NHS BUCKINGHAMSHIRE

SEXUAL HEALTH & HIV STRATEGY

2009-2014
The development of this strategy would not have been possible without the valuable contribution made by all stakeholders in the local sexual health economy, especially those linked into the local Sexual Health Network. In particular I would like to thank Jenny Kent and Angie Blackmore from the Public Health team within NHS Buckinghamshire for their on-going support and input into this strategy.
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The continued rise of levels of sexually transmitted diseases, terminations and unplanned pregnancy both nationally and locally demonstrate that there is a need for a continued drive to address risky sexual health behaviours through education and access to services.

Increasingly there are also a number of people living with HIV, and living longer with HIV, which in turn increases the demand for flexible services to meet the needs of people living with this long term condition.

Since the publication of The National Strategy for Sexual Health and HIV in 2001 there has been an increased drive and focus on addressing sexual ill health, especially in the prevention of sexual ill health and unplanned pregnancy. Addressing sexual ill health has been shown to be cost effective, both in terms the prevention of onward transmission and time treatment of illness to prevent further co morbidities, but also in terms of patient outcomes related to quality and control of their life.

The key challenges within sexual health locally continue to be:

- The increasing rates of sexually transmitted infections (STIs), especially in young people
- Increasing incidence of HIV infection among all communities
- Late diagnosis rates of HIV
- Stagnant teenage pregnancy rates
- High termination rates, suggesting high rates of unwanted pregnancy and risky sexual behaviour

The objectives of the previous sexual health strategy for Buckinghamshire continue into this strategy and include:

- To raise the public awareness about sexual health issues, importance of positive sexual and emotional relationships, and risks of unsafe sex.
- To inform the public, especially the high risk groups, about available sexual health and HIV services.
- To increase access to sexual health information, treatment, support and advice, especially to young people and minority ethnic communities.
- To provide skills and build capacity in individuals and communities, especially young people, to be able to take greater control over their sexual health by gaining key relationship skills such as:
  - Negotiating for safer sex
  - Better communication
  - Assertiveness, being able to say ‘no’ to sex
  - Enhancing self-esteem in individuals, groups and communities so that they are able to make informed decisions about their sexual health.

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1 Mid-South Buckinghamshire Sexual Health & HIV Prevention Strategy 2006-2009
Progress has been made in many of the areas covered in the previous strategy, including:

- the introduction of level 2 community sexual health services to increase access to STI testing & treatment
- Increase in the provision of EHC\(^2\) via community pharmacy
- Introduction of a Chlamydia Screening Programme locally
- Introduction of a condom distribution scheme for young people and high risk groups
- Piloting of You’re Welcome standards for developing young people accessible services

The continued rates if terminations, STIs and teenage pregnancy suggest that more work is still needed to increase awareness, access and education around all aspects of sexual health.

The previous strategy was young people focused, whilst this strategy has been developed to consider the needs of all communities within the local population. The strategy has been developed based on national strategies; a refreshed local sexual health needs assessment and local priorities. A multi-disciplinary approach has ensured that all stakeholders have been able to contribute to this strategy, and will continue to be the approach taken to develop local pathways based on national evidence and designed to address local health inequalities.

During the development and writing of this strategy progress has been made in a number of areas, including:

- The achievement of the GUM 48-hour offered target for the first time in Buckinghamshire
- The commissioning of contraception pilots to sit alongside the level 2 outreach sexual health clinics
- The commissioning of a pilot young people’s drop in service in the south of the county
- The refocusing of the Chlamydia Screening Programme to embed chlamydia screening into core services
- The retendering of termination services to increase the value for money achieved from this service
- Development of a local LARC training programme
- Development of local primary care training programmes around sexual health

Work has also begun in the following areas:

- Development of a standardised service specification across providers of GUM services
- Review of specialist contraception services to look at options for the future state
- Joint review of HIV services with the council
- Review of Chlamydia Screening Programme and resources with a view to retender the service, including looking at options for collaboration with neighbouring trusts

This strategy aims to provide a focus for all local providers and stakeholders to use to work towards quality, integrated, holistic sexual health services that are patient focused and meet the needs of all those living within Buckinghamshire.

\(^2\) Emergency Hormonal Contraception
Sexual health is a state of physical, emotional, mental, and social well being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health 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. (WHO, 2002)

Sexual ill health costs the NHS more than £700 million a year (HPA, 2004). For individuals this ranges from brief discomfort to pelvic inflammatory disease, infertility, and in some cases, death as a result of HIV / AIDS.

The purpose of this strategy is to bring together all services within the sexual health economy and align them strategically to produce integrated holistic sexual health services for the population of Buckinghamshire. The strategy will outline NHS Buckinghamshire’s strategic vision for services and look at the priorities for year one and beyond. This strategy has been developed in consultation of all stakeholders within the sexual health economy of Buckinghamshire to ensure it is a comprehensive strategy that all parties can engage in to deliver the strategic vision for sexual health services within Buckinghamshire.
NHS Buckinghamshire has led the development of this sexual health strategy, with the involvement of all stakeholders within the local sexual health economy. A multi-agency visioning event was held to drive forward engagement in the review of local services and development of a strategy to support the planned direction of travel. This was supported by a multi-agency questionnaire designed to bring out individual views on the sexual health services in Buckinghamshire.

Members of the local Sexual Health Network, who have been involved in many parts of this strategy, also brought details of their patient engagement to ensure that the views of local patients were fed into the strategy development. Individual projects that had previously been undertaken around specific aspects of sexual health with patients and the public were also used in the development of this strategy.

The strategy has been underpinned by a refreshed sexual health needs assessment, produced by NHS Buckinghamshire and Supporting Public Health, to ensure that the necessary evidence of local need drives the development of services.

It is intended that the draft strategy will go out for consultation to all interested parties, including service providers, local statutory agencies, patients, the wider local public and any other local groups who express an interest in this strategy. The feedback from this will then be incorporated into the final publication of the sexual health strategy for NHS Buckinghamshire.

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Once the final strategy has been published the implementation of the various aspects of this strategy will be undertaken by NHS Buckinghamshire in collaboration with the
relevant other agencies. Progress will be monitored by the local Sexual Health Network.

This strategy is intended to be a living document that will develop and be amended as local needs change with the development of services in line with the strategy.

Strategic Vision

The strategic vision for sexual health services across Buckinghamshire was developed with key stakeholders in the sexual health economy of Buckinghamshire at a Visioning Event held with the support of the DH National Support Team for Sexual Health. This vision represents an idea state that stakeholders should work towards and will be the focus for developments in sexual health services across Buckinghamshire.

The Vision for Sexual Health Services in Buckinghamshire:

To provide holistic, confidential, integrated sexual health services that work through local partnerships, and that act as a centre of excellence for quality, training and clinical governance issues;

To have pathways that provide equitable access to the full range of sexual health services [including abortion] through a central hub and are supported by prevention, outreach and signposting;

That services are delivered by the most appropriately trained staff to meet the needs of our local population and in particular those identified as most vulnerable – as informed by local evidence and user involvement;

And that sexual health services are transparently commissioned, well marketed and cost-effective.
What is covered by the Strategy (Scope)

This strategy covers all services within the sexual health remit, as listed below. Other areas, such as the HPV vaccine programme, the various cancer screening programmes, fertility, and gynaecological issues, whilst linked to the area, are out of scope for this strategy and are therefore not covered here.

In-Scope:
- Abortion
- Chlamydia
- Contraception (including LARC)
- Erectile Dysfunction
- GUM (Sexually Transmitted Diseases)
- HIV
- Patient and Public Involvement in sexual health services
- Primary Care Sexual Health
- Psychosexual Problems
- Sexual Assault & Exploitation
- Sexual Health Awareness/ Education
- Sexual Health Outreach (including Offender Sexual Health)
- Sexual Health Promotion
- Teenage Pregnancy
- Vasectomy (and sterilisation)
- Young People Sexual Health Services

The strategy will look at the target/at risk groups for each of the areas within scope, and the workforce/service development needs that must be addressed in order for local sexual health services to fully meet the needs of the local population.
NHS Buckinghamshire has set itself four strategic objectives that underpin the commissioning plans and direction for the organisation. These are:

1) **Improve the health status of our local population and reduce inequalities in health**
2) **Enhance quality and safety of patient services that we commission**
3) **Enable local people to have a greater influence on services that the NHS Buckinghamshire commissions and increase the ability of people to manage their own care**
4) **Achieve financial sustainability with headroom to invest**

These are reflected in the core values and guiding principles that support the development of this strategy and its implementation:

- **Equality**
  Vulnerable groups, such as young people, those from deprived areas and ethnic minority groups are more likely to experience poor health, including sexual health. By targeting services where needed and ensuring equitable access to sexual health services for all, NHS Buckinghamshire aims to improve the health of the whole population and reduce the inequalities currently experienced in accessing high quality sexual health services. Challenging stigma and discrimination are key to ensuring that everyone can have their sexual health needs recognised and that accessing services is a positive experience to promote engagement in services, especially from within vulnerable groups.

- **Collaborative Working**
  To improve the health of the population and tackle inequalities partnership working with key stakeholders is vital to ensure that services are integrated and targeted to where they are needed most. Recent work has been moving this approach forward, but this will be strengthened through this strategy. Health and social care services must work closely in partnership with voluntary and community organisations to address any gaps in service provision and avoid duplication to make the best use of resources available locally. This also ensures a smooth and simple patient pathway to aid accessibility for all.

- **User Involvement**
  Services ultimately need to meet the needs of the local population. In addition to Public Health information about local needs and information from key stakeholders in the local sexual health economy it is imperative that we engage with the public to ensure services are truly accessible and meet user’s needs. Due to the sensitivities around this area of health there will be a need to look at innovative ways of engaging with the public, especially vulnerable communities. Close working with community and voluntary organisations will be essential to ensure that all areas of the community are accessed. Long-term engagement with the public is needed to ensure services continue to meet the local needs, and that the public is informed and engaged in their own sexual health to minimise health needs.
Choice
To ensure that patients are able to truly access services appropriate to their needs NHS Buckinghamshire needs to ensure that a choice of services is available to all patients, especially given the sensitivities around sexual health. Within Buckinghamshire there is already a mix of settings where sexual health services are provided, from a variety of different providers. There is a need to ensure that choice is equitable across the county, that there is good information available about the services and how to access them, and that all services can be accessed in a timely manner.

Quality
NHS Buckinghamshire has a commitment to ensure that all services available to patients meet high standards for the quality of care they provide. All services will be closely monitored to ensure that the quality of the care provided meets these standards, including standards around respect and confidentiality. All services and public health initiatives will be commissioned and underpinned with evidence based practice to ensure that resources are invested in the most effective interventions and the best sexual health outcomes can be achieved.

National Strategies and Guidance

There have been a number of strategies and supporting guidance around many aspects of sexual health in recent years. These all shape the development of sexual health services nationally and locally. Appendix A lists a number of the wide variety of guidance and reports available to support the development of sexual health and HIV services.

The key documents used in this strategy are:

- *Standards for the management of sexually transmitted infections (STIs)*, MedFASH & BASHH, 2010
- *The Time is Now Achieving World Class Contraceptive and Abortion Services*, Independent Advisory Group on Sexual Health and HIV, 2009
- *Clinical Guideline 30:Long Acting Reversible Contraception*, NICE, 2005
- *The Time is Now Achieving World Class Contraceptive and Abortion Services*, Independent Advisory Group on Sexual Health and HIV, 2009
- *Standards for HIV Clinical Care*, BHIVA, 2007
The National Strategy for Sexual Health and HIV provides the strategic direction for improving sexual health in England. It includes five key aims which are reflected in local commissioning priorities:

- Reduce transmission of HIV and STI’s
- Reduce prevalence of undiagnosed HIV and STI’s
- Reduce unintended pregnancy rates
- Improve health and social care for people living with HIV
- Reduce stigma associated with HIV and STI’s.

Overall, the direction of the National Strategy is working towards achieving:

- Better prevention
- Better services
- Better commissioning

Much of the available guidance supports the need for all health services, including sexual health and HIV services, to engage in keeping people healthy (prevention in sexual health), rather than just treating illness.

- Levels of HIV and STIs continue to rise across the UK, with numbers of new diagnoses up 63% since 1998. The cost of providing sexual health services, including contraception and abortion services is now almost certainly in excess of £0.25 billion each year nationally.

- Advances in treatment mean people with HIV are able to live healthier lives for longer, but this also increases the costs of treatment and care for HIV, which is now estimated to cost around £0.5 billion a year in the UK. In the National Sexual Health and HIV Strategy\(^3\), the DH also estimates that the socio-economic costs of HIV are increasing by up to £3 billion each year.

- Research published by the fpa in 2005\(^4\) indicated that the NHS in England could save almost £1 billion over 15 years by investing in contraception services and speeding up access to abortion by just ten days.

The effective prevention of HIV and STIs and investment in contraception services is essential to reduce transmission and limit costs.

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\(^3\) The national strategy for sexual health and HIV, DH, 2001

\(^4\) The Economics of Sexual Health, 2005, FPA
Links with other Buckinghamshire Strategies and Work Streams

This strategy provides an overall approach for the promotion of good sexual health within Buckinghamshire. Key national priorities include teenage pregnancy and HIV cut across social care and health providers, and as such this strategy has been designed to dovetail with existing strategies in these areas, and lead the development of strategies where they do not exist or are no longer fit for purpose.

It is also essential that the strategy and development of sexual health services across Buckinghamshire works in partnership with other strategies that may impact on sexual health. These include local and national strategies around Drug and Alcohol consumption, where the increased risk of unsafe sexual behaviour and sexual assault are well documented, and the development of services and strategies for Young People.

NHS Buckinghamshire commissioned a refresh of the Sexual Health Needs Assessment for Buckinghamshire in 2009, to support the development of this strategy. The local Teenage Pregnancy Strategy is another key document that this strategy supports. Locally, teenage pregnancy rates are lower than the national average, but conception rates are not falling in line with targets, and abortion rates in this age group continue to be high. Headlines from both of these documents can be found in the appendices.

**HIV**

HIV social and health care, whilst working closely for a number of years, have been developed separately, with HIV health related needs falling under the Sexual Health umbrella, and social care needs falling under the umbrella of Physical and Sensory Disability within Adult Social Care and Buckinghamshire County Council (BCC). HIV no longer falls under the PSD Strategy, due to reorganisation in the County Council, necessitating a separate strategic plan to be built. The majority of BCC funding for HIV related social care come from the AIDS Support Grant (details of which can be found in the appendices).

Latest national data shows HIV prevalence in Bucks remains lower than the national average, but that very high late diagnosis rates remain, which results in significant co-morbidity and increased risk of onward transmission.

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5 Details of current strategies around HIV and Teenage Pregnancy are discussed in the relevant sections later in this strategy.
6 *Alcohol Harm Reduction Strategy*, 2004, Prime Minister’s Strategy Unit.
Moving Forward.

Both NHS Buckinghamshire and Buckinghamshire County Council recognise the joint responsibility for ensuring the health and social care needs of people living with HIV, acknowledging the impact that one can have on the other. There is a clear need for joint working between health and social care services to maximise opportunities to outreach to vulnerable groups and engage with these people to reduce the levels of late diagnosis across Buckinghamshire.

We have committed in Buckinghamshire to ensure that funding is used on services that support our vision for improving health and wellbeing. We will:

- Prioritise better prevention services with early intervention.
- Bring in more support to promote quality of life and people’s engagement in their community.
- Give people more choice and a louder voice to take greater control over decisions about the way they want to live their lives and the services they need to support them to do this.
- Do more to tackle inequalities and social exclusion and improve access to the services people may require by addressing the needs of minority groups.
- Provide more support in the community for people with long-term conditions. Support people to manage their condition themselves with the right help from health and social care services.
The Buckinghamshire Sexual Health Network has been established as a forum to bring together the key stakeholders in the local sexual health economy to address local needs and drive forward national and local agendas around sexual health. This is in line with recommendations in the national sexual health strategy to support providers to work together to deliver equitable, holistic care and focus on sexual health promotion to reduce STIs, HIV and unintended pregnancies.

The aim of the Buckinghamshire Sexual Health Network is to facilitate equitable, co-ordinated and integrated sexual health services for the local population, which it achieves through its Terms of Reference. The network has responsibility for developing and reviewing the progress of projects in relation to the local sexual health priorities and plans.

The Terms of Reference for the Sexual Health Network:

- Developing a strategic, collaborative and co-ordinated approach to the implementation of national sexual health and related strategies and programmes working across key sexual health provider services, county and district councils, NHS Trusts and the community and voluntary sector.
- Identifying local priorities across Buckinghamshire.
- Ensuring resources are targeted to those most at risk of poor sexual health.
- Developing a Buckinghamshire Sexual Health Strategy with associated delivery plans.
- Providing advice and a co-ordinated approach by working jointly with health commissioners.
- Acting as a key reference point to any local clinical networks and in an advisory capacity for implementation of NICE guidance and MEDFASH standards.
- Support the development of early intervention and health promotion opportunities within services.
- Act as the umbrella group for a number of task orientated subgroups (named below) and ad hoc core working groups as necessary.
  - Communications and Marketing Working Group- led by Public Health, NHS Buckinghamshire
  - Further Education Programme Working Group- led by Public Health, NHS Buckinghamshire
  - Local Chlamydia Steering Group- led by Community Health Buckinghamshire
- To work in close liaison with the Buckinghamshire County Council HIV Steering Group and Teenage Pregnancy Reference Group.

7 Previously called the Buckinghamshire a Sexual Health & HIV Strategy Group
The Buckinghamshire Sexual Health Network is chaired by NHS Buckinghamshire and meets quarterly. Membership is reviewed annually, and other agencies and stakeholders are regularly invited to the group to ensure that links are developed and maintained with related areas/specialties. Sub-groups are set up from within the Network to work on key projects, with clearly defined aims, membership, terms of reference, timeframes (where appropriate) and roles and responsibilities around these discrete pieces of work.

### National Sexual Health Policy Targets and Indicators.

**The National Strategy for Sexual Health (2001) included the following targets:**

- To reduce by 25% the number of newly acquired HIV infections and gonorrhoea infections by 2007.
- By the end of 2004, all GUM clinic attendees should be offered an HIV test on their first screening for sexually transmitted infections,
  - uptake of the test by those offered it of 40% by end 2004 and 60% by end 2006,
  - a reduction by 50% of the number of previously undiagnosed HIV infected people who remain unaware of their infection after their first visit to GUM clinic
- By the end of 2003, all homosexual and bisexual men attending GUM clinics should be offered hepatitis B immunisation at their first visit,
  - uptake of the first vaccine in those not previously immunised of 80% by end 2004 and 90% by end 2006
  - Uptake of 3 doses of the vaccine of 50% by end 2004 and 70% by end 2006
- From 2005, commissioners should ensure that women who meet the legal requirements have access to abortion within 3 weeks of the first appointment with the GP or other referring doctor.
- Uptake of antenatal HIV test by pregnant women to be at least 90% by 2002.

In addition a number of recent PSA targets have been set in relation to sexual health:

- Reducing the under 18 conception rate by 50% by 2010 (1998 baseline) as part of a broader strategy to improve sexual health;
- 100% of patients contacting Genito Urinary Medicine (GUM) clinics to be offered an appointment within 48 hours by 2008;
- Decrease in rates of new diagnoses of gonorrhoea by 2008;
- Increase in the percentage of people aged 15-24 accepting Chlamydia screening by 2007.
Only some of these targets have been achieved locally and sexual health improvement continues to be a priority for the NHS in Buckinghamshire. In the review of the National Sexual Health Strategy by MedFASH\textsuperscript{8}, a number of sexual health indicators were developed to measure progress at local and national levels, outlined below.

- **Indicator 1**: Reducing the rate of under 18 conceptions
- **Indicator 2**: LARC – percentage of all contraception prescribed in contraceptive services and integrated sexual health services and rate of prescribing of each LARC method in general practice per PCT
- **Indicator 3**: Percentage of abortions performed at less than 10 weeks
- **Indicator 4**: Repeat abortions within a defined timeframe (2 to 3 years) relative to baseline and in association with conception rate
- **Indicator 5**: Percentage of the sexually active population aged 15 – 24 screened for Chlamydia measured separately in GUM and non GUM settings (to be replace with a prevalence indicator when available)
- **Indicator 6**: Guaranteed access to a GUM clinic within 48 hours on contacting a service
- **Indicator 7**: The number of new diagnoses of gonorrhoea and syphilis infections in GUM
- **Indicator 8**: HIV testing – offer and uptake of tests if GUM and number of tests performed in GU and other settings and percentage of women attending antenatal services who are screened for HIV
- **Indicator 9**: Proportion of HIV diagnoses where CD4 cell count is under 200 at time of diagnosis
- **Indicator 10**: Proportion of those reporting sexual assault within specialist services
- **Indicator 11**: Uptake and coverage of HPV vaccination among target population

\textsuperscript{8} Progress and Priorities – working together for high quality sexual health, 2008, MEDFASH
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<th><strong>National Targets</strong></th>
<th><strong>Buckinghamshire’s Performance</strong></th>
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<tr>
<td>Increase the proportion of patients offered a GUM appointment within 48 hours of them first contacting the service to 100% by March 2008 (note there is a 2% tolerance with this target).</td>
<td>2009/10 data: Total Offered 98.1% (08/09 = 92.3%)</td>
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<td>Increase the proportion of patients seen within GUM services within 48 hours to 85% by March 2008.</td>
<td>2009/10 data: Total Seen 82.9% (08/09 = 76.9%)</td>
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<td>25% of under 15 to 24 year olds to be screened for Chlamydia in 2009/10. (This will increase to 35% in 10/11.)</td>
<td>10.4% of 15 to 24 year olds screened in 2009/10. (This is compared with 1.8% screened in 07/08 and 8.3% in 08/09)</td>
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<td>Teenage pregnancy- reduce the under 18 conception rate by 50% by 2010. (Note that the local target it to reduce rates by 45% due to the lower than national average rates of teenage pregnancy in Bucks).</td>
<td>In 2008 there were 240 conceptions in under 18s. This is a rate of 24.4 conceptions per 1000 female population aged 15-17. This is down 1.7% from the 1998 baseline. (In 2007 there were 236 conceptions in under 18s. This is a rate of 23.9 conceptions per 1000 female population aged 15 to 17, down 3.8% from the 1998 baseline.)</td>
</tr>
<tr>
<td>An increase in the proportion of pregnant women accepting an antenatal HIV test.</td>
<td>Over 99% of women were screened for HIV in Buckinghamshire Hospital maternity unity between April to June 2008.</td>
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<tr>
<td>Increase the number of women who meet the legal requirements who have access to an abortion within 3 weeks of the first appointment with the referring doctor.</td>
<td>80% of patients accessing locally commissioned termination services waited less than 21 days from referral to undergo the abortion procedure.</td>
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<td>An increase in the number of NHS abortions completed under ten weeks gestations as a percentage of total number of abortions.</td>
<td>70.5% of NHS abortions in Buckinghamshire were completed under 10 weeks gestation in 2007, similar to national and regional averages. In locally commissioned termination services over 72% of abortions were carried out under 10 weeks gestations in 08/09.</td>
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<td>70% of schools to have achieved Healthy Schools status by April 2009</td>
<td>Currently 199 out of 233 schools have achieved Healthy Schools status (85%). 100% of schools within Buckinghamshire are engaged in the Healthy Schools programme.</td>
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Note: Not all data sources cover the same time frame due to the lag in data availability from different sources. Data taken from Sexual Health Needs Assessment 2009 and the latest available ONS and HPA data.
Sexual Health in Buckinghamshire: a review (2009) provides a refreshed sexual health needs assessment for Buckinghamshire, with details of the national and local picture of sexual health. High level details of this, producing a sexual health needs assessment for Buckinghamshire can be found in the appendices, with headlines of the local sexual health profile below

**Buckinghamshire Sexual Health Profile**

- **Between 2002 and 2007 there has been a 124% increase in the number of people known to be living with HIV in Bucks**
- **In 2007 HIV prevalence in Bucs was the third lowest regionally, but the rate of diagnosis was the second highest regionally. 46% of people with HIV in 2007 were diagnosed late (after the point where anti-viral medication would be initiated).**
- **Chlamydia remains the most commonly diagnosed STI.**
- **New cases of gonorrhoea and syphilis are small.**
- **Teenage conceptions have only decreased by 1.7% on the 1998 baseline, against a target of 45% reduction.**
- **Buckinghamshire continues to have low rates of teenage pregnancy.**
- **62% of under 18 conceptions end in abortion.**
- **Termination and repeat termination rates in Bucks are in line with regional and national averages.**
- **Sexual dysfunction is only catered for via psycho- sexual counselling commissioned from Relate.**
- **There is currently no dedicated facility across Thames Valley for sexual assault, although there is a multi-agency regional project to set up a SARC (sexual assault referral centre).**
- **A number of sexual health inequalities exist across Buckinghamshire, including**
  - **Lack of out-reach services to engage with MSM (men who have sex with men) who are a high risk group for sexual ill health and discrimination.**
  - **Lack of out-reach services to minority ethnic groups, especially around HIV infection.**
  - **Young people locally feel under pressure to have sex, and almost a quarter report not knowing where to go for sexual health information and advice.**
  - **No local sexual health promotion programmes in place for Commercial Sex Workers, despite a rise in CSWs locally.**
  - **Limited or no sexual health promotion programmes for vulnerable groups, including LGBT community, people with learning disabilities, substance mis-users, offenders, and migrant communities.**
Local Sexual Health Services

Sexual Health Services and IMD 2007 score in NHS Buckinghamshire, 2009
In 2006 the Department of Health introduced a national target to improve access to GUM\(^9\) to reverse the recent trend of a rising spread of sexually transmitted diseases across the country. A national target was introduced for all patients who made contact with a GUM service to be offered an appointment within 48-hours of making initial contact by March 2008. The Operating Frameworks for the NHS in England have identified 48-hour access to GUM clinics as a priority every year since.

The DH Best Practice Guidance about reaching and maintaining the 48-hour access target\(^{10}\) states that consideration should be given to:

- The improved use of resources to enable clinics to be run in the evenings, early mornings and at weekends
- Ensuring choice of access by offering a choice of both walk-in and appointment
- Promoting informed choice to balance the public health risks of delayed attendance with patient choice (through encouragement of patients to attend asap)
- Making use of outreach facilities to reduce barriers such as travelling time to attending services, especially in specific high risk communities
- The appropriate delivery of services across a sexual health network to ensure the needs of all sectors of the community are met.

Since the introduction of the target in 2006 NHS Buckinghamshire has introduced Level 2 Sexual Health services in the community to provide additional capacity within the health economy\(^{11}\). These are provided in a range of community settings across the county including GP surgeries, community hospitals, colleges & universities and drop-in centres. Level 3 GUM provision is provided by Buckinghamshire Hospitals Trust/ Community Health Buckinghamshire in two sites, one in the south of the county (SHAW, High Wycombe) and one in the north of the county (Brookside Clinic, Aylesbury).

Level 2 services provide comprehensive GU services including screening and treatment for STIs, promotion of safe sex and good sexual health, partner notification, advice and basic contraception (condoms and emergency hormonal contraception). The services only refer onto specialist level 3 services when there is diagnosis of HIV, Gonorrhoea, Syphilis, warts that cannot be treated in Primary Care (requiring cryotherapy), recurrent Herpes or complex cases requiring specialist input. These services are also able to discuss the contraceptive needs of their patients and sign-post them to further support and services.

Level 3 services provide comprehensive GU services at all three levels including screening and treatment for all STIs including HIV and complex cases. SHAW offer walk-in and bookable appointments, whilst Brookside offer bookable appointments only at this time. SHAW currently offers appointments until 7pm two nights a week, but neither service operates extended evening clinics (up to 21:00) or clinics at weekends. Brookside had previously been providing outreach services to the local prisons, but this has been discontinued due to staffing issues over the last few


\(^{11}\) See Appendix B for details of what is included in each level of sexual health (including contraception services).
months. The services differ in the additional services they provide, as outlined in the table below.

<table>
<thead>
<tr>
<th>Additional Specialist GUM Services</th>
<th>Brookside</th>
<th>SHAW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B vaccination</td>
<td>Yes to high risk groups</td>
<td>Yes to high risk groups</td>
</tr>
<tr>
<td>Hepatitis A vaccination</td>
<td>Yes to high risk groups</td>
<td>No</td>
</tr>
<tr>
<td>Colposcopy</td>
<td>No- refer to gynaecology</td>
<td>No- refer to gynaecology</td>
</tr>
<tr>
<td>Genital Dermatoses</td>
<td>No- refer to dermatology</td>
<td>Yes</td>
</tr>
<tr>
<td>Vulval Disease</td>
<td>Identify and refer to dermatology</td>
<td>Yes</td>
</tr>
<tr>
<td>Male Chronic Pelvic Pain</td>
<td>Yes</td>
<td>No specific service but would assess patients for GUM problems causing pain</td>
</tr>
<tr>
<td>Psychosexual Problems</td>
<td>No- refer to Relate</td>
<td>No</td>
</tr>
<tr>
<td>Erectile Dysfunction</td>
<td>No- GP</td>
<td>No</td>
</tr>
<tr>
<td>Training Role</td>
<td>Yes</td>
<td>Yes to Primary Care</td>
</tr>
</tbody>
</table>

Community Health Buckinghamshire merged to become part of Buckinghamshire Hospitals Trust on 1st April 2010, so the services are currently working together to establish a consistent service across Buckinghamshire.

Buckinghamshire patients in the south of the county also often cross into East Berkshire to access GUM at The Garden Clinic, Slough which offer holistic walk-in clinics providing STI testing and contraception including LARC. They also offer specialist clinics for LARC, HIV, and Sexual Dysfunction.

Local barriers in the north of the county had prevented the 48-hour access target being achieved, but operational changes have turned this around, resulting in Buckinghamshire meeting the 48-hour access target for the first time in 2009/10. NHS Buckinghamshire and the local providers continue to work together to monitor access ensure that the DH target continues to be met.
Key Service Issues & Priorities:

- **GUM & Level 2 Sexual Health Services**

  - To review service design to ensure that capacity is in place and efficiently utilised to enable sustaining of the 48-hour offered target (achieved for the first time in 09/10).
  
  - Review the patient pathway for access to GUM and look at the most suitable options of re-commissioning services to meet the needs of the local population, ensuring that there is clear alignment between the various providers and equitable provisions across NHS Buckinghamshire.
  
  - Development of out of hours clinics for GUM, including later evening clinics and weekend access within county.
  
  - Review and agree the service specifications between the providers and NHS Buckinghamshire, so there is a standard service specification for Level 2 & 3 GUM/ Sexual Health services in Buckinghamshire and re-commission the service to reflect this.
  
  - To re-engage GUM with the prison health provider to ensure that services are available to this population.
  
  - To engage with patients and the local population to ensure that the GUM services are patient focused.
  
  - Review services simultaneously with family planning/ contraception service to ensure a coherent approach to contraception and sexual health services for all patients.
  
  - To develop targeted services, clinics and campaigns (including out-reach) to key high risk groups, such as Men who have Sex with Men (MSM) and Commercial Sex Workers (CSW), and groups most likely to experience health inequalities around accessing sexual health services.
  
  - Establish and publish clear patient pathways and referrals guidelines for specialist level 3 services not provided by current level 3 services and within new level 3 service specification.
Outpatient care for people with HIV is provided by level 3 GUM services in Aylesbury (Brookside clinic) and High Wycombe (SHAW). Patients requiring in-patient care for illnesses secondary to their HIV, including those needing a blood transfusion are provided for at High Wycombe General Hospital, with the GUM service providing specialist input where needed. Complex in-patient care is provided for Buckinghamshire patients by the Infectious Diseases unit in Oxford. Some patients have follow-up out-patient care at Oxford, dependent on the complexity of their needs and patient choice.

A number of patients living with HIV access services out of county, and there is not a clear understanding as to why this is. Patients will always have the choice of where they access treatment from, but there is a need to ensure that the reasons behind this choice are understood to enable services to develop to meet patients’ needs.

Buckinghamshire County Council provides HIV support via one full-time senior specialist social worker, who is currently supported by a part-time support worker. This is funded via the ASG (AIDS Support Grant), which is made to councils from the Department of Health as a contribution to the costs of social care for people living with HIV in each area. The ASG is also used to commission voluntary sector support provision for people affected and living with HIV.

Via the ASG Buckinghamshire County Council commission HIV support from the voluntary sector, currently provided by The Crescent Support Group and TVPS (Thames Valley Positive Support). The Crescent are commissioned to provide an outreach worker who links with the local GUM services, training for local social care services and a drop-in centre in Aylesbury. With TVPS, The Crescent also provide a drop in service in High Wycombe, with both agencies working together to develop plans to out-reach to high risk groups. TVPS also provide support for people living in the south of the county who can access their drop-in centres in Reading and Slough.

Currently NHS Buckinghamshire does not commission any support services from the voluntary sector, and the services provided through Buckinghamshire County Council are very stretched and cover a wide remit. This remit includes providing support around mental health issues for those with HIV, medication advice work (particularly around non-compliance), general health care advice, behaviour change and safe sex promotion, along with support around social care issues such as employment, housing and benefits. There is concern that the staff do not have appropriate skills to provide this level of skills to support such a wide remit. The HIV workers also highlight issues around access to HIV medical support from GUM due to transport issues to get to the clinics (especially for those living outside of Aylesbury and High Wycombe) and the available times of the appointments at the GUM clinics.

As well as the above limitations of resource to provide these services, there is a gap across Buckinghamshire in the provision of health promotion and preventative work. There are also no targeted services for the LGBT community or limited resources to for work with high risk groups, such as MSM and CSW.

HPA Data from 2007 shows Buckinghamshire to have a prevalence rate of 0.83, the 3rd lowest prevalence across South Central SHA. However, in 2007 46% of those newly diagnosed with HIV, where diagnosed late. Late diagnosis is classed as having

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12 LGBT = Lesbian, Gay, Bisexual and Transexual
13 This is equivalent to the number of people diagnosed with HIV per 1000 population.
a CD4 cell count less than 200 cells/mm³ within 30 days of diagnosis, and is well beneath the CD4 cell count where medication should be initiated to prevent development of the disease and associated comorbidities. This was the second highest rate of late diagnosis across the SHA, and is well above the national average (31%). This suggests that stronger outreach programmes are needed to engage with relevant populations about their risk and how HIV can be managed, to encourage more people to come forward for testing.

**Key Service Issues & Priorities:**

- **HIV Services**
  - There is a need to understand why local HIV services may not be the services of choice and work with local providers on how to develop services to meet local needs.
  - Post 2011 the ASG will no longer be ring fenced, which could place current BCC provision at risk. There is a need to understand the risk this poses to all HIV services, including the knock-on effect to non-ASG funded services should the current provision be substantially changed.
  - There are no formal plans in place around joint working between NHS Buckinghamshire and Buckinghamshire County Council. A shared strategic framework would ensure that service developments are complimentary, and ensure that maximum benefit is achieved for the available resources.
  - The high late diagnosis rate in Buckinghamshire suggests the need for more pro-active engagement with high risk groups, as well as more awareness of the risks of acquiring HIV and the need for testing.
  - Consideration should be given to the vital role voluntary and community sector organisations can have in accessing high risk and vulnerable groups.
  - Work needs to be undertaken with all health providers to fully understand all the costs involved in treatment and non-treatment of HIV.
  - There is a need for a multi-agency review to ensure that the services available to support people living with HIV continue to meet their needs and are complimentary to each other. This review would also ensure that local services meet nationally recommended standards and are able to cope with increasing number of people living with HIV in the county.
  - Clear referral pathways between all services need to be established and communicated.
  - Access to psychological support for children and adults affected and infected with HIV needs to be reviewed to ensure appropriate support is available.
  - HIV services and interventions to promote sexual health should be strengthened and expanded to meet better the needs of those with high risk of HIV acquisition within the UK, especially black African heterosexuals and men who have sex with men.
  - Investment in resources and services will need to keep pace with the increasing numbers of HIV-infected persons requiring care, especially as people live longer with the illness.
Contraceptive Services

Community Health Buckinghamshire (CHB) are currently the main providers of contraception services outside of GPs within the county. The CASH service (Contraception and Sexual Health Service) provide clinics from the Brookside centre in Aylesbury, including a Saturday morning clinic and a late night clinic on a Monday (until 8:30pm). CHB also provide out-reach clinics to High Wycombe (one clinic based at the hospital that is open until 7.30pm twice a week, and another based at Youth Enquiry Service (YES) for the under 25s), and Chalfont Hospital. All clinics offer all forms of contraception including LARC methods. Many of these clinics operate on a drop-in basis, with appointments only normally being needed for LARC (Intra-Uterine or Sub-Dermal). The clinics provide emergency IUD for post-coital contraception as well.

Currently patients are not able to have all their sexual health needs addressed in once place. If patients attend for contraception the clinics can advise on sexual health but need to sign-post patients to GUM services (level 2 or 3) for screening, especially if they present requesting emergency contraception.

There are also currently huge pressures on the CASH service due to resource constraints. This has resulted in some temporary clinic closures. There is an urgent need to review to current service design and role of the CASH service to ensure that the service is robust and fit for purpose as a specialist level 3 provider of contraception across the county.

Brook (young people’s sexual health charity) currently provide a weekly clinic on a Monday afternoon in Buckingham for those under 25 who wish to seek advice about all aspects of sexual health. They are able to provide condoms, emergency hormonal contraception and oral contraception for this group; with the only LARC method they are able to provide being contraceptive hormonal injections.

Although services are provided in a range of places around the county all of the clinics only run once or twice a week, usually only for a few hours at a time. This limits access for patients who do not wish to see their GP for contraception.

There are also no outreach clinics run in areas of high deprivation and high teen conception rates. This high teenage termination rate and the very slow fall in teenage conception and pregnancy rates suggests that young people are not accessing effective contraception and may be engaging in more risky behaviour.

The DH has provided £10 million in 2008/09 and the same for 2009/10 for local health services to ensure contraception is available in the right places at the right time. This money is available to improve access to contraception, especially around LARC methods (Long-Acting Reversible Contraception, such as the Intra-Uterine Device (the coil), the Intra-Uterine System (the Mirena coil) and sub-dermal implants). A NICE guideline was published in 2005 which highlights that if 7% of women switched from the contraceptive pill to Long Acting Reversible Contraceptive (LARC) methods (defined as the intrauterine device (IUD), hormonal injection, intrauterine system

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14 Except sterilisation that is not recommended for women due to the availability of alternative methods (LARC).
15 Long-acting Depo-Provera contraceptive injections are also LARC methods, but these are not included in the government drive to increase LARC uptake as their success depends on the patient attend 3 monthly for another injection, and so is more liable to failure through non-effective use.
(IUS) and contraceptive implant) the NHS could save around £100 million through reducing unintended pregnancies by 73,000 per annum.

To provide LARC clinicians need to be trained in Intra-Uterine and Sub-dermal techniques. NICE guidelines for LARC recommend that the gold standard for doctors is for them to hold a Diploma from the Faculty of Reproductive and Sexual Health and Letters of Competency in Intra-Uterine and Sub-dermal techniques, or other qualifications/ experience of the same standard. Nurses should be trained to the same standard, but are not able to qualify with the Diploma or LoC as they are not able to become members of the faculty.

CHB had previously been providing training around Intra-Uterine techniques for LARC to both GPs and nurses, but they withdrew the course for GPs on advice of their locum consultant. The course was suspended this year due to a lack of demand from suitably experienced nurses (who have to complete a course in family planning prior to being accepted onto this training course). The current instructor is due to retire soon and it is unclear if CHB plan to replace her and continue to offer the course to local nurses.

Currently GPs have no access to a formal LARC training course locally, with Oxford and London being the main areas that Buckinghamshire GPs can access training for the Diploma and Letter of Competency recommended by NICE. This is discussed further in the GP section below.

Key Service Issues & Priorities:

**Contraceptive Services**

- There is a need to address access to contraception to ensure equity across the county, especially out-of-hours access to support patient choice as well as access.
- Resources and investment in contraceptive services needs to be reviewed to ensure that services can be developed in areas of high need.
- Resources should be reviewed to allow for service redesign to integrate contraception and sexual health clinics (GUM and level 2 sexual health clinics) to provide a holistic approach to a patient’s full sexual health needs.
- A pilot has been commissioned to provide contraception with the sexual health clinics in outreach settings. This will need to be reviewed and if successful additional resources made available to sustain this work.
- There is a need to engage with patients and the public to understand their needs and why there appears to be poor engagement in contraceptive services as demonstrated by the high termination rates.
- The CASH service needs to be redesigned to enable it to focus on providing a specialist level 3 contraception service, with the resources needed to establish this being aligned.
- Local training programmes (especially around LARC) need to be established through the level 3 CASH provider to enable quality contraceptive services to be provided at levels 1 and 2.
The primary care general practice setting is the focus for the provision of Essential (Level 1) and some Enhanced (Level 2) sexual health services (see appendix for details). All of the Buckinghamshire GP practices provide basic contraceptive services under the current GMA and PMS contracts. This includes providing advice about the full range of contraceptive methods available, initial advice about sexual health promotion and STIs, testing for STIs in symptomatic patients and referrals as necessary for specialist sexual health services. All GPs are able to provide prescriptions for contraceptives, although only those signed up to specified enhanced services are able to fit contraceptive devices or provide other level 2 services.

There is concern that sexual health service provision within General Practice is variable and often dependent on the training and skills of GPs and Nurses within the practice. Approximately 75% of women go to their GP for contraception; therefore it is essential that NHS Buckinghamshire patients’ are able to access high quality equitable services across the whole county. It is also essential that primary care practitioners are able to appropriately support their patients who are living with HIV, and be able to signpost people where necessary to the most appropriate service for their sexual health needs.

To provide enhanced services, especially for LARC methods of contraception, primary care practitioners need to be able to access accredited training programmes, which have not been available locally for a number of reasons including resource constraints and staff retirement.

There have been issues in the past with people living with HIV being able to access primary care services, which whilst appearing to be less of an issue currently, needs to continue to be developed to ensure that people’s health needs are appropriately dealt with to maximise their own health and wellbeing.

**Key Service Issues & Priorities:**

**Primary Care – General Practice**

- There is a need to ensure on-going training and CPD around all aspects of sexual health is promoted so that all clinicians are able to provide comprehensive information about the full range of contraceptive options, safe sex promotion, and ability to sign-post to the most appropriate place for their needs.
- Need to engage with GPs to participate in the Chlamydia Screening Programme and free condom distribution schemes.
- Local training programmes need to be developed to support the provision of LARC methods in primary care (as per NICE Guidance)
- Need to map current LARC provision in primary care and look to encourage clinicians in areas of need to provide this service.
- There needs to be monitoring of services provided in primary care to ensure that access and quality are maintained and that any training needs can be recognised and addressed.
- A sexual health GP clinical champion would support engagement in sexual health programmes and support the vital role general practice has in sexual health promotion. Options for the provision of this should be investigated.
Primary Care – Community Pharmacies

Emergency Contraception Scheme

Community Pharmacies within Buckinghamshire play a key part in promoting access to contraception for young people within Buckinghamshire. Currently 38 community pharmacies throughout Buckinghamshire participate in NHS Buckinghamshire’s Emergency Hormonal Contraception Scheme (EHC). This is a locally enhanced service which provides free EHC to young women aged 19 years and under in the county. The service aims to make EHC more accessible to young women and contributes towards reducing Buckinghamshire’s teenage conception rate.

Other possibilities
There is potential to expand the Chlamydia Screening Programme to be offered at community pharmacies, especially whenever a patient accesses EHC, and this needs to be further investigated.

Community pharmacies offer anonymous open access, which can be valuable in accessing young people and other vulnerable groups. Options to enhance the role of community pharmacies in sexual health promotion should be further explored.

Key Service Issues & Priorities:

Primary Care – Community Pharmacies

- Uptake of the EHC scheme should be monitored to identify areas of high usage for intervention. The scheme should also be promoted within the wider context of sexual health to ensure that young people are aware of its availability, but do not become reliant on the scheme as a method of contraception.
- Need to ensure that the issue of repeat users of the EHC scheme are encouraged to link in with sexual health services to promote safer behaviour and contraception.
- Further investigation is needed into the role of community pharmacies in the Chlamydia Screening Programme. There are opportunities to link CSP with the EHC scheme, as well as opportunities for opportunistic screening, treatment and promotion of the programme.
- Need to ensure that Community Pharmacies signpost patients of all ages to sexual health services to promote safe sex and access screening as appropriate.
- The role of community pharmacies in the promotion of the whole sexual health agenda should be reviewed and enhanced where possible.
Chlamydia Screening Programme

The Chlamydia Screening Programme was introduced by the DH in 2005 in an attempt to reduce the dramatic rise in Chlamydia in young people nationally, providing free testing and treatment if needed to all under 25. Community Health Buckinghamshire currently runs the Chlamydia Screening Programme in Buckinghamshire and has recently launched a website to promote the programme (http://morethanahug.com/). NHS Buckinghamshire is currently missing the national target\(^{16}\) for chlamydia screening, which increased from 25% of people aged 15-24 years on 09-10, to 35% in 10-11.

Postal kits, requested through the local CSP website are to be launched in early 2010, with a national campaign around Chlamydia Screening running during the first few months of 2010. NHS Buckinghamshire is looking at piloting different options to increase the uptake of the programme, and will look to increase the resources available to reach the target number of screens.

The update of chlamydia screening through core services, which include primary care, contraception and termination services, is poor across Buckinghamshire. NHS Buckinghamshire is currently looking at a number of options to pilot in 10-11 to establish their success at integrating chlamydia screening into all core service. National reports also question the value for money currently being achieved by this programme, which needs to be addressed at all levels (nationally as well as locally).

Key Service Issues & Priorities:

Chlamydia Screening Programme

- There is a need to review current CSP and work with all providers to look at ways to increase uptake of the screening programme to meet the national targets.
- Focus on building chlamydia screening into core services, including implementing and reviewing a number of pilots around various areas of primary care, including general practice and community pharmacy.
- Review the current investment in CSP to ensure that the necessary resources are available to reach the national target.
- Review current CSP initiatives to establish their success and decide whether to re-launch or decommission these initiatives.
- It will be necessary to review the value for money achieved locally in light of national reports.
- Ensure good links with external partners/ organisations, such as schools and colleges, to maximise on opportunities for chlamydia screening.

\(^{16}\) The national target was screening 15% of the target population by April 2009. The national target is increased in 09/10 to 25%, increasing again in 10/11 to 35%.
Termination of Pregnancy Services

Currently termination of pregnancy services for unwanted pregnancies for Buckinghamshire patients are commissioned in conjunction with NHS Milton Keynes from BPAS (British Pregnancy Advisory Service)\(^{17}\) (excluding those with significant co-morbidities)\(^{18}\). BPAS have been providing ToP services for Bucks for the past 12 years, and there is a need to re-tender this service to ensure that NHS Buckinghamshire is still getting value for money for this service. Both NHS Milton Keynes and NHS Oxfordshire have expressed an interest in collaboratively commissioning this service.

72.2% of ToP for Bucks patients are completed at less than 10 weeks gestation in 2007 (against a national target is 70%), with 80% of patients waiting less than 21 days from initial referral to termination procedure.

BPAS offer initial consultations at Amersham and Aylesbury within Bucks, with centres also available at a number of locations national wide, the nearest being Luton and Milton Keynes. Patients however have to travel to Leamington Spa or London for surgical procedures, with medical procedures additionally being available at Luton. There are no termination procedures available within Buckinghamshire at this time.

BPAS was part of the initial DH pilot of community EMA, based at Chalfont hospital. This service was discontinued after the pilot though, as the pilot did not fit with BPAS’ way of working. Interest has been expressed locally by GPs to run EMA clinics, but as yet the law has not been changed following the DH pilot around the type of venue that can be authorised to legally perform terminations\(^{19}\).

NHS Buckinghamshire is working with BPAS to integrate chlamydia screening into the services provided for young people within Buckinghamshire and has increased the amount of contraception provision commissioned from BPAS to include the full range of LARC methods. A lack of local services limits the opportunities for BPAS to engage a woman in having a LARC method of contraception fitted as they may be reluctant to travel long distances for this, and may fall out of the system if referred onto another more local provider. This will need to be address when the service is retendered.

\(^{17}\) Termination of pregnancy services for medical reasons are completed at the local acute hospitals through the obs and gynae services.
\(^{18}\) ToPs for unwanted pregnancy in patients where there are significant issues, such as severe co-morbidities or under 16 years of age are referred onto Kings in London for treatment.
\(^{19}\) This was due for review in 2009 but has been delayed due to the upcoming general election.
Vasectomy and Sterilisation

Vasectomy services within Buckinghamshire are currently provided by two GP practices that have historically provided the service based on a previous LES (locally enhanced service). There is limited choice for patients, and there is often a long wait for a procedure (currently 4-6 months).

All men requesting this service need to be referred from their GP, after being encouraged to consider alternative non permanent methods of contraception, such as LARC methods. Once referred all men are counselled as to the risks and implications of the procedure, and once they have confirmed that they still consider this to be the most suitable option for them, are placed on a waiting list for the procedure.

The technique used to undertake vasectomies has recently been updated to a scapel-less technique. NHS Buckinghamshire is looking to recommission local services to ensure that they comply with the latest technique and standards around vasectomy, and ensure that patients for whom vasectomy is the most appropriate form of contraception are able to access the service within the 18-week referral to procedure national target.

Female sterilisations are funded, and are provided via gynaecological departments at general hospitals. These procedures are rare though, as with the availability and reliability of LARC methods, is an invasive non-reversible procedure that is rarely felt to be necessary.

Reversal of both vasectomy and sterilisation are not funded on the NHS unless in exceptional circumstances.
Psychosexual Services and Erectile Dysfunction

Psychosexual services for Buckinghamshire patients are currently provided by Relate. Services are provided at Relate venues in High Wycombe, Princes Risborough, Chesham and Aylesbury. Patients can be sign-posted or referred to services via their GPs, or can self refer. There has been some concern about the appropriateness of some of the referrals received by the service, suggesting that there may need to be education about the function of psychosexual counselling.

Relate charges people for each session they attend, based on their ability to pay. NHS Buckinghamshire provides a grant to the service to support those who are less or not able to pay to ensure that they can still receive the service.

There are no specific erectile dysfunction clinics available within Buckinghamshire. Currently patients requiring this service have to be referred out of area, although access to these clinics is not always easy for out of area patients as these clinics are often primary care based. There was a local GP providing an erectile dysfunction clinic via pharmaceutical funding, but due to changes in the pharmaceutical funding rules, this clinic has not been able to continue on a regular basis.

Anecdotal evidence from local GPs is that referrals for patients with erectile dysfunction are made to urology due to a lack of a viable alternative, but the coding of urology appointments does not allow for the amount of activity this accounts for to be unpicked. Within secondary care there is dedicated erectile dysfunction support (specialist nurses) within the urology oncology department, but access to this resource is limited to patients within this speciality.

Key Service Issues & Priorities:

Psychosexual and Erectile Dysfunction Services

- Need to review provision of psychosexual counselling to ensure that local provision meets local needs.
- A clear referral criteria and patient pathway needs to be established to ensure that all referrals to psychosexual and erectile dysfunction services are appropriate and that patients can access the most appropriate service for their needs.
- Need to look into options for the provision of erectile dysfunction clinics in primary care and re-design patient pathway to reflect this.
Sexual Health Promotion

Sexual Health Promotion is fundamental to achieving good sexual health for all people within Buckinghamshire. Through awareness of all the issues associated with sexual health and knowledge of where to access relevant services the population of Buckinghamshire will be able to enjoy healthy relationships that are safe, healthy, consensual and free from discrimination, illness and disease. All of the agencies outlined in this strategy contribute to sexual health promotion within Buckinghamshire.

There are specific schemes to promote sexual health, run and delivered through various collaborations:

- **C-Card**: This scheme is jointly commissioned by Buckinghamshire County Council and NHS Buckinghamshire. The scheme is coordinated by Brookside CASH clinic, who also provide some of the Sex Matters training required to become a C-Card site. The scheme is mainly aimed at young people under the age of 25, who sign up to the scheme to access free condoms (and lubrication). When signing up to the scheme the young person is demonstrated the correct use of condoms and advice around safe sex, and are then provided with a card they can present at participating venues to access further supplies of condoms when needed. There are a variety of sites sign up to the scheme including young people drop in centres and Connexions offices. The scheme has been in place since November 2008, and currently has over 25 sites signed up to the scheme. It is intended that the number of sites will continue to increase and the opportunity to link with the CSP will be maximised.

- **Sexual Health Bucks Website**: During 2009 NHS Buckinghamshire will launch a website to promote all services and information around sexual health (www.sexualhealthbucks.com). This project evolved from an initial idea from a clinician within local sexual health services, and has been developed via a working sub-group of the Sexual Health Network. This website acts as a central resource for all residents of Buckinghamshire as a site for general information and advice and local services, as well as providing sign-posting to other agencies and providing details of local relevant events.

- **Sex Matters Training**: Buckinghamshire County Council commission Brook to provide level 1 Sex Matters training to all professionals working with young people. This training covers the basics in talking to young people about sex and relationships, including sign-posting them to appropriate services for further advice or treatment if needed. Level 2 Sex Matters training is also commissioned by BCC (provided by Brookside as outlined above) and enables practitioners to demonstrate and advise young people about condom use and safe sex, as well as undertake pregnancy testing.

- **Healthy Schools**: Healthy Schools is a government initiative to promote a whole child/whole school approach to health. It is designed to reduce health inequalities, improve health and social inclusion and raise pupil achievement. The programme addresses all aspects of health and wellbeing, including sexual health and relationships. Currently 85% of Buckinghamshire schools have achieved the Healthy Schools status. NHS Buckinghamshire and the local providers of sexual health services are working closely with partners in

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20 The C-Card scheme is also used to provide free condoms to those living with HIV via the voluntary sector services to help prevent onward transmission of the virus.
education and the local authority to support the implementation of Healthy Schools into Buckinghamshire.

- **Healthy FE**: Healthy FE (Further Education) is an extension of the principles of the Healthy Schools programme for the further education setting. This programme is a newer programme, and therefore has only recently been initiated. Again, NHS Buckinghamshire and the local providers of sexual health services are working closely with partners in education and the local authority to support its implementation.

- **Night Time Economy**: NHS Buckinghamshire and Bucks County Council run regular events to engage with the night time economy across Buckinghamshire, to educate them about safety and well being. Sexual health is a key part of this, and information about local services and safer sex messages will continue to be a part of this programme.

- **Young People’s Drop-Ins**: Young people’s drop-in centres are run through a number of medium across the county. Bucks County Council commission both the YES and Connexions drop-in centres to provide a wide range of support and advice to young people across Buckinghamshire. Bucks County Council also commission **Health Zones** to provide drop in centres at school. NHS Buckinghamshire is working with these agencies to engage them in sexual health promotion and advice. In addition to this local sexual health providers support some of these centres with clinic sessions, and run young-people only clinics at their venues.

- **Brook**: In addition to the young people clinics above Brook are commissioned to provide a weekly drop-in clinic in Buckingham to support young people in the very north of the county. Most of the sexual health services across Buckinghamshire are around Aylesbury and High Wycombe, which can be difficult to access for young people. Brook are experienced in engaging with young people and provide the Buckingham clinic as an outreach from their main clinic in Milton Keynes.

**Sexual Health Marketing Group**

A Sexual Health Marketing Group was established in 2008 as a sub-group of the Sexual Health network group. This group is led by Public Health and attended by representatives from each of the sexual health provider services and the NHS Buckinghamshire Communications team. The aim of the group is to create a co-ordinated approach to sexual health marketing throughout Buckinghamshire. Whilst each service retains their own branding and marketing for their own services, this group brings all the providers together under the shared 'Sexual Health Bucks' brand to run targeted campaigns.

A starting point for this group was to create a website which provides a single point of access to Buckinghamshire residents and healthcare professionals, with information about sexual health and local services. The imagery from the website will provide a basis for future marketing campaigns so that there is cohesive and recognisable branding. The website was launched in May 2009 during National Condom Week where the provider services worked together to carry out street outreach promoting the website and use of condoms via the C-card scheme. The Sexual Health Marketing group will be moving forward with a series of campaigns aimed initially at young people, promoting issues such as Chlamydia, Long Acting Reversible Contraception, Emergency Hormonal Contraception, and other safer sex messages, in line with the national campaigns run by the Teenage Pregnancy unit.
A sexual health communications plan will need to be established to ensure that a clear planned approach is taken to sexual health marketing and promotion to maximise the effectiveness of this work. Once this has been established the need to continue the sub-group will be reviewed, with sexual health communications, marketing and promotion passing back to the Sexual Health Network if necessary.

**Key Service Issues & Priorities:**

**Sexual Health Promotion**

- C-Card scheme: there needs to be an increase in the number of sites registered with the scheme, and wider promotion of scheme should be undertaken to ensure that it is being optimally used. Clear links with CSP should also be maximised.
- Website: Patients and the public need to be included in the review and maintenance of the sexual health website to ensure that it remains a valuable local resource.
- Healthy Schools/ FE: NHS Buckinghamshire will continue to look to support this work and increase the awareness and education around sexual health delivered via these avenues. Providers will be encouraged to link with this programme to help ensure the standards of sexual health education that is delivered.
- Young People Drop-Ins: Need to ensure that the services are trained and continue to promote sexual health as part of the information they provide to young people. Also need to ensure that services are available across the county to ensure equity of access, and that key services are targeted in areas of high need.
- Outreach: There is a gap in targeted outreach to high risk groups. Work should be undertaken to identify resources to support this and the best model to achieve this across Buckinghamshire.
- Sexual Health Marketing Group: once a communications plan and branding has been established, review the continued need for this

**Sexual Assault & Exploitation**

Sexual assault and exploitation are often hidden crimes, the effects of which can be devastating and life-long health implications. Appropriate support enables the impact to be minimised and prevent further harm to both the individual and society. There is national work around sexual violence and exploitation, especially violence against women and girls. In response to government recommendations, Buckinghamshire County Council are undertaking work to co-ordinate the local response to sexual violence, and is looking to establish a sexual violence forum.
Nationally, the government has the expectation that each police area will have at least one Sexual Assault Referral Centre (SARC) and that all victims will have access to an Independent Sexual Violence Advisor (ISVA) by 2010. Within Thames Valley a SARC is currently being developed, with Buckinghamshire having input from Health, Local Authority and Voluntary sector. SARCs provide a ‘one stop’ location where complainants of rape or sexual assault/abuse can receive appropriate medical care, emotional support and counselling, as a first step towards promoting recovery and minimising the risk of subsequent physical and mental difficulties. They provide support for historic as well as acute incidents, and can support the collect of forensic evidence for use at a later stage should the complainant not want to pursue criminal proceedings at this time.

Locally, work around sexual violence and exploitation is led by Bucks County Council, mainly through the Domestic and Sexual Violence Coordinator. Support services for people who have experienced or been affected by sexual abuse or exploitation are available from Aylesbury Rape Crisis, Wycombe Rape Crisis, Victim Support, Aylesbury Women’s Aid, Wycombe Women’s Aid and R-U-Safe? There are also a number of national organisations that people can access including: Stop it Now!, Lucy Faithfull Foundation, NSPCC, Survivors UK and Mankind UK.

There are no gender specific services for men within the county, as Rape Crisis will only support women. Victim Support will offer support to male victims of sexual violence, as well as offering support to family and friends of those who have experienced sexual violence. If male victims wanted to access a male only service, this would have to be done through a national organisation. There are also no specific LGBT services in the county, again national organisations would need to be approached for specific LGBT support.

**Key Service Issues & Priorities:**

**Sexual Abuse and Exploitation**

- NHS Buckinghamshire will need to work with the Thames Valley wide project to implement a SARC locally, including ensuring that the necessary resources are available to support this.
- Work should be undertaken with all providers of sexual health services locally, especially those where those who have been sexually assaulted are likely to present (such as GUM and contraception clinics) to ensure that there are clear and established care pathways in place to support these patients.
- Need to work with GUM services to ensure that patients who present to the local police and other agencies are able to access appropriate screening in a sensitive manner (e.g. staff being aware of patients who have been sexually assaulted so that sexual history is not discussed).
- NHS Buckinghamshire will continue to support the work of Bucks County Council around sexual violence and exploitation.
Key Local Sexual Health Inequalities

**Minority Groups**

Within Buckinghamshire the services for the LGBT community are minimal. There are no established health or social care services for any aspects of this group, and there are no well known social groups/ venues where this population can be easily accessed (there are limited recognisable points of contact such as LGBT pubs).

Currently sexual health services across Buckinghamshire do not collect information around the sexuality of their patients so it is hard to be able to judge whether the needs of this population are being met or not. As well as no targeted services for this group there is also concern that this group are excluded from the sexual health promotion work. This is especially important for MSM, who are a known high risk group for sexual ill health and discrimination.

Commercial Sex Work (CSW) within Buckinghamshire is largely hidden, and as such makes this a difficult population to access. Previously there was a scheme in place with SHAW advertised through local papers, where patients could use a code name when they called for an appointment so that staff were aware and sensitive to this populations needs and patients could be fast-tracked through, but this is no longer in place.

There is also a need to ensure that services are sensitive to cultural needs to minority ethnic and faith groups within Buckinghamshire, with specific out-reach services being developed and commissioned as the population demands.

**Key Issues and Priorities**

- There is a clear gap in service provision for the LGBT & MSM communities within Buckinghamshire. Through the Buckinghamshire Sexual Health Network the NHS Buckinghamshire needs to work with its partners to identify ways of increasing out-reach targeted services for this community.

- All sexual health promotion work needs to be reviewed to ensure that it is as inclusive as possible.

- Where identified specific sexual health promotion and outreach programmes should be developed to reach target groups locally.

- All providers within Buckinghamshire must review their service to ensure that they are sensitive to the needs of minority groups.

- Engagement with local minority groups is essential to be able to fully understand and start to address barriers to involvement in locally available sexual health services.
Young People

Within Buckinghamshire young people have been shown to be a vulnerable group. Teenage pregnancy rates have recently risen and the spread of Chlamydia and other sexually transmitted infections continue to be greatest in this group.

There are GUM and contraception clinics specifically targeted at young people across the county and there are a number of schemes encouraging access to contraception (such as the C-Card and EHC scheme outlined above), with Buckinghamshire County Council having dedicated resources to tackling teenage pregnancy.

The Health Schools and Further Education schemes aims to promote good sexual health within this age group, but current trends suggest more needs to be done to reduce the risky behaviours experienced by this group.

Brook is also commissioned to provide a drop-in service in Buckingham that supports young people with advice and guidance around all aspects of sexual health, and can provide some forms of contraception, condoms, pregnancy testing and onward referrals. Brook have also been commissioned to provide an 18 month pilot of a similar service in Burnham to bring this service to young people in the south of the county.

Key Issues and Priorities

- A review of services targeted at young people needs to be undertaken to ensure that there is equitable access and services are fit for purpose. This includes reviewing how the services are advertised, the clinic opening times, and view of young people of the local services.

- Nationally there has been a large amount of work undertaken by a variety of agencies to engage with young people. This work should be reviewed to understand where we can learn from others and successfully implement strategies locally.

- There continues to be discussions locally about developing a young people’s strategy to address a wide remit of issues with this population. NHS Buckinghamshire will continue to link in with these discussions and developments to ensure that sexual health is included in any work developed from this.

- To date very few local services are You’re Welcome accredited, ensuring that their services are designed to be accessible and meet the needs of young people.
**Homeless People**

This is often an over-looked population that experience a range of health inequalities around accessing services. Sexual health may not be a priority for this population whose main focus is likely to be around survival. Sexual health services should be open to this population however, and may act as a conduit into other health services if accessed.

**Key Issues and Priorities**

- All sexual health providers must ensuring that they are accessible to this population should they choose to access services.
- Need to work with local support services and networks for homeless people to promote good sexual health and availability of services (including that treatment for sexual health infections is free).

**People with Learning, Physical and Sensory Disabilities**

All those with disabilities have a right to fulfilling and safe sexual relations. Services can often over look their needs, and be insensitive to their rights.

The current Health Further Education programme covers students with learning disabilities that attend local colleges, but access to information and services have previously been sporadic for this population.

There has also been resistance from some areas of engagement with people who have a learning disability in sexual health awareness and education.

People living with sensory and physical disabilities can also face discrimination and physical barriers that prevent them being able to access sexual health services and advice.

**Key Issues and Priorities**

- All providers need to review their services to ensure that they are accessible to people with any form of disability, including the information they may provide.
- Work must continue with a variety of agencies to ensure that sexual health promotion work includes people with learning, physical and sensory disabilities.
- Engagement with people living with a variety of disabilities should be undertaken locally to understand the local needs and how services can be developed to meet these needs.
- National work around the rights of people with learning disabilities to access sexual health education and services should be reviewed and implemented locally.
Offenders

Sexual health is often not a priority with this population, who may have complex chaotic lifestyles that increase their risk of sexual ill health.

Evidence suggests that there are higher rates of STIs than average within the offender population, yet the punitive function of prisons can make work to improve health and wellbeing challenging.

Inmates may also have experienced sexual abuse in childhood and therefore have complex needs in relation to sexual relationships and health.

Key Issues and Priorities

- The service specification for prison healthcare includes level 1 & 2 sexual health services, but there needs to be robust support provided to the prisons from the level 3 specialist providers.

- Engagement with this population is key, so opportunities to understand their needs and barriers to engagement with sexual health services need to be explored.

Drug and Alcohol Misuse

Involvement in substance misuse increases the likelihood that this population may engage in risky sexual behaviours. Again, for this population sexual health may not be a priority to them. There is also a multitude of evidence to show that alcohol misuse (e.g. binge drinking) can lead to risky sexual behaviour.

Key Issues and Priorities

- All sexual health providers should ensure that alcohol consumption and drug misuse are considered and the increased risks discussed when addressing people’s sexual health needs.

- Ensure that strong links are made between sexual health and drug and alcohol teams to allow for cross-referral and joint education where appropriate.

- Drug and alcohol teams should be supported to address sexual health issues when working with this population.
Patient and Public Engagement

Patient and Public Engagement is key to develop services that fully meet the needs of the local population. This is especially so with sexual health services, where poorly designed services that do not meet local people’s needs can lead to poor engagement with services and then potentially to sexual ill health or unintended conception.

Current Situation

Currently all of the sexual health service providers in Buckinghamshire collect patient satisfaction survey information from their patients which is used to inform the development of services. Each provider however, only collects patient satisfaction of their own service and not of the system as a whole. Anecdotal comments made to staff are also used in the development of services (with the staff member encouraging the patient to complete a patient’s satisfaction questionnaire or comment card).

Specific pieces of consultative work has been undertaken to engage with patients and the public on key areas of sexual health, including:

- A specialist registrar within the C&SH service completed a piece of research looking at making sexual health services more young people friendly within Bucks, and the implementation of You’re Welcome standards.
- Focus groups where held by the Public Health department within NHS Buckinghamshire to look at engagement in chlamydia screening.
- Public Health engaged with young people around the accessibility and usefulness of the sexual health website, and incorporated ideas for improvement into the final version.

At a Sexual Health Network meeting, all providers discussed how they engaged patients in providing feedback into services and how this information was used to share best practice and discuss ideas to improve response rates.

Brook were also asked to present on some work that had been undertaken nationally to engage young men in sexual health services.

Moving Forward

Whilst there has been some patient and public engagement in sexual health services, a much more robust programme is needed to ensure that this vital stakeholder is able to provide input into the development of local services.

This strategy will be sent to many local groups in an attempt to engage both current and future users of sexual health services. These groups will include the Local Area Network (LINk), Buckinghamshire Children and Young People’s Trust, and The Buckinghamshire Strategic Partnership.
Plans are also in place in to engagement with key populations around specific aspects of sexual health services locally:
- Views on sexual health services will be incorporated into the service user engagement work planned for the local prisons (including the Young Offenders Institute).
- A specific piece of consultative work will be commissioned to understand the views of local women to contraception services.
- Local voluntary sector organisations have offered to run focus groups on local HIV services, which will be aligned with the development of the joint strategic framework for HIV across Buckinghamshire.

Opportunities to engage with the wider public to gain feedback about local services through on-line media are also being investigated to maximise the opportunity to gain information anonymously from people (as there can be reluctance to come forward to speak about sexual health issues due to the personal nature of them).

Local services will also look at options for developing a shared feedback form to allow for comparative data to be collected and utilised across the local sexual health economy.

Patients and the public will also be consulted on major changes to service delivery and be involved in service redesign, including where retendering of services is needed.

The Sexual Health Network will continue to monitor the progress of patient and public engagement in sexual health services, and work to come up with innovative ways to engage with people from all backgrounds to ensure fair representation is made.
Strategic Aims

In order to ensure that NHS Buckinghamshire provides the best possible services for the local population the following issues need to be addressed:

- The current service provision across the county is not equitable and there are differences in the availability of access to services.
- Locally the rates of teenage pregnancy and abortion are not reducing at the expected rate, which despite being below the national average, is a trend that needs improving.
- There is an above average rate of terminations across all ages within Buckinghamshire, suggesting that both contraception and risky sexual behaviour needs to be addressed.
- NHS Buckinghamshire has a number of targets to meet, but has historically failed to do so. This trend needs to be reversed. The targets in question are:
  - 48-hour access to GUM services. 100% of patients are to be offered an appointment within 48-hours of making contacting with a service, with 85% of those patients being seen within this timeframe.
  - Chlamydia Screening Programme. 25% of the target population (under 25’s) to have been screened during 2009/10, with this increasing to 35% from 2010/11.
- NHS Buckinghamshire is also looking to support the government initiative to improve access to contraceptive services for all patients, including access to LARC methods.

Commissioning Intentions will be developed annually by NHS Buckinghamshire, with details of the plans for the financial year. The Sexual Health Network will also produce an annual delivery plan to outline the focus of services and the network for the coming year.

It is widely acknowledged that whilst much work has been undertaken to improve the sexual health of the local population, mainly in recent years, much more is needed to really coordinate services and address the inequalities that exist within the county.

All stakeholders are committed to continuing to work with NHS Buckinghamshire to develop services to meet the needs of the local population and achieve world class sexual health services for the people of Buckinghamshire.
Priorities

Whilst all areas of sexual health are important and the issues identified above need to be addressed there are limited resources for this to be done simultaneously. As such priorities for each year need to be agreed.

Initially NHS Buckinghamshire, working with local stakeholders, has identified five priorities for the first years of the strategy, as outlined below. These are however subject to amendment after the consultation of the strategy has been completed.

Year 1 Priorities:

- To produce a new strategy for all sexual health services across Buckinghamshire. This will be linked with local social care services and include engagement and buy-in from all local stakeholders (including providers and patients).
- Improve access to GUM services to ensure achievement of the national 48-hour access target, aligning services and developing patient pathways.
- Review and align contraception services, developing clear patient pathways.
- Review local termination services, and look to re-tender collaboratively to achieve maximum value for money and enhance local provision, especially around contraception post procedure.
- Support the implementation of the Healthy Schools programme, with sexual health being a core part of this programme.
- Launch sexual health website, and develop marketing plans to support sexual health promotion.

Year 2 Priorities:

- Develop a joint strategic plan for HIV between NHS Buckinghamshire and Buckinghamshire County Council to ensure that future plans and service developments around HIV service provision are complimentary and best value for money is achieved.
- Build on work in year 1 to increase access to contraception, including developing local training programmes to support workforce development to achieve this.
- Improve uptake of the Chlamydia Screening Programme ensuring that the Chlamydia Screening Programme is embedded into core services, including Primary Care. This will include maximising opportunities for opportunistic screening of young people to reduce the rising national rates of Chlamydia.
- Expand engagement work to ensure that services truly reflect the local population, not just those who are most articulate and that there are national targets around.
- Review local access to erectile dysfunction and vasectomy services.
- Participate in Thames Valley wide project to implement a SARC.
Year 3 Onwards:

- All remaining services will be reviewed in light of the sexual health needs assessment and local strategy, and then redesigned/ re-commissioned to meet the demand and needs of the local population and/ or identify incongruence’s between capacity and demand.

- Reduce teenage conception and pregnancy rates. NHS Buckinghamshire will work in conjunction with Bucks County Council to address the rising rates and support the action plan to tackle this problem.

- Develop Out-reach services to engage high-risk groups.

- Look at feasibility of introducing a centralised booking service for all sexual health services to enable patients to easily access the most appropriate service for their needs.

- On-going review and development of services in line with national policy developments and available resources.

- Evaluate impact of projects undertaken in years 1 & 2 to establish success in improving the sexual health of the local population.

- Ensuring all services have progressed to meet the national You’re Welcome standards to provide services that meet the needs of young people.

To support all of the above priorities NHS Buckinghamshire will look at the following:

- Workforce development issues, especially around:
  - Sexual health training for primary care staff.
  - Sexual health promotion for all staff working with young people.
  - Agree acceptable specialist training for GUM (to ensure all patients receive the same quality of care).
  - Specialist training options for LARC techniques.

- Access, especially around:
  - Equitable access to all sexual health services, especially contraception and GUM services, across the whole county.
  - Ensuring all services are accessible as possible to the entire population, including those from minority groups and those most likely to experience sexual health inequalities.

- Patient Pathways:
  - Ensure

- Strategy and Engagement Work, specifically:
  - Engaging the public in sexual health services to ensure that services truly reflect their needs.
  - Engaging with the population around all aspects of sexual health (including sexual health promotion and access to services).
  - Working with partners to tackle ignorance and discrimination around sexual health.
  - Promotion of stakeholder engagement through specific events and the Buckinghamshire Sexual Health Network.
  - Better use of patient feedback gathered by providers.
  - On-going and enhanced links with Bucks County Council to ensure there are clear links with the Teenage Pregnancy strategy, HIV strategy and services for vulnerable adults and children/ young people.
- Developing robust contract with all providers
  - Monitor provider quality and achievement of national targets.
  - Ensure external audit of all services at least annually to monitor/reduce unnecessary clinical activity to increase capacity for new patients.
  - Build in regular reviews of productivity plans to be built into provider management/contracts between commissioner and provider to look at how services become more efficient in delivering and reducing unit costs.

Monitoring and Evaluation.

The success of this strategy is reliant on a multi-stakeholder approach to address the issues raised, and commitment from all stakeholders to work together to meet the needs of the local population.

Sexual health outcomes are often hard to measure, especially in real-time due to the preventative nature of much of the work, the lag in availability of data and the anonymity that is fundamental to sexual health services.

The Buckinghamshire Sexual Health Network will monitor the progress of specific projects undertaken to achieve the strategic aims of this sexual health strategy, and on-going patient and public engagement will provide service user feedback is considered in any evaluations.

Progress against national targets and indicators will also provide key information, all of which will be used to refresh the strategy during year 3 and formally review and redevelop the strategy at year 5.

Next Steps

To confirm the strategic plans and priorities included within this strategy, a consultation period will be entered, where engagement with all stakeholders including the public, patients, providers and other interested parties will be sought.

Feedback from this consultation process will then be incorporated into the strategy, with the priorities within the strategy being confirmed. The final strategy will then be formally published.

A programme of work will then be undertaken to transform and develop sexual health services across Buckinghamshire, informed by the sexual health strategy and the priorities it contains.

A process of on-going review will then be incorporated into the Sexual Health Network’s work stream, to ensure that the strategy remains a live and relevant document that is used to underpin the development of world class sexual health services for Buckinghamshire.
A wide variety of resources have been used in the development of this sexual health strategy, the majority of which are listed in Appendix A or in footnotes where a specific reference is cited. In addition to these documents, key local documents include:


Appendices

Appendix A National Guidance for Sexual Health Services
Appendix B Teenage Pregnancy Strategy Headlines
Appendix C AIDS Support Grant
Appendix D Summary from Buckinghamshire Sexual Health Needs Assessment
Appendix E Buckinghamshire Sexual Health Profile
Appendix F Sexual Health Inequalities and High Risk Groups in Buckinghamshire
Appendix G National Model for Sexual Health Service Provision (levels of service)
Appendix A

National Guidance for Sexual Health Services

Commissioning
- Choosing Health: Making healthy choices easier, DH, 2004
- NHS Next Stage Review, DH, 2008
- NHS Operating Framework, DH (refreshed annually)
- World Class Commissioning, DH
- Wanless Reports
- Our health, our care, our say: a new direction for community services, DH, 2006

These all provide frameworks that enable the prioritisation of sexual health at a local level. Within all these policy mechanisms, the focus is on quality of service, high standards in commissioning and good local decision-making to produce services that meet local need. These documents also promote keeping people healthy instead of just treating illness

Sexual Health Commissioning Specific:
- Effective Commissioning of Sexual Health and HIV Services. A Sexual Health and HIV Commissioning Toolkit for Primary Care Trusts and Local Authorities, DH, 2003
- Five steps to better sexual health & supporting people with HIV, THT, 2008
- The NHS Trusts and PCTs (Sexually Transmitted Diseases) Directions, 2000
- Recommended standards for sexual health services, MedFASH, 2005
- Integrating the National Strategy for Sexual Health and HIV with Primary Medical Care Contracting, DH, 2005
- Health Economics of Sexual Health: A Guide for Commissioning and Planning, DH, 2005
- The Economics of Sexual Health, 2005, FPA

National Sexual Health Strategy:
- The national strategy for sexual health and HIV, DH, 2001
- The national strategy for sexual health and HIV. Implementation action plan, DH, 2002

HIV:
- Recommended Standards for NHS HIV services, MedFASH, 2003
- Standards for HIV Clinical Care, BHIVA, 2007
- HIV and AIDS in African Communities: A Framework for Better Prevention and Care, DH/NAT/AHPN, 2005
- Children in need and blood borne viruses: HIV and hepatitis, DH, 2004
- Framework for Better Living with HIV in England, Sigma Research, 2009
- The AIDS Support Grant: Making a difference?, NAT, 2009

Contraception
- The Time is Now Achieving World Class Contraceptive and Abortion Services, Independent Advisory Group on Sexual Health and HIV, 2009
- Long Acting Reversible Contraception- Clinical Guideline, NICE, 2005

STI
- Genitourinary Medicine 48-hour Access: Getting to target and staying there, DH, 2008
- Standards for the management of sexually transmitted infections (STIs), MedFASH & BASHH, 2010

Termination of Pregnancy
- Standard Service Specification Template, DH, 2009
- The Time is Now Achieving World Class Contraceptive and Abortion Services, Independent Advisory Group on Sexual Health and HIV, 2009

Teenage Pregnancy
- National Teenage Pregnancy Strategy, Department of Health and Department for Children, Schools and Families, 1999

Workforce
- Primary Care Service Framework: Management of Sexual Health in Primary Care, NHS Primary Care Contracting, 2007
- Sexual health competences: an integrated career and competence framework for sexual and reproductive health nursing across the UK, RCN, Revised 2009
- Quality Standards for sexual health training: Striving for excellence in sexual health training, DH, 2005
- The Manual for Sexual Health Advisers, Society of Sexual Health Advisers (SSHA), 2004

HPA
- Sexually Transmitted Infections and Young People in the United Kingdom: 2008 Report
- Sexually Transmitted Infections and Men who have Sex with Men in the UK: 2008 Report
- Sexually Transmitted Infections in Black African and Black Caribbean Communities in the UK: 2008 report
- New guidelines for HIV testing and areas where wider HIV testing policies should be considered, HPA, 2008
- HIV in the United Kingdom: 2008 report
Other:
- Under 16s: consent and confidentiality in sexual health services, FPA, 2009
- Evaluation of One-Stop Shop Models of Sexual Health Provision, UCL, 2007
- One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups, NICE, 2007
- You’re Welcome quality criteria. Making health services young people friendly, DH, 2007
- Independence, well-being and choice: our vision for the future of social care for adults, DH, 2005
- Local Government and Public Involvement in Health Act, 2007
Appendix B

Teens Pregnancy Strategy Headlines, (Buckinghamshire County Council, 2009-2011)

- Teenage conception rates in Buckinghamshire are lower than national rates however the rate is not falling in line with the rate required to achieve the required 45% decrease from the 1998 baseline to 2010.

- The proportion of abortions compared with maternities to young women aged under 18 years is significantly higher in Buckinghamshire than in England and the South East, particularly in the more affluent districts of Chiltern and South Bucks, indicating that the pregnancies are unwanted and further measures to prevent conception need to be considered.

- The focus of teenage pregnancy work is applicable to all children and young people, not just those who become pregnant, as it involves young people making informed choices in regard to relationships, sexual health and pregnancy.

The aims of the national Teenage Pregnancy Strategy are:
- To reduce the rate of conceptions amongst 15-17yr olds by 45% by 2010 from the 1998 baseline
- To ensure that 60% teenage mothers are in education or training (EET) by 2010

In Buckinghamshire there is also the aim to:
- To reduce the incidence of sexually transmitted infections in young people
- To provide comprehensive support for teenage parents to reduce the risk of social exclusion and improve life chances for them and their children

The work around teenage pregnancy consists of two strands- prevention and support for teenage parents. Local measures around prevention include:

- A robust programme of Sex and Relationship Education (SRE), linking in with the Health Schools and Healthy Further Education work streams and ensuring that sexual health and relationship guidance is available to young people who are not in school.

- Commissioning of sexual health awareness training for staff working with children and young people, and funding of specialist training to support SRE.

- Promotion of school and community based Young People’s Health Drop-Ins, which provide a single point of access where young people can receive confidential information and support on bullying, stress, medical matters, relationships, sexual health and pregnancy

- Joint work with NHS Buckinghamshire around access to contraception, condoms and Chlamydia, and joint working with the Drug and Alcohol Action Team (DAAT) to ensure that there are links in regard to education, information and preventative strategies around risky behaviours, particularly in relation to alcohol.

- Specific work with services that work with vulnerable young people.

The full Buckinghamshire Teenage Pregnancy Strategy and Action 2009-2011 can be accessed from Buckinghamshire County Council.
There has also been a recent national publication about teenage pregnancy beyond 2010\textsuperscript{21}, which seeks to continue the work towards halving the teenage conception rate in England and promote the work already undertaken towards this. The report looks to build on key parts of the existing teenage pregnancy strategy so that all young people:

- receive the information, advice and support they need to deal with pressure to have sex; enjoy positive and caring relationships; and experience good sexual health; and
- can access and know how to use contraception effectively when they do reach the stage that they become sexually active, so they can avoid unplanned pregnancies and sexually transmitted infections (STIs).

Appendix C

AIDS Support Grant

BCC are provided annually with an AIDS Support Grant (ASG) from the DH to help fund the additional costs of providing HIV related personal social services in the county. This grant is made available as a contribution towards expenditure on HIV/AIDS related social services, and is to be used against revenue expenditure only (i.e. not capital expenditure, where there is a separate HIV Capital Grant available from the DH). This money is currently ring-fenced, although from 2010-11 this money will no longer be so, instead being put into the Area Based Grant.

The ASG allocation formula is based on 70% HIV caseload in a local authority area, and 30% women and children living with HIV in a local authority area. This formula has the benefit of recognising the increasing pressure on HIV affected children and families services in local authorities and incorporating it into the allocation mechanism. In addition basing 70% of the allocation on HIV, as opposed to strictly AIDS, caseload recognises that with combination therapy people are not progressing as quickly to an AIDS diagnosis but they may still have distinct social care needs that should be taken into account by the grant.

The general aims of the scheme are:
- to enable Social Services Departments to draw up strategic plans, based on local population needs assessments, for commissioning social care for people with HIV/AIDS; and
- to enable Social Services Departments to finance the provision of social care for people with HIV/AIDS, and where appropriate, their partners, carers and families.

Local authorities have the lead responsibility for developing social care provision for those affected by HIV/AIDS while the lead for HIV related prevention and health promotion work lies with the NHS. It is particularly important that authorities work together with respective PCTs to ensure a co-ordinated commissioned approach to the funding of voluntary organisations, which is in accord with joint local population needs assessment, and commissioning plans.

Buckinghamshire HIV Steering Group.

The Bucks HIV Steering Group has run for a number of years, led by Adult Social Care at BCC. It was initially set up with the purpose to monitor the use of the ASG, with this remit developing to include promotion of HIV within the wider health and social care agenda. The membership of the group originally consisted of a wide range of organisations, including health and social care statutory specialist services, commissioning leads from BCC and the PCT, voluntary sector organisations providing HIV support, and other related parties, including LGBT, Young People and Service User representation.
Appendix D


National Picture

Despite progress and improvements since the introduction of the National Sexual Health Strategy in 2001, the scale and nature of sexual ill health and inequalities in England necessitate further action. The increasing diagnoses of HIV and STIs and increasing demand for abortion highlight the need for a continued national drive to improve sexual health across the country. In the review of the National Sexual Health Strategy MedFASH identified the following further actions required to achieve the aims of the national strategy:

- Improving professional and public knowledge of the most effective ways of preventing pregnancy
- Ensuring access to the full range of methods including long-acting reversible contraception
- Further improving access to abortions
- Locating services in more community-based settings
- Maintaining and extending prompt access to testing and treatment for STIs
- Increasing HIV testing in a range of existing and new settings
- Increasing investment in prevention programmes targeting those most vulnerable and at risk as well as those already infected
- Improving access for all young people and adults to acquire the knowledge and skills to stay healthy and to improve sexual health at all life stages

MedFASH also highlighted five key areas for strategic attention to achieve the aims of the sexual health strategy and improve sexual health nationally:

1. Prioritising sexual health as a key public health issue and sustaining high-level leadership at local, regional and national levels
2. Building strategic partnerships
3. Commissioning for improved sexual health
4. Investing more in prevention
5. Delivering modern sexual health services

The state of sexual health in 2008 was highlighted in the MedFASH review of the national strategy:

- 51% of people said they would always, and 14% said they would never or rarely, use a condom with a new sexual partner.
- Of men who had sex with another man over the last year, 36% were consistent condom users. 53% had had anal sex at least once without a condom.
- Frequent use of alcohol and other drugs is associated with high numbers of sexual partners and decreased likelihood of using protection.
- The most frequently used method is the contraceptive pill (27%) followed by the male condom (22%).
- Only 10% of women under 50 report using LARC as their method of contraception although 45% would use this method if offered.
Abortion rates are highest in 18-24 year-olds, peaking at age 19 (36 per 1000 women aged 19, compared to 18 per 1000 aged 15-44).

79% of people were aware HIV could be passed on by sex between a man and woman without a condom in 2007, 12% less than in 2000.

40% of young people state that the quality of SRE in schools is poor or very poor.

30-50% of people in secondary schools attracted to the same sex have directly experienced homophobic bullying.

In the *HIV in the United Kingdom: 2009 Report*, the HPA state:

The number of people living with HIV in the UK continues to rise, with an estimated 83,000 infected at the end of 2008, of whom over a quarter (27%) were unaware of their infection.

During 2008, there were 7,298 new diagnoses of HIV in the UK. This represents a slight decline on previous years, predominantly due to fewer diagnoses among black African women who acquired their infection abroad.

New diagnoses among men who have sex with men remained high in 2008, and four out of every five probably acquired their infection in the UK.

New HIV diagnoses among those who acquired their infection heterosexually within the UK have risen, from an estimated 740 in 2004 to 1,130 in 2008.

Over half of patients were diagnosed with a CD4 cell count <350 per mm3 within three months of diagnosis in 2008, the threshold at which treatment is recommended to begin.

Preliminary data for the first six months of 2009 indicate that one in five men who have sex with men, and one in ten heterosexuals newly diagnosed with HIV were likely to have acquired their infection within the last six months.

Preventing the 3,550 HIV infections that were probably acquired in the UK, and subsequently diagnosed in 2008, would have reduced future HIV-related costs by more than £1.1 billion.

The rise in poor sexual health continues to place an ever increasing pressure on sexual health services. The total number of diagnoses of STIs at UK GUM clinics, which includes recurrent and follow-up presentations as well as new diagnoses, rose by 6% from approximately 620,300 in 2006 to 658,500 in 2007. Between 1998 and 2007 the total number of diagnoses made at GUM clinics increased by 69%.

Sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) cause a wide range of illnesses and are a significant cause of long term and serious disability in the UK.

All STI episodes seen at GUM, HPA, 2009
Rising infection rates, the arrival of the HIV epidemic in the 1980s, evidence of increased risk taking and – often – poor control of infections, have all helped to raise the level of concern among health professionals, the Government and the public. The most common conditions now are Chlamydia, non-specific urethritis and wart virus infections, but almost all sexually transmitted infections are becoming more common. In the ten years from 1998-2007 the top five diagnoses STIs were syphilis, gonorrhea, chlamydia, genital warts and genital herpes.

Local Picture

To update this strategy the sexual health profile of the local population has been reviewed and a refreshed Sexual Health Needs Assessment has been published to inform our local priorities and services developments. A summary of the population profile is below, with further details to be found in the Sexual Health Needs Assessment.

Buckinghamshire’s Population Profile Summary

- **Our population:** 490,600 people were estimated to live in Buckinghamshire county in 2007. The Joint Strategic Needs Assessment (JSNA) report estimated the population for Bucks PCT area as 515,000 and for the population for Bucks County Council area as 479,000. By 2026 the county’s population is expected to rise to 530,000. The proportion of people aged 65 and over is projected to increase from 15% currently to 21% by 2026, while the proportion aged 19 and under is projected to decrease from 26% to 22%. The number of births shows a downward trend overall but fluctuates considerably year on year thus making predictions of future trends very difficult to identify. Also there are planned housing developments in the north of the county around Aylesbury which will have an impact on population growth.

- **Young people:** Buckinghamshire has a lower proportion of young people, 11.6% (56,700 people) compared to the national average of 13.3%. As at the end of April 2009 there were almost 200 looked after children in Buckinghamshire.

- **Education:** Children and young people in Buckinghamshire generally have good educational attainment and Buckinghamshire has one of the highest levels of pupils attaining 5 or more GCSE’s A*-C including English and Maths at Key Stage 4.

Reducing the proportion of 16-18 year-olds not in education, employment or training (NEET) is a priority for the Government. In 2008 it was estimated that 3.7% of children in Buckinghamshire aged 16-18 were not in education, employment and training, compared to 5.7 for the South East. In Wycombe

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24 Sexual Health in Buckinghamshire: a review, South East Public Health Observatory, 2009
25 Buckinghamshire JSNA (accessed 16/06/09) http://www.buckscc.gov.uk/bcc/research/health_wellbeing.page
26 Buckinghamshire County Council, 2009
27 Department for Children Schools and Families (DCSF)
NEET was almost 5.5%, much higher than the other Buckinghamshire districts.

- **Fertility:** In 2008 there were approximately 6,000 births giving a general fertility rate of 63.3 per 1,000 women aged 15-49 and a total fertility rate of 1.99 compared to 63.6 and 1.9 respectively for England. The fertility rate has risen in the last few years for Buckinghamshire and this appears similar to the England trend.

- **Ethnicity:** Seven percent of the population in Buckinghamshire are from Black and Ethnic Minority groups. In Wycombe town this proportion increases to 21% with 9% in Aylesbury town. Other parts of the county have less than 1% Black and Ethnic minority group make-up\(^{28}\).

- **Deprivation:** The average level of deprivation is relatively low in Buckinghamshire. The latest index of multiple deprivation (2007) shows only one area in Wycombe that is ranked in the most 20% deprived in England\(^{29}\).

- **Rural areas:** Thirty-five percent of the people in Buckinghamshire live in rural areas, over 10% higher than the South East average\(^{30}\).

- **Gypsies and the travelling community:** There are believed to be approximately 1500 gypsies and travellers in Buckinghamshire, including 450 children with a total of 31 private and local authority owned sites\(^{31}\). It was estimated in 2006 that for Buckinghamshire there was a further requirement of around 90 additional permanent pitches above those already planned either within or outside the current sites. It was recommended that more transit pitches are made available.

- **Maternity:** The age profile for mothers in Buckinghamshire is higher than the national picture. Figure 3 demonstrates shows the age profile of mothers in Bucks PCT area compared to the national picture and the difference is noticeable for mothers over the age of 35.

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\(^{28}\) ONS Census 2001 and Bucks CC local profiles
\(^{29}\) Index of Multiple Deprivation, 2007
\(^{30}\) ONS Census, 2001
\(^{31}\) Association of Councils of the Thames Valley Region, 2006
HIV

HIV continues to be one of the most serious communicable diseases nationally and globally. Although there is still no cure people are now living much longer following the introduction of highly active anti-retroviral therapy (HAART) in the mid 1990s.

Nationally HIV prevalence continues to increase steadily, with a three-fold increase since 1998. In 2008 there were an estimated 83,000 people living with HIV in the UK, of who over a quarter (27%) were unaware of their infection (HPA, 2009).

New HIV diagnoses among men who have sex with men continue to increase and over four-fifths of these infections were probably acquired in the UK. The estimated number of people infected through heterosexual contact within the UK has increased from 540 new diagnoses in 2003 to 1,130 in 2008, and has doubled as a proportion of all heterosexual diagnoses during this period. Preliminary data for the first six months of 2009 indicate that one in five men who have sex with men, and one in ten heterosexuals newly diagnosed with HIV were likely to have acquired their infection within the last six months.

Almost a third (32%) of persons newly diagnosed with HIV were diagnosed late, that is at a point after which therapy should have begun (CD4 cell count less than 200 per mm$^3$).

Proper treatment and management of HIV is among the most cost effective interventions available because despite high drug costs the dramatic impact on survival, quality of life and reduction in onward transmission of infection is significant. Preventing the 3,550 HIV infections that were probably acquired in the UK, and subsequently diagnosed in 2008, would have reduced future HIV-related costs by more than £1.1 billion.

MSM are a socially and culturally diverse group though, some of whom may not self-identify as ‘gay’, so there is a need to ensure that out-reach services are sensitive to this to maximise their impact.

In England, South Central SHA had the third largest proportional increase in the number of individuals accessing care between 1998-2007, with an almost six-fold increase (406 to 2,412).
In Buckinghamshire:

- In 2007 there were 267 people known to be living with HIV in NHS Buckinghamshire. In 2007 seven were under the age of 16 yrs old.
- Between 2002 and 2007 there has been a 124% increase in the number of people known to be living with HIV within NHS Buckinghamshire.
- Since 2003 the numbers of new HIV cases diagnosed in Buckinghamshire providers has decreased, though between 2006 and 2007 the numbers rose slightly.
- 42% of the diagnosed cases were in Wycombe, 30% in Aylesbury and 15% of cases in Chiltern region.
- 67% of cases were heterosexually transmitted and 24% were transmitted by sex between men. Around 3% of cases were due to mother to child transmission.
- 48% of the 267 people living with HIV are White and 43% are of Black African origin.
- The number of new HIV diagnoses increased from 2000 to 2003, rising from 22 to 41. Since 2003 the numbers of new diagnoses have decreased and in 2005 were back down to 23 new cases.
- In 2007, 53% (141) of all HIV infected individuals were treated within Buckinghamshire. Twenty one percent were treated in London and a further 18% of all treatment took place in either Oxford or Slough. The proportion of Bucks residents treated in Bucks clinics has increased since 2000.
- Testing for HIV recorded in Bucks labs has increased from 2005 to 2008 from approximately 5,500 to 9,400. Tier 2 services account for around 11% of all testing with GUM accounting for 70% of all tests.
- The number of HIV diagnoses recorded from Bucks labs has ranged from almost 50 in 2005 to around 40 in 2008. However, not all of these diagnoses will be new. Reports from the HPA indicate that in 2007 there were 30 new cases diagnosed in Bucks providers.
- Rates of diagnosis in Bucks 2007 is 0.5-0.99/1000 population aged 15-59 years. (National rate is 1.43/1000 population). The national rate was higher in men than women (1.87/1000 and 0.99/1000 respectively).
- In genitourinary medicine (GUM) clinics the uptake of HIV testing among MSM continues to increase reaching 86% in 2007, compared to 84% in 2006.
- In 2007 whilst the prevalence was the third lowest regional (0.83/1000), 46% of people diagnosed with HIV in 2007 were diagnosed late (well above the national average). (HPA data, 2009)
Other Sexually Transmitted Infections

Trends over the 10 year period from 1998 to 2007 show a gradual rise in both the number of new STI diagnoses and other STI diagnoses (e.g. recurrent infections). Other diagnoses made in GUM clinics (e.g. candidosis & vaginosis) have remained relatively stable but rose sharply between the years 2006 and 2007.

Chlamydia

Chlamydia remains the most commonly diagnosed STI in GUM clinics in the United Kingdom with 117,108 diagnoses in 2007. This is a 2.5 times higher than the incidence in 1997. It is asymptomatic in at least 70% of women and 50% of men. Chlamydia is the leading cause of reproductive ill health in women because if left untreated it can cause pelvic inflammatory disease (PID) which can lead to ectopic pregnancy and infertility. Young people (aged 16-24 years old) account for 65% of all chlamydia infections diagnosed in genitourinary medicine clinics across the UK in 2007, a rise of 7% from 200632.

In Buckinghamshire:

- Chlamydia remains the most commonly diagnosed STI.
- The number of new cases of Chlamydia diagnosed in Buckinghamshire GUM clinics increased around 40% (see figure 7) between 2001 and 2005, though numbers have not increased between 2005 and 2008, indicating some stabilisation in new cases.
- Approximately 35% of all new cases seen in GUM were 25 years or older.
- Over 700 cases of Chlamydia were diagnosed in Buckinghamshire labs in 2007 from over 6,200 tests from GUM clinic samples, which indicated a positivity rate of around 11.5% from GUM attendees tested. All other Chlamydia tests within the Bucks labs, including samples from general practice accounted for a positivity rate of 4.8%.
- A total of 4666 young people were screened for Chlamydia either in the Chlamydia screening programme (CSP) or in non-CSP settings such as level 2 services in the 2008/09 financial year. The positivity rate for this period was 6.5%. Just less than half of all these Chlamydia screens were carried out by the CSP.
- It is estimated that a possible 4550 people living in Buckinghamshire were infected with Chlamydia in 2008. Young adults are most at risk with 35% of the estimated number aged 15-19 years and 40% aged 20-24 years.

32 HPA, 2008e
Gonorrhoea

Nationally, diagnosis rates of gonorrhoea in heterosexuals have declined since 2002, but are still higher than rates in 1997. Rates in MSM have continued to increase against the overall trend. Annual rates of infection have always been higher in men compared to women, and higher in the 20-24 year and 16-19 year groups respectively. As with Chlamydia, this STI is also associated with PID. In rare cases, if left untreated this infection can spread to the blood stream and joints and in some cases can lead to infective arthritis. In 2007 Black Caribbeans accounted for over a quarter (26%) of heterosexually acquired gonorrhoea diagnosed in a sample of genitourinary medicine clinics in England and Wales. MSM also accounted for 30% (3,868/12,933) of all men diagnosed with gonorrhoea in 2007, the majority of whom were aged 25-34 (39%; 1,499/3,868).

In Buckinghamshire:

- The number of new cases of Gonorrhoea diagnosed in GUM clinics decreased by 37% between 2001 and 2008. However, new cases in GUM increased from 2007 to 2008 with 67 cases in 2008.
- In 2008 a total of 78 cases were diagnosed in Buckinghamshire labs from all settings, including general practice and GUM. There has been an increase in positivity rate in all tests from 2007 to 2008, though the rate is still over 40% lower than the rate in 2005.
- Almost 50% of all the tests in Bucks labs were requested by GPs, compared to almost 30% in GUM settings during 2008. The positivity rate in 2008 in Bucks labs was 0.2% and unlike the number of tests most (85%) of the positives were found in GUM settings indicating much higher risk levels for these clients compared to those in GP settings. The mean age of those recording positive tests was just over 26 yrs.
- Although MSM accounted for 30% of cases in 2007, less than five of the total new case infections in Bucks were from MSM.

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33 HPA, 2008a
Syphilis

The past decade has seen a greater than 10 fold increase in diagnoses of infectious syphilis nationally, from 301 in 1997 to 3,749 in 2007, with a series of outbreaks in large cities in the UK. However the number of cases over the past few years has remained stable. If left untreated syphilis can result in serious complications and even death. Infection in pregnant women can result in miscarriage, stillbirth or congenital infection. Although the incidence of syphilis is much lower than other STIs it is of public health importance because syphilis infection is associated with an increased risk of both acquiring and transmitting HIV infection and the significant risks faced by infected pregnant women. Men who have sex with men account for over half of new episodes of syphilis seen in GUM.

In Buckinghamshire:

- The number of new cases of infectious Syphilis diagnosed in Bucks GUM clinics is very small and it is difficult to predict any real trend in the disease.
- Buckinghamshire Hospitals Trust recorded no cases of Syphilis in antenatal screening from April to June 2008 (antenatal infection screening surveillance, SE Regional Epidemiology Unit).
- Bucks labs detected 45 positives from a total 8400 tests (0.54%) during 2008. 44% of these were requested from the SHAW clinic.

Herpes

Genital herpes simplex virus (HSV) infection is the most common ulcerative sexually transmitted disease in the UK. The genital herpes virus is a life-long condition with associated physiological and psychological morbidity. It is estimated that percentage of recurrent attacks of the disease in people attending GUM clinics can be higher than 45%. National diagnoses of this condition have increased from 1997 to 2006, but both Wycombe GUM and Brookside GUM reported a drop in diagnoses between 2001 and 2005. Rates of diagnosis of genital herpes are highest in 20 to 24 year-old men and women.

In Buckinghamshire:

- Over 170 cases of HSV were detected in Bucks labs from the two Bucks GUM clinics in 2008. A further 139 cases were detected from other settings in the same time period, with over 100 of these from GP surgeries. The detection rate from all tests was over 30% from both GUM and GP surgery settings.

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34 MEDFASH, 2008
35 HPA, 2009 – general information on Herpes Simplex
Genital Warts

Between 1972 and 2007, the number of all genital warts diagnoses (first, recurrent and registered episodes) increased by 8 and 11 fold in men and women respectively. These rises may reflect increased incidence of infection, greater public awareness and/or improved diagnostic sensitivity.

Genital warts are common throughout the UK. Overall, the rates of genital warts are higher among men than among women. In 2007 the highest rates of genital warts were seen in 20-24 year old men (815/100,000 population) and in 16-19 and 20-24 year old women (830/100,000 and 729/100,000 population respectively).

In Buckinghamshire:

- HPA data for 2008 and 2009 shows that genital warts are common across Buckinghamshire, with genital warts being the second most common STI locally after Chlamydia.
- Heterosexual men and women are the most likely to present with genital warts, with 89% of male and 91% female of all presentations for Bucks patients.
- The majority of people locally who are diagnosed with genital warts identify themselves as British white ethnically.
- Locally, the highest incidence of genital warts in men is in the 20-24 age range (35%), closely followed by the 25-34 age range (33%).
- The highest incidence of genital warts in women locally is also in the 20-24 age range (34%), followed by the 16-19 and 25-34 age ranges (both 19%).

Hepatitis

Hepatitis is inflammation of the liver and can be caused by blood borne viruses. Hepatitis B & C can be sexually transmitted and both infections may cause long term liver damage with people at risk of developing cirrhosis and primary liver cancer.

Hepatitis B

Most reports of acute Hepatitis B virus infection in the UK occur as a result of injecting drug use or sexual exposure. Hepatitis B testing is recommended in MSM, sex workers, injecting drug users, HIV-positive patients, sexual assault victims, people from countries where hepatitis B is common and sexual partners of HIV positive or high-risk patients. Hepatitis B vaccination should be offered to people who do not have the Hepatitis B antibodies in most of these high risk groups. Nationally, there has been a small rise in Acute Hep B cases from 1990 to 2003, though no national data is available beyond this point. The Hepatitis B foundation estimate that in 2007 there were more than 325,000 people in the UK with chronic Hepatitis B virus infection36, a rise from the Department of Health estimate of 180,000 in 2002. There is a prison vaccination programme that attempts to vaccinate all appropriate prisoners entering the prison system.

Hepatitis C

Unlike many other blood borne viruses, sexual transmission is thought to be relatively rare in the case of Hepatitis C, nevertheless, it can occur therefore sexual transmission and condom use should be discussed with people as a way of reducing the risk of transmission. The HPA suggests there could be 142,000 individuals with chronic hepatitis infection in England. Due to the long-term nature of the disease it is difficult to determine the incidence of the disease, though the HPA estimates that there was an increase in incidence until the late-1980s, with a slow drop in incidence to 1995\(^{37}\).

In Buckinghamshire:

- A crude estimate of the Bucks population with a chronic Hepatitis B infection in Buckinghamshire could be around 1,700 people, based on the UK prevalence estimate, though this will be influenced greatly by the prevalence of high risk groups outlined above.
- In 2008/09, 73% of all new clients entering the drug treatment programme were offered the HBV vaccination. 38% who were offered treatment refused. Only 1% had acquired immunity.
- In 2008, 193 prisoners were vaccinated within one month of entering the Buckinghamshire prison system (table 3). Vaccine coverage is difficult to determine, as data on reception numbers and prisoner refusals to take the vaccine often lead to over-estimation on vaccine uptake and coverage.
- In their 2007 commissioning support pack, the Health Protection Agency estimates that just over 1050 individuals resident in Buckinghamshire are infected with Hepatitis C. This also estimates that 121 people require Hep C treatment in Bucks (including those already treated), though excludes those currently within the Prison population, which will increase the burden further.
- The National Treatment Agency categorised Hep C among injecting drug users in Bucks as 'medium'.
- In 2008/09, those clients within the drug treatment programme, 11% were provided the Hep C test. All new clients undertaking drug treatment, 36% were offered and refused screening for Hep C. In 28% of all cases, either the client's status of receiving a screen was not recorded, or they were not offered a screen.

\(^{37}\) HPA, 2008b
Unintended Pregnancy

Unintended pregnancies, and in particular teenage pregnancies, are a key indicator of poor sexual health. Approximately 22% of conceptions lead to an abortion. Despite recent efforts to reduce teenage pregnancy, the UK continues to have one of the highest rates in Western Europe. Of note, only one PCT in England is likely to meet a target of halving teenage conception rates from 1998 to 2010/11. Bucks will not meet a target of halving the rate teenage conceptions, though this is in line with the rest of the country.

**In Buckinghamshire:**

**Under 18:**

- In 2008 there were 240 conceptions in young women under the age of 18 yrs, 61% of which ended in a termination. This is higher than the national average of 50% and the South East at 51%. The lowest rates of teenage conceptions are in Chiltern, significantly lower than Aylesbury and Wycombe.
- The national rate of teenage conceptions under 18 years has decreased by approximately 13.3% from a baseline measure in 1998. The regional rate has decreased 13.0% while in Buckinghamshire that rate has only decreased by 1.7%.
- Teenage pregnancy is less of a burden in Buckinghamshire (9th lowest rate nationally in 2007) compared to other areas. However, there are local hotspots in the urban areas of Wycombe and Aylesbury, corresponding to areas of higher deprivation.

**Terminations:**

- There were 1403 legal abortions being carried out for Buckinghamshire residents in 2008 in women of all ages. This equates to 16 abortions per 1000 women aged 15-44, similar to the South Central SHA average. The under 18 abortion rate in 2008 in Buckinghamshire was 13 per 1000.
- In England approximately one third of abortions were repeat abortions in 2008 (i.e. had one or more previous abortions) and this percentage is slightly lower in Buckinghamshire.
- 70% of NHS abortions were completed under 10-weeks gestation in 2007 (similar to regional and national averages).
- The Termination of Pregnancy service commissioned for NHS Buckinghamshire residents carried out 1300 abortions in 2008/09, with over 72% of these were carried out in less than 10 weeks gestation. 80% of patients waited less than 21 days from referral to undergo the abortion procedure.

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38 In Europe, Denmark, Sweden, Holland, France and Italy all have less than 2% of births to mothers under 20 years, compared to 7% in the UK, WHO, 2009.
Sexual dysfunction and psychosexual problems

Sexual dysfunction and psychosexual problems affect large numbers of people but remain an issue that is largely hidden, despite the detrimental effect these problems can have on the wellbeing of couples and their families. There is no accurate data to show the scale of the problem overall, but the most common problems in men are erectile dysfunction, premature ejaculation and retarded ejaculation and the most common problems in women are loss of desire, anorgasmia and painful intercourse.

In Buckinghamshire:

- NHS Buckinghamshire commissions psychosexual services from the local Relate service, so no services are offered at the Contraceptive and Sexual Health Services in Aylesbury or GUM services in High Wycombe.
- The Relate service in Buckinghamshire offers appointments at Aylesbury, Chesham, Princes Risborough and High Wycombe, as well as providing telephone support. Initial assessment appointments are usually offered to clients within two weeks of contacting the service, though the waiting list for therapy after an assessment is longer.
- In 2007, the Relate service provided 600 hours of psychosexual therapy with most therapy programmes lasting several months. The service capacity has risen since 2007 with the addition of new staff, though there is no evidence of any sustained increase in demand for the service. There is some evidence of an increase in inappropriate referrals with most of these related to a lack of sexual education with the potential client, rather than any actual psychosexual need.
- Clients of the Relate service are individually charged, though all needs will be met regardless of the ability of the client to pay.
- Conditions such as diabetes can cause erectile dysfunction, the management of which is increasingly being led by GPs.
- There are currently no secondary erectile dysfunction clinics available within Buckinghamshire.
Sexual abuse and exploitation

Sexual abuse and exploitation although often hidden and unreported exists and can have long term physical and psychological consequences for victims. The British Crime Survey\(^{39}\) indicates that around 1 in 20 women said they had been raped since the age of 16, and about 1 in 10 women have experienced some form of sexual victimisation.

**SARC**

SARCs are one-stop shops where victims of sexual assault can receive medical care and counselling whilst at the same time having the opportunity to assist the Police investigation into alleged offences, including the facilities for high standard of forensic examination. SARCs provide one-stop shop destinations in the aftermath of a rape or sexual assault, providing services that are tailored to the needs of victims and underpinned by principles of dignity, respect and belief. These centres allow for victims to receive care and evidence to be gathered for use at a later time if the victim does not want to press charges at that time.

The Government is committed to the extension and development of SARCs as part of making communities safer and improving people’s health, care and well-being, with the aim of a SARC to be available in every police force area by 2011.

**In Buckinghamshire:**

- The Thames Valley Basic command unit has recorded between 30 and 40 total serious sexual offences per year for the past few years.
- There are support services available from Rape Crisis for women over the age of 16 in Aylesbury and High Wycombe, and via the Victim Support services of the police. There is a huge demand for the counselling services provided by Rape Crisis currently.
- There is a lack of support services available locally for men (Rape Crisis only provides support for women).
- The ‘R U Safe?’ project (Barnardos) provides support for young women aged 11-18 at risk of sexual exploitation, but are in the process of recruiting a male support worker to expand their services to provide support for young boys at risk of sexual exploitation.
- Services for victims of sexual assault across Thames Valley are variable, inequitable and fragmented which are not meeting National Standards. Within Buckinghamshire there is only one forensic suite in Wendover, although victims of sexual assault often have to travel long distances to other forensic suites dependent on FME availability.
- There is an SHA wide project to commission a SARC (Sexual Assault and Referral Centre) within the Thames Valley Area, which will provide a much needed resource for people presenting with sexual assault claims.
- There is Domestic Violence Coordinator at Buckinghamshire County Council who is currently doing work around sexual violence.

\(^{39}\) The British Crime Survey, Myhill & Allen, 2002
Risky Sexual Behaviour

National studies suggest an increase in risky sexual behaviour amongst the general population. The National Survey of Sexual Attitudes and Lifestyles (NATSAL) carried out in 2000 found that the proportion of the population who reported having two or more partners in the past year and not using condoms consistently had increased since a similar survey was carried out in 1990\(^{40}\). In another national survey, more than a third of respondents admitted to having unprotected sex with a new partner in the past year\(^{41}\).

Young people in particular are likely to participate in risky sexual behaviour and the younger they become sexually active, the more likely they are not to use contraception. The average age which people start having sex has been decreasing over the last thirty years and is now 16\(^{42}\). In spite of some improvements in school sex education, for example the issuing of national Sex and Relationships guidance to all schools in 2002, there is still a large amount of misunderstanding and risk taking.

In Buckinghamshire:

- The TellUs3 survey carried out in Buckinghamshire schools in 2008 reported that almost 54\% of children in year 8 and year 10 thought the information they received about sex and relationships was good enough. This was similar to the national average.
- Twenty-nine percent of year 8 and 10 students also reported they worried about boyfriends, girlfriends or sex most, higher than the national average.
- In the 2007 performance assessment of children’s services, Ofstead reported that access to sexual health services for young people was generally good in Buckinghamshire.
- Level 2 sexual health services and Chlamydia screening are both available and promoted across local colleges and universities.

\(^{40}\) Johnson et al, 2001  
\(^{41}\) Durex, 2003  
\(^{42}\) Wellings, 2001
Social pressure

A core element of good sexual health is that an individual is free to choose when and how they express their sexuality, within an equitable relationship. There is however evidence to show that young people in particular find themselves feeling pressurised to have sex. In a UK survey four out of five women aged 16-25 who first had sex aged 13 and 14 regretted it\(^{43}\). Research suggested that the best approach is to provide young people with good quality sex and relationship education which enables them to make informed choices.

A local study on sexual health attitudes was carried out by the Thomas Coram research unit in 2006. The report was commissioned by the Teenage Pregnancy Unit in Bucks to identify the wider determinants that influence teenage conceptions\(^{44}\). It identified issues on risky sexual behaviour from a survey of young people (boys and girls) and professionals.

**In Buckinghamshire:**

- Around 50% of the sexually active group of young people who completed the survey said they had experienced a pregnancy scare in the last year. The proportion of people experiencing a pregnancy scare was far higher in those aged 13-15 compared to those aged 16-18+.
- Of those taking part in the survey, 50% agreed with the statement that “most young people feel under pressure to have sex”, more girls than boys agreed with this statement.

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\(^{43}\) Wellings et al, 2001

\(^{44}\) Thomas Coram Research Unit, 2007
Stigma & Discrimination

Stigma & discrimination continues to impede disclosure and deter people from accessing sexual health services. HIV in particular remains a stigmatised condition, it continues to affect minority groups including men who have sex with men, people from sub Saharan Africa and injecting drug users who already suffer stigma & discrimination on the grounds of their sexuality and/or race, and the added burden of HIV can exacerbate their social exclusion. Furthermore, stigma and discrimination continues to be experienced by people due to their sexual orientation, including those who are lesbian, gay, bisexual or transgender. The Equality Act (sexual orientation) Regulations 2007 has made it unlawful for health & social care staff to discriminate unfairly against lesbian, gay and bisexual people. In addition people with HIV now have the same legal protection as people with other long term conditions such as multiple sclerosis and cancer. An amendment to the Disabilities Discrimination Act (2005) means that it is now illegal to discriminate against people with HIV in employment, education and the provision of services.

In Buckinghamshire:

- The Thames Valley Police in Buckinghamshire recorded over 70 cases of homophobic crimes in 2007 and very small numbers in 2008 and 2009. It is difficult to determine whether this increase is due to more crime or just better recording capabilities.
- Anecdotal information from the ‘Q: Alliance’ network indicates that a high proportion of crimes are unreported and that the numbers of successful prosecutions are much lower than the numbers of crimes.
- There are no out-reach services or campaigns currently within Buckinghamshire to engage with stigmatised groups.
Appendix F

Sexual Health Inequalities and high risk groups in Buckinghamshire (information from Sexual Health Needs Assessment, 2009)

The table below highlights the population groups who experience the poorest sexual health in Buckinghamshire and summarises some of the key issues they may face:

**Men who have Sex with Men (MSM)**

The NATSAL survey (2000) indicates that up to 8% of men have had at least one same sex experience (Johnson et al, 2001).

There is an organised support network for gay men in Buckinghamshire and Milton Keynes via Q:Alliance, although this in Milton Keynes based and has limited activity in Buckinghamshire.

Data from a number of sources (Department of Health, Health Protection Agency, Other) show that there are dramatically rising rates of STIs within this population for all STIs, especially syphilis. In June 2008 43% of syphilis cases reported in men who have sex with men (MSM) were co-infected with HIV.

An estimated 32,000 MSM were living with HIV, with at least one in four of those aged 15-59 unaware of their infection. In 2007 more than double the numbers of 1998 were seen for HIV-related care nationally.

Thames Valley Positive Support and The Crescent are working together to provide a drop-in centre in High Wycombe

Anecdotal reports from MSM support workers suggests:
- Buckinghamshire’s cruising areas include public toilets, car parks, picnic areas
- Pubs, clubs are not as popular as meeting venues unlike other areas such as Milton Keynes

**ISSUES & INEQUALITIES**

- A dedicated support service for HIV positive men is available in Bucks via ‘The Crescent’, but is hampered by very limited resources and funding (Commissioned via Bucks County Council). The service currently accesses less than 10% of the known MSM HIV positive community.
- MSM remain the group at greatest risk of acquiring HIV within the UK and locally support services for MSM need to be improved
- High proportions continue to engage in high risk sexual behaviour and diagnoses of STIs in this group continue to increase.
- MSM experience a significant degree of homophobic discrimination and crime. Fear of abuse or attack is a major concern. Sexual health may be less of a priority.
- Young men / students who are coming out for the first time are particularly vulnerable.
- HIV testing is offered through a trusted volunteer support organisation, ‘Q:Alliance’, but only in Milton Keynes and by The Crescent at their base in St Albans. Other HIV testing services in Bucks need to be accessed via NHS services.
- Sexual health support services for MSM need to be improved.
- Anecdotal evidence from MSM support services in Bucks suggests that there is a lot of unreported discrimination.

Sources: HPA SOPHID 2009; The Crescent and Q:Alliance 2008
**Minority Ethnic Groups**

The 2001 census reports that 7% of the population in Buckinghamshire are from minority ethnic groups. In Wycombe town this proportion increases to 21% with 9% in Aylesbury town.

Less urban parts of the county have less than 1% minority ethnic group make-up.

Between April 2001 and June 2008, 83.8% of cases of syphilis among men who have sex with men (MSM) were of white ethnicity. Only 42.1% of infections among heterosexual men were of white ethnicity. Among heterosexual men, 42.2% of cases were black and black British groups, compared to only 5% of homosexual men.

The prevalence of diagnosed HIV in black African and black Caribbean communities in England is estimated to be 3.7% and 0.4% respectively, compared to 0.09% among the white population.

The percentage of late diagnoses, that is after a point when treatment should have begun, among new diagnoses of HIV in 2007 was highest among black Africans (42%). 27% of HIV diagnoses among black Caribbeans were late.

In 2007 black Caribbeans accounted for over a quarter (26%) of heterosexually acquired gonorrhoea diagnosed in England and Wales.

The NHS Trusts in Buckinghamshire commission an interpreting and translation service using face to face and telephony. The main spoken minority ethnic languages in Buckinghamshire at 2009 are as follows: Urdu, Punjabi, Polish, Farsi, Slovak and Bengali.

- Black Africans experience a disproportionate burden of HIV infection compared to the population size. In 2007 this ethnic group represented 43% of people living with HIV in Buckinghamshire- 97 people.

- Black African groups nationally have 43% of HIV diagnoses presenting late (HPA, 2008a). People diagnosed late are 13 times more likely to die from the disease (HPA, 2007).

- The Thomas Coram (Thomas Coram Research Unit, 2007) report identified a need to develop more specific sexual health services to meet the needs of Asian young people.

- Barriers to accessing services are often due to fear that confidentiality will be breached, stigma, sex a ‘taboo’ subject, and lack of knowledge of what services are available.

- There are no specific outreach programmes to fully understand and meet the needs of minority ethnic groups locally.

Sources: HPA SOPHID, 2009; HPA 2008a; Thomas Coram report, 2006
The Thomas Coram report for Buckinghamshire in 2006 identified the following issues from the survey of young people:

- 50% agreed with the statement that most young people feel under pressure to have sex, with more girls than boys agreeing with the statement.
- 21% of young people aged 13-15 reported that they were sexually active. Most tended to have had their first experience aged 14 or under.
- Almost a quarter (24%) said they would not know where to go for sexual health information and advice.
- 55% thought ‘most parents or carers would be angry to know their children were having sex’, though identified them as one of the two sources (friends as the other source) they would go to for support and information.

Young People can be reluctant to engage with core services to discuss their sexual health needs and access the services needed.

Sources: Thomas Coram report, 2006 and ONS 2008
Adults & Children Living with HIV

In 2007 there were 267 people known to be living with HIV in the county, of which 7 were under the age of 16 and a further 12 were under the age of 25.

The presence of other STIs increases risk of both acquiring and transmitting HIV.

Unprotected sex presents risk of re-infection with new or drug resistant forms of HIV.

There can be a disincentive to test for HIV due to possibility of criminal prosecutions due to ‘reckless transmission of HIV’ and other insurance related issues.

A high proportion of people with HIV experience social exclusion problems related to housing issues, immigration status or financial hardship. These can have a significant impact upon mental health, treatment adherence, self management and quality of life.

People living with HIV often have other co morbidities and have to deal with the management of multiple infections including Tuberculosis and Hepatitis B.

People living with HIV may not be aware of the range of sexual health services available including STI screening, advice on how to negotiate safer sex, disclosure of HIV status etc.

People living with HIV may fear judgmental attitudes, discrimination and stigma which may present a barrier to accessing local health and social care services.

There are limited housing support services in Buckinghamshire where the primary purpose of the service is defined as meeting the needs of People living with HIV/AIDS.

One third of people living with HIV in London reported being discriminated against because of their infection, almost half of these saying this had involved a healthcare worker.

There are no specific support services for children living with HIV in Bucks.

Sources: The Crescent, 2008; HPA SOPHID, 2009; MEDFASH, 2008
Asylum Seekers & Recent Migrants

Currently, all asylum seekers and refugees entering Buckinghamshire and requesting support are referred to the National Asylum Support Service (NASS).

At the end of March 2008 there were less than 15 asylum seekers receiving support from NASS and none living in dispersed accommodation in Buckinghamshire.

In 2007/08 there were 4000 applications for new national insurance numbers across Buckinghamshire. Most of these were migrants from Poland, followed by those from the Indian sub-continent.

Barriers to accessing services due to language and having to use family members can make it difficult to disclose sensitive sexual health issues.

Uncertainty of immigration status / fear of being refused treatment.

Different cultural attitudes e.g. abortion regarded as an acceptable method of birth control in some cultures.

Higher possibility of having experienced sexual abuse / rape.

There are factors that may put some migrants, particularly asylum seekers, at risk of HIV infection after their arrival in the UK. Some of these factors include the high risk of poverty and poor access to safer sex education and healthcare.

Anecdotal evidence from Aylesbury GUM nursing staff suggests that access to services by Eastern European people is currently very limited.

Sources: Home Office 2008/09, Department of Work & Pensions 2007/08

Homeless People

Buckinghamshire County Council estimate there may be around 300 single homeless people in the county requiring supported accommodation.

In Chiltern District Council, 15% of all eligible homeless household applications in Q2 of 2008 came from minority ethnic groups, which supports a need in these groups.

Figures were not made available by AVDC, WDC and CDC district councils at the time of this report.

Transient population focusing on survival not health.

Often experience multiple problems such as drug & alcohol misuse, mental health problems, immigration & asylum issues.

Chaotic lifestyles, can find it difficult to keep appointments / remember contraception / keep to drug treatment regimes.

Although there is good temporary hostel provision within the county, there are few specialist units offering support for those with complex needs. Sources: Bucks County Council, 2008/09 and CDC 2008.
Commercial Sex Workers

Commercial sex workers are a hidden population in Buckinghamshire and mostly work out of private homes.

Limited support to sex workers is offered through the Contraceptive and Sexual Health service in Aylesbury.

Wycombe GUM does not currently offer dedicated services, but will fast-track appointments if clients identify themselves as sex workers.

The NATSAL 2000 estimate for the proportion of men who reported paying women for sex in the previous 5 years was 4.2% (Johnson et al, 2001).

Applying this percentage to Buckinghamshire’s population gives approximately 10,000 men.

Due to the rural nature of Buckinghamshire, there are no known networks of the sex worker communities. Information on this group outside of the urban areas is extremely hard to find.

Anecdotal evidence from a voluntary outreach worker in Wycombe suggests that Commercial Sex Work in High Wycombe has increased greatly in recent years:

- Number of massage parlours has grown substantially over the past 5 years – these provide easier routes to commercial sex services for the general public
- The age of CSWs may be lower now than in previous years
- Crack houses in the area facilitate CSW. A closure of premises protocol for these houses has been in place in Bucks since 2007
- Real lack of police enforcement
- Eastern European immigration may be one component of increasing CSW
- Only one adviser (working for the Commission for Racial Equality) who is involved with CSW in High Wycombe
- Only prevention project locally was several years ago “The Rowan Project” operating from the SHAW clinic in High Wycombe via personal service column of local newspapers

Source: NATSAL survey 2000
Injecting Drug Users

There are ‘hot spots’ for drug use in Aylesbury, High Wycombe and Chesham, reflecting the density of the populations and more ‘urban’ nature of these areas as opposed to the more ‘rural’ nature of other areas of the county.

The National Treatment Agency estimates that there were around 422 injecting drug users in Buckinghamshire in 2006/07, though this could be higher than 600. It was estimated in 08/09 that the number of Opiate Problematic Drug Users could be as high as 949 in 2006/7.

In 2007/08 123 users were known to the Bucks treatment services.

Two needle exchange programmes are run in Wycombe and Aylesbury and there are currently 10 pharmacies providing a needle exchange services in Bucks. There is a national target of 75% of pharmacies to provide supervised consumption but locally Bucks have set it as 38% for this 2009/10, which equates to 33 pharmacies signed up. 47 were signed up last year but there is some work to do on ensuring adherence to the contract requirements.

Early intervention through needle exchange scheme has helped to minimise the transmission of HIV among injecting drug users.

- Limited sexual health information provided by drug services. Drugs workers may not feel confident talking about or advising on sexual health.
- Limited geographical spread of pharmacies (Buckingham has none) offering Needle Exchange.
- Sexual health not a priority and chaotic lifestyles make accessing mainstream services difficult.
- No evidence of significant transmission of HIV amongst injecting drug users nationally.
- National data suggests that about 1% of injecting drug users in contact with services have HIV. The number of known HIV infected individuals who are injecting drugs users in Buckinghamshire is higher than this estimation when matched to the home office injecting drug user prevalence.
- The prevalence of hepatitis C infection among IDUs remains high overall. Of the current and former IDUs participating in the Unlinked Anonymous Prevalence Monitoring Programme survey in 2007, two fifths (39%) had antibodies to hepatitis C, which is similar to that seen in recent years (HPA, 2008).

Source: Bucks DAAT June 2009; NTA, 2008; HPA, 2008
**Alcohol & Binge Drinking**

The Alcohol Strategy “Calling Time” on the harms caused by alcohol in Buckinghamshire 2007 - 2010 includes the following objectives which are relevant to sexual health.

- Individuals do not allow their consumption of alcohol to impact adversely on their health or their well being of their community
- Partners to work together to reduce violence and extend support provided who go through alcohol agencies who have experienced sexual violence
- Young people are well informed of the harms caused by alcohol
- Effective partnerships are established which will tackle under age sales

In 2008/09 provisional figures show that alcohol related admissions in Buckinghamshire were 890 per 100,000 which is significantly better than the average for England (1,049.1 per 100,000).

Binge drinking rates in Buckinghamshire are 15.3% significantly better than the England rate.

**Work currently being undertaken:**

- Drugs, Alcohol and sexual health training for all those in children services being developed
- A ‘What Now’ DVD and teaching resource pack for 11 – 13 considers issues regarding alcohol and risky behaviours from a preventative angle. This will go out to all schools and also to a wider audience.

**Issues needing to be addressed:**

- Routine screening for alcohol within sexual health
- Inter agency training events between alcohol and sexual health workers including brief interventions training
- Ensuring that relevant sexual health messages are given out as part of the work being undertaken regarding the Night time economy
- Looking at the possibility of using a resource for 14 – 17 plus which would include the following drugs, alcohol and sexual health

Source: Bucks DAAT June 2009, SEPHO 2009 Profiles
Offenders

**Buckinghamshire Youth Offending Service**

Service had 529 people aged between 10 and 18 years who started a new intervention and 31 children aged between 8 and 15 who worked with the prevention team in 2008/09.

**Aylesbury Young Offenders Institute (YOI)**

AV YOI holds the longest sentenced and highest security category young adult males in the English prison system with approximately 440 inmates aged between 18 and 21. Some of these will have committed sex related crimes.

**Grendon and Springhill**

The two adult prisons in Buckinghamshire hold approximately 240 male prisoners in a therapeutic prison (Grendon) and 334 male prisoners in an open prison (Springhill). There are approximately 1,000 new receptions every year across the two prisons.

- NHS Buckinghamshire is now responsible for prison health services including sexual health services. The new prison primary health provider tender was awarded at the start of 2010. They will provide level 1 and 2 sexual health services within the prisons. Part of this tender will be supported by level 3 services for training and governance.

- There are higher rates of STIs and risky sexual behaviour in offenders

- The punitive function of prisons can make work to improve health and wellbeing challenging.

- Inmates may have experienced sexual abuse in childhood and therefore have complex needs in relation to sexual relationships and health.

- The Youth Offending team use a structured assessment tool (ASSET) with headings of physical and emotional well-being, but no specific guidance on sexual health issues are provided in this assessment.

- Chlamydia Screening has been introduced at Aylesbury YOI, though only a small number have been undertaken. From the small number of chlamydia screens undertaken (n=41) 12% were positive, slightly higher than the estimated national positivity of 10%.

- In one year, roughly 250 prisoners arrive at Aylesbury YOI. About 40 may be treated for Chlamydia. Chlamydia is found in about one quarter of patients with genitourinary appointments.

- Penetrative sexual relationships between prisoners at Aylesbury YOI seems to be rare.

- It is estimated that a quarter of all adult prisoners in Grendon and Springhill have engaged in activities that put them at risk of blood borne infections such as HIV, Hepatitis B and Hepatitis C (Marshall et al, 2000). This equates to roughly 140 prisoners at any one time that should be considered ‘at risk’.

- An audit of a sample of medical consultations in December 2007 revealed 20% had sexual and genital problems.

- The incidence of sexually transmitted diseases in adult prison populations has been estimated at up to 20 times higher than in the average population (Watson et al, 2004). The potential need for treatment from 1,000 new prisoners passing through the system could be very high.

- Currently level 3 service GUM providers are not providing in reach to the prisons. Prisoners requiring this input have to be escorted out to the service. Springhill prisoners can access GUM direct during their day release but this can conflict with their work arrangements due to lack of out of hours provision.

Source: BPCT Prison HNAs 08/09
People with Learning Disabilities

People living with learning disabilities have a right to healthy consensual sexual relationships, but may miss out on sexual education through school. There can often be social barriers to allowing sexual health services and education to be made available to people living with learning disabilities.

According to POPPI and PANSI websites in 2008/9 there are estimated to be in Bucks:

- 1604 people over 65 with a learning disability
- 7293 people aged 18-64 yrs with a learning disability
- 217 people aged over 65 with a moderate or severe learning disability
- 1667 people aged 18-64 yrs with moderate or severe learning disability

The figures of people living with learning disabilities in Buckinghamshire known to services are:

- 27 people over 65 in placements
- 39 people over 65 living in the community
- 393 people aged 18-64 yrs in placements
- 903 people aged 18-64 yrs living in the community

Life expectancy of those with learning disabilities is rising.

People living with learning disabilities can be at increased risk of being exploited sexually.

A sexuality and learning disability event took place at the end of November 2006 and commissioning leads have reiterated these issues are still current in 2009:

- The biggest worry for parents of learning disabled parents appeared to be about vulnerability to exploitation - most parents want their sons and daughters to enjoy positive sexual experiences
- Most parents thought that people with learning disabilities should have the right to marry and form relationships, and that wherever possible they should be involved in decisions about sterilisation and should receive thorough sex education.
- Increasing number of people with learning disabilities are choosing to be parents
- Less likely to be well informed about sexual health issues and more likely to miss out on routine sexual health checks
- More likely to be victims of sexual abuse
- Sexual health information / education may not be appropriate to their needs
- May need support in accessing mainstream services

Source: Bucks County Council 2008/09
Armed Forces

- There are two current RAF bases in Bucks – High Wycombe main command and RAF Halton training base. Another base at Daws Hill was occupied by the US Navy, but is now being vacated.
- RAF Halton takes in approximately 9,500 air-force personnel every year for basic and advanced trades training. Most are aged between 16 and 19 years. An extra 1,000 places are expected next year for basic training. A small proportion of trainees reside at the base for more than a year.
- The medical staff at RAF Halton estimate that 4 or 5 trainees ask for advice on referral to the GUM service every week.

LGBT Community

The LGBT Community (Lesbian, Gay, Bisexual & Transexual) can often experience discrimination and prejudice, which can prevent them from accessing services.

There can also be misinformation given by health professionals to women within this category as to their risk of contracting sexually transmitted diseases.

Source: Stonewall

- Basic sexual health education is provided to new recruits at RAF Halton in a group setting in their second week of basic training. Staff do not know the depth of sexual health understanding of the recruits.
- Medical services for RAF Halton are contained on the base for all personnel, but sexual health services are limited.
- Chlamydia screening is now available on the base through links with the Chlamydia screening programme, but requirements for full sexual health screens are referred to the Brookside clinic in Aylesbury.
- There are no known networks and social venues aimed at the LGBT community in Bucks, including pubs and clubs.
- Support for the people within this group is often sourced from the London area by individuals.
- There are known cruising sites across Bucks, but engagement at these sites is difficult.
Appendix G


Level one (Essential) services

These services should be easily accessible in primary care and community settings, although it is recognised that people may chose to attend specialist sexual health services because of the greater anonymity they may afford. The National Strategy acknowledges that not all services are currently available in all areas and work should be undertaken to strengthen local provision to provide equity of access. These services include:

<table>
<thead>
<tr>
<th>Sexual history and risk assessment</th>
<th>Contraceptive information and services</th>
</tr>
</thead>
<tbody>
<tr>
<td>STI testing and treating for women</td>
<td>Assessment and referral of women/ men with STI symptoms</td>
</tr>
<tr>
<td>HIV testing and counselling</td>
<td>Cervical cytology screening and referral</td>
</tr>
<tr>
<td>Pregnancy testing and referral</td>
<td>Hepatitis B immunisation</td>
</tr>
</tbody>
</table>

Level two (Enhanced) services

The National Strategy recognises that not all general sexual health service can be provided easily or cost effectively by all primary care and community services. These slightly more specialist services could be provided by primary care teams or community services with a special interest in sexual health working closely in partnership with Family Planning (also known as CASH) and GUM providers. These services include:

<table>
<thead>
<tr>
<th>Intrauterine device insertion (LARC IUD/IUS)</th>
<th>Contraceptive implant insertion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing and treating STIs</td>
<td>Partner notification</td>
</tr>
<tr>
<td>HIV testing and counselling</td>
<td>Cervical cytology screening and referral</td>
</tr>
<tr>
<td>Invasive STI testing for men</td>
<td>Vasectomy</td>
</tr>
</tbody>
</table>

Level three (Specialist) services

These include the very specialist services for people with complex, chronic or intensive sexual health needs provided by specialist providers including GUM and Family Planning. Level three services are not only for individual patients but include provision to improve public health. Services at this level are also expected to support provider quality, clinical governance at all services and service needs assessment. These services include:

<table>
<thead>
<tr>
<th>Outreach for STI prevention</th>
<th>Outreach contraception services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialised infections management</td>
<td>Highly specialised contraception</td>
</tr>
<tr>
<td>Specialised HIV treatment and care</td>
<td></td>
</tr>
</tbody>
</table>