Sexual Health Needs Assessment for Oxfordshire

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Executive summary

Introduction

Since the introduction of the Health and Social Care Act (2012) and the transition of Public Health to Local Authorities in April 2013, commissioning of public Sexual and Reproductive Health (SRH) services has been shared between Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England, each with clear commissioning responsibilities.

Oxfordshire County Council (OCC) is responsible for commissioning 'comprehensive sexual health services', which are currently provided by Oxford University Hospitals NHS Foundation Trust (OUHFT) via the Integrated Sexual Health Service (ISHS). The ISHS coordinates closely with other providers of sexual health services, including General Practices, School and College Health Nurses and Community Pharmacies.

The current ISHS contract terminates in 2019, providing an important opportunity to reassess the SRH needs of the local population and to ensure that services have capacity to meet these needs.

Aims and objectives

This report aims to systematically and comprehensively assess the SRH needs of the population of Oxfordshire, to identify where these are not being met by current services and to identify possible solutions to better satisfy unmet need. Objectives are:

- To combine epidemiological and corporate approaches to a sexual health needs assessment to characterise population needs and current service provision and to identify areas where these do not meet (gap analysis)
- To incorporate a wide range of data sources, both qualitative and quantitative, existing and new data
- To make use of a wide range of SRH indicators for Oxfordshire, and make appropriate comparisons with the performance of similar counties, the South East region and England
- To gain the views of SRH service providers and other key stakeholders
- To work closely with the OCC Engagement Team to ensure that a wide range of service user and potential service user views are accurately captured
- To make recommendations from findings with regard to future service provision and distribution of resources, both spatially and across different population groups, according to level of need

Methods

Methods are based on *Sexual Health Needs Assessments (SHNA) A 'How to Guide'* (2007), commissioned by the National Support Teams for Sexual Health and

Teenage Pregnancy, under the Department of Health (DH). Four main work streams are:

- Work stream 1: Describe current service provision
- Work stream 2: Conduct an epidemiological needs assessment of sexual and reproductive health
- Work stream 3: Undertake a corporate needs assessment based on key stakeholder and public surveys. This will also explore opinion around online service provision of Sexually Transmitted Infection (STI) testing ('online STI testing'), as an area of commissioning interest.
- Work stream 4: Data synthesis and gap analysis

The main data sources for the needs assessment are:

- The Joint Strategic Needs Assessment (JSNA) for Oxfordshire
- Aggregated datasets available through Public Health England's (PHE's) HIV & STI Web Portal
- Sexual and Reproductive Health Profiles published by PHE
- Sexual health service performance reports
- Data published by the Office for National Statistics (ONS) and the DH

Local Context

Oxfordshire is a county in South East England with an estimated population of 677 900 in 2015, a large proportion of which lives in rural areas. Oxfordshire has five districts: Cherwell, Oxford, South Oxfordshire, Vale of White Horse and West Oxfordshire. Despite relative affluence at County level, Oxfordshire has multiple pockets of deprivation, most notably in Oxford city, Cherwell and South Oxfordshire. At the time of the 2011 Census survey, 16% of Oxfordshire's population reported having an ethnic minority background (other than white British). With a comparatively young and increasingly ethnically diverse population, Oxford city is the district with highest expected risk of poor SRH. Oxford is also the most populous district.

Public Health Commissioned Sexual Health Services in Oxfordshire

- The ISHS has been in operation since 2014, joining together historically distinct contraception and Genitourinary Medicine (GUM) services, to offer a 'one stop shop' model of SRH care. Nine clinics are located throughout the County according to level of need, with level-three GUM services available in Oxford and Banbury.
- OUHFT also provides a sexual health outreach service, online chlamydia testing programme available to young people aged 15-24, and condom distribution scheme.
- School Health and College Nurses in Oxfordshire are provided by Oxford Health NHS Foundation Trust (OHFT) and offer a range of services to young people in education, including chlamydia testing and provision of contraception.
- General Practices in Oxfordshire are commissioned to provide Long-Acting Reversible Contraception (LARC) services, as part of the Approved Provider List (APL) Framework for the Provision of Primary Care Services.
- Community Pharmacies in Oxfordshire are also commissioned under an APL Framework for the Provision of Community Healthcare Services to provide free

access to Emergency Hormonal Contraception (EHC) for women aged 21 and under.
- The National Chlamydia Screening Programme (NCSP) was discontinued in Oxfordshire in 2017, in favour of a more targeted testing programme considered more appropriate for the local population. This includes free online chlamydia testing for males and females aged 14 to 24.
- Sexual health services commissioned by NHS England and Oxfordshire CCG include cervical screening, sexual health care in secure and detained settings, Sexual Assault Referral Centres (SARCs) and Termination of Pregnancy (TOP) services.

Sexual Health Services Activity

- Attendances for both GUM and contraception services at the ISHS have steadily increased in recent years, with a total of 32352 GUM and 18542 contraception attendances in 2016/17 (including face-to-face and telephone contacts).
- GUM services in Oxfordshire are strongly centralised, whilst contraception services are more commonly sought through community-based sexual health clinics or General Practices.
- Although trends in out-of-area service provision are difficult to determine, outflow for GUM services is greater than inflow. Most out-of-area service provision appears to be geographically determined, with 35% of out-of-area attendances among Oxfordshire residents at the Royal Berkshire Hospital (this location is likely to be more convenient than Oxford for many South Oxfordshire and some Vale of White Horse residents).
- Limited data on sexual health outreach service provision are currently available, following a recent service restructure.
- Activity of the condom distribution scheme has increased year on year since 2013/14, with a total of 3375 young people used the scheme in 2016/17 and 46431 condoms distributed.
- In 2016/17 School Health and College Nurses reported 3316 contacts through which advice on sexual health or another related subject was offered, and 2045 contacts through which contraceptive advice was offered.
- Although provision of LARCs by the ISHS is increasing, General Practices currently provide approximately 70% of LARCs in Oxfordshire.
- The number of consultations for emergency contraception in Oxfordshire has increased markedly in recent years, associated with reduced barriers to access to EHC in the community.

Sexual Health in Oxfordshire

- Evidence points to relatively low STI incidence in Oxfordshire compared to the England average, but higher incidence in relation to comparator areas (based on ‘nearest neighbours’ methodology).
- The overall STI diagnosis rate in Oxfordshire has been stable in recent years. This is due to increasing rates of gonorrhoea and chlamydia (among those aged 25 and above) at the same time as declining rates of other STIs (The chlamydia detection rate among under 25s in Oxfordshire is similar to comparator areas and stable).

- In contrast, overall STI rates in most comparator areas are declining. Although most comparator areas have also been affected by increasing gonorrhoea cases (associated with the challenge of antibiotic resistance), most have *not* seen a rise in chlamydia in those aged 25 and above, signalling that there is more that could be done locally to reverse this trend. Most comparator areas currently have lower diagnosis rates of both gonorrhoea and chlamydia.
- Reflecting national trends, STIs in Oxfordshire disproportionately affect young people (women in particular), Men who have Sex with Men (MSM), people of black ethnicity and those from more deprived backgrounds. Data on other high risk and hard to reach groups is lacking. Known inequalities in STI diagnosis rates affecting risk groups are greatest in Cherwell (compared to other districts).
- Although chlamydia is more commonly diagnosed among young women than young men, lower testing rates and higher positivity among men suggests that there is probably a higher rate of undiagnosed infection among men than women.
- Oxford city maintains the highest STI rates of any district, as expected based on its geographical and demographic profile. However, a particularly high rate of STI diagnosis in young people aged 20-24 in Cherwell is notable (this group of young people will not come into contact with school and college health nurses).
- Diagnosed HIV prevalence in Oxfordshire is stable and lower than the national average. However, cases are clustered in Oxford and Cherwell, and late diagnosis remains an issue in Cherwell.

Reproductive Health in Oxfordshire

- The prescription rate for LARC methods in Oxfordshire is higher than the national average and has been stable in recent years.
- The under 18 conception rate in Oxfordshire fell by 58% between 1998 and 2015 and remains significantly lower than the England average. A substantial decline the number of terminations among under 18s is associated with this trend.
- Conversely, a moderate increase in the rate of terminations among women aged 25-34 has been observed in recent years.

Public and Professional Engagement

- Survey findings show high level of public and professional satisfaction with ISHS in Oxfordshire. Staff communication and professionality were frequently applauded, whilst most common sources of dissatisfaction relate to appointments and waiting times.
- There is a high level of interest among the public and professionals in online STI testing, which was shown to be acceptable to most public respondents.
- Convenience, anonymity and accessibility were identified as the main advantages of online STI testing. However, several common concerns were also highlighted, including the impact of the loss of face-to-face contact with a healthcare professional, potential for user error, and the potential unintended consequence of increased testing amongst the ‘worried well’ without clinical need.
- Findings also highlighted the need to improve access to information, develop stronger links with communities and vulnerable groups, and to make more effective use of technology.

Recommendations

1. Closely monitor STI diagnosis, testing and positivity rates, with a focus on gonorrhoea and chlamydia among men and women aged 25 and above.

2. Work with sexual health services to increase efforts to offer chlamydia testing to all higher risk individuals aged 25 and above – potentially focusing on population groups who are known to have lower uptake of a full sexual health screen at first attendance (gay/lesbian men/women and black women).

3. Consider more targeted chlamydia testing of young men (aged under 25), to reduce the prevalence of undiagnosed infection in this population and thus chlamydia incidence in men and women.

4. Support clinical services to adhere closely to national guidance on best practice for detecting and treating gonorrhoea, to limit antibiotic resistance.

5. Closely monitor chlamydia testing metrics in under 25s. Although evidence presented here supports the move towards targeted testing, it is important to confirm an expected rise in positivity, which should accompany effective targeting.

6. Closely monitor and evaluate the use of internet-based chlamydia testing to ensure that this new model of care is achieving its desired aims. This may also offer important insights to inform future commissioning decisions around internet-based case provision in sexual health.

7. Work with the ISHS to clarify and improve the way in which attendances at sexual health clinics are recorded (with respect to footfall vs. types of attendance, in- and out-of-area service use, and the nature of follow-up appointments). This is needed to offer a more meaningful picture of how the ISHS functions.

8. Work with providers of the Safety Condom-card (C-card) scheme to improve data availability (particularly demographic details) to better understand how this service is used locally.

9. Consider introducing enhanced HIV testing policies in Oxford and Cherwell to reduce the prevalence of undiagnosed infection and rate of late diagnosis.

10. Maintain a high level of accessibility to all forms of contraception as well as information and advice about which method is right for the individual, through commissioned primary care and specialist services. This is important to ensure women's reproductive rights are met and to minimise unintended pregnancies.

11. Continue to monitor the under 18 conception rate and provide a high level of support to affected young women and men.

12. Closely monitor termination rates among women aged 25-34 and consider exploring the causes of a rise in the rate of terminations among women in this age group.

13. As service commissioners, work with school health and college nurses to ensure that training in sexual health service provision is comprehensive and up-to-date.

14. Consider further investigation of the sexual and reproductive health needs of hard to reach or vulnerable groups for which we have little data locally, such as commercial sex workers and vulnerable migrant groups.

15. Review and develop sexual health outreach services. Better understanding of gaps in current service provision and potential solutions to meet the needs of vulnerable and hard to reach groups is needed. This may be particularly relevant in Oxford and Cherwell, where sexual health inequalities are greatest.

16. Investigate causes of and potential interventions to tackle high STI rates among young people aged 20-24 in Cherwell, including options for targeted health promotion and outreach.

17. Consider careful or phased introduction of online STI testing, taking into account available local and national evidence, to ensure that the service is appropriately targeted and that it contains robust arrangements for health promotion and safeguarding.

18. Explore opportunities to improve access to information, communication and sexual and reproductive health care within the ISHS, through more effective use of technology and innovative use of resources. Examples that are likely to be acceptable locally (based on public survey findings) include developing a centralised e-booking system; introducing a telephone triage system (prior to distributing home STI testing kits); or improving communication via email.