who have attended courses or training relevant to contraceptive care.
 - There is a gap in local knowledge about the number of GPs and practice nurses who are qualified to fit intrauterine contraception (IUC) and sub dermal implants and are compliant with the requirements of the contract.
 - The complexity of commissioning arrangements for contraception for gynaecological (non-contraceptive) purposes and contraceptive purposes has affected access to these services and created an administrative burden for GPs.
- GUM and CaSH are commissioned through block contracts. The data requirements for these contracts are minimal. There is not a national dataset that regularly reports reproductive health data. Patient referrals between these services are not reported.
- It appears that a large number of the attendances at the CaSH clinic are for Merton residents. This poses a significant risk to the borough if Sutton continues to commission the service through a block contract without cross charging, following disaggregation from Merton.

- Due to the commissioning arrangements delivery of contraceptive care within abortion services is fragmented from other key providers of contraceptive care. Data reporting by abortion service providers (with the exception of BPAS) is poor.
- There is very limited information and data about the services in Sutton that provide permanent methods of contraception.
- Fragmentation of commissioning and data collection have meant that it was not been possible to estimate the total cost of delivering contraceptive care, review patient feedback along care pathways or review assurance of clinical governance processes.

1.2 Abortion services

Abortion services			
Commissioned Providers	Provider		Commissioner
	BPAS (also commissioned to provide a booking line service)		Sutton CCG
	Marie Stopes		Sutton CCG
	St George's Hospital		Sutton CCG
Signposting/referral to services	Both commissioned websites signpost Sutton residents to abortion services: Getting It On signposts young people to CaSH and GUM for abortion referrals. SWISH signposts to GPs, CaSH and GUM for abortion referrals.		
Access to services	Abortion services are accessed via a central booking line number 03453 650564 which BPAS is commissioned by Sutton CCG to provide. (Opening hours unknown).		
Appointments	Abortion services are available from a number of venues 7 days a week with some late evening appointments to 9.00pm. When clinically appropriate and for the convenience of service users, termination of pregnancy consultations and treatment are provided in a 'one stop shop' appointment when possible. For younger women (<16 years) this is less often the case and two appointments are required.		
Data capture/reporting	Setting	Data capture	Data reporting
	BPAS Marie Stopes St George's Hospital	Abortion notification forms Abortion notification forms Abortion notification forms	National abortion statistics National abortion statistics National abortion statistics
Abortion Activity (2014-2015)	Provider	Abortion activity	
	BPAS	211 clients (30% medical, 25% manual vacuum aspiration and 45% surgical abortions) of whom 182 were treated at <10 weeks gestation.	
	Marie Stopes	unknown	
	St George's Hospital	unknown	
	King's College Hospital (specialist care for those with complex medical conditions)	unknown	
Repeat abortions	In 2014-2015 47% (n=100) of the clients seen by BPAS for abortion services had had a previous abortion.		
Safeguarding and confidentiality	All commissioned abortion services provide care in line with CQC requirements, relevant national guidance and corporate policies. There are currently no assurance processes in place.		
Patient satisfaction feedback from services	Not available		

1.2.1 Access to services

The websites commissioned by Sutton Council, signpost residents to GUM and CaSH for referral for an abortion. SWISH also directs people to their GP Practice; however the BPAS central booking line number is not signposted by Getting It On or SWISH.

Sutton residents appear to have good access to abortion services. As demonstrated earlier in this needs assessment, a high proportion of NHS funded abortions are carried out before 10 weeks gestation compared to London and England. In 2014 Sutton performed better than any of the London boroughs in the same deprivation decile (third least deprived)¹⁶² against this indicator (see graph Appendix 12).

None of the abortion providers are based in the borough but residents can access services from a number of venues 7 days a week with late evening appointments available at some sites until 9.00pm. All referrals for abortion are coordinated by the central booking line commissioned by Sutton CCG and provided by BPAS.

1.2.2 Activity in services

It is difficult to produce an accurate overview of activity by abortion providers because:

- Data from the central booking line is not an accurate reflection of actual activity within abortion services.
- Activity data was available for one of the three abortion providers commissioned by Sutton CCG to deliver the service.
- There is no data for the number of women, whose medical history necessitated referral for specialist care.

Referral for termination of pregnancy is a care pathway from General Practice, CaSH and GUM services. In 2014-2015 of those attending BPAS abortion services 31.9% had been referred by their GP, 10.3% by sexual health services, 0.5% by Brook and 57.3% had self referred to the service. (No data is available for Marie Stopes and St George's Hospital).

In 2014-2015 the central booking line referred 777 Sutton residents to abortion providers for consultation appointments of these: 29% were referred to St George's, 32% to BPAS and 39% to Marie Stopes (see graphs below).

The ages of those triaged by the central booking line are shown in the table below. The data shows that 114 callers (15%) were under 20 years of age and that 10 of these callers were under 16 years of age. In 2014-2015 the largest proportion of calls to the central booking line were made by those aged 20-24 years old (24%) with a similar number of people in the age groups 25-29 years (21%), 30-34 years (20%) and 35 years + (20%) calling the line that year.

1.2.3 BPAS central booking line data – age of callers

Month	<16 years	16-17 years	18-19 years	20- 24 years	25 – 29 years	30- 34 years	35+
April 2014	1	3	6	17	14	12	18
May 2014	0	2	2	18	6	8	12
June 2014	0	3	5	22	14	10	12
July 2014	0	1	4	21	9	20	13
August 2014	2	5	3	7	11	17	10
September 2014	1	2	5	18	14	13	10
October 2014	1	2	8	20	11	11	13
November 2014	1	4	4	10	17	10	5
December 2014	1	5	7	16	18	17	13
January 2015	1	5	10	16	11	12	24
February 2015	1	2	4	9	16	14	14
March 2015	1	4	8	16	19	12	13
TOTALS	10	38	66	190	160	156	157

¹⁶² Havering, Harrow, Barnett and Bexley.

In 2014-2015 of the people referred to BPAS by the central booking line, 76.8% of patients were seen for a consultation within 7 days of an appointment booking and 80% of clients received treatment within 7 days of a 'decision to proceed with treatment'. Information about repeat abortions is difficult to interpret from the data provided.

Similar information is not available for St George's Hospital or Marie Stopes abortion services. There is no information about the number of patients who were not eligible for the service and who were referred to King's College Hospital for specialist care.

1.2.4 Patient feedback

No data is available for any of the three providers.

1.2.5 Pathways/referrals

The Central Booking line is a single point of access that triages people into abortion services. The data provides useful information about the first stage of the pathway. However there is a lack of information about activity in services and about the number of people referred on to CaSH, GUM or general practice for further contraceptive care following the abortion. This is an important aspect of the care pathway because the proportion of repeat abortions in Sutton (both women aged under 25 years and those aged over 25 years) suggests that there is opportunity to improve access to contraceptive services following abortion.

1.2.6 Clinical Governance

The BPAS service is provided in line with the requirements of CQC and organisational policies and procedures. BPAS has clinical supervision arrangements with the Department of Genitourinary Medicine (GUM) at St George's Hospital which supports BPAS Clinical Department, in a collaborative way, to provide training, technical support and advice including consultation on policy and procedures.

No information was available for either of the other providers: Marie Stopes and St George's Hospital.

1.2.7 Workforce/training

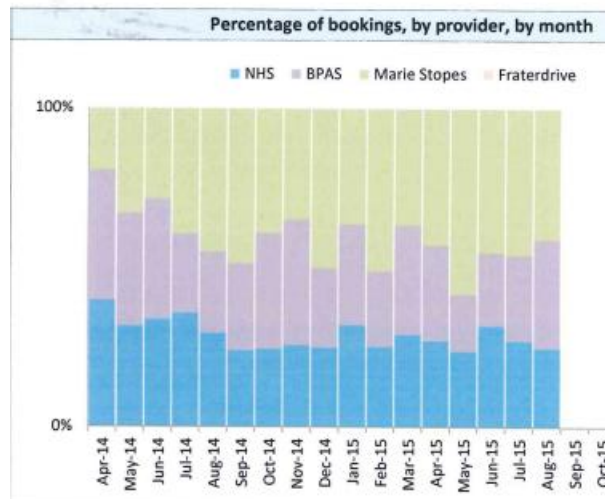
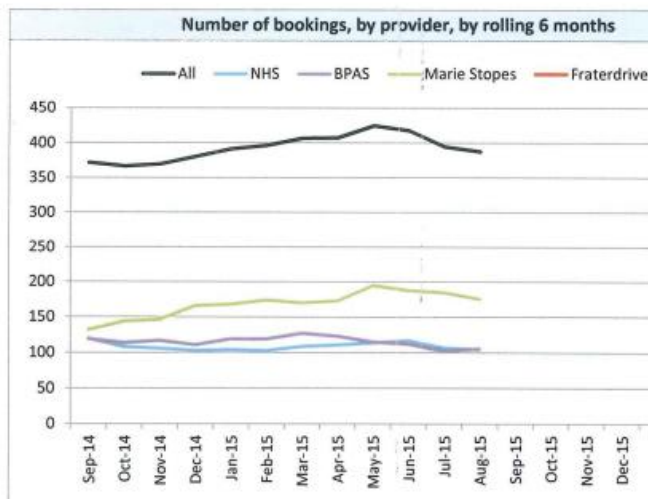
No information was available.

1.1 What this means for Sutton

- The websites commissioned by Sutton Council to signpost residents to abortion providers contain inconsistent messages.
- Sutton residents appear to have good access to abortion services. As demonstrated earlier in this needs assessment, a high proportion of NHS funded abortions are carried out before 10 weeks gestation compared to London and England.
- A lack of data from two of the three abortion providers has meant that it was not possible in this needs assessment to:
 - estimate the total cost of delivering abortion services
 - review patient feedback along care pathways
 - review clinical governance processes
- It has not been possible to establish whether there are well defined care pathways between abortion services and CaSH, GUM and general practice.
- Abortion services cannot be regarded in isolation and the abortion statistics are a reflection of the effectiveness of service delivery across the continuum of care by sexual and reproductive health service providers. Collaborative commissioning is needed between Sutton CCG as commissioner for most abortion services and Sutton Council¹⁶³ to inform the provision of these services.

¹⁶³ Responsible for commissioning comprehensive sexual health services including contraception services and advice, and sexual health specialist services such as young people's sexual health and teenage pregnancy services, outreach, sexual health promotion and services in schools, colleges and pharmacies.

1.1.1 The number of abortion bookings by provider rolling 6 months and the percentage of bookings, by provider, by month (2014-2015)



Sources BPAS (2015)

1.2 Sexual Health Services

Sexual health services			
Commissioned Providers	Provider	Commissioner	Level
Commissioned Providers	27 GP Practices (100%) offer core sexual health services.	NHS England	Level 1
	CaSH	Sutton Council	Level 1+2
	GUM	Sutton Council	Level 1+2+3
Signposting/referral to services	Both the 'Getting It On' and 'SWISH' websites commissioned by Sutton Council, signpost residents to CaSH and GUM services for sexually transmitted infection (STI) testing.		
Access to services	<p>LEVEL 1 Sexual Health in General Practice (core services) GP practices are open weekdays, typically 8.00am-6.00pm and are located across the borough. Some practices offer extended hours and four open on Saturday mornings; none are open on Sunday or bank holidays. Most GP practices offer booked appointments (usually within the week) or same day appointments (for urgent or emergency problems) for registered patients.</p> <p>LEVEL 1+2 Open access sexual health services in CaSH - the hub service is located in the north of the borough with a satellite clinic at Jubilee Health Centre. Sexual health services are available daily at walk-in clinics at the hub. CaSH is open on weekdays until 7.30pm (Monday - Thursday) and 4.30 pm Friday. The service offers walk-in appointments between 10.00am - 12.00am on Saturday and is closed on Sundays and bank holidays. The CaSH clinic at Jubilee Health Centre is open each Tuesday between 9.30am-4.30pm for booked appointments.</p> <p>LEVEL 1+2+3 open access sexual health services in GUM (St Helier Hospital) offers walk-in clinics and booked appointments. The clinic is open approximately 23.5 hours a week and closed on Friday afternoon, weekends and bank holidays.</p>		
Data capture/reporting	Setting	Data capture	Data reporting
	GP Practice	READ coded information and free text entries Vision or EMIS	No data reporting arrangements
	CaSH	Rio and GUMCAD	Monthly contract meeting (GUMCAD data from CaSH services is not published because of data quality concerns)

	GUM	Blithe Lillie GUMCAD	GUMCAD
Activity (2014-2015)	Provider	Activity	
	General Practice	STI tests for people registered with a Sutton GP 2014-2015 are shown in the table below.	
	CaSH	No data reported	
	GUM	5,949 people attended St Helier GUM service (2014-2015). 3,438 (57%) were Sutton residents. STI Diagnoses during this period are shown in the table below. A further table shows these diagnoses split by age, sex and sexual orientation	
Safeguarding and confidentiality	All commissioned services provide care in line with CQC requirements, relevant national guidance and corporate policies. There are currently no assurance processes in place.		
Patient satisfaction feedback from services	No information available		
Out of Area Activity	In 2014-2015 5,459 Sutton residents attended a GUM clinic. Of these residents 2021 (37%) attended a clinic outside of Sutton. The most popular destinations were shown below.		

1.2.1 Access

The websites commissioned by Sutton Council (Getting It On and SWISH) provide a comprehensive overview of the sexual health services available to residents. Signposting to non commissioned services, e.g. help lines and apps is less clear and CaSH and GUM appointments cannot be booked on line.

Sutton residents have reasonable weekday access to Level 1 and 2 sexual health services from a range of providers located across the borough (GP Practice, CaSH, GUM) but access is more limited after 6.30pm and at weekends.

Access to Level 3 sexual health services at St Helier GUM is more restricted; the service is open 23.5 hours a week and closed on Friday afternoon, weekends and bank holidays. Residents do not have access to sexual health services within 48 hours 7 days a week.

GUM services are located in the north of the borough and offer 'open access' services for people irrespective of their place of residence. This location may be less convenient for those living in the south of the borough; however transport links are reasonable and as demonstrated earlier in this needs assessment this is a more deprived part of Sutton. The location of this service should be kept under review and its convenience reviewed with service users.

The CaSH service is also located in the north of the borough, which may reduce access for some living in wards to the south. Commissioners do not receive a report of service use by residents' LSOA making it difficult to establish whether the site is detrimental to access.

1.2.2 Summary of Activity

It is difficult to produce an overview of sexual health services across care settings because:

- Sexual health services are commissioned by different organisations.
- Although accurate READ coded GP activity data (for the sexual health services provided under the GMS/PMS contract) is held at practice level, this data is not reported. Pathology data is available on request from St Helier Pathology Department.
- There are a large number of clinical systems and reporting processes in use and GUM and CaSH services are commissioned on block contracts and have limited local reporting requirements.

- GUMCAD data is submitted by CaSH services but is not reported because of concern about data quality.

1.2.2.1 Level 1 + 2

In General Practice GPs are commissioned by NHS England to give initial advice and sexual health promotion for sexually transmitted infections. Activity, based on pathology tests is shown in the table below. It can be seen that the largest proportion of tests done were for gonorrhoea and chlamydia. At practice level there was wide variation in the number of tests performed by practice (ranging between 1 and 188 chlamydia tests). It is unknown how many of those diagnosed with an STI in General Practice were referred to GUM and how many infections were treated within primary care.

The CaSH service offers chlamydia, gonorrhoea and syphilis testing for all ages as well as treatment of uncomplicated chlamydia. Data is not reported for this service nor are the number of onward referrals to the GUM service for Level 3 sexual health services.

1.2.2.2 STI Testing and Diagnosis in Sutton General Practice (2014-2015)

STI	Number of tests	Number of diagnoses
Chlamydia	828	18
Gonorrhoea	845	*small numbers suppressed
Syphilis	91	Unknown no data provided
Anogenital herpes	10	Unknown no data provided

Source St Helier Hospital Pathology Department (2015)

1.2.3 Level 1+2+3

In 2014-2015 the St Helier GUM service saw 5,949 people, 3,438 of whom were Sutton residents. The total number of attendances for Sutton residents was 5,918 on average of 1.7 visits per person. The number of STI diagnoses (infectious syphilis, gonorrhoea, chlamydia, anogenital herpes and anogenital warts) are shown in the table below. For all of the STIs considered, infections were most common in white British people and those aged between 16-44 years

In 2014-2015, the largest number of STI diagnoses at St Helier GUM service were:

- 1 **Chlamydia** (191) of which 47% of cases were in men and 11% (n=10) of the cases diagnosed in men were in men who have sex with men (MSM)
- 2 **Gonorrhoea** (62) of which 65% of cases were in men and 55% (n=22) of the cases diagnosed in men were in MSM

2.1.1 Pathways/referrals

There is no data for the number of GP referrals to GUM Level 1+2+3 sexual health services.

There is no data for the number of referrals made by CaSH to GUM for Level 3 contraceptive care.

From local data it is not possible to understand the continuum of care. Improved data reporting along care pathways would support service redesign by highlighting gaps, duplication and training requirements.

2.1.2 Out of area activity

In 2014-2015, 2,021 of the 5,459 Sutton residents who attended a GUM service chose to go outside of Sutton for their care. This figure may reflect the convenience of the opening hours at St Helier GUM clinic, the availability of specialist clinics (e.g. for gay and bisexual men) or people's reluctance to use a service that is close to their home. The most popular services outside of Sutton were Kingston Hospital GUM (8.3%), St George's Hospital (7.3%), Croydon Hospital (4.8%) and 56 Dean Street, Soho (3.6%). The opening hours and specialist clinics offered by these GUM services are shown in Appendix 13. It is of interest that St Helier Hospital GUM does not have a dedicated clinic for gay/bisexual men but that the other popular GUM services do. (See Appendix 13 for details of out of area activity and details of local GUM clinics).

Under the terms of the Public Health grant councils are only funded to commission sexual health services for their residents - the grant does cover the use of open access sexual health services by residents of other local authorities.

2.1.3 Patient Feedback

There is no patient feedback that is specific to sexual health services in General Practice. However some of the findings from the annual GP Survey, completed by a sample of people registered with the practice, are included in Appendix 9 and summarised below:

- The proportion of patients who would recommend their Sutton GP Practice (2013-2014) ranged between 54.9% and 94.7%.
- The proportion of patients who reported a good overall experience of making an appointment in a Sutton GP Practice ranged between 50.8% and 95.7%.

The Friends and Family Test (the percentage of people who would or would not recommend the hospital is based on all responses received by the trust, not by the service). Complaints can be made in line with the Epsom St Helier University Hospital NHS Trust complaints policy.

2.1.4 Partner notification

The BASHH¹⁶⁴ guidance sets out a number of key principles for partner notification (PN). This includes the following recommendations:

- Services providing partner notification should have written care pathways linking all providers of STI care and partner notification to local Level 3 services included in service operational policies that are easily accessible to health care workers services.

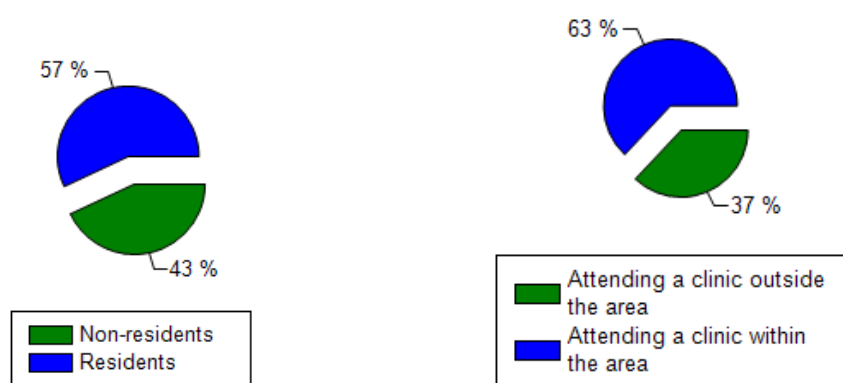
Commissioners do not receive data about partner notification. However as identified earlier in this needs assessment there is a higher rate of re-infection than the national average, suggesting that partner notification and health promotion could be more effectively delivered within services

2.1.5 Workforce and training

There is not currently a comprehensive list of the staff delivering sexual health services with the number who have successfully completed nationally accredited training (according to their scope of practice) and fulfilled relevant update requirements. This information could identify training needs and support workforce development.

The percentage of nurses dual trained to deliver contraceptive (including LARC methods) and GUM services is unknown. Dual training is one of the key performance indicators for productivity included in the Integrated Sexual Health Services: National Service Specification (2013).

2.1.6 Chart to show the percentage of patients attending clinics within Sutton by resident and non resident status (2014-2015)



Source Genitourinary Medicine Clinic Activity Dataset report generated from the HPA HIV and STI Web Portal.

¹⁶⁴ BASHH Statement on Partner Notification for Sexually Transmissible Infections (BASHH 2012). <http://www.bashh.org/documents/4445.pdf>

2.2 What this means for Sutton

- The websites commissioned by Sutton Council to signpost residents to sexual health services do not deliver consistent messages.
- There are a number of non-commissioned services that could benefit residents and commissioners if they were signposted more clearly, e.g. help lines and apps.
- Sutton residents have reasonable weekday access to Level 1 and 2 sexual health services but access after 6.30pm and at weekends is more limited.
- Residents do not have access to Level 3 sexual health services within 48 hours 7 days a week.
- From the data available it is not possible to establish whether access to Level 3 services is adequate throughout the week however the number of residents using GUM services outside of Sutton may reflect: an issue with opening hours, a lack of specialist services (e.g. for MSM) or the location of the service.
- There is a need to review the sexual health services provided in primary care:
 - GP Practices play a role in delivering sexual healthcare and collect information about these services. However this data is not reported.
 - There is a gap in local knowledge about the number of GPs and practice nurses who have attended courses or training relevant to sexual health.
- GUM and CaSH are commissioned on block contracts. The data requirements for these contracts are minimal. The GUMCAD dataset is accessible but not all data collected is published online.
- Commissioners do not receive data about partner notification. However as identified earlier in this needs assessment: there is a higher rate of re-infection than the national average, suggesting that partner notification and health promotion could be more effectively delivered within services.
- Fragmentation of commissioning and data collection have meant that it was not been possible to estimate the total cost of delivering sexual healthcare, review patient feedback along care pathways or review assurance of clinical governance processes.

2.3 National Chlamydia Screening Programme

National Chlamydia Screening Programme		
Commissioned Providers	Provider	Commissioner
	22 Pharmacies	Sutton Council
	26 GP Practices	Sutton Council
	CaSH	Sutton Council
	Termination of pregnancy providers	Sutton CCG
	Terence Higgins Trust	South West London Commissioning Collaborative
	<u>Online services:</u> Free Test Me www.freetest.me	Sutton Council
	Checkurself www.Checkurself.org.uk	Sutton Council
Signposting/referral to services	Both commissioned websites signpost Sutton residents to chlamydia screening services: Getting It On signposts young people to CaSH, GUM, Sutton Youth Centre (LGBT), online services (www.Checkurself.org.uk and www.freetest.me) SWISH signposts to CaSH, GUM and online testing sites (www.Checkurself.org.uk and www.freetest.me).	
Access to services	There is good access to the NCSP which is available from GPs, pharmacies, CaSH, GUM (including CiO and The Point), outreach services across the borough and online services.	

Appointments	Appointment type depends upon care setting <ul style="list-style-type: none"> Pharmacy – tests are available on request or are offered to residents (15-24 years) by pharmacies commissioned by Sutton Council to provide emergency hormonal contraception (EHC). General Practice – same day emergency appointments or booked appointments for patients registered with the practice. 				
Outreach	Check it Out (CiO) and THT run outreach clinics in schools, colleges and youth clubs.				
Data capture/reporting	Provider	Data capture			Data reporting
	Pharmacy	Clinical system			CTAD*
	General Practice	READ coded information and free text entries Vision or EMIS			CTAD*
	CaSH	Rio			CTAD*
Activity (2014-2015)	Provider	Number of tests	Number of positive tests	Positivity rate	
	Pharmacy	141	13	9.2%	
	General Practice	378	20	8.7%	
	CaSH	1,038	67	6.5%	
	Termination of pregnancy providers	51	1	1.9%	
	Other (e.g. CiO, Limes College and Youth Justice)	22	2	9%	
	Out reach	227	8	2.9%	
	Young and Free Postal service	640	35	5.5%	
Non NCSP activity (included for comparison)	GUM**	1,652	130	7.9%	
Safeguarding and confidentiality	All commissioned services provide care in line with CQC requirements, relevant national guidance and corporate policies. There are currently no assurance processes in place.				
Patient satisfaction	There is no routine feedback about these services from providers.				

* Reported to CTAD by the Doctor's Laboratory (pathology services)

** Data for GUM uses includes projected figures

2.3.1 Access

There is good access to the National Chlamydia Screening Programme from a choice of providers located across the borough. The websites commissioned by Sutton Council (Getting It On and SWISH) to signpost services do not mention that chlamydia screening is available from community pharmacies or GP practices. There is good weekday access (Monday to Friday) with a number of pharmacies across the borough offering extended hours (evenings and weekends). Online services are available 24 hours a day 7 days a week.

2.3.2 Summary of activity

The Public Health Outcomes Framework includes a chlamydia diagnosis indicator, as an outcome measure for assessing progress to control chlamydia in young people (under 25 years old).

Before 2013, the annual diagnosis rate¹⁶⁵ for chlamydia was 'at least 2,400 per 100,000 15-24 year olds per year' but commissioners were given the opportunity to set local targets, based on historical diagnosis rates. In Sutton the local annual diagnosis rate was adjusted to 2,200 per 100,000, a figure that is still used by commissioners as the target for the NSCP provider to achieve.

¹⁶⁵ The diagnosis rate reflects both the coverage of tests and the percentage infected amongst those tested (positivity). It is linked to expected falls in prevalence, provided treatment and whether partner notification standards are met (National Chlamydia Screening Programme core requirements).

In 2013, The Department of Health, in consultation with PHE, reduced the recommended chlamydia diagnosis rate within the Public Health Outcomes Framework, from $\geq 2,400$ to $\geq 2,300$ chlamydia diagnoses per 100,000 resident 15-24 year olds per annum.¹⁶⁶

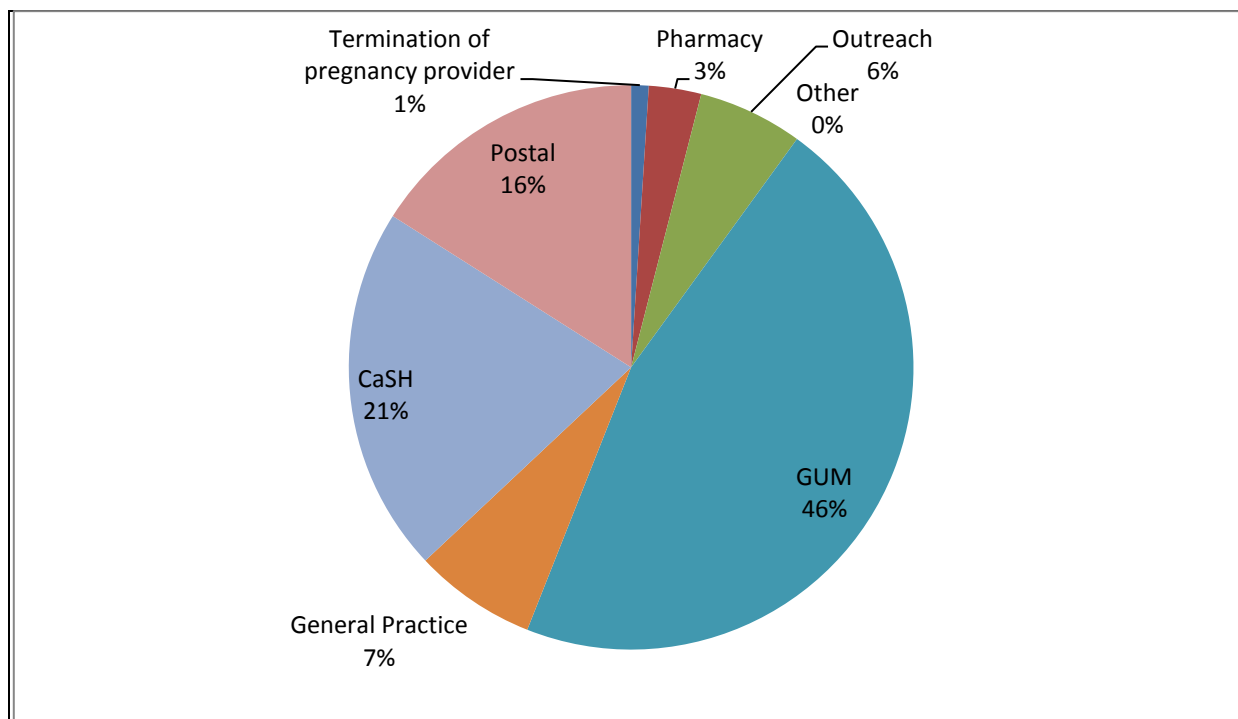
During 2014-2015 there were 2,625 Public Health England verifiable chlamydia/gonorrhoea test episodes delivered by non GUM providers in Sutton. The contract with the provider sets a target of 203 diagnoses of chlamydia per year. However in 2014-2015 only 74% of this target (n=150 cases of chlamydia) was met. Based on these figures, screening in non-GUM settings would have to have increased by 26% (936 screens) to achieve the requirement of the contract.

When GUM activity is considered too, the total number of Sutton verifiable tests increased to 4,827. The National Chlamydia Screening Programme target for the coverage rate of testing (70%) in core healthcare services (primary care, CaSH and GUM) was exceeded (78%) in 2014-2015.

In 2014-2015 approximately 21.7% of Sutton residents (15-24 years) were screened for chlamydia and gonorrhoea. The diagram below shows the proportion of chlamydia screens by test site. The top three sites for testing were GUM, CaSH and postal services.

Incorporating all spokes, the diagnostic rate for chlamydia was 1,500/100,000 which is less than the local screening target of 2,200 per 100,000.

2.3.2.1 Chlamydia screening (15-24 years) by spoke (includes GUM activity) 2014-2015



In 2014-2015 Sutton, like other London boroughs in the same deprivation decile (third least deprived),¹⁶⁷ did not achieve the National Chlamydia Screening Programme diagnostic target of 2,300 per 100,000 (which is PHOF indicator 3.02). A graph comparing the London boroughs is included in Appendix 14. Increasing chlamydia screening capacity should remain a priority for local delivery to achieve the National Chlamydia Screening Programme target.

¹⁶⁶ Following changes to the chlamydia reporting system, it is now possible to remove previously double-counted tests from national and local totals. The $>2,400$ diagnosis rate was set based on data from the previous reporting system, which included double-counted diagnoses. As these will now be removed from chlamydia datasets, the recommended diagnosis rate has been reduced accordingly. Public Health Outcomes Framework: Annual Chlamydia Diagnosis Rate (15-24 year olds), Frequently Asked Questions (FAQ) 2013.

¹⁶⁷ Havering, Harrow, Barnett and Bexley.

2.3.3 Activity by setting

2.3.3.1 CaSH

In 2014-2014 CaSH delivered 1,038 chlamydia/gonorrhoea screens of which 67 tested positive, a positivity rate of 6.5%. The majority of activity was Green Wrythe Lane and Patrick Doody Clinic (Merton). Although the sample size at Patrick Doody was smaller there was a greater positivity rate at this clinic than at Green Wrythe Lane.¹⁶⁸

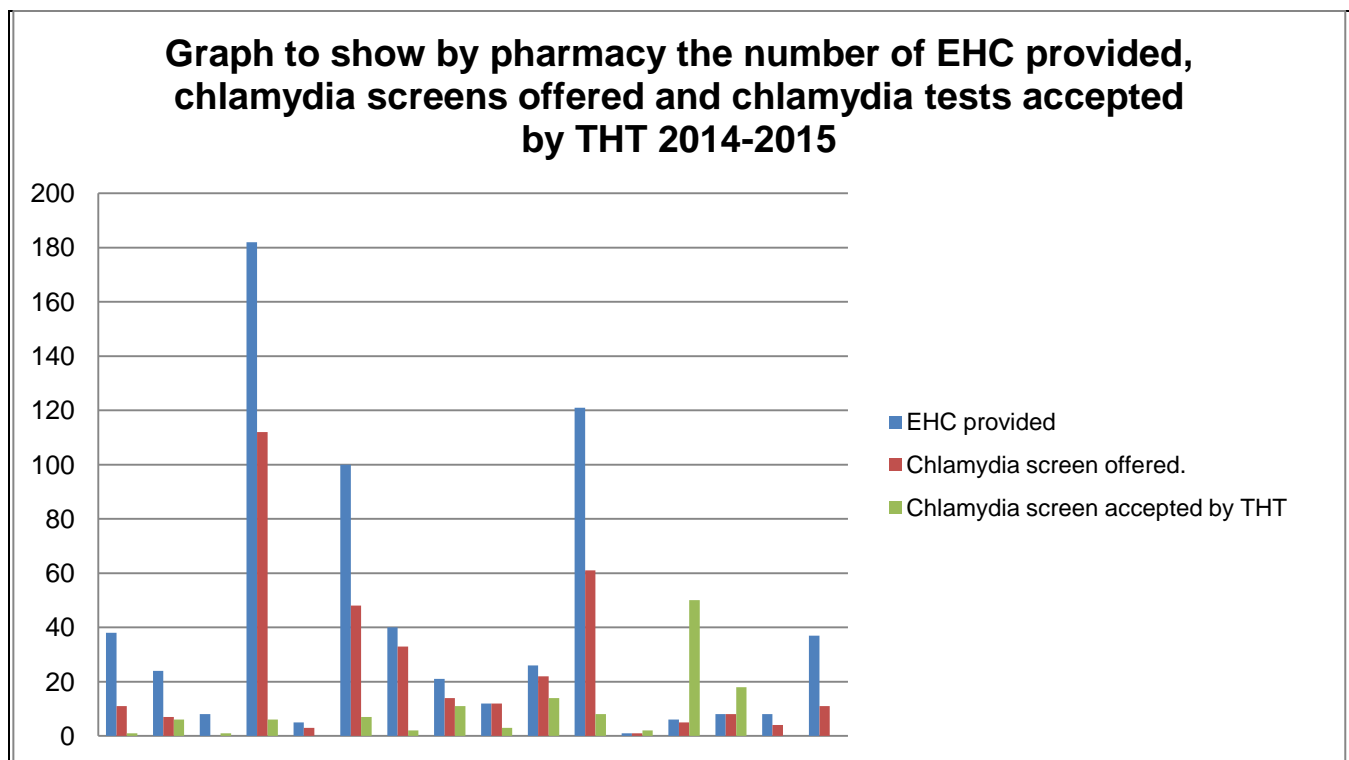
2.3.3.2 General Practice

In total 378 chlamydia screens took place in General Practice (2014-2015) and 20 cases of chlamydia were diagnosed as part of the NCSP, a positivity rate of 5.3%. There was variation in activity between the practices with most contributing a small number of screens while most activity originated from: The GP Centre (3 Practices), Green Wrythe Lane and Robin Hood Surgeries.

2.3.3.3 Pharmacy

During 2014-2014, 141 screens were delivered in pharmacies and 13 cases of chlamydia were identified, a positivity rate of 9.2%. Although a large number of pharmacies were commissioned to provide the service, 47% of activity originated from: Rosehill, Beeches and Salmina Pharmacies.

It is a requirement of the emergency hormonal contraception (EHC) contract held with pharmacies that they offer chlamydia testing to people at the same time. The graph below compares the number of EHC items provided with the number of Chlamydia screens offered by pharmacists and the number of tests accepted by Terence Higgins Trust (THT).



NB: Community pharmacy names withheld.

The graph shows that pharmacies providing the largest numbers of EHC items (Coopers and Co, First and MPS Pharmacies) offered fewer chlamydia screens and had considerably fewer 'chlamydia screens accepted by THT' than would be expected based on EHC activity. It is thought that this is because many pharmacies do not have a customer toilet where people can carry out the chlamydia test (see Appendix 17).

It is also interesting to note that the two pharmacies (Rosehill and Salmina Pharmacies) that provided low numbers of EHC items and chlamydia screens had the highest numbers of chlamydia screens accepted by THT. This may be related to the approach that these pharmacies use and their location.

¹⁶⁸ South West London Chlamydia Screening Programme End of Year – Sutton April 2015.

Understanding how better performing pharmacies are more successful than others could be beneficial in increasing the number of chlamydia screening tests delivered in Sutton pharmacies. This would also support pharmacies that are currently delivering less than 10 chlamydia screens to meet the requirement of the contract with Sutton Council.

Care pathways between pharmacies and sexual health services should be reviewed with services users to ensure that:

- Signposting is clear
- People understand the importance of testing and
- Those who want to test can access the service of their choice to do so.

2.3.3.4 Chlamydia testing offered by abortion providers

During 2014-2015, 304 women aged less than 25 years old were triaged by the BPAS central booking line for abortion services. The same year 51 chlamydia screens were delivered by abortion service providers and 1 case of chlamydia was identified, a positivity rate of 1.9%. Most of the activity was from two sites: BPAS Streatham and Marie Stopes in Croydon. This means that approximately 17% of those eligible for chlamydia screening were tested in 2014-2015.

Work should be done with:

- Abortion providers to understand how chlamydia screening rates can be improved
- The CCG, as commissioners of abortion services to improve integration in line with national policy and local need

2.3.3.5 Other, Outreach and Postal Testing

Screening tests from 'other settings and outreach' included: the Check it Out Team, Limes College, the Youth Justice Team and the Youth Enquiry Service. The number of screens (n=22) chlamydia.

Postal screening was a popular choice and 640 screens were delivered (2014-2015) of which 35 were positive (a positivity rate of 5.5%). 81% of tests were ordered from the Free Test Me site, Checkurself was the next most popular site followed by Young and Free.

GUM referral to Result:	Courtyard Clinic (St George's Hospital)	Croydon University Hospital	Roehampton Clinic	St Helier	West Middlesex Hospital	Wolverton	Total
Confirmed positive	23	153	5	31	3	1	216
Negative Confirmed	7	26	1	14	3	1	52
Grand Total	30	179	6	45	6	2	268

Source THT (2015)

2.3.3.6 THT Coordination

The Independent Evaluation Chlamydia Screening Programme, London Borough of Sutton (2013) by WMC Ltd concluded that the 'Chlamydia Screening Programme is a complex task as there are a large number of variables including; different services, professionals, settings and a variety of young people factors which all impact on the outcomes.'

2.3.4 Feedback from service users

THT have said that they collect this data in house. This information is not shared with commissioners.

2.3.5 Partner notification

No data available

2.3.6 Workforce and training

THT train local healthcare providers to deliver the service. It is unknown how many people were trained during 2014-2015. A review of THT workforce training was included in the Independent Evaluation Chlamydia Screening Programme.

2.3.7 Commissioning

In line with the review of policy documents earlier in the needs assessment, Sutton Council is recommended to review commissioning of chlamydia screening and to move away from a service that provides standalone chlamydia-specific activities and NCSP towards an integrated model where testing is a mainstream part of appropriate provider services.

2.3.8 Chlamydia Treatment

Chlamydia treatment in Sutton is available from GP Practice, GUM and CaSH but pharmacies are not commissioned to provide the service. Elsewhere in London pharmacies do offer the services and London wide PGDs are available for commissioners to use.

2.3.8.1 Gonorrhoea testing

In Sutton samples collected for chlamydia testing as part of the National Chlamydia Screening Programme (NCSP) use nucleic acid amplification tests (NAATs) to simultaneously detect both chlamydia and gonorrhoea infections.

Nationally there is concern that additional testing for gonorrhoea, when the real target is chlamydia, does not confer an additional advantage because of the risk that the test will generate a high proportion of false positives when the infection has extremely low prevalence in the general population. The risk of false positives in terms of: the psychological impact, and the impact on relationships could easily outweigh the medical benefit represented by the diagnoses which are accurate.¹⁶⁹ To mitigate this risk in line with Public Health Guidance, the Doctors Laboratory carries out supplementary testing for confirmation of the result.¹⁷⁰

2.4 What this means for Sutton

- Delivery of the National Chlamydia Screening Programme (NCSP) is coordinated by Terence Higgins Trust as a standalone service.
- The websites commissioned by Sutton Council to signpost residents to chlamydia testing services do not mention that the service is available from pharmacies and GP practices.
- Sutton residents have good access to the National Chlamydia Programme from a choice of providers located across the borough and online.
- In 2014-2015 Sutton, like other London boroughs in the same deprivation decile (third least deprived),¹⁷¹ did not achieve the National Chlamydia Screening Programme diagnostic target of 2,300 per 100,000 (PHOF indicator 3.02).
- Increasing chlamydia screening capacity should remain a priority for local delivery to achieve the National Chlamydia Screening Programme target and commissioners should review delivery of the NCSP in pharmacies, abortion services and General Practice in line with the findings of the needs assessment to support this objective.
- Consider commissioning chlamydia treatment from Sutton pharmacies.

¹⁶⁹ Choosing and using services for sexual health: a qualitative study of women's views: Dixon-Woods et al *Sex Transm Infect* 2001;**77**:335-339 doi:10.1136/sti.77.5.335.

¹⁷⁰ Guidance for the detection of gonorrhoea in England: Public Health England (2014).

¹⁷¹ Havering, Harrow, Barnett and Bexley.

2.5 HIV

HIV services		
Commissioned Providers of:		
	Provider	Commissioner
HIV Testing	General Practice CaSH GUM	NHS England Sutton Council Sutton Council
Sexual Health Needs of HIV positive people	GUM	Sutton Council
Specialist HIV outpatient and inpatient	e.g. Epsom and St Helier University Hospitals	NHS England
Non HIV needs of HIV positive people	Social care providers Services commissioned by Sutton CCG, e.g. community and acute services.	Sutton Council (social care) Sutton CCG
Voluntary sector and community support	Africans getting Involved, SHAKA and First Point	South West London Commissioning Collaborative
Signposting/referral to services	Both commissioned websites signpost Sutton residents to chlamydia screening services: Getting It On signposts young people to CaSH for HIV testing. SWISH signposts Sutton residents to local CaSH and GUM services for HIV testing and to GUM for HIV outpatient services and Gay Men's services. There are no services in Sutton included on the page 'HIV Prevention and Support Services'	
Access to services	<p><u>HIV Testing</u></p> <p>General Practice (core services) GP practices are open weekdays, typically 8.00am-6.00pm and are located across the borough. Some practices offer extended hours and four open on Saturday mornings; none are open on Sunday or bank holidays. Most GP practices offer booked appointments (usually within the week) or same day appointments (for urgent or emergency problems) for registered patients.</p> <p>CaSH - open access services are available from the hub, located in the north of the borough with a satellite clinic at Jubilee Health Centre. Sexual health services are available daily at walk-in clinics at the hub. CaSH is open on weekdays until 7.30pm (Monday-Thursday) and 4.30 pm Friday. The service offers walk-in appointments between 10.00am-12.00am on Saturday and is closed on Sundays and bank holidays. The CaSH clinic at Jubilee Health Centre is open each Tuesday between 9.30am-4.30pm for booked appointments.</p> <p>GUM - open access sexual health services in GUM (St Helier Hospital) offers walk-in clinics and booked appointments. The clinic is open approximately 23.5 hours a week and closed on Friday afternoon, weekends and bank holidays.</p> <p><u>Sexual health needs of HIV positive people</u> These services are delivered by the GUM service at St Helier Hospital - access as described above.</p> <p><u>Specialist HIV outpatient and inpatient care and treatment</u> The outpatient service is available 7 hours a week, spread across three days (Tuesday, Wednesday and Friday). Telephone advice is available in office hours Monday to Friday. The service is closed on Monday, Friday, weekends and bank holidays. Inpatient services are covered 7 days a week.</p> <p><u>Non HIV needs of HIV positive people</u> This covers a wide range of services outside of the scope of the needs assessment.</p> <p><u>Voluntary Sector support</u> No data available for these services(Africans getting Involved, SHAKA and First Point)</p>	

Data capture/reporting	Provider	Data capture	Data reporting
	General Practice	READ coded information and free text entries Vision or EMIS	No data reporting arrangements
	CaSH	Rio and GUMCAD	Monthly contract meeting (GUMCAD data from CaSH services is not published because of data quality concerns)
	GUM	Blithe Lilie and GUMCAD	GUMCAD HARS (The HIV and AIDS Reporting System)
HIV testing activity (2014-2015)	Provider	Number of tests	Number of positives
	Sutton GP Practices	341	Small numbers suppressed
	CaSH (Sutton And Merton Community Services).	344	Unknown
	Antenatal HIV testing (by hospital department)	Anonymous unlinked data	Antenatal and newborn screening data (ANNB).
	Abortion providers	18 BPAS data only	Small numbers suppressed
	GUM St Helier all GUM providers	Unknown 4,077	Unknown Unknown
	CSSL		
PrEP activity (2014-2015)	Provider	Activity	
	GUM	Unknown	
	Acute Medical Unit (St Helier Hospital)	Unknown	
HIV performance against HIV dashboard (St Helier Hospitals)	Data available for SWAGNET network area (2013).		
Safeguarding and confidentiality	All commissioned abortion services provide care in line with CQC requirements, relevant national guidance and corporate policies. There are currently no assurance processes in place.		
Patient satisfaction feedback from services	No feedback specific to HIV services available.		

2.5.1 Access to Services

The websites commissioned by Sutton Council (Getting It On and SWISH) are inconsistent in signposting residents to HIV testing providers and other services. Getting It On only lists CaSH for HIV testing while the SWISH website which is aimed at those aged 25 years and over includes GUM too. The SWISH site also directs people to HIV outpatient services and gay men's services. The page 'HIV Prevention and support services' is blank for Sutton on the SWISH site. There is no signposting to post exposure prophylaxis following sexual exposure (PEPSE) from either site. Signposting to non-commissioned services, e.g. help lines and apps are less clear.

Signposting should be reviewed to give a consistent message to all age groups.

Sutton residents have reasonable weekday access to HIV testing from a range of providers located across the borough (GP Practice, CaSH, GUM) but access is more limited after 6.30pm and at weekends. Access to Level 3 sexual health services at St Helier GUM is more restricted; the service is open 23.5 hours a week and closed on Friday afternoon, weekends and bank holidays. In most instances residents have access to a sexual health clinic appointment within 48 hours, with one exception: anyone needing an appointment on Friday afternoon, when the clinic is closed, would have to wait more than 48 hours to be seen on Monday.

CaSH, GUM and HIV services are located in the north of the borough. This location may be less convenient for those living in the south of Sutton; however transport links are reasonable and as demonstrated earlier in this needs assessment this is a more deprived part of the borough. Commissioners do not receive a report of service use by residents' LSOA making it difficult to establish whether the site is detrimental to access.

HIV outpatient services are only available 3 days a week for a total of 7 hours from clinics held at St Helier Hospital in the north of the borough.

2.5.2 Activity in Services

It is difficult to produce an overview of HIV services across care settings because:

- HIV services are commissioned by different organisations.
- Although accurate READ coded GP activity data (for the HIV testing services provided under the GMS/PMS contract) is held at practice level, this data is not reported. Pathology data is available on request from St Helier Pathology Department.
- There are a large number of clinical systems and reporting processes in use and GUM and CaSH services are commissioned on block contracts and have limited local reporting requirements.
- GUMCAD data is submitted by CaSH services but is not reported because of concern about data quality.
- Data is only available from one abortion service provider - BPAS (Marie Stopes and St George's Hospital are not included)

2.5.3 HIV testing activity

Diagnosing those with HIV promptly has a significant role in reducing the spread of HIV in the local population. Most HIV transmissions are from people with HIV who are as yet undiagnosed, so reducing this undiagnosed fraction is an important HIV prevention strategy. As mentioned earlier in the needs assessment, it has been estimated that there could be 80 people living in Sutton with undiagnosed HIV infection.

In Sutton, the majority of HIV testing is provided by the GUM clinic at St Helier Hospital. Here testing is offered on an opt-out basis to all attendees not previously diagnosed HIV positive. In 2014 HIV test coverage¹⁷² for Sutton residents attending GUM clinics was 77.6% better than London (75.3%), England (68.9%) and most of the boroughs in the same deprivation decile (third least deprived) as Sutton (graph appendix 15).

Data is not available specifically for the GUM clinic at St Helier but in 2014-2015 approximately 4,714 HIV tests were carried out for Sutton residents in all GUM clinics.¹⁷³ A further 344 HIV tests were carried out in the Sutton CaSH service, 341 in Sutton GP Practices and 18 in BPAS abortion services.

In total approximately 5,399 HIV tests were carried out across providers, however this figure is likely to be higher as it does not include HIV tests carried out in other settings e.g. antenatal services, drug dependency programmes, Marie Stopes and St George's Hospital abortion services and A&E and secondary care settings (particularly those seeing clinical indicator conditions for HIV).¹⁷⁴

All but one of the 27 GP Practices provided HIV tests for patients on their registered list in 2014-2015. There was variation in the number of tests provided by each practice (between 0-33 tests) It is not known whether Sutton GPs are offering HIV tests:

- When a patient is diagnosed with an STI
- When it is clinically indicated and recommended according to national guidelines (see list of clinical indicator conditions as recommended by UK National Guidelines for HIV Testing)
- To MSM and to people from African communities as recommended in NICE public health guidance
- On an opt-out basis to new registrants (diagnosed prevalence of 2 or more per 1,000)

¹⁷² Public Health England definition: The proportion of 'Eligible new GUM Attendees' in whom a HIV test was accepted. 'Eligible new GUM Attendee' is defined as a patient attending a GUM clinic at least once during a calendar year. Patients known to be HIV positive¹, or for whom a HIV test was not appropriate² are excluded.

¹⁷³ Public Health Fingertips Sexual Health dataset. www.fingertips.phe.org.uk

¹⁷⁴ UK National Guidelines for HIV testing (2008) BHIVA. <http://www.bhiva.org/documents/guidelines/testing/glineshivtest08.pdf>

It is unknown whether secondary care specialties which treat clinical indicator conditions for HIV routinely testing for HIV as recommended by UK National Guidelines for HIV Testing.

2.6 **What this means for Sutton**

It is not possible to evaluate access to HIV testing in Sutton or data available about the uptake of HIV testing amongst at risk groups.

There may be opportunities to embed HIV testing into GP practice processes and pathways.

2.6.1 **Late diagnosis of HIV**

Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection and is an essential way to evaluate the success of expanded HIV testing.

In 2014-2015, like most of the other London boroughs in the same deprivation deciles (third least deprived)¹⁷⁵ Sutton performed poorly against the HIV late diagnosis indicator (Appendix 15). It is unclear how lessons learned from late diagnosis 'lookbacks' are informing HIV testing programmes locally to target resources effectively.

The SWAGNET dashboard includes a performance indicator for late diagnosis however the most up-to-date information available from NHS England was 2013.

As shown earlier in the needs assessment 57% (95% CI 29-82) of men who have sex with men (MSM) and 52% (95% CI 31-73) of heterosexuals were diagnosed late.

2.6.2 **HIV quality of care.**

Against the SWAGNET HIV dashboard (2013) SWAGNET performed well against the linkage to care indicator. The BHIVA Standard of Care guidelines (2012) indicate that all patients should have a baseline test, including a CD4 count within two weeks of diagnosis with HIV.¹⁷⁶ In 2013, 96% of patients had these tests within 28 days of diagnosis and 100% of patients by 91 days of a diagnosis.

Anti-retroviral therapy (ART) has resulted in substantial reduction in acquired immunodeficiency syndrome (AIDS) and deaths in the UK. People diagnosed promptly with HIV and started on ART early can expect near normal life expectancy. Effective treatment significantly reduces transmission risk and patients treated successfully, so that their viral load is undetectable, can almost eliminate their risk of passing on infection through sexual contact.¹⁷⁷ In 2013, 89% of patients in the SWAGNET HIV group achieve viral load suppression of <50 copies/ml and 96% had achieved viral suppression <200 copies/ml.

2.6.3 **Partner notification HIV**

No performance standards around partner notification currently exist for HIV.

2.6.4 **Social care for people living with HIV**

There is no activity data for the HIV prevention programmes or social care for people living with HIV.

¹⁷⁵ Havering, Harrow, Barnett and Bexley

¹⁷⁶ British HIV Association. Standards of care for people living with HIV in 2012. London: British HIV Association; 2012.

¹⁷⁷ 'Position statement on the use of antiretroviral therapy to reduce HIV transmission BHIVA/EAGA' January 2013

2.7 What this means for Sutton

There is limited information sharing between NHS England as commissioner of HIV services and local authority commissioners of HIV testing services.

2.8 SARC

The Havens can only provide data for Sutton and Merton. The activity data for 2013-2014 and 2014-2015 is shown below. Overall there was a decrease in the total number of Sutton and Merton residents using the service between 2013-2014 and 2014-2015 but an increase in the number of men.

The age of those using the Havens ranged between <12 and 54 years of age, with the largest number of attendances in the 13-15 year group and the 18-34 year groups. Where Sutton residents chose to receive follow up care this varied between 2013-2014 and 2014-2015. While most were seen at the Havens 2013-2014, the number was more evenly split between the Havens and St Helier GUM the following year.

The service manager at the Havens mentioned that the SARC was not part of SWAGNET and did not work closely with the GUM and CaSH service (see Appendix 17).

2.9 What this means for Sutton

The Havens could only identify data based on PCT populations and not CCG or LA. It is not possible to review Sutton data alone.

There is a need for SARC to work more closely with Sutton GUM and CaSH services.

2.10 Clinical Governance

Clinicians from GUM and CaSH services represent Sutton on a number of SWAGNET subgroups, details of which are included in Appendix 16. Representatives from the Sexual Exploitation Referral Service are not part of this group.

Up-to-date attendance data at SWAGNET training courses by Sutton GPs is not available. However in 2015, SWAGNET and HESL commissioned a GP Training Needs Assessment and undertook an online survey as part of the work. 16 people from Sutton replied to the survey (12 GPs and 4 Practice Nurses) with regard to the sexual health training that they had received in the last 5 years:

- 1 person had attended the HIV in Primary Care for South West London course
- 1 person had attended the Let's Talk About Sex Workshop
- 4 people had attended the STIF course
- 2 people, the Course of Five.

SWAGNET do not publish care pathways on their website.

2.11 Teenage pregnancy

If the decision is made to keep the child there are a variety of services available in the borough, such as:

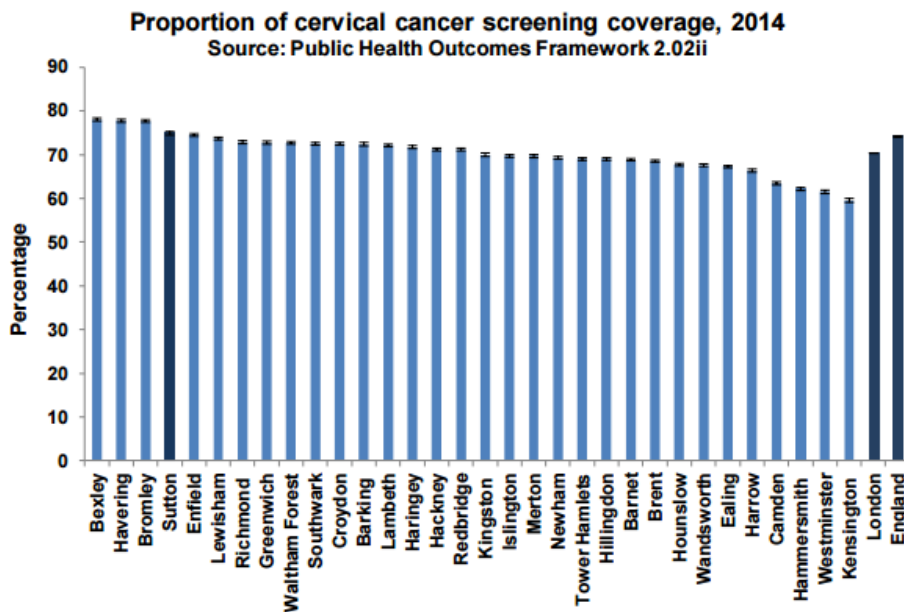
- Antenatal Care for the under 19
- Children's Centres
- Tots and Teens young parent's support group
- Go4it – Advice for parents aged 16-19
- Care to learn – A service that helps young parents pay for childcare while they learn

2.12 Cervical screening

The national dataset published by Public Health England showed that in Sutton in 2014, 40,791 women were seen as part of the cervical screening programme, a proportion of 74.9%. This is significantly higher than the rate for England (74.2%) and London (70.3%).

Although most cervical screening takes place in General Practice some is undertaken by the CaSH service. There is no local data collected that reports activity by provider.

2.12.1 Cervical screening coverage, Sutton compared to London boroughs



3 Section 7: Summary and recommendations

Integration

This review of services has highlighted that there are a large number of providers, IT systems, datasets and contracting arrangements that exist within sexual and reproductive health and HIV services. Also highlighted are gaps in local datasets that reduce oversight of the system and of the quality and outcomes delivered by commissioners. These issues are not unique to Sutton and are recognised in the APPG document, 'Breaking down the barriers'.

National guidance recommends that commissioners adopt a whole system approach to commissioning sexual health services to ensure that capacity; supply and demand can be managed across the full range of services, and that open access services are maintained. This service review has highlighted opportunities to integrate commissioning across care pathways and organisations.

Provider	Finding	Recommendation
System wide integration	Changes to the commissioning landscape have led to structural divisions in commissioning between the NHS (Clinical Commissioning Groups), Local Authorities (Public Health) and NHS England. There are multiple interdependencies between different services which should be reflected in the way that these services are commissioned.	<p><u>Sutton Council and Sutton CCG should explore opportunities to align budgets and strategic planning for sexual health (GUM, contraception and abortion services, health promotion and prevention).</u>¹⁷⁸</p> <p><u>Sutton Council should collaborate with NHS England as commissioners of HIV services to align and integrate commissioning in line with national policy.</u></p>

Accountability

Commissioning bodies need to be sure that they are commissioning services from providers who have robust and effective clinical governance systems in place.

	Issue	Recommendation
Assurance processes	Although providers are registered with CQC and are contractually required to have relevant policies and protocols in place, this is not assured locally.	<u>Sutton Council and the CCG explore opportunities to develop a unified clinical governance framework.</u>
Patient feedback	Service user feedback is often collected by providers but few share the results of these surveys with commissioners.	<u>Ensure that patient feedback data is shared with commissioners.</u>
Resident feedback	A number of useful community level surveys have been done to collect public opinion in Sutton, most recently working with young people, e.g. Sutton Council and Healthwatch. Improved coordination and planning of these projects between partners could improve the quality and value of the work.	<u>Undertake coordinated community level public involvement exercises to collect public opinion and assess awareness of local sexual health, reproductive health and HIV services.</u>

Signposting

	Issue	Recommendation
Websites /social media	There are two sexual health websites commissioned by Sutton Council, (SWISH for those over 25 years old and Getting It On for those under 25years).	<u>Create a single website with clear branding, suitable for all ages, that signposts people stepwise to the information and services that they need. Use the website to collect</u>

¹⁷⁸ This joined up commissioning arrangement could leave each organisation responsible for their respective budgets (e.g. Making it Work, Case Study 1) or could involve using pooled budgets and/or a section 75 agreement. (A Framework for Sexual Health Improvement in England (2013) Department of Health).

	<p>However:</p> <ul style="list-style-type: none"> • There is inconsistent signposting to services from the two websites; • The websites focus on services offered by CaSH and GUM rather than a more comprehensive overview of all the services available. • Information is not arranged methodically to guide people, stepwise to the most appropriate service. • Appointments cannot be booked online. 	<p><u>data to inform service design.</u></p> <p>Based on the methods employed in innovative sexual health website design incorporate a patient management approach using:</p> <ul style="list-style-type: none"> • Click for information/self care • Call for advice • Clinical service appointment
	<p>There are a number of national help lines, tools to support people's choice of contraception, apps and online advice that could support people to self care if they were signposted more clearly.</p>	<p><u>Improve signposting to non commissioned nationally recognised services:</u> e.g.</p> <ul style="list-style-type: none"> • 'My contraception' an online tool developed by Brook and the Family Planning Association (FPA) • 'My HIV' an online resource, developed by the Terrence Higgins Trust to help people to manage all aspects of their HIV¹⁷⁹
	<p>The population groups most at risk of STIs in Sutton are the same as the national picture: under 25; men who have sex with men (MSM); black ethnic group; socio-economic deprivation.</p>	<p><u>Use social media e.g. Facebook, Instagram and Grindr to engage at risk groups with health promotion and to signpost services.</u></p>

Access

	Issue	Recommendation
<p>Level 1-3 Sexual Health Level 1-3 Contraception</p>	<p>In recent years, pilot projects have successfully introduced STI testing in CaSH and long acting reversible methods of contraception (LARC) in GUM. While these changes have broadened the range of services available within each setting, Level 3 contraception services are only available in CaSH and Level 3 sexual health services in GUM. This means that some people still need to visit more than one clinic to meet their sexual health needs which is less convenient for service users and less cost effective for commissioners.</p>	<p>In some areas, GUM and CaSH services have integrated. Within integrated services, clinics can be organised to provide longer opening hours and a range of targeted sessions for different populations and age groups. This can improve outcomes for patients and be more cost effective for commissioners.</p> <p>In Sutton co-locating GUM and CaSH could reduce the number of people travelling out of borough for services by creating a 'one stop shop' with longer opening hours, improved access to Level 3 GUM and opportunities to develop targeted sessions e.g. for MSM.</p> <p><u>Co-locate GUM and CaSH services to improve outcomes for patients increase opening hours and develop targeted sessions for different populations and age groups.</u></p>
<p>Location</p>	<p>GUM and CaSH services are both located in the north of the borough which may make access less convenient for those who live elsewhere in Sutton¹⁸⁰ however:</p>	<p><u>Review the location of GUM and CaSH services</u></p>

¹⁸⁰ It has not been possible to review the impact of distance travelled on access as commissioners do not receive a report of service use by LSOA.

	<ul style="list-style-type: none"> • Transport links to the area are reasonable; and • As demonstrated in this needs assessment both of these services are located within a more deprived part of Sutton. 	
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SRE, School nursing and teenage pregnancy

Provider	Issue	Recommendation
Schools, school nurses, Check it Out (CiO Team)	<p>Schools in Sutton perform well in Ofsted inspections of SRE but the findings of local surveys (Healthwatch and Sutton Council Risky Behaviour survey) suggest that there are opportunities to:</p> <ul style="list-style-type: none"> • Raise awareness of sexual health services to young people • Address sexual health issues in the wider context of young people's health and wellbeing. 	<p><u>Consider, with schools, commissioners, providers and pupils, whether an app could compliment a sexual health services website in signposting young people to sexual health services. The app, which could also signpost drug and alcohol and mental health services would support schools to comply with new Ofsted requirements.</u>¹⁸¹</p>
	<p>A number of issues were identified in the pathways for SRE, school nursing and CiO:</p> <ul style="list-style-type: none"> • The large number of academy schools in the borough has reduced the Council's oversight of SRE teaching. • There is a perceived lack of capacity within the school nursing team and concern that the effectiveness of SRE teaching could be undermined if teachers, who lack the confidence to teach the subject, cannot access school nursing support when they need it. • Some schools educating more vulnerable children do not engage with the CiO team. • Sutton appears to be underperforming compared to London and England in reducing the number of under 18 conceptions. 	<p><u>Review provision of SRE, school nursing support and CiO sessions in schools and outreach services as well as the capacity and skills available within these teams.</u></p> <p>This review should be based on the referral pathway set out by CaSH and take a collaborative approach involving: schools, safeguarding leads, commissioners (sexual health, children's services, drug and alcohol and children and adolescent mental health (CAMHS) and young people.</p>

¹⁸¹ Evidence shows that unplanned pregnancy has been found to be most strongly associated with sexual intercourse before the age of 16 years; current smoking, recent use of drugs (other than cannabis); and lower educational attainment.

Pharmacy

Issue	Finding	Recommendation
EHC training sessions	Providers highlighted the need for more EHC training sessions to meet demand and ensure continuity of the service.	<u>Access to EHC services in pharmacies could be improved by providing more LA funded training sessions to increase the number of trained staff.</u> This would also support providers to comply with the requirement of the EHC contract held with Sutton Council
Chlamydia screening	Chlamydia screening	<u>Work with THT to explore the barriers to delivering Chlamydia screening in pharmacy</u> Find best practice examples to share with pharmacies to improve performance in line with the contract ¹⁸²
Chlamydia treatment	At present pharmacies are not commissioned to provide chlamydia treatment in Sutton. London wide PGDs are already available for the supply of azithromycin and doxycycline for the treatment of uncomplicated genital <i>chlamydia trachomatis</i> within community pharmacy.	<u>Consider improving access to chlamydia treatment in community setting by commissioning this service from pharmacies.</u>
Pharmacy Sexual Health Pharmacy Pilot	The enhanced sexual health pharmacy pilot will be rolled out to 7 pharmacies this year.	<u>As part of the review of the enhanced pharmacy pilot commissioners should consider opportunities to develop this project by aligning HIV testing with needle exchange and Hepatitis C testing</u> ¹⁸³

General Practice

Issue	Finding	Recommendation
General Practice	The vast majority of contraceptive prescribing takes place within general practice and some sexual health services are also delivered as part of the core GP contract. Although accurate READ coded data is available for these services at practice level, it is not currently reported to NHS England. This reduces oversight of care pathways and creates issues for capacity planning and service development.	From April 2016 Sutton CCG is likely to have responsibility for commissioning GP Practice in Sutton. This new commissioning arrangement could provide an opportunity for Sutton Council to collaborate with the CCG to collect anonymised sexual and reproductive health data from practices using the General Practice Extraction System (GPES). This has the potential to provide public health intelligence and inform sexual health commissioning. <u>Improve data collection from GP Practices in Sutton.</u>
Care pathways in primary care	Despite General Practice being pivotal to service delivery, primary care pathways are poorly defined and reported and have been affected by changes in	<u>In collaboration with the CCG and local GPs, Sutton Council should explore the opportunity to review care pathways in general practice to ensure that: current</u>

¹⁸² Pharmacies providing the EHC service must ensure that an accredited pharmacist will be available to provide coverage at least 80% of the time the pharmacy is open which should include either late night or weekend opening (Sutton Council EHC service specification).

¹⁸³ Recommendation from document 'At the Sharp End Report (Turning Point)

All services (both pharmacy-based and specialist needle exchanges) should be staffed and equipped to provide: a) Information and practical advice on safer injecting practices, avoiding site infections, prevention of transmission, safe disposal of used equipment b) On-site Hepatitis B vaccinations and tests for Hepatitis C and HIV and support in referring and accessing treatment c) General health checks and first aid for injection-related infections and injuries.

	<p>commissioning arrangements:</p> <ul style="list-style-type: none"> • It is estimated that 80% of NHS contraceptive care is provided by general practice¹⁸⁴ • It is estimated that between 60-70% of young people aged between 15-24 years visit their GP surgery at least annually¹⁸⁵ <p>LARC Commissioning Contraception for gynaecological (non-contraceptive) purposes and contraceptive purposes are commissioned by two different organisations - Sutton CCG (non contraceptive) and Sutton Council.</p> <p>LARC In 2013, Sutton ranked 279 out of 326 local authorities in England for the rate of GP prescribed LARCs. The current upward trend in the prescribing of LARC by GPs in England is not reflected locally.</p> <p>Abortion Approximately one third of those attending abortion services (2014-2015) in Sutton were referred by their GP. In Sutton the high proportion of repeat abortions in both women aged under 25 years and those aged over 25 years suggests that there is an opportunity to improve care pathways to contraceptive services following abortion.</p> <p>National Chlamydia Screening Programme (NCSP) There is wide variation in activity between the GP practices participating in the NCSP.</p> <p>STI infection There is a higher rate of reinfection with STI in Sutton than the national average.</p> <p>HIV testing Despite guidance from The Health Protection Agency (2011)¹⁸⁶ it is unclear whether GP practices are routinely offering HIV testing to all adults registering with the practice.</p>	<p><u>practice is aligned with evidence based care and that practices are optimising opportunities to promote sexual health by:</u></p> <ul style="list-style-type: none"> • Introducing the 3C and HIV programme¹⁸⁷ • Using routine 6 monthly oral contraception review appointments¹⁸⁸ to promote: sexually transmitted infection (STI) testing, HIV testing and uptake of public health services such as smoking cessation • Sutton CCG and Sutton Council agreeing to collaborate to commission LARC for gynaecological (non contraceptive) purposes and contraceptive purposes.¹⁸⁹ • Reviewing access to LARC in general practice and improving the skillmix of those trained to deliver the service, e.g. by increasing the number of trained practice nurses who can fit intrauterine contraception. • Developing a robust care pathway for women referred for abortion, by their GP, to have a contraception review appointment, in general practice, following the procedure. • Reviewing local care pathways and processes to delivery health promotion and partner notification in general practice.
Workforce development	There is limited information about the number of primary care staff who have received sexual health training or who	<u>Working with the GP postgraduate education lead, evaluate the training needs of primary care staff and the</u>

¹⁸⁴ The Time is Now: Achieving World Class Contraceptive and Abortion Services (2009) Independent Advisory Group on Sexual Health and HIV.

¹⁸⁵ Hogan et al. BMC. Public Health 2010, 10:616. <http://www.biomedcentral.com/1471-2458/10/616>

¹⁸⁶ Time to test for HIV: Expanding HIV testing in healthcare and community services in England.

http://www.bhiva.org/documents/Publications/Time_to_test_final_report_Sept_2011.pdf

¹⁸⁷ The 3Cs & HIV programme is designed to strengthen sexual health work already funded and underway in local areas, being delivered by general practices. The 3Cs & HIV programme focuses on supporting practices across England to: Provide the '3Cs' offer of : a) a chlamydia screen, b) signposting or provision of contraceptive advice and free condoms, during routine consultations with a young adults (15 – 24 years olds), c) deliver HIV testing in adults (≥ 16 years) in line with current clinical guidelines: raising awareness of indicator conditions where HIV testing should be considered and, in high prevalence areas, routine offer of HIV test to all new practice registrants. http://www.chlamydia-screening.nhs.uk/ps/3cs_hiv.asp

¹⁸⁸ In line with national guidelines¹⁸⁸ women who taking oral contraception are offered GP review appointments every 6-12 months.

¹⁸⁹ Best practice example described in 'Section 6: How to Commission across pathways' of the document: Making It Work (A guide to whole system commissioning for sexual health, reproductive health and HIV).

	hold an up to date qualification.	<u>available capacity within the workforce.</u> <ul style="list-style-type: none"> Consider innovative ways to deliver training to busy GPs, e.g. webcasts, online resources. Consider funding for STIF training courses
Innovation and productivity	Innovative pharmacies are providing online consultations and contraceptive services, e.g. emergency hormonal contraception and oral contraception. Long acting reversible contraceptive injections have been licensed for women to administer to themselves at home. Once trained women would only need an annual review with their GP.	<u>Work with the CCG and GP federation to improve productivity in care pathways and improve access for residents.</u>

CaSH and GUM

	Issue	Recommendation
CaSH and GUM contracting	The block contracts held with the CaSH and GUM services have few reporting requirements and only limited data is available to commissioners. This means that it is not possible to understand: <ul style="list-style-type: none"> Activity across care pathways; Patient outcomes; or The real cost of delivering Level 1-3 sexual health and contraceptive services for Sutton residents. The number of attendances at CaSH for Merton residents could pose a financial risk to Sutton Council if cross charging arrangements are not reviewed.	<u>Consider the introduction of the integrated sexual health tariff in Sutton</u> The integrated sexual health tariff developed within London for GUM and CaSH services could provide: <ul style="list-style-type: none"> Equitable outcomes for sexual and reproductive healthcare; Near real-time data for commissioning and public health; Audit, benchmarking and service re-design opportunities; and Financial savings and mitigation against the risks posed by disaggregation from Merton.
IT integration CaSH and GUM	The CaSH and GUM services collect data using different software systems. This is a barrier to integration because: <ul style="list-style-type: none"> The datasets are not compatible and cannot be used to build a more sophisticated analysis of what is happening in sexual health and reproductive health services. Information is held in silos reducing surveillance. 	<u>Streamlining data collection in CaSH and GUM services would improve safety and accountability in sexual health services, in line with national objectives, and support service planning.</u>
Reinfection with sexually transmitted infections	There is a higher rate of reinfection with STI in Sutton than the national average.	<u>Review local practice of health promotion and partner notification with the aim of reducing reinfection rates</u>

Chlamydia and Gonorrhoea testing

Area	Finding	Recommendation
National Chlamydia Screening Programme (NCSP)	In Sutton, the NCSP is currently delivered as a standalone service by Terence Higgins Trust. National guidance, referenced in this needs assessment, has advised that there is no need for a chlamydia specific data collection process or administration hub because the	<u>Integrate the NCSP within mainstream services – in line with national guidance.</u>

	Chlamydia Testing Activity Dataset (CTAD) captures data directly from laboratories.	
PHOF indicator target	Although positivity within the NCSP is similar to the national average the PHOF indicator target was not reached.	<u>Continue to promote Chlamydia testing in all settings.</u>
Dual NAATs	Screening for gonorrhoea is recommended in high prevalence populations and settings, but there is limited evidence to provide a robust definition of this for use in practice. ¹⁹⁰	<u>Commissioners and providers should monitor the appropriateness of offering dual Chlamydia and gonorrhoea testing (dual NAATS) in Sutton in line with evidence and national guidance.</u>
Reinfection with sexually transmitted infections	There is a higher rate of reinfection with STI in Sutton than the national average.	<u>Review local practice of health promotion and partner notification with the aim of reducing reinfection rates</u>

Abortion services

Issue	Finding	Recommendation
Abortion services	The high proportion of repeat abortions in both women aged under 25 years and those aged over 25 years in Sutton suggests that there is an opportunity to improve access to contraceptive services following abortion.	<u>Sutton Council and the CCG should ensure that service and contracting arrangements support an integrated care pathway for service users to access contraception services following an abortion.</u>
Data quality in abortion services	Two abortion providers are not reporting activity data to Sutton CCG.	<u>Review the management of Marie Stopes and St George's Hospital abortion contacts.</u>
Reinfection with sexually transmitted infections	There is a higher rate of reinfection with STI in Sutton than the national average.	<u>Review local practice of health promotion and partner notification with the aim of reducing reinfection rates</u>

HIV

Issue	Finding	Recommendation
Develop an integrated approach to HIV testing and treatment	There is scope to improve the exchange of information between commissioners of HIV testing and treatment services in Sutton.	<u>Identify opportunities to streamline commissioning of HIV treatment (NHS England) and HIV testing (Sutton Council) to improve patient outcomes.</u>
HIV testing	<ul style="list-style-type: none"> HIV testing is commissioned by a number of organisations making it difficult to establish the total number of HIV tests done in all settings in Sutton. The Health Protection Agency (2011) have advocated the routine offer of an HIV test to all adults registering in general practice and all general medical admissions where the local diagnosed HIV prevalence is greater than two per 	<p><u>Review HIV testing in all settings to ensure that resources are targeted appropriately and data collection is improved through closer collaboration between commissioners (Local Authority (LA), CCG and NHS England).</u>¹⁹¹</p> <p><u>Consider commissioning online HIV testing.</u></p> <p>Individuals who have their HIV infection diagnosed late (defined as CD4 count ≤350</p>

¹⁹⁰ Guidance for the detection of gonorrhoea in England: Public Health England (2014).

¹⁹¹ NAT (October 2014) Commissioning HIV testing services in England: a practical guide for commissioners.
http://www.nat.org.uk/media/Files/Publications/Nov_2013_Toolkit.pdf

	<p>thousand among 15-59 year olds</p> <ul style="list-style-type: none"> The diagnosed prevalence rate of HIV in adults aged 15-59 years in Sutton was 2.41 per 1,000 (2014). In Sutton, (2011-2013), 57% (95% CI 41-72) of HIV diagnoses were made at a late stage of infection (CD4 count <350 cells/mm³ within 3 months of diagnosis) compared to 45% (95% CI 44-46) in England. Action to tackle late diagnosis includes expanding HIV testing. 	<p>cells/mm³) have poorer health outcomes than those diagnosed earlier.¹⁹²</p>
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111

Provider	Finding	Recommendation
111	<p>Calls to 111 provide an insight into the access and capacity available within the local healthcare system.</p>	<p><u>Work with the CCG to develop a reporting mechanism for 111 data relevant to sexual health services.</u></p>

SARC

Provider	Finding	Recommendation
The Havens	<p>The service can only provide data for Sutton and Merton (based on PCT localities).</p> <p>The SARC service is not working closely with GUM and CaSH services.</p>	<p><u>Address this issue with NHS England commissioners to ensure that a Sutton dataset is available.</u></p> <p><u>Encourage closer working relationships between SARC, GUM and CaSH.</u></p>

Workforce development

	Finding	Recommendation
Sexual health workforce	<p>The sexual health workforce is diverse and includes:</p> <ul style="list-style-type: none"> Specialists (specialist doctors and nurses in community and reproductive health and genitourinary medicine and HIV); and Generalists (GPs, practice nurses, pharmacists, school teachers and college tutors) <p>Safe, efficient, cost-effective and high quality care relies on the right mix of staff with the right mix of skills.</p>	<p>Knowledge of all of the professionals in Sutton who are part of the sexual health workforce, will inform commissioners whether their skills are used to best effect.</p> <p><u>Benchmark the skills available within the sexual health workforce in Sutton.</u></p>

3.1 Future developments

There are a range of service and technological developments that are likely to impact upon service provision and interventions:

- The development of Point of Care Testing (POCT).**
POCT for STIs and HIV can shorten clinical pathways so that diagnoses and appropriate treatment will be available in a much quicker timeframe.

¹⁹² PHOF indicator: Presented as a 3 year aggregate and calculated for a defined time period in people aged ≥15 with a CD4 count within 91 days of diagnosis and residence information: $\frac{\text{number of people with a CD4 count } <350 \text{ cells per mm}^3}{\text{total number of people}}$

- **Pre-exposure prophylaxis (PrEP)**

PrEP is the use of antiretroviral drugs by people who are HIV free, to avoid acquiring the virus. There is strong evidence to show that PrEP can be an effective way of preventing HIV infection provided the drug is taken appropriately.¹⁹³ NHS England HIV CRG is currently debating whether to introduce a PrEP programme in England with guidance expected in the first quarter of 2016.

- **Sayana Press long-acting reversible contraceptive (LARC)**

The Sayana Press long-acting reversible contraceptive (LARC) which provides contraception for at least 13 weeks received a licence in September 2015. After training by a healthcare professional, women prescribed the medicine can administer the contraceptive injection themselves with an annual check-up by their GP.

- **GP networks and federations are increasingly being viewed as a vital part of the future of general practice**

Working with the GP Federation could provide an opportunity to reduce the administrative burden of contracts for GP practices and commissioners and support the development of consistent standards within services.

- **Devolution**

It is imperative to create a long term solution for sexual health, reproductive health and HIV. Bringing together the NHS, public health and social care budgets at a supra-local level in Greater Manchester is the first example nationally where structural barriers are being broken down to challenge complexity, and improve outcomes.

¹⁹³ The results of a two-year study: Pre-exposure prophylaxis to prevent acquisition of HIV-1 infection (PROUD) jointly funded by the Medical Research Council and PHE (published in the Lancet September 2015 [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)00056-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)00056-2.pdf)) showed that PrEP was highly protective for men who have sex with men (MSM) who engage in condomless sex.

Appendix 1: Summary of the types of contraception available (England 2014)¹⁹⁴

Category	Description	Example
LARC	Lasts for a long time with no further action from the individual (e.g. no daily medicine dose)	IUD (Intrauterine Device) Implant under the skin
Hormonal contraception	Modulates the menstrual hormonal cycle to prevent ovulation or fertilisation	Combined oral pill Contraceptive patches IUS (Intrauterine system)
Barrier methods	Prevent sperm entering the female reproductive tract	Condoms Female condoms
Permanent contraception	Lifelong prevention of future pregnancy	Sterilisation Vasectomy
Emergency contraception	Prevents either ovulation, fertilisation or implantation after unprotected sex or when has contraception failed	Emergency contraception pill e.g. Levonelle (taken within 72 hours of sex); ellaOne (taken within 120 hours of sex) The IUD (intrauterine device / coil)

¹⁹⁴ Source: Family Planning Association

Appendix 2: Clinical Governance

Main elements of clinical governance:

Patient Safety

- Incident Management
- Risk Management
- Alerting System
- Waste Management
- Medicines Optimisation
- Safe Environment
- Safeguarding

Clinical Effectiveness

- Cost effectiveness
- Clinical Guidelines
- NICE guidance
- Evidence-based practice
- Care pathways
- Clinical Audits
- Policy Development
- Claims Management
- Information Governance
- Staff Management
- Education and Training
- Equality and Diversity Patient/Public Experience
- Complaints Management
- Consent
- Nutrition and Hydration
- Patient/Public Information
- Patient/Public Involvement
- Patient/Public Needs

Care Quality Commission

Most of the sexual health services commissioned by local authorities will be undertaking activities which require them to register with the Care Quality Commission (CQC), who will monitor and inspect the service to ensure that they are complying with registration legislation and essential standards. Reports from the CQC and other healthcare regulators can provide a good guide to the strength of clinical governance systems within a provider. The latest reports and intelligence on registered providers can be found on the CQC's website: <http://www.cqc.org.uk/>

Guidance and other information about clinical governance

The professional bodies representing clinical staff working in sexual health have produced clinical governance guidance for their members.

Faculty of Sexual and Reproductive Healthcare

The professional body which covers staff working in contraception and reproductive healthcare is the Faculty of Sexual and Reproductive Healthcare, which is part of the Royal College of Obstetricians and Gynaecologists.

Their guidance on clinical governance can be found at: <http://www.rcog.org.uk/what-we-do/clinical-governance>

British Association for Sexual Health and HIV

The British Association for Sexual Health and HIV (BASHH) represents clinicians working in genito-urinary medicine services. Information about Clinical Governance with suggested quality measures is available in the BASHH/MEDFASH National Standards for management of sexually transmitted infections.

<http://www.bashh.org/documents/MF%20BASSH%20standards%2018Jan%20for%20the%20website.pdf>

Royal College of Nursing

Nurses play a key role in the provision of sexual health services. The Royal College of Nursing provide a web resource for their members containing information on clinical governance, which can be accessed by clicking the following link: http://www.rcn.org.uk/development/practice/clinical_governance

National Health Service Litigation Authority

The National Health Service Litigation Authority provides insurance for NHS organisations. The materials they produce are therefore focused on the NHS, but they do have some useful material on managing risk which can be accessed using the following link:

<http://www.nhsla.com/Pages/Publications.aspx?library=safety%7cstandards>

Royal Pharmaceutical Society

Pharmacists have been providing sexual health services over many years, initially the provision of EHC and some are now providing chlamydia screening and treatment services, contraception services. The Royal Pharmaceutical Society is the professional body for pharmacists.

Appendix 3: Sex and Relationship Education (SRE)

SRE PRIMARY CURRICULUM OVERVIEW

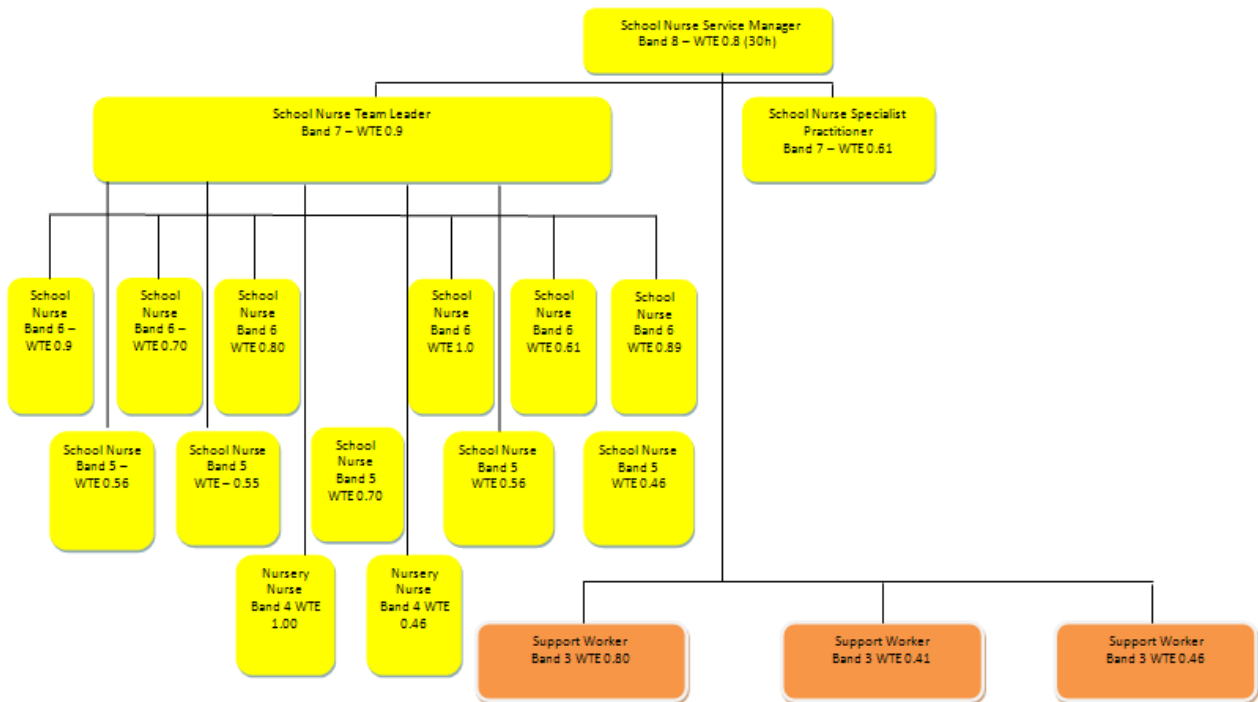
	FOUNDATION STAGE	KEY STAGE ONE		KEY STAGE TWO			
	Early Years	Year One	Year Two	Year Three	Year Four	Year Five	Year Six
TOPICS	Myself and Others	Myself and Others	Differences: Boys and girls	Self Esteem	Growing and Changing	Talking about puberty	Puberty and reproduction
	Family Networks	Body Parts	Differences: Male and Female	Challenging Gender Stereotypes	Body changes and reproduction	Becoming men and women	Relationships and reproduction
	Body Awareness	Family	Naming Body Parts	Differences: Male and Female	What is puberty?	Puberty and hygiene	Conception and pregnancy
	Hygiene	Friendships	Everybody needs caring for	Family Differences	Thinking, feeling, doing – changing relationships	Menstruation and wet dreams	Being a parent
		Choices	Looking after the body	Decision Making	Assertiveness	Menstruation education for girls	HIV Transmission
				Safety	Your questions answered	Building good relationships	Your questions answered

SRE SECONDARY CURRICULUM OVERVIEW

	KEY STAGE THREE		KEY STAGE FOUR		
	Year Seven	Year Eight	Year Nine	Year Ten	Year Eleven
TOPICS	Taking Stock	SRE Questionnaires	Taking Stock	SRE Questionnaire 1: What topics?	Assessing Needs
	Changes in puberty	Talking About Sex and Relationships	Recognising and managing risk	HIV transmission	Safer Sex
	Puberty and reproduction	Conception & Pregnancy	Reasons to have sex or to delay	Living with HIV	Abortion – whose choice?
	Managing feelings	Contraception	Contraceptive Methods	Body Image and relationships	Accessing Local and National Services
	Getting Help and Support	Consequences of sexual activity	Condoms and STIs	Negotiation skills	Parenting
	Friendships	Social Pressures on Young People	STIs	Sexual Health Services	Sexual Bullying

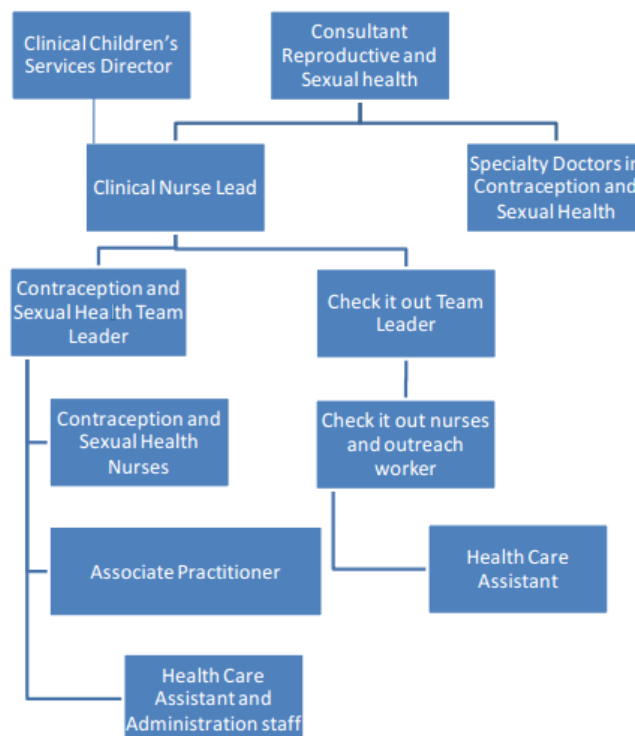
Appendix 4: Service Staffing Structures

Team Structure: Sutton School Nursing Team



Source: Sutton and Merton Community Services 2015

Staffing Structure Contraception and Sexual Health (CaSH)



Source: Sutton and Merton Community Services 2015

Staffing structure GUM and HIV service at St Helier Hospital

Post	WTE	HIV%	GUM%
Consultant GUM/HIV	1	25%	75%
Consultant GUM/HIV	0.55	22.50%	77.50%
Associate Specialist	1	20%	80%
SpR	0.7	0	100
Speciality Dr	0.45	0	100
Band 8a Clinical Head of Service	1	20	80
Band 7 Health Adviser	2.5	25	75
Band 8b Clinical Psychologist	0.5	50	50
Band 8a HIV Pharmacist	0.5	100	0
Band 5 Admin, IT & Reception Manager	0.61	35	65
Band 4 Secretary	1.91	45	55
Band 2 Reception / Clerical	1.8	30	70
Band 7 Senior Sister	1	10	90
Band 6 Junior Charge Nurse	1	10	90
Band 5 Nurses	3.75	5	95
Band 3 HCA	2	0	100
Band 7 HIV Nurse Practitioner	1	100	0
Band 6 HIV Nurse Practitioner	0.6	100	0

Source Royal Marsden (2015)

Staffing structure of SWAGNET

- The Network Development Manager 1 x band 8A 0.6 WTE (Janine Railton) who is supported by:
- The Lead Clinician (Dr Ian Cormack, Consultant HIV/GU Physician at Croydon University Hospital);
- The Network Non-Executive Advisor (Dr Paul Lister, Consultant HIV/GU Physician at Queen Mary's Hospital);
- The Network Coordinator 1 x band 6 WTE (Leanne Bobb); and
- Network Administration (Bruna Armanini)

Appendix 5: Prevention and Signposting

Online Sexual and Reproductive Health advice	
SWISH (SWAGNET) www.swish.nhs.uk Commissioned service	The site has a link to the Family Planning Association website for contraceptive advice (see above) and for younger people a link to the Getting It On site (see below)
Getting It On www.gettingiton.org.uk Commissioned service	This site for young people living in South West London has a brief overview of the contraception choices available to young people.
Sutton Council	The site provides an overview of sexual and reproductive health services with links to the Family Planning Association (FPA) and SWISH website for those 25 years and over and the Getting It On website for younger people (see above).
Service Finders	
SWISH (SWAGNET) www.swish.nhs.uk Commissioned service	The site provides the location and addresses of GUM and CaSH services in Sutton, Merton, Croydon, Kingston, Wandsworth and Richmond.
Getting It On www.gettingiton.org.uk Commissioned service	The site for young people living in South West London provides the location and addresses of GUM, CaSH and pharmacies delivering sexual and reproductive health services in Sutton, Merton, Croydon, Kingston, Wandsworth and Richmond.
Come Correct www.comecorrect.org.uk Commissioned service	This site signposts locations that offer The Come Correct (or C-Card) scheme across London.
Abortion advice and service finders	
SWISH (SWAGNET) www.swish.nhs.uk Commissioned service	Recommends that pregnant women contact their GP to discuss their options but signpost CaSH and GUM services for women seeking a referral for abortion.
Getting It On www.gettingiton.org.uk Commissioned service	Lists services offering referral for termination. CaSH (Check it Out) and GUM.
Marie Stopes https://www.mariestopes.org.uk/women/sti-testing Commissioned service	Advice, information and Marie Stopes clinic finder
BPAS https://www.bpas.org/abortion-care/considering-abortion/ Commissioned service	Advice, information and BPAS clinic finder.

Appendix 6: Location and opening hours of services

Pharmacies offering EHC

Pharmacy name	Address	Opening hours			Contract type (core hours) DAC and DSP identified
		Mon-Friday	Saturday	Sunday	
Rosehill Pharmacy	28 The Market Wrythe Lane Carshalton SM5 1AG	09:00 – 18.00	09:00 – 18.00	Closed	40
HE Matthews Pharmacy	140 Stanley Park Road Carshalton Surrey SM5 3JG	08:30 - 19:30	09:00 - 18:00	Closed	40
Anna Pharmacy	398 Green Wrythe Lane Carshalton Surrey SM5 1JF	09:00 - 19:00	09:00 - 19:00	Closed	40
Salmina Pharmacy	107 Wrythe Lane Carshalton Surrey SM5 2RR	09:00 - 19:00	09:00 – 17:30	Closed	40
MPS Pharmacy	46 The Market Rosehill Sutton SM1 3HE	09:00 – 18:30	09:00 – 17:30	Closed	40
Mount Elgon Pharmacy	40 Green Wrythe Lane Carshalton Surrey SM5 2DP	09:00 – 18:00	09:00 – 13:00	Closed	40
SG Barai Chemist	39 Erskine Road Sutton Surrey SM1 3AT	09:00 – 18:00/13:00 (W)	09:00 – 13:00	Closed	40
Gaiger Chemist	296 High Street Sutton Surrey SM1 1PQ	09:00 – 19:00	09:00 – 13:00	Closed	40
Superdrug Pharmacy	150 High Street Sutton Surrey SM1 1NS	08:30 – 18:00	08:30 – 18:00	10:30 - 16:30	40
Asda Pharmacy	St Nicholas Way Sutton Surrey SM1 1LD	08:00 – 23:00 (M) 07:00 – 23:00	07:00 – 22:00	11:00 - 17:00	100
Superdrug Pharmacy	107 Central Road Worcester Park Surrey KT4 8DY	08:30 - 17:30	08:30 - 17:30	10:00 - 16:00	40
Cooper and Co Chemist	3 to 5 Grove Road Sutton Surrey SM1 1BB	09:00 – 19:00	09:00 – 18:00	Closed	40
Blundens Chemist	314 Stafford Road Croydon, Surrey CR0 4NH	09:00 – 18:00	09:00 – 13:00	Closed	40
First Pharmacy	108 Woodcote Road Wallington, Surrey SM6 0LY	09:00 – 18:00	09:00 – 17:30	Closed	40
Day Lewis Pharmacy	Unit 4, Mollison Square Wallington, Surrey SM6 9DA	09:00 – 18:30	09:00 – 13:00	Closed	40
Lafford Chemist	7/8 The Broadway Plough Lane Beddington CR0 4QR	09:00 – 18:30 13:00 (Wed) 18:00 (Fri)	09:00 – 17:00	Closed	40

GP Practices offering LARC

GP Practices Commissioned by Sutton Council to provide LARC	Address
The Beeches Surgery	Beeches Surgery, 9 Hill Road, Carshalton Beeches, Surrey, SM5 3RB
Benhill and Belmont Surgery	54 Benhill Avenue, Sutton SM1 4EB
Cheam Family Practice	The Knoll, Parkside, Cheam, Sutton, Surrey SM3 8BS and 263/5 Gander Green Lane, Sutton, Surrey SM1 2HD
Robin Hood Lane	Robin Hood Lane, Sutton, Surrey SM1 2RJ
The GP Centre (Dr Brennan's practice)	322 Malden Rd, Sutton SM3 8EP
Grove Road Practice	83 Grove Road, Sutton, Surrey, Sutton, SM1 2DB
Maldon Road Surgery	35 Maldon Road, Wallington, Surrey SM6 8BL
Manor Practice	57 Manor Road, Wallington, SM6 0DE
Wallington Family Practice	Jubilee Health Centre, Shotfield, Wallington, Surrey SM6 0HY
Wrythe Green Surgery	The Wrythe Green Surgery, Wrythe Lane, Nr Wrythe Green, Carshalton, Surrey SM5 2RE
Old Court House Surgery	The Old Court House, Throwley Way, Sutton SM1 4AF
Shotfield Medical Practice	Jubilee Health Centre, Shotfield, Wallington SM6 0HY

CASH services and opening times

CASH				
Clinic	Appointment type	Average appointment length	Age	Opening
Green Wrythe Lane Clinic	Walk in	15 minutes	13-55 years	Monday -Thursday 13.30-19.30 Friday:9.30-16.00
	Booked (not advertised)	45 minutes	18-80 years	Monday and/or Thursday 9.00-13.00 Psychosexual clinic
		30 minutes	13-55 years	Wednesday Complex contraception
Jubilee Health Centre West	Booked	30 minutes	13-80 years	Tuesday 9.30-16.30

Source Royal Marsdon (2015)

Check it Out service locations and opening times

Check it Out Clinic Services (13-19 years)					
Advice & Information Free condoms and free condoms available though the C-card scheme			Oral Contraception, LARC and other forms of contraception available. Free Emergency Contraception		
Day	Time	Venue	Frequency	Appointments	Average Attendance
Monday	13.30-19.30	Green Wrythe Lane	Weekly	Walk in	40
Tuesday	12.30-13.30	Carshalton Boys School	Weekly	Walk in	10-12
Wednesday	10.30 – 13.30	Carshalton College	Weekly	Walk in	20
Wednesday	15.00-17.45	Robin Hood Lane	Weekly	Walk in and booked	8-10
Check it Out Outreach Services (13-19 years)					
Advice & Information Free condoms and free condoms available though the C-card scheme			Oral Contraception, LARC and other forms of contraception available Free Emergency Contraception		
Day	Time	Venue	Frequency	Appointments	Average Attendance
Monday	18.45-21.15	Sutton Youth Centre (special needs group)	Every 2 months or as required	Walk SHE	??
Wednesday	19.00-21.30	Sutton Youth Centre (LGBT)	Every 2 months or as required	Walk in SHE	9
Limes College: CiO provide support to the teaching programme at the college, delivering 3-4 teaching blocks per year. Each block involves a lesson per week for 4 weeks.					
Skills Integrated Learning Centre (SILC): CiO visit the centre twice a year					
Sutton Schools: CiO provides sexual health education sessions when requested to do so by the school. When appropriate 1:1 appointments can be arranged for pupils on request.					
Muschamp Childrens Centre: teenage antenatal clinic run by St Helier Hospital every Wednesday. CiO give talks (approximately 6 per year) to the mothers to be and with consent follow up with them after the birth.					
Teenage Parents Integrated Youth Services (the Quad): CiO talk to young parents at the centre once a year.					

Source Royal Marsden (2015)

GUM St Helier Hospital services and opening times

Clinic day/Clinic time	Morning	Afternoon	Evening
Monday	9.00am- 11.15am Walk in	2.00pm - 4.00pm Appointments	Closed
Tuesday	9.00am- 11.15am Walk in	4.00pm – 6.00pm Appointment	
Wednesday	9.00am- 11.15am Walk in	The Point* 15.00-17.30 Walk in*	Closed
Thursday	9.00am- 11.15am Walk in	14.00-16.00 Appointment	Closed
Friday	9.00am- 11.15am Walk in	Closed	Closed
Saturday	Closed	Closed	Closed
Sunday	Closed	Closed	Closed

* The Point is the name given to walk in GUM clinics, for young people 18 years and under, across South West London.

The agreement between providers was intended to create a 'brand' that young people could recognise.

* This clinic will see older people at this time if required

St Helier Hospital HIV services and opening times

Service	Hours
HIV doctor clinics	Tuesday 0930-1200
	Wednesday 0900-1130
	Thursday 1400-1600
Same-day HIV testing, booked	Thursday morning

Location of C-Card Distribution Points

Cash Clinic	
Cash GWL	Green Wrythe Lane Clinic , Middleton Road Carshalton SM5 1JL
Cash Jubilee	CaSH Jubilee Clinic, Shotfiled, Wallington, SM6 0HY
Community Pharmacies	
Anna Pharmacy	398 Green Wrythe Lane, Carshalton, SM5 1JF
Cooper & Co Pharmacy	3 Grove Road, Sutton, SM1 1BB
Day Lewis Pharmacy	Unit 4 Mollison Square, Wallington, SM6 9DA
HE Matthew Pharmacy	140 Stanley Park Road, Carshalton, SM5 3JG
Kirkby Chemist	40 Green Wrythe Lane, Carshalton, Surrey, SM5 2DP
Mount Elgon Pharmacy	46-47 The Market, Rosehill, Sutton, SM1 3HE
Superdrug Pharmacy Worcester Park	107 Central Road, Worcester Park, KT4 8DY
Other	
Green Wrythe Lane Community Clinic	Green W rythe Lane Clinic, The Circle Middleton Road, Carshalton, SM5 1JL
Robin Hood Lane Community Clinic	Robin Hood Lane Clinic, Robin Hood Lane, SM1 2RJ
Sutton Youth Centre	Robin Hood Lane, Sutton, SM1 2SD

CiO Referral Pathway

Low level of concern - Whole school population

General / standard SRE:

Information re CaSH, relationships, online safety, LGBTQ, where to access services

Could be provided by:

School staff trained in SRE (Christopher Winter Project training, LSCB)

School Nurses

Outside agencies (Drama groups, Health bus)

Peer support

Moderate level of concern – more vulnerable students **CHECK IT OUT (CiO)**

Where there are concerns around possible Child sexual exploitation (CSE), grooming, domestic violence, early sexual activity, risky behaviour, pregnancy in young people or those unlikely to attend CaSH services. Young Girls wanting to get pregnant, poor relationship choices, low self esteem and lack of self respect, CIO staff could support suitably qualified school nurses to provide some of this

Check It out Service can assess young person & provide 1 to 1 and small group work where appropriate tailored to suit the need of the young person and / or group of students.

Young person can be seen in school, contraception and sexual health clinic, youth settings and if appropriate at a venue of their choice.

CASH/CiO staff would refer to social services, safeguarding team where appropriate.

Concerns around drug / alcohol use – consider referral to CDSSL / Catch 22 / Stop smoking service

IF RISK FACTORS FOR CHILD SEXUAL EXPLOITATION, COMPLETE CSE PROFORMA AND REFER AS APPROPRIATE

High Level of concern - very vulnerable students

Very risky behaviour, high risk re CSE, violent, abusive, inappropriate relationships

Social Services, Barnados, Jigsaw4U, Multi agency safeguarding hub (MASH) Multi agency sexual exploitation panel (MASE)

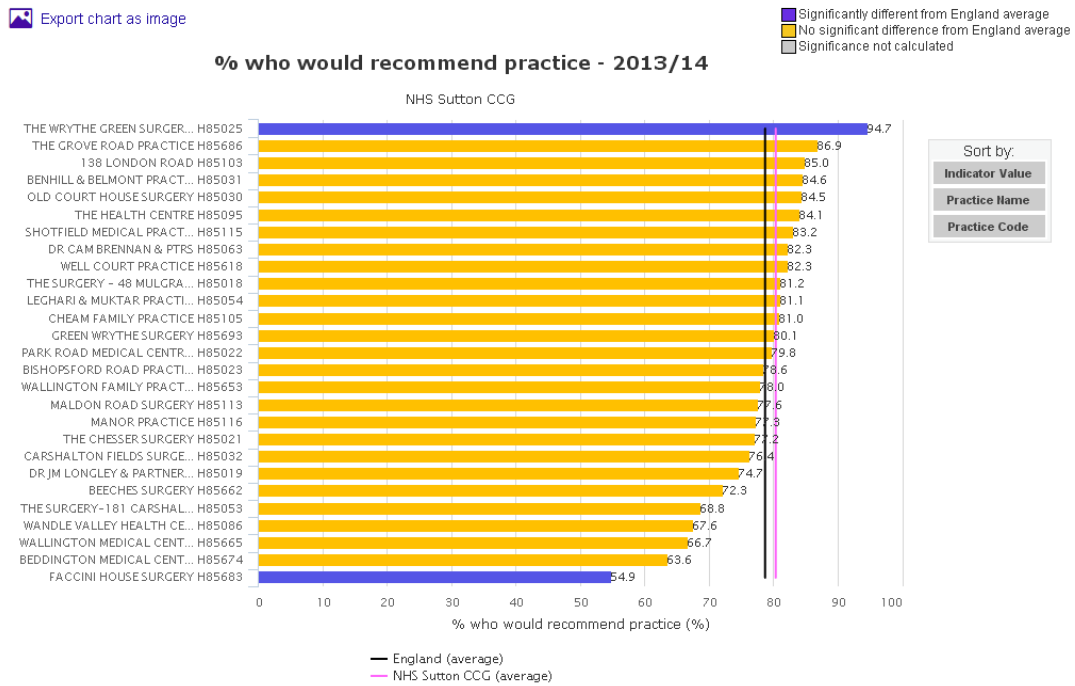
Dashboard – annual measures

NAME OF KPI	DESCRIPTION & PROVENANCE	NUMERATOR	DENOMINATOR
Length of time from diagnosis to first CD4 count date - within 1 month	Proportion of newly diagnosed patients with a CD4 count test done within 1 month of diagnosis (and with exclusions)	Number of newly diagnosed patients with CD4 count test done within 1 month of diagnosis	Number of new diagnoses during period
Length of time from diagnosis to first CD4 count date - within 3 months	Proportion of newly diagnosed patients with a CD4 count test done within 3 months of diagnosis (and with exclusions)	Number of newly diagnosed patients with CD4 count test done within 3 months of diagnosis	Number of new diagnoses during period
Undetectable viral load one year after starting therapy	Proportion of patients with an undetectable viral load one year after initiating treatment	Number of patients who initiated therapy in the previous year and remain virally undetectable	Number of patients who initiated therapy in the previous year
Patients with CD4 count >350	Proportion of all patients seen for HIV care with a CD4 count > 350	Number of patients with a CD4 count > 350	Number of patients attending the clinic during the period
Retention in care after diagnosis	Proportion of newly diagnosed patients retained in HIV care one year after diagnosis	Number of newly diagnosed patients seen for HIV care 12-24 months after diagnosis	Number of new diagnoses during the period
Retention in care of all patients	Proportion of all patients retained in HIV care in the following year	Number of all patients seen for HIV care in the following 12-24 months	Number of patients attending the clinic during the period

<http://www.swsenate.org.uk/wp/wp-content/uploads/2013/12/Commissioning-Specialised-HIV-services-Claire-Foreman.pdf>

Appendix 9: Access to General Practice in Sutton and patient satisfaction

Proportion of patients who would recommend the GP practice (2013-2014)



Source Public Health England¹⁹⁵

Proportion of patients reporting good overall experience of making an appointment in Sutton GP Practices (2013-2014)



Source Public Health England¹⁹⁶

¹⁹⁵ <http://fingertips.phe.org.uk/profile/general-practice/data#mod,5,pyr,2014,pat,19,par,E38000179,are,-,sid1,2000005,ind1,349-4,sid2,-,ind2,->

¹⁹⁶ <http://fingertips.phe.org.uk/profile/general-practice/data#mod,5,pyr,2014,pat,19,par,E38000179,are,-,sid1,2000005,ind1,349-4,sid2,-,ind2,->

Appendix 10: CaSH user satisfaction surveys

CaSH Care Survey (2013)

A care survey of 229 patient's (2013) showed good levels of satisfaction with the CaSH service.

Questions asked were: How was the clinician at...?

Q1 Making you feel at ease...

Q2 Letting you tell your "story"...

Q3 Really listening...

Q4 Being interested in you as a whole person...

Q5 Fully understanding your concerns...

Q6 Showing care and compassion...

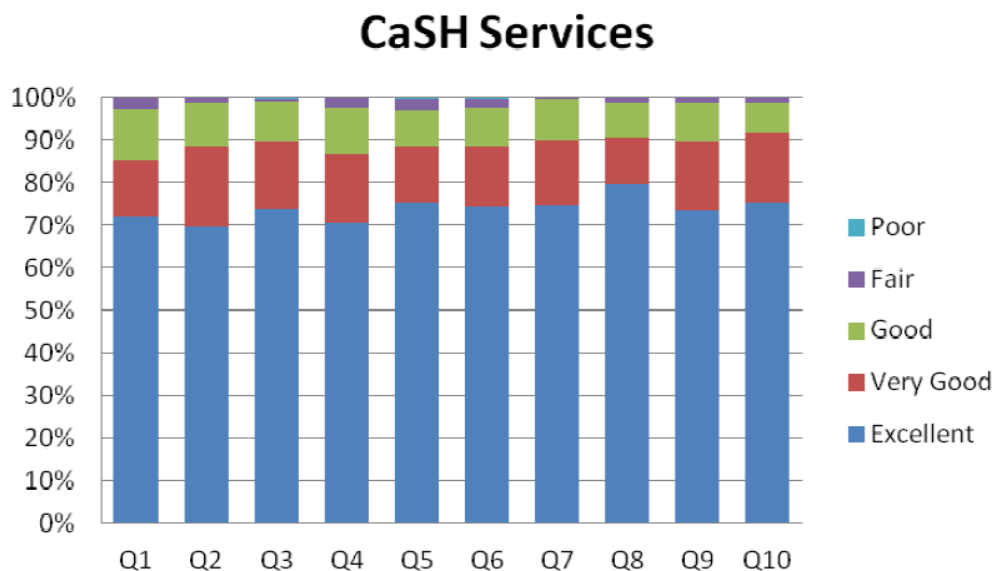
Q7 Being positive...

Q8 Explaining things clearly...

Q9 Helping you take control

Q10 Making a plan of action with you...

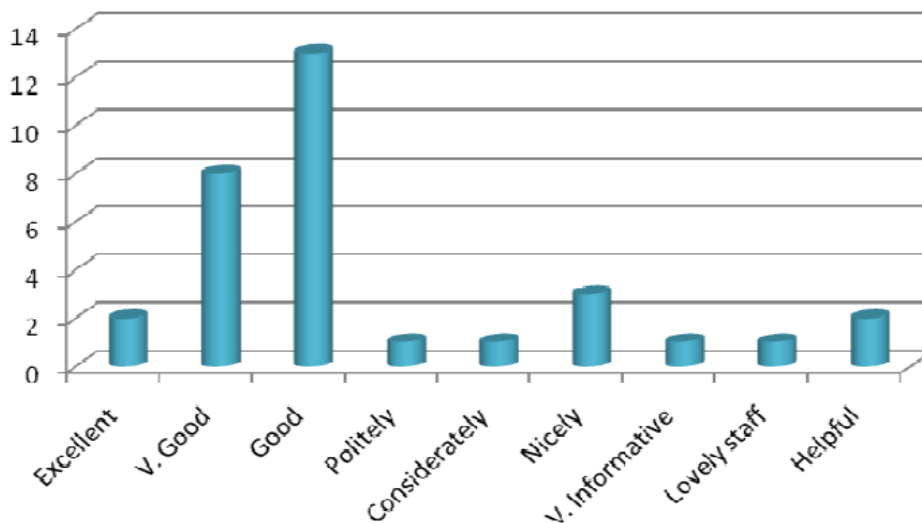
The results are shown in the graph below



Source: Sutton and Merton Community Services (CQRG paper March 2014)

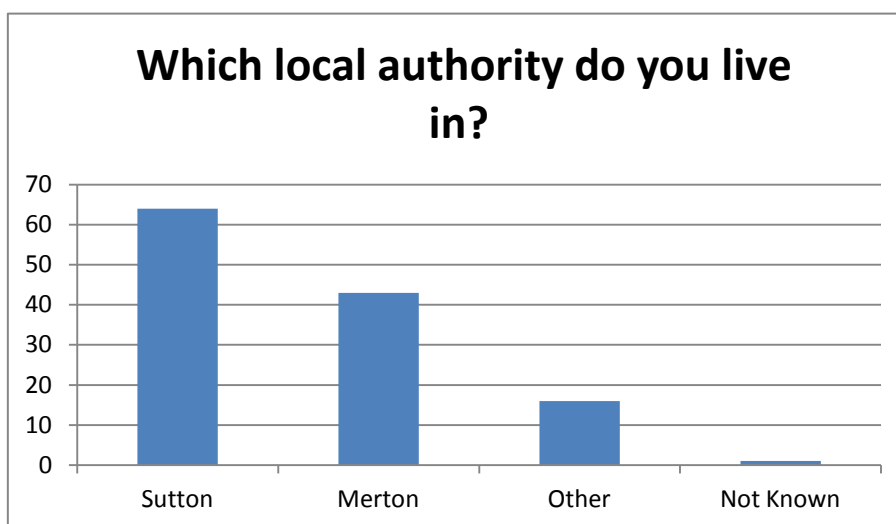
CiO User Satisfaction Survey (February 2014)

A user satisfaction survey carried out by the CiO team in their specialist clinics in February 2014 received positive comments when patient's were asked how they felt they were treated.

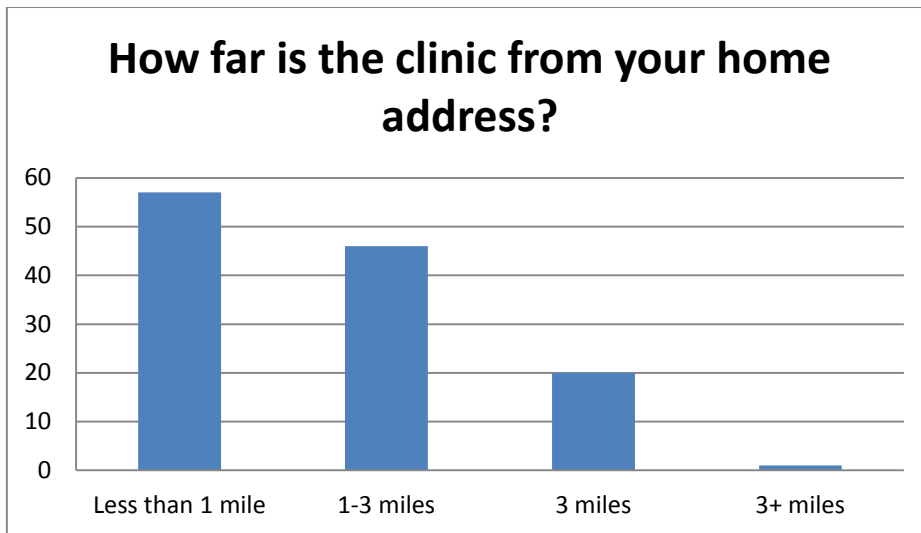


Source: Sutton and Merton Community Services (CQRG paper March 2014)

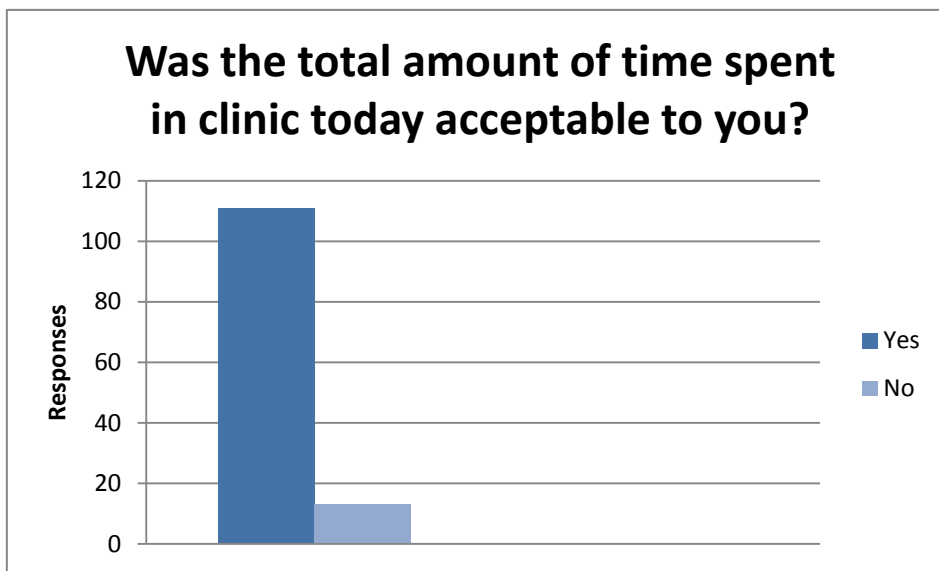
CaSH Survey 2015



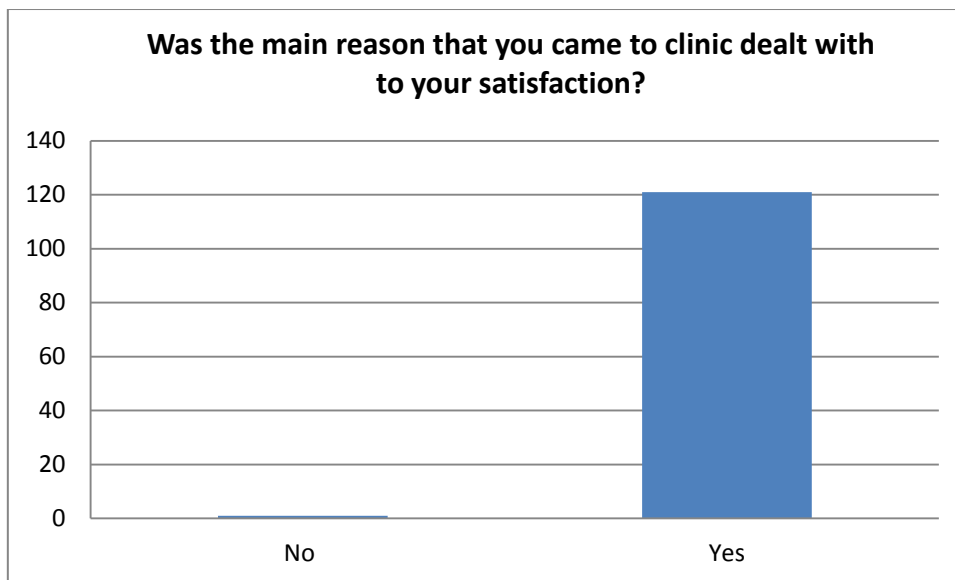
Which local authority do you live in?	Responses
Sutton	64
Merton	43
Other	16
Not Known	1
Grand Total	124



How far is the clinic from your home address?	Responses
Less than 1 mile	57
1-3 miles	46
3 miles	20
3+ miles	1
Grand Total	124



How far is the clinic from your home address?	Responses
Yes	111
No	13
Grand Total	124



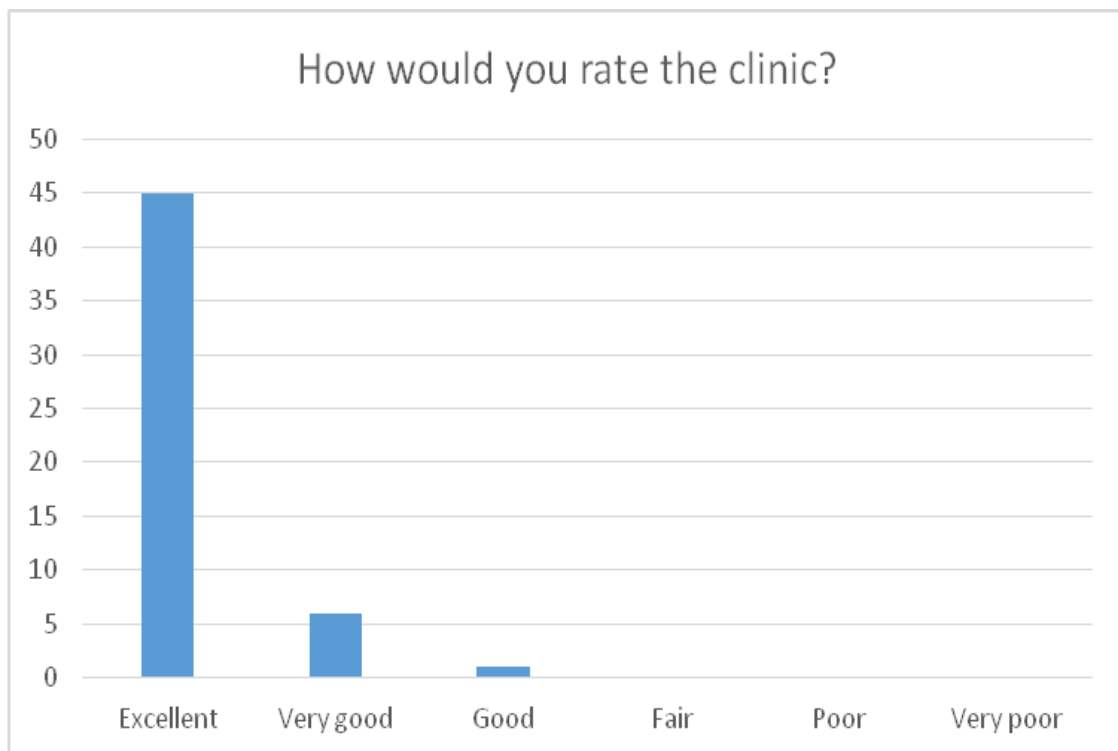
Was the main reason that you came to clinic dealt with to your satisfaction?	Responses
No	1
Yes	121

Source: Survey undertaken by Bethan Davies, Public Health Sutton (April 2015)

Appendix 11: GUM Contraception Pilot Results

GUM Survey Contraception Pilot Project (March- September 2015)

- 98% felt their personal information was kept confidential in the reception and waiting area whilst the remaining 2% felt it was kept confidential to some extent.
- 100% felt confidentiality was definitely maintained in the Consulting and Treatment rooms.
- 98% stated they were definitely given enough privacy when discussing their condition or treatment and when receiving their contraception or treatment or being examined. The remaining 2% said to some extent.
- Everyone who required written information received it and all found it clear and easy to understand.
- 28% received new medication, all received advice on how to use it and 93% received an explanation of side effects.
- 98% felt the main reason for their attendance was dealt with to their complete satisfaction with the remaining 2%, to some extent.
- 98% felt they were treated with dignity & respect & 98% would attend the clinic again.
- 96% would definitely recommend the service & the remaining 4% would probably recommend it.



Number of respondents 53

Appendix 12: The proportion of abortions carried out at under 10 weeks gestation (2014)

Abortions under 10 weeks (%) 2014			Proportion - %	
Area	Count	Value	95% Lower CI	95% Upper CI
England	139,114	80.4	80.2	80.6
London region	35,355	83.7	83.3	84.0
City of London	17	94.4	74.2	99.0
Sutton	647	88.4	85.9	90.5
Richmond upon Thames	460	87.5	84.3	90.0
Hammersmith and Fulham	829	86.4	84.0	88.4
Ealing	1,566	86.3	84.6	87.8
Kingston upon Thames	481	86.2	83.1	88.8
Harrow	882	85.8	83.5	87.8
Merton	754	85.8	83.3	87.9
Westminster	722	85.6	83.1	87.9
Wandsworth	1,198	85.6	83.7	87.4
Greenwich	1,326	85.5	83.7	87.2
Hounslow	1,264	85.5	83.6	87.2
Redbridge	1,319	85.4	83.5	87.0
Bromley	948	85.3	83.0	87.2
Havering	881	84.6	82.3	86.7
Barnet	1,176	84.1	82.1	85.9
Brent	1,483	83.9	82.1	85.6
Southwark	1,635	83.8	82.1	85.4
Hackney	1,221	83.7	81.7	85.5
Lewisham	1,447	83.4	81.5	85.0
Lambeth	1,703	83.3	81.6	84.9
Waltham Forest	1,326	82.9	81.0	84.7
Croydon	1,719	82.9	81.2	84.4
Enfield	1,350	82.7	80.8	84.4
Hillingdon	1,207	82.6	80.5	84.4
Bexley	795	82.6	80.0	84.8
Camden	681	82.4	79.7	84.9
Kensington and Chelsea	479	82.4	79.1	85.3
Islington	925	82.3	80.0	84.4
Newham	1,652	82.0	80.3	83.6
Barking and Dagenham	1,112	81.8	79.6	83.7
Haringey	1,161	81.3	79.2	83.2
Tower Hamlets	989	72.8	70.4	75.1

Source: Department of Health based on data from abortion clinics

Source: Public Health England, Sexual and Reproductive Health Profiles (2014)

Appendix 13: Out of area activity in GUM clinics (2014-2015) and clinic opening times

GUM Service	Number of Sutton residents attending the service (2014-2015)	Proportion of all GUM attendances by Sutton residents (2014-2015)	Opening hours and clinics (source service websites)
Kingston Hospital	453 people	8.3%	Monday – Friday only Walk in appointments – mornings Booked appointments – afternoon and evenings (latest evening 7.45pm). Clinics: <u>U – Test Clinic</u> , booked appointments (Monday, Wednesday and Thursday) for asymptomatic STI testing <u>The Point</u> (young people), <u>Connect</u> - for those with a learning disability <u>K2</u> – for and gay/bisexual men.
St George's Hospital	397 people	7.3%	Monday – Friday +Saturday morning Walk in appointments – all day Monday, Tuesday and Thursday and Wednesday and Friday morning. Booked appointments- Tuesday evening, Wednesday morning, Friday afternoon and Saturday morning. Clinic: <u>The Point</u> (young people), <u>Gay men's clinic</u>
Croydon University Hospital	264	4.8%	Monday – Friday Walk in appointments – Monday, Wednesday, Thursday and Friday all day (until 5.30) and Tuesday morning Clinics: <u>The Point</u> (young people) Tuesday afternoon
56 Dean Street /Dean Street Express	196	3.6%	Open Monday – Saturday (late evenings until 7.00pm Monday – Thursday) closed Sunday. Dean Street Express offers walk in appointments only, 56 Dean Street offers booked and walk in services. Clinics <u>Contact</u> (young people) CODE/ChemSex Clinics (Gay/bisexual men who use drugs for sex) <u>ClinicQ</u> – for the Trans community <u>SWISH</u> – for those employed in the sex industry

Source: Public Health England, Sexual and Reproductive Health Profiles (2014)

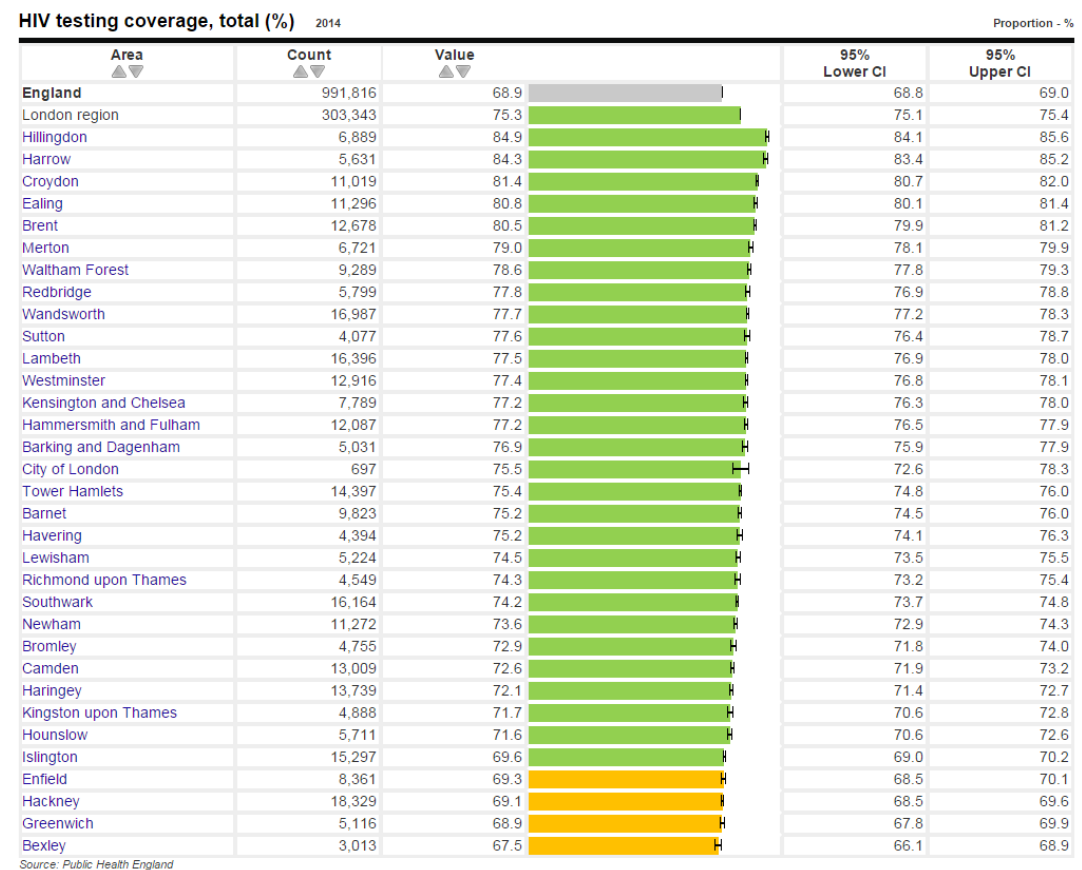
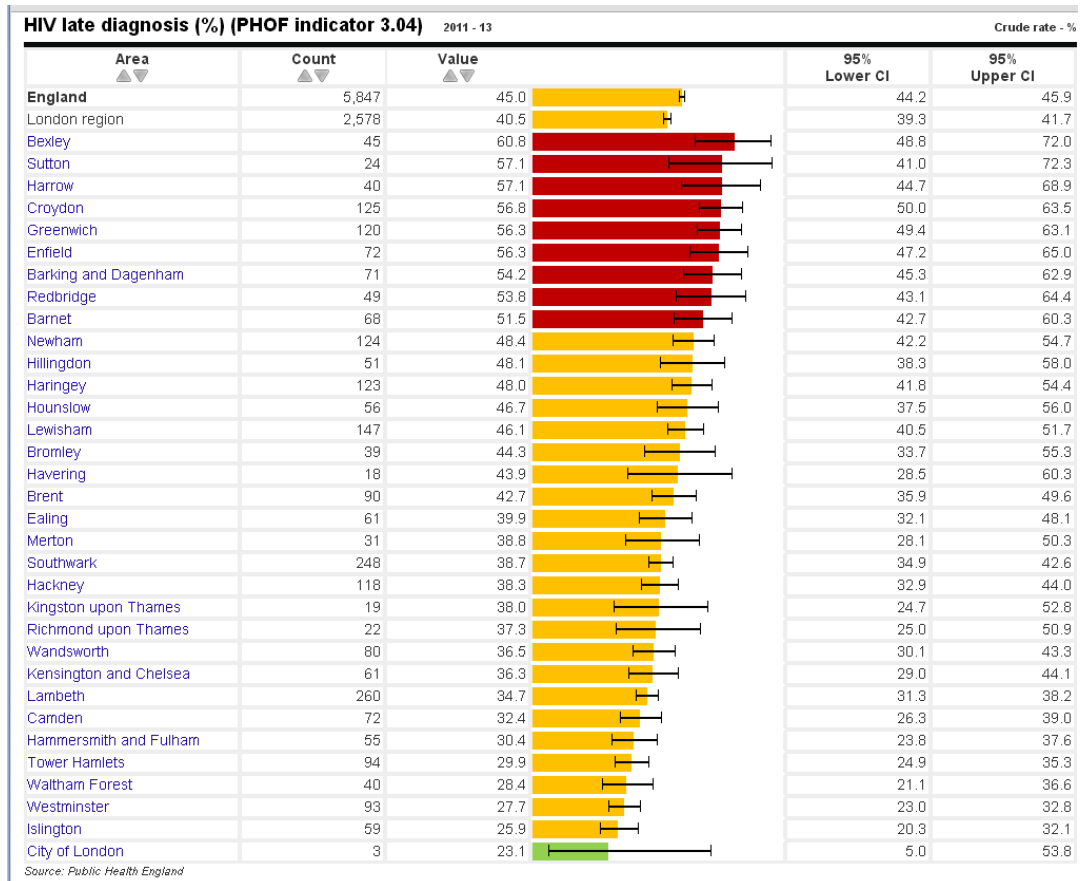
Appendix 14: Chlamydia detection rate/100,000 aged 15-24 (PHOF 3.02)

Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) 2014 Crude rate - per 100,000

Area	Count	Value		95% Lower CI	95% Upper CI
England	137,993	2,012		2,001	2,023
London region	22,875	2,178		2,150	2,206
City of London	-	*		-	-
Richmond upon Thames	-	*		-	-
Harrow	315	1,080		964	1,207
Bexley	398	1,287		1,164	1,420
Redbridge	476	1,319		1,203	1,443
Hillingdon	560	1,369		1,258	1,488
Havering	416	1,374		1,245	1,513
Barnet	600	1,376		1,268	1,490
Ealing	601	1,496		1,378	1,620
Sutton	343	1,574		1,412	1,750
Bromley	543	1,584		1,453	1,722
Enfield	702	1,705		1,581	1,836
Westminster	432	1,730		1,570	1,901
Kingston upon Thames	408	1,749		1,584	1,928
Newham	908	1,853		1,734	1,977
Tower Hamlets	783	1,877		1,748	2,013
Merton	407	1,938		1,754	2,136
Islington	601	1,948		1,795	2,110
Hounslow	627	1,989		1,836	2,151
Brent	830	2,063		1,925	2,208
Waltham Forest	726	2,170		2,015	2,333
Barking and Dagenham	560	2,174		1,997	2,361
Haringey	700	2,175		2,017	2,342
Hammersmith and Fulham	514	2,473		2,264	2,696
Greenwich	885	2,520		2,357	2,692
Kensington and Chelsea	401	2,572		2,326	2,836
Camden	881	2,576		2,409	2,752
Croydon	1,266	2,739		2,590	2,894
Southwark	1,362	3,241		3,072	3,418
Lewisham	1,251	3,504		3,313	3,704
Wandsworth	1,135	3,635		3,426	3,852
Lambeth	1,581	4,225		4,019	4,439
Hackney	1,354	4,270		4,046	4,504

Source: Public Health England STI surveillance systems; CTAD and GUMCADv2

Appendix 15: Graphs to show: HIV late diagnosis (%) PHOF Indicator 3.04 and HIV testing coverage



Appendix 16: Sutton Representation of SWAGNET Subgroups

1. HIV Service Delivery Subgroup
Dr George Atallah – Associate Specialist Doctor, Medical GU, St Helier Hospital
Aisling Moorcroft – HIV Clinical Nurse Specialist, Medical GU, St Helier Hospital
Hilda Dewa – HIV Community Nurse Specialist, Sutton & Merton Community Services
Copied for Information
Dr Steven Estreich – Consultant & Clinical Lead, Medical GU, St Helier Hospital
Yvonne Walker – Clinic Manager & Senior Health Adviser, Medical GU, St Helier Hospital
2. GUM Service Delivery Subgroup
Dr Steven Estreich – previous Co-Chair
Lynette Lebodi – GU Sister / Lead Nurse, Medical GU, St Helier Hospital
Copied for Information
Yvonne Walker – Clinic Manager & Senior Health Adviser, Medical GU, St Helier Hospital
3. Sexual & Reproductive Health Subgroup
Dr Ruth Clancy – Chair Consultant & Clinical Lead, Sutton & Merton Community Services
Elizabeth Sherlock – Nurse Manager & Lead Nurse, Sutton & Merton Community Services
Emma Tomlin – Team Leader & Senior Nurse, Sutton & Merton Community Services
4. Young Persons Subgroup
Dr Ceri Slater – Consultant, Medical GU, St Helier Hospital
Lindsay Carpenter – Health Adviser, Medical GU, St Helier Hospital
Siobhan Edwards – Sexual Health Outreach Adviser, Sutton & Merton Community Services
Copied for Information
Yvonne Walker – Clinic Manager & Senior Health Adviser, Medical GU, St Helier Hospital
Elizabeth Sherlock – Nurse Manager & Lead Nurse, Sutton & Merton Community Services
5. IT & Data Subgroup
Dr Steven Estreich – previous Co-Chair Consultant & Clinical Lead, Medical GU, St Helier Hospital
Juliette Hobson – Office Manager, Medical GU, St Helier Hospital
Copied for Information
Elizabeth Sherlock – Nurse Manager & Lead Nurse, Sutton & Merton Community Services
6. Sexual Health Promotion Subgroup
Karen Bowen – Co-chair Health Adviser, Medical GU, St Helier Hospital
Copied for Information
Dr Steven Estreich (for audit purposes) Consultant & Clinical Lead, Medical GU, St Helier Hospital
7. Research Subgroup
Dr Steven Estreich – Consultant & Clinical Lead, Medical GU, St Helier Hospital
8. Gay Men’s Taskforce
Yvonne Walker – Clinic Manager & Senior Health Adviser, Medical GU, St Helier Hospital
SWAGNET sector audit lead
Dr Steven Estreich – Consultant & Clinical Lead, Medical GU, St Helier Hospital
<ul style="list-style-type: none"> Annual Audit & Conference Feedback Meeting is organised and led by Dr Steven Estreich as Audit Champion.
Full Network Meetings
<ul style="list-style-type: none"> Full Network Meetings organised bi-annually by Medical GU, St Helier. Regular Sexual and Reproductive Health updates are organised by Sutton & Merton Community Services as agreed.
Sexually Transmitted Infections Foundations (STIF)
<ul style="list-style-type: none"> The next Sexually Transmitted Infections Foundations (STIF) Course is being organised by Medical GU, St Helier Hospital; dates: 03rd & 04th December 2015

Source: SWAGNET 2015

Appendix 17: Feedback from providers

Sex and Relationship Education

Education Safeguarding Lead, People Directorate, London Borough of Sutton

School nursing resources are limited. Some teachers find it challenging to talk about contraception during PSHE and would value the support of School Nurses to deliver these sessions.

School Nursing

The Sex Education Forum Checklist for school nurses - supporting good quality SRE was used as the basis for discussion with school nurses.

- In some schools school nurses are introduced in person to all pupils however these opportunities will vary dependent on school. Introductions are most likely to happen in SRE lessons (primary and senior) or at Year 7 entry.
- Younger pupils are taught the correct names for sexual parts of the body and about bodily privacy as part of the curriculum - several schools teach the NSPCC 'Underwear Rule.' (see below)
- Pupils are all made aware of the weekly school nurse drop in sessions where they can raise any worries or concerns they might have.
- Children are taught, in SRE lessons, that meetings with the school nurse are confidential.
- In line with the national curriculum children are taught about puberty from Year 4. This meets the needs of most children who reach puberty after this age. School nurses can support teachers if required.
- School nurses can offer secondary school pupils the chance to practice skills for using a sexual health service by themselves, however this is not offered routinely. (The school nurses commented that The Check it Out Service (CaSH) and The Point (GUM) are very accessible and far less daunting than services used to be).
- The school nurses felt that in their experience, the SRE programme provided young people with sufficient knowledge about sexual health for them to be able to assess their own need to use a service.
- School nurses in Sutton do not routinely collate the common questions and concerns that are raised by pupils and feed these back anonymously, to the lead SRE teacher, to inform curriculum planning. However if school nurses are leading SRE sessions then the teacher who is present will pick up issues and themes from class discussions.
- In some schools pupils can ask the school nurse a question anonymously. This more likely to be the case in schools where nurses support SRE or where schools support the use of question boxes for example.
- The school nurses were aware that some schools were using external organisations to support SRE and gave the example of 'Always and Tampax Education services.' They did not have other examples and would not have access to course materials.
- It is not routine in Sutton for school nurses to be consulted when an SRE programme is reviewed or the policy is updated. Some schools involve school nurses regularly to deliver SRE sessions but others take a more last minute approach to asking for help. The school nurses would like to have discussions that start in September so that they can plan their support for schools and year groups.

Check It Out Team

We are receiving simple referrals from schools that could be better dealt with by the School Nursing Service.

School Nursing Team

The real challenge facing the service is mental health issues amongst young people. Supporting young people to manage low self esteem and build resilience would improve their ability to negotiate sexual relationships and benefit their sexual health.

Community Pharmacy

Pharmacists at Sutton Council training session (June 2015)

The interval between EHC training sessions is too long. If a pharmacist leaves it can disrupt service delivery for several months and locums cannot deliver the service.

Pharmacists at Sutton Council training session (June 2015)

We don't always have a trained pharmacist available who can provide EHC. When we don't we direct people to another pharmacy, usually Coopers – they always have someone there.

Pharmacists at Sutton Council training session (June 2015)

We don't provide the EHC service; we could not guarantee that we could provide an accredited pharmacist to deliver the service 80% of the time.

Pharmacist at Sutton Council training session (June 2015)

'We do have a toilet on site but it's through the dispensary so customers cannot use it.'

Independent Evaluation Chlamydia Screening Programme (London Borough of Sutton) 2013

Pharmacists reported particular difficulties with lack of public toilets and consulting room space to do screening and testing and were aware that completing a test at home reduced compliance with testing.

THT South West London Chlamydia Screening Programme Manager (June 2015)

'Rosehill and Salmina Pharmacies put a basket of chlamydia screening tests near to the counter in the shop. From the counter they can see who is taking the screening packs and stop those who are too old or too young to use them. Jayesh (the Pharmacist at Rosehill) has a great personality and a good rapport with his customers.'

GP Practice

Feedback to the Primary Care Team Sutton CCG

Data collection for coils is onerous. Practices have to provide data to two organisations wanting different information at different times which is costly in terms of staff time.

Feedback from Practice Manager to the Primary Care Team, Sutton CCG

The payments for coils are too low and it is not cost effective to provide the service.

CaSH

Feedback to the Sutton CCG from CaSH

There has been an increase in the number of people attending CaSH for removal of coils. Are GPs paid to do this?

GUM

Meeting with GUM consultants and Business Manager (May 2015)

We don't have a clinic specifically for Gay and Bisexual men. In our experience people would rather come to an open clinic than attend a specialist one. It wouldn't be worth ring fencing appointment time when there isn't demand for it.

National Chlamydia Screening Programme

CaSH Nurse July 2015

THT take 7 days to report a chlamydia test result. We can get a result from The Doctor's Laboratory in 3 days .

Independent Evaluation Chlamydia Screening Programme (August 2013)

Pharmacists reported particular difficulties with lack of public toilets and consulting room space to do screening and testing and were aware that completing a test at home reduced compliance with testing. At a Local Pharmaceutical Committee meeting it was reported that a Sutton pharmacist gave out 200 testing kits with one returned for testing.

SARC

SARC Service Manager (September 2015)

We are not part of SWAGNET and don't work that closely with GUM or CaSH. This is something we need to work on – we could do this better.

Appendix 18: Resident and Service User Views

3.1.1 BME and MSM

HIV Rapid Needs Assessment

Methods

Needs assessments: Questionnaire; In-depth qualitative interviewing with informants

Service development: Trial of HIV testing in community settings

Findings:

It was difficult to engage with service providers, individuals from MSM and Black African communities in Sutton.

The Questionnaire was completed by:

- ° 40 MSM; and
- ° 46 BME individuals

Questionnaire findings:

- The majority of people reported no unprotected sexual intercourse in last 3 months
- 1/3 were not aware that rapid HIV testing is available
- The BME respondents were less aware of post exposure prophylaxis than MSM
- ¾ felt it was important to know HIV status but under 50% consider testing routine and 1/3 of BME did not believe there was a need for them to be tested
- ¾ of MSM and ½ of BME respondents had had an HIV test
- 25% of MSM and 50% of BME respondents were unaware of the GUM clinic at St Helier Hospital and 50% of MSM and 70% of BME respondents were unaware that GP offer sexual health services

Respondents were concerned that GUM services can only be accessed during working hours

Respondents chose confidentiality, accessibility and comprehensive sexual health screening as the 3 most important criteria when choosing a service.

The BME group had a low preference for ethnic/culturally specific services

Mount Elgon Pharmacy was considered to be in a remote, residential location

Recommendations

Gather information about the Black African community to assist with healthcare promotion

Increase specific MSM targeted services

Scope to increase uptake of HIV testing across all settings

Strategic approach to increase HIV testing availability and uptake

3.1.2 Young People

Independent Evaluation Chlamydia Screening Programme (London Borough of Sutton) 2013

'Feedback from the stakeholders also raised issues of certain environments being a barrier to engagement, e.g. GP surgeries/clinics and pharmacies. Young people in the consultations also raised the need for privacy with young women stating this is why they go to the sexual health clinic for testing and would not go anywhere else. Young men were noticeably more comfortable with being screened in public setting from the sessions observed.'

Healthwatch Survey of Young People (2014)

Priority	Total Points	
Body Image	51	14.9%
Stress (including exam stress)	46	13.5%
Bullying	32	9.4%
Diet	28	8.2%
Self-harm	24	7.0%
Smoking	22	6.4%
Mental Health (including CAMHS and IAPT)	20	5.8%
Drug Use	18	5.3%
Eating Disorders	18	5.3%
Sex and Relationship Education	14	4.1%
Obesity	10	2.9%
Parental Separation	10	2.9%
Teenage Pregnancy	10	2.9%
Confidential Services (Healthcare advice)	9	2.6%
Sexual Health (including screening)	6	1.8%
Learning Disability - Medicines	5	1.5%
Learning Disability - Transition to Adult Services	5	1.5%
Mental Health - Transition to Adult Services	5	1.5%
Young Carer	3	0.9%
Physical Disability - Improving Services	2	0.6%
Other	2	0.6%
Learning Disability - Diagnostic Process	1	0.3%
Treated with Respect by Adults	1	0.3%
Learning Disability - Other (please explain)	0	0.0%

Appendix 19: Good Practice Examples

3.1.3 3Cs and HIV

The 3Cs & HIV programme focuses on supporting practices across England to:

Provide the '3Cs' offer of a chlamydia screen, signposting or provision of contraceptive advice and free condoms, during routine consultations with a young adults (15-24 years olds) and deliver HIV testing in adults (≥ 16 years) in line with current clinical guidelines. Results of a national pilot projects and a set of resources will be available from NHS England to support commissioners to introduce the project.

3.1.4 Collaborative Commissioning

Best practice examples are included in the document Making It Work: A guide to whole system commissioning for sexual health, reproductive health and HIV (Public Health England 2014).

3.1.5 Needle Exchange Services

Needle exchange services provide much-needed support to injecting drug users, offering information and advice about safer injecting techniques, blood borne virus vaccinations and testing, and referrals to primary care when infections and injuries occur. A report by Turning Point¹⁹⁷ found that there is an overwhelming case for improving service provision to address the worrying levels of HIV, Hepatitis B and Hepatitis C in the injecting drug using population highlighted in this report.

¹⁹⁷ The Sharp End: 21ST Century Drug Use (Turning Point 2007). <http://www.turning-point.co.uk/media/70524/atthesharpendshortreport.pdf>