

Sexual Health Review – Washington People Board Update

Background and purpose.

Members will be aware that responsibility for the commissioning of many sexual health services transferred to local government in April 2013 as part of the transfer of public health functions. Sexual health services are one of a small number of mandated public health services for local authorities. In Sunderland sexual health are currently under review to inform future commissioning intentions. A key part of the review is an equity audit that was undertaken between November 2013 and January 2014. This paper details the findings of the equity audit, including any specific issues for Areas. Concerns identified by elected members can be fed back into the review process or form part of on-going discussions with CCG localities.

Introduction

A health equity audit examines patterns of access to health and health-related services and identifies groups that are under-represented among service users when rates of access are compared with levels of need. The ethos that underpins this approach is that health and health-related services should be targeted towards those groups in the community who need them most. If effective actions are taken to increase levels of access among under-represented groups, in the long-term this should lead to a reduction in local health inequalities.

Six sexual health services were studied. Against each service, the measure of need against which rates of access were compared is listed:

Service	Measure of need
Emergency hormonal contraception	abortion rate
Community based Chlamydia screening	proportion of positive screens
Prescribing of long-acting reversible contraception in primary care	female practice population 15-44 years
C-card condom distribution scheme	teenage conception rate
Community contraception and sexual health (CASH) clinics	i) rate of diagnosis of five key STIs ii) conception rate
Genitourinary medicine (GUM) clinic at City Hospitals Sunderland	rate of diagnosis of five key STIs, among service users

Key findings

Emergency Hormonal Contraception

Access to emergency hormonal contraception is compared to the abortion rate as a proxy measure of unplanned conceptions.

Rate of access by age is directly proportional to the estimated abortion rate.

It is not possible to determine rates of access by socioeconomic group or ethnic group as full postcode and ethnic group are not currently collected from service users.

Within parts of Washington although there are significantly fewer items of emergency hormonal contraception dispensed, the need as indicated by the abortion rate would appear to be relatively low.

Community-based Chlamydia screening

Positivity (the proportion of positive Chlamydia screens) is higher among the older half of the target age group, 20-24 years, but rates of access are lower among this age group.

Males and females are equally represented among service users within the community screening programme. Positivity among females is significantly higher than among males in the 15-19 year old age group but is not significantly different among 20-24 year olds. Among 15-19 years olds the proportion of males to females should be 1:2 if rate of access is to be proportional to positivity.

Rates of Chlamydia screening in Washington wards are above or around the Sunderland average with no wards demonstrating significantly high positivity when compared with the City as a whole.

Long-acting reversible contraception (LARC)

The rate of prescribing LARC within GP Practices is variable. There are some Practices in wards with a high abortion rate that are not currently prescribing LARC.

Although there are a number of GP practices in Washington who do not currently prescribe LARC, there are no wards with high abortion rates when compared to the Sunderland average.

Condom card (C-card) scheme

The rate of access is higher among males and females 14-16 years of age compared to access among older young adults 17-19 years of age. However, numbers of conceptions among the younger age band are lower.

Rate of access is directly proportional to the estimated conception rate by ethnic group and socioeconomic group.

For Washington there are two wards, Washington Central and Washington North, where the rate of access to the C-card scheme is significantly below average and teenage conception rate is higher than or significantly higher than the England average

Contraception and sexual health (CASH) clinics

Rates of access are highest among the population 16-20 years.

The large majority of service users are women. The ratio of female to male service users is 60:1 across all age groups, and 25:1 among service users under 20 years of age. The national average ratio across all ages is 8:1.

Across England an average of 20% of young women 16-19 years accessed contraception clinics in 2012/13. In Sunderland the equivalent figure was 14%, two thirds of the national average rate of access but this could be 16.5% if an estimate of usage of clinics outside Sunderland is included. This could be 16.5% if an estimate of usage of clinics outside Sunderland is included, and patterns access of CASH clinics mirror patterns for GUM clinics. Rates of access were closer to the national average among women 13 to 14 years (2.5% Sunderland, 3% England), and 15 years of age (9% Sunderland, 11% England).

By ethnicity, rate of access is highest among people from Black and Black British ethnic groups. While evidence shows that contraception and not STIs will be the main reason for people accessing CASH clinics, the rate of diagnosis of STIs in Sunderland is highest among Black and Black British ethnic groups.

When patterns of service use are analysed by socioeconomic group, rates of access are highest among people resident in the most disadvantaged communities.

Although no Washington wards have access rates for contraceptive services that are below the Sunderland average, access rates are poorest for Washington West and Washington South.

The proportion of first contacts with women where contraception was prescribed that were LARC methods (38%) was above the England average (30%) among women of all ages but just below the England average (22%) among young women under 18 years of age.

Genitourinary medicine (GUM) clinic

2% of adults and young people 15+ resident in Sunderland access GUM clinic services each year. 85% of Sunderland residents that access GUM clinic services do so in Sunderland. Most of the remainder access services in Newcastle, Durham, South Tyneside or Gateshead. The findings below relate only to users of the Sunderland clinic.

Rates of access are highest among young people and young adults 15-24 years, but rates of diagnosis of key STIs are also highest among this age group. When rate of access is calculated per 1,000 STI diagnoses, rate of access among the 15-24 years age group is significantly below the Sunderland average rate.

Rates of access adjusted for STI diagnoses are significantly lower among males compared to females.

Rates of access per 1,000 STI diagnoses are significantly higher than the Sunderland average among 'white non-British', 'black and black British' and 'Asian and Asian British' ethnic groups.

Men who have sex with men are under-represented among service users when rates of access are calculated by sexual orientation per 1,000 STI diagnoses.

Rates of access adjusted for STI diagnoses don't vary significantly between those socioeconomic groups containing the majority of Sunderland residents.

Although no Washington wards have access rates for the GUM clinic that are below the Sunderland average, access rates are poorest for Washington Central, Washington East and Washington West.

Next Steps

A sub group of the Sexual Health Partnership, largely comprising commissioners and providers, will work with other groups in the City such as the CCG and the Local Pharmaceutical Committee to identify practical steps to begin to address some of the inequities identified. Depending on the issues highlighted, People Boards may wish to work with their CCG locality and representatives of the Sexual Health Partnership to influence provision within their area. Alternatively, any concerns can be fed back through their public health link.

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