Bristol, North Somerset and South Gloucestershire Sexual Health Needs Assessment – 2023 update

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Introduction

Good sexual and reproductive health matters to individuals and communities, whose needs will vary according to a range of physical, emotional, social, cultural and economic factors. There are certain core needs common to all, including the availability of high-quality information and education to make informed decisions, freedom from stigma and discrimination, and access to high quality prevention, testing, diagnostic and treatment services and interventions.

The BNSSG sexual health needs assessment (SHNA) was undertaken throughout 2022 and aimed to identify the sexual health needs of the population and how well these were being met. It brought together a wide range of evidence from published outcomes data and local service data, the views of the public, service users and professionals, and national policy and guidelines. Data analysis by demographics was carried out wherever possible, although the availability of this data was a notable shortcoming. The needs assessment is a key tool that is being used to inform future commissioning intentions.

The full SHNA from 2022 can be read here. This summary provides an update on the key issues identified based on most recently available data since the SHNA was published.

BNSSG: the local context

Bristol, North Somerset and South Gloucestershire (BNSSG) are vibrant and dynamic areas in South West England with a mix of urban and rural populations. Just under a million people live across the three areas. The population is continuing to grow in Bristol, which is more ethnically diverse with a large, young student population. The most recently available data show that across BNSSG there were:

- **3,985 new diagnoses of sexually transmitted infections** (STIs) (excluding chlamydia in <25s) in 2022, an increase from 2,920 in 2021.
- **1,138 chlamydia diagnoses** in young females aged 15-24 in 2022, an increase from 878 in 2021.
- **943 diagnoses of gonorrhoea** in 2022, a 3-fold increase from 300 in 2021.
- **12,145 long-acting reversible contraception (LARC) prescriptions** for coils and implants (2021 data).
- **3,793 EHC consultations in BNSSG pharmacies** (2022/23 data) – a decrease from 5,558 consultations in 2021/22.

- An **estimated 3,636 abortions in 2022** (extrapolated from 6 months of data from January-June 2022), an increase from 3,069 in 2021.

It is important to note that these figures represent the recovery period post-coronavirus (COVID-19) lockdown. The impact of COVID-19 on sexual health services and outcomes in BNSSG can be read in more detail in the 2022 SHNA.

Sexual and reproductive health services

Local authorities are responsible for commissioning integrated sexual and reproductive health services (SRHS) for their local populations, including STI testing and treatment, HIV prevention, sexual health outreach and health promotion, contraception services, including LARC in general practice and EHC in pharmacies. Integrated Care Boards (ICB) are responsible for commissioning abortion services.

Across BNSSG, integrated SRHS and abortion services are collaboratively co-commissioned by the three local authorities and the ICB with Bristol City Council taking the lead. University Hospitals Bristol and Weston Trust (UHBW) is contracted to provide BNSSG's SRHS, which they deliver through Unity – a partnership of several subcontracted providers.

Update on key issues

<u>STI testing and diagnoses fell during COVID but are now increasing, particularly gonorrhoea</u>

Published outcomes data for BNSSG shows that STI testing and new diagnoses (excluding chlamydia in <25s) fell between 2019 and 2021. This reduction in new diagnoses was likely linked to the fall in testing as a result of the COVID-19 pandemic, which led to changes in sexual behaviour and access to tests.

In 2022 there was an increase in STI testing (from 9,078 in 2021 to 9,714 tests in 2022 excluding chlamydia screening in young people) but rates are still well below pre-pandemic levels, and below the rates for England.

New diagnoses have increased, driven particularly by new gonorrhoea cases. Gonorrhoea rates have risen more quickly than expected and to a level greater than that seen before the pandemic, particularly in Bristol. In 2021, 300 diagnoses of gonorrhoea were made in BNSSG. In 2022 this tripled to 943 cases, and local data suggests further increases throughout 2023.

Gonorrhoea is used as a marker for rates of unsafe sexual activity in a population and an indicator of local burden of STIs in general. UKHSA data for the recent surge in gonorrhoea cases across the South West indicates that young people aged 19-23 and men who have sex with men aged 25-34 are particularly at risk.

Syphilis also increased in 2022 and local data suggests that there has been a further increase in 2023. Although the numbers are small compared to gonorrhoea (84 published cases in BNSSG in 2022 with the majority in Bristol residents), untreated syphilis can lead to long term serious health problems.

There are still considerable data discrepancies around STI diagnoses between Unity data and that reported by UKHSA. This will be partly due to the removal of duplications by UKHSA. Partner notification activity remains low with Unity reporting attendances from 1,224 partners notified via the service in 2022.

Uptake of chlamydia screening among young women has increased in Bristol, but the detection rate remains too low

The national chlamydia screening programme now aims to reduce the harms from untreated chlamydia in young women. The chlamydia detection rate in young women aged 15-24 years old fell noticeably across BNSSG from 2019 to 2021 due to the pandemic but increased in 2022 for all local authorities within BNSSG. The rate has been lower than the England average since 2014 and suggests poor awareness of access to and uptake of screening. In 2021 13,200 young people were screened for chlamydia. In 2022 this rose to 14,662 with the increases only seen in Bristol. The distribution of chlamydia screening kits in pharmacies remains very low. In 2023 Unity developed an action plan to address low levels of chlamydia screening.

New STI diagnoses in Black communities in Bristol are lower than expected for the size of the population

Nationally, new diagnoses of selected STIs in people of Black ethnicity were 2.4 times higher than in the whole population, which would be expected to be reflected in the Bristol data, and perhaps more so as the proportion of Bristol's population that is Black is greater (5.9%) than England's (4.2%). However, our local data does not reflect this national picture, suggesting there may be barriers to accessing testing for people from Black communities.

HIV testing in sexual health services has risen but remains very low, especially for women

HIV testing within sexual health services fell across BNSSG between 2019 and 2021 but increased slightly in Bristol and South Gloucestershire in 2022. North Somerset, however, saw a further decline in testing coverage from 34% in 2021 to 30% in 2022. Across BNSSG, testing coverage is particularly low in women, ranging from 23% in North Somerset to 33% in Bristol.

The national HIV action plan aims to end new HIV transmissions by 2030, with increased testing a key pillar of this plan. Locally, Bristol is an HIV Fast Track City, which aims to deliver on the national HIV action plan and the UNAIDS 95:95:95 targets. There is a focus on improving testing for the population through a number of initiatives including raising awareness of HIV, placing four STI and HIV test vending machines in public venues across

BNSSG (these includes self-tests for HIV). In addition, there has been local lobbying of national government to release funding to high HIV prevalence areas, such as Bristol, to offer HIV and other blood borne virus opt-out testing in emergency departments, which has proven successful in emergency departments in areas of very high prevalence. In November 2023, it was announced that Bristol would be one of a number of areas funded to trial BBV testing in emergency departments.[1]

The number of new HIV diagnoses for 2022 is currently unknown

The number of new cases of HIV reported in BNSSG, whether diagnosed in the UK or abroad, was reported to have significantly reduced in 2022 by UKHSA. Further to discussions with UKHSA it is confirmed that this data is incorrect. UKHSA will endeavour to work with the HIV treatment provider to rectify this.

The proportion of HIV cases diagnosed late is high

Although the number of new diagnoses of HIV has fallen over the past few years, many of those diagnosed are diagnosed late and therefore the proportion of those diagnosed late has risen. The data on late diagnoses in 2022 is not available (see above). In England, those diagnosed late in 2019 had more than a 7-fold increased risk of death within a year of diagnosis compared to those diagnosed promptly. A late look back exercise in both acute trusts has identified that amongst those diagnosed late, there were several missed opportunities where people could have been diagnosed earlier.

PrEP access has improved but is still not reaching some groups

PrEP prescribing increased from 865 people in 2021 to 1,311 in 2022 across BNSSG according to national data sources. However, access via Unity clinics remains almost solely by gay, bisexual and other men who have sex with men (GBMSM) and transgender women. The vast majority of patients are from a white background, and very few females have attended. In 2022 around 71% of those people who are estimated to have a need for PrEP attended services in BNSSG. The majority of these were Bristol residents. In 2023, this has equated to around 200 attendances at Unity clinics per month. Patients are now able to book appointments for PrEP online and the waiting list issues have resolved.

LARC prescribing has made a good recovery across BNSSG although variability in access and barriers to LARC training remain

BNSSG has a history of high LARC delivery, and most is prescribed in GP surgeries. In 2021 around 12,145 coils and implants were prescribed, with 10,676 of these prescriptions undertaken by GP practices. Findings from a recent GP LARC audit revealed that in 2022/23, the number of clinicians providing LARC increased on the previous two years, and that waiting times for coil and implant fits decreased on the previous year. As a result, the number of coils and implants fitted in surgeries in BNSSG in 2022/23 increased. However this masks a number of inequalities. Overall, LARC rates in South Gloucestershire are lower

[1] New research into expansion of life-saving HIV testing programme - GOV.UK (www.gov.uk)

than for Bristol and North Somerset, and within Bristol particularly local data suggests there is a significant variation between practices with a some unable to provide services. Delivery through a PCN model is being piloted in Bristol to address these inequalities in access for this essential service. A lot of surgeries cited ongoing barriers to completing LARC training including access to supervision and lack of time or staff to cover. LARC fitting activity in Unity SRH services is much lower than in primary care and is focused on complex fits. LARC fitting in Unity has been falling since 2016. National data for 2022 are not yet published.

Condom uptake has decreased significantly among young people

Uptake of free condoms across community and specialist services, and through the C-Card scheme, has decreased significantly across BNSSG, posing a risk to safe sex practices in terms of preventing unwanted pregnancies and STIs. This has also been impacted by increasing numbers of community pharmacy closures across BNSSG, as community pharmacies are commissioned to register young people on to the C-Card condom distribution scheme and give them free condoms. Bristol is now providing digital registration for C-Card.

Teenage conceptions remain low but there is variation at ward level

Teenage conceptions have fallen significantly since 2008 in BNSSG; however, the most current data available appear to show signs of a slight increase in Bristol during the last two reported quarters to June 2021. Despite the low rates of teenage conceptions in BNSSG, there is variation within the local authority areas, with higher than England rates of under-18s conceptions found in Weston-Super-Mare South and Weston-Super-Mare Hillside wards in North Somerset, and in Filwood ward in Bristol in 2018-2020.

There is a lack of awareness of local sexual health services

Data from Bristol's Pupil Voice survey 2022 found that 47% of Year 10 pupils said they know where they would go if they needed a contraception/sexual health service (54% in 2019). Only 24% of all year 10 pupils were aware of local Brook sexual health services (41% in 2019), and rather fewer (less than 10%) were aware of Unity. South Gloucestershire young people suggested that online services were preferable for young people.

Our wider survey revealed that many people felt that there was a lack of awareness about Unity services. The website was considered outdated, clunky and difficult to navigate and often did not communicate the information needed by people. A lack of adequate social media presence was considered a key issue preventing full engagement with the public.

RSE is now statutory but may still not be meeting needs

Relationships and sex education (RSE) in schools has been statutory since 2020, but the quality of this education may not be meeting the needs of all our young people. The Bristol Pupil Voice survey found that 15% of secondary school pupils found lessons on sex, relationships and STIs not useful at all. After school lessons, as young people get older, they

turn more to their friends instead of their parents as their main source of sexual health knowledge. The combined role of the internet, TV, films and porn as a source of information was also high.

Emergency hormonal contraception (EHC) has reduced

Over the last few years the provision of free EHC in pharmacies, general practice and Unity services has fallen. Although the pandemic may have restricted access, the reasons for the ongoing reduction are not fully understood.

Pharmacy data provides an insight into the risk behaviours of individuals seeking EHC as, across BNSSG in 2021-22, 62% of all 5,558 consultations in people aged <25 were requesting EHC after not using contraception and 30% after condom failure. Furthermore, 18% had already used EHC in the previous 3 months.

Access to emergency coils is variable across BNSSG

Copper coils are the most effective form of emergency contraception. There are greater proportions of coils provided by Unity as emergency contraception in Bristol than elsewhere in BNSSG. Access to emergency coils is poor in more rural areas of BNSSG, more deprived areas and for minoritised ethnic groups.

Provisional abortion data for the first 6 months of 2022 indicates a notable increase in the number of abortions

Provisional abortion statistics report that there were a total of 1,818 abortions in BNSSG between January to June 2022, of which 39% were in people under the age of 25. This 6-month total, if doubled for an indication of the possible total for the full year, suggests that BNSSG is on track to have had more than 3,600 abortions in 2022, compared to 3,069 in 2021. This indicates a potential increase of 18% and is reflected nationally.

There are several possible reasons that could result in an increase in abortions, including the cost of living crisis, but there are also concerns around access to contraception and EHC. For some young women it is suggested that their reluctance to use hormonal contraception and reliance on natural methods of family planning may be contributing.

Access to contraception following abortion or birth is low

Although all women should be provided with post-termination contraception, with the changes to processes such as many abortions now taking place at home, data suggests this is not always happening across abortion services in BNSSG with almost half of women not receiving contraception.

In addition, in line with national guidance, pregnant women should be provided with antenatal contraception counselling and access to their chosen contraception immediately post-partum to prevent short interpregnancy intervals. This is not delivered in most areas, but a pilot of post-partum contraception is underway in BNSSG.

Access to specialist sexual health services is challenging

In recent public feedback about ISHS across BNSSG, collected via a survey of 643 respondents in summer 2022, 42% of all respondents were positive about staff and the service in general, but 43% had negative feedback about appointments, location of services and accessibility.

The survey findings were also echoed in a series of semi-structured interviews conducted with healthcare staff, in which there was almost universal agreement that once patients get into the Unity service they receive a high quality, safe and effective service from a multidisciplinary team that works well together. However, several significant issues were highlighted by these interviews, including that access to services is a problem particularly for the most vulnerable clients who need additional support.

Difficulties in accessing Unity include the lack of an online appointment booking system, a telephone triage service that has extensive waiting times resulting in patients not always getting through. Whilst there has been some improvement in 2023 around the re-opening of community clinics, South Gloucestershire residents still have less access to services than prior to the pandemic.

Targeted community engagement finds that a range of sexual health access options are required

Since the SHNA was completed further targeted community engagement has been undertaken, via anonymous survey and group sessions, during the summer of 2023 to find out how communities that are most at risk of poor sexual and reproductive health outcomes want to access services. The communities engaged with were:

1. LGBTQ+ young people
2. LGBTQ+ people
3. Gypsy, Roma and Traveller people
4. African and Caribbean heritage communities
5. Sex workers
6. Disabled young people with learning difficulties
7. Care-experienced young people
8. Looked after children
9. Drugs and alcohol service users
10. Migrants, asylum-seekers and refugees
11. Homeless people

For the majority of survey respondents online was the preferred route for accessing free condoms and STI test kits, while an in-person booked appointment at a local sexual health clinic was the preferred route for accessing contraception services, treatment for STIs, HIV prevention and testing services, and abortion and pregnancy options services. Most respondents preferred to be able to access clinics on weekdays from 5-8pm and weekends

from 9am-5pm. Access to services via telephone was consistently ranked the least preferred method across all groups.

It should be noted, however, that the vast majority of respondents were from the LGBTQ+ community, which may bias the findings slightly. The findings for each individual community provide greater insight to access requirements, such as for Gypsy, Roma and Traveller groups and homeless people, who responded that they would approach their GP for STI testing and treatment, contraception and HIV prevention and testing. There was also a clear need for walk-in services, particularly among sex workers, African and Caribbean heritage communities and disabled young people with learning difficulties.

New national service specifications for integrated sexual health services and abortion care have been published

In March 2023 a new service specification covering the specialist integrated sexual health services that local authorities are responsible for commissioning was published. It replaced a previous specification from 2013 that did not adequately reflect the considerable changes in service delivery brought about by the COVID-19 pandemic and other new developments. The new specification includes references to the changes in service delivery to prioritise access to physical clinics for those in greatest need, as well as increasing remote and online provision. It also reflects the developments in the commissioning of HIV PrEP and the changes to the National Chlamydia Screening Programme.

The new national service specification for NHS abortion care was published in November 2022. It provides a resource for commissioners that includes the latest guidance and experience from clinical experts, to help ensure abortion care is commissioned using evidence-based principles. It is grounded in the core values of the NHS, including the choice framework and the need to implement sustainable, cost-effective care pathways, reflecting the drive for world-class commissioning in the NHS.

Recommendations for commissioners

SRHS for the increasing and increasingly diverse BNSSG population

- The population of BNSSG is growing and projected to increase in size by 6% in 2030; SRHS need to be aware of predicted changes and adaptable to meet rising future demand.
- The ethnic diversity of Bristol's population continues to increase, especially in younger groups. The SRHS workforce should be trained to understand the impact of racial injustices and strive to be representative of the population it serves. They should continue to work with these communities to support greater access from minoritised ethnic communities.
- Service user engagement needs to be meaningfully and significantly increased

Prevention, health promotion and outreach

- Prevention needs to be integrated throughout our sexual health system to improve sexual wellbeing, and to reduce repeat presentations and poor outcomes (such as STIs and the consequences of STIs, and unplanned pregnancies), particularly for those in high-risk groups.
- There is a need to promote much greater awareness of SRHS in BNSSG. This should include a strong social media presence, and an accessible, highly publicised and informative website which empowers service users to look after their own sexual health and to know when and how to seek help.
- High quality RSE has been shown to be effective. Locally we need to understand better what is being delivered and whether it is meeting our children's needs. RSE lessons at schools should include information about local services and how to access them as a priority.
- There is a need for closer working with public health nursing services in schools to improve the sexual health outcomes of young people especially in areas where teenage pregnancies remain high.
- Repeat abortions in under 25s have increased suggesting a lack of access to good quality contraceptive services and advice for younger people. SRHS need to provide services that are friendly and approachable for young people, available in a range of settings.
- SRHS need to provide outreach services that engage with a wide range of vulnerable groups, broadening out from a focus on GBMSM.
- Health promotion efforts should:
    - take a 'sex-positive' approach, focusing on building confidence in making informed choices and consent.
    - respond to changing cultures (including the increasing use of natural cycles by young people rather than using hormonal methods)
    - Take full advantage of technical developments, such as social media
    - Address increasing concerns around on-line porn, and on-line exploitation and the impact on young people.
- Education around sexual health should also be targeted at parents and the wider community, not just those who may benefit from accessing the service themselves.

<u>Increasing access to services</u>

- Community and outreach clinics should be situated according to need, appropriateness of setting and offering accessible opening hours to the local population. This should include the consideration of the large student population within BNSSG.
- There is evidence of low uptake of SRHS by Black people and those living in the most deprived areas in Bristol. Services need to work with communities to ensure they are accessible and welcoming to all high risk and equalities groups and promote their services appropriately.

- Tailored support to access specialist and community services including walk in services should be offered to the groups most at risk of poor sexual and reproductive health outcomes, including:
    - people involved in sex work
    - people with physical and learning difficulties
    - people of African and Caribbean heritage
    - LGBTQ+
    - homeless people
    - young people
- Findings from the SHNA revealed negative feedback about appointments, location of services and accessibility:
    - access to a range of sexual and reproductive health services via digital (online) routes should be increased.
    - SRHS need to be accessible at times of the day and week that will have highest demand, including Saturdays and Sundays.
    - walk-in sessions should be available to ensure that those most at risk can access services quickly when needed.
    - different appointment booking methods should be available, including telephone and online.
    - the long waiting times reported for telephone access to Unity services should be addressed as soon as possible.

<u>STI and HIV service provision</u>

- STI testing has increased but appears still to be lower than other areas in England following the pandemic. Access to online testing needs to be improved to ensure that people can be tested and treated rapidly. Process issues that hinder the timeliness of this service need to be addressed. Testing needs to be widely available through outreach settings.
- Increasing diagnoses of STIs such as gonorrhoea are a concern Ongoing monitoring of this data in collaboration with UKHSA is needed, and services should work directly with service users to ensure interventions are appropriate and accessible.
- Partner notification is a key part of reducing transmission of STIs. Further work needs to be undertaken to ensure that this can be provided across our health system, regardless of where the test was performed.
- Services should continue to focus efforts to increase Chlamydia screening in 15–24-year-old women and ensure that testing kits are widely available.
- HIV testing is particularly low among women and heterosexual men, who should be consistently offered an HIV test upon every attendance at SRHS (opt out rather than opt in). More work is needed by the provider to understand the barriers and facilitators for non-GBMSM men and women to accessing HIV testing and to implement interventions to address this.

- Commissioners and providers should work collaboratively to implement Blood Borne Virus opt out testing within Bristol hospitals.
- An increased focus on HIV testing is particularly important following the increase in the proportion of late diagnosis of HIV. Initiatives such as Common Ambition Bristol are key in reducing stigma and promoting the importance of testing in a culturally competent way within African and Caribbean heritage communities.
- PrEP needs to be widely promoted and available beyond specialist SRHS settings.
- PrEP uptake for those not currently accessing it (including women and people of Black African heritage) needs to be explored and addressed.
- Opportunities to address the separation of provision sexual health and HIV treatment services should be explored by the BNSSG ICS, especially considering future delegation of HIV treatment to BNSSG ICB from NHSE.

<u>Reproductive health service provision</u>

- The potential role of LARC PCN hubs further should be considered to address inequity.
- Consideration should be given to how LARC training can be incentivised for practice nurses.
- LARC training should be made available for all clinicians needing this skill (including in maternity services), to encourage equitable and timely access to this most effective form of contraception.
- LARC delivery should be considered as well as care for menopause and heavy menstrual bleeding as part of the BNSSG response to the Women's Health Strategy for England.
- Access to emergency IUDs in North Somerset and South Gloucestershire needs to be improved beyond central Bristol.
- Local authority teenage pregnancy data should be monitored quarterly, and a review of potential actions to address areas where teenage pregnancy rates are high should be considered in North Somerset and Bristol.
- A collaborative and digitised approach to condom distribution across BNSSG is recommended to address the significant decrease in condom uptake in young people, particularly in relation to the C-Card scheme.
- Access to abortions for women in North Somerset need to be addressed to ensure they have the full choice of accessible options.
- All women undergoing an abortion should be provided with advice and their choice of contraception at the time (or soon after) an abortion.
- All women should be provided with advice and their choice of contraception soon after the delivery of their baby.
- Where appropriate (such as when LARC is removed, or women choose less effective or no contraception methods) women should be offered pre-conception advice.

Improving data quality

- There are a number of concerns regarding Unity data quality and transparency which has limited our understanding of local sexual health needs in BNSSG. The following recommendations should be actioned as soon as practicable:
    - service data should include numbers of unique attendees, episodes of care, methods of consultation, types of appointments, repeat attendees.
    - attendance data should be treated separately to online STI test requests.
    - demographic data should be available for all performance reporting, including ethnicity and sexual orientation. This is vital to understand need and address inequalities.
- Where possible, the same electronic record should follow the service user along the integrated SRHS pathway to ensure that records are comprehensive and readily accessible by health professionals working in different parts of the SRHS.
- Data discrepancies between published outcomes, GUMCAD and Unity reports need to be explored further by providers, supported by commissioners.

System

- There needs to be a clear, shared strategic vision and goals for sexual and reproductive health across the system.
- Implications of the Women's Health Strategy and how services can be provided more seamlessly for women in BNSSG is a key priority.
- Effective collaborative working across between providers, between providers and commissioners and between commissioners needs to be promoted and supported.
- Audit, evaluation and research should continue to be an important element of improving sexual health including within SRHS. See the full SHNA for a list of the areas that may benefit from further research or exploration.