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Bexley Sexual Health Needs Assessment
Final Report

A Research & Consultancy Report to **Bexley Care Trust**

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GLOSSARY

AIDS – Acquired Immune Deficiency Syndrome

BCT - Bexley Care Trust

BPAS – British Pregnancy Advisory Service

CAF – Common Assessment Framework

CAMHS – Child and Adolescent Mental Health Services

CASH - Community and Sexual Health (Services)

CNS – Community Nurse Specialist

CRSH – Community Reproductive and Sexual Health (Services)

DCSF – Department for Children, Schools and Families

DfES – Department for Education and Science

DH – Department of Health

EHC – Emergency Hormonal Contraception

FE – Further Education

FP – Family Planning

GLA – Greater London Authority

GP – General Practitioner

GUM – Genito-Urinary Medicine

HDA – Health Development Agency

HIV – Human Immuno-Deficiency Virus

HPA – Health Protection Agency

IUD – Intrauterine device

IUS – Intrauterine System

LARC – Long Acting Reversible Contraception (implant, injection, IUD and IUS)

LES – Locally Enhanced Services

LHO – London Health Observatory

LIS – Local Incentive Scheme

MEDFASH – Medical Foundation for AIDS and Sexual Health

MSM – Men who have sex with men

NATSAL - National Survey of Sexual Attitudes and Lifestyles

NCSP – National Chlamydia Screening Programme

NEET - Not in employment, education or training

NES – Nationally Enhanced Services

NHS – National Health Service

NICE – National Institute of Clinical Excellence

ONS – Office for National Statistics

PCT – Primary Care Trust

PHSEE – Personal Health, Social and Economic Education

PLHPP - Pan-London HIV Prevention Programme

POC – Point of Care (testing for HIV)

QOF – Quality Outcomes Framework

QMS – Queen Mary's Sidcup (hospital)

RSH – Reproductive Sexual Health

SH – Sexual Health

SHNA – Sexual Health Needs Assessment

SLHP - South London HIV Partnership

SRE – Sex and Relationship Education

STI – Sexually Transmitted Infection

TOP – Termination of Pregnancy – abortion

TPC – Teenage Pregnancy Co-ordinator

TPU – Teenage Pregnancy Unit

WHO – World Health Organisation

YP – Young people

1 EXECUTIVE SUMMARY

1.1 OVERVIEW

Bexley Care Trust's most recent sexual health strategy was published in 2003. In February 2009 the Department of Health's sexual health National Support Team (NST) undertook a rapid Sexual Health Needs Assessment (SHNA) which contained a number of recommendations, key to these was the commissioning of this comprehensive SHNA.

Since this earlier work the context for the provision of sexual health services has changed considerably. Key contextual changes reflected in this report include:

- A new strategic framework for health services set out in *Healthcare for London* and the *Next Steps Review*, in particular the opportunity of delivering a wider range of services in community settings through poly systems[1];
- The transformation of the provider landscape with the ongoing re-configuration of acute services in South East London as part of *A Picture of Health* and the complete separation of all provider services delivered by the PCT to external providers;
- The impact of national and regional sexual health priorities;
- Developments in commissioning policy and the tools available to PCTs (e.g. Payment by Results, World Class Commissioning etc.); and,
- The NHS response to the recession and the anticipated squeeze on public sector finances as set out in the NHS Operating Plan for 2010/11 and reflected in the requirement upon all NHS bodies to respond to the QIPP (Quality, Innovation, Productivity and Prevention) Agenda.

Of the three priorities set out in Bexley Care Trust's Commissioning Strategy Plan two relate, in part, to sexual health services:

- The focus on responding to the growing needs associated with long term conditions (this could include HIV)
- Addressing the impact of inequality.

[1] Within Bexley three poly-systems are planned: Clocktower and North Bexley planned to open by no later than April 2012 and a third at Queen Mary's Sidcup (QMS) planned for April 2014.

The Borough's Sustainable Communities Strategy, *Bexley Together*, places emphasis on four long term objectives including both healthier communities for adults and developing a much better range of services for children and young people.

1.2 DEMOGRAPHIC PRESSURES

Unlike much of the rest of London, the Greater London Authority does not anticipate substantial growth in the number of people living in Bexley from 2001 to 2016; indeed they predict a small decline of around 0.5% to 217,900. Bexley is a relatively wealthy Borough with aggregate performance against the range of deprivation indicators broadly in line with the average for England. However, this picture masks pockets of deprivation, largely located in the north of the borough.

- There will be decreases in those under 20 and over 30 but fairly substantial increases in the numbers of people in their 20s, indicating that future service developments should address the needs of this population group.
- The number of white people in the Borough as a proportion of the population overall will decline from more than 9 in 10 (91.4%) to around four fifths (83.2%) by 2016.
- At present only 10% of the total population is from BME communities, but amongst school age children around 20% are now from BME groups.
- There will be growth in most ethnic groups, with the fastest growing group being black Africans whose numbers will almost triple to 5.4% of the population.
- Overall people of black African, Caribbean or other Black origins will increase to 9% of the population by 2016, the majority in the most sexually active age ranges.

1.3 SEXUAL HEALTH IN COMMISSIONING & AT A STRATEGIC LEVEL

Since the NST Rapid SHNA in February 2009 there has been a significant shift in BCT's approach to commissioning sexual health services with the appointment of a lead commissioner. This commissioner has embarked upon a thoroughgoing review of all contracts and service level agreements in place for the delivery of sexual health services, and, a programme of change and reform is being undertaken. A number of the emerging recommendations from this SHNA are likely to have already commenced, some findings and observations will reflect the position prior to this programme of change and reform. The care trust has also been subject to scrutiny by the Local Authority overview and scrutiny process with a sexual health sub-group committee set up by elected members to monitor the improvement plan that BCT is undertaking.

Prior to these changes the approach to much sexual health commissioning in Bexley has been to devolve authority to neighbouring PCTs to undertake this role on its behalf. The devolution of authority and the transfer of budgets have been accompanied by the view that with this transfer all responsibility for sexual health in the borough had also been devolved. There is little evidence of the PCT seeking reports from other PCTs' commissioners, acting on its behalf, to ensure that the sexual health needs of Bexley's residents were being met.

Many sexual health services are located outside Bexley in neighbouring boroughs, as a consequence there has been little attention paid until recently to establishing a viable sexual health network, appropriate borough and service wide governance or a strategic approach to workforce development. However, the process of undertaking this review has brought together agencies providing sexual health services to Bexley's residents, (both based in and out of borough) and this group has begun to develop into a vibrant network.

The PCT has developed plans to ensure that its entire population will be covered by new Poly systems with two expected to be open by April 2012 and the third by April 2014. The dates for the opening of these services mean that they do not provide an instant new location for sexual health services and measures that meet the new BASSH standards for STI services[2] will need to be in place for the interim.

1.4 PERFORMANCE

Bexley has scored a "green" rating against 6 out of 7 of the targets within the most recently published London Sexual Health Performance scorecard. In particular Bexley is performing particularly well in relation to termination of pregnancies (TOP), outperforming neighbouring PCTs in the percentage of TOPs performed under 10 weeks and access to TOPS funded by the NHS.

There are also other examples of good practice, for example:

- The National Chlamydia Screening Programme (NCSP) has successfully been rolled out in Bexley to 70 sites including the Youth Advisory Service, 18 community pharmacists and 28 GP practices. For the first three quarters of this year Bexley's Chlamydia screening has been rated "green", although meeting the end of year target will still be challenging.

[2] To be launched on 21st January 2010.

- The number of GP practices offering level 2 Community Reproductive & Sexual Health Service (CRSH) has expanded.[3]
- The Market Street CASH clinic, based in Greenwich but serving Bexley residents, was one of the first in the country to secure an award for compliance with the "You're Welcome" standards, promoting accessible health services for young people.
- One FE College (Rose Bruford College) has an on-site sexual health service with a part-time nurse.
- The Healthy Schools network is very effective in the borough and has successfully taken forward work on SRE. Some stake holders commented that its capacity to fully contribute in this area has been compromised by the lack of a Teenage Pregnancy Co-ordinator.

However, there are significant areas of concern:

- Bexley has struggled to deliver real improvements in reducing the rate of teenage pregnancies and is amongst the worst performing boroughs in London.
- It is reported that Bexley College is the sole college receiving workshops provided by the Sexual Health Outreach Nurse.
- There has been a rapid increase in the numbers of people living with HIV and Bexley is the third worst performing borough in London in relation to the late diagnosis of HIV.
- The rapidly growing numbers of people living with HIV (diagnosed and undiagnosed) in Bexley need to be reflected in an investment in effective, targeted HIV prevention initiatives.
- There are concerns at the loss of specialist contraceptive services in the borough and Bexley's spend on this area of sexual health is amongst the lowest in London.[4] Currently there is an absence of contraceptive services, other than through GPs for over-25 year olds commissioned by the PCT. Under-25 year olds are met through both in and out of borough commissioned services. There was some concern locally that Bexley's contraceptive spend may have been historically under-reported and that due to the diffuse nature of provision and the capacity of local information and reporting systems the under-reporting may also be reflected in this needs assessment.
- Historic commissioning practice can reinforce some silo working and militates against integration of sexual health services. For example, the main provider of GUM services

[3] Figures of GPs offering contraceptive and sexual health services presented in Section 5.5.
[4] MEDFASH 2008 *Sex and Our City*.

to Bexley residents (QEH) is not funded to provide contraceptive care to their Bexley patients.

1.5 RECOMMENDATIONS

1.5.1 TOWARDS A NEW STRATEGY

This section has been developed collaboratively with service providers, commissioners and the SHNA steering group.

R1 The central recommendation arising from this SHNA is for BCT to establish a three to five year strategy for sexual health services in Bexley to set a vision and route map for:

- **The integration of SH services with the emerging polysystems**
- **Provide transitional arrangements in advance of the three polyclinics becoming operational and,**
- **Identifies clear health and well being outcomes that commissioners and providers will work to deliver.**

We suggest that BCT may wish to consider the London Sexual Health Framework as its starting point for establishing this vision and the development of its strategy.

R2 To support the development of this strategy we recommend that BCT:

a) **Further develops an SH Network (based upon the recently commenced SH Roundtable) for all SH providers serving Bexley residents whether these services are based in or out of borough. This Network should have an annual agenda providing for meetings to consider the needs of particular communities of interest on a rolling programme. For each of these thematic sessions participation should be encouraged from non-sexual health services where they have an interest in the community under discussion. This commitment to partnership working reflects BCT's Commissioning Strategy Plans commitment to "partnership" and the view it takes of this as a driving force for change.**

b) **BCT should ensure that there are clinical champions appointed to galvanise different parts of the health economy in relation to sexual health. At the least this should include a GP champion and a Pharmacy champion.**

c) **BCT needs to establish and resource adequate, pan-borough clinical governance arrangements for all SH services commissioned on behalf of Bexley residents. This is not a substitution for such arrangements within individual providers but is in**

addition to these. Alongside responsibility for clinical outcomes and practice this governance role should be expanded to include:

- **Responsibility for ensuring a dynamic local network of providers**
- **Establishing other means of effective means of communication and practice sharing between providers**
- **Consideration of data on service activity, trends and outcomes to contribute to the future planning of services**
- **Ensuring appropriate representation at all clinical levels and in all medical disciplines/topics in sub-regional and regional networks**
- **Map workforce capacity and capability (including doctors, nurses and allied health professionals) with a view to developing a five year workforce development strategy for local services**
- **Be responsible for ensuring that there are appropriate partnerships with other well-being providers working with high risk communities both within and outside the NHS.**

d) Ensure that there are adequate arrangements for public and patient engagement (PPE) by:

- **Continuing to embed contractual arrangements with commissioned providers to**
- **Developing fora for communities of interest from those most at risk of poor sexual health.**

e) Invest in information and data management systems that in the first instance provide a central clearing house to both capture current activity data and the cost of these interventions. As the strategy develops these data management systems should is should be developed to measure outcomes.

Whilst the actions outlined in R2 above appear daunting it should be noted that much work has already begun. For example, the Sexual Health Roundtable provides the basis for the proposed network and it has already begun discussing many of the issues outlined above. Similarly, BCT has begun to invest considerable resource into a broader patient and public engagement as part of its new Bexley Engagement Strategy. The PCT as a whole has also developed a range of innovative ways to engage young people in the commissioning of services.

R3. Both the Network and the new cross borough clinical governance arrangements should ensure that providers in Bexley get full access to the free training currently available to practitioners. In addition it should contribute to the sector workforce planning activity currently being undertaken by the Sector Commissioning Unit to ensure that Multi-Professional Education and Training (MPET) funding is directed towards addressing workforce needs around sexual health in Bexley.

1.5.2 Commissioning Priorities

In recent months BCT has taken great strides in understating what it is commissioning and in revising contractual arrangements through the root and branch review.

R4. This work commenced through the root and branch review should continue and be underpinned by three key principles:

- **The need to repatriate activity to ensure that it is locally accessible and accountable and located within the emerging polysystems (this does not mean replacing existing out of borough providers but does mean that there should be an expectation that such services are generally provided in Borough, and over time within the poly systems)**
- **Aligned with sector priorities**
- **Allows for collaboration on key issues where these are to the benefit of Bexley residents in terms of quality *and* where economies of scale provide a compelling argument for such collaboration.**

In the longer term there may be scope for more collaborative commissioning with neighbouring boroughs for some sexual health services. However recent history in respect of such commissioning arrangements suggests that this should only be undertaken after a period of consolidation at a local level.

R5 Central to Sexual Health commissioning intentions should be the integration of sexual health work into the emerging polysystems. Over the medium term commissioners should seek to ensure that at least one poly clinic should provide the full range of sexual health services up to Level 3 on site (based upon levels of need and this should be North Bexley)[5]. Each of the other poly systems should

[5] GU diagnostics and treatment services, full range of contraceptive services.

provide sexual health services at, as a minimum, Level 2 with referral into the main polyclinic service where Level 3 services are not available.

There is some debate locally as to whether TOPs provision could be cost effectively provided within the poly systems. We consider that this merits future examination as poly system plans are developed over coming months. The PCT is looking at the scope for early medical abortions (non-surgical) to be provided within a poly-system setting. However, as current TOPs provision is performing considerably better than most other parts of London any changes in relation to the location of provision should be low priority.

1.5.3 Thematic Issues

Termination of Pregnancies (TOPs)

Bexley has a good record in terminations: it out performs neighbouring PCTs in terms of the number of terminations undertaken within 10 weeks, those funded by the NHS. Similarly, Bexley's rate of repeat terminations is better than the London average but worse than the England average. The rate of terminations in Bexley is 25% lower than the London average. Abortion services may be subject to Pan London or sector based commissioning in future years.

R6 We recommend that should terminations shift to regional or sub-regional commissioning arrangements that BCT seeks to ensure that current high levels of performance are maintained. In addition we suggest that the PCT may wish to consider developing a target of reducing repeat terminations to below the England average through incentives to TOPS providers to provide more holistic care and improved contraceptive follow up (particularly LARC).

In making this recommendation we acknowledge the work already undertaken by TOPS providers in this area as evidenced by current performance relative to other parts of London. In addition, we appreciate commissioner's concerns that within current funding there is provision for TOPs providers to undertake contraceptive advice. However we consider that the current good practice of providers may be further enhanced by incentivising further improvements in reducing the rate of repeat terminations[6]. Such incentives as well as producing better clinical outcomes should be cost neutral or cost saving.

[6] For example Brook Wirral.

In the longer term local stake holders felt that the co-location of TOPS with contraceptive services and STI services would be the most effective way of tackling repeat terminations. This would be addressed by the longer term to move TOPs into poly systems (see discussion note at R5 above).

Teenage Pregnancy[7]

In common with many other outer London boroughs, Bexley has struggled to meet national targets on reducing teenage conceptions. Bexley is expected to be the second worst performing PCT in relation to reducing teenage conceptions in London in 2009-2010. Currently the post of TP co-ordinator is vacant. Bexley has appointed a new SRE co-ordinator to facilitate and improve SRE in schools and non-school setting. A joint teenage pregnancy Local Authority and Care Trust action plan is now in place and is being implemented.

R7 The locally identified priorities for action were:

a. **Building upon the successful Healthy Schools network to access those in school settings**
b. **Establishing better relationships with the FE colleges in Bexley and those outside the borough which Bexley residents attend**
c. **Undertaking targeted outreach with young people in borough 'hot spots' (areas of high risk of poor sexual health), particularly those who are not in employment, education or training**
d. **Encouraging and supporting GP practices to attain the "You're Welcome" standard for accessible services for young people.**

[7] **GUIDANCE ON TEENAGE PREGNANCY**
Teenage Parents: who cares? A guide to commissioning and delivering maternity services for young parents, Second edition – July 2008, Every Child Matters
http://www.dcsf.gov.uk/everychildmatters/_download/?id=3230
Getting Maternity Services Right For Pregnant Teenagers And Young Fathers, Revised edition (2009), Every Child Matters
http://publications.everychildmatters.gov.uk/eOrderingDownload/DCSF-00673-2009.pdf
PCT Performance Quick Guide on Teenage Conceptions
http://www.london.nhs.uk/webfiles/tools%20and%20resources/PCT%20Performance/PCT%20Performance%20Guide%20-%20Teenage%20Pregnancy.doc
One to One Interventions to Reduce the Transmission of Sexually Transmitted Infections (STIs) including HIV, and to Reduce the Rate of Under 18 Conceptions, Especially Among Vulnerable and at Risk Groups, National Institute for Clinical Evidence (NICE), February 2007

STIs / GUM[8]

Until this SHNA little was known about STI prevalence within the borough due to de-hosted services. Whilst this SHNA provides a starting point for consideration of these issues there is a need to develop and utilise better data. Arising from the root and branch review we understand that the commissioner will be receiving regular activity reports from the provider service. Alongside epidemiological data there is a deficiency in costing data available for this service area. However, on the basis of limited current data there is considerable scope to make use of the emerging community PbR tariff[9] when shifting activity to community settings.

R8 Key to the future planning of STI services is the development and utilisation of data on GUM provision.

R9. In the longer term we have recommended above that one of the poly clinics (in the North of the borough to target greatest need) should be designated as the site for the delivery of Level 3 GUM services. We consider that this could be provided at this site by the current GUM provider, however BCT may wish to consider some contestability for this service. To support this service and ensure accessibility we recommend that (as a minimum) Level 2 services including some diagnostics should be available in the other two poly systems.

R10 In the transition period we recommend that GUM activity at QEH should be progressively transferred to special clinics at relevant locations within Bexley (e.g. Lakeside). As part of the discussions with the current provider about localising services BCT should begin discussions with the provider in relation to moving some

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http://www.nice.org.uk/nicemedia/pdf/PHI003guidance.pdf

[8] **GUIDANCE ON STI / GUM**

Herpes: UK National Guidelines for the Management of Genital Herpes, 2007
Clinical Effectiveness Group (British Association for Sexual Health and HIV)
http://www.bashh.org/documents/115/115.pdf

Gonorrhea: UK National Guidelines on the Diagnosis and Treatment of Gonorrhoea in Adults 2005
Clinical Effectiveness Group, BASHH (British Association for Sexual Health and HIV)
http://www.bashh.org/documents/116/116.pdf

Anogenital Warts: UK National Guidelines on the Management of Anogenital Warts, 2007
Clinical Effectiveness Group (British Association for Sexual Health and HIV)
http://www.bashh.org/documents/86/86.pdf

Syphilis: UK National Guidelines on the Management of Syphilis, 2008
Clinical Effectiveness Group (British Association for Sexual Health and HIV)
http://www.bashh.org/documents/1771

[9] The London Sexual [10] **GUIDANCE ON CHLAMYDIA SCREENING**

of this activity off the current GUM tariff and onto the emerging community sexual health PbR tariff.

National Chlamydia Screening Programme (NCSP)[10]

The National Chlamydia Screening Programme can point to some notable successes in securing wide ranging participation in the roll-out of services, however, there are considerable differences between the capacity of different parts of the health and social care system to deliver Chlamydia screens and points to areas where additional input may be required. For example, whilst a number of pharmacies are participating in the programme, one pharmacy (Broadway) is responsible for 86% of all screens from this sector.

For the first three quarters of 2009/10 Bexley has been rated "green" and on trajectory in terms of the numbers of screens undertaken although there are concerns that this may not be sustained for the full year. Bexley's positivity rates are no longer the best in relation to neighbouring PCTs and are now just below the London average.

R11 BCT needs to review the current strategy and concentrate those services in areas of high risk of poor sexual health that are effectively delivering the NCSP and/or better support those that are struggling to deliver results. This should include reviewing the incentive scheme in primary care to ensure that incentivises the number of screens (and possible positive results) to a greater extent than the distribution of testing kits.

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[10] **GUIDANCE ON CHLAMYDIA SCREENING**
Commissioners on the Cost or providing Chlamydia Screening in Primary Care and the Community: A Review of Costs in Practice in England in 2009
http://www.chlamydiascreening.nhs.uk/ps/assets/pdfs/publications/quickwins/NCSP_costing_guidance_Dec09.pdf
PCT Performance Quick Guide for Chlamydia
http://www.london.nhs.uk/webfiles/tools%20and%20resources/PCT%20Performance/PCT%20Performance%20Guide%20-%20Chlamydia.doc
The Development of Specifications for the Commissioning of Chlamydia Screening in General Practice and Community Pharmacy Due to be published in March 2010. It will complement the Department of Health GMS/PMS/APMS contracts and NHS Community Pharmacy Contractual Framework, Enhanced Service - Chlamydia Screening and Treatment 2008, found here:
http://www.psnc.org.uk/data/files/PharmacyContract/enhanced_service_spec/en14_chlamydia_screening_service__final___14_july_08.pdf

R12 We also suggest that in areas of high risk of poor sexual health and with high performing GP services BCT may wish to consider incentivising a call and recall service (modelled on for example cervical screening) for all young people.

HIV[11]

More than four fifths of people living with diagnosed HIV use treatment services in South East London and of these the vast majority now use the HIV treatment centre at QEH in Greenwich. Whilst there are discussions at a Pan London level in relation to specialist designation of HIV treatment centres and in the longer term a possible reduction in the number of treatment centres it is reasonable to assume that for the foreseeable future this centre will continue to serve the majority of Bexley's residents living with diagnosed HIV.

The number of people living with HIV has increased dramatically in recent years and further substantial increases are predicted. We have noted above the cost of out-patient treatment services is likely to increase from around £2.5 million in 2009 to £4 million by 2012. It is expected that these charges will be reflected in the new PbR tariff for HIV outpatient services when it is finalised in the year ahead.

The local HIV working group has commenced discussions in relation to care pathways, shared care arrangements and other service improvements and there is a good level of engagement

[11] **GUIDANCE ON HIV**
London Sexual Health Strategic Framework (2009)
http://www.londonsexualhealth.org/uploads/B.%20London%20Sexual%20Health%20Strategic%20Framework%20(2009).doc
African HIV Prevention Handbook: Putting The Knowledge, The Will and The Power into Practice
The National African HIV Prevention Programme (NAHIP)
http://www.nahip.org.uk/downloads/319.pdf
One to One Interventions to Reduce the Transmission of Sexually Transmitted Infections (STIs) including HIV, and to Reduce the Rate of Under 18 Conceptions, Especially Among Vulnerable and at Risk Groups
National Institute for Clinical Evidence (NICE), February 2007
http://www.nice.org.uk/nicemedia/pdf/PHI003guidance.pdf
British HIV Association, BASHH and FSRH Guidelines for The Management Of The Sexual And Reproductive Health Of People Living With HIV Infection, British HIV Association 2008
http://www.bhiva.org/documents/Guidelines/Sexual%20health/Sexual-reproductive-health.pdf
Making It Count: A Collaborative Planning Framework To Reduce The
Incidence of HIV Infection During Sex Between Men, Sigma Research 2003
www.sigmaresearch.org.uk/files/report2003e.pdf
Guidance on Increasing the Uptake of HIV Testing among Men who Have Sex with Men is currently being developed by NICE and is due to be published in March 2011. Updates can be found at:
http://guidance.nice.org.uk/PHG/Wave19/4
Guidance on Increasing the Uptake of HIV Testing among Black Africans in England is currently being developed by NICE and is due to be published in March 2011. Updates can be found at:
http://guidance.nice.org.uk/PHG/Wave19/3

on all sides. In addition, the main service provider (QEH) has steadily increased the proportion of people living with an HIV diagnosis in its care indicating high levels of patient satisfaction. For these reasons we make no specific recommendations about changes to the arrangements for treatment and care.

Alongside a substantial increase in the number of people diagnosed with HIV in Bexley, their profile has also changed; approximately three quarters are of Black African ethnicity. Two thirds of all people diagnosed with HIV are women. These trends are also predicted to continue, as can be seen in the projected estimates for HIV diagnoses in section 5.4. There is considerable concern amongst stakeholders, reflected in issues raised by African Women living with HIV, that social care services have not kept pace with this change and a range of needs impacting upon health from immigration advice through to housing and income maximisation are not currently being met. There are also concerns in relation to the adequacy of social care arrangements for gay men living with HIV.

R13 BCT should work with the local authority and its voluntary sector partners to identify the social care needs of people living with HIV in the borough.

In common with most other boroughs in outer southeast and outer north east London, Bexley is performing poorly in relation to the late diagnosis of HIV. Around two out of five people are diagnosed late, which impacts negatively on their morbidity and mortality, potentially adding costs for the PCT in funding acute care episodes. Similarly late diagnosis may impact upon the onward transmission of HIV and contribute to future upward trends in the numbers of people living with HIV[12].

Current rates of diagnosed HIV prevalence are just below the level at which routine testing in a range of medical (non-sexual health settings) is considered. However, due to the high number of late diagnoses the rate of prevalence in Bexley (including diagnosed and undiagnosed) may be considerably higher.

R14 We recommend that BCT should consider introducing routine HIV testing into a wider range of medical settings. As a minimum this should include testing in TOPS which should be funded in the current year in line with DOH requirements. Testing

should also be considered as routine in GP registration, A&E admissions etc. To supplement this medical model it may be useful to consider a community based testing programme targeting those unlikely to be reached through medical interventions[13].

BCT's HIV prevention work is delivered in part through its contribution to Pan London programmes which largely operates outside the Borough (we understand that the root and branch review has found that there is little or no benefit to Bexley residents from this Programme). Funding is also provided for prevention work through Metro (MSM), the Harbour Trust, the South London HIV Partnership (SLHP) and AHEAD (African communities). There is no evidence that as the numbers of people living with HIV (both diagnosed and undiagnosed) has increased in the borough (and therefore the pool of infectivity increased) that funding for HIV prevention work has increased proportionally and there are concerns from commissioners that rather than look solely to additional funding for improvements, a start-up point is to ensure that present activity and funding is better targeted. In line with most other parts of London the separation of funding for treatment and care from prevention has not empowered the treatment provider to take an aggressive role in the secondary prevention work with their patients.

R15 BCT needs to make a step change in its approach to the prevention of the onward transmission of HIV. This should include work with treatment and care providers in relation to secondary prevention work; work with primary care providers on primary prevention work with the most at risk communities (principally Africans but also MSM) and with voluntary and community groups. Emerging best practice suggests that HIV prevention work should be aligned with work on tackling late diagnosis (R14 above).

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[12] The infectivity of patients on ART is reduced and there is some evidence that knowledge of HIV status changes risk taking behaviour

[13] The DH is currently piloting a range of Late HIV Diagnosis models. Other South East London PCTs are also currently piloting a community based model, through the SAFER partnership, however, Bexley is not part of this programme.

Contraceptive Services[14]

In line with the recommendations above contraceptive services should be integrated with other sexual health services i.e. Extended Schools, youth provision and GP's and pharmacies in the emerging poly systems. The key gaps identified in this research were the absence of specialist services for those over 25 and the lack of information on services for all age groups, in particular locations and opening times of young people's services and awareness of the range of services that are available from GPs for over 25s.

R16 BCT should develop an information resource on the range of contraceptive services available in the borough for the under 25s as well as the over 25 year olds.

R17 BCT should consider funding full contraceptive services from their main GUM provider (QEH). This will be particularly important as QEH moves to deliver outreach surgeries (R10) in advance of the poly systems becoming fully operational.

There has been a steady uptake in the provision of Long Acting Reversible Contraceptives (for example Implanon uptake increased 49% between 07/08 and 08/09)[15] and an extension in the range of providers of LARC. Continuing progress in this area should be monitored.

1.5.4 Meeting the Needs of Particular Communities at Risk of Poor Sexual Health

As part of the SHNA the research looked at the needs of a range of the following specific groups:

- Children & YP
- Sex Workers
- MSM & LGBT
- Travellers and children & young people of travellers
- African Communities
- Asylum Seekers & Other Migrants
- Those Living With/Affected by HIV
- Adults with Disabilities

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[14] **GUIDANCE ON CONTRACEPTIVE SERVICES**
Guidance for **Long-acting Reversible Contraception (LARC): The Effective And Appropriate Use Of Long-Acting Reversible Contraception,** National Collaborating Centre for Women's and Children's Health Commissioned by the National Institute for Health and Clinical Excellence, October 2005
http://www.psnc.org.uk/data/files/PharmacyContract/enhanced_service_spec/en14_chlamydia_screening_service__final___14_july_08.pdf

Within this section we have not identified specific recommendations but provide a range of observations for consideration by the PCT in the development of the sexual health strategy recommended at R1 above. For a more detailed analysis of the needs of the following risk groups, please refer to **Section 6** on Community Engagement.

[15] For further details please refer to Section5.5

2 ABOUT THIS NEEDS ASSESSMENT

2.1 PURPOSE OF THIS NEEDS ASSESSMENT

Bexley Care Trust appointed MBARC to undertake a comprehensive sexual health needs assessment for the borough. The needs assessment maps need, demand and services, analyses the gaps and make recommendations for both commissioners and providers of services.

2.2 METHODOLOGY

The research for this needs assessment is being undertaken in five phases:

- Phase One – A Picture of Need
- Phase Two – Capacity & Capability
- Phase Three – Community Engagement
- Phase Four - Iteration & Developing Options
- Phase Five - Reporting & Presenting

2.2.1 PHASE ONE – A PICTURE OF NEED

The initial phase was designed to draw together key background materials and develop a base-line picture of sexual health and service provision in Bexley. The activities included:

- A **Commissioning Meeting** was held at commencement to review key documentation sources and agree priority areas for the study in terms of high risk communities of interest, broader stake-holder engagement etc. In addition it was an opportunity for the researchers to gather soft intelligence from the steering group about unmet needs and gaps or duplications in current services.
- We undertook a **local priority assessment** based upon key documentation generated from the PCT and the Council (e.g. Commissioning Strategy Plans, Local Strategic Plans, Phase 1 JSNA, etc.) and demographic analysis to plot high risk communities and trends that are likely to impact upon current future sexual health service needs.
- We undertook a **supply-side assessment.** This focused on collation and assessment of key performance data. The *Sex & Our City* report provided a considerable resource to develop a picture of present performance and comparative performance in relation to other boroughs. We have also sought to identify trends in performance through additional analysis of KT30 & KC60 returns for contraception and STIs and SOPHID data in relation to HIV. We also provide a trend analysis of key local and national indicators and targets, particularly:

- Teenage Pregnancy
- GU waiting time
- Chlamydia Screening
- Provision of LARC
- HIV late diagnosis
- TOPs – including provision of NHS funded terminations, repeat pregnancies and period of gestation at termination.

- **Summary Findings** – findings from these activities were produced in a Summary Findings report.
- **Discussion with Stake-holders** – we held meetings with the key stake-holders on 7th December 2009 and 19th January 2010 to test, discuss and refine these findings.

2.2.2 PHASE TWO - CAPACITY & CAPABILITY

The second phase was designed to develop a better understanding of current service provision in the borough. Activities included:

- **Service Mapping** – we have developed a picture of service provision by type of provider and type of service in the Borough.
- **Service Interviews** – we have undertaken a series of interviews with over 25 key service providers representing a broad range of sexual health activities provided to Bexley residents. Alongside treatment based services we included a range of community based services. Interviews included discussion of current services, strengths and weaknesses, opportunities for development and constraints on meeting these challenges.
- **Workforce Review** –For this study the identification of workforce needs has been undertaken through service provider interviews and stakeholder events and is therefore largely qualitative. During the course of this SHNA MBARC worked with Schering Plough on a separate workforce study and the limited results from this exercise have been incorporated into this report.

2.2.3 PHASE THREE – COMMUNITY ENGAGEMENT

This phase was designed to gather the views of current and potential service users from those at high risk of poor sexual health.

- We have held for **10 focus groups** and **2 outreach sessions** to interview people on the street, consulting with a total of **65 individuals.** These reflect the diversity of at risk groups in terms of location, gender, sexuality ethnicity and disability.

2.2.4 Phase Four - Iteration and Developing Options

The key findings and recommendations have emerged through an iterative process. The fourth phase consisted of:

- Producing an **Emerging Findings Paper** – capturing the research findings and providing initial options for discussion.
- Hosting a **Co-operative Enquiry Workshop** for commissioners and providers of services to test findings and to work collectively to develop recommendations.
- Discussion of key findings and emerging recommendations with representatives of the **London Borough of Bexley's Overview and Scrutiny Committee**.

2.2.5 Phase Five - Reporting & Presenting

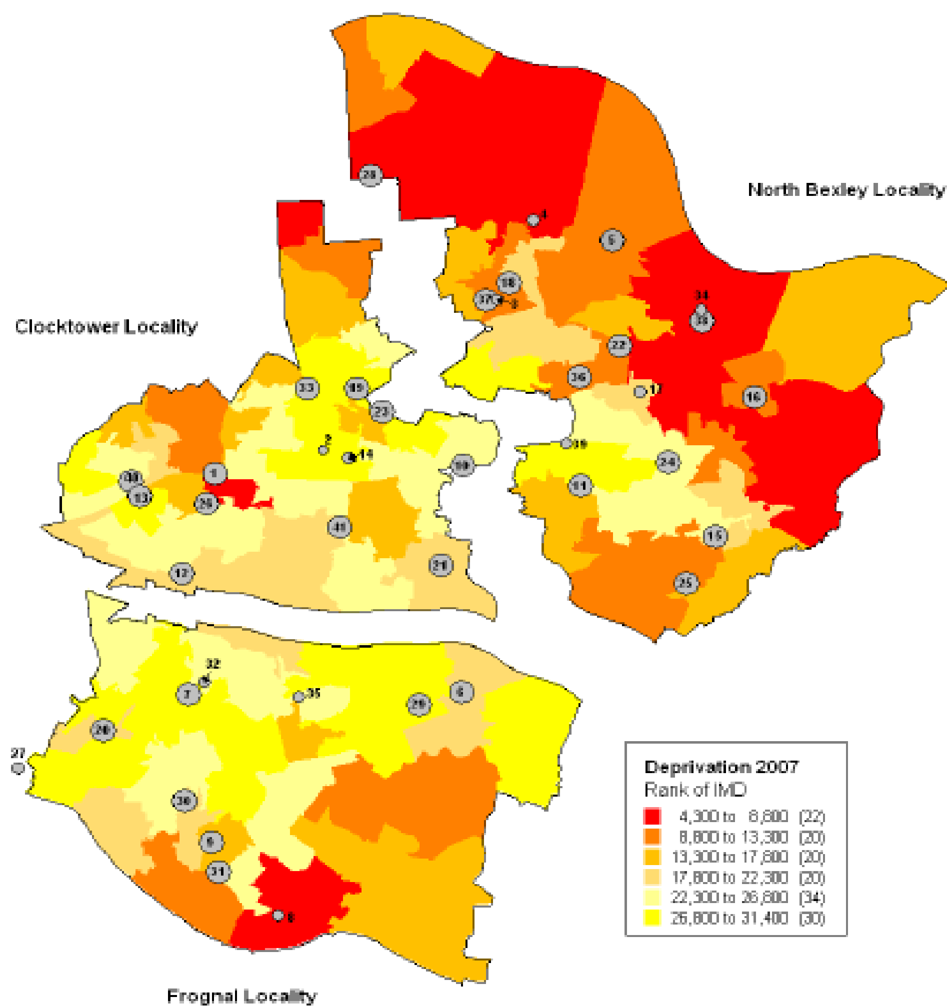
- This Final Report provides an evidence base to underpin the development and implementation of a SH &HIV strategy for Bexley to include the following priorities:
  - To inform the development of an integrated and comprehensive community sexual health service for Bexley that provides Levels 1, 2 & 3 services
  - The design and implementation of a borough/service wide workforce training strategy.
  - Provide the evidence base to inform all future SH commissioning intentions
  - Feed into the root and branch review of all SH commissioned activities and contracts. (This is being undertaken in-house by PCT staff)
  - Encourage and strengthen user/public involvement in service design, planning and implementation.

3 OVERVIEW

3.1 LOCAL DEMOGRAPHICS IN BEXLEY

This section outlines Bexley's demographic profile, including levels of deprivation, a breakdown of age across the borough as well as a breakdown of Black and Minority Ethnic (BME) communities living in the borough.

3.1.1 LEVELS OF DEPRIVATION



Bexley is a relatively affluent outer-London borough though there are areas of deprivation across the north and in the extreme south of the borough. Bexley's average score in the 2007[16] Indices of Multiple Deprivation was 16.21, ranking the borough 194 out of England's local authorities (where a lower ranking denotes greater deprivation).

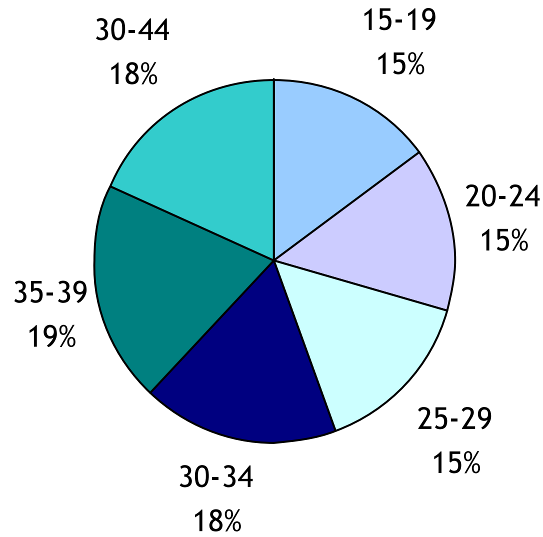
A ward map is included in the appendices to this report (see 7.7 below).

3.1.2 Population and Age Groups in Bexley[17]

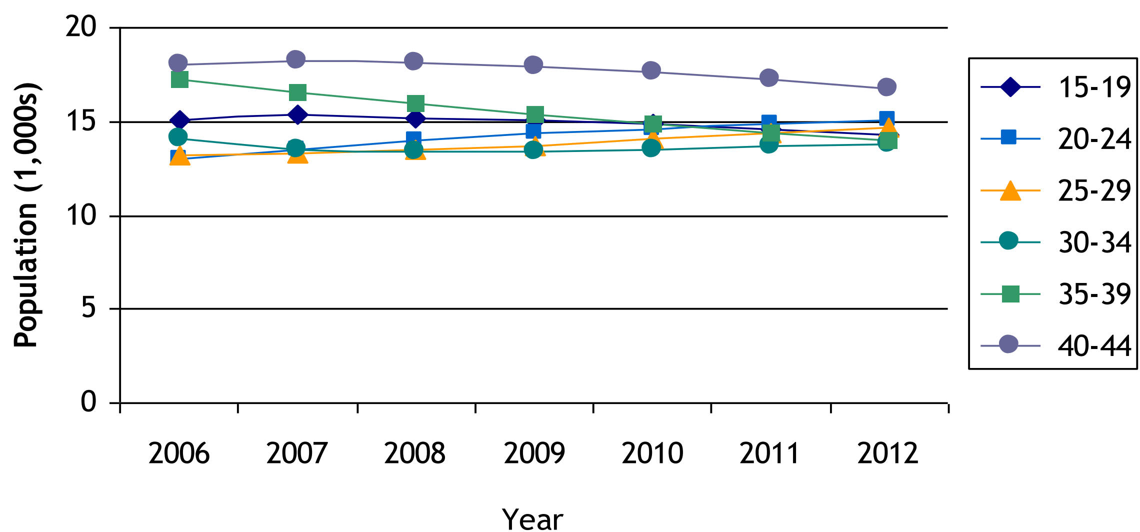
Out of Bexley's core sexually active population (those aged between 15 and 44 years old), almost half (45%[18]) of this category is aged between 15 and 29 years old, making Bexley a relatively young population. The numbers of people living in the borough aged 20 to 29 years old is set to increase 11.2%[19] by 2012, while the number of people aged 35 to 44 years old will decrease as a percentage of Bexley's core sexually active population.

[16] The IMD is calculated every three years, making 2007's indicator the most recent figure available.
[17] Two different datasets are used in the graphs in this section, both sourced from the Office of National Statistics. The first data set is the Mid-2008 Population Estimates, which the ONS calculated using Census statistics from 2001. The second data set is ONS' 2006 Sub-national Population Projections and include population projections from 2006 to 2036, which were calculated by using mid-census statistics from 2006.
[18] Office of National Statistics, Mid-2008 Population Estimates
[19] Office of National Statistics, Sub-national Population Projections, 2006

ONS Mid 2008 Population Estimates for Bexley by Age Group (Sexually Active Population 15-44)



ONS 2006 Subnational Population Estimates for Bexley by Age Group



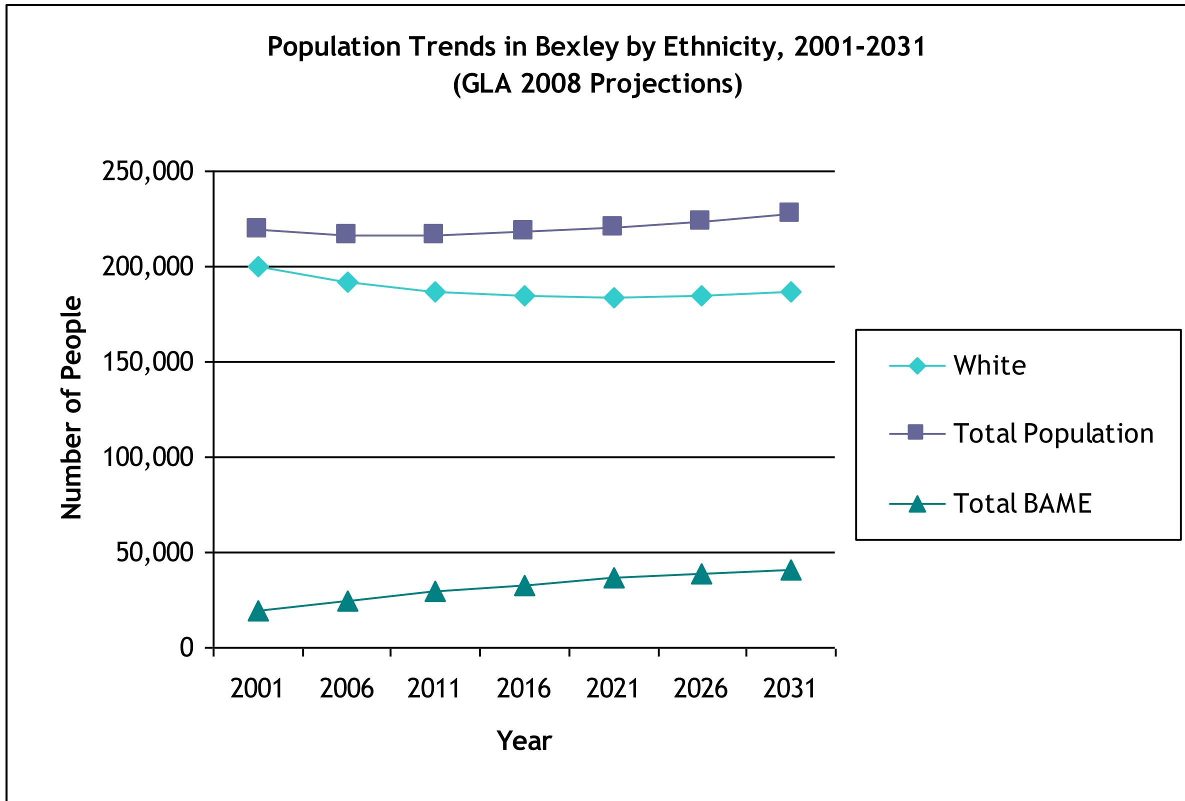
ONS Sub-national Population Estimates for Bexley by Age Group, 2006[20]				
Age Group	**Population Growth**	**2006**	**2012**	**% Change**
15-19	Decreasing	15,100	14,300	- 5.2%
20-24	Increasing	13,000	15,100	16%
25-29	Increasing	13,200	14,700	11.4%
30-34	Decreasing	14,100	13,800	- 2.1%
35-39	Decreasing	17,200	14,000	- 18.6%
40-44	Decreasing	18,000	17,200	- 4.4%

In planning terms sexual health commissioners need to ensure that services are able to meet the rapidly increasing proportion of people in both their early twenties (20-24) and late twenties (25-29).

3.1.3 BME Communities

As can be seen in the chart below, the majority of the Bexley population is of White ethnicity (91.4% in 2001, 87.4% in 2006) while the remaining population is made up of BME communities living in the borough. Despite this majority, projected estimates for Bexley's future population show a continued decline in the proportion of white people living in the borough and estimate an increase in the number of people from BME groups. This change is already reflected in the borough's school age population where more than a fifth is now from BME groups. Black Africans represent the fastest growing group in the Borough moving in to the borough, from 3.4% in 2006 to 5.4% in 2016.[21]

[20] Office of National Statistics Sub-national Population Estimates, 2006.
[21] GLA Round Ethnic Group Population Projections DMAG Briefing 2009-08, August 2009


Population Trends in Bexley by Ethnicity, 2001-2031
(GLA 2008 Projections)
250,000
200,000
150,000
100,000
50,000
0
Number of People
2001
2006
2011
2016
2021
2026
2031
Year
White
Total Population
Total BAME

Population Trends in Bexley by Ethnicity, 2001-2036 (2008 GLA Projections)[22]							
Ethnicity				**Year**			
	2001	**2006**	**2011**	**2016**	**2021**	**2026**	**2031**
White	200,100	191,600	186,900	184,800	184,100	184,500	186,500
Black Caribbean	1,800	2,300	2,700	3,000	3,300	3,500	3,700
Black African	4,100	7,400	10,000	12,200	13,800	15,000	16,000
Black Other	1,700	2,500	3,400	4,100	4,800	5,300	5,800
Indian	5,600	5,200	5,100	5,000	5,000	5,000	5,000
Pakistani	400	400	400	400	400	400	500
Bangladeshi	400	400	500	600	600	600	600
Other Asian	2,100	2,500	2,800	3,100	3,400	3,600	3,700
Chinese	1,600	1,300	1,200	1,100	1,100	1,000	1,000
Other	1,400	2,300	3,000	3,600	4,000	4,300	4,500
Total Population	219,100	215,900	216,000	217,900	220,400	223,100	227,300
Total BAME	18,900	24,300	29,100	33,100	36,300	38,700	40,800
% BAME	**9%**	**11%**	**14%**	**15%**	**17%**	**17%**	**18%**

These figures also estimate that the percentage of Bexley's population that belong to Black and Minority Ethnic Communities is projected to double from 9% in 2001 to 18% in 2031.

Socio-economic and health indicators differ across ethnic groups in Bexley. ONS figures (see Appendix Section 7.1) demonstrate that people identifying as Asian and Chinese & Other have the lowest rates of home ownership in Bexley. On the other hand, Chinese & Other, Black and Asian people have the highest rates of obtaining higher level qualifications in Bexley. White, Mixed and Black people had the highest rates of limiting long-term illness, and Asian and Chinese & other reported the highest rates of good health.

Significant BME communities within Bexley include Vietnamese, Sikh, Hindu, Bangladeshi, Turkish, Nigerian, Somali, Traveler, Chinese, Polish, Kosovan, Albanian, Iranian and Iraqi communities. A 2008 consultation with BME community leaders in Bexley focused on Vietnamese, Sikh, Hindu, Bangladeshi, Muslim and Traveller communities. Key findings of the BME Community Leader Consultation include:

[22] GLA Round Ethnic Group Population Projections DMAG Briefing 2009-08, August 2009

- The **Vietnamese community** is well established in Thamesmead; they are the same families that came in 1978 following the Vietnam War. Approximately 300 families reside in Thamesmead East and Lesnes Abbey Wards;
- The **Hindu community** in Bexley is growing, with a mixture of young and old people. Around 500 families attend the Greenwich Hindu temple, 50% of which come from Bexley;
- There has recently been an influx of the **Bangladeshi community** into Welling, from Tower Hamlets as they become more affluent. There are now over 100 -150 Bangladeshi families living in Bexley. A substantial Bangladeshi community is emerging in Bexley. Most are restaurant owners with young families and therefore wish to settle in Bexley in the long run;
- There are currently around 4000 **Muslims** residing in Bexley alone. This is approximately 1200 families. In Greenwich there are between 20,000 – 25,000 Muslims. There is no Islamic centre within Bexley, this is why Greenwich has such a significant number of Muslims and Bexley does not. The trend is that people are moving out of Greenwich and into Bexley and therefore Bexley's Muslim community is growing;
- According to the last elections of the **Sikh** Temple in Belvedere, which took place in October 2006, there are currently around 5000 Sikhs residing in Bexley alone. The influential factors in this are that Bexley has a reasonable level of employment and good schools. The Sikh community first settled in Belvedere in the 50's and have since moved throughout Bexley, but remain together in clusters;
- According to the Ethnic Monitoring of Schools there were 98 pupils of **Gypsy-Roma Travellers** (GRT) origin borough-wide in 2008. On this basis it has been estimated that there are currently 400 – 500 GRTs in Bexley. However, the community is slowly shrinking in size and many families have moved into social housing. The main sites of GRT residence in Bexley include:
    - Jenningtree Way (Erith Ward, 14 plots) and Powerscroft Road (Cray Meadows Ward, 11plots) which are both Council lead and Thames Road (Crayford Ward, 1 plot).
    - The fourth - and largest – the Thistlebrook plot is not within the London Borough of Bexley, it is officially in Greenwich. However it is situated directly on the border and therefore it is useful to include this site in any analysis of Bexley.

In a 2007 BME Health Needs Assessment, BCT found lower rates of Chlamydia infection in Asian categories (6.6%) compared to the white population (11%), but higher rates in Black Caribbeans (15%). It also asserts that studies have also shown higher rates of Gonorrhoea in

Black Caribbeans and higher rates of Syphilis in Black Caribbeans and Black Africans. Although most teenage conceptions are in White British mothers, the likelihood of teenage pregnancy and motherhood is highest amongst the census groups “White & Black Caribbean”, “Other Black”, and “Black Caribbean”, and lowest across all Asian categories.

Relying on data from the National Survey of Sexual Attitudes and Lifestyles, the report states that the highest numbers of lifetime sexual partners are found in Black Caribbean and Black African men and in Black Caribbean and White women, and lowest amongst Indian and Pakistani men and women. Arguing that since the population projections for Bexley show increases primarily for those groups with the highest (national) rates of STIs, the report recommends that

“***A review of provision for the diagnosis and treatment of STIs including HIV and of preventative activities would be timely***.”

This SHNA seeks to address this recommendation.

4 THE POLICY CONTEXT

Following the success of Lord Darzi's Healthcare for London (H4L) review he was appointed as a Minister within the Department of Health in 2007 and charged with undertaking what was termed the Next Stage Review (NSR) across the rest of England. The NSR has now been completed with its final report, *"High Quality Care for All"* published at the end of June 2008. Much of the NSR reflects thinking already contained in H4L including a commitment to shift resources from the acute sector into primary care and greater emphasis on health promotion work. In a number of key areas of relevance to this review it does go further than H4L, most notably:

- The development of personalised care plans for *all* patients with long-term conditions, and the piloting of personalised budgets for patients;[23]
- A greater emphasis on the measurement and publication of information about the quality of care including the requirement for providers to develop "Quality Accounts" to be published alongside their financial accounts and the establishment of regional Quality Observatories. This quality agenda may also see adjustment to tariffs on the basis of emerging best practices. Patient experience and Patient Reported Outcome Measures (PROMs) will be a key part of the assessment of quality.

4.1 WORLD CLASS COMMISSIONING

As part of the NSR the World Class Commissioning (WCC) system has been developed which all PCTs are expected to comply with and develop their competence for all aspects of commissioning. It places considerable emphasis on overall health improvement, partnership working and tackling health inequalities.WCC is a statement of intent, aimed at delivering outstanding performance in the way health and care services are commissioned by the NHS. The vision and competencies describe what this shift towards world class will involve, and the organisational competencies that primary care trusts will need.

[23] As part of the performance management framework for commissioners NHS London, the Strategic Health Authority, will require all PCTs to identify one care group with a long term limiting illness (such as HIV) to pilot personalised budgets in 2010/2011.

4.2 THE QIPP CHALLENGE

In August of this year, within the context of the future financial constraints, David Nicholson the NHS Chief Executive wrote to all NHS chief executives and chairman stressing the importance of meeting the challenge of Quality, innovation, Productivity and Prevention (QIPP). In seeking ways to address the sexual health needs within Bexley it will be important to consider ways in which:

- **Quality** can be improved, including access, satisfaction and outcomes.
- **Innovation** is addressed in clinical pathways, settings and methods of delivery
- **Productivity** meaning that more is delivered for less resource
- **Prevention** should be the centre-piece of all future work in this area.

4.3 CARE QUALITY COMMISSION

At the end of March 2009, the Healthcare Commission was replaced by a new body the Care Quality Commission (CQC) to assess the quality of care in health care providers. The CQC, for the first time, brings together regulation of the health sector with the social care sector. Its new and developing assurance process and framework includes five key domains: Safety; Clinical Outcomes; Patient experience; Access to care; Societal Contribution.

Of additional relevance to this review is that from April 2010, the CQC registration requirements will include the extent to which health and social care services are integrated or provide a seamless service. Partnership working on delivering the Teenage Pregnancy will be a key indicator of integration between the local authority and the NHS.

4.4 THE NATIONAL & LONDON'S STRATEGIES

At the end of 2008, the Independent Advisory Group (IAG) published their review of the National Strategy for Sexual Health & HIV. It is not anticipated that the recommendations within this review will lead to a wholly new strategy but may lead to new guidance and revised targets being issued.

4.4.1 THE LONDON FRAMEWORK

In summer 2009 NHS London led by the Deputy Director of Public Health, supported by the London Sexual Health Programme Board began work on developing a new strategy for sexual health and HIV. This has resulted in a "framework" document outlining range of key standards that PCTs will be expected to meet. In December the new framework was issued to all PCTs in London alongside guidance on completion of their commissioning strategy plans.

The vision for sexual health in London provides an overarching test against which any proposals for commissioning and delivery may be measured. It encompasses the objectives set out in the 2004 Framework, and which still remain relevant:

- Improving London's public health through the promotion of good sexual health and the prevention of ill health.
- Improving access to London's sexual health & HIV care services.
- Improving the patient experience of people using sexual health services in London.

4.5 PAYMENT BY RESULTS

As part of its NHS reform programme, the Department of Health (DH) has begun to progressively introduce a new system of funding for NHS services, known as "Payment by Results" (PbR). The principle is that a fixed sum of money follows each patient, and that the fixed sum of money is sufficient to cover the costs of care to the accepted standard in an average provider.

The majority of out-patient services are now covered by PbR, including most sexual health services with a national tariff which can be adjusted by a local Market Force Factor (MFF). PbR is currently under-review to increase the flexibilities and the Next Stage Review proposes to pilot quality enhancements to tariffs. The system is suited to elective and out-patient care but does not easily translate into so easily into long term condition care. There are existing tariffs in place for a number of sexual health services including GUM and TOPs and there is a substantial programme of tariff development under way.

4.5.1 THE HIV OUTPATIENT TARIFF

HIV out-patient services, in common with care for other conditions such as diabetes, are currently outside the PbR "tariff".

Despite the lack of a national PbR tariff for outpatient HIV care and treatment, the London HIV Consortium have developed and agreed pathways which are used as the basis of a local London tariff agreed with London providers. Quality outcomes are included in the contracts with HIV providers and measure performance in terms of time from diagnosis to first appointment, CD4 count, viral load and mortality. In December 2007 the Department of Health (DH) established the National HIV PbR Reference Group to carry forward this work. It is currently developing a national HIV outpatient care pathway and identifying appropriate

tariffs for these stages should be complete by this summer. From autumn 2008 three NHS sites (London, Birmingham & Manchester) began piloting the tariff and it has been agreed to adopt the London Pathway to enable the identification of appropriate tariffs. It is anticipated that the tariff will be ready of shadowing in 2010/11.

4.5.2 INTEGRATED SEXUAL HEALTH SERVICE TARIFF

The London Sexual Health Commissioning Board agreed the development of tariffs for integrated Sexual Health and Contraception services in its 2010-11 work programme. The DH's PbR Team and NHS London support this work as a DH PbR site, findings of which will lead to their use as national tariffs. This work complements current PbR tariffs for GUM and HIV in patients and the development of the PbR tariff for HIV outpatient services (see above).

The PbR tariff for GUM covers a range of complex Sexual Health service provision (level 3 Sexual Health services). However, at least 30% of GUM activity is not complex but meets more common "lower risk/asymptomatic needs" (level 1 and 2 Sexual Health) e.g. screening, testing and STI treatment. In some GUMs, this activity forms c70% of total GUM activity. The draft London tariff for level 1 and 2 Sexual Health which is being piloted in 2010 at various sites across London is £74 compared with £137. If the pilots are successful this tariff will be available for use by PCTs in 2011. Charging this London tariff could generate substantial savings for PCTs (estimated at between £19m and £47.3 million per annum across London).

STI Diagnoses in Bexley 2008-2009 by Tariff[24]				
Year	**Total**	**PbR Tariff (£137)**	**London Tariff (£74)**	**Notional Saving from London Tariff**
Herpes Diagnoses (First attack)	119	£16,303	£8,806	£7,497
Gonorrhoea Diagnoses (Uncomplicated)	49	£6,713	£3,626	£3,087
Chlamydia Diagnoses	318	£43,566	£23,532	£20,034
Warts Diagnoses (First Attack)	312	£42,744	£23,088	£19,656
Primary & Secondary Syphilis Diagnoses	<5	£685	£370	£288
Other STIs[25]	187	£25,619	£13,838	£11,781
Total	**985**	**£135,630**	**£73,260**	**£62,343**

In the case of Bexley PCT, using the statistics available for STI diagnoses and services for Bexley residents in 2008-2009, switching to the London Tariff from the PbR tariff would save the PCT approximately £62,343 each year. Please note that these figures are based upon HPA provided data for positive results and exclude a significant number of interventions reported by QEH. The final savings could be as much as 5 times higher.

4.6 BEXLEY'S LOCAL STRATEGIC CONTEXT

4.6.1 BEXLEY'S SUSTAINABLE COMMUNITY STRATEGY AND LOCAL AREA AGREEMENT

Bexley Together, Bexley's Sustainable Community Strategy (SCS) for 2008-18, sets out Bexley's long term vision for building a strong, sustainable and cohesive community. The SCS identifies the following long term objectives:

- Building safer and stronger communities
- Developing healthier communities for adults – including vulnerable adults and older people
- Developing services for children and young people
- Promoting economic development and the environment

[24] Health Protection Agency 2010. Sourced from the Microbiology & Epidemiology of STIs & HIV (MESH) Dept.

[25] Molluscum Contagiosum, Pediculosis Pubis, Viral Hepatitis B (Hbsag Positive), Uncomplicated Non-Gonococcal / Non-Specific Urethritis in Males, Treatment of Mucopurulent Cervicitis in Females, Epidemiological Treatment of NSGI, Trichomoniasis, other Vaginosis / Vaginitis / Balanitis, Scabies, Cervical Cytology: Minor Abnormality, Viral Hepatitis C, Anogenital Candidosis, Urinary Tract Infection, Anaerobic/Bacterial Vaginosis & Anaerobic Balanitis, other conditions requiring treatment at GUM Clinic

Bexley's 2008-11 Local Area Agreement (see Appendix 7.2) outlines a series of indicators for performance management based upon sub-areas of the four long term objectives put forth in the SCS above.

4.6.2 CHILDREN AND YOUNG PEOPLE'S PLAN 2009-11

Bexley's 2009-11 Children and Young People's Plan (CYPP) puts forth eight priorities for the Children and Young People's Trust based on the five Every Child Matters Outcomes. Activities in the CYPP that Bexley plans to undertake during this period that touch upon the sexual health agenda include:

- Improving the delivery of SHSE and SRE in school and voluntary / youth settings, ensuring a coordinated programme is delivered, focusing on the needs of young men as well as young women, making use of national and seasonal campaigns and innovative approaches and taking account of factors such as alcohol consumption and risk-taking behaviour.
- Ensuring that Parenting support services include initiatives that address parents' needs for support around sex and relationship issues, communication and handling challenging or risk-taking behaviour in their children
- Improving availability and take up of contraception by young people, and Chlamydia screening
- Closer partnerships with maternity services, through Children's Centres, to improve support to stop smoking in pregnancy, breastfeeding support and encourage earlier booking with maternity services and advice on nutrition, contraception and weaning

4.6.3 BEXLEY CARE TRUST'S 2008-13 COMMISSIONING STRATEGY PLAN

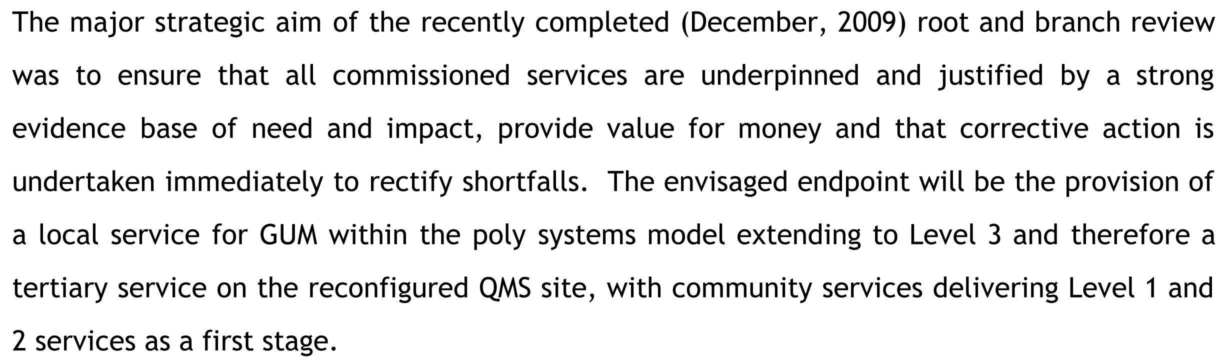
Bexley Care Trust's 2008-13 Commissioning Strategy Plan (CSP) draws upon 'A Picture of Health in South East London' and 'Healthcare for London' as sources of its own local public health priorities. The CSP seeks to build an integrated directorate model that drives up clinical quality and ensures a sustainable model for services delivered locally, in community locations or the proposed Health Campus at Queen Mary Sidcup (QMS) Hospital. This vertical integration is envisaged to become a tangible reality in 2009/10 with full integration by the end of 2010/11 and, by 2013, an expectation that this is normality and not an innovation.

QMSis meant to form a new health campus with a polyclinic as its hub. The Polyclinic will also provide a hub for primary care in Frognal, one of the three consortia areas in Bexley. The development of a hub and spoke model for primary care provision across the other two consortia areas (Clocktower and North Bexley) in Bexley will be developed over the period up till 2013.

4.6.4 TOWARD A SEXUAL HEALTH STRATEGY

Bexley's last Sexual Health Strategy was published in 2003. In February, 2009 the National Support Team (NST) undertook a Rapid Sexual Health Needs Assessment. The key recommendations of the NST were:

- That BCT commission a comprehensive Sexual Health Needs Assessment to inform a shared vision and strategy for sexual health services in order to develop a commissioning framework that ensures existing and future models of sexual health provision are relevant to local needs.
- To designate a lead commissioner for sexual health services with formal delegated responsibility for the budget, to act as a catalyst for change to strengthen commissioning of sexual health services ensuring that there is a strong evidence base to underpin commissioned services.
- For BCT to recognise the benefit of the Bexley Chlamydia Screening Process Review, and similarly review its other key sexual health service provision (GUM/HIV and Contraceptive Services) to ensure equitable access for all Bexley residents.
- Commissioners may find it useful to identify and allocate the remainder of DH funding allocated to the PCT baseline for 2008/09 for increasing access to a full range of contraception, including provision of LARC to women under 25, and take steps to ensure that this recurrent funding (2008/09 to 2010/11) is earmarked for this purpose in the next two years.
- A clear CSP strategic commissioning plan should be developed, working jointly with local partners such as Bromley PCT who currently deliver the Chlamydia screening programme on behalf of both PCTs. The plan will need to illustrate how the expectation for increased Chlamydia screening covering over the next two years is to be achieved in Bexley.



The major strategic aim of the recently completed (December, 2009) root and branch review was to ensure that all commissioned services are underpinned and justified by a strong evidence base of need and impact, provide value for money and that corrective action is undertaken immediately to rectify shortfalls. The envisaged endpoint will be the provision of a local service for GUM within the poly systems model extending to Level 3 and therefore a tertiary service on the reconfigured QMS site, with community services delivering Level 1 and 2 services as a first stage.

KEY FINDINGS

5 THEMATIC REVIEW

This Chapter will present available data on STIs, HIV, Contraceptives, Teenage Pregnancy and Terminations of Pregnancy in Bexley along with service provision information. Data for each thematic issue were obtained from published sources available in the public domain, unpublished sources provided by Bexley Care Trust, and each thematic section is supplemented with information provided by relevant service providers and stakeholders.

Nationally there is widespread concern at the increase of sexually transmitted infections (STIs) which have been reported at the Genitourinary Medicine Services (GUM). Significant increases have been recorded for all STIs, most notably HIV infection, Chlamydia, Gonorrhoea and Syphilis where the number of new infections has more than doubled since 1996. Higher rates of infection have placed enormous pressures on those services involved in the treatment and care of those infected; many services struggling to meet the increased demand placed on their services and the borough of Bexley is no exception. Similar concerns exist for contraception and termination services.

5.1 THE LONDON SEXUAL HEALTH PERFORMANCE SCORECARD

The London Sexual Health Programme produces a quarterly performance monitoring tool for London PCTs, the London Sexual Health Performance Scorecard. The Scorecard puts forth seven performance targets that include: GUM access; Teenage Pregnancy; Chlamydia Screening; NHS Funded Abortions Gestation target; Percentage of Total Abortions funded by the NHS; Reduction of Late HIV diagnosis, and Signup to Camden PCT's 'Freedoms' Condom Scheme. Bexley's performance against each of the seven indicators is outlined below.

Target 1 – GUM Waiting Times

New attendees are 'guaranteed access to a GUM clinic within 48 hours of contacting a service' or that 100% of first attendees are offered an appointment within 48 hrs of first presentation. This data is provided using returns by GUM to the UNIFY system showing new attendees offered an appointment with 48 hours against total new attendees.

Target: 98% of patients contacting the service are offered an appointment within 48 hours and 85% are seen within 48 hours.

Target 1 - GUM Waiting Times (January 2009)[26]	
Bexley	100.0
Bromley	100.0
Greenwich	100.0
South East London	99.9

Target 2 - Teenage Pregnancy

The target relates to the number of conceptions per thousand of the population aged between 15 and 17 years old. This is measured by the regional Teenage Pregnancy Unit and appears within the Department of Health 'Vital Signs' targets. The London Teenage Pregnancy Unit has set a more detailed set of RAG scorings which measure performance against the 1998 baseline.

Target: 50% reduction in the under 18 conception rate (births and abortions) by 2010 (from the 1998 baseline rate).

Target 2 - Teenage Pregnancy (Conceptions per 1,000 women aged 15-17, Q3 2008)	
Bexley	44.4
Bromley	36.7
Greenwich	65.5
South East London	60.2

Note: There are no regional trajectories for this. The DCSF have not reached a decision on whether to RAG rate the annual conception rate for 2007 since the Comprehensive Area Assessment is moving towards a system of red and green flags.

Target 3 - Chlamydia Screening

London Sexual Health Strategic Framework aims to increase the uptake of Chlamydia screening by those at highest risk, those under the age of 25, by increasing the percentage of 15-24 year old residents of the PCT screened for Chlamydia as a percentage of total 15-24 year olds residing within the PCT.

Target: Achieve and maintain 35% uptake of Chlamydia screening of 15-24 year olds by 2010-2011.

[26] **RAG Rating (TP):** Green: 98% or above offered, Amber: 93-98% offered, Red: Less than 93% offered

Target 3 - Chlamydia Screening (Quarter 1-2 2009-10)[27]	
Bexley	13.9%
Bromley	15.7%
Greenwich	13.4%
South East London	16.3%

Target 4 - NHS funded Abortions Gestation Target

NHS funded abortions performed under ten weeks as a percentage of all NHS funded abortions. Data collected by the Office of National Statistics (ONS) and released by the ONS and DH.

Target: Every London PCT to achieve 70% of abortions earlier than 10 weeks gestation. For those PCTs above this level, to maintain 2008 levels and increase by an agreed per cent per year.

Target 4 - Percentage of NHS funded TOPs Gestation Target (2008)[28]	
Bexley	82%
Bromley	79%
Greenwich	80%
South East London	77.3%

Target 5 - Percentage of Total Abortions Funded by the NHS

It is an ongoing recommendation that at least 75% of all abortions are funded by the NHS. This figure is collected by the ONS as part of Abortion data collection.

Target 5 - Percentage of all TOPs that are Funded by NHS (2008)[29]	
Bexley	91.4%
Bromley	89.6%
Greenwich	88.8%
South East London	89.4

[27] **RAG Rating (Chlamydia):** Green: 5% or over screened, Amber: 3.5-<5%, Red: Below 3.5%

[28] **RAG Rating:** Green: Achieving Target of 70%, Amber: Between 60-69% inclusive, Red: Below 60%

Target 6 - A Reduction of the Rate of Late Diagnosis of HIV

The late HIV diagnosis target is the percentage of late diagnoses of HIV measured against an annual trajectory calculated from the 2004-05 baseline to bring late diagnoses eventually to less than 15 per cent. If a patient has a CD4 count of less than 200 cells per cubic millimetre on their first CD4 test after diagnosis of their status then this is classified as a late diagnosis. The normal range of a healthy person is 500-1,500 cells/mm3. A reduction in the rate of late diagnosis is seen as an indicator of a reduction of onwards transmission.

Target: Reduce the level of late diagnosis of HIV to 15%, of 2004-2005 baseline by the end of 2011-2012.

Target 6 - Late Diagnosis of HIV Status (2008, SOPHID data)[30]	
Bexley 2008 trajectory	*35.3%*
Bexley 2008 Actual Percentage	36%
Bromley 2008 trajectory	*28.0%*
Bromley 2008 Actual Percentage	33%
Greenwich 2008 trajectory	*36.7%*
Greenwich 2008 Actual Percentage	45%
London Average Percentage 2008	31%

Target 7 – Signup to Camden PCT 'Freedoms' Condom Scheme

The London Sexual Health Commissioning Board endorsed Pan-London procurement of condoms led by Camden PCT provider services ("Freedoms Scheme") on behalf of the London PCTs. Bexley is not currently signed up to the Freedoms Scheme because it sources condoms more economically from other sources.

5.2 GUM SERVICE & STIS

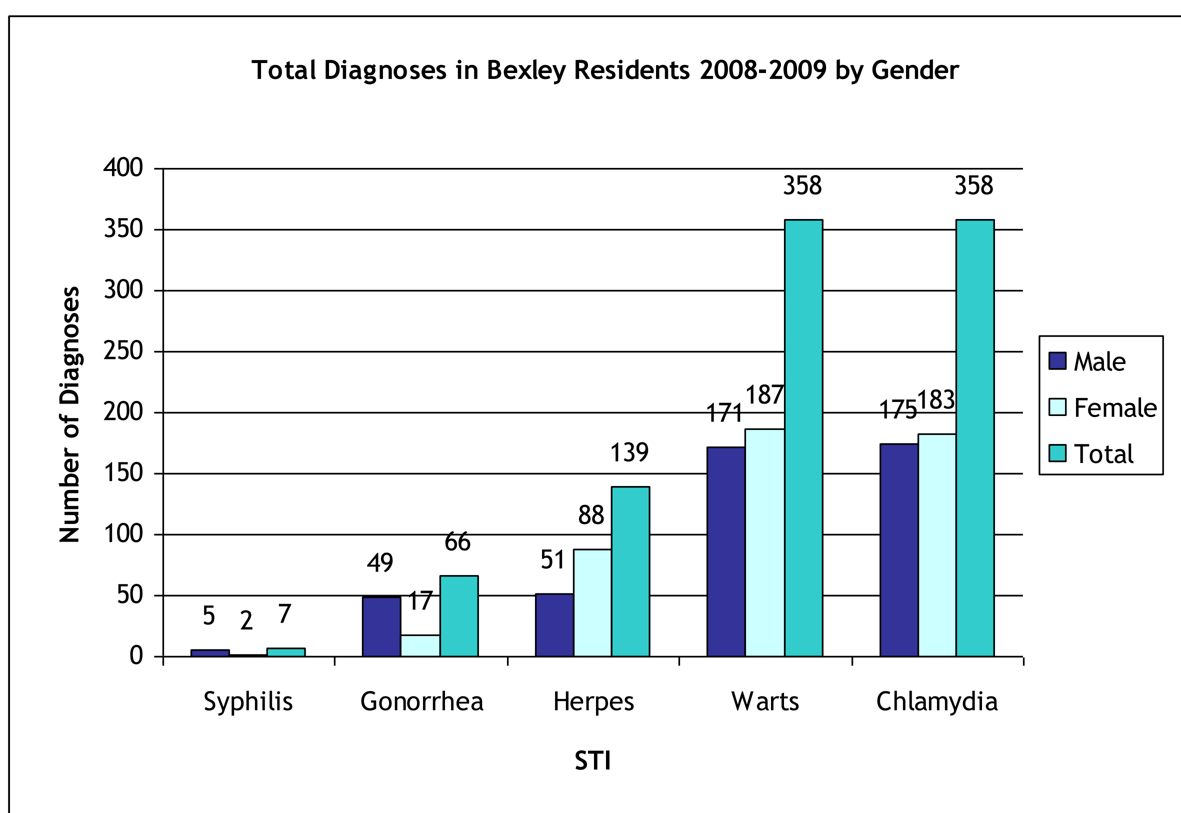
This section is designed to map the current prevalence and projected growth of HIV and STIs in Bexley. Normally STI data is collected by GUM clinics and submitted as KC60 return forms to the HIV and Sexually Transmitted Infections Department at the Health Protection Agency. However, as Bexley does not host a GUM clinic, this data is collected for Bexley residents by neighbouring PCTs. However, there have been difficulties accessing this data as it is not analysed centrally in Bexley. Despite these issues, we have received 2008/09 GUMCAD data on

[29] **RAG Rating:** Green: Achieving target of 75%, Amber: Between 65-74% inclusive, Red: Below 65%
[30] **RAG Rating:** Green: Achieving LDP target, Amber: Within 10% of LDP, Red: Over 10% above LDP.

STI diagnoses amongst Bexley residents which we present here in Section 5.2.1, which includes a breakdown by gender, age group, ethnicity and sexual orientation.

Following the presentation of 2008/09 GUMCAD data we will present STI trend information for the South East London area from 2002-2008, with the most recent data available from the South East London Health Observatory.[31] Although this South East London data does not disaggregate Bexley residents, it is the only way to approximate STI trends in light of the above-mentioned data shortfalls for Bexley.

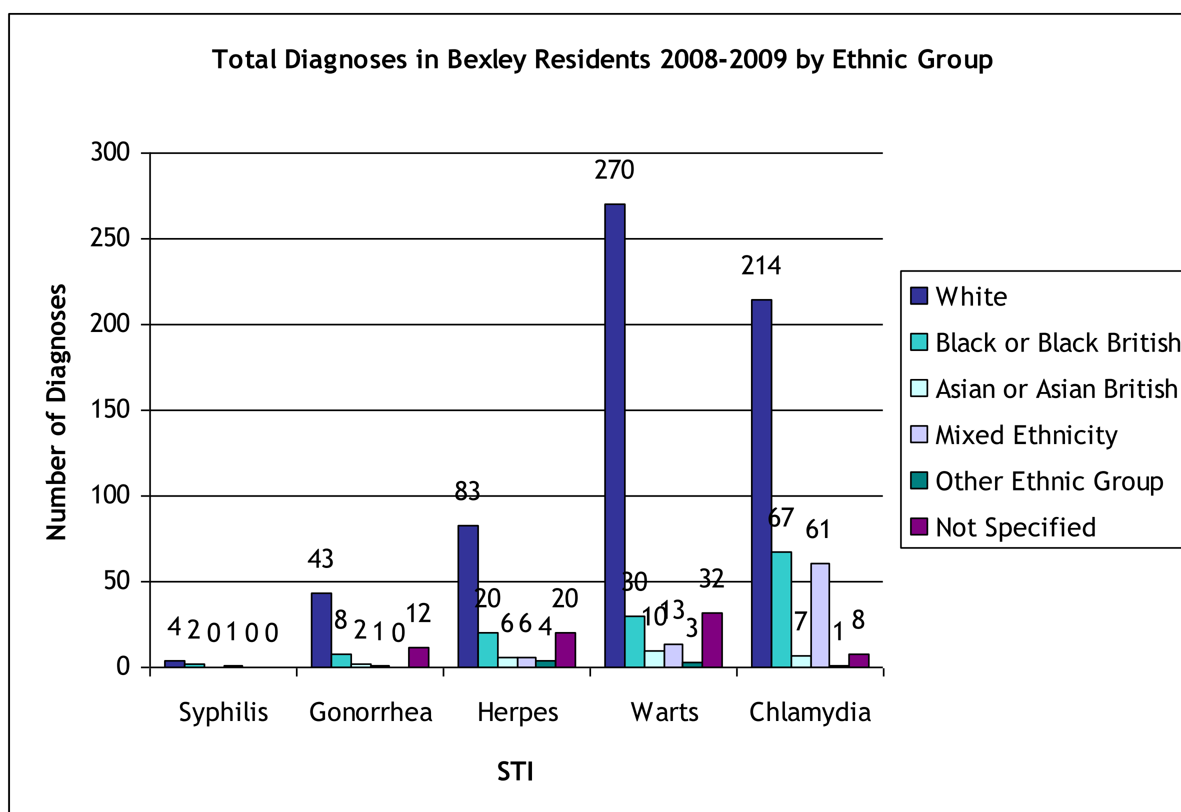
5.2.1 Overview of Clinical Outcomes



[31] *Diagnoses of Selected STIs seen in GUM Clinics 2004-2008.* London Strategic Health Authority: South East London. Health Protection Agency. And Sex and Our City Report, MEDFASH 2008.

STI Diagnoses and Services Recorded Bexley Residents of Bexley 2008-2009[32]				
	Male	Female	Total	Prevalence (per 1,000)[33]
Herpes Diagnoses (First attack)	51	88	139	0.6
Gonorrhoea Diagnoses (Uncomplicated)	49	17	66	0.3
Chlamydia Diagnoses	175	183	358	1.7
Warts Diagnoses (First Attack)	171	187	358	1.7
Primary & Secondary Syphilis Diagnoses	5	<5	7	0.03
Total	**451**	**477**	**928**	4.3

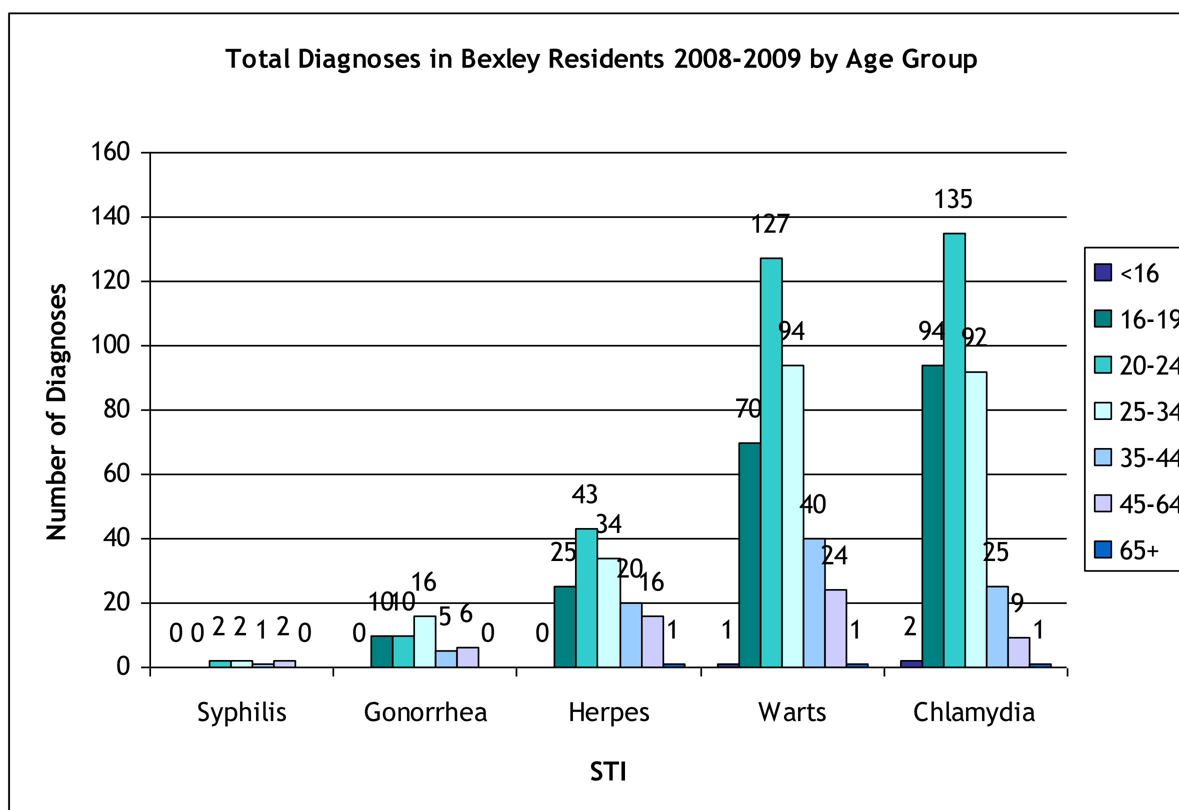
The chart above shows the total number of positive diagnoses in Bexley residents between 2008 and 2009. During this period 4,585 sexual health screens were carried out from Bexley residents, from which approximately 20% (928) of these tests returned a positive result.



[32] Health Protection Agency 2010. Sourced from the Microbiology & Epidemiology of STIs & HIV (MESH) Dept.
[33] Population figures used for 2008-2009 STI Prevalence are based on GLA 2008 Population Projections, where the predicted population for Bexley in 2011 is 216,000.

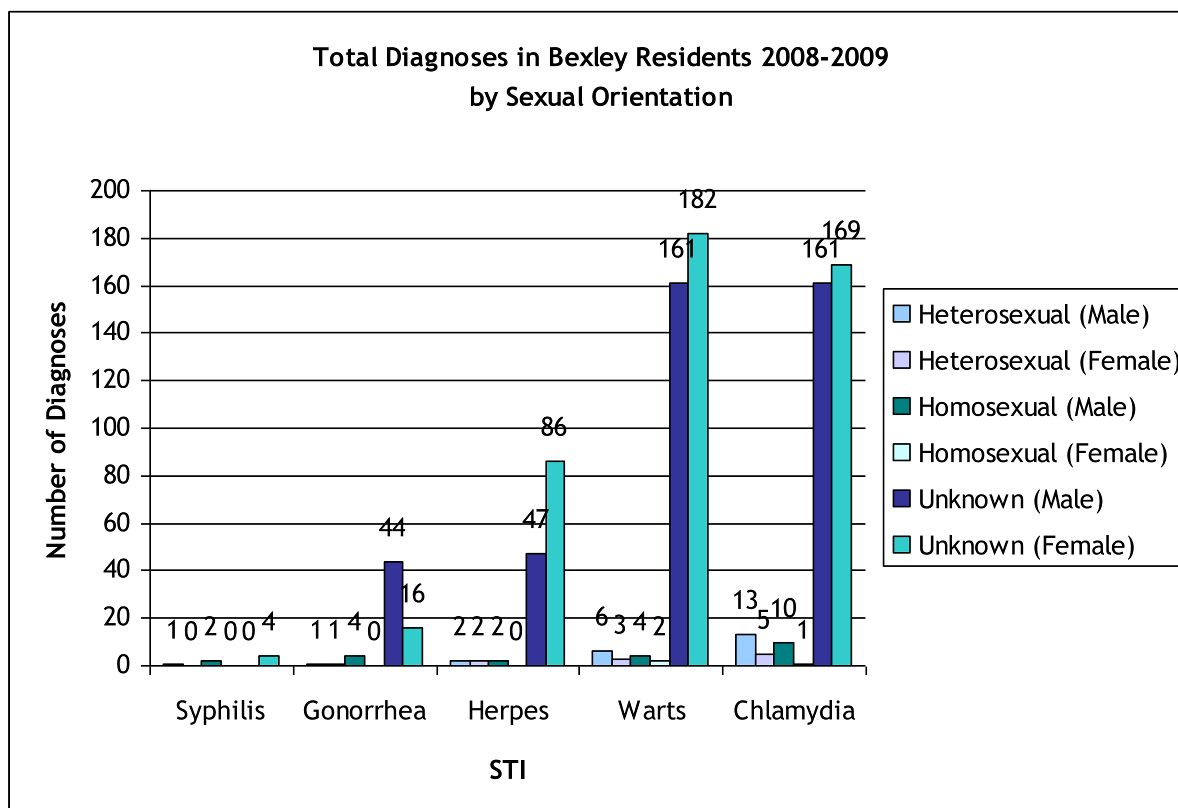
Total Diagnoses in Bexley Residents 2008-2009 by Ethnicity										
	Syphilis		Gonorrhoea		Herpes		Warts		Chlamydia	
	No.	%	No.	%	No.	%	No.	%	No.	%
White	4	57%	43	65%	83	60%	270	75%	214	60%
Black/Black British	2	29%	8	12%	20	14%	30	8%	67	19%
Asian/Asian British	0	-	2	3%	6	4%	10	3%	7	2%
Mixed	1	14%	1	2%	6	4%	13	4%	61	17%
Other Ethnic	0	-	0	-	4	3%	3	1%	1	<1%
Not specified	0	-	12	18%	20	15%	32	9%	8	2%
Total	**7**	**100%**	**66**	**100%**	**139**	**100%**	**358**	**100%**	**358**	**100%**

The two ethnic groups most affected by STIs in Bexley are the White and Black/Black British ethnic groups. At least two thirds of all positive diagnoses of Gonorrhoea, Herpes, Warts and Chlamydia were in white men and women. Black / British men and women suffered from a disproportionately high positivity rate for Syphilis (29% of all Syphilis diagnoses despite being only approximately 6% of the total Bexley population).



Total Diagnoses in Bexley Residents 2008-2009 by Age Group										
	Syphilis		Gonorrhoea		Herpes		Warts		Chlamydia	
	No.	%	No.	%	No.	%	No.	%	No.	%
<16	0	-	0	-	0	-	1	<1%	2	<1%
16-19	0	-	17	26%	25	18%	70	20%	94	26%
20-24	2	28%	17	26%	43	31%	127	35%	135	38%
25-34	2	28%	21	31%	34	25%	94	26%	92	25%
35-44	1	16%	5	8%	20	14%	40	11%	25	7%
45-64	2	28%	6	9%	16	11%	24	7%	9	3%
65+	0	-	0	-	1	<1%	1	<1%	1	<1%
Total	**7**	**100%**	**66**	**100%**	**139**	**100%**	**358**	**100%**	**358**	**100%**

In all cases except Syphilis diagnoses, more than half of all diagnoses in each STI occurred in young adults aged under twenty five years old. More than a quarter of Gonorrhoea and Chlamydia diagnoses were found in young people aged 16-19 years old, while over one third of Herpes (31%), Warts (35%) and Chlamydia (38%) occurred in adults aged between 20 and 24 years old. The most diagnosed age group for Gonorrhoea were those aged between 25 and 34 years old (31% of all Gonorrhoea diagnoses).



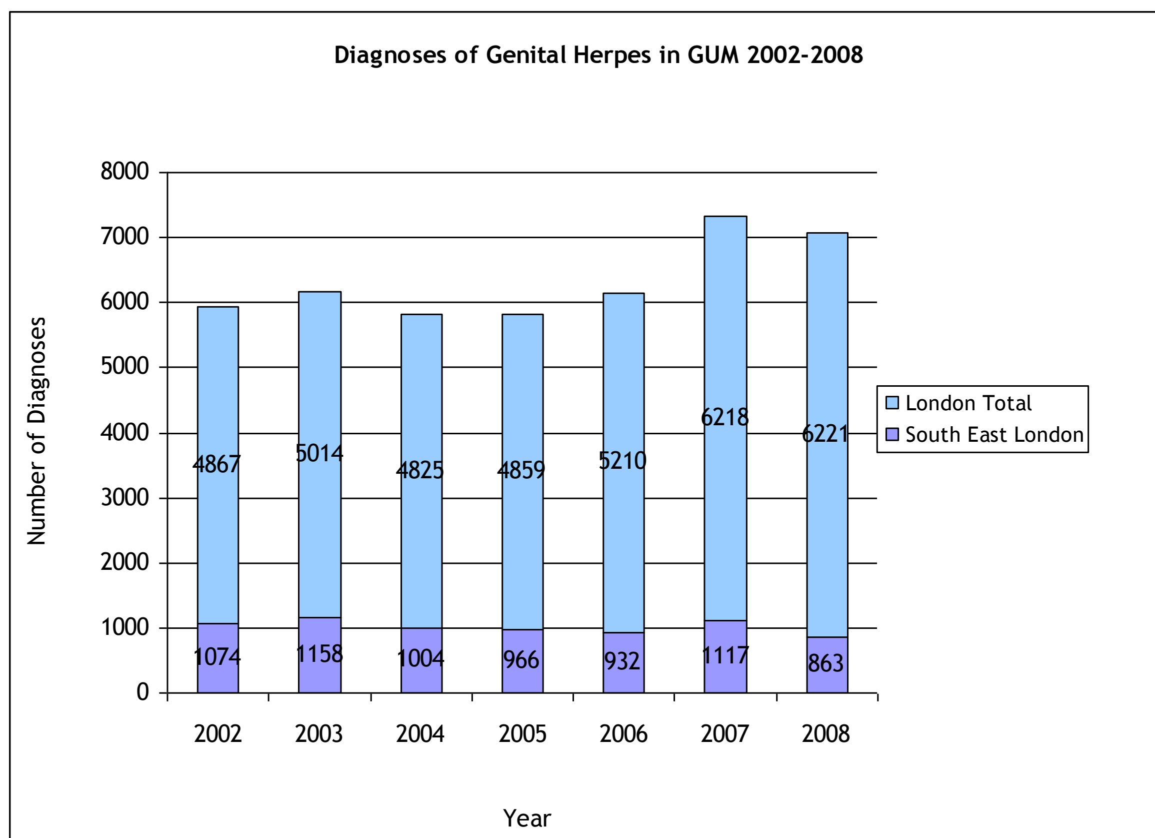
Total Diagnoses in Bexley Residents 2008-2009 by Age Group										
	Syphilis		Gonorrhoea		Herpes		Warts		Chlamydia	
	No.	%	No.	%	No.	%	No.	%	No.	%
Homosexual (M)	2	28%	4	6%	2	1%	4	1%	10	3%
Heterosexual (M)	1	16%	1	2%	2	1%	6	2%	13	4%
Unknown (M)	0	-	44	66%	47	35%	161	45%	161	45%
Homosexual (F)	0	-	0	-	0	-	2	<1%	1	<1%
Heterosexual (F)	0	-	1	2%	2	1%	3	<1%	5	1%
Unknown (F)	4	56%	16	24%	86	62%	182	51%	169	47%
Total	**7**	**100%**	**66**	**100%**	**139**	**100%**	**358**	**100%**	**358**	**100%**

Unfortunately, a large amount of data surrounding the sexual orientations of those who were tested was not recorded during 2008 and 2009. In fact over half (56%) of all Syphilis diagnoses, 90% of Gonorrhoea, 97% of all Herpes diagnoses, 96% of all Warts diagnoses and 92% of all Chlamydia diagnoses did not record the sexual orientation of those diagnosed. Therefore the sexual orientations of those diagnosed in Bexley during 2008 and 2009 remain 'unknown'.

5.2.2 HERPES

From 2002 to 2005 the South East London sector had the second highest rates of Genital Herpes diagnosed in GUM, behind only North West London. Between 2005 and 2006 South East London reduced its herpes diagnoses and had the third lowest rate of diagnoses. [34] By 2008 total herpes diagnoses in South East London had reached a low of 863, a reduction of 19.6% from the 2002 total of 1,074. Between 2002 and 2008 the London total herpes diagnoses had risen by 27.8%.

[34] *London Sexual Health Indicators: a Data Driven Needs Assessment*. MedFash Project Report 1. London Health Observatory and Health Protection Agency. November 2008. *Diagnoses of Selected STIs seen at GUM Clinics: 2004-2008*. London Strategic Health Authority, South East London. Health Protection Agency.



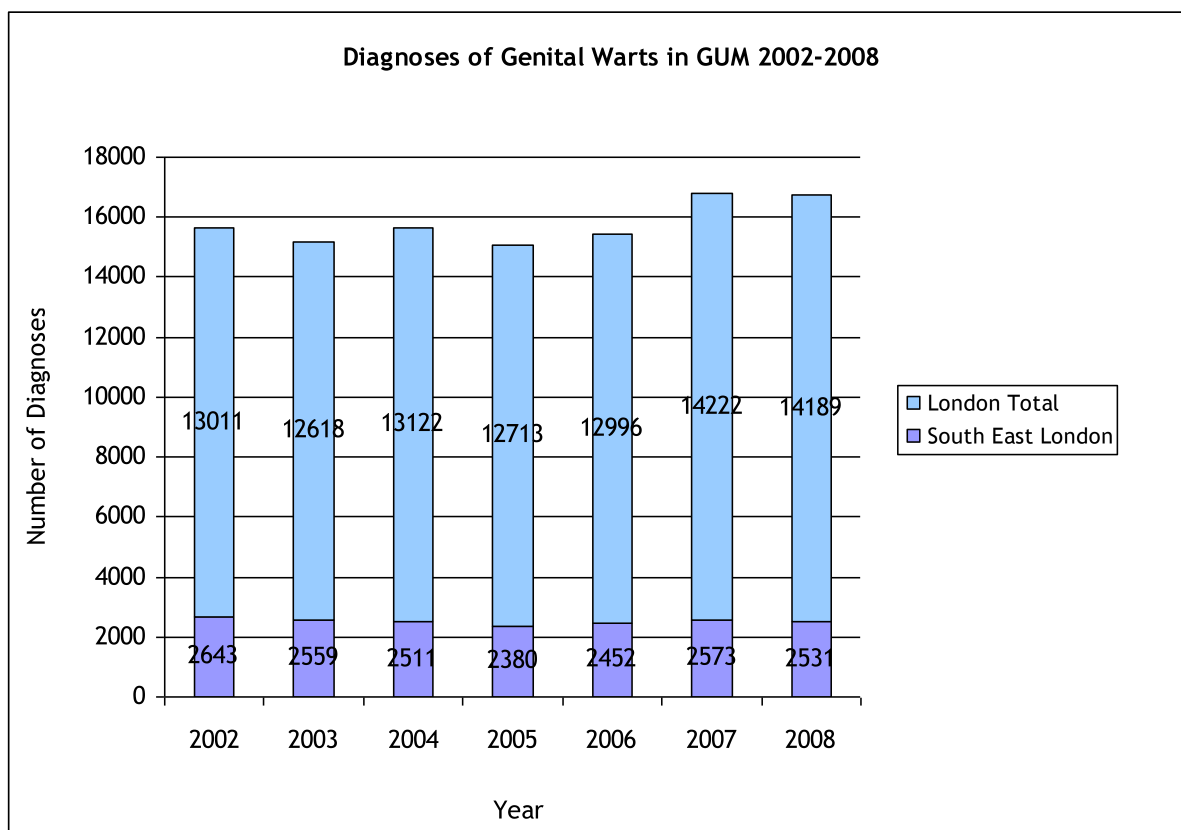
139 Bexley residents were diagnosed with Herpes (first attack), of which 88 were female compared with 51 males in 2008-2009.[35] A quarter of all diagnoses were in Homosexual men.

Diagnoses of Genital Herpes in GUM 2002-2008							
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
South East London	1074	1158	1004	966	932	1117	863
London Total	4867	5014	4825	4859	5210	6218	6221

5.2.2.1 Genital Warts

358 residents of Bexley were diagnosed with Genital Warts (First Attack), 187 of which were female and 171 were male during 2008-2009.[36] More than half of all diagnoses in Bexley were in young adults aged under 25 years old.

[35] Health Protection Agency 2010, sourced from the Microbiology & Epidemiology of STIs & HIV (MESH) Dept.
[36] Health Protection Agency 2010, sourced from the Microbiology & Epidemiology of STIs & HIV (MESH) Dept.

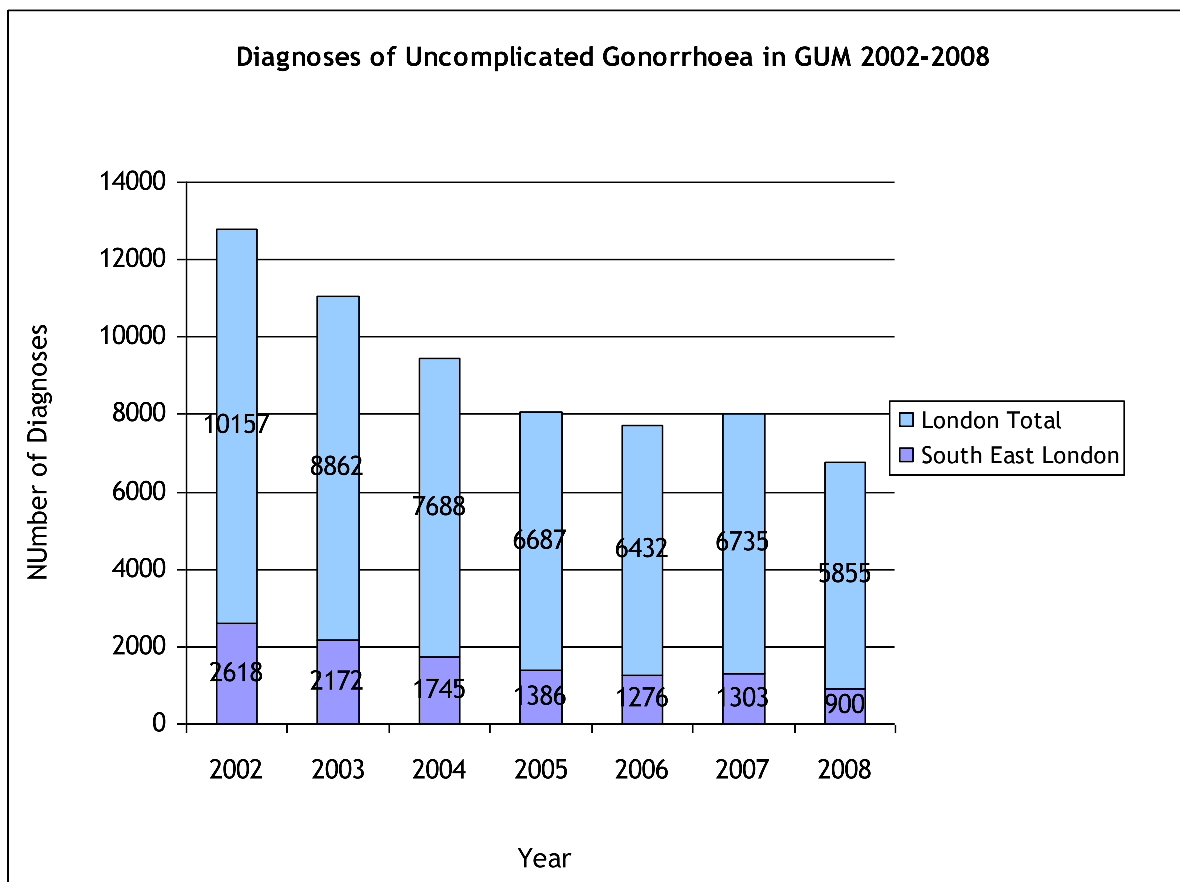


Diagnoses of Genital Warts in GUM 2002-2008							
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
South East London	2643	2559	2511	2380	2452	2573	2531
London Total	13011	12618	13122	12713	12996	14222	14189

The numbers of Genital Warts diagnoses across South East London have remained relatively constant since 2002.

5.2.2.2 Gonorrhoea

The number of Gonorrhoea infections has been decreasing across South East London since 2002 and across London in general. In fact the number of infections has reduced by nearly two-thirds between 2002 and 2008 (decreasing from 2618 infections in 2002 to 900 infections in 2008). This is a greater reduction than the London total, which fell by nearly half from 2002 to 2008 (10,157 to 5,855).



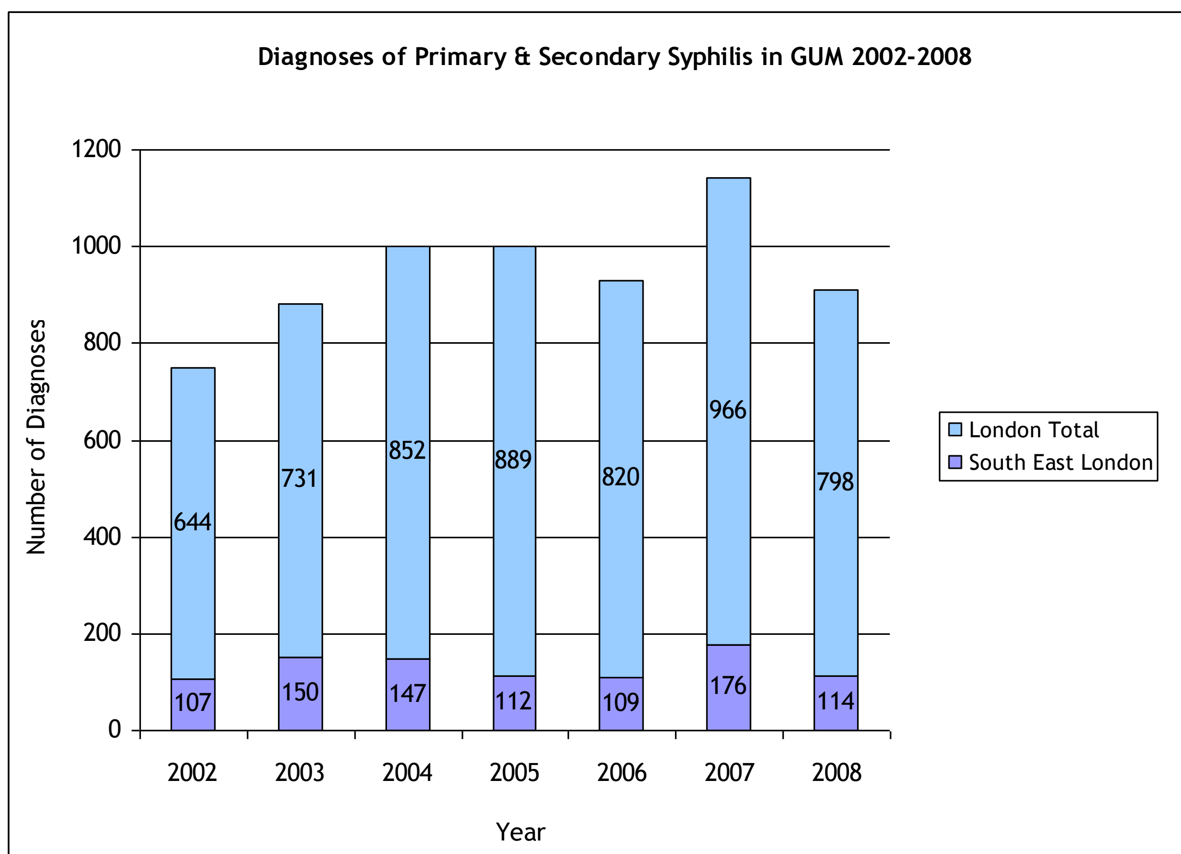
Diagnoses of Uncomplicated Gonorrhoea 2002-2008							
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
South East London	2618	2172	1745	1386	1276	1303	900
London Total	10157	8862	7688	6687	6432	6735	5855

There were 66 Gonorrhoea diagnoses (uncomplicated) during 2008-2009 in Bexley residents. 17 were female and 49 were male.[37] These included 26% (17) in 16-19 year-olds, 26% (17) in 20-24 year-olds, 31% (21) in 25-34 year-olds, 8% (5) in 35-44 year olds, and 9% (6) in 45-64 year-olds.

5.2.2.3 Syphilis

Transmission of Syphilis remains relatively low in London and the South East London sector, including Bexley. Despite a slight increase in Syphilis diagnoses in 2003 and 2004, the overall number of infections in 2008 was very similar to those in 2002.

[37] Health Protection Agency 2010, sourced from the Microbiology & Epidemiology of STIs & HIV (MESH) Dept.



Diagnoses of Primary and Secondary Syphilis 2002-2006							
	2002	2003	2004	2005	2006	2007	2008
South East London	107	150	147	112	109	176	114
London Total	644	731	852	889	820	966	798

7 Bexley residents were diagnosed with Syphilis (primary and secondary) during 2008-2009.[38]

5.2.3 Overview of Provision

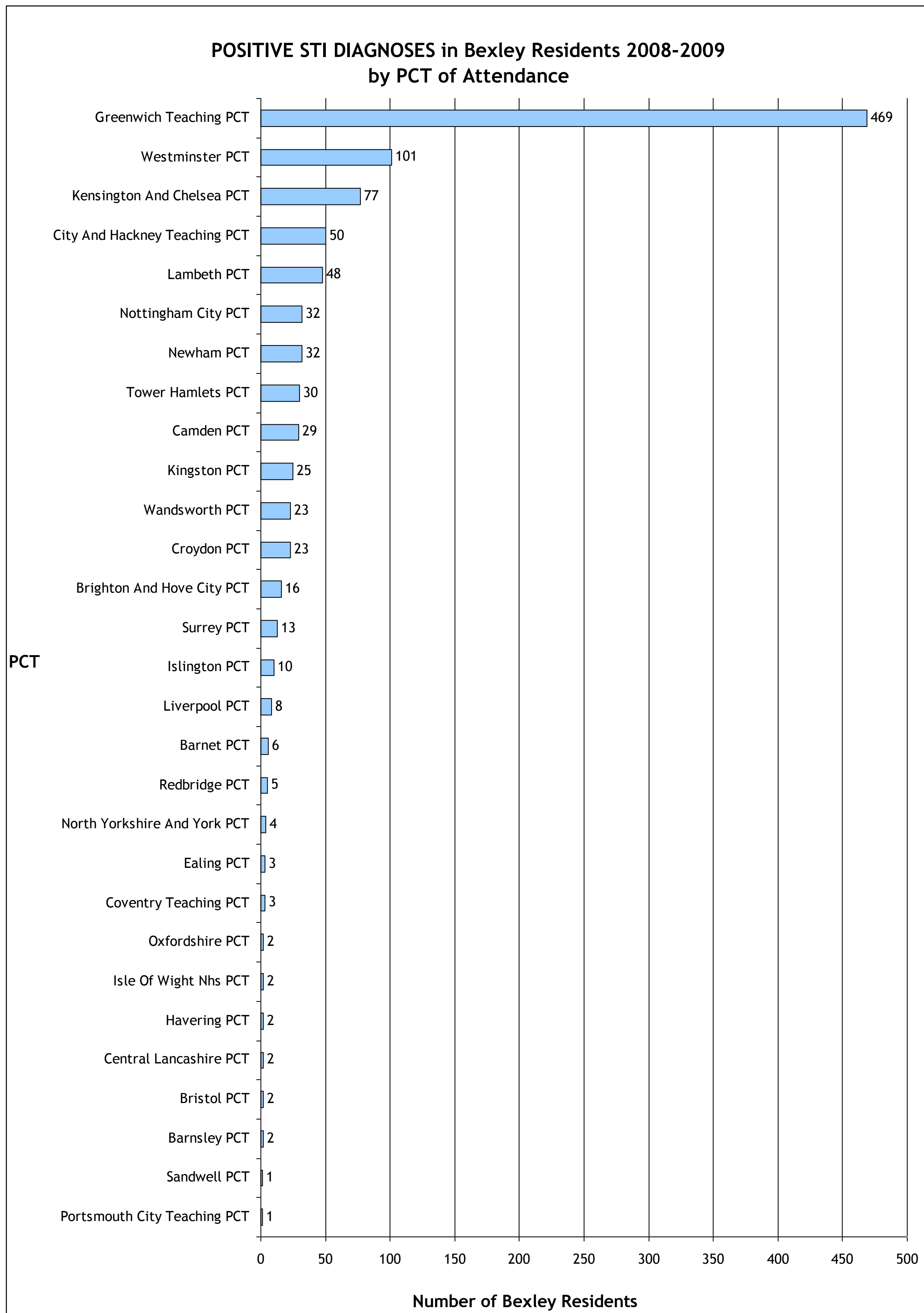
The PCT has no hosted provider of GUM services. The closest GUM services are located in Greenwich PCT; clients from practices, family planning and youth advisory services are currently redirected to the Trafalgar Clinic in Greenwich, Renton Clinic in Darent Valley and Beckenham Hospital in Bromley for sexual health services. The Market Street CRSH Clinic in Greenwich also offers Level 2 sexual health services and is popular with Bexley residents, particularly the over-25s that have no service in Bexley. The Metro Centre's Pit-Stop Clinic in Greenwich has STI testing for MSM; between February 2009 and February 2010 28 Bexley MSMs accessed STI testing there. In 2007-2008, any Bexley PCT residents seen in any GUM services

were paid for by the host PCTs. In 2008-2009, following de-hosting processes the PCT has since been subject to cross-charging arrangements.

Bexley's drug treatment services have been working to embed health promotion and harm reduction in all drug treatment services. Bexley has been working to meet the target of 80% of new drug treatment journeys being offered and accepting a Hepatitis B vaccination. Substantial progress toward embedding this work has been made as all drug treatment service users are now offered a Hepatitis B vaccination. HIV testing is available within Bexley's community prescribing service, and those testing positive are referred to QEH for treatment.[39]

Of the 4,585 sexual health screens that were carried out in 2008-2009, 4,233 (92.3%) of all screens were carried out by Greenwich Teaching PCT. Of the 928 (20.2%) tests which returned positive results, half (50.5%) accessed care from Greenwich services. The chart above reflects where the remaining Bexley residents accessed services during this period, which includes Westminster PCT (10.8%), Kensington & Chelsea PCT (8.3%), City and Hackney Teaching PCT (5.3%) and Lambeth PCT (5.2%).[40]

[38] Health Protection Agency 2010, sourced from the Microbiology & Epidemiology of STIs & HIV (MESH) Dept.
[39] *Adult Drug Treatment, Reintegration and Recovery Needs Assessment, 2009/10.* Bexley Drug and Alcohol Action Team.
[40] Health Protection Agency 2010. Sourced from the Microbiology & Epidemiology of STIs & HIV (MESH) Dept.


POSITIVE STI DIAGNOSES in Bexley Residents 2008-2009
by PCT of Attendance
PCT
Greenwich Teaching PCT 469
Westminster PCT 101
Kensington And Chelsea PCT 77
City And Hackney Teaching PCT 50
Lambeth PCT 48
Nottingham City PCT 32
Newham PCT 32
Tower Hamlets PCT 30
Camden PCT 29
Kingston PCT 25
Wandsworth PCT 23
Croydon PCT 23
Brighton And Hove City PCT 16
Surrey PCT 13
Islington PCT 10
Liverpool PCT 8
Barnet PCT 6
Redbridge PCT 5
North Yorkshire And York PCT 4
Ealing PCT 3
Coventry Teaching PCT 3
Oxfordshire PCT 2
Isle Of Wight Nhs PCT 2
Havering PCT 2
Central Lancashire PCT 2
Bristol PCT 2
Barnsley PCT 2
Sandwell PCT 1
Portsmouth City Teaching PCT 1
0 50 100 150 200 250 300 350 400 450 500
Number of Bexley Residents

Number of Attendees to GUM Services at QEH (Trafalgar Clinic) Apr'08 - Mar '09[41]	
Date	**Number of Attendees**
Apr-08	305
May-08	257
Jun-08	224
Jul-08	306
Aug-08	258
Sep-08	307
Oct-08	330
Nov-08	282
Dec-08	247
Jan-09	281
Feb-09	301
Mar-09	344
Total	**3442**

STIs and Testing - Service Provider and Stakeholder Comments

- Many providers pointed to the absence of centralised data monitoring systems in Bexley. There is a need for collecting data on all commissioned sexual health services and holding it centrally where it can be collated and analysed for public health purposes and service design. One provider explained that BCT should make provision for a fulltime data analyst post to govern the data.
- There are Level 2 sexual health services in three of Bexley's Young Peoples' Clinics (Erith, Oval and BYAS) and through the Outreach Contraception Nursing Service; the remainder of the YAS offer only Level 1 services.[42]
- The only STI testing currently available in the YP Clinics is Chlamydia under the NCSP.
- The YP CRSH clinics would be receptive to additional testing services if commissioned, such as POC testing and urine tests for gonorrhoea. They could offer treatment services as well.
- The absence of urine testing limits the ability of YP clinics and GPs to screen men. "No urine testing means no men."
- Young people in need of other STI testing and complex procedures are signposted to

[41] Data provided by Queen Elizabeth, South London Healthcare NHS Trust
[42] Provider interview.

the closest GUM clinics.

  - Most are signposted to the Trafalgar Clinic at Queen Elizabeth Hospital (Greenwich) and the Darent Valley Hospital in Dartford.
  - Few referrals are made to the Beckenham Clinic in Bromley because, "It's too far and they would have to take too many buses."

- STI testing in Bexley general practice is variable and there is no standard of provision.
  - It was unclear from Bexley GPs what STI testing is available. One provider was certain that no Bexley GPs provide screening for syphilis or warts, was unsure whether any Bexley GPs provide gonorrhoea screening, and was unsure if any Bexley GPs provided other complex STI screening or treatment.[43]
  - All men are referred to GUM clinics out of borough.
  - Patients seen as low risk are routinely referred to GUM.
  - There is no monitoring or follow-up on out-referred patients by Bexley GPs.
- GP Protected Learning has never included a session featuring sexual health, although it has been "added onto other things." However, for the first time a sexual health learning event was carried out in March, 2010. Although clinical tutors usually determine the agenda, GPs can and do forward requests for preferred topics of learning.
- Bexley residents are the second largest group accessing the Trafalgar Clinic.
  - This includes a wide age range
  - Most are self-referred
  - GP referrals are largely informal "GP Advice" and do not include GP referral slips.
- Pharmacists refer patients to GPs by default. One provider from Bexley pharmacies was not aware of the existence of young peoples' CRSH clinics and had never referred any young people to Bexley's Youth Advisory Service.
- One provider explained that Bexley pharmacies are not joined up with other providers and work in silos within the borough. "We work in isolation within the pharmacy."
- Some service providers felt that in order to embed GUM and more sophisticated sexual health services in General Practice it would be necessary for the service to be

[43] Based upon interviews with 2 Bexley GPs and analysis of the March 2010 Schering Plough Audit of Contraceptive and Sexual Health Services in Bexley GPs.

provided by outreach workers. "You need the right people at the door," in terms of approachable and trained workers who can register and triage patients so as to bypass reception staff.

- Outreach and prevention providers expressed the need for specialist, community based STI testing sites for MSM and African people in relevant wards and areas of the borough.

5.3 CHLAMYDIA AND THE NATIONAL CHLAMYDIA SCREENING PROGRAMME

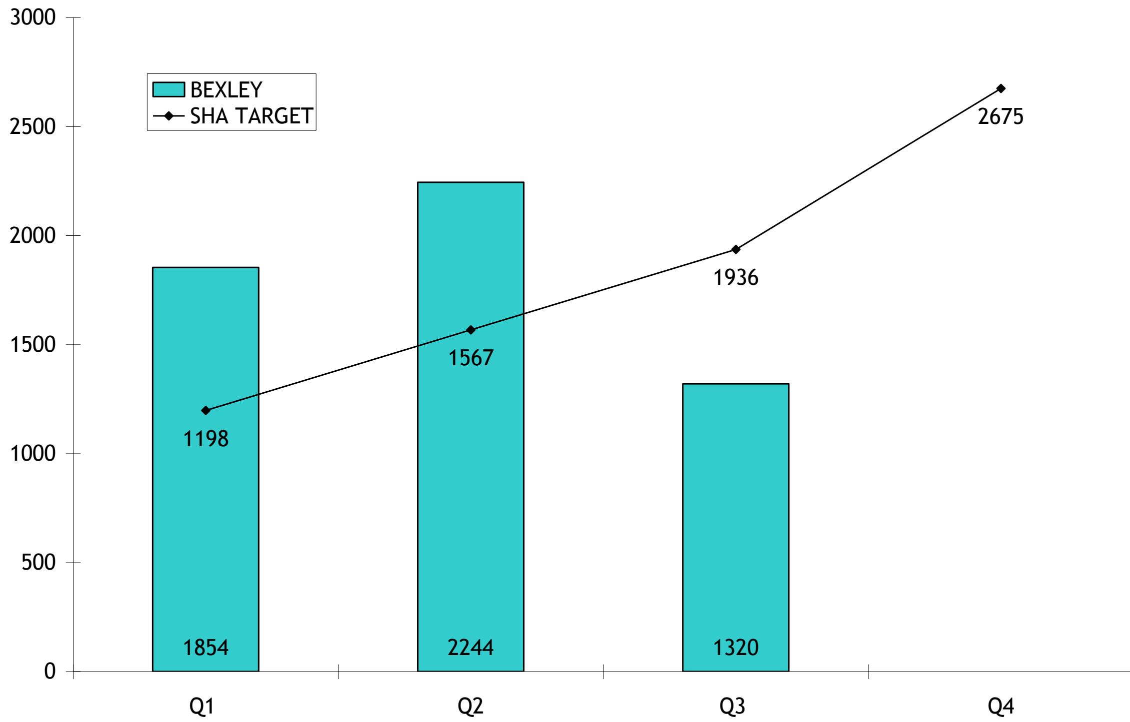
Chlamydia Trachomatis is now the most commonly diagnosed sexually transmitted infection (STI) in the world,[44] and the most commonly diagnosed STI in the UK. The number of diagnoses in the UK trebled between 1995 and 2004, following a period of declining incidence of all sexually transmitted diseases, presumed to be due to safer sex campaigns to reduce transmission of HIV. Increasing rates of risky sexual behaviour is thought to be the cause of recent increases in diagnoses. Chlamydia now represents 46% of all diagnoses of sexually transmitted diseases.

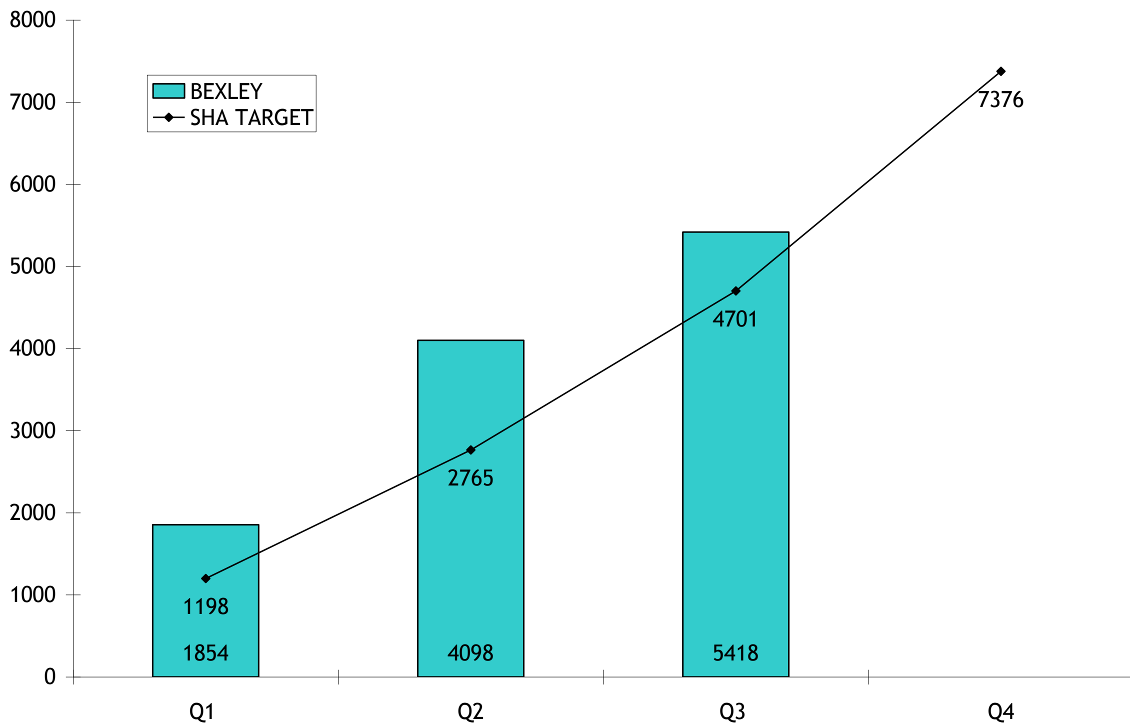
5.3.1 NCSP PERFORMANCE

As the following charts show, Bexley outperformed the SHA targets for NCSP screens during Quarters 1 and 2 of 2009/10, and surpassed the cumulative targets for Quarters 1-3 2009/10. However, during the most recent quarter (Q3 2009/10) Bexley missed the SHA screening target by 616 screens. Despite this, Bexley has a real possibility of reaching the 25% screening target for the year.

	BEXLEY	2009/2010 SHA TARGET	BEXLEY	2010/2011 SHA TARGET
Q1	1854	1198	-	1678
Q2	2244	1567	-	2194
Q3	1320	1936	-	2710
Q4		2675	-	3473
Annual	**5418**	**7376**	**-**	**10055**

[44] World Health Organisation 2006


2009/10 SHA TRAJECTORY (BEXLEY QUARTERLY ACTUALS)
BEXLEY
SHA TARGET
3000
2500
2000
1500
1000
500
0
1854
2244
1320
1198
1567
1936
2675
Q1
Q2
Q3
Q4


2009/10 SHA TRAJECTORY (BEXLEY CUMULATIVE)
BEXLEY
SHA TARGET
8000
7000
6000
5000
4000
3000
2000
1000
0
1854
4098
5418
1198
2765
4701
7376
Q1
Q2
Q3
Q4

Q1-4 2008/09 and Q1-3 2009/10 - National Chlamydia Screening Programme[45]							
Year	PCT Name	Chlamydia Tests Reported to NCSP		Percent of Population Tested	National Ranking	Percent of Index Cases Testing Positive	15-24 Year Old Population Estimates
		Index Tests	Positive Index Tests				
1st Apr 08 - 31st Mar 09	**Bexley**	**4,179**	**297**	**15.8**	**79**	**7.1**	**29,000**
	Bromley	4,700	300	15.3	90	6.4	35,843
	Greenwich	6,078	480	25.6	9	7.9	31,000
1st Apr 09 - 31st Dec 09	**Bexley**	**5,611**	**283**	**19.0**	**15**	**5.1**	**29,500**

**Cell size of 1 to 4 and corresponding totals have been masked to protect deductive disclosure in accordance with ONS guidelines.*

During the period of April to December 2009, there was a marked improvement in Chlamydia testing compared with the figures recorded from April 2008 to March 2009, despite being a shorter period of time. Furthermore, during this period Bexley jumped from 79 to 15th nationally, with a total of 5,611 screens which captured 19 per cent of the target population. Despite these improvements however, it can also be seen that the overall percentage of positives has declined along with the percentage of total population being tested, which suggests that there is still a gap in testing in the borough. The breakdown of positive diagnoses during this period (1st April 2009 to 31st December 2009) by ethnicity, gender, age and ward of residence, and site of testing are presented below.

5.3.2 PROFILE OF NCSP SCREENING IN BEXLEY

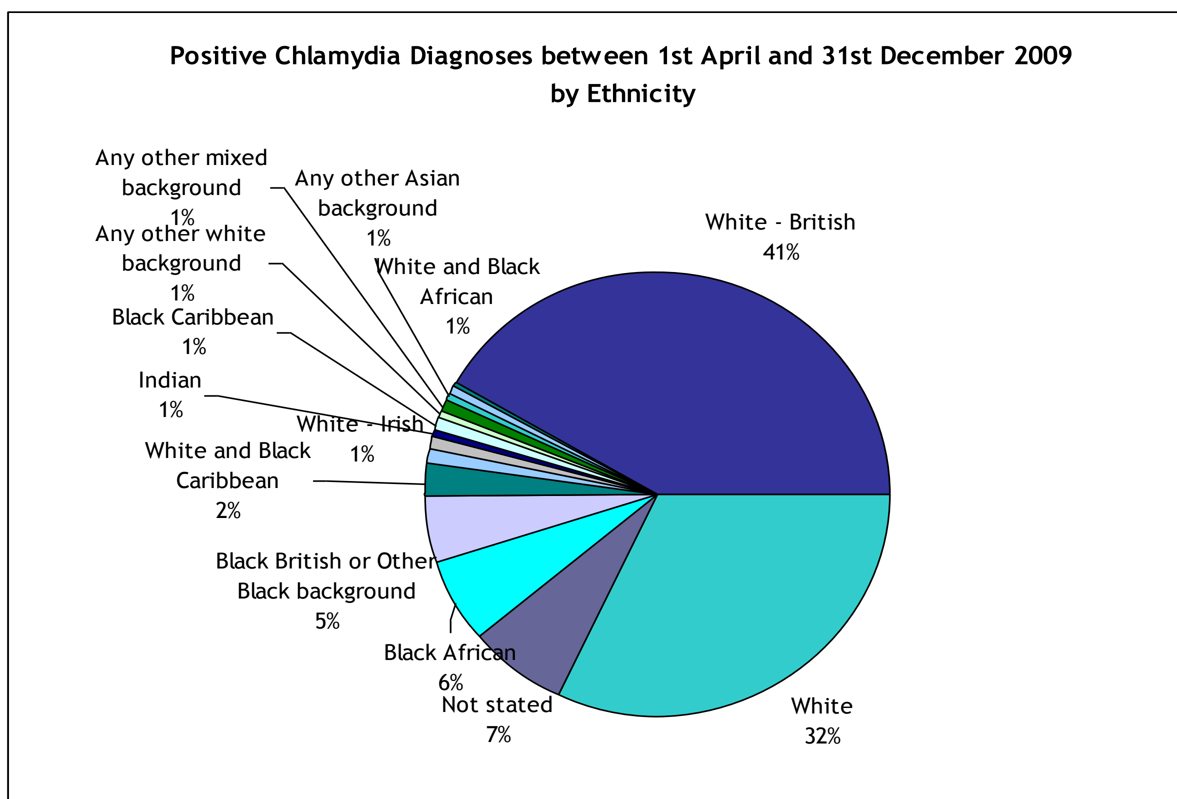
The 2009 Chlamydia Screening Health Equity Audit analysed the NCSP programme in Bexley between January and September, 2008. As the following chart shows, 71.5% of positive Chlamydia diagnoses during Q1-2 of 2008 were amongst the White ethnic group, with All Black positive diagnoses making up 17.3% of positive diagnoses.

Positive Chlamydia Results between 1st Jan and 31st Sept 2008 by ETHNICITY[46]		
Ethnicity	**No. Positives**	**% Total**
White	108	71.5%
Black African	7	4.6%
Black Caribbean	7	4.6%
Black other	0	0
All Black	26	17.3%
Asian	2	1.3%
Other	1	0.7%
Total	**151**	**100%**

NCSP data for Q1-3 2009 in the following charts show that 73% of positive Chlamydia diagnoses were amongst White British and White Other ethnicities. Minority ethnic groups that evidenced high rates of Chlamydia positive diagnoses were Black African (6%), Black British and Black Other (6%) and Mixed White and Black Caribbean (2%).

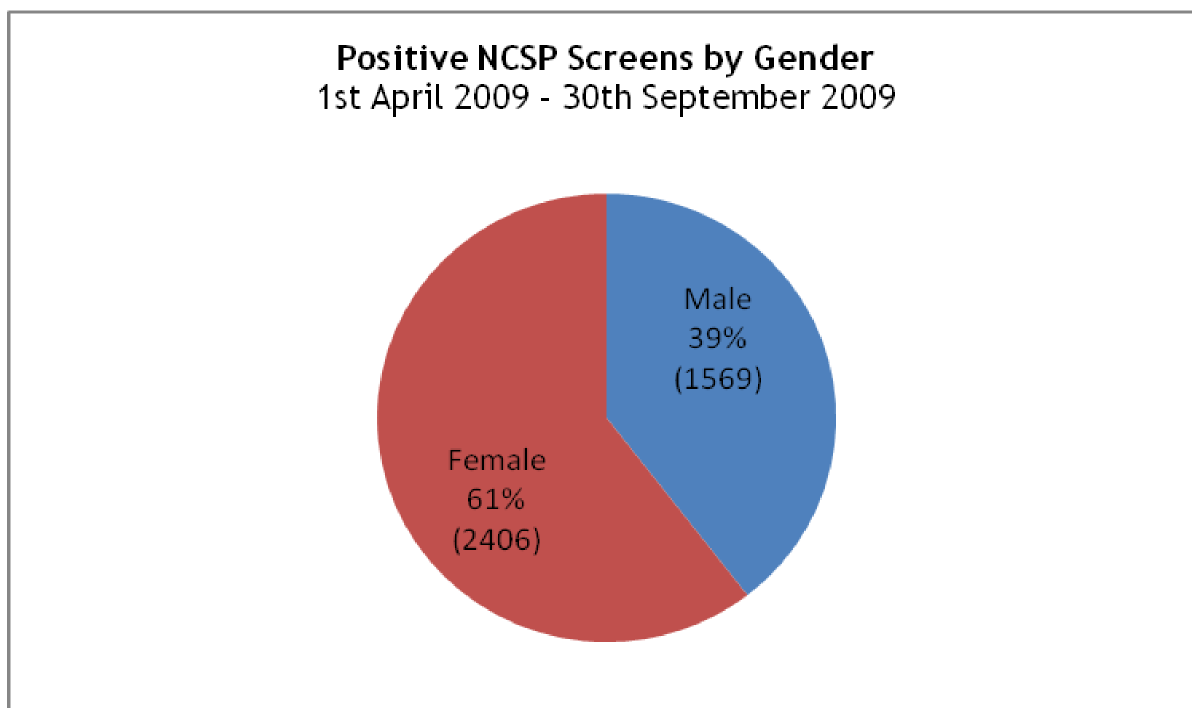
[45] 2008/09 NCSP data collated and held by the Health Protection Agency. All population estimates sourced from ONS. 2009/10 data from Bromley NCSP Co-ordinator. Q3 2009/10 NCSP data for Bromley and Greenwich unavailable for comparison.

[46] *Chlamydia Screening Programme: a Health Equity Audit in Bexley*. Anita Houghton, March 2009.



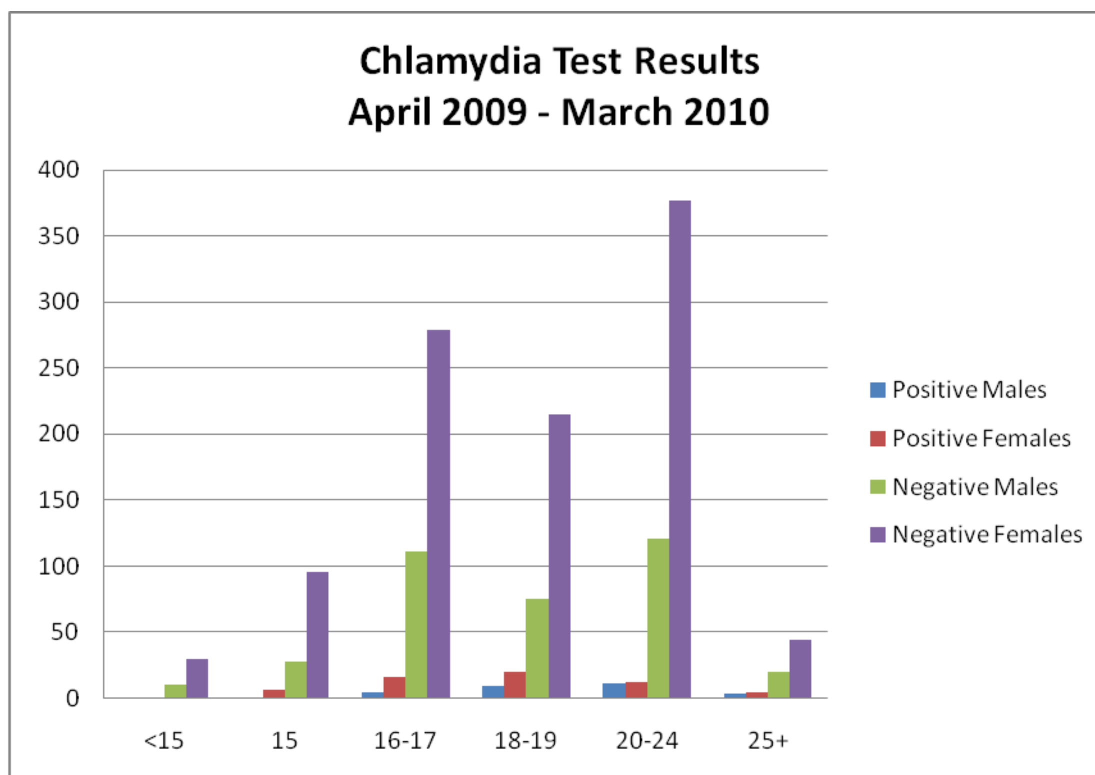
Positive Chlamydia Results between 1st April and 31st December 2009 by ETHNICITY		
Ethnicity	**No. Positives**	**% Total**
White - British	118	41%
White	90	32%
Not stated	20	7%
Black African	17	6%
Black British or Other Black background	14	5%
White and Black Caribbean	7	2%
White - Irish	3	1%
White and Black African	2	1%
Indian	2	1%
Black Caribbean	2	1%
Any other white background	2	1%
Any other mixed background	2	1%
Any other Asian background	2	1%
Chinese	1	<1%
Asian or Asian British	1	<1%
Total	**283**	**100%**

The following chart[47] shows that in Bexley the majority of Chlamydia diagnoses that took place between April 1st and September 30th 2009 were in females (61%).



As can been seen from the chart below, females aged between 15 and 19 years old had the highest number of positive diagnoses in Bexley between April 1st and November 30th 2009.[48] Where the number of diagnoses between males and females aged between 20 and 24 years old were at a similar level (females in this age group made up 26% of all diagnoses; 22% were male), over 30% of all diagnoses during this time period were found in females aged between 15 and 19 years old. Only 4% of diagnoses were found in males and females over 25 years old.

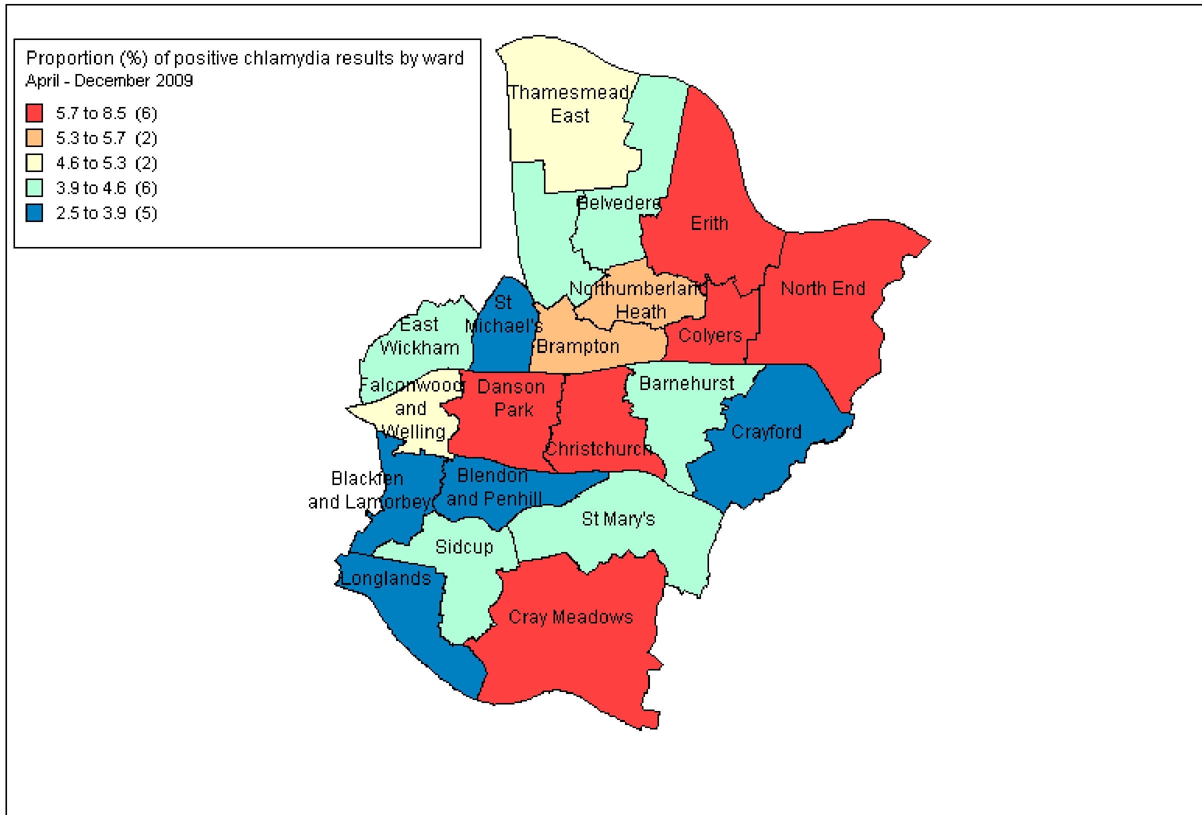
[47] Health Protection Agency 2010, sourced from the Microbiology & Epidemiology of STIs & HIV (MESH) Dept. Q3 2009/10 data on diagnoses by gender was not provided by Bromley NCSP Co-ordinator.
[48] Data supplied by Bromley NCSP Co-ordinator. Q3 NCSP data on gender was not available at the time of this report.

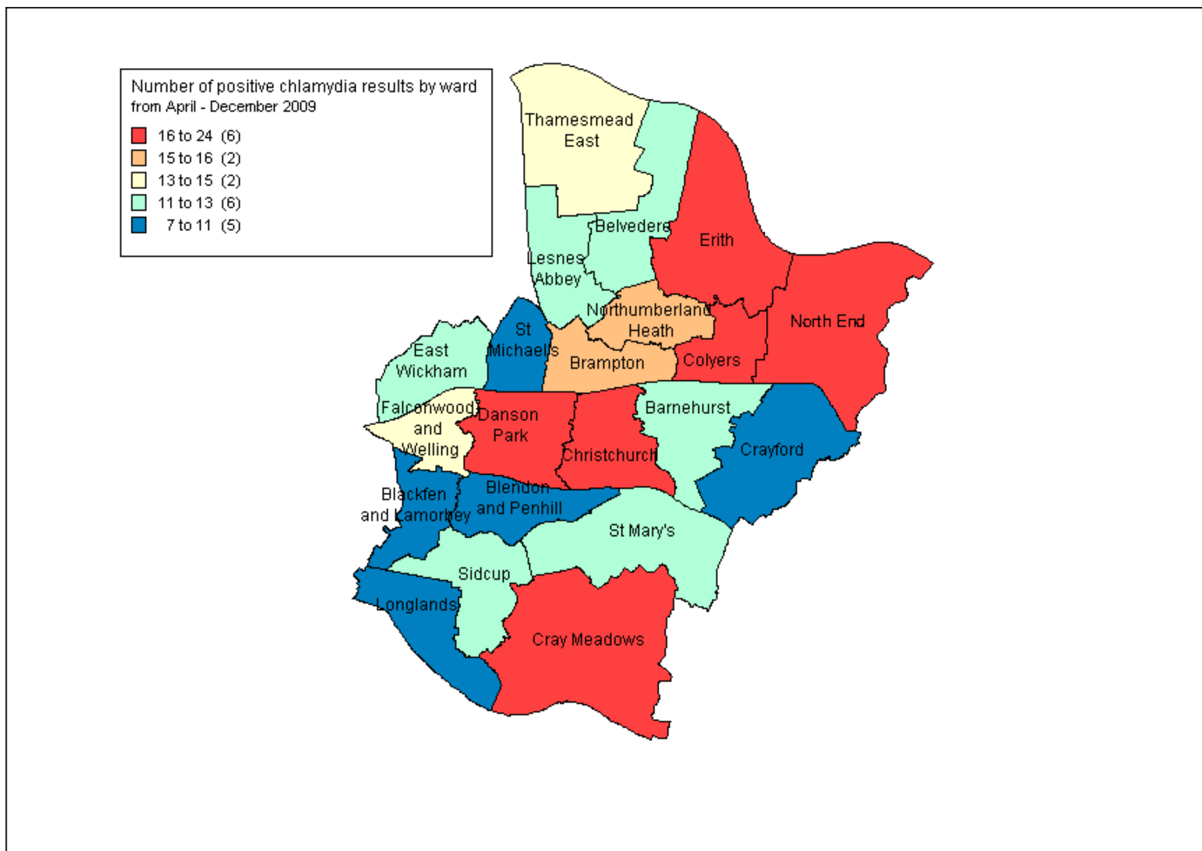


Positive Chlamydia Diagnoses in Bexley: April 1st - November 30th 2009[49]						
	15-19		20-24		25 and Over	
	Male	Female	Male	Female	Male	Female
Bexley	17	36	9	9	3	1
Bromley	3	16	7	15	1	0
Internet	37	73	75	97	6	5
Metro	22	26	13	6	0	3
Total	**79**	**151**	**104**	**127**	**10**	**9**

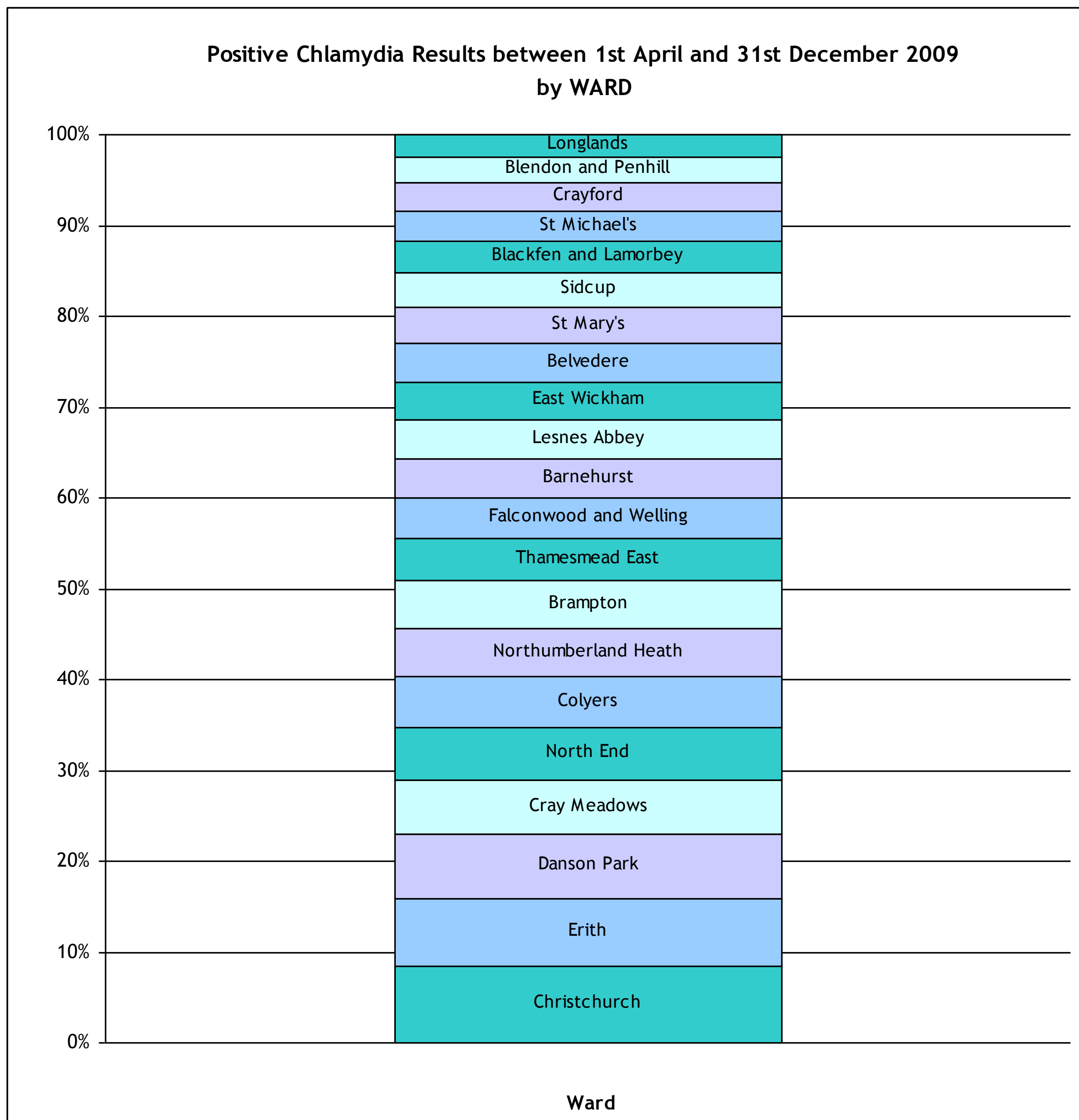
The following charts show positive Chlamydia diagnoses by ward of residence in Bexley. Christchurch (8.5%), Erith (7.4%) and Danson Park (.7.1%) wards contained the highest concentration of Chlamydia diagnoses during this period. Crayford, Blendon & Penhill and Longlands contained the lowest concentration of diagnoses, at 3.2%, 2.8% and 2.5% of total diagnoses respectively

[49] April 1, 2009 – November 30th, 2009. Bexley data provided by Bromley and Bexley NCSP Coordinator.

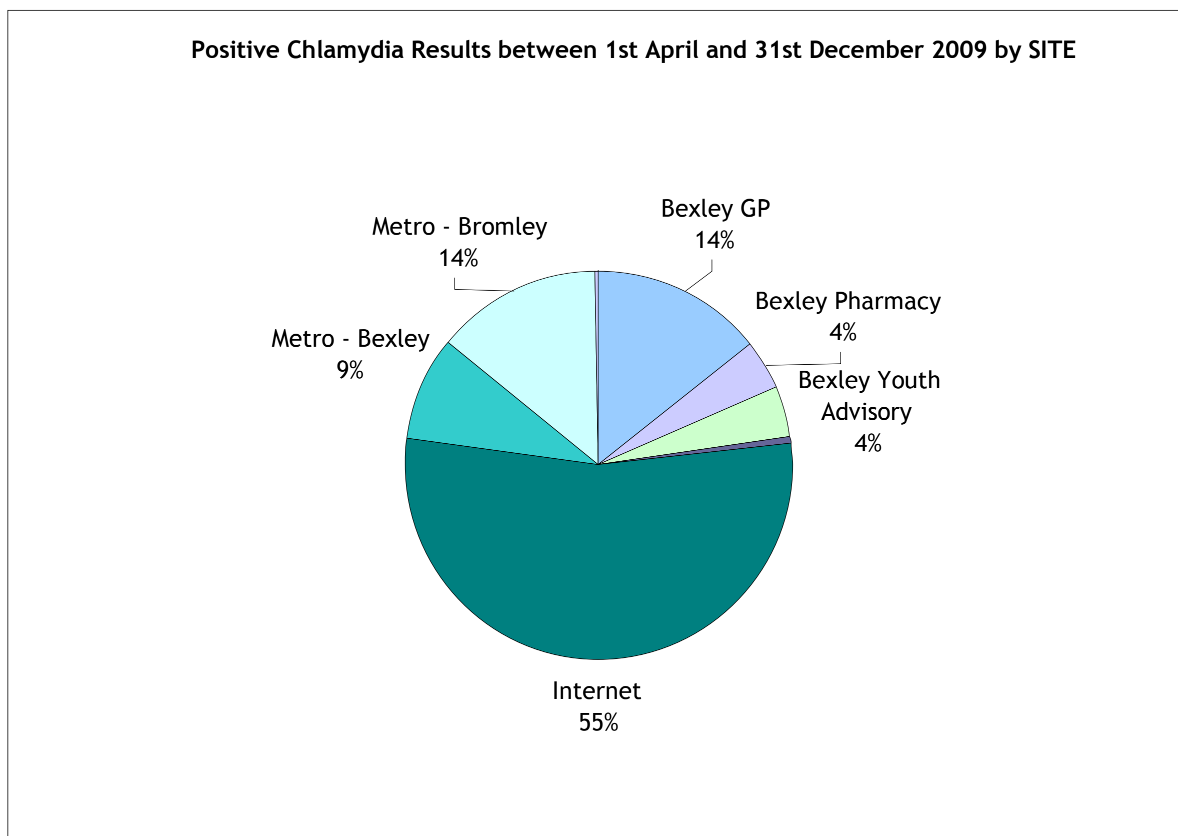

Proportion (%) of positive chlamydia results by ward
April - December 2009
5.7 to 8.5 (6)
5.3 to 5.7 (2)
4.6 to 5.3 (2)
3.9 to 4.6 (6)
2.5 to 3.9 (5)
Thamesmead East
Belvedere
Erith
North End
Northumberland Heath
Colyers
St Michael's
East Wickham
Brampton
Falconwood and Welling
Danson Park
Barnehurst
Crayford
Christchurch
Blackfen and Lamorbey
Blendon and Penhill
St Mary's
Sidcup
Longlands
Cray Meadows


Number of positive chlamydia results by ward
from April - December 2009
16 to 24 (6)
15 to 16 (2)
13 to 15 (2)
11 to 13 (6)
7 to 11 (5)
Thamesmead East
Belvedere
Erith
Lesnes Abbey
North End
Northumberland Heath
St Michael's
East Wickham
Brampton
Colyers
Falconwood and Welling
Danson Park
Barnehurst
Christchurch
Crayford
Blackfen and Lamorbey
Blendon and Penhill
St Mary's
Sidcup
Longlands
Cray Meadows

Positive Chlamydia Results between 1st April and 31st December 2009 by WARD		
Ward	**No. Positive**	**% Total**
Christchurch	24	8.5%
Erith	21	7.4%
Danson Park	20	7.1%
Cray Meadows	17	6.0%
North End	16	5.7%
Colyers	16	5.7%
Northumberland Heath	15	5.3%
Brampton	15	5.3%
Thamesmead East	13	4.6%
Falconwood and Welling	13	4.6%
Barnehurst	12	4.2%
Lesnes Abbey	12	4.2%
East Wickham	12	4.2%
Belvedere	12	4.2%
St Mary's	11	3.9%
Sidcup	11	3.9%
Blackfen and Lamorbey	10	3.5%
St Michael's	9	3.2%
Crayford	9	3.2%
Blendon and Penhill	8	2.8%
Longlands	7	2.5%
Total	**283**	**100%**



As the following charts demonstrate, more than half of all positive diagnoses came from internet diagnoses. GPs in Bexley along with Metro in Bromley identified 14% of diagnoses in Bexley residents respectively. Only 4% of diagnoses occurred from Pharmacies and Youth Advisory respectively.



Positive Chlamydia Results between 1st April and 31st December 2009 by SITE[50]		
Site	**No. Positives**	**% Total**
Internet	153	55%
Bexley GP	41	14%
Metro - Bromley[51]	39	14%
Metro - Bexley	25	9%
Bexley Pharmacy	12	4%
Bexley Youth Advisory	12	4%
Bromley Pharmacy	1	<1%
Other	1	<1%
Total	**283**	**100%**

[50] Data from Bromley NCSP Co-ordinator. It should be noted that Bexley Youth Advisory Services are the CRSH services in the borough.

[51] These figures represent the number of Bexley residents accessing Metro Bromley's services

5.3.3 Service Provision

The National Chlamydia Screening Programme (NCSP) is a control and prevention programme targeted at the highest risk group for Chlamydia infection in England; young people under 25 who are sexually active. Chlamydia screening levels in London in 2008-2009 were 18.1%, above the England average of 15.9%. There was substantial variation between PCTs on the numbers of people in the target group screened. In January 2008, a Chlamydia Screening Programme was established by Greenwich, Bromley and Bexley. The programme was created to meet the prescribed HPA NCSP targets for each of the boroughs, with Greenwich taking responsibility for the core management of the programme. In November 2008 the programme was separated to form two separate screening programmes; one run by Greenwich, the other run by Bromley on behalf of Bromley and Bexley.

Bexley have trained representatives from all their Youth Advisory Services that provide contraceptive advice, 18 pharmacists, and 28 GP practices. The latter were first trained in August and September of 2008. The Metro Centre has also been contracted to do outreach work through the borough where young people are prevalent, this includes 4 key areas: colleges, youth services & groups including sports, community setting such as busy shopping streets, pubs and engage hard-to-reach communities such as NEETs and the travelling community. The outreach work has proved popular with young men, a hard to reach group for traditional core service providers. Metro also runs a targeted LGBT surgery at Bexley Youth Advisory Service once per month. The surgery includes sexual health and emotional support for young LGBT people.

In Bexley, Bromley and Greenwich (BBG), each borough has sent a letter to all young people in the relevant age group, outlining the Programme, offering information about the infection and importance of accessing a testing kit along with the internet details and a contact telephone number. Metro reported that once they started talking to young people who had received the letter, the opportunity to be tested was more likely to be welcomed.

The screening programme is predominantly based around postal Urine Testing Kits and a locally designed website www.checkurself.org.uk. Individuals simply request or are given a Testing Kit, take a urine sample, complete a request form and send it to the lab themselves in the prepaid packaging provided.

If the test results are positive, the young person takes the text, e-mail or letter to the nearest Treatment Site which can be found by accessing the website. They can also phone a number to ask for advice if they would prefer. They then receive a single dose antibiotic over the counter at one of the 18 Pharmacies or one of the 8 Contraception & Reproductive Health clinics trained to deliver treatment. Most young people receive their results by text.

Screening Activity by Borough, London and UK (April - September 2008)[52]					
	Bexley	**Bromley**	**Greenwich**	**London**	**UK**
Number tested	1,158	1,746	1,972	45,142	255,875
Coverage %	4.1	5.3	6.4	4.6	3.8
Positives %	**7.2%**	**6.7%**	**8.4%**	**7.6%**	**8.4%**
% Tests Provided By	**Bexley**	**Bromley**	**Greenwich**	**London**	**UK**
Internet/other	33%	37%	18%	7%	21%
Outreach	33%	20%	38%	23%	10%
GP	-	6%	3%	17%	15%
CCS	11%	31%	33%	33%	26%
Pharmacies	3%	5%	5%	2%	2%
TOP	3%	-	1%	3%	4%
Youth	16%	1%	2%	12%	14%
Education	-	-	-	3%	8%

Between April 2008 and March 2009 15.8 per cent of Bexley's 15-24 year-old population was tested as part of NCSP. This fell just short of the target uptake rate for 2008/9 of 17 per cent.[53] By the end of September 2008, 6.8% of Bexley residents aged 15 - 24 years old (1,809 out of 26,757 people) had been tested by Bexley testing sites, falling short of the 17% target uptake rate for 2008-2009. 138 of those tested had a positive result (7.6%).

[52] Chlamydia Screening Programme: a Health Equity Audit in Bexley, Anita Houghton, March 2009
[53] Chart and source data provided by Bexley Care Trust

Screening Activity in Bexley April to December 2009 Figures[54]		
	Bexley	**London Average**
Number tested	5,611	N/A
Coverage %	19%	N/A
Positives %	**5.1%**	N/A
% Tests Provided By		
Internet/other	61.7%	N/A
Outreach	19.5%	N/A
GP	**7.7%**	**18.2%**
C&RH Services[55]	N/A	26%
Pharmacies	2.1%	3%
TOP	0.6%	2.7%
Youth	2.9%	N/A
Youth Advisory	4.4%	N/A
Antenatal	N/A	4.7%

The above table presents figures for Chlamydia Screening in Bexley from April to December 2009.[56] As reported by the NCSP Coordinator for Bromley and Bexley in February 2010, 14.8% of Chlamydia screens during April – December 2009 occurred within Bexley's Core Services, while the HPA Target for Chlamydia screening within Core Services is 60%.

Furthermore, screening activity in Bexley based GPs are less than half that of the London Average (7.7% of all Chlamydia screening taking place in GPs compared with the London Average of 18.2%).

[54] Data Submitted by NCSP Coordinator for Bexley and Bromley, February 2010
[55] Bexley's CRSH services for under-25s are provided through the Youth Advisory Service.
[56] In the following chart Q1-3 2009/10 NCSP provision in GP surgeries and pharmacies is presented.

Chlamydia Kits Issued & Screens Taken by GPs in Quarter One, Two & Three 2009/10[57]					
Practice	**Post code**	**Kits**	**Screens**	**Kit: Screen Ratio**	**% Total Screens**
Crayford Town Surgery	DA1	52	16	**3.3:1**	**3.1%**
Crayford Medical Centre	DA1 4JL	43	14	**3.1:1:1**	**2.8%**
Barnard Medical Practice	DA14 4TA	105	65	**1.6:1**	**12.8%**
Ingleton Avenue Surgery	DA15 2JZ	56	10	**5.6:1**	**2%**
Station Road Surgery	DA15 7DS	44	13	**3.4:1**	**2.6%**
Dr Ritchie and Partners	DA15 8DF	69	3	**23:1**	**0.6%**
Sidcup Medical Centre	DA15 9BQ	124	7	**17.7:1**	**1.4%**
Bedside Manor	DA15 9DX	70	16	**4.4:1**	**3.1%**
Welling Medical Practice	DA16 2AU	18	15	**1.2:1**	**3%**
Westwood Surgery	DA16 2HE	14	2	**7:1**	**0.4%**
Baruah & Partners Practice	DA16 3AF	224	24	**9.3:1**	**4.7%**
Bellegrove Surgery	DA16 3RE	143	18	**7.9:1**	**3.5%**
Belvedere Medical Centre	DA17 5LQ	37	20	**1.9:1**	**3.9%**
Cairngall Medical Practice	DA17 6EZ	103	29	**3.6:1**	**5.7%**
Thanet Road Surgery	DA5 1A	14	11	**1.3:1**	**2.2%**
Hurst Place Surgery	DA5 3LH	11	2	**5.5:1**	**0.4%**
Plas Meddyg Surgery	DA51HU	16	0	**-**	**-**
The Albion Surgery	DA6 7LP	63	3	**21:1**	**0.6%**
Crook Log Surgery	DA6 8DZ	62	18	**3.4:1**	**3.5%**
Dr M Thavapalan	DA7 5HL	30	31	**1:1**	**6.1%**
Bexley Medical Group	DA7 5RF	18	14	**1.3:1**	**2.8%**
Lyndhurst Medical centre	DA7 6DL	64	31	**2.1:1**	**6.1%**
Burstead Wood Surgery	DA7 6HZ	88	10	**8.8:1**	**2%**
Parkside Surgery	DA7 6NW	82	21	**3.9:1**	**4.1%**
Bulbanks Medical Centre	DA8 1BJ	26	9	**2.9:1**	**1.8%**
Erith Health centre	DA8 1RQ	82	7	**11.7:1**	**1.4%**
Slade green Medical Centre	DA8 2HS	15	2	**7.5:1**	**0.4%**
Northumberland Health Medical Centre	DA8 3DB	89	23	**3.9:1**	**4.5%**
Lakeside Medical Practice	SE2 9LH	168	74	**2.3:1**	**14.6%**
Total	**-**	**1,543**	**354**	**3.8:1**	**100%**

[57] Data provided by Bromley and Bexley NCSP Coordinator 2010

During the first three quarters of 2009, Lakeside Medical Practice conducted the largest amount of Chlamydia screens of GPs in Bexley (14.6% of all screens) and also had one of the most successful kit distributions / screens taken ratios at 2.3:1, where 168 kits were distributed and 74 screens were taken. The second busiest GP in relation to Chlamydia screening and kit distribution was Barnard Medical Practice, which distributed 105 kits, 65 screens (at a kit to screen ratio of 1.6:1) and was responsible for carrying out 12.6% of all screens in the borough.

Chlamydia Kits Issued & Screens Taken by Pharmacies Quarter One, Two & Three 2009/10[58]					
	Postcode	**Kits**	**Screens**	**Kit: Screen Ratio**	**% Total Screens**
Broadway Pharmacy	DA6 7BN	289	110	**2.6:1**	**86%**
Lloyds Pharmacy	DA7 4QW DA7 6HD DA14 6EQ DA17 5JE	12	6	**2:1**	**4.7%**
Target Pharmacy	DA15 8DJ	0	7	-	**5.4%**
Praise Pharmacy	DA7 5AH	0	3	-	**2.3%**
Compact Pharmacy	DA5 1BT	3	1	**3:1**	**0.8%**
7 Day Chemist	DA16 3QS	0	0	-	-
Davidson's Pharmacy	DA7 6NA	0	0	-	-
Brown's Pharmacy	DA15 8PW SE2 9UG	0	0	-	-
Co-op Pharmacy	DA7 5QR DA8 2NU DA16 1TZ	0	0	-	-
Day Lewis Pharmacy	DA7 5HH	0	0	-	-
Holly Tree Pharmacy	DA14 6RJ	0	0	-	-
Paradise Pharmacy	-	0	0	-	-
Sainsbury's	DA1 4HW	0	0	-	-
Soka Backmore Pharmacy	DA8 1DB	0	1	-	**0.8%**
Spadeground Pharmacy	DA17 5QQ	0	0	-	-
Stelling Road Pharmacy	DA8 3JJ	0	0	-	-
Knightons Pharmacy	DA17 5JG	8	0	-	-
Total	**-**	**312**	**128**	**2.4:1**	**100%**

[58] Data provided by Bromley and Bexley NCSP Coordinator 2010

The majority (86%) of Chlamydia screens conducted by pharmacies in the borough took place at the Broadway Pharmacy. Out of a total of 43 pharmacies in the borough,[59] 17 have been trained by NCSP to distribute kits and screens in Bexley, however only six pharmacies carried out Chlamydia screens during this period.

Chlamydia and the NCSP - Service Provider and Stakeholder Comments

- The NCSP (Bexley and Bromley) is lead by Bromley where the NCSP Coordinator is located. There is not currently a liaison in Bexley, though a coordinator with 3 days per week dedicated to Bexley was planned to be in post by January, 2010, at the earliest.
    - Bexley is currently renegotiating its NCSP host. Service providers have pointed to the difficulties arising from the separation of the NCSP from Greenwich in 2008 such as recalling old forms and kits and redirecting resources away from the service. In the words of one service provider, "Bexley should think very carefully about it [i.e. re-hosting the NCSP in Bexley]."
    - The NCSP is at early stages in Bexley General Practice. One provider thought it important to note that it took Lambeth four years to develop a robust NCSP partnership in General Practice and that Bexley is on target for a similar development.
    - Most GPs use a locally designed flag system to promote NCSP screens to young people.
    - GPs do not receive the results of screening kits that they have handed out and most are not aware of current Chlamydia positivity rates in Bexley.

The Local Incentive Scheme (LIS) which ended in March 2010did not achieve its objectives in relation to Chlamydia screening. Within the LIS, though there was a focus on numbers of kits given out and numbers of screens completed, the rate of conversion, i.e. kits given out to actual screens completed by young people and returned to the laboratory for diagnostics and recording was quite low.

- The NCSP (Bexley and Bromley) SLA with Bexley pharmacies has been delayed due to protracted negotiation. The NCSP Coordinator in Bromley has sent a copy of the Bromley SLA as a model for Bexley pharmacists to consider. This may have impacted on the take up by pharmacists signed up to deliver the programme.
- The NCSP in Bexley was designed to be pharmacist-led; however 10 Bexley pharmacies requested training in 2009 and did not receive it until recently in March,

[59] List accessed at http://www.nhs.uk/ServiceDirectories/Pages/Trust.aspx?id=TAK&v=4

2010. Providers explained that this was due to the SLA not having been finalised.

5.4 HIV

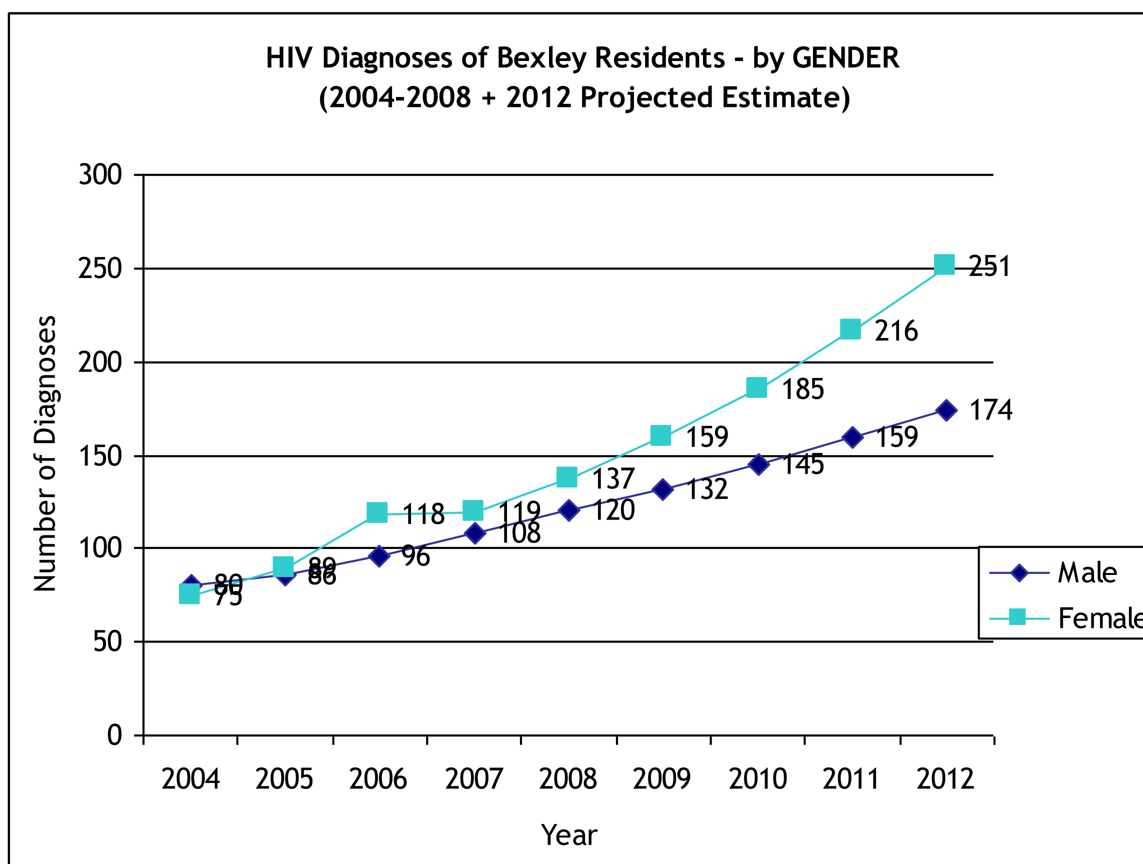
5.4.1 Overview of Clinical Outcomes

Diagnosed HIV Prevalence and Late HIV Diagnosis in 2008[60]				
PCT	**Residents Accessing HIV - related Care**	**Estimated Resident Population (1000s aged 15-59)**	**Diagnosed HIV Prevalence (1000s aged 15-59)**	**Late HIV Diagnosis (%)**
Bexley	247	133.1	1.86	36%
Bromley	342	179.1	1.91	33%
Greenwich	782	143.1	5.46	45%

Although Bexley PCT has improved its percentage of late diagnosis from 2007 (42%), it still had 36 per cent of HIV positive late-diagnosed patients in 2008, which was 13.8 per cent higher than the London average percentage of late HIV diagnosis (31%).[61]

[60] Data provided from the Survey of Prevalent HIV Infections Diagnosed (SOPHID), 2009
[61] SOPHID, 2009

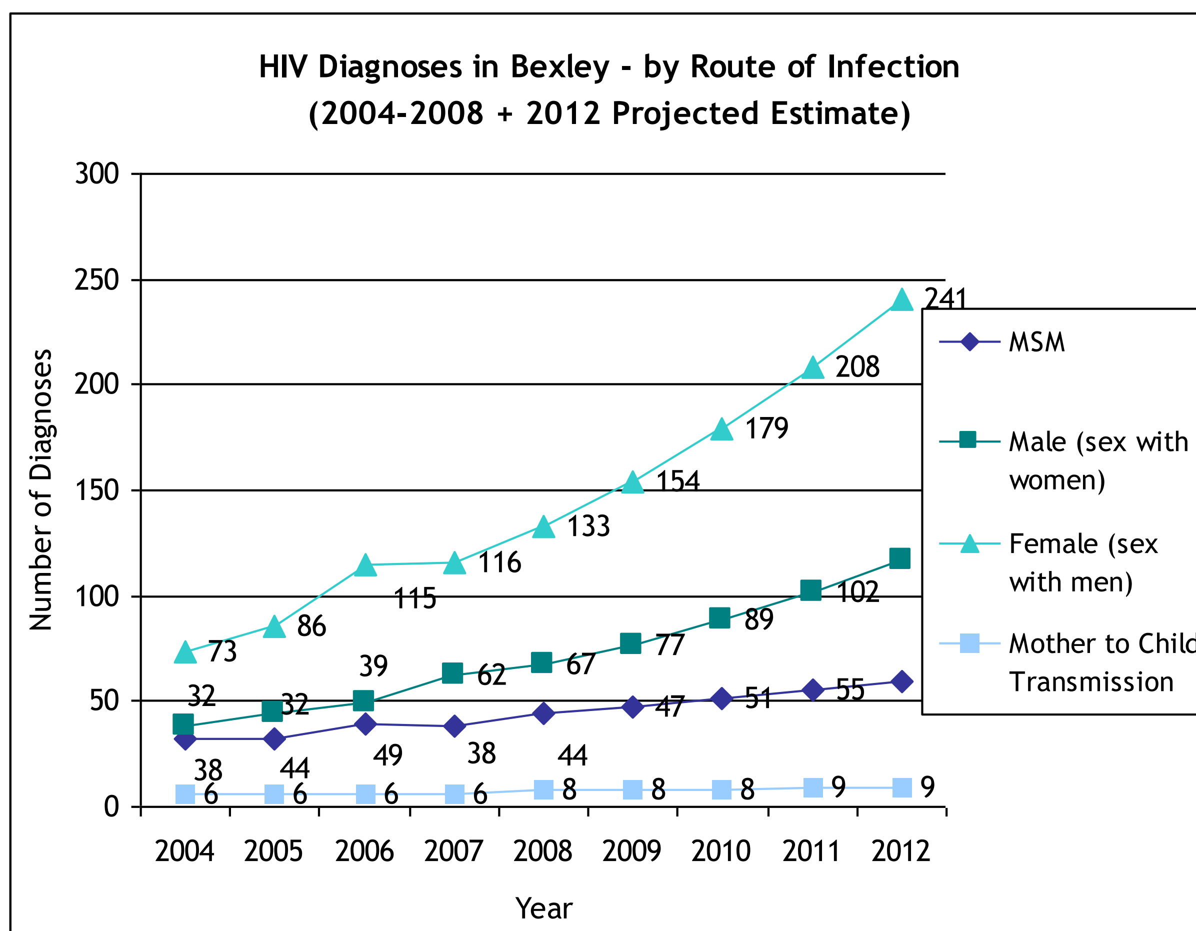
5.4.1.1 HIV and Gender[62]



As the above chart demonstrates, from 2005 women overtook men in numbers of new HIV diagnoses. This corresponds with service provider experiences of a changing demography of the HIV epidemic in Bexley as a majority of white MSM living with HIV have been overtaken by a majority of heterosexual African women living with HIV in recent years. Between 2004 and 2008 HIV infections increased at an annual average of 10% in men and 16% in women. If we used these percentages to project an average annual increase of 10% in men and 16% in women to 2012, there could be approximately up to 251 HIV positive women and 174 HIV positive men living in the borough of Bexley by 2012.

[62] SOPHID data 2009, provided by the Health Protection Agency

5.4.1.2 HIV by Route of Infection[63]

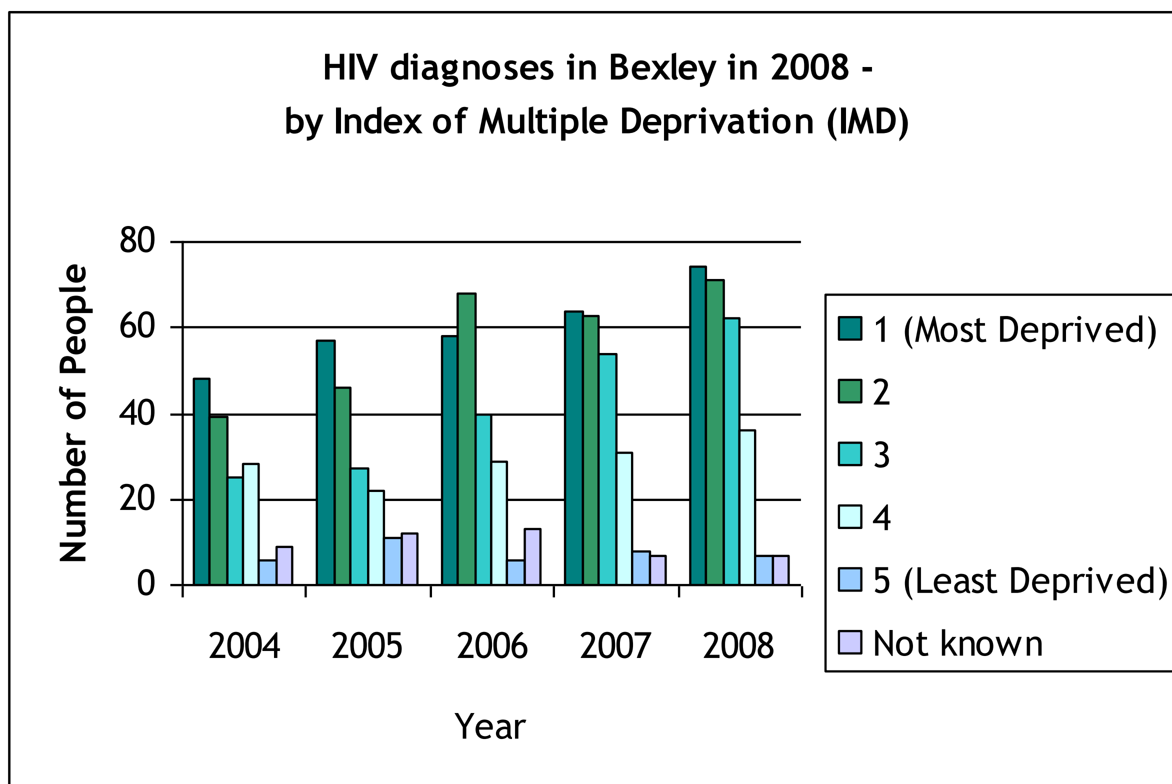


HIV infections increased at an annual average of 7.5% (on average 4 people each year) in MSM groups, 15% in men who have sex with women (on average 9 people each year) and 16% in women who have sex with men (on average 16 men each year) between 2004 and 2008. Following this trend, it is estimated that by 2012 there will be a total of approximately 59 MSM living with HIV in the borough, along with 241 total women living in the borough whose probable route of infection is sex with men and 117 total men living in the borough whose probable route of infection is sex with women. The figures therefore show that by 2012 there could be as many as 358 men and women living with HIV in the borough that acquired the virus through heterosexual routes of infection.

The rate of mother to child transmission has been increasing and during 2011 and 2012 statistical trends show that there will be around 9 new HIV diagnoses in people who acquired the virus through mother to child transmission in Bexley each year. There are currently 20 to 30 under-16 year-old HIV positive patients accessing treatment at the Trafalgar Clinic, Queen

[63] SOPHID data 2009, provided by the Health Protection Agency

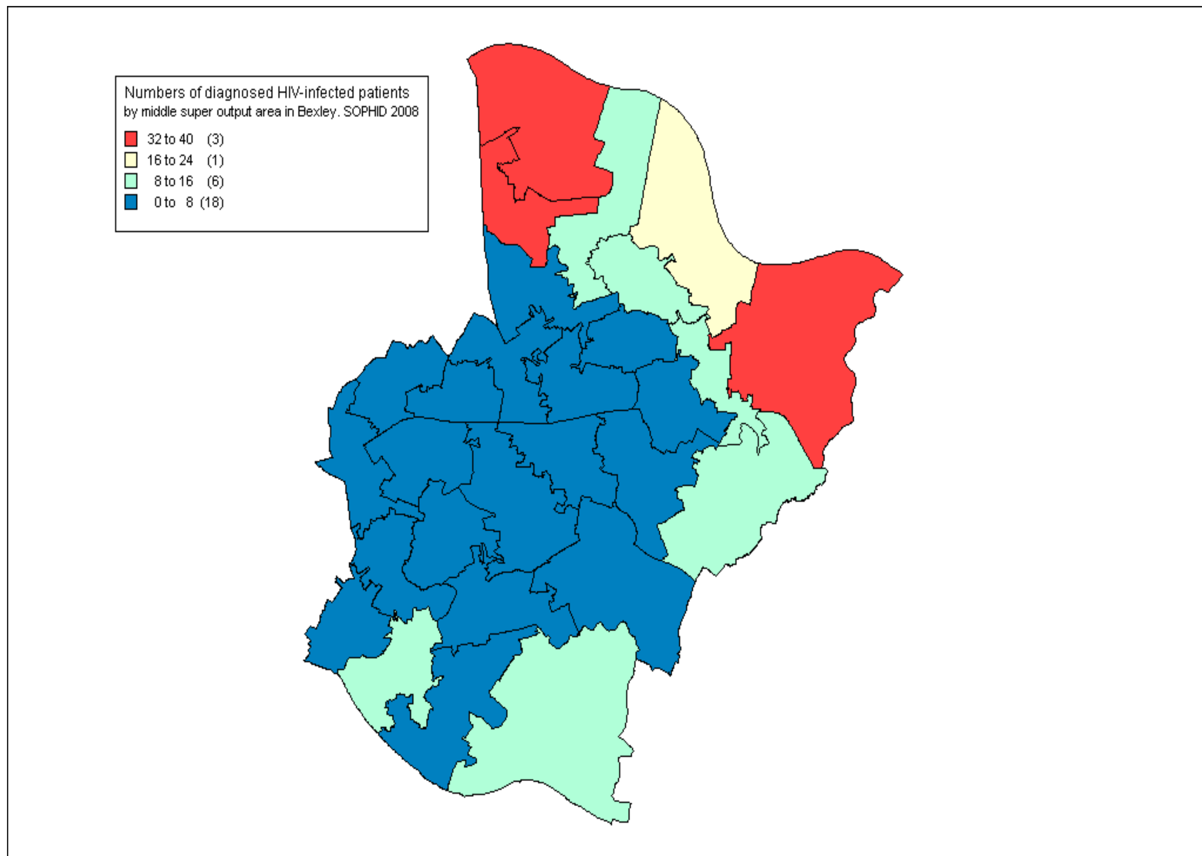
Elizabeth Hospital (Greenwich).[64] It is not clear how many of these patients are Bexley residents, but HIV consultants at Trafalgar note that Bexley residents are the second highest group accessing treatment after Greenwich residents. Several of these teens have been diagnosed late after experiencing AIDS-defining events.



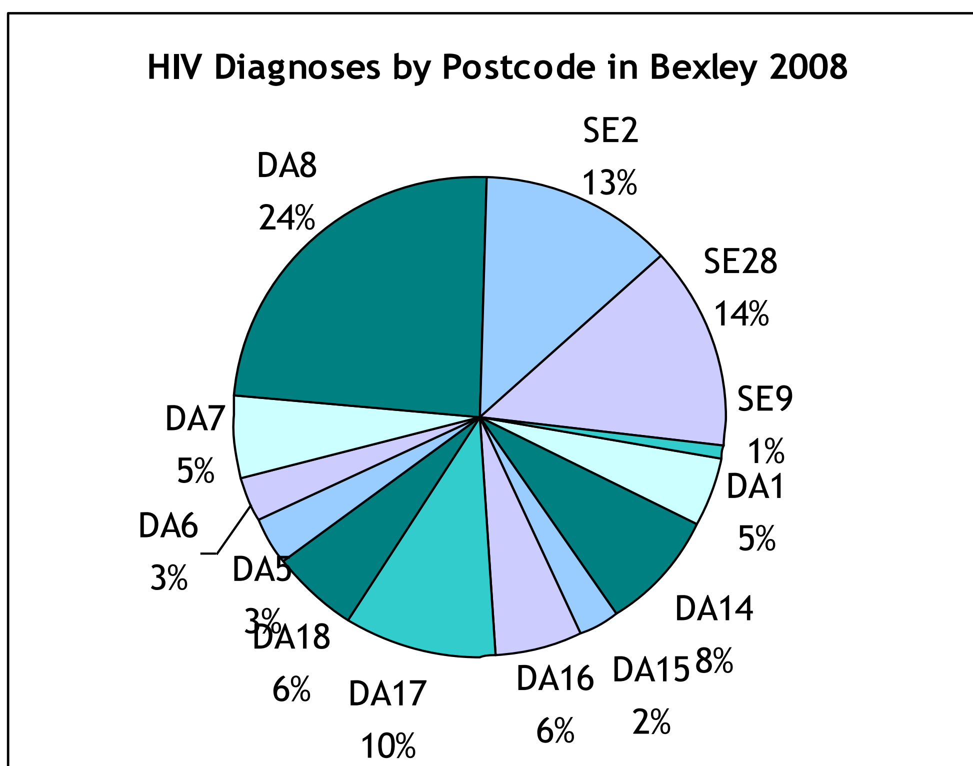
Looking at figures from 2004 to 2008, HIV infected patients living in Bexley reside in the most deprived areas of the borough. For example in 2008, 74 (29%) of the 257[65] HIV diagnosed individuals living in the borough resided in the most deprived areas of the borough according to the Index of Multiple Deprivation, while only 7 (2.7%) resided in the least deprived areas of the borough. Furthermore, as the least deprived areas of the borough show a very small change in the number of people becoming diagnosed with HIV between 2004 and 2008, we can see that the numbers of people becoming diagnosed with HIV in the most deprived areas of the borough are increasing each year.[66]

[64] Approximate figures obtained from service provider interviews, January, 2010.
[65] There are some variations in the total number of people living with HIV in the borough between different SOPHID data tables, hence the slight differences in the report.
[66] An average annual increase of 16% between 2004 and 2008.

Almost half (49%) of all HIV infected patients living in Bexley live in three postal code areas: DA8 (24%), SE2 (13%) and SE28 (24%). These postcodes tie in with some of the most deprived areas of Bexley (see chart below).[67]



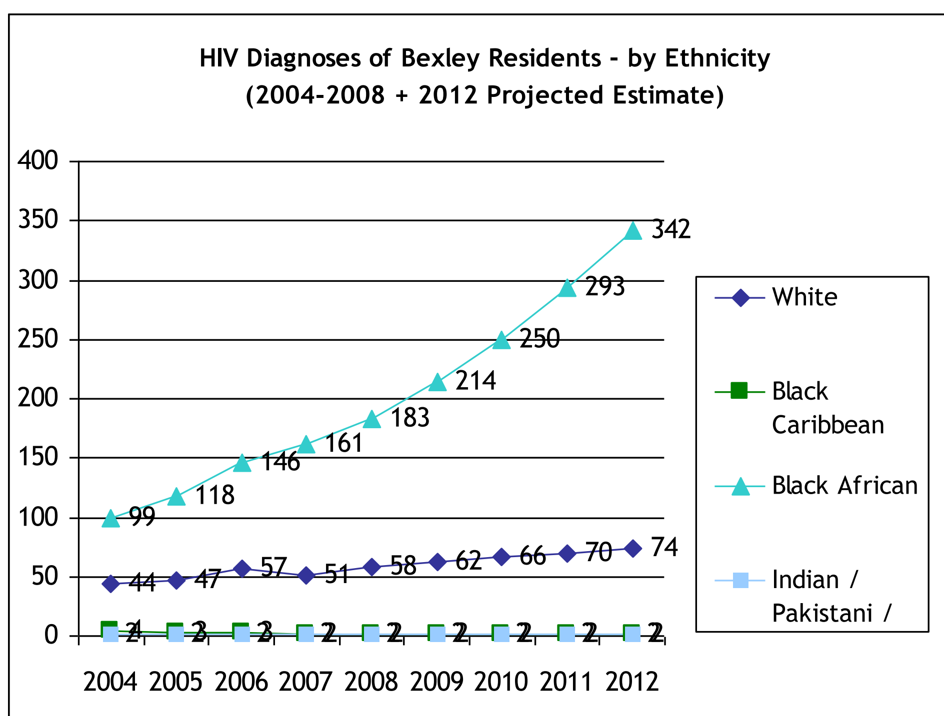
[67] SOPHID 2009, provided by the Health Protection Agency



HIV Diagnosed Patients Living in Bexley by Postcode 2008[68]		
Postcode	**Number of Patients**	**Ward**
DA8	62	Colyers, Erith, North End
SE28	35	Thamesmead East
SE2	33	Thamesmead East
DA17	26	Belvedere
DA14	21	Longlands, Sidcup
DA16	15	Falconwood & Welling
DA18	15	Erith
DA7	14	Barnehurst
DA1	12	Crayford
DA5	8	Blendon & Penhill
DA6	8	St. Mary's
DA15	6	Black Fen & Lamorbey, Longlands
SE9	<5	Falconwood

[68] SOPHID 2009, provided by the Health Protection Agency

5.4.1.3 HIV & Ethnicity



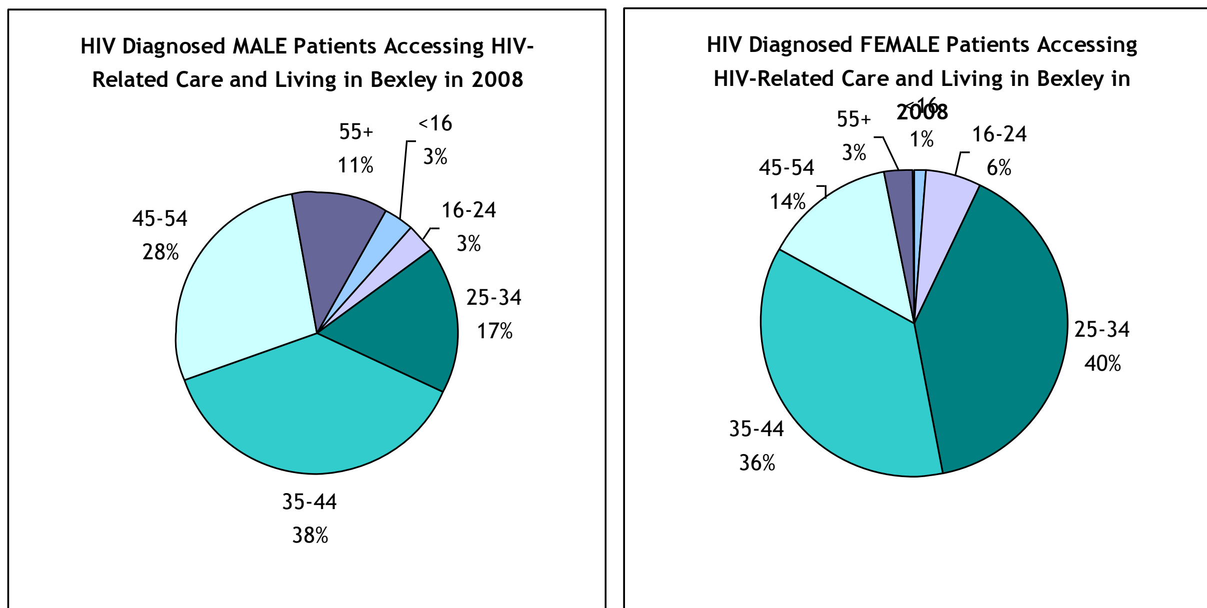
Again using SOPHID datasets provided by the Health Protection Agency, HIV infections increased at an annual average of 17% in Black Africans compared to 6.4% in the White ethnic group.[69] The rates of HIV diagnoses in Black Caribbean, Indian, Pakistani and Bangladeshi remain unchanged in the borough of Bexley and are extremely minimal (2 diagnoses in four years etc.) We did not identify sufficient investment in local targeted prevention work, particularly at the most at risk African communities. It should be noted that in other parts of South London targeted prevention work has been aligned with community testing initiatives to tackle late diagnosis.

HIV Diagnosed Bexley Residents by Ethnicity 2004-2008[70]						
Year	White	Black Caribbean	Black African	Indian / Pakistani / Bangladeshi	Other	Unknown
2004	44	<5	99	<5	<5	<5
2005	47	<5	118	<5	<5	<5
2006	57	<5	146	<5	7	<5
2007	51	<5	161	<5	12	0
2008	58	<5	183	<5	12	0

[69] SOPHID 2009, provided by the Health Protection Agency.
[70] SOPHID 2009, provided by the Health Protection Agency.

As the above chart indicates, the population of white Bexley residents living with HIV increased by 32% from 2004 to 2008, from 44 to 58. Amongst Black Africans the increase was much higher, at 85%, from 99 people in 2004 to 183 in 2008.

5.4.1.4 HIV & Age

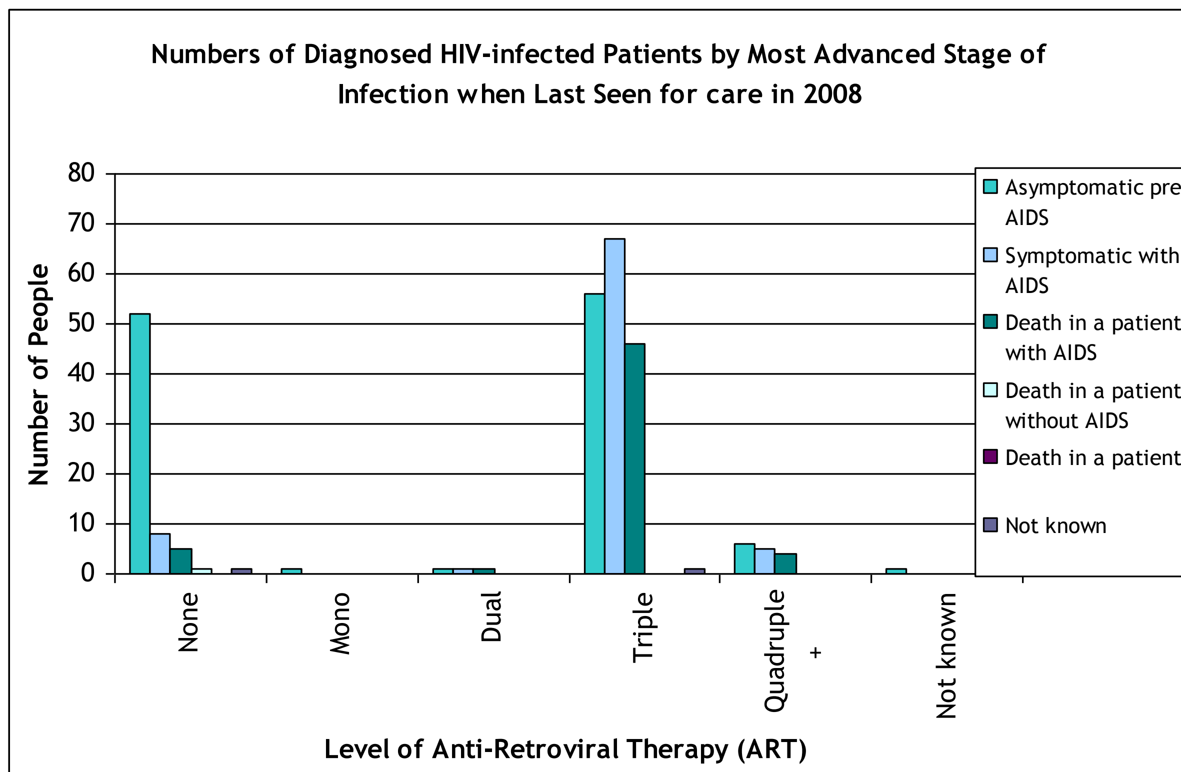


HIV Diagnosed Patients Accessing HIV-Related Care and Living in Bexley in 2008[71]				
Age Group	**Male**	**% Total**	**Female**	**% Total**
<1	0	-	<5	<1%
6 to 10	<5	1%	0	-
11 to 15	<5	1%	<5	<1%
16-24	<5	3%	8	6%
25-34	20	17%	54	40%
35-44	44	38%	49	36%
45-54	33	28%	19	14%
55+	13	11%	<5	3%
Total	**118**	**100%**	**136**	**100%**

For male Bexley residents, the most widely diagnosed age group for HIV in 2008 were those aged between 35 and 44 years old (38% of total males living with HIV in the borough). The most widely diagnosed age group for females were slightly younger; between 25 and 34 years

[71] SOPHID 2009, provided by the Health Protection Agency.

old (40% of total females living with HIV in Bexley). 3% of males living with HIV in Bexley in 2008 were aged between 16 and 24 years, whilst 6% (8 total) of HIV positive females aged 16 to 24 were living with HIV in the borough in 2008. The total number of people under 25 living with HIV in Bexley in 2008 was 18.



Numbers of Diagnosed HIV-infected People by Last CD4 Count and Level of Anti-Retroviral Therapy when Last Seen for Care in 2008[72]							
Level of Anti-Retroviral Therapy (ART)	**0-100**	**101-200**	**201-350**	**351-500**	**500+**	**Not reported**	**Total**
None	<5	<5	14	19	21	7	**67**
Mono	0	0	0	0	<5	0	**<5**
Dual	0	0	0	<5	<5	0	**<5**
Triple	<5	16	35	39	59	18	**170**
Quadruple +	0	<5	<5	<5	<5	2	**15**
Not known	0	0	0	0	<5	0	**<5**
Total	**5**	**23**	**52**	**62**	**88**	**27**	**257**

[72] SOPHID 2009, provided by the Health Protection Agency

8% (20 out of 257) of HIV patients who meet the criteria for ART are not on therapy. There may be sound clinical reasons for this but it nonetheless should be subject to further investigation. We would expect issues of this sort to be considered through borough based clinical governance arrangements; the absence of such arrangements highlights a critical gap in local assurance processes.

Table of Late Diagnosis of HIV Compared to PCT Trajectories (SOPHID HPA data)[73]

	2004/ 2005	2006	2007	2008	London Rank	Change since 04/05	Trajectory 2007	Trajectory 2008
Bexley	**57%**	**37%**	**42%**	**36%**	**20**	**-21%**	**50.00%**	**35.30%**
Bromley	42%	42%	32%	33%	14	-9%	**37.50%**	**28.00%**
Greenwich	45%	36%	29%	45%	30	0%	**40.90%**	**36.70%**
London	34%	32%	29%	31%	-	-3%	-	-

In 2008, 31% of all people diagnosed with HIV in London were diagnosed late.[74] In comparison 36% of all people living in Bexley diagnosed with HIV were diagnosed late.

Late Diagnosis of HIV Compared to PCT Trajectories in Heterosexual Men and Women.[75]

Borough	**2004/05**	**2006**	**2007**	**2008**
Bexley	57%	37%	42%	36%
Bromley	42%	42%	32%	33%
Greenwich	45%	36%	29%	45%
London	34%	32%	29%	31%

The above chart shows the rate of late diagnoses by route of infection. The figures show that in 2008 there were no new diagnoses in MSM living in the borough.

[73] HIV Late Diagnosis Target in London, Progress and Information to Assist Commissioning, The London Sexual health Programme January 2010
[74] Late diagnoses with CD4 counts less than 200 cells/mm3 within 91 days of diagnosis.
[75] HIV Late Diagnosis Target in London, Progress and Information to Assist Commissioning, The London Sexual health Programme January 2010 (SOPHID HPA Data)

5.4.2 Overview of Provision

5.4.2.1 Treatment and Care and Prevention Services

The majority of Bexley residents receiving treatment and care for HIV and AIDS access services at the **Trafalgar Clinic at Queen Elizabeth Hospital, Greenwich**. Trafalgar offers full HIV treatment and care, including inpatient care. There are three consultants and an Associate Specialist serving around 800 adults and a cohort of children with HIV.

The second most common site of HIV/AIDS treatment and care for Bexley residents is the **Renton Clinic, at Darent Valley Hospital**, while substantial numbers also access **Guys and St. Thomas Hospital** and **Kings College Hospital**.[76]

Bexley has an **HIV/AIDS Community Support Nursing service** based at the Erith Health Centre which provides support to clients and their carers in Bexley and Greenwich affected by HIV .The service also serves as a resource for community nurses and other health care professionals in the acute and community setting.

There are collaborative commissioning arrangements for **Prevention** between Bexley, Bromley and Greenwich (with the latter acting as lead PCT).

AHEAD provides primary prevention and HIV testing in African communities. The service includes:

- Outreach to 12 Bexley venues to raise awareness of the Community Testing Clinic in partnership with the Metro Centre
- Community Testing Clinic (based at AHEAD offices in Woolwich and run in partnership with the Metro Centre)
    - HIV rapid testing, Chlamydia, Hepatitis A, B & C, Gonorrhoea and Syphilis
- Peer Support, practical and emotional support for HIV positive clients

The Metro Centre provides primary prevention and HIV testing for MSM. Services include:

- One-to-one interventions with MSM through the Pan-London HIV Prevention Programme (PLHPP) which includes 5 mentors for Bexley, each paired up with one mentee and also includes Health Trainer and counselling interventions for men who have sex with men.

[76] SOPHID 2009, provided by the Health Protection Agency

- Access and assessment support for people living with HIV through the First Point service of the South London HIV Partnership (SLHP)
- A rapid HIV testing clinic delivered at AHEAD
- 2 rapid HIV testing clinics for MSM delivered at Metro
- Free condoms through the post scheme for Bexley MSM
- Local MSM HIV prevention outreach events and one-to-one interventions

The Harbour Trust provides case work and support to residents of Bexley living with HIV. The case load of the Harbour Trust has shifted from men who have sex with men, to African communities, over the last five years. The primary source of referrals remains from the Trafalgar Clinic at Queen Elizabeth Hospital, followed by the HIV Specialist nurses in Bexley (Jayne Nightingale and Helen White). This is in addition to monthly Antenatal clinic attendances by Harbour Trust at the Trafalgar Clinic. They also receive increased referrals from AHEAD, the Metro Centre, Alexis Clinic in Lewisham and Darent Valley in Dartford.

Bexley residents constitute 28% of Harbour Trust Service Users. In a 2009 monitoring exercise of Bexley clients the Harbour Trust found that service user requirements were varied. However, the top five requirements during January to December, 2009, were:

- Financial hardship/Crusaid/CWAC/Harbour Trust Hardship Grant
  This has been and will likely continue to be the most manifested issue among Harbour Trust Service Users especially as the majority are on low income and a large proportion have no recourse to public funds and are unable to work due to Immigration status.
- Advocacy & welfare
  Benefit advice and advocacy continues to be a major need presented by Harbour Trust service users especially in regard to support with completion of application forms. Harbour Trust service users face difficulties and hence seek support due to various issues regarding welfare benefits including;
    - Poor Communication between benefit agencies
    - Delays in benefit claim processing
    - Errors in claims
- Emotional support
  Many of the Harbour Trust service users who sought emotional support during this period were either newly diagnosed or were facing a crisis of some sort including things like homelessness, financial crisis, immigration to mention but a few.
- Housing issues

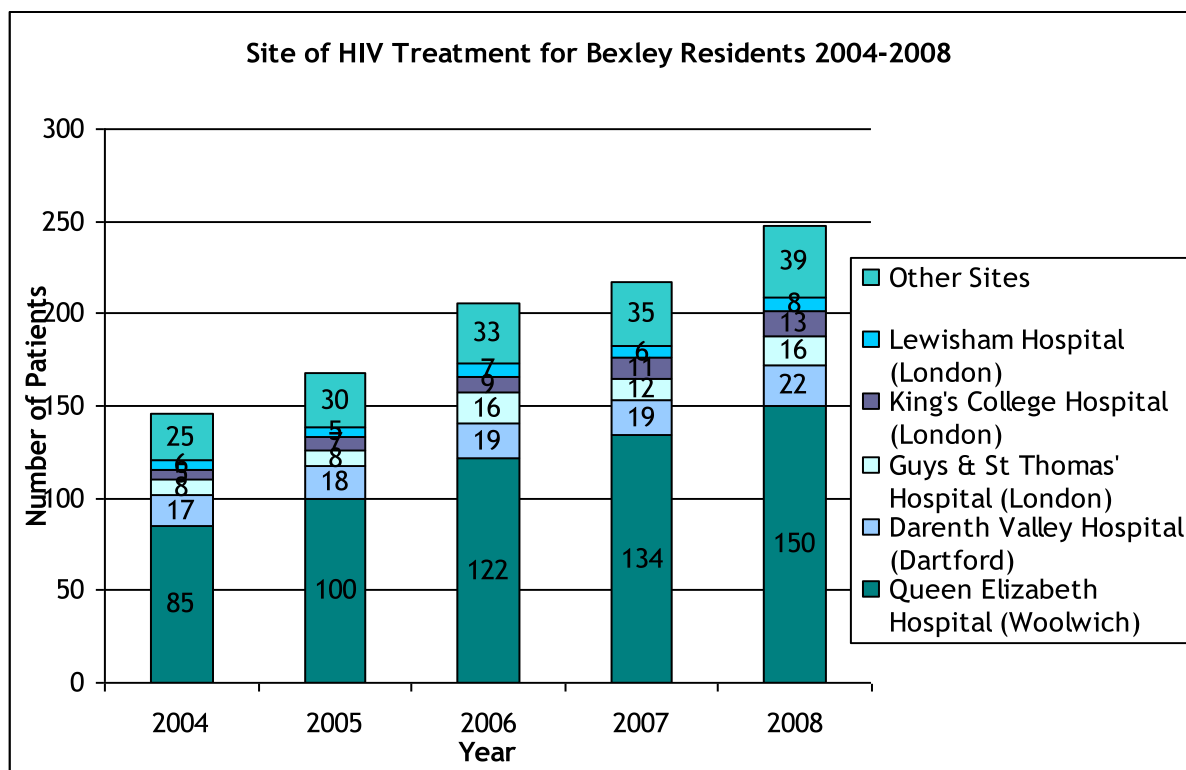
A large number of service users also sought support regarding Housing Needs especially in areas of advocacy, advice and filling in housing forms. There have been a number of changes affecting a majority of service users without residence rights as they have no access to Housing unless they present care needs. However Harbour Trust has been able to refer service users to a local solicitor's office for support with immigration issues and provision of NASS accommodation by the Home Office. There has been difficulty for patients diagnosed with HIV accessing the Disabled Travel Freedom Pass scheme

HIV Treatment Services

It is clear from the chart below[77] that there is an increasing burden of responsibility on Queen Elizabeth Hospital in Woolwich to treat HIV positive patients living the borough of Bexley. Between 2004 and 2008 the number of Bexley residents accessing HIV treatment at QEH almost doubled from 85 in 2004 to 150 patients in 2008, an annual increase of 15.3% between 2004 and 2008. There are growing numbers of residents seeking HIV treatments at many other sites, namely Darenth Valley Hospital in Dartford, Guys & St Thomas' Hospital, King's College Hospital and Lewisham Hospital in London, but the majority of treatment for Bexley residents is currently taking place at Queen Elizabeth Hospital (QEH). The number of Bexley residents accessing treatment at QEH are not only increasing overall; there is also a proportionate increase in residents seeking treatment from QEH compared to other sites of treatment which is adding to their burden of responsibility.

[77] SOPHID 2009, provided by the Health Protection Agency

* 9 patients' Site of Treatment records were not cited in SOPHID data 2009



Antenatal HIV Screening Services

Queen Mary's Sidcup offers opt-out HIV testing to all women accessing antenatal services. The 2009 percentage of uptake of HIV tests at QMS antenatal services was 97.6%, 1.3% higher than the 2008 London-wide percentage of 96.3% uptake of HIV testing in antenatal settings.

Antenatal HIV Screens at Queen Mary's Sidcup, 2009					
	Accepted HIV Screen		Declined HIV Screen		Total Booked
	No.	%	No.	%	
Jan-Mar 2009	897	98.8%	11	1.2%	908
Apr-Jun 2009	773	96.1%	31	3.9%	804
July-Sep 2009	911	96.0%	38	4.0%	949
Oct-Dec 2009	843	99.5%	4	0.5%	847
Percentage uptake of HIV test in Antenatal					
2009 QMS Percentage uptake of HIV test in Antenatal	97.6%		2008 London[78] Percentage uptake of HIV test in Antenatal		96.3%

[78] HIV Late Diagnosis Target in London: Progress and Information to Assist Commissioning. Health Protection Agency, January 2010. (2009 London-wide data unavailable)

HIV - Service Provider and Stakeholder Comments

- Bexley residents are the second largest group amongst the Trafalgar Clinic's HIV Treatment Service patient load.
- In the past 10 years Bexley's HIV positive population has shifted from predominantly white British gay men to predominantly people of African origin, many of them women.
    - Along with this demographic shift Bexley's HIV positive population has presented a range of complex needs. There are many more asylum seekers and undocumented migrants in recent years with complex needs beyond health and treatment.
- Although HIV testing can be offered in Bexley GPs, there appears to be a general tendency in GPs towards not offering it, along with a perception that it is a specialisation that other services can and should provide. Many providers emphasised the need to overcome this barrier and offer HIV screening in Bexley general practice. One provider highlighted the opportunity of offering HIV screening at GP registration.
- Additionally, several providers noted that Bexley's current SLA with TOP providers does not cover HIV screening, which neighbouring boroughs are currently commissioning through the same TOP providers. This was confirmed by Bexley commissioners, although they hope to include HIV testing in the SLA with TOP providers in 2010/11.
- One provider expressed the need to target HIV testing in North Bexley and to develop local and special targeted HIV prevention and treatment services to Africans and recent migrants. As part of this, HIV testing and treatment services would be developed in local surgeries. In the long term there should be a consultant-led HIV treatment service at the Sidcup polysystem.
- Outreach and prevention providers based in Greenwich asserted that even with de-hosting and the development of a Bexley polysystem there will be a need for a community-led HIV testing service.
- One provider pointed to the example of Lewisham, where there is a Primary Care Worker to engage all GPs and champion the POC HIV testing pilot. A similar post in Bexley would ensure engagement and joined up work with Bexley GPs and other service providers.
- One provider felt there was merit for adding targeted sexual health work to the QOF

(Quality Outcomes Framework), such as HIV testing for African patients.

- Newly diagnosed HIV patients are referred from local hospitals to the HIV Clinical Nurse Specialist for adherence and social support.
    - About 30 per cent of newly diagnosed patients follow through their referral.
    - Darent Valley is the only local hospital that has not been referring newly diagnosed HIV patients to Bexley's Community Nurse Specialist. Bexley providers are not sure why this is, other than commenting that, "They are aware of us, but they do lack community staff."
    - The HIV Clinical Nurse Specialist has received "only a handful" of referrals from Bexley GPs in the past 10 years.
    - The HIV Clinical Nurse Specialist undertakes POC testing. This is used primarily on untested partners of newly diagnosed patients. They would like to expand the POC testing but need more staff. Currently, people that have not previously accessed the CNS service are referred to the Trafalgar Clinic for HIV testing.
    - About 10 per cent of the HIV Clinical Nurse Specialist's caseload is not registered with a GP.
    - The HIV Clinical Nurse Specialist has not conducted any training for the past two years with Bexley district nurses or carers, which was interpreted as low interest combined with competing demands for training hours determined by other national agendas.
- Bexley Social Services have not had a dedicated HIV Support Worker for the past five years. The HIV Clinical Nurse Specialist refers HIV positive patients to the general duty desk now, but it is a slower process for the patient and there is no one with specialist HIV knowledge.
    - Social Services in Bexley have reduced their service to HIV positive patients to offering a Care Pack, but are no longer involved in complex housing issues, debt and other complex needs.
- The HIV Clinical Nurse Specialist conducted awareness-raising amongst Bexley GPs in 2007 in order to open referral pathways. GPs at the time indicated that they did not have information about HIV and GUM services available at the Trafalgar Clinic, Queen Elizabeth Hospital (Greenwich), and that their patients didn't always tell them if they were HIV positive. Providers described a culture in Bexley General Practice of not wanting to get involved in HIV as a specialism and referring HIV positive patients to their HIV treatment clinics for any issues they may have.

- Bexley has a shortage of in-borough voluntary services dedicated to people living with HIV, with 99% of services commissioned outside the borough. One provider commented that they currently refer HIV positive patients to voluntary sector HIV support groups in Greenwich because in Bexley, “There is definitely a gap.” The Harbour Trust and AHEAD, although based in Greenwich, are commissioned to service Bexley residents living with HIV.
- Service providers explained problems with HIV-related stigma in Bexley, particularly in General Practice. Several patients have complained about being forced to disclose their status by reception staff when attempting to access influenza vaccination. Others have seen “HIV Positive” written boldly on the top of their file when having blood work done in General Practice.

5.5 CONTRACEPTIVE SERVICES

5.5.1 Overview of Contraceptive Spending

Bexley spent a total of **£308,614.59** on contraception prescribing between 2007 and 2008 and spent **£331,924.34** between 2008 and 2009.[79]

Contraceptive Spend in Bexley 2008/2009 in Primary Care GP	
IUCD including Implanon	£28,670.22
Emergency Hormonal Contraception	£46,17.55
Combined Oral contraceptive	£201,802
Progesterone Only Contraceptive	£51,124
Injectable Contraception	£45,710.32
Total Contraceptive Spend in 2008/2009	**£331,924.34**

The information below is presented on commissioned services at Market Street CRSH Clinic, Greenwich, for services from June 2008 to July 2009.

BCT Spending on Contraceptive and Sexual Health at Market Street Clinic, Greenwich June 2008 - June 2009[80]		
Service	**Number of Clients**	**Total Cost**
IUS Fitted	62	£7,065
IUD Fitted	49	£3,744
IUD/IUS Removed	32	£1,920
Implanon Insertion	58	£7,448
Community Gynaecology Consultation	45	£3,543
Other Services	441	£22,075
Diaphragm Fitting	30	£1,500
STI Consultation	261	£19,575
Total	--	**£66,870**

As the following chart demonstrates, around 9% (1,560) of Market Street's clients are registered with Bexley GPs.[81] Of the total of Bexley clients, 46% (733) are aged over 25 and cannot access CRSH services in Bexley.

Greenwich Market Street CRSH Activity, June 2008 - June 2009[82]	
	Totals
Greenwich CRSH Total Aggregated	17,337
Total Clients with a Bexley GP	1,560
Total Numbers under 25 with Bexley GP	827
Under 19 Total LARC with Bexley GP	45
Over 19 Total LARC With Bexley GP	162
Total Chlamydia clients with a Bexley GP	193
Total Chlamydia clients with a Bexley GP under 25	166
Total Chlamydia clients with a Bexley GP over 25	27

[79] Sex and Our City Report, MEDFASH 2008 and Contraceptive Prescribing data supplied by Bexley Care Trust, 2010. It is likely that the 2008/09 figure is under-reported as it does not include the Youth Advisory Service or pharmacies.
[80] Data supplied by Bexley Care Trust, 2010.
[81] This corresponds with provider comments stating that about 10% of Market Street's total clients were from Bexley.
[82] Data supplied by Bexley Care Trust, 2010

At **Northumberland Heath** 'walk in' teenage Advisory Service between April and December 2009, 187 contraceptive pills were issued, 114 emergency contraceptives were issued and 285 condoms were distributed (52 to boys and 233 to girls).[83]

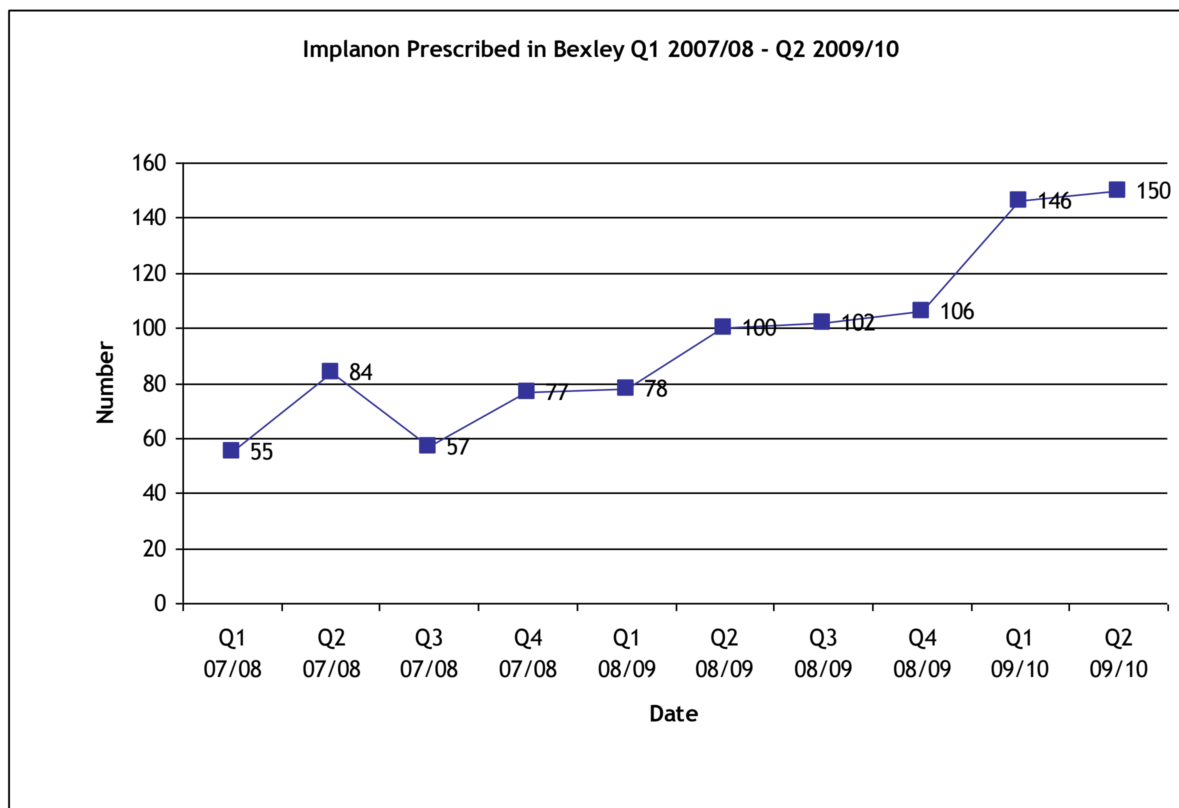
BCT Contractors' Monitoring Returns 2009-2010 (GPs)[84]					
Number of Coils:	**Q1**	**Q2**	**Q3**	**Q4**	**Total**
Administered	178	242	23	-	**443**
Reviewed	273	239	30	-	**542**
Removed	84	96	12	-	**192**
Number of Implants / Implanon:	**Q1**	**Q2**	**Q3**	**Q4**	**Total**
Administered	136	141	31	-	**308**
Removed	96	39	23	-	**158**

The data shows that there was a very high rate of Implanon removal during 2009-2010 at GPs. Of the 308 that were administered, over half (52%; 158) were then removed. [85] The Youth advisory clinics monitor young peoples' requests to have the implant removed and offer treatment if necessary (e.g. additional hormones are offered).

Stakeholders from other studies have claimed that the key to reducing the removal rates is to follow NICE guidance on use, spending sufficient time at the time of insertion to fully discuss all aspects and side effects and providing ongoing support and treatment to address side effects early after insertion.[86] However, current patterns of contraceptive usage or method change cannot be tracked and this presents a serious challenge for providers in relation to monitoring the uptake and removal of LARC methods.[87]

Implanon prescribing levels in General Practice have increased markedly in Bexley from Quarter 4 2008/09, with 50% more units prescribed in Q2 2009/10 than in the same quarter of 2008/09. The following charts display the increase in LARC prescribing along with total prescribing costs and unit costs.

[83] Spend figures not supplied by Northumberland Heath.
[84] Data supplied by Bexley Care Trust, 2010 (only first 3 quarters: Apr-Jun, Jul-Sept, Oct-Dec data available)
[85] Data supplied by Bexley Care Trust, 2010 (only first 3 quarters: Apr-Jun, Jul-Sept, Oct-Dec data available)
[86] Young Women's Contraceptive Use in Lambeth and Southwark: Exploring the barriers and facilitators to effective use of contraception. Susie Daniel Consultancy, September 2009.
[87] MedFASH "Progress and Priorities – working together for high quality sexual health: Review of National Strategy for Sexual Health and HIV" 2008.



Implanon Prescribed in Bexley General Practice[88]			
Implanon	Total Prescription Items	Total Actual Cost	Unit Cost
1st Quarter 2007/2008	55	£4,066.79	£73.94
2nd Quarter 2007/2008	84	£6,292.05	£74.91
3rd Quarter 2007/2008	57	£4,226.44	£74.15
4th Quarter 2007/2008	77	£5,720.79	£74.30
Total 2007/2008	**273**	**£20,306.07**	**£74.38**
1st Quarter 2008/2009	78	£5,798.13	£74.34
2nd Quarter 2008/2009	100	£7,437.33	£74.37
3rd Quarter 2008/2009	102	£7,588.23	£74.39
4th Quarter 2008/2009	106	£7,846.53	£74.02
Total 2008/2009	**386**	**£28,670.22**	**£74.28**
1st Quarter 2009/2010	146	£10,668.32	£73.07
2nd Quarter 2009/2010	150	£10,963.57	£73.09
Total Q1-2 2009/2010	**296**	**£21,631.89**	**£73.08**

[88] Data supplied by Bexley Care Trust, 2010

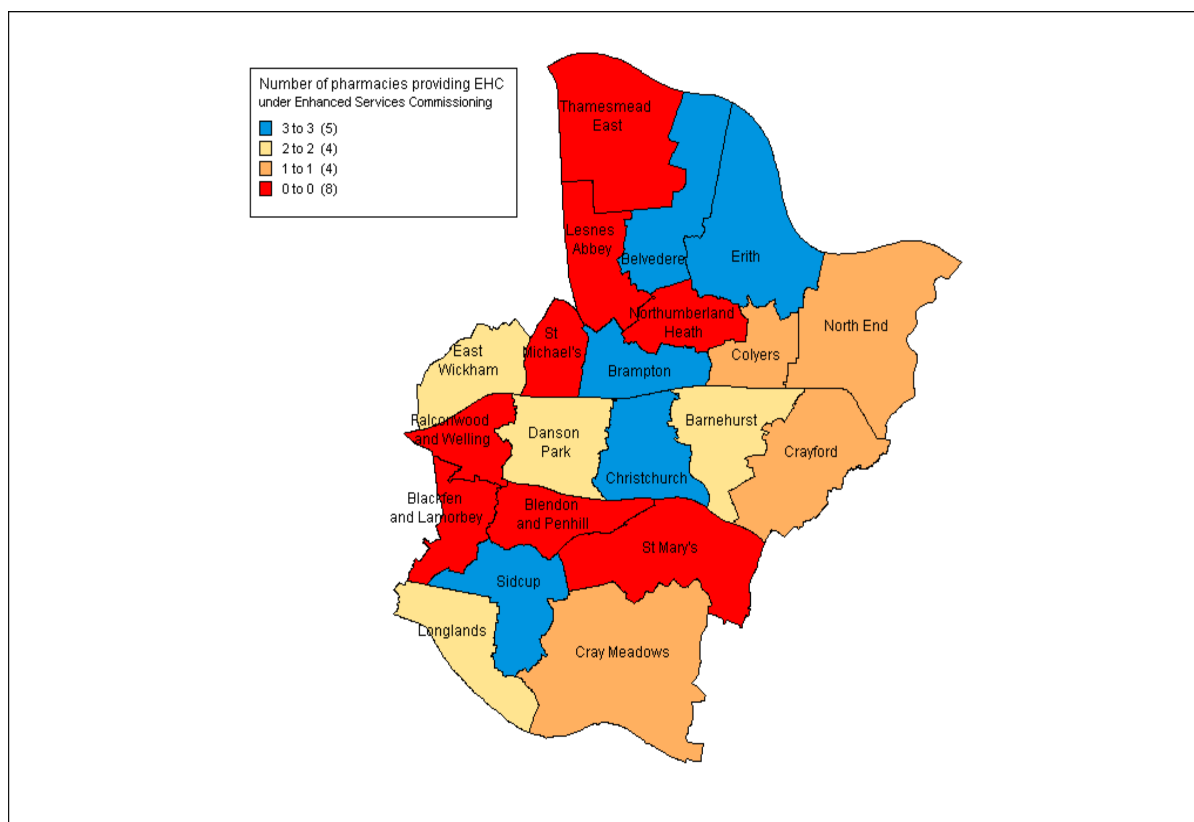
Combined Oral Contraceptive - Bexley Prescribing Data			
COC	Total Items	Total Act Cost	Unit Cost
1st Quarter 2008/2009	6,479	£50,706.39	£7.83
2nd Quarter 2008/2009	6,572	£52,747.94	£8.03
3rd Quarter 2008/2009	6,223	£50,232.45	£8.07
4th Quarter 2008/2009	6,066	£48,115.57	£7.93
Total 2008/2009	**25,340**	**£201,802**	**£7.96**
1st Quarter 2009/2010	6,378	£48,873.99	£7.66
2nd Quarter 2009/2010	6,438	£48,965.12	£7.61
Total Q1-2 2009/2010	**12,816**	**£97,839**	**£7.63**
Total to Date	38,156	£29,9641.47	£7.85

Emergency Hormonal Contraception Prescribed in Bexley General Practice[89] (Does not include EHC supplied by Pharmacists)			
Period	Total Prescription Items EHC	Total Actual Cost	Unit Cost
1st Quarter 2007/2008	186	£1,191.53	£6.41
2nd Quarter 2007/2008	257	£1,459.50	£5.68
3rd Quarter 2007/2008	202	£1,134.49	£5.62
4th Quarter 2007/2008	228	£1,280.00	£5.61
Total 2007/2008	**873**	**£5,065.52**	**£5.80**
1st Quarter 2008/2009	213	£1,173.41	£5.51
2nd Quarter 2008/2009	216	£1,217.52	£5.64
3rd Quarter 2008/2009	199	£1,120.39	£5.63
4th Quarter 2008/2009	199	£1,106.23	£5.56
Total 2008/2009	**827**	**£4,617.55**	**£5.58**
1st Quarter 2009/2010	207	£1,137.00	£5.49
2nd Quarter 2009/2010	199	£1,034.82	£5.20
Total Q1-2 2009/2010	**406**	**£2,171.82**	**£5.35**
Total to Date	2,106	£11,906.37	£5.65

[89] Data supplied by Bexley Care Trust, 2010

Progesterone Only Contraceptive - Bexley Prescribing Data			
	Total Items	**Total Act Cost**	**Unit Cost**
1st Quarter 2008/2009	1,540	£11,301.70	£7.34
2nd Quarter 2008/2009	1,654	£12,652.04	£7.65
3rd Quarter 2008/2009	1,689	£13,358.19	£7.91
4th Quarter 2008/2009	1,670	£13,811.97	£8.27
Total 2008/2009	**6,553**	**£51,124.00**	**£7.80**
1st Quarter 2009/2010	1,878	£15,296.50	£8.15
2nd Quarter 2009/2010	1,890	£15,442.63	£8.17
Total Q1-2 2009/2010	**3,768**	**£30,739.00**	**£8.16**
Total to Date	10,321	£81,863.02	£7.93

Injectable Contraception - Bexley Prescribing Data			
	Total Items	**Total Act Cost**	**Unit Cost**
1st Quarter 2008/2009	838	£10,000.6	£11.93
2nd Quarter 2008/2009	934	£12,109.07	£12.96
3rd Quarter 2008/2009	891	£11,982.29	£13.45
4th Quarter 2008/2009	788	£11,618.36	£14.74
Total 2008/2009	**3451**	**£45,710.32**	**£13.25**
1st Quarter 2009/2010	931	£15,039.54	£16.15
2nd Quarter 2009/2010	922	£15,275.84	£16.57
Total Q1-2 2009/2010	**931**	**£15,039.54**	**£16.15**
Total to Date	5,304	£76,025.72	£14.33



5.5.2 Overview of Provision

The sole provider of community contraceptive / youth advisory services at Level 1 was **Bexley Care Trust Provider Arm**. In 2008/09 this provider was commissioned to deliver STI screening and treatment to support the Chlamydia programme. Bexley spent a total of **£308,614.59** on contraception prescribing between 2007 and 2008 and spent **£331,924.34** between 2008 and 2009.[90]

Level 1 CRSH Services in Bexley include:

- Sexual history taking, risk assessment and sign-posting
- Pregnancy testing and counselling
- Referral for termination of pregnancy
- Provision of emergency hormonal contraception
- Contraceptive information
- Health promotion
- Condom distribution
- Hormonal contraception/ Depo-provera – includes implants and implant removal

[90] Sex and Our City Report, MEDFASH 2008 and Contraceptive Prescribing in Primary Care data supplied by Bexley Care Trust, 2010, does not include Youth Advisory Services.

- Cervical screening and referral
- Chlamydia screening as part of the National Chlamydia Screening Programme

CRSH services are provided through **Youth Advisory Services** in Bexley to young people under-25 offering oral contraception, contraceptive implants, contraceptive injections, emergency hormonal contraception, Chlamydia screening and treatment, C-cards, condoms, HPV immunisations (by appointment) is available from the clinics. No appointments are needed and all clinics are drop in. There is also a 24 hour Information Line on all young people's sexual health services (answer phone).

Young Peoples' Clinics provided through the Youth Advisory Service include the following:

Clinics	Days of the Week	Opening Times
Erith Health Centre	Monday Tuesday	1530-1930 1600-19:30
Bexley Youth Advice	Monday Tuesday Thursday	1600-1830 1515-1640 1600-1830
The Bridge (*Lakeside Health Centre*)	Wednesday	1630-1830
Oval (*Sidcup*)	Friday only	1530-1930
Northumberland Medical Health Centre	Monday - Friday	0900-1700
Three Thwaites Cottage	Friday only	1530-1700

There is also an **Outreach Contraception and Sexual Health Service** based in the Lakeside Medical Centre with the lead Sexual Health Nurse offering Chlamydia screening and treatment and all types of contraception including implants on an outreach basis to all vulnerable young people including: looked-after children, young people leaving care, youth offenders, young people not in education and to young mums to prevent second pregnancies.

There is also EHC available at the **Urgent Care Unit, Queen Mary's Sidcup Hospital** A&E Department.

CRSH Services in GP Surgeries

In February, 2010, the pharmaceutical company Schering Plough, working in partnership with BCT, conducted an audit of Sexual Health and Contraceptive Services in Bexley GPs[91]. Of 42 surgeries that received questionnaires, 10 (23.8%) responded with details about the sexual health and contraceptive services they offer. Within those 10 surgeries:

- 22 doctors and 16 nurses provide STI diagnosis and management
- 15 doctors and 13 nurses hold a qualification in contraception
- 2 doctors and 4 nurses provide STI care
- 11 Health Care Professionals have attended a recent STIF course

Specific contraceptive services included:

- All 10 surgeries offer COCs, POPs, the contraceptive patch, Depo Provera and Cap fitting; 5 offer condoms and 5 offer the feminine condom
- 5 provide Implanon fitting and removal; 6 offer IUDs and Mirena
- All offer EHC and emergency IUDs; 5 publicise that they provide EHC, with availability on the basis of 1-5 days; 3 surgeries offer pregnancy testing

Implanon and IUS/IUD Prescribed by Bexley GPs 2009/10[92]

Procedure	Surgery Name	Numbers
Implanon Fittings	Parkside Surgery	0
	Dr Malpass & Partners	75
	Lakeside Medical Practice	64
	Dr Thavapalan	16
	Bexley Medical Group	40
	Albion Surgery	0
Implanon Removals	Dr Malpass & Partners	5
	Lakeside Medical Practice	64
	Bexley Medical Group	20
IUS/IUD Fittings	Parkside Surgery	31
	Dr Malpass & Partners	90
	Lakeside Medical Practice	50
	Dr Thavapalan	12
	Bexley Medical Group	50
	Albion Surgery	0

[91] *Analysis of Results from the Sexual Health & Contraceptive Services: a report compiled for Bexley PCT*. Schering Plough, MSD Group. March 2010.

Pharmacy-based Services

There is an enhanced service contract with 40 community pharmacies across the PCT for emergency hormonal contraception for people aged 14-25. North Bexley has the most community pharmacies offering EHC, with 15 total. However, Frognal and Clocktower are not far behind with 12 and 13 pharmacies respectively offering EHC. The location of these pharmacies by ward is detailed in the following chart.

Bexley Pharmacies providing EHC under Enhanced Services Commissioning[93]	
Ward	**Number of pharmacies providing EHC**
Brampton	3
Christchurch	3
Danson Park	2
East Wickham	2
Falconwood & Welling	2
Lesnes Abbey	0
St Michaels	1
Clocktower Locality Total	**13**
Blackfen & Lamorbey	2
Blendon & Penhill	3
Cray Meadows	1
Longlands	1
Sidcup	2
St Marys	3
Frognal Locality Total	**12**
Barnehurst	1
Belvedere	3
Colyers	2
Crayford	3
Erith	1
North End	1
Northumberland Heath	3
Thamesmead East	1
North Bexley Locality Total	**15**
Bexley Total	**40**

[92] Ibid.
[93] Figures provided by Bexley Care Trust, from draft Pharmaceutical Needs Assessment, March 2010.

Contraceptive Services - Service Provider and Stakeholder Comments

- In 2007 Bexley lost its adult CRSH service, at which time there were over 5,000 adults accessing the CRSH clinics. In the words of one service provider, in 2007, "We had a thriving Family Planning clinic." Now everyone aged 25 and older must attend their GP surgery to access CRSH services.
- Young People's CRSH Clinics do signposting for GUM and TOP services, however they do not follow up to see if the client received the service.
- All nurses in the Young Peoples Clinics are Family Planning trained. One provider explained that two clinics in lower-volume areas, Erith and Oval, have the capacity to deliver contraceptive services and limited STI testing and treatment to people over 25 if funding was offered by BCT. It is believed that people over 25 in these areas are also less likely to travel across the borough for services due to socio-economic constraints, and offering a universal CRSH service would address local needs.
- Young Peoples clinics see a white British majority, while anecdotally there are more Africans at the Lakeside Health Centre YP clinic. When explaining why there were not many other ethnicities attending the YP clinics one service provider remarked, "We don't know why that is."
- Publicity and awareness of the YP clinics are raised through the following:
    - Online presence: RU Thinking website, FP Association, NHS Direct, BCT website
    - Posters and leaflets at Youth Centres
    - School Nurses are provided with flyers to hand out in PSHEE courses
- There is no publicity for services available to adults aged over 25. In 2007 the CRSH clinics sent a letter to all clients announcing the end of adult services. In the words of one service provider, "People know that there are no services for over-25s in Bexley."
- There is concern amongst service providers that GPs in Bexley lack in-depth knowledge in sexual health, and that most practice nurses have not undertaken Family Planning training.
    - There is an incentive issue around FP training as many GPs feel they do not need their nurses to take the training if they can sign prescriptions for them.
    - Nurses that have done FP training in recent years have found it difficult to do practice placement in Bexley as there are no FP/CRSH clinics for adults.

They can pay for a 12 week placement at Market Street, but this presents a barrier to the training for many Bexley practice nurses.
  - FP training was once vibrant at the Lakeside Health Centre, but has come to a stop since the closure of the universal CRSH service.
- GP awareness of the Youth Advisory Service Young Peoples' Clinics is variable. Signposting or referral to Young Peoples' Clinics are "a bit sporadic" and depend on each GP's awareness of the service.
- Young people have been involved in developing the Face2Face leaflet for young people in GP surgeries. It has been described as "a tool for building confidence in young people to go to GPs as well as for informing GPs about what young people want."
  - Following on from this consultation GPs in Bexley have begun consulting with young people in private (asking their parents to leave the room) over sexual health and contraceptive issues.
- Providers in Bexley mentioned frustration with the fact that contraceptives aren't offered by GU clinics in surrounding boroughs. It was seen as important for Bexley residents to have "one stop shopping" if they went through the effort of accessing GU clinics in other boroughs.
- Service providers in the Youth Advisory Service emphasised the importance of personal relationships when providing sexual health services to young people in Bexley. The work of the lead sexual health outreach nurse was seen as key to reaching the most vulnerable young people in Bexley.
- Approximately 10 per cent of service users at The Market Street CRSH Clinic in Greenwich are Bexley residents.
  - These are mostly over-25s, reflecting the lack of services for adults in Bexley.
  - Many Bexley residents come to Market Street for specialist contraceptive services and Chlamydia screening.
  - Most are referred through Bexley GPs, while for young people word of mouth is the more common referral pathway.
  - Many Bexley residents are informally referred by their GP without referral letters.
  - There is no need for cross charging arrangements with other boroughs because Greenwich residents are also utilising their services. However this is

not the case with Bexley because, “With Bexley all the traffic is one way.”

  - In the words of one service provider, “In 2007 when Bexley closed its universal service it was with little thought to what would happen… Greenwich got a massive influx of Bexley residents for specialist services.”
  - Market Street now gets payment for each Bexley resident and the payment system works well.

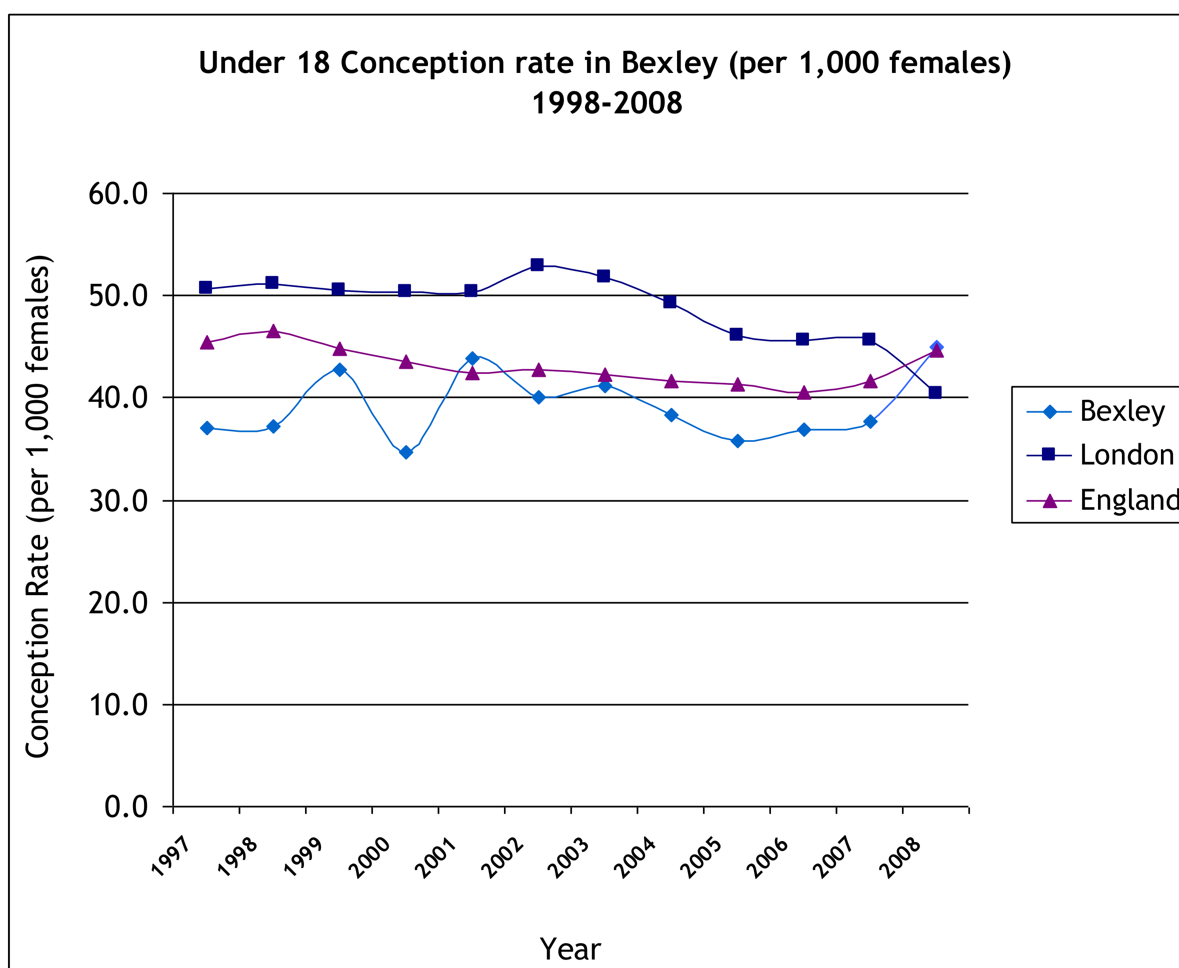
- Providers have voiced concern over Bexley residents not being able to access contraceptive services in GUM clinics in neighbouring boroughs. Many who come to the Trafalgar Clinic at Queen Elizabeth Hospital (Greenwich) for STI screening are then referred to the Market Street Clinic for contraceptives.

5.6 TEENAGE PREGNANCY

5.6.1 UNDER-18 CONCEPTION TRENDS

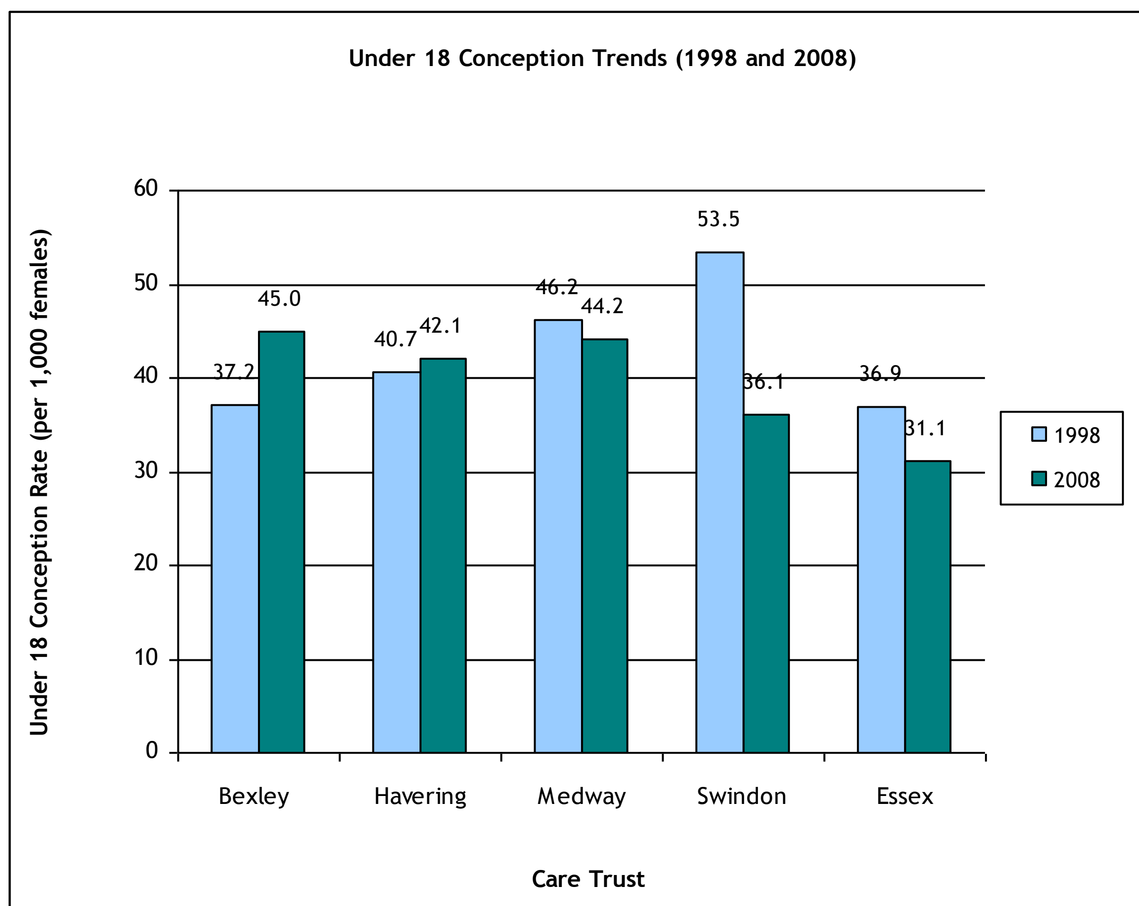
The provisional[94] 2008 under-18 conception rate for London is 44.6 per 1000 girls aged between 15 and 17 years old, which is a decrease of 2.4% from the 2007 rate and a decrease of 12.7% since the 1998 baseline. This also compares with a national reduction of 3.2% from the 2007 rate and a decrease of 13.3% since the 1998 baseline. After 5 years of steady decline, London's birth rate rose slightly between 2007 and 2008, however the abortion rate which had been increasing in the previous two years fell by 4.7% in the same period.

In Bexley, the provisional under-18 conception rate is increasing; between 2007 and 2008 it increased from 37.5 per 1,000 to 45 per 1,000. Bexley is now the second worst performer in London in terms of reducing its under-18 conception rate, while its neighbour Bromley is the worst.

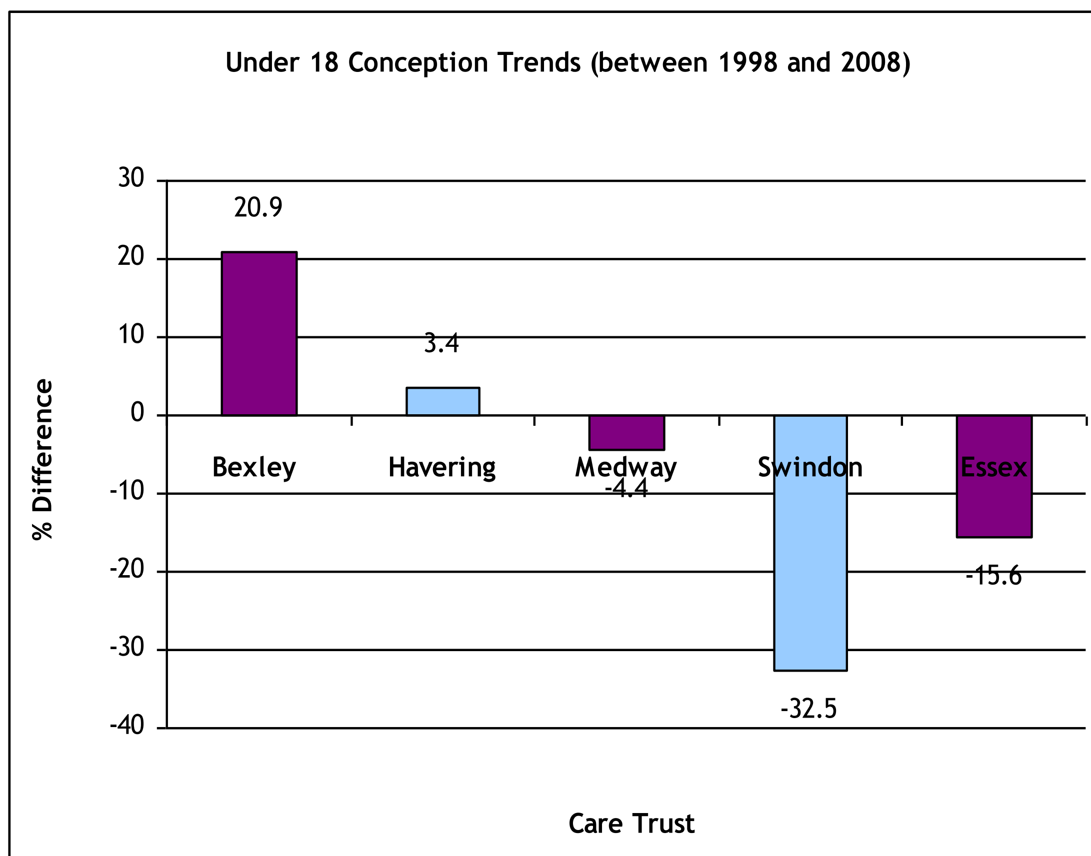


94 Provisional data is confirmed by ONS in the summer after final checks.

As the following chart demonstrates, between 1998 and 2008 the under-18 conception rate has increased in Bexley by 20.9%.



Havering, Medway, Swindon and Essex are included in these charts because they are demographically comparable in relation to the borough of Bexley. Looking at the chart above, Bexley's under 18 conception rate shows the greatest increase in comparison to these demographically comparable Local Authorities, three of which have seen marked reductions during the same period.



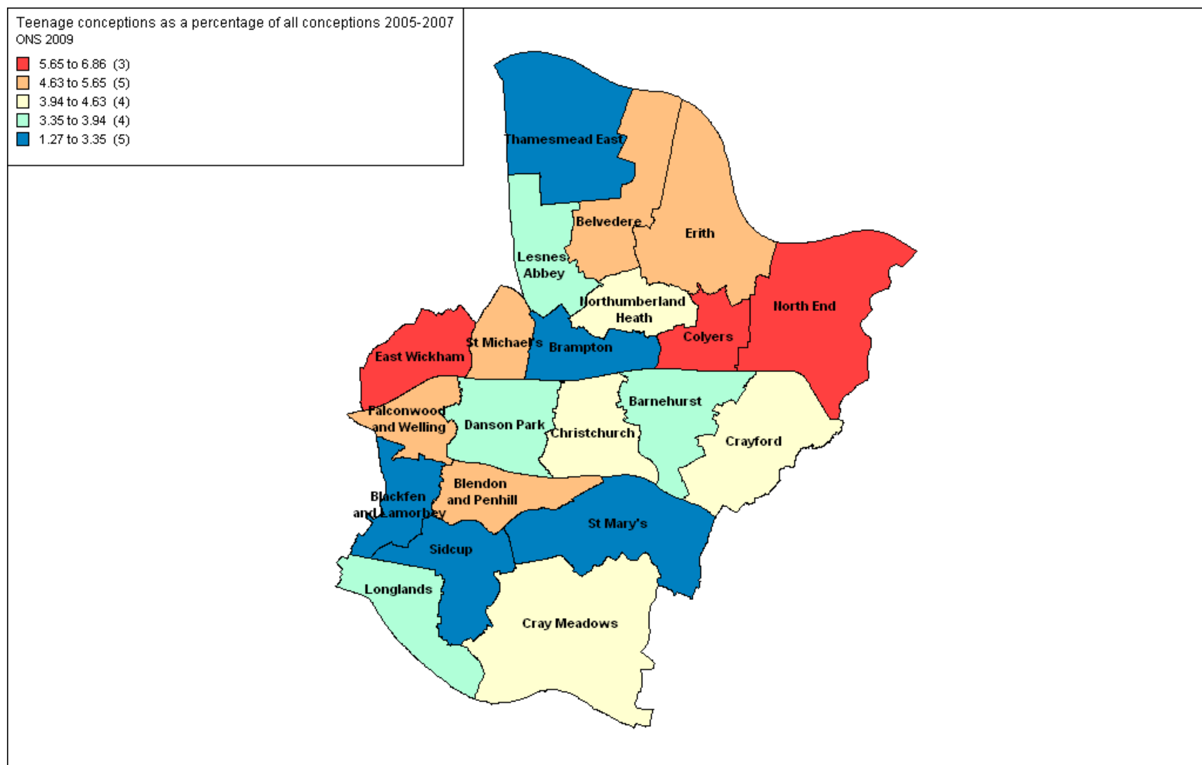
U18 Conception Trends between 1998 and 2008				
LA	IMD Score	U18 Conception Rate		% difference
		1998	2008	(1998-2008)
Havering*	16.1	40.7	42.1	3.4%
Medway*	19.5	46.2	44.2	-4.4%
Swindon*	16.9	53.5	36.1	-32.5%
Essex	14.7	36.9	31.1	-15.6%
Bexley	**16.2**	**37.2**	**45**	**20.9%**

The percentage of under-18 conceptions ending in an abortion continues to increase (61% in London, 49% in England in 2007), however the under-16 conception rate is declining; in 2005-07 it was 8.7 per thousand down from 9.6 in 2002-2004, the rate was 7.9 per thousand for England in 2005-2007.[95] Bexley PCT's under-16 conception rate is lower than the England and London rates, though higher than neighbouring Bromley.

[95] East Midlands Public Health Observatory Teenage Pregnancy Mapping tool, pooled from 2005-2007 figures
* Demographically comparable LAs

5.6.2 TEENAGE PREGNANCY IN BEXLEY: THE LOCAL PICTURE

There is a concentration of high under-18 conception rates in the north areas of Bexley, and a strong overlap between high teenage conceptions and deprivation. According to the Public Health Observatory, Coylers, North End and East Wickham wards have significantly higher under-18 conception rates than the England average. Lesnes Abbey, St. Michaels, Danson Park, St. Marys, Sidcup and Cray Meadows wards all have significantly lower under-18 conception rates than the England average, whilst the remaining wards in Bexley do not deviate significantly from the England average.



2005 To 2007 Conceptions by WARD

WARD	AGE AT CONCEPTION	
	UNDER 18	ALL AGES
North End	58	860
Erith	49	868
Colyers	46	731
Belvedere	38	701
Thamesmead East	36	1,101
East Wickham	32	467
Crayford	23	560
Blendon and Penhill	22	450
Cray Meadows	22	495
St Michael's	22	464
Lesnes Abbey	21	595
Christchurch	20	480
Northumberland Heath	20	507
Falconwood and Welling	19	410
Barnehurst	16	435
Danson Park	16	451
Blackfen and Lamorbey	13	400
Longlands	13	388
Brampton	11	345
Sidcup	10	367
St Mary's	5	391
All	**512**	**11,466**

The data below corresponds to the teenage pregnancies which occurred in Bexley from 1st January 2009 to 31st December 2009.

Age at Booking	Number of Pregnancies
14	3
15	4
16	10
17	24
18	47
Total	**88**

74 of women were White British, the rest were three whose ethnicity was not recorded, and seven who were of 'Other' ethnic origin; including two who were of other white background, one black Caribbean ethnicity, one mixed white/black ethnicity, one Chinese ethnicity and one 'any other' ethnicity.

5.6.3 Overview of Provision

Bexley has a **Teenage Pregnancy Partnership** that during 2007 undertook a self-assessment against key characteristics known to underpin successful teenage pregnancy strategies.[96] Relevant areas of good practice from successful boroughs were amalgamated into the Bexley strategy at that time. Teenage pregnancy is a Vital Signs indicator and a Local Area Agreement target and is a strategic and operational priority for Bexley Care Trust and Bexley Council.

However, there is currently not a **Teenage Pregnancy Co-ordinator** in post for Bexley, the last one having left in April 2009. This has impacted the co-ordination of the work of a number of agencies working within the local strategy.

Connexions work with all known pregnant teens and connect with midwives and local services that impact on parenting. Connexions have an antenatal group for teens and are working to develop the group into a post-natal support as well. SureStart has five Children's Centres in Bexley and most host a Young Mum's Group. Additionally the West Street Childrens Centre hosts a weekly young parents group and a dads' group. Two midwives from Queen Mary's

[96] Extracted from: http://www.bexley.nhs.uk/docimages/188.pdf

Hospital run support groups for Teenage Pregnancy Parent Education, one at QMS (not solely for teenage pregnancy) and the other at Connexions (mentioned above).

There is a provision for school age mothers at **West Street Family Centre** to continue in education. However they do not teach to the curriculum (not GCSE). They do 'Asdan' and the 'Young Mums to Be' programme. There is only currently space for about eight young women. All school age parents are encouraged to stay in school where appropriate and work is being done with the schools to help them keep teenage pregnancy in the mainstream. This provision is currently in the process of being extended one day a week to offer 'Parents with Prospects,' an accredited educational programme for 16-19 year olds.

Queen Mary's Hospital's Antenatal Service co-ordinates a **Pregnancy Support Team** composed of midwives, Health Visitors, the delivery suite and safeguarding team. Women may be assessed by the Team for a variety of reasons; however every pregnant teenager is automatically referred to the Team for a Common Assessment Framework (CAF). All pregnant teens are assessed with the basic CAF1. On the basis of CAF1 the Team decides whether or not to conduct the more serious CAF2 and make an interagency referral. Young teens, aged 13-14, are automatically assessed with CAF2, as are women of all ages that exhibit signs of domestic abuse, drug and alcohol misuse, non-attendance at antenatal services and safeguarding issues. Once a woman has been assessed by CAF2 they are assigned a Health Visitor that decides whether they need antenatal home visits, and they are referred to Social Services and other relevant agencies. All CAFs are collated centrally at the Children's Information Services. They also go to the teenage parent support group which is a multiagency group that determines who should be lead professional.

There is a gap in the practice of CAF in other local hospitals however. Currently only Queen Mary's Hospital is conducting CAF on all teen mothers. Bexley Connexions has received few referrals from young mothers at Darent Valley and Queen Elizabeth hospitals as midwives there have been inconsistent with case loading each young person.

The **School Nursing Service** delivers SRE in all secondary schools.[97] The Core SRE curriculum includes one-off sessions in each year from year nine to eleven. Year nine covers contraceptive; year ten covers STIs; and year eleven covers STIs, risks and behaviours. If

[97] School nurses are now called school health advisors

there is a PSHEE Co-ordinator at a school they may link with the School Nurses to provide talks around the Core SRE. From year nine school nurses provide information on Youth Advisory Services and GUM clinics to students: “We tell them where they are, most young people just go down there.” School nurses provide weekly drop-ins at all secondary schools to provide a range of support, guidance and sign-posting services including sexual health, mental health, eating disorders and general issues. School nurses do not provide targeted services to teenage mothers as that work is funded by Sexual Health. Since re-organisation of the service around 2007 the School Nursing Service provides learning packs containing elements of SRE in primary schools.

Northumberland Park Medical Centre is commissioned to provide a young peoples’ walk-in youth advisory service funded via the Teenage Pregnancy Strategy. Additionally there are five other young peoples’ clinics[98] throughout the borough, including in high rate areas. Most young peoples’ clinics are open once or twice a week with no Saturday service. Opening times are accessible to young people in education. All clinical services provide contraceptives, pregnancy testing and referral to abortion or antenatal care. There is a C-Card condom distribution scheme through participating pharmacies and young peoples’ clinics.

At Northumberland Heath walk-in Youth Advisory Service between April and December 2009, 169 pregnancy tests were distributed, 27 of which returned a positive result and 14 of which led to a request for TOP. 187 prescriptions for contraceptive pills were issued, 114 emergency contraceptives were issued and 285 condoms were distributed (52 to boys and 233 to girls).

A pilot ‘**Mobile Bus**’; a walk-in advisory service for sexual and reproductive health for young people in the North Bexley locality, which has extra funding from the Teenage Pregnancy Strategy. The Mobile Bus went live Dec 2008 and offered services twice to March 2009. The service was viewed as a success in extending access but long-term funding for the continuation of this service has not been identified.

[98] List of Bexley young peoples’ clinics is presented in Section 4.5 Contraception.

Teenage Pregnancy – Service Provider and Stakeholder Comments

- With no Teenage Pregnancy Co-ordinator in post from April, 2009, coordinated work on teenage pregnancy has been difficult for Bexley providers that work with young people.
- Providers voiced concern about the source of funding for teenage pregnancy reduction. There was some confusion as to whether it should be from the Department of Health or the Local Authority.
- There is a gap in the use of the Common Assessment Frameworks (CAF) in local hospitals. Currently only Queen Mary Hospital is conducting CAFs on all young mothers. Bexley Connexions has received few referrals of young mothers from Darent Valley and Queen Elizabeth hospitals as midwives there have been inconsistent with case loading each young person. Providers feel it is necessary to have midwife managers support CAF case loading, and that in the absence of such support many pregnant teens are "slipping through the net" and not being referred to support services available in Bexley. Case loading may be perceived by some midwives as extra work, though other providers explained that in the long run it can reduce their workload by preventing additional pregnancies.
- Providers in the midwifery services explained that CAF case loading has become a more burdensome part of their workload in the absence of a Teenage Pregnancy Co-ordinator. In the past the TPC supported midwives in the process of CAF case-loading, the interagency referral process, and informed them of current changes to the available services for referral. "It was really nice when we had that support there."
- Centralisation of teenage pregnancy and post-natal support services is seen by some providers as offering better service to young women and addressing issues of fragmented support. For instance, providers offering teenage pregnancy support groups can appear to compete for young mothers to support, or be overly selective in whom they support due to operational postcode restrictions.
- Centralisation of teenage pregnancy and post-natal support services for young mothers would also improve data collection and monitoring and could feed into future needs assessments.
- Midwives at QMS discuss contraception with all mothers after delivery. However, as one provider explained: "It's not dumb, but it's not exactly the best time [to talk

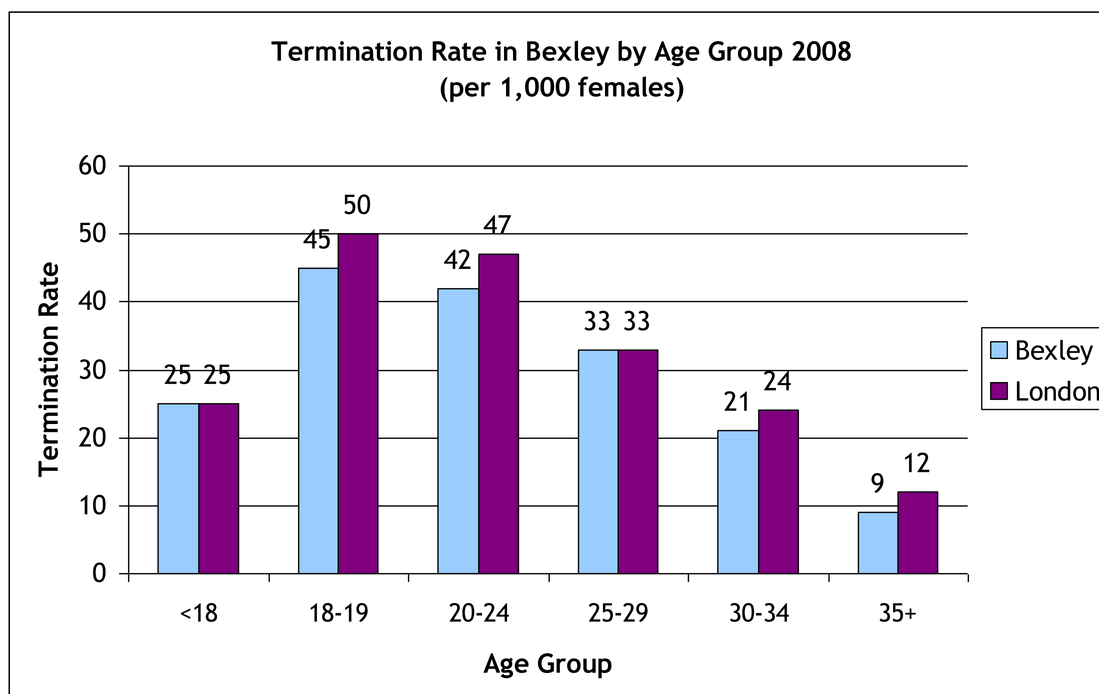
about contraception]" as most women are preoccupied with the imminent tasks of motherhood. The Sexual health Lead Nurse attends the multi-agency group at West Street Childrens Centre with a view to contacting all newly delivered teens to discuss contraception.

- At the six week postnatal check with their GP all mothers are asked whether they are using contraception and advised on contraceptive methods if they need information.
- There are 4 Midwifery Community Care Practice Teams in Bexley that see women in Children's Centres and in hospitals.
  - Each should have a Teenage Pregnancy Midwife, though with ongoing budget and staff cuts this is not always the case. Providers explained that there are presently only two teenage pregnancy midwives based at QMS Hospital, however they do not caseload teenage pregnancies. They bring the CAFs to the multi-agency teenage pregnancy group but this has not happened since November, 2009. Only three members of the group turned up for the most recent February, 2010, meeting and no midwives participated.
- One provider expressed frustration at the fragmented approach to teenage pregnancy prevention in Bexley. "The main difficulty is getting all the agencies and departments involved in teenage pregnancy work to take responsibility for their bit. There is no co-ordination of services and everyone is going off on their own tangent. Some appear to just offer 'lip service' as long as they can tick the box that they are offering teenage pregnancy service!"

5.7 TERMINATIONS OF PREGNANCY

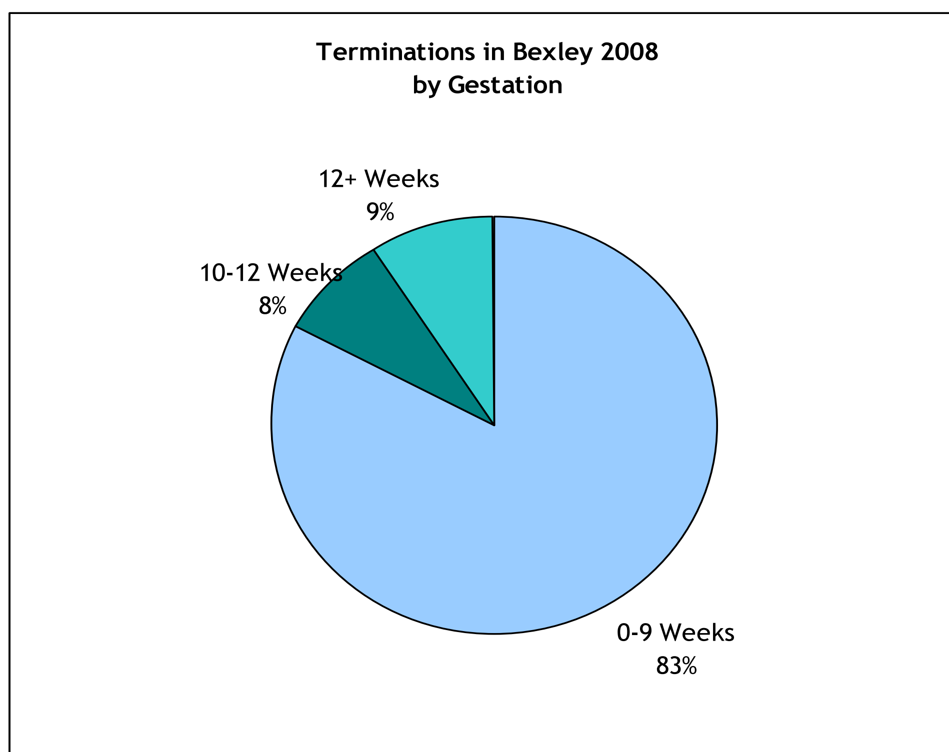
5.7.1 OVERVIEW OF CLINICAL OUTCOMES

Bexley has a consistently lower termination rate across all age groups in comparison to the London rate. The 18-19 year-old and 20-24 year-old groups had the highest termination rate in Bexley during 2008, at 45/1000 and 42/1000 respectively, however both figures were slightly lower than the London average. In 2008, 28 per cent of terminations by women aged under-25 were repeat terminations.



Terminations in Bexley by Age Group (2007-2008)[99]						
Age	**Number of Terminations Bexley**		**Termination Rate Bexley (per 1,000 females)**		**Termination Rate London (per 1,000 females)**	
	2007	**2008**	**2007**	**2008**	**2007**	**2008**
<18	112	118 (11%)	23.9	25	27.2	25
18-19	113	132 (12.5%)	38.9	45	50.4	50
20-24	279	280	41.6	42	49.8	47
25-29	212	217	31.8	33	33.6	33
30-34	147	151	20.8	21	23.4	24
35+	155	156	8.6	9	12.4	12
All Maternal Ages (15-44)	**1,018**	**1,054**	**22.1**	**25**	**27.3**	**27**

Between 2007 and 2008, over 10% of terminations in Bexley took place in women aged under eighteen; and 12.5% of all terminations were aged between eighteen and nineteen years old.



[99] 2008 abortion data from Department of Health, 2007 abortion data from NHS Information Centre for Health and Social Care.

Seven of the 31 London PCTs did not reach the target of 70% of abortions taking place before 10 weeks gestation; however Bexley did surpass this target by carrying out 83% of terminations between 0-9 weeks of gestation. Collecting more information on the proportion of these early abortions that are carried out using medical methods would help needs assessment and service development.

Marie Stopes International Bexley Terminations of Pregnancy 2009/2010						
		Gestation		Age		
Month	**Total TOPs**	**TOPs < 10wks**	**% Total**	**Under 18 YRs**	**% of total**	**Cost**
Apr	63	39	62%	6	10%	£29,882.00
May	68	47	69%	6	9%	£32,721.00
Jun	73	51	70%	8	11%	£35,555.00
Jul	94	73	78%	9	10%	£43,420.00
Aug	81	64	79%	11	14%	£36,799.00
Sept	79	60	76%	10	13%	£35,952.00
Oct	64	53	83%	4	6%	£31,872.00
Nov	72	61	85%	9	13%	£35,811.00
Dec	80	56	70%	12	15%	£37,460.00
Jan	98	76	78%	13	13%	£47,389.00
Total	**772**	**580**	**-**	**88**	**-**	**£366,861.00**

5.7.2 Overview of Provision

The current arrangements for termination in Bexley have been in place since 2005. Before that Bexley had an acute commissioning contract with Queen Elizabeth Hospital (Greenwich) and Queen Mary's Hospital. In 2005 Bexley moved to the present arrangement with Cost and Volume contracts with Marie Stopes International and the British Pregnancy Advisory Service. Terminations in Bexley are provided by the following service providers:

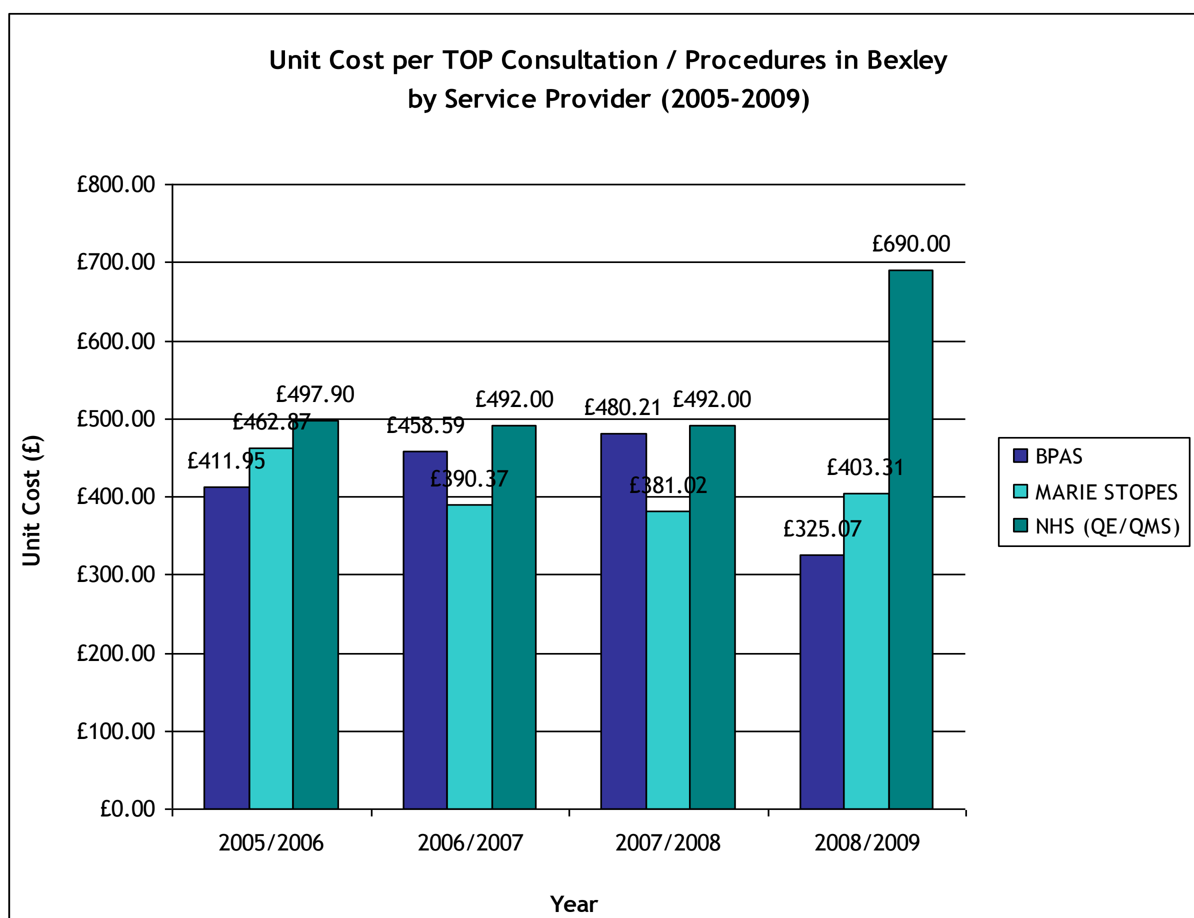
Marie Stopes International - This contract is a cost and volume agreement. The provider invoices the PCT on a monthly basis for actual activity. Services include medical and surgical abortions up to 24 weeks.

BPAS - This contract is a cost and volume agreement. The provider invoices the PCT on a monthly basis for actual activity. Services include medical and surgical abortions up to 24 weeks.

Bexley Care Trust has an agreement with Marie Stopes International and BPAS for Mirena and Implanon.

Queen Elizabeth Hospital Woolwich and Queen Mary's Sidcup - This is a PbR contract. Services include medical and surgical abortions for complicated or medical cases up to 12 weeks gestation. Bexley residents are referred to QEH and QMS for complex procedures involving medical conditions. Bexley residents with a gestation period over 12 weeks in need of complex procedures due to medical conditions will be referred through Marie Stopes International and BPAS to King's College Hospital.

The following chart presents the provision of terminations by provider in Bexley from 2005 to 2009. Marie Stopes International is the predominant provider of termination services for Bexley residents, while BPAS provides termination services to a sizeable minority of Bexley residents. A few Bexley residents who have complications access terminations at Queen Elizabeth and Queen Marys Sidcup hospitals.



Unit Cost per TOP Consultation / Procedure in Bexley by Service Provider 2005-2009[100]												
YEAR	2005/06			2006/2007			2007/2008			2008/2009		
PROVIDER	CONS	COST (£)	UNIT (£)	CONS	COST (£)	UNIT (£)	CONS	COST (£)	UNIT (£)	CONS	COST (£)	UNIT (£)
BPAS	61	25,129	**411.95**	41	18,802	**458.59**	19	9124	**480.21**	75	24,380	**325.07**
MARIE STOPES	103	47,676	**462.87**	397	154,976	**390.37**	858	326,912	**381.02**	1035	417,426	**403.31**
NHS *QE/QMS*	476	237,000	**497.90**	275	135,300	**492**	33	16,236	**492**	16	11,040	**690**
TOTAL	**640**	**309,805**	**484.07**	**713**	**309,078**	**433.49**	**910**	**352,272**	**387.11**	**1126**	**452,846**	**402.17**

Bexley Care Trust spent on average £402 per NHS funded termination between 2008 and 2009, resulting in a total expenditure of £452,846. The cost of terminations across London boroughs varies considerably, from £347 per termination in Hammersmith and Fulham to £588 per termination in Kensington & Chelsea (London-wide figures in Appendix 7.3). If the lower cost found in Hammersmith and Fulham was adopted in Bexley, we could see a saving of up to £62,124.

Summary of NHS Funded Abortion Services	Cost (Bexley)	Cost (London)
Lowest price paid per termination	£347	£347
Highest price paid per	£588	£588
Average price in London	£435	£435
Cost in Bexley	£402	-
Total Spend at Current Price	£452,846	£7,238,995
Total Spend Using Lowest Price	£390,722	£3,903,596
Maximum Saving (from using lowest price)	**£62,124**	**£3,335,399**

[100] Data supplied by Bexley Care Trust. These unit costs should be read with some caution as not all of the consultations in this chart resulted in termination.

Termination – Service Provider and Stakeholder Comments

- Most TOP referrals in Bexley are GP referral. There are also referrals from CRSH clinics and local GUM clinics outside of Bexley.
- Some providers emphasised the need to co-locate TOP services with contraception and STI screening services.
- Bexley GPs tend to have closer links with Marie Stopes International due to historical referral patterns and refer more of their clients there.
- One TOP provider explained that they need access to the clients' names and contact details for follow-up on contraceptive use and implant servicing. Currently there is little post-TOP follow-up on contraceptive use.
- Provision of TOP services is largely based upon any needs assessment or local knowledge from the PCT. TOP providers do not conduct their own local needs assessments and are unsure if their services are accessed by those in most need, or if levels of demand in Bexley correspond to levels of need.
- Provisional same day appointments have reduced late presentation.
- The majority of Bexley clients are registered with a GP, but providers will serve clients that are not registered with a GP.
- If the gestation period is beyond 12 weeks they must get an authorisation code from BCT. Some patients present without the code and the TOP provider can call BCT to obtain the code retrospectively. Residents of neighbouring boroughs do not need to have an access code to use the service.
- Bexley Young Peoples' CRSH clinics do not follow up on TOP signposting. They only know if a young woman accessed the service when and if they return to the YP clinic for contraceptives. Prior to 2007 Bexley's universal CRSH service would receive letters from the TOP providers after referring clients, but now the letters are directed to GPs.
- TOP providers explained that they do not investigate proof of residence or immigration documents and that they consider vulnerable clients, such as asylum seekers or minors, on a case by case basis.
- TOP providers submit monthly monitoring reports with datasets for each client including: date, site of service, age, ethnicity, site of referral, GP registration, previous TOPs, previous pregnancies, previous Chlamydia screens. The data is stored by both BCT Commissioning and Health Promotion, though it has not been collated or analysed in recent years.

6 COMMUNITY ENGAGEMENT

6.1 OVERVIEW OF PROVISION – HEALTH PROMOTION AND THE VOLUNTARY SECTOR

The **Health Trainers Programme** is composed of volunteers that give information and signposting to Bexley residents on issues of health and wellbeing. They work to the six strands of “Choosing Health” and are based locally at Children’s Centres, Mind, The Inspire Community Trust, the Bexley Council for Equality and Diversity and other community venues.

Bexley has a new Public Engagement Strategy (January, 2010) with a focus on the work of **Patient and Community Engagement Officers**. Engagement Officers provide a vital link to the community through the voluntary sector and are developing new methods of engagement for health promotion.

Development support and training to Bexley voluntary organisations are provided through the **Bexley Voluntary Services Council**. The BVSC has a Small Groups Network and has been working to develop consortia of voluntary organisations in order to co-ordinate funding proposals and reach more needs in the community. The Health Trainer programme is commissioned by Bexley Care Trust; the provider is a voluntary sector consortium consisting of MIND in Bexley, Inspire Community Trust and Bexley Council for Equality and Diversity and is a separate consortium to the ones being developed by BVSC.

The Health Partnership Board is a partnership set up to provide strategic leadership to achieve the vision set out in the Sustainable Community Strategy ‘Bexley Together’ to develop healthier communities for adults including vulnerable adults and older people. There are several sub groups of the Health Partnership Board one of which is the health and wellbeing sub group composed of representatives from Bexley Care Trust Health Improvement Team, voluntary sector, Oxleas Foundation NHS Trust and Bexley Council.

Health Promotion and Voluntary Sector - Service Provider and Stakeholder Comments

- Many providers are looking to the voluntary sector as an avenue of service provision as part of decommissioning. Opportunities in the voluntary sector include outreach, prevention, education, awareness-raising, and cross-sector co-ordination.
- Bexley providers were not aware of any Bexley voluntary organisations that currently offer sexual health services, outreach or promotion. While some providers saw this as an issue for BME groups and people living with HIV, others pointed to the work of voluntary organisations based in Greenwich, such as AHEAD, the Harbour Trust and the Metro Centre, which are commissioned by Bexley Care Trust.
- Bexley voluntary organisations have delivered many projects for BCT, including several around mental health through Mind, Snap and Age Concern. Providers explained that the same partnership model could be used for sexual health. The important thing is for BCT to initiate the dialogue and inform the voluntary sector as to what the PCT is looking for. "It's about working together to develop it and making people aware that they could develop it in the future."
- Some providers explained that strategic objectives from BCT don't always "filter down to the front line" and that Bexley voluntary organisations need to be made aware that they could offer more [i.e. health promotion and prevention] and that the PCT wants to work with them. "It's hard to engage until we know what they [i.e. BCT] are looking for."
- Following on from the Sexual Health Needs Assessment there could be a forum for voluntary organisations and statutory providers around sexual health. BVSC could facilitate the forum. If dialogue starts with BCT then the BVSC could send out a mass exploratory email to Bexley voluntary organisations to facilitate local discussions / workshops.
- Bexley Health Trainers tailor their information and signposting to the requests of service users. So far no Bexley Health Trainers have been asked for information or signposting regarding sexual health, but providers explained that "Most people think it's for exercise and they don't know they can ask for it [i.e. sexual health information and signposting]." The Health Trainers Programme has Peer Learning Groups every six weeks and, "[t]here is no reason why we can't have sexual health on the agenda."
- Some providers suggested greater linkage between BCT and Bexley providers and

the local church community. This was seen as crucial for reaching out to segments of the African community that may not be accessing services through traditional providers.

- Providers explained the need to increase the online presence of prevention and health promotion initiatives in Bexley. The NCSP's RU Thinking website is seen as a model of good practice in online prevention and health promotion. However, some providers felt that online tools may not be best for reaching the most at-risk populations that are not accessing the internet.
- Providers also pointed to a need to engage community radio stations, especially African radio programmes, to reach more at-risk communities.
- Several providers emphasised the need for having outreach workers to engage with Bexley's growing asylum seeker community and people newly arrived from Africa. Targeted outreach work amongst African communities was described by several providers as a gap in Bexley. However the BVSC has identified potential voluntary organisations in Bexley that could initiate this work in the future:
    - The Bexley African and Caribbean Community Organisation
    - Active Horizons
    - The Central African Organisation
    - The Bexley Council for Equality and Diversity could also take a lead in identifying newer African organisations as they develop.
- The lack of LGBT venues (service users and providers confirmed that there are no LGBT commercial venues in Bexley at present) in Bexley presents a barrier to outreach and prevention work amongst the LGBT community. There is also a deficit in LGBT voluntary organisations in Bexley, with only one LGBT youth group (the Vibe) meeting on a regular basis, which is facilitated by the METRO Centre with funding from BCT.
- There are capacity constraints for Patient and Community Engagement Officers as they cannot give presentations to voluntary and community organisations on sexual health without clinical training. This is a barrier to community engagement around sexual health.

6.2 OVERVIEW OF SERVICE USER CONSULTATION

For the Community Engagement portion of this SHNA **10 focus groups** were held with Bexley residents and **2 outreach sessions** were conducted to interview residents on the street (one in Erith Centre and one on The Broadway at Bexleyheath), comprising a total of **65 individuals**.

A demographic breakdown of focus group and interview participants is presented in **Appendix Section 7.4**. These reflect the diversity of at risk groups in terms of location, gender, sexuality, ethnicity and disability. Where it was not possible to consult directly with at-risk communities, we have presented background information in combination with key service provider interviews.

The target groups that contributed their views and experiences included:

- African Women
- People Living with HIV
- Young Lesbian, Gay and Bisexual People
- Teenage Mothers and Pregnant Teenagers
- Young People Leaving Care
- Young People
- People over 50
- General Population

Focus groups were directed to capture the following themes:

- Lifestyles, behaviours and attitudes
- Knowledge and opinions of sexual health
- Sexual health services accessed and experiences of services
- Facilitators and barriers to access
- Suggestions for future service development

6.3 EXPERIENCES OF ACCESS BY SERVICE TYPE

In this section each type of sexual health service provision is presented with a breakdown of each target groups' awareness, experience, and suggestions for the service.

6.3.1 STI SCREENING AND TREATMENT[101]

African Women

- Participants explained that they were not aware of any STI screening services available in Bexley. Several had been referred for STI testing from Bexley providers to the Trafalgar GUM Clinic and the Market Street CRSH Clinic in Greenwich, as well as the voluntary sector providers AHEAD and the Metro Centre.

[101] Not including the NCSP which is addressed separately in the following section.

- Participants expressed a strong desire to have appropriate and accessible STI screening and treatment services in Bexley. All agreed that proximity of sexual health services is a primary concern and that they would have no reason to travel to Greenwich if appropriate services were available in Bexley.
- AHEAD was singled out as the only sexual health service provider tailored for African communities. The information and guidance they offer is perceived as very appropriate and the support groups are active and vibrant and the counselling and follow-up support after STI and HIV screening are well received.

General Population

- Few of the general population surveyed had ever accessed STI testing or treatment services in Bexley, or anywhere else. One person had been screened for STIs in a Bexley CRSH clinic, two had been screened for STIs at the Trafalgar clinic, and four people had received Chlamydia screening as part of the NCSP. Two people had received STI screens in other contexts (the army and prison) but had never subsequently been tested on their own.
- Those people that were aware of the location of GUM clinics listed the Trafalgar Clinic in Greenwich and the Renton Clinic in Dartford.
- Many people assumed that you could access STI screening at any local hospital, including Queen Mary's Sidcup. When asked where they would advise someone to go for an STI test, the majority said go to your GP or directly to any local hospital.

Disabled Adults

- None of the disabled adults consulted had ever taken an STI screen.
- Knowledge of STIs was quite high, with participants listing HIV, Chlamydia, gonorrhoea and syphilis. "There are loads but I don't know any more."
- Participants described clinics they had seen in London Liverpool Street and Victoria stations and suggested that small clinics with STI testing facilities should be opened on some of the mainline rail stations in Bexley.

Young Mothers and Pregnant Teenagers

- None of the young mothers and pregnant teenagers had accessed a GUM clinic, while one young mother had accessed STI screening at the Northumberland Heath Medical Centre although she was not aware beforehand what services would be offered there. "I didn't know what was there, I just went in." She described the use of swabs as embarrassing, but "it's better to be embarrassed for a few minutes than to die."
- The closest clinic identified was the Trafalgar Clinic in Greenwich. "I seen a leaflet about GUM clinics but never went."

Young People Leaving Care

- Two out of ten participants had been to a GUM clinic for STI screening services. Both had accessed the Trafalgar Clinic at Queen Elizabeth Hospital in Greenwich.
- One young person described the experience within the clinic and getting tested in a positive manner. However, they experienced anxiety when they did not hear back from the Trafalgar Clinic with their STI testing results. "They said, 'If we got nothing we won't ring.' But I got worried when they didn't ring."

People Living with HIV

- Several people living with HIV described STI screening as the most important method of maintaining a good sexual health. Ignorance of STIs and failure to get tested were seen as significant threats to one's sexual health.
- None had accessed STI or HIV screening services in Bexley.
- All of the participants had accessed STI and HIV screening and treatment services at the Trafalgar Clinic in Greenwich. Perceptions of the Trafalgar Clinic were positive; the services offered and the attitudes of staff were described as very good. However waiting times were described as long because the clinic is very busy.

Young Lesbian, Gay and Bisexual People

- Participants had accessed STI testing at GUM clinics including Beckenham, Lewisham, Dartford and the Trafalgar Clinic.
- The majority of participants had had positive experiences when accessing these GUM clinics and said that they preferred accessing GUM clinics for any sexual health needs. "The GUM clinic is a preferred choice because they specialise in sexual health."
- The majority had accessed the Trafalgar Clinic due to its location and historical referral patterns from Bexley. Participants spoke positively of their experiences there, saying that the staff were friendly, supportive, and "they speak to you like a normal human being [i.e. non-clinical language]." Conversely, one participant that had accessed the Beckenham GUM Clinic felt that it was too impersonal, "You're just a number; it felt like being in a cattle market."
- The approachability of staff was seen as key to offering a good GUM service. "You need someone you can relate to."
- The perception of LGBT or LGBT-friendly staff is also important to young lesbian, gay and bisexual people. Several of the participants that had accessed the Trafalgar Clinic spoke of a lesbian member of staff who was perceived as especially helpful for LGBT people. When the focus group facilitator told the group that the member of staff was

not lesbian everyone was surprised. In the end they decided that sexuality was not as important as approachability and specialisation in LGBT sexual health issues.

- Participants felt that it was necessary to have a GUM clinic within Bexley for the sake of convenience and better access. “You’re not going to travel up and down the whole country if you don’t have to!”
- It was also felt that basing a GUM clinic in Bexley would increase the number of people getting STI screens as “It would encourage more people to come in, like if they were shopping they could just pop in.”
- One participant described an old public health film they had seen recently in which a housewife who never got tested for STIs because the clinic was too far away ends up having syphilis. This was meant to describe the situation for many Bexley residents that don’t have access to a local GUM service.
- Participants describing the ideal GUM facility for Bexley listed the following points:
    - Location: a good central location such as Bexleyheath was seen as ideal. Proximity to bus routes is also an important factor.
    - Specialist LGBT services: This caused a small divide in the group. The majority of participants felt that “LGBT sexual health is different, it needs to be taught differently and it needs to be managed differently.” However, one participant was adamant that “there’s no gay HIV or gay syphilis. It’s the same disease for straight guys and needs the same treatment anyways.”

      The majority agreed that LGBT services should be offered during the same times as regular clinics and that it’s more important to have a member of staff that specialises in LGBT sexual health that can be requested if so desired.

      However a minority contended that they would prefer to see LGBT staff in GUM clinics as “They [heterosexual people] don’t know what it’s like, the pressure in gay bars or all the sex that you see in magazines. So I’d like to be helped by someone who knows what that’s like.”
    - Parking: free or cheap parking is important as the lack of parking facilities at other sites presents a barrier for some. One participant described how the parking fee at Queen Elizabeth Hospital made him feel that it was pointless to go there for a free Hepatitis vaccination. “I went there for my hepatitis vaccination, but after paying for parking I figure I ended up paying for the vaccination.”

6.3.2 The National Chlamydia Screening Programme

General Population

- Four out of fourteen people surveyed among the general population had been screened for Chlamydia as part of the NCSP. Experiences of the programme and screening were positive.
- Two had accessed the NCSP through the GP, one through an outreach at their place of employment, and one acquired a kit through the post. All returned the kits through the post and were impressed with the anonymity and confidentiality of this approach. Receiving the results by text was also perceived as convenient.
- One participant who had been screened when outreach workers came to their place of work described the experience as fun. “I did it just for fun. Everyone was having a laugh.” The participant appreciated that the outreach workers waited behind a table and did not directly approach people. If they had been approached directly in the street they would not have felt comfortable and probably would not have accepted the screen.

Young Lesbian, Gay and Bisexual People

- Four out of seven participants had been screened for Chlamydia through the NCSP. Some had received NCSP mail outs at home while others had been approached by outreach workers from the Metro Centre at places of education.
- Half posted the kits in themselves while half returned them directly to outreach workers from the Metro Centre.
- Participants explained the Greenwich NCSP returns results within one week, while with Bexley it can take over a month. “With Bexley it takes forever. I thought I’d had Chlamydia for sure because it was like, a month before I heard anything!”
- No participants had ever had a positive screen result, but everyone was aware that they had only to show a positive text to a local pharmacist to get treatment.
- One participant explained that they would prefer to be screened for Chlamydia at a GUM clinic only because the site of testing and treatment are one and the same and it is important to have “a one-stop shop.”

Young Mothers and Pregnant Teenagers

- The general mail-out to all young people in Bexley was seen as a good idea. “If it comes through the post no one knows you done it.”
- One young mother explained that she took the Chlamydia test because her mother was aware that she had been sent a letter and “she kept reminding me about it.”

Young People Leaving Care

- Seven out of the ten participants had been screened for Chlamydia as part of the NCSP.
- Most of these had received the screening kit from Bexley's sexual health outreach nurse who provides outreach sessions at the Leaving Care Team every week.
- Others received the kit in the post, while two people received kits from outreach workers at McDonalds in Bexleyheath and the Danson Park Football grounds.
- All received their results by text. The response time differed by person, and took from one day to two weeks.

Disabled Adults

- Several participants had seen NCSP advertisements on television; however they complained that the ads didn't tell them where to go to get the screening kits.

6.3.3 CONTRACEPTIVES AND CRSH CLINICS

African Women

- Participants described having limited knowledge of contraceptive clinics and access points in Bexley. They were aware of generic contraceptive provision offered through Bexley GPs, but none could comment on provision through CRSH clinics.
- Expressing frustration over the lack of awareness regarding CRSH clinics in Bexley, participants described the health system in Bexley as complicated and not easy to understand or navigate.
- Several participants had accessed the Market Street CRSH Clinic in Greenwich and were pleased with the service they received, although they described long waiting times. In particular they were impressed with the language skills of support and volunteer workers there, including Swahili, Rwandese and Luanda.
- Participants described the need for Polyclinics and a strong preference for accessing local services in Bexley.

Disabled Adults

- Contraception was the most important sexual health concern as described by disabled adults. Several participants felt they had additional pressures to use contraception because they did not want to pass on hereditary conditions to their children, or they felt that they would be unable to raise children well because of their own disability and/or financial difficulty. As one couple explained, "We don't want kids. It wouldn't be fair to the child because we can't care for it."

- None of the disabled adults consulted with had accessed CRSH clinics in Bexley and no one knew where they were located.
- The two women that were currently accessing contraceptives got them from the GP; both were using the birth control pill. Two or three men described buying condoms regularly from pharmacies or pub toilets. One man had made arrangements to have a vasectomy soon as he and his partner were adamant that they would not want to have children under any circumstances.
- One out of the eleven participants was aware that Bexley's CRSH clinics were only for people under 25. The group was quite shocked at this, especially as several described becoming sexually active for the first time well into adulthood. As one participant said, "Some people are only just beginning [at 25 and over]!"
- Physical accessibility to CRSH clinics is an issue for people with mobility impairment. Two people described being unable to access CRSH clinics on the first or second floor of their GP surgery as there is no lift. It was felt that this conveyed discriminatory assumptions that disabled people are not in need of sexual health services: "They think, 'What is a person in a wheelchair doing coming to the clinic?'"
- Female participants expressed a strong desire to learn more about a wide range of available contraceptive methods. "A lot of people don't know about LARC, COIL, and other things…and the pill doesn't always agree with everyone." It was suggested that regular outreach sessions by a sexual health nurse would be appreciated, including sessions on contraceptives and demonstrations of their usage. The majority of participants had never been presented with information and advice regarding a wide range of contraceptives.
- No participants had ever accessed EHC, and none had ever heard of the pharmacy provision scheme or knew where they could access free EHC. The majority assumed that if a person needed EHC they should go directly to their GP in the first instance.

Young People

- Knowledge of CRSH clinics was very low amongst the young people consulted. One young person described the situation in Bexley as: "there's a couple of clinics, one in Thamesmead and one in Tayview, but I wouldn't ever go there."
- Confidentiality is a major issue for young people, and one young person did not believe that CRSH clinics in Bexley were confidential. "I wouldn't go to any clinic 'cause I don't trust that they wouldn't tell my mother."
- Location of clinics is also important for young people, as organising transport to distant locations can seem daunting. "It needs to be close-by."

- Clinic staff attitudes are very important to young people. Attitudes perceived as judgemental, condescending, or even insincere can present barriers to access for young people.
  - "I really didn't like it when the nurse acted like she was my mum. They need to be friendly but not too friendly."
  - "They ask too many really personal questions, I don't like that. The nurse she even asked me, 'Does your mum abuse your dad?' and I was like, 'Whoa! Wot you on about?"

Young Lesbian, Gay and Bisexual People

- Two of the participants were aware of the young people's CRSH clinics at the Bexley Youth Advisory Services while five had never heard of them.
- Additionally, none were aware of the targeted LGBT surgery provided at BYAS by the Metro Centre outreach team.

Young Mothers and Pregnant Teenagers

- Despite being young mothers there was minimal use of contraception – only three out of seven were using any regularly (including one implant) – there was a sense of 'laissez-faire.'
- Two out of seven young mothers interviewed were familiar with the BYAS as they met there regularly for a teen mums support group. However none had accessed the CRSH clinic there.
- One teenage mother had been to the CRSH clinic at the Northumberland Heath Medical Centre for STI screening, though she did not access contraceptives there.
- Participants asserted that word of mouth was the only way that any young person in Bexley could learn about CRSH clinics, as they were not perceived to be well publicised.
- Knowledge of free EHC provision through pharmacists and GPs in Bexley was very low. One young mother had previously accessed EHC through the pharmacist: "I went to Boots once for morning after and that was good – they talk to you in private … but not many people know about it"
  - Two other young women (one pregnant and one mother) conceded that they had never heard of free EHC provision in Bexley. One described being charged £25 for EHC at a Bexley pharmacy, and the other described seeing a leaflet for EHC at her Bexley GP which advertised the service for £25 as well.

- Knowledge of the C-Card was very low amongst young mothers and pregnant teens. One pregnant teenager knew that she could access free condoms with the C-Card at Connexions. However, another explained that, “I heard about the C-Card but I don’t know where that is.”
- One young mother was adamant that teenage girls should not be encouraged by public health authorities to use birth control because it encourages unsafe sex without condom use. “They’re trying to make more young people go on the pill. That’s wrong. My mom told me not to do it [i.e. have sex without condoms while using birth control pill], but lots of girls don’t know”

Young People Leaving Care

- Only one young person had been to a CRSH clinic in Bexley, and that was for a cervical cancer screening.
- Participants listed the clinics that they had heard of, which included: Bexleyheath, the Oval Clinic in Sidcup and the Erith Health Centre.
- Participants described how complicated opening hours and clinics scheduled during different times of the week presented barriers to access for themselves and other young people. To address this issue one young person felt that, “there should just be one big clinic.”
- Participants were asked whether they would be interested in learning more about CRSH clinics when they are older and have left care. Participants replied that maybe they would, but that they weren’t thinking about it at the present time and were content accessing the sexual health outreach nurse during outreach sessions. One young person replied that when older, “I’ll have [the outreach sexual health nurse] come round to mine!”

People Living with HIV

- Participants had accessed the Market Street CRSH Clinic in Greenwich, but no clinics in Bexley. Services accessed at Market Street included HIV testing, STI testing and information.
- Several people complained that Bexley sexual health providers avoid “trouble spots” including tower blocks during outreach and awareness campaigns for safety reasons. The location of any future CRSH clinics or Polyclinics should be accessible for people who live in these areas.

General Population

- Only one out of fourteen people surveyed had accessed CRSH clinics in Bexley for contraception. Four were used to getting contraceptives from their GP, three relied on their partners to obtain contraceptives, two regularly bought condoms, and four people did not regularly use any method of contraception.
- Most people assumed that any clinics were available for all ages in Bexley and only one person was aware that CRSH clinics in Bexley were only for people under 25.
- Several respondents described sites where they believed there were Family Planning or CRSH clinics in the past, though they were unsure if they were still there.
    - "There used to be one by the bowling alley in Bexleyheath. I don't know if it's still there."
    - "I think there's one in Plumstead?"
    - "I used to go to Erith for free condoms a few years ago, I don't know if it's still there."
    - "Is there one at Queen Mary's Hospital?"
- In light of the confusion regarding the location and available services at Bexley CRSH clinics, the majority of people surveyed suggested that there needs to be better publicity of CRSH clinics, their locations and services, at a variety of venues and media throughout the borough. Additionally, Bexley should offer CRSH service to all age groups, as "infections are all the same and everyone's all the same too."
- Two respondents described the need to offer "confidential clinics" to young people, under the age of 16. This was seen as especially vital for young girls that may be embarrassed or can't afford to access condoms and contraceptives on their own from pharmacies or shops. The location of these confidential young people's clinics should be in every town centre.

People over Fifty

- None of the people over 50 consulted had ever used a Family Planning/CRSH clinic in Bexley or knew where they were located.
- Participants explained that the clinics are not advertised and wondered if they would be able to find them in the Yellow Pages.
- Participants suggested listing all CRSH clinics in the list of services that Bexley Council sends out at Christmastime.

6.3.4 HIV Prevention, Screening and Treatment Services

African People Living with HIV

- Participants reported that doctors and other health professionals working with HIV-positive patients in neighbouring boroughs are experiencing difficulties referring patients to services in Bexley because there are very few. Patients were familiar with the HIV Nurse Specialist and Health Visitors in Bexley but reported no other HIV-specific services in Bexley.
- Participants were all accessing services at AHEAD in Greenwich which they described favourably. African-specific sexual health services include information and guidance, support groups, and sexual health screenings with good counselling and follow-up support. Participants explained that there are no comparable voluntary sector providers in Bexley that offer support and targeted sexual health services to Africans or people living with HIV.
- Several people had also accessed services at the Harbour Trust in Greenwich, including the Hardship Fund, advocacy, confidence-building sessions and referral to other services in Greenwich.
- Participants were all accessing the Trafalgar Clinic, Queen Elizabeth Hospital, for HIV treatment, GUM services, Health Advisors, the pharmacy, home delivery of medication, community HIV nurses, dieticians and referrals to gyms, support groups and other hospital services.
- Mental health services are seen as key to sexual health and should be integrated with any sexual health strategy.
- Participants emphasised the need for primary and secondary HIV prevention and awareness campaigns targeting at-risk communities in Bexley. Several explained that HIV prevention outreach work they had seen in Bexley avoided socially-deprived "trouble spots" where the most at-risk populations were to be found.

African Women

- Participants reported that there are no HIV awareness programmes or promotion activities in Bexley.
- Drawing upon experiences of their acquaintances, the participants explained that Community HIV Nurse Specialists and Health Visitors in Bexley and Greenwich were doing "a great job" in supporting African people living with HIV.
- Participants explained that previously people with undetermined immigration status were denied access to services in Bexley, but that currently all HIV positive people have access to treatment.

General Population

- Members of the general population surveyed did not have any direct experience of HIV services in Bexley. Two people had received an HIV test at the Trafalgar clinic and another two in other contexts (prison and the army).
- Concern about HIV prevention and general knowledge about HIV were very low. As one person reported, "I know about it, you know, like don't touch bleeding people."

6.3.5 Termination of Pregnancy

None of the focus group participants or people interviewed were prepared to comment upon accessing termination services personally. However, several had opinions and suggestions about termination services, or commented upon the experiences of friends and family members that had had terminations.

African Women

- Participants explained that there is very little information and knowledge regarding termination services in Bexley. There is some misinformation about termination providers in Bexley as participants explained that termination referrals from Bexley are made to the Kings College Hospital in Camberwell.

Adults with Disabilities

- None had accessed termination services or knew how to access them.
- One woman asked, "If you don't want to see the GP, for privacy, can you look in the Yellow Pages? But what is the name?" Several participants responded that it would be difficult to locate a termination provider without knowing the organisation's name, which no one knew.
- Participants explained that with termination there are associated psychological issues, guilt, and pressures from partners, parents, and religious authorities that make the decision very difficult. "It's not just the physical bit, is it?"

People over Fifty

- One participant felt that the availability of termination services "made things too easy" for young people; that is, it took away the risk of unprotected sex and the need to act responsibly. "I just don't think they [young people] care."

6.3.6 Antenatal and Maternity Services, including Teenage Pregnancy

Young Mothers and Pregnant Teenagers

- Young mothers described how any sexual health services in Bexley need to be baby-friendly and accessible for people with baby buggies.
- Several young mothers explained that they don't feel comfortable being automatically grouped with other young mothers as a category of service user. "If you go along and there's all these young girls who been around and they think you're the same as them just 'cause you got a baby…you need separate places."

African Women

- Participants held positive views of antenatal services in Bexley. These included community nurses, baby clinics, health visitors and follow-up services. Antenatal and maternity services at Queen Mary's Sidcup Hospital in particular were commended.
- However the group reflected a general perception that Bexley does not have appropriate services to support pregnant teenagers or to prevent teenage pregnancy.

People Living with HIV

- Several participants commented that maternity services in Bexley have improved in recent years, especially as mothers are now offered single rooms after giving birth.

General Population

- One woman was currently pregnant and she had taken a pregnancy self-testing kit. She was not currently accessing antenatal services in Bexley but had spoken with doctors and midwives and was confident that she would get the appropriate antenatal and maternity services when she needed them.
- One woman had had a child as a teenager in Bexley. At that time she had taken a pregnancy test at a CRSH clinic in Bexleyheath where she found staff members were understanding and "helped me through it." She was referred to a midwife at Erith Medical Centre. After the birth she did not receive postnatal contraceptive advice and explained that she was "not told how to look after a kid." Regarding additional support that she received as a teenage mother, she explained that "Social services don't give kids enough help when they're pregnant at that age."

People over 50

- Participants had positive experience with Bexley antenatal and maternity services. Two out of three women had been offered post-natal contraceptive advice. However, they explained that post-natal hospital stays are much shorter now and that this adversely affects the ability to offer post-natal contraceptive advice and other forms

of support to new mothers. “Back then we were in the hospital much longer, ten days. These days it’s only one night.”

6.3.7 General Practice

African Women

- Participants felt there is a lack of information in the community as to what sexual health services are offered in GP surgeries.
- Within GP surgeries there is little available information about other service providers such as CRSH clinics.
- The only CRSH services available for people over 25 are generic and offered in GP surgeries.
- There are too few GP practices in Bexley and they are sparsely distributed.
- Participants found that it was difficult to schedule appointments with GPs.

People Living with HIV

- HIV positive participants had not used any sexual health services in Bexley apart from GP services and the Community Nurse Specialist for HIV.
- Several felt that it was important to encourage more people to register at GPs, especially those with undetermined immigration status.

General Population

- The majority of respondents explained that their GP was the only health service provider that they had accessed in Bexley. Of those that had accessed sexual health services through the GP, most had only accessed contraceptives (including the birth control pill, LARC implants and contraceptive patches) and free condoms.
- There is confusion over what sexual health services are available through Bexley GPs. For instance, several respondents assumed that they could access STI testing, including HIV testing, from their GP if they ever wanted to: “I think they offer most things.” However, none of these respondents had ever tried to access STI of HIV testing at their GP and were not aware if these testing procedures were available at their GP.
- The majority had positive experiences with their GPs and believed that, regardless of whatever sexual health services they may provide directly, the GP should be the first site of contact for information and referral for any sexual health needs.
- Several respondents added however that young people should not be expected to feel comfortable accessing sexual health services through their GP. For many young people

the GP is a family doctor that they have known for years and would not ask for sexual health services or advice. "Young people are scared of the GP."

Disabled Adults

- Disabled adult participants are accustomed to accessing their GPs for a range of reasons, and two out of eleven participants were currently accessing contraceptives through the GP. No participants had accessed any other sexual health services, such as STI screening, through the GP.
- People with mobility impairments often rely on the aid of carers to negotiate their access to the GP. This includes making appointments, accompanying them to the GP practice and in some cases in aiding communication. This was important for one woman who relied on her carer to access contraceptives (birth control pill) from her GP. In such cases the carer's knowledge of sexual health and their personal relationship with the client can be either facilitators or barriers to accessing sexual health services from GPs.
- None of the participants using wheelchairs had any problems accessing their GP surgery, though two complained that they could not access CRSH clinics within the same premises as they were on the first or second floor and there was no lift.
- As with the general population, most disabled adults feel that the GP should be the first site of contact for information and referral for anyone with a sexual health query. However, no participants had ever accessed CRSH clinics or any other sexual health service provider in Bexley and were not aware of their existence.

Young Mothers and Pregnant Teenagers

- Knowledge of any local services is extremely low. Most young mothers had accessed their GP for the majority of their sexual health needs, including condoms.
- Several respondents expressed frustration over setting and keeping appointments with their GP.
    - "I went for my appointment six weeks after my baby was born and when I got there for my appointment they tells me that the doctor's changed his hours – can I come back tomorrow? I had all my childcare organised for then and couldn't do the next day."
    - "I don't like the receptionist at the GPs and they're always so busy, you have to book too much in advance."
- Several respondents focused on booking systems and suggested the need for direct phone lines to GP surgeries for booking.

    - "When you need to speak to the doctor at hospital, 'n like he's told you to ring, well you don't have a direct number and by the time you've gone through all the crap of getting his number 'n all, well you've spent a fortune or run out of money. They need to give you the direct numbers."
    - "I once rang NHS Direct because my baby had blood on his nappy and they told me I needed to see the doctor immediately – then when I ring the surgery she said there were no appointments and just hung up on me. We ended up in hospital and he had a twisted gut."
- One pregnant teenager was impressed when her GP asked her father to leave the consultation room so that he could ask her about contraceptive use.

Young People Leaving Care

- One participant described accessing the birth control pill through the GP in the past, though she was no longer using this form of contraceptive.
- The majority of participants had never spoken to their GP about sexual health.
- GPs were described as too formal and removed from normal peoples' realities. One young man described GPs as "a waste of time" and the majority of participants agreed with him.
- Several participants described perceiving GPs as judgemental because, "they [GPs] ask, 'Why did you do this, why did you do that?'" in a manner that makes people feel as though they have been judged or rebuked.

Young Lesbian, Gay and Bisexual People

- The majority of participants explained that they would not feel comfortable going to the GP for sexual health advice or services. "You go to the GP for a sniffle, not to get your whackers out!"
    - For some this was because they had a long established relationship with their GP as a family doctor and would not feel comfortable suddenly discussing sexual health matters with them. "You have to go back to your GP again, you know?"
    - Several participants explained that they would not feel comfortable disclosing their sexuality with their GP.
    - The age and cultural background of GPs is also important. One participant described their GP as "an old Asian guy" who was perceived as conservative and judgemental. The participant explained that they would never feel comfortable discussing sexual health matters or issues arising from their sexuality with this GP.

- The use of “clinical language” by GPs was seen as a barrier to developing trusting relationships with them, or indeed of even understanding what they were saying.
- One participant spoke of the effect that budget restraints impose upon GPs, causing them to be brief and non-empathetic with their patients in order to save time and see more patients.
- Whereas GPs were described as “not helpful,” nurses were seen as helpful and approachable because “they’re in their job to be friendly.”

Young People

- Young participants expressed some confusion over what services they could access at their GP. “You need to know what you can actually get at the doctor’s, it ain’t clear.”

Adults over Fifty

- All of the respondents were pleased with the service and information that they accessed from their GPs. In particular, they explained that there are more sexual health services and information available today and that “[i]t’s improved over time.”
- Most participants had accessed contraceptives through their GP in the past and had positive experiences of the service. “They’re very open.”
- Several suggested that nurse practitioners could deliver more sexual health services in GP surgeries, including STI screening. “I think the nurse practitioners in surgeries can do more.”

6.3.8 SRE and Schools

Young Mothers and Pregnant Teenagers

- The young mums and pregnant teenagers consulted with had strong opinions about SRE and the provision of sexual health services in schools and colleges. The majority were quite disappointed in the SRE they had received at school. One young pregnant woman described her SRE in a Bexley secondary school as “quite crap” because it was a one-off lesson in year nine and this did not allow for a full exploration of the issues. She explained how, although there was a demonstration of condom use, only one student was allowed to participate in the demonstration and this meant that the rest of the class did not learn proper condom use. Another explained that with one-off SRE lessons many important issues get forgotten or cut out of the agenda. For instance, in her SRE lesson the teacher forgot to teach the pupils that the birth control pill will not prevent STIs and that people should still use condoms.

- Several participants complained about receiving SRE or sexual health advice from older school nurses to whom they could not relate or feel comfortable discussing sexual matters. “They’ve probably stopped having sex anyways, why would I want to go and talk to them about sex?”
- Several participants also described feeling judged by older school nurses in the instance of seeking advice and information: “Some of them judge you. They don’t say it, but the way they say things is like, ‘Oh, so you’re having sex already?’”
- Within the discussion of SRE and provision of sexual health services in educational settings several participants focussed quite strongly on the issue of domestic violence and abusive relationships. One young woman who had been in an abusive relationship explained that young people are not taught to recognise the signs of domestic violence and many young women aren’t taught how to extricate themselves from abusive relationships. For these reasons domestic violence and relationships advice should have a more prominent place within SRE.
- Participants suggested that there should be continuous SRE lessons throughout secondary school as frequently as once every two weeks. The same cohort of students should share these lessons throughout secondary school. One young pregnant woman explained that ongoing group work is necessary to build trust and allow young people to open up and feel comfortable asking the questions they really want to ask. “You can get a bit more confidence from group work. If it’s a regular thing then it can help get your self-esteem up.”
- One young pregnant woman described accessing free condoms from her secondary school in the past.
- Two of the young women that were accessing services at Connexions in Bexleyheath had heard of the service in their secondary schools. One was referred there when she became pregnant, while the second had seen a presentation by a Connexions worker at her school and self-referred at a later time.

Young People

- The majority of young people felt that the SRE they had received in Bexley schools was too cursory and short term. Several described their school’s provision of SRE as a one-off event in year nine or ten with no follow up lessons or development of the curriculum. “They don’t tell you much of anything in schools, and then only in the last year.”
- Several participants described the need for SRE, or at least portions of it, to be taught by outreach workers that are not affiliated with the school. “In school it shouldn’t be

taught by teachers, you need other people to come in and talk about sex, you really do."

- Confidentiality is one of the most important considerations for many young people when accessing sexual health services in educational settings. Any sexual health service offered in school or college needs to be unambiguous about its confidentiality policy in order to gain the trust of young people. "There is a clinic of some sort at college but there's no way I would trust them, they's always talking about students."

Young People Leaving Care

- The majority of participants described their experiences of SRE in a disparaging manner. While few were able to offer concrete examples of what they didn't like about their experience of SRE, most agreed that it they did not feel any connection with their SRE facilitators and did not take the lessons very seriously. "We didn't listen, we just laughed."
- Participants received SRE from as early as year 7 through to as late as year 11.
- Participants remarked upon the most memorable aspects of SRE which were the condom demonstration and the video of a live birth. Several asserted that the condom demonstration doesn't teach young people how to use condoms because they don't take it seriously.
- One participant described how their secondary school had elements of sexual health education worked into pep days and school-wide workshops.

General Population

- Views on SRE provision in schools ranged quite widely amongst the general public surveyed. One young woman felt that SRE was actually contributing to risk behaviour in young people as, "Sex ed is just staring them in the face and saying, 'Have sex.'" At the other end of the spectrum, another woman felt that SRE "needs to be more hardcore in school. They pussyfoot around certain areas, but it ain't just about condoms, you gotta look outside the box and show the consequences," by, for example, inviting teen mums and people with STIs to speak in schools.
- The majority of people surveyed highlighted the need of targeting young people with information, awareness campaigns and direct services in schools and other community settings as the most important task for improving sexual health in Bexley.

People living with HIV

- Several people living with HIV highlighted the importance of raising HIV awareness amongst young people through outreach work and campaigns in Bexley schools. They

suggested that the sexual health team at Bexley should work more closely with schools as part of a broader HIV awareness and prevention strategy in the borough.

Young Lesbian, Gay and Bisexual People

- Young lesbian, gay and bisexual people described their SRE in Bexley schools as being overly focussed on heterosexual sexuality and reproduction. One young lesbian described feeling alienated during her SRE which involved “two old women talking about how great sex is.”
- The perceived heterosexual bias of SRE bordered upon discriminatory for one young gay man who described his science teacher remarking “and of course HIV is more of a problem for gays.” This was the only instance in which his SRE touched upon LGBT issues and he felt it portrayed gay people and gay sexuality negatively.
- Several of the participants were familiar with outreach workers from the Metro Centre that came regularly to their schools and colleges.

People over Fifty

- People from the older generation were very concerned about the provision of SRE in schools for today’s young people. Participants described their own experiences of sex education in youth as very cursory or none at all. One participant explained that her SRE “was just about periods,” while another explained that she had never received any sex education until she started her first job at a college where there was a short course about sex and reproduction for the staff members. This experience of limited SRE combined with a concern that young people today are more sexually active influenced the view that there needs to be more and better SRE in schools today.
- Participants insisted that contraception should be provided for free at secondary schools and colleges in Bexley. “It should be provided across the board.”
- Special emphasis within SRE should be placed on self-esteem and self-respect, as well as the equal responsibility that boys and girls need to take in relationships and decisions about sexual activity and contraceptive use.
- Participants agreed that SRE needs to be better tailored to the needs of disabled young people. One participant gave the example of her autistic granddaughter and expressed concern that an SRE that focuses too narrowly on the biological aspects of sex will not teach enough about emotions, relationships, and how to make good decisions for herself.

6.3.9 Sexual Health Awareness and Outreach Services

African Women

- Participants were not aware of any support groups for African communities in Bexley. All were accessing third sector support groups in Greenwich (AHEAD and the Harbour Trust) and explained that African people living in Bexley would have no need to travel to these organisations in Greenwich if there were similar organisations in Bexley.
- Participants emphasised that there is a general lack of sexual health information and information regarding available sexual health services in Bexley. Most were only aware of sexual health services available in Bexley (and neighbouring boroughs) after meeting with Greenwich-based outreach workers from AHEAD, the Harbour Trust and the Metro Centre. Participants accredited their own knowledge of sexual health and relevant services to their contact with these Greenwich providers and explained that the majority of Bexley residents still have little information and knowledge of sexual health matters and services.
- Participants had no experience of sexual health or HIV awareness campaigns or programmes in Bexley and maintained that there were none at the current time.
- Most GPs do not display sexual health information in their surgeries and this makes it difficult for residents to know where services are located.
- There is a need for more outreach services in Bexley, including primary prevention of STIs and HIV. This should be coordinated with sexual health promotion and awareness campaigns and public consultations.
- Participants were especially concerned about what they perceived as a scarcity of outreach and awareness activities targeting youth in Bexley. They described a great need for awareness-raising and outreach work in schools and neighbourhoods to educate young people about STIs, HIV, contraceptives, termination, and the availability of local sexual health services. They also emphasised that the parents of teenagers need to be targeted with forms of support and advice for opening dialogue about sexual health with their children, which at present, are non-existent.

General Population

- The majority of members of the general population surveyed emphasised the need for greater promotion and awareness of sexual health services and sexual health issues amongst young people. Most came to this conclusion after reflecting that they themselves were overwhelmingly unaware of what sexual health services were available in the borough and where the sites of service provision were located.

- The most popular form of outreach suggested was mobile teams of outreach workers who could give talks in areas where young people congregate, provide free condoms and contraceptives and signpost to other relevant services.
- Additionally, many people suggested that posters and leaflets in public places should be central to any sexual health awareness strategy in Bexley. However most residents surveyed explained that they had seen none or few such materials in Bexley. “I’ve not seen many posters about.”
- Several residents that had received NCSP mail-outs thought that it was a good system and that general information packs about Bexley’s sexual health services should be mailed to all residents.
- Several participants emphasised the importance of having well publicised helplines for sexual health information and advice in Bexley. One person who had experienced sexual abuse explained that they would have liked to call a helpline for victims of abuse in the past, but had not known of any at the time and still did not know of any at present.

Disabled Adults

- The Inspire Community Trust hosts sessions by Health Advisors from BCT. Participants explained that the sessions are not well publicised within the Centre and that they were mainly based upon general health promotion and special topics including smoking cessation. There had been no sessions on sexual health yet.
- Participants expressed a strong desire to have regular sexual health outreach sessions and presentations at the Inspire Community Trust. They advocated being shown monthly films or presentations that address a particular sexual health issue and introduce the relevant service providers in Bexley. Women were particularly interested in having a presentation from a sexual health nurse on a wide range of contraceptives (including LARC and Coil), advice on choosing methods of contraception, and signposting to the relevant providers. “Lots of people don’t know about the PCT system and where it sits, it would be nice to have some presentations.”
- Participants also explained that routine consultation with disabled service users is necessary to provide appropriate sexual health services. In this way representatives from the PCT could feed back to the PCT after their sexual health presentations in order to develop services that are accessible and relevant for disabled people.
- Participants were especially concerned that young disabled people should receive targeted outreach work and regular sexual health presentations as many of them had experienced being “left out” of SRE and informative discussions about sex themselves

when they were younger. This was described as part of a broader phenomenon of discrimination against disabled people whereby the general population assumes that they are not sexually active and do not need to receive comprehensive information and advice about sexual health and sexual health services.

- General sexual health awareness publicity materials in the borough should, however, remain generic. That is, there should be a good provision of posters and leaflets for all Bexley residents in GP surgeries and public areas and not separate materials for disabled people only. Participants explained that targeted leaflets could make disabled people feel singled out and that "at the end of the day contraception is for everyone."

People Living with HIV

- People living with HIV listed a lack of awareness of sexual health issues and a lack of awareness of available sexual health services as two of the major barriers to good sexual health for all people.
- Participants described a perceived lack of support groups for people living with HIV, and for BME communities in general, in Bexley.
- Participants said there is a need in Bexley for intensive outreach work with more involvement by the PCT and the Local Authority to determine local needs and address service gaps. This applies to all sexual health needs in general and in particular there need to be more primary and secondary HIV prevention outreach work amongst African communities.
- Appropriate information needs to target at-risk groups including BME and LGBT groups. It was felt that information targeting is inadequate in Bexley at present.
- Participants suggested that BCT train more health advocates and volunteers to conduct outreach work and raise sexual health awareness in local communities.
- In the absence of relevant third sector organisations in Bexley that can provide outreach and prevention work, BCT should fund current providers in Greenwich (such as AHEAD) to extend their services in Bexley.
- BCT should initiate pilot schemes targeted at other hard to reach minority communities including South Asians and Eastern Europeans.

Young People Leaving Care

- Young people leaving care have weekly drop-ins at the Bexley Leaving Care Team that host sexual health outreach sessions by the Sexual Health Outreach Nurse. Participants spoke very highly of the service and for most of them it was the only sexual health service that they would consider accessing in Bexley.

- Participants described how the Sexual Health Outreach Nurse "gives help" and advice, along with free condoms.
- The success of the service was largely attributed to the long time in post of the Sexual Health Outreach Nurse and her ability to build trusting relationships with young people leaving care.
- Participants explained that they would rather see the Outreach Nurse than a GP because the Outreach Nurse "talks to you like a normal person" and is not perceived as overly formal or judgemental.

Young Lesbian, Gay and Bisexual People

- The majority of participants had experience of the Metro Centre's outreach services in Bexley, at schools, colleges, saunas, places of business and other public areas. This outreach was seen as friendly, effective, and LGBT-appropriate.
- Most of the participants were comfortable accessing information about sexual health and local service provision on the internet. Any additional questions or guidance were directed to a well-known worker from the Metro Centre.

6.4 OTHER RISK GROUPS – STAKEHOLDER COMMENTS

Travellers and Roma People

- Based upon interview with Bexley's Head of Traveller Education Service.
- Data collection is patchy. There are approximately 90-120 school-aged children at any given time in Bexley but there are no figures on sexually active aged adults or for the community as a whole.
- Travellers may not at heightened risk of poor sexual health because of their lifestyle, customs and conditions, but there are barriers for them in accessing services.
- Risk factors for travellers are the same as for the general population: poverty, exclusion, low education attainment.
- Low levels of literacy and inability to understand or complete registration forms and requirements are barriers to service uptake for many travellers. GP registration and free school lunch are two common examples.
- Workers from the Traveller Education Service have difficulty keeping travellers enrolled in secondary school. Ensuring that traveller children attend SRE modules is also highly problematic as many parents will pull them out.
- Community engagement is possible by inviting traveller parents as stakeholders and equals, this has been seen in efforts to expand MMR vaccination or invite traveller mums along on school trips.
- Bexley's traveller community is largely settled and dispersed across the borough however, and this makes engagement and liaison more difficult.
- Bexley's ability to liaise with travellers, refer to services or do community outreach work is hampered as there are no Family Liaison Officers in their Traveller Education Service. This is largely a resource issue.

Sex Workers

- Bexley's Head of Neighbourhood Services monitors the sex work market in Bexley and is involved in drafting strategy for outreach with Sex Workers.
- Most of Bexley's sex work industry is through flat-working. There were 13 known premises consistently open over the past year, with two or three newer sites that may have opened recently. This is lower than the London-wide figure of 28 premises on average per borough.
- The overall number of sex workers is unknown in Bexley, though estimated to be around 40 in total.
- Associated health conditions and/or addictions for Bexley sex workers are unknown as well.

- There does not seem to be any street prostitution in Bexley.
- There is no activity suggesting that vulnerable young people are being drawn in to Bexley's sex industry, or of trafficking.
- The majority of Bexley's sex workers are aged between 20 and 45 and of British or European origins.
- Bexley's approach to the sex industry has been based upon the belief that criminalisation increases vulnerability and that shutting down premises could lead to an increase of street prostitution and community tensions.
- The Neighbourhood Services have been monitoring the picture in Bexley with the police and are working to develop an integrated multiagency approach including the Health Partnership Board, though no resources have been identified and the approach as yet has remained in the planning stage.

7 APPENDICES

7.1 BEXLEY SOCIO-ECONOMIC AND HEALTH INDICATORS FROM 2001 CENSUS

Tenure[102]	White	Mixed	Asian	Black	Chinese & Other
Home owners (inc. shared ownership)	80.8%	81.6%	67.9%	87.8%	56.6%
Rented accommodation	17.9%	17.0%	30.4%	11.1%	42.1%
Living rent free	0.9%	0.8%	1.6%	1.0%	1.2%
Living in a communal establishment	0.5%	0.5%	0.2%	0.1%	0.0%
Total	100%	100%	100%	100%	100%
Qualifications (Age 16-74)	**White**	**Mixed**	**Asian**	**Black**	**Chinese & Other**
No qualifications or level unknown	36.7%	37.9%	21.5%	26.7%	13.5%
Lower level qualifications	50.1%	50.7%	57.6%	42.6%	42.9%
Higher level qualifications	13.3%	11.4%	21.0%	30.7%	43.6%
Total	100%	100%	100%	100%	100%
Socio-Economic Classification	**White**	**Mixed**	**Asian**	**Black**	**Chinese & Other**
1. Higher managerial & professional occupations	6.5%	6.2%	7.4%	11.0%	10.4%
2. Lower managerial & professional occupations	18.3%	18.2%	20.2%	15.6%	24.7%
3. Intermediate occupations	13.0%	13.3%	12.9%	9.7%	11.7%
4. Small employers and own account workers	6.9%	6.9%	4.2%	8.7%	4.8%
5. Lower supervisory and technical occupations	6.4%	6.5%	5.8%	5.6%	5.5%
6. Semi-routine occupations	10.0%	10.0%	11.2%	10.4%	11.3%
7. Routine occupations	6.1%	6.2%	5.4%	6.0%	4.2%
8. Never worked or long term unemployed	2.5%	2.1%	4.3%	6.3%	5.3%
9. Not classified	30.3%	30.7%	28.5%	26.5%	22.1%
Total	100%	100%	100%	100%	100%
Limiting Long-Term Illness	**White**	**Mixed**	**Asian**	**Black**	**Chinese & Other**
Has a limiting long-term illness	15.6%	16.1%	10.3%	14.4%	6.8%
Does not have a limiting long-term illness	84.4%	83.9%	89.7%	85.6%	93.2%
Total	100%	100%	100%	100%	100%
Self-Reported General Health	**White**	**Mixed**	**Asian**	**Black**	**Chinese & Other**
Good health	70.3%	69.8%	78.9%	70.1%	81.6%
Fairly good health	22.2%	22.5%	16.9%	21.7%	15.5%
Not good health	7.5%	7.7%	4.2%	8.2%	2.9%
Total	100%	100%	100%	100%	100%

7.2 BEXLEY'S 2008-11 LOCAL AREA AGREEMENT

PRIORITY	IINDICATOR (National Indicator Set)	BASELINE	Proposed LAA Improvement Target			PARTNERS signed up to target
			08/09	09/10	10/11	
Implement initiatives and develop youth provision to ensure that children and young people lead healthy lives, engage in a range of positive activities, and have emotional well-being	*NI 50* Emotional health of children	63% taken from 2j of the 08 Tell Us Survey	-	-	68.8%	Bexley Council & Children and Young Peoples' Trust
Enhance the life chance of children and young people by all partners focusing on early intervention to address difficulties and find solutions, and to ensure that all children and young people are safeguarded. *And* Implement initiatives and develop youth provision to ensure that children and young people lead healthy lives, engage in a range of positive activities, and have emotional well-being	*NI 112* Under 18 conception rate	0.8% performance in 2008 when compared to the 1998 baseline	7.9%	28%	45%	Bexley Care Trust, Bexley Council & Children and Young Peoples' Trust
Ensure better quality care for vulnerable adults by providing intermediate and re-ablement services, and effective safeguarding	*NI 124* People with a long term condition supported to be independent and in control of their condition	69% John Hamm Regional Public Health Group London (GOL)	-	72%	75%	Bexley Care Trust, Bexley Council & Health Partnership Board
Promote choice and independent living in the community through increased levels of customer access, control and equity.	*NI 126* Early access for women to maternity services	65% taken from the Care Trust Operating Plan	72%	80%	90%	Bexley Care Trust and Health Partnership Board

[102] Office for National Statistics Census 2001

7.3 COSTS OF TERMINATIONS IN LONDON 2007-2008

PCT	No. of NHS funded TOP	Cost per TOP	Total Cost
Hammersmith and Fulham PCT	897	£347	£311,302
Islington PCT	1083	£349	£378,309
Haringey Teaching PCT	1347	£350	£471,169
Hounslow PCT	1190	£353	£420,000
Hillingdon PCT	1248	£355	£443,521
Croydon PCT	2077	£363	£753,034
Lewisham PCT	1979	£364	£720,216
Richmond & Twickenham PCT	380	£373	£141,800
Harrow PCT	1054	£385	£405,405
Camden PCT	931	£385	£358,719
Lambeth PCT	2216	£386	£856,297
Tower Hamlets PCT	1387	£401	£556,428
Bexley Care Trust	**877**	**£402**	**£352,271**
Redbridge PCT	1314	£411	£539,518
Barnet PCT	1455	£412	£600,000
Southwark PCT	2380	£419	£996,066
Newham PCT	1138	£420	£478,280
Barking and Dagenham PCT	1324	£427	£565,000
Brent Teaching PCT	2032	£429	£871,122
Westminster PCT	798	£449	£358,355
City and Hackney Teaching PCT	1667	£452	£752,643
Havering PCT	884	£465	£411,423
Waltham Forest PCT	1443	£468	£674,693
Wandsworth Teaching PCT	1187	£478	£567,294
Enfield PCT	1433	£512	£733,613
Ealing PCT	1291	£517	£667,000
Sutton and Merton PCT	1344	£537	£721,973
Bromley PCT	1061	£563	£597,390
Kingston PCT	610	£576	£351,095
Greenwich Teaching PCT	1577	£578	£912,000
Kensington and Chelsea PCT	464	£588	£273,059
London	**40,068**	**£435**	**£17,238,995**

7.4 SERVICE USER CONSULTATION DEMOGRAPHICS

The following table presents the demographic characteristics of the 65 individuals who participated in focus groups and interviews for this SHNA.

DEMOGRAPHIC PROFILE OF FOCUS GROUP AND INTERVIEW PARTICIPANTS	
Characteristic	Number of Respondents
Gender	
Male	21
Female	42
Didn't reply	2
Age Groups	
Under 18	9
18-24	24
25-29	4
30-44	11
45-59	8
60 and older	6
Didn't reply	2
Sexuality	
Heterosexual	48
Gay	6
Lesbian	3
Bisexual	4
Didn't reply	4
Country of Birth	
UK	53
Germany	1
Burundi	1
Nigeria	1
Uganda	2
Zambia	1
Zimbabwe	4

Didn't reply	2
Immigration Status	
UK Citizen	59
Refugee/Special Leave to Remain	2
Asylum Seeker	1
Failed Asylum Seeker	1
Didn't reply	2
Ethnicity	
White British	47
White and Asian	1
White and Black Caribbean	5
White and Black African	1
Black British	1
Black African	8
Didn't reply	2
Area of Residence	
Abbey Wood	3
Belvedere	3
Bexleyheath	6
Crayford	3
Dartford (works or uses services in Bexley)	1
Erith	19
Gravesend (works or uses services in Bexley)	2
Plumstead	2
Sidcup	7
Slade Green	1
Thamesmead	4
Welling	8
Didn't reply	6