Adults and Health Select Committee
22 January 2020
Integrated Sexual Health and HIV Service Continuous Improvement Plan

Purpose of report

To update the Adults and Health Select Committee on the Continuous Improvement Plan for the Surrey Integrated Sexual Health and HIV service and to provide information on key sexual health indicators.

Introduction

1. This is a joint report between:

    - Surrey County Council (SCC) Public Health team as the commissioners of sexual health services in Surrey
    - NHS England and NHS Improvement South East (NHSE/I) as the commissioners of HIV treatment and care services in Surrey
    - Central and North West London NHS Foundation Trust (CNWL) as the main provider of integrated sexual health and HIV services in Surrey

2. In April 2017 CNWL began delivering sexual health and HIV treatment and care services in Surrey following award of the contract in 2016. The integrated sexual health three-year contract awarded had the option to extend for up to two years without the need for a new procurement process.

3. In 2018 Surrey County Council and NHS England/NHS Improvement undertook a formal decision-making process which included a review of:

    - service user feedback,
    - results from continued engagement with stakeholders,
    - clinical targets,
    - key performance indicators and
    - an appraisal of the current market.

4. This information was written into a commissioner report which presented a number of options. The decision-making process was based on the stages charted in Annexe 1. This was shared with key stakeholders. As the option for a contract extension was enabled in the original decision to award the contract made in 2016, formal consultation was not required. However, it was essential that patient and stakeholder feedback from the ongoing engagement was incorporated into the decision-making process as to whether to use the permitted option to extend the contract or not. The

types of engagement used are outlined in Annexe 1 (detailed in the commissioner report).

5. Following the process outlined in Annexe 1, the decision to use the allowed two-year extension to March 2022 was made under the 2017 Procurement Standing Orders by the Head of Service (Director of Public Health) and the Head of Procurement, in discussion with the Cabinet Member. The decision to extend included the development and implementation of a Continuous Improvement Plan. The main purpose of this report is to outline that Continuous Improvement Plan.

6. This report will outline:

   - Context of the Continuous Improvement Plan
   - Development and key themes of the plan
   - Progress to date of the plan
   - Future plans
   - The sexual health of Surrey residents
   - Reflections and lessons learnt
   - Recommendations

Context of the Continuous Improvement Plan

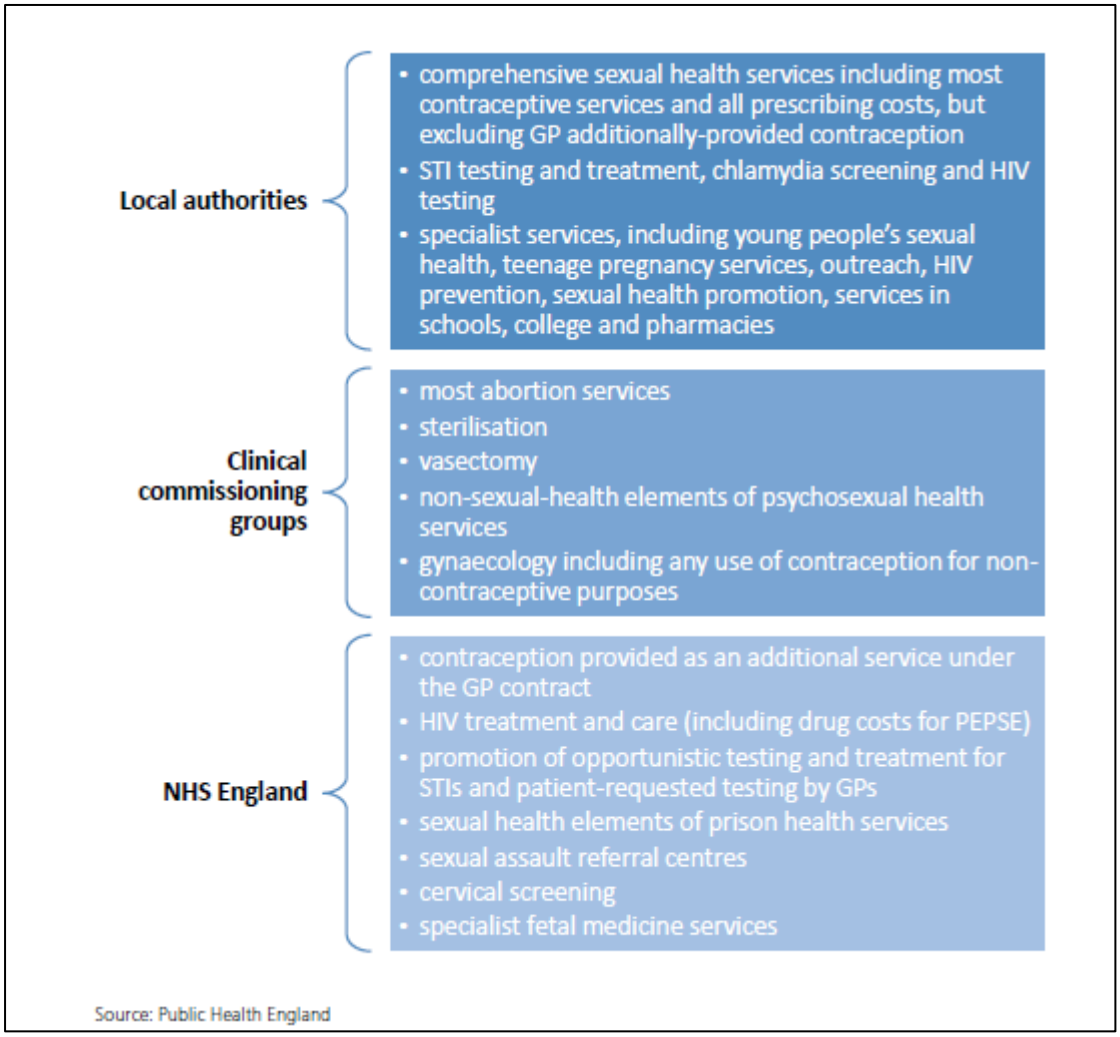
This section describes:

- *how sexual health and HIV services are commissioned and*
- *how the specialist sexual health service provided by CNWL links with other commissioned sexual health services.*

7. The integrated sexual health service provided by CNWL is one aspect of sexual health service delivery in Surrey. Surrey County Council also commissions General Practice to deliver long-acting reversible contraception (LARC). LARC includes coils and implants. Community pharmacists are commissioned to deliver chlamydia and gonorrhoea testing and emergency hormonal contraception (EHC). EHC is taken orally to prevent pregnancy after unprotected sex; often known as the ‘morning after pill’.

8. Commissioning responsibilities for sexual health and HIV services are complex. This complexity was highlighted in the House of Commons Health and Social Care Committee report on sexual health published in June 2019 and is shown below in Figure 1.

Figure 1 Commissioning responsibilities[1]



9. The Continuous Improvement Plan is specific to the specialist CNWL service. Other work is ongoing to ensure that the system as a whole can provide a service which ensures Surrey residents have optimum sexual health and are supported in making healthier choices about sex. This requires all parts of the system to work together to ensure patient choice is respected. Details of all the services offered can be found here:
   https://www.healthysurrey.org.uk/sexual-health

10. CNWL is keen to continue to accept patients diverted from primary care/general practice to reduce pressure in primary care where appropriate. A recent example of this was given when there were concerns from primary care colleagues over how general practice would manage demand from the new intake of students at the University of Surrey. Surrey County Council and CNWL worked with the university

[1] House of Commons Health and Social Care Committee report on sexual health
https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1419/1419.pdf

and primary care colleagues to ensure patients were diverted to CNWL sexual health services.

Development and key themes of the plan

This section describes:

- *the engagement which contributed to the Continuous Improvement Plan,*
- *how the Continuous Improvement Plan was developed and*
- *the key themes in the Continuous Improvement Plan.*

11. The Continuous Improvement Plan was developed as a result of patient and professional engagement through wide dissemination of two questionnaires asking for feedback on CNWL services and promotional material. One was aimed at patients and asked about CNWL services including their outreach and online services and the other was aimed at professionals including:
    - GPs
    - School Nurses
    - Youth Workers
    - District and Borough staff
    - Pharmacists

12. The questionnaires were made available online for the month of April 2019 and were promoted by Surrey County Council, NHS England South East, and Healthwatch Surrey through our networks including:
    - Sexual Health Outreach Group (SHOG)
    - Local Medical Committee (LMC)
    - Local Pharmaceutical Committees (LPC)
    - Health and Wellbeing Communications Meeting (HWCM)

13. In addition to this, CNWL and Surrey County Council held engagement events at each of the main hub sexual health clinics where patients could fill out the questionnaires and ask questions. These events were also supported by Healthwatch. The survey was widely promoted and there were in total 105 patients' questionnaires and 98 professional questionnaires completed. During June and July 2019 Surrey County Council, NHSE/I and CNWL developed a Continuous Improvement Plan based on the results of the questionnaire and ongoing patients and professional engagement. Six main themes emerged under which we were able to categorise the specific issues raised.

14. The agreed themes are shown below as Table 1.

Table 1 Table of agreed themes

Theme from feedback	Actions
Confidentiality	Improve the confidentiality in the clinic waiting rooms
Appointment Availability	Increase the number of bookable appointments
Booking system functionality	Improve the usability of the booking system for service users and patient
Central booking office	Surrey clinics location training for central booking office staff
Publicity and engagement	Improve the dissemination of publicity
	Service information shared between professionals and CNWL and promoted through our networks including SHOG.
	Implement Surrey patient engagement events for Sexual Health and HIV patients.
Pathways	Produce online self-testing kit and contraception flow charts outlining the process for professionals who are signposting to services
	Repeated notification of HIV status for people living with HIV
	Promote publicity on pathways for referral into complex genito-urinary, complex long-acting reversible contraception and psychosexual counselling

15. In addition to the quarterly contract meetings already in place, Surrey County Council, NHSE/I and CNWL are also holding monthly meetings to review the plan and ensure the targets and deadlines are being completed and that continuous improvement to the service is being achieved.

16. To ensure our stakeholders are informed of the work we have been doing as part of the Continuous Improvement Plan we sent out engagement briefings outlining any changes taking place, updating on work being carried out and presenting relevant sexual health data evidencing the impact on the Surrey population.

Progress to date on the plan

This section describes:

- *progress to date against the Continuous Improvement Plan in each of the six themes,*
- *an outline of issues where progress has been slower than expected and*
- *publicity and engagement additional to the Continuous Improvement Plan.*

Confidentiality

17. Confidentiality was one of the key themes to come out of the patient engagement questionnaire. It was highlighted that patients felt improved confidentiality was needed in the clinic waiting rooms. It was agreed that CNWL would rearrange the waiting area in the Earnsdale (Redhill) clinic by facing the chairs away from the desk so that when a patient approaches the desk they cannot be seen. Unfortunately, due to the limited space and shared waiting room in Woking Hospital and limited space in Buryfields (Guildford), CNWL were unable to make any adjustments to the seating in those waiting areas.

18. To improve the confidentiality in the Buryfields clinic, therefore, a glass partition is being implemented to further improve confidentiality and enable patients to speak to reception staff without being overheard. This will enable staff to maintain a clear view of the waiting room to ensure the safety of the other patients.

19. Woking clinic appointments are all pre-booked. This means that patients need only give their identifying details when approaching the reception desk and do not need to give details to identify what type of appointment they might need.

20. To reduce the risk of confidential information being heard between patients and reception staff, TVs have been placed in all three of the main clinics. This creates background noise which makes conversations harder to be overheard. It also gives patients a focus point whilst waiting for their appointment which will hopefully reduce any anxiety they may have about being there.

21. Where a mix of walk-in and booked appointments are available, reception staff have also had training to simply ask patients if they have a walk-in or a booked appointment and then give them a registration form to complete. This avoids the need to ask confidential questions at the reception desk. This minimises the amount of confidential information a patient will have to share verbally.

Appointment availability

22. Appointment availability was another key theme to be highlighted in the patient and professional engagement questionnaires. To improve this, and to increase the availability of bookable appointments, CNWL have an ongoing programme of dual Genito-Urinary Medicine (GUM) and contraception training. This enables clinical staff to see patients for both issues related to sexually transmitted infections (GUM) and contraception. This also allows a more flexible approach to using highly specialised staff so that it can be tailored to patient demand. A wider range of conditions can also be dealt with during walk-in sessions.

23. The dual-training programme increases staff competency in dealing with patients with symptoms of sexually transmitted infections for longer. This is lengthy, comprehensive training which works to upskill the work force and improve confidence at administering certain forms of contraception. Staff need to carry out classroom and online training, shadow colleagues carrying out the procedures, and be observed in

clinical practice themselves before being signed off as competent. The target of 80% of staff being dual trained by end October 2019 was agreed. This has been achieved and the dual training has led to an increase in the number of appointment types of available.

24. After carrying out a deep-dive data analysis on patient data CNWL made the decision to change the Earnsdale clinic (Redhill) opening times to better meet demand by increasing the number of more complex appointments (symptomatic and long-acting reversible contraception). CNWL have also put in a dedicated young people's clinic on a Thursday after school as the data shows this is when most young people attend.

25. As part of the deep-dive data analysis a review of walk-in or booked appointment options was carried out and adjustments have been made. GP feedback from the professional questionnaire in particular was that a walk-in service was needed, although it would be unusual to need repeated walk-in appointments. The Woking clinic can only offer booked appointments due to the configuration of the shared clinical space. However, Buryfields (Guildford) and Earnsdale clinics now both offer booked and walk-in services.

26. CNWL continue to have weekly updates on activity and monthly deep-dive meetings with clinical leads to go through levels and patterns of activity. A summary of face-to-face appointments from the most recent update is given below in Table 2. This shows an increase in more complex contraception (coils and implants) and STI (sexually transmitted infection) treatment. It shows a reduction in more simple contraception and STI testing. This is an important improvement demonstrating that the specialist workforce is completing more of the complex appointments. More simple appointments (STI testing and simple contraception) are being completed using the online service. This model aims to ensure greater availability of necessary face-to-face appointments for patients.

Table 2 Change in appointment categories (snapshot)

Category	Change	% change
STI testing	-86	-3.9%
STI treatment	+117	+22.3%
LARC (long-acting Reversible Contraception)	+66	+25.5%
Implant insertion	+3	+3.7%
Coils	+23	+31.1%
LARC removal	+40	+38.4%
Other contraception	-79	-11.3%
Other	+8	+11.4%

Booking system functionality

27. Another key theme to be raised in the patient and professionals engagement questionnaires was frustration around being able to book appointments. The ability to view all three clinics' appointment availability together online could help patients to be able to book appointments more convenient to them. It could also make the process easier as they will only have to view one web page to see all available appointments. CNWL currently use a third-party booking system as the clinical system cannot be accessed from a non-secure connection. CNWL requested a list of changes from the system provider in December 2019. The booking partner fed back in January 2020 that these specific proposed changes would be difficult to implement due to functionality issues between systems but that they would respond shortly with an alternative way of providing the service's requirements.

28. CNWL is also working towards patients being able to enter their registration details directly into the clinical record system during online booking, and for booking to be provided directly into the clinical system rather than through a third party. Enabling patients to enter personal details needed for the clinical records into the online booking system would save time for patients in-clinic as details would already be recorded on the clinical system. This is dependent on allowing information exchange between the CNWL secure network and patients' own PCs/mobiles/tablets. Following delays by the previous IT provider in setting this up CNWL ceased the contract with the provider in November 2019. A solution architect has been engaged by CNWL in January 2020 to address this complex issue.

29. A selection of HIV patients' feedback suggested that they felt that the consistency of care they were receiving could be improved (that is, they would like the option to see the same consultant where possible). To address this, CNWL has added the list of HIV consultants to their website so that patients can see which consultants are leading which clinic, and book appropriately to suit their choice of consultant.

Central booking office

30. Another key theme to be raised in the patient questionnaire was frustration with the central booking office. Patients fed back that they were frustrated by the staff's limited knowledge of Surrey's geography as they were being sent to clinics far away from the locations they had originally requested and were being given incorrect information about the clinic services. To address this and improve the consistency of information and geographical knowledge, permanent staff have now been recruited and the Business and Infrastructure Manager has developed and ensured delivery of comprehensive training to all staff, which includes this issue.

Publicity and engagement

31. A key theme from the professionals' questionnaire was that many of those that completed it reported that they had not received CNWL publicity. To plan, coordinate, monitor and evaluate this work more effectively, CNWL regularly updates the communications plan, which gets fed back at the quarterly contract meetings so this

can be reviewed. This also enables the ability to plan ahead for the national sexual health campaigns throughout the year and ensure that London campaigns are being replicated where appropriate in Surrey. The plan also includes ensuring key partners, particularly in GP practices, are aware of any improvements and changes to clinic availability as this was an issue identified in the questionnaire results.

32. Some patients fed back that they would like additional options to feed back on their clinic visit to ensure their views and opinions were heard. As mentioned above, in response to this CNWL now organise and promote quarterly, promoted clinic-based engagements events for patients. It was agreed that because of the nature of the service/patients (often only visiting a single time), clinic-based events were the most appropriate method of gaining patient feedback. The events are held once a quarter on a rolling basis (through each main clinic) and are advertised on the CNWL website and in clinics. This involves members of staff talking patients through questionnaires and exploring specific issues with patients attending for clinics (or for patients wishing to attend the events specifically to give feedback). The schedule covers a range of walk-in and booked appointment clinics to gain the feedback of different patient types. During the first two events (in August and November), a total of 35 patients chose to talk to staff and give feedback in this way. This is in addition to the standard ways of giving feedback about the service which can be submitted through the Healthy Surrey website (https://www.healthysurrey.org.uk/contact) and the patient feedback cards which are available at all CNWL clinics.

Pathways

33. A key theme raised in the professionals' questionnaire was a lack of clarity that professionals felt they had on the list of services CNWL offered, the processes they used and the referral pathways. To address and improve this issue CNWL put together a professionals' fact sheet listing the services offered by CNWL and specific contact information for each service to ensure that professionals had the necessary contact information in an easily accessible format.

34. To support GPs with the promotion of the online services for STI testing and contraception services CNWL have developed flow charts outlining the ordering, testing and notification process. The aim of these are to help GPs explain the processes of the services to patients to encourage them to access them.

35. To support GPs to refer patients for more complex appointments CNWL have developed publicity outlining pathways for referral into complex genito-urinary and complex long-acting reversible contraception (LARC). Psychosexual counselling appointments are referred internally and the patient needs to have an appointment in the sexual health service for an initial assessment to determine the most appropriate service to meet patient need. These pathways have been circulated to GPs.

36. The evidence that the flowcharts and pathways have been implemented is demonstrated in Table 2 above showing the increase in complex clinic appointments, and a decrease in asymptomatic and basic contraception appointments. The 'online service' offers patients the ability to request postal testing and/or contraception

online. This reduces the demand for face-to-face appointments needed for more complex issues. A consistent increase in the use of online contraception since the service started in May 2019 can be seen in Table 3 below.

Table 3 Online Contraception *(The service started in May 2019)*

Month (2019)	May	Jun	Jul	Aug	Sep	Oct	Total
Total number accessing online contraception	**11**	**14**	**76**	**76**	**83**	**90**	**350**

37. Table 4 below shows the use of the online testing service from April to September 2019. This was not a new service (unlike the online contraception service) so there is some variation in the numbers below. The use of sexual health services varies considerably throughout the year due to differences in sexual activity. The variation in numbers between boroughs below are due to the different sized populations in each area. There are also differences in the expected use of sexual health services by different populations. For example, the University of Surrey in Guildford means we see higher uses of sexual health services in general and also higher uses of online services there. These differences are in part why it is it not possible to predict 'ideal' levels of online sexual health services.

Table 4 Online STI testing

Tests sent by borough	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Total (n)
Elmbridge	55	60	62	69	97	94	**437**
Epsom	75	67	48	59	58	62	**369**
Guildford	144	223	150	148	199	163	**1027**
Mole Valley	74	60	58	60	70	96	**418**
Reigate and Banstead	102	98	74	98	120	131	**623**
Runnymede	77	85	61	88	96	97	**504**
Spelthorne	63	50	50	54	64	59	**340**
Surrey Heath	60	67	67	53	73	71	**391**
Tandridge	32	31	45	48	55	61	**272**
Waverley	64	67	69	75	76	99	**450**
Woking	122	96	69	92	94	99	**572**

38. HIV patients fed back that they were frustrated by the management of their HIV result when they had completed an online sexually transmitted infection test. People living with HIV should test regularly for other sexually transmitted infections and blood tests are generally carried out for all sexually transmitted infections, including HIV. Patients who know that they are HIV positive are again informed of their HIV status when they receive their online sexually transmitted infection test results. To address this issue CNWL have considered adding a tick box, so that someone who is already aware of the HIV status can let the service know so they are not retold each time. There are legal implications about not advising people of a positive HIV result each time they test. There are risks with an 'opt-out' option as those who do not know their status

may accidently tick the 'opt-out' box. It has been agreed that clearer information will be added to the website when ordering an HIV/Syphilis test so that patients are aware of this issue in advance. For those receiving care for HIV from CNWL, staff will be aware when making the phone call.

Publicity and engagement outside of the Continuous Improvement Plan

39. Whilst the Continuous Improvement Plan is specific to the contract with CNWL there is ongoing work outside of that contract. The feedback on publicity came from the professionals' questionnaire. Many of those who answered the questionnaire had not received the publicity that had been sent out. The Health and Wellbeing Board Communications group whose members include: SCC, Surrey Heartlands Health and Care Partnership, NHS Trusts, CCGs (Clinical Commissioning Groups), District and Borough Councils and external partners is used as an avenue to ensure relevant updated publicity is distributed through these networks. In addition we have also developed relationships with communications leads for GPs and Pharmacies through the Local Medical Committee (LMC) and Local Pharmaceutical Committees (LPC) who support us in our ongoing communications.

40. To ensure we are reaching our target groups we send publicity through the Sexual Health Outreach Group (SHOG) and receive feedback on its design and suitability. For example, we have recently developed some learning disability-friendly leaflets that were requested by SHOG members. SHOG members include: colleagues from Surrey County Council and CNWL, GPs, designated leads from CCGs for safeguarding and looked after children plus representatives from Surrey Youth Focus, Healthy Schools, Local Pharmacy Committee, Supporting Families, Family Nurse Partnership and Children and Family Health Surrey.

Next steps on the Continuous Improvement Plan

This section describes:

- *areas where action is still required on the Continuous Improvement Plan and*
- *key factors (in particular workforce availability) which impact across many areas of the Continuous Improvement Plan.*

41. Many of the actions suggested by the Continuous Improvement Plan have now been completed. As this is a *continuous* improvement plan there will be aspects which will continue to be assessed and addressed for the foreseeable future. Providers and commissioners continue to review patient feedback and respond accordingly. In addition to quarterly contract meetings, Surrey County Council, NHSE England/NHS Improvement and CNWL now have monthly operational meetings to ensure progress against the Continuous Improvement Plan and other key issues.

Appointment availability and digital services

42. Increasing the availability of bookable appointments remains a key area for improvement. This is complex because:

a) Sexual health services are provided in a number of settings in addition to the specialist service provided by CNWL, including primary care, pharmacy and, in some cases, hospital services.
b) There is also some overlap between the commissioning arrangements for sexual health (shown in Figure 1 above).
c) This means that in some cases (such as for oral contraception) patients have the choice of seeing their GP, attending the specialist service (either by a booked or walk-in appointment), ordering online (by post) or seeing a pharmacist.
d) All of this enables greater choice for patients, which is important for sexual health. However, it represents a challenge in ensuring the right healthcare professionals are delivering sexual health services in the right place at the right time for patients. This challenge is further complicated by the changing demand as sexual behaviours vary considerably across the year.

43. We have looked in detail at the numbers of face-to-face attendances at the specialist service. The estimate for these was based on the combined average annual number of face-to-face appointments with the three previous providers. There are several reasons why the number of face-to-face appointments has reduced. These are listed below:

- The provision of online (postal) screening and contraception (see below and Table 3 and Table 4 above).
- Contraception prescriptions are now offered to last a whole year in some cases.
- People who have needed treatment for a sexually transmitted infection can now test online (by post) to see if the treatment has been successful (so they don't need a follow up face-to-face appointment for 'test of cure').

44. The online (postal) chlamydia and gonorrhoea screening service for under-25s has been in place for several years and is well established. CNWL has sought to provide residents with a number of options not requiring a face-to-face appointment. The following additions have now been made to the online service since sexual health was previously discussed at the Adults and Health Select Committee:
    - CNWL have extended online testing for all those aged 18 and over to include self-tests for HIV and syphilis (plus the original gonorrhoea and chlamydia tests) from April 2018.
    - CNWL now offer online contraception, including the progestogen-only pill (POP) and repeat contraceptive pills for existing patients. This was introduced in May 2019.
    - Automated negative texting: since October 2019, text messages for negative results are now sent automatically by the clinical system. This reduced the wait for results from 7-10 days to 24-48 hours. Positive results continue to be followed up with a phone call by the results team.

Workforce availability and deployment

45. Trained healthcare staff are an increasingly valuable and limited resource; this is particularly the case for sexual health. In 2017 the British Medical Association

identified Genito-Urinary Medicine (GUM) as being in the lowest three medical specialties in terms of filled posts. Against this backdrop, through additional efforts to retain and recruit staff, CNWL currently have all their consultant posts filled. Recruitment to the full complement of specialty doctors remains a challenge. Appointment availability is being addressed through dual-training (see 'Appointment availability' above) and recruitment to specialist nurse posts.

46. A key aim of the service model is to ensure that, where possible, the specialist workforce is able to prioritise more complex services, whilst services not requiring a specialist are provided by other professionals in the service/system or online where appropriate.

47. The sexual health model likely to best deliver the right availability of healthcare staff for patients is one in which:

    a) People can access the online STI testing and contraception services.
    b) People can access non-booked, urgent appointments in the ***walk-in*** clinics provided by the specialist service.
    c) People needing simpler non-urgent contraception or treatment can ***book in with the specialist*** service (as well as attending walk-in clinics at the specialist service).

    Examples of people needing to use the walk-in clinics include:

    - people with symptoms after having sex without a condom with someone with an infection
    - people who have had sex without contraception who do not take emergency contraception orally (the 'morning after pill') within 72 hours and require a coil to be fitted within 5 days to prevent pregnancy
    - people who have had sex without a condom with someone known to have a Sexually Transmitted Infection (STI) – an example of this would be someone who was contacted through the service's partner notification service which helps patients diagnosed with an STI to contact previous sexual partners and encourage them to come for testing

48. It would be unusual for individual patients to require repeated urgent face-to-face appointments. Where there are repeated Sexually Transmitted Infections, more intense prevention work would be needed to encourage safer sex.

49. Those requiring emergency contraception, those requiring PEP (Post Exposure Prophylaxis is used as a treatment for people who may have been exposed to HIV), those who have experienced sexual assault, those who are under-16 and people in pain can walk in any time during opening hours at Earnsdale (Redhill) and Buryfields (Guildford).

50. This model should ensure that appointments for those needing specialist, complex sexual health services are available from the specialist service. Some spoke clinics

are currently underused and draw valuable staff from the key hubs, reducing appointment availability (details of all clinics and services can be found at https://www.healthysurrey.org.uk/sexual-health). Stability in service provision is key to patients and healthcare providers making full use of the specialist service. This naturally needs to be balanced with clinics being physically accessible to those who need them.

The sexual health of Surrey residents

This section describes:

- *key data on the sexual health of Surrey residents and*
- *key data on people diagnosed with HIV in Surrey.*

51. The views of our residents and partners are essential in ensuring sexual health service provision is as accessible to as many people as possible. Public Health England also collate data on a range of sexual health and HIV treatment outcomes and compare us with other local authorities.

52. The numbers of people using sexual health services is relatively low as a proportion of the population. This means that at the district and borough level the numbers are often broad estimates from which it is difficult to draw firm conclusions.

53. These comparisons are a useful and objective guide to how sexual health provision in Surrey compares to other areas. Key indicators are outlined below. For large numbers of indicators Surrey compares well to the South East and England averages.

Under 18 conception rates

54. These are now the lowest they have been in Surrey since current data began being collected in 2011. For the third quarter (July to September) in 2011 there were 22.6 conceptions per 1,000 under 18-year-olds, and in the same quarter in 2018 there were 7.7 per 1,000. The numbers are small but the overall trend is definitely much improved.

55. Annual conception data is collected and analysed by ONS (The Office of National Statistics) and has a time lag of approximately 14 months after the end of the end of the year in which the conceptions occurred. We therefore currently only have annual data for 2017. The data for 2018 is expected to be released in April 2020. The 'Recent Trend' column in Spelthorne.

56. Figure 2 shows that conception rates for under 18-year-olds have gone down in every district and borough in Surrey.

57. There is some variation by district and borough. The black horizontal bars in Figure 2 indicate that the numbers are small and therefore actual numbers could be considerably lower or higher than the green/yellow horizontal bars. Spelthorne is the only place that is significantly higher than the Surrey average. Surrey County Council

and CNWL are working with partners to address the issue of higher rates of conception for under 18-year-olds in Spelthorne.

Figure 2 Under 18 conceptions by district and borough in Surrey (2017 – most recent data available)

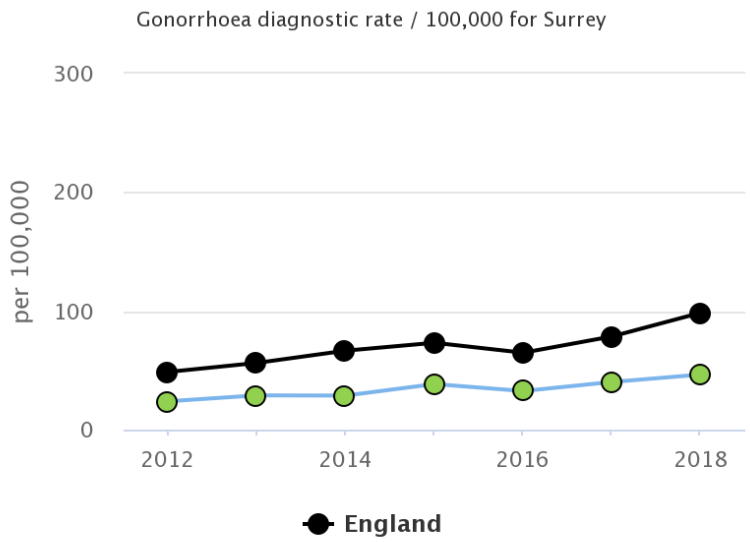
Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	↓	-	15,748	17.8	17.5	18.1
Surrey	↓	-	197	9.9	8.6	11.4
Spelthorne	↓	-	27	18.3	12.0	26.6
Runnymede	↓	-	19	15.7*	9.4	24.5
Tandridge	↓	-	20	12.9	7.9	19.9
Elmbridge	↓	-	23	9.7	6.2	14.6
Mole Valley	↓	-	15	9.6*	5.4	15.8
Waverley	↓	-	21	9.0	5.6	13.7
Woking	↓	-	14	8.8*	4.8	14.8
Guildford	↓	-	19	8.4*	5.1	13.2
Reigate and Banstead	↓	-	20	8.1	4.9	12.5
Surrey Heath	↓	-	12	7.5*	3.8	13.0
Epsom and Ewell	↓	-	7	4.7*	1.9	9.7

Sexually Transmitted Infections (STIs)

Gonorrhoea

58. Figure 3 below shows the Gonorrhoea diagnostic rate for Surrey (green) compared to England (black).

Figure 3 Gonorrhoea diagnostic rate in Surrey (green) 2012-2018



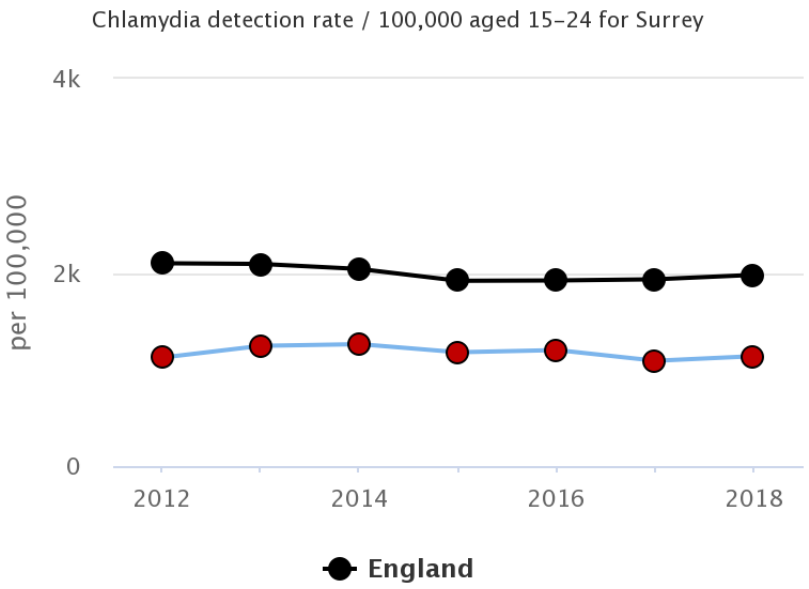
59. Gonorrhoea rates can be reduced by primary prevention (reducing the number of sexual partners and/or by condom use) and by increasing sexual testing so that people do not pass it on unknowingly. Figure 3 shows that rates in England in the

number of new diagnoses of Gonorrhoea have more than doubled according to the most recent six years' figures. Although rates in Surrey (green) have increased slightly they have not increased in line with the national trend and remain considerably lower than the England average.

Chlamydia

60. Figure 4 shows the Chlamydia detection rate per 100,000 people aged 15-24 in Surrey (red) compared to England (black).[2]

Figure 4 Chlamydia detection rate in people aged 15-24 in Surrey (red) 2012-2018



61. There is a screening programme for Chlamydia as people can have Chlamydia without any symptoms and can pass on the disease to other people unknowingly.

62. Figure 4 shows that the Chlamydia detection rate in Surrey (red) is considerably lower than the rate for England. Detecting more cases of Chlamydia can enable more people to be treated. With lower numbers of people being diagnosed with Gonorrhoea (Figure 3), it could be expected that there would also be fewer people being diagnosed with Chlamydia. The challenge of ensuring increased detection rates is a common issue across the South East and this is being examined by the South East Sexual Health Network, led by Public Health England and attended by Surrey County Council Public Health.

Long-acting reversible contraception (coils and implants)

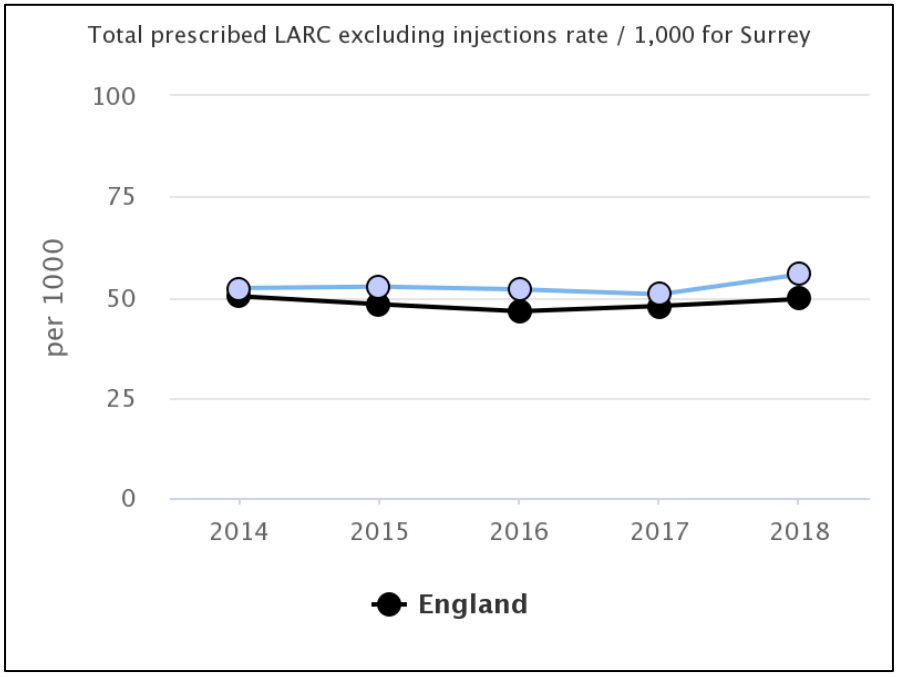
63. Irreversible contraception (vasectomies and sterilisation) are commissioned by Clinical Commissioning Groups. Long-acting reversible contraception, including coils

[2] The actual calculation is all chlamydia diagnoses in 15- to 24-year-olds attending specialist and non-specialist sexual health services (SHSs)*, who are residents in England, expressed as a rate per 100,000 population.

and injections, is commissioned by local authorities. These are important methods of reducing unwanted pregnancies.

64. Figure 5 below shows that the rate of non-injection long-acting contraception (usually coils) in Surrey is higher than that for the rest of England and has increased at a slightly higher rate than the rest of England since 2017.

Figure 5 Total prescribed LARC excluding injections (generally Intra-Uterine Devices or 'coils') 2014-2018 for Surrey (blue)

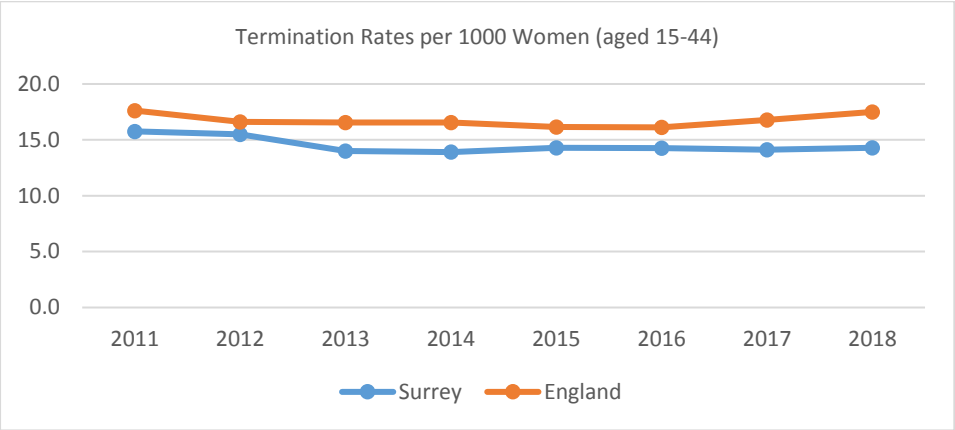


Termination rates

65. Abortion services (terminations) are commissioned by CCGs. However, unwanted pregnancies can indicate issues with access to contraceptive services.

66. Figure 6 below shows that termination rates in Surrey (blue) have remained stable since 2015/2016 but have increased nationally (orange). A destabilising event such as a change in sexual health provision can sometimes cause access issues, which have an effect on termination rates. This has not been observed in Surrey.

Figure 6 Termination rates (2018)



HIV testing and diagnoses in Surrey

67. Table 5 shows the proportion of people eligible for an HIV test who accepted a test. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of HIV transmission.

Table 5 HIV testing and late diagnoses in Surrey (highlighted in the yellow box) 2018

Indicator	Period	England	South East region	Bracknell Forest	Brighton and Hove	Buckinghamshire	East Sussex	Hampshire	Isle of Wight	Kent	Medway	Milton Keynes	Oxfordshire	Portsmouth	Reading	Slough	Southampton	Surrey	West Berkshire	West Sussex	Windsor and Maidenhead	Wokingham
HIV testing																						
HIV testing coverage, total (%)	2018	64.5	68.4	77.8	64.6	66.6	64.2	61.4	60.0	68.6	73.6	77.4	78.8	57.0	69.1	77.3	63.7	69.0	68.8	73.9	82.1	69.5
HIV testing coverage, MSM (%)	2018	87.8	88.2	92.9	86.9	90.3	80.5	84.0	85.3	83.7	91.5	89.4	95.5	83.2	92.2	94.2	80.0	91.0	92.1	92.1	92.6	90.1
HIV testing coverage, men (%)	2018	78.4	79.9	84.7	78.1	82.5	75.6	76.4	68.9	78.3	83.6	82.2	84.0	69.7	85.6	81.6	75.0	81.9	85.2	79.8	87.3	84.4
HIV testing coverage, women (%)	2018	55.2	61.0	73.3	54.8	57.2	57.2	54.0	54.6	61.9	68.7	72.7	74.3	51.4	59.0	74.5	56.2	59.7	58.1	69.3	78.1	59.5

68. Table 5 indicates that HIV testing coverage in Surrey is good in all categories (all groups combined, men who have sex with men, females only and males only). HIV testing is higher than the English average for all these groups.

69. **Table 6**Table 6 below shows the HIV diagnosis rate and the HIV late diagnosis rate. The new diagnosis rate shows the number of people per 100,000 who are newly diagnosed with HIV in any one year. The late diagnosis rate is measured by the number of 'CD4' cells a person has left when they are diagnosed with HIV. CD4 cells are the cells that the HIV virus kills. Having more CD4 cells when a person is

diagnosed suggests that the HIV virus has not been in the person's system for long enough to kill a lot of the CD4 cells[3].

Table 6 HIV diagnosis rate and late diagnosis rate in Surrey (highlighted in the yellow box) 2018

Indicator	Period	England	South East region	Bracknell Forest	Brighton and Hove	Buckinghamshire	East Sussex	Hampshire	Isle of Wight	Kent	Medway	Milton Keynes	Oxfordshire	Portsmouth	Reading	Slough	Southampton	Surrey	West Berkshire	West Sussex	Windsor and Maidenhead	Wokingham
New HIV diagnosis rate / 100,000 aged 15+	2018	8.7	6.4	5.1	18.6	4.4	3.9	4.3	0.8	4.4	6.7	21.5	5.8	12.4	23.7	12.5	12.9	4.7	3.1	5.2	4.9	4.5
HIV late diagnosis (%) <25% 25% to 50% ≥50%	2016 - 18	42.5	45.4	65.0	29.7	48.0	48.6	52.0	*	59.1	59.3	46.6	33.9	34.2	53.1	51.3	47.6	35.5	*	45.0	50.0	46.2
HIV late diagnosis (%) in MSM <25% 25% to 50% ≥50%	2016 - 18	32.5	36.4	62.5	26.5	30.4	40.5	41.7	*	47.3	66.7	20.0	36.1	26.7	38.1	40.0	48.1	30.0	*	41.8	38.5	25.0
HIV late diagnosis (%) in heterosexual men <25% 25% to 50% ≥50%	2016 - 18	59.4	57.0	80.0	42.9	55.6	38.5	73.9	*	66.7	37.5	68.4	33.3	28.6	66.7	66.7	30.8	56.3	*	56.5	*	*
HIV late diagnosis (%) in heterosexual women <25% 25% to 50% ≥50%	2016 - 18	49.4	56.9	*	29.4	61.5	50.0	55.2	*	72.7	71.4	64.3	37.5	41.7	66.7	64.3	57.9	46.2	*	46.7	*	*

70. Table 6 shows that relatively low numbers of people in Surrey are being diagnosed with HIV each year. When combined with good coverage rates (as shown in Table 5) this indicates that the actual number of people with HIV in Surrey remains low (as we know people are being tested, and the number of positive results is low).

71. Table 6 also shows that of those people being diagnosed with HIV, there are more people being diagnosed 'late' than we would hope for. This is being seen across England and the South East. Surrey remains lower than England on all these indicators, which is positive. Overall Surrey has the fourth lowest percentage of late diagnoses in the South East, which is also encouraging. The number of late diagnoses in heterosexual men is particularly high. These issues are being examined by the South East Sexual Health Network, led by Public Health England and attended by the Surrey County Council Public Health.

HIV treatment in Surrey

72. There is only one measure of HIV treatment with a national target. This is the percentage of patients with a viral load of less than 50 within 12 months of starting treatment for HIV. A person with a viral load of less than 50 cannot pass on the virus to other people. This makes it a very important indicator. To achieve a viral load of less than 50 within 12 months, patients must have access to the correct clinical care needed to diagnose, monitor, prescribe and adjust treatment and must be supported to take the treatment effectively. As shown in Table 7 below, 85-95% is 'equivocal'

[3] The actual figure for late diagnosis is the percentage of adults (aged 15 years or more) diagnosed with a CD4 cell count less than 350 cells per mm^3 among all newly diagnosed adults with CD4 cell count available within 91 days of diagnosis.

and above 95% is a 'pass' (the highest target level). In Surrey, 97% of patients treated for HIV are unable to pass on the virus to others within 12 months of treatment. This is a key step towards the important United Nations aim of eradicating AIDS by 2030. Measures such as these are the result of the whole system approach and Surrey as a county can be proud of its contribution towards this important goal.

Table 7 Percentage of patients in Surrey with a viral load of less than 50 within 12 months of treatment at CNWL

% of maintenance patients on ART >12 months with VL <50
97%▼
<85% Fail; 85-94% Equivocal; ≥95% Pass

Conclusions

73. Many actions from the Continuous Improvement Plan have now been completed. Future work has been outlined and is summarised in 'Next steps' below. When compared to England and other local authority areas in the South East, the sexual health of the population of Surrey is generally good.

Next steps

74. Key areas to focus on in the future are:

- Maximising the availability of appropriate appointments
- Improving the patient experience when booking appointments and using the website
- Continuing the work to ensure the CNWL service in Surrey is seen as a preferred place to work for the valuable specialist workforce
- Continuing to engage with key groups who could benefit from using the integrated sexual health and HIV service (including people from Black and Minority Ethnic Groups and people living with a learning disability)
- Continuing to engage with patients and ensure that themes from feedback are incorporated into the Continuous Improvement Plan.

Recommendations

75. Members of the Adults & Health Select Committee are invited to note the update and ask for clarity or further information.

Report contact: Jonathan Lewney Consultant in Public Health, Surrey County Council
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Sources/background papers:

Public Health England Fingertips Profiles Sexual and Reproductive Health:
https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/par/E12000008/ati/202/are/E10000030

House of Commons Health and Social Care Committee report on sexual health
https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1419/1419.pdf

Annexe 1

CNWL Contract extension: Stages leading to formal decision-making process

Category	**Activity**
Engagement	Engagement events across all sexual health hubs in Surrey
Engagement	Online engagement survey for residents and health professionals
Engagement	***Engagement report*** Assimilation of engagement activity findings including: - Ongoing engagement activity as per the patient engagement strategy - Wider stakeholder feedback to date - CNWL engagement events (as above) - Online survey (as above)
Performance	***Performance report*** Written based on performance of the whole contract to date
Market appraisal	***Market appraisal*** Undertaken to inform commissioner report
EIA	***Update of the existing EIA*** in light of key findings of the engagement work above
SCC and NHSE Commissioner report	***Draft commissioner report*** written Report included: - Engagement - Performance - Market appraisal - EIA - Risk - Finances - Options - Recommendation (To either: Re procure or extend current contract)
Update	Update to the Surrey Strategic Health and Care Commissioning Collaborative
Decision	Report submitted to the following for decision: **SCC:** - Public Health Leadership team - Final decision by: • Director of Public Health, • SCC Head of Procurement **NHS England:** - Sign off by: NHS E Specialised Commissioning Procurement team and Specialised Commissioning (South East) Senior Management Team