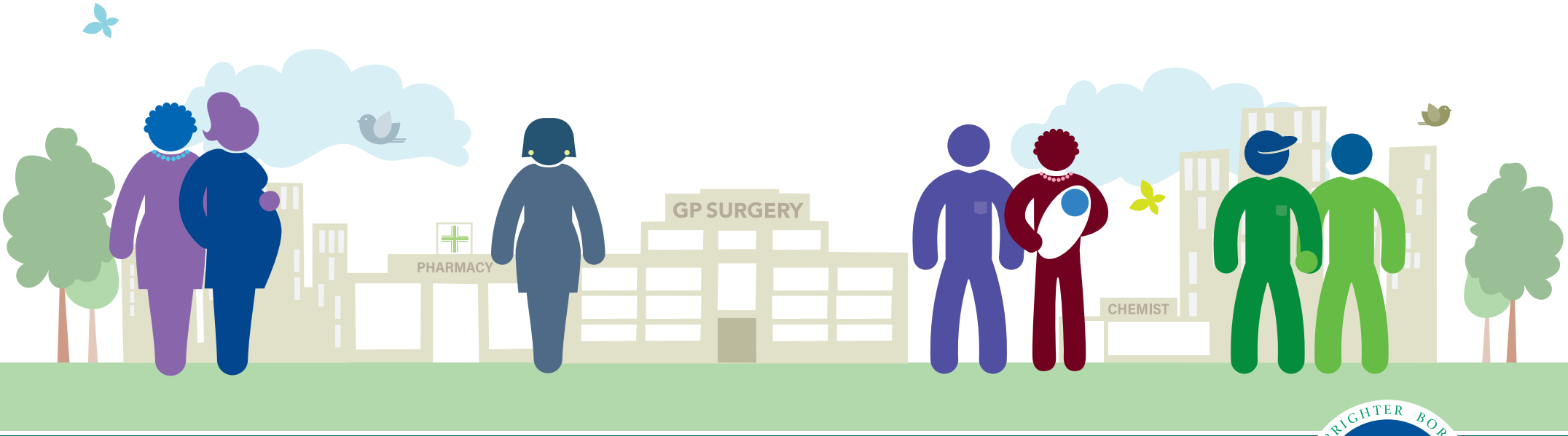
THE WANDSWORTH SEXUAL HEALTH STORY 2020

Service delivery in primary care settings



THE BRIGHTER BOROUGH
Wandsworth

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EXECUTIVE SUMMARY

The Wandsworth Sexual Health Story is a report of sexual health services delivered in GP surgeries and pharmacies in Wandsworth. The story aims to examine service demand and provision during 2018-19 and act as a resource for commissioners to manage sexual health programmes and inform procurement of services in primary care for 2020 and beyond.

Chapter one outlines the changing national and local level health and social care landscape that has been taking place over the last seven years. This includes the transition of sexual health into councils, the mobilisation of a new integrated sexual health service and more recently the introduction of the NHS Long-Term Plan. Despite this changing context, Wandsworth Council has continued to provide high quality, outcomes-based, accessible and sustainable sexual health services for residents.

Chapter two considers the methodology used and details the services that are delivered across primary care. In Wandsworth there are 40 GP Surgeries and 58 pharmacies contracted by the council to deliver sexual health services for residents. GP surgeries deliver Chlamydia screening, HIV Point Of Care Testing (POCT) and Long Acting Reversible Contraception (LARC) which includes coils and implants, but excludes injections. Pharmacies deliver Chlamydia screening and Oral-Emergency Contraception (Oral-EC).

Chapter three sets out the findings and outcomes. The Wandsworth Chlamydia detection rate is higher than London and England but has a declining trend. Wandsworth also performs better than London and England for the percentage of eligible population screened for Chlamydia. HIV testing coverage in Wandsworth is higher than London and England. The new HIV diagnosis rate is declining in Wandsworth but still remains higher than London and England. Total prescribed LARC excluding injections in Wandsworth is higher than London but lower than England. Teenage conception resulting in a termination rate in Wandsworth is higher than London and England figures.

Service Snapshot Cards which summarise the key findings and outcomes for each service are provided. These show that during 2018-19 there were a total 11,124 sexual health interventions delivered in a primary care setting. This includes 3,321 LARC procedures undertaken by GP surgeries and 1,383 HIV POCTs, identifying three reactive cases. In pharmacies, there were 5,681 presentations for Oral-EC. Across both settings in primary care, 739 young people were screened for Chlamydia with 43 positive cases identified.

Chapter four includes the key findings, discussion and recommendations. The report finds that sexual health services in primary care are provided across the borough at locality and ward level with some available seven days a week. Sexual health activity in primary care is high, however a number of contractors are inactive and there is wide variation across services and providers with the majority being attributable to particular GP surgeries and pharmacies. Contraception activity is high and increasing, including presentations for Oral-EC; however, over half of GP surgeries delivered less than the NICE recommended minimum number of LARC insertions required within a 12-month period. Sexually Transmitted Infections (STI) screening activity is also decreasing and the available resource is underused. The Chlamydia detection rate is higher in pharmacies than GP surgeries although the Oral-EC to Chlamydia screening conversion rate in pharmacies is low. While HIV testing coverage is high, the number of HIV reactive cases is lower than expected given the boroughs HIV incidence rate. More women than men are accessing sexual health services in primary care. The majority of service users are aged 39 or under and the Black, Asian and Minority Ethnic (BAME) population is over-represented in comparison with the borough profile for age range.

The Wandsworth Sexual Health Story recommends that sexual health services should continue to be provided in GP surgeries and pharmacies. However, commissioning from 2020 should consider the variation in service activity that exists between providers, including those that are inactive. Work to rationalise GP surgeries and pharmacies should be undertaken with services situated in areas where they are most needed, where demand is highest and provided by those who have demonstrated that they are best able and motivated to deliver services to residents consistently.

Actions should be taken to optimise the effectiveness of services including work to increase the detection of Chlamydia and HIV and the total number of prescribed LARC in the borough. Commissioners and Public Health should explore the high demand for Oral-EC and consider ways to promote safer sex messaging and strengthen access to LARC and the combined oral contraceptive pill. Ways to maximise the primary care offer for sexual health should be

explored and suggestions given. Commissioners and Public Health should consider and respond to the demographic characteristics of service users and the positive and negative drivers of the overrepresentation of particular groups. This includes differences in the demand and utilisation of services between male and female and BAME and White service users. Campaigns to promote services to young people including men should be delivered.

Qualitative work should be undertaken to compliment and contextualise the quantitative findings. Methods such as feedback from providers, consultation with service user groups, and mystery shopping exercises would add further value to the story by incorporating the patient and practitioner voice.

Commissioners should regularly assess the continually changing landscape seeking opportunities that may arise for service development and contractual delivery following the maturation of Primary Care Networks (PCNs), the transformation of Clinical Commissioning Groups (CCGs) and implementation of the NHS Long-Term-Plan. Financial resources and expertise should be optimised through cross-divisional spending agreements between Public Health and commissioning departments within Directorate of Adult Social Care and Public Health (DASCPH) and collaborative commissioning opportunities with other councils across South West London should be scoped.

The recommendations are summarised below:

1 **Rationalise sexual health provision in GP surgeries and pharmacies**
- Decommission low activity providers and/or providers situated in areas where activity is low
- Support low-performing providers situated in areas of high need to increase activity

2 **Maximise the primary care offer for sexual health**
- Facilitate a channel-shift of routine and/or non-complex LARC from the Integrated Sexual Health service (ISH) to GP surgeries
- Work with pharmacies to increase the Oral-EC conversion rate
- Commission Chlamydia treatment in pharmacies and subsequently scope scaling-up the service beyond those testing through the National Chlamydia Screening Programme (NCSP)
- Scope the commissioning of quick-start oral contraception in pharmacies

3 **Take action to optimise the effectiveness of services**
- Work with specific GP surgeries needing to increase LARC to meet NICE recommended minimum number of insertions within a given time period
- Review the HIV POCT service model looking to increase the identification of undiagnosed HIV

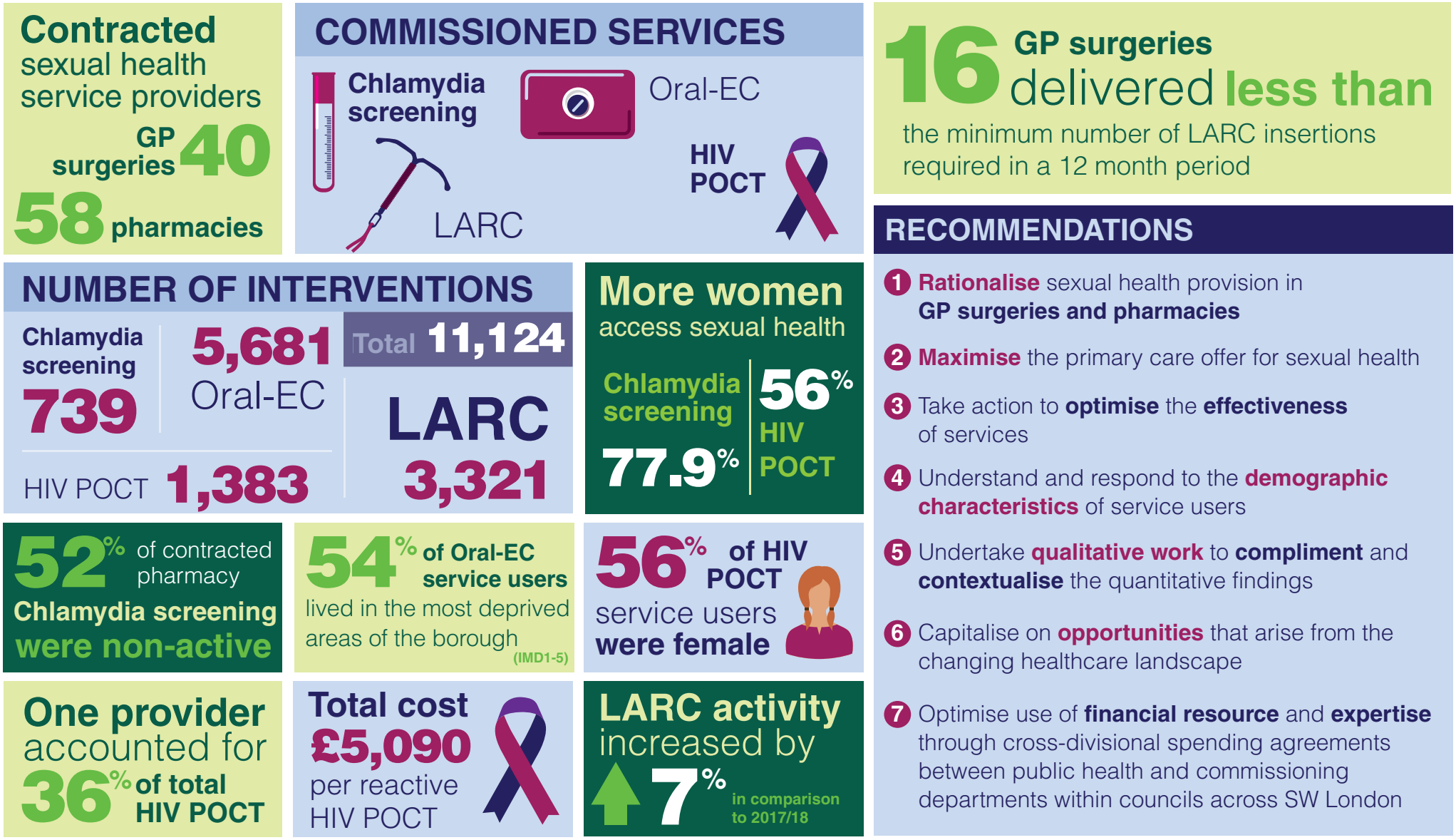
4 **Understand and respond to the demographic characteristics of service users**
- Explore the over-representation of BAME service users
- Coordinate a campaign aimed at promoting services to young people including men in the borough

5 **Undertake qualitative work to compliment and contextualise the quantitative findings**
- Seek feedback on services from practitioners, pharmacists and practice managers
- Seek feedback from service users
- Commission or coordinate mystery shopping exercises

6 **Capitalise on opportunities that arise from the changing healthcare landscape**
- Keep abreast of any impact on sexual health commissioning models and pathways following the decision to dissolve Public Health England (PHE)
- Continue to link with relevant representatives from the reorganised South West London CCG
- Move in parallel with the maturisation of PCNs and explore opportunities to commission services at a PCN level

7 **Optimise use of financial resource and expertise through cross-divisional spending agreements between public health and commissioning departments within DASCPH and by working collaboratively with councils across South West London**
- Implement cross-funding agreements to support any increase in primary care delivered activity following channel-shift from ISH
- Deliver on service alignment commitments with sexual health commissioners across South West London including the development of South West London service specifications, Patient Group Directions (PGDs) and standardised tariffs
- Scope opportunities to commission services in primary care collaboratively with local authorities across South West London

Figure 1: Infographic - Key Points of Interest and Recommendations



ACRONYMS AND KEY TERMS

Activity – refers to the delivery of LCSs and is measured through the collection and collation of data

BAME – Black, Asian and Minority Ethnic

Chlamydia Detection Rate (DR) – is a measure of Chlamydia control activity in England, aimed at reducing the spread of infection and the incidence of reproductive sequelae (a condition which is the consequence of a previous infection). In 2013 the Department of Health (DoH), now known as the Department of Health and Social Care (DHSC), published the recommended Chlamydia detection rate of >2,300 per 100,000 population. The NCSP still recommends local authorities work towards achieving this level

CLCH – Central London Community Healthcare is the commissioned provider of the ISH service in Merton, Richmond and Wandsworth

Clinical effectiveness – is defined as the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients

Conversion rate – is the percentage of service users receiving an EC consultation who screen for Chlamydia

Cu-IUD – Copper Intrauterine Device which is inserted into the uterus (womb) and releases copper to prevent pregnancy

DASCPH – Department of Adult Social Care and Public Health within Wandsworth Council

DHSC – Department of Health and Social Care

E-Services – provides free and easy access to sexual health testing via the internet

GP surgeries – the business or premises of a medical doctor working in general practice

High activity – refers to the degree of spend of the available financial resource

IMD – Index of Multiple deprivation (given in deciles throughout the report) provides a set of relative measures of deprivation for small areas (Lower Super Output Areas) across England, based on seven domains of deprivation.

Integrated Sexual Health Services (ISH) – an ISH service provides open access to confidential, non-judgemental services including STI testing, treatment and management, the full range of contraceptive provision, health promotion and prevention

IUD – Intrauterine Devise also known as a coil, is a birth control devise that is inserted into the uterus (womb) to prevent pregnancy

IUS – Intrauterine System that releases hormones into the uterus to prevent pregnancy

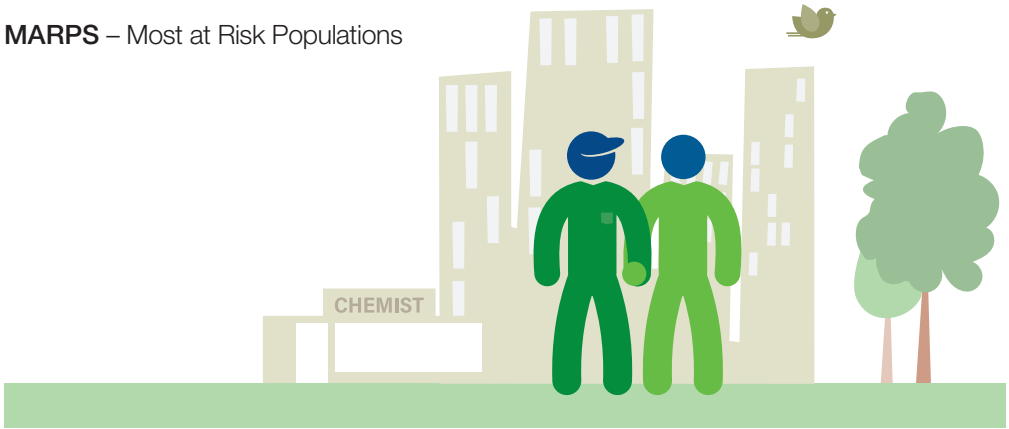
KPI – Key Performance Indicator is a quantifiable measure used to evaluate the success of a programme or service

LARC – Long Acting Reversible Contraception includes IUDs/IUSs and SDIs

LCS – Locally Commissioned Service

LSOA – Lower Super Output Area is a geographical area used in the reporting of small area statistics in England and Wales

MARPS – Most at Risk Populations



MECC – Making Every Contact Count is an approach to behaviour change that uses day-to-day interactions that organisations and people have with other people to support them to make positive changes to their physical and mental health and wellbeing

MSM – Men who have Sex with Men, including gay and bi-sexual men

NCSP – National Chlamydia Screening Programme

New Patient Registration – is a formal process undertaken when a new patient joins a GP surgeries patient list

NICE – National Institute of Clinical Excellence

Oral-EC – emergency contraception pill taken by mouth up to five days post UPSI to prevent pregnancy

Out of Borough – refers to people who do not live in the borough or are not registered with a GP in the borough who use services in accordance with The Local Authorities Regulations 2013 which require open access sexual health services

Patient Group Directions (PGD) – provides a legal framework that allows some registered health professionals to supply and/or administer specified medications to a pre-defined group of patients, without them having to see a prescriber such as a doctor or a nurse

PCN – Primary Care Network where introduced into the NHS in England as part of the NHS Long-Term Plan, published in January 2019

Pharmacy – a shop or hospital dispensary where medicinal drugs are prepared or sold

PHE – Public Health England is an executive agency of the Department of Health and Social Care in the UK that began operating in 2013

Primary Care – healthcare provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment. This includes GP Surgeries and pharmacies

Provider – refers to either a commissioned GP surgery or pharmacy

SDI – Sub-Dermal Implant is a contraception device that is placed underneath the skin

Sexual Health London – is an e-service commissioned by Wandsworth Council to provide testing for a range of STIs via samples that can be collected at home

Sexual Health System – this encompasses all elements of programme delivery including NHS services, Primary Care, voluntary sector and E-Services

Sites – refers to GP surgeries and pharmacies within the borough

STI – Sexually Transmitted Infection

UPSI – Unprotected Sexual Intercourse which is any sex without contraception or a condom

AUTHORS NOTE

The authors would like to note the following: basic epidemiological terms and concepts were used in the development of this work and are referenced throughout the story. However, no significance or confidence testing was applied. The story accepts the findings at face value however the authors acknowledge that factors impinging on service delivery in primary care settings are varied and complex and it is outside the scope of the story to explore these in their entirety.

The story does not replace the 2018 sexual health needs assessment, strategy and related action plan but should be read and understood in conjunction with these existing works and used to enrich understanding of primary care delivered elements of sexual health in the borough. Acknowledging its limitations, the authors hope that the story can be used to generate thought and discussion amongst stakeholders and inform programme management and next steps to commissioning from 2020.

Finally, the authors would like to thank all those who helped inform and shape this work as well as providers of sexual health care in GP surgeries and pharmacies for their contribution to the sexual health of Wandsworth residents.

CHAPTER ONE – INTRODUCTION

AIM

The Wandsworth Sexual Health Story is a report of commissioned sexual health services delivered in GP surgeries and pharmacies in Wandsworth. The story aims to examine service demand and provision during 2018-19 and act as a resource for commissioners to manage sexual health programmes and inform procurement of services in primary care for 2020 and beyond.

BACKGROUND

Sexual health services in primary care are delivered through locally commissioned health and wellbeing contracts, individual sexual health service specifications and Patient Group Directions (PGDs) where required. These key documents are informed by NICE and Faculty for Reproductive and Sexual Health (FRSH) best practice guidance and support programme management, performance monitoring and optimum care outcomes for service users.

GP surgeries and pharmacies are health, social and community assets so make ideal settings in which sexual health services can be delivered. This is due to their geographical reach, clinical infrastructure and expertise, access to patient lists, long opening hours, potential to screen opportunistically and offer value for money.

GP surgeries and pharmacies are an integral component of the sexual health system in Wandsworth. They complement delivery in other settings, including ISH settings and e-services and reduce the demand placed on them. GP surgeries and pharmacies are particularly effective in supporting the non-complex and routine sexual health needs of residents and in signposting service users to other more specialised services where required.

The Wandsworth Sexual Health Story was developed following the production of the 2018 Wandsworth Sexual Health Needs Assessment, the Wandsworth Sexual Health Strategy refresh (2019-24) and Wandsworth Sexual Health Action Plan (2019-24). It is recommended that it is read, understood and used within the context of this wider work. While the Wandsworth Sexual Health Strategy (2019-24) addresses sexual health in Wandsworth from a total system perspective, which includes sexual health services delivered by NHS services, the voluntary sector and e-services, the Wandsworth Sexual Health Story focuses solely on the provision of sexual health services in GP Surgeries and pharmacies.

Council commissioned sexual health services are governed by a range of national and local policies, strategies and guidelines and funded through the annual public health grant allocation. Delivering sexual health services in primary care supports efforts to improve the sexual health of the local population and contributes to improved sexual health outcomes at both a local and national level through the provision of high quality, evidence-based services.

Services are demand led. This means that service activity will not be consistent throughout the year and will vary based on the needs of service users at any one time. For the purpose of the Wandsworth Sexual Health Story, sexual health service activity refers to utilisation of the available financial resource and all data is from 2018-19. Budgets are allocated to individual services based on a number of factors including local need, intended outcomes and historical activity.

THE CHANGING HEALTH CARE LANDSCAPE

Over the last seven years the landscape in which sexual health services operate has changed considerably. Following the introduction of the Health and Social Care Act in 2013, the council became responsible for sexual health services. This includes the screening and treatment of sexually transmitted infections (excluding HIV treatment), contraception provision, sexual health promotion and prevention services.

The sexual health offer provided by Wandsworth Council has multiple components:

- In 2017 a new ISH service was jointly commissioned by Merton, Richmond and Wandsworth Councils to deliver a comprehensive STI and contraception service, including walk-in clinics. The ISH service operates a hub (Falcon Road clinic in Wandsworth) and spoke model across the three authorities (Patrick Doody clinic (Merton), Wide Way Medical Centre (Merton), Holly Road (Richmond), Off the Record (Richmond) and Danebury Avenue (Wandsworth). The ISH service is currently provided by Central London Community Healthcare NHS Trust (CLCH).
- Wandsworth Council is part of the Pan-London Sexual Health E-Service 'Sexual Health London' which enables residents to self-sample and screen for STIs without the need for a face-to-face appointment.
- Routine, non-complex sexual health services are provided by commissioned GP surgeries and pharmacies across multiple sites and locations throughout the borough.
- Sexual health services are provided on a community outreach basis by voluntary organisations who act as tier-two providers of the ISH service and are sub-contracted by CLCH. This includes METRO Charity who are responsible for coordination of the local Chlamydia screening programme, C-Card (condom distribution) scheme and care and support services for people living with HIV, and Spectra who provide outreach, prevention and engagement for groups at high risk of poor sexual health outcomes .

More recent changes include the NHS Long-Term Plan published by NHS England in January 2019. The plans sets out the priorities for healthcare over the next 10 years and shows how the NHS funding settlement will be used and changes in the primary care architecture. A key part of the NHS Long-Term Plan was the formation of PCNs. The aim of PCNs is to bring GP surgeries together to work at scale to provide the structure and funding for services to be developed locally in response to the needs of the patients they serve. This will allow for staff to operate at various locations within a PCN potentially adding further expertise and appointment availability. At the time of writing this document the full future potential of PCN commissioning implications for local authorities has not been analysed and is currently unclear.

From 1 October 2019, the new Community Pharmacy Contractual Framework for 2019-20 to 2023-24: supporting delivery for the NHS Long Term Plan came into force. The framework will help to deliver the ambitions set out in the NHS Long Term Plan and underlines the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community. The contract commits almost £13 billion to pharmacy and is in line with the GP contract, providing five-year stability and reassurance to pharmacies. This should allow businesses to make long term business decisions and support pharmacies to deliver both core and locally commissioned services including sexual health services.

In addition, Public Health and commissioning colleagues working within the DASCPH have taken steps to adapt and streamline commissioning arrangements to strengthen service pathways, improve resource management, drive efficiencies and improve service user outcomes. This work will continue as opportunities arise. Work to align services, including service specifications, PGDs and tariffs across South West London is also taking place and opportunities to commission collaboratively are being scoped.

CHAPTER TWO – METHODOLOGY AND SERVICE DELIVERY

The Wandsworth Sexual Health Story was developed from the collection, analysis and interpretation of available data. The basic data collection was from sources highlighted below which typically provide the information for quarterly invoicing payments and hence reflect accurate provider activity as well as providing additional service user demographics. To provide a basis for outcome comparisons at borough and UK level, government data sources listed below were utilised where possible.

STAGE ONE - DATA COLLECTION

Data was collected and compiled from 2018-19. Consideration was given to providing a two-year look back to include activity from 2017-18. The decision was taken to exclude 2017-18 due to inconsistencies in data availability between the two years resulting from improved data system search and report functionality. Data was collected for the following services;

- **Chlamydia Screening**
- **Oral-EC**
- **HIV POCT**
- **LARC**

The following data sources were used to extract the relevant service area data:

- **PharmOutcomes:** This is a web-based system used by pharmacies for Oral-EC to help provide services and allow commissioners to audit and manage these services
- **EMIS**: EMIS Web is a digital clinical system used in GP surgeries for patient record management and information sharing concerning HIV POT and LARC between providers and the council
- **PreventX for Chlamydia Screening.** PreventX is an integrated diagnostics service which provides the testing kits for the Chlamydia screening programme and is managed by METRO

STAGE TWO - DATA ANALYSIS:

The data was converted into tables and graphs and analysed for trends, key findings and service outcomes. Regional sources and national data sets were also reviewed for wider system context including:

- PHE Fingertips Data
- Chlamydia Testing Activity Database (CTAD)
- PHE HIV and STI Web Portal
- DataWand is a free and open website designed so that users can easily access local data relevant to the London Borough of Wandsworth

For all services, data was used to monitor service activity at both a service and provider level. Service user profile information including age, gender, ethnicity and IMD, given in deciles was analysed.

The following indicators were used to measure outcomes for each service:

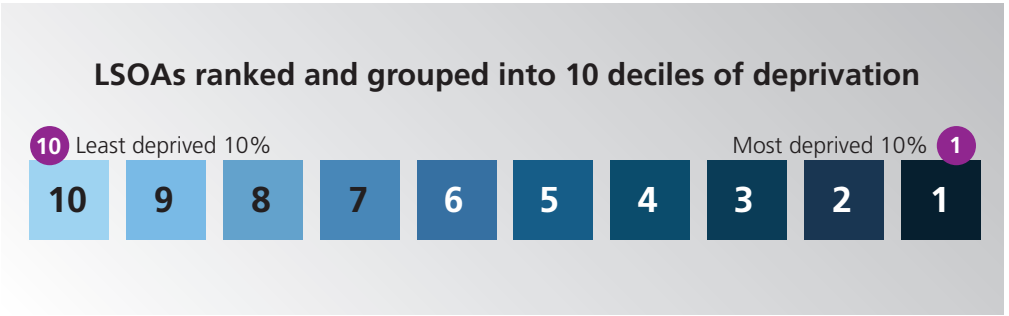
Service	Outcome indicator measurements
Chlamydia Screening	• The number of Chlamydia screens in primary care • The number of positive cases of Chlamydia in primary care • The Chlamydia screening positivity rate in primary care • The cost per positive Chlamydia screen • Utilisation of available resource • The percentage of active and non-active providers

Service	Outcome indicator measurements
Oral-EC	• The number of Oral-EC consultations in pharmacies • The percentage of all Oral-EC consultations taking place within 72 hours of UPSI • The Oral-EC to Chlamydia screening conversion rate • The average cost per Oral-EC consultation • Utilisation of available resource • The percentage of active and non-active providers
HIV POCT	• The number of HIV POCTs in GP surgeries • The number of reactive cases in GP surgeries • The HIV POCT positivity rate in GP surgeries • The cost per HIV reactive test • Utilisation of available resource • The percentage of active and non-active providers
LARC	• The number of LARC insertions taking place within GP surgeries • The number of LARC removals taking place within GP surgeries • The percentage of GP surgeries where LARC activity meets the minimum activity threshold • Utilisation of available resource • The percentage of active and non-active providers

INDEX OF MULIPLE DEPRIVATION

The Index of Deprivation (IMD) 2019 provide a set of relative measures of deprivation for small areas (Lower Super Output Areas) across England, based on seven domains of deprivation. The domains were combined using the following weights to produce the overall Index of Multiple Deprivation:

- **Income Deprivation (22.5%)**
- **Employment Deprivation (22.5%)**
- **Education, Sills and Training Deprivation (13.5)**
- **Health Deprivation and Disability (13.5%)**
- **Crime (9.3%)**
- **Barriers to Housing and Services (9.3%)**
- **Living Environment Deprivation (9.3)**



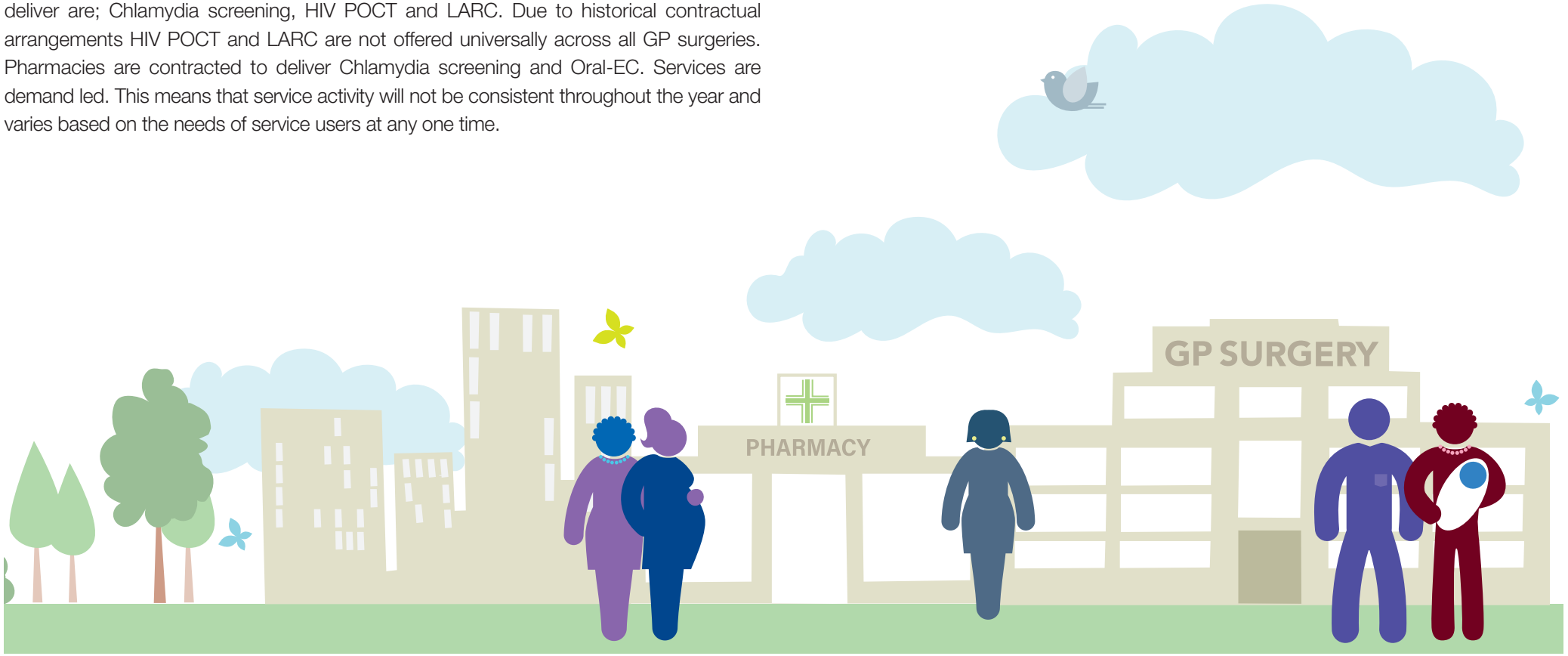
Deprivation is measured in a broad way to encompass a wide range of aspects of an individual's living conditions. Deciles are calculated by ranking the 32,844 small areas in England, from most deprived to least deprived, and dividing them into 10 equal groups. These range from the most deprived 10 per cent of small areas nationally to the least deprived 10 per cent of small areas nationally.

Wandsworth ranks 173 out of 317 local authorities in England, within the 50% least deprived and has no Lower Super Output Areas amongst the 10% most deprived. Compared to London, Wandsworth is in the least deprived third of boroughs in 2019. However, Wandsworth falls amongst the 50% most deprived London boroughs in the Health Deprivation and Disability domain, moving from the 50% least deprived in 2015.

SERVICE DELIVERY

In Wandsworth there are 40 GP surgeries and 58 pharmacies contracted by the council to deliver sexual health services for residents. The services GP surgeries are contracted to deliver are; Chlamydia screening, HIV POCT and LARC. Due to historical contractual arrangements HIV POCT and LARC are not offered universally across all GP surgeries. Pharmacies are contracted to deliver Chlamydia screening and Oral-EC. Services are demand led. This means that service activity will not be consistent throughout the year and varies based on the needs of service users at any one time.

In total, there are 98 contracted providers in Wandsworth. The geographical distribution of providers ensures there is coverage at borough, locality and ward level. Residents are typically registered to a GP surgery local to their home address and PCNs operate to offer appointments between 8am and 8pm as well as at weekends. All residents are within 1,200m (3/4 mile) of a commissioned pharmacy and there is seven day access across the borough.



CHAPTER THREE – FINDINGS AND OUTCOMES

GENERAL

During 2018-19, there were a total 11,124 sexual health interventions delivered in primary care settings. Within GP surgeries, this includes 3,321 LARC procedures and 1,383 HIV POCT which identified three HIV reactive cases. In pharmacies, there were 5,681 presentations for Oral-EC. Across primary care, 739 young people (aged 15-24) were screened for Chlamydia resulting in the identification of 43 cases of Chlamydia in this age range.

PUBLIC HEALTH OUTCOME FRAMEWORK

The locally commissioned services have agreed annual outcomes and Key Performance Indicators (KPIs). These are performance managed by commissioners within the Directorate of Adult Social Care and Public Health. The outcomes and KPIs used are those found in The Public Health Outcomes Framework (PHOF), PHOF data enables councils to benchmark and compare their own outcomes with other local authorities as well as nationally. They are a useful monitoring tool for commissioners of the services and also indicate trends over a three-year time span. This can provide an indication of where resources may be directed. The indicators and outcomes for each of the sexual health services are presented below in more detail.

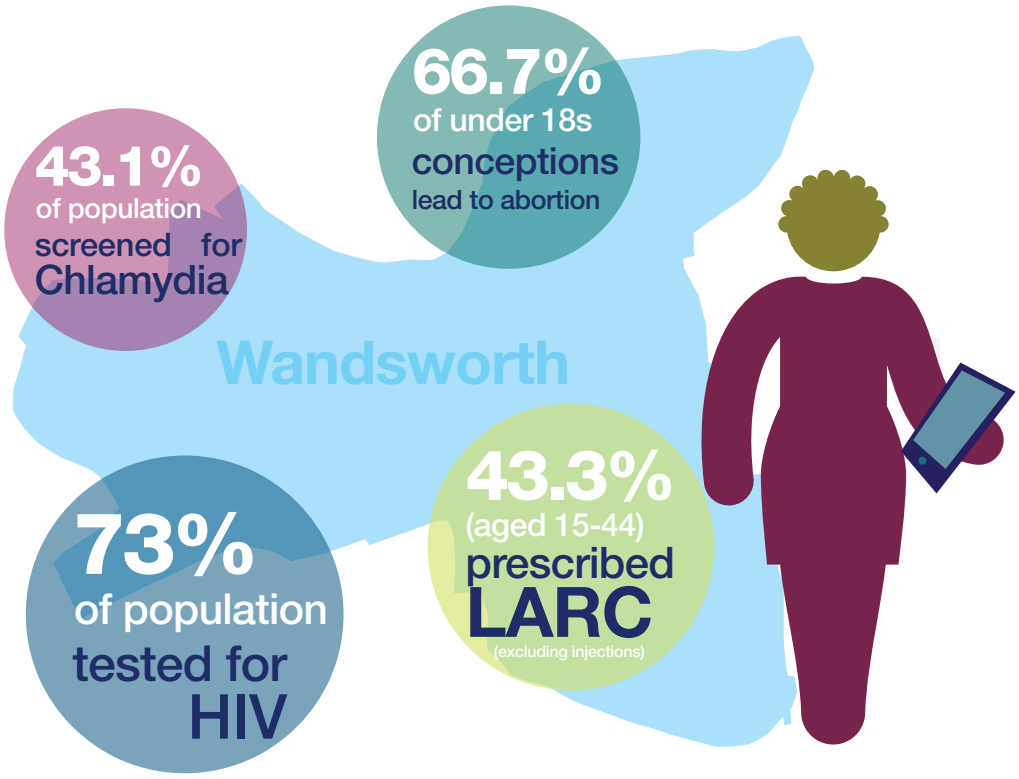
Overall, Wandsworth is doing better than London and England for Chlamydia Screening (the percentage of eligible population screened (43.1% vs 25.4% and 19.6%) however the Chlamydia Detection Rate in Wandsworth (DR) is declining but remains higher than the London and England DR (3,553/100,000 vs 2,610 and 1,975).

For HIV Testing Coverage, Wandsworth is higher than London and England (73.0% vs 70.1% and 60.5%) and though the new HIV Diagnosis Rate is declining it remains higher than London and England (25.9/1,000 vs 20.9 and 8.7 respectively).

Termination of pregnancy (abortion) rates are used as a proxy measure for unplanned pregnancies. The proportion of Under 18s Conceptions Leading to Abortion in Wandsworth is higher than London and England (66.7% vs 64.4% and 52.0%). For Under 25s Repeat Abortions, Wandsworth is doing better than London and England (26.4% vs 30.7% and 26.7% respectively).

The total prescribed LARC (excluding injections) in Wandsworth is higher than London but lower than England (43.3/1,000 vs 34.0 and 47.4% respectively).

Further information relating to the local sexual health picture can be found in Part 4 of the Wandsworth Sexual Health Needs Assessment 2018.



SERVICE SNAPSHOT CARDS

Data from each service is presented and discussed in the Service Snapshot Cards below.

CHLAMYDIA SCREENING - PHARMACIES

What is the aim?

To identify Chlamydia infection in young people aged 15-24 by achieving the Detection Rate (DR) outcome measurement. The Department of Health set a national DR of 2,300 per 100,000 population in the target age group. The DR indicator reflects the importance of early treatment as well as repeat screening annually and on change of sexual partner. The NCSP is delivered locally in Wandsworth in both GP surgeries and pharmacies. The programme is coordinated locally by METRO who are a sub-tier contractor within the wider ISH service. METRO Charity have been responsible for the local programme since October 2017. Chlamydia treatment for NCSP service users testing positive for Chlamydia is not currently available in pharmacies but is provided by the ISH service while the pharmacy treatment service is being set up.

What do we offer in pharmacies?

In Wandsworth 46 of the total 58 pharmacies are contracted to deliver the NCSP to young people between the ages of 15-24. Service users must be a resident or registered with a Wandsworth GP surgery. In addition to being offered to eligible service users opportunistically, Chlamydia screening is offered during Oral-EC consultations.

Who uses the service?

- 77% of service users were female
- 90% were aged between 18-24 (the inclusion criteria being 15-24)
- 50% were BAME
- 58% of all activity was undertaken within pharmacies situated within more deprived areas of the borough*
- Women were three times more likely to use the service than men*

* LSOAs ranked amongst the 50% most deprived nationally (deprivation deciles 1 – 5) on the Index of Multiple Deprivation 2019

What does this tell us?

The programme is disproportionally utilised by some groups in comparison to the borough's demographic profile. The majority of activity is taking place within pharmacies situated in more deprived areas of the borough. More than three quarters of service users are female, where the borough has a near equal proportion of males and females. BAME service users are nearly twice as likely to access Chlamydia screening activity in pharmacies than GP surgeries and the BAME population is overrepresented as a total of all service users.

What are the outcomes?

- There were 128 screens carried out
- Two pharmacies delivered 34% all activity
- 52% (23) of commissioned Pharmacies were non-active
- The percentage of positive tests is 9.9% which is higher than both the borough wide (8.2%) and GP surgery (5%) figure
- The conversion rate between Oral-EC and Chlamydia screening is 6%. This is the number of patients offered and accepted a Chlamydia screen at the time of an Oral-EC consultation in relation to the total number of Oral-EC consultations that took place
- Percent of population tested in pharmacies is 0.4% compared to 42.2% tested by a Wandsworth specialist and non-specialist sexual health services
- Total LCS tariff cost per positive test is £91

What does this tell us?

The potential for Chlamydia screening in primary care is not being maximised in full and the available resource is underused. In pharmacies, Chlamydia screening activity is low with half of all pharmacies (52%) reporting no activity. Conversely, GP surgeries delivered almost six times as many Chlamydia screens than pharmacies however, the Chlamydia positivity rate in pharmacies is almost double that of GP surgeries. Work to rationalise the commissioning of pharmacies should be undertaken.

CHLAMYDIA SCREENING - GP SURGERIES

What is the aim?

To identify Chlamydia infection in young people aged 15-24 by achieving the Detection Rate (DR) outcome measurement. The Department of Health set a national DR of 2,300 per 100,000 population in the target age group. The DR indicator reflects the importance of early treatment as well as repeat screening annually and on change of sexual partner. The NCSP is delivered locally in Wandsworth in both GP surgeries and pharmacies. The programme is coordinated locally by METRO Charity who are a sub-tier contractor within the wider ISH service. METRO Charity have been responsible for the local programme since October 2017. Chlamydia treatment for NCSP service users testing positive for Chlamydia is not currently available in pharmacies but is provided by the ISH service.

What do we offer in GP surgeries?

In Wandsworth 40 GPs deliver the NCSP to young people between the ages of 15 to 24. In addition, service users must be a resident or registered with a Wandsworth GP practice. In addition to being offered to eligible service users opportunistically, Chlamydia screening is offered during Oral-EC consultations.

Who uses the service?

- 78% were female
- 94% were aged between 19-24 and 6% were aged 15-18
- 27% were BAME
- 64% of all activity was undertaken within GPs situated in IMD 1-5 - the more deprived areas of the borough*

* LSOAs ranked amongst the 50% most deprived nationally (deprivation deciles 1 – 5) on the Index of Multiple Deprivation 2019

What does this tell us?

The programme is disproportionally utilised by some groups in comparison to the borough's demographic profile. The majority of activity is taking place within GP surgeries situated in more deprived areas of the borough. More than three quarters of service users are female, where the borough has a near equal proportion of males and females. Service uptake by BAME service users is underrepresented at 27% in line with the demographic profile for the given age range which is 37%.

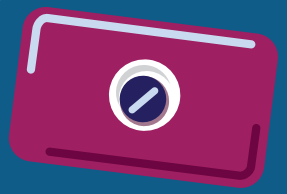
What are the outcomes?

- There were 611 screens
- Activity decreased by 50% in comparison with 2017-18
- A single GP surgery accounted for 33% of all activity and 34% of positive screens
- 20% of GP surgeries were non-active.
- 44% of GP surgeries delivered less than five screens each during the period
- Positive test rate is 5% which is lower than pharmacy (9.9%) and borough wide (8.2%) rates
- The total LCS tariff cost per positive test is £211 which is more expensive than pharmacy

What does this tell us?

The potential for Chlamydia screening in primary care is not being maximised in full and the available resource is underused. GP surgeries deliver almost six times as many Chlamydia screens than pharmacies, although activity declined in comparison with the previous year. However, the Chlamydia positivity rate in pharmacies is almost double that of GP surgeries. Work to consider variation in activity and improve service effectiveness should be undertaken.

ORAL-EC



What do we offer in Pharmacies?

In Wandsworth, 38 Pharmacies are contracted to deliver Oral-EC which can be offered up to 5 days post unprotected sexual intercourse (UPSI) via Levonorgestrel and Ulipristal Acetate PGDs. The service is available for women between 13-54 and there is no requirement to be a Wandsworth resident or registered with a Wandsworth GP surgery. As part of every Oral-EC consultation pharmacies are required to inform service users that the Cu-IUD is the most effective form of Oral-EC and are encouraged to discuss longer acting forms of contraception including where to access them. A Chlamydia screen should be offered to every service user presenting for Oral-EC in accordance with the NCSP eligibility criteria..

What is the aim?

The aim of this service is to reduce the number of unplanned pregnancies leading to abortion and repeat abortions by providing free and timely access to emergency contraception within pharmacies across the borough.

Who uses the service?

- 90% were aged between 18-39
- 41% were 16-20
- 33% were BAME
- 54% were registered to addresses in the most deprived areas of the borough*
- 23% were not resident in the borough Service user uptake from specific areas?

* LSOAs ranked amongst the 50% most deprived nationally (deprivation deciles 1 – 5) on the Index of Multiple Deprivation 2019

What does this tell us?

Younger women are more likely to access Oral-EC than their older counterparts.

Service users are more likely to live in more deprived areas of the borough however nearly a quarter (23%) of all service users are not Wandsworth residents.

The BAME population is slightly overrepresented in comparison to the borough profile for age range. However, there is a data quality issue with ethnicity not being recorded in nearly one third of all consultations.

What are the outcomes?

- There were 5,681 presentations for Oral-EC
- 2 of the 38 pharmacies accounted for 31% of all Oral-EC consultations
- 22% of sites were non-active.
- Levonorgestrel accounted for 90% of all prescribed medication
- In 32% of consultations ethnicity was not recorded
- The conversion rate between Oral-EC and Chlamydia screening is 6%

What does this tell us?

Presentations for Oral-EC are high and 90% of service users sought access to Oral-EC within 72 hours of UPSI.

The available financial resource is utilised in full, although activity varies widely across providers and areas.

Almost a third (31%) of all activity took place in two pharmacies. The conversion rate is low with only 6% of Oral-EC consultations resulting in a Chlamydia screen.

Work should be undertaken to rationalise the commissioning of pharmacies and improve the Oral-EC conversion rate.

HIV POCT

What is the aim?

The aims of the HIV POCT service are to increase the number of Wandsworth residents testing for HIV, reduce the number of people with undiagnosed HIV in Wandsworth, reduce late diagnosis and reduce onward HIV transmission.

What do we offer?

In Wandsworth 21 GP surgeries out of 40 are contracted to deliver HIV POCT.

Service users must be registered with a contracted provider and aged between 15-54.

The service specification recommends offering a HIV POCT as part of New Patient Registrations, to Most at Risk Populations (MARPS) which includes Black Africans and Men who have sex with Men (MSM) and to people presenting with clinical indicators.

Who uses the service?

- 56% were female
- 86% were aged 18-39
- 46% were BAME
- The majority of service users are from areas that fall across the middle of IMD deciles (4-7)

What does this tell us?

There is disproportionality in comparison to the borough's demographic profile.

Service users are more likely to be female, where the borough has a near equal proportion of males and females, and under the age of 40.

BAME groups are overrepresented which may indicate targeting of MARPS.

What are the outcomes?

- There were 1,383 HIV POCT
- 92% of POCT was delivered by 40% of contracted GP surgeries and a single provider accounted for 36% of total POCT
- 38% of providers were non-active.
- 3 tests were reactive (0.2%) which is lower than expected given the borough incidence rate and number of tests carried out
- The total cost per reactive test is £5,090

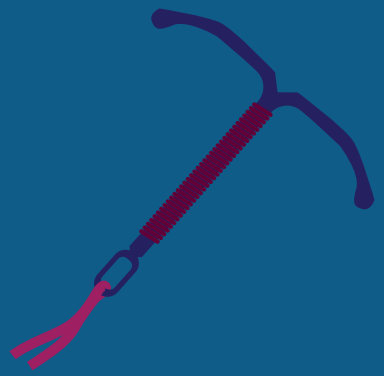
What does this tell us?

There is inconsistent provision amongst contracted GP surgeries with the majority of activity attributed to a small number of providers.

Almost all activity (92%) was undertaken in four GP surgeries.

The number of HIV reactive cases (3) identified through GP surgery POCT is lower than would be expected based on the boroughs HIV incidence rate. This suggests the service could be better targeted to optimise outcomes.

LARC



What is the aim?

The aim of this service is to support the ongoing work to reduce the number of unplanned pregnancies leading to abortion and repeat abortions by providing free access to a range of long-acting contraception devices.

What do we offer?

In Wandsworth 29 of 40 GP surgeries are contracted to provide LARC to females aged 15-54 who are resident or registered with a Wandsworth GP. LARC includes Intrauterine Devices (IUD), Intrauterine System (IUS) and Sub-Dermal Implants (SDI). The different LARC systems are not commissioned universally across all Wandsworth GP surgeries. A system for inter-GP referring is in place but is not utilised.

Who uses the service?

- 75% of service users were aged between 18-39
- 38% were BAME
- 82% of all activity was undertaken within GPs situated within less deprived areas of the borough*

* LSOAs ranked amongst the 50% least deprived nationally (deprivation deciles 6 – 10) on the Index of Multiple Deprivation 2019

What does this tell us?

Four fifths of all activity took place in GP surgeries situated in IMD areas rated 6-10, the least deprived and the programme is disproportionally utilised in relation to the borough's demographic profile.

Three quarters of all service users were aged 39 or under and the BAME population is over-represented.

What are the outcomes?

- 16 GP surgeries delivered less than the minimum number of LARC insertions required in a 12 month period'.
- There were 3,321 LARC procedures
- 2,059 were insertions and 1,262 removals
- Activity increased by 7% in comparison with 2017-18
- 5 GPs provided 53% of insertions (1091) and 56% of removals (701)
- 3% of providers were non-active.

What does this tell us?

GP surgeries are ideally placed to deliver routine, non-complex LARC and the service is more cost effective in comparison with LARC delivered by the ISH service.

There is inconsistent provision amongst contracted GP surgeries with 53% of all activity delivered by 17% of providers.

The inter-GP surgery referral system is not being utilised and 55% of GP surgeries delivered less than the NICE recommended minimum number of insertions required within a 12-month period.

CHAPTER FOUR - KEYNOTES, DISCUSSION AND RECOMMENDATIONS

The key findings from The Wandsworth Sexual Health Story are as follows:

- Sexual health services in primary care are provided across the borough at locality and ward level with some available seven days a week
- Sexual health activity in primary care is high, however a number of providers are inactive and there is wide variation across services and providers with the majority being attributable to particular GP surgeries and pharmacies
- Contraception activity is high and increasing including presentations for emergency contraception
- Over half of GP surgeries delivered less than the NICE recommended minimum number of LARC insertions required within a 12-month period
- STI screening activity is decreasing and the available resource is underused
- The Chlamydia detection rate is higher in pharmacies than GP surgeries
- The Oral-EC to Chlamydia screening conversion rate in pharmacies is low indicating that pharmacies are not adopting the MECC approach
- The number of HIV reactive cases following a POCT is lower than expected given the boroughs HIV incidence rate
- More women than men are accessing sexual health services in primary care
- The majority of service users are aged 39 or under
- Among all service users the BAME population is over-represented in comparison with the borough profile for age range

GENERAL

The primary care offer for sexual health is not fully realised, services are not being optimised and activity varies widely across all providers with some sites non-active during the reporting period. The percentage of non-active sites across all services range from 3% to 52% with the highest rates attributed to Chlamydia screening in pharmacy and HIV POCT in GP surgeries (52% and 38% respectively).

The reasons for this are not fully established but will differ by provider. Causes may include the demography and population density of an area, including the size and demographic characteristics of each GP surgery patient list, as well as operational issues such as degrees of engagement, staffing levels, interest and expertise and financial resource and prioritisation.

As The Wandsworth Sexual Health Story shows, STIs are being identified through screening undertaken in primary care settings, however the available resource is underused, and activity decreased in comparison with the previous year. This is despite STI rates being higher than the London and England average. Contraception service activity in primary care is high and increasing with the available Oral-EC and LARC budget resource being utilised in full.

CHLAMYDIA SCREENING

There are 39 GP surgeries and 43 pharmacies commissioned to deliver this service. The potential for Chlamydia screening in primary care is not being maximised in full and the available resource is underused. In pharmacies, Chlamydia screening activity is low with half of all Pharmacies (52%) non-active. Conversely, while GP surgeries deliver almost six times as many Chlamydia screens than pharmacies, activity declined in comparison with the previous year. However, the Chlamydia positivity rate in pharmacies is almost double that of GP surgeries. This is consistent with national data reporting. PHE, 2014).

The programme is disproportionally utilised in relation to the demographic population breakdown/borough profile. The majority of activity is taking place within GP surgeries and pharmacies situation in the top five more deprived deciles. More than three quarters of service users are female. BAME service users are nearly twice as likely to access Chlamydia screening activity in pharmacies than GP surgeries and the BAME population is overrepresented as a total of all service users. High uptake among women may indicate that this service is primarily offered as part of a contraception consultation.

ORAL-EC

There are 58 pharmacies commissioned to deliver this service. Emergency contraception activity is high and 90% of service users presented for Oral-EC within 72 hours of UPSI. The available financial resource is utilised in full, although activity varies widely across providers and areas. Almost a third (31%) of all activity took place in two pharmacies and nearly a quarter (23%) of all service users are not Wandsworth residents. Of commissioned pharmacies, 22% were non-active. The conversion rate is low with only 6% of Oral-EC consultations resulting in a Chlamydia screen. For comparison, in Richmond over the same period, the conversion rate was 37%.

This suggests that service users often access contraception services in locations served by main transport hubs and within settings situated in busy metropolitan areas, away from their local neighbourhood. The low conversion rate suggests that the MECC approach is not being implemented. Work to rationalise the commissioning of this service should be undertaken.

Younger women are more likely to access Oral-EC than their older counterparts, service users are slightly more likely to live in more deprived areas of the borough and be BAME. However, there is a data quality issue with ethnicity not being recorded in nearly one third of all consultations. Public health should work with pharmacies to improve data capture of service user demographics.

HIV POCTs

There are 22 GP surgeries commissioned to deliver this service. There is inconsistent provision amongst contracted GP surgeries with the majority of activity attributed to a small number of providers. Almost all activity (92%) was undertaken in four GP Surgeries and 38% were non-active. The number of HIV reactive cases (3) identified through GP surgery POCT is lower than would be expected based on the boroughs HIV incidence rate. The service specification recommends that POCT be offered as part of a New Patient Registrations process, however the process is often not completed, limiting the number of HIV POCTs that are conducted.

There is disproportionality in comparison to the demographic population/borough profile. Service users are more likely to be female and under the age of 40. The overrepresentation of BAME groups may indicate targeting of MARPS.

LARC

There are 30 GP surgeries commissioned to deliver this service. GP surgeries are ideally placed to deliver routine, non-complex LARC and the service is more cost effective in comparison with LARC delivered by the ISH service. However, there is inconsistent provision amongst contracted GP surgeries with 53% of all activity delivered by 17% of providers. The different LARC systems are not commissioned uniformly across all GP surgeries. The inter-GP surgery referral system is not being utilised which may indicate a lack of awareness of the process or uncertainty around clinical competencies of other GP surgery staff. Fifty-five percent (55%) of GP surgeries delivered less than the NICE recommended minimum number of insertions required within a 12-month period.

Four fifths of all activity took place in GP surgeries situated in IMD areas rated 5-10, the least deprived and the programme is disproportionally utilised in relation to the demographic population breakdown/borough profile. Three quarters of all service users were aged 39 or under and the BAME population is over-represented.

HEALTH INEQUALITIES AND ACCESS

The World Health Organization (WHO) defines sexual health as

> A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled
>
> **(WHO, 2006a)**

Sexual health needs vary according to factors such as age, gender, sexual orientation, ethnicity, socio-economic circumstances and levels of deprivation. At a national level, the impact of STIs remains greatest in young heterosexuals aged 15-24 years, black ethnic minorities and men who have sex with men (MSM). The Teenage Pregnancy Prevention Framework recognises that young people also have higher rates of abortions and outcomes for young parents and their children are still disproportionately poor.

In responding to sexual health needs, there are certain core elements common to everyone. This includes high-quality information and education and access to high-quality services, treatment and interventions. Beyond these core elements it is important to know the needs of specific individuals, communities, and populations related to sexual health, reproductive health and HIV.

Access to health services refers to the availability of services that are timely, appropriate, sensitive and easy to use. Inequitable access can result in particular groups receiving less care relative to their needs, or more inappropriate or sub-optimal care, than others, which often leads to poorer experiences, outcomes and health status.

Inequitable access might mean that a group faces particular barriers to getting the services that they need, such as real or anticipated discrimination or challenges around language.

Access to services can be measured by service availability and uptake. More deprived areas tend to have fewer GPs per head and lower rates of admission to elective care than less deprived areas, despite having a higher disease burden.

Different social groups might also have systematically different experiences within the services that they use, either perceived or actual. This may include the quality of care received and whether they are treated with dignity and respect.

The Wandsworth Sexual Health Story shows that BAME populations are over-represented among service users across the majority of sexual health services in GP surgeries and pharmacies in comparison with the population breakdown/borough profile for the given age range. Excluding contraception services, more women are accessing sexual health services in primary care than men. For services available to 15-54 years olds most service users are aged 39 or under; however, 12.4% of all service users were aged 40 or older. The reasons for the differential usage of sexual health services in GP surgeries and pharmacies are not currently know but may be the result of both positive and negative drivers. This includes differences in the demand and utilisation of services between male and female and BAME and White service users. For some services, this may indicate effective targeting of MARPS. For others, it may suggest higher levels of risk-taking and/or less awareness of or ease of access to prevention services. It may also be the case that certain groups, communities and populations are choosing to access sexual health services via other channels such as the ISH or E-Service.

As the report has shown, in terms of the current commissioning structure, service coverage is borough wide and seven-day access is provided. However, in some cases, issues concerning local expertise, clinical infrastructure, staff resource and historical commissioning arrangements may be negatively impacting on the ability of those most in need of services to access them.

Further information on service user demographics can be found in Appendix 3

RECOMMENDATIONS

Sexual health services should continue to be provided in GP surgeries and pharmacies. This is to ensure that services remain accessible throughout the borough, support demand across the system and contribute to improving sexual health outcomes locally.

The commissioning of sexual health services primary care from 2020 should consider the variation in service activity that exists between providers, including those that are non-active. Services should be placed within GP surgeries and pharmacies that are situated in areas where they are most needed, where demand is highest and provided by those who have demonstrated that they are best able and motivated to deliver services to residents consistently.

While ensuring accessibility and equity of access, work to rationalise GP surgeries and pharmacies should be undertaken moving towards a body of contracted providers engaged in service activity. Working with GP surgeries and pharmacies in a more targeted way would increase the level of interaction and support offered by the council and the commissioned provider of the NCSP to GP surgeries and pharmacies. Commissioner should work with low-activity service providers situated in areas of need, to understand and support any challenges associated with meeting the sexual health needs of their local population.

Actions should be taken to optimise the effectiveness of services and commissioners and providers should consider ways to maximise the primary care offer for sexual health. In terms of STIs this means looking at ways to increase the detection of Chlamydia and HIV in GP surgeries and pharmacies. Pharmacies should be supported to increase both the total number of Chlamydia screens and the Oral-EC to Chlamydia screening conversion rate in line with the MECC approach. Chlamydia treatment in pharmacies should be commissioned to ensure the full application of the NCSP Chlamydia care pathway in primary care which includes treatment and partner notification and commissioners should work with GP surgeries to review delivery of HIV POCT to ensure the service is being targeted to MARPS.

For contraception, work should be done to increase the total number of prescribed LARC in GP surgeries. This means enabling opportunity to GP surgeries who are not currently contracted to deliver LARC but who have the skill and resource to do so. It also means exploring the development of contraception pathways between the ISH service into GP surgeries as well as promoting use of the inter-GP surgery referral system. GP surgeries who are not meeting the NICE recommended minimum number of insertions should be supported to do so.

Rapid access to Oral-EC in pharmacies should be maintained to support the reduction of unplanned pregnancies and repeat abortions. Commissioners and Public Health should explore the high demand for Oral-EC and consider ways to promote safer sex messaging and enable ease of access to LARC and quick start oral contraception methods.

Commissioners and Public Health should consider and respond to the demographic characteristics of service users. This includes differences in the demand and utilisation of services between male and female and BAME and White service users. Differential activity between different groups may have both positive and negative drivers. These should be better understood, and appropriate response mechanisms applied. Campaigns to promote services to young people including men should be delivered in line with the existing sexual health strategy action plan.

Qualitative work should be undertaken to compliment and contextualise the quantitative findings. Methods such as feedback from providers, consultation with service user groups, and mystery shopping exercises would add further value to the story by incorporating the patient and practitioner voice.

Commissioners should regularly assess the continually changing landscape seeking opportunities that may arise for service development and contractual delivery following the maturation of PCNs, the transformation of CCGs and implementation of the NHS Long-Term Plan. Financial resources and expertise should be optimised through cross-divisional spending agreements between public health and commissioning departments within DASCPH and collaborative commissioning opportunities with other councils across South West London should be scoped.

The recommendations are summarised below:

1 **Rationalise sexual health provision in GP surgeries and pharmacies**
- Decommission low activity providers and/or providers situated in areas where activity is low
- Support low-performing providers situated in areas of high need to increase activity

2 **Maximise the primary care offer for sexual health**
- Facilitate a channel-shift of routine and/or non-complex LARC from the ISH service to GP surgeries
- Work with pharmacies to increase the Oral-EC conversion rate
- Commission Chlamydia treatment in pharmacies and subsequently scope scaling-up the service beyond those testing through the NCSP
- Scope the commissioning of quick-start oral contraception in pharmacies

3 **Take action to optimise the effectiveness of services**
- Work with specific GP surgeries needing to increase LARC to meet NICE recommended minimum number of insertions within a given time period
- Review the HIV POCT service model looking to increase the identification of undiagnosed HIV

4 **Understand and respond to the demographic characteristics of service users**
- Explore the over-representation of BAME service users
- Coordinate a campaign aimed at promoting services to young people including men in the borough

5 **Undertake qualitative work to compliment and contextualise the quantitative findings**
- Seek feedback on services from practitioners, pharmacists and practice mangers
- Seek feedback from service users
- Commission or coordinate mystery shopping exercises

6 **Capitalise on opportunities that arise from the changing healthcare landscape**
- Keep abreast of any impact on sexual health commissioning models and pathways following the decision to dissolve PHE
- Continue to link with relevant representatives from the reorganised South West London CCG
- Move in parallel with the maturisation of PCNs and explore opportunities to commission services at a PCN level

7 **Optimise use of financial resource and expertise through cross-divisional spending agreements between public health and commissioning departments within DASCPH and by working collaboratively with local authorities across South West London**
- Implement cross-funding agreements to support any increase in primary care delivered activity following channel-shift from ISH
- Deliver on service alignment commitments with sexual health commissioners across South West London including the development of South West London service specifications, PGDs and standardised tariffs
- Scope opportunities to commission services in primary care collaboratively with councils across South West London

APPENDICES

Appendix 1: National Policy Context

Multiple stakeholders are involved in the commissioning of sexual health services. Sexual health commissioning responsibilities are split between council, CCG, and NHS England.

Across England, public sector services have been under financial pressure in recent years. There have been new innovations in sexual health which improve access and help to achieve better value for money.

In the last six years, the government has published a range of guidance for sexual health improvement including 'A framework for sexual health improvement in England' (DoH 2013), 'Commissioning Sexual Health Services and Interventions – best practice guidance for local authorities (DoH 2013), the 'National Teenage Pregnancy Prevention Framework (PHE 2018) and the LGBT Action Plan (GEO 2018). Further information can be found within the Wandsworth Sexual Health Strategy 2019-2024.

Appendix 2: Local Policy Context

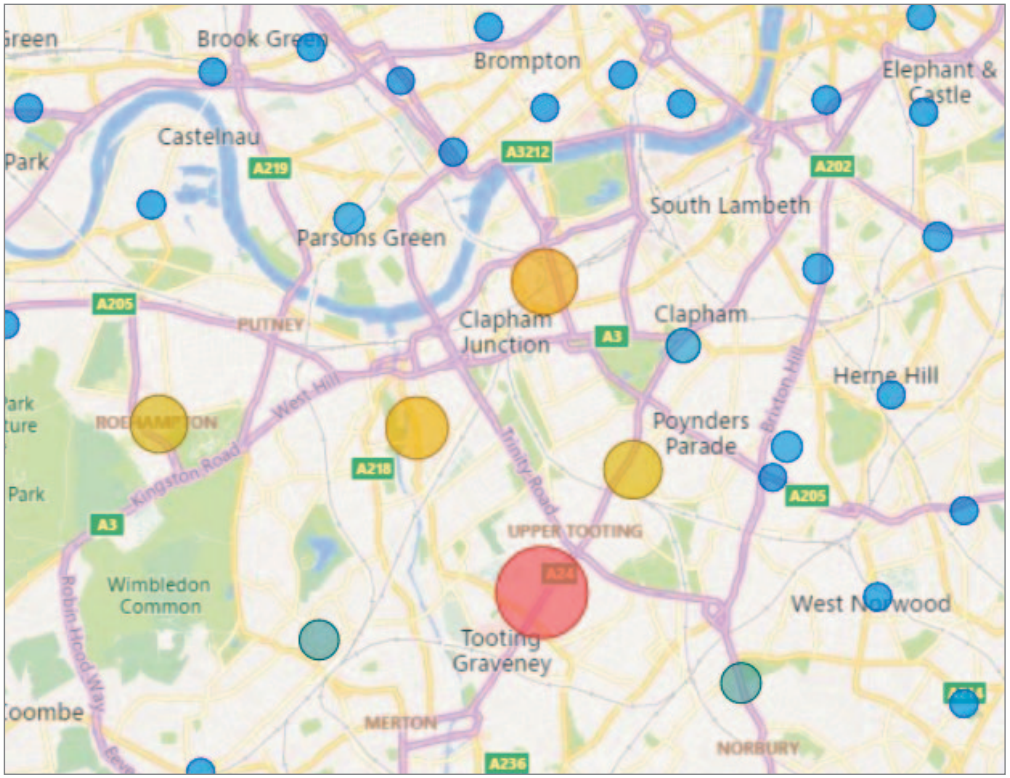
The Wandsworth Sexual Health Strategy was refreshed in 2019. This strategy was informed by a rapid sexual health needs assessment, engagement with stakeholders and public consultation. From this work emerged the following five priorities:

- **Priority 1:** Reduce rates of sexually transmitted infection with targeted interventions for at-risk groups.
- **Priority 2:** Reduce unintended pregnancies.
- **Priority 3:** Continue to reduce under 18 conceptions.
- **Priority 4:** Working towards eliminating late diagnosis and onward transmission of HIV.
- **Priority 5:** Promote healthy sexual behaviour and reduce risky behaviour.

In order to meet these priorities an associated action plan was developed with ownership across the local sexual health system. Included within this action plan was the development of a Wandsworth Sexual Health Story.

Appendix 3: Maps

Map 1. Oral-EC activity by user postcode

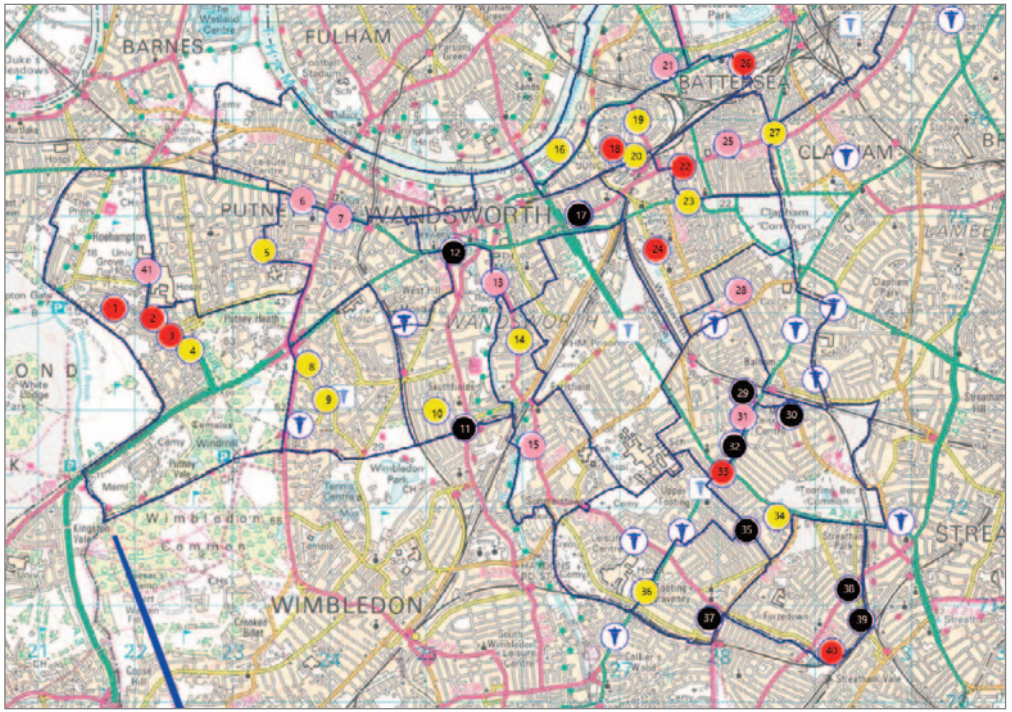


Source 1: PharmOutcomes

Key:

- 1000+ Oral-EC Service Users
- 500 - 999 Oral-EC Service Users
- 1 - 499 Oral-EC Service Users

Map 2. LARC activity by provider

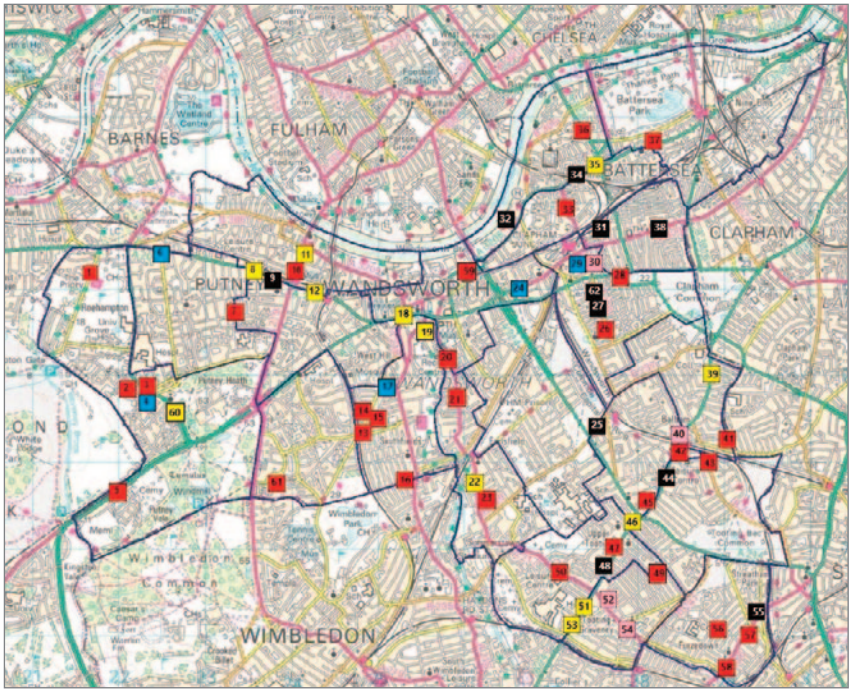


Source 2: EMIS

GP surgeries

1 Danebury Avenue Surgery
2 Roehampton Surgery
3 Alton Medical Practice
4 Mayfield Surgery
5 Chartfield Surgery
6 Putneymead Group Medical Practice
7 Heathbridge Practice
8 Tudor Lodge Health Centre
9 St Paul's Cottage Surgery
10 Elborough Street Surgery
11 Southfields Group Practice
12 Triangle Surgery
13 Wandsworth Medical Centre
14 Brocklebank Group Practice
15 Earlsfield Practice
16 Chatfield Health Care
17 Haider Practice
18 Clapham Junction Medical Practice (Main)
19 Falcon Road Medical Centre
20 The Junction Health Centre
21 Bridge Lane Group Practice
22 Clapham Junction Medical Practice
23 Battersea Rise Group Practice
24 Bolingbroke Medical Centre
25 Lavender Hill Group Practice
26 Battersea Fields Practice
27 Queenstown Road Surgery
28 Thurleigh Road Practice
29 The Open Door Surgery
30 Bedford Hill Family Practice
31 Balham Park Surgery
32 The Trinity Medical Centre
33 Tooting Bec Surgery
34 Grafton Medical Partners
35 Streatham Park Surgery
36 Mitcham Medical Centre
37 Tooting South Medical Centre
38. Streatham Park Surgery
39. The Practice Furzedown
40. The Greyswood Practice
41. Student Medical Centre

Map 3. Oral-EC activity by provider

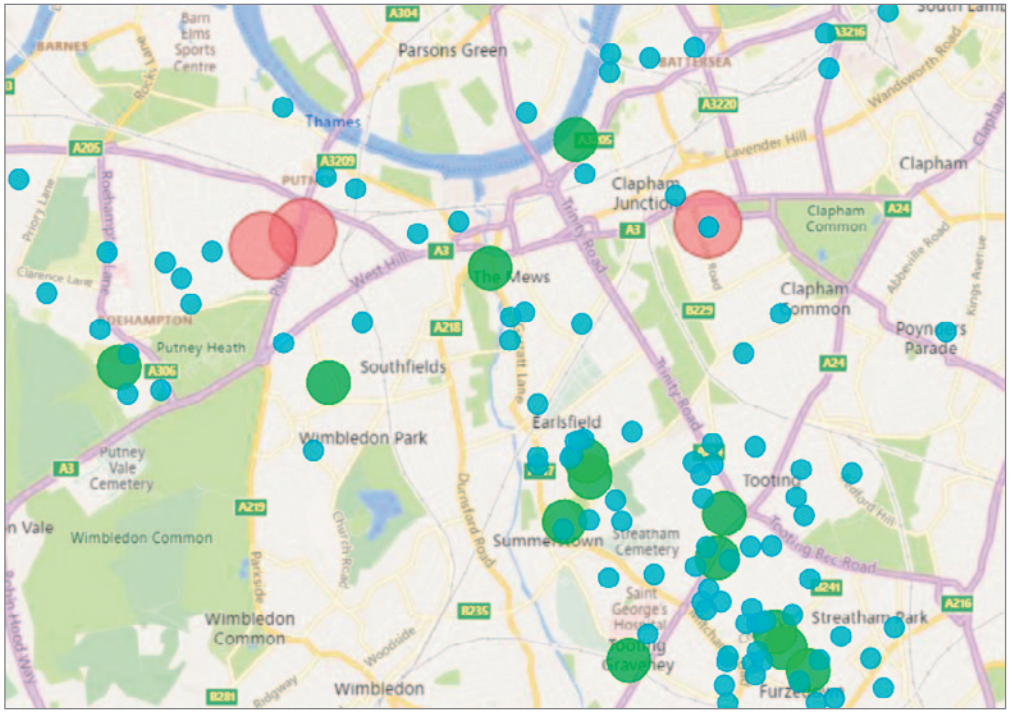


Source 3: PharmOutcomes

Pharmacies

1 R Walji Chemist
2 Care Chemists
3 East Chemist
4 Co-Op Chemist
5 Asda Pharmacy
6 Your Local Boots Putney
7 Ashburton Pharmacy
8 Putney Pharmacy
9 Paydens Pharmacy
10 Boots - 109 Putney High St
11 Boots - 45-53 Putney High St
12 Husband Chemist
13 Cooks Pharmacy
14 Wellbeing Pahramacy
15 Boots - Southfields
16 Revelstoke Pharmacy
17 Fazal Pharmacy
18 Mansons Dispensing Chemist
19 Boots - Southside Centre
20 Wandsworth Pharmacy
21 Barkers Chemist, Garratt Lane
22 Dumlers Pharmacy
23 Earlsfield Pharmacy
24 Clarke Pharmacy
25 Bellevue Pharmacy
26 Northcote Pharmacy
27 Battersea Pharmacy
28 Robards Dispensing Chemist
29 Superdrug Pharmacy
30 Boots - St Johns Road
31 Boots - Falcon Road
32 The Olde Pharmacy
33 Barkers Chemist
34 Jennings Chemist
35 Krystal Pharmacy
36 Healthchem Battersea
37 ABC Pharmacy Balham
38 Day Lewis Pharmacy - Lavender Hill
39 Boyes WJ Pharmacy
40 Boots - Balham High Road
41 Pharmalite Pharmacy
42 Healthchem Pharmacy
43 Dexpharm Pharmacy
44 Day Lewis Pharmacy - Balham
45 Trinity Pharmacy
46 Nettles Pharmacy
47 Tooting Pharmacy Practice
48 Barkers Chemist - Tooting
49 Day Lewis Pharmacy - Tooting
50 Auckland Rogers Pharmacy
51 Lords Pharmacy
52 Boots - Tooting
53 Barrons Chemists
54 Pearl Pharmacy
55 Saturn Pharmacy
56 C Bradbury Chemist
57 Markrise Pharmacy
58 Fairoak Pharmacy
59 East Hill Pharmacy
60 Well Pharmacy
61 Aura Pharmacy
62 Fairlee Queenstown Pharmacy

Map 4. Pharmacy Chlamydia Screening activity by user postcode

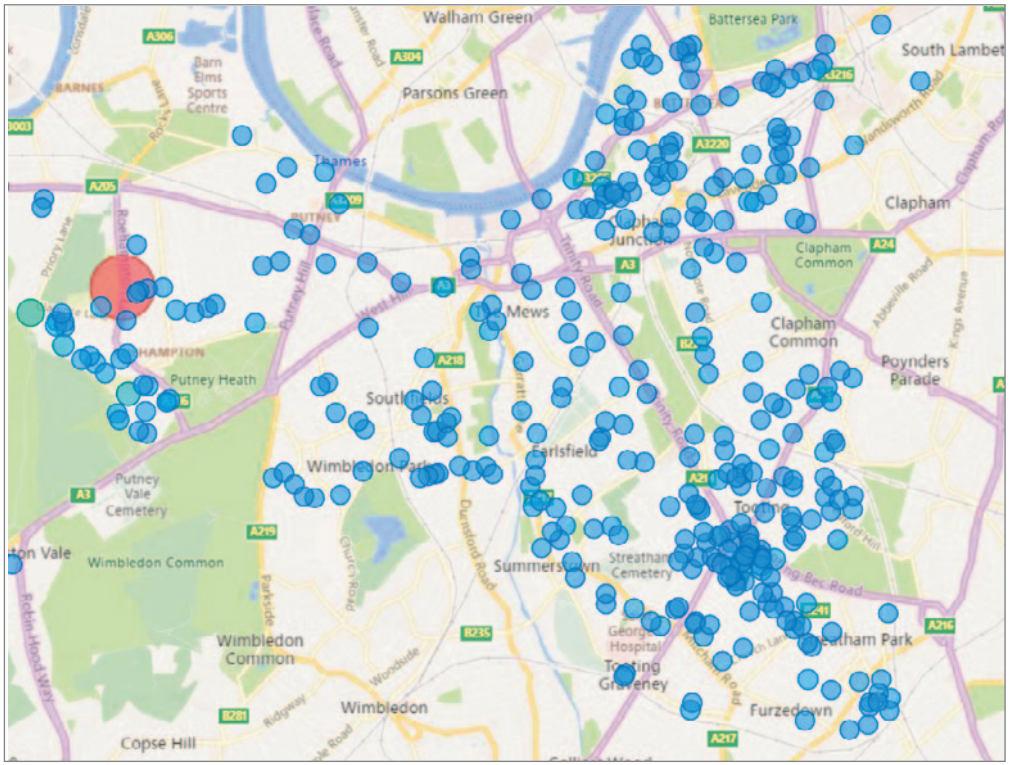


Source 4: Metro

Key:

- 51+ Chlamydia Screening Service Users
- 11 - 50 Chlamydia Screening Service Users
- 1 - 10 Chlamydia Screening Service Users

Map 5 GP surgery Chlamydia Screening activity by user postcode

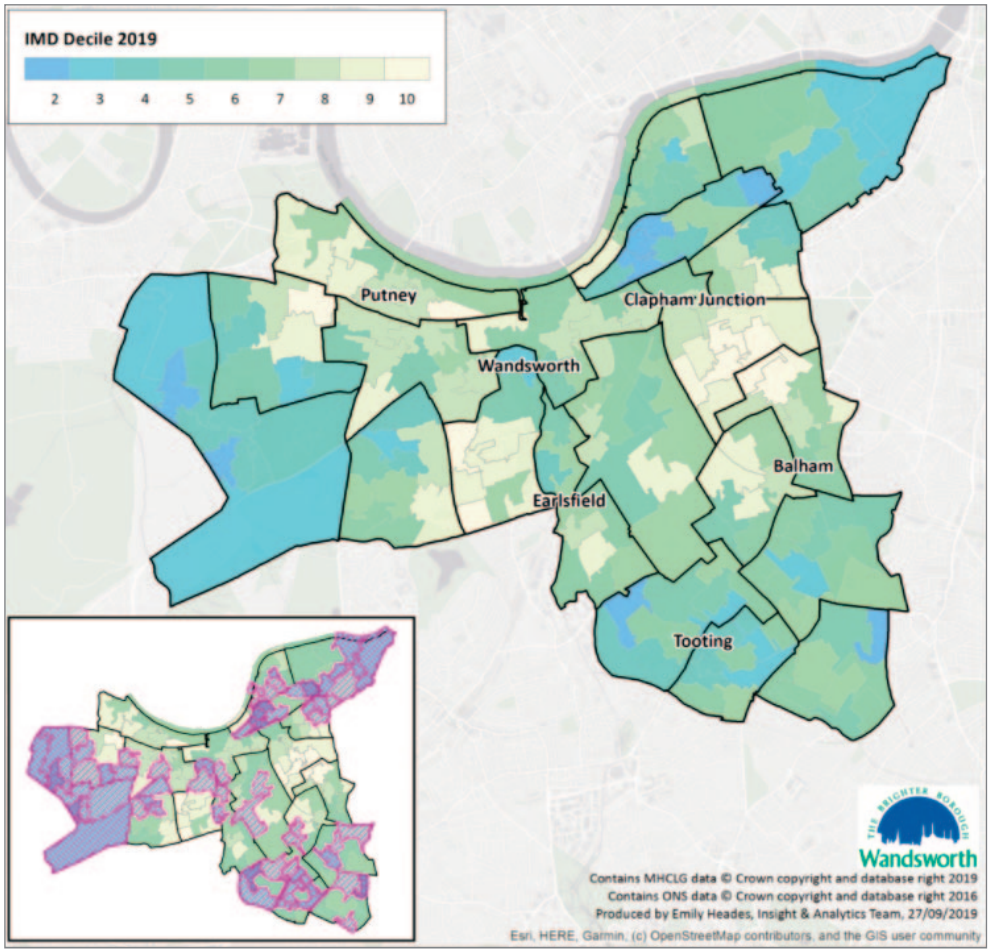


Source 5: Metro Charity

Key:

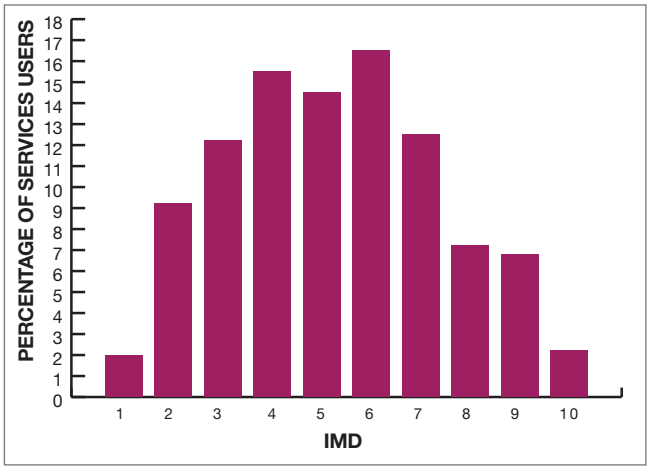
- 51+ Chlamydia Screening Service Users
- 11 - 50 Chlamydia Screening Service Users
- 1 - 10 Chlamydia Screening Service Users

Map 6. Wandsworth LSOAs mapped by IMD decile



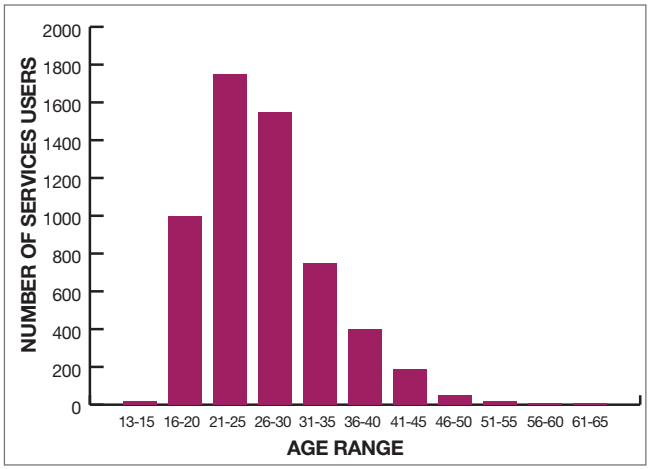
Appendix 4: Charts

Chart 1. Oral-EC activity by user IMD



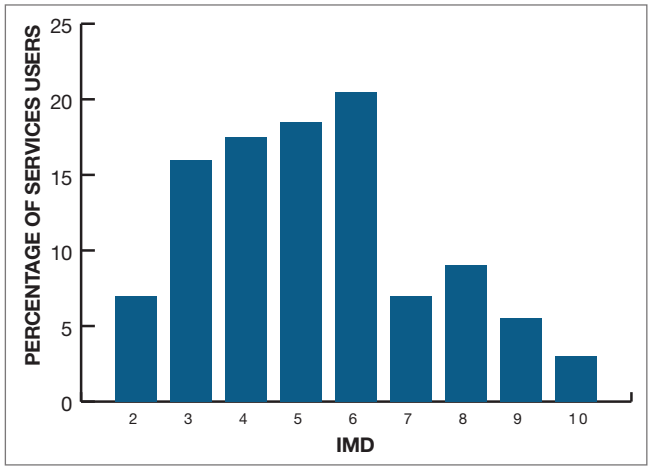
Source 6: PharmOutcomes

Chart 2. Oral-EC activity by age



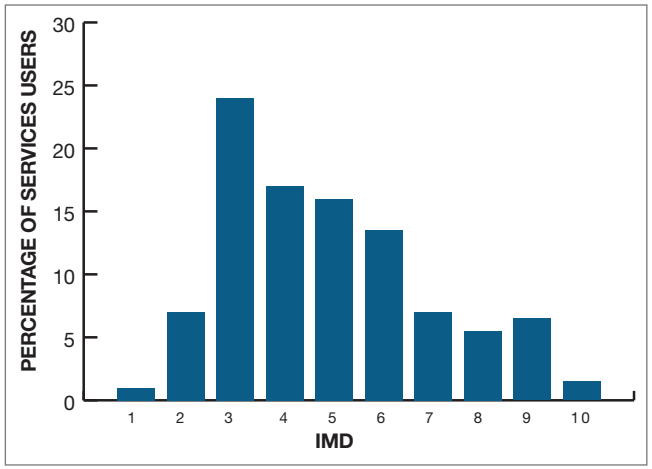
Source 7: PharmOutcomes

Chart 3. Pharmacy Chlamydia Screening activity by user IMD



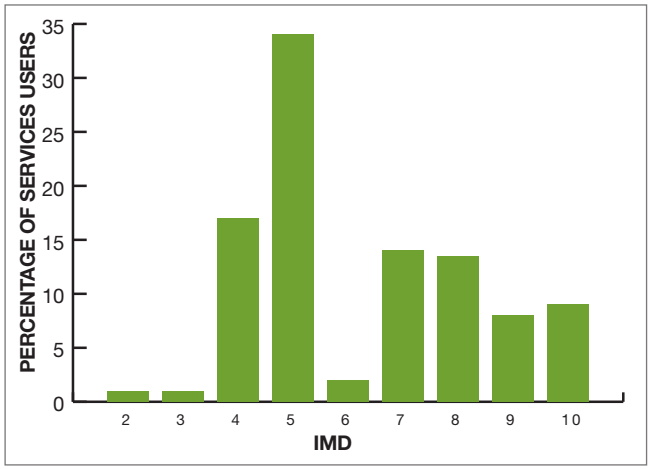
Source 7: Metro Charity

Chart 4. GP surgery Chlamydia Screening activity by user IMD



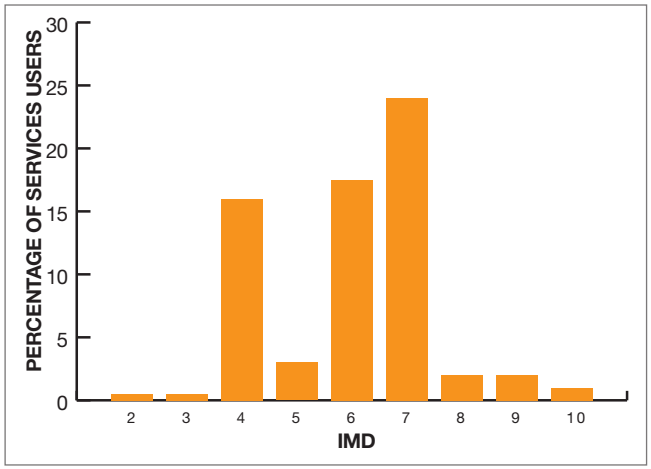
Source 8: Metro Charity

Chart 5. LARC activity by user IMD



Source 8: EMIS

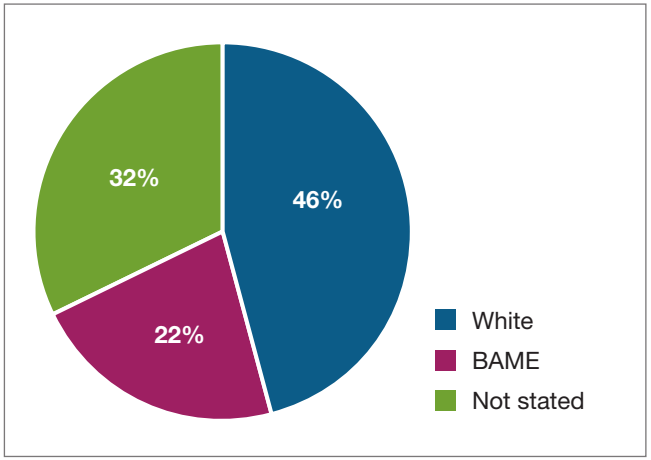
Chart 6. HIV POCT activity by user IMD



Source 9: EMIS

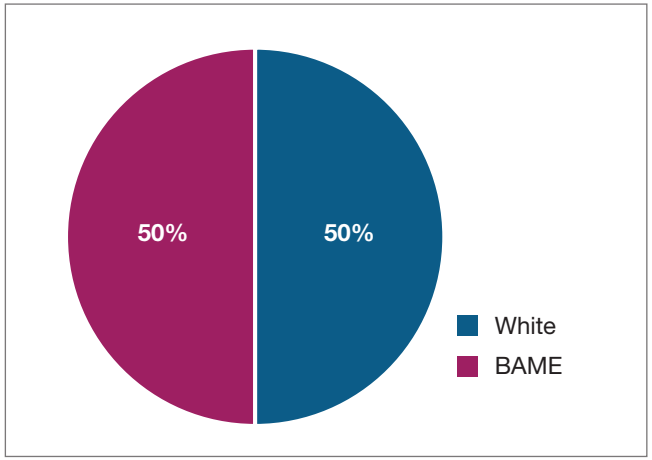
Appendix 5: Pie Charts

Pie 1. Oral-EC activity by user ethnicity



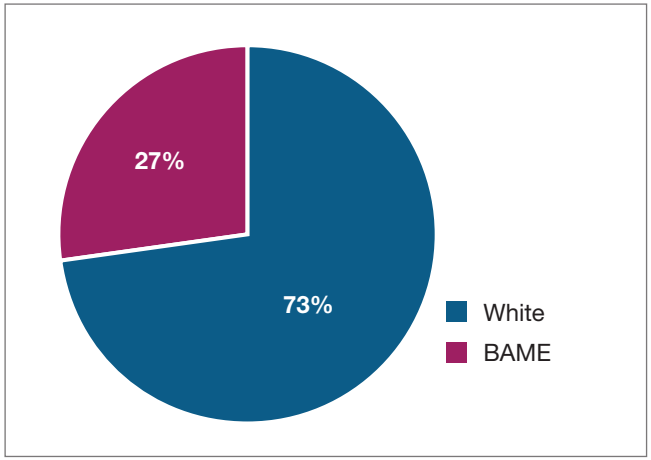
Source 9: PharmaOutcomes

Pie 2. Pharmacy Chlamydia Screening activity by user ethnicity



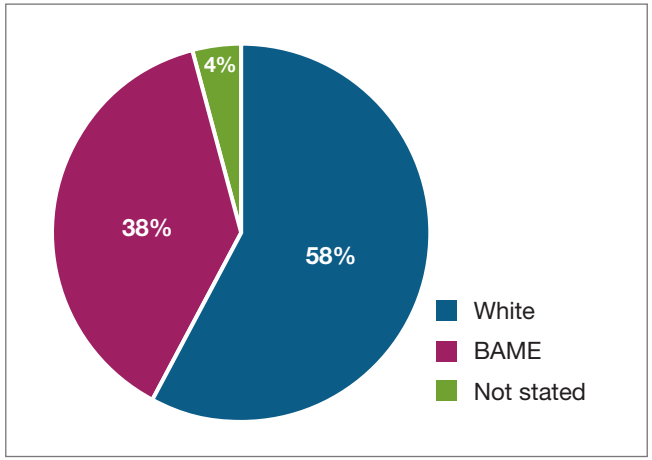
Source 10: Metro Charity

Pie 3. GP surgery Chlamydia Screening activity by user ethnicity



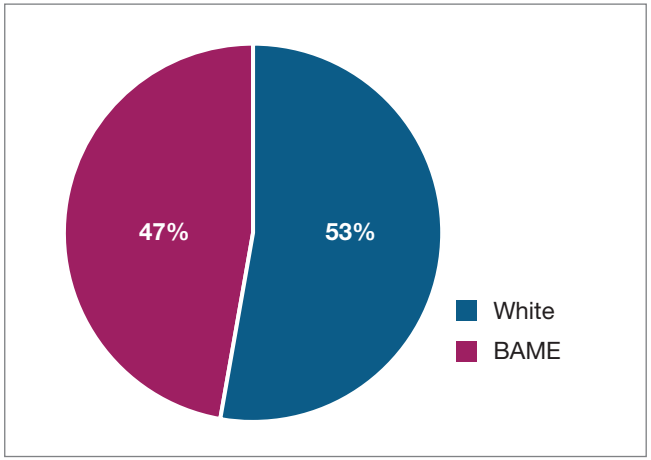
Source 11: Metro Charity

Pie 4. LARC activity by user ethnicity



Source 12: EMIS

Pie 5. HIV POCT activity by user ethnicity



Source 13: EMIS

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