

# SEXUAL HEALTH NEEDS ASSESSMENT FOR MILTON KEYNES

## JULY 2019

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## CONTENTS

1: EXECUTIVE SUMMARY.....	4
1.1 Aim .....	4
1.2 Key Findings .....	4
1.2.1 Epidemiology .....	4
1.2.2 Service Provision .....	5
1.2.3 Stakeholder Consultation.....	5
1.2.4 Services in other areas .....	5
1.3 Recommendations .....	6
2. OVERVIEW OF THE LOCAL POPULATION .....	7
3. METHODS.....	7
3.1 Epidemiology .....	8
3.2 Sexual Health Service Provision & Usage.....	8
3.3 Stakeholder Consultation .....	8
3.4 Lessons from elsewhere for local priority areas .....	8
4. EPIDEMIOLOGY OF SEXUAL AND REPRODUCTIVE HEALTH .....	8
4.1. New Sexually Transmitted Infections .....	8
4.2 The impact of sex, age, sexual orientation and other demographics .....	10
4.3 Gonorrhoea.....	11
4.3.1 Re-infection of Gonorrhoea.....	12
4.4 Genital Herpes.....	12
4.5 Genital Warts .....	13
4.6 Syphilis .....	14
4.7 Chlamydia.....	15
4.8 HIV Prevalence and Late Diagnosis.....	16
4.9 REPRODUCTIVE HEALTH .....	18
4.9.1 Under 18 Conceptions .....	18
4.9.2 Termination of Pregnancy.....	20
4.9.3 Contraception .....	20

5. PROVISION OF CONTRACEPTION AND SEXUAL HEALTH SERVICES ACROSS MILTON KEYNES.....	22
5.1 Commissioning Contraception and Sexual Health Services: the National Context .....	22
5.2 Commissioning Sexual Health Services: the Local Context .....	23
5.3 Geographical Distribution of service provision.....	23
5.4 Sexual Health and contraception Services in milton keynes: Overview of service provision and access .....	23
5.5 Level 3 Service Provision: Genito-urinary Medicine (GUM) – In Area.....	24
5.6 Out of area – Level 3 (GUM) activity .....	25
5.7 BROOK: Under 25 Sexual Health and Contraceptive Services .....	25
5.8 Terence Higgins trust – Hiv support, testing and prevention .....	26
5.9 Chlamydia Screening.....	27
5.10 Contraception and Sexual Health enhanced Services in Primary Care .....	27
5.11 Pharmacies.....	28
5.12 HIV TEsting - other .....	29
5.13 Hepatitis B and C .....	30
5.14 Sexual health Websites.....	30
5.15 Termination of Pregnancy Services.....	30
5.16 Psychosexual Services .....	30
5.17 Sexual Assault Referral Centre .....	30
5.18 Milton Keynes Local Authority Contraception and Sexual Health Expenditure 2018/19 .....	31
6. STAKEHOLDER VIEWS ON SEXUAL HEALTH.....	32
6.1 Views of Service Users .....	32
6.1.1 Number of responses .....	32
6.1.2 Finding out about local sexual health services .....	32
6.1.3 reported Satisfaction with services used .....	32
6.1.4 Areas for improvement identified by service users .....	33
6.1.5 Blood Borne Virus Clinic Feedback.....	34
6.2 Views of service providers .....	34

6.2.1 Milton Keynes Sexual Health and Contraception Clinic.....	34
6.2.2 Brook Sexual Health Clinic .....	34
6.2.3 THT .....	35
6.3 Main findings from the surveys.....	35
7. LESSONS FROM ELSEWHERE FOR LOCAL PRIORITY AREAS.....	35
7.1 National Priorities.....	35
7.2 A call for more integrated Sexual Health Services.....	36
7.3 Recommendations for Reducing Late HIV Diagnoses.....	37
7.4 Reducing high levels of STIs.....	38
7.5 Recommendations for reducing unwanted pregnancies.....	39
8. REFERENCES .....	40
9. APPENDICES.....	41
APPENDIX A: Service User Questionnaire .....	41
APPENDIX B: Provider Feedback Questionnaire.....	45
APPENDIX C: Clinical Guidelines In Sexual Health .....	46

## 1: EXECUTIVE SUMMARY

### 1.1 AIM

This needs assessment will inform the re-procurement of contraception and sexual health services in Milton Keynes and in particular influence the development of the local service model.

The aim of this needs assessment is to compare the sexual health needs of the population of Milton Keynes with the available sexual health services, in order to identify gaps in provision and priorities for action, which will inform the re-commissioning of local contraception and sexual health services.

### 1.2 KEY FINDINGS

#### 1.2.1 EPIDEMIOLOGY

- In 2018, the rate of new sexually transmitted infections (STIs) in Milton Keynes (excluding Chlamydia in 15-24 year olds) was 649 per 100,000 population. This is significantly lower than the England average, but above the East of England regional average rate of 616 per 100,000.
- Rates of Gonorrhoea, Syphilis, Genital Warts and Genital Herpes in Milton Keynes (2018) are below the England average, whilst rates of Chlamydia are similar. Good awareness of, and access to, a range of sexual health services is important to ensure prompt diagnosis and treatment.
- In line with the national trend, young people (between the ages of 15-24) and those in the more deprived population groups in Milton Keynes have the highest rates of new STIs.
- The Chlamydia detection rate amongst 15-24 year olds is 2583 per 100,000 (2018). This is the best in the East of England region and exceeds the Public Health England (PHE) recommendation of 2300, suggesting the local screening programme will successfully impact on reducing prevalence.
- Milton Keynes is considered a high HIV prevalence area with a rate of 3.3 per 1,000 (2017), there is also a high proportion diagnosed late when compared to the East of England and England averages. Increased access and awareness of testing for targeted groups would improve timely diagnosis.
- The number of conceptions to women aged under 18 has continued to decline and the latest under 18 conception rate is 17.5 (per 1,000 women aged 15-17 years, 2017).
- Milton Keynes has a higher abortion rate compared to England in both women aged 15-44 and women aged over 25 years; 21.9 and 18.0 per 1,000 women respectively (2017). The number of repeat abortions in under 25s is also higher.

- Milton Keynes has the highest percentage of abortions carried out before 10 weeks gestation in England. In 2017, 86.7% of NHS funded abortions were carried out compared to the England average of 76.6%.
- Contraception care accounts for a large proportion of attendances at contraception and sexual health services.

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### 1.2.2 SERVICE PROVISION

- The current sexual health provision in Milton Keynes is fragmented, with different providers offering different levels of contraception and sexual health services. Depending on which service is accessed, individuals may not receive the required level of care and have to attend another service. Equally, an individual with low risk needs may unnecessarily attend a Level 3 service.
- Information on how and where to access contraception and sexual health services in Milton Keynes should be widely available and promoted to enable individuals to access the most appropriate treatment and care.
- Currently, outreach HIV testing and prevention does not include full STI testing for the targeted higher risk groups.

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### 1.2.3 STAKEHOLDER CONSULTATION

- The majority of service users were fairly or very satisfied with service provision; waiting times were found to be least satisfactory.
- Key areas for improvement included extending opening hours, making it easier to book an appointment and better information on services (where to go and what is available).
- The availability of online booking and more online testing kits would improve the current offer.

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### 1.2.4 SERVICES IN OTHER AREAS

All other local authorities within the region have adopted an integrated model for delivering sexual health services. This model can increase patient access to the full range of contraception and sexual health services from a single location. Benefits include: better integrated pathways, increased opportunities for joint working and increased opportunities for coordinated working with GPs and Pharmacies.

## 1.3 RECOMMENDATIONS

The Public Health Team responsible for commissioning contraception and sexual health services in Milton Keynes, working with key partners as appropriate, should:

### Overall

- Embed an integrated sexual health service model to improve the provision of, and access to, contraception and sexual health services in Milton Keynes.
- Ensure the integrated service offers robust training and support for staff, in compliance with clinical governance, to develop and retain a high quality, specialist workforce who can lead in this area.
- Provide an online home sampling STI testing service for asymptomatic individuals.
- Create a one-stop provider website to direct users to appropriate contraception and sexual health services, offer online booking and provide other relevant information.
- Establish a contraception and sexual health network group to improve sharing and awareness of other services and best practice amongst professionals.
- Develop a comprehensive contraception and sexual health communications strategy aiming to increase awareness of STIs, and promote safer sex messages and the availability of local sexual health services, particularly for those in higher risk groups,
- Ensure sexual health service providers offer patients diagnosed with an STI, particularly younger patients, behaviour change messages to reduce their risk of reinfection and encourage them to give details of sexual partners for treatment.

### HIV

- Increase access to HIV testing in non-sexual health settings, including evaluating the effectiveness of GP registrant HIV testing.
- Continue with the HIV home-sampling testing for those identified as being in higher risk groups.
- Ensure outreach provision targeted at higher risk groups offers the full range of STI screening (in addition to HIV).
- Include HIV treatment and care in the future sexual health service model, through joint or aligned commissioning arrangements with NHS England.

### Hepatitis B & C

Include key performance indicators for:

- Level 3 provision to ensure at risk sexual contacts are followed up and vaccinated
- Referrals into clinical treatment working in partnership with the Blood Borne Virus Network.

## Reproductive health

- Work in partnership with Milton Keynes Clinical Commissioning Group to improve access to comprehensive contraception provision for those accessing abortions, particularly among vulnerable women.

## Vulnerable groups

- Following recommendations from the National Working Group on Child Sexual Exploitation, ensure there is robust screening to identify young people and vulnerable people at risk of sexual exploitation.
- Explore the sexual health needs of specific vulnerable and minority groups, including sex workers, migrants, travellers and people with disabilities; including conducting an Equality Impact Assessment of the proposed service model during the recommissioning process.

## 2. OVERVIEW OF THE LOCAL POPULATION

Milton Keynes is one of the fastest growing areas in England and the population is expected to continue to increase with planned house building. Overall, Milton Keynes has a younger population compared to England but the older age groups are forecast to have high rates of growth. By 2026, the highest proportion of the population will be in the 5-14 and 30-44-year-old age groups.

Diversity is increasing as new people move into Milton Keynes. In 2011, just over a quarter (26%) were from a black and minority ethnic group, compared to 20% in England. Between 2001 and 2011, the ethnic groups that saw the largest increases were Black African and 'other white'. Black Africans make up the largest single minority ethnic group and account for 5.2% of the total population, closely followed by 'other white' (5.1%) which includes European migrants.

Compared to other local authorities in England, Milton Keynes is less deprived ranking 181 out of 326 (1 is the most deprived local authority). However, there are pockets of deprivation that are amongst the 20% most deprived in England. These are located in Bletchley East, Woughton and Fishermead, Central Milton Keynes, Bradwell and Wolverton.

## 3. METHODS

This health needs assessment has taken a mixed approach combining the methods of an epidemiological (what is the data showing us?), comparative (how do we compare with national and regional best practice?) and corporate needs assessment (what do service users and providers think about existing services?).

### 3.1 EPIDEMIOLOGY

We reviewed the most recent data on STIs, HIV and reproductive health (teenage pregnancy and termination of pregnancies), looking at trends over time and demographics (age, sex, ethnicity, socio-economic status), and compared local data with regional and national data.

### 3.2 SEXUAL HEALTH SERVICE PROVISION & USAGE

We described the various sexual health services available locally.

### 3.3 STAKEHOLDER CONSULTATION

Two separate questionnaires were developed for i) contraception and sexual health service users and ii) contraception and sexual health service providers in Milton Keynes. They captured feedback regarding awareness of local sexual health services; satisfaction with services used; views on current services and recommendations for improvement (see **Appendix A** and **Appendix B: Provider Feedback Questionnaire**).

### 3.4 LESSONS FROM ELSEWHERE FOR LOCAL PRIORITY AREAS

We contacted sexual health commissioners in other local authorities in the region to discuss their local sexual health service model and asked for copies of their sexual health service specification. We also discussed models of delivery and the different approaches within the region with the regional Public Health England Sexual Health Lead.

We reviewed relevant national guidance related to the main local sexual health needs identified through our epidemiological analyses.

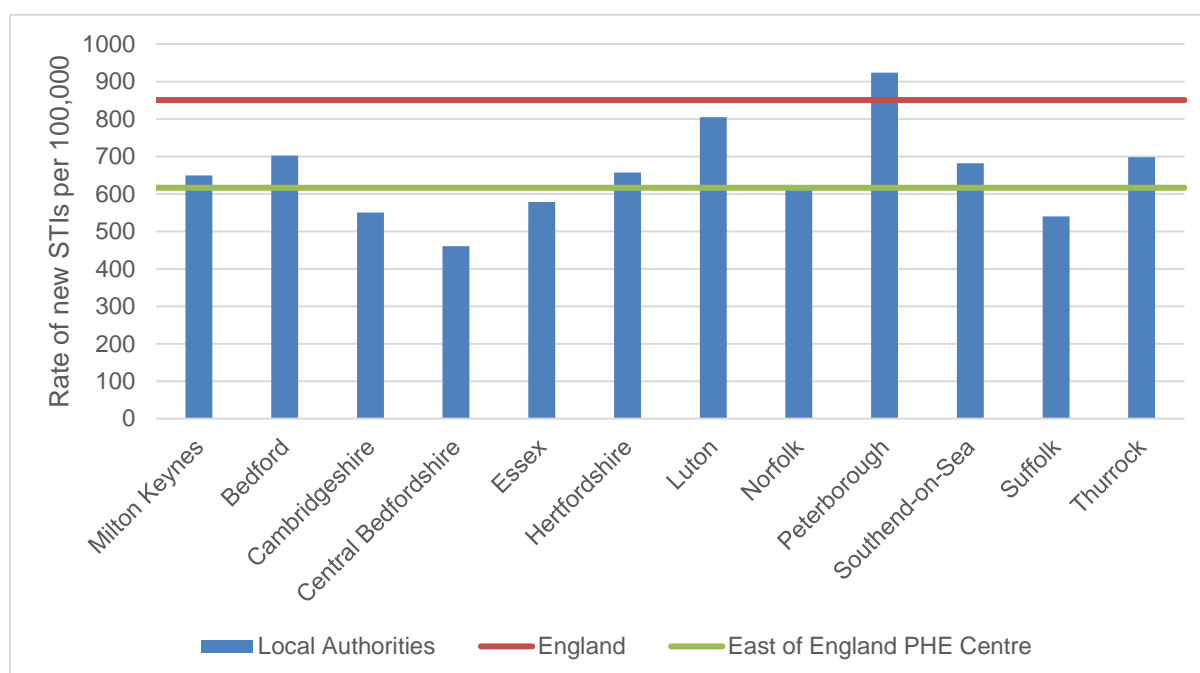
## 4. EPIDEMIOLOGY OF SEXUAL AND REPRODUCTIVE HEALTH

The data provided in the following section is the most recently available published data available from Public Health England (PHE) for sexually transmitted infections (STIs), HIV and reproductive health. Where available Milton Keynes is compared to other local authorities in the East of England Public Health England Centre (EoE PHE), the regional (EoE PHE Centre) average and the England average.

### 4.1. NEW SEXUALLY TRANSMITTED INFECTIONS

In 2018, 1,126 new STI diagnoses were made in Milton Keynes (excluding Chlamydia in 15-24 year olds, which is reported separately) giving a rate of 649 per 100,000 population. This is a slight reduction on the previous year's rate of 660 per 100,000. Milton Keynes is below the England average (851 per 100,000) but above the regional average rate (616 per 100,000) see **Figure 1**.

**Figure 1: New STI diagnoses (excluding Chlamydia in under 25 year olds) per 100,000 population aged 15 to 64 in Milton Keynes, East of England PHE Centre and England, 2018**



Source: Public Health England

Rates by each STI are shown in **Table 1**.

**Table 1: STI diagnoses per 100,000 population in Milton Keynes compared with East of England PHE Centre (2015) local authorities, East of England region and England, 2018**

Area	Diagnostic rate per 100,000				
	Chlamydia	Gonorrhoea	Syphilis	Genital herpes	Genital warts
<b>Milton Keynes</b>	364.1	70.3	5.2	38.1	84.1
<b>Bedford</b>	397.3	86.5	8.8	41.8	84.2
<b>Cambridgeshire</b>	257.6	40.6	4.8	33.6	84.2
<b>Central Bedfordshire</b>	193.9	41.1	2.9	40.4	63.2
<b>Essex</b>	256.2	62.6	4.6	53.7	87.8
<b>Hertfordshire</b>	267.7	60.0	4.5	50.7	94.5
<b>Luton</b>	383.4	82.0	7.9	52.6	80.1
<b>Norfolk</b>	289.6	33.9	3.1	43.1	74.5
<b>Peterborough</b>	462.0	72.4	7.5	58.8	105.6
<b>Southend-on-Sea</b>	268.4	56.7	5.5	68.8	119.9
<b>Suffolk</b>	281.9	33.7	2.5	41.0	67.2
<b>Thurrock</b>	216.0	49.9	4.1	61.0	85.7
<b>East of England PHE centre</b>	281.5	53.0	4.4	47.4	84.2
<b>England</b>	384.4	98.5	13.1	59.0	100.1

Source: Public Health England

## 4.2 THE IMPACT OF SEX, AGE, SEXUAL ORIENTATION AND OTHER DEMOGRAPHICS

Poor sexual health disproportionately affects those experiencing poverty and social exclusion. Individuals and groups who find it most difficult to access services include asylum seekers and refugees, sex workers and their clients, those who are homeless and young people in – or leaving – care. The highest burden is borne by men who have sex with men, some black and minority ethnic groups and young people (NICE, 2007).

### **Sex**

STI diagnoses are equally distributed between the sexes. Of all those diagnosed with a new STI in Milton Keynes in 2017, 50% were male and 49% were female (PHE, 2018).

### **Age**

Most people become sexually active between the ages of 16 and 24. Young people in these age groups have significantly higher rates of poor sexual health, including STIs and abortions, than older people (DH, 2013). Chlamydia continues to be the most common STI within this age group.

In 2017, young people between the ages of 15 and 24 had the highest rates of new STIs, making up 50% of new STI diagnoses in Milton Keynes. Young people were also more likely to become re-infected with STIs (PHE, 2018).

### **Gay, bisexual and other men who have sex with men (MSM)**

For cases where sexual orientation is known, 18.5% of new STIs in Milton Keynes in 2017 were among MSM. This has increased from 15.4% in 2013 (PHE, 2018). Nationally there has been a sharp increase in STI diagnosis amongst this group over the last decade.

### **Ethnicity**

The proportion of new STIs diagnosed in Milton Keynes by ethnic group is shown in **Table 2**. It should be noted that a high proportion of records have no ethnic group specified.

**Table 2: Proportion of new STIs diagnosed in Milton Keynes by ethnic group, 2017**

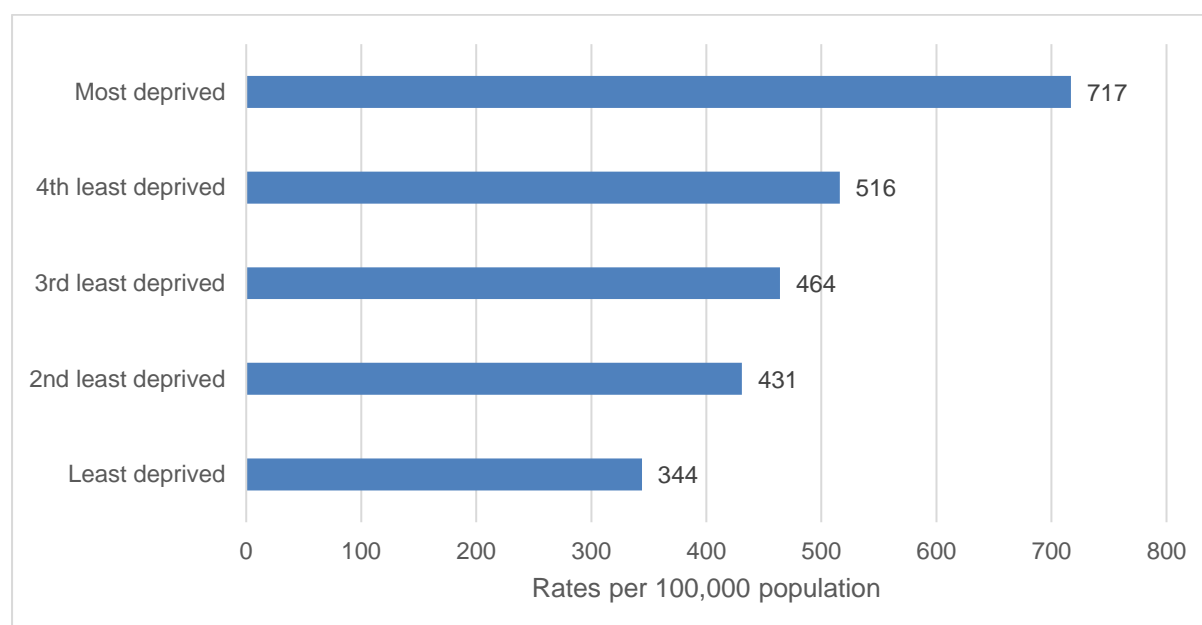
Ethnic Group	% new STIs
White	28.7
Black or Black British	12.0
Asian or Asian British	1.9
Mixed	1.4
Other Ethnic Groups	1.4
Not specified	54.6

Source: Public Health England LASER, 2018

### Distribution of STIs and Deprivation

Socio-economic deprivation is a known determinant of poor health outcomes and data from sexual health services shows a strong positive correlation between rates of new STIs and the index of multiple deprivation in England. This is reflected in Milton Keynes with the higher rate of new STIs amongst the most deprived population group (**see Figure 2**).

**Figure 2: Rate of new STIs per 100,000 population by deprivation category in Milton Keynes (Sexual Health Service diagnoses only), 2017**



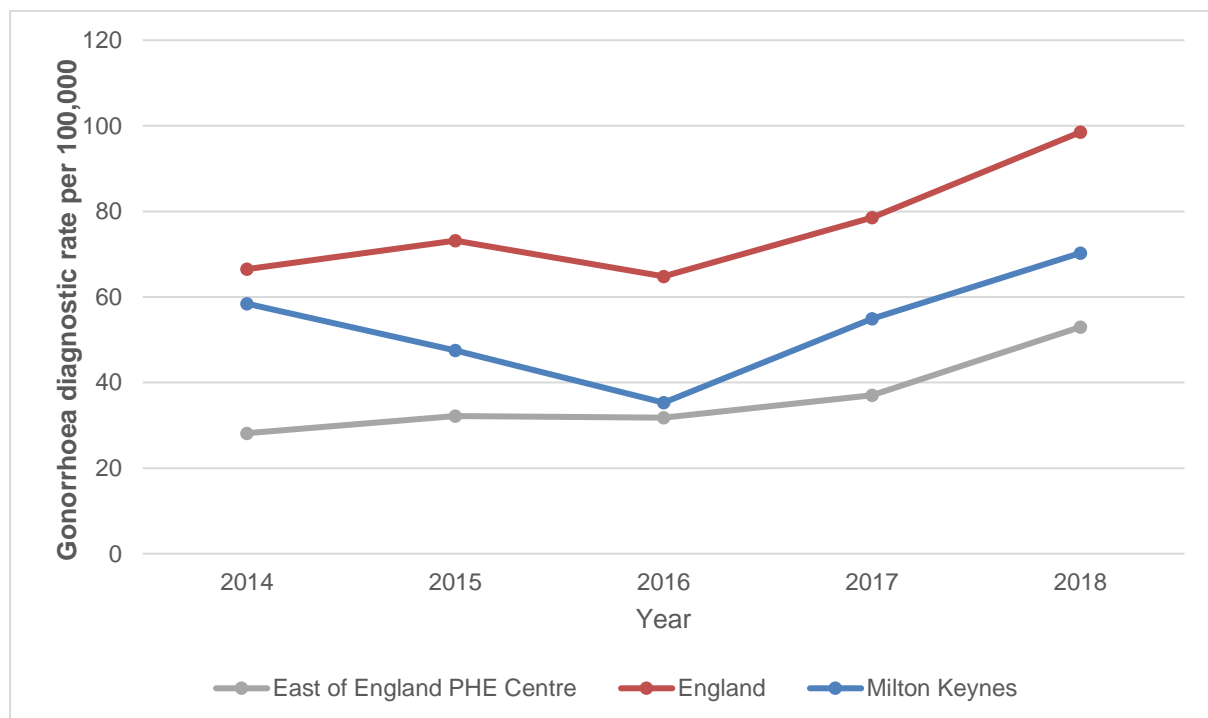
Source Public Health England LASER, 2018

### 4.3 GONORRHOEA

The rate of Gonorrhoea diagnoses in Milton Keynes, at 70.3 per 100,000 (2018), is lower than the England rate (98.5 per 100,000) but above the regional average (EoE PHE Centre average: 53.0 per 100,000). Whilst there was a decrease in rates

between 2014-2016, the increase since 2016 reflects the upward trend seen in England and the PHE centre, as shown in **Figure 3**. Information gained from a sample of positive individuals identified some common characteristics that informed some targeted work locally. It should be noted that that increases 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 Men who have Sex with Men (MSM) (PHE, 2014).

**Figure 3: Gonorrhoea diagnosis rate per 100,000 population in Milton Keynes, East of England PHE Centre and England, 2014 – 2018**



Public Health England

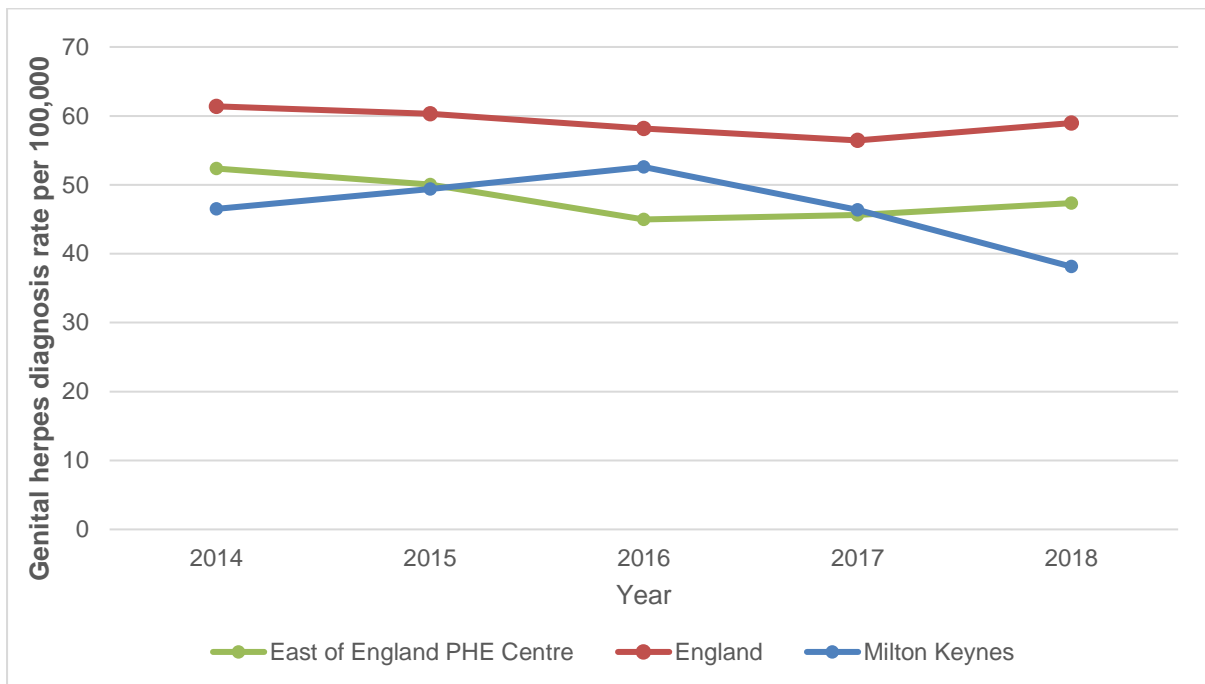
#### 4.3.1 RE-INFECTION OF GONORRHOEA

An estimated 0.6% of women and 6.1% of men diagnosed with Gonorrhoea between 2013 and 2017 became re-infected within 12 months in Milton Keynes. This is lower than the national estimate of 3.7% of women and 11.1% of men becoming re infected within 12 months (PHE, 2018).

#### 4.4 GENITAL HERPES

The rate of Genital Herpes in Milton Keynes decreased again in 2018 to a rate of 38.1 per 100,000. This is below the England rate of 59.0 per 100,000 and the EoE PHE Centre average (47.4 per 100,000). Nationally and regionally, the rate increased slightly in 2018 as shown in **Figure 4**.

**Figure 4: Genital Herpes diagnosis rate per 100,000 population in Milton Keynes, East of England PHE Centre and England, 2014 - 2018**

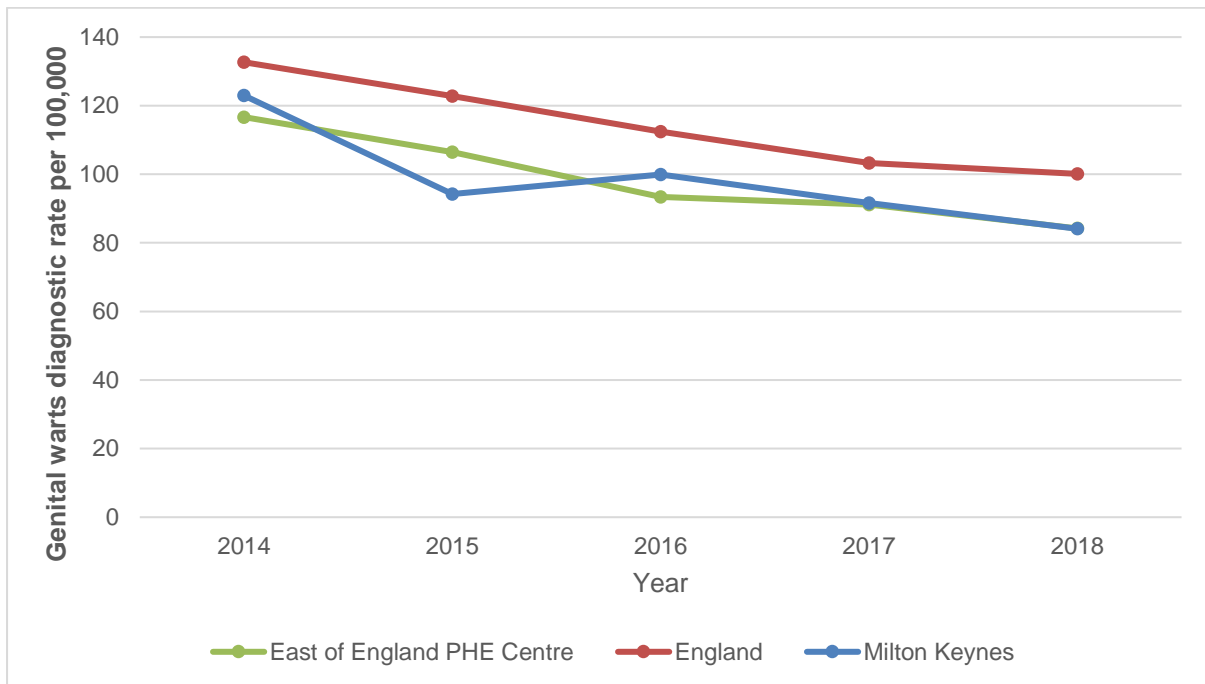


Source: Public Health England

#### 4.5 GENITAL WARTS

After Chlamydia, Warts are the most commonly diagnosed sexually transmitted infection. The rate of Genital Warts in Milton Keynes (84.1 per 100,000) has fallen again in 2018, following an increase in 2016, and reflects the decreasing national rate. Milton Keynes' rate remains below the national rate (100.1 per 100,000) and is similar to the EoE PHE Centre average (84.2 per 100,000) (**Figure 5**).

**Figure 5: Graph showing the rate of first episode genital warts diagnosis per 100,000 population in Milton Keynes and regional and national rate between 2014 and 2018**



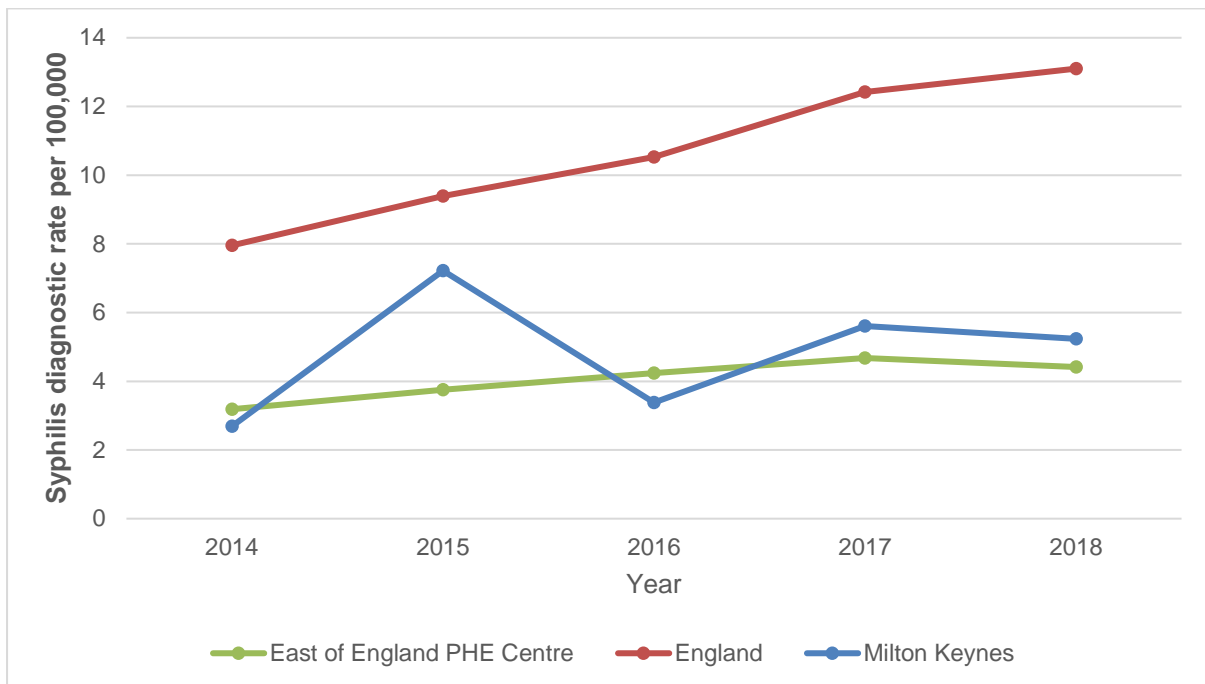
Source: Public Health England

#### 4.6 SYPHILIS

Syphilis is an important public health issue in men who have sex with men (MSM), among whom, nationally, incidence has increased over the past decade. Syphilis is primarily diagnosed in sexual health clinics (PHE, 2014).

The rate of Syphilis in Milton Keynes (5.2 per 100,000, 2018) decreased slightly last year. It is significantly below the England rate (13.1 per 100,000) and just above the EoE PHE Centre average (4.4 per 100,000) see **Figure 6**. A Syphilis campaign was jointly commissioned in February 2019 by Milton Keynes and 11 other regions across the East of England, aimed at MSM who were identified as being at higher risk.

**Figure 6: Syphilis diagnosis rate per 100,000 population in Milton Keynes, East of England PHE Centre and England, 2013 – 2017**



Source: Public Health England

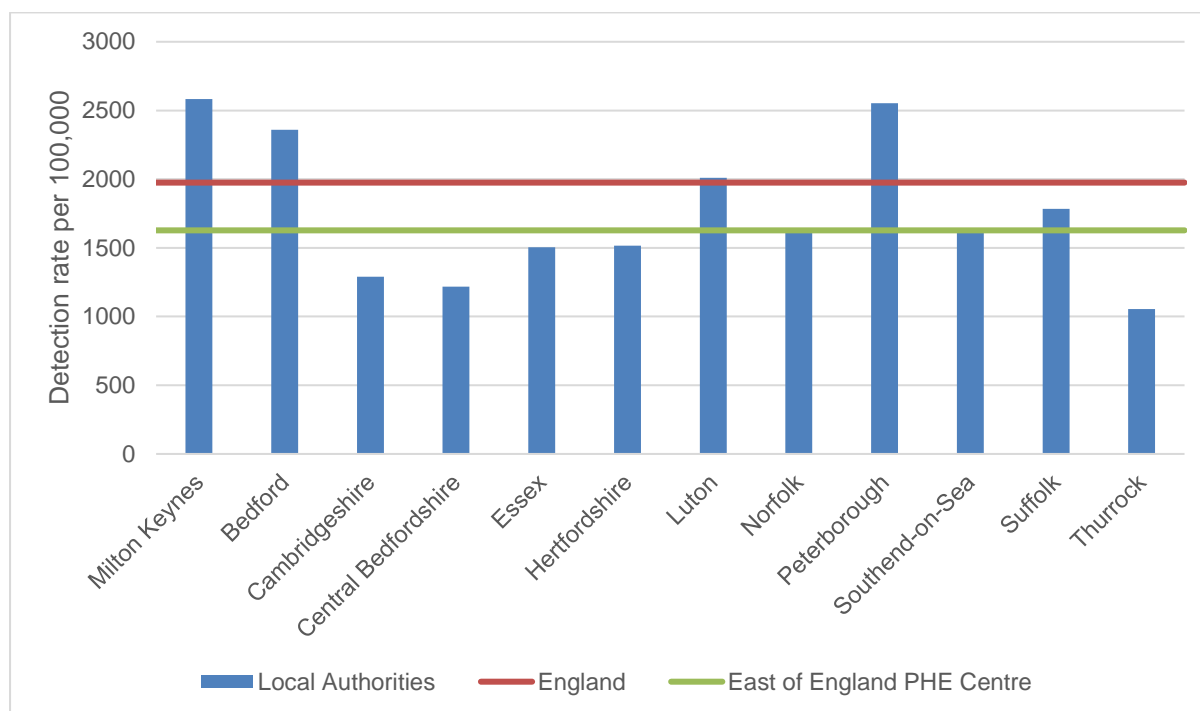
#### 4.7 CHLAMYDIA

Chlamydia is the most common bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. The majority of infections are asymptomatic and can have serious health consequences (including infertility) if untreated.

The National Chlamydia Screening Programme aims to detect Chlamydia infection among the population at risk: 15- 24 year olds. The Chlamydia detection rate is the indicator used to assess how effectively Chlamydia infection is being controlled among 15-24 year olds. It does not measure prevalence but a high detection rate indicates that infections, that are mostly asymptomatic, are being identified and can be treated, thus avoiding serious reproductive health consequences.

In order to reduce prevalence, PHE recommends that local areas achieve a detection rate of 2300 per 100,000 population aged 15-24 years. Milton Keynes exceeded this recommendation in 2018 achieving a detection rate of 2583 per 100,000 population (2018), which is the highest in the EoE region and above the national rate of 1975 (see **Figure 7**).

**Figure 7: Chlamydia detection rate per 100,000 aged 15-24 in Milton Keynes, East of England PHE Centre and England, 2018**



Source- Public Health England

The proportion of positive tests remains at a good level of over 10%. 20.3% of 15-24 year olds were tested for Chlamydia in 2017 and of these 10.3% tested positive. This compares to 19.1% nationally and a positivity rate of 9.7%. PHE recommends a positivity rate of 5-12% is maintained (PHE, 2018).

#### 4.8 HIV PREVALENCE AND LATE DIAGNOSIS

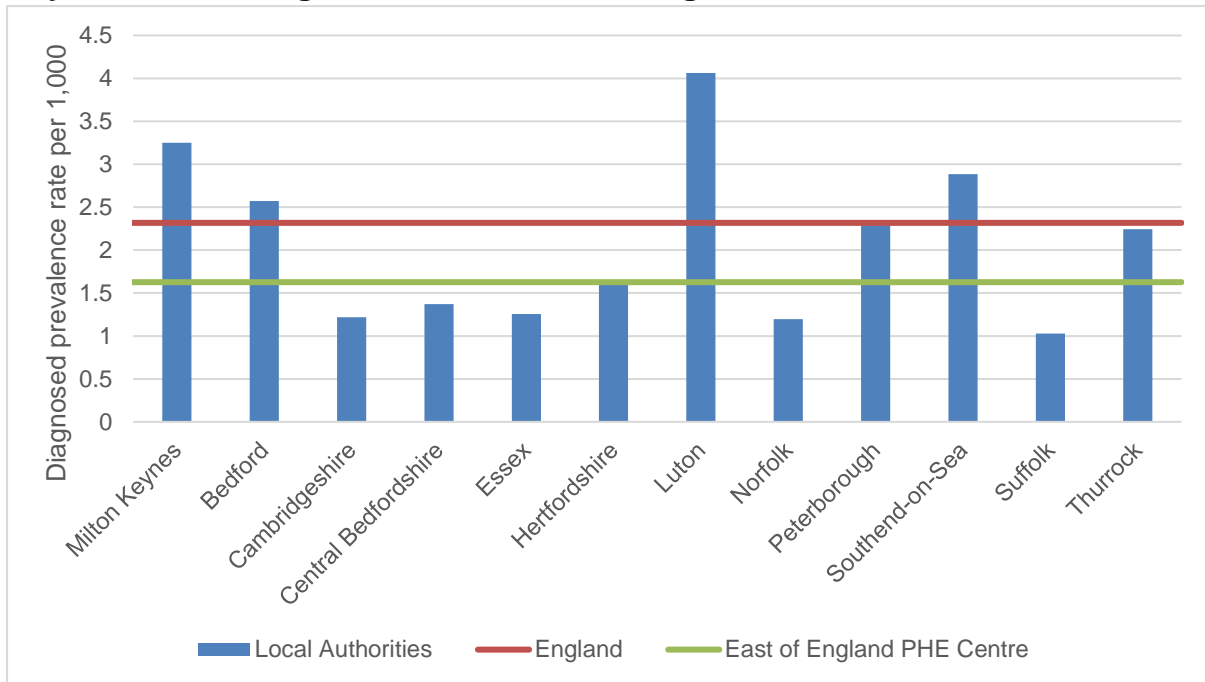
In the United Kingdom, an estimated 92% of people living with HIV had been diagnosed (2017) – equal to 101,600 people living with HIV by the end of 2017, with an overall prevalence rate of 2.3 per 1,000. Between 2015 and 2017, 41.1% of HIV diagnoses in England were made at a late stage of infection<sup>1</sup>. Late diagnosis is the most important predictor of morbidity and short term mortality among those with HIV infection.

HIV in the UK disproportionately affects particular communities and there is a substantial health inequality associated with this infection. Communities with a significantly higher rate of HIV infection are men who have sex with men (MSM) and the Black African Community (NICE 2011). The prevalence rates for these two groups are starkly higher than that within the general population.

<sup>1</sup> [www.ethnicity-facts-figures.service.gov.uk/health/patient-outcomes/hiv-infection-with-late-diagnosis/latest](http://www.ethnicity-facts-figures.service.gov.uk/health/patient-outcomes/hiv-infection-with-late-diagnosis/latest)

Local authority areas with an HIV prevalence rate of 2 per 1,000 or above are considered to be a 'high HIV prevalence area'. In 2017, there were 28 new HIV diagnoses in those aged 15 years and above in Milton Keynes, giving an HIV prevalence rate of 3.3 per 1,000 (aged 15-59), compared to 1.6 per 1000 (EoE PHE) average and 2.3 per 1,000 in England (**Figure 8**).

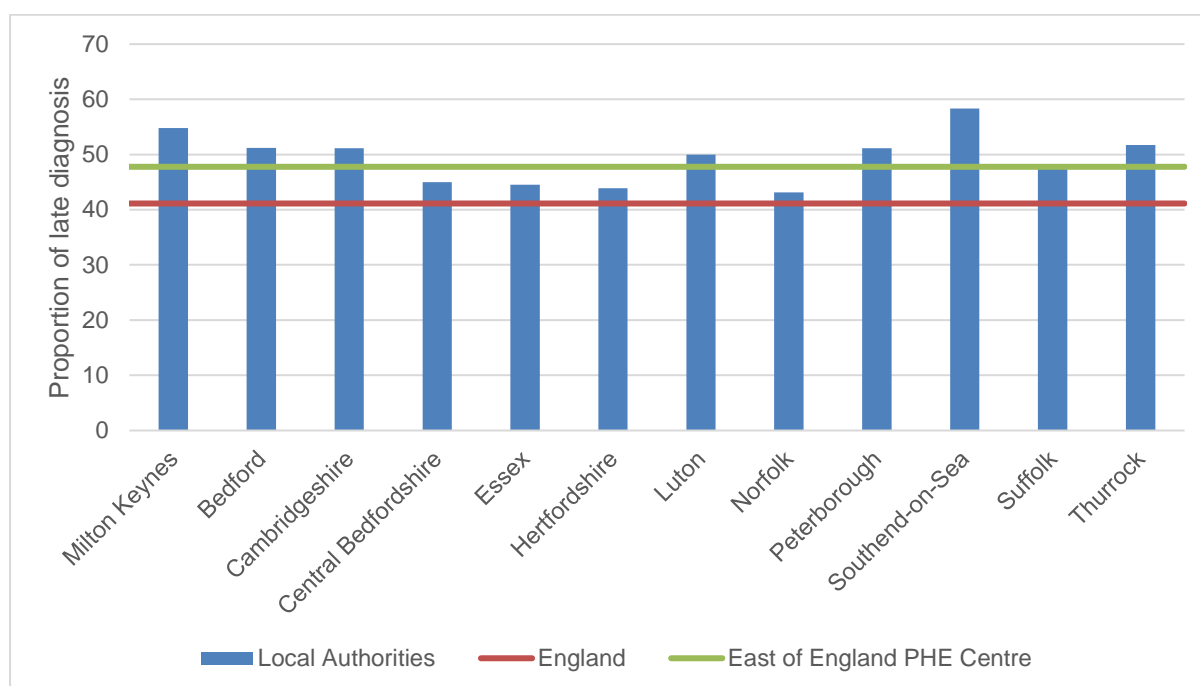
**Figure 8: HIV diagnosed prevalence rate per 1,000 aged 15-59 in Milton Keynes, East of England PHE Centre and England, 2017**



Source: Public Health England

**Figure 9** shows the proportion of HIV late diagnoses in Milton Keynes compared to the rest of the East of England. The proportion of HIV diagnoses that were considered to be late diagnoses in Milton Keynes is 54.8%. This is significantly worse than the national average (41.1%) and worse than the EoE PHE Centre average (47.8%).

**Figure 9: Proportion of new HIV diagnoses (aged 15+) diagnosed late (with a CD4 count less than 350 cells per mm3) in Milton Keynes, East of England PHE Centre and England, 2015 - 17**



Source: Public Health England

Increasing access to and uptake of HIV testing can reduce the likelihood of onward transmission through safer sex practice, the reduction in viral load due to Anti-Retroviral Therapy (ART) and by increasing the number of diagnoses made at an earlier stage of infection. In 2017, 76.3% of specialist sexual health service patients in Milton Keynes who were eligible for an HIV test were tested for HIV. This is above the national rate of 65.7% (PHE, 2018).

## 4.9 REPRODUCTIVE HEALTH

### 4.9.1 UNDER 18 CONCEPTIONS

Under 18 conception data is used to monitor the rates of teenage pregnancy and includes all conceptions that result in either a live birth or abortion. The most recent data is for 2017. It is important to bear in mind that, given the small numbers involved, annual local authority rates can be subject to large year on year fluctuations and these fluctuations are evened out at a regional and national level.

The England under-18 conception rate for 2017 is 17.8 per 1,000 females aged 15-17. This is 62% reduction from 1998 (baseline year).

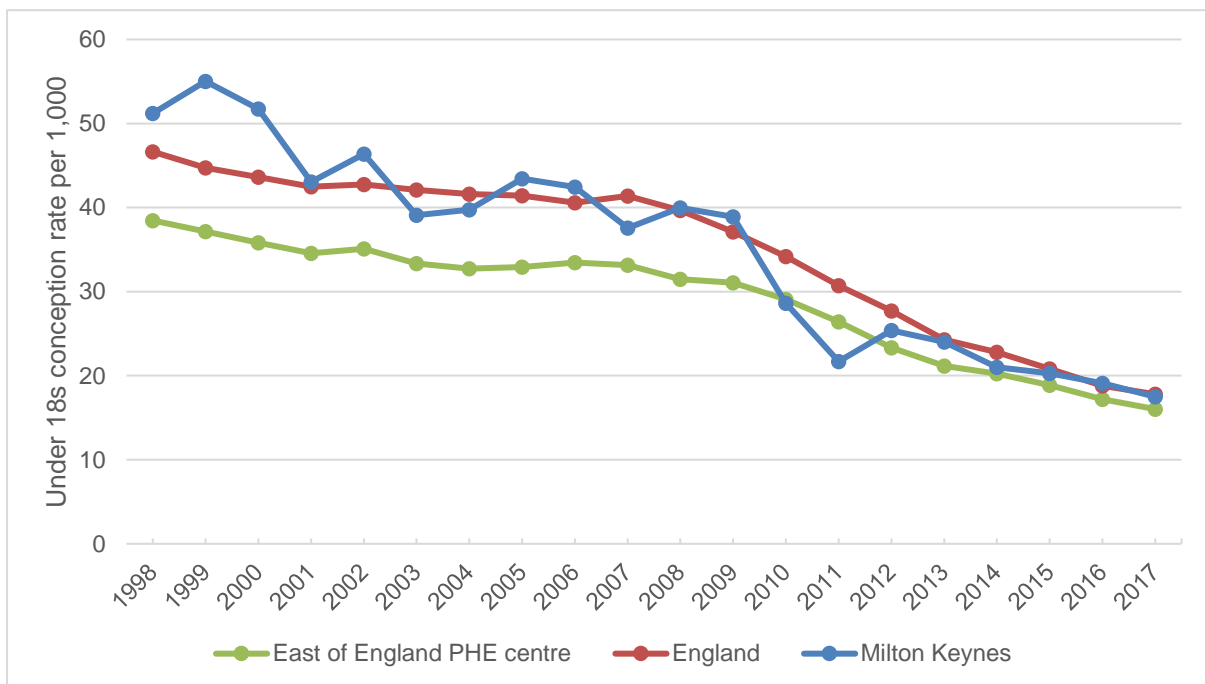
In line with the continued national decline, there has been a reduction in the under 18 conception rates in Milton Keynes (see **Table 3**). Since 1998, there has been a 66% reduction (**Figure 10**).

**Table 3 - Under 18 conception rates 2013 – 2017**

LA	2013	2014	2015	2016	2017
Milton Keynes	24.1	21.1	20.3	19.1	17.5
East of England PHE Centre	21.0	20.2	18.8	17.1	16.0
England	24.3	22.8	20.8	18.8	17.8

Source: Office of National Statistics, 2018

**Figure 10: Under 18 Conception rate per 1,000 females aged 15-17 in Milton Keynes, East of England PHE Centre and England, 1998 - 2017**



Source: Office for National Statistics, 2018

The number of under 18 conceptions that led to abortion during 2017 decreased to 56.3%, from 62.9% in 2016. This lower rate is similar to that seen in 2013-2015.

There are wards in some local authorities where the under 18 conception rates fall within the 20% highest in the country. These are termed teenage pregnancy ‘Hot Spot’ wards and **Table 4** shows the hotspot wards in Milton Keynes. These wards are also amongst the 20% most deprived in England, demonstrating the links between teenage pregnancy, deprivation and poverty.

**Table 4: Milton Keynes ‘hot spot’ under 18 conception rate wards in 2014-2016**

Milton Keynes ‘Hotspot’ Under 18 Conception Rate Wards
Bletchley East
Woughton & Fishermead

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#### 4.9.2 TERMINATION OF PREGNANCY

Abortion or termination of pregnancy (ToP) data is published at an upper tier local authority level (UTLA). There are 149 UTLAs in England and the following statistics have been ranked to indicate how Milton Keynes compares to other areas – with 1<sup>st</sup> having the highest rate or percentage.

##### **Total Abortion Rate**

In Milton Keynes in 2017, the total abortion rate for the female population aged 15-44 was 21.9 per 1,000 which is above the England average of 17.2. The actual number was 1,173. Milton Keynes ranked 25<sup>th</sup> out of 149 UTLAs within England for the total abortion rate (1<sup>st</sup> is the highest rate).

For women over 25 the rate was 18.0 which is also above the England rate of 15.0. Compared to 149 other UTLAs, Milton Keynes ranked 31 (1<sup>st</sup> is the highest).

##### **Abortions performed under 10 weeks**

In Milton Keynes, 86.7 % of NHS funded abortions were carried out under 10 weeks' gestation and Milton Keynes ranked 1<sup>st</sup> in England compared to 149 other UTLAs. The England average was 76.6% (2017).

Abortions under 10 weeks can be carried out as a medical, rather than surgical, procedure. An earlier medical abortion lowers the risk of complications and is more cost effective to the NHS. However, in some circumstances women may choose a surgical abortion. 85.1% of abortions performed under 10 weeks in Milton Keynes were by medical procedure, compared to 79.4% in England. Milton Keynes ranked 44 (out of 149 UTLAs – 1 being the highest).

##### **Repeat Abortions in the under 25s**

The percentage of women under the age of 25 who have had a previous abortion in any year was 31.0% in Milton Keynes, which is above the England average of 26.7%. The rank amongst the 149 UTLAs in England was 25 (1 being the highest).

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#### 4.9.3 CONTRACEPTION

Access to a range of contraception for all ages can prevent unplanned pregnancies, therefore avoiding abortion and reducing teenage conceptions. Contraception is provided free of charge by the NHS and is available from a wide variety of providers including GP practices and sexual health services

Contraception care accounts for a large proportion of attendances at contraception and sexual health services (see **Table 5**).

**Table 5: Number and proportion of contraceptive and other Sexual and Reproductive Health Services provided among residents of Milton Keynes, East of England PHE Centre and England by service provided (2017)**

Service provided	MK (number)	MK (%)	PHE Centre (%)	England (%)
Regular contraceptive care	7230	40.5	48.0	43.5
Emergency contraceptive care	415	2.3	2.8	3.1
Pre-contraception consultation	200	1.1	5.3	5.0
Implant removal	490	2.7	3.7	3.5
IUS Removal	75	0.4	1.0	1.2
IUD Removal	65	0.4	0.7	0.8
Sexual Health Advice	8195	45.9	30.7	30.5
Other care	1170	6.6	7.7	12.3

Source: SRHAD. Data from Sexual and Reproductive Health Services.

Overall, the main contraceptive methods used by females attending sexual health services in Milton Keynes are the user dependent methods (e.g. oral contraceptive, condom and contraceptive patch). However, there are differences within age groups which show that the long acting reversible contraceptives (LARC), which includes the implant and intrauterine devices, is the more popular choice amongst women aged 25 years and over. LARC are considered more effective as they do not rely on user compliance and are cost effective.

## 5. PROVISION OF CONTRACEPTION AND SEXUAL HEALTH SERVICES ACROSS MILTON KEYNES

### 5.1 COMMISSIONING CONTRACEPTION AND SEXUAL HEALTH SERVICES: THE NATIONAL CONTEXT

The health reforms under the Health and Social Care Act 2012 resulted in significant changes to the commissioning of contraception and sexual health services in England.

**Table 6: Description of Contraception and Sexual Health Commissioning roles and responsibilities in England from April 2013**

Local Authorities will commission	Clinical Commissioning Groups will commission	NHS England will commission
<p>Comprehensive sexual health services, including:</p> <ul style="list-style-type: none"> <li>• Contraception, including local enhanced services (implants) and national enhanced services (intrauterine contraception) – but excluding contraception provided as an additional service under the GP contract)</li> <li>• STI testing and treatment, including post-exposure prophylaxis after sexual exposure, Chlamydia screening as part of the National Chlamydia Screening Programme and HIV testing)</li> <li>• Sexual health aspects of psychosexual counselling</li> <li>• Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>• Fully integrated and comprehensive termination of pregnancy services – [but there will be a further consultation about the best commissioning arrangements in the longer term]</li> <li>• Sterilisation</li> <li>• Vasectomy</li> <li>• Non- sexual health elements of psychosexual health services</li> <li>• Gynaecology, including any use of contraception for non- contraceptive purposes.</li> </ul>	<ul style="list-style-type: none"> <li>• Contraception provided as an additional service under the GP contract</li> <li>• HIV treatment and care [including drug costs for post-exposure prophylaxis after sexual exposure)</li> <li>• Promotion of opportunistic testing and treatment for STIs and patient requested testing by GPs</li> <li>• Sexual health elements of prison health services</li> <li>• Sexual Assault Referral Centres</li> <li>• Cervical screening</li> <li>• Specialist foetal medicine services</li> </ul>

Source: Department of Health- A Framework for Sexual Health Improvement in England (2013)

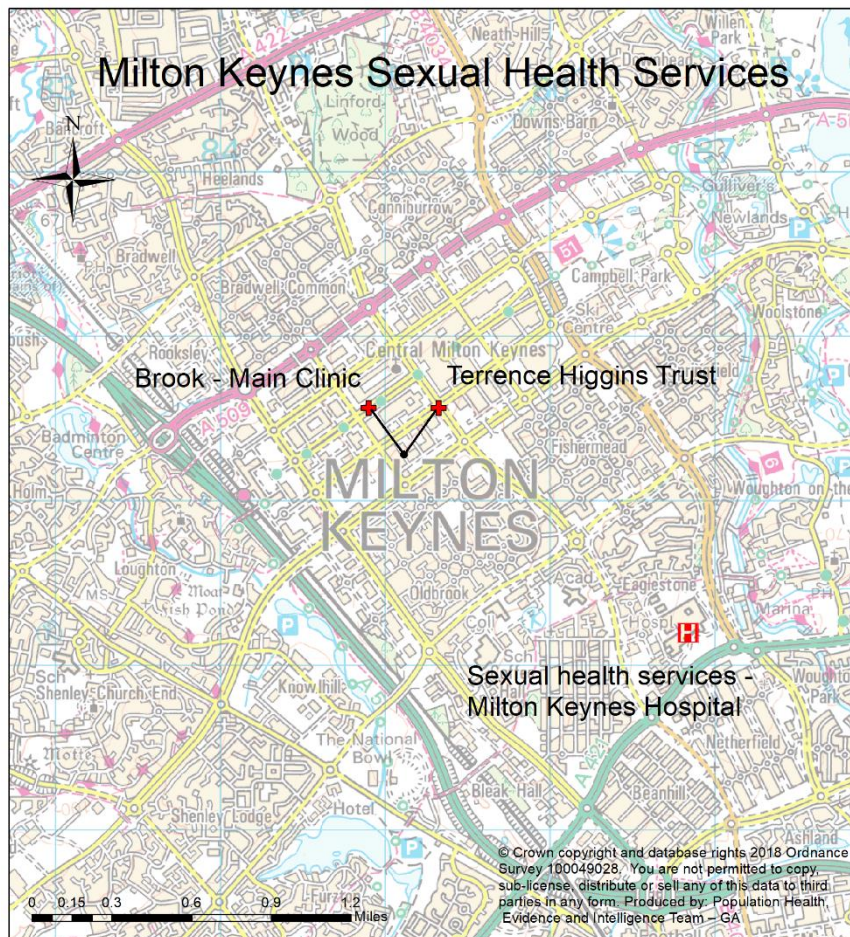
## 5.2 COMMISSIONING SEXUAL HEALTH SERVICES: THE LOCAL CONTEXT

Bedford Borough Council is the lead commissioner of contraception and sexual health services across Bedford Borough, Central Bedfordshire and Milton Keynes. This enables a more equitable and consistent provision of sexual health services and outcomes, as innovations and changes are applied more efficiently across the three systems.

## 5.3 GEOGRAPHICAL DISTRIBUTION OF SERVICE PROVISION

The current provision includes: Milton Keynes Contraception and Sexual Health Clinic, which is based at Milton Keynes University Hospital, and Brook and Terence Higgins Trust, which are based in Central Milton Keynes. All locations are served by local transport links.

**Figure 11: Location of Sexual Health and Contraception Services in Milton Keynes**



## 5.4 SEXUAL HEALTH AND CONTRACEPTION SERVICES IN MILTON KEYNES: OVERVIEW OF SERVICE PROVISION AND ACCESS

Local authorities are mandated to commission “open access” sexual health services. This means people can self-refer to the service of their choice regardless of location.

Open access encourages uptake of services and reduces the stigma associated with HIV and sexual ill health (DH, 2014). Open access services include community sexual health and contraception services, and Level 3 Genito-Urinary Medicine (GUM) provision.

Contraception and sexual health services are promoted in a way that it is relevant to, and can be accessed by, all sections of society including:

- Men, women, young people
- People of all types of sexual orientation including the LGBT community
- People from all types of religious and ethnic backgrounds
- People who have a disability
- People who are or think they may be HIV positive
- People for whom English is not their first language
- People of different socio-economic groups.

#### 5.5 LEVEL 3 SERVICE PROVISION: GENITO-URINARY MEDICINE (GUM) – IN AREA

Level 3 service provision, previously referred to as GUM clinics, offer specialist advice, treatment and partner notification for all sexually transmitted infections including HIV, and the full range of contraceptive provision, including Long Acting Reversible Contraception (LARC). The contracted provider is Milton Keynes University Hospital Trust and its Sexual Health and Contraception Clinic offers a mixture of walk-in clinics as well as appointments. Level 3 provision, in relation to STI testing and treatment, offers a full range of Level 1, 2 and 3 sexual health service provision, including HIV treatment and care (commissioned by NHS England).

The service is confidential, open access and free of charge.

The number of attendances by Milton Keynes residents accessing Milton Keynes Sexual Health and Contraception Clinic is shown in **Table 7**. The activity is relatively stable with an increase noted in Q4, which is likely to be linked to the decrease in attendances for the Brook under 25s service for the same period.

**Table 7: Number of attendances by Milton Keynes residents attending Milton Keynes Sexual Health and Contraception Clinic 2018-19**

<b>MK SHC (2018-2019)</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Number of first visits	2064	2031	2046	2302	<b>8443</b>
Number of follow ups	1185	1234	1390	1200	<b>5009</b>
				<b>Total</b>	<b>13452</b>

### 5.6 OUT OF AREA – LEVEL 3 (GUM) ACTIVITY

In order to fulfil the need for STI testing and treatment to be open access, Milton Keynes residents can access the service of their choice, regardless of location. The majority of Milton Keynes residents access Level 3 services at Milton Keynes Sexual Health and Contraception Clinic, with less than 10% of residents accessing services outside of the area as shown in **Table 8**.

**Table 8: Attendances by Clinic for Milton Keynes Residents in from 1/04/2017-31/03/2018**

<b>Clinic</b>	<b>Milton Keynes Residents</b>
<b>MK SHC</b>	<b>90.7%</b>
<b>Kings Brook Bedford</b>	<b>1.4%</b>
<b>Luton</b>	<b>0.9%</b>
<b>Northampton</b>	<b>0.7%</b>

### 5.7 BROOK: UNDER 25 SEXUAL HEALTH AND CONTRACEPTION SERVICES

Brook provides a range of STI testing, treatment and contraception and sexual health services for young people up to the age of 25 years. The service is confidential and free of charge and offers:

- Testing, treatment and partner notification for a full range of sexually transmitted infections
- A range of sexual health information and health promotion
- Comprehensive contraception services
- Condom card, health promotion and advice
- School-based sexual health services

- Education in schools relating to all aspects of contraception, sexual health and relationships.

**Table 9: Number of Milton Keynes Residents Attending the Brook Under 25s Contraception and Sexual Health Service**

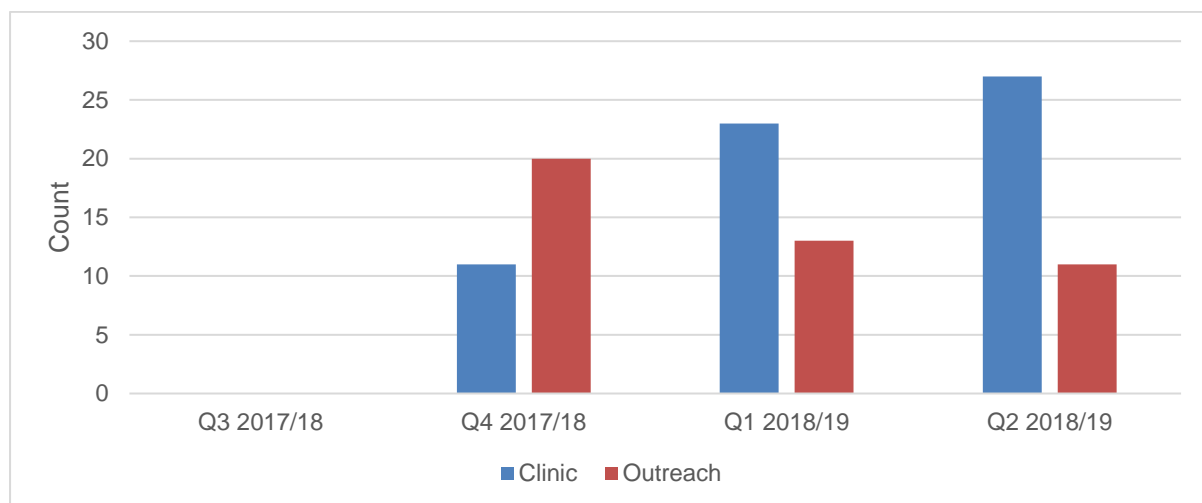
Brook Under 25s (2018-2019)	Q1	Q2	Q3	Q4	Total
Number of first visits	700	669	500	342	<b>2,211</b>
Number of follow ups	727	1159	1027	762	<b>3,675</b>
				<b>Total</b>	<b>5,886</b>

The attendance figures for the Brook under 25s service has declined each quarter, with a significant decrease in Q4, which is likely to account for the increase in access to the Milton Keynes Contraception and Sexual Health Clinic. The reduction in attendance figures for Brook can be attributed to staff changes and difficulties in recruitment of clinical staff.

#### 5.8 TERENCE HIGGINS TRUST – HIV SUPPORT, TESTING AND PREVENTION

Terence Higgins Trust (THT) provides short-term HIV support, offers testing for HIV and information and awareness around HIV and prevention. The service is small in comparison to the Milton Keynes Contraception and Sexual Health Clinic and Brook service provision and **Figure 12** is an overview of the number of HIV tests undertaken in 2017-2018 (The service started in October 2017 so there is no data for Q3).

**Figure 12: Number of HIV tests by THT October 2017- September 2018**



## 5.9 CHLAMYDIA SCREENING

The National Chlamydia Screening Programme (NCSP) aims to provide opportunistic Chlamydia screening for young adults, delivered as part of a basic sexual health offer in routine primary care and sexual health service consultations. Responsibility for this service provision currently sits with Milton Keynes Contraception and Sexual Health Clinic. Local areas can increase screening through encouraging repeat testing, maintaining good quality treatment and partner notification pathways, and expanding internet testing. Level 2 and Level 3 services are performance managed on Chlamydia screening activity, partner notification and treatment on a quarterly basis.

At least 70% of testing should be delivered through NCSP 'core services' (General Practice, Sexual and Reproductive Health Services, Community Pharmacy and Termination of Pregnancy clinics). (NCSP, 2013)

**Table 10: Number of Chlamydia screens conducted within key settings in Milton Keynes from 1<sup>st</sup> January 2017- 31<sup>st</sup> December 2017**

Provider	Number of Chlamydia Screens
MK Sexual Health Clinic	953
Brook Under 25s Service	1200
Primary Care	676
Pharmacy	3
TOP Services	7
Internet	8
Other*	2808

\* 'Other' indicates site of testing could not be identified

## 5.10 CONTRACEPTION AND SEXUAL HEALTH ENHANCED SERVICES IN PRIMARY CARE

All GP Practices provide sexual health advice and short acting contraception as part of their GMS contract.

### **Enhanced Contraception and Sexual Health Provision, LARC and HIV Point of Care Testing**

Milton Keynes Council commissions 27 GPs across Milton Keynes to deliver Public Health Enhanced Services (PHES). GPs can offer patients long acting reversible contraception (LARC), an IUDC (Intrauterine Device or Intrauterine Contraceptive

Device) and HIV - Point of Care Testing (PoCT). Forms of LARC do not depend on the patient remembering to use them to be effective and are therefore considered amongst the most effective methods of contraception. In 2017, the total prescribed LARC rate for Milton Keynes was 55 per 1,000 which was higher than the England rate of 44.7 and East of England rate of 47.1 per 1,000.

### **Human Immunodeficiency Virus (HIV)**

The British HIV Association (BHIVA) UK national guidelines for HIV Testing (2008) recommends that an HIV test should be offered to all men and women registering in general practice where the local HIV prevalence is greater than 2.0 per 1,000 population (aged 15-59). Universal testing for all new primary care registrants in areas of high prevalence is recommended by Public Health England (PHE), the National Institute of Health and Care Excellence (NICE) and the British Association for Sexual Health and HIV (BASHH). In line with these recommendations, as well as testing in the contraception and sexual health services, HIV PoCT has been implemented in Milton Keynes since 2015. GP practices are commissioned to test all new registrants, aged 18-70 years, and at risk groups for HIV.

There has been an increase in activity for women accessing contraception between 2017/18 and 2018/19. However, there has been a significant reduction in PoCT HIV testing in primary care. In total, there was a reduction of 670 HIV tests between 2017/18 and 2018/19. Since testing for HIV for new registrants was implemented in 2015, there have been 5 positive diagnosis identified.

In view of the high prevalence HIV rate of 3.3 per 1,000 in Milton Keynes, and the late diagnosis rate of 54.8%, increasing availability to HIV testing for residents continues to be a priority, particularly for those identified as higher risk.

## **5.11 PHARMACIES**

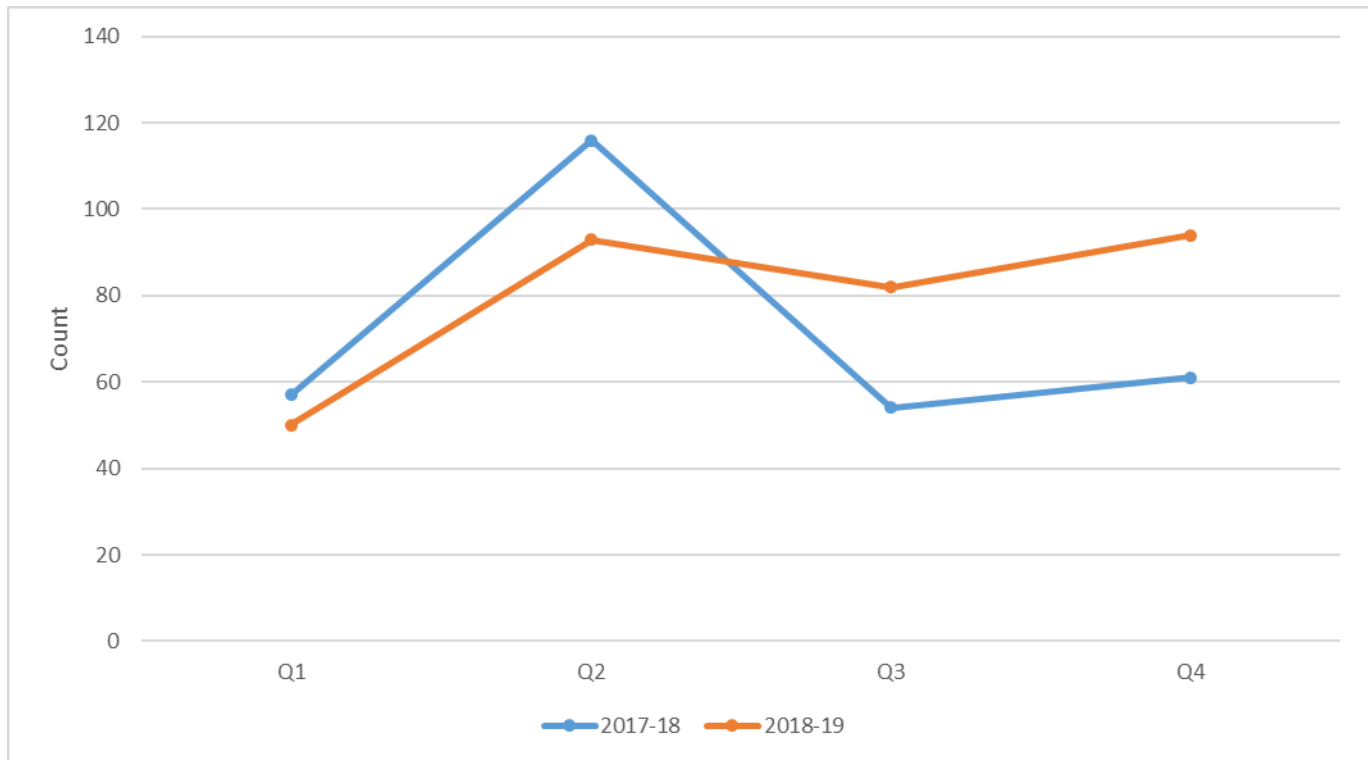
Selected pharmacies are commissioned to provide:

- Consultation and supply of Emergency Hormonal Contraception (EHC), under a current Patient Group Direction (PGD), free of charge to clients aged 13 and above irrespective of place of residence.
- Chlamydia screening kits to clients aged 15 - 24 years where the benefits of screening are explained.
- Free treatment for Chlamydia infection, under a locally agreed PGD, for clients aged 15 to 24 years (this aspect is influenced by patient choice, as a positive patient will be offered a range of settings from which they can access treatment).

Milton Keynes Council commissions 16 pharmacies to deliver Public Health Enhanced Services (PHES) to administer Emergency Hormonal Contraception (EHC). Overall, between 2017/18 and 2018/19, there has been some increase in activity as seen in **Figure 13**. Since 1<sup>st</sup> April 2019 Milton Keynes Council removed

the age limit for free access to EHC (previously up to 25 years) to include all women, in order to reach those most vulnerable.

**Figure 13: Pharmacy activity (EHC provision), Milton Keynes 2017/18 and 2018/19**



Source- CTAD (2017)

There is wide variation in activity between pharmacies, particularly with Chlamydia Screening activity, which remains relatively low. However, free EHC is well accessed in pharmacies and demonstrates that it is an appropriate and accessible setting in which to provide emergency contraception.

## 5.12 HIV TESTING - OTHER

Milton Keynes Council commissions an on-line self-sampling HIV testing service available through [www.freetest.me](http://www.freetest.me). Individuals are triaged on-line before a kit is sent to an agreed address. Those not meeting the criteria can access an HIV test at one of the local contraception and sexual health clinics or THT. The service has been successful in targeting higher risk groups.

**Table 11: Number of kits returned through [www.freetest.me](http://www.freetest.me)**

Year	Number of HIV tests returned	Number confirmed positive
2016 – 2017	171	1
2017 – 2018	202	1
2018 – 2019	255	0

### 5.13 HEPATITIS B AND C

Testing for Hepatitis B and C, and vaccination against Hepatitis B, is offered by Milton Keynes Sexual Health and Contraception Clinic and Brook. Where Brook identifies a positive diagnosis, individuals are referred to Milton Keynes Sexual Health and Contraception Clinic, who are mainly responsible for partner notification and follow-up including offering testing and vaccination or prophylaxis as required.

Currently there is no performance management around Hepatitis B and C testing, vaccination or partner notification.

### 5.14 SEXUAL HEALTH WEBSITES

Currently there are four websites linked to the three providers of Contraception and Sexual Health services and HIV support and testing. These are;

<https://www.milton-keynes.gov.uk/social-care-and-health/public-health/sexual-health>

<https://www.tht.org.uk/centres-and-services/milton-keynes>

<https://mksexualhealth.co.uk/home-page/>

<https://www.brook.org.uk/find-a-service/service/central-milton-keynes-main-clinic>

### 5.15 TERMINATION OF PREGNANCY SERVICES

Termination of pregnancy services are provided by the British Pregnancy Advisory Service (BPAS) for Milton Keynes residents. This service is commissioned by Milton Keynes Clinical Commissioning Group.

### 5.16 PSYCHOSEXUAL SERVICES

Psychosexual counselling helps people who may be suffering with sexual difficulties, such as pain during sex for women and erectile dysfunction for men, however more complex issues can also be addressed. Referrals are by GP or other health professional. The current service offers 6 hourly sessions of psychosexual therapy a week and in 2018/19 72 people accessed the service.

### 5.17 SEXUAL ASSAULT REFERRAL CENTRE

Solace is a dedicated Sexual Assault Referral Centre providing a comprehensive service to anyone who has reported a rape or sexual assault to the police. The centre is based in Bicester. Independent Sexual Violence Advisors (ISVAs) provide on-going care and support and assist the victim in accessing a range of support.

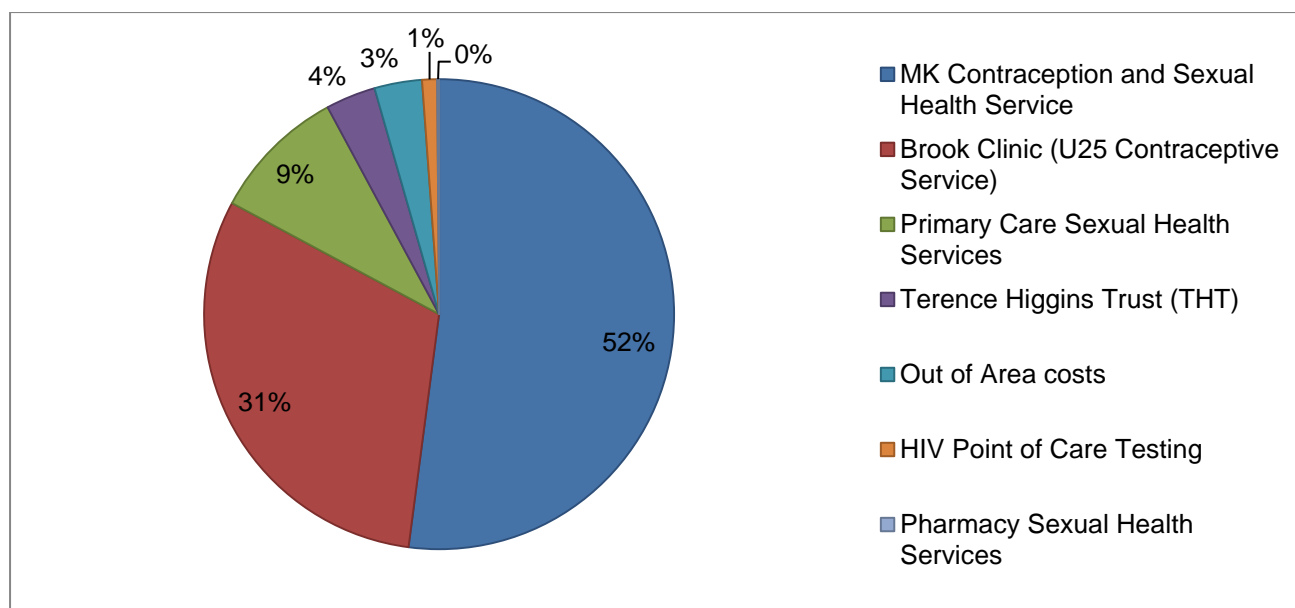
There is a referral pathway in place for further STI testing following a sexual assault for those aged 13 and over, which offers access to the Milton Keynes Sexual Health and Contraception Clinic.

#### 5.18 MILTON KEYNES LOCAL AUTHORITY CONTRACEPTION AND SEXUAL HEALTH EXPENDITURE 2018/19

**Figure 14** below shows the expenditure on contraception and sexual health services in 2018/19.

Level 3 specialist sexual health services (GUM) account for over half of the local authority's sexual health commissioning budget. Under an integrated model, inappropriate access to GUM (for example, patients accessing GUM but only requiring Level 1 and 2 services) can be reduced through appropriate triage to ensure that access is suited to their needs, resulting in a more cost effective service.

**Figure 14: Pie chart showing the proportion of expenditure on contraception and sexual health provision in Milton Keynes for 2018/19**



Services	%	Expenditure
MK Contraception and SH Service	52.1	£1,334,138.00
Brook Clinic (U25 Contraceptive Service)	30.8	£788,010.59
Primary Care Sexual Health Services	9.3	£238,205.31
HIV/AIDS supporting Adults (THT)	3.4	£87,978.00
Out of Area costs	3.3	£83,797.49
HIV Point of Care Testing	1.0	£26,255.00
Pharmacy Sexual Health Services	0.1	£3,426.17
Total	100	£2,561,810.56

## 6. STAKEHOLDER VIEWS ON SEXUAL HEALTH

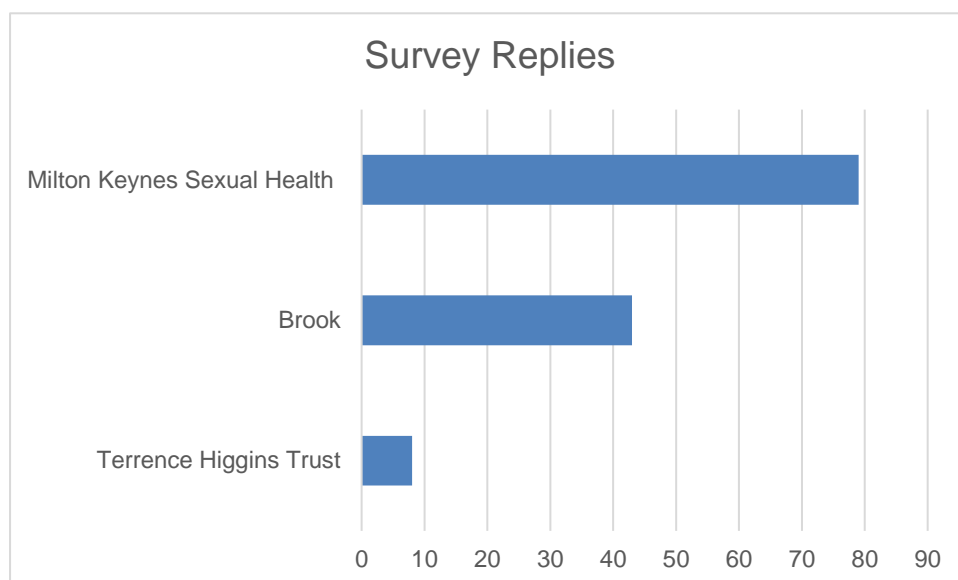
Separate surveys were sent to service users and providers of sexual health services in Milton Keynes to gather their views on current services and recommendations for improvement (See Appendices A and B).

### 6.1 VIEWS OF SERVICE USERS

#### 6.1.1 NUMBER OF RESPONSES

A total of 130 surveys were completed by service users: 79 were completed by patients attending the Milton Keynes Sexual Health and Contraception Clinic, 43 respondents attended Brook, and 8 individuals completed the survey who had accessed the services at Terence Higgins Trust.

**Figure 15: Service User Survey Responses**



#### 6.1.2 FINDING OUT ABOUT LOCAL SEXUAL HEALTH SERVICES

The most frequently reported method of finding out about available sexual health services in the event of a sexual health concern was looking at the internet (87/130, 66%), followed by contacting their GP (53/130, 40.7%).

88% of respondents had not visited the [Safe Sex in MK](#) website.

#### 6.1.3 REPORTED SATISFACTION WITH SERVICES USED

Most respondents who had used local sexual health services were very or fairly satisfied with the service provided at their last attendance. Waiting times in clinic scored less well compared to the other measures.

**Table 12: The percentage of respondents who stated they were very or fairly satisfied.**

	Milton Keynes Sexual Health and Contraception Clinic	Brook Sexual Health Service	THT
Ease of getting an appointment	65% (35/54)	68% (26/38)	100% (8/8)
Waiting time in clinic	57% (31/54)	55% (21/38)	100% (8/8)
Convenience of opening hours	68% (37/54)	52% (20/38)	100% (8/8)
Staff approachability	93% (50/54)	89% (34/38)	100% (8/8)
Clinic environment	87% (47/54)	97% (37/38)	100% (8/8)
Consultation and information given	83% (45/54)	95% (36/38)	100% (8/8)

The majority of survey respondents (103/130, 79%) reported that they had no concerns about the provision of sexual health services locally. Concerns raised by some users of Milton Keynes Sexual Health Clinic and Brook Sexual Health Clinic included:

- limited opening hours
- availability of appointments – particularly for over 25s
- difficulty making an appointment
- Lack of awareness of services
- location of the clinic (Milton Keynes Sexual Health Clinic).

#### 6.1.4 AREAS FOR IMPROVEMENT IDENTIFIED BY SERVICE USERS

When asked how sexual health services in Milton Keynes could be improved, service users' suggestions included:

Milton Keynes Sexual Health and Contraception Clinic service users:

- *“More evening clinics or a real walk-in, not 'sit & wait”*
- *“Make it easier for appointments”*
- *“Would like sexual health treatment to be available from GP”*
- *“As I am over 25 and my practice does not offer, the other options need to be made available”*
- *“Make the male waiting area separate to the women, because it is embarrassing and rape victims can feel vulnerable”*
- *“More advertisement and implementation in education”*

Brook service users:

- *“GP could be better for sexual health. Longer opening times/ evenings/weekends in Brook”*
- *“To be able to book an appointment online”*
- *“Another service to make it easier to be seen, more nurses in the clinic”*

- “Screening at schools and colleges”
- “More information about what will happen during consultations/ examinations”
- “Maybe earlier opening times”
- “Make the clinic, Brook MK, bigger or more staff to see people”
- “Do the STI testing like you used to do. Rather than myself doing it at home. I'm forgetful, puts me off doing one, parents could see, don't have time”
- “There have been a number of occasions that I have been turned away as it is 'appointment only' however, it wasn't stated anywhere that this was the case. The waiting time could maybe be posted online as I have to travel to get to Brook”
- “Earlier opening would be more convenient”
- “More staff”

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### 6.1.5 BLOOD BORNE VIRUS CLINIC FEEDBACK

An additional survey was conducted with 15 people known to be living with HIV who accessed the Blood Borne Virus Service (BBV), which is currently commissioned by NHS England. The same service user questionnaire was used (see **Appendix A**).

All respondents answered ‘*very satisfied*’ and ‘*fairly satisfied*’ to the following question; ease of getting and appointment (15/15), waiting time in clinic (15/15), convenience of opening times (15/15), staff approachability (15/15), clinic environment (15/15) and consultation and information given (15/15).

## 6.2 VIEWS OF SERVICE PROVIDERS

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### 6.2.1 MILTON KEYNES SEXUAL HEALTH AND CONTRACEPTION CLINIC

A majority of respondents noted that there are “not enough appointments”. Staffing was also a theme: “not enough nursing staff, HCAs, or health advisors”. It was also identified that physical capacity (space in clinic) was an issue for some staff: “there are not enough rooms for consultations”. However, a majority of staff felt they deliver a high-level service putting the patients’ best interests at the heart of what they deliver: “patients get an excellent service in a safe environment”. The value of the BBV clinic being on site was also highlighted: “having sexual health, family planning and BBV under one roof at the hospital could remove some of the perceived stigma for some patients”. Respondents expressed the need for online booking and the availability of ordering online sexual health testing kits.

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### 6.2.2 BROOK SEXUAL HEALTH CLINIC

The responses highlighted the issue of long waiting times in clinic for patients: “wait times very long and appointments are hard to get”. One respondent believes this could be due to staffing issues stating: “staffing issues which in turn equal no appointment or long waiting times”. Staffing problems were a common theme from

respondents “minimal nurses and wellbeing support”. Most staff understand the current set up of the service (appointment and drop-in) and all respondents highlighted the benefits of the service “friendly environment, kind staff, service is a caring environment”. It was identified that there is a need for an online booking system and online testing.

### 6.2.3 THT

It was noted that currently there are missed opportunities for full sexual health screening as Terrence Higgins Trust offer HIV screening and no other STI testing. Staffing is more than adequate for the service provided and currently there is a good communication between services in referral process.

## 6.3 MAIN FINDINGS FROM THE SURVEYS

The findings from the service user and staff surveys indicate that:

- Overall, service users were satisfied with the service provided although waiting times in the clinics were less satisfactory.
- Ease of making an appointment could be improved – the ability to book online would be a preferred option
- Opening times should be more flexible e.g. more early or evening appointments
- Clearer signposting and information on the services provided and where (including pharmacies, GPs and sexual health clinics)
- Online testing option would be an advantage

## 7. LESSONS FROM ELSEWHERE FOR LOCAL PRIORITY AREAS

### 7.1 NATIONAL PRIORITIES

The Department of Health’s Framework for Sexual Health Improvement in England (2013) outlines priorities in sexual health and suggests five objectives for local service delivery to ensure good outcomes are maintained and improved:

- accurate, high-quality and timely information that helps people to make informed decisions about their relationships, sex and sexual health
- preventative interventions that build personal resilience and self-esteem and promote healthy choices
- rapid access to confidential, open access integrated sexual health services in a range of settings, accessible at convenient times
- early, accurate and effective diagnosis and treatment of STIs including HIV, combined with the notification of partners who may be at risk
- joined-up provision that enables seamless patient journeys across a range of sexual health and other services – this will include community gynaecology,

antenatal and HIV treatment and care services in primary, secondary and community services

There are three key related Public Health Outcome Indicators within the Public Health Outcomes Framework:

- To reduce the number of people presenting with HIV at a late stage of infection
- To reduce rates of teenage conceptions amongst under 18s
- To increase the detection rate for Chlamydia among those aged 15-24 years

## 7.2 A CALL FOR MORE INTEGRATED SEXUAL HEALTH SERVICES

There has been increasing recognition of the need for better integration in sexual health service commissioning. The recent Public Health England report 'Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV' (2014, revised 2015) emphasised the need for more integrated services.

An integrated sexual health service model aims to improve sexual health by providing easy access to services through open access 'one stop shops', where the majority of sexual health and contraceptive needs can be met at one site, usually by one health professional, in services with extended opening hours and accessible locations.

A fully integrated service will deliver:

- I. increased patient access to the full range of contraception and STI services from a single location as a 'one-stop-shop' (rather than the service user being required to visit multiple service locations for different aspects of sexual health care)
- II. improved co-ordination of services and use of integrated care pathways
- III. increased opportunities for joint working on cross cutting issues (e.g. risk taking, sexual health and alcohol misuse)
- IV. increased opportunities for co-ordinated working with primary care (GPs and pharmacies) and third sector organisations
- V. increased opportunities for professional development, development of skills and standardised training
- VI. improved performance on delivery of sexual health targets/key performance indicators (KPIs)
- VII. holistic sexual health promotion activities targeted towards individual needs.

Other local authorities in the East of England region have begun commissioning integrated sexual health service models including Bedford Borough and Central Bedfordshire, Suffolk, Hertfordshire and Norfolk.

### 7.3 RECOMMENDATIONS FOR REDUCING LATE HIV DIAGNOSES

National recommendations for reducing late HIV diagnoses focus on increasing access to HIV testing and outreach activities to higher risk groups.

Nationally it is recommended that HIV testing is conducted in a number of clinical settings, which are described in **Table 13**, together with an update on whether this testing is offered locally<sup>2</sup>.

**Table 13: Comparing best practice for HIV testing (BBV) in clinical settings with local provision**

Best Practice in Clinical settings and Clinical Scenario's	Local provision
Contraceptive and sexual health services	Milton Keynes sexual health services including opt-in testing
Termination-of-pregnancy services	Offer opt-in testing
Drug-dependency programmes	Offer opt-in BBV testing
Antenatal services	Offer opt-out testing
Services for TB, lymphoma and hepatitis B and C	Offer opt-in testing
All people with symptoms that are consistent with primary HIV infection	Guidance disseminated to relevant clinicians
All people presenting with a clinical indicator condition specified in the UK National HIV testing guidelines	Guidance disseminated to relevant clinicians
People presenting to clinical services where HIV may be an explanation for their condition should have an HIV test.	Guidance disseminated to relevant clinicians

In addition, for areas where the prevalence of diagnosed HIV infection is 2:1000 or greater, it is suggested that testing is expanded further<sup>3</sup>, with testing offered in non-acute healthcare settings and outreach. Milton Keynes HIV prevalence is 3.25 per 1000. **Table 14** describes national recommendations for additional testing in 'high' prevalence areas with local provision.

<sup>2</sup> British HIV Association standards of care for people living with HIV 2013

<sup>3</sup> British HIV Association standards of care for people living with HIV 2013

**Table 14: Comparing best practice for offering additional HIV testing in 'high' prevalence areas with local provision**

<b>Best Practice</b>	<b>Local Provision</b>	<b>Comments</b>
<p><b>Primary Care</b></p> <p>New patient registration in general practice provides an opportunity for the routine offer of an HIV test</p>	<p>A scheme is currently operating in GP practices in Milton Keynes</p>	<p>The effectiveness of this scheme is monitored and other areas of best practice identified.</p>
<p><b>General Medical Admissions</b></p> <p>Where bloods are taken routinely for medical admissions, HIV testing can be introduced with minimal associated extra staff time or cost in high prevalence areas</p>	<p>A test for HIV is taken if clinically indicated.</p>	<p>A pilot to include HIV in routine testing was conducted in 2014-16 funded by Public Health. Following the pilot MKHUT now test if clinically indicated.</p>
<p><b>Point of care testing through outreach</b></p> <p>High-risk groups who do not routinely access NHS services need to have access to information and testing from outreach services</p>	<p>Outreach, including testing, is mainly provided through the current THT contract.</p>	<p>This element will be included in the new integrated service.</p>
<p><b>At home Point of Care sampling</b></p>	<p>This service is currently commissioned in Milton Keynes and is aimed at higher risk groups.</p>	<p>The service has recently been reviewed by Public Health England and is out to tender with a plan to continue with this service.</p>

## 7.4 REDUCING HIGH LEVELS OF STIS

### Reducing Chlamydia prevalence

The National Chlamydia Screening Programme has set a recommended Chlamydia detection rate of 2,300 per 100,000 population aged 15-24, as modelling suggests this screening rate and the consequential treatment of cases and sexual partners, will begin to impact on prevalence.

### Stopping re-infections

There are two key components of the strategy to prevent individuals diagnosed with an STI being re-infected upon completion of treatment: partner notification and behaviour change interventions for the index case. (Partner notification is the process of identifying sexual partners of the index case who may be at risk of having the infection and inviting them to attend for diagnosis and treatment.)

## 7.5 RECOMMENDATIONS FOR REDUCING UNWANTED PREGNANCIES

### **Robust arrangements for contraception following emergency contraception**

National guidance recommends that women receiving emergency hormonal contraception are given advice and offered appropriate contraception, ideally long-acting methods, to prevent subsequent unintended pregnancies<sup>4</sup>. A PHE report<sup>5</sup> on integrated commissioning highlighted a failure to ensure robust pathways for women to receive suitable contraception following emergency contraception as a risk of fragmented commissioning.

### **Robust arrangements for contraceptive advice in the post-abortion pathway**

National guidance emphasises the importance of having robust arrangements in place for the provision of contraception to women after undergoing abortions, with information provided on the benefits of long-acting methods<sup>6</sup>.

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<sup>4</sup> Faculty of Sexual & Reproductive Healthcare. Clinical Guidance: Emergency Contraception. Updated 2012.

<sup>5</sup> Public Health England. Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV. 2014.

<sup>6</sup> Royal College of Obstetricians & Gynaecologists. The Care of Women Requesting Induced Abortion: Evidence-based Clinical Guideline Number 7. 2011.

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Public Health England (PHE) (2014) Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV available online at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/408357/Making\\_it\\_work\\_revised\\_March\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf) (accessed April 2019)

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## 9. APPENDICES

### APPENDIX A: Service User Questionnaire

#### Public Consultation on Sexual Health in Milton Keynes

We are currently reviewing sexual health services across Milton Keynes to ensure we are providing the right services for local needs.

We also want to ensure that people are aware of where they can access local sexual health services and are satisfied with the services provided.

As part of this process we are conducting a survey among the local population to get your views.

The questionnaire will take 10-15 minutes to complete. All responses are anonymous.

Your participation in this questionnaire will help us improve local health services.

Thank you for your time.

Sexual Health Team

#### SECTION A: AWARENESS OF SERVICES

What testing and treatment for sexually transmitted infections (STIs) and contraception, do you think the following sexual health services provide? (please tick the box(es) that apply).

	Short acting contraception (e.g condoms)	Long-acting contraception (e.g pill / implant)	Pregnancy test advice	Emergency contraception	Testing for STIs	Testing for chlamydia	Treatment for STIs	Don't know
Milton Keynes Sexual Health (GUM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrence Higgins Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your General Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your local pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Which of the following sexual health services have you used?** (please tick  all that apply)

- Sexual health (GUM) clinic at Bedford Hospital/ Luton and Dunstable Hospital/ Milton Keynes Hospital
- Brook/Terrence Higgins Clinics
- Sphere Clinic
- Your General Practitioner
- Your local pharmacy
- None of the above

**Have you ever visited the website [www.safesexinbeds.co.uk](http://www.safesexinbeds.co.uk), which gives information on sexual health and services?** (please tick  one box only)

- Yes  No

**If you had a sexual health related problem how would you find out where to go?**  
(please tick  all that apply)

- Ask general practitioner
- Ask friends/colleagues
- Ask family
- Information at workplace
- Information at school
- Look on the internet
- Other

**Please specify 'Other'** (please write in your answer)

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## SECTION B: SATISFACTION WITH EXISTING SEXUAL HEALTH SERVICES

**During your last visit how did you find the following?** (Please tick one box per row)

	Very satisfied	Fairly satisfied	Neither satisfied or dissatisfied	Fairly dissatisfied	Very dissatisfied
Ease of getting an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting time in clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience of opening hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff approachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation and information given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please provide any overall comments about your experience** (please write in your answer)

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### SECTION C: SUGGESTIONS FOR IMPROVEMENT

Do you have any concerns about sexual health services in your area? (please tick  one box only)

Yes

No

If yes, please tell us more below (please write in your answer)

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Please tell us below of any suggestions you may have for how the sexual health services available locally could be improved. (please write in your answer)

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-----  
-----  
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### SECTION D: DEMOGRAPHICS

The following information is for our records, and aims to ensure that we listen to the views of all sectors of our community. It will help us understand responses in greater detail by seeing 'who thinks what'. Like the rest of the form, all the questions are optional and any responses received will be treated in confidence.

What is your age? (please tick  one box only)

Under 18

25 - 34

45 - 54

65 +

18 - 24

35 - 44

55 - 64

Prefer not to say

Gender (please tick  one box only)

Male

Female

Prefer not to say

Is your present gender the one you were assigned at birth? (please tick  one box only)

Yes

No

Prefer not to say

Which of the following best describes your sexual orientation? (please tick  one box only)

Bisexual

Heterosexual / Straight

Gay man

Other

Gay woman / Lesbian

Prefer not to say

**Do you have any of the following conditions?** (please tick  all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> A physical disability     | <input type="checkbox"/> Any other long term condition |
| <input type="checkbox"/> A sensory disability      | <input type="checkbox"/> None of the above             |
| <input type="checkbox"/> A mental health condition | <input type="checkbox"/> Prefer not to say             |
| <input type="checkbox"/> Learning difficulties     |  |

**What is your Ethnic Group?** (please tick  one box only)

- |  |  |
|--|--|
| <input type="checkbox"/> WHITE English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/> MIXED White & Asian |
| <input type="checkbox"/> WHITE Irish   | <input type="checkbox"/> MIXED Other         |
| <input type="checkbox"/> WHITE Gypsy or Irish Traveller                              | <input type="checkbox"/> ASIAN Indian        |
| <input type="checkbox"/> WHITE Other   | <input type="checkbox"/> ASIAN Pakistani     |
| <input type="checkbox"/> BLACK OR BLACK BRITISH Caribbean                            | <input type="checkbox"/> ASIAN Bangladeshi   |
| <input type="checkbox"/> BLACK OR BLACK BRITISH African                              | <input type="checkbox"/> CHINESE             |
| <input type="checkbox"/> BLACK OR BLACK BRITISH Other                                | <input type="checkbox"/> ASIAN Other         |
| <input type="checkbox"/> MIXED White & Black Caribbean                               | <input type="checkbox"/> ARAB                |
| <input type="checkbox"/> MIXED White & Black African                                 | <input type="checkbox"/> OTHER               |
|  | <input type="checkbox"/> Prefer not to say   |

**Please specify 'Other'** (please write in your answer)

-----

**Which of the following best describes your religion/faith or belief?** (please tick  one box only)

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Sikh              |
| <input type="checkbox"/> Christian | <input type="checkbox"/> No religion       |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Muslim    |  |

**Please specify 'other'** (please write in your answer)

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**Data Protection Act 1998**

**Please note that the information supplied on this form will be held and/or computerised by Bedford Borough Council and the Consultation Team for the purpose of this consultation. Summarised information from the forms may be published, but no individual details will be disclosed under these circumstances.**

Thank you for taking part in the survey

***Your Voice, Your Views***

## APPENDIX B: Provider Feedback Questionnaire

### Feedback questionnaire for providers of Sexual Health services in Milton Keynes

The Public Health team at Milton Keynes Council are undertaking a health needs assessment on sexual health to inform commissioning of sexual health services locally. We would be grateful if you could complete this survey to provide some information on your views on the sexual health services you provide, and the overall sexual health services provided in Milton Keynes, which will inform our sexual health needs assessment.

Name of individual completing the form: .....

Workplace name: .....

Date of survey completion: ...../...../.....

#### 1. Patient Satisfaction

- As part of your service do you ask patients to complete service user feedback surveys? If so, do you have a recent copy that you can share? (if so, please attach to questionnaire).

- Does your service have a complaints procedure?

Are you aware of any complaints regarding the service? If so, please describe.

.....

.....

#### 2. Current Service

- Are you aware of any issues regarding your current service model (waiting times, access, availability, location)

.....

.....

- What is the setup of your clinic?

.....

Do you have any staffing or capacity issues in your service?

.....

.....

#### 4. Performance

- What do you think about the service you provide?

.....

.....

- Do you have any concerns about or are you aware with any gaps in your current service?

What are the benefits of the current service?

.....

.....

#### 3. Recommendations going forward

- Considering the provision of sexual health services overall (i.e. including and beyond your service), are you aware of any gaps? Do you have any suggestions for change?

.....

.....

- What do you think is working well with the provision of sexual health services in Milton Keynes?

.....

.....

Do you think the current service is meeting the needs of the population, for example, hard to reach groups?

.....

.....

#### 5. Any other comments

.....

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.....

.....

## APPENDIX C: Clinical Guidelines In Sexual Health

1. Faculty of Sexual & Reproductive Healthcare. A Quality Standard for Contraceptive Services. 2014;
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