



**Annual Report of the Director of Public Health
2015- 2016**

Sexual Health, Reproductive Health and HIV in Sutton



Foreword

The Health and Social Care Act 2012 signalled the transition of Public Health from Primary Care Trusts (PCTs) back into local authorities in April 2013. This historic shift re-established a relationship with councils that had not existed since 1974. Public Health impacts on the work of Local Authorities in many complex and inter-related ways and this move offers exciting opportunities for Directors of Public Health and their teams.

Sutton Public Health commissions a number of key services for residents:

- Sexual and reproductive health
- Drug and alcohol
- Children's public health services (0-19 years)
- Healthy lifestyles services

In 2015 several of these key contracts were re-procured with new services for sexual and reproductive health, healthy lifestyles, drug and alcohol services and children's services starting on the 1st April 2016. A priority of these procurements was to provide integrated safe and high quality care for residents. For example the newly commissioned integrated children's services for 0-19 year olds (health visiting, school nursing, National Child Measurement Programme, family weight management services and Family Nurse Partnership) will be based in local Children's Centres and co-located with the local authority children's services (early intervention and troubled families services), to develop multiagency working.

This year I have chosen to focus my report on the innovative developments that we have made in sexual and reproductive health services. Sutton is the first London borough to move to the Integrated Sexual Health Tariff. This payment system, which was developed by the London Sexual Health Programme, will improve the quality of information and data available to commissioners allowing us to continuously improve the quality of services that our residents receive.¹

Sexual Health, Reproductive Health and HIV

There have been significant changes to the commissioning of sexual health (SH), reproductive health (RH) and human immunodeficiency virus (HIV) services following the implementation of the Health and Social Care Act, 2012. The Act separated commissioning responsibilities between a number of different organisations,² creating national concern that care pathways had become fragmented by commissioning silos that didn't reflect the needs of service users.³

¹ Integrated Sexual Health Tariff website accessible at <http://sexualhealthtariff.pathwayanalytics.com/about-the-integrated-tariff/background>

² Sexual health services, STI testing, HIV testing, partner notification and contraception services are commissioned by Public Health teams based in Local Authorities (LA), abortion services are commissioned by Clinical Commissioning Groups (CCGs) and specialist services, for the treatment of HIV, are commissioned nationally by NHS England.

³ Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV and Breaking down the barriers: the need for accountability and integration in sexual health, reproductive health

To better understand whether or not this was the case in Sutton a review of local services was carried out 2015,⁴ working with Sutton CCG and NHS England. The findings highlighted the complexity that existed within the borough with a large number of commissioners, providers, IT systems, datasets and contracting arrangements. Although not unique to Sutton, the situation was that arrangements were:

- Fragmenting patient journeys through a range of sexual health services;
- Reducing the availability of good-quality intelligence to monitor services, outcomes and review clinical governance processes;
- Providing commissioners insufficient information to estimate the total cost of delivering sexual healthcare in Sutton.
- Making it difficult to evaluate how successfully services were engaging people from vulnerable communities at higher risk of poor sexual health, and to gather their feedback and experience.

These findings highlighted the need for Sutton Council to think differently to tackle these challenges. The solution that we have devised, based on a needs assessment and review of services, is a collaborative place-based approach that aligns budgets and the strategic planning and commissioning of services.⁵ Our vision will take time to realise and embed but we are optimistic that these exciting developments will benefit our residents and provide a replicable model that can be used elsewhere in the country.

The new services will include:

- Integrated sexual and reproductive health service (contraception and sexual health (CaSH) service, genitourinary medicine (GUM) service, outreach and delivery of the National Chlamydia Screening Programme (NCSP)).
- HIV prevention and support in collaboration with South West London partners.
- An enhanced GP service delivered in partnership with Sutton CCG (Long acting reversible contraception (LARC) for menorrhagia and contraception, Chlamydia testing, condom scheme for young people (C-Card), annual contraception review, HIV testing and a new pathway for contraception review following an abortion).
- An enhanced pharmacy service (Emergency hormonal contraception, chlamydia testing and treatment, C-Card and HIV testing).

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Director of Public Health, Sutton Council

and HIV services in England: All Party Parliamentary Group on Sexual and Reproductive Health in the UK (2015).

⁴ Sexual Health, Reproductive Health and HIV Needs Assessment for the London Borough of Sutton.

⁵ This joined up commissioning arrangement could leave each organisation responsible for their respective budgets (e.g. Making it Work, Case Study 1) or could involve using pooled budgets and/or a section 75 agreement. (A Framework for Sexual Health Improvement in England (2013) Department of Health).



1 Background

This report sets out the profile of needs around sexual and reproductive health planning in the borough, and describes how new changes to services will address these issues.

Within the context of needs around sexual health, Sutton is likely to see an **increase in demand** for contraceptive services, growth in HIV diagnoses and sexually transmitted infections (STIs) that may be exacerbated by changes in the population profile of the borough. This growth will happen at a time when NHS and local authorities are facing financial constraint and uncertainty about the Public Health Grant.

2 Introduction

The London borough of Sutton comprises 18 electoral wards. The most recent population estimate was 198,134 residents (ONS 2014). The table below provides a breakdown of the population by age group.

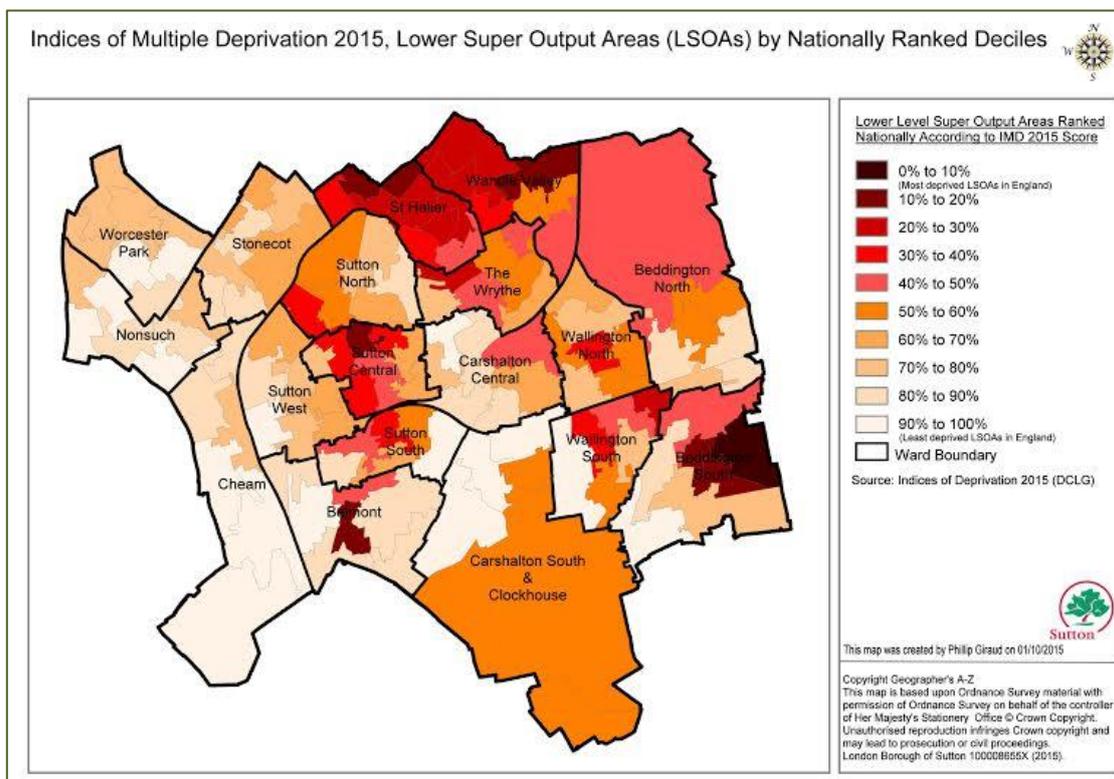
Population of Sutton by age and sex (ONS 2014)						
	PERSONS		MALES		FEMALES	
	Number	%	Number	%	Number	%
Total all ages	198,134	100	96,508	100	101,626	100
15-24 years	21,657	10.9	11,034	11.4	10,623	10.5
25-49 years	74,502	37.6	35,936	37.2	38,566	37.9

According to ONS projections, Sutton’s population will increase by around 14.3% from 2012 to 2022, which is a higher rate of increase than for either London (13%) or England (7.2%). Amongst 15-24 year olds, however, the population is projected to fall by 5% while the 25-44 year old age group is projected to increase by 9.3%.

Sutton is a **moderately affluent borough** and overall levels of deprivation have not changed significantly over time. However there are marked differences within the borough with small areas of Sutton becoming more deprived compared with the rest of England. Sutton ranks **196 out of England’s 326 boroughs** according to the Index of Multiple Deprivation.⁶

Sutton wards with areas in the **most deprived quintile** are Beddington South, Belmont, Wandle Valley, St Helier and Sutton Central. The map below shows the Index of Multiple Deprivation (2015) by Lower Super Output area (LSOA). (LSOAs are homogenous small geographical areas of a relatively even size comprising around 1,500 people or 650 households).

⁶ (where 1 is the most deprived and 326 is the least deprived)



Sutton has become **increasingly more ethnically diverse** over the last decade. In the 2001 census 11% of the population were of Black and Minority Ethnicity (BME). By 2011 the census indicated that 21% of people living in Sutton were BME. This is a lower proportion than for London overall (40%), but higher than that of England (15%).

What does this mean for Sutton – Population

Within Sutton there is variation in the distribution of vulnerable population groups, including those in highest need for sexual health (SH), reproductive health (RH) and HIV services.

Sutton's population is projected to increase by around 14.3% from 2012 to 2022, which is a higher rate of increase than for either London (13%) or England (7.2%).

3 What are the issues for sexual health and reproductive health in Sutton?

As described in Section 2, overall Sutton is a moderately affluent borough. However, health inequalities persist within small pockets of the community. With respect to sexual and reproductive health a number of issues need to be addressed and these are described in further detail below.



Reproductive health

Teenage conceptions

- Sutton's rates of teenage conceptions have fallen in recent years since 2008. Rates in the borough are now lower than the national average and similar to London. However, within Sutton there is an unequal distribution of under 18 conceptions. In general higher conception rates tend to be related to deprivation.
- Over time there have been an increasing proportion of teenage conceptions ending in abortion, higher than the national rate and similar to London. However, there was a decrease in the latest year. This should continue to be monitored.

Contraception

- The most common medical method of contraception in Sutton is oral contraception.
- Sutton GPs have low prescribing rates for long acting reversible contraception (LARC).
- Male condoms cannot be prescribed in general practice⁷ and data suggests that condoms are not being prescribed along with other contraceptive prescriptions from CaSH (NICE Guidance)

Abortion

- The overall abortion rate in Sutton is **higher** than the national average, though lower than the London average.
- Access to abortion services appears to be good. The proportion of abortions performed at under 10 weeks gestation is higher than for comparators.
- The high proportion of **repeat abortions** in both younger (under 25 years) and older (over 25 years) women suggests that there is an opportunity to **improve access to contraceptive services** following **abortion**

Sexually Transmitted Infections (STIs)

- Sutton has a lower rate of STIs than England and London
- The population groups most at risk of STIs in Sutton are the same as the national picture: under 25s; men who have sex with men (MSM); black ethnic group; and those experiencing socio-economic deprivation.
- Overall, there has been little change to the rate of STI diagnoses (chlamydia, syphilis and genital herpes) over the previous 5 years (2010-2014). However there has been a **large increase in the number of diagnosed cases of gonorrhoea** and most cases are in MSM. MSM also experience a high proportion of the small number of syphilis diagnoses.
- There is a **higher rate of reinfection** than the national average, suggesting that partner notification and health promotion could be more effectively delivered within services
- Positivity within the National Chlamydia screening programme (NCSP) is similar to the national average. However the Public Health Outcomes Framework (PHOF) indicator was not reached, suggesting that there may be a need to increase the volume of testing.

⁷ Sutton Local Area Sexual Epidemiology Report LASER (2014)



HIV

In comparison to England Sutton has:

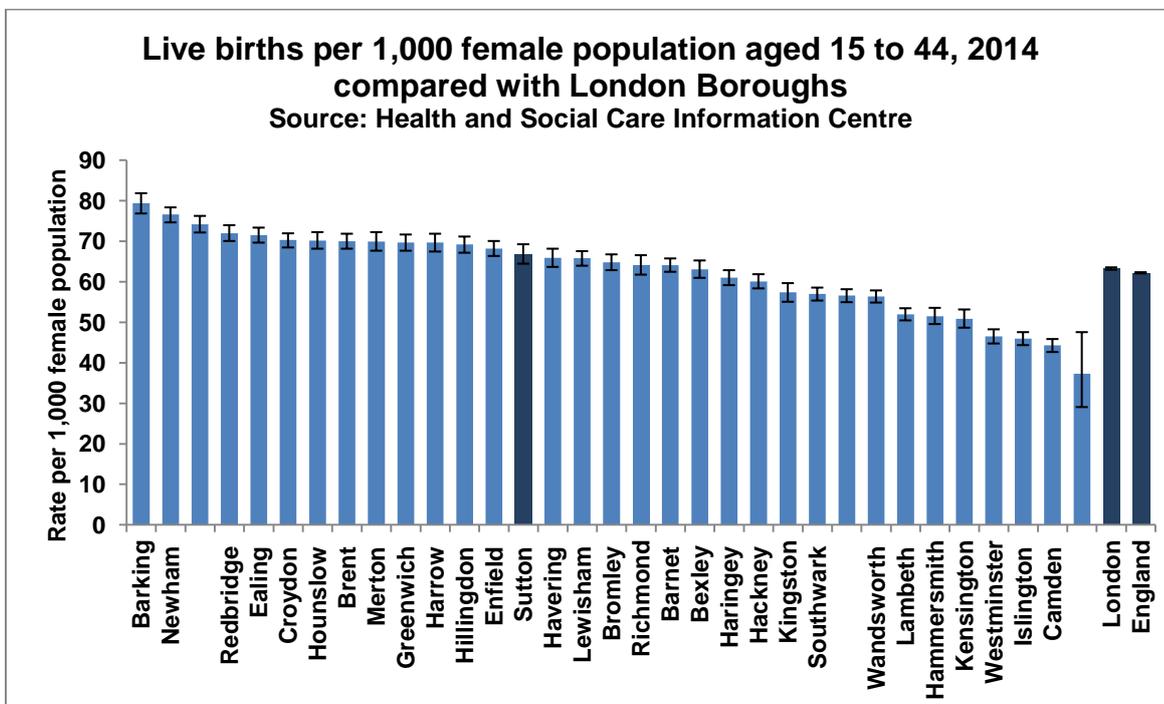
- A **higher prevalence of HIV** than the national average.
- An HIV prevalence that is above the threshold recommended for offering routine HIV testing to all individuals registering with a GP Practice and all hospital general medical admissions.
- A significantly higher proportion of newly diagnosed individuals presenting late.

4 A profile of sexual health and reproductive health in Sutton

Public Health England publishes comprehensive datasets for STIs and HIV. However there is a paucity of data for reproductive health. Additionally, there are gaps where good quality data are not collected, especially from general practice. This makes it difficult to present an overview of sexual health, reproductive health and HIV for the borough.

4.1 Fertility

The General Fertility Rate in Sutton in 2014 (66.9 per 1,000 women of childbearing aged 15-44 years) was significantly higher than the average for London (63.3), and England (62.2). The graph below profiles the birth rate for Sutton in comparison with other London boroughs, showing that Sutton ranks in the top half (2014).⁸



⁸ Sutton JSNA (2015)



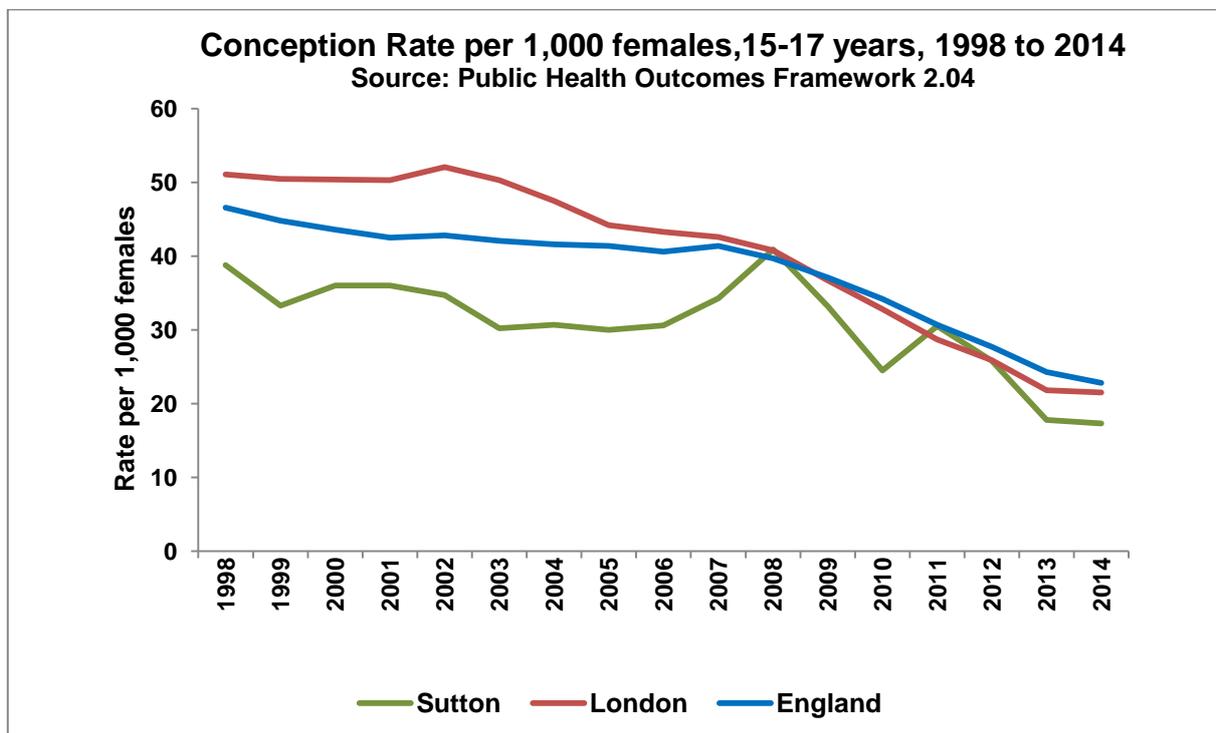
4.2 Teenage pregnancies

The Sutton LASER report states that:

‘Nationally most teenage pregnancies are unplanned and around half end in an abortion. Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioral problems’.⁹

In 2014, Sutton had a lower teenage conception rate compared to the national profile. The under 18 conception rate¹⁰ was 17.3 per 1,000 which was lower than London (21.5) and England (22.8).¹¹ The graph below shows that between 1998 and 2014, despite a reduction for Sutton, that the **rate of decrease in under 18 conception rates was less than for London but more than for England** over the same period (Sutton 55%, London 58% and England 51% reduction from 1998 to 2014).

Conception rate per 1,000 females aged 15-17 years 1998 to 2014 (Sutton and comparators)



⁹ Sutton Local Area Sexual Epidemiology Report LASER (2014)

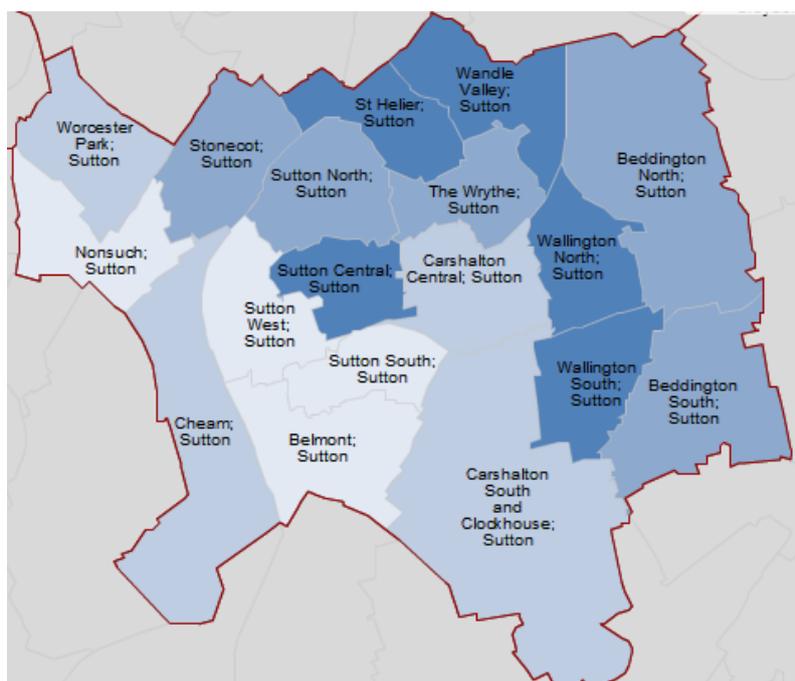
¹⁰ Females aged 15 – 17 years

¹¹ GLA Intelligence <http://data.london.gov.uk/dataset/teenage-conceptions-borough>



Teenage conception rates are an important social and health measure. Historically, areas with high rates of teenage conceptions have also had relatively high deprivation measures such as unemployment and child poverty. In Sutton, between 2011 and 2013 the highest rates were in the northern wards of the borough, demonstrating the **correlation between deprivation and higher rates of teenage conception**. (See the map below).

Teenage conception rates by ward, 2011 – 2013



What does this mean for Sutton - Teenage Conceptions

Sutton's rates of teenage conceptions have fallen since 2008. Rates in the borough are now lower than the national average and similar to London.

Within Sutton there is an unequal distribution of under 18 conceptions. In general higher rates tend to be related to deprivation.

Over time there have been an increasing proportion of teenage conceptions ending in abortion, higher than the national rate and similar to London. However, there was a decrease in the latest year. This should continue to be monitored.



What will change in Sutton?

Sex and relationship education (SRE)

The 'Check it Out' (CiO) service for young people, which is part of the new integrated sexual and reproductive health service, will work closely with the school nursing team (also commissioned by Sutton Public Health) to support teachers to deliver effective SRE sessions).

Digital Services (access to information, surveillance and safeguarding)

In addition a new website will provide advice, a directory of local services and an online booking facility to make it easier to arrange an appointment. Social media campaigns, which have been used successfully in Sutton, will advertise and promote the site to young people.

The new integrated sexual and reproductive health service will use one IT system rather than two. This will improve the safety of services by providing a more integrated picture of service use and a better understanding of young people's needs, highlighting risks at the earliest opportunity.

Sutton will be the first London borough to offer young people online registration for the C-card scheme (a method of obtaining condoms).

Improved services closer to people's homes

New **enhanced GP and pharmacy services** will be rolled out in Sutton. These services will improve access to the C-Card scheme and Chlamydia testing and integrate pathways between providers and primary care. (Improvements to the integration of abortion services and contraceptive care pathways in general practice are described in Section 4.3.4)

Improving integration of services

Public Health commissions a number of services for children aged 0-19 years. Through this work we will encourage frontline staff to Make Every Contact Count (MECC),¹² signposting vulnerable young people and those in need of advice and support to the most appropriate service.

4.3 Contraception and reproductive health

Both the Government¹³ and the Faculty of Sexual and Reproductive Healthcare (FSRH) highlight the importance of providing men and women with knowledge, choice and access to all methods of contraception, to help reduce the number of unplanned pregnancies.

¹² Making Every Contact Count is a concept which aims to improve lifestyles and reduce health inequalities. Further information is available from <http://www.makeeverycontactcount.co.uk/>

¹³ A Framework for Sexual Health Improvement in England' published by the Department of Health (2014)



4.3.1 Attendances at Sexual and Reproductive Health Services

In 2014, Sutton residents accounted for 7,230 (0.5%) of 1,577,014 residents who accessed **sexual and reproductive health services** (SRH) in England, where regular contraception was prescribed. The proportions of contraceptive methods prescribed to Sutton residents by these services (2014) are shown in the table below.

4.3.2 Long Acting Reversible Contraception (LARC)

Long Acting Reversible Contraception (LARC) methods (which include contraceptive injections, implants, intrauterine system (IUS) or intrauterine device (IUD) are regarded as more effective than 'user dependent methods' (which include oral contraceptives, condoms, contraceptive patches and natural family planning) because they do not depend on daily compliance. However in 2014, **LARC methods were prescribed less often to Sutton residents** by SRH and primary care services compared to England.

- **Prescribing of LARC in Sexual and Reproductive Health Services**

In 2014, the rate of LARC prescribed in SRH services per 1,000 women aged 15 to 44 years was 26.9 in Sutton which was lower than England (31.5).⁵

- **Prescribing of LARC in Primary Care**

In 2014, Sutton ranked 262 out of 326 local authorities in England for the rate of GP-prescribed LARC, with a rate of 21.2 per 1,000 women aged 15 to 44 years, compared to 32.3 in England.

4.3.3 User Dependent Methods of Contraception (UDM)

In 2014, **oral contraceptive agents** were the most commonly prescribed contraception method for Sutton residents in both SRH services and primary care. Oral contraceptives account for a smaller proportion of the contraceptives prescribed in SRH services than in primary care, most likely because male condoms cannot be prescribed in general practice.¹⁴

¹⁴ Sutton Local Area Sexual Epidemiology Report LASER (2014)



Proportion of contraceptive methods prescribed at SRH services for residents (2014)¹⁵

Choice	Contraception Method	Percentage Sutton (%)	Percentage England (%)
Long Acting Reversible Contraception (LARC)	IUD Device	17.3	23.0
Injectable	IU System	12.1	12.3
	Implant		
	Injectable contraceptive		
User Dependent methods (UDM)	Oral contraceptives	70.6	64.7
	Male condom		
	Female condom		
	Contraceptive patch		
	Natural family planning		

Source: Sutton Local Area Sexual Epidemiology Report LASER (2014)¹⁶

* Small number suppression

Injectable contraception is excluded from the LARC category due to reliance on users' compliance to attend

Type of contraception by percentage prescribed in general practice, 2014¹⁷

Choice	Contraceptive Method	LA (%)	PHE Centre (%)	England (%)
LARC (long term)	IU Device	0.5	0.7	0.4
	IU System	1.3	1.1	1.5
	Implant	1.0	1.0	1.8
	Total LARC	2.9	2.8	3.7
Injectable	Injectable Contraceptive¥	9.5	6.8	11.4
UDM	Oral Contraceptives*	86.9	88.2	83.7
	Contraceptive Patch	0.5	1.3	0.9
	Other±	0.2	0.9	0.3
	Total UDM	87.7	90.4	84.9
TOTAL	Total Contraception	100	100	100

Source: Sutton Local Area Sexual Epidemiology Report LASER (2014)¹⁸

* Includes combined pill and progesterone only pill

± Includes vaginal ring, cap/diaphragm and spermicides

¹⁵ Ibid.

¹⁶ The data in the table above is based on Prescribing Analysis and Cost Data (PACT). Care should be taken when interpreting this information as the total number of prescriptions is not representative of the number of women who have received each contraceptive method.

¹⁷ Sutton Local Area Sexual Epidemiology Report (LASER (2014)

¹⁸ Ibid.



What does this mean for Sutton - Contraception

Oral contraception is the most common medical method of contraception in Sutton. Sutton GPs have low prescribing rates for Long Acting Reversible Contraception (LARC).

Male condoms cannot be prescribed in general practice and data suggests that condoms are not being prescribed with other contraceptive prescriptions from CaSH (NICE Guidance).

What will change in Sutton?

See also **Teenage Conceptions - what will change in Sutton**

Sex and Relationship Education (SRE)

The new integrated sexual and reproductive health service will work closely with the school nursing team (also commissioned by Sutton Public Health), supporting teachers to deliver effective SRE sessions that raise awareness of contraception and relevant issues, e.g. sexually transmitted diseases, drug and alcohol, and emotional issues.

Access

A new website will provide advice, a directory of local services and an online booking facility to make it easier to arrange an appointment.

The new integrated sexual and reproductive health service will offer extended opening hours, improving access to a comprehensive service where patients' needs are met in one clinic.

Emergency Hormonal Contraception (EHC)

Many pharmacies in Sutton open late and at weekends, making them a convenient and accessible resource for women. In recognition of this Public Health Sutton has extended the free emergency hormonal contraception (EHC) service to include women over the age of 25.

Women using this service can obtain Levonelle® One Step, an EHC medicine which is effective for up to 72 hours (three days) after unprotected sex. Ulipristal acetate, an EHC pill which is effective for up to 120 hours (five days) after unprotected sex, has been commissioned as part of the enhanced pharmacy service within the borough.

LARC

Contraception for gynaecological (non contraceptive) purposes and contraceptive purposes are commissioned by two different organisations, Sutton CCG (non contraceptive) and Sutton Council. This arrangement has been impractical and confusing for the GP practices delivering the service. To address this, Sutton CCG and Sutton Council will commission this service collaboratively.¹⁹ The new service will aim to improve access to LARC for residents

¹⁹ Best practice example described in 'Section 6: How to Commission across pathways' of the document: Making It Work (A guide to whole system commissioning for sexual health, reproductive health and HIV).



and increase the skillmix of staff trained to deliver the service, e.g. by increasing the number of trained practice nurses who can fit intrauterine contraception.

Improved care pathways from General Practice will ensure that onwards referrals are made to the most appropriate setting.

Condoms

The United Nations Population Fund (UNFPA), World Health Organization (WHO) and The Joint United Nations Programme on HIV and AIDS (UNAIDS) position statement on condoms and the prevention of HIV, other sexually transmitted infections and unintended pregnancy states: **Male and female condoms are the only devices that both reduce the transmission of HIV and other sexually transmitted infections (STIs) and prevent unintended pregnancy.**

Condoms will be available to young people in the borough as part of the C-Card scheme from the integrated sexual health service, enhanced pharmacies and general practices and outreach services.

In addition self service condoms will be available for those aged 25 years and over from the integrated sexual health service.

Data quality and care pathways

Until recently the only local source of reproductive health data available to commissioners was the contraception and sexual health (CaSH) service dataset. This was although most contraceptive prescribing and data collection happened within general practice. To resolve this problem commissioners will collaborate to develop a place based approach to contraceptive care by:

- Working with Sutton CCG (which has been responsible for commissioning GP Practices since April 2013) to improve data collection from primary care.
- Replacing the two existing IT systems (CaSH and GUM) with one integrated system in the new sexual and reproductive health service.

These developments will improve surveillance and provide better understanding of service use across the care pathway.

Education

Sutton Council will work with the new provider and GP education leads to develop innovative ways to deliver training to busy GPs and practice teams, e.g. webcasts, online resources.



4.4 Abortion

In 2014, 176,238 NHS funded abortions were carried out in England, 741 of which were for Sutton residents.²⁰ This was an increase of 0.3% from 2013.

In Sutton in 2014 approximately 46% of abortions were medical and 54% were surgical, similar to London (44% medical and 56% surgical) and England (50.1% medical and 49.9% surgical). Medical abortions are an approach used to manage procedures up to 9 weeks of pregnancy²¹ using medication, whilst a surgical abortion involves a minor operation.

The number of Sutton residents who had an abortion in 2014 is shown in the table below by age group.

Abortions carried out in Sutton, London and England (2014)

Area	Total abortions	95% Confidence Interval	Agegroup					
			Under 18	18-19	20-24	25-29	30-34	35+
Sutton	741	689 - 796	42	53	181	164	150	151
London	43,761	43,352 - 44,173	1,784	2,885	11,168	11,507	8,804	7,613
England	176,238	175,416 - 177,063	10,432	15,629	50,123	42,142	30,824	27,088

Source Abortion Statistics 2014

Other abortion datasets for Sutton are reviewed and compared in the table below (2014):

Indicator	Rate for Sutton, London and England	Comment
Total abortion rate	<p>Sutton 18 per 1,000 female population aged 15-44 years</p> <p>London 21.8 per 1,000 female population aged 15-44 years</p> <p>England 16.5 per 1,000 female population aged 15-44 years²²</p>	In 2014 the total abortion rate for Sutton was higher than the national rate, but lower than for London.
Abortion rates in women aged under 25 years	<p>Sutton In Sutton the highest rate of abortion was in women aged 20-24 years, 35 per 1,000</p> <p>London Rate of abortion women aged 20-24 years 37 per 1,000</p> <p>England Rate of abortion women aged 20-24 years 28.2 per 1,000</p>	In 2014 Sutton had higher abortion rates than England for all age groups, but rates were not as high as for London.

²⁰ Department of Health: Abortion statistics, England and Wales (2014)

²¹ Ibid.

²² Sexual and Reproductive Health Profiles (Public Health England)

<http://fingertips.phe.org.uk/profile/sexualhealth>



Proportion of under 18 conceptions leading to abortion	Sutton 57.4% London 64.0% England 51.1% ⁴	Sutton ranked 33 out of 311 in England (where 1 st was the highest percentage) for under 18 conceptions leading to abortion.
Access to NHS funded abortions under 10 weeks gestation	Among NHS funded abortions, the proportion of those under 10 weeks gestation: Sutton 88% London 84% England 80.4%	The proportion of NHS funded abortions carried out before 10 weeks gestation was higher in Sutton than England.
Repeat abortions in women aged under 25 years	Sutton 28% London 32% England 27%	Sutton ranked 51 st (out of 146) Upper Tier Local Authorities (UTLAs) in England (where 1 st had the highest rate) for the proportion of under 25 year olds who had had a previous abortion. ²³
Repeat abortions in women aged 25 years and over	Among women aged 25 and over who had an abortion, the proportion of those who had had a previous abortion was: Sutton 50% London 47% England 45.6%	Sutton ranked 26 th (out of 146 UTLAs) in England, for the proportion of repeat abortions carried in women aged 25 and over (1st has the highest rate) ²⁴

The information in the table above suggests that **women in Sutton are using abortion services** and have timely access to them. Although this is positive,²⁵ performance in this indicator and others (the total abortion rate and the under and over 25 years repeat abortion rates) suggests that **there is a need to review:**

- Access to contraceptive services
- Advice and education services
- Individual use of contraceptive methods.

In addition, the **high proportion of repeat abortions** in both younger and older women in Sutton suggests that **there is a need to improve access to contraceptive services following abortion.**

Abortion providers have an important role in the provision of contraception, and evidence shows that contraception provided in this setting, particularly Long Acting Reversible Contraception (LARC) methods, can reduce repeat abortions.^{26,27}

²³ Due to small numbers Public Health England do not present data for some of the 152 UTLAs

²⁴ Ibid.

²⁵ Abortions performed earlier are associated with lower complication rates.

²⁶ Rose S and Lawton B, Impact of long-acting reversible contraception on return for repeat abortion, American Journal of Obstetrics and Gynaecology, 2012, 206(1):37.e16

²⁷ Cameron et al. Effect of contraception provided at termination of pregnancy and incidence of subsequent termination of pregnancy, BJOG, 2012, 119(9): 1074-80



What does this mean for Sutton – Abortion

- The overall abortion rate in Sutton is higher than the national average.
- Access to abortion services appears to be good as the proportion performed under 10 weeks is higher than comparators.
- The high proportion of repeat abortions in both younger and older women suggests that there is a need to improve access to contraceptive services following abortion

What will change in Sutton?

Access to information and better use of IT

A new website will provide advice and information and clearly signpost residents to abortion services. Timely access to the new integrated sexual and reproductive health service will be improved by an online booking facility and extended opening hours.

Services and coordination of care

In 2014 approximately a third of referrals for abortion were from a GP. Sutton Council (Public Health) is working with the CCG to develop a care pathway for women referred for abortion by their GP to have a contraception review appointment in general practice following the procedure. It is anticipated that this new pathway will reduce the number of repeat abortions by enabling women to find a contraceptive solution that meets their needs.

5 Sexually transmitted infections (STIs)

5.1 Diagnosed incidence of STIs

In 2014, 1,483 new STIs were diagnosed for residents of Sutton, a rate of 757 per 100,000 people which is **lower** than England (797) and London (1,347).²⁸ The numbers of new STIs diagnosed were similar for both men and women. The table below compares rates of new STI diagnoses per 100,000 population in Sutton, London and England (2014).

Rates per 100,000 population of new STIs in Sutton, London and England

Diagnoses	Rate 2012	Rate 2013	Rate 2014	London rate 2014	England rate 2014
New STIs	792.7	817.0	757	1,347	797
Chlamydia	283.0	301.6	262	532	375
Gonorrhoea ¥	42.3	55.8	59.2	190.5	63.3
Syphilis	2.1	2.6	4.1	27.4	7.8
Genital warts ‡	142.5	146.2	132.2	161.3	128.4
Genital herpes ±	52.2	60.9	62.8	88.1	57.8

Sources Sutton LASER (2014) and Sexual and Reproductive Health Profiles: Public Health England (2014)²⁹

²⁸ Sexual and Reproductive Health Profiles (Public Health England)

<http://fingertips.phe.org.uk/profile/sexualhealth>

²⁹ Rates are calculated using 2012 ONS population estimates

¥ Any increase in gonorrhoea diagnoses may be due to the increased use of highly sensitive



5.2 Chlamydia

The Public Health Outcomes Framework (PHOF) includes an indicator to assess progress in controlling chlamydia in sexually active young adults under 25 years. The annual detection rate among the resident 15-24 year old population reflects both the coverage and the proportion testing positive at all sites, including GUM. Since chlamydia infection is most often asymptomatic, a **high detection rate indicates success in identifying infections that** if left untreated may have serious reproductive health consequences.

In 2014 there were 531 new chlamydia diagnoses (across all ages) in Sutton with a similar number of cases in men (260) and women (271). 343 diagnoses were for 15-24 year olds with a chlamydia detection rate of 1574.5 per 100,000 population in this age group. This was a lower rate than for London (2,178) and England (2,012). The borough ranked 202 out of 326 local authorities in England (where 1st rank has the highest rate).³⁰

In 2014 approximately 23.6% of 15-24 year olds in Sutton were tested for chlamydia with a 6.7%³¹ positivity rate. This compared to 24.3% estimated in England with an 8.3% positivity rate. The chlamydia detection rate in 15-24 year old females in Sutton was 2,066 per 100,000 population, higher than for men of the same age (1,078 per 100,000).³²

5.3 Gonorrhoea

Unlike chlamydia, which is ten times more common, gonorrhoea is concentrated in certain risk groups. It is also highly geographically concentrated and infection is strongly associated with deprivation.³³ A recent population-based survey of gonorrhoea in those aged 20-24 years found that prevalence was 0.1% in men and 0.2% in women.³⁴ Data from GUM clinics show that 42% of diagnosed gonorrhoea is among MSM.³⁵ Transmission is perpetuated by higher rates of partner change and complex sexual networks, which can lead to localised outbreaks. Chlamydia co-infection is common, being found in half of those diagnosed with gonorrhoea in clinical studies, and all of those with gonorrhoea in a recent British population-based survey.³⁶

Nucleic Acid Amplification Tests (NAATs) and additional screening of extra-genital sites in MSM
 ‡ Any decrease in genital warts diagnoses may be due to a moderately protective effect of HPV-16/18 vaccination

± Any increase in genital herpes diagnoses may be due to the use of more sensitive NAATs
 The Genitourinary Medicine Clinic Activity Dataset v2 (GUMCAD) and Chlamydia test and diagnosis data are sourced from the Chlamydia Testing Activity Dataset (CTAD)

³⁰ Sutton Local Authority Sexual Health Epidemiology Report (LASER) 2014, Public Health England

³¹ Sexual and reproductive health profiles, Public Health England (2015)

³² Chlamydia testing data for 15-24 year olds in England, January to December 2014

³³ Public Health England. Sexually transmitted infections and chlamydia screening in England, 2012. Health Protection Report Vol 7 No. 23 - 7 June 2013

³⁴ 2 Sonnenberg P, Clifton S, Beddows S, et al. Prevalence, risk factors, and uptake of interventions for sexually transmitted infections in Britain: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *The Lancet* 2013; 382: 1795–806.

³⁵ Public Health England. Sexually transmitted infections and chlamydia screening in England, 2012. Health Protection Report Vol 7 No. 23 - 7 June 2013.

³⁶ Guidance for the detection of gonorrhoea in England, Public Health England, 2014.

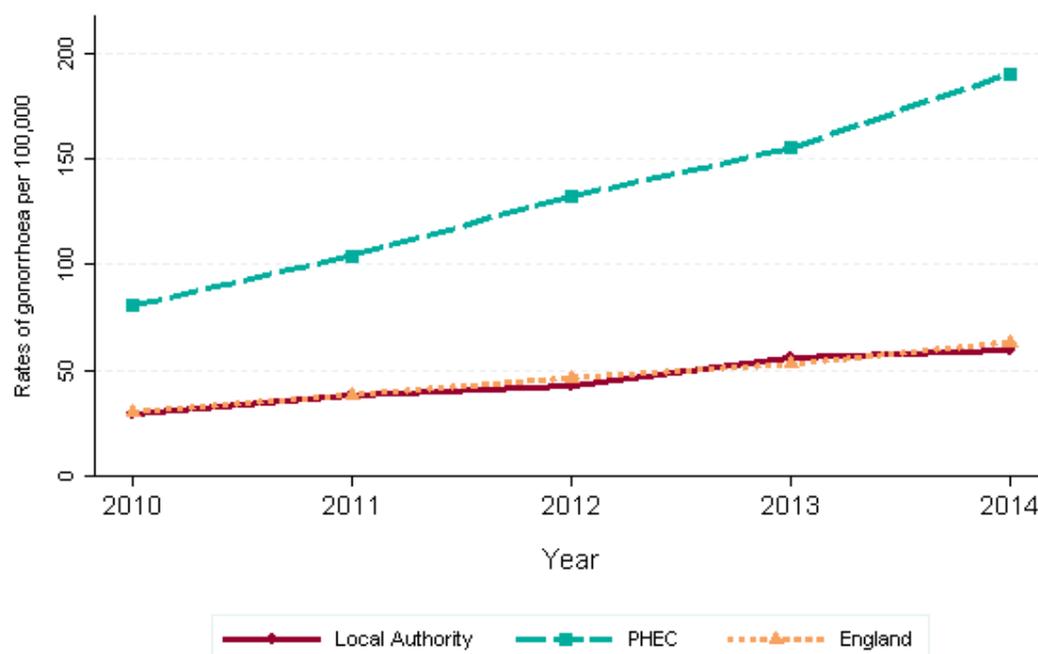


Since 2009 the **rate of gonorrhoea in Sutton has increased** from 25.5 per 100,000 population to 59.2 in 2014. In the latest year the rate of gonorrhoea in Sutton was lower than England and remains well below the average for London (190.5 per 100,000). Local data shows that 59% of male gonorrhoea cases were in men who have sex with men (MSM) in 2014, an increase from 35.5% in 2010.

Internationally gonorrhoea is **demonstrating a growing resistance to the antibiotics** used to treat it making it a high priority for Public Health England and the WHO³⁷ to work to limit the spread of infection. The increase in the proportion of cases amongst MSM suggests that this group should be a priority for health promotion advice and campaigns or services.

In Sutton, an estimated 6% of women and 7.5% of men diagnosed with gonorrhoea at a GUM clinic between 2010 and 2014 became re-infected with gonorrhoea within 12 months. This was higher than the national average for women (3.7%) but lower for men (8%).⁴

Rates of gonorrhoea diagnoses in Sutton, London and England from 2009 to 2014³⁸



Source: Data from Genitourinary Medicine Clinics

*Any increase in gonorrhoea diagnoses may be due to the increased use of highly sensitive Nucleic Acid Amplification Tests (NAATs) and additional screening of extra-genital sites in MSM
Rates are calculated using ONS population estimates

³⁷ Nearly half a million new sexual infections in 2012, Public Health England, June 2014

<https://www.gov.uk/government/news/nearly-half-a-million-new-sexual-infections-in-2012> (January 2015)

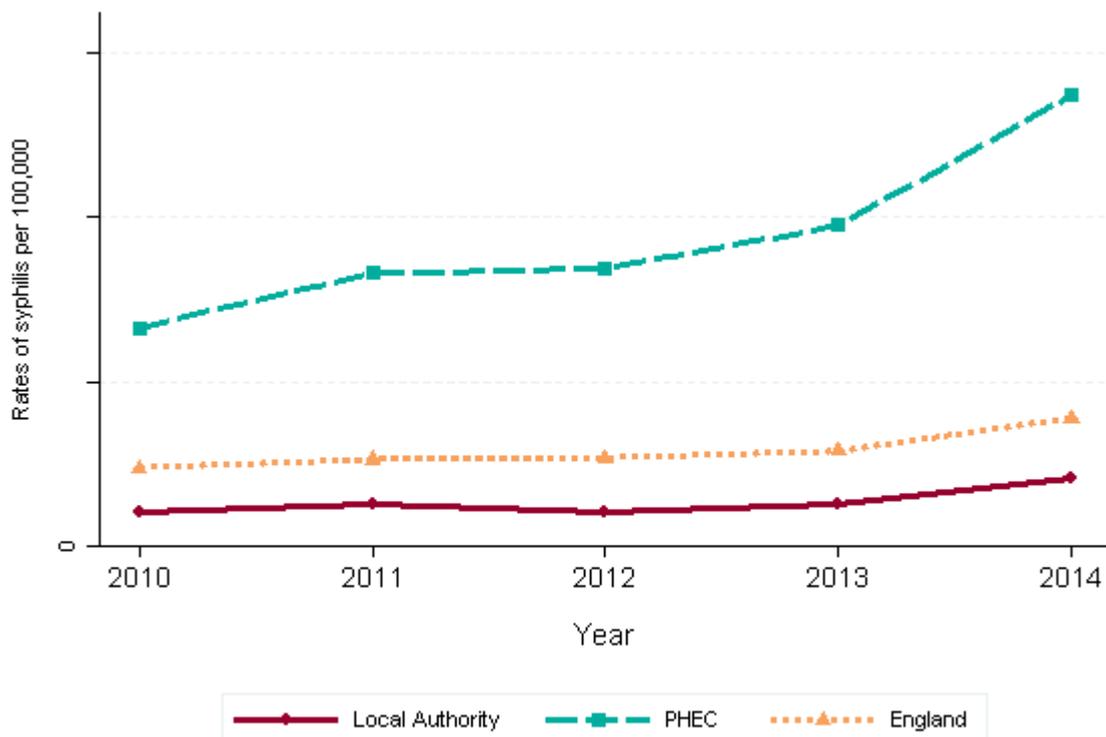
³⁸ Sutton Local Authority Sexual Health Epidemiology Report (LASER) 2014, Public Health England



5.4 Syphilis

There are very small numbers of people diagnosed with syphilis in Sutton which makes it difficult to interpret trends. However, figures suggest that between 2010 and 2014, although rates for the borough were lower than for England, they followed a similar trend (see graph below). Over the same period London has had an increase in the rate of people diagnosed with syphilis. In Sutton, an increasing proportion of cases in men are diagnosed in MSM who now account for 85% of cases. Public Health England have identified that nationally many diagnoses are made at the primary or secondary stage.

Rates of syphilis diagnoses in Sutton 2010 to 2014³⁹



Source: Data from Genitourinary Medicine Clinics
Rates are calculated using ONS population estimates

To help manage the increase of syphilis in England, PHE recommends that sustained, intensive and targeted efforts to interrupt further transmission should be maintained and intensified. They also recommend the use of partner notification to help penetrate sexual networks to control the infection.⁴⁰ It may be appropriate to target these messages to MSM in Sutton.

³⁹ Sutton Local Authority Sexual Health Epidemiology Report (LASER) 2014, Public Health England

⁴⁰ Recent epidemiology of infectious syphilis and congenital syphilis, Public Health England, Health Protection Report, Vol. 7, No 44, November 2013.

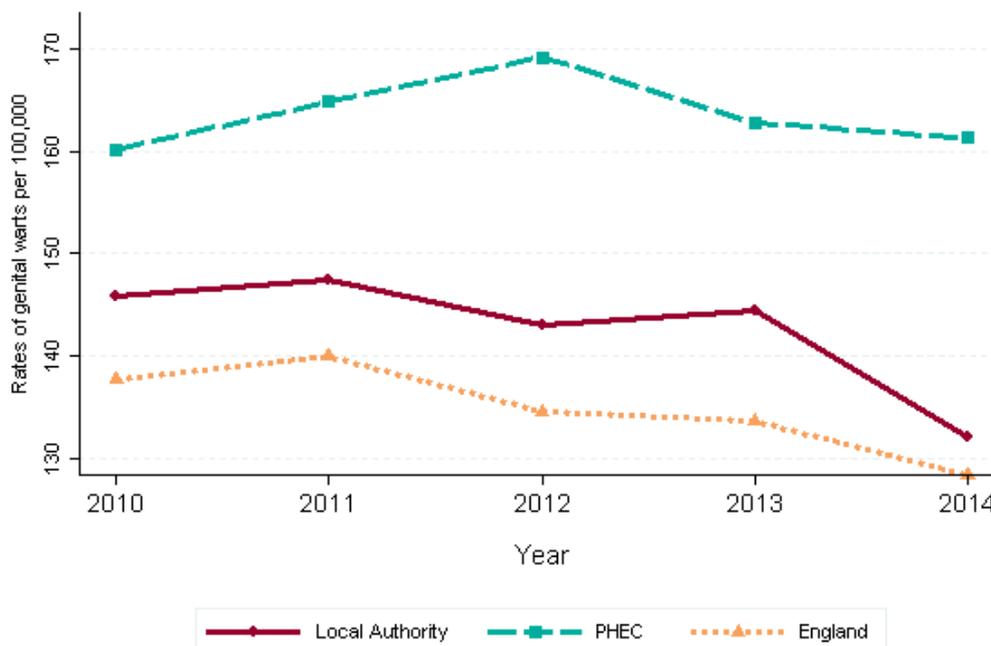


5.5 Genital Warts (Human Papilloma Virus)

The rate of diagnoses of genital warts in Sutton was relatively constant between 2010 and 2013 but fell in 2013-14 following a similar trend to England. Rates of diagnoses of genital warts within the borough are slightly higher than England, but are lower than for London (see the graph below). Genital warts diagnoses in genitourinary medicine (GUM) clinics in England among 15-19 year old females eligible for the HPV immunisation have been falling since 2008.

Genital warts are caused by the human papilloma virus (HPV). Depending on the serotype of the virus, infection can increase the risk of cervical and other cancers. A vaccine against HPV was introduced in England in 2008 and is currently offered through the NHS childhood vaccination programme to girls aged 12 to 13. In March 2014, the Joint Committee on Vaccination and Immunisation (JCVI) revised its recommendation on the HPV vaccination programme, changing from a three-dose to a two-dose schedule. In 2014-15, in Sutton 90.6% of girls in the cohort (year 8) received the first dose of the vaccine and 87.7% received both doses. This was slightly better than England, where 89.5% of the cohort received the first dose of the vaccine.⁴¹

Rates of genital warts diagnoses in Sutton 2010 to 2014⁴²



Source: Data from Genitourinary Medicine Clinics
 Rates are calculated using ONS population estimates
 *Any decrease in genital warts diagnoses may be due to a moderately protective effect of HPV-16/18 vac

It is interesting to note that when the HPV vaccination programme was first introduced a bivalent vaccine was used. This was replaced in 2012 by the quadrivalent vaccine (Gardasil) which had been shown to be highly effective in preventing genital warts. Due to

⁴¹ <https://www.gov.uk/government/statistics/annual-hpv-vaccine-coverage-2014-to-2015-by-local-authority-and-area-team>

⁴² Sutton Local Authority Sexual Health Epidemiology Report (LASER) 2014, Public Health England



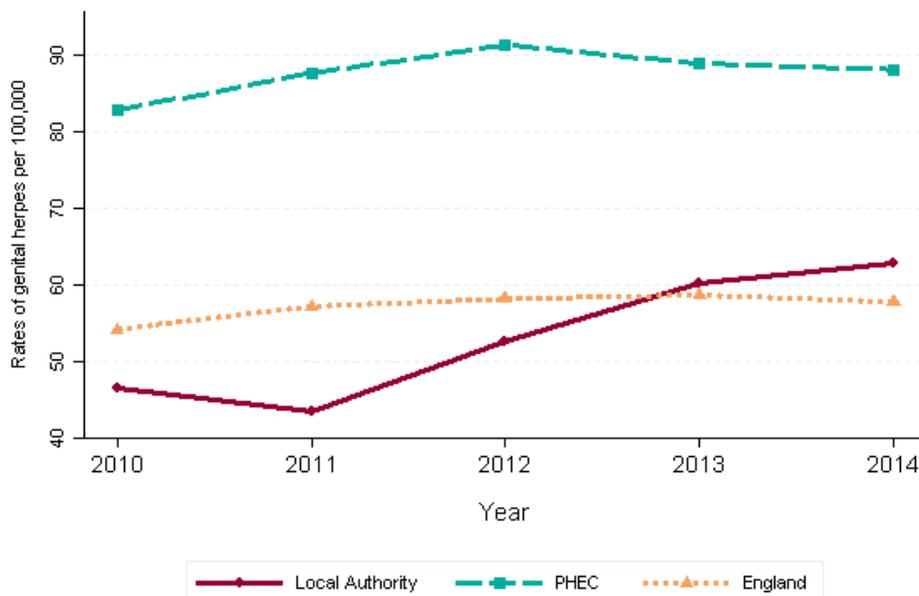
the initial choice of the bivalent vaccine a reduction in genital warts was not expected during the first years of the programme. However analysis of data from GUM clinics indicated a marked decrease in the rate of diagnoses among young females, strongly suggestive of an unexpected moderately protective effect of the bivalent vaccine against genital warts.^{43,44}

5.6 Genital Herpes

The rate of genital herpes per 100,000 population in Sutton fluctuated between 2010 and 2014 (see the graph below) and is now higher than the England rate. A trough in the diagnoses rate in 2011 (43.3 per 100,000) has been followed by a recent peak (62.8 per 100,000) in 2014.

With fluctuating rates of genital herpes and a recent rise in diagnoses it is important that Sutton maintains and possibly intensifies the testing and publicity of genital herpes. General sexual health promotion advice and information about the infection could assist in raising awareness of how to prevent the infection, particularly if targeted at the most at-risk groups.

Rates of genital herpes diagnoses in Sutton 2010 to 2014⁴⁵



Source: Data from Genitourinary Medicine Clinics
 *Any increase in genital herpes diagnoses may be due to the use of more sensitive NAATs
 Rates are calculated using ONS population estimates

⁴³ Howell-Jones R, Soldan K, Wetten S, Meshner D, Williams T, Gill ON, et al (2013). Declining genital warts in young women in England associated with HPV 16/18 vaccination: an ecological study. J Infect Dis. 1; 208(9): 1397-403.

⁴⁴ Health Protection Report Volume 8 Numbers 24 Published: 20 June 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326935/hpr2414.pdf

⁴⁵ Sutton Local Authority Sexual Health Epidemiology Report (LASER) 2014, Public Health England



6 Prevention of sexually transmitted infections

6.1 Men who have Sex with Men (MSM)

Men who have sex with men continue to experience high rates of STIs and remain a priority for targeted HIV and STI prevention and health promotion. Nationally the number of diagnoses of STIs reported in MSM has risen sharply in recent years and accounts for the majority of increased diagnoses seen among men.⁴⁶ It is likely that condomless sex, associated with HIV seroadaptive behaviours, and Chemsex (a specific form of recreational drug use to facilitate or enhance sexual activity)⁴⁷ are leading to more STI transmission in this population.¹¹

In Sutton in 2014, 19% of new STI cases in men (where sexual orientation was known) were in MSM,⁴⁸ an increase from 18% the previous year.⁴⁹ 59% of diagnoses of gonorrhoea among male GUM clinic and integrated GUM/SRH clinic attendees in Sutton were among MSM which was a lower rate than for England (68%).⁵⁰ Half of the diagnoses of syphilis among male GUM clinic and integrated GUM/SRH clinic attendees in Sutton were among MSM which was also lower than England (86%). (The figures for Sutton for syphilis and gonorrhoea should be regarded with caution because numbers are very small).

6.2 Ethnicity

In England (2014) the highest rates of new STI diagnoses were amongst people of Black ethnicity.¹¹ Sutton reflected this pattern with a diagnoses rate of 1,645 per 100,000 for new STIs amongst the Black and Black British population, compared to a rate of 649 per 100,000 amongst the White population.

6.3 Socio-economic deprivation

GUM clinic data (2014) shows that in general, the more deprived areas have higher rates of STI diagnosis. The map below shows that higher rates of STIs can be seen in the North, Central (around Sutton Central ward), and Eastern parts of the borough, reflecting some of the more deprived areas within Sutton.

⁴⁶ Health Protection Report Vol 9 No. 22 - 26 June 2015

⁴⁷ Chemsex, information from Reshape <http://www.reshapenow.org/chemsex>

⁴⁸ Figures for MSM include homosexual and bisexual men.

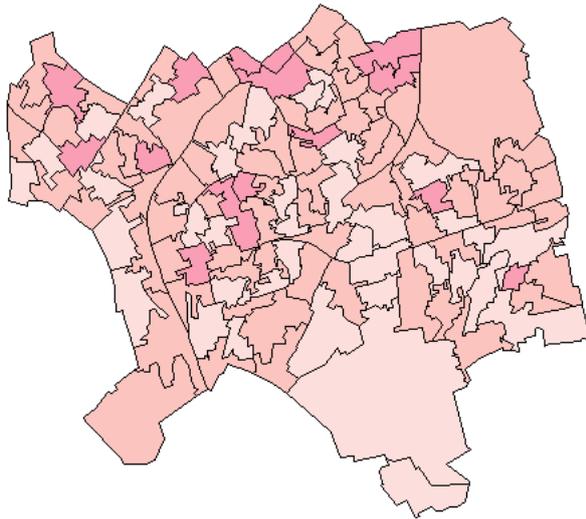
⁴⁹ A proportion of these increases may reflect an increase in the reporting of sexual orientation.

⁵⁰ High levels of Gonorrhoea transmission are of particular concern, as data from the Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP) show the emergence of gonococcal isolates with resistance or decreased susceptibility to antimicrobials used for treatment. Health Protection Report Vol 9 No. 22 - 26 June 2015



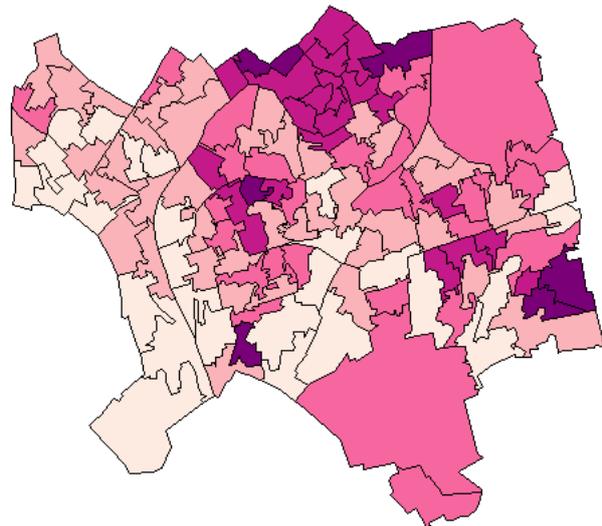
Rates of new STIs and deprivation by LSOA in Sutton (GUM diagnoses only):2014⁵¹

Distribution of rates of new STIs by LSOA



- Rate per 100,000 population
- 3000+
 - 2500-2999.99
 - 2000-2499.99
 - 1500-1999.99
 - 1000-1499.99
 - 500-999.99
 - 0.01-499.99
 - 0

Distribution of deprivation by LSOA



- Deprivation category
- Most deprived
 - 2nd most deprived
 - 3rd most deprived
 - 4th most deprived
 - Least deprived

Deprivation quintiles generated from Index of Multiple Deprivation (IMD) scores 2010
Rates based on the 2011 ONS population estimates

Source: Data from Genitourinary Medicine Clinics
Rates based on the 2011 ONS population estimates

6.4 Young People

Data from the Third National Survey of Sexual Attitudes and Lifestyles (NATSAL-3)⁵² suggested that people aged 16-24 years were most likely to report at least one new sex partner in the past year and at least two sex partners of the opposite sex (new or current) in the past year.⁵³

In Sutton in 2014, 52%⁵⁴ of diagnoses of new STIs were in young people aged between 15-24 years which is similar to England (see the table below).

In 2014, over 1.6 million chlamydia tests were carried out in England among young people aged 15 to 24 years and a total of 137,993 chlamydia diagnoses were made, equivalent to a detection rate of 2,012 per 100,000 population. The chlamydia detection rate in Sutton

⁵¹ Sutton Local Authority Sexual Health Epidemiology Report (LASER) 2014, Public Health England

⁵² <http://www.natsal.ac.uk/natsal-3.aspx>

⁵³ Health Protection Report Vol 9 No. 22 - 26 June 2015

⁵⁴ GUMCADv2



that year was lower (1,574 per 100,000) as was the proportion of young people screened in Sutton (23.6%), compared to London (27.9%) and England (24.3%).⁵⁵

Rate of new STIs by age group and gender in Sutton, 2014

	Agegroup							
	<15	15-19	20-24	25-34	35-44	45-64	65+	Total
Number of diagnoses	*	289	473	439	167	95	*	1,482
Rate of diagnoses per 100,000 population		2,464	4703.7	1552.1	555.8	193.4		756.5

Source GUMCADv2

*Small number suppression

6.5 Reinfection rates

Reinfection with an STI is a marker of persistent risky behavior. In Sutton, an estimated 9% of women and 9.3% of men presenting with a new STI at a GUM clinic during the five year period from 2010 to 2014 became reinfected with a new STI within 12 months. This was **slightly higher than the national average** (7% of women and 9% of men).

Young people are also more likely to become reinfected with STIs, contributing to infection persistence and health service workload. In Sutton an estimated 15.2% of women and 11% of men aged 15-19 presenting with a new STI at a GUM clinic (2010 to 2014) became reinfected with an STI within 12 months.⁵⁶ Teenagers may be at risk of reinfection because they lack the skills and confidence to negotiate safer sex.

In Sutton, an estimated 6% of women and 7.5% of men diagnosed with gonorrhoea at a GUM clinic between 2010 and 2014 became reinfected with gonorrhoea within 12 months. This was **higher than the national average for women** (3.7%) but lower than the national average for men (8%).⁴

What does this mean for Sutton – Sexually Transmitted Infections

- Sutton has a lower rate of STIs than England and London
- The population groups most at risk of STIs in Sutton are the same as nationally: those aged under 25 years; men who have sex with men (MSM); black ethnic groups; and more deprived groups.
- Overall, there has been little change to the rate of STI diagnoses (chlamydia, syphilis, genital herpes) over the previous 5 years (2010-2014). However:
 - there has been a large increase in the number of diagnosed cases of gonorrhoea and most cases are in MSM.
 - there has been a recent fall in the number of genital warts diagnoses in Sutton

⁵⁵ Sexual and Reproductive Health Profiles (Public Health England)

<http://fingertips.phe.org.uk/profile/sexualhealth>

⁵⁶ Sutton Local Authority Sexual Health Epidemiology Report (LASER) 2014, Public Health England



- There is a higher rate of reinfection than the national average, suggesting that partner notification and health promotion could be more effectively delivered within services.
- Positivity within the Chlamydia screening program is similar to the national average. However the PHOF indicator was not reached, suggesting that there may be a need to increase the volume of testing

What will change in Sutton?

Education

The new integrated sexual and reproductive health service will work closely with the school nursing team (also commissioned by Sutton Public Health) supporting teachers to deliver effective SRE sessions that raise awareness of sexually transmitted infections and relevant issues, e.g. contraception, drug and alcohol, relationship and emotional issues.

A new website and social media

A new website will provide advice, information and clear signposting to local services and an online booking facility will provide timely access to the new integrated sexual and reproductive health service.

Social media will be used to advertise services and signpost the website to at risk groups using popular apps such as Instagram, Facebook and GRINDR.

Chlamydia testing (National Chlamydia Screening Programme (NCSP))

Until March 2016, the NCSP was delivered as a standalone service in Sutton. From April 2016, the NCSP will be part of the Integrated Sexual and Reproductive Health Service. This will reduce fragmentation of services, increase outreach provision and improve chlamydia surveillance within the borough.

Online access will continue to offer residents the convenience of requesting a test from their phone or computer, 24 hours a day and 7 days a week.

Innovative care pathways within the integrated sexual health service

The new integrated sexual and reproductive health service will offer an innovative care pathway for asymptomatic individuals who want a routine sexual health check up. The service will allow people to choose 'self serve' appointments with test results texted to their phone. This approach, delivered by Chelsea and Westminster NHS Foundation Trust will be modelled on their successful service, 56 Dean Street.

(<https://www.youtube.com/watch?v=UcUx6dbfTQ8>)

The integrated service will offer extended hours and a greater opportunity to deliver clinics that meet the needs of particular groups (e.g. young people, MSM). A review of the administrative processes within the new service will ensure a consistent and robust approach to partner notification, reducing the likelihood of reinfection with a sexually transmitted infection.

Innovative care pathways within general practice

The enhanced GP service will develop local care pathways and processes to improve delivery of sexual health promotion and partner notification in general practice.

Public Health will work with GPs to develop opportunities to Make Every Contact Count (MECC) at routine 6 monthly oral contraception review appointments⁵⁷ to promote sexually transmitted infection (STI) testing, HIV testing and uptake of public health services such as smoking cessation.

HIV prevention and support services

These services have been re-procured to improve engagement and uptake. The new service will take a more holistic approach, to include HIV and wider sexual health rather than focusing exclusively on HIV.

Data quality

Until recently the most reliable source of sexual health data available to commissioners was from the genitourinary medicine (GUM) service, although sexual health services are delivered in a number of settings including general practice and the contraceptive and sexual health service (CaSH). The paucity of data, which has been a barrier to developing a place-based service and understanding need will be resolved by:

- Working collaboratively with Sutton CCG (which has been responsible for commissioning GP Practices since April 2013) to improve data collection from primary care.
- The roll out of the new integrated sexual and reproductive health service will replace the two existing IT systems (CaSH and GUM) with one. This service development will improve surveillance and provide better understanding of access, the effectiveness of care pathways and sexual health service use.

Improved data quality will allow commissioners to evaluate outcomes and refine and target services based on the needs of residents.

Education

GP Practices participating in the enhanced GP service will be encouraged to identify a lead with a STI Foundation (STIF) qualification. This training provides the knowledge and skills required to manage sexually transmitted infections (STIs) outside of the GUM setting.

Pan London work

Sutton Council will continue to participate in developments at a Pan London level. Public Health recognises the importance of shared learning and the benefits of investing in services to improve the quality of care available to residents, e.g. online Chlamydia testing.

⁵⁷ In line with national guidelines women taking oral contraception are offered GP review appointments every 6-12 months.



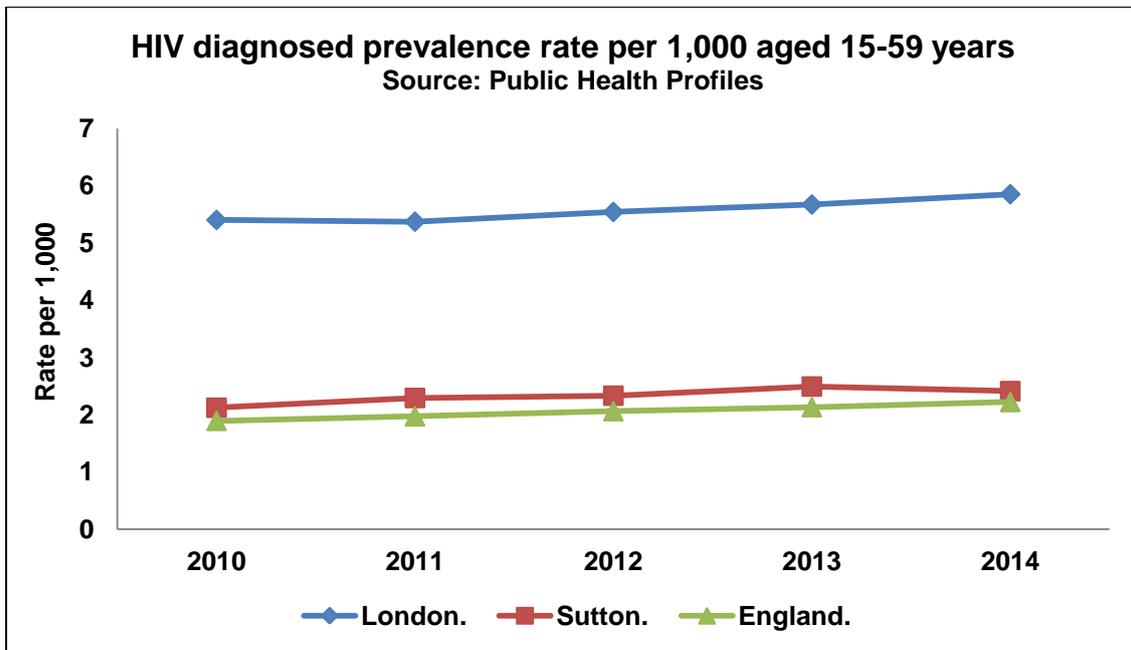
7 HIV

In Sutton in 2014, 77.6% of those attending a GUM service received an HIV test, similar to London (75.3%) and England (68.9%).

In Sutton the number of HIV infected residents in Sutton has been **increasing year on year** since monitoring began in 1995. In 2014, the HIV diagnosed prevalence rate in Sutton was 2.41 per 1,000 adults (aged between 15 and 59) which was higher than England (2.22) but lower than London (5.85).

As the local diagnosed HIV prevalence for 2014 (2.41 per 1,000 adults aged 15-59 years) exceeds 2 per 1,000 among 15-59 year olds, Sutton should consider advocating the **routine offer of an HIV test to all adults registering in general practice and all general medical admissions** in line with Health Protection Agency guidance (2011).

HIV diagnosed prevalence rate per 1,000 people aged 15-59 years



7.1 People living with HIV

In 2014, 321 residents (aged 15 years and older) in Sutton received HIV-related care of whom approximately 53% were men and 47% were women. Amongst these, 52.9% were of Black-African or Black Caribbean ethnicity and 32.4% were White. It was estimated that 69.2% had probably acquired the infection through sex between men and women and 24.6% through sex between men.



The diagnosed prevalence rate of HIV in adults aged 15-59 years is 2.41 per 1,000 which is the sixth lowest rate in London. It is lower than the London average (5.85)⁵⁸ but higher than England (2.22).⁵⁹

At a geographical level, around two thirds of all Middle Super Output Areas (MSOAs) in Sutton have an HIV prevalence of over 2 per 1,000. Approximately 8% of cases are in the most and least deprived quintiles respectively) and the middle 3 quintiles each have 25-30% of the cases.

It is estimated that approximately a quarter⁶⁰ of the people estimated to be living with HIV in the UK are unaware of their infection and remain at risk of passing it on if having sex without condoms. If this figure is representative of Sutton, then there are approximately 80 adults, aged 15 and over, with undiagnosed infection in the borough.

7.2 New HIV diagnoses

The rate of new HIV diagnosis in Sutton (2014) was 6.25 per 100,000 adults aged 15 or above, lower than the England rate (12.34).

7.3 HIV late diagnosis

Individuals who have their HIV infection diagnosed late (defined as CD4 count ≤ 350 cells/mm³) have poorer health outcomes than those diagnosed earlier.⁶¹ Late diagnosis is associated with an increase risk of mortality in the year following diagnosis and higher healthcare costs. Earlier diagnosis and treatment can reduce the risk of transmission. The proportion of people who are diagnosed late can be used to indicate the effectiveness of public health prevention and diagnosis interventions.

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. It is a key indicator of the Public Health Outcomes Framework (PHOF indicator 3.04) and monitoring is essential to evaluate the success of expanded HIV testing. **In Sutton, between 2012 and 2014, 54.5% of HIV diagnoses were made at a late stage of infection** (CD4 count < 350 cells/mm³ within 3 months of diagnosis) compared to 42% in England. 42.1% of men who have sex with men (MSM) and 61.9% of heterosexuals were diagnosed late.

⁵⁸ PHE (2015) Annual Epidemiological Spotlight on HIV in London: 2013 data

⁵⁹ PHE (2014) Sutton Local area sexual health epidemiology report (LASER)

⁶⁰ PHE (2015) Annual Epidemiological Spotlight on HIV in London: 2013 data

⁶¹ PHOF indicator: Presented as a 3 year aggregate and calculated for a defined time period in people aged ≥ 15 with a CD4 count within 91 days of diagnosis and residence information: number of people with a CD4 count < 350 cells per mm³ total number of people



What does this mean for Sutton – HIV

Compared to England, Sutton has:

- A higher prevalence of HIV than the national average.
- HIV prevalence that is above the threshold recommended for offering routine HIV testing to all individuals registering with a GP Practice, and all general medical admissions.
- A higher proportion of newly diagnosed individuals presenting late of whom a greater proportion of heterosexual adults than MSM are being diagnosed late.
- Sutton has one of the highest proportions of late HIV diagnoses in London but a low proportion of very late presenters.

What will change in Sutton?

‘Reductions in undiagnosed infection can be achieved through increased testing at STI clinics, the introduction of HIV testing in a variety of medical services, in addition to further development of community testing including self-sampling/self-testing.’ (Sutton LASER 2014)

HIV testing in Pharmacy

5 pharmacies in Sutton will offer HIV testing as part of the new enhanced pharmacy service.

HIV testing in GP Practice

GP practices participating in the enhanced practice scheme will offer HIV testing to their patients. GP education sessions will be used to raise awareness of HIV indicator conditions (diseases that should prompt a clinician to offer an HIV test).

HIV testing within the integrated sexual health service

The new integrated sexual and reproductive health service will offer an innovative care pathway for asymptomatic individuals who want a routine sexual health check up. The service will allow people to choose ‘self serve’ appointments with test results texted to their phone. This approach, delivered by Chelsea and Westminster NHS Foundation Trust will be modelled on their successful service, ‘56 Dean Street’.

(<https://www.youtube.com/watch?v=UcUx6dbfTQ8>)

The integrated service will offer extended hours and greater opportunity to deliver clinics that meet the needs of particular groups (e.g. MSM, sexual health with drug and alcohol). The new services will be promoted using popular apps such as GRINDR and Facebook.

HIV testing at St Helier Hospital

A pilot project originally commissioned by Merton Council to HIV test patients admitted to the Medical Assessment Unit at St Helier Hospital will be continued and the results reviewed with the hospital.



HIV testing (outreach and online)

To encourage the uptake of HIV testing, commissioners to ensure that residents have a number of convenient ways to access tests:

- A number of outreach sites have delivered HIV tests in libraries and leisure centres.
- Sutton Council is part of a national contract providing people with online access to HIV testing kits to use at home. Awareness of the new services has been raised in press releases and through social media networks.

HIV prevention and support

A small consortium (Sutton, Kingston, Merton and Richmond Councils) have re-procured this service.

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