

# Kirklees Sexual Health Needs Assessment

## Main Findings

This summary has been prepared for service users and staff in sexual health services in Kirklees. It has been prepared to tell you about what we found and the changes that might happen to improve your services. If you would like to see the full report it can be downloaded at: [www.mbarc.co.uk](http://www.mbarc.co.uk).

### About this Report

NHS Kirklees is responsible for making sure that local people have the health services that they need. In May 2010 NHS Kirklees asked MBARC to do a Sexual Health Needs Assessment (SHNA). NHS Kirklees wants this SHNA to tell them what can be done to:

- Enable the people of Kirklees to enjoy safer sex and be more responsible for their sexual health
- Improve access to high quality sexual health services
- Provide support for high risk groups
- Reduce sexual health inequalities in Kirklees.

The SHNA has included looking at all of the information on how current services are used, talking to the people providing the services and talking to members of the public.

### A Changing World

We started working on this SHNA the day after the last General Election. At that time we did not know who the new Government would be. Over the following months the new Coalition government has introduced a lot of changes. These changes include reductions in the amount of money local authorities have to spend on services. They have also begun to work on major changes to the NHS and the way it works.

This SHNA begins to look at how these changes will affect your sexual health services.

### What We Found

Sexual health in Kirklees is not in crisis. Sexual ill health, from HIV to family planning, is the same or slightly better than in neighbouring districts. Most services are also performing as well as those in other areas. There are some areas of really good practice and some services that need improvement.

We found that the sexual health services available were often very different between the north and south of Kirklees. We also found that people in different health organisations did not spend very much time talking to each other and planning their services together.

The population in Kirklees is changing. There are growing numbers of younger people and these are at higher risk of poor sexual health.

Like other parts of the country, over the last ten years the numbers of people being tested and treated for sexually transmitted infections (STIs) has increased dramatically. NHS Kirklees now spends nearly £2 million testing and treating people. Most of this work is done at the Princess Royal Health Centre or Dewsbury District Hospital. Both services are meeting the national targets such as giving appointments within 48 hours. We think there are ways of making these services even better. New testing services and changes to the way that NHS Kirklees pays for these services could provide the public with services that are more local, easier to use and save money.

One of the STIs that has increased the most quickly is Chlamydia, particularly in young people. The Government has introduced a national screening programme for all under 25 year olds. Kirklees has not been performing well in getting its young people screened and is in the bottom third of all districts in England. GPs and pharmacies have been particularly poor at delivering Chlamydia screens. Both the Contraceptive and Sexual Health (CASH) service and the termination services have been performing much better than other similar services in Yorkshire.

The number of people diagnosed with HIV in Kirklees is lower than most other parts of Yorkshire and Humberside and lower than most other parts of England. There is no cure for HIV, but for most people, if it is diagnosed early enough there are treatments that allow them to lead long and normal lives. Unfortunately, Kirklees is not doing very well at diagnosing people with HIV early enough. This is getting worse, in 2004 a quarter of people were diagnosed late, by 2009 this had increased to a third. Late diagnosis of HIV means people will be sicker and are more likely to die early. Getting people diagnosed and on treatment is also the most effective way of stopping the spread of HIV. There is much that could be done to improve this in Kirklees which will save lives and save money in the longer term.

Contraceptive services or family planning are available across Kirklees. Most are delivered through CASH clinics, GPs also play an important role and pharmacies are important for the

“morning after pill”. The services are well-regarded but there are clear differences between north and south Kirklees. The number of people in age groups where contraceptives may be needed is growing quickly in Kirklees but the budget for this service has not increased. Long Acting Reversible Contraceptives (implants) are recognised as being one of the best forms of contraceptives for many women and there is a national programme to encourage their use. Unfortunately Kirklees is doing much worse than other parts of Yorkshire and Humberside or other parts of England in encouraging their use.

It may “take two to tango” but some research has found that CASH clinics are not very welcoming to men. These clinics have been offering services in colleges and young men have been keen to use them - taking responsibility for their sexual health.

Teenage pregnancy can be a positive choice for some young women, but for most it is a traumatic event leading to abortion. For young mothers teenage pregnancy is more likely to condemn them and their child to poverty and exclusion. Because of this, ten years ago the Government asked the NHS and local authorities to work together to reduce teenage pregnancies by half over ten years. Kirklees has not managed to achieve this target; there has been virtually no change in the number of teenage pregnancies over the last decade.

Abortions are performed by three organisations in Kirklees. The service as a whole is very good, with speedy access to abortions for those in need. Kirklees also has a much lower number of women needing repeat terminations than other parts of the country. This means that women are leaving with contraceptive plans that meet their needs, saving them from the trauma of another abortion and saving the NHS money. There are big differences in the types of abortions available to women in different parts of Kirklees and some work is needed to make sure all women in Kirklees have a full choice of the different procedures available.

There has been much good work undertaken by the NHS and Further Education Colleges in expanding both advice and clinical services to students. Colleges now have a range of young people friendly services on site.

There has also been a lot of time, effort and money put into developing sex and relationships education in Kirklees schools and other young people’s services. However, older generations in Kirklees have not benefited from this and many feel that their own sex education is lacking. Colleges have begun to develop speak easy forums for parents and carers so that they can better guide their children in this important area. But older people still need education to make sure that they can have good and safe sex lives into the future.

## What Happens Next?

MBARC have made 11 recommendations on key changes that could be made. NHS Kirklees will be considering these in coming months. In this section we highlight the key changes recommended. NHS Kirklees would like to know your views about these possible changes.

The first three recommendations are about creating a strong foundation for any future change. These include:

- Working towards a more joined up service between the different providers and an end to the North-South split (R1)
- Move more services closer to the patient and delivered in the community (R1)
- Set up a Network to join up services and drive up quality (R2)
- Make sure that these changes fully involve patients and the public from groups at most risk of poor sexual health (R3).

We have recommended (R4) that over the next three years Kirklees moves to a single service for all sexual health services. This doesn't mean a single organisation providing everything nor does it mean everything located on a single site. It should mean many more services are available closer to home, easy to find and open when they are most needed.

We think that changes to services offering “test and treat for STIs could be brought about more quickly (R5). Simple screening tests could be made available in pharmacies and community centres, more services could be offered by nurses in different locations and opening hours could be extended into evening and weekends. For those needing treatment, more clinics could be offered with direct referrals from community services. Over time similar tests to pregnancy home testing kits could be available for STIs. We have also recommended that CASH services should be funded to offer more STI testing (R8).

In R6 we look at ways in which pharmacists and GPs could be more involved in sexual health starting with improving their work in screening for Chlamydia.

The final recommendations look at specific changes that could improve the quality of services for patients and may also contribute to delivering a more efficient NHS.

In R7 we look at HIV services. Although the numbers of people living with HIV is small in Kirklees this is an important and expensive area. The recommendations include:

- Suggestions for a new “treatment pathway” to make sure people get both the health and social care services they need
- Changes to the HIV prevention work with a much greater focus on tackling late diagnosis of HIV

Kirklees has not been doing well in reducing teenage pregnancies. It is also not doing well in encouraging more young women to use Long Acting Reversible Contraceptives (LARC/Implants). In R9 we suggest that this should be a priority for the local NHS.

Abortion services are performing very well in Kirklees. We have made suggestions for making sure that women in the north and south of the district have equal access to choice (R10).

Our final recommendation (R11) is for expanding sex education to older people, including in their role as parents and carers, but also as older people with their own sexual health needs.

NHS Kirklees welcomes your comments on this leaflet or on the full SHNA report.

These can be sent to [Philip.Hargreaves@kirklees.nhs.uk](mailto:Philip.Hargreaves@kirklees.nhs.uk).

This Summary has been prepared for NHS Kirklees by MBARC, April 2011.

[www.mbarc.co.uk](http://www.mbarc.co.uk)