

# Staffordshire Sexual Health Needs Assessment Highlights

Detailed report can be found at [\[enter link\]](#)



# Population Needs

## Staffordshire Population

(2019 mid-year population estimates, Office for National Statistics, Crown copyright)

	All Ages	Young people aged 15-24		Women aged 15-44	
		Number	Proportion of the population	Number	Proportion of the population
Cannock Chase	100,762	10,538	10.5%	18,053	17.9%
East Staffordshire	119,754	12,599	10.5%	20,269	16.9%
Lichfield	104,756	10,413	9.9%	16,612	15.9%
Newcastle-under-Lyme	129,441	17,732	13.7%	24,255	18.7%
South Staffordshire	112,436	11,446	10.2%	16,634	14.8%
Stafford	137,280	13,183	9.6%	22,335	16.3%
Staffordshire Moorlands	98,435	9,615	9.8%	14,806	15.0%
Tamworth	76,696	8,360	10.9%	13,949	18.2%
Staffordshire	879,560	93,886	10.7%	146,913	16.7%
West Midlands	5,934,037	730,119	12.3%	1,106,387	18.6%
England	56,286,961	6,578,095	11.7%	10,571,978	18.8%



The population characteristics of Staffordshire, including the age structure, have important implications for sexual health.



A high proportion of young people live in Newcastle-under-Lyme (likely to be due to Keele University's population)



The population is predominately White British. East Staffs have the largest proportion of people from a minority ethnic group



Only 9% of Staffordshire areas fall in the most deprived fifth of areas nationally



Approximately 22,868 (2.6%) of the Staffordshire population are lesbian, gay or bisexual

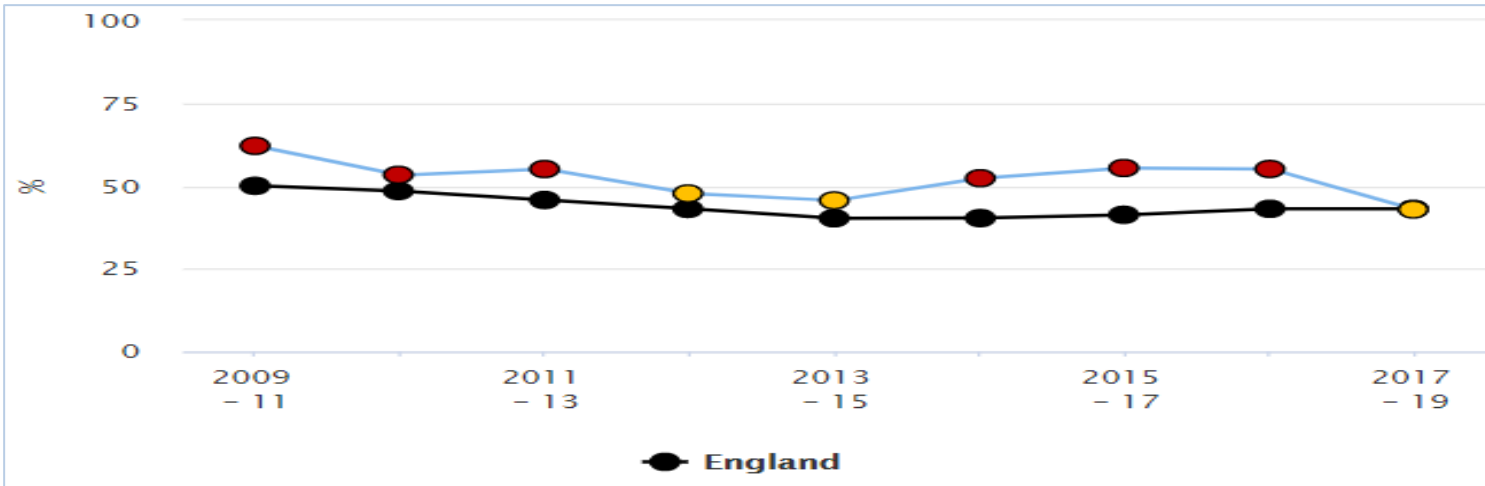


# Human Immunodeficiency Virus (HIV)

## Staffordshire Data

In 2019, the diagnosed prevalence of HIV per 1,000 Staffordshire residents aged 15-59 years was 0.9, better than 2.4 per 1,000 in England

The percentage of late HIV diagnoses made at a late stage of infection in 2017-2019 was 42.9% in Staffordshire, similar to England



## Context

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality

HIV testing remains a significant tool in identifying HIV early, increasing treatment potential and reducing further transmission

## Staffordshire Commissioning Intentions

Core sexual health services will continue to be funded for PreP

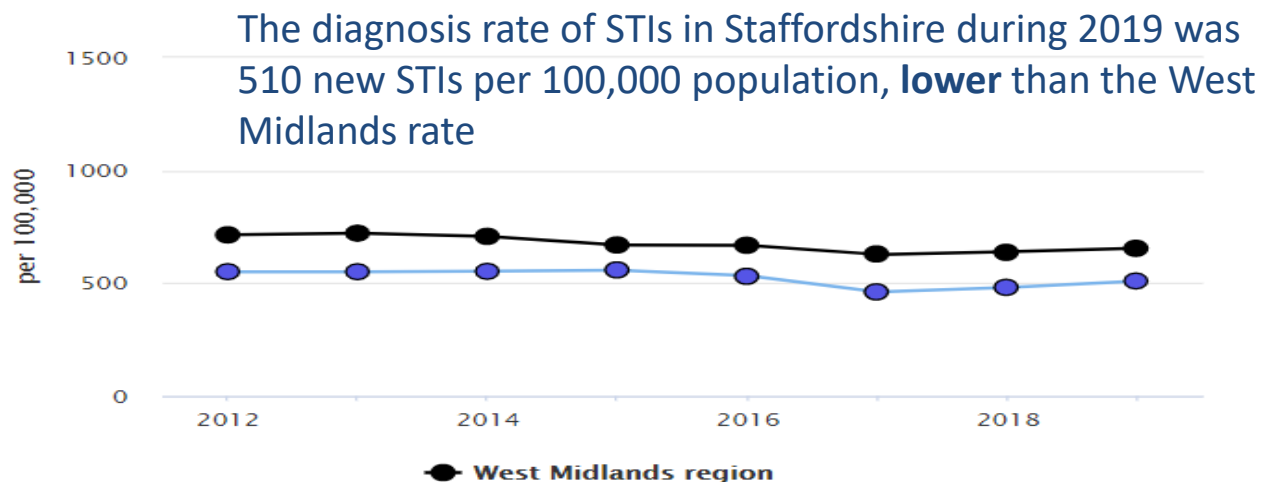
Staffordshire Moorlands and South Staffordshire have higher rates, of late diagnosis of HIV, than the England average (2017-2019) but numbers are small and fluctuations do occur

Quality performance data is a key priority for the future



# Sexually Transmitted Infections (STIs)

## Staffordshire Data



## Context

As STIs are often asymptomatic, frequent screening of risk groups is important

High levels of gonorrhoea transmission are of particular concern due to the emergence of extensively drug resistant gonorrhoea (XDR-NG) in England

## Staffordshire Commissioning Intentions



The chlamydia screening programme has been ceased. Therefore, Providers will be expected to offer chlamydia screening routinely to all patients, regardless of their need



Close monitoring of gonorrhoea and syphilis will be required by the Provider, particularly in the context of drug resistant gonorrhoea




Providers will be expected to facilitate a high standard of testing, timely treatment and effective partner notification for positive cases




# Long Acting Reversible Contraception (LARC)

## Staffordshire Data



The total rate of LARC (excluding injections) prescribed in Staffordshire was 43.8 per 1,000 women aged 15-44 years in 2018/19 lower than the England average




GP prescribed long acting reversible contraception (LARC) rates in 2019 were 30.4 per 1,000 women of reproductive age. This is similar to the national rate of 30.0



Not all Staffordshire GP surgeries deliver a LARC service

## Staffordshire Commissioning Intentions



The new sexual health service contract will include the requirement of a Prime Provider model for LARC delivery within Staffordshire GP surgeries

## Context

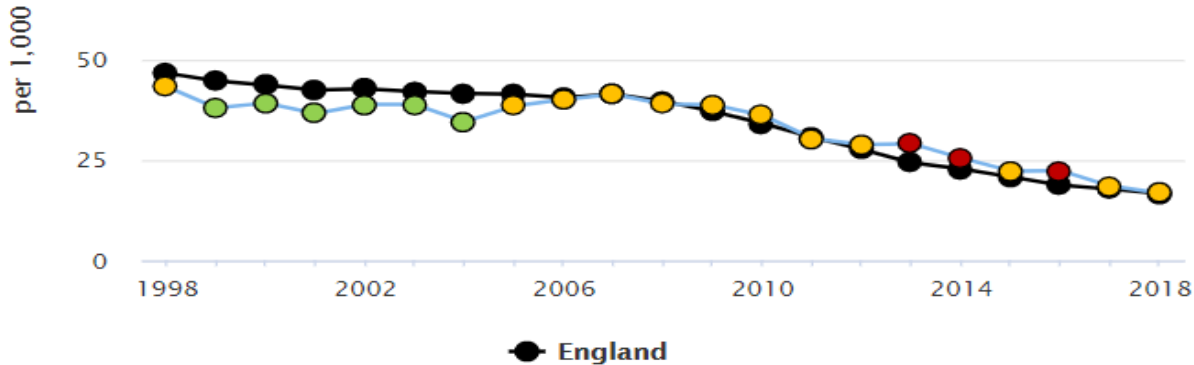
The data for LARC presented on PHE fingertips does not reflect local provision due to differences in local arrangements- please see page 6 of the detailed needs assessment for more information



# Teenage Conception

## Staffordshire Data

In 2018, the under-18s conception rate per 1,000 females aged 15-17 years in Staffordshire was 16.8, similar to the rate in England



## Context

Teenage pregnancy is a cause and consequence of education and health inequality for young parents and their children



From September 2020, new legislation requires secondary schools to provide relationships and sex education



## Staffordshire Commissioning Intentions



Due to the low actual numbers, Staffordshire has seen spikes in recent years in various boroughs, including most recently Tamworth



Staffordshire does not commission sexual health services to directly tackle the causes of teenage pregnancy. However, providers will be encouraged to support local efforts to support young people and, if they choose, to provide commercial services to promote positive sexual health to local education providers

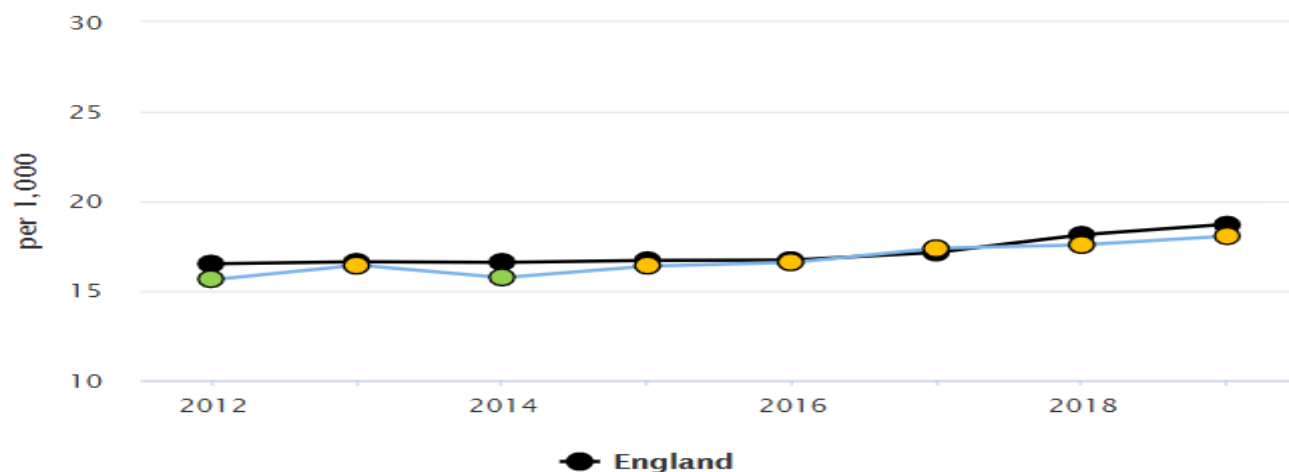


# Abortion Rates


## Staffordshire Data

The % of NHS-funded abortions under 10 weeks was 79.3%, **worse** than the England average of 82.5

In 2019 there were 2,653 terminations of pregnancy, which is a rate of 18.1 per 1,000 women aged 15-44 years old, similar to England



## Context

Abortion rates are calculated and produced by the UK Government via statutory returns 

<https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2019>

The earlier abortions are performed the lower the risk of complications

## Staffordshire Commissioning Intentions



Although abortion services fall out of the scope of sexual health services, Providers will need to adhere to national guidance for any woman in their care for which abortion is an option

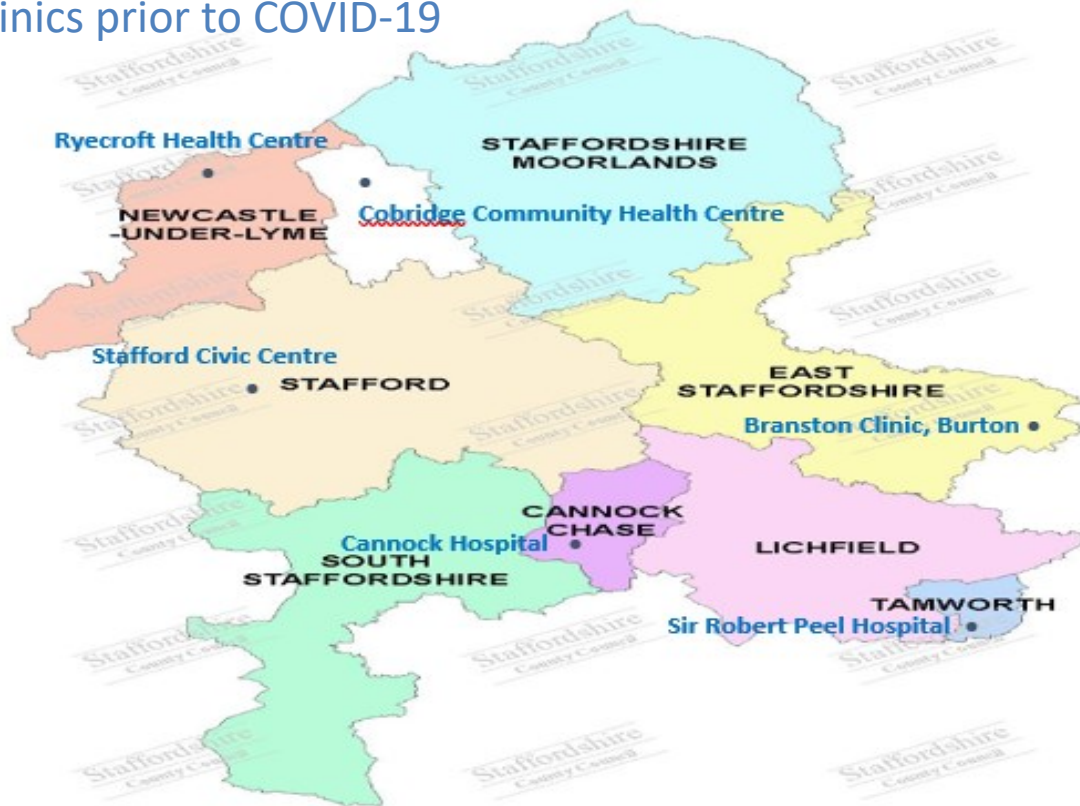


Providers will also be expected to develop effective pathways with sexual assault services and abortion services



# Configuration of Service

Map showing locations of Staffordshire clinics prior to COVID-19



- ✓ Sexual Health Services are universal and operate on an open access basis
- ✓ Level 3 GUM clinics located in Cobridge (shared with Stoke-on-Trent), Stafford, Tamworth and Burton
- ✓ 2 contraception and sexual health clinics (CaSH) in Newcastle-under-Lyme and Cannock (closed for much of 2021)
- ✓ Online testing and treatments
- ✗ No clinics in the districts of Staffordshire Moorlands and South Staffordshire

In addition:

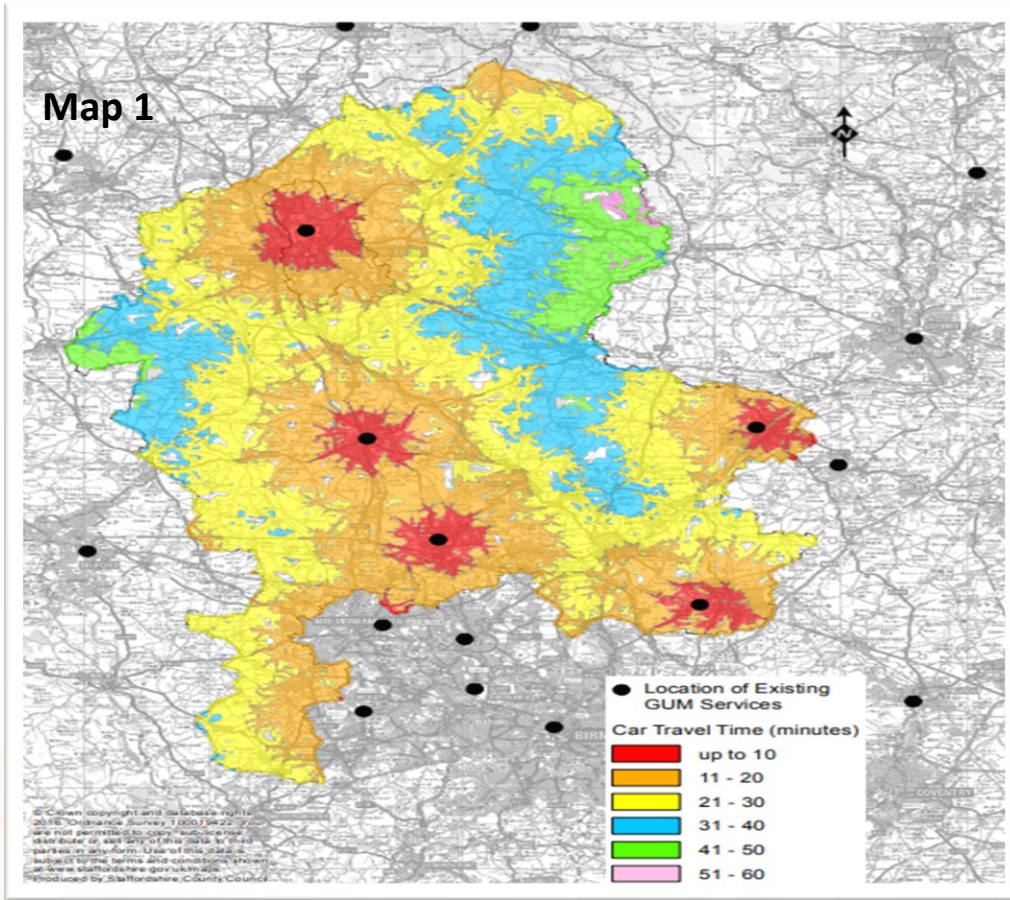
- ✓ Pharmacy led provision of EHC delivered in 78 pharmacies
- ✓ Provision of LARCs within 67 GP surgeries





# Access to Services

Travelling distances to clinics, via car and public transport, can be modelled, with sufficient lead in time, for the successful provider to support planning and understanding of accessibility issues to clinic locations



**Map 1** is an example of a map displaying car travel time to the GUM services, that were operational at the time, and shows that service users were able to travel to a clinic within a maximum of 60 minutes.

A similar map displaying public transport access times to clinics can also be provided.

Example maps can be found at [enter link to website](#)



# Impact of COVID-19 on Service Provision

The impact of COVID-19 led to the service adapting to new ways of working. The Midlands Partnership NHS Foundation Trust (MPFT) set out a restoration plan which outlines how the Service will be restored in line with the Government roadmap and the need to establish a sustainable service model (please see page 14 of detailed Needs Assessment for further information).



During lockdown sexual health clinics were closed to all but urgent need.



Symptomatic and non-symptomatic patients were redirected online and non-essential procedures were cancelled.



Routine procedures, including new, and long acting reversible contraception (LARCs), were cancelled.



GP practices also stopped their provision of LARCs in line with BASHH guidance



# Stakeholder Engagement-Impact of COVID-19 and future provision



Safeguard our vulnerable

Consider using nurses to deliver LARC

Establish relationships with PCNs

Accessibility for young people is critical

Retain walk-ins for those who are vulnerable

Consider using non-registered healthcare professions to provide condoms and self-testing clinics

Continue to deliver a hybrid model of online, telephone and face to face provision



# Impact of COVID-Service User Consultation

What might put you off using a face to face sexual health clinic in the future?

“when the service is only walk in as you could end up waiting a significant time for something quick”

“If not local to me I don't want to have to travel”

What might put you off using an online sexual health service in the future?

“hackers”

“Prefer face to face contact”

“information not accurate and specific to me”



# Summary of Areas of Concern

## Areas of concern-Staffordshire

Late diagnosis of HIV is high (although low numbers)

STI Diagnosis rates are lower than national average

Chlamydia detection rate (requires screening for all, regardless of need)

High rates of teenage conception in Tamworth

% of NHS abortions under 10 weeks

Rural accessibility

Limited prevention programme

Disjointed pathways between services e.g. genital dermatology, psychosexual, abortion services

