Sexual Health in NHS Buckinghamshire

Population Profile and Service Activity

Nain Hussain
Andrew Hughes

December 2012 (amended February 2013)
This report has been compiled by

- Nain Hussain
- Andrew Hughes

With key support from

Angie Blackmore, Public Health Principal/Sexual Health Commissioner, NHS Buckinghamshire, Jenny Kent, NHS Buckinghamshire, Dr Kathy Cann, Associate Medical Director, Buckinghamshire Healthcare NHS Trust.

We would also like to thank those staff within NHS Buckinghamshire, Buckinghamshire Healthcare NHS Trust, The Kestrel Service, The Practice, Health Protection Agency, Thames Valley Screening Group, bpas, Brook, Harmoni for Health, Barnados, Buckinghamshire DAAT, the Terrence Higgins Trust and Buckinghamshire County Council who have supplied the data used throughout the report.
# Table of Contents

Introduction ............................................................................................................................................ 1
Executive Summary ................................................................................................................................ 1
Data and methods ..................................................................................................................................... 1
Summary findings ................................................................................................................................. 1

1 Data and Methods ................................................................................................................................. 5

2 Buckinghamshire Sexual Health Profile ................................................................................................. 6
  2.1 HIV ................................................................................................................................................. 6
  2.2 Chlamydia ....................................................................................................................................... 9
  2.3 Genital warts ................................................................................................................................. 12
  2.4 Genital Herpes ............................................................................................................................. 13
  2.5 Gonorrhoea .................................................................................................................................... 15
  2.6 Syphilis ........................................................................................................................................... 17
  2.7 Hepatitis ....................................................................................................................................... 17

3 Sexual Health outcomes and behaviour ................................................................................................. 20
  3.1 Reducing the prevalence of undiagnosed STIs and HIV ................................................................. 20
  3.2 Unintended pregnancy ................................................................................................................... 21
  3.3 Termination ................................................................................................................................... 24
  3.4 Sexual abuse and exploitation ....................................................................................................... 25

4 Service Activity ...................................................................................................................................... 26
  4.1 GUM attendance ............................................................................................................................ 26
  4.2 Contraception ............................................................................................................................... 28
  4.3 Emergency Hormonal Contraception (EHC) ................................................................................ 32
  4.4 Chlamydia Screening Programme ............................................................................................... 33
  4.5 Sexual Health Outreach for under 25s ....................................................................................... 33
  4.6 Level 2 sexual health activity 2011/12 ........................................................................................... 33

5 Health Promotion Programmes ........................................................................................................... 36
  5.1 Condom Distribution (C-Card) ...................................................................................................... 36
  5.2 Health Zones ............................................................................................................................... 36

6 Data issues and recommendations ........................................................................................................ 37

7 Appendix 1 – Contraception prescribed by Buckinghamshire practices ........................................... 38

8 Appendix 2 – Data sources and glossary .......................................................................................... 40
**Introduction**

Solutions for Public Health (SPH), has assisted NHS Buckinghamshire in completing a quantitative profile of sexual health and its services in 2008, 2009 and in 2011. NHS Buckinghamshire has commissioned an update of their sexual health profile in 2012 to build on the previous work.

This updated report (based on the 2011 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 highlights local numbers and rates and trends of sexually transmitted infections and sexual health issues, as well as comparator information where available.

This document will inform the refresh of the joint strategic needs assessment (JSNA) for 2012/13 and the Director of Public Health annual report.

**Executive Summary**

**Data and methods**
Quantitative data was obtained from multiple sources in order to update the 2011 profile, with outline data areas provided below, and incorporated this into this stand-alone profile report using information from the previous 2011 profile. In all instances, we have used the most recent data available at the time of compiling this report.

**Summary findings**

**Sexually Transmitted Infections (STIs)**

- HIV - the number of people living with HIV in Buckinghamshire has trebled from 119 in 2002 to 366 in 2011 and almost half of these people (43%) are living in Wycombe. Although the numbers of new cases diagnosed with HIV are decreasing year on year, half of all people newly diagnosed with HIV were diagnosed late in the infection progression, meaning the risks of complications and the health burden are higher for these individuals. The population most at risk of contracting HIV in Buckinghamshire are men aged 35 years or older, men who have sex with men and Black African communities.
- Chlamydia is still the most commonly diagnosed STI in Buckinghamshire. The main risk group are those aged 15-24 year olds. It is estimated that almost 19% of the 15-24 year old population in Buckinghamshire were tested for chlamydia in 2011/12 and approximately 7.2% of these people tested positive. The positivity rate of young people tested in community settings for this period was 5.7%. Chlamydia diagnoses in GUM for this period are still lower than the peak seen between 2005 and 2009.
- Genital warts are the second most common STI in Buckinghamshire, with men aged 20-24 and women aged 15-24 being the most at risk groups. There has been a 20% decrease in first episode diagnoses seen in Buckinghamshire GUMs from 2010.
• Genital herpes is the third most common STI in Buckinghamshire increasing from 2001 – 2010, with women aged 15-24 years of age being the most at risk group. In 2011 there was a 19% decrease in diagnosed first episodes seen in Buckinghamshire GUMs from 2010.
• Gonorrhoea has decreased from numbers diagnosed in 2001 and is the fourth highest diagnosed STI in GUM clinics in Buckinghamshire, with the most at risk population being men aged 20-34 years and men who have sex with men. Almost half of all tests in Buckinghamshire hospital pathology laboratories are requested by GPs and only 30% by GUM.
• New cases of infectious syphilis are too small to predict trends or to identify the key risk groups.
• There were 51 cases of confirmed Hepatitis B in Buckinghamshire, though this number has fluctuated over the past five years. The most age-groups affected were those aged 25-34. Almost all of new clients entering the drug treatment programmes in Buckinghamshire were offered Hepatitis B vaccinations.

Teenage Pregnancy

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

Terminations

• Overall terminations of pregnancies in Buckinghamshire in women of all ages have increased steadily over the past five years.
• The percentage of NHS funded terminations carried out under 10 weeks gestation for Buckinghamshire mothers in all services were above the national target in 2011, but slightly lower than the national and regional percentages. Abortions carried out for Buckinghamshire women at the bpas services alone were also above the national target.
• The under 18 abortion rate in Buckinghamshire in 2011 was 10 per 1,000 women, compared to 11 in South Central and 15.1 in England for the same period. These rates are lower than in 2009.
• In Buckinghamshire in 2010, of the conceptions to young women under the age of 18 years of age, almost 60% ended in a termination, which saw little change from 2008 and 2009. The termination percentage of these conceptions remains considerably higher compared to the national average of 50%.
• In 2011 in England, just over a quarter of abortions in women under 25 were repeat abortions, i.e. one or more previously, which is similar to a Buckinghamshire.

Sexual abuse and exploitation

• The Sexual Assault Referral Centre service (SARC) serves the Thames Valley area and it is a dedicated service to meet the needs those who have experienced rape, sexual assault or abuse, including children. In 2011/12 336 clients from across the Thames Valley attended, 11% under 13 years and 26% between 14 and 17.

Level 3 (GUM) services

• Of all Buckinghamshire residents attending a GUM clinic, three quarters of them attended either the SHAW clinic in Wycombe or Brookside in Aylesbury. The SHAW clinic in Wycombe
hospital was the biggest single provider for Buckinghamshire residents. The Garden Clinic in Slough was the largest provider outside of Buckinghamshire treating Buckinghamshire residents.

- Of all the GUM diagnoses carried out for Buckinghamshire residents in 2011/12, 40% were men and 60% were women. For the major conditions diagnosed in Buckinghamshire residents, 60% of clients were under the age of 25 and only 6% were aged over 45. The numbers of MSM with an STI diagnoses in GUM only accounted for less than five percent of the total diagnoses.

**Contraceptive Services - LARC**

- In 2011/12 LARC provision in the CaSH service in Buckinghamshire makes up almost 20% of all contacts where contraceptives were provided, while oral contraceptives make up almost 60% of contacts.
- Overall, all forms of LARCs prescriptions in primary care appear to have either stabilised or decreased over the last two financial years. Prescriptions for IUS, IUD and sub-dermal implants increased rapidly from 2006/07 to 2009/10, but neither have increased in the last year. The Depo Provera injection still accounts for the largest number of total LARC prescriptions in primary care and has remained so for the past six years, but the number of prescriptions for this method is decreasing.
- A conservative estimate of the number of women using LARC methods in 2011/12 could be in excess of 9,000. Of these methods, IUD/IUS is likely to be the most popular.

**Contraceptive Services - EHC**

- In 2011/12, over 1,800 prescriptions were provided in Buckinghamshire GP practices for EHC. A further 339 women were provided EHC from the Buckinghamshire CaSH service.
- In 2011/12, 549 clients aged 19 years and under requested free EHC from community pharmacies within Buckinghamshire. A total of 60% of all dispensing of EHC from community pharmacies was carried out in pharmacies in Wycombe.

**Sexual Health Outreach for under 25s**

- Brook provide an outreach service for under 25’s in Buckinghamshire. Almost a third of all visits to the drop-in service were for Condoms, with another 30% for general advice. Chlamydia testing was undertaken in less than 10% of visits. Just over a 20% of clients were less than 16 years of age and two thirds were aged between 16 and 19 years.

**Level 2 sexual health activity**

- In 2012/13 level 2 services have been contracted from Terrence Higgins Trust, but the previous year’s level 2 services were provided by Kestrel and The Practice.
- Within Kestrel clinics, during 2011-12 there were 682 clinic attendances (first and follow-up); 40% aged 17-25 years old and 46% aged 26-35.
- Within The Practice, there were 2,007 clinic attendances (first and follow-up) during 2011/12, with the largest clinic being Hanover House followed by Chalfont and Gerrards Cross Hospital. Unlike Kestrel, the majority (61%) of people accessing the service were aged between 17-25 years old, with 7% of all attendances under the age of 17. The mobile clinics in further and higher education totalled 9% (224) of all clinic appointments.
LARC provision was recorded as provided to the client in 3% of total clinic attendances at The Practice.

**Health Promotion programmes - Condom C-Card Scheme**

- In 2011/12, there were 1,461 new registrations resulting in 1,445 new contacts and 1937 repeat contacts.
1 Data and Methods

SPH obtained quantitative data from multiple sources in order to update the 2012 profile, with outline data areas provided below, and incorporated this into this stand-alone profile report using information from the previous 2011 profile. In all instances, we have used the most recent data available at the time of compiling this report.

National sources of sexual health data came from:
- GUM diagnoses and screening from the GUMCAD Genitourinary Medicine Clinic Activity Dataset, Health Protection Agency (HPA)
- Survey of Prevalent HIV Infections Diagnosed (SOPHID) from the HPA (via NHS Buckinghamshire)
- New Diagnoses of HIV from the HPA (via NHS Buckinghamshire)
- Chlamydia screening data from the National Chlamydia Screening Programme
- Community contraceptive services (KT31) from the Health and Social Care Information Centre
- HIV low CD4 counts from the Sexual Health Balanced Scorecard, South West Public Health Observatory (SWPHO)
- GUM activity statistics from the GUMAMM dataset on the Department of Health Unify site
- Teenage conceptions information from the Office for National Statistics (ONS)
- Termination of pregnancy data produced by the Department of Health

As well as service information from NHS Buckinghamshire, service and clinical data was provided from a number of local sources, mostly within Buckinghamshire. These included:
- STI tests and outcomes from the Buckinghamshire pathology laboratories at Buckinghamshire Healthcare NHS Trust
- Antenatal screening information from the Thames Valley Screening Committee reports
- Notifiable and STI cases recorded by Thames Valley Health Protection Unit
- Prescribing and practice demographics from NHS Buckinghamshire
- Abortions data from the British Pregnancy Advisory Service (via NHS Buckinghamshire)
- Level 2 sexual health services from The Practice and Kestrel (via NHS Buckinghamshire)
- Brook sexual health services (via NHS Buckinghamshire)
- Community Pharmacy data on EHC (via NHS Buckinghamshire)
- C-card condom data from Buckinghamshire Healthcare NHS Trust (via NHS Buckinghamshire)
- Contraception data in KT31 submission from Buckinghamshire Healthcare NHS Trust (via NHS Buckinghamshire)
- Sexual assault data from Harmoni for Health (via NHS Buckinghamshire)
- Sexual crime data from Thames Valley Police

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).
2 Buckinghamshire Sexual Health Profile

2.1 HIV

HIV continues to be the most serious sexually transmitted infection in the world. Although treatment of the infection is available, there is currently no cure and treatment only serves to provide symptomatic relief to increase quality of life, reduce the onset of the infection and extend life expectancy. The management and early diagnosis of HIV is vital in the reduction of transmission of the infection; prevention of one new diagnosis of HIV saves between £280,000 and £360,000 in healthcare costs across the lifetime of the patient\(^2\).

In Buckinghamshire:

<table>
<thead>
<tr>
<th>Key points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of people living with HIV in Buckinghamshire has tripled over the last 10 years of available data and almost half of these people are living in Wycombe. Although the numbers of new diagnoses of HIV are decreasing, 50% of all these cases are diagnosed late in the infection progression, meaning the risks of complications and the health burden are higher for these individuals.</td>
</tr>
<tr>
<td>The population most at risk of contracting HIV in Buckinghamshire are men aged 35 years or older, men who have sex with men and Black African communities. In the UK, the highest risk groups are men who have sex with men and the Black African communities(^3).</td>
</tr>
</tbody>
</table>

People living with HIV

- In 2011 there were an estimated 366 people currently living with HIV in Buckinghamshire PCT area. Figure 2.1 presents the trend in the total number of patients living with HIV in Buckinghamshire, showing clearly the rise in the infection over time. In recent years the trend has slowed and this is due to smaller numbers of new cases being diagnosed in the past six years.
- In Buckinghamshire, Wycombe district has the largest number of people living with HIV – 155 in 2011. These make up 43% of all people living with HIV in Buckinghamshire (see Table 2.1), with 31% in Aylesbury Vale.
- Table 2.2 shows a list of areas that have similar characteristics to Buckinghamshire county and can be used as comparator ‘peers’ for health statistics. In 2010, Hertfordshire county had the highest number of HIV per 1,000 people aged 15-59 in the ‘peer’ areas that are considered similar to Buckinghamshire. Buckinghamshire has a rate of HIV similar to Oxfordshire. All of these ‘peer’ areas have HIV rates in their populations that are considerably lower than England.
- Of the 366 people with HIV, 60% are men (221 people). Thirty-eight percent of people living with HIV are aged 35 to 44 years and 39% are 45 years and older. Only 5% are less than 25 years old.
- Almost 30% of HIV in all people was contracted via men who have sex with men and less than 2% of cases were contracted from mother to child.


\(^3\) HPA 2012. HIV in the United Kingdom: 2011 Report
- Forty-six percent of HIV cases in Buckinghamshire are White and 42% are of Black African origin and this proportion has remained similar over the past five years.
- Of the 366 people living with HIV in 2011, 36% were last treated in Wycombe hospital and 20% in Aylesbury (Brookside). London, Oxford and Slough treat between 10 and 12% of these people.

![Figure 2.1: Number of HIV infected individual resident in Buckinghamshire, 2002-2011](image)

Source: Survey of Prevalent HIV Diagnosis, Health Protection Agency 2012

### Table 2.1: People living with HIV (numbers and percent) by district authority in Buckinghamshire, 2011

<table>
<thead>
<tr>
<th>District Authority</th>
<th>Numbers</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aylesbury Vale</td>
<td>113</td>
<td>31</td>
</tr>
<tr>
<td>Chiltern</td>
<td>43</td>
<td>12</td>
</tr>
<tr>
<td>South Bucks</td>
<td>47</td>
<td>13</td>
</tr>
<tr>
<td>Wycombe</td>
<td>155</td>
<td>43</td>
</tr>
</tbody>
</table>

Source: Survey of Prevalent HIV Diagnosis, Health Protection Agency 2012

### Table 2.2: HIV number per 1,000 people aged 15-59 by local authority comparator areas, 2010

<table>
<thead>
<tr>
<th>Local area</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buckinghamshire</td>
<td>1.1</td>
</tr>
<tr>
<td>Cambridgeshire</td>
<td>0.9</td>
</tr>
<tr>
<td>Hampshire</td>
<td>0.8</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>1.3</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>1.1</td>
</tr>
<tr>
<td>Surrey</td>
<td>1.2</td>
</tr>
<tr>
<td>West Berkshire</td>
<td>0.8</td>
</tr>
<tr>
<td>England</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Source: SOPHID 2012 & ONS mid-year-2010 population estimate
New diagnoses of HIV

- Since 2003, the numbers of new HIV cases diagnosed in Buckinghamshire providers has decreased (see Figure 2.2). In 2010 the numbers of new diagnoses were 23, similar to the previous two years, but in 2011 less than 14 new cases were recorded\(^4\), with less than 5 cases reported in women. All of the new diagnoses in 2011 had ethnicity recorded with white ethnicity the single biggest number of new cases. Approximately half of the new cases were aged 15 to 29 years.

**Figure 2.2: Number of new diagnoses reported by Buckinghamshire providers, 2000-2011**

* Less than 5 new cases in women in 2011 – exact number not reported
Source: New HIV diagnosis reporting, Health Protection Agency 2012

Late diagnoses of HIV

- Late\(^5\) diagnoses of HIV made up 50%\(^6\) of all diagnosis from 2008 to 2010 in Buckinghamshire. This is similar to the national percentage of 52%. Figure 2.3 shows the percentage of late diagnoses in Buckinghamshire districts. The chart also includes bars as 95% confidence limits. These show the upper and lower limits we expect the true percentage value to range between with 95% confidence. So the true percentage of late diagnoses in South Buckinghamshire could range between about 40% and about 88%, even though the recorded value was 66.7%. Because all the bars cross the England (or South East) value we suggest that none of the district percentages of late diagnoses are statistically different from either England or the South East.

---

\(^4\) Exact numbers of new diagnoses were not provided, as the number of cases in women was less than 5 and potentially disclosive of individuals

\(^5\) The definition of a late HIV diagnosis has been updated from a CD4 count <200 cells/mm\(^3\) within 91 days of diagnosis to <350 cells/ mm\(^3\). This reflects the 2008 BHIVA treatment guidelines which recommend patients should begin anti-retroviral therapy when CD4 cells counts drop <350 cells/ mm\(^3\).

Testing for HIV in Buckinghamshire laboratories

- Testing for HIV recorded in Buckinghamshire laboratories has risen over the last seven years, though the last two years saw almost no change in numbers. Testing increased from 5,600 recorded in 2005 to 10,400 in 2011/12. The laboratories recorded 12% of all requests for tests from what was classified as ‘community sexual health services’ in 2011/12, similar to the previous two years. GUM accounted for 65% of all test requests.
- The number of all HIV positives found in tests in Buckinghamshire labs has increased from 23 in 2006 to 54 in 2011/12, but peaked in 2010/11 at 70. It is important to note that tests will not match to new diagnoses of HIV, as there could be multiple tests per person and/or the individuals tested may have already been diagnosed with HIV (ie. already living with HIV).

Antenatal screening of HIV

- More than 99% of women were screened for HIV in Buckinghamshire hospital maternity units in 2011/12 – over 7,000 screens were recorded. Positivity results are not routinely reported anymore under agreed antenatal screening key performance indicators, though positivity rates of screening were less than 0.2% in the first 2 quarters of 2011/12 financial year.\(^7\)

2.2 Chlamydia

Chlamydia is generally symptomless, but can lead to a wide range of complications, including pelvic inflammatory disease (PID), ectopic pregnancy and tubal factor infertility (TFI) in women and epididymitis in men, and represents a substantial public health problem.\(^8\)

---

\(^7\) Thames Valley Screening Group – Quarterly Reports, Q1-Q4, 2011/12

In Buckinghamshire:

Key points:

Chlamydia remains the most commonly diagnosed STI in Buckinghamshire (the same as nationally). Chlamydia new diagnoses in GUM have risen slightly in the past two years to 2011/12, but are still lower than levels recorded between 2005 and 2009.

The key at risk groups are 15-24 year old men and women, in line with the national picture.

- The number of new diagnoses of chlamydia in Buckinghamshire’s GUM clinics rose by 40% between 2001 and 2005 and then dropped in 2009. In the last two years numbers have risen again, but are still lower in 2011/12 than the peak of diagnoses between 2005 and 2008 (see Figure 2.4).
- The rate of chlamydia is most common within young people aged between 15 to 25 years old, but the rate of diagnoses in Buckinghamshire county residents in 2011 for this age-group are lower than England. The rate of Chlamydia is similar to Surrey, but lower than all other ‘peer’ comparator areas except Oxfordshire (see Table 2.3).
- Approximately 68% of all new diagnoses for Buckinghamshire residents seen in GUM clinics were in people aged between 15 and 24 years old, a similar proportion since 2008.
- In the 2011/12 financial year 18,250 tests for Chlamydia were recorded in Buckinghamshire hospitals laboratories, with 887 tests returning positive – an overall positivity rate of 4.9%. Positivity from all GUM was 9.8% (total of 9,032 tests) and GP practices was 2% (6,480 tests). In the 15-24 age group the positivity rate recorded overall was 9.2%. In GUM the 15-24 ages group had a positivity rate of 10.7%, whilst GP tests were 5.3%.
- A total of 10,747 young people in Buckinghamshire PCT area aged 15- 24 were tested for chlamydia according to the NCSP for the financial year 2011/12 (2011 calendar year for GUM tests). The positivity rate of those tested for this period was 7.4% for those aged 15-19 and 7% for 20-24 year olds (7.2% for 15-24).
- A total of 5,776 of these young people aged 15-24 were tested in community settings, outside of GUM, which represents a lower risk group of the population. Of the 5,776 tested the positivity rate was 5.7%.
- The percentage of young people tested in Buckinghamshire county is slightly lower than most other ‘peer’ comparator areas and England. The positivity rate of all testing (GUM and community settings) is similar to England and higher than most other peer areas. This is also similar for those tested in community settings (see Table 2.4).
Table 2.3: Rate (per 100,000) of chlamydia diagnoses by local authority areas of residence, 2011

<table>
<thead>
<tr>
<th>Local area</th>
<th>Age 15-24</th>
<th>25+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buckinghamshire</td>
<td>1394.6</td>
<td>62.8</td>
</tr>
<tr>
<td>Cambridgeshire</td>
<td>2418.9</td>
<td>58.8</td>
</tr>
<tr>
<td>Hampshire</td>
<td>1963.4</td>
<td>65.0</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>1433.5</td>
<td>70.9</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>1276.3</td>
<td>72.9</td>
</tr>
<tr>
<td>Surrey</td>
<td>1395.3</td>
<td>69.8</td>
</tr>
<tr>
<td>West Berkshire</td>
<td>1553.3</td>
<td>36.5</td>
</tr>
<tr>
<td>England</td>
<td>2124.6</td>
<td>102.8</td>
</tr>
</tbody>
</table>

Source: GUMCAD and NSCP returns, Health Protection Agency 2012

Table 2.4: Percentage of young people (15-24 yrs) tested for chlamydia and positivity rate (%) in test settings, by local authority areas of residence, 2011-2012

<table>
<thead>
<tr>
<th>Local Area</th>
<th>% 15-25 yrs tested</th>
<th>GUM &amp; community % positive</th>
<th>Community % positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buckinghamshire</td>
<td>18.7</td>
<td>7.2</td>
<td>5.7</td>
</tr>
<tr>
<td>Cambridgeshire</td>
<td>32.3</td>
<td>5.8</td>
<td>5.4</td>
</tr>
<tr>
<td>Hampshire</td>
<td>33.3</td>
<td>5.8</td>
<td>4.6</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>24.0</td>
<td>6.2</td>
<td>4.4</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>26.8</td>
<td>4.9</td>
<td>4.1</td>
</tr>
<tr>
<td>Surrey</td>
<td>18.9</td>
<td>7.6</td>
<td>5.6</td>
</tr>
<tr>
<td>West Berkshire</td>
<td>20.7</td>
<td>7.9</td>
<td>6.8</td>
</tr>
<tr>
<td>England</td>
<td>28.2</td>
<td>7.3</td>
<td>5.9</td>
</tr>
</tbody>
</table>

Source: National Chlamydia Screening Programme, 1 April 2011 – 31 March 2012
2.3 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. An infected person may have no symptoms of infection, but still transmit the virus. Genital warts are the second most common STI in Buckinghamshire. Overall, first episodes diagnosed for genital warts in Buckinghamshire GUMs are similar to numbers in 2001, though this is due to a 20% drop in numbers from 2010 to 2011. Nationally, diagnoses in GUM have risen from 2002 to 2011. Key points: Genital Warts are the second most common STI in Buckinghamshire. Overall, first episodes diagnosed for genital warts in Buckinghamshire GUMs are similar to numbers in 2001, though this is due to a 20% drop in numbers from 2010 to 2011. Nationally, diagnoses in GUM have risen from 2002 to 2011. Key risk groups in Buckinghamshire, based on GUM diagnoses, are men aged 20-24 and women aged 15-24, with men aged 25-34 also at risk. This is similar to the national picture. In 2011/12 there were 562 first episodes of diagnosed genital warts detected in Buckinghamshire residents, seen in any GUM clinic. This is higher than the total number seen in Buckinghamshire GUMs, as some residents are diagnosed and treated in clinics outside of Buckinghamshire. In the Buckinghamshire clinics there has been an increase in the number of first episodes from 2001 to 2010, though in 2011 these diagnoses dropped by more than 100, a 20% decrease (see Figure 2.5). The largest number of first episode diagnoses in Buckinghamshire residents in 2011/12 was in the 20-24 age range (37%), with more than 26% in the 25-34 age range. In 2011, the rate (per 100,000) of GUM first episode diagnoses for Buckinghamshire county residents was 103.6, lower than England and the lowest of the ’peer’ comparator areas (see Table 2.5).

Figure 2.5: Number of Anogenital warts (first episode) diagnosed in GUMs for Buckinghamshire, 2001-2011

Note: 2008-2011 data is taken from Buckinghamshire GUMCAD reports, which includes all GUM data for residents of Buckinghamshire. Data prior to 2008 reports only data from Buckinghamshire clinics. Source: KC60 and GUMCAD, Health Protection Agency 2012

Table 2.5: Rate (per 100,000) of genital warts GUM diagnoses (first episode) in GUM by local authority areas of residence, 2011

<table>
<thead>
<tr>
<th>Local area</th>
<th>Warts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buckinghamshire</td>
<td>103.6</td>
</tr>
<tr>
<td>Cambridgeshire</td>
<td>121.3</td>
</tr>
<tr>
<td>Hampshire</td>
<td>130.5</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>111.0</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>138.0</td>
</tr>
<tr>
<td>Surrey</td>
<td>119.7</td>
</tr>
<tr>
<td>West Berkshire</td>
<td>137.0</td>
</tr>
<tr>
<td>England</td>
<td>141.8</td>
</tr>
</tbody>
</table>

Source: GUMCAD returns, Health Protection Agency 2012

2.4 Genital Herpes

Genital herpes simplex virus (HSV) infection is the most common ulcerative sexually transmitted disease in the UK\textsuperscript{12}. Genital herpes is a chronic (long-term) condition and the average rate of recurrence is four to five times in the first two years after being infected. At least 8 out of 10 people who carry the virus are unaware they have been infected because there are often few or no initial symptoms\textsuperscript{13}.

\textsuperscript{12} HPA Genital Herpes information (accessed October 2012): Available from: http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/GenitalHerpes/

In Buckinghamshire:

**Key Points:**

*Genital Herpes is the third most common STI in Buckinghamshire and had increased since 2001 up to 2010. However, in 2011 there was a decrease in recorded first episodes from 2010 of 19%, similar to Genital Warts. Nationally, diagnoses in GUM have risen from 2002 to 2011.*

*Key risk groups in Buckinghamshire, based on GUM diagnoses are women aged 15-24 years. The risk for men is lower, but most common in those aged 20-25. This is similar to the national picture.*

- In 2011/12, 190 first episodes of HSV were diagnosed in Buckinghamshire residents attending any GUM clinic, which is higher than the number diagnosed in Buckinghamshire GUM clinics alone.
- In the two Buckinghamshire GUM clinics there was a 19% decrease in first episode diagnoses from 2010 to 2011, which is at odds with the overall increase in first episodes from 2001 to 2010 (see Figure 2.6). This decrease in the last two years matches the decrease seen in genital warts.
- Unlike other STIs, women make up more than 60% of all first diagnoses in Buckinghamshire residents with 33% of all first diagnoses in women aged 15-24 years in 2011/12. There are more diagnoses per age-group in those aged 20-24, making them the highest risk age-group. This pattern is similar to previous years.
- In 2011, the rate (per 100,000) of GUM first episode diagnoses in Buckinghamshire county residents was 36.5 and lower than all the other ‘peer’ areas, except Hertfordshire (see Table 2.6).

**Figure 2.6: Number of Anogenital herpes, (first episode) diagnosed in GUMs for Buckinghamshire, 2001-2011**

Note: 2008-2011 data is taken from Buckinghamshire GUMCAD reports, which includes all GUM data for residents of Buckinghamshire. Data prior to 2008 reports only data from Buckinghamshire clinics.

Source: KC60 and GUMCAD, Health Protection Agency 2012
Table 2.6: Rate (per 100,000) of genital herpes GUM diagnoses (first episode) by local authority areas of residence, 2011

<table>
<thead>
<tr>
<th>Local area</th>
<th>Herpes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buckinghamshire</td>
<td>36.5</td>
</tr>
<tr>
<td>Cambridgeshire</td>
<td>42.1</td>
</tr>
<tr>
<td>Hampshire</td>
<td>52.9</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>32.4</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>46.2</td>
</tr>
<tr>
<td>Surrey</td>
<td>44.3</td>
</tr>
<tr>
<td>West Berkshire</td>
<td>40.9</td>
</tr>
<tr>
<td>England</td>
<td>58.1</td>
</tr>
</tbody>
</table>

Source: GUMCAD returns, Health Protection Agency 2012

2.5 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 blood stream and joints and could lead to infective arthritis\(^\text{14}\).

In Buckinghamshire:

**Key points:**

Gonorrhoea has decreased from numbers diagnosed in 2001 and is the fourth highest diagnosed STI in GUM clinics in Buckinghamshire. More than 46% of all tests are requested by GPs, with half of all tests for people aged 35+ in this setting.

*Key at risk groups are men aged 20-34 years old. Although the national picture suggests men who have sex with men (MSM) and black African groups are at risk, these groups are only a small proportion of the GUM diagnoses for Buckinghamshire residents.*

- Numbers of new diagnoses of gonorrhoea in Buckinghamshire GUM clinics have decreased since 2003 (see Figure 2.7), but numbers have fluctuated between 67 and 51 for the latest four years of data available. As with other STIs, more Buckinghamshire residents were diagnosed with gonorrhoea in any GUM in 2011/12 compared to all people diagnosed in Buckinghamshire GUMs in 2011.
- Twenty-two percent of the total new diagnoses in Buckinghamshire were from MSM in GUM settings\(^\text{15}\). This is similar to previous years.
- Men account for 74% of all new diagnoses in GUM clinics in 2011/12. Although Black Caribbean groups are considered high risk groups, in Buckinghamshire these were a very small minority of cases.
- The rate of GUM diagnoses (Table 2.7) for Buckinghamshire county residents was substantially smaller than England, with only two comparator areas having lower rates of diagnosis.
- In 2011/12 financial year 30,581\(^\text{16}\) tests were carried out. 46% of all the tests in Buckinghamshire laboratories were requested by GPs compared to 30% in GUM settings.


\(^\text{15}\) HPA GUMCAD selected STI diagnosis 2012

\(^\text{16}\)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.
These figures are relatively unchanged from 2010/11 when of the 32,906 tests carried out, 47% were requested by GPs, and 27% in GUM settings. Almost all the other tests come from Buckinghamshire hospital wards.

- The largest numbers of laboratory tests were requested for the 25+ age group in 2011/12, though this proportion is different depending on the source of the test. In GP settings only 17% of tests are in the 15-24 year olds and 50% are for those aged 35+, but in GUM settings this is evenly spread between the 15-24 and 25+ age groups (49% and 51%).

**Figure 2.7: Number of new gonorrhoea diagnoses in GUMs for Buckinghamshire (KC60 code B1, B2, B5), 2001-2011**

![Graph showing number of new gonorrhoea diagnoses in GUMs for Buckinghamshire, 2001-2011](image)

**Table 2.7: Rate (per 100,000) of gonorrhoea GUM diagnoses by local authority areas of residence, 2011**

<table>
<thead>
<tr>
<th>Local area</th>
<th>Gonorrhoea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buckinghamshire</td>
<td>14.5</td>
</tr>
<tr>
<td>Cambridgeshire</td>
<td>11.1</td>
</tr>
<tr>
<td>Hampshire</td>
<td>16.0</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>17.5</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>14.3</td>
</tr>
<tr>
<td>Surrey</td>
<td>19.7</td>
</tr>
<tr>
<td>West Berkshire</td>
<td>16.2</td>
</tr>
<tr>
<td>England</td>
<td>39.1</td>
</tr>
</tbody>
</table>

Source: GUMCAD returns, Health Protection Agency 2012
2.6 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.

In Buckinghamshire:

Key points:

_new cases of infectious syphilis in Buckinghamshire are too small to predict trends or to identify the key risk groups. In the UK, the key risk group are men who have sex with men_, accounting for over 70% of infectious syphilis.

- There were less than 10 diagnoses of new cases of infectious syphilis in Buckinghamshire GUM clinics, thus predicting a trend is not possible.
- The rate of diagnoses (Table 2.8) for Buckinghamshire was smaller than England. Numbers are small and rates cannot be accurately compared with 'peer' comparator areas.
- Buckinghamshire hospitals recorded no cases of syphilis in antenatal screening in the first 2 quarters of 2011/12.

<table>
<thead>
<tr>
<th>Local area</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buckinghamshire</td>
<td>1.2</td>
</tr>
<tr>
<td>Cambridgeshire</td>
<td>2.0</td>
</tr>
<tr>
<td>Hampshire</td>
<td>1.9</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>1.4</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>0.9</td>
</tr>
<tr>
<td>Surrey</td>
<td>2.3</td>
</tr>
<tr>
<td>West Berkshire</td>
<td>0.6</td>
</tr>
<tr>
<td>England</td>
<td>5.4</td>
</tr>
</tbody>
</table>

Source:GUMCAD returns, Health Protection Agency 2012

2.7 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.

2.7.1 Hepatitis B
Hepatitis B can be spread through blood and body fluids such as semen and vaginal fluids, so it can be caught during unprotected sex or by sharing needles to inject drugs, such as heroin. Most people don’t know they have Hepatitis B. It usually clears the body without treatment within one to three

---

19 Thames Valley Screening Group Quarterly Reports, Q1-Q4, 2011/12
months, referred to as acute hepatitis B. In around 1 in 20 cases in adults, the virus can stay for six months or longer, known as chronic hepatitis B, which requires treatment.\(^2^0\)

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 Hepatitis B is common.

- A crude estimate of the Buckinghamshire population with a chronic Hepatitis B infection could be approximately 1,700 based on the crude UK prevalence estimate,\(^2^1\) though this will be influenced greatly by the prevalence of high risk groups outlined above.
- The number of residents within Buckinghamshire with confirmed Hepatitis B in 2011 was 51, as recorded by Thames Valley Health Protection Unit (HPU) and these numbers have fluctuated over the past four years.
- The rate of acute and chronic Hep B cases recorded by Thames Valley HPU is consistently lower than the Thames Valley average from 2008 to 2011. The highest rates are seen in Milton Keynes and Berkshire East (see Figure 2.8).
- In 2008 to 2010, the majority of those with Hepatitis B were in the 25-34 year age group in the Thames Valley.
- There was timely referral of all women who were Hep B positive in Buckinghamshire hospitals maternity units to specialist treatment in 2011/12.\(^2^2\)
- In 2011/12, 99% of all new clients (325 clients) entering the drug treatment programmes in Buckinghamshire were offered the Hep B vaccination.\(^2^3\) 32% of those offered refused.

![Figure 2.8: Rate (per 100,000) of Hep B cases (Acute and chronic) by PCT, 2008 to 2011](http://www.nhs.uk/conditions/Hepatitis-B/Pages/Introduction.aspx)

---


\(^2^1\) HPA Hepatitis B estimates, 2007

\(^2^2\) Thames Valley Screening Group Quarterly Reports, Q1-4, 2011/12.

\(^2^3\) Buckinghamshire Drug and Alcohol Team 2012.
2.7.2 Hepatitis C

The first six months of a hepatitis C infection are known as acute hepatitis C. Around one in four people will fight off the infection and will be free of the virus. In the remaining three out of four people, the virus will stay in their body for many years. This is known as chronic hepatitis C\textsuperscript{24}. Unlike many other blood borne viruses, sexual transmission is thought to be relatively rare in the case of Hepatitis C (2% of cases in England from 1996 to 2011\textsuperscript{25}), nevertheless, it can occur therefore sexual transmission and condom use should be discussed with people as a way of reducing the risk of transmission.

In Buckinghamshire:

<table>
<thead>
<tr>
<th>Key risk groups:</th>
</tr>
</thead>
<tbody>
<tr>
<td>\textit{It is estimated that 90% of hepatitis C in England is from injecting drug use}\textsuperscript{25}, and the key risk group are male injecting drug users.</td>
</tr>
</tbody>
</table>

- In their 2007 commissioning support pack, the Health Protection Agency estimated that just over 1050 individuals resident in Buckinghamshire were infected with Hepatitis C. This also estimated that 121 people required Hep C treatment in Buckinghamshire (including those already treated). This excludes those currently within the Prison population, which will increase the burden further. There has been no further update to this estimate since 2007.
- The number of residents within Buckinghamshire with confirmed Hepatitis C in 2011 was 63, as recorded by Thames Valley HPU and these numbers have been similar over the past four years.
- The rate of acute and chronic Hep C cases recorded by Thames Valley HPU is consistently similar to the Thames Valley average from 2008 to 2011. The highest rates are seen in Milton Keynes and Oxfordshire (see Figure 2.9).
- Over two thirds of all cases in Thames Valley were male consistently from 2008 to 2011 and between 2010 and 2011 the largest number of cases in the Thames Valley were in those aged 35 to 44 years.
- In 2011/12, 78\% of all new clients (381) entering the drug treatment programme were offered the Hep C test\textsuperscript{26}.


\textsuperscript{25} HPA 2012. Hepatitis C in the UK: 2012 Report

\textsuperscript{26} Buckinghamshire Drug and Alcohol Team 2012.
3 Sexual Health outcomes and behaviour

3.1 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 including general practice, community pharmacy, contraception and sexual health and termination services.

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 November 2011.

In Buckinghamshire:

- More than 99% of women were screened for HIV in Buckinghamshire hospital maternity units in 2011/12. Positivity results are not routinely reported anymore under agreed antenatal screening key performance indicators, though positivity rates of screening were less than 0.2% in the first 2 quarters of 2011/12 financial year. There was timely referral of all women who were Hepatitis B positive in Buckinghamshire hospitals maternity units to specialist treatment in 2011/12.\(^\text{27}\).
- Buckinghamshire hospitals recorded no cases of Syphilis in antenatal screening in the first 2 quarters of 2011/12.\(^\text{27}\). Later data was not available, as the key performance indicators on antenatal screening no longer record syphilis screening numbers.
- In 2011/12 percentage of full sexual health screens of all first appointments recorded in GUM clinics for men was 74% and for women it was 72%. These were patients from

\(^{27}\) Thames Valley Screening Group – Quarterly Reports, Q1-Q4, 2011/12
Buckinghamshire PCT in South Central SHA attending any clinic\(^2\). Sexual health screens are defined here as including gonorrhoea and chlamydia testing as well as possibly HIV and syphilis testing.

- A total of 5,776 young people aged 15-24 resident in Buckinghamshire PCT were tested for Chlamydia in community settings according to the NCSP for the financial year 2011/12. An additional 4,971 tests for young people aged 15-24 were carried out in GUM settings for the 2011 calendar year as reported by the NCSP. It is estimated that almost 19% of the 15-24 year old population were tested for chlamydia.
- The positivity rate of those tested in community settings for this period was 5.7%\(^2\) for those aged 15-24. The positivity was similar to the previous financial year.
- The overall Chlamydia target for Buckinghamshire in 2011/12 was to achieve 20,024 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, as based on the latest commissioning guidance from the NCSCP.

### 3.2 Unintended pregnancy

Unintended pregnancies, and in particular teenage pregnancies, are a key indicator of poor sexual health. It is estimated that nearly half of all pregnancies in England and Wales are unintended. While some pregnancies result from contraceptive failure, most pregnancies occur either because no contraception was used or because the method was used inconsistently or incorrectly\(^3\). 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\(^4\). Rates of teenage births in the UK (7.8%) were five times those in the Netherlands; double those in France and more than twice those in Germany in 2010\(^5\).

#### 3.2.1 Under 18 conceptions

ONS teenage conception data is published annually in February but is always 14 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. All ONS data is available by local authority areas only.

**In Buckinghamshire:**

**Buckinghamshire County Council area**

- In 2010, there were 195 (234 in 2009) conceptions in young women under the age of 18 years resident in Buckinghamshire. Of these conceptions, 38 were for young women under the age of 16 years (39 in 2009).
- The national rate of teenage conceptions under 18 years has decreased approximately 15% from 1998-00 to 2008-10. The South East rate has decreased by 13% and in Buckinghamshire that rate has decreased by 7%.
- The rate of teenage (under 18 years) conceptions in Buckinghamshire is similar to that of ‘peer’ authorities, and significantly lower than the England average (see Figure 3.1).

---

\(^2\) HPA GUMCAD reports, 2012.
\(^3\) National Chlamydia Screening Programme, PCT Level Data 2011/12.
\(^5\) Family Planning Association, Teenage Pregnancy Factsheet, August 2010
• Of the 195 conceptions to young women under the age of 18 years of age, 59.5% ended in a termination (similar trend as 2008 and 2009). The termination rate remains considerably higher compared to the national average of 50%.

• NHS Buckinghamshire estimates that the number of deliveries to teenage mothers under the age of 18 in Buckinghamshire was 79 in 2010/11\(^{32}\) and it has remained around this figure for the last five to six years (2009=92, 2008=94, 2007=91, 2006=76, 2005=88).

Figure 3.1: Rate of teenage conceptions under 18 (per 1,000 15–17 year olds) in Buckinghamshire and peer authorities 2008–2010

Buckinghamshire - district council areas

• Figure 3.2 shows that the rate of teenage conceptions in all Buckinghamshire districts is statistically significantly lower than both England and the South East.

• Within Buckinghamshire districts, Chiltern has the lowest rate (per 1,000 15–17 year old females) of conceptions compared to the other districts (see Figure 3.2) at 21.1. Although this is not significantly different to the other districts in Buckinghamshire for 2008-10, it has consistently been the lowest in the county (Figure 3.3) over time. However, since 2004-06, Chiltern has shown a rise in rates. The other districts do not show any consistent order between their rates over time, with little change in trend since 2004-06. All districts have been consistently lower than the South East and England since 1998.

• Although the Buckinghamshire districts have low conception rates, in 2007-2009 they all had a larger percentage of conceptions that lead to termination than either the South East or England. Unfortunately the 2008-2010 termination information for some Buckinghamshire districts has been suppressed in publicly available statistics, due to small numbers (though it is not stated what constitutes a small number). However, this information is available for Aylesbury and Wycombe for 2010 alone, where Wycombe termination percentages are

---

\(^{32}\) Hospital Deliveries to Teenage Mothers under 18 at the time of conception NHS Buckinghamshire residents. SUS in patient MDS 2012
higher (61.8%) compared to the South East (51.8%) and England (50.3%) – see Figure 3.4. Aylesbury is lower (43.3%) than both the South East and England.

Figure 3.2: Rate of teenage conceptions under 18 (per 1,000 15-17 year olds) in Buckinghamshire local authorities 2008-2010

![Bar Chart](chart1.png)

Note: 95% confidence intervals are shown on the bar charts as an indicator of significance
Source: Teenage Pregnancy Unit 2012

Figure 3.3: Rate of teenage conceptions under 18 (per 1,000 15-17 year olds) in Buckinghamshire district authorities 1998-00 to 2009-10

![Line Chart](chart2.png)

Source: Teenage Pregnancy Unit, 2012
Figure 3.4: Percentage of teenage conception under 18 resulting in terminations for Buckinghamshire and local authorities, 2010

Note: 95% confidence intervals are shown on the bar charts as an indicator of significance
Source: Teenage Pregnancy Unit 2012

3.3 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). Bpas offer consultations to women in Aylesbury, Milton Keynes, High Wycombe and Oxford with Early Medical Abortions (up to 9 weeks gestation) available at all of these sites apart from Aylesbury. Patients are able to access local anaesthetic surgical procedures up to 12 weeks gestation at Oxford, Milton Keynes and Luton. Patients have the choice of accessing bpas clinics across the country and where this is required for later gestations, the most convenient locations are Richmond and Streatham.33

In Buckinghamshire:

Abortions all ages

- There were 1,407 legal abortions carried out in 2011 for women of all ages resident in Buckinghamshire. This includes abortions carried out in Buckinghamshire and other places, both hospitals and independent sector providers. This equates to 16.8 abortions per 1,000 women aged 15-44, an increase on the figure of 15 per 1000 in 2009.92% of all abortions were NHS funded and provided from the independent sector, whilst 3% were provided in hospitals. The remaining 5% of all abortions were privately funded.
- The national NHS target for completing abortions under 10 weeks is 70%. 74% of all NHS funded abortions for Buckinghamshire resident women from all providers were completed under 10 weeks gestation in 2011 (see Table 3.1). This is slightly lower than the national and regional averages, all of which have increased since 2007 figures. Buckinghamshire PCT was also significantly lower than four ‘peer’ comparator PCTs in 2011 (see Figure 3.5). The figure

33 This service will transfer over to Clinical Commissioning Groups for 2013/14
should be monitored over the next few years now early medical abortion is available as part of the commissioned service in Buckinghamshire.

- The Buckinghamshire bpas service saw 1,901 women and carried out 1,350 abortions in 2011/12 (1571 in 2009/10, 1300 in 2008/9)
- 77% of abortions in the bpas service (69% in 2009/10, 72% in 2008/9) were carried out in less than 10 weeks gestation.

Table 3.1: Percentage of legal abortions under 10 weeks gestation for women resident in Buckinghamshire PCT, South Central and England, 2007-2011

<table>
<thead>
<tr>
<th>Area</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>70.3</td>
<td>73.2</td>
<td>74.4</td>
<td>76.9</td>
<td>78.1</td>
</tr>
<tr>
<td>South Central</td>
<td>73.6</td>
<td>74.8</td>
<td>74.7</td>
<td>76.7</td>
<td>78.6</td>
</tr>
<tr>
<td>Buckinghamshire</td>
<td>70.5</td>
<td>72.9</td>
<td>72.2</td>
<td>76.4</td>
<td>73.8</td>
</tr>
</tbody>
</table>


Figure 3.5: Percentage of legal abortions under 10 weeks gestation in Buckinghamshire PCT and peer PCTs 2011

Repeat abortions

- In 2011 in England, just over a quarter (26.4%) of abortions in women under 25 were repeat abortions, i.e. one or more previously, which is comparable to a Buckinghamshire figure of 25.7%.

Under 18 abortions

- The under-18 abortion rate in 2011 for women resident in Buckinghamshire was 10 per 1,000 females aged 15-17 years (13 in 2009); 11 per 1,000 for South Central (13 in 2009) and 15.1 for England for the same time period (17.7 in 2009).

3.4 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.
Buckinghamshire 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 and Wycombe Women’s Aid.

Bucks County Council commissions Barnado’s (a national charity), to provide a R U Safe? sexual exploitation service. The charity aims to help protect young people through assertive outreach. Incorporating direct work and support on personal safety, relationships, sexual health, risks and self-esteem and also, help them to exit harmful relationships. Data shows that in 2011/12 the service worked with 172 young people aged 11 to 18, (151 female and 21 male) and has seen over 500 young people since the service started in 2006. It operates a missing service for young people reported missing and returned home. Referrals are received via Thames Valley Police as those who go missing are often vulnerable to sexual exploitation. It also delivers a counselling service offering emotional support to help young people process difficult experiences, concerns and issues in a safe and supported environment. The counselling service is currently only available to those open to R U Safe, or on their waiting list, according to need. For further information, please contact the R U Safe office on 01494 461112.

The Sexual Assault Referral Centre service (SARC) serves the Thames Valley area and is delivered by Harmoni for Health, based at Upton hospital in Slough and in Bletchley. It is a dedicated service to meet the needs those who have experienced rape, sexual assault or abuse, including children. This service was launched in April 2011.

**In Buckinghamshire:**

- The Thames Valley Police\(^{35}\) reported that there were 238 recorded serious sexual offences recorded in Buckinghamshire 2011/12, of which 86 were rape offences.
- Data from SARC reports that 336 clients from across Thames Valley have attended the SARC sites for forensic examination\(^{36}\) in the first year of operation. Seventy nine per cent of these clients were white British, followed by 3.2% Pakistani, 2.9% White Other and 2.3% Indian. Nearly 97% identified themselves as heterosexual, with over 90% referred by the police and only a small number self-referring. Geographic patterns are in the main urban conurbations.
- 36 clients (11%) seen were under 13 Years and 49 clients (26%) were between 14 and 17 years old. 25 children received historical examinations and 17 male clients (5%) received examination.

### 4 Service Activity

#### 4.1 GUM attendance

In the 2011/12 financial year there were 8,790 patient attendances at Buckinghamshire GUM clinics recorded. Of the patients seen in Buckinghamshire clinics, 89% of them were Buckinghamshire residents. The largest percentage of non-Buckinghamshire residents seen in Buckinghamshire clinics were from Hertfordshire (3%)\(^{37}\).

---

\(^{35}\) Thames Valley Police, Buckinghamshire Performance, 2012  
\(^{36}\) Harmoni for Health. 2012. AGM Presentation 03/04/2012  
\(^{37}\) GUMCAD patient flows report, Health Protection Agency 2012
Of all Buckinghamshire residents attending a GUM clinic, 74% of them attended either the SHAW clinic in Wycombe or Brookside in Aylesbury. The SHAW clinic in Wycombe hospital was the biggest single provider for Buckinghamshire residents with 43% of attendances, whilst Brookside had 30%. The Garden Clinic in Slough was the largest provider outside of Buckinghamshire treating Buckinghamshire residents and saw 11% of the total number of Buckinghamshire patients. The figures point to the fact that Buckinghamshire is a net exporter of people requiring GUM services, though this is most likely due to the fact that the Garden Clinic in Slough is more easily accessible to many residents of South Buckinghamshire than services in Wycombe.

Of all the GUM diagnoses carried out for Buckinghamshire residents in 2011/12, 40% were men and 60% were women. The numbers of MSM with STI diagnoses in GUM accounted for 3% of the total diagnoses in 2011/12, which has not changed since 2009. For the major conditions diagnosed in Buckinghamshire residents, 60% of clients were under the age of 25 and 6% were aged over 45. This is similar to the age profile in 2008/09, indicating little or no change in the age profile since this time.

Figure 4.1 shows how quickly Buckinghamshire residents were offered appointments and seen in GUM clinics both within Buckinghamshire and outside this area from April to November 2011. The proportion of those who were seen within 48 hours has changed little in the past 3-4 years and was 81% in this period.

The national target to offer 100% of first attendees a GUM appointment within 48 hours has been achieved in Buckinghamshire Clinics, as it has nationally, hence the target was removed by the Department of Health and GUMAMM collection ceased in November 2011.

For the SHAW clinic in Wycombe, the overall percentage of all patients (Buckinghamshire and non-Buckinghamshire) offered an appointment within 48 hours from April to November 2011 was 100%. The overall percentage of patients seen within 48 hours was 81%.

---

38 GUMCAD Numbers of all diagnoses and services report, Health Protection Agency 2012
39 GUMCAD Selected STIs report, Health Protection Agency 2012
For Brookside, the overall percentage of patients offered an appointment within 48 hours from April to November 2011 was 100%. The overall percentage of those being seen within 48 hours was 80%.

### 4.2 Contraception

#### 4.2.1 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)⁴⁰. 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.

---

⁴⁰ Long-acting reversible contraception, NICE Clinical Guideline 30, The National Collaborating Centre for Women’s and Children’s Health, October 2005
4.2.2 CaSH (Contraceptive and Sexual Health Service)

Table 4.1 shows the percentage of LARCs provided for women attending for contraceptive services at the CaSH service in Buckinghamshire from 2008/9 to 2010/11. The percentage of LARCs provided for women attending the services has dropped over the last 3 years and is now lower than the percentage provided in England as a whole. The number of first contacts for women has only increased 13% over the past three years.

<table>
<thead>
<tr>
<th>First contacts with women</th>
<th>Buckinghamshire CaSH 2008/9</th>
<th>2009/10</th>
<th>2010/11</th>
<th>England 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>% age &lt;20</td>
<td>2300</td>
<td>2400</td>
<td>2600</td>
<td>1,117,000</td>
</tr>
<tr>
<td>% age 20-34</td>
<td>21%</td>
<td>24%</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>% age 35+</td>
<td>51%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>% LARCs provided to first contacts</td>
<td>28%</td>
<td>25%</td>
<td>25%</td>
<td>21%</td>
</tr>
</tbody>
</table>


Table 4.2 also shows the number of first contacts by women according to the type of contraceptives requested in 2011/12. LARC provision makes up 19% of all contacts where contraceptives were provided, whilst oral contraceptives make up for 59% of contacts. Note that the numbers of first contacts submitted by Buckinghamshire CaSH service in Table 4.2 are substantially higher than the numbers published in 2010/11 by the NHS Information Centre. There may be an issue with the accuracy of the nationally produced statistics for the Buckinghamshire CaSH service.

| Method of contraceptive prescribed at first contact in CaSH services in Buckinghamshire 2011/12 |
|-----------------------------------------------|-----------------------------|---------|---------|
| Total first contacts with women               |                           | 3269    | 3153    |
| Oral Contraceptive                            |                           | 1845    | 1129    |
| Other methods                                 |                           | 459     | 723     |
| LARC                                         |                           | 429     | 557     |
| IUD                                          |                           | 20      | 42      |
| Injectable contraceptive                      |                           | 328     | 372     |
| Implant                                       |                           | 64      | 66      |
| IUS                                          |                           | 17      | 77      |

Source: Buckinghamshire CaSH KT31 submission

The contraceptive and sexual health service commissioned from Buckinghamshire Healthcare NHS Trust has five coil fitters and nine implants fitters available including doctors, nurse specialists and contraceptive nurses (at November 2012).

The service also provides contraceptive 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 2011/12 there were 252 clients assessed the service, rising from the previous two years (204 in 2010/11).

4.2.3 Primary Care

Over the last two financial years, all forms of LARCs prescriptions in primary care appear to have either stabilised or decreased (see Figure 4.4). Prescriptions for IUS, IUD and sub-dermal implants increased rapidly from 2006/07 to 2009/10, but these methods have not increased in the last year. The Depo Provera injection still accounts for the largest number of LARC prescriptions in primary care, but the number of prescriptions has decreased 18% from 2006/07.
Full year 2011/12 data on IUD, Mirena IUS and long acting injection were taken from the ePACT primary care prescribing database along with oral contraceptive and emergency contraceptive data. Table 4.3 shows the number of practices providing LARC methods from the total practices in Buckinghamshire. All practices except one prescribed injectable progesterone; however, only 49 of the 59 practices prescribed IUDs in 2011/12, a small decrease since 2009/10. The only increase in the number of practices prescribing a method was with those prescribing sub-dermal implants.

There were 73 fitters across general practice (at November 2012) fitting implants and IUD or IUS. There are 45 GP practices signed up to the LARC locally enhanced service (LES) in Buckinghamshire. The specialist level 3 service runs a regular LARC training programme for GPs and Nurses.

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 in 2008-2011/12, 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. Note that the injection prescription numbers are higher than other methods, as the injections need to be repeated every three months, whilst Implants and IUD/IUS’s are effective for up to 3 and 5 years respectively from a single prescription.

Table 4.3: LARC methods prescribed in primary care 2008/09 to 2011/12

<table>
<thead>
<tr>
<th>LARC Method</th>
<th>Percentage of practices prescribing</th>
<th>No. of GP Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008/9</td>
<td>2009/10</td>
</tr>
<tr>
<td>IUD</td>
<td>78</td>
<td>82</td>
</tr>
<tr>
<td>IUS</td>
<td>87</td>
<td>92</td>
</tr>
<tr>
<td>Implant</td>
<td>48</td>
<td>62</td>
</tr>
<tr>
<td>Injection</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: ePACT, NHS Buckinghamshire, 2012
4.2.4 Estimated numbers of women using LARC

Table 4.4 shows the estimated numbers of women in the Buckinghamshire practice population who may have been using LARC methods during 2011/12. This is estimated from GP practices and the Buckinghamshire CaSH service where these methods have been prescribed or supplied. Although this is representative of the actual Buckinghamshire female population it is calculated from provider data, so is likely to include non-Buckinghamshire residents and exclude Buckinghamshire residents not registered with Buckinghamshire practices. As such, the table should be considered indicative, rather than exact.

The estimate of the numbers of women in Buckinghamshire using different LARC methods from primary care and CaSH setting were adjusted from the recorded prescribing and contact data, as they only reflect the service contact, not the actual number of women using these methods at any one point in time. In order to adjust the service data to an estimated number of women using these methods, we used following assumptions:

1. IUD and IUS annual items prescribed were multiplied by 2, as these are effective for up to 5 years or longer. This assumes that for every one prescription recorded in the year, 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 the year, there is one more woman currently using this contraception form.
3. Injectable Progesterone contraceptive annual items prescribed in primary care were divided by 4.3, as injections need to be repeated every 12 weeks. Women receiving injectable progesterone in CaSH service were not adjusted, as only first episodes of care were counted.

Note that some LARC methods i.e. implants and Depo-Provera were provided as a pilot in one of the level 2 services, prior to a tender in 2011/12 for an new integrated (STI screening and contraceptive) service. However, it is difficult to determine these numbers accurately from the reporting mechanisms of the former pilot level 2 service.

The IUS (Mirena) continues to be the most popular used LARC method in Buckinghamshire using the assumptions above. An estimated 9.2% of the population of the female Buckinghamshire practice population aged 15-44 years were using LARC methods during 2011/12. Of these women, 5.1% were using an IUD or IUS, similar to the rate in 2009/10 (5.4%). In 2008, NICE estimated an indicative benchmark of 2% of women using an IUD or IUS for women aged 15-54, including contraception and for heavy menstrual bleeding. In Buckinghamshire this is approximately 2,600 women, about half the estimated numbers using these methods according to the assumptions above (see Table 4.4).

Table 4.4: LARC activity estimated usage in the Buckinghamshire population, 2011/12

<table>
<thead>
<tr>
<th>LARC Method</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUD/IUS combined</td>
<td>5,204</td>
</tr>
<tr>
<td>Sub-dermal implant</td>
<td>1,713</td>
</tr>
<tr>
<td>Depo Provera Injection</td>
<td>2,457</td>
</tr>
<tr>
<td><strong>Estimated total numbers using LARC</strong></td>
<td><strong>9,374</strong></td>
</tr>
</tbody>
</table>

Source: ePACT 2011/12, Buckinghamshire CaSH KT31 submission 2011/12

---

4.3 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. Levonelle is the most commonly used form of emergency contraception and contains a progestogen hormone and to be fully effective must be used within 12 hours of unprotected sex. However, it can be effective up to 72 hours after sex. Ellaone is less commonly used, but is effective up to 120 hours after sex.

In Buckinghamshire, Levonelle EHC is available via general practice, CaSH services or community pharmacy. EHC is also available for free to young women under 19 years of age from pharmacies signed up to the Locally Enhanced Service (LES) to support the drive to reduce under 18 conceptions, ensure easy access and avoid clients presenting at inappropriate services such as accident and emergency for EHC. Ellaone is currently only available via general practice and CaSH services.

4.3.1 Community Pharmacies

In 2011/12, 549 clients requested EHC from community pharmacies within Buckinghamshire through the LES (646 in 2010/11, 604 2009/10, 673 in 2008/9).

A total of 60% of all dispensing was carried out in pharmacies in Wycombe (68% in 2010/11), with 9% in Aylesbury (9% in 2010/11). All other locations made up the remaining 31% (see Table 4.5).

Table 4.5: Location of community pharmacies dispensing Emergency Hormonal Contraception (EHC) to clients, 2008-2012

<table>
<thead>
<tr>
<th>Location</th>
<th>2008/9</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wycombe</td>
<td>417</td>
<td>405</td>
<td>437</td>
<td>327</td>
</tr>
<tr>
<td>Aylesbury</td>
<td>76</td>
<td>40</td>
<td>57</td>
<td>47</td>
</tr>
<tr>
<td>Chesham</td>
<td>40</td>
<td>36</td>
<td>20</td>
<td>32</td>
</tr>
<tr>
<td>Beaconsfield</td>
<td>28</td>
<td>19</td>
<td>35</td>
<td>37</td>
</tr>
<tr>
<td>Thame</td>
<td>22</td>
<td>14</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Princes Risborough</td>
<td>17</td>
<td>&lt;5</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Burnham</td>
<td>16</td>
<td>32</td>
<td>20</td>
<td>23</td>
</tr>
<tr>
<td>Broadfields</td>
<td>5</td>
<td>12</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Little Chalfont</td>
<td>5</td>
<td>23</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Bourne End</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>19</td>
<td>6</td>
</tr>
<tr>
<td>Marlow</td>
<td>&lt;5</td>
<td>15</td>
<td>19</td>
<td>41</td>
</tr>
<tr>
<td>Hazlemere</td>
<td>&lt;5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Wendover</td>
<td>&lt;5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Farnham Commons</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Amersham</td>
<td>0</td>
<td>0</td>
<td>17</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Prestwood</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Buckingham</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: NHS Buckinghamshire, 2012

In 2011/12, there were a total of 45 community pharmacies signed up to the EHC scheme (37 in 2008/09). A total of 23 made claims to Buckinghamshire PCT in 2011/12 showing that they are actively supplying EHC and a further 7 made claims but had not submitted monitoring forms. Training is provided twice annually led by the Primary Care Team at NHS Buckinghamshire.

4.3.2 CaSH Service and Primary Care

In 2011/12, there were a total of 7,799 attendances at CaSH services in Aylesbury and Wycombe. A total of 339 emergency hormonal contraceptives were provided for this year. As well as providing
EHC for emergency contraception, the CaSH service also offers IUDs. In 2011/12 there were 29 IUDs provided to women for emergency contraception.

EHC was provided in all Buckinghamshire practices in 2011/12 with 1,810 prescriptions dispensed during the course of the year from primary care.

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

The current service is commissioned from Buckinghamshire Healthcare NHS Trust and is focused on integrating opportunistic chlamydia screening in to core services i.e. general practice, community pharmacy, contraceptive and sexual health services and termination. Any outreach is focused on sexually active high risk groups only. A co-ordinated mail out will commence in November 2012 inviting young people to be tested via the online website www.morethanahug.com or by picking up a test kit from their GP or community pharmacy.

4.5 Sexual Health Outreach for under 25s
NHS Buckinghamshire commissions Brook to provide an outreach service for under 25’s including pregnancy testing, condoms, oral contraception, Chlamydia screening and sexual advice and support and also education and training for the FE Colleges to staff and students. The current drop in service operates in Buckingham at the Citizen’s Advice Bureau. Between April 2011 and March 2012 for the service in Buckingham there were 116 female clients making 204 visits and 45 male clients making 122 visits – a total of 329 visits to the service. There were also 38 visits to the service in Burnham42 over the same time period. Almost a third of all visits were for Condoms, with another 30% for general advice. Chlamydia testing was undertaken in less than 10% of visits and the Depo provera injection was provided for 5 visits. Just over 20% of clients were less than 16 years of age and 66% were aged between 16 and 19 years.

4.6 Level 2 sexual health activity 2011/12
Level 2 services 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. From 1 April 2012 after a competitive tendering process, a new integrated level 2 service (including STI screening and contraception) has been commissioned from Terrence Higgins Trust (THT). The previous year’s level 2 services were provided by Kestrel and The Practice and the data below refers to their delivery rather than THT. The Practice and Kestrel were initially set up to provide just STI testing but the Practice carried out a pilot, offering contraception as well from January 2010.

The level 2 services only referred onto specialist level 3 services when there was diagnosis of HIV, Gonorrhoea, Syphilis, warts that could not be treated in primary care (requiring cryotherapy), recurrent herpes or complex cases requiring specialist care, for example sexual assault. Level 2 services are also able to discuss the contraceptive needs of their patients and sign-post them to further support and services.

42 The service in Burnham operated from July 2010 – July 2012 and has now transferred to THT as a fully integrated level two sexual health service including STI screening and contraception for all ages.
The Buckinghamshire hospital laboratories recorded approximately 1,200 people tested for HIV and 1,600 for chlamydia from ‘Community Sexual Health’ sources. These may include clinics from both Kestrel and The Practice, but only Kestrel clinics could be identified from the naming conventions used in the Pathology data.

### 4.6.1 Kestrel

The Kestrel service provided across eight clinics set in general practices; Marlow, Cherrymead (Loudwater), Wye Valley, (High Wycombe), Amersham, Southmead (Farnham Common), Carrington House (High Wycombe), Kingswood Surgery and the Simpson Centre (Beaconsfield). Although data was available for the complete financial year, quarterly recording was not consistent to enable a complete picture of clinical testing undertaken.

**In Buckinghamshire:**

- During the financial year 2011/12 there were a total of 682 attendances across the clinics, 90% of them new clients. There was a 12% DNA rate across all the clinics.
- 66% of all attendees (first and follow-up) were female. 40% of all attendees were aged between 17 and 25 and 46% were aged between the age of 26 and 35. Around 1% of attendees identified as homosexual or bisexual.
- From the three quarters of the year where ethnicity was recorded, 85% of all attendees were White British and approximately 2% of Black African or Caribbean origin.
- Only 2% of all attendees were recorded as registered with a GP outside of Buckinghamshire.
- Kestrel recorded 289 tests for chlamydia and 235 tests for HIV and syphilis in 6 months (Q3 and Q4), but were missing data from some clinics, so the number tested was likely to be higher than this over a six month period.
- The Buckinghamshire hospital laboratories recorded approximately 900 people tested for HIV from the ‘community sexual health’ where the Kestrel clinics were named for 2011/12. There were no positive test results. There were also approximately 480 people tested for chlamydia over the same time period from named Kestrel clinics, with a 4.3% positive test rate. More tests from ‘community sexual health’ were recorded, but the data did not specify to which community sexual health services it referred.

### 4.6.2 The Practice

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

There were also mobile clinics provided at Amersham & Wycombe College (Amersham and Flackwell Heath campuses only), Aylesbury College, Buckinghamshire New University and Buckinghamshire University. The mobile services ran during term time only, fortnightly at the FE Colleges and monthly at the University sites. A contraceptive pilot operated as part of The Practice provision from January 2010 using the DH allocated access to contraceptive monies.

The Practice offered sexual health advice as well as testing for Candida; Gonorrhoea, Chlamydia, Syphilis, HIV, Hep B, Hep C, Bacterial Vaginosis, Trichomonas Vaginalis, Herpes and Warts\(^{43}\). Although a complete dataset from The Practice was available for the financial year, this did not include testing detail and only two months of this data was made available separately, thus only an estimate of clinical testing is provided.

\(^{43}\) The Practice operated a contraceptive pilot from January 2010 for oral contraceptives, implants and injections, excluding IUD/IUS.
In Buckinghamshire:

- During the period 2011/12, there were a total of 2,007 attendances with the clinic and a further 590 that were either cancelled or the patient did not attend. First attendances were 72% of all appointments.
- The largest clinic was Hanover House followed by Chalfonts and Gerrards Cross Hospital and together they included 65% of all attendances (first and follow-up) to the service.
- The mobile clinics in higher education totalled 9% (224) of all clinic appointments (first and follow-up).
- Unlike the Kestrel service, the majority (61%) of people accessing the service were aged between 17-25 years old and 20% between 26 and 35 years. Approximately 7% of all attendees were under the age of 17.
- The gender and sexuality profile was similar to the Kestrel service, with 66% of all attendances for females and around 3% of all attendances identified as homosexual or bisexual.
- The majority (68%) of people accessing the service were British or mixed British, 6.4% were Black African or Black Caribbean, though 13% of patients did not state an ethnic group.
- There were 937 first attendances where an STI test was recorded, though test detail was not recorded in the supplied data. Two months of STI test data available extrapolated to 12 months suggests that over 1,220 people may have been tested for chlamydia, 980 for gonorrhoea. However, no HIV testing was recorded in the two months of data (Figure 4.5).
- There were 53 total attendances where LARC was recorded as supplied to the client, 3% of all attendances to clinics. However, only half of this data recorded the method of LARC used. The numbers of people attending for different services is shown in Figure 4.6.

Figure 4.5: Breakdown of The Practice estimated tests, excluding HIV, 2011/12

![Breakdown of The Practice estimated tests, excluding HIV, 2011/12](image)
In the financial year 2011/12 there were 1,461 new registrations resulting in 1,445 new contacts, all offered and performed through the C-card scheme. This is known to be partly due to a problem with recording data. However, work needs to be done with the sites to ensure that Chlamydia testing is being offered as standard and that testing is being accurately recorded on the data collection sheets.

There is no data available relating to how many condoms were distributed in 2011/12.

In 2010/11, 17% of people registered were not age classified compared with the year 2011/12 where only 22 (1.5%) people were not age classified. More than half (56%) of young people accessing the service were aged between 15 and 17. Those aged under 15 made up 13% of clients, while 29% were aged 18 and over.

### 5.2 Health Zones

Buckinghamshire County Council implemented a two year ‘Health Zones’ project where basic sexual health advice alongside advice on drugs and alcohol and careers is delivered in schools and specialist

**Figure 4.6: Breakdown of The Practice service activity, 2011/12**

<table>
<thead>
<tr>
<th>Service</th>
<th>Attendances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual health screening</td>
<td>1,574</td>
</tr>
<tr>
<td>Contraceptive management</td>
<td>357</td>
</tr>
<tr>
<td>LARC</td>
<td>53</td>
</tr>
<tr>
<td>Community clinic</td>
<td>23</td>
</tr>
</tbody>
</table>

Source: NHS Buckinghamshire 2012
locations across Buckinghamshire. At September 2012, 12 sites were registered; six based in schools with access to their students only (closed access); six 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. Buckinghamshire County Council also provide a mobile bus which visits key sites across the county for example; Chesham and Burnham.

6 Data issues and recommendations

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. The profile reflects the latest available information at the time of creation, but it should be noted that some national data will appear older, due to the compiling processes of the provider.

Data on sexual health is reported here for both Buckinghamshire residents and Buckinghamshire providers. Buckinghamshire sexual health providers may offer services to residents from outside of Buckinghamshire, but the resident population will also attend providers that are either outside Buckinghamshire or are not directly commissioned by Buckinghamshire. For example, Buckinghamshire is a ‘net exporter’ of GUM patients, where more residents go out of area for diagnosis (and treatment) than non-residents come into the two Buckinghamshire GUM clinics for diagnosis (and treatment).

Prescribing data should be treated with caution, as the reasons for prescribing are unknown and the totality of prescribing here may not always be for contraceptive purposes. For example, in some cases IUD/IUS can be prescribed for heavy menstrual bleeding, rather than contraceptive purposes.

Data on sexually transmitted infections only reflect diagnoses within the health services, whether this is recorded in the service, or pathology laboratory information. There is no information on the total burden of infections including those people at risk and undiagnosed.

The community contraceptive services first appointment data for women as supplied by the NHS Information Centre does not appear to reflect the local data supplied by the Buckinghamshire CaSH service from the previous year. There may be issues in the interpretation of what constitutes an attendance at a clinic, but the national data may be under-reported, both in total numbers attending the services and the proportion of people supplied contraceptives. When the new SRHAD dataset is available for Buckinghamshire, data on contraception should be more robust.

A more consistent way of recording or performance monitoring 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. As an example, much of the level 2 Kestrel data was incomplete from clinics and recording of outcomes or service interventions was inconsistent between monitoring quarters. This greatly reduces the reliability of these sources, but also hinders monitoring of any key outcomes in service provision. A key part of the service specification for the new level two service from April 2012 is more robust data collection.
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 2011/12

Source: ePACT 2012, NHS Buckinghamshire

Numbers of items of IUD’s per 1,000 women aged 15-44 prescribed by Buckinghamshire practices in 2011/12

Source: ePACT 2012, NHS Buckinghamshire

Numbers of items of LARC injections per 1,000 women aged 15-44 prescribed by Buckinghamshire practices in 2011/12
Numbers of items of LARC sub-dermal implants per 1,000 women aged 15-44 prescribed by Buckinghamshire practices in 2011/12

Source: ePACT 2012, NHS Buckinghamshire
# 8 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>2010 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 2012, GUM clinic audit data (GUMCAD), KC60 GUM activity return to the department of health (now superseded by GUMCAD) up to 2011/12, Survey of Prevalent HIV Infections Diagnosed (SOHPID) – a national audit of people diagnosed with HIV seen for treatment in the UK, 2011, Sexually Transmitted Infections Annual Data, 2012, HPA Genital Warts information web page, 2012, HPA Chlamydia information web page, 2012, HPA, 2009. Syphilis and Lymphogranuloma Venereum: Resurgently Sexually Transmitted Infections in the UK: 2009 report, Hepatitis C in the UK, 2012, Hepatitis B estimates, 2007, NOIDS database, TVHPU, 2012.</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 for HIV, chlamydia and gonorrhoea 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>Contraceptive returns of Community Contraceptive and Sexual Health Services in England. Abortion statistics, England and Wales, 2011</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 antenatal, Q1-Q4, 2011/12</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>GUMAMM Monitoring of access times to GUM services and 48 hour waits (now abolished).</td>
</tr>
<tr>
<td><strong>Buckinghamshire Drug and Alcohol Team</strong></td>
<td>The regional team oversee the strategic co-ordination of local action against drug misuse.</td>
<td>HepB vaccination data on injecting drug users</td>
</tr>
<tr>
<td><strong>Electronic Prescription Analysis and Cost (ePACT)</strong></td>
<td>An electronic system collecting prescribing data alongside the NHS Prescription Service.</td>
<td>Prescribing of Emergency Hormonal Contraception (EHC), Long Acting Reversible Contraception (LARC) and Oral contraception methods in primary care settings.</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>C-Card monitoring report 2011/12, Brook Activity Report 2011/12, First year data from the Thames Valley Sexual Assault Reference Centre, EHC Monitoring, The Practice and Kestrel commissioning monitoring reports</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>-------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Sexual Health Balanced Scorecard</strong></td>
<td>The Sexual Health balanced scorecard is a web resource of sexual health data produced by the South West Public Health Observatory (SWPHO).</td>
<td>HIV diagnoses with CD4 cell count &lt;350 at diagnosis Repeat Abortions under 25 years</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>Numbers and rates of under 18 conceptions, 2010</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 data for Buckinghamshire residents, 2011/12</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, 2012</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 and Local Authority tables, April 2011-March 2012</td>
</tr>
</tbody>
</table>