

Sexual & Reproductive Health JSNA

Key Findings: Women's Health

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Introduction & Background

Purpose of Sexual & Reproductive Health

JSNA:

- To understand needs, demand and desires
- To inform and shape provision
- To identify/ prioritise key areas for development
- Ensure decisions are informed by the evidence base

Key areas for review were:

- STI testing coverage
- National chlamydia screening programme (NCSP)
- HIV late diagnosis
- Abortions and Long Acting Reversible Contraception (LARC) in Primary Care: Unplanned Pregnancy
- Under 18 conceptions
- Cervical cancer



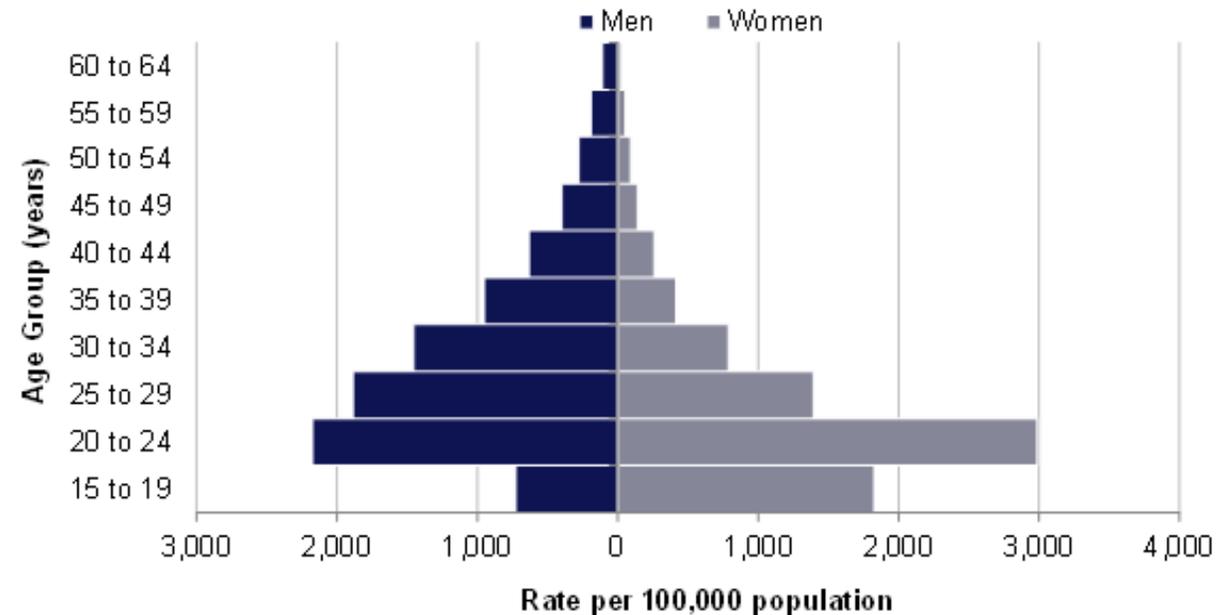
<https://www.wirralintelligenceservice.org/jsna/sexual-and-reproductive-health/>

STI Testing

Headline: Wirral's STI testing rate has been consistently lower than England & NW rate

- Wirral testing and diagnosis rate lower than England & NW
- Increasing testing rates paired with lower positivity indicates a decrease in STI prevalence overall
- STI diagnoses were greatly impacted by the pandemic; early indications show STI diagnoses are increasing following the pandemic; need continued monitoring of STI diagnoses as 2020 & 2021 data was an anomaly
- Nationally, young women aged 20-24 have the highest diagnosis rate for all STIs (most notably chlamydia)
- In Wirral, 61% of people diagnosed with an STI (excluding chlamydia in the <25s) are female (in contrast to the national picture); increased engagement with men required
- Higher % of STI diagnoses in Wirral are for chlamydia (68% vs 49% in England)

Rate of new STI diagnosis by age & gender, England, 2021



<https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>

Qualitative insight (conducted in Wirral during Feb/ March 2023)

Conversations with women:

- Need for info on sexual health and services outside of traditional education settings.
- Lack of confidence to use GP for SH info
- *“Information needs to be more accessible in women only settings”*
- *“More education and awareness. GPs aren’t the best”*
- *“Information easily available and accessible, where not judged”*
- *“More teaching and empowerment for LGBT sex”*
- *“I would like to see a lot more education and inclusivity (for different age ranges and sexualities)”*

Reflections on STI education received in schools (younger people, males and females):

- Was not embedded in the curriculum
- One off session/ workshops which were overwhelming
- *“Rubbish”*
- Discreteness of testing was reiterated; fear of being judged and subject of gossip

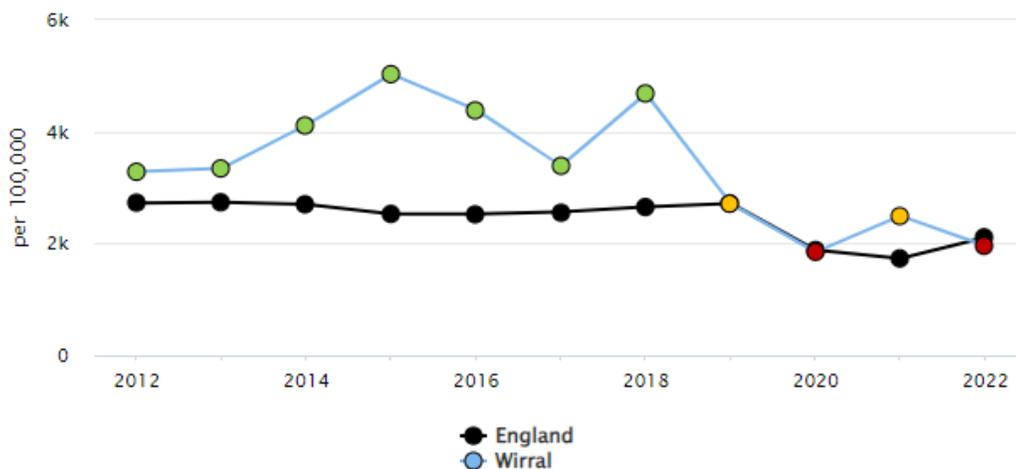


National Chlamydia Screening Programme

Headline: Historically, Wirral performed well with regards to the NCSP, exceeding the recommended detection rate; performance has dropped considerably below target since 2019

- Chlamydia is the most commonly diagnosed bacterial STI in England (and Wirral)
- NCSP promotes opportunistic screening to sexually active young people aged under 25yrs. The programme has shifted to females only as part of targeted harm reduction approach.
- Wirral female detection rate is lower than national/ NW rate; male detection rate is slightly higher than national/ NW rate

**Chlamydia
detection
rate per
100,000
(females
aged 15-24)**



Recent trend: ↓ Decreasing & getting worse

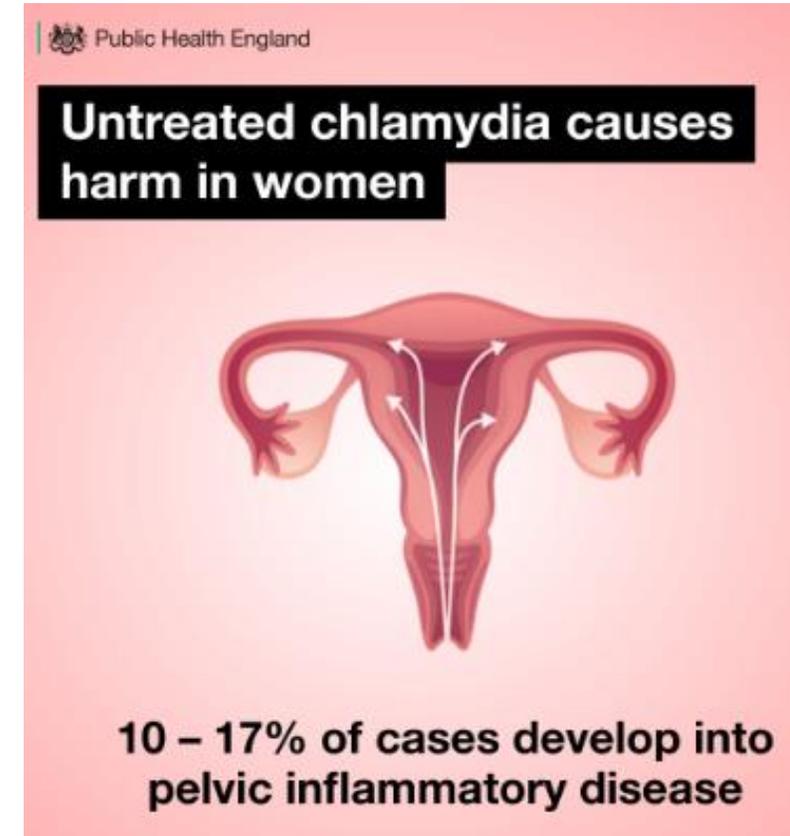
Benchmarking against goal: <2,400 2,400 to 3,250 ≥3,250

| Period | | Wirral | | | | North West | England |
|--------|---|--------|-------|--------------|--------------|------------|---------|
| | | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2012 | ● | 601 | 3,282 | 3,025 | 3,555 | 3,091 | 2,723 |
| 2013 | ● | 603 | 3,342 | 3,081 | 3,620 | 2,967 | 2,737 |
| 2014 | ● | 723 | 4,122 | 3,827 | 4,433 | 3,179 | 2,701 |
| 2015 | ● | 863 | 5,028 | 4,698 | 5,375 | 3,228 | 2,529 |
| 2016 | ● | 727 | 4,392 | 4,079 | 4,723 | 3,075 | 2,529 |
| 2017 | ● | 546 | 3,389 | 3,111 | 3,686 | 2,968 | 2,563 |
| 2018 | ● | 748 | 4,683 | 4,354 | 5,032 | 2,951 | 2,651 |
| 2019 | ● | 431 | 2,711 | 2,461 | 2,979 | 2,727 | 2,717 |
| 2020 | ● | 296 | 1,850 | 1,645 | 2,073 | 1,717 | 1,882 |
| 2021 | ● | 395 | 2,495 | 2,255 | 2,754 | 1,778 | 1,733 |
| 2022 | ● | 310 | 1,958 | 1,747 | 2,189 | 2,262 | 2,110 |

Source: UK Health Security Agency (UKHSA)

NCSP: Recommendations

- Achievement of the (revised female-only) detection rate target unlikely to be met in Wirral without focussed activity to increase chlamydia screening, particularly in the community
- A scaling up of the NCSP in community settings to increase chlamydia screening is needed, particularly in settings like outpatients, WICs, maternity and gynae services and settings specific to young people e.g. colleges and youth services
- The local service should audit practice against the latest NCSP 2022 guidance standards to identify any standards not being met and possible areas for development
- National data suggests that chlamydia positivity is higher amongst Black communities; in Wirral, ethnicity recording for chlamydia testing has declined over recent years and requires improved to ensure equity of access can be monitored



HIV Late Diagnosis

Headline: Latest data available indicates that Wirral is diagnosing a greater proportion of people at a later stage of HIV infection compared to England and NW

Recommendations:

- Wirral is not an area of high HIV prevalence, but increasing prompt diagnosis should be a priority
- Increase no. of people HIV tested locally; including heterosexual men and women who comprise a greater % of those diagnosed
- Normalise HIV testing via increased provision of testing in primary care, EDs and wider range of services such as drug and alcohol services, pharmacies and abortion services
- Outreach services to engage with high-risk communities, e.g. people with multiple and overlapping sexual partners to improve testing access; other innovative methods for engaging with underserved communities to be explored
- HIV postal testing has proved highly acceptable; this should continue to be widely promoted and other options for discreet delivery to be explored, such as a click and collect services. Improved equality monitoring of the postal offer is recommended to help identify inequities in access and improve engagement with those that are digitally excluded
- Stigma associated with HIV still exists; there is a need for continued work to address this including HIV social marketing campaigns that raise awareness of U=U (Undetectable = Untransmissible) and treatment as prevention
- Partner notification (PN) should remain a key part of sexual health service provision as an effective means to identify people with undiagnosed HIV – consider innovations
- Ensuring access to pre-exposure prophylaxis (PrEP) to all groups is important for all high risk groups, but in particular higher risk heterosexual men and heterosexual and bisexual women where uptake has been lower

Unplanned Pregnancy

Headline: Wirral has had a significantly higher abortion rate compared to England & NW since 2012

Headline: Wirral has consistently prescribed less long-acting reversible contraceptives (LARC) in primary care in comparison to England and NW since 2011

- Estimated around 45% of pregnancies and one in three births in England are unplanned or associated with feelings of ambivalence; unplanned pregnancies are evidenced amongst vulnerable and socially disadvantaged groups
- An increase in LARC (implants or coils) will almost certainly lead to a reduction in unintended pregnancy
- National data from 2019 shows that 40% of people receiving abortion care had 1 or more previous abortions
- Estimated 1 in 13 women (presenting for abortion or delivery) conceive within 1 year of giving birth

Compared to England:

● Better ● Similar ● Worse or ● Lower ● Similar ● Higher or ○ Not compared

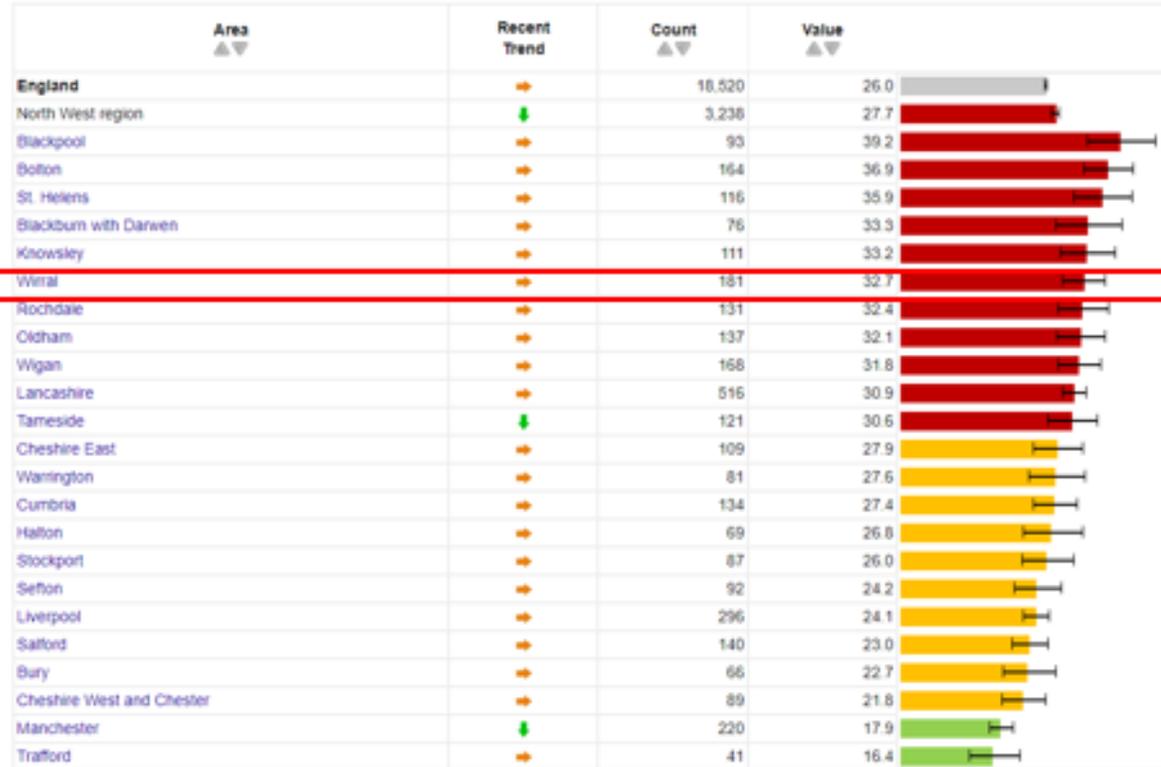


| Indicator names | Period | LA count | LA value | England value | England lowest/worst | England highest/best |
|--------------------------------------|--------|----------|----------|---------------|----------------------|----------------------|
| Total abortion rate / 1,000 | 2021 | 1,329 | 24.3 | 19.2 | 32.2 | 11.3 |
| Under 18s abortions rate / 1,000 | 2021 | 48 | 9.0 | 6.5 | 2.0 | 14.6 |
| Over 25s abortion rate / 1,000 | 2021 | 775 | 20.0 | 17.9 | 29.4 | 10.2 |
| Under 25s repeat abortions (%) | 2021 | 211 | 38.1 | 29.7 | 39.8 | 17.3 |
| Under 25s abortion after a birth (%) | 2021 | 181 | 32.7 | 26.0 | 47.2 | 8.2 |

Overview of key abortion measures for the UKHSA (2021)

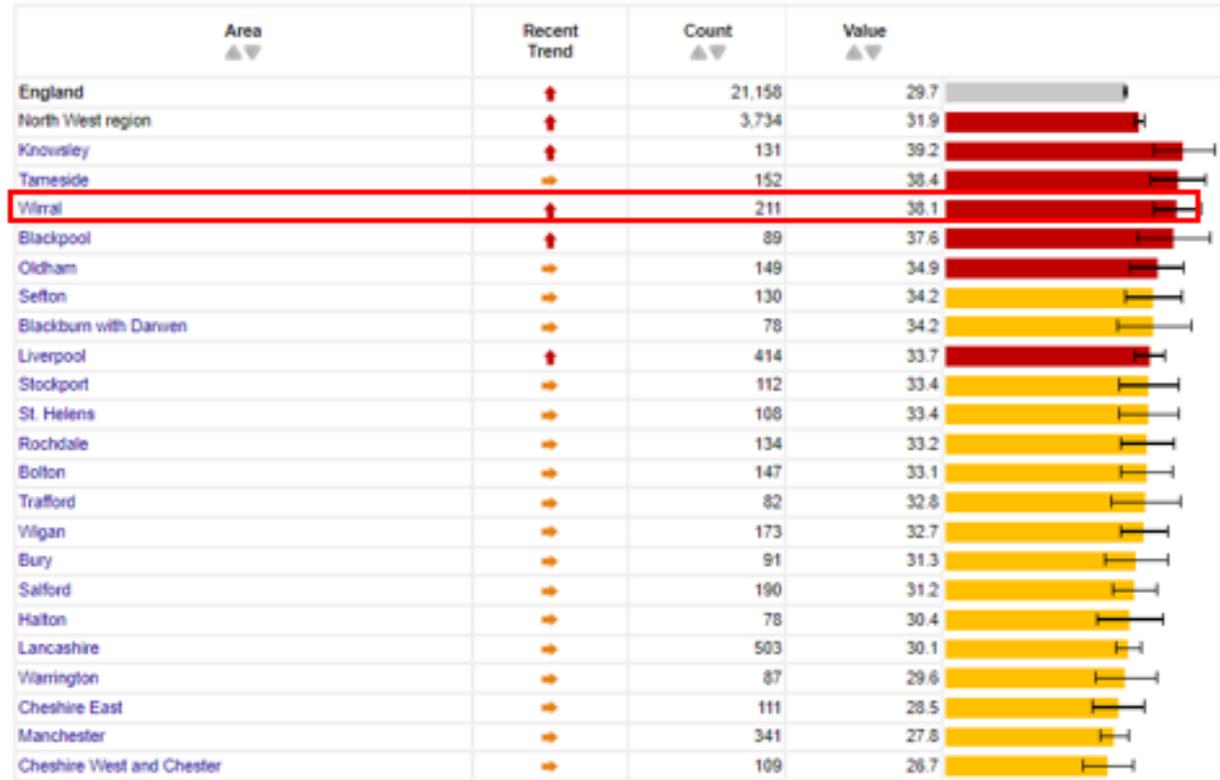
Termination of pregnancy (TOP)

Under 25s abortions after a birth (%) in 2021 in NW LAs



Source: Office for Health Improvement and Disparities, Department of Health and Social Care based on data from abortion clinics

Repeat abortions in the under 25s (%) in 2021 in NW LAs

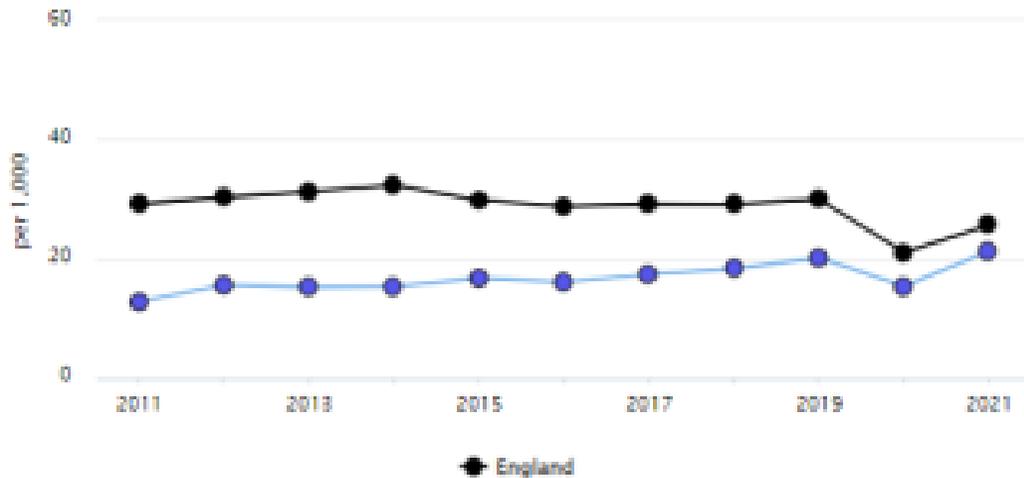


Early data for 2022 (January to June), shows that abortion in England & Wales increased by 17% compared to the same period in 2021

“The rise in abortions is of concern as it indicates a huge and rising unmet need for access to contraception, as well as other challenges people face relating to the cost of living crisis” Faculty of Sexual and Reproductive Healthcare, 2023

LARC (Long Acting Reversible Contraception)

- Prior to 2020, LARC fits were increasing in Wirral, but dropped in 2020 due to the pandemic
- Local LARC rates reflect the national picture overall, but fits in primary care have been consistently below England (although gap has closed more recently)
- There are fewer young people (aged <25s) being fitted with LARCs compared to national and regional figures (this links with increased abortion rates)
- Deprivation analysis indicates Sexual Health Wirral fits more people from the most deprived areas; this could be an indication that access to GPs is an issue (analysis of coil fits in primary care indicated the practices with lowest rates were in more deprived communities)



Recent trends: ➡ No significant change

| Period | Wirral | | | | North West | England |
|--------|--------|-------|--------------|--------------|------------|---------|
| | Count | Value | 95% Lower CI | 95% Upper CI | | |
| 2011 | 755 | 12.9 | 12.0 | 13.9 | 20.3 | 29.2 |
| 2012 | 905 | 15.7 | 14.7 | 16.7 | 21.9 | 30.4 |
| 2013 | 871 | 15.2 | 14.2 | 16.3 | 22.8 | 31.3 |
| 2014 | 867 | 15.4 | 14.4 | 16.4 | 23.1 | 32.3 |
| 2015 | 935 | 16.8 | 15.7 | 17.9 | 21.6 | 29.8 |
| 2016 | 884 | 16.1 | 15.1 | 17.2 | 20.7 | 28.8 |
| 2017 | 951 | 17.4 | 16.3 | 18.6 | 21.0 | 29.2 |
| 2018 | 997 | 18.4 | 17.2 | 19.5 | 21.4 | 29.2 |
| 2019 | 1,101 | 20.2 | 19.1 | 21.5 | 21.7 | 30.0 |
| 2020 | 843 | 15.4 | 14.4 | 16.5 | 14.6 | 21.1 |
| 2021 | 1,172 | 21.3 | 20.1 | 22.6 | 19.3 | 25.7 |

GP prescribed LARC rate (excluding injections), Wirral & England 2011-21

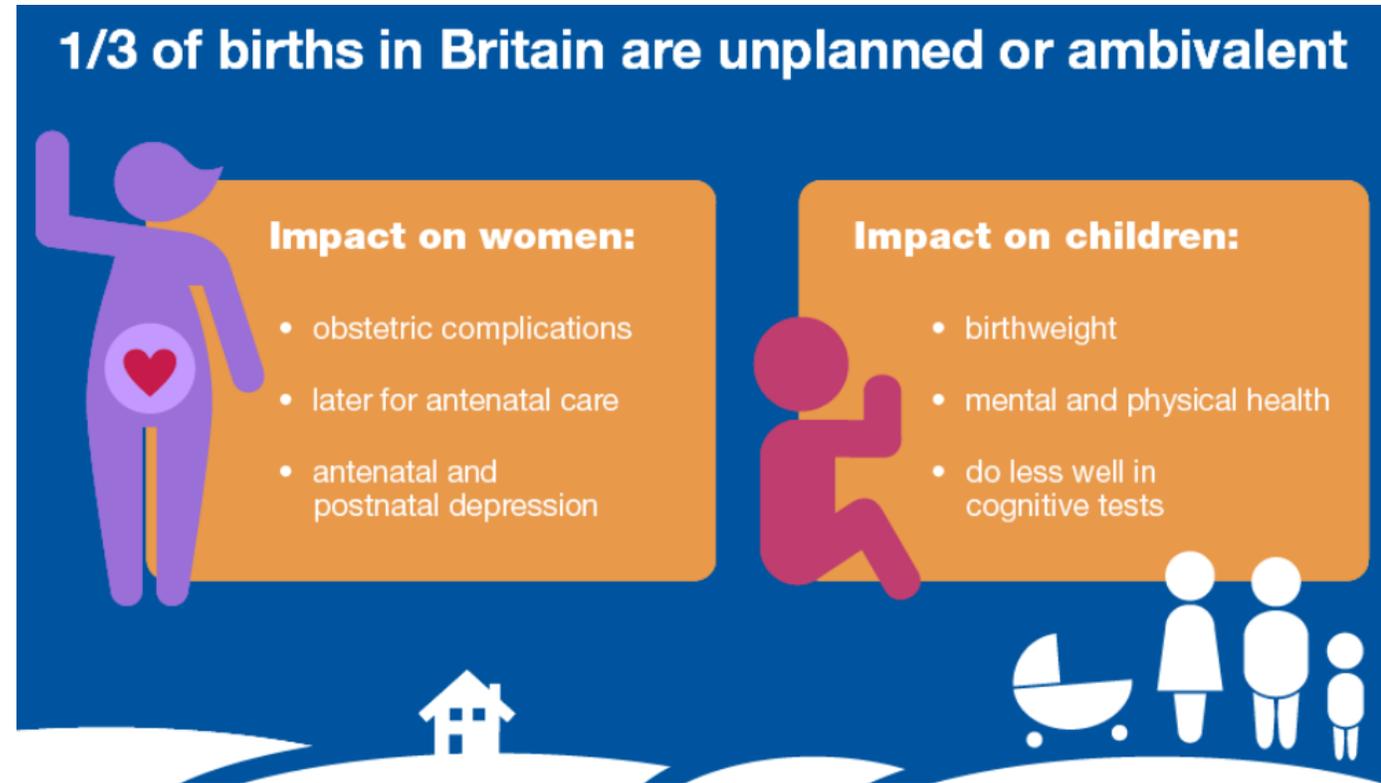
Unplanned Pregnancy: insight

National insight (PHE 2017/18)

- Preventing pregnancy was most important reproductive issue throughout their lives, but in particular, younger women who were most likely to use least reliable methods of contraception
- Symptoms associated with reproductive health had an impact on wellbeing: 80% of women stated had experienced unwanted health symptoms, i.e. heavy menstrual bleeding, severe menopausal symptoms and postnatal symptoms

Local Insight (Feb – March 23)

- Women <25: inadequate information on types of contraception. Fears of getting pregnant (or getting their partner pregnant)
- Women 25+: not knowing how or able to access contraception; GP access was a common theme.
- Postnatal contraception: general lack of confidence about contraception available after giving birth



Unplanned Pregnancy: Recommendations

- Women need good access to local contraception services with the full range of contraception options on offer to reduce Wirral's long standing high abortion rate; engaging with underserved communities, e.g. young women and women from deprived communities
- SRH services to continue to deliver a comprehensive LARC service, with outreach activity and enhanced provision for groups at greater risk of unplanned pregnancy, or who historically are underserved by mainstream provision (e.g. disabled people, people of diverse ethnicities)
- Focussed work is needed with primary care to improve availability of contraception and ensure that a full range of contraceptives is proactively offered by healthcare professionals
- System partners to build on the 2023/24 pilot providing an enhanced LARC service in the Brighter Birkenhead group of GP practices
- Maximum uptake of the NHS Community Pharmacy Contraception Pilot needs to be ensured, encouraging more pharmacies in Wirral to provide this service; this will improve accessibility to oral contraception and help to relieve the burden on sexual health services and primary care, creating more capacity for focused delivery of LARCs (this appears to be highly acceptable amongst women with many stating they would be happy to get their contraceptive pill from non-traditional clinical settings such as pharmacies or online)
- Postnatal and post-abortion contraception offers need improvement; all women should be offered contraception following a termination, with clear pathways for provision. Postnatally, women should be encouraged to consider their contraception preferences and actively supported to take up their contraception of choice
- Ensure joined-up commissioning for gynaecological and reproductive health in line with the recommendations from the Women's Health Strategy. There should be a system-wide approach to women's reproductive health, with partners within the Wirral ICB so that women and girls can have more of their health needs met within integrated services

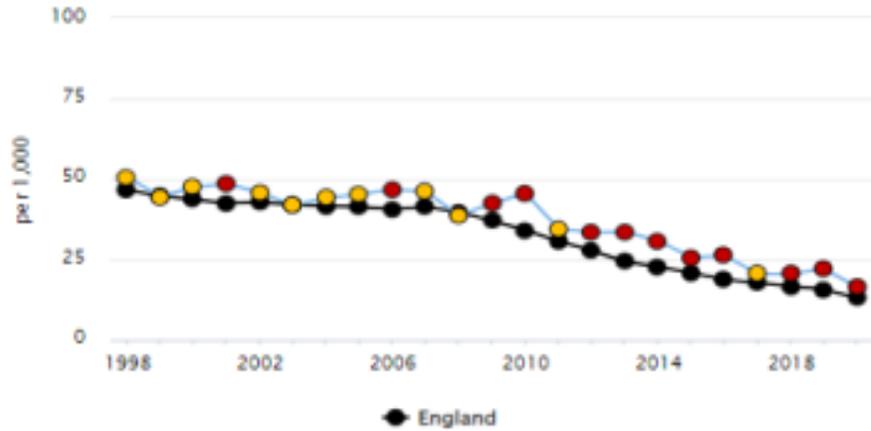
GAPS IN KNOWLEDGE:

- Termination of pregnancy data not available at below Wirral level, so it is not possible to identify groups with a greater use of the service
- Contraception prescribing data is not available in Wirral termination services, so it is not possible to know whether there is a need locally for focussed action to strengthen the contraception offer

Under 18 Conceptions

Headline: Trend data shows Wirral has consistently had a high conception rate for both under 18s and under 16s in comparison to England

Trend in under 18s conception rate (per 1,000), Wirral and England 1998-2020



Recent trend: ➔ No significant change

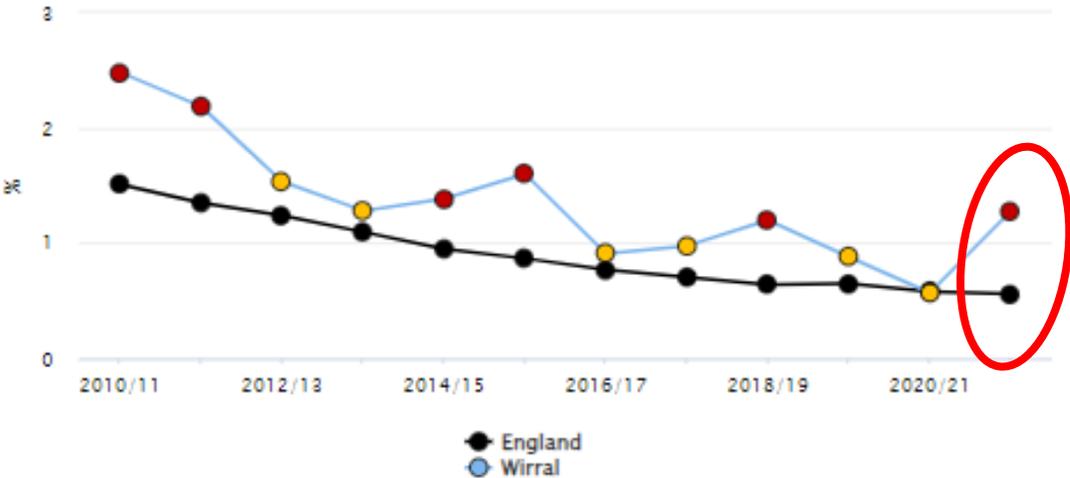
| Period | | Wirral | | | North West | England | |
|--------|---|--------|-------|--------------|------------|---------|--------------|
| | | Count | Value | 95% Lower CI | | | 95% Upper CI |
| 1998 | ● | - | 50.6 | 45.2 | 56.5 | 50.3 | 46.6 |
| 1999 | ● | - | 44.5 | 39.5 | 50.0 | 48.8 | 44.8 |
| 2000 | ● | - | 47.5 | 42.3 | 53.0 | 47.5 | 43.6 |
| 2001 | ● | - | 48.6 | 43.4 | 54.2 | 45.1 | 42.5 |
| 2002 | ● | - | 45.8 | 40.8 | 51.3 | 45.4 | 42.8 |
| 2003 | ● | - | 42.0 | 37.2 | 47.2 | 45.2 | 42.1 |
| 2004 | ● | - | 44.2 | 39.3 | 49.5 | 46.0 | 41.6 |
| 2005 | ● | - | 45.3 | 40.3 | 50.7 | 46.9 | 41.4 |
| 2006 | ● | - | 46.8 | 41.7 | 52.3 | 44.2 | 40.6 |
| 2007 | ● | - | 46.1 | 41.0 | 51.6 | 46.6 | 41.4 |
| 2008 | ● | - | 38.6 | 34.0 | 43.8 | 44.8 | 39.7 |
| 2009 | ● | - | 42.5 | 37.6 | 48.0 | 42.6 | 37.1 |
| 2010 | ● | - | 45.5 | 40.3 | 51.2 | 39.6 | 34.2 |
| 2011 | ● | - | 34.6 | 30.0 | 39.6 | 35.3 | 30.7 |
| 2012 | ● | - | 33.5 | 29.0 | 38.6 | 31.6 | 27.7 |
| 2013 | ● | - | 33.7 | 29.1 | 38.8 | 27.6 | 24.3 |
| 2014 | ● | - | 30.8 | 26.5 | 35.7 | 26.8 | 22.8 |
| 2015 | ● | - | 25.7 | 21.6 | 30.2 | 24.7 | 20.8 |
| 2016 | ● | - | 26.2 | 22.1 | 30.9 | 22.3 | 18.8 |
| 2017 | ● | - | 20.5 | 16.9 | 24.7 | 21.9 | 17.8 |
| 2018 | ● | - | 20.6 | 16.9 | 24.8 | 21.7 | 16.7 |
| 2019 | ● | - | 22.0 | 18.2 | 26.4 | 19.4 | 15.7 |
| 2020 | ● | - | 16.4 | 13.2 | 20.2 | 16.7 | 13.0 |

- Teenage conceptions strongly linked to child poverty and educational attainment
- Broad downward trend locally for teenage conceptions, but Wirral lags behind comparators
- 2021 data shows this has increased from 2020 (17.3/1,000) and gap has widened between England and NW
- In 2021, Wirral had 2x the England rate of teenage mothers and the highest rate in the NW following a jump from 2020 – see next slide)

Teenage Conceptions: Recommendations

- System wide strategic leadership is required to increase the profile locally and enable a co-ordinated response across a range of stakeholders
- Review of the Teenage Pregnancy Framework guidance to help identify gaps and opportunities locally, and support a co-ordinated response, including completion of the self-assessment checklist

Trend in the proportion of mothers aged under 18 at the time of delivery 2010-2021



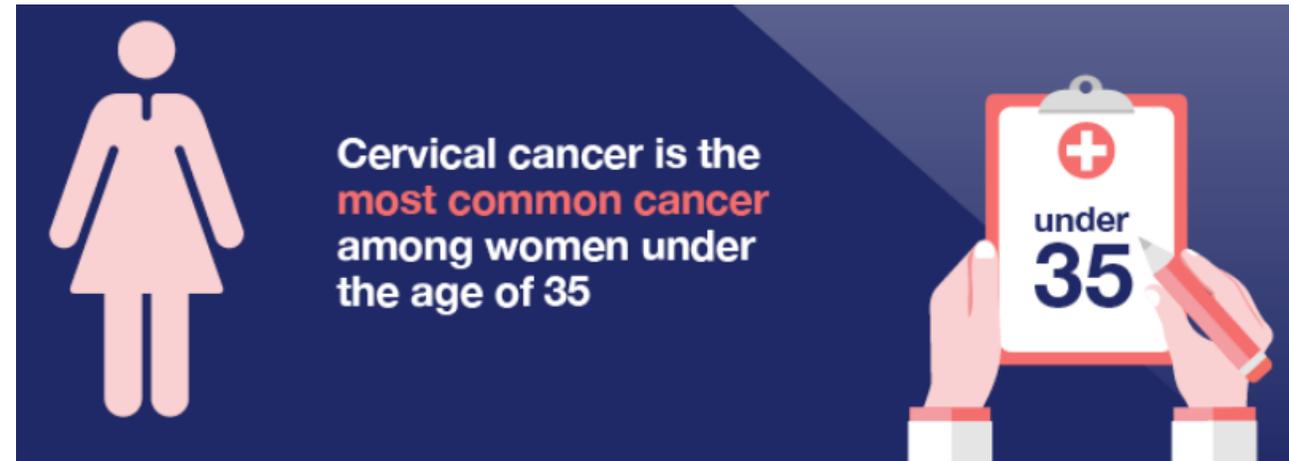
Proportion of mothers aged under 18 at the time of delivery 2021

| Area | Recent Trend | Count | Value |
|---------------------------|--------------|-------|-------|
| England | → | 3,085 | 0.6 |
| North West region | ↓ | 475 | 0.7 |
| Wirral | → | 35 | 1.3 |
| St. Helens | → | 20 | 1.2 |
| Blackburn with Darwen | → | 20 | 1.1 |
| Blackpool | → | 15 | 1.1 |
| Oldham | → | 15 | 0.9 |
| Rochdale | → | 15 | 0.9 |
| Wigan | → | 25 | 0.9 |
| Lancashire | → | 95 | 0.8 |
| Halton | → | 10 | 0.8 |
| Cheshire East | → | 25 | 0.7 |
| Sefton | → | 15 | 0.6 |
| Tameside | → | 15 | 0.6 |
| Salford | → | 20 | 0.6 |
| Bolton | → | 20 | 0.6 |
| Knowsley | → | 10 | 0.5 |
| Cheshire West and Chester | → | 15 | 0.5 |
| Bury | → | 10 | 0.5 |
| Liverpool | → | 25 | 0.5 |
| Manchester | → | 25 | 0.4 |

Cervical Cancer: HPV Vaccination and Cervical Screening

Headline: Cervical cancer screening and HPV vaccinations fell in 2020/21 as a result of the pandemic

- Two public health programmes are key to preventing cervical cancer – HPV vaccination and cervical screening
- New cases of cervical cancer are low and fluctuate but overall rates are higher in Wirral than England
- Wirral has had a higher cervical screening coverage than regional and national levels since 2016/17 (but 50-64yr old coverage is not as high)
- Cervical screening uptake is lowest in deprived communities; nationally uptake is also lower in other groups (see graphic); some evidence indicates that groups with low cervical screening uptake strongly overlap with HPV vaccine uptake
- No data which provides a breakdown of HPV vaccination coverage, so this is a gap in knowledge



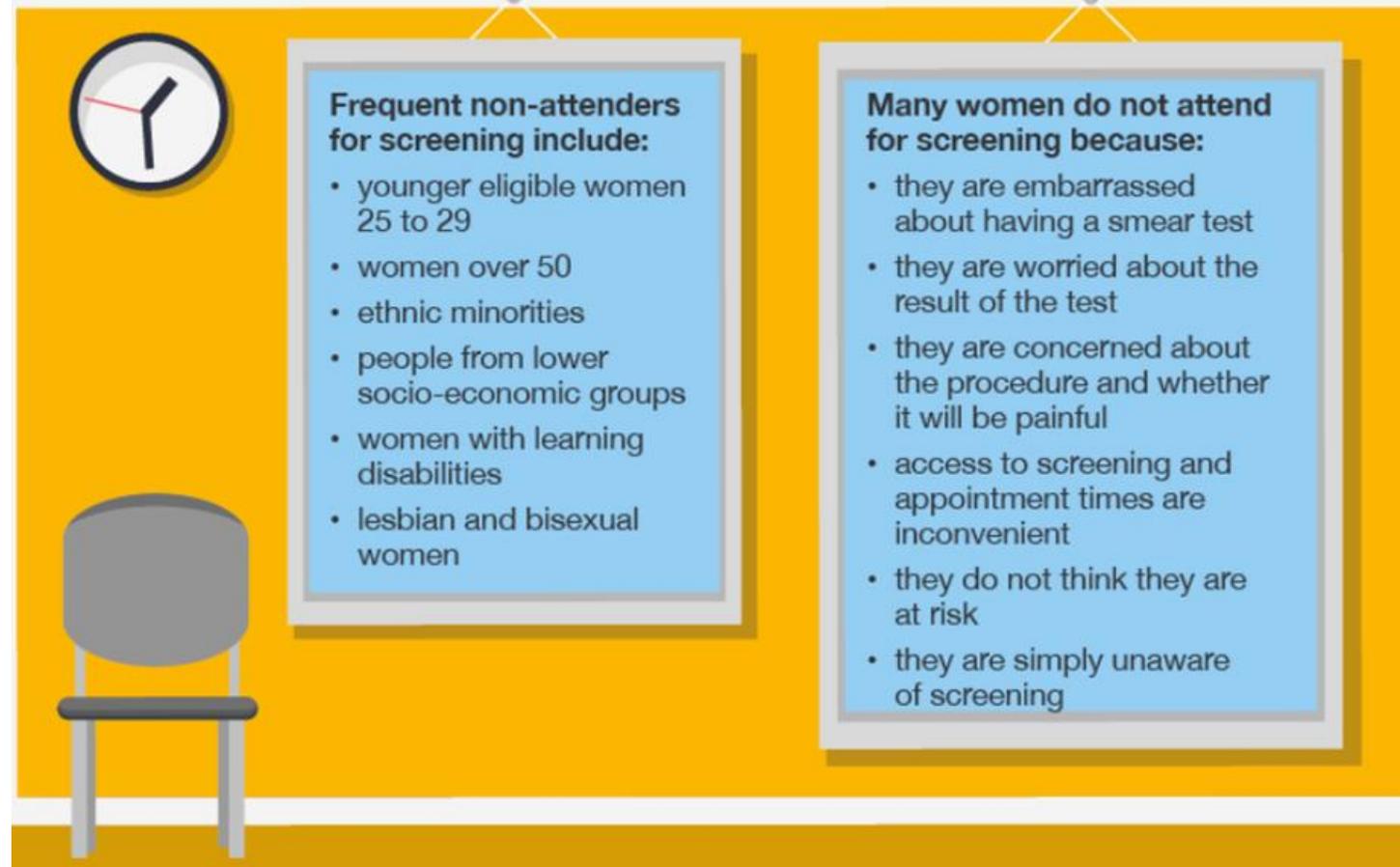
Cervical Screening: Insight

Local insight (Feb/March 2023)

- Reinforced the national findings (see graphic)
- *“I was quite reluctant to return because the previous test had just been so horrible, but I did go and it was better this time; People in healthcare need to understand how vulnerable and intimate that procedure is”*

Recommendations:

- Commissioners to work together to understand inequalities in HPV uptake and develop focused plans to reduce these, including ensuring catch up for those cohorts where rates were lower because of the pandemic
- Wirral system must work to ensure that declines in cervical screening seen nationally and regionally are not seen in Wirral
- PCNs explore models for increasing accessibility to cervical screening, focused on groups with low rates of uptake and consider how to address barriers to uptake (as identified in national and local qualitative research)



Women's Menstrual and Gynaecological Health

Overall, there is limited intelligence and insight available on women's wider reproductive and gynaecological health in Wirral. It is recognised that menstrual and gynaecological health are important components of both reproductive health, and women's health through the life course.

This topic merits further investigation, as it was beyond the intended scope of this JSNA.

Wirral Public Health and Wirral Intelligence Service produced a [Women's Health Briefing](#) (Nov 2022) providing an overview of the issues, data and evidence relating to women's health more widely; key themes included:

- Delayed diagnosis is a significant issue for the estimated 1 in 10 women with endometriosis
- Around 1 in 10 women are estimated to have the hormonal disorder PCOS (Polycystic Ovary Syndrome)
- Menopausal women are the fastest growing demographic in the workforce and almost eight out of 10 of menopausal women are in work
- Since 2018/19, there has been 54% increase in HRT (hormone replacement therapy) prescriptions dispensed in Wirral, compared to a 57% increase in England overall

Conclusions/ Next Steps

The JSNA demonstrates there is a lot of good work happening locally, but there is more work to be done

Key priorities:

- Programme of action to address high termination of pregnancy rates and under 18 conceptions
- Develop the contraception offer within the community and wider healthcare settings, ensuring that contraception is accessible and minimise missed opportunities to prevent unplanned pregnancies
- Prioritise prevention and access for vulnerable groups, including effective and clinically focused outreach that enables rapid support and identification of STIs and HIV in high-risk populations.
- Need to understand who is using our services - and more importantly who is not. Improved recording of ethnicity, sexual orientation and gender identity will ensure an equitable service is provided to communities that are underserved and/or at risk of poor SRH outcomes
- Rebuild and scale up the delivery of the National Chlamydia Screening Programme, particularly in community settings that engage well with groups likely to have higher rates of undetected infections
- Development and nurturing of the local sexual health workforce (both specialist and non-specialist provision)
- Develop data and insight on women's wider reproductive and gynaecological health in Wirral and use this intelligence to inform future service provision.
- **Need to establish a multi-agency governance forum to oversee delivery of SRH in Wirral**