Sexual Health in NHS Buckinghamshire
Population Profile and Service Activity

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This report has been compiled by

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With acknowledgements

Angie Blackmore, Public Health Principal, NHS Buckinghamshire, who commissioned the work as part of a three year strategic plan to improve access to contraceptive services in Buckinghamshire, aligned with the Buckinghamshire Sexual Health Strategy 2009/14 and Buckinghamshire Sexual Health network.

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Executive Summary

Introduction
Solutions for Public Health (formerly the Public Health Resource Unit), completed a Sexual Health Profile in 2008 and jointly with NHS Buckinghamshire, completed a Sexual Health Needs Assessment in 2009, to inform the development of the new Buckinghamshire sexual health commissioning strategy. NHS Buckinghamshire has commissioned an update of their sexual health profile to build on the previous work.

This updated report (based on the 2009 sexual health profile), provides an overview of the activity in the sexual health services in Buckinghamshire and an analysis of available information on the sexual health of people in Buckinghamshire. It also highlights national and local numbers and rates and trends of sexually transmitted infections and sexual health issues.

This document will inform the implementation of the sexual health commissioning strategy (2009/14) and the refresh of the joint strategic needs assessment (JSNA) for 2011/12.

Data and methods
We obtained quantitative data from multiple sources in order to update the 2009 profile, with outline data areas provided below, and incorporated this into this stand-alone profile report using information from the previous 2009 profile. In all instances, we have used the most recent data available at the time of compiling this report.

Buckinghamshire epidemiological and service data was taken from a variety of local sources from within NHS Buckinghamshire services, as well as from national sources from the Office of National Statistics, the Health Protection Agency, GUMCAD Genitourinary Medicine Clinic Activity Dataset (GUMCAD), including data from the Survey of Prevalent HIV Infections Diagnosed (SOPHID). Local diagnoses were taken from Bucks pathology laboratories. Data on contraception is from the national information centre (KT31 return1), sexually transmitted infections (STIs) surveillance (KC60 return and pathology data from Bucks Hospital Trust), survey of prevalent HIV infections diagnosed (SOPHID) data and Genitourinary Medicine GUM clinic audit data (KC60) from Health Protection Agency (HPA) regional and national office and UNIFY.

Summary findings
Sexually Transmitted Infections (STIs)

- The number of people living with HIV in Buckinghamshire more than doubled (from 119 in 2002 to 338 in 2009) over the last 8 years of available data and almost half of these people are living in Wycombe. Although the numbers of new diagnoses of HIV are decreasing, up to 40% of all HIV prevalent cases are diagnosed late in the disease progression, meaning the risks of complications and the health burden are higher for these individuals. The population

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1SRHAD (Sexual and Reproductive Health Activity Dataset) SRHAD replaces the aggregate KT31 Central Return, although submission of KT31 will be permitted until the end of the 2011/12 collection period to allow services to implement SRHAD. SRHAD mandates the collection of contraceptive activity data from sexual and reproductive health (SRH) services in a standardised data return. Additional SRH activities are also recorded within SRHAD with the exception of sexually transmitted infections data which is recorded via a different national dataset (http://www.isb.nhs.uk/library/standard/79).
most at risk of contracting HIV are men who have sex with men and Black African communities.

- Chlamydia is still the most commonly diagnosed STI in Buckinghamshire with over 850 diagnoses of chlamydia were made from over 19,000 sample tests recorded at Bucks hospital path laboratories in 2010. The main risk group being 15-24 year olds. However, the number of new people diagnosed with chlamydia in GUM clinics in Buckinghamshire has decreased in 2009 to 2005 levels.

- Gonorrhoea has decreased from numbers diagnosed in 2001 and is the fourth highest diagnosed STI in GUM clinics in Bucks, with the most at risk population men aged 20-24 years. Half of all tests are requested by GPs. In GUM around 30% of tests are in the 20-24 year olds, but in GP settings this is evenly spread between 20 to 44 years.

- New cases of infectious syphilis are too small to predict trends or to identify the key risk groups.

- Genital Herpes is the third most common STI in Buckinghamshire in 2009, with men and women aged 25-34 years of age being the most at risk group. There has been a fall of 14% of new cases of genital herpes since 2008, however, overall this STI has increased in numbers since 2001 (92 in 2001 to 146 in 2009).

- Genital warts are the second most common STI in Buckinghamshire, with men and women aged 20-34 being the most at risk group. New diagnoses have remained relatively stable overall in Buckinghamshire (474 in 2001; 509 in 2009), though national trends have shown an increase in cases from 2005 to 2009.

Teenage Pregnancy

- Buckinghamshire has a significantly lower teenage pregnancy rate for under 18s (24.2 per 1000) than the South East and national figures (38.2 per 1000), though it has a significantly higher percentage of teenage conceptions that end in termination.

Terminations

- In Buckinghamshire in 2009, of the 234 conceptions of young women under the age of 18 years of age, 61% ended in a termination (same trend as 2008), considerably higher compared to the national average of 50%.

- The under 18 abortion rate in Buckinghamshire in 2009 was 13 per 1,000 women, compared to 13 in South Central and 17.7 in England for the same period.

- Overall terminations of pregnancies in Buckinghamshire in women of all ages have increased 1% since 2007; the numbers for those carried out under 10 weeks gestation and those women under 18 years of age, are in line with regional comparators.

- In 2009 in England, around a third of abortions were repeat abortions, i.e. one or more previously (no change since 2008), compared to Buckinghamshire which is slightly lower.

Level 2 services

- Within Kestrel clinics, during the period year January to September 2010 there were a total of 678 appointments, 76% of them new clients; a third aged between 16-25 years old and nearly a third between the ages of 26 and 35. The most common STI screens were for Candida (32%), Warts (20%) and Chlamydia (19%).
Within The Practice, there were a total of 1730 clinic referrals during 2009/10, with the most common being Chalfont and Gerrards Cross Hospital. (609, 35%). Unlike the Kestrel, the majority (61%) of people accessing the service were aged between 16-25 years old, with 1% under the age of 16. The mobile clinics providing level 2 services in further and higher education totalled 11% (191) of all referrals with Amersham and Wycombe College with the most at 4% (64 referrals).

Level 3 Services

- The majority (74%) of all Buckinghamshire residents in 2009/10 who attended GUM clinics were seen by either Brookside in Aylesbury Vale or the SHAW (Sexual Health at Wycombe) clinic.
- Of the major conditions diagnosed in both Brookside and SHAW 55% of clients were under the age of 25 (57% in 2008) and 9% were aged over 45 (<5% in 2008).
- Overall in 2009/10, 98% of all people in Buckinghamshire attending GUM clinics were offered an appointment within 48 hours. Between April and December 2010/11 this had continued to increase to 99.9%; the proportion seen within 48 hours increased from 2008/09 to 2009/10 (from 77% to 84%), though there was little change from April to December 2010, with the average proportion seen at 82%.

Contraceptive Services

- In 2009/10 long-acting reversible contraception (LARC) provision makes up 40% of all contacts in the Bucks CASH services where contraceptives are requested, whilst oral contraceptives make up for 53% of contacts.
- The percentage of LARCs provided for women attending CaSH service in Aylesbury and Wycombe continues to be higher than the England average in 2008/9 and 2009/10.
- In Primary Care, over the last four financial years, the numbers of IUDs and IUSs and subdermal implant LARC prescriptions have continued to increase in Buckinghamshire practices. The largest increase is with sub-dermal implant prescriptions, which is 5 times higher compared to 2006/07.
- The combined use of IUD and/or IUS continues through 2009/10 to have the largest share of LARC use in primary care.
- It is estimated that approximately 9,000 women were using a LARC method in Buckinghamshire in 2009/10.
- Buckinghamshire Healthcare NHS Trust (BHT) to provide contraceptive outreach at the Young People’s Youth Enquiry Service (YES) in High Wycombe. In 2009/10, 143 clients accessed assessed the service; at the end of Q2 2010/11, a total of 92 clients had accessed the service.

Chlamydia Screening

- In Buckinghamshire a total of 6,442 young people were screened/tested for Chlamydia according to the National Chlamydia Screening Programme (NCSP) for the financial year 2009/10.

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2 NHS Buckinghamshire – please note that some month’s were not complete. We were unable to report activity for 2010/11 as the data reporting changed to only include GP town
The positivity rate of those screened for this period was 5.5%. This rate is similar to 2008/09 positivity rate at 5.4%.

Over 70% of tests were carried out in the white ethnic group, though 20% of all ethnic coding for those tested was unknown.

Around 3,700 young people aged 15-24 were screened in 2009/10 in Bucks Chlamydia screening programme (CSP), an increase on 2008/9 figures (approx 2,470). A further 2,700 were screened in non-CSP and non-GUM settings, similar to the 2008/9 figure.

Emergency Hormonal Contraception (EHC)

In 2010/11, 646 clients requested free EHC from community pharmacies within Buckinghamshire. Although this service is free for under 19’s only, 14 (2.2%) people aged 19 and over used the service during this period as it also targets high risk groups.

A total of 68% of all dispensing was carried out in pharmacies in Wycombe, with similar levels in 08/09 and 09/10. Aylesbury had 9% and all other locations made up the remaining 24%.

Condom C-Card Scheme

In the financial year 2010/11, there were 3,071 clients accessing the Condom C-Card scheme in Bucks (3,528 contacts), with 1,615 C-Cards and over 12,000 condoms issued.

Nearly half (48%) of young people accessing the service were aged between 15 and 17. Those less than 15 made up 10% of clients, whilst 25% were aged 18 and over. A total of 17% (597) were not age classified for 2010/11.

Schools, Further and Higher Education

In February 2010, 211 (91%) out of the 232 schools in Buckinghamshire had achieved Healthy Schools status which included sex and relationships education as part of the assessment.

Changes to a coalition government in 2010 resulted in Ministers confirming that there will be no central government funding for ‘Healthy Schools’ after March 2011, and the programme would move towards being “school-led” from April 2011, in line with Government’s commitment to reducing bureaucracy for schools.

During the academic year from September 2009 to June 2010, 227 students accessed the FE and HE clinics in Buckinghamshire.

Clients were split between males and females fairly evenly, with slightly more males attending overall.

The ethnic make-up of clients attending FE and HE clinics were recorded as 53% British and 17% as African as the two single largest groups. British Pakistani or Pakistani made up 7% of clients for the next biggest ethnic group with the remaining 23% from other groups.

From January 2010 NHS Buckinghamshire included contraception as part of the pilot Level 2 service activity

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3 National Chlamydia Screening Programme, data 2009/10
4 Healthy Schools Programme, Nov 2010.
1 Introduction

The Buckinghamshire Sexual Health Network is chaired and led by NHS Buckinghamshire with representation from the commissioners, all sexual health providers, Bucks Country Council, Health Protection Agency, bpas, Terrence Higgins Trust (THT) and other key groups from the community and voluntary sector. The network has a joint delivery plan in place against the key national sexual health priorities for example, 48 hour GUM access, chlamydia screening, HIV and teenage pregnancy. One of the key priorities in 2010/11 is implementing a sexual health commissioning strategy which provides the framework for the redesign and development of integrated sexual health services and a prevention programme.

Solutions for Public Health (formerly the Public Health Resource Unit), completed a Sexual Health Profile in 2008 and jointly with NHS Buckinghamshire, completed a Sexual Health Needs Assessment in 2009, to inform the development of the new Buckinghamshire sexual health commissioning strategy. NHS Buckinghamshire has commissioned an update of their sexual health profile, and it is expected to build on the previous work and highlight the national and local picture relating to STIs etc, in particular any trend information for NHS Buckinghamshire commissioners. Providers on the sexual health network have been integral to providing local data for the profile.

This report (based on the 2009 sexual health profile), provides an overview of the activity in the sexual health services in Buckinghamshire and an analysis of available information on the sexual health of people in Buckinghamshire. It also highlights national and local numbers and rates and trends of sexually transmitted diseases and sexual health issues.

This document will inform the implementation of the sexual health commissioning strategy (2009/14) and the refresh of the joint strategic needs assessment (JSNA) for 2011/12.

1.1 Data and methods

We obtained quantitative data from multiple sources in order to update the 2009 profile, with outline data areas provided below, and incorporated this into this stand-alone profile report using information from the previous 2009 profile.

Demographic data was also obtained from the Buckinghamshire 2009 Joint Strategic Needs Assessment, as well as national sources including the Office for National Statistics (ONS), Department of Work & Pensions and the Home Office.

Buckinghamshire epidemiological and service data was taken from a variety of local sources from within NHS Buckinghamshire, Thames Valley screening group, as well as from national sources, including the Office of National Statistics, the Health Protection Agency (HPA), Genitourinary Medicine Clinic Activity Dataset (GUMCAD), the Teenage Pregnancy Unit and the National Chlamydia Screening Programme (NCSP). Local diagnoses were taken from Bucks pathology laboratories. Data on contraception was obtained from the DH (via KT31 return) and NHS Buckinghamshire. Sexually transmitted infection (STIs) data were taken from KC60 return and pathology data from Bucks Hospital Trust. HIV information was obtained from the survey of prevalent HIV infections diagnosed (SOPHID) data, HPA New HIV diagnoses, and Genitourinary Medicine GUM clinic audit data (KC60). Other infectious disease information were obtained from the local health protection unit.

Throughout this report, each area is presented firstly outlining the national picture, followed by the profile in Buckinghamshire.
2 National Picture

In 2007, the Health Protection Agency (HPA) reported that the estimated HIV prevalence in the UK was 73,000, with up to a third of these undiagnosed. In their 2010 annual report ‘HIV in the United Kingdom’, they now estimate a total of 86,500, and a quarter of these are undiagnosed; showing an overall estimated increase of 13,500.

However, a total of 6,630 people were newly diagnosed as HIV-infected in 2009; 4,400 men and 2,230 women; showing a downward trend of new diagnosis when compared to the 7,388 new diagnoses in 2008 and 7,520 in 2007⁵.

During the same period, an estimated 52% (3,450) of people (over the age of 15 years) were diagnosed late with HIV, with a CD4 count of <350⁶ within three months of diagnosis. In people aged 15+, 30% were diagnosed as very late (CD4 count of < 200)⁷. Heterosexual men were the highest proportion (66%) of those diagnosed late followed by heterosexual women (59%) and men who have sex with men (39%). Of the 516 people HIV infected individuals who died in 2009, 73% had been diagnosed late⁸.

Between 2008 and 2009 the numbers of newly diagnosed sexually transmitted diseases (STIs) in the UK has continued to increase, with a 3% rise during this period⁹, with the most effected being young heterosexual adults and men who have sex with men. The HPA state the continued rise in STI’s is due to:

- Increasing sexual behaviour risk... in men who have sex with men, but much of the change will have been due to the increasing application of more sensitive tests throughout the past decade and to the more recent expansion of chlamydia screening of young adults in community settings.

However, the HPA recommends that health promotion, raising public awareness and screening programmes are the key in tackling the transmission of HIV and sexually transmitted diseases.

This high proportion of deaths from late diagnosis and preventable illnesses highlight the importance of expanding testing especially in high prevalence areas to ensure earlier diagnosis. The NHS National Outcomes Framework¹⁰, outlines the recommendation of the proposed indicators of:

- Screening uptake (of national screening programmes)
- Chlamydia diagnosis rates per 100,000 young adults aged 15-24
- Proportion of persons presenting with HIV at a late stage of infection
- Under 18 conception rate
- Mortality rate from communicable diseases

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⁵HPA, June 2010, United Kingdom New HIV Diagnoses to end of June 2010
⁶The CD4 count test is the number of CD4 cells in a cubic millimetre of blood – these cells play an important part in the immune system – a normal CD4 count in a healthy non-HIV person is between 600 and 1200
⁷Sexual Health Balanced Scorecard, 2011
⁹HPA Weekly Report, Volume 4:34, August 2010
3 Local Picture - Buckinghamshire Population Profile

Buckinghamshire County (consisting of Aylesbury Vale, Chiltern, South Bucks and Wycombe) was estimated to have 494,700 people in 2009\textsuperscript{11}. The 2009 JSNA reported estimates for NHS Buckinghamshire Primary Care Trust population as around 515,000 and Bucks County Council as 479,000 living in 188,000 households, with children and young people making up around 26\% (125,900) of the population. The 2010 JSNA is due to be published shortly and will be available at http://www.buckspt.nhs.uk/.

The county population is expected to grow to approximately 530,000 people by 2026, with the majority of the population being over the age of 65 and a reduction of 4\% (n=26\%) of people aged between 0 and 19\textsuperscript{12}. Buckinghamshire County Council projects that the population in 2011 is 493,100, with 25\% of the population aged between 0-19 years, 59\% aged between 20 and 64 and 16\% aged 65 an over. The birth rate is projected to decrease in Bucks over the next five years, though may increase in the longer term (see figure 3.1).

The population also has a higher life expectancy than the national average, ranging by District from 81 to 83 years old for women, compared to 81 nationally and 78 to 79 for men compared to 76 nationally. This puts all the Districts in Buckinghamshire in the top quartile nationally for males and in the top two quartiles nationally\textsuperscript{13}.

Figure 3.1: Number of Actual and Projected births for Buckinghamshire

![Graph showing number of actual and projected births for Buckinghamshire](source: Buckinghamshire Joint Strategic Needs Assessment, 2008.)

3.1 Young people

Buckinghamshire continues to have a lower proportion of young people aged 15-24, 13\% (63,700) in its population. However, these numbers are based on projection figures from the county council which take into account housing developments that may now have been cancelled due to government cuts. The ONS Mid Year Estimates 2009 estimate the population of young people aged 15-24 years to be 57,212; 11\% of Buckinghamshire population, which is slightly lower to the regional and national comparator population (table 3.1).

Table 3.1 – Number and % of young people in Buckinghamshire compared to the local and national comparators

\begin{tabular}{|c|c|c|}
\hline
Age group & Buckinghamshire & Regional comparator & National comparator \\
\hline
15-24 years & 57,212 & 63,700 & 63,700 \\
\hline
\end{tabular}

\textsuperscript{11} ONS 2009 Mid Year Population Estimates
\textsuperscript{12} Buckinghamshire Children and Young People’s Plan 2009-2011
\textsuperscript{13} A joint commissioning strategy for Learning Disability Services, 2008-11
There are 25.5 children per 10,000 in Buckinghamshire, who are classified as being Looked After. This is well below the national average of 57.9 per 10,000\(^\text{14}\).

### 3.2 Education

There are two types of mainstream secondary schools in Buckinghamshire; upper schools and grammar schools. Buckinghamshire runs a selective secondary education, using the 11+ tests as selection criteria for entry to the grammar schools.

Children and young people in Buckinghamshire, generally have a good educational attainment and continue to have one of the highest levels (65.4% compared to 49.8% nationally) of pupils attaining 5 or more GCSEs grades A*-C including English and Maths at Key Stage 4\(^\text{15}\).

Reducing the proportions of 16-18 year olds not in education, employment or training (NEET) continues to be a priority for government. In 2009, it’s estimated that 4.6% of children in Buckinghamshire aged 16-18 (almost no change compared to 2008) are not in education, employment or training (NEET) compared to 5.8% in the South East (an increase of 0.1% on 2008).

### 3.3 Fertility

In 2009, there were approximately 5,908 births giving a general fertility rate (GFR) of 63.4 per 1,000 women aged 15-44 and a total fertility rate (TFR) of 2.03, compared to 63.8 and 1.96 respectively for England (figure 3.2). The rates for Buckinghamshire have continued to rise; in 2008 the GFR and TFR for Buckinghamshire were 63.3 and 1.99 respectively. The same can be said for England; in 2008 the fertility rates were 63.6 and 1.97 respectively.

Figure 3.2: General fertility rate for women aged 15-44 from 1998-2009

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>% of overall population</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>6866100</td>
<td>13%</td>
</tr>
<tr>
<td>South East</td>
<td>1,066,800</td>
<td>13%</td>
</tr>
<tr>
<td>Buckinghamshire County</td>
<td>57,212</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: ONS Mid Year Estimates, 2009

\(^{14}\) Buckinghamshire County Council, Dataflash, Children and Young People, 2005

\(^{15}\) Buckinghamshire Children and Young People’s Plan, 2009 – 2011
3.4 Ethnicity

There are four Districts in Buckinghamshire and the ethnic makeup of the population varies between them. People who come from a ‘White’ ethnic group currently dominate the population, accounting for between 88-96% of people depending on the district, 92% for Buckinghamshire as a whole (table 3.2). Overall, Wycombe District has the highest proportion of non-white population (12.1%), followed by Aylesbury Vale (5.9%), South Bucks (6.6%) and Chiltern (4.5%). The Asian group clearly dominates the non-white population across all Districts. For Buckinghamshire as a whole, this group accounts for 4.6% of the population. Mixed and Black ethnic groups account for 1.3% whilst Chinese accounts for the smallest proportion with 0.7%.

Table 3.2 – Percentages of ethnicity in Buckinghamshire population

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% of population in Buckinghamshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>83.8%</td>
</tr>
<tr>
<td>White Irish</td>
<td>1.2%</td>
</tr>
<tr>
<td>White other</td>
<td>4.3%</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>1.1%</td>
</tr>
<tr>
<td>Black African</td>
<td>0.8%</td>
</tr>
<tr>
<td>Black other</td>
<td>0.1%</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>1.8%</td>
</tr>
<tr>
<td>Asian Pakistani</td>
<td>3.2%</td>
</tr>
<tr>
<td>Asian Bangladeshi</td>
<td>0.2%</td>
</tr>
<tr>
<td>Asian other</td>
<td>0.6%</td>
</tr>
<tr>
<td>Mixed White/Asian</td>
<td>0.5%</td>
</tr>
<tr>
<td>Mixed White other</td>
<td>0.4%</td>
</tr>
<tr>
<td>Mixed White/Black</td>
<td>0.8%</td>
</tr>
<tr>
<td>Chinese or other</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

Source: ONS 2009, Mid-year population estimates

4 Buckinghamshire Sexual Health Profile

4.1 HIV

HIV continues to be the most serious sexually transmitted disease in the world. Although treatment of the disease is available, there is currently still no cure for the disease and treatment only serves to provide symptomatic relief to increase quality of life, reduce the onset of the disease and extend life expectancy. The management and early diagnosis of HIV is vital in the reduction of transmission of the disease; prevention of one new diagnosis of HIV saves between £280,000 and £360,000 in healthcare costs across the lifetime of the patient.

National picture:

The prevalence of HIV continues to rise. In 2007, the Health Protection Agency (HPA) reported that the estimated HIV prevalence in the UK was 73,000, with up to a third of these undiagnosed. In their 2010 annual report ‘HIV in the United Kingdom’, they now estimate a total of 86,500, and a quarter

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16 A joint commissioning strategy for Learning Disability Services, 2008-11
17 Halve It Coalition, Early testing Saves Lives: HIV is a public health priority, 2010
of these are undiagnosed; showing an increase of 13,500; of these, 2,760 (42%) were among men who have sex with men.

A total of 6,630 people were newly diagnosed as HIV-infected in 2009; 4,400 men and 2,230 women:

...this represents a fourth year-on-year decline, largely due to fewer diagnoses among people infected heterosexually abroad.

There was also a further decrease in new HIV diagnoses in 2010 to 5,580.

In 2009, 30% were diagnosed very late (where the CD4 cell count\textsuperscript{18} was less than 200 within 3 months of HIV diagnoses) and there were 61,213 accessing HIV care\textsuperscript{19}.\textsuperscript{20}

In Buckinghamshire:

**Key points:**

The number of people having HIV in Buckinghamshire more than doubled over the last 8 years of available data and almost half of these people are living in Wycombe. Although the numbers of new diagnoses of HIV are decreasing, up to 40% of all these cases are diagnosed late in the disease progression, meaning the risks of complications and the health burden are higher for these individuals.

The population most at risk of contracting HIV are men who have sex with men and Black African communities.

- In 2009 there were a total of 338 people known to be living with HIV in Buckinghamshire PCT, a 27% increase on 2007; (267) see figure 4.1\textsuperscript{21}.
- In 2009, Slough LA had the highest prevalence of HIV per 1,000 (aged 15-19) in the Thames Valley region, with Buckinghamshire county having some of the lowest prevalence (see figure 4.2).
- Between 2002 and 2009 there has been a 184% increase in the number of people known to be living with HIV in Buckinghamshire PCT (see figure 4.1).
- Since 2003, the numbers of new HIV cases diagnosed in Buckinghamshire providers has decreased (see figure 4.3). In 2009 and 2010 the numbers of new diagnoses were the same at 24. In 2010 exactly half of new diagnoses were in women and half in men. Only half of the new diagnoses in 2010 had ethnicity recorded or known, though 40% of all diagnoses were for people aged 35-49 years.
- More than 99% of women were screened for HIV in Buckinghamshire hospital maternity units between April 09 and March 2010, resulting in 6 cases of women testing positive for HIV (0.101% positivity rate) from of a total of 5967 screens\textsuperscript{22}.
- In 2009, 44% of those diagnosed were in Wycombe, 28% in Aylesbury, and 12% in the Chiltern Region, showing no overall change since 2007 (42%; 30%; 15%)\textsuperscript{23}.

\textsuperscript{18} The CD4 count test is the number of CD4 cells in a cubic millimetre of blood – these cells play an important part in the immune system – a normal CD4 count in a healthy non-HIV person is between 600 and 1200.
\textsuperscript{19} Sexual Health Balanced Scorecard, 2011
\textsuperscript{20} Individuals diagnosed with HIV infection with CD4 cell counts less than 200 cells per mm\textsuperscript{3} are considered very late as they cannot start anti-HIV therapy as guidelines recommend and therefore may not fully benefit from therapy and have a higher risk of HIV-related death. (Sexual Health Balanced Scorecard, 2011)
\textsuperscript{21} Please note: 2008 figures are based on diagnosis of those aged 15-59 only
\textsuperscript{22} Thames Valley Screening Group – Quarterly Reports, Q1-Q4, 2009/10
66.2% of cases were heterosexually transmitted (66.9%, 2007; 66.3%, 2008) and 26% were transmitted by sex between men. (25%, 2007; 26.6%, 2008). Around 1.5% of cases were due to mother to child transmission (3%, 2007; 2.3%, 2008).

In 2008, the ethnic proportions of those new HIV diagnoses in Bucks, totalled 46.8% White and 43.4% Black African; In 2009, the proportions were similar with 47.6% White and 42.6% Black African.

In 2009, of the cases of HIV infected individuals in Buckinghamshire, 41 were treated at Brookside (12%); 139 at Wycombe (41%); 36 at Slough (11%); 32 in Oxford (9%)24.

Testing for HIV recorded in Bucks labs has fluctuated over the last decade with an increasing trend. Testing increased from 5,500 in 2005 to 9,400 in 2008; 5431 in 2009 to 9913 in 2010. Tier 2 services at community health services and family planning centres account for 11% of all tests in 2009. This proportion increased slightly in 2010 to 13%, with GUM accounting for 68% and 67% of all tests in 2009 and 2010 respectively (70% in 2008).

The number of all HIV diagnoses recorded from Bucks labs has ranged from 50 in 2005 to 29 in 2009 to 45 in 2010. However, these may not be new cases of HIV. The HPA reported that there that there were 24 new cases in 2010 diagnosed in Bucks providers.

Very late diagnoses in Buckinghamshire (those with CD4 cell count <200 at time of diagnosis) has decreased in 2009 to 9 people. However, although this is a relatively small number it accounts for around 36% of all new diagnoses (see Table 4.1), compared to 30% in England as a whole.

In 2010, 5 diagnoses of AIDS were made in Buckinghamshire providers.

Figure 4.1: Number of HIV infected individual resident in Buckinghamshire, 2002-2009

Note: Data from 2008 only shows diagnoses from 15-59 year olds
Source: Survey of Prevalent HIV Diagnosis, Health protection Agency, 2009

23 SOPHID - Survey of prevalent HIV infections diagnosed 2009, Health Protection Agency.
24 Ibid.
Figure 4.2: HIV prevalence per 1,000 (aged 15-59) by Local Authority, Thames Valley 2009

Source: SOPHID & ONS, mid-2009 population estimate

Figure 4.3: Number of new diagnoses reported by Buckinghamshire providers, 2000-2010

Source: New HIV Diagnosis reporting, Health protection Agency, 2009

Table 4.1: Percentage HIV diagnoses with CD4 cell count <200 at time of diagnosis, 2007-9

<table>
<thead>
<tr>
<th>Year</th>
<th>Number with low CD4 count</th>
<th>Percentage of all diagnoses</th>
<th>Lower 95% CI</th>
<th>Upper 95% CI</th>
<th>England Percentage</th>
<th>SHA Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>11</td>
<td>42.3</td>
<td>25.5</td>
<td>61.1</td>
<td>31</td>
<td>31.1</td>
</tr>
<tr>
<td>2008</td>
<td>15</td>
<td>42.9</td>
<td>26.5</td>
<td>59.3</td>
<td>32.1</td>
<td>32.1</td>
</tr>
<tr>
<td>2009</td>
<td>9</td>
<td>36.0</td>
<td>18.0</td>
<td>57.5</td>
<td>29.6</td>
<td>31.7</td>
</tr>
</tbody>
</table>

Source: Health Protection Agency December 2010, significance calculated by the South West Public Health Observatory (SWPHO).

4.2 Chlamydia

In women, chlamydia is generally symptomless; if left untreated it can spread to the womb causing PID which in turn causes infertility, ectopic pregnancy and miscarriage.
National picture:

Chlamydia is the most common form of STI diagnosed in GUM clinics in the UK, and between 2008 and 2009 newly diagnosed cases of chlamydia rose 7% from 203,773 to 217,570\(^{25}\). Women between the ages of 17-20 and men between 20-22 years of age have the highest diagnosis of the disease in the UK.

The HPA (2010) report that the increase in new diagnoses could be due to the wider coverage of chlamydia screening across the younger population in England in the past year, which is estimated to be approximately 30% of the 15 to 24 year olds in the population in 2009-10.

In Buckinghamshire:

Key points: Chlamydia is still the most commonly diagnosed STI in Buckinghamshire. However, the number of new people diagnosed with chlamydia in GUM clinics in Buckinghamshire has decreased in 2009 to 2005 levels.

The key at risk groups are 15-24 year old men and women.

- The number of new cases of chlamydia diagnosed in Buckinghamshire’s GUM clinics rose by 40% between 2001 and 2005. However, between 2008 and 2009 there has been a decrease of 22% in new diagnoses, the lowest figures since 2006.
- Approximately 65% of all new cases seen in GUM clinics were between 16 and 24 years old, showing no change since 2008.
- In 2010 calendar year, over 530 cases of chlamydia were diagnosed, as recorded by the Buckinghamshire hospitals pathology system from over 8,000 GUM clinic samples – indicating an overall positivity rate of 6.2 for all ages. In the 15-24 age group the positivity rate recorded from GUM clinics was 8.7%. Chlamydia tests recorded in pathology from general practice accounted for a positivity rate of 2.3% (170 positives from over 7,000 samples)\(^{26}\). Over 850 diagnoses of chlamydia were made from over 19,000 sample tests recorded at Bucks hospital path laboratories in 2010.
- A total of 6,442 young people were screened/tested for chlamydia according to the NCSP for the financial year 2009/10. The positivity rate of those screened for this period was 5.5%\(^{27}\) for both those aged 15-19 and 20-24 year olds. This rate is similar to 2008/09 positivity rate at 5.4%, though the 2008/09 positivity rate does not include non NCSP tests.
- A total of 4,499 young people aged 15-24 were tested for chlamydia from April to December 2010 in Buckinghamshire in non-GUM settings. Of the 4,499 tested the positivity rate was 4.8, the same as South Central SHA average at 4.8 lower than the England average (5.4).
- In 2009/10, 2,711 were screened in non-CSP and non-GUM settings, an increase on 2008/9 figures (2,603).
- It is estimated that almost 12 people per every 1,000 aged 15-24 in Buckinghamshire were infected with Chlamydia from April 2010 to December 2010.

\(^{25}\) HPA Annual Report 2010
\(^{26}\) Buckinghamshire Hospital Trusts pathology lab, 2011
\(^{27}\) National Chlamydia Screening Programme, PCT Level Data 2009-10.
4.3 Gonorrhoea

Gonorrhoea shows usual symptoms in men of burning with urination and penile discharge. Women, on the other hand, are asymptomatic half the time or have vaginal discharge and pelvic pain. As with Chlamydia, Gonorrhoea is also associated with pelvic inflammatory disease and if left untreated it can spread to the bloodstream and joints and could lead to infective arthritis.

National picture:

New diagnosis rates in heterosexuals have continued to decline since 2002, but rates are still higher than in 1997. During the period 2008-09, the HPA Annual Report (2010) found that new diagnoses of gonorrhoea have risen by 6%; from 16,451 to 17,385, with women of the age of 18-19 years old and men between 19-20 years old with the highest diagnosis in England.

In 2009, men who have sex with men (MSM) also accounted for 28% (3231/11541) of diagnoses in the population\(^\text{28}\), with Black Caribbean’s accounting for 17% of all diagnosis in England\(^\text{29}\).

In Buckinghamshire:

**Key points:** Gonorrhoea has decreased from numbers diagnosed in 2001 and is the fourth highest diagnosed STI in GUM clinics in Bucks. More than 60% of all tests are requested by GPs, with similar numbers of tests for those aged 20-24 to those aged 40-44 in this setting.

Key at risk groups are men aged 20-24 years old. Although the national picture suggests men who have sex with men (MSM) and black African groups are more at risk, these groups are only a small proportion of the diagnoses seen in the Buckinghamshire GUM clinics.

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\(^{28}\) HPA Annual Report 2010

\(^{29}\) GUMCAD, Number of selected STI diagnoses
Sexual Health in Buckinghamshire PCT: Population Profile and Service Activity, 2011

- Numbers of new diagnosis of gonorrhoea in GUM clinics have continued to decrease since 2003 (see figure 4.4). However, in 2008 there was an increase of 36%. This increase has not continued in 2009, with 51 new diagnoses, showing a reduction of 24% since 2008.
- In 2009, the rate per 100,000 of diagnoses of gonorrhoea of Buckinghamshire PCT residents was 12.4, lower than the regional and England rates (see table 4.2).
- In 2010, 48% of all the tests in Bucks labs were requested by GPs compared to almost 27% in GUM settings. Only 7% are identified as community and level 2 settings.  
- Over 32,000 tests were recorded in 2010 in Buckinghamshire hospital labs. The largest number of tests was requested from the 20-24 age group in both years, though this proportion is different depending on the source of the test. In GUM around 30% of tests are in the 20-24 year olds, but in GP settings this is evenly spread between 20 to 44 years.
- Although MSM accounted for 28% of all diagnoses nationally in 2007, in 2009/10 only 7 (5 in 2007) of the total new case infections in Buckinghamshire were from MSM in GUM settings.
- Men account for 73% of all new diagnoses in GUM clinics compared to women. Although Black Caribbean groups are considered high risk groups, in Bucks these were a very small minority of cases.

**Figure 4.5: Number of new gonorrhoea in Buckinghamshire GUM clinics (KC60 code B1, B2, B5), 2001-2009**

Note: 2009 data is taken from national GUMCAD reports, which includes complicated and uncomplicated cases. Data prior to 2008 reports only uncomplicated cases from KC60 reports.
Source: KC60 and GUMCAD, Health Protection Agency 2010

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30 Buckinghamshire Hospital Trusts pathology lab, 2011
31 Note: There are a total of 4 different tests carried out on each suspected gonorrhoea case, so 32,000 is not individuals but total number of tests taken.
32 HPA Number of Selected STI Diagnosis 2008-10
### 4.4 Syphilis

The symptoms of syphilis are not specific. Initial presentation is usually one or more painless but highly infectious sores (primary infection) which appear at the site of infection and disappear within two to six weeks. Secondary symptoms may develop 6 weeks to 6 months after the onset of primary sores. If left untreated complications may occur in the mucocutaneous tissue, heart, respiratory tract or central nervous system.

#### National picture:

The past decade has seen a greater than tenfold increase in diagnosis of infectious syphilis nationally, from 301 in 1997 to 3749 in 2007, with a series of large outbreaks in the UK. However, between the years 2008-2009, new diagnoses of syphilis decreased in England by 1%; from 3,309 to 3,273, with men having the highest prevalence of the disease. In 2009, 66% of all new diagnoses were men who have sex with men (MSM) and of those screened at a GUM clinic for the infection, the percentage increased with age, peaking in those aged 50 years or older.

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 (58% in 2009) of all new episodes of syphilis seen in GUM clinics.

#### In Buckinghamshire:

**Key points:**

*New cases of infectious syphilis in Buckinghamshire are too small to predict trends or to identify the key risk groups.*

- The number of new cases of infectious Syphilis diagnosed in Buckinghamshire GUM clinics is so small that predicting a trend is not possible. The small numbers of new diagnoses have increased between the years 2006-8, (>5; 5; 9 respectively) with a slight decrease in 2009 (7 cases).
- In 2009, the rate per 100,000 Buckinghamshire PCT residents with a diagnosis of syphilis was 3.3, higher than the Thames Valley and England rates for the same period (see Table 4.2), though numbers are small and rates should be treated with caution.

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33 HPA Annual Report 2010
34 MEDFASH, 2008
Buckinghamshire hospitals recorded no cases of Syphilis in antenatal screening for 2009/10\textsuperscript{35}.

Table 4.3: Rate (per 100,000) of Syphilis diagnoses by PCT of residence, per 100,000 people, Thames Valley, 2009

<table>
<thead>
<tr>
<th>PCT</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkshire East</td>
<td>1.5</td>
</tr>
<tr>
<td>Thames Valley</td>
<td>2.6</td>
</tr>
<tr>
<td>England</td>
<td>3</td>
</tr>
<tr>
<td>Buckinghamshire</td>
<td>3.3</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>3.4</td>
</tr>
<tr>
<td>Berkshire West</td>
<td>4.4</td>
</tr>
<tr>
<td>Milton Keynes</td>
<td>5.5</td>
</tr>
</tbody>
</table>

Source: GUM clinic and GUMCAD returns

4.5 Genital 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.

National picture:

It is estimated that percentage of recurrent attacks of the disease in people attending GUM clinics can be higher than 45%.

Between the years 2008-2009, Genital herpes new diagnoses in the UK have increased by 5%, from a total of 28,807 to 30,126\textsuperscript{36}. Rates of diagnosis of genital herpes are highest in 20 to 24 year-old women and 25-34 men; with a change from 2008, where men aged 20-24 had the highest rates\textsuperscript{37}.

Key points:

Genital Herpes is the third most common STI in Buckinghamshire in 2009. In 2009 there was a decrease in cases from the previous years, though overall this STI has increased in numbers since 2001.

Key risk groups are 25-34 year olds

In Buckinghamshire:

- In 2009, 146 new cases of HSV were detected in the two Bucks GUM clinics. This is a fall of 14% on 2008 figures, which goes against the general trend nationally, though the number of new cases seen in GUM has increased since 2001.
- Unlike other STIs, the largest number of new diagnoses in Buckinghamshire residents were in the 25-34 age range (30%) in 2009/10, with more than 20% in the 55-44 age range, rather than the younger age groups. This pattern is similar to 2008/09 (see figure 4.5)
- In 2009, the rate per 100,000 Buckinghamshire PCT residents of new diagnoses was 35.1, the second lowest in the Thames Valley region (see Table 4.2).

\textsuperscript{35} Thames Valley Screening Group Quarterly Reports, Q1-Q4, 2009/10
\textsuperscript{36}HPA Annual Report 2010
\textsuperscript{37}Number and rates of selected STI diagnoses made at genitourinary medicine clinics in the UK and England: 2005 – 2009, HPA.
The number of diagnoses for genital herpes in level 2 services, were less than 10 in the Kestrel service for the calendar year 2009 and approximately 35 in The Practice for the financial year 2009/10.

Figure 4.6: Trend of Anogenial herpes, (first episode) in Buckinghamshire GUMs, 2001-2009

![Trend of Anogenial herpes](image)

Source: KC60 and GUMCAD, Health Protection Agency 2011

Table 4.4: Rate (per 100,000) of genital herpes diagnoses by PCT of residence, per 100,000 people, Thames Valley, 2009

<table>
<thead>
<tr>
<th>PCT</th>
<th>Herpes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkshire East</td>
<td>12.8</td>
</tr>
<tr>
<td>Buckinghamshire</td>
<td>35.1</td>
</tr>
<tr>
<td>Thames Valley</td>
<td>39.6</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>44.5</td>
</tr>
<tr>
<td>Berkshire West</td>
<td>47.0</td>
</tr>
<tr>
<td>England</td>
<td>51.2</td>
</tr>
<tr>
<td>Milton Keynes</td>
<td>58.5</td>
</tr>
</tbody>
</table>

Source: GUM clinic and GUMCAD returns

4.6 Genital warts
Genital warts are a highly contagious STI caused by some sub-types of human papillomavirus (HPV). It is spread through direct skin-to-skin contact during sexual contact with an infected partner. It causes warts to appear around the vagina, penis and anus.

National picture:
The HPA\(^{38}\) states that warts are the most common viral STI diagnosed in the UK, with the highest rates of new cases in 20-24 year old men and 16-19 year old women.

In Buckinghamshire:

Key points: Genital Warts are the second largest STI in Buckinghamshire. Overall, new cases of genital warts have remained relatively stable in Buckinghamshire GUMs.

Key risk groups are men and women aged 20-34 years of age

- In 2009, 509 new cases of genital warts were detected in the two Bucks GUM clinics, which is a slight decrease on 2008 figures (551). Overall new cases of this STI have remained
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relatively stable, though the national trend has seen a rise in cases between 2005 and 2009 (80,352 cases in 2005 and 91,257 cases in 2009)\(^{39}\).

- In 2009, the rate per 100,000 of acute diagnoses of Buckinghamshire PCT residents was 100.9, the second lowest rate in the Thames Valley region (see table 4.2).
- The largest number of new diagnoses in Buckinghamshire residents was in the 20-24 age range (35%) in 2009/10, with more than 30% in the 25-34 age range.
- Those aged 20-24 have seen a slight reduction in new diagnoses between 2005 and 2008.
- The number of diagnoses for genital warts in The Practice level 2 service were approximately 50 in The Practice for 2009/10.\(^{40}\) This data is not available for Kestrel as reporting does not breakdown by genital warts.

**Figure 4.7 – Trend of Anogenital warts (first episode) seen in GUMs in Buckinghamshire, 2001-2009**

![Figure 4.7 Trend of Anogenital warts (first episode) seen in GUMs in Buckinghamshire, 2001-2009](image)

Source: KC60 and GUMCAD, Health Protection Agency 2011

**Table 4.5: Rate (per 100,000) of genital warts diagnoses by PCT of residence, per 100,000 people, Thames Valley, 2009**

<table>
<thead>
<tr>
<th>PCT</th>
<th>Warts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkshire East</td>
<td>37.1</td>
</tr>
<tr>
<td>Buckinghamshire</td>
<td>110.9</td>
</tr>
<tr>
<td>Thames Valley</td>
<td>119.9</td>
</tr>
<tr>
<td>Milton Keynes</td>
<td>132.5</td>
</tr>
<tr>
<td>England</td>
<td>145.6</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>158.2</td>
</tr>
<tr>
<td>Berkshire West</td>
<td>160.6</td>
</tr>
</tbody>
</table>

Source: GUM clinic and GUMCAD returns

### 4.7 Hepatitis

Hepatitis is inflammation of the liver and can be caused by blood borne viruses (BBV). 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.

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\(^{39}\) Number and rates of selected STI diagnoses made at genitourinary medicine clinics in the UK and England: 2005 – 2009, HPA.

\(^{40}\) NHS Buckinghamshire, The Practice and Kestrel Audit monitoring, 2009-10 – please note that some months returns counted ‘other’ with genital wart count for The Practice data and Kestrel
4.7.1 Hepatitis B

National picture:

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 men who have sex with men (MSM), sex workers, injecting drug users, HIV positive patients, sexual assault victims, and 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.

The HPA puts the number of people in the UK living with chronic Hepatitis B at around 180,000, but the Hepatitis B Foundation estimates that, due to recent immigration trends, this figure is actually 325,000\(^41\).

In Buckinghamshire:

**Key risk groups:**

The key risk groups for Hepatitis B are injecting drug users, men who have sex with men (MSM), sex workers, prisoners and migrants from areas where Hep B is common.

- A crude estimate of the Bucks population with a chronic Hepatitis B infection in Buckinghamshire could be approximately 1,700 based on the crude UK prevalence estimate\(^42\), though this will be influenced greatly by the prevalence of high risk groups outlined above. Rate of infections recorded by the HPU in Thames Valley is shown in figure 4.7.
- The number of residents within Buckinghamshire PCT with acute cases of Hepatitis B in 2010 was less than 5; with the rate per 100,000 (acute and chronic) rising between 2009 and 2010. However, Buckinghamshire PCT continues to have lowest rates in the Thames Valley Region (see Figure 9)\(^43\).
- In 2008 to 2010, the majority of those with Hepatitis B were in the 25-34 years age group; 140, 2008; 90, 2009; 105, 2010\(^44\).
- Buckinghamshire hospitals recorded 8 cases of Hepatitis B in antenatal screening in 2009/10\(^45\).
- In 2010/11, 98\(^{\text{46}}\)% of all new clients entering the drug treatment programme were offered the Hep B vaccination. 34% of those offered refused (73%: 38% in 2008/9).
- Hep B vaccine is also offered to prisoners, that vaccine coverage is difficult to determine, as data on reception numbers and prisoner refusals lead to over estimation on uptake and coverage. There was no data recorded from HMP Grendon & Springhill and HMP Aylesbury YOI in 2009/10, though figures are shown for 2008/09 in table 4.6.

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\(^{41}\) Rising Curve: Chronic Hepatitis B Infection in the UK. Hepatitis B Foundation UK. 2007
\(^{42}\) HPA, 2007
\(^{43}\) NOIDS database, TVHPU, 2010.
\(^{44}\) Ibid
\(^{45}\) Thames Valley Screening Group Quarterly Reports, Q1-4, 2009-10.
\(^{46}\) Buckinghamshire Drug and Alcohol Team: 2011/14 Treatment Submission, p6.
Table 4.6: Number of new prisoners given Hepatitis B vaccine in Bucks prisons, 2008/09

<table>
<thead>
<tr>
<th>Establishment</th>
<th>2008/09</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. vaccinated within one month</td>
</tr>
<tr>
<td>HMP Grendon</td>
<td>6</td>
</tr>
<tr>
<td>HMP Springhill</td>
<td>75</td>
</tr>
<tr>
<td>HMP Aylesbury YOI</td>
<td>112</td>
</tr>
</tbody>
</table>

Source: Health Protection Agency, 2011

Figure 4.8: Rate (per 100,000) of Hep B cases by PCT, 2008, 2009 and 2010 (Acute and chronic)

Source: NOIDS database, TVHPU

4.7.2 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.

National picture:

The number of laboratory confirmed cases of Hepatitis C infection in England reported to the HPA in 2008 (the most recent year for which figures are available) was 8,196, continuing the steady rise witnessed over recent years. The HPA estimated in 2008 that the main risk factor for over 90% of confirmed reports of Hep C was injecting drug use. Men aged between 25 to 54 years of age, made up the majority of these cases.

47 Health Protection Agency, July 2010.
48 Hepatitis C in the UK, Health Protection Agency, 2009
In Buckinghamshire:

<table>
<thead>
<tr>
<th>Key risk groups: Male injecting drug users.</th>
</tr>
</thead>
</table>

- 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. There has been no further update to this estimate since this time.
- The rate per 100,000 of Hepatitis C (acute and chronic) cases in Buckinghamshire PCT, between 2008-10 has fallen from 13 to 11 and is the only PCT in the Thames Valley Region to rates fall between 2009-10 (see figure 10).
- During the period 2008-10, the majority of cases of Hepatitis C were male (65%; 37% and 73%, and aged between 25 and 44 years of age (see Figure 11).
- In 2010/11, 92% of all new clients entering the drug treatment programme were offered the Hep C test, with an uptake of between 77-97%, with a positivity rate of 10% in one quarter of 2010/11, compared to 6.5% in 09/10 and 19% in 08/09.

Figure 4.9: Rate (per 100,000) of Hepatitis C cases by PCT, Thames Valley, 2008, 2009 and 2010 (Acute and Chronic)

Source: NOIDS database TVHPU

Buckinghamshire Drug and Alcohol Team – 2011/14 Treatment Submission; p7.
Sexual Health outcomes and behaviour

5.1 Reducing the prevalence of undiagnosed STIs and HIV

Nearly all (99.6%) of pregnant women are now tested for HIV at Buckinghamshire Healthcare NHS Trust (BHT) at the two hospitals sites. Over 70% of people having a sexual health screen are also tested for HIV. Chlamydia screening is also in place for all young people aged 15-24 years from a range of services within Buckinghamshire. Delays in diagnosis and treatment can lead to more people being infected with STIs. Access to local GUM services for screening and treatment has continued to improve, with 100% of all people being offered an appointment within 48 hours, at the end of December 2010.

In Buckinghamshire:

- More than 99% of women were screened for HIV and Hep B in Buckinghamshire hospital maternity units between April 09 and March 2010, resulting in 6 cases of women testing positive for HIV (0.101% positivity rate) and 8 tested positive for Hep B (0.134% positivity rate) in Buckinghamshire hospitals maternity units from of a total of 5967 screens.\(^{50}\)
- Buckinghamshire hospitals recorded no cases of Syphilis in antenatal screening for 2009/10.\(^{51}\)
- Between 2008-09 and 2009-10 there was a 77% and 78% uptake of sexual health screens respectively. These were patients from Buckinghamshire PCT in South Central SHA attending any clinic.\(^{52}\)
- A total of 6,442 young people were tested for Chlamydia in non-GUM settings according to the NCSP for the financial year 2009/10. The positivity rate of those screened for this period

\(^{50}\) Thames Valley Screening Group – Quarterly Reports, Q1-Q4, 2009/10

\(^{51}\) Ibid

\(^{52}\) HPA Sexual health screens, 2008-9 and 2009-10.
was 5.5%\textsuperscript{53} for both those aged 15-19 and 20-24 year olds. The positivity was similar to the previous financial year.

- At the end of December 2010, of all Buckinghamshire residents who attended a GUM clinic 99.9% of all people accessing GUM services were offered an appointment within 48 hours, an improvement on 91.5% at the end of March 2009, while 82% were seen in 48 hours; 74.1% in March 2009.

- The overall Chlamydia target for Bucks in 2010/11 is to achieve 20,042 screens but the PCT is currently not commissioning to achieve this number and is focusing on the integration of screening in to core services i.e. general practice, community pharmacy, contraceptive and termination services and focusing any outreach to those groups who are sexually active.

5.2 Unintended pregnancy

Unintended pregnancies, and in particular teenage pregnancies, are a key indicator of poor sexual health. Approximately 22% of conceptions also lead to abortions\textsuperscript{54}. Despite efforts to reduce the teenage pregnancy rates in the UK with a specialist Social Exclusion Unit being set up in 1998 to implement a ten year strategy, the UK continues to have the highest teenage birth and abortion rates in Western Europe. Rates of teenage births in the UK (7.8%) are five times those in the Netherlands; double those in France and more than twice those in Germany\textsuperscript{55}.

5.2.1 Under 18 conceptions

ONS teenage conception data is published annually in February but is always 16 months in arrears. This data is so far in arrears due the need to collate local terminations data, as well as births information (including live births and still births), which cannot be matched with terminations data until after the birth takes place.

In Buckinghamshire:

- In 2009, there were 234 (240 in 2008) conceptions in young women under the age of 18 years in Buckinghamshire. NHS Buckinghamshire estimates that the number of deliveries to teenage mothers in Bucks was 92 in 2009/10\textsuperscript{56} and it has remained around this figure for the last five years.

- Within local authorities, Chiltern has the lowest rate of conceptions compared to the other local authorities (see figure 5.1) at 22.5 per 1000 15-17 year olds. Although this is not significantly different to the other local authority areas in Bucks for 2007/09, it has consistently been the lowest in the county (figure 5.2) over time. However, since 2004-06, Chiltern has shown a rise in rates. The other local authorities do not show any consistent order between their rates over time, with little change in trend since 2004-06. All local authorities have been consistently lower than the South East and England since 1998.

- Although the Buckinghamshire local authorities have low conception rates, they all have a larger percentage of conceptions that lead to termination than either the South East or England. In 2007-09 this was significant in all local authorities except Aylesbury Vale (see figure 5.3). South Bucks consistently has the highest percentage of conceptions that result in terminations and was almost 74% in 2007-09. All local authorities have shown little change

\textsuperscript{53} National Chlamydia Screening Programme, PCT Level Data 2009-10.
\textsuperscript{54} World Health Organisation, 2009.
\textsuperscript{55} Family Planning Association, Teenage Pregnancy Factsheet, August 2010
\textsuperscript{56} Hospital Deliveries to Teenage Mothers U18 at the time of conception NHS Bucks residents. SUS in patient MDS 2010
in their percentage of terminations since 2004-06. The average percentage of conceptions leading to termination in Buckinghamshire in 2007-09 was 61% compared to 51% and 50% in the South East and England respectively.

- The national rate of teenage conceptions under 18 years has decreased approximately 13% from 1998-00 to 2007-09. The regional rate has decreased by 14% and in Buckinghamshire that rate has only decreased by 7%. Bucks will not meet a target of halving the rate of teenage conceptions.

**Figure 5.1** Rate of teenage conceptions under 18 (per 1,000 15-17 year olds) in Buckinghamshire local authorities 2007-2009

![Graph showing rates of teenage conceptions under 18 in Buckinghamshire local authorities 2007-2009](image)

Note: 95% confidence intervals are shown on the bar charts as an indicator of significance

Source: Teenage Pregnancy Unit 2010

**Figure 5.2** Rate of teenage conceptions under 18 (per 1,000 15-17 year olds) in Buckinghamshire local authorities 1998-2009

![Graph showing rates of teenage conceptions under 18 in Buckinghamshire local authorities 1998-2009](image)

Source: Teenage Pregnancy Unit, 2010
Figure 5.3: Percentage of teenage conception under 18 resulting in terminations for Buckinghamshire and local authorities, 2007-09

Note: 95% confidence intervals are shown on the bar charts as an indicator of significance
Source: Teenage Pregnancy Unit 2010

5.3 Termination

Termination of pregnancy (ToP) services for unwanted pregnancies for Buckinghamshire patients are commissioned in conjunction with Milton Keynes and Oxon PCTs from bpas (British Pregnancy Advisory Service)\textsuperscript{57}.

Bpas offer initial consultations to people attending services in Aylesbury, Luton, and Milton Keynes and High Wycombe and Oxford (from November 2010), although patients have to travel to Leamington Spa or London for surgical procedures. Emergency Medical Abortions (EMA) are available in Luton, Milton Keynes, High Wycombe and Oxford.

Patients also have the choice of accessing bpas clinics across the country if they would prefer.

In Buckinghamshire:

- The under-18 abortion rate in 2009 in Buckinghamshire was 13 per 1,000 females aged 15-17 years (no change on 2008 figures); 13 per 1,000 for South Central and 17.7 for England for the same time period.
- The average percentage of under 18 teenage conceptions leading to termination in Buckinghamshire in 2007-09 was 61% compared to 51% and 50% in the South East and England respectively. All Bucks local authorities have a larger percentage of conceptions that lead to termination than either the South East or England. In 2007-09 this was significant in all local authorities except Aylesbury Vale (see figure 5.3).
- There were 1,408 legal abortions carried out in Buckinghamshire in 2009 in women of all ages (an increase since 2008; 1,403). This equates to 15 abortions per 1,000 women aged 15-44 (a 1% increase on 2007)\textsuperscript{58}.

\textsuperscript{57} ToP services for medical reasons are completed at the local acute hospitals through the Obs & Gynae services; for unwanted pregnancies where there are significant issues these are referred to Kings Hospital in London, Oxford or Bedford for treatment.

In 2009 in England, around a third of abortions were repeat abortions, i.e. one or more previously (no change since 2008), compared to Buckinghamshire which is slightly lower (again, no change since 2008).

Over 72% of NHS abortions were completed under 10 weeks gestation in 2009 (see Table 5.1), similar to national and regional averages, all of which have increased since 2007 figures.

The Bucks bpas service carried out 1571 abortions in 2009/10 (1300 in 2008/9) and 69% of these (72% in 2008/9) were carried out in less than 10 weeks gestation.

We are unable to report the percentage of patients waiting less than 21 days from referral to undergo the procedure for 2009/10 as the reporting for May 2009 onwards has changed. The figure was 80% in 2008/9.

Table 5.1 Percentage of legal abortions under 10 weeks gestation in Buckinghamshire PCT, South Central and England, 2007-2009

<table>
<thead>
<tr>
<th>Area</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>70.3</td>
<td>73.2</td>
<td>74.4</td>
</tr>
<tr>
<td>South Central</td>
<td>73.6</td>
<td>74.8</td>
<td>74.7</td>
</tr>
<tr>
<td>Buckinghamshire</td>
<td>70.5</td>
<td>72.9</td>
<td>72.2</td>
</tr>
</tbody>
</table>


5.4 Sexual abuse and exploitation

The long-term physiological and psychological effects on a victim of sexual abuse and exploitation can be profound and longstanding. Crimes of sexual abuse are often unreported or hidden by the victim because of fear of repercussions or feelings of shame. The British Crime Self Reporting Module 2009/10\(^{59}\) states:

- 2\% of women and less than 1\% of men aged 16-59 had been victim to an attempted or sexual assault in the last 12 months
- 0.1\% of men and 0.4\% of women had been victim of attempted or serious sexual assault in the last 12 months

Bucks County Council currently lead work on sexual violence and exploitation providing support services for victims through Aylesbury Rape Crisis, Wycombe Rape Crisis, Victim Support, Aylesbury Women’s Aid, Wycombe Women’s Aid and ‘R-U-Safe?’

NHS Buckinghamshire is part of a Thames Valley wide project including Thames Valley Police to commission a Sexual Assault Referral centre (SARC) service from Harmoni for Health which went live on 1 April 2011, with sites in Slough and Bletchley

In Buckinghamshire:

- The Thames Valley Police\(^{60}\) reported that there were 216, 236, 199 recorded serious sexual offences committed in 2008, 2009 and 2010 respectively, showing a decreasing trend for 2010.

5.5 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

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\(^{59}\)Flately, J. Et al 2010

\(^{60}\)Thames Valley Police, Buckinghamshire Performance, 2010
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. In another national survey, more than a third of respondents admitted to having unprotected sex with a new partner in the past year. There is an update of the NATSAL underway, but results will not be published until 2013.

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. 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 TellUs4 survey carried out across Buckinghamshire schools in 2009 reported that 17% found the information that they had been given in school relating to sex and relationships and handling their feelings was ‘not helpful’ similar to the national average; also similar was the percentage who found the information ‘helpful’.
- Nineteen percent had not been given any information about sex and relationships, higher than the national average (13%).
- Twenty one percent of children in years 8-10 were worried about sex (a reduction of 8% on 2008 figure) and 32% were worried about relationships; both significantly higher than the national average (15% and 25% respectively).
- The TellUs Survey has now been discontinued by Ofsted, however, NHS Buckinghamshire is working with colleagues at Bucks County Council to develop a local survey for schools in the county which will include some questions on sex and relationships.

### 5.6 Stigma and Discrimination

Stigma and 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 and 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.

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61 Johnson et al, 2001
64 The survey is commissioned by Ofsted to ask children and young people from Years 6, 8 and 10 for their views about their local area.
In Buckinghamshire:

- The Thames Valley Police\(^6^5\) reported that there were a total of 25, 22 and 20 recorded homophobic incidents committed in 2008, 2009 and 2010 respectively, showing an overall decreasing trend.

### 6 Service Activity

#### 6.1 GUM attendance

For all Buckinghamshire residents in 2009/10 who attended GUM clinics, 74% of them were seen by either Brookside or SHAW (Sexual Health At Wycombe) clinics in Aylesbury and Wycombe respectively (74% between April to December 2010/11); a 5% decrease since 2008/9.

The largest other provider was the Garden Clinic in Slough, with 11% of total Buckinghamshire attendees (11% between April to December 2010/11); a 2% increase in 2008/9. A further 7% attended surrounding clinics in Oxford, Milton Keynes and West Hertfordshire (5% in 2008/9). All London clinics provided 3% of GUM services to Buckinghamshire residents (<3% in 2008/9).

Of all the diagnosis carried out in Brookside and SHAW clinics in 2009, 53% were men and 47% women\(^6^6\)(60:40 in 2008). The numbers of MSM in Brookside with STI diagnoses accounted for 3% of the total and SHAW 1% in 2009 (<5% in 2008 for Brookside).

For the major conditions diagnosed in both Brookside and SHAW 55% of clients were under the age of 25 (57% in 2008) and 9% were aged over 45 (<5% in 2008).

Figure 6.1 shows how quickly Buckinghamshire residents are being offered and seen in GUM clinics both within Buckinghamshire and outside this area in 2009/10. The national target is to offer 100% of first attendees a GUM appointment within 48 hours. Overall in 2009/10, 98% of all people in Buckinghamshire attending GUM clinics were offered an appointment within 48 hours (90% in 2008/9); between April and December 2010/11 this had continued to increase to 99.9% (see Figure 6.2).

The proportion of those who were seen within 48 hours has also increased from 2008/09 to 2009/10 (from 77% to 84%), though there was little change from April to December 2010, with the average proportion seen at 82% (see Figures 6.1-2).


\(^6^6\) UNIFY2 2010.
For the SHAW clinic in Wycombe, the overall percentage of all patients (Bucks and non-Bucks) offered an appointment within 48 hours in 2009/10 was 100% (April being the only month with 99%); an increase from 96.7% in 2008/9. The overall percentage of patients seen within 48 hours was 79%; a 3.8% increase on 2008/9 (see Figure 6.3).

Figure 6.4 shows the trend in offers and those seen over the course of the course of nine months in 2010/11, where the offered appointment rate was 100% and the proportion of those seen was 79%.
For Brookside, the overall percentage of patients offered an appointment within 48 hours in 2009/10 was 95% and 100% by December 2010; an overall 10.2% increase from 2008/9 figures. The overall percentage of those being seen within 48 hours was 83% in 2009/10, again an increase on 2008/9; 75%. However, figure 6.6 shows the variation in offers and percentages seen over the course of nine months for 2010/11, indicating little change from 2009/10.
Figure 6.5: Percentage offered and percentage seen for all GUM appointments within 48 hours in the Brookside clinic in Aylesbury 2009/10

Figure 6.6: Percentage offered and percentage seen for all GUM appointments within 48 hours in the Brookside clinic in Aylesbury 2010/11

6.2 Contraception

6.2.1 Long acting reversible contraception (LARC)

The National Collaborating Centre for Women’s and Children’s Health developed the National Institute for Clinical Excellence (NICE) guideline for long acting reversible contraceptive (LARC)\(^\text{67}\). It concluded that LARC methods are more cost-effective than the combined oral contraceptive pill, with IUD, IUS and implants being cost-effective compared to injectable contraceptives and recommends that LARCs should be offered to a minimum of 2% of the female population aged 15-54 years as part of their contraceptive choices.

\(^{67}\) Long-acting reversible contraception, NICE Clinical Guideline 30, The National Collaborating Centre for Women’s and Children’s Health, October 2005
6.2.2 CaSH (Contraceptive and Sexual Health Service)

Table 6.1 shows the percentage of LARCs provided for women attending for contraceptive services at the CaSH service in Buckinghamshire in 2008/9 and 2009/10. The percentage of LARCs provided for women attending the services continues to be higher than the England average in 2008/9 and 2009/10. This data is sourced from the national KT31 published data. Data from 2008/9 and 2009/10, show similar numbers of first contacts with women with only small percentage change (maximum 3%) over time.


<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First contacts with women</td>
<td>1,110,300</td>
<td>1,185,695</td>
<td>2,300</td>
<td>2,400</td>
</tr>
<tr>
<td>Age &lt;20</td>
<td>30%</td>
<td>30%</td>
<td>21%</td>
<td>24%</td>
</tr>
<tr>
<td>Age 20-34</td>
<td>48%</td>
<td>49%</td>
<td>51%</td>
<td>50%</td>
</tr>
<tr>
<td>Age 35+</td>
<td>22%</td>
<td>21%</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>LARCs (all ages)</td>
<td>16%</td>
<td>19%</td>
<td>23%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Source: NHS Information Centre KT31 submissions.

Table 6.2 also shows the number of all contacts by women according to the type of contraceptives requested in 2009/10. LARC provision makes up 40% of all contacts where contraceptives are requested, whilst oral contraceptives make up for 53% of contacts. We are unable to compare 2008/9 as the reporting of ‘first contact’ and ‘contact’ has changed nationally.

Table 6.2: Method of contraceptive prescribed in CASH services in Buckinghamshire 2009/10

<table>
<thead>
<tr>
<th></th>
<th>&lt;25 2009/10</th>
<th>25+ 2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total contacts with women</td>
<td>2415</td>
<td>2305</td>
</tr>
<tr>
<td>Oral Contraceptive</td>
<td>1479</td>
<td>1012</td>
</tr>
<tr>
<td>Other Methods</td>
<td>220</td>
<td>103</td>
</tr>
<tr>
<td>LARC</td>
<td>716</td>
<td>1190</td>
</tr>
<tr>
<td>IUD</td>
<td>39</td>
<td>115</td>
</tr>
<tr>
<td>Injectable contraceptive</td>
<td>377</td>
<td>472</td>
</tr>
<tr>
<td>Implant</td>
<td>250</td>
<td>251</td>
</tr>
<tr>
<td>IUS</td>
<td>50</td>
<td>352</td>
</tr>
</tbody>
</table>

Source: NHS Information Centre KT31 submissions.

Within CaSH, (at June 201068), LARCs provision for fitting coil and implants were by a Specialist Nurse (15 hours per week); one Doctor and one Locum. Also, five nurses were also able to fit implants only.

6.2.3 Primary Care

Over the last four financial years, the numbers of IUDs and IUS’ and sub dermal implant LARC prescriptions have continued to increase in Buckinghamshire practices (see Figure 6.7). The largest increase is with sub-dermal implant prescriptions, which is 5 times higher compared to 2006/07. At the same time the rate of Depo Provera injections has decreased in Buckinghamshire and nationally whilst other contraceptive measures have increased. The Depo Provera injection still accounted for the largest number of prescriptions in primary care settings over the four years, even though it has decreased 14% over the same time period.

68 NHS Buckinghamshire, Quarterly Report 09/10, Q1 10/11
Full year 2009/10 data on IUD, Mirena IUS and long acting injection were taken from EPACT primary care prescribing database along with oral contraceptive and emergency contraceptive data. Table 6.3 shows the number of practices providing LARC methods from the total of 60 practices in Buckinghamshire. All practices prescribed injectable progesterone; however, only 48 of the 60 practices prescribed IUDs. There has been increase in those prescribing sub-dermal implants since 2008/9, but this still totals less than half of all practices, suggesting a limitation in the available methods in primary care. A LARC training programme has been in place for 2010/11 led by the level 3 specialist contraceptive service and funded by the DH access to contraceptive monies to ensure that all GPs fitting IUD/IUS' have completed their letter of competence and updated training. The majority of GPs in Bucks have now completed this training or are in the process of doing their clinical placements at May 2011.

The profile of prescribing each of the LARC methods in practices is shown in Appendix 1 and indicates that the Depo Provera continues to be in much higher use by primary care practitioners across all practices across 2008-2010, though there is a large difference across the practices in all LARC prescriptions. It should be noted that the figures show items prescribed and there is some variation in the dosage/dispensing used by practices for the Depo Provera injection, so the data should be viewed with caution.

Table 6.3: LARC methods prescribed in primary care 2009/10

<table>
<thead>
<tr>
<th>Method</th>
<th>2008/9</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Practices</td>
<td>Percent</td>
</tr>
<tr>
<td>IUD</td>
<td>47</td>
<td>78</td>
</tr>
<tr>
<td>IUS Mirena</td>
<td>52</td>
<td>87</td>
</tr>
<tr>
<td>Sub-dermal implant</td>
<td>29</td>
<td>48</td>
</tr>
<tr>
<td>Injectable progesterone</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>


Within Primary Care (at June 2010), there were a total of 55 fitters across 52 primary care locations.69

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69 NHS Buckinghamshire, Quarterly Report Q1, 10/11
A conservative estimate of the numbers of women in Buckinghamshire currently using different methods from primary care settings were estimated using the following assumptions:

1. IUD and IUS annual items prescribed were multiplied by 2, as these are effective for up to 5 years. This assumes that for every one prescription recorded in 2009/10 there is one more woman currently using these forms of contraception.

2. Sub-dermal implants annual items prescribed were multiplied by 1.5 as it is effective for 3 years. This assumes that for every two prescriptions recorded in 2009/10, there is one more woman currently using this contraception form.

3. Injectable Progesteron contraceptive annual items prescribed were divided by 4.3, as injections need to be repeated every 3 months.

4. The number of women using oral contraception was calculated by dividing the number of items prescribed by 2.6, as a previous report showed that each prescription supplied pills for an average of 4.6 months.

Table 6.4 shows the estimated numbers of women in the Buckinghamshire practice population who use LARC methods and oral contraceptive methods. This is estimated from GP practices and the Bucks CaSH service where these methods have been prescribed. Although this is representative of the actual Buckinghamshire female population it is calculated from provider data and is likely to include non-Buckinghamshire residents and exclude Buckinghamshire residents not registered with Buckinghamshire practices. Note that some LARC methods i.e. implants and Depo-Provera are provided in level 2 services, but it is difficult to determine these numbers from the reporting mechanisms of the level 2 services.

Using the assumptions above, the combined use of IUD and/or IUS continues through 2009/10 to have the largest share of LARC use, despite the fact that prescribing of the Injection method is much higher and is available in 100% of practices, unlike IUS/IUD.

The IUS (Mirena) continues to be the most popular used LARC method in Buckinghamshire. An estimated 8.7% (8,910) of the female Bucks practice population aged 15-44 years (amounting to 5.5% or 7,792 based on a female population of 15-54 in 2008/9) were using LARC methods during 2009/10. Of these 5.4% were using an IUD or IUS (3.4% in 2008/9).

For every one women using LARC methods, there were more than four using some form of oral contraceptive (ratio of 4.3 to 1).

Table 6.4: LARC activity and oral pill contraceptive usage in the Buckinghamshire practice population, 2008/9, 2009/10

<table>
<thead>
<tr>
<th></th>
<th>2008/9</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>2% target for IUD/IUS(NICE)</td>
<td>2,812</td>
<td>2,046</td>
</tr>
<tr>
<td>IUD/IUS</td>
<td>4,758</td>
<td>5,546</td>
</tr>
<tr>
<td>Sub-dermal implant</td>
<td>915</td>
<td>1,329</td>
</tr>
<tr>
<td>Injection</td>
<td>2,119</td>
<td>2,035</td>
</tr>
<tr>
<td>Estimated total numbers using LARC</td>
<td>7,792</td>
<td>8,910</td>
</tr>
<tr>
<td>Estimated numbers using Oral pill</td>
<td>30,648</td>
<td>22,825</td>
</tr>
</tbody>
</table>

Source: EPACT 2009/10, KT31 2008/9, Bucks PCT 2009-10

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70 Berkshire West PCT. (2008)
Emergency Hormonal Contraception (EHC) was also provided in all 60 practices in 2009/10 with 2,010 prescriptions dispensed during the course of the year (2,147 in 2008/9).

6.3 Emergency Hormonal Contraception (EHC)

Emergency Hormonal Contraception (EHC) sometimes commonly referred to as 'the morning after pill' is designed to prevent pregnancy. It is a pill that can be used after unprotected sex, or if the usual method of contraception has failed. It contains a progestogen hormone and to be fully effective must be used within 12 hours. However, it can be effective up to 72 hours after sex.

In Bucks free EHC is available via general practice, CaSH services or community pharmacy which is a community based service commissioned by NHS Buckinghamshire for under 19s only, to support the drive to reduce under 18 conceptions, ensure easy access and avoid clients presenting at inappropriate services such as A&E for EHC.

6.3.1 Community Pharmacies

In 2010/11, 646 clients requested EHC from community pharmacies within Buckinghamshire (673 in 2008/9; 604 2009/10). Although this service is free for under 19’s only, 14 (2.2%) of those aged 19 and over also used the service during this period (52 in 2009/10) as it also targets high risk groups, eg commercial sex workers.

A total of 68% of all dispensing was carried out in pharmacies in Wycombe (67% in 09/10; 65% in 08/9), with 9% in Aylesbury (9% in 09/10; 12% in 08/9). All other locations made up the remaining 24% (see Table 6.6).

Table 6.5: Location of community pharmacies dispensing Emergency Hormonal Contraception (EHC) to clients, 2008-2011

<table>
<thead>
<tr>
<th>Location</th>
<th>No of clients 2008/9</th>
<th>No. Of clients 2009/10</th>
<th>No. Of clients 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wycombe</td>
<td>417</td>
<td>405</td>
<td>437</td>
</tr>
<tr>
<td>Aylesbury</td>
<td>76</td>
<td>40</td>
<td>57</td>
</tr>
<tr>
<td>Chesham</td>
<td>40</td>
<td>36</td>
<td>20</td>
</tr>
<tr>
<td>Beaconsfield</td>
<td>28</td>
<td>19</td>
<td>35</td>
</tr>
<tr>
<td>Thame</td>
<td>22</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Princes Risborough</td>
<td>17</td>
<td>&lt;5</td>
<td>3</td>
</tr>
<tr>
<td>Burnham</td>
<td>16</td>
<td>32</td>
<td>20</td>
</tr>
<tr>
<td>Broadfields</td>
<td>5</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Little Chalfont</td>
<td>5</td>
<td>23</td>
<td>10</td>
</tr>
<tr>
<td>Bourne End</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>19</td>
</tr>
<tr>
<td>Marlow</td>
<td>&lt;5</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Hazlemere</td>
<td>&lt;5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Wendover</td>
<td>&lt;5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Farnham Commons</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Amersham</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Prestwood</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: NHS Buckinghamshire PCT
In 2008/9, there were a total of 37 community pharmacies signed up to the EHC scheme. There are now 140 trained pharmacists and 28 active pharmacies signed up to the scheme in 2009/10. Training is provided annually.

### 6.3.2 CaSH Service

In 2009/10, there were a total of 8000 (7600 in 2007/8) attendances at CASH services in Aylesbury and the family planning service at Wycombe Hospital. For every first contact to the service by a man, there were 24 first contacts made by women (23:1 in 2007/8).

#### Table 6.6: Clinic attendances at the CASH service and total emergency contraceptives issued, 2008-10

<table>
<thead>
<tr>
<th></th>
<th>2008/9</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Clinic Attendances</td>
<td>7600</td>
<td>8000</td>
</tr>
<tr>
<td>No. Of First Contact - Women</td>
<td>2300</td>
<td>2400</td>
</tr>
<tr>
<td>Total Emergency contraceptives Issues</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>No. Of First Contacts - Men</td>
<td>100</td>
<td>&lt;100</td>
</tr>
</tbody>
</table>

Source: KT31 returns

### 6.3.3 Condom Distribution (C-Card)

The condom C-card scheme is commissioned by NHS Buckinghamshire and delivered via Bucks Healthcare NHS Trust Level 3 specialist contraceptive services based at Brookside Clinic in Aylesbury. The C-Card offers those under 25 years of age and also ‘at risk groups’, who sign up for the scheme, opportunity to access free condoms from a range of places, including young people drop in centres and Connexions offices.

In the financial year 2010/11, there were 3,071 clients accessing the service (3,528 contacts), with 1,615 C-Cards and over 12,000 condoms issues (650; 9000 respectively over the period Nov 08-May 09).

Nearly half (48%) of young people accessing the service were aged between 15 and 17, which is similar to data from the period November 08- May 09 which was available for comparison. Those less than 15 made up 10% of clients, whilst 25% were aged 18 and over. A total of 17% (597) were not age classified for 2010/11.

There were a total of 24 (1%) people aged between 26 and 29 years of age accessing the service at unspecified locations.

### 6.4 Chlamydia Screening Programme

The National Chlamydia Screening Programme (NCSP) for young people aged 15-24 commenced in Buckinghamshire in 2007.

Between 1st April 2010 and 31st December 2010, the total number of NCSP and non-GUM, non-NCSP tests were 4,499, for Buckinghamshire PCT residents. Of these, the positivity rate was 5.5 for 15-19 and for 20-24 year olds, with 70% of those tested being women. Over 70% of tests were carried out from the white ethnic group, though 20% of all ethnic coding for those tested was unknown.

Around 3,700 young people aged 15-24 were screened in 2009/10 in Bucks Chlamydia screening programme (CSP), an increase on 2008/9 figures (approx 2,470). A further 2,700 were screened in

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non-CSP and non-GUM settings, similar to the 2008/9 figure (2,600). During the period April to December 2010, almost 55% of all tests were recorded from Bucks CSP (compared to all non-GUM settings), similar to 2009/10 (57%). In South Central, almost 85% of all tests were initiated in the CSP settings.

6.5 Young People Drop-ins via school and other settings

In 2006 Buckinghamshire PCT introduced Level 2 sexual health services in the community to provide additional capacity within the health economy. These are provided in a range of community settings across the county including GP surgeries, community hospitals, colleges and universities and drop-in centres.

6.5.1 Schools and SRE Policy

Changes to a coalition government in 2010 resulted in Ministers confirming that there will be no central government funding for ‘Healthy Schools’ after March 2011, and the programme would move towards being “school-led” from April 2011, in line with Government’s commitment to reducing bureaucracy for schools. Work continues across the Local authority and the PCT to develop the transition plans for Buckinghamshire.

National targets are for 100% of schools to be participating in the healthy schools programme by December 2009; 75% of schools to have healthy schools status by December 2009; 85% by December 2010. In February 2010, 211 (91%) out of the 232 schools in Buckinghamshire had achieved Healthy Schools status.

In school settings the law relating to SRE is contained in the Education Act (1996) and the Learning and Skills Act (2000). Every local education authority, head teacher and governing body has a statutory responsibility to take account of this guidance which requires that SRE is provided. The biological content of SRE must be taught as part of the statutory National Science Curriculum. Furthermore a written SRE policy, which is open to Ofsted inspection, must be in place and should be available to anybody working within the school setting. The DfES SRE Guidance (DfES 2000), still the one used, builds on these legal requirements and emphasises best practice by recommending that SRE is planned and delivered as part of Personal, Social, Health and Economic Education (PSHHE).

All year groups must cover biological elements of SRE through the statutory science curriculum. Primary schools must then state what extra (usually the relationships bit) they will cover in their prospectus. So it is up to individual governing bodies to decide this. Secondary schools must cover, as a minimum provision, conception, contraception and STI’s including HIV. Parents may withdraw a child (up to the age of 19) from anything that is non-statutory.

6.5.2 Drop-ins for under 18s

Buckinghamshire County Council is currently implementing ‘Health Zones’ where basic sexual health advice alongside advice on drugs and alcohol, careers etc is delivered in schools and specialist locations across Buckinghamshire. At December 2010, there were 20 sites registered; five based in schools with access to their students only (closed access); five based in specialist areas e.g. Teenage Pregnancy Midwife and Saunderton Lodge (also closed access); ten with access to all young people (open access). The input given on the school site will vary as is dependent on the policy of the governing body and/or senior management team at the school.

73 Healthy Schools Programme, Nov 2010.
74 Bucks County Council Health Schools Programme Lead, March 2010.
6.5.3 Outreach for under 25s

NHS Buckinghamshire commissions Brook East of England to provide an outreach service for under 25’s including pregnancy testing, condoms, oral contraception, Chlamydia screening and sexual advice and support. Since 2000 it has been operating in Buckingham at the Citizen’s Advice Bureau and in Burnham from September 2010 at a private organisation – Yoga Motion. The service runs for 2 hours a week at each site. During April-December 2010, 71 females and 22 males accessed these services.

The PCT also commissions Bucks Healthcare NHS Trust to provide outreach services including contraception, Chlamydia screening, pregnancy testing, condoms and sexual health advice at the Young People’s Youth Enquiry Service (YES) in High Wycombe. In 2009/10, 143 clients accessed the service; at the end of Q2 2010/11, a total of 92 clients had accessed the service.

6.5.4 Further Education (FE) and University Settings

NHS Buckinghamshire has commissioned a FE and higher education sexual health programme on a pilot basis via the level 2 service ‘The Practice’ since the academic year 2009/10. A fortnightly drop-in is delivered at Amersham & Wycombe College (including the Flackwell Heath campus), Aylesbury College, Bucks New University in Wycombe and Buckingham University a small private university in Buckingham.

Training was delivered by Brook East of England for FE college staff in July 2010 as part of their annual staff development programme. Ongoing sexual health training issues identified by Brook have been raised with Bucks County Council as part of general curriculum issues in the FE setting and via the new Healthy FE working group set up in 2011.

In Buckinghamshire:

- During the academic year from September 2009 to June 2010, 227 students accessed the FE and HE clinics in Buckinghamshire. Table 6.7 shows the number accessing by clinic.
- Clients were split between males and females fairly evenly, with slightly more males attending overall.
- The ethnic make-up of clients attending FE and HE clinics were recorded as 53% British and 17% as African as the two single largest groups. British Pakistani or Pakistani made up 7% of clients for the next biggest ethnic group with the remaining 23% from other groups.
- From January 2010 NHS Buckinghamshire included contraception as part of the pilot Level 2 service activity.

Table 6.7: Clinic attendances at FE and HE clinics from September 2009 to June 2010

<table>
<thead>
<tr>
<th>Centre</th>
<th>No. of clients</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amersham and Wycombe College</td>
<td>41</td>
<td>22</td>
<td>19</td>
</tr>
<tr>
<td>Aylesbury College</td>
<td>55</td>
<td>31</td>
<td>24</td>
</tr>
<tr>
<td>Buckingham University</td>
<td>45</td>
<td>24</td>
<td>21</td>
</tr>
<tr>
<td>Flackwell Heath campus (A&amp;W College)</td>
<td>25</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>Bucks New University</td>
<td>61</td>
<td>35</td>
<td>26</td>
</tr>
</tbody>
</table>

Source: NHS Buckinghamshire 2010

6.6 Level 2 service activity

Level 2 services (The Kestrel service and The Practice) provide comprehensive sexual health services including screening and treatment for STIs, promotion of safe sex and good sexual health, partner notification, advice and contraception, including the provision of some contraception by The Practice.
on a pilot basis from January 2010. The LARC methods currently being delivered are Implanon and Depo-Provera only; training for IUS/IUD is in progress.

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 for example sexual assault. These services are also able to discuss the contraceptive needs of their patients and sign-post them to further support and services.

### 6.6.1 Kestrel

The Kestrel service is provided across seven clinics set in general practices; Marlow, Cherrymead, Wye Valley, Amersham, Southmead, Carrington House, and Beaconsfield. It is difficult to report data across time as reporting appears to have changed between 2009 and 2010, resulting in them not being comparable. Thus, we are presenting the latest data for 2010 only.

**In Buckinghamshire:**

- During the period January to September 2010 there were a total of 678 appointments across the clinics, 76% of them new clients, with a 13% DNA rate across all the clinics.
- 62% of all attendees were female. Approximately a third of all attendees were aged between 17 and 25 and another third aged between the age of 26 and 35. Around 1% of attendees identified as homosexual or bi-sexual.
- 85% of all attendees were White British and less than 1% of Black African or Caribbean origin.
- The most common STI screens were for Candida (32%), Warts (20%) and Chlamydia (19%).
- Only 8% of all attendees were registered with a GP outside of Buckinghamshire.

### 6.6.2 The Practice

The Practice service runs across the following sites; Buckingham Hospital, Chalfont and Gerrards Cross Hospital, Way-In Centre, (Chesham) and Hanover House (High Wycombe).

There are also mobile clinics provided at Amersham & Wycombe College (including Flackwell Heath campus), Aylesbury College, Bucks New University and Buckinghamshire University. The mobile services run during term time only, fortnightly.

The Practice offers sexual health advice as well as testing for Candida; Gonorrhoea, Chlamydia, Syphilis, HIV, HepB, HepC, Bacterial Vaginosis, Trichomonas Vaginalis, Herpes and Warts.

**In Buckinghamshire:**

- During the period 2009/10 there were a total of 1730 clinic referrals. The most common being Chalfonts and Gerrards Cross Hospital (609, 35%). The mobile clinics in higher education totalled 11% (191) of all referrals with Amersham and Wycombe College (see figure 6.8) with the most at 4% (64 referrals).
- Unlike the Kestrel service, the majority (61%) of people accessing the service were aged between 16-25 years old, with 1% under the age of 16. However, the gender and sexuality profile was similar to the Kestrel service, with 63% female attendees and around 1% of attendees identified as homosexual or bi-sexual.

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75 NHS Buckinghamshire Audit Summary Jan-Sep 2010. Please note that there were some missing data.
76 We were unable to report activity for 2010/11 as the data reporting changed to only include GP town.
77 NHS Buckinghamshire – please note that some month’s were not complete
The majority (70.7%) of people accessing the service were British or mixed British, 6.2% were Black African and 5.2% were Other White background.

There were a total of 4633 tests for STIs performed. The most common test being Chlamydia (944, 20%) and Gonorrhoea (851, 18%). See figure 6.9 for further breakdown.

During May to December 2010, there were 767 first appointments (66%), 344 (45%) follow-up appointments and 54 (5%) second follow-up appointments. Of the total appointments 44 (6%) received LARC, either Depo-Provera injection or Implanon (see figure 6.10 for breakdown of these 44).

During May-Dec 2010, of the majority (64%) of those seen were women. Of these, the majority (73.4%) were white British; 5.9% were ‘other white background; 4.7% African and 4.2% did not state their ethnicity.

Of those men seen during the same period, 71.2% were white British; 5.1% Black African; 4.9% not stated and 4.4% Pakistan or British Pakistani.
Figure 6:10: Number of those receiving Implanon or Depo-Provera contraceptive by appointment type for The Practice, May-Dec 2010

Source: NHS Buckinghamshire
7 Key Findings

Sexually Transmitted Infections (STIs)

- The number of people living with HIV in Buckinghamshire more than doubled over the last 8 years of available data and almost half of these people are living in Wycombe. Although the numbers of new diagnoses of HIV are decreasing, up to 40% of all HIV prevalent cases are diagnosed very late in the disease progression, meaning the risks of complications and the health burden are higher for these individuals.

- The number of people diagnosed with chlamydia, in GUM clinics in Buckinghamshire has decreased in 2009 to 2005 levels. Chlamydia is still the most commonly diagnosed STI in Buckinghamshire with over 850 diagnoses of chlamydia were made from over 19,000 sample tests recorded at Bucks hospital path laboratories in 2010.

- Gonorrhoea diagnoses have decreased since 2001 and are the fourth highest diagnosed STI in GUM clinics in Bucks, with the most at risk population men aged 20-24 years. Half of all tests are requested by GPs. In GUM around 30% of tests are in the 20-24 year olds, but in GP settings this is evenly spread between 20 to 44 years.

- New cases of infectious syphilis are too small to predict trends or to identify the key risk groups.

- Genital Herpes is the third most common STI in Buckinghamshire in 2009. There has been a fall of 14% of new cases of genital herpess since 2008, however, overall this STI has increased in numbers since 2001.

- Genital warts are the second most common STI in Buckinghamshire. New diagnoses have remained relatively stable overall in Buckinghamshire, though national trends have shown an increase in cases from 2005 to 2009.

Teenage Pregnancy

- Buckinghamshire has a significantly lower teenage pregnancy rate for under 18s than the South East and England figures, though it has a significantly higher percentage of teenage conceptions that end in termination compared to the South East and England.

Terminations

- In Buckinghamshire in 2009, of the conceptions of young women under the age of 18 years of age, 61% ended in a termination, considerably higher compared to the national average of 50%. This is even higher for South Bucks local authority area.

- The under 18 abortion rate in Buckinghamshire in 2009 was 13 per 1,000 females, compared to 13 in South Central and 17.7 in England for the same period.

- Overall terminations of pregnancies in Buckinghamshire in women of all ages have increased 1% since 2007; the numbers for those carried out under 10 weeks gestation and those women under 18 years of age, are in line with regional comparators.

Level 2 services

- Within Kestrel clinics, a third of clients were aged between 16-25 years old and nearly a third between the ages of 26 and 35. The most common STI screens were for Candida (32%), Warts (20%) and Chlamydia (19%).
Within The Practice, the majority (61%) of people accessing the service were aged between 16-25 years old (unlike the Kestrel), with 1% under the age of 16. The most common test was Chlamydia (20%) and Gonorrhoea (18%).

Of appointments at The Practice between May to December 2010, 6% received Depo-Provera injection or Implanon LARC contraception.

Level 3 Services

The majority (74%) of all Buckinghamshire residents in 2009/10 who attended GUM clinics were seen by either Brookside or the SHAW clinics in Aylesbury and Wycombe.

Of the major conditions diagnosed in both Brookside and SHAW 55% of clients were under the age of 25 and 9% were aged over 45.

Overall in 2009/10, 98% of all people in Buckinghamshire attending GUM clinics were offered an appointment within 48 hours; the proportion of those who were seen within 48 hours in the same time period was 84%. Both of these proportions increased from the previous financial year.

Contraceptive Services

The percentage of LARCs provided for women attending CaSH service in Aylesbury and Wycombe continues to be higher than the England average in 2008/9 and 2009/10.

In Primary Care, over the last four financial years, the numbers of IUDs and IUSs and subdermal implant LARC prescriptions have continued to increase in Buckinghamshire practices.

The combined use of IUD and/or IUS continues through 2009/10 to have the largest share of LARC use in primary care.

It is estimated that approximately 9,000 women were using a LARC method in Buckinghamshire in 2009/10.

Chlamydia Screening

The positivity rate of those screened/tested for Chlamydia for the financial year 2009/10 was 5.5%78 for both those aged 15-19 and 20-24 year olds. This rate is similar to 2008/09 positivity rate at 5.4%.

Over 70% of tests were carried out in the white ethnic group, though 20% of all ethnic coding for those tested was unknown.

Around 3,700 young people aged 15-24 were screened in 2009/10 in Bucks Chlamydia screening programme (CSP), an increase on 2008/9 figures (approx 2,470). A further 2,700 were screened in non-CSP and non-GUM settings, similar to the 2008/9 figure.

Emergency Hormonal Contraception (EHC)

In 2010/11, 646 clients requested free EHC from community pharmacies within Buckinghamshire.

A total of 68% of all dispensing was carried out in pharmacies in Wycombe, with 9% in Aylesbury. All other locations made up the remaining 24%.

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78 National Chlamydia Screening Programme, PCT Level Data 2009-10.
**Condom C-Card Scheme**

- In the financial year 2010/11, there were 3,071 clients accessing the Condom C-Card scheme in Bucks (3,528 contacts), with 1,615 C-Cards and over 12,000 condoms issued.
- Nearly half (48%) of young people accessing the service were aged between 15 and 17. Those less than 15 made up 10% of clients, whilst 25% were aged 18 and over. A total of 17% were not age classified for 2010/11. Although most of the people accessing the service were under 25’s, 1% were aged between 26 and 29 years of age accessing the service at unspecified locations as the service is also targeted at high risk groups over 25, eg commercial sex workers.

**Schools, Further and Higher Education**

- In February 2010, 211 (91%) out of the 232 schools in Buckinghamshire had achieved Healthy Schools status.
- Changes to a coalition government in 2010 resulted in Ministers confirming that there will be no central government funding for ‘Healthy Schools’ after March 2011, and the programme would move towards being “school-led” from April 2011, in line with Government’s commitment to reducing bureaucracy for schools.
- During the academic year from September 2009 to June 2010, 227 students accessed the FE and HE clinics in Buckinghamshire.
- Clients were split between males and females fairly evenly, with slightly more males attending overall.
- The ethnic make-up of clients attending FE and HE clinics were recorded as 53% British and 17% as African as the two single largest groups. British Pakistani or Pakistani made up 7% of clients for the next biggest ethnic group with the remaining 23% from other groups.

**Lessons learnt**

- The data that has been collected locally for this updated profile is of varied quality and periods.
- A more consistent way of recording service activity across the various providers of sexual health services needs to be developed in particular for level 2 services and voluntary and community sector organisations, to ensure ease of collection of data and that data is comparable and robust
- Sexual Health data used in the current report has been compiled from multiple source owners at local and national levels via different sexual health providers. Key issues that affect the delivery of a sexual health report are timescales and planning, as all sexual data sources have different reporting timescales for completing data collections.
- Planning on these timescales, and organising data capture processes in advance of any future sexual health profile report specification is essential, as this public health data area is complex and relates to multiple providers.

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79 Healthy Schools Programme, Nov 2010.
8 Appendix 1 – Contraception prescribed by Buckinghamshire practices

Numbers of items of IUS’s (Mirena) per 1,000 women aged 15-44 prescribed by Buckinghamshire practices in 2009/10

Source: EPACT 2010

Numbers of items of IUD’s per 1,000 women aged 15-44 prescribed by Buckinghamshire practices in 2009/10

Source: EPACT 2010
Numbers of items of LARC injections per 1,000 women aged 15-44 prescribed by Buckinghamshire practices in 2009/10

Source: EPACT 2010

Numbers of items of LARC sub-dermal implants per 1,000 women aged 15-44 prescribed by Buckinghamshire practices in 2009/10

Source: EPACT 2010
## Appendix 2 — Data sources and glossary

<table>
<thead>
<tr>
<th>Agency/Organisation/Author</th>
<th>Glossary</th>
<th>Data/reports used</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office of National Statistics (ONS)</strong></td>
<td>Office of National Statistics is British government department which researches and publishes social and economic statistics, including trade figures and the Retail Price Index. It also publishes the results of the census (= an official count of the population) and is responsible for the General Register Office which records all births, marriages and deaths in England and Wales.</td>
<td>2009 Mid Year Population Estimates</td>
</tr>
<tr>
<td><strong>Health Protection Agency (HPA)/Thames Valley Health Protection Unit (TVPU)</strong></td>
<td>The Health Protection Agency's role is to provide an integrated approach to protecting UK public health through the provision of support and advice to the NHS, local authorities, emergency services, other Arms Length Bodies, the Department of Health and the Devolved Administrations. The Agency was established as a special health authority (SpHA) in 2003.</td>
<td>New HIV Diagnoses to end of June 2010, GUM clinic audit data (GUMCAD), KC60 GUM activity return to the department of health (now superseded by GUMCAD), Survey of Prevalent HIV Infections Diagnosed (SOHPID) — a national audit of people diagnosed with HIV seen for treatment in the UK, HIV in the United Kingdom, 2009;2010, HPA Annual Report, 2010, Number and rates of selected STI diagnoses made at genitourinary medicine clinics in the UK and England: 2005 – 2009, Trends in genital warts and herpes diagnoses in the United Kingdom, 2009, Hepatitis C in the UK, 2009, Sexual health screens, 2008-2010, NOIDS database, TVHPU, 2010.</td>
</tr>
<tr>
<td><strong>MEDFASH</strong></td>
<td>The Medical Foundation for AIDS &amp; Sexual Health (MedFASH) is a charity dedicated to the pursuit of excellence in the healthcare of people affected by HIV, sexually transmitted infections and related conditions.</td>
<td>Syphilis Diagnoses, 2008</td>
</tr>
<tr>
<td><strong>Bucks Hospital Trust pathology laboratories</strong></td>
<td>Buckinghamshire laboratory service which undertakes testing of patient samples</td>
<td>STI testing and diagnoses in Buckinghamshire Hospitals Trust</td>
</tr>
<tr>
<td><strong>National Information Centre</strong></td>
<td>The NHS Information Centre collects, analyses and presents national data and statistical information in health and social care.</td>
<td>KT31 returns of information on contraception in Contraceptive and Sexual Health Services in England, STI surveillance</td>
</tr>
<tr>
<td><strong>Thames Valley Screening Group</strong></td>
<td>The regional group dealing with all aspects of screening (antenatal, bowel etc) in the Thames Valley area</td>
<td>Local quarterly reports, Q1-Q4 for information.</td>
</tr>
<tr>
<td><strong>UNIFY</strong></td>
<td>UNIFY has been developed to act as a single storage place for information, with input via the web, which collects NHS performance data.</td>
<td>Monitoring of access times to GUM services and 48 hour waits</td>
</tr>
<tr>
<td><strong>Buckinghamshire Drug and Alcohol Team</strong></td>
<td>The regional team oversee the strategic coordination of local action against drug misuse.</td>
<td>2011/14 Treatment Submission</td>
</tr>
<tr>
<td><strong>NHS Buckinghamshire Primary Care Trust</strong></td>
<td>The local Primary Care trust responsible for planning and securing healthcare services for Buckinghamshire</td>
<td>Joint Strategic Needs Assessment (2009), A joint commissioning strategy for Learning Disability Services, 2008-11, Situation Report – January (FY 10/11) - Chlamydia Screening, The Practice and Kestrel commissioning monitoring</td>
</tr>
<tr>
<td>Agency/Organisation/Author</td>
<td>Glossary</td>
<td>Data/reports used</td>
</tr>
<tr>
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<tr>
<td><strong>Buckinghamshire County Council</strong></td>
<td>Regional county council delivering services to the community</td>
<td>Buckinghamshire Children and Young People’s Plan 2009-2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dataflash, Children and Young People, 2005</td>
</tr>
<tr>
<td><strong>Solutions for Public Health</strong></td>
<td>Solutions for Public Health (SPH) is a not-for-profit NHS public health organisation. We work with decision makers across public and third sectors to improve health and reduce health inequalities.</td>
<td>Understanding Women’s Views on Contraception in Buckinghamshire, 2011</td>
</tr>
<tr>
<td><strong>South West Public Health Observatory</strong></td>
<td>The South West Public Health Observatory (SWPHO) is the regional observatory, collecting, monitoring and analysing data around health issues at local, regional and national levels.</td>
<td>Sexual Health balanced scorecard: national benchmarked data on a series of sexual health indicators including HIV diagnoses with CD4 cell count &lt;200 at diagnosis.</td>
</tr>
<tr>
<td><strong>Hepatitis B Foundation UK</strong></td>
<td>A national charity that raises awareness about the prevention of hepatitis B virus (HBV) infection.</td>
<td>Rising Curve: Chronic Hepatitis B Infection in the UK, 2007</td>
</tr>
<tr>
<td><strong>World Health Organisation</strong></td>
<td>The United Nations public health arm. Monitors disease outbreaks, assesses the performance of health systems around the globe,</td>
<td>Unintended pregnancy data, 2009</td>
</tr>
<tr>
<td><strong>Family Planning Association</strong></td>
<td>A national charity providing sexual health advice on contraception, sexually transmitted infections, pregnancy choices, abortion planning and pregnancy.</td>
<td>Teenage pregnancy Factsheet, August 2010</td>
</tr>
<tr>
<td><strong>Teenage Pregnancy Unit</strong></td>
<td>The Teenage Pregnancy Unit is a cross-Government Unit located within the Department of Health and was set up to implement the Social Exclusion Unit’s report</td>
<td>Rates of Teenage Conceptions</td>
</tr>
<tr>
<td><strong>British Pregnancy Advisory Service (BPAS)</strong></td>
<td>The British Pregnancy Advisory Service (BPAS) is a British non-profit organisation, providing counselling for unplanned pregnancy and abortion treatment.</td>
<td>Termination of pregnancy care pathway information</td>
</tr>
<tr>
<td><strong>Department of Health</strong></td>
<td>The government department responsible for public health issues.</td>
<td>Abortion statistics, England and Wales, 2009</td>
</tr>
<tr>
<td><strong>Halve It Coalition,</strong></td>
<td>A coalition of experts and advocates in HIV, with the aim to halve the proportion of people undiagnosed with HIV.</td>
<td>Early testing Saves Lives: HIV is a public health priority, 2010</td>
</tr>
<tr>
<td><strong>Thames Valley Police</strong></td>
<td>Police Force for the Thames Valley Region</td>
<td>Buckinghamshire Performance, 2010.</td>
</tr>
<tr>
<td><strong>Johnson et al.</strong></td>
<td>Author of a national survey into sexual attitudes.</td>
<td>National Survey of Sexual Attitudes and Lifestyles (NATSAL), 2000</td>
</tr>
<tr>
<td><strong>Durex</strong></td>
<td>International condom manufacturer also providing sexual health information.</td>
<td>Durex National Sex Survey, 2003</td>
</tr>
<tr>
<td><strong>National Chlamydia Screening Programme (NCSP)</strong></td>
<td>NCSP is a control and prevention programme, run by the NHS, targeted at the highest risk group for chlamydia infection in England, young people under 25 who are sexually active.</td>
<td>NCSP PCT Detailed tables, April 2010-Dec 2010</td>
</tr>
</tbody>
</table>