Sexual health and contraception health needs assessment for Bedford Borough and Central Bedfordshire

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Acknowledgements

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List of commonly used acronyms

95% CI – a 95% confidence interval, a statistical term describing the range of values between which we can be 95% confident that the true population level lies
CaSH – contraception and sexual health, used to refer to the services in general
CTAD - Chlamydia Testing Activity Dataset
EHC – emergency hormonal contraception
GUMCAD - Genitourinary Medicine Clinic Activity Dataset is the mandatory surveillance system for sexually transmitted infections (STIs) in England.
iCaSH – integrated contraception and sexual health service, the brand name of the current provider in Bedford Borough and Central Bedfordshire.
LARC – long-acting reversible contraception
MSM – men who have sex with men

1. Executive summary

1.1. Overview

This health needs assessment aimed to analyse the current need for sexual health and contraception services among the residents of Bedford Borough and Central Bedfordshire. This was done combining the corporate, comparative and participatory approaches to needs assessment.

The epidemiology section focussed on data from 2019 and 2020, allowing the effects of the early COVID-19 pandemic and consequences for future service provision to be assessed. Bedford Borough and Central Bedfordshire rates were compared to data from England, East of England, and their comparator local authorities according to index of multiple deprivation decile. Service activity was contextualised and then mapped out by provider and compared to pre-pandemic levels by provider. Stakeholder views (from service users or would-be users, and providers) were then additionally analysed, and finally the sections were drawn together by a section considering the overall impact of the COVID-19 pandemic by protected characteristic, using both survey and service data. Finally, external service challenges such as antimicrobial resistance and climate change were considered.

1.2. Key findings

Overall, diagnosed sexually transmitted infections in both local authorities declined from 2019 to 2020. Reasons for this are likely to be a combination of a change in sexual behaviour due to lockdowns and a decline in service use meaning fewer STIs are being detected. One of the exceptions to this was the rate of gonorrhoea in Bedford Borough, which increased very slightly over this period. In addition, other key indicators of service performance declined, most notably the chlamydia detection rate and percentage of 15-24 screened, which declined sharply in both areas. In addition, although numbers are small and trend statistically insignificant, the HIV late diagnosis rate increased in Central Bedfordshire. Demographic analysis showed that new STI diagnosis rates remained higher among poorer groups (although this was a clearer pattern in Bedford Borough than Central Bedfordshire), and those from black ethnic groups, but 2020 demographic breakdown was not yet available to show whether the pandemic had exacerbated this. For several sexually transmitted infections it also appeared that rates had declined more in males than females over the course of the pandemic, raising the possibility of differential service use over this period.

For contraception, the long-acting reversible contraception (LARC) fitting rate declined and the proportion of abortions under 10 weeks increased in both areas. The proportion of repeat abortions for under 25s remained stable in Bedford Borough but increased in Central Bedfordshire. By contrast, the proportion of conceptions for under 18s leading to abortions decreased in both areas, although more dramatically in Bedford Borough.

In terms of service provision, LARC fitting provision and sexual health and contraception outreach both declined during the early pandemic. Provision of emergency hormonal

contraception (EHC) by pharmacies continued to gradually decline over this period, as it had been doing pre-pandemic. Use of online STI testing kits increased in response to reduced clinic availability and telephone triage. Psychosexual appointment provision decreased slightly from 2019 to 2020 as well.

Bedford's King's Brook clinic remained the main physical hub for service provision for residents in both Bedford Borough and Central Bedfordshire, although the percentage of patients using the Dunstable Priory clinic did increase from 2018/19 to 2020/21. Out of area activity also reduced over both local authorities, perhaps in relation to COVID-19 restrictions. Although overall usage of the iCaSH generic website increased from 2019/20 into the early pandemic, iCaSH Bedfordshire and King's Brook pages saw a dip in unique page views; that said, Dunstable Priory's webpage saw increased unique page views over this period (albeit from a lower base).

A sample of 537 potential service users' responses were analysed to assess satisfaction, COVID-19 impact and possible ways to improve patient experience. The sample was relatively evenly split between Bedford Borough and Central Bedfordshire residents, and purposefully over-sampled people aged under 25. However, the final sample was majority white and heterosexual. Respondents said they most often use the internet to seek information and help for sexual health and contraception. Awareness of services provided by GPs and pharmacies was highest, but 30% of respondents were not aware of iCaSH services, and 53% were not aware of services offered by Terrence Higgins Trust (THT). The most common barriers to accessing services cited were long waiting lists for LARC in primary care or iCaSH. Key suggestions for improvement included service advertisement, improving service accessibility for those who did not live near Bedford or Dunstable, increasing appointment availability, and expanding education and information in schools. For those who responded to the LARC-specific question, primary care settings were preferred locations for fitting, however there was no evidence of interest in using a GP hub model and ease of access remained a priority. For those who had used a service, high levels of overall satisfaction (80%+) were recorded for pharmacy, THT, iCaSH Bedford and psychosexual services. Lower satisfaction levels were recorded for GP and iCaSH Dunstable. Areas of least satisfaction were convenience of these services and ease of getting an appointment. Respondents were more satisfied with in-person appointments than telephone appointments.

Responses from 26 providers were also recorded. Providers generally were happy with the services they provided but aware of the difficulty accessing appointments and issues with staff capacity. Respondents agreed that the online provision of STI testing kits was very helpful, but were concerned about not meeting the needs of vulnerable, rural, LBGTQ+ and ethnic minority groups.

When the overall picture of respondent feedback and service usage was considered, younger groups, LGBTQ+, and new mothers all had lower satisfaction rates with current services, so were likely to have been differentially impacted by COVID-19 service changes.

Only limited information was available about the situation of antimicrobial resistance and service environmental sustainability locally, but both themes remain important for future provision.

1.3. Recommendations

A range of recommendations has been made based on insights generated by this report, which are summarised here (listed in full in section 11):

Sexually transmitted infections

- Re-engage men in STI testing service (heterosexual and MSM)
- Increase chlamydia screening for women under 25
- Reduce rates of gonorrhoea
- Increase testing for HIV

Contraception

- Reduce the long-acting contraception (LARC) waiting list
- Ensure LARC is easily accessible for post-partum women and those who have had an abortion
- Increase availability and equity of free emergency contraception, as well as links to long term contraception options

Service model

- Increase availability and accessibility of appointments across the system
- Make services more accessible to rural groups
- Improve advertising and outreach for services
- Explore satisfaction levels with iCaSH Dunstable services
- Increase use of face-to-face appointments
- Make services more accessible to minority and vulnerable groups
- Tailor information to higher risk groups
- Continue to offer and develop online STI testing services

Collaboration and strategy

- Set up a joint sexual and reproductive health group with partner organisations across the BLMK ICS
- Establish joint working with alcohol and drug services
- Develop a sexual and reproductive health strategy for Bedfordshire

Data and research

- Resolve data sharing issues on STI testing in GP practices
- Further investigate the racial data gap using local data
- Undertake qualitative research with local pharmacists to better understand contract implementation
- Develop and implement an environmental sustainability plan for local integrated sexual health and contraception services
- Research and co-design the evolving digital offer

Funding

- The future contract value should consider inflation, population growth and regional per capita benchmarking.

2. Aim and context

2.1. Aims

The aim of this needs assessment is to analyse the contraceptive and sexual health needs of the populations of Bedford Borough and Central Bedfordshire in the context of available services, to identify gaps in provision and priorities for action. These will inform the re-commissioning of local contraception and sexual health services.

This was done by combining aspects of epidemiological, participatory, and corporate approaches to needs assessment. This was achieved by first describing the population demographics and context, then identifying health priorities through analysis of epidemiological data, current provision, and stakeholder feedback, and finally by making recommendations about how these priorities could be incorporated in future service provision.

This needs assessment also reflected recent challenges raised by COVID-19 pandemic and future challenges that could influence commissioning and provision such as antimicrobial resistance and climate change.

2.2. Previous needs assessment

The last sexual health and contraception needs assessment for Bedford Borough and Central Bedfordshire was performed in April 2015, before the current service provider was commissioned. It found that STIs were commonest among deprived and ethnic minority groups, an under-provision of services in Central Bedfordshire, and recommended an integrated model for future services. Since then, iCaSH have provided an integrated sexual health and contraception service. However, the challenges of the COVID-19 pandemic have provided a new lens through which to assess service provision and scope for improvement.

2.3. Overview of local population: Bedford Borough

The population of Bedford Borough was 174,687 in 2020[1] and is predicted to rise to 183,627 in 2027[2]. By 2027, the highest proportion of the population will be in 45-54 and 35-44 age groups. However, the highest rates of population growth are expected to be in the 15-24 and 75-84 age groups.

Bedford Borough has an ethnically diverse population, which census data has shown to be growing. The proportion of the population from ethnic minority groups has grown from 19.2% in 2001 to 28.5% 2011. The distribution of ethnic groups through the borough is variable with 37.2% of the population in Bedford and Kempston coming from ethnic minority groups, compared to 12.7% in rural areas.

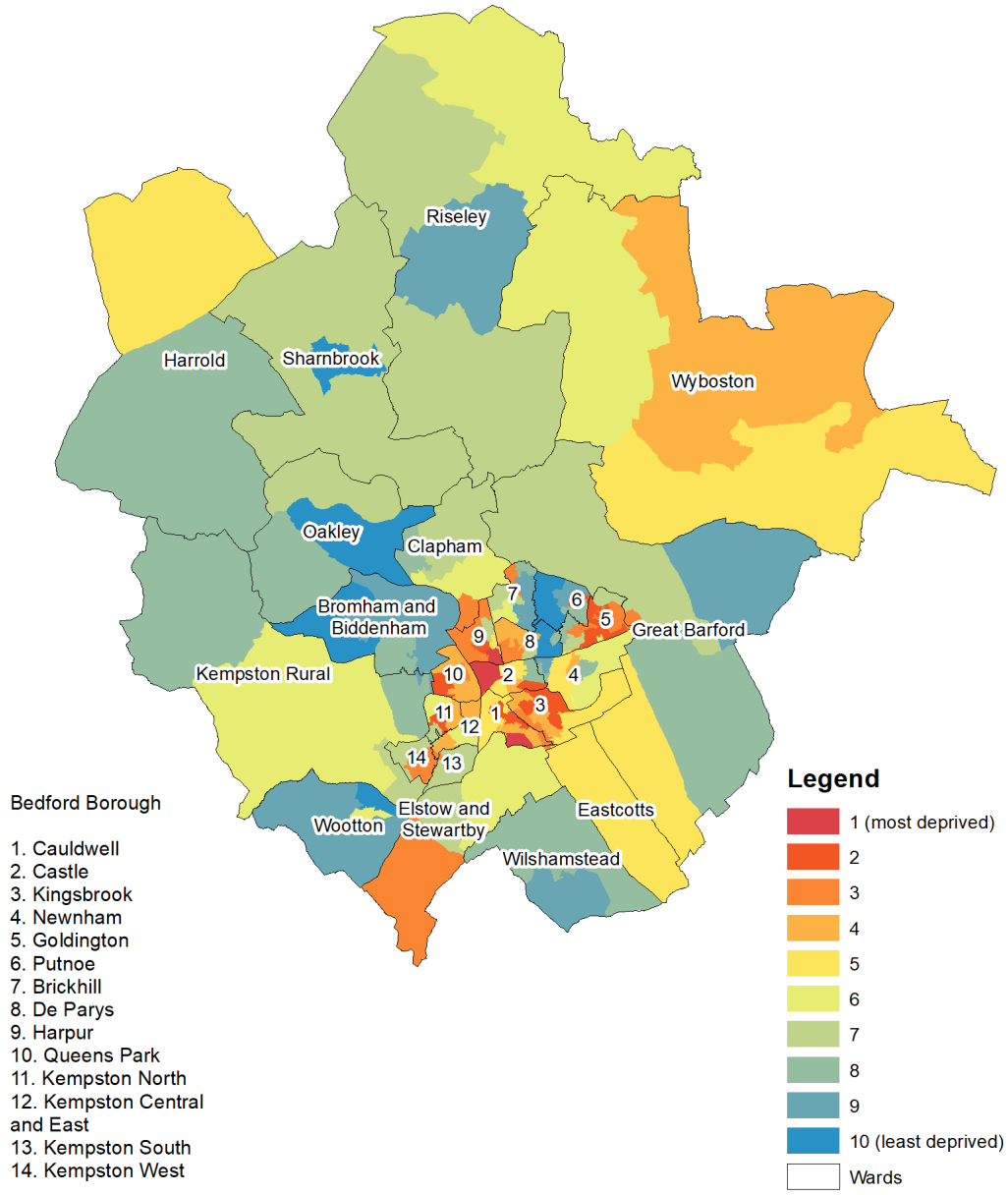
Bedford Borough ranks 96 out of 151 upper tier and unitary local authorities nationally (where 1 is most deprived) and therefore sits in the fourth less deprived deprivation decile. There are 4 Lower Layer Super Output Areas (LSOAs) that rank in the most deprived 10% nationally. These LSOAs sit within the Cauldwell, Castle, and Harpur wards, as shown in figure 1. In 2017-19 the life expectancy gap between the most and least deprived areas of Bedford Borough was 8.9 years for men and 7.8 years for women[3].

[1] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

[2] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018based

[3] https://fingertips.phe.org.uk/search/life%20expectancy

Figure 1: Bedford Borough wards according to Index of Multiple Deprivation (2019)



2.4. Overview of local population: Central Bedfordshire

The population of Central Bedfordshire was 294,096 in 2020[4] and is predicted to rise to 306,805 in 2027[5]. By 2027, the highest proportion of the population will be in the 0-14 and 35-44 age groups. The highest rates of population growth are expected to be in the 75+ and 0-14 age groups.

Central Bedfordshire has less ethnic diversity than the national average, with 6.3% of the population from ethnic minorities compared to 14.7% nationally.

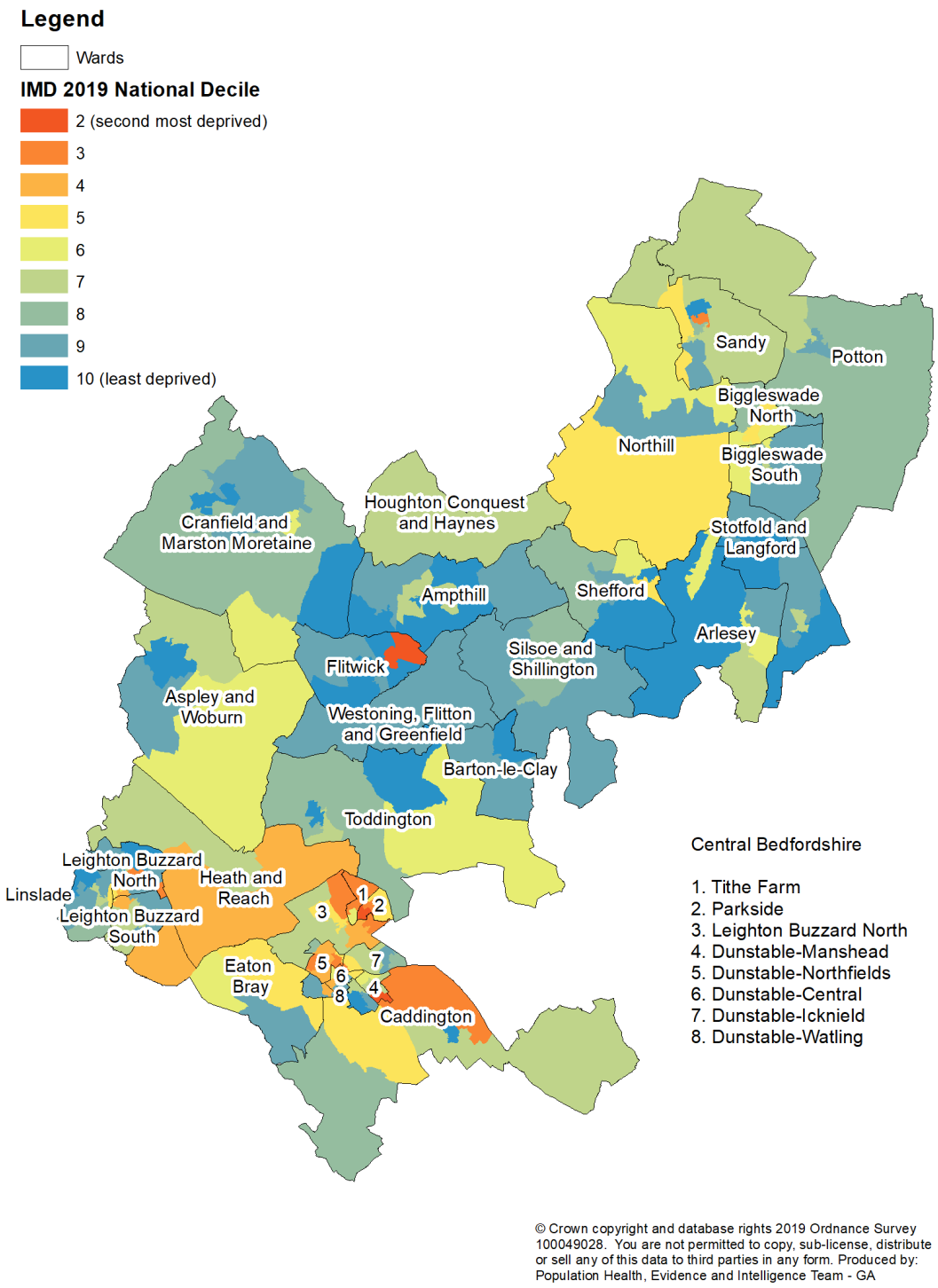
Central Bedfordshire ranks 137 out of 151 upper tier and unitary local authorities nationally (where 1 is most deprived) and therefore sits in the least deprived deprivation decile. None of the 157 LSOAs rank in the most deprived 10% nationally, the 3 most deprived LSOAs rank in the most deprived 20%. These LSOAs fall within the wards of Dunstable-Manshead, Parkside and Flitwick. In 2017-19 the life expectancy gap between the most and least deprived areas of Central Bedfordshire was 5 years for men and 5.9 years for women[6].

[4] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

[5] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018based

[6] https://fingertips.phe.org.uk/search/life%20expectancy

Figure 2: Central Bedfordshire wards by Index of Multiple Deprivation (IMD) 2019



3. Methods

3.1. Epidemiology

This section described the needs of the population of Bedfordshire in relation to sexually transmitted infections, reproductive health and contraception, using the indicators identified in the Public Health Outcomes Framework, and specified in previous local needs assessments. Where relevant, analysis was also informed by NICE guidelines[7].

Initially trends across the last 5 years for Bedford and Central Bedfordshire, compared to East of England and England, were examined. Then, wherever this detail existed, data was analysed by sex, age, deprivation, ethnicity, local authority, and sexual orientation, using two full years for detail – 2019 and 2020 - in order to better explore these factors in addition to the impact of COVID-19.

Sources of data were the HIV/STI data exchange[8], the Chlamydia Testing Activity Database[9], the public health Fingertips tool and NHS Digital[10]. SPLASH summary and supplement reports were used for additional demographic detail, and data supplied by the local service providers were also used.

Table 1: variables included in epidemiology section

Sexual health	Reproductive health and contraception
New STI diagnoses rate per 100,000 (excluding chlamydia aged <25) Gonorrhoea diagnosis rate per 100,000 Genital herpes diagnosis rate Genital warts diagnosis rate Syphilis diagnosis rate per 100,000 Chlamydia detection rate per 100,000 (aged 15-24) % 15-24 year olds screened for chlamydia % HIV testing in eligible attendees HIV new diagnosis rate per 100,000 % HIV late diagnosis (CD4 count<350) HIV diagnosed prevalence rate per 1,000 % First dose coverage for HPV vaccine	Under 18s conception rate per 1,000 % Under 18 conceptions leading to abortion Total prescribed LARC (excluding injections) rate per 1,000 % Abortions performed under 10 weeks % Repeat abortions (of all abortions in under 25s)

[7] For example, https://www.nice.org.uk/guidance/qs178/chapter/Quality-statement-4-Access-to-sexual-health-services https://www.nice.org.uk/guidance/ph51/chapter/2-Public-health-need-and-practice
[8] https://hivstidataexchange.phe.gov.uk/
[9] https://hivstiwebportal.phe.org.uk/
[10] https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services/2020-21/data-tables

Comparisons and structure

Overall this report was structured by condition and then the needs and data for each local authority was considered separately. This was done, as opposed to having two separate sections of the needs assessment, as the providers for both areas are the same, so it is helpful to see needs side by side, even if we do not directly compare them given their different contexts.

Comparisons were made for each local authority to the average for their IMD deprivation decile (2019), East of England and England averages. Bedford Borough is in the fourth less deprived category and Central Bedfordshire is in the least deprived category. A full list of comparator local authorities for each is available in the appendix.

To determine statistical significance of recent local trends, 95% confidence intervals for 2019 and 2020 numbers were compared, and judged to be statistically significant if they did not overlap.

Denominators and rates

Rates were included as displayed in the PHE Fingertips tool, except for herpes and genital warts. For these, since only raw numbers were available, rates were calculated manually using the same mid-year ONS population numbers for all ages used in the PHE fingertips tool to support comparability across the set of conditions.

Data protection and confidentiality

In order to prevent possible identification of individuals from the data presented, raw numbers of 5 or fewer or rates with denominators of less than 10,000 were presented as <5. This is in line with the PHE HIV and STI data sharing policy[11].

11 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/423828/20150424_PHE_HIV_STI_Data_Sharing_Policy_v4.1.pdf

3.2. Service provision and use

Firstly, we laid out the national commissioning context and our vision for services. Then activity levels were examined and compared for 2019-2021 (where data was available), for both in and out of area activities. Further information was then provided by key activity area (National Chlamydia Screening Programme, HIV), provider (including primary care and pharmacy), and specialist service (termination of pregnancy, psychosexual, sexual assault referral centre). Finally, service expenditure was presented for comparison with other areas.

3.3. Stakeholder consultation

The stakeholder consultation was split into two surveys: one for patients or potential service users, another for providers. Both were adapted by the needs assessment working group from previous iterations, with careful updating given current terminology and trends. The questions for this survey were also piloted with several service users to ensure it made sense, was easy to use and was appropriate to their experience.

The surveys were designed and distributed electronically for ease of analysis and in expectation that this would improve response rate, acknowledging that it may be less convenient or accessible for the oldest demographic.

Full copies of both surveys can be found in the appendix. The surveys were opened at the start of January 2022 and closed at the end of February. A diverse sample of more than 150 service users was aimed for, in order to assess a wide selection of inputs, particularly from more vulnerable service users. Accordingly, the survey was shared with and promoted by a range of local organisations, including service providers, non-profits supporting vulnerable individuals, educational settings, parent groups and Healthwatch.

After two weeks of promotion, the gaps in demographics were analysed and paid social media promotion was used to boost inputs from under 25s, LGBTQ+ and non-white groups.

4. Epidemiology of sexual and reproductive health

4.1. Sexual health

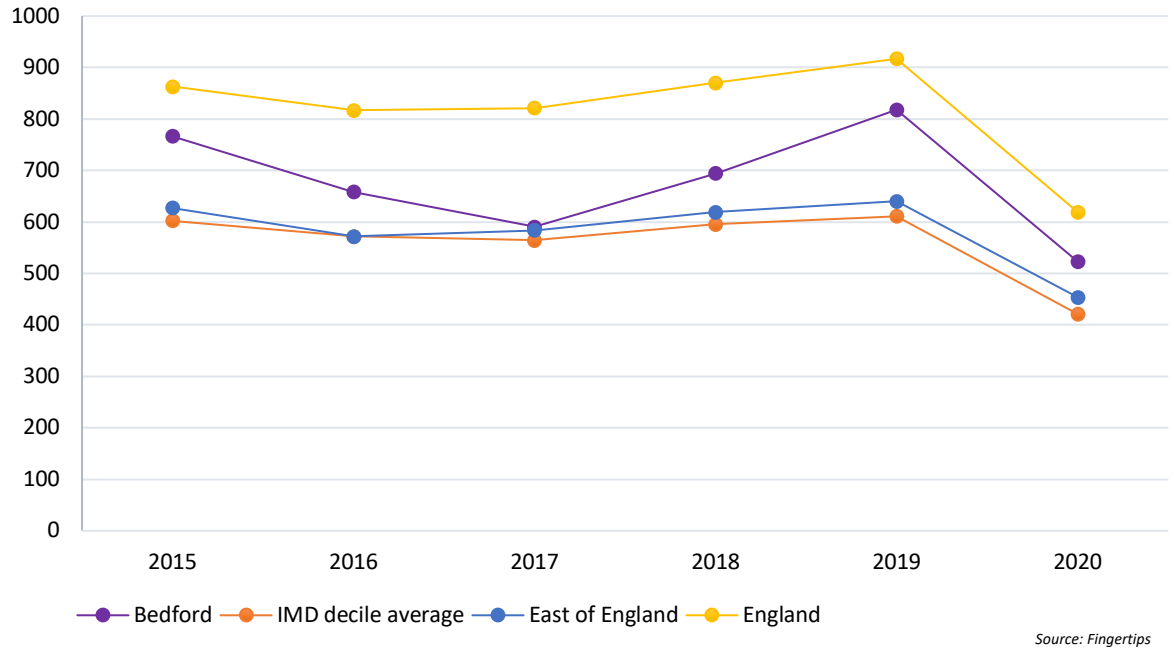
4.1.1. New STIs

The new STI diagnosis rate is a general overall measure, including a range of sexually transmitted infections[12]: chancroid, chlamydia (excluding under 25s), donovanosis, gonorrhoea, genital herpes (first episode), HIV, Lymphogranuloma venereum, molluscum, contagiosum, Mycoplasma genitalium, non-specific genital infection, pediculosis pubis, pelvic inflammatory disease and epididymitis, scabies, Shigella flexneri, Shigella sonnei, Shigella spp (unspecified), infectious syphilis (primary, secondary and early latent stages), Trichomoniasis, and genital warts (first episode).

Bedford Borough

Bedford Borough experienced a decrease in new STIs diagnosed in 2020, from 817 (95% CI 765-874) per 100,000 in 2019, to 523 (481-568) per 100,000 in 2020. This drop was statistically significant, and greater than the East of England and the IMD decile average, but from a higher level and remained greater than both of these comparators, but lower than the diagnosis rate for England (619 per 100,000).

Figure 3: BB new STI diagnosis rate per 100,000 people (excluding chlamydia for under 25s)



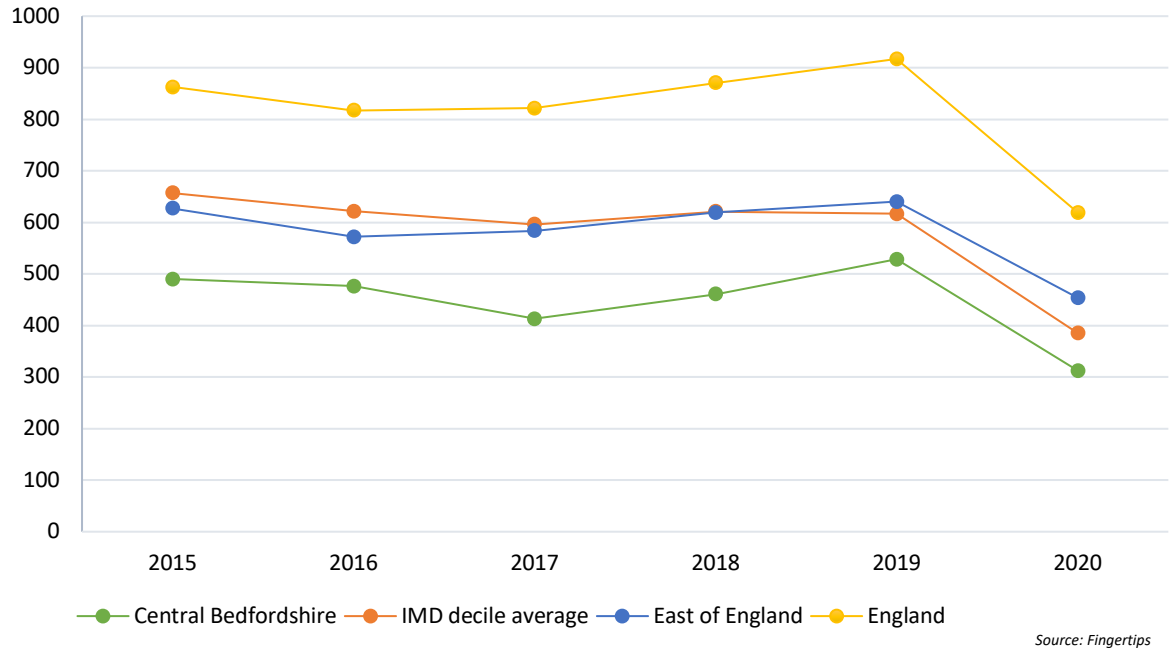
Source: Fingertips

12 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1015176/STI_NCSP_report_2020.pdf

Central Bedfordshire

The new STI diagnosis rate in Central Bedfordshire has been consistently lower than all three comparators over the past five years, although the rate was rising slightly from 2017-2019. Like other areas, Central Bedfordshire also experienced a recent and statistically significant drop in the rate of new STI diagnosis, from 528.5 (95% CI 496-563) per 100,000 in 2019, to 312 (95% CI 288-339) per 100,000 in 2020.

Figure 4: CBC new STI diagnosis rate per 100,000 (excluding chlamydia for under 25s)



Source: Fingertips

Demography

In Bedford Borough, there was more disease diagnosed in females than males, and overall the most common age group for diagnoses was 16-34. However, gender dynamics shifted with age, for the group 16-24 year olds more females were diagnosed, but for the 24 years and older more were diagnosed among males. These patterns were similar across 2019 and 2020.

The SPLASH supplement report for 2019 (which replaced LASER reports) showed that the rate of new STI diagnosis in the most deprived group (1255 per 100,000) was more than double the rate in the least deprived group (533 per 100,000) indicating a continuing socio-economic gradient to sexually transmitted diseases. Racial inequalities were even starker, with rates of new STI diagnosis almost 5 times higher among black individuals (2580 per 100,000) compared to white (544 per 100,000). This supplement is not yet available for 2020 for comparison.

In Central Bedfordshire, diagnoses were equal across females and males in 2019, but in 2020, as well as an overall fall in diagnoses, there were more among females than males. This indicates a possible differential effect of the pandemic between men and women in this area. In terms of age distribution, Central Bedfordshire was similar to Bedford Borough, in

that these diseases were more commonly diagnosed in females aged 16-19 than males, but then became more common in males in older age groups (aged 34+ in this case).

The 2019 SPLASH supplement report for Central Bedfordshire showed a less clear picture for deprivation levels, with similarly higher rates among most to 3rd most deprived, and lower but similar levels for 4th most deprived and least deprived groups. The racial gap was even wider in Central Bedfordshire than in Bedford Borough (although both rates were lower), with diagnosis rates among those with black ethnicity almost 6 times higher (2232 per 100,000) than the rate among those with white ethnicity (406 per 100,000).

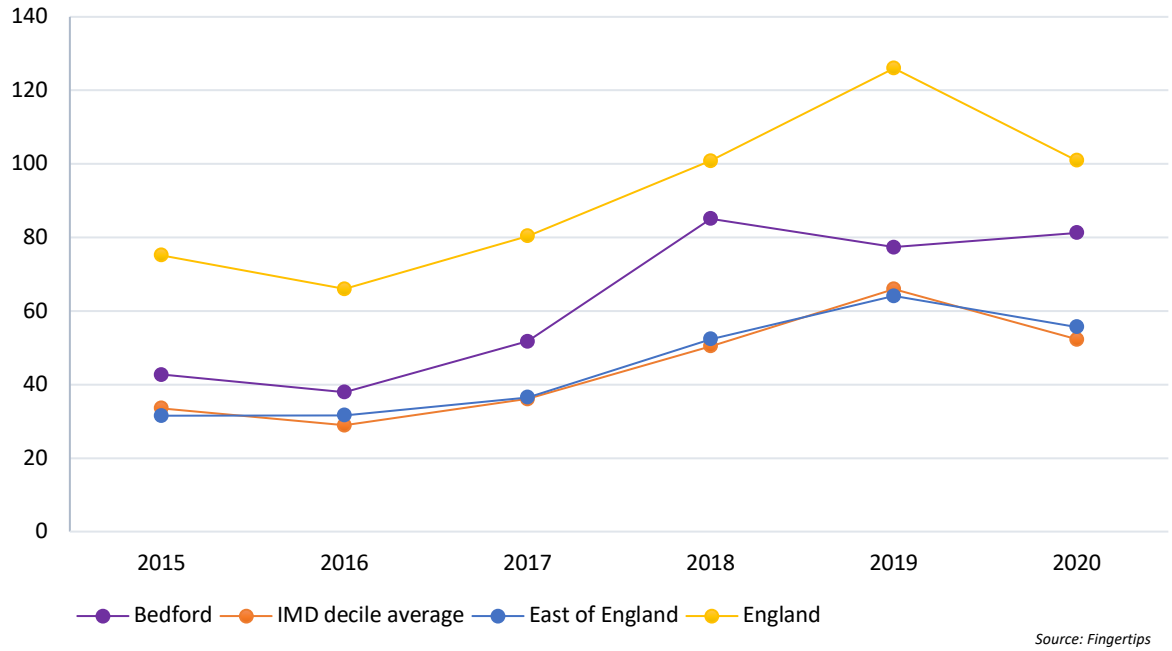
4.1.2. Gonorrhoea

Gonorrhoea (Neisseria gonorrhoeae) is a common sexually transmitted bacterial infection which can be tested for using the iCaSH express test remote kit[13].

Bedford Borough

After increasing to 85 per 100,000 in 2018, Bedford Borough's gonorrhoea diagnostic rate dipped in 2019 to 77 (95% CI 65-92) per 100,000, and then increased slightly to 81 (95% CI 68-96) per 100,000 in 2020. Although not a statistically significant increase, this is notable since it bucks the trend of decreasing diagnosed rates observed in other areas and STIs. Over the past five years, the rate in Bedford has also been consistently higher than the East of England and IMD decile averages.

Figure 5: BB gonorrhoea diagnostic rate per 100,000 people



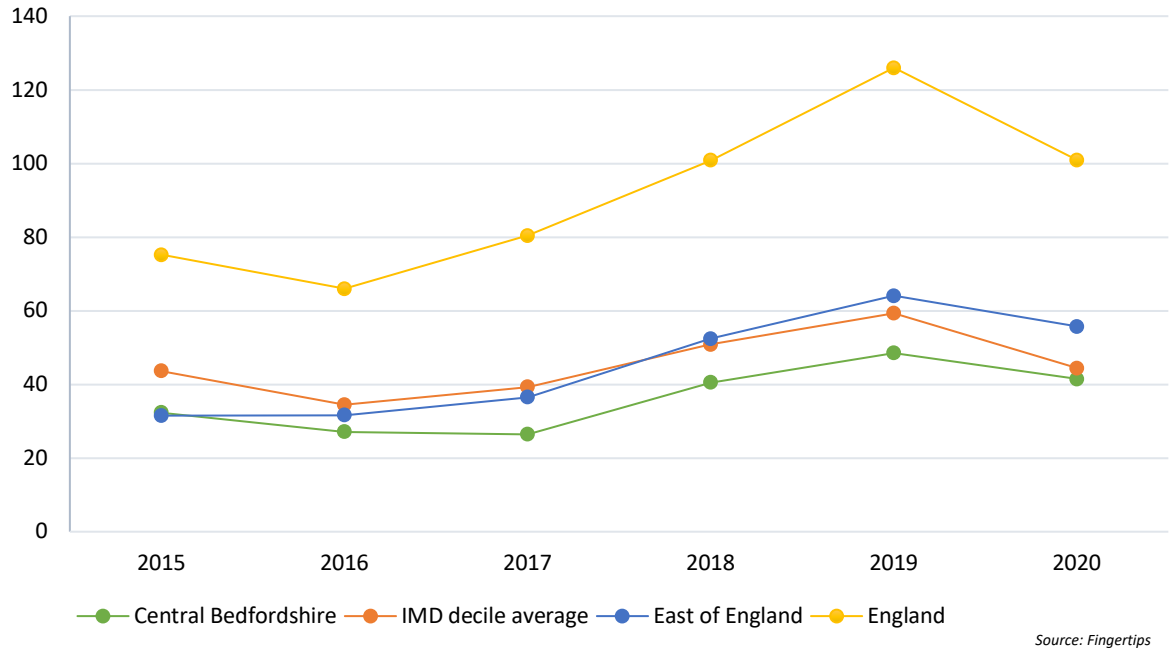
Source: Fingertips

[13] https://www.icash.nhs.uk/contraception-sexual-health/express-test/advice-and-guidance

Central Bedfordshire

Central Bedfordshire has consistently had a lower diagnostic rate than England, East of England and IMD decile comparators over the last five years. Even so, there was an increase in line with other areas between 2017 and 2019, reaching a recent height of 49 (95% CI 41-57) per 100,000, which then dropped to 41 (95% CI 34-50) per 100,000 in 2020. This decrease was not statistically significant.

Figure 6: CBC gonorrhoea diagnostic rate per 100,000 people



Source: Fingertips

Demography

For 2019-20 across both Bedford Borough and Central Bedfordshire more men than women were diagnosed with gonorrhoea, which was more common in the 20-34 age group than older or younger years. Among the men diagnosed, heterosexuality was the most common category, but homosexuality was a close second place. It was predominantly diagnosed among UK born individuals. When considering differences between 2019 and 2020, in Bedford Borough both cases and their composition remained relatively stable, but in Central Bedfordshire cases were stable among heterosexuals but dropped for gay men between 2019 to 2020.

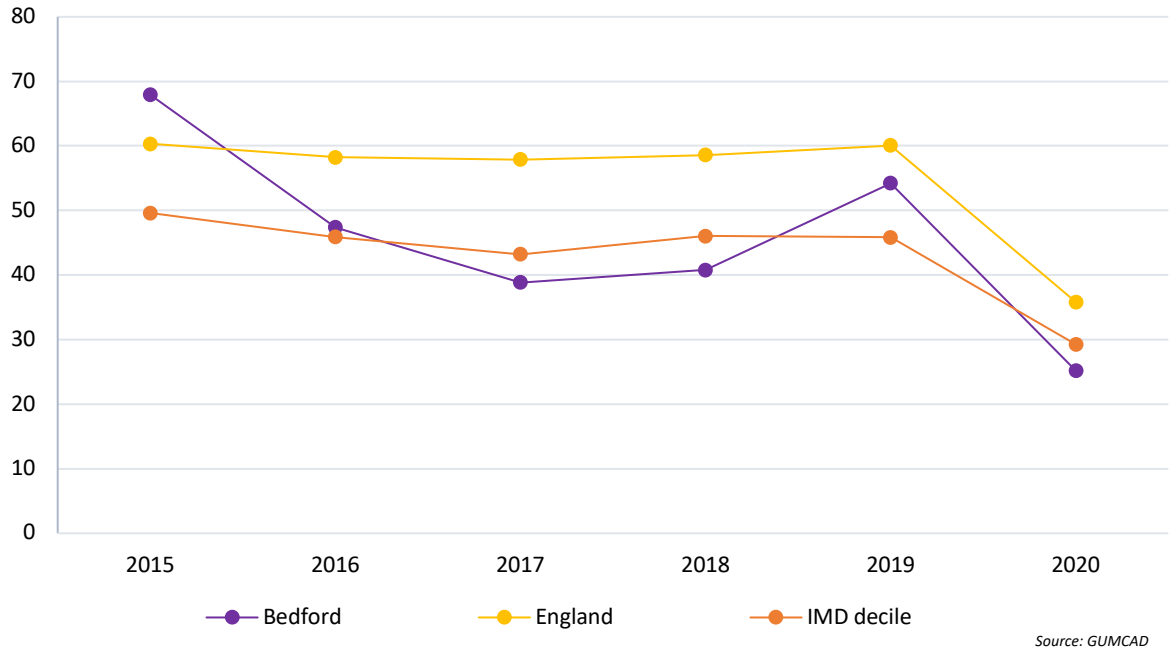
4.1.3. Genital herpes

Common symptoms of genital herpes are blisters and sores, which can manifest months or even years after infection[14]. The diagnostic test must also be performed by taking pus from sores, so is usually done in clinic. Rates for East of England were not found on GUMCAD so there are only two comparators for this section.

Bedford Borough

After declining from 2015 to 2017, reaching a height of 54 (95% CI 43.3-65.2) per 100,000 in 2019, genital herpes diagnosis rate decreased to a low of 25 (95% CI 8.8-20.1) per 100,000 people in 2020. This sharp decline was also seen in England (-24 per 100,000) and the IMD decile rate (-17 per 100,000), but Bedford Borough's decline in diagnosis rate was more extreme (-29 per 100,000) and a statistically significant drop from 2019 as indicated by the confidence intervals.

Figure 7: BB genital herpes rate (first episode) per 100,000 people

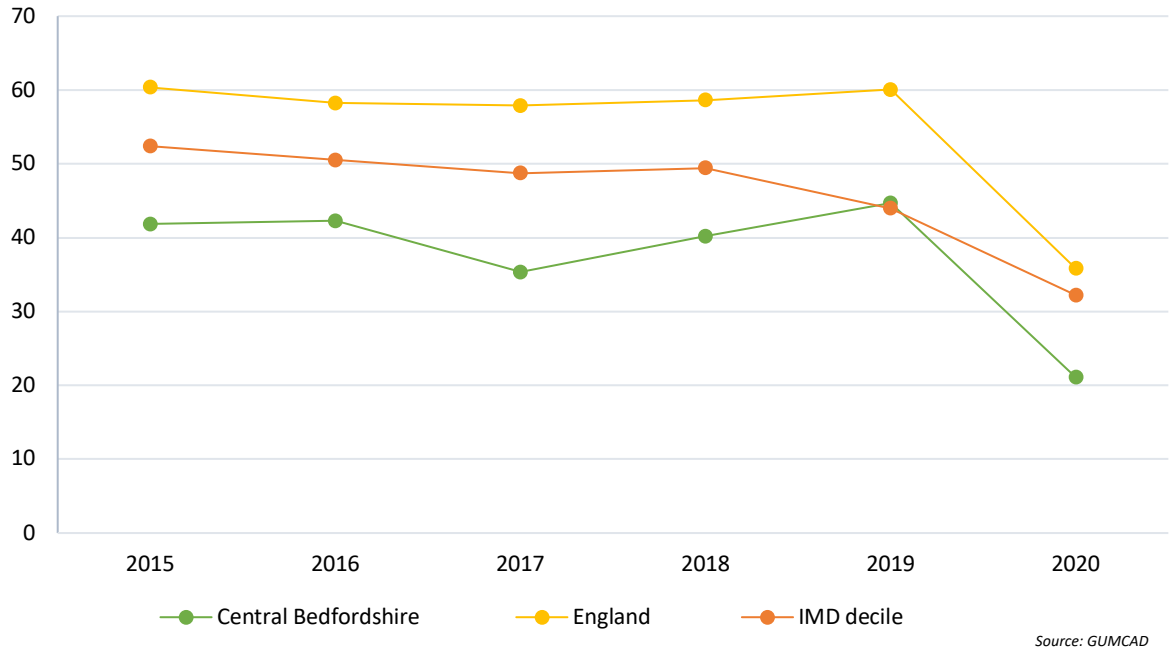


[14] https://www.nhs.uk/conditions/genital-herpes/

Central Bedfordshire

Genital herpes had been rising from 2017-2019, but still tracking below England and Central Bedfordshire's IMD decile equivalents. This rate then dropped from 44.7 (95% CI 37-52.4) per 100,000 in 2019 to 21 (95% CI 15.8-26.3) per 100,000 in 2020. This drop was similar to that seen in England as a whole, but sharper than IMD decile comparator areas, and a statistically significant decline compared to 2019.

Figure 8: CBC genital herpes rate (first episode) per 100,000 people



Source: GUMCAD

Demography

For 2019 and 2020 there were almost twice the number of cases among heterosexual females than heterosexual males, and small numbers of cases among other sexualities. Like gonorrhoea, it was most commonly diagnosed in 20-34 year olds across both local authorities. Again it was predominantly diagnosed among people born in the UK. The number of cases roughly halved for both men and women in Bedford Borough between 2019 and 2020, and this was true for women in Central Bedfordshire as well, but it more than halved for men in this local authority between the two years.

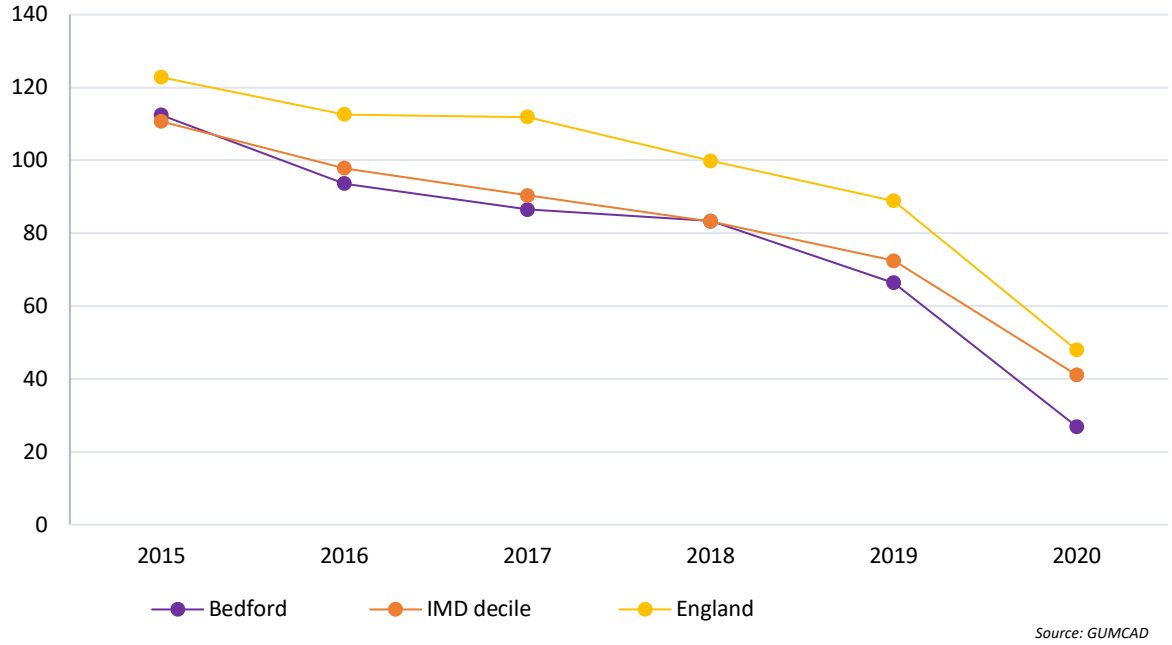
4.1.4. Genital warts

Symptoms include lumps around the genitalia and itching and bleeding. Diagnosis of genital warts is usually made visually by a health professional at a clinic[15].

Bedford Borough

Between 2015 and 2019, the rate of genital warts in Bedford Borough was declining and lower than the rates for the comparative IMD decile and England as a whole, although rates in the comparators were also declining from a higher level. A sharp and statistically significant decline was further observed from 2019 to 2020, with rates dropping from 66 (95 CI 54.2-78.5) to 27 (95% CI 19.2-34.6) diagnoses per 100,000.

Figure 9: BB genital warts rate (first episode) per 100,000 people



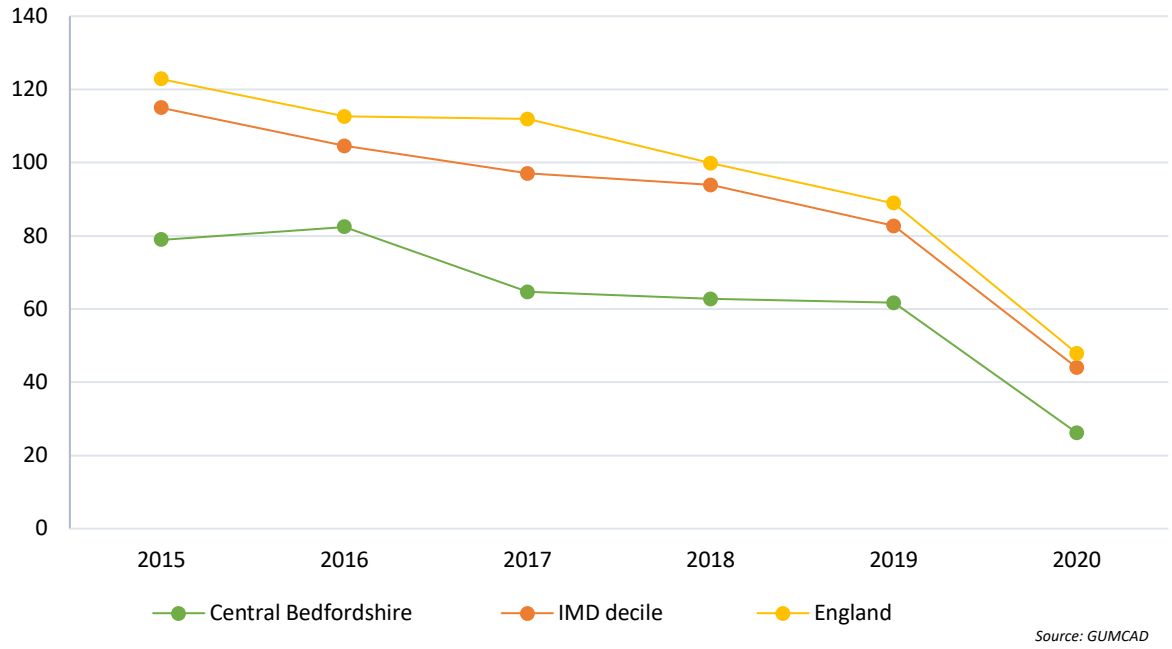
Source: GUMCAD

[15] https://www.nhs.uk/conditions/genital-warts/

Central Bedfordshire

After some decline since 2015, rate of genital warts in Central Bedfordshire was stable at around 60 per 100,000 from 2017 to 2019. Rates in the IMD decile and England were also declining over this time, but from a higher point. All three rates dropped between 2019 and 2020, with Central Bedfordshire declining in a statistically significant way from 62 (95% CI 52.6-70.7) to 26 (95% CI 20.3-32) cases per 100,000.

Figure 10: CBC genital warts rate (first episode) per 100,000 people



Demography

Across both local authorities, a first episode of genital warts is more commonly diagnosed in men, in heterosexuals and in people aged 20-34. Between 2019 and 2020 there was a differential decrease in cases between men and women across both areas, with decreases of 44% and 56% in female diagnoses, but 63% and 64% for male diagnoses.

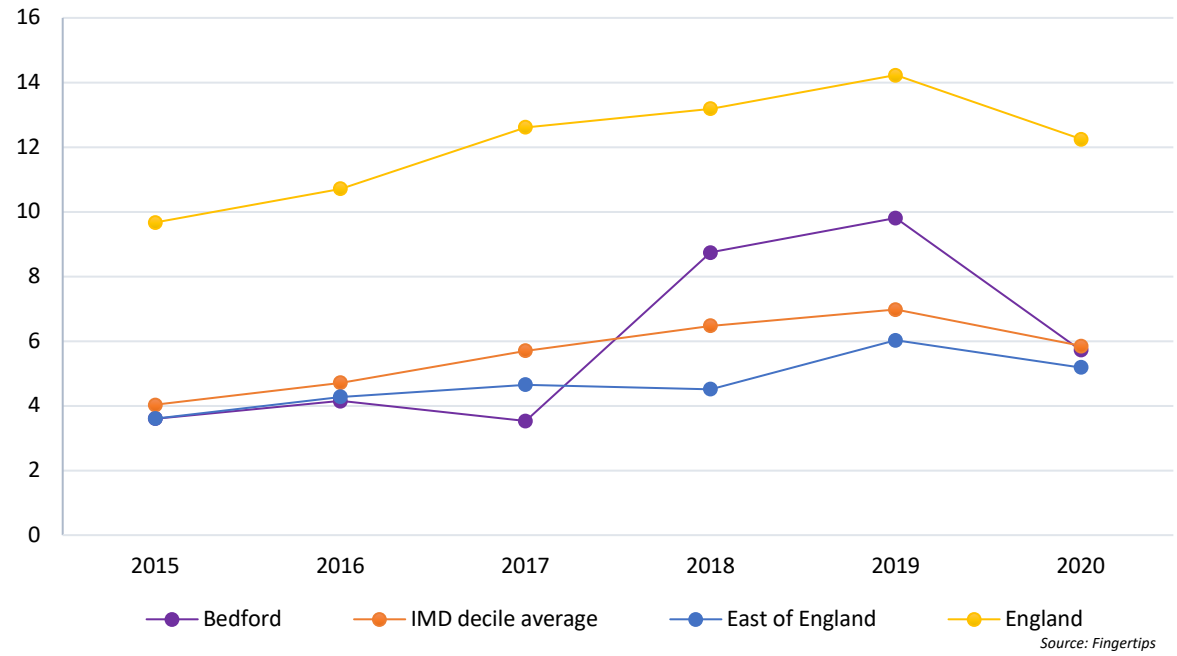
4.1.5. Syphilis

Syphilis (caused by bacteria treponema pallidum) can be asymptomatic, but can also cause painless sores, rash or fever, and can progress to serious illness and be passed on congenitally if left untreated[16]. It can be diagnosed via the iCaSH express remote test[17]. The recent increase in syphilis across England has been noted by health authorities, who have an action plan in place to reduce transmission, although no specific targets have been outlined[18].

Bedford Borough

After a spike in cases between 2017 and 2019, reaching 10 cases (95% CI 5.7-15.7) per 100,000 that year, exceeding rates in East of England and the IMD decile. This fell to 6 cases (95% CI 2.7-10.5) per 100,000 in 2020, which was not a statistically significant decline. Overall, the rate is still lower than the rate seen in England as a whole, but remains at about the same level as the IMD decile and slightly higher than the East of England rate.

Figure 11: BB syphilis diagnostic rate per 100,000 people

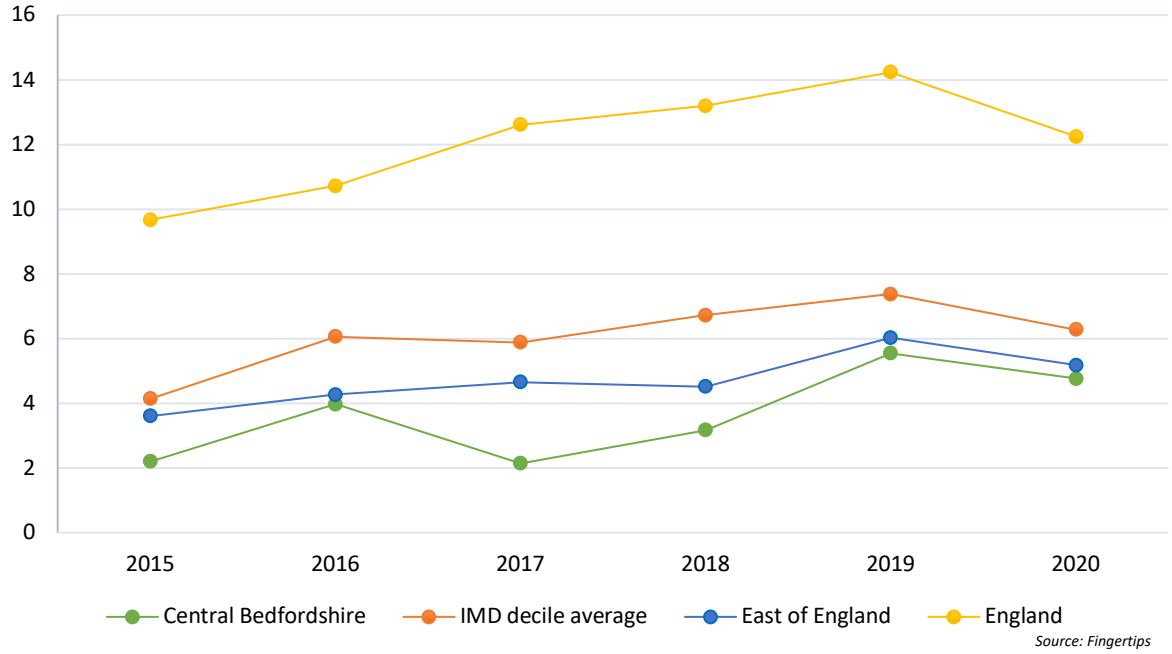


[16] https://www.nhs.uk/conditions/syphilis/
[17] https://www.icash.nhs.uk/contraception-sexual-health/express-test/advice-and-guidance
[18] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806076/Addressing_the_increase_in_syphilis_in_England_Action_Plan_June_2019.pdf

Central Bedfordshire

Syphilis diagnostic rate in Central Bedfordshire is once again lower than all three comparators. Like its comparators, Central Bedfordshire saw an increase in rate between 2017 and 2019, and a small and not statistically significant drop from 6 (95% CI 3.2-9) per 100,000 in 2019 to 5 (95% CI 2.6-8) per 100,000 in 2020.

Figure 12: CBC syphilis diagnostic rate per 100,000 people



Demography

There were very few cases across both 2019 and 2020 so demographics are based on a small sample. Across both local authorities, syphilis was 2-13 times more common among men. Unlike other STIs examined so far, syphilis was common among homosexual individuals. Syphilis was also most commonly diagnosed among people born in the UK. In Central Bedfordshire, most cases were among older groups, aged 35-64. In Bedford Borough, however, the largest age group for syphilis diagnoses was 25-34 year olds.

Between 2019 and 2020, the very small (<5) numbers of cases among women in Central Bedford Borough remained the same. By contrast, numbers among men decreased slightly in Central Bedfordshire and halved in Bedford Borough.

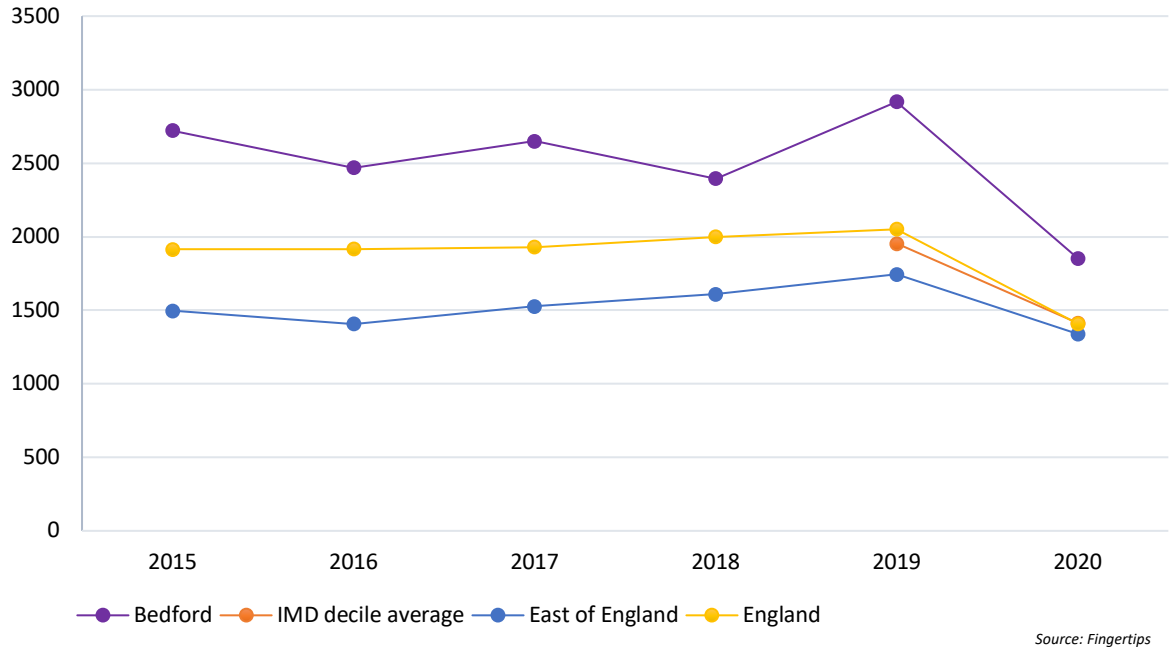
4.1.6. Chlamydia

This can be tested for using the iCaSH express remote test, and is also offered to under 25s via the National Chlamydia Screening Programme (NCSP). The target has been to reach or exceed 2300 per 100,000 15-24 year olds of both sexes to encourage community screening, but it will from 2023 change to 3250 among women 15-24 only in recognition of their higher risk and complications of pelvic inflammatory disease if left untreated[19]. This focus will also translate to the second indicator, proportion of 15-24 year olds screened for chlamydia, which will change to be proportion of women in that age group screened[20].

Bedford Borough

The chlamydia detection rate for 15-24 year olds dropped from 2917 (95% CI 2676-3174) per 100,000 in 2019, to 1853 (95% CI 1663-2053) per 100,000 in 2020. This was a statistically significant decrease. When considering the new target that will come into place for the next service provider, the detection rate was 2660 per 100,000 15-24 year old women in Bedford Borough in 2020[21], which is higher than the detection rate for both sexes but would not meet the new target. This fall in detection is rooted in the fall in proportion screened for chlamydia in this age group, which also dropped in a statistically significant way from 28.6% in 2019 (95% CI 27.8-29.4%) to 19.6% (19-20.2%) in 2020.

Figure 13: BB chlamydia detection rate per 100,000 15-24 year olds



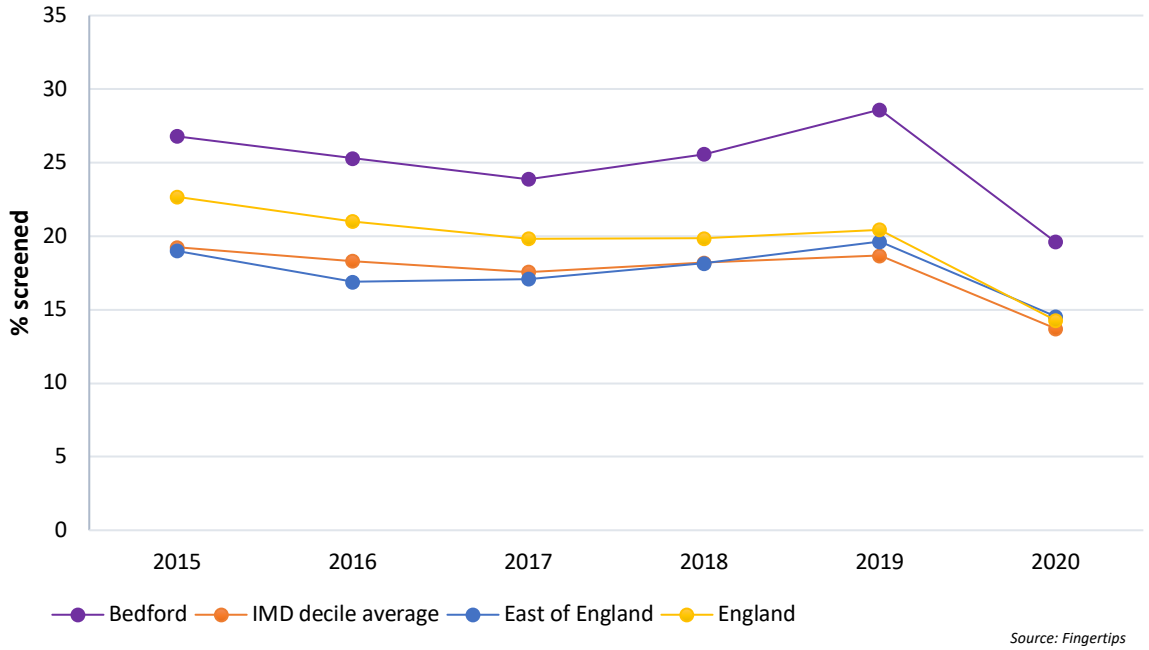
Source: Fingertips

[19] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000043/pat/6/par/E12000004/ati/102/are/E06000015/iid/91514/age/156/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[20] https://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/8000057/pat/6/par/E12000006/ati/402/are/E06000055/iid/90777/age/156/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[21] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000043/pat/6/par/E12000006/ati/102/iid/91514/age/156/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Figure 14: BB proportion of 15-24 year olds screened for chlamydia

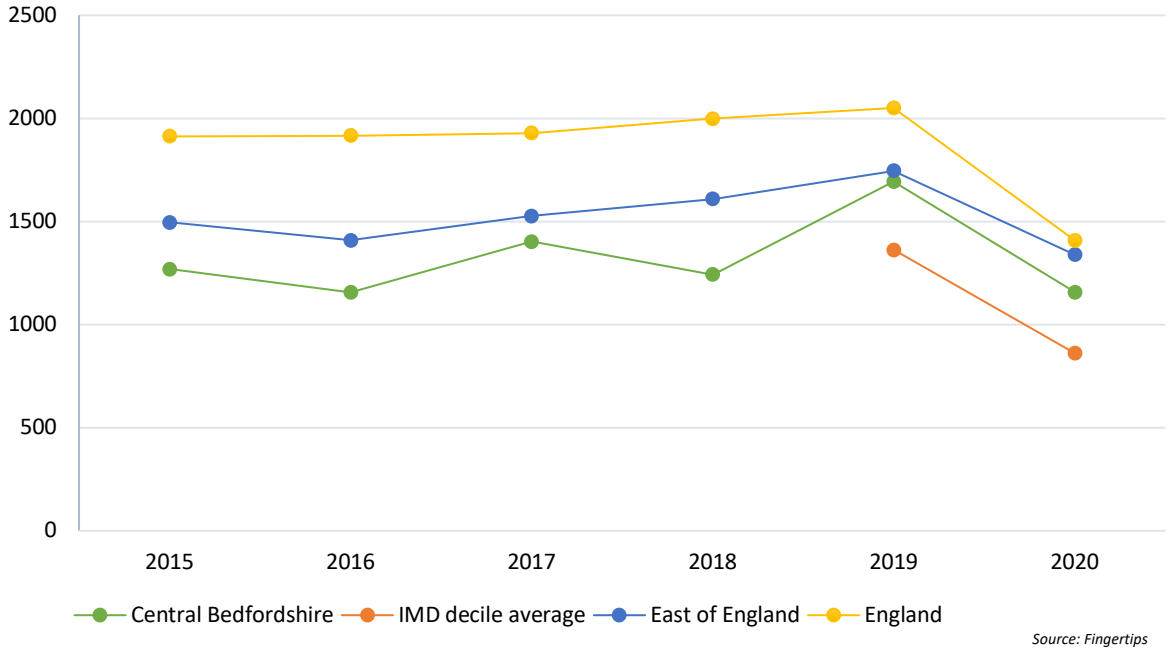


Source: Fingertips

Central Bedfordshire

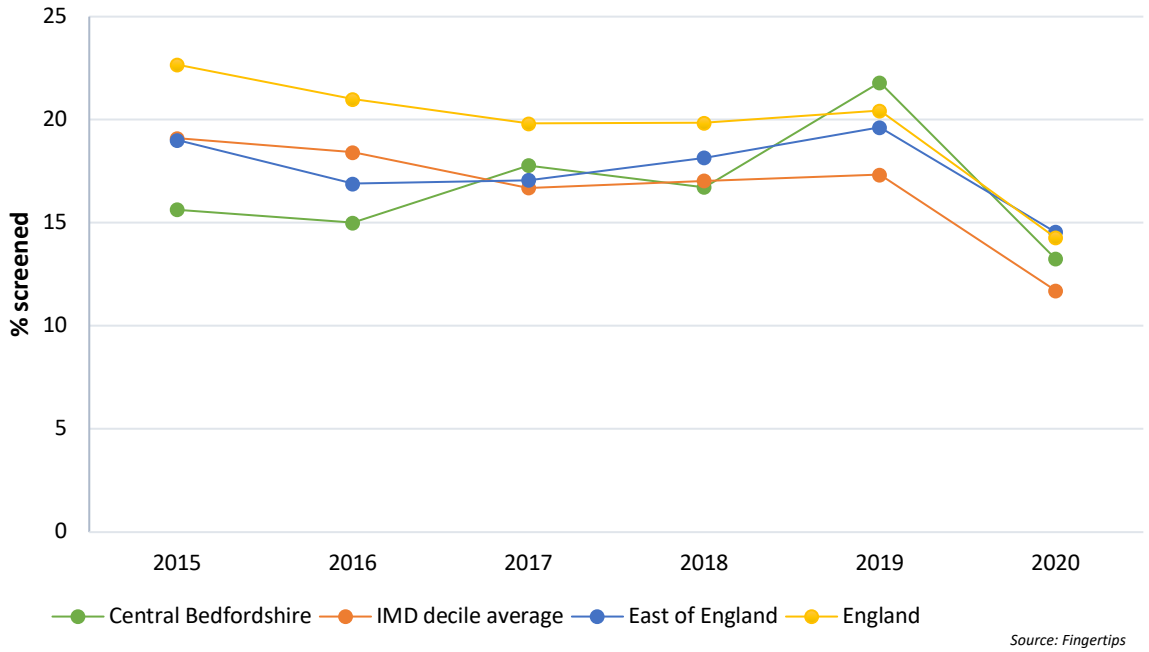
In Central Bedfordshire, the chlamydia detection rate dropped from 1693 (95% CI 1,544-1,853), to 1,157 (95% CI 1,036-1,289) per 100,000 15–24-year-olds in 2020, a statistically significant decline that is below the England and East of England rates. For 15-24 year old women only, the detection rate was 1,561 per 100,000, which is slightly higher but still significantly below the new target of 3250. The proportion in this age group also dropped in a statistically significant way from 21.8% (95% CI 21.3-22.4%) in 2019 to 13.3% (95% CI 12.8-13.7%) in 2020.

Figure 15: CBC chlamydia detection rate per 100,000 15-24 year olds



Source: Fingertips

Figure 16: CBC proportion of 15-24 year olds screened for chlamydia



Source: Fingertips

Demography

From CTAD data (which is represented in these graphs, but only broken down by age and sex for 15-24s), for BBC females in the younger age group (15-19) were more than twice as likely to get diagnosed than men, but diagnosis was more common in 20-24s than 15-19s. For Central Bedfordshire, females in both groups were more than twice as likely as men to get diagnosed with chlamydia, and there were more cases in the 20-24 age group than the younger one.

From the GUMCAD data, chlamydia was most common from age 15-34 year olds, and most cases were among heterosexuals. The place of birth for those diagnosed with chlamydia was again most commonly UK, although for both 2019 and 2020 there were more than one hundred cases whose birth region was unknown. More women were diagnosed than men in both years, but between 2019 and 2020, female cases reduced by 40%, compared to 36% for men.

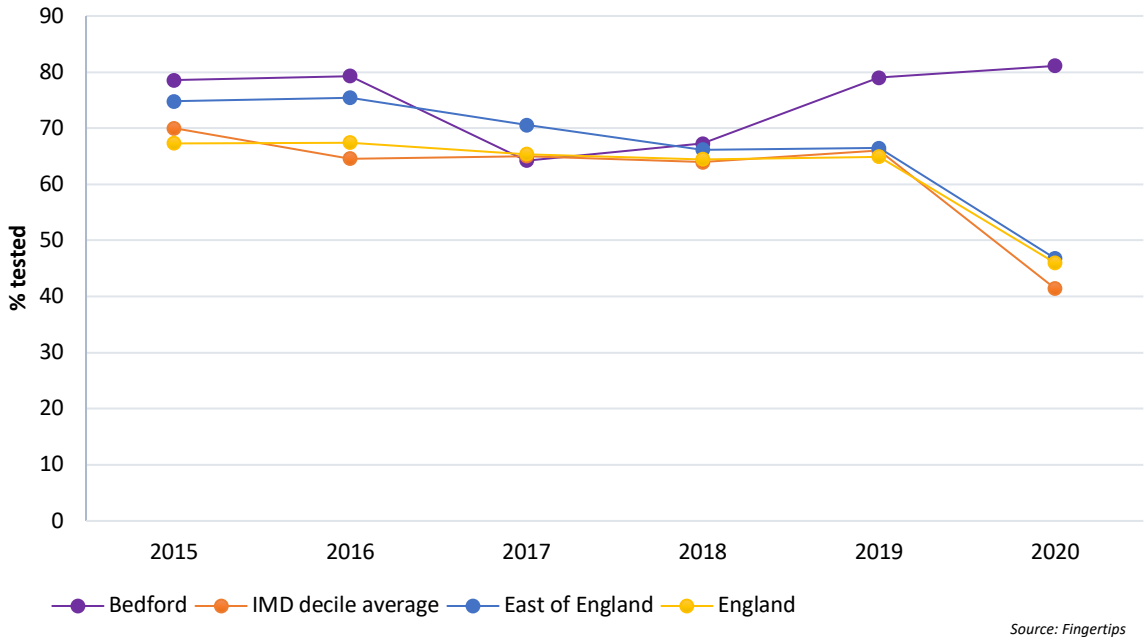
4.1.7. HIV testing

This indicator presents the number of persons tested for HIV out of those people considered eligible for a HIV test when attending specialist sexual health services. An eligible person is considered to be anyone attending a sexual health service at least once per year, excluding those attending for reproductive health reasons and those already known to be HIV positive[22]. An increase in testing is thought to be a positive development in order to diagnose people early as possible.

Bedford Borough

Unlike comparative IMD local authorities, East of England and England, the proportion of eligible attendees in Bedford Borough tested for HIV increased from 79% (95% CI 77.7-80.2%) in 2019 to 81% in 2020 (95% CI 79.7-82.4%). However, it is worth noting that this is not a statistically significant increase, and, since it is a proportion, the number of tests done did not increase (2,776 compared to 3,798 in 2019), but instead the denominator changed as there were fewer people attending clinic in light of the pandemic.

Figure 17: BB proportion of eligible attendees tested for HIV



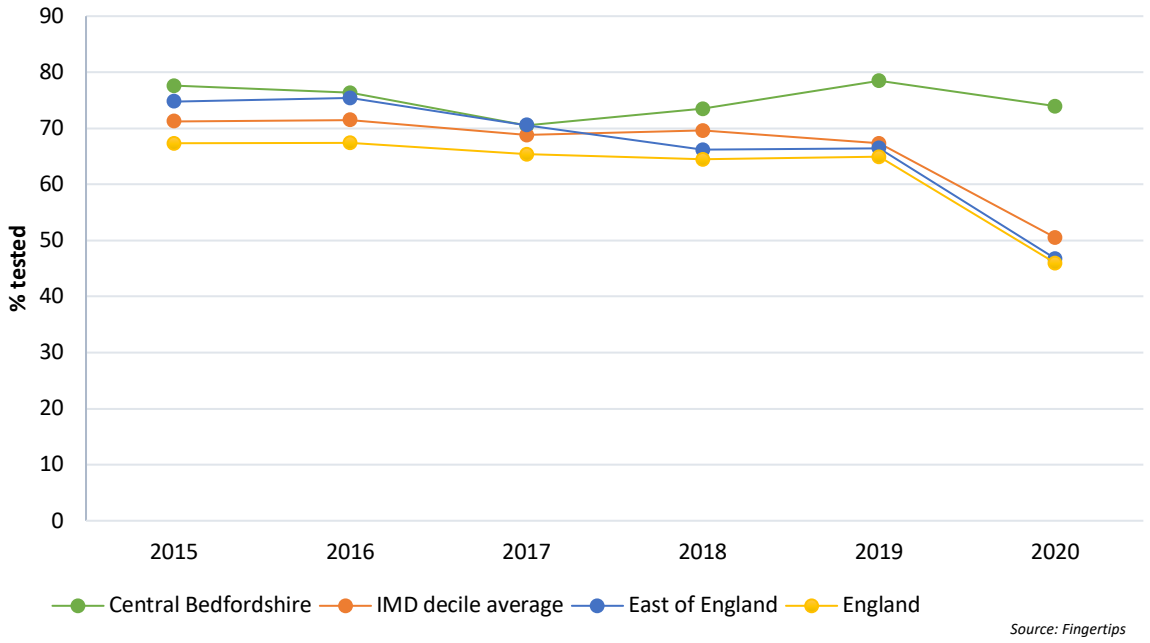
Source: Fingertips

22 https://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/8000057/pat/6/par/E12000006/ati/402/are/E06000055/iid/91525/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Central Bedfordshire

The proportion of eligible individuals tested in 2020 did drop in Central Bedfordshire from 78.5% (77.4-79.5%) in 2019 to 73.9% (72.5-75.3%) in 2020. This was a statistically significant decline, but was not as steep as local authorities with similar IMD, East of England and England as a whole. This did also represent a significant drop in number of tests, with 2,981 performed compared to 4,532 in 2019.

Figure 18: CBC proportion of eligible attendees tested for HIV



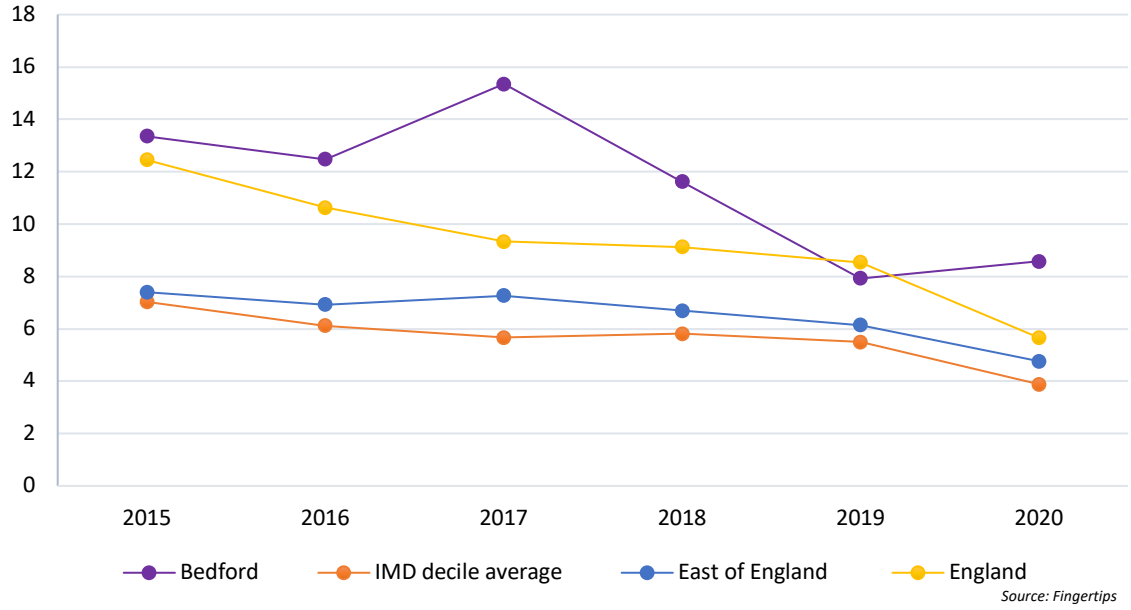
Source: Fingertips

4.1.8. HIV new diagnoses and prevalence

Bedford Borough

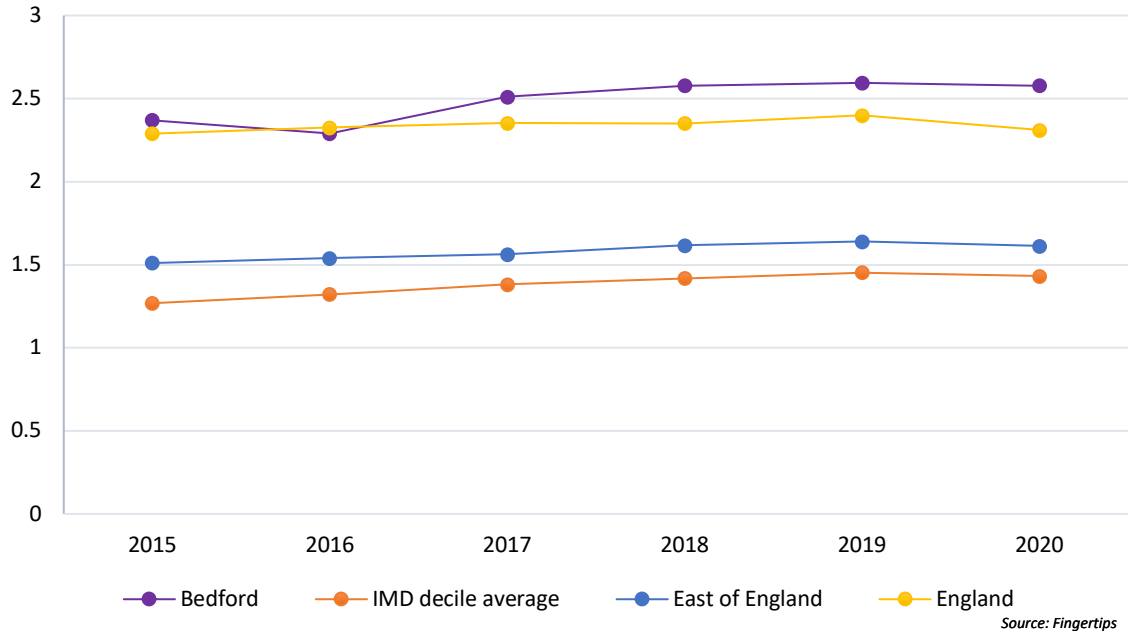
The rate of HIV new diagnosis had been decreasing in Bedford Borough since 2017, but 2020 bucked the trend with a small and statistically insignificant increase from 7.9 (95% CI 4-14) to 8.6 (95% CI 4.4-15) per 100,000. This is interesting as rates went down in all three comparator areas, meaning that the Bedford Borough remains at a higher new diagnosis rate (8.6 per 100,000 people) than IMD decile average areas, East of England and England as a whole. This is also against the national fall in cases that happened in 2020 nationally[23]. In terms of HIV prevalence, Bedford Borough remained stable, similarly to other areas, in 2020 at 2.6 per 100,000 people. This remains higher than the three comparator areas.

Figure 19: BB HIV new diagnosis rate per 100,000 people



23 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1037215/hiv-2021-report.pdf

Figure 20: BB HIV diagnosed prevalence rate per 100,000 people



Central Bedfordshire

Continuing a trend of declining HIV diagnoses since 2018, the rate of HIV diagnosis declined to 3.4 (95% CI 1.4-6.6) per 100,000 in 2020 from 5.1 (95% CI 2.6-8.9) in 2019. While the decline was not statistically significant, the rate remains lower than all three comparison areas. HIV prevalence also declined very slightly, and in line with the IMD decile average, between 2019 and 2020, from 1.46 to 1.37 per 100,000.

Figure 21: CBC HIV diagnosis rate per 100,000 people

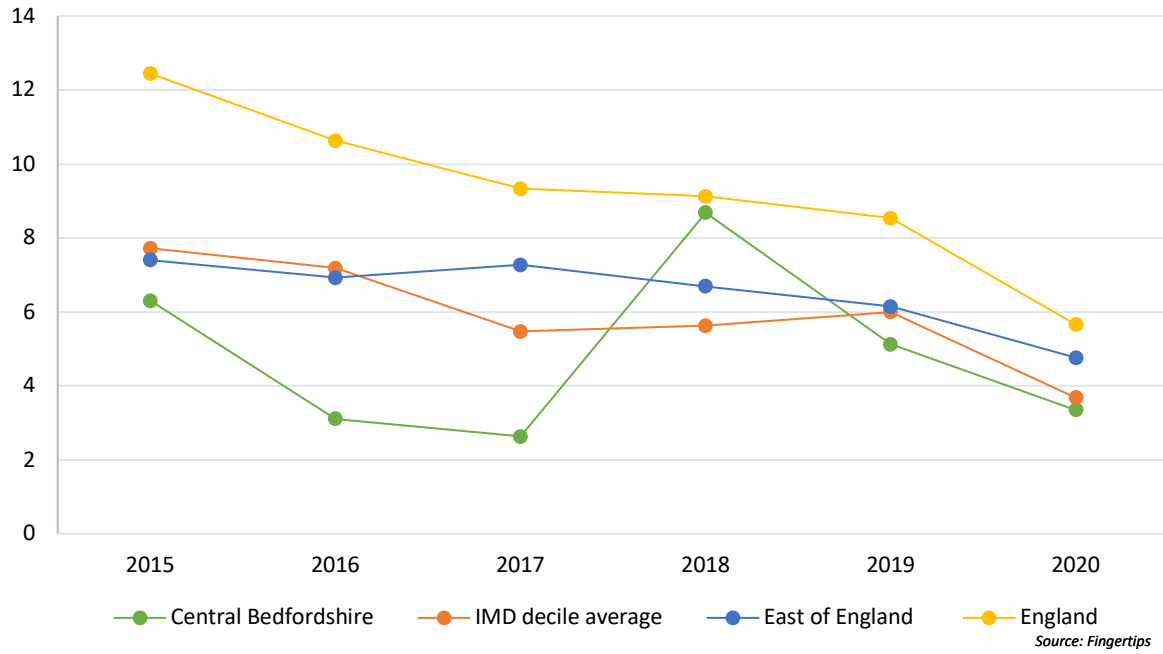
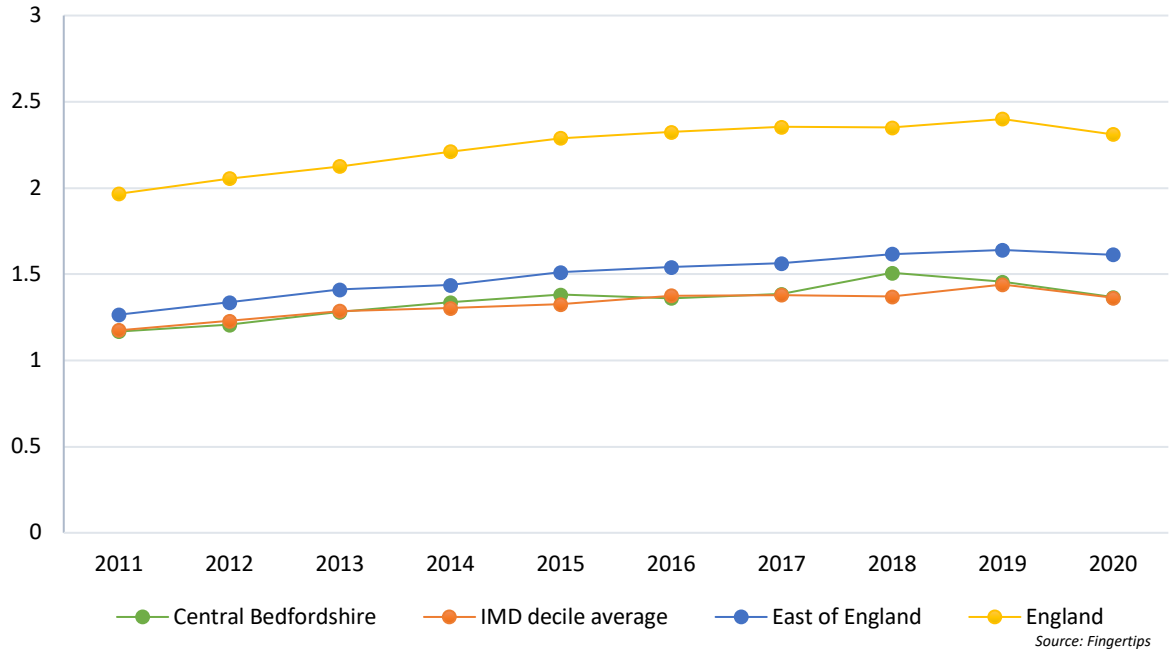


Figure 22: CBC HIV diagnosed prevalence rate per 100,000 people



Demography

Since the absolute number of HIV diagnoses is low overall, trends can be difficult to elucidate. In addition, detailed demographic information (e.g. sexuality and country of birth) is not available. However, in both Bedford Borough and Central Bedfordshire it is clear that for 2019 and 2020 that HIV diagnosis is more prevalent in men and older age groups (25+). Diagnoses decreased significantly in 2020 compared to 2019 across both areas, and in Central Bedfordshire the decrease was more notable in men.

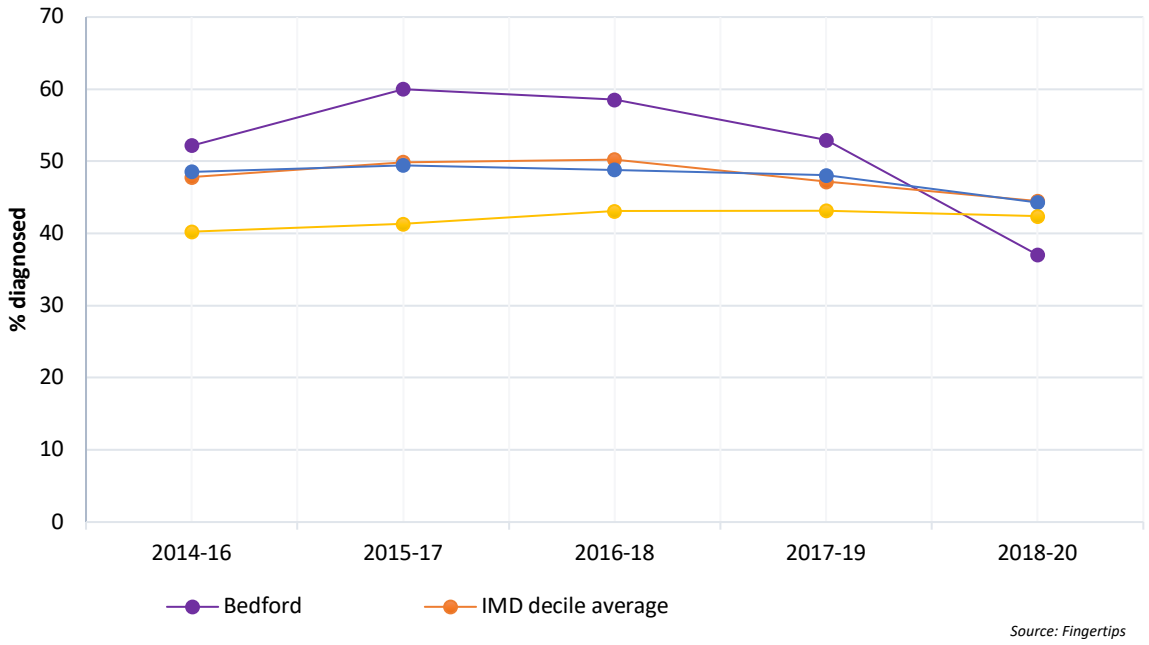
4.1.9. HIV late diagnoses

Late diagnosis is defined as when a person's HIV has already progressed to the point at which their CD4 count is below 350 cells per mm^3. Late diagnosis is also a key predictor of mortality and morbidity, so the national target is that this should apply to only <25% of new diagnoses, reflecting a greater proportion of people being diagnosed earlier[24].

Bedford Borough

Compared to the previous three year period, the percentage of late diagnoses has decreased from 53% (95% CI 25.1-70.2%) to 37% (95% CI 19.4-57.6%). This was not a statistically significant decrease. By itself, this may not be very informative, but we do also know from the previous section that new diagnoses in Bedford went up over this same period, which together could be an encouraging sign of earlier HIV diagnosis.

Figure 23: BB proportion of late HIV diagnoses (CD4 count <350)



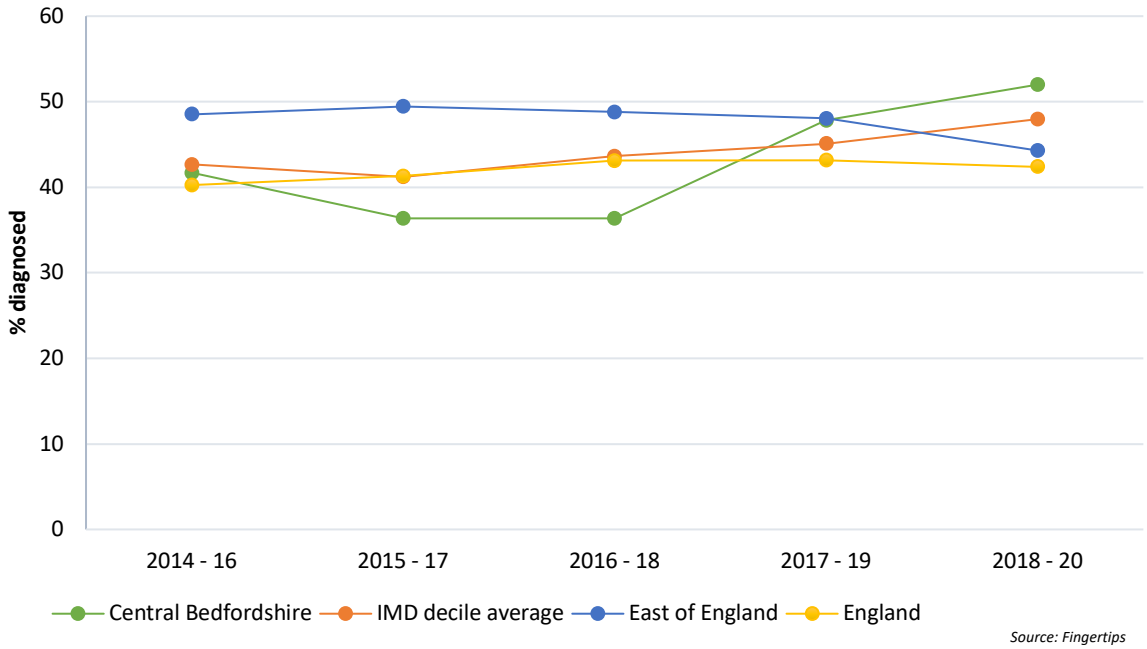
Source: Fingertips

[24] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000043/pat/6/par/E12000006/ati/102/are/E06000055/iid/90791/age/188/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0

Central Bedfordshire

In the 2018-2020 period the proportion of late HIV diagnoses in Central Bedfordshire increased from 48% (95% CI 26.8-69.4%) in 2017-2019 to 52% (95% CI 31.3-72.2%). Although not a statistically significant increase, this could be a discouraging direction of travel for timely HIV diagnosis in Central Bedfordshire.

Figure 24: CBC proportion of late HIV diagnoses (CD4 count <350)



Demography

Some information is available about the sexual orientation of people diagnosed with HIV at the late stage across 2018-2020. In Central Bedfordshire there were no cases of late diagnosis among men who have sex with men in this time period, but 7 in heterosexual men and <5 in heterosexual women. No data was available for <5 cases. In Bedford Borough, there was <5 late diagnosis in a homosexual man, none among heterosexual men, and <5 in heterosexual women. There was no sexuality information available for 6 cases.

4.1.10. Overview of sexually transmitted diseases epidemiology

Overall trends

Diagnosed rates of most sexually transmitted diseases decreased from 2019 to 2020. However, due to decreased contact with sexual health services due to the pandemic, this may not mean that the actual burden of disease decreased locally.

Additionally, across several dimensions, the rates of diagnosis for men were disproportionately lower than for women across gonorrhoea and herpes in Central Bedfordshire, syphilis in Bedford Borough and genital warts for both local authorities. This is also clearly seen in the demography for the new STIs aggregated measure. This differential decrease was evident across both heterosexual men (e.g. genital herpes in both areas) men who have sex with men (gonorrhoea in Central Bedfordshire).

Despite the pandemic, there were also an increase in gonorrhoea diagnosis rate in Bedford Borough and an increase in proportion of late HIV diagnosis in Central Bedfordshire (albeit based on very small numbers) which indicate that sexually transmitted diseases may not have decreased as much as other figures suggest.

Trends related to country of birth were not particularly clear in the epidemiology, which is a notable difference to the 2014-15 needs assessment. This could be down to data incompleteness for the most common STIs (chlamydia and gonorrhoea), since after those born in the UK, the second largest category was 'not known'. Additionally, the proportion of those whose birth country was not known for these two diseases increased between 2019 and 2020.

Possible explanations

Research can help us understand what is plausible. The first possibility is that sexual activities continued but there was an unmet need for testing and care due to COVID-19. One national survey among men who had sex with men revealed that 25% of participants had an unmet need for STI testing[25]. This was backed up by another also among MSM in London, where 30% had an unmet need for STI testing[26]. Other larger studies corroborated this, showing that intimate contact with people outside of the household did continue during lockdowns and restrictions in 2020, was particularly common for gay individuals, and was also associated with other risks such as condom-less sex and alcohol consumption[27]. Men were also found to be most likely to report failed attempts at using STI services[28]. This raises the possibility that additional barriers created by the COVID-19 pandemic could have exacerbated well-established delay and hesitancy behaviours for seeking help with health issues when compared to women[29]. Another, similar, possibility was raised by Dean Street Clinic in London, who hypothesised that their drop in diagnosed gonorrhoea was down to a

[25] https://sti.bmj.com/content/early/2021/09/19/sextrans-2021-055039
[26] https://sti.bmj.com/content/97/7/521
[27] https://bmjopen.bmj.com/content/12/2/e055284
[28] https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00253-X/fulltext
[29] https://pubmed.ncbi.nlm.nih.gov/15737222/

lower proportion of asymptomatic testing[30]. This drop was not observed in Bedford Borough or Central Bedfordshire, but could explain lower diagnoses of chlamydia which is also highly asymptomatic.

A second option is that sexual activities did decrease due to lockdown and COVID-19 rules, especially among those who did not live together. This was reported by some research, but importantly there was no reported difference for those in cohabiting relationships among representative sample[31].

These ideas are not mutually exclusive; it is possible that sexual activity decreased in some groups but continued in other (perhaps more vulnerable) ones.

[30] https://sti.bmj.com/content/97/8/622
[31] https://sti.bmj.com/content/early/2021/12/14/sextrans-2021-055210

4.2. Contraception and reproductive health

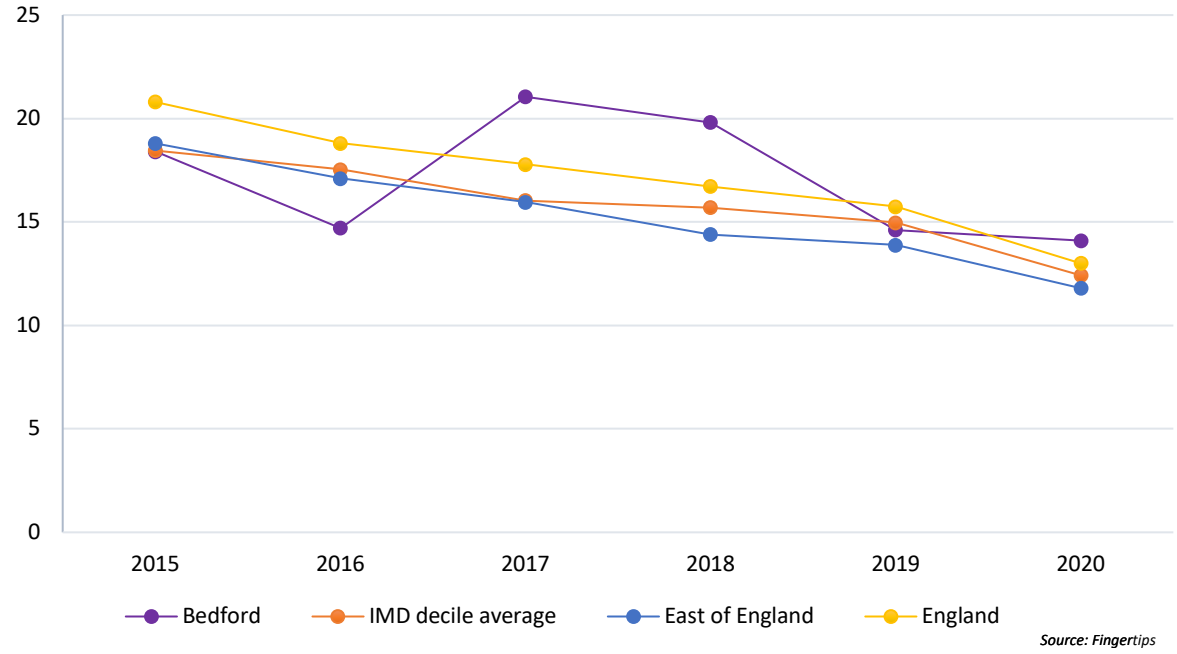
4.2.1. Under 18s conception rate per 1,000

A declining conception rate in women under 18 is desirable as births are associated with poorer outcomes for mother and child in this younger age range[32].

Bedford Borough

After declining from 21 per 1000 women under 18 in 2017 to 15 (95% CI 10.6-19.7) per 1000 women in 2019, the rate was relatively stable at around 14 (95% CI 10.2-18.9) per 100 women under 18 in 2020. This made it a higher rate than all three comparators.

Figure 25: BB conception rate per 1000 women under 18

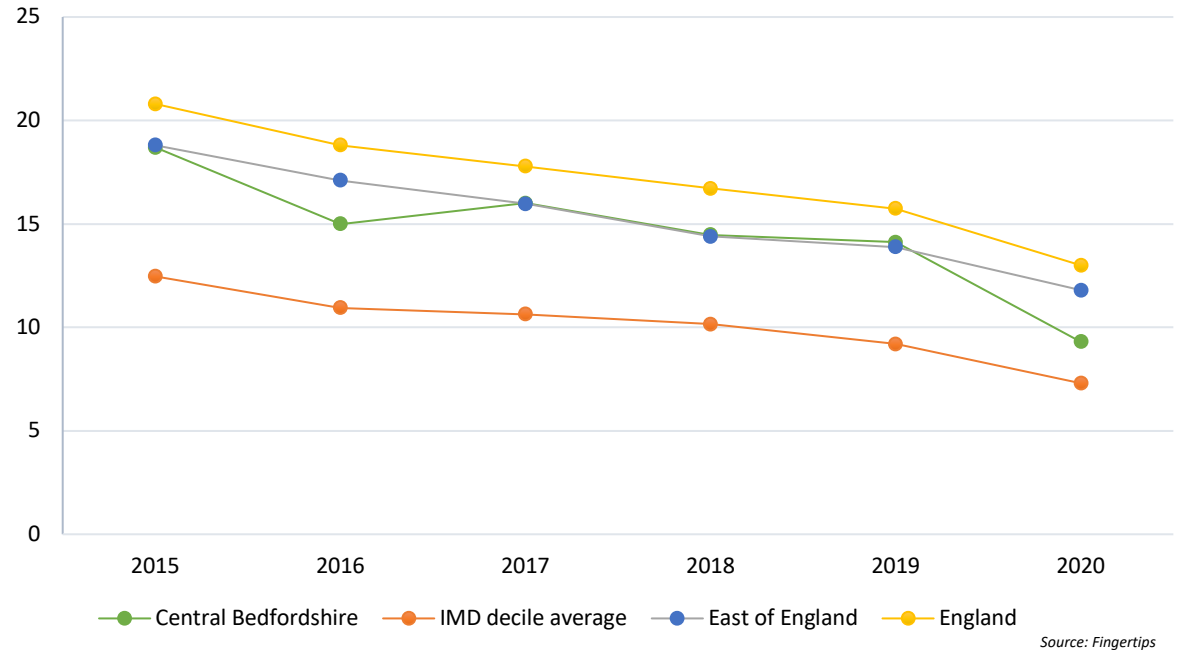


[32] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Central Bedfordshire

After a slight downward trend in recent years, from 16 per 1000 in 2017 to 14 (95% CI 10.9-18) per 1000 in 2019, the under 18 conception rate dropped to around 9 (95% CI, 6.7-12.4) per 1000 women under 1000 in 2020. This decline was not statistically significant, but made the rate in Central Bedfordshire lower than the England and East of England rates.

Figure 26: CBC conception rate per 1000 women under 18



Source: Fingertips

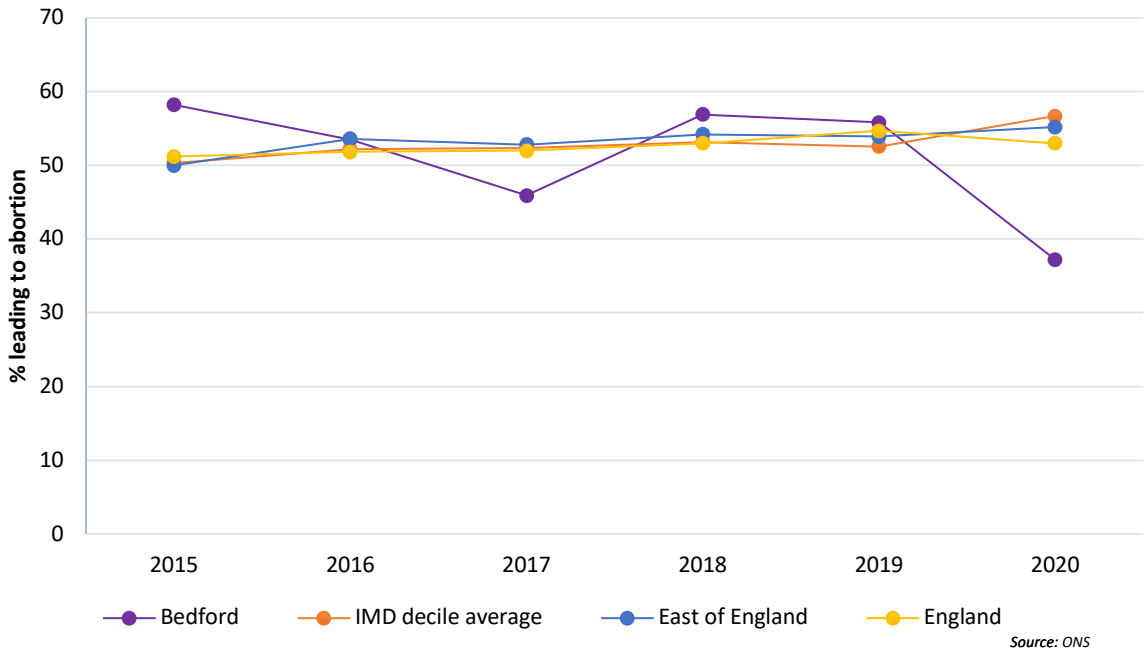
4.2.2. Under 18s conceptions leading to abortion

This is another complex indicator to analyse. A high proportion of abortions could indicate good access to abortion services, or use of abortion as contraception. A low proportion, on the other hand, could indicate barriers to access[33] and unwanted pregnancies resulting in births.

Bedford Borough

After a considerable rise to 57% (95% CI 38.9-67.5%) in 2018 and small decline thereafter, the proportion of conceptions resulting in abortions in under 18s fell dramatically to 37.2% (95% CI 22.4-49.8%). Although large, this was not a statistically significant decrease, and puts Bedford's rate much lower than its comparator areas, some of which actually increased (IMD decile average and East of England). This could be an indicator that postal abortion was less accessible to this younger groups than other ages, or perhaps that the pandemic resulted in a different decision-making process for some younger mothers.

Figure 27: BB Proportion of under 18 conceptions leading to abortion

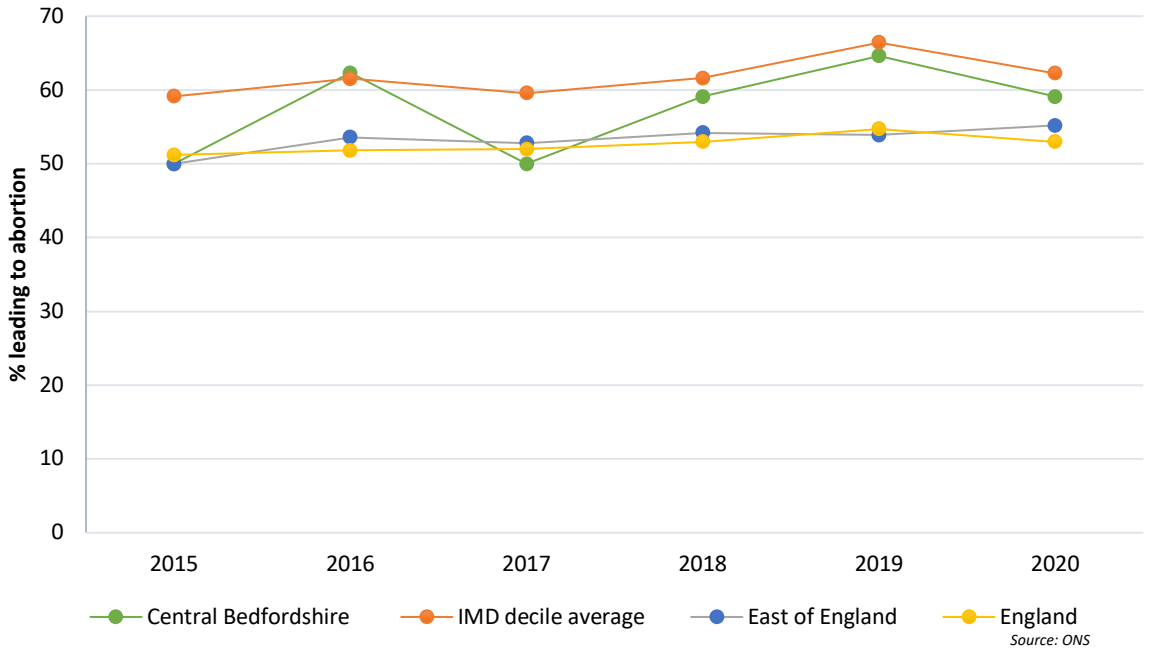


33 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/836597/Teenage_Pregnancy_Prevention_Framework.pdf

Central Bedfordshire

After falling to 50% in 2017 and rising again thereafter, the proportion of conceptions in women under 18 leading to abortion dipped from 64.6% (95% CI 50.9-73.8%) in 2019 to 59.1% (95% CI 44.4-72.3%) in 2020. This was not a statistically significant decline, was in line with its IMD comparator areas, but remained higher than England and East of England proportions.

Figure 28: CBC proportion of under 18 conceptions leading to abortion



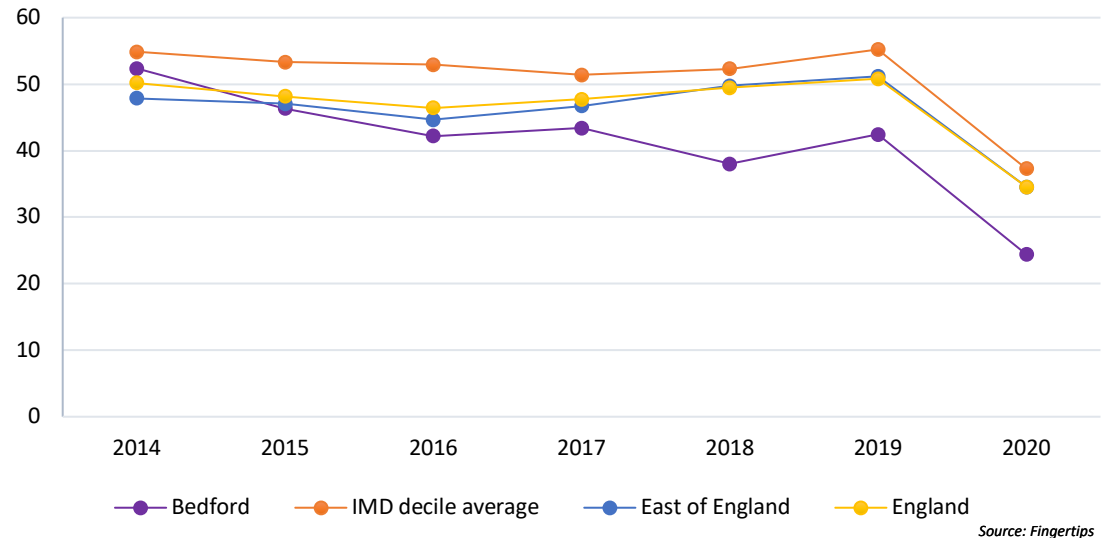
4.2.3. Long-acting contraception (LARC)

A higher rate of LARC fitting is not necessarily better, since access to a full range of contraceptive measures and freedom to choose is the public health target[34], but any decrease could be indicative of reduced access.

Bedford Borough

The LARC rate in Bedford Borough declined substantially from 42 (95% CI 40.1-44.7) per 1000 women 2019 to 24 (95% CI 22.7-26.2) per 1000 women in 2020, a statistically significant drop. However, this decrease was roughly in line with what happened in the three comparator areas, albeit from a lower starting level than East of England, local authorities with similar IMD and England's rates.

Figure 29: BB LARC rate per 1000 women (excluding injections)

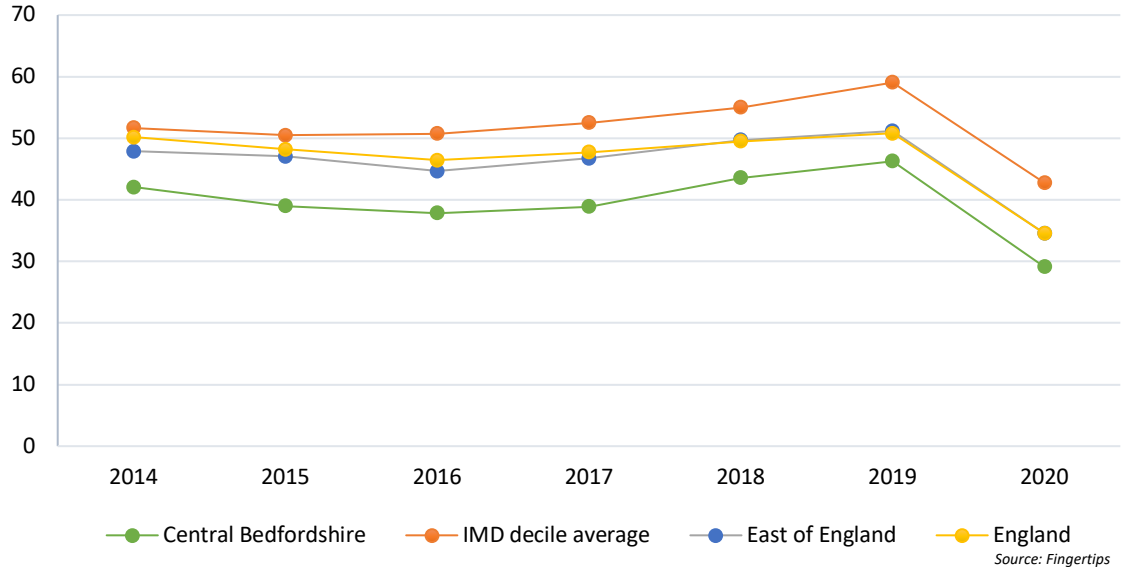


[34] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/92254/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Central Bedfordshire

Similarly to Bedford Borough, the LARC rate in Central Bedfordshire fell from 46 (95% CI 44.4-48.1) per 1000 women in 2019 to 29 (95% CI 27.2-30.6) per 1000 women in 2020, a statistically significant decline. This started from a lower level than all three comparator areas, and so it remains.

Figure 30: CBC LARC rate per 1000 women (excluding injections)



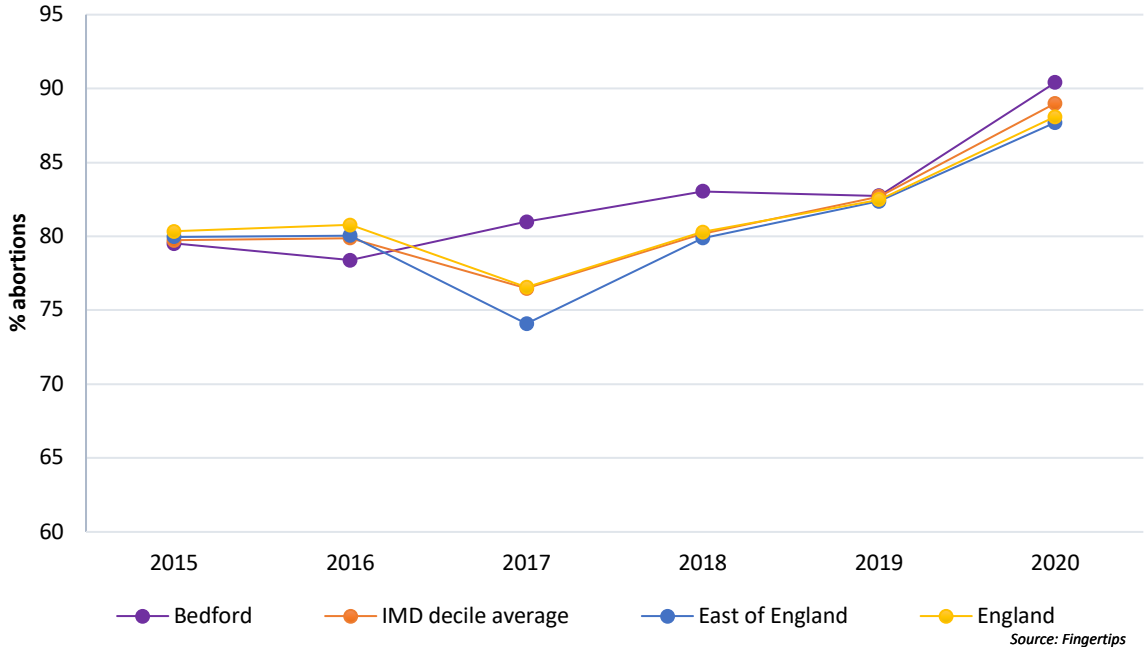
4.2.4. Abortions performed under 10 weeks

Medical abortions under 10 weeks usually involves self-administering the second dose of medication at home[35]. During COVID-19 temporary approval was given in England for both doses to be taken at home for abortions under 10 weeks[36].

Bedford Borough

After a period of slight increases and then stability between 2016-2019, the proportion of abortions performed under 10 weeks increased to 90% (95% CI 87.9-92.5%) in 2020, compared to 83% (95% CI 79.6-85.5%) in 2019. This increase was statistically significant, and also observed in the three comparator areas, so likely reflects the increased availability of home self-administered abortion in this timeframe.

Figure 31: BB proportion of abortions under 10 weeks



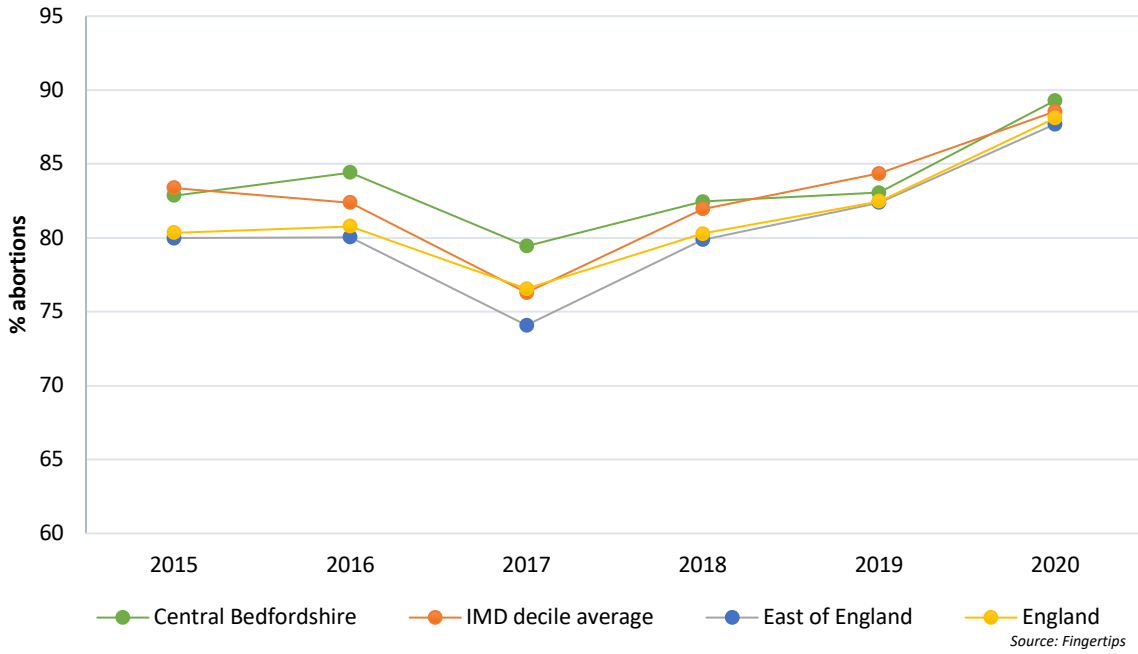
[35] https://www.nhs.uk/conditions/abortion/what-happens/

[36] https://www.gov.uk/government/consultations/home-use-of-both-pills-for-early-medical-abortion/home-use-of-both-pills-for-early-medical-abortion-up-to-10-weeks-gestation

Central Bedfordshire

In Central Bedfordshire, similarly to Bedford Borough, there was a marked increase in the proportion of abortions performed under 10 weeks, from 83% (95% CI 80.5-85.4%) in 2019 to 89% (95% CI 87.2-91.2%) in 2020. This was also statistically significant, and largely in line with the three comparator proportions.

Figure 32: CBC proportion of abortions under 10 weeks



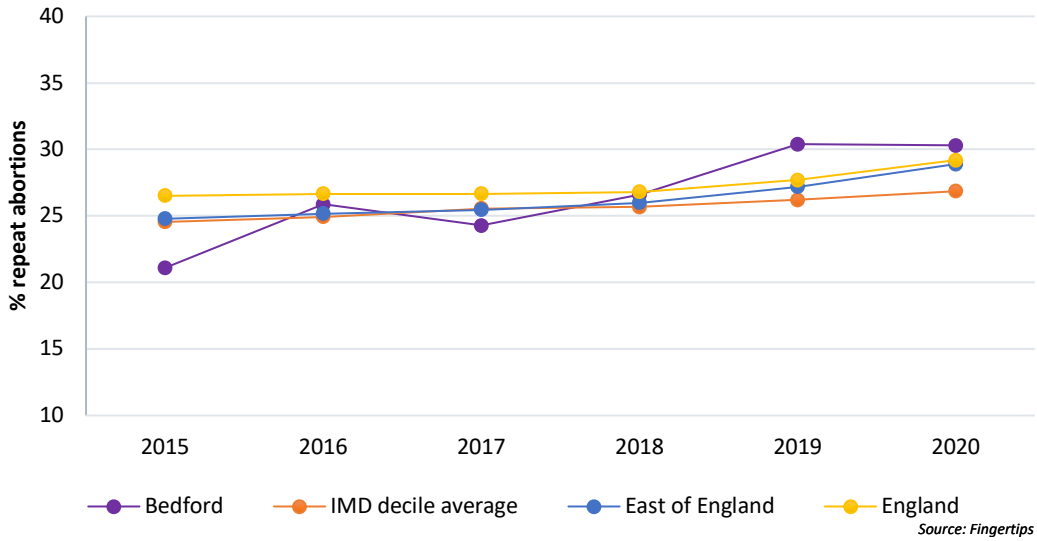
4.2.5. Repeat abortions (of all abortions in under 25s)

This is an indicator can represent a lack of access to contraception services and advice as well as problems with individual use of contraceptive method[37]. As such, an increase is potentially negative finding.

Bedford Borough

Bedford Borough saw a flat proportion of 30% repeat abortions for under 25s from 2019 to 2020, which is notable because proportions for England, East of England, and IMD comparator local authorities all rose slightly over this period.

Figure 33: BB proportion of repeat abortions (among all abortions for under 25s)

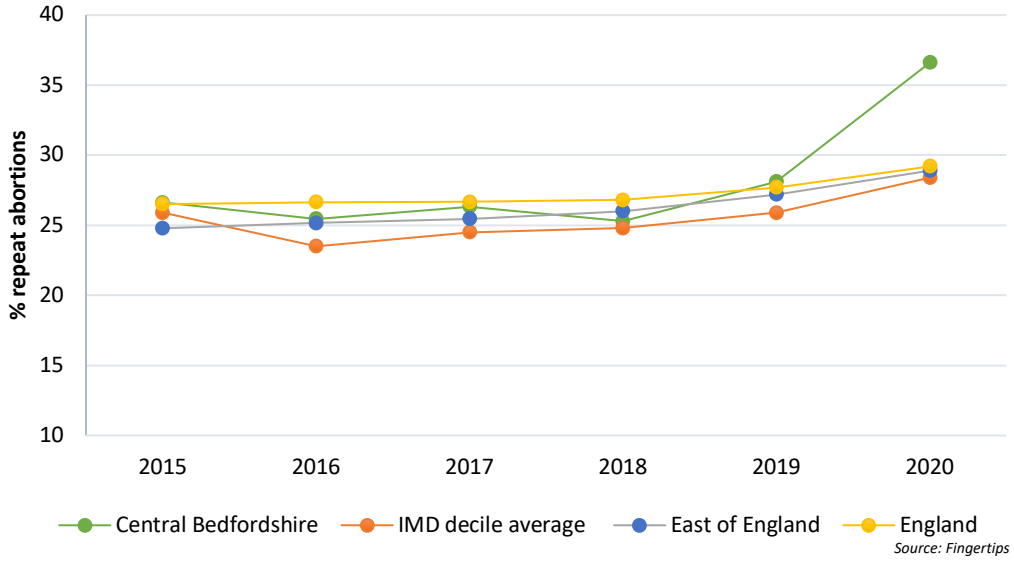


[37] https://fingertips.phe.org.uk/indicator-list/view/RJMrXMUtUy#page/6/gid/8000057/pat/159/par/K02000001/ati/15/are/E92000001/iid/90741/age/156/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/eng-vo-1

Central Bedfordshire

Unlike Bedford Borough and the small increase observed in the three comparator areas, the proportion of repeat abortions for under 25s increased sharply from 28% (95% CI 23.5-33.2%) in 2019 to 37% (95% CI 31.3-42.3%) in 2020. However, despite how different this is from other comparator areas, this increase between the two years was not statistically significant.

Figure 34: CBC proportion of repeat abortions (among all abortions for under 25s)



4.2.6. Summary of contraception and reproductive health trends

The main finding from the analysis of contraception trends is a decrease in access to long-acting contraception (LARC). This has been balanced partly by an increase in access to self-administered medical abortion. This increase in access to medical abortion could also be behind the increases in proportion of abortions under 10 weeks, and repeat abortions observed in Central Bedfordshire.

However, given the ongoing LARC waiting list, there may be some rebound effect. Restrictions in access to LARC are likely to have differentially impacted different groups of people, and the Faculty of Reproductive and Sexual Health's recent report[38] noted that disadvantaged, young and BAME individuals were more likely to be adversely impacted by waiting lists at specialist sexual health and contraception services (such as iCaSH).

[38] https://www.fsrh.org/documents/full-report-december-womens-lives-womens-rights/

5. Current provision of contraception and sexual health services

5.1. Commissioning context

5.1.1. Responsibilities and structures

In 2013, Local Authorities became responsible for providing contraception and sexual health services. The table below provides detail on which sexual health services are commissioned by Local Authorities, Clinical Commissioning Groups and NHS England, as defined by the Department of Health and Social Care (DHSC)[39].

Table 2: description of sexual health commissioning roles and responsibilities

Local Authorities	Clinical Commissioning Groups (CCGs)	NHS England
✓ Contraception and advice on unplanned pregnancies in SRH services ✓ LARC in primary care ✓ STI testing and treatment in SRH services and primary care; partner notification ✓ HIV testing and partner notification ✓ Sexual health specialist services including young people's services, outreach and promotion ✓ Support for teenage parents ✓ Chlamydia screening ✓ Sexual health aspects of psychosexual counselling	✓ Abortion services, including contraception, STI and HIV testing in abortion pathway ✓ Contraception for gynaecological purposes ✓ Female sterilisation ✓ Male sterilisation ✓ Non-sexual health aspects of psychosexual health services ✓ HIV testing when clinically indicated in CCG-commissioned services	✓ Contraception under GP contract ✓ Cervical screening ✓ Specialist foetal medicine services including late termination of pregnancy for foetal anomaly between 13 and 24 gestational weeks ✓ HIV treatment ✓ STI & HIV testing and STI treatment in general practice when clinically indicated / requested by patient ✓ HIV testing when clinically indicated in NHSE-commissioned services ✓ HPV immunisation ✓ Sexual assault referral centres (SARCs) ✓ Sexual health in secure and detained settings ✓ NHS infectious diseases in pregnancy screening

39 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

Sexual health and contraception provision is also divided up into three different levels of service[40], which are offered by different providers locally:

Level 1 (every general practice)

- Sexual history and risk assessment
- STI Testing for women
- Assessment and referral of men with STI symptoms
- HIV testing and counselling
- Hepatitis B immunisation
- Provision of oral hormonal contraception
- Information about choice of full range of contraceptive and where available
- Cervical cytology screening and referral
- Pregnancy testing and referral

Level 2 (primary care teams with a specialist interest)

- Testing and treating STIs
- Partner notification
- IUD and implant insertion
- Management of psychosexual problems
- Vasectomy surgery

Level 3 (specialist services)

- Outreach for STI prevention / contraception
- Specialised STI management / partner notification
- Specialist HIV treatment and care
- Highly specialised contraception
- Termination of pregnancy services
- Local co-ordination and back up for sexual assault
- Psychosexual/sexual dysfunction services
- Make sure local guidelines and framework for monitoring and improving practice are in place
- Support clinical governance requirements at all levels
- Provide professional training, designing and updating care pathways and developing new services.

40 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731140/integrated-sexual-health-srvices-specification.pdf

5.1.2. National priorities and evidence

Current and future provision aims to be aligned with national ambitions and objectives detailed below, which have also been incorporated into recommendations, with the overall aim of improving sexual health outcomes for all residents across Bedford Borough and Central Bedfordshire.

Public Health Outcomes Framework

In January 2012, the government published the Public Health Outcomes Framework for England 2013-16[41]. This framework set out a vision to improve and protect the nation's health and wellbeing across the life course, to reduce inequalities in health, and the indicators by which improvements are measured. It has been updated twice, in 2016[42], and most recently in 2019[43], following a national consultation. This latest iteration added the following monitoring measures relevant to sexual health:

- 3.02: Chlamydia detection rate (15 – 24 year olds)
- 3.04: People presenting with HIV at a late stage of infection
- 2.04: Under-18 conceptions
- New sexually transmitted infection (STIs) diagnoses (excluding chlamydia)
- Rate of prescribing of long-acting reversible contraception (LARC), excluding injections, in females aged 15-44

Framework for Sexual Health Improvement

Following publication of the Public Health Outcomes Framework, the Department of Health published "A Framework for Sexual Health Improvement in England"[44]. This document highlights the government's ambition to improve the sexual health and wellbeing of the whole population by reducing inequalities and improving sexual health outcomes. A key part of achieving this is by building an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex, and recognising that sexual ill health can affect all parts of society.

Evidence for integrated services

41 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/263658/2901502_PHOF_Improving_Outcomes_PT1A_v1_1.pdf

42 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf

43 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/822149/Government_response_to_proposed_changes_to_PHOF_2019_to_2020.pdf

44 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

National guidance supports the current model of integrated sexual and reproductive health provision. The integrated model can improve the sexual health of patients through the provision of open access, 'one stop shops' that can address most sexual and reproductive health needs within a single consultation. The current Bedfordshire model is based on the Department of Health Integrated Service Specification initially published in 2013[45] and updated in 2018[46]. This model aims to deliver all aspects of sexual and reproductive service provision across all three levels of care, in one place under one dual trained nurse/health professional. The provision of integrated sexual and reproductive health services is also supported by current accredited training programmes and guidance from relevant professional bodies[47].

APPG Inquiry – 'Breaking down the Barriers'

In 2015, the All-Party Parliamentary Group on Sexual and Reproductive Health in the UK (APPGSRH) conducted an inquiry[48] into the impact of the Health and Social Care Act (2012) reforms on contraception and sexual health services and patient outcomes. It concluded that a variety of actions were needed to improve patient outcomes in sexual, reproductive health and HIV. These included:

- Ringfencing sexual health and contraception funding within public health budgets.
- Taking a long-term, whole system approach to contraception and sexual health commissioning, informed by needs assessments.
- Gathering public and patient feedback in addition to other data to inform commissioning decisions.
- Ensuring high quality school and public education and information to support healthy decision making.
- Including mandatory sexual health and contraception training in contracts.

At a local level, many of these points continue to be addressed. Contract terms have been extended to maintain stability for the service and for the workforce. Specialist education and training is included in the contract to support other health care professional to deliver aspects of CaSH, such as LARC in primary care and EHC in pharmacies. The outreach model in the current contract includes education regarding the service offer and support for those identified as most vulnerable in schools. Patient feedback is reported on quarterly and areas for improvement are identified and actioned where appropriate. The future service delivery is required to continue to deliver on these important issues.

Updated sexual and reproductive health strategy

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45 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

46 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731140/integrated-sexual-health-services-specification.pdf

47 https://www.fsrh.org/documents/fsrh-rcog-rcgp-position-holistic-integrated-srh-commissioning/

48 http://ssha.info/wp-content/uploads/Breaking-down-the-Barriers-Executive-Summary-2015.pdf

The government response to the Health and Social Care Committee report on Sexual Health was published on 24 October 2019[49]. This firmly set out the national commitment to develop an updated sexual and reproductive health strategy, working with PHE, NHSE&I, local government and other partners. The priority for an updated strategy is for the Department of Health and Social Care (DHSC) to work with all partners to achieve the ambition that sexual and reproductive health services are more holistic and that system mechanisms support co-commissioning and joined up patient pathways. Work is now underway to consider the scope, content and timetable for strategy development. In the meantime, the aims and objectives of "A Framework for Sexual Health Improvement in England" remain valid and are supported by existing programmes of work at both national and local level.

The strategy is due to be published in the summer of 2022 and is likely to have an impact upon recommendations made (and service delivery) in this needs assessment and offer further opportunities to collaborate and co-commission in the future. In the meantime, the recently updated 'All Our Health' principles for sexual, reproductive health and HIV[50] remain a touchpoint for running services and understanding local needs.

5.1.3. Local commissioning context

Local authorities are mandated to commission comprehensive open access sexual health services, including free STI testing and treatment, notification of sexual partners of infected persons and advice on, and reasonable access to, a broad range of contraception; and advice on preventing unplanned pregnancy. The DHSC has produced guidance to assist local authorities to commission these and other sexual health interventions. Open access ensures that individuals can self-refer to the service of their choice, regardless of area of residency. This is to encourage uptake of services in the context of stigma, which can sometimes be associated with CaSH provision and offers further assurance for some in maintaining confidentiality.

Contraception and sexual health are important areas of public health. Most of the adult population of England are sexually active and access to quality contraceptive and sexual health services improves the health and wellbeing of both individuals and populations. The Government has set out its ambitions for improving sexual health in its publication, 'A Framework for Sexual Health Improvement in England'[51].

Locally CaSH services are commissioned by Bedford Borough Council, on behalf of both Bedford Borough and Central Bedfordshire Councils. This is to ensure an equitable and consistent provision of services across Bedfordshire. In October 2016 Bedford Borough and

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49 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/841183/government-response-to-health-and-social-care-committee-report-on-sexual-health.pdf

50 https://www.gov.uk/government/publications/sexual-and-reproductive-health-and-hiv-applying-all-our-health/sexual-and-reproductive-health-and-hiv-applying-all-our-health#understanding-local-needs

51 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

Central Bedfordshire Councils awarded the jointly commissioned and integrated contraception and sexual health service to Cambridgeshire Community Services NHS Trust under the branding of iCaSH.

The current integrated contraception and sexual health model aims to improve sexual health by providing open access, non-judgmental and confidential services, where the majority of sexual health and contraceptive needs can be met at one site, often by one health professional, with two clinics, Kings Brook located in Bedford Borough and Dunstable Priory located in Central Bedfordshire. The clinics offer extended opening hours 8am-8pm and weekend and locations that are accessible by public transport.

The clinics offer a variety of appointments, including evenings and weekends and digital services as an alternative to in persons attendance, particularly during the COVID restrictions. The digital offer includes on-line and telephone appointments, consultations, partner notification, results, psychosexual counselling and one-to-one sessions for young people, where appropriate. In response to COVID postal contraception and some treatments was introduced.

Contraception and sexual health services can be easily accessible centrally by Kings Brook Clinic based in Bedford Borough. However, due to the geographical layout of Central Bedfordshire it is not as easily accessible for all residents to attend the Dunstable Priory Clinic. Central Bedfordshire borders other areas including Hertfordshire and Luton, whose contraception and sexual health clinics may be closer than the iCaSH venues and results in a significant out of area activity.

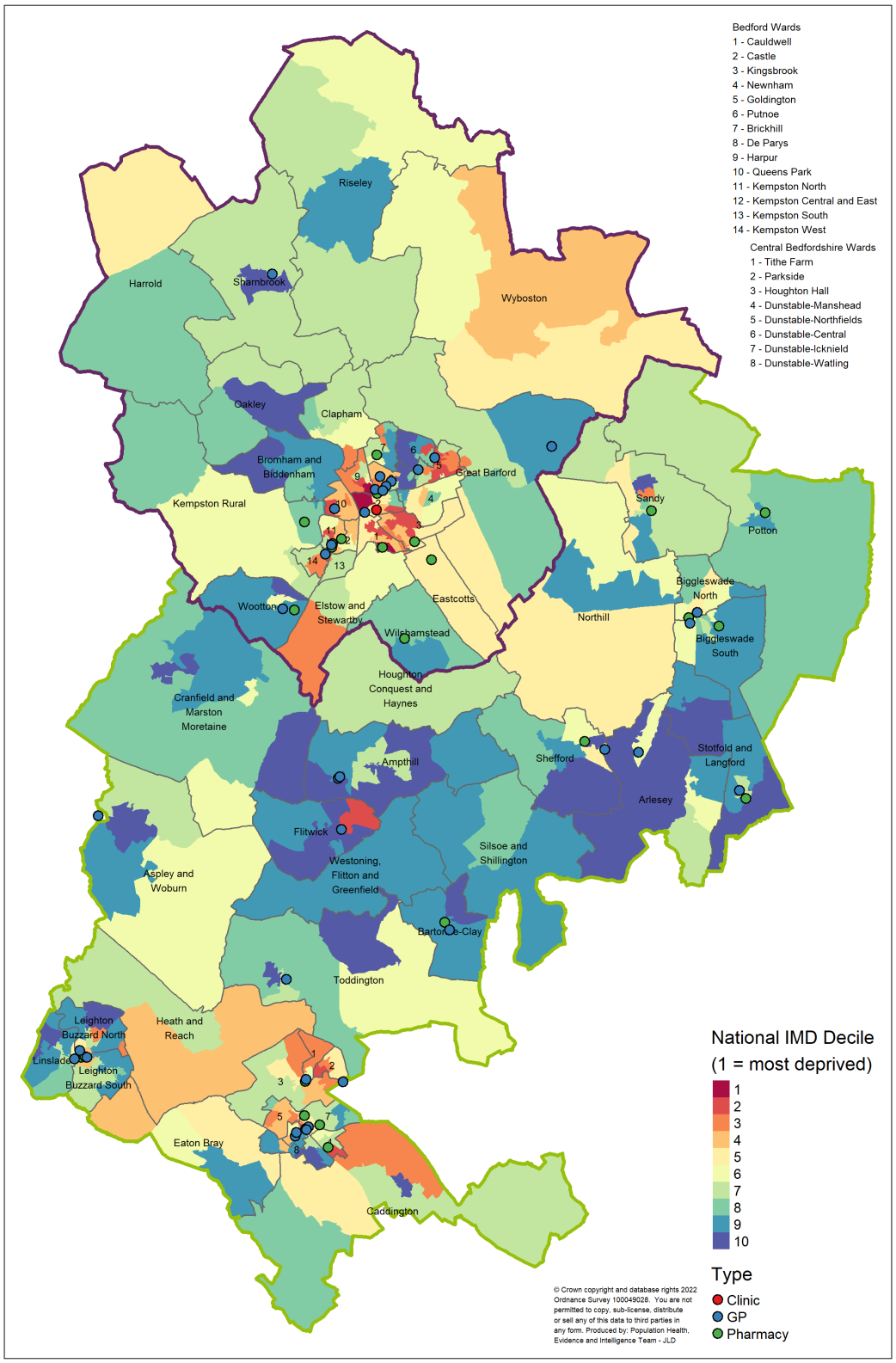
5.1.4. Our vision for local services

Our vision for local services is to improve sexual and reproductive health and wellbeing for the residents across Bedford Borough and Central Bedfordshire, in line with current guidance and the new sexual health strategy due to be published. The service will be responsive to the changing environment of contraception and sexual health needs with a focus on prevention. Reducing inequalities will also be a priority ensuring informed choice for all around decisions related to maintaining good sexual health and behaviour. There will be a focus on self-managed care, utilising increasing development in digital interventions, whilst maintaining easy access into services for those groups identified as most vulnerable, including young people.

5.1. Geographical distribution of service provision

The map of services across the two local authorities and IMD deciles for LSOAs show that services are concentrated around Bedford and Dunstable areas, with visible gaps in northern Bedford Borough and northern Central Bedfordshire.

Figure 35: map of services across Bedfordshire in 2022 overlaid with IMD decile area



5.2. Overview of service provision and access

The population allocation for Bedford Borough and Central Bedfordshire is approximately 40% and 60% respectively. Due to the geographical spread of Central Bedfordshire, it is more difficult to offer a service provision from a centrally located clinic that is easily accessible for all. The attendance data, particularly for the Kings Brook Bedford based clinic reflects this. Dunstable Priory was opened in 2018 but the allocated funding for this contract does not cover 6 day a week access. In order to offer services accessible to Central Bedfordshire residents on-line STI testing is promoted and the majority of the outreach events, particularly aimed at young people are focused on Central Bedfordshire venues.

The integrated service offers a range of services provided by fully qualified doctors, nurses, health advisers and support staff. The service provision includes:

- Testing, treatment and partner notification for a full range of sexually transmitted infections, including HIV
- A range of contraception and sexual health information and health promotion
- Comprehensive contraceptive services
- HIV testing and HIV outreach testing
- Support, information and advice on access to contraception and sexual health provision in education settings
- Education in schools relating to all aspects of contraception and sexual health topics, including relationships, sexual exploitation and more
- Psychosexual counselling

5.2.2. HIV Care and Treatment

HIV care and treatment is commissioned by NHSEI and is currently being provided by iCaSH for Bedford Borough and Central Bedfordshire residents. Currently the number of people accessing HIV care and treatment is 308 across both areas.

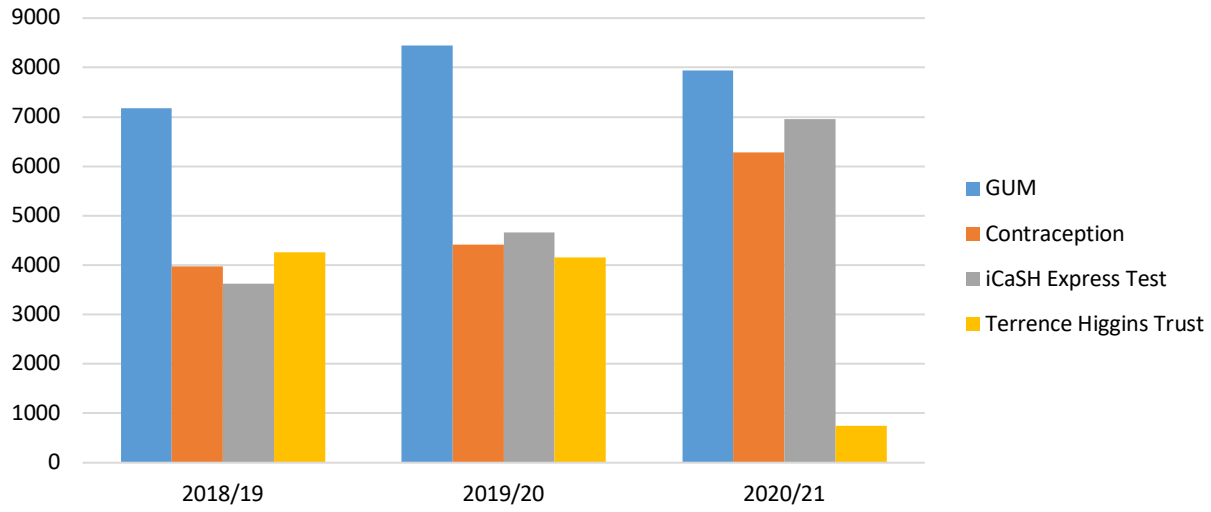
5.2.3. Outreach provision: Terence Higgins Trust (THT)

iCaSH currently sub-contract to THT to provide, the education and outreach elements of the contract, including responsibility for chlamydia screening and HIV testing, outreach testing for vulnerable groups, including young people, MSM and higher risk communities. THT also offer 1:1s and programmes for small groups, for those young people identified as partaking in risky behaviours. This is short-term intervention with a focus on contraception and sexual health and other issues such as consent, healthy relationships, sexual exploitation and county lines.

5.2.4. Overall activity levels

As seen in figure 36, there has been a year-on-year increase in activity for iCaSH integrated service provision, showing that the services are embedded locally. Demand for contraception has increased yearly, with a significant rise in 2020/21 which may be due to the reduced LARC activity provided in primary care (see chapter on impacts of COVID-19).

Figure 36: different types of in area activity since 2018



Outreach activity has also been severely affected by the social restrictions put in place during the pandemic and currently there is a focus on recovery and targeted outreach for vulnerable groups. At the same time, there was significant increase in online STI testing via the iCaSH Express Test option, which is usually for asymptomatic individuals but was opened up for symptomatic testing during peak COVID-restrictions. This offset meant that overall activity numbers were similar in 2020/21 compared to 2019/20, however, given previous growth between 2018/19 and 2019/20, it is likely that activity would have grown without the pandemic. Further, as seen in table 3 below, positive chlamydia tests in the younger group grew during the pandemic year compared to 18/19. This indicates that transmission was possibly still happening during the first part of the pandemic among younger groups, and highlights the need for expanded asymptomatic testing in the near future. Further, the small increase in gonorrhoea positivity corroborates trends of stable or increasing rates seen in the epidemiology section.

Table 3: positivity from Express Test returns

STI	18/19	19/20	20/21
Chlamydia <24Yrs (positives/tests)	7.4% (109/1,470)	9.0% (167/1,860)	8.9% (251/2,820)
Chlamydia >24Yrs (positives/tests)	4.5% (82/1,840)	4.7% (124/2,639)	2.7% (195/4,548)
Gonorrhoea (positives/tests)	1.3% (15/1,185)	1.1% (51/4,502)	1.7% (124/7,294)
Syphilis (positives/tests)	0.9% 22/2,345	1.2% (35/2,933)	1.2% (58/4,869)
HIV (positives/tests)	0.6% (14/2,350)	0.3% (10/2,943)	0.1% (6/4,681)

5.3. Out of area – Level 3 (GUM) activity

Local authorities have a legal duty to commission open access STI testing and treatment services, therefore residents of Bedford Borough and Central Bedfordshire Council can therefore access services of their choice regardless of location.

5.3.1. Bedford Borough

The majority of Bedford Borough residents have consistently accessed Level 3 (GUM) services at the iCaSH King's Brook Clinic, with less than 5% of patients accessing services out of area in 2020/21. Historically, approximately 10% of residents accessed services out of area. The reduction in patient flow to out of area services is most likely a result of the COVID-19 pandemic and the associated national lockdowns and social restrictions. It is important to note, however, that the total number of Bedford Borough residents accessing Level 3 GUM services reduced by 15% when comparing 2018/19 (6039) to 2020/21 (5132).

Table 4: Level 3 GUM services accessed by BB residents

	% of total patients		
Level 3 Service	2018/19	2019/20	2020/21
Bedford King's Brook	91.0	89.0	91.1
Central Bedfordshire iCaSH Dunstable Priory	0.3	2.0	4.6
Milton Keynes*	1.7	1.7	0.5
Luton Luton Sexual Health Clinic	1.7	2.0	1.0
Other	5.3	5.3	2.8

**Milton Keynes clinics: 2018/19 – Milton Keynes University Hospital, 2020/21 – iCaSH*

5.3.2. Central Bedfordshire

There is a large geographical distribution of residents in Central Bedfordshire, which leads to a higher proportion of residents accessing GUM services out of area. However, when comparing the percentage of patients accessing GUM services out of area in 2018/19 to 2020/21, there has been a significant reduction of 33.3% percentage points. It is again important to note that the total number of Central Bedfordshire residents accessing Level 3 GUM services reduced by 17% percentage points when comparing 2018/19 (6100) to 2020/21 (5073). The aforementioned effects of the COVID-19 pandemic will have caused the majority of this reduction and this will need to be monitored in the future.

Table 5: Level 3 GUM services accessed by CBC residents

	% total patients		
Level 3 Service	2018/19	2019/20	2020/21
Bedford King's Brook Clinic	39.0	42.1	70.7
Luton Luton & Dunstable Hospital	29.4	25.4	12.7
Stevenage Kingsway Health Centre	10.9	8.6	4.8
Milton Keynes*	6.6	6.2	3.5
Central Bedfordshire iCaSH Dunstable Priory	2.7	8.2	3.6
Other	11.4	9.5	4.7

**Milton Keynes clinics: 2018/19 – Milton Keynes University Hospital, 2020/21 – iCaSH*

5.4. National Chlamydia Screening Programme

The National Chlamydia Screening Programme (NCSP) aims to reduce the health harm caused by untreated chlamydia infection, by providing opportunistic chlamydia screening for young adults[52]. It is 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 iCaSH Bedfordshire 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.

The seventh edition[53] of NCSP guidance (now superseded) suggested that 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). The recommended detection at that time was 2.300 per 100,000 and Bedford Borough has consistently achieved this. However, Central Bedfordshire has never reached the detection rate, and this may be less achievable for more rural areas. Out of the 12 regions across the East of England, only three local authorities have achieved the detection rate, Bedford Borough, Peterborough and Milton Keynes.

Recent updated NCSP guidance published on 7th March 2022[54] has amended the focus for chlamydia screening to predominately women, including, other people with a womb or ovaries include transgender men, and non-binary people assigned female at birth, and intersex people with a womb or ovaries. Combined with a focus on:

- reducing time to test results and treatment
- strengthening partner notification
- re-testing after treatment

Currently in Bedford Borough and Central Bedfordshire, outreach and primary care services will continue to offer dual testing (chlamydia and gonorrhoea) to females and males.

In view of the updated NCSP standards the opportunistic screening focused on women outside of CaSH services needs to improve to reach the recommended detection rate. This will continue to be a priority area particularly for pharmacy and to work collaboratively with partner organisations such abortion services.

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[52] https://www.gov.uk/government/publications/ncsp-programme-overview/ncsp-programme-overview

[53] http://allcatsrgrey.org.uk/wp/download/public_health/sexual_health/NCSP_Standards_7th_edition_update_November_2018.pdf

[54] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1058780/NCSP_Standards_Eighth_Edition_March_2022.pdf

Table 6: number of chlamydia screens conducted within key settings in Bedford Borough and Central Bedfordshire (source: CTAD)

	Bedford Borough		Central Bedfordshire	
Provider	**18/19**	**20/21**	**18/19**	**20/21**
Specialist SHSs	2513	1610	2261	1618
SRH	130	16	67	1
GP	252	218	631	410
Pharmacy	16	11	57	35
Termination Of Pregnancy Services	89	8	168	5
Internet	113	314	166	365
Not Known	4	2	5	2
Other*	2313	1351	1950	1132

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

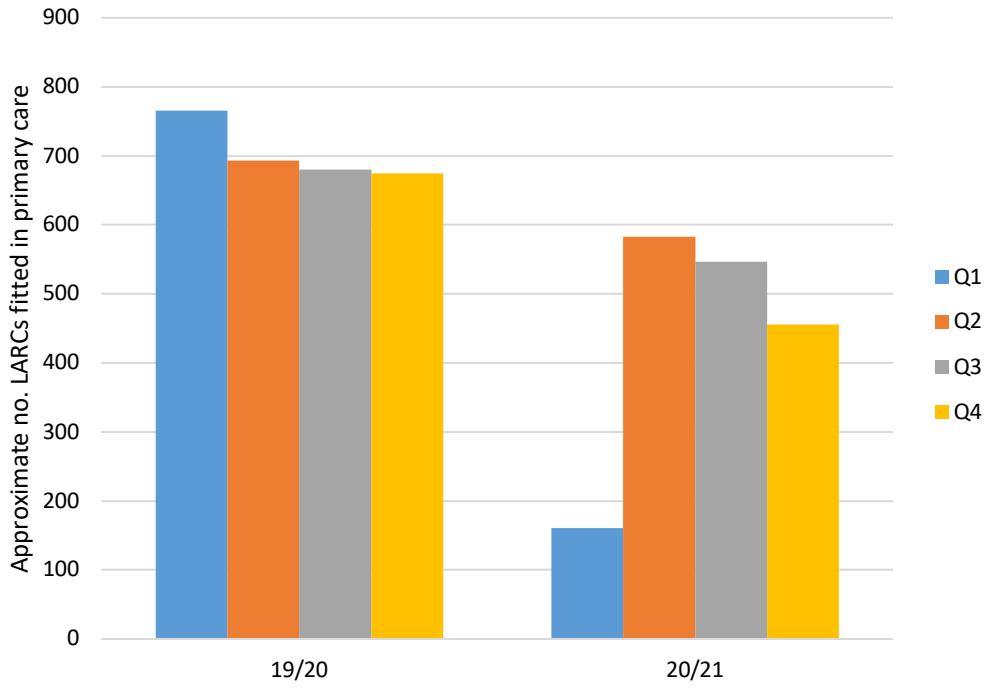
5.5. Enhanced services in primary care

GP practices provide sexual health advice and short acting contraception as part of their General Medical Services (GMS) contract.

Bedford Borough Council offers Public Health Enhanced Services (PHES) Contracts for GPs to provide Long Acting Reversible Contraception (LARC) for contraceptive purposes and chlamydia/gonorrhoea dual testing and treatment for chlamydia. Currently 9 out of 17 in Bedford Borough and 22 out of 29 GP practices across Bedford Borough and Central Bedfordshire are commissioned to deliver these services (full list of surgeries can be found in the appendix). Within the contract, there is also the flexibility for a GP practice to offer these services for non-registered patients. This is to help ensure there is availability for women to access LARC locally, in particular for those located in Central Bedfordshire, where traveling to a CaSH clinic may be an issue.

As shown in the graph below, LARC fitting activity has significantly reduced in primary care as a result of the COVID-19 pandemic. The data source is CCG prescribing and therefore is an approximate estimate of LARC fitting activity. In comparison to 2019/20, there were 1,067 38% decrease in 2020/21 in LARC fitting activity in primary care across Bedford Borough and Central Bedfordshire.

Figure 37: LARC fitting activity in primary care



5.6. Enhanced services in pharmacy

Emergency hormonal contraception (EHC) has been available for purchase over-the-counter since 2001 in community pharmacies across England. However, there are barriers to access and service standard issues that make the commissioning of free EHC important. Over-the-counter purchase of EHC is expensive; for example, in one retailer with pharmacies nationwide, the cost is £33.25 for Ulipristal Acetate and £26.49 for Levonorgestral. These prices are a significant barrier to accessing EHC, particularly in deprived areas and in light of the ongoing cost of living crisis.

When the provision of free EHC is commissioned in pharmacy by a local authority there are stipulations in a PHES contract that must be agreed. This has three elements:

- Patient Group Directives (PGDs) must be signed. PGDs are a legal framework that ensure EHC is administered by pharmacists in accordance with best clinical practice and governance.
- EHC and sexual health training must be completed and maintained through the Centre for Pharmacy Postgraduate Education or equivalent.
- A holistic approach must be taken to the sexual health and wellbeing of patients. This includes discussing future contraceptive needs, signposting, and offering STI testing.

It is vital that free EHC is commissioned locally to remove financial barriers to access and to ensure the service is delivered to a high clinical standard.

5.6.1. Local service provision

All pharmacies in Bedford Borough and Central Bedfordshire have the option to sign up to a PHES contract for the supply of emergency hormonal contraception under a current locally agreed Patient Group Direction. This is free of charge to clients aged 13 and above, irrespective of place of residence. In Bedford Borough, 12 out of 31 pharmacies are signed up to the PHES contract, and 16 out of 44 pharmacies signed up in Central Bedfordshire. A full list of commissioned pharmacies can be found in the appendix.

However, only 10 pharmacies (32%) in Bedford Borough and 8 in Central Bedfordshire (18%) administered EHC in 2020/21, as seen in table 7. Therefore, the current proportion of all pharmacies delivering EHC is low, and not all who have a PHES contract are active.

Table 7: active pharmacies under PHES contract

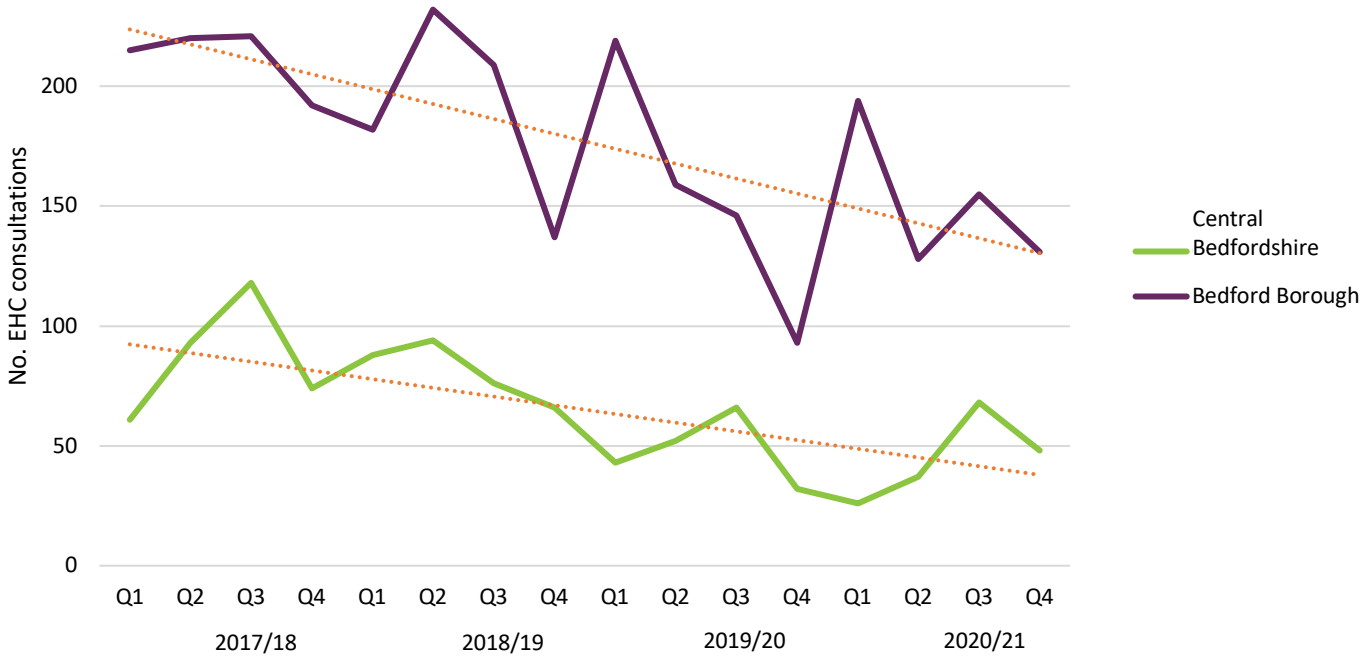
	Number of active pharmacies under PHES contract		
Year	**Bedford Borough**	**Central Bedfordshire**	**Total**
2017/18	13	3	23
2018/19	10	8	18
2019/20	12	8	20
2020/21	10	8	18

The COVID-19 pandemic has put community pharmacies under significant pressure, and this will have caused some pharmacies to stop or reduce the provision of EHC services. However, the downward trend of EHC provision predates the pandemic as shown in figure 39. There is a wide variation in activity between pharmacies, which is particularly stark in Bedford Borough. In 2020/21, 52% of all EHC delivered in Bedford Borough pharmacies was from one provider in the town centre.

Another part of the PHES contract is the provision of dual testing chlamydia/gonorrhoea screening kits, and the supply of chlamydia treatment to clients aged 15 to 24 years. Delivery of these services is low, as shown by the NCSP data in table 6 above in section 5.6.

When the PHES contract was renewed in April 2020, a small number of pharmacies chose not to sign the contract who previously had done so. At the same time, a similar number of new pharmacies decided to sign the contract and deliver the service for the first time. Activity levels in the newly commissioned pharmacies has been much lower compared to the previously commissioned pharmacies. This has resulted in the number of active pharmacies under PHES contract appearing relatively consistent in table 7 but contributed to the downward trend of EHC provision in figure 38. Bedford Borough Council has been in contract negotiations with a major national community pharmacy retailer since April 2020 to add 5 large pharmacies in key locations across both counties, however these have not yet been resolved.

Figure 38: Provision of free Emergency Hormonal Contraception in pharmacy in Bedford Borough and Central Bedfordshire



The activity is likely to be affected by demand and accessibility, but it is a vital source of access for women and we are always looking to increase provision for ease of access and choice. EHC is a short term intervention and ideally other more robust contraception would be available or an immediate referral into CaSH.

5.7. HIV Testing – other

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 1000 population (aged 15-59). In 2014 20 GP Practices were invited to take part in a pilot to test all new registrants aged 18-70 years for HIV and at risk groups. Seven practices signed up 5 in Bedford Borough and 2 in Central Bedfordshire. The pilot was not successful, as it did not provide an equitable offer and therefore was discontinued.

In 2016 training was given to all GPs across Bedford Borough and Central Bedfordshire to encourage testing for all those:

- have symptoms that may indicate HIV (clinical indicators attached);
- are generally unwell with no clear diagnosis and undergoing blood tests;
- are being referred via the 2 week urgent referral pathway.

This was supported by the Director of public health and the Bedford and Central Bedfordshire Locality Chairs. Due to data sharing issues it has not been possible to access the numbers of individuals tested in GP Practices.

Bedford Borough and Central Bedfordshire Councils commissions an on-line self-sampling HIV testing service available through freetesting.hiv. Individuals are triaged on-line before a kit is sent to an agreed address. Those not meeting the criteria can access a HIV test at one of the local contraception and sexual health clinics or THT.

Table 8: number of kits returned via freetesting.hiv

	Bedford Borough		**Central Bedfordshire**	
	20	**21**	**20**	**21**
Dispatched kits	123	200	356	558
Returned kits	77	127	216	537
Reactive: HIV	0	0	0	<5
Reactive: Syphilis	0	<5	<5	<5

5.7.1. Pre-exposure Prophylaxis (PrEP)

In addition to Prophylaxis (PEP)/Post Exposure Prophylaxis following Sexual Exposure (PEPSE) being available, from 1st December 2020 PrEP was offered as a new service. PrEP is a drug taken by HIV-negative individuals, before and after sex that reduces the risk of contracting HIV. It forms part of a package of care, with a combination of HIV prevention and risk reduction, alongside health promotion, condom use, regular STI testing and swift initiation of HIV/STI treatment where indicated.

PrEP is delivered under specialist care as part of this integrated sexual and reproductive health service specification in accordance with the standards and KPIs included.
These interventions alongside, clinic and outreach HIV testing facilitated through iCaSH and Terence Higgins Trust, the late diagnosis rate for HIV has significantly reduced in Bedford Borough, but remains a priority in Central Bedfordshire.

To date there are 140 individuals accessing PrEP, 70 Bedford Borough residents, 57 Central Bedfordshire residents, and 13 from other areas. A local campaign in November 2021 saw a significant increase in demand.

5.8. Hepatitis B and C

Testing for hepatitis B and C and vaccination against hepatitis B (for higher risk groups) such as MSM and sex workers, is offered in Kings Brook and Dunstable Priory Clinics. When positive diagnoses are identified individuals will be seen for partner notification and follow-up, including offering testing and vaccination or prophylaxis as required. Positive patients may require referral into hepatology.

5.9. Sexual health websites

iCaSH has a generic website[55], which leads to a local services website, as iCaSH currently are the providers for Bedfordshire, Cambridgeshire, Norfolk, Peterborough and Suffolk. The website has been developed for all ages to ensure that there is one point of contact for up-to-date information on local contraception and sexual health services, including how to order a home testing STI kit. Other features include information on contraception, sexually transmitted infections (STIs), HIV, pregnancy, termination of pregnancy and sexual assault.

For the website as a whole, the number of unique users grew 144% between 2019/20 and 2021/22, indicating its ongoing importance. Organic search (e.g. searching for services via Google) remained the most common way of navigating to the website. For Bedfordshire specific pages, the patterns were slightly different, as seen in table x below.

	Unique page views		
Page	**2019/20**	**2020/21**	**2021/22**
iCaSH Bedfordshire home page	20,030	18,413	19,763
King's Brook (Bedford clinic) home page	22,089	15,889	19,763
Dunstable Priory clinic home page	5,517	6,250	7,516

Although the Dunstable page has attracted progressively more unique pageviews since 2019, the Bedfordshire and Kings Brook pages are below their pre-pandemic levels so have not reflected the wider iCaSH pattern of growth. This perhaps isn't surprising given lower service usage and increased use of Express Test (which is ordered via an external website). Nevertheless, to ensure ongoing relevance of the Bedfordshire digital offer, these three webpages should be reviewed to ensure they contain useful information so they can be further promoted to service users and regain their former higher levels of usage.

[55] https://www.icash.nhs.uk/

5.10. Termination of pregnancy services

Termination of pregnancy services are provided by Bedfordshire Hospitals Trust and British Pregnancy Advisory Service (BPAS) who provide the majority of abortions for Bedfordshire residents. Termination of pregnancy provision is the commissioning responsibility of the local clinical commissioning group, BLMK. The integrated contraception and sexual health service offer referral pathways into the service, to access contraception or women who have had an abortion.

5.11. Psychosexual services

Psychosexual counselling is designed to help people who may be suffering with sexual difficulties such as pain during sex for women and erectile dysfunction for men. However, more complex issues such as gender identity and sexual abuse/assault can be addressed. Referrals can be made from a GP, other health professional or self-referral. The current service offers six sessions of 50 minutes, depending on the individual's requirements through one full time psychosexual therapist. Local psychosexual therapy can also be accessed privately, if preferred[56].

Table 9: number of referrals and attendance at the psychosexual counselling service between 2019/20 and 2020/21

	2019/20		**2020/21**	
	Bedford	**Central Bedfordshire**	**Bedford**	**Central Bedfordshire**
Referrals received	64	67	28	45
New appointments	59	57	30	42
Follow up appointments	145	233	147	177
Total activity	204	290	177	219

Psychosexual therapy sessions are available at both the Kings Brook Clinic and Dunstable Priory Clinic and either venues can be used for Bedford Borough and Central Bedfordshire residents. Compared to 2019/20, the first year of the COVID-19 pandemic showed slightly reduced activity. Appointments were offered via MS Teams and telephone during restrictions.

5.12. Sexual Assault Referral Centre

The Emerald Centre SARC[57] offers a comprehensive service for anyone living in Bedfordshire and Luton, who has experienced sexual violence or sexual abuse. The SARC is in a central location to offer easy access to Bedfordshire and Luton residents. Clients can access The Emerald Centre via the Police and other professionals, as well as via the self-referral pathway (booking an appointment at the SARC, without Police involvement). There is a

[56] https://www.cosrt.org.uk/
[57] https://www.emeraldcentre.org/

referral pathway in place for further STI testing through following a sexual assault in 13s and over for access to iCaSH Beds Contraception and Sexual Health Clinics, including fast track system into the service.

5.13. Local authority contraception and sexual health expenditure

Spending on the integrated sexual health and contraception service remains the bulk of expenditure in this area. As a result of the COVID-19 pandemic there was a reduction in out of area and primary care activity, this therefore led to a reduction in expenditure which is not reflective of previous or future financial years.

Figure 39: proportion of expenditure on Contraception and Sexual Health provision in Bedford Borough and Central Bedfordshire in 2020/21

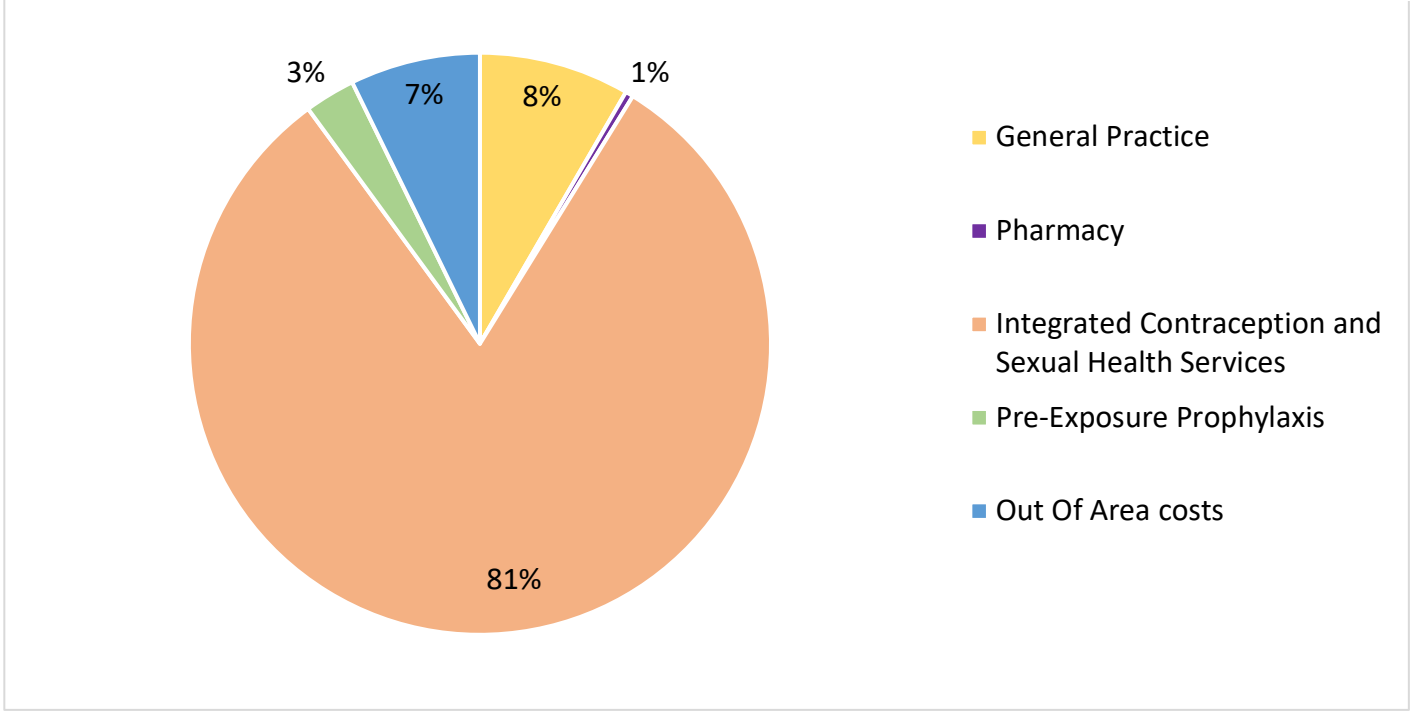


Table 10: overall expenditure for 2020/21

General Practice	£231,296.76
Pharmacy	£12,223.55
Integrated Contraception and Sexual Health Services	£2,243,095.90
Pre-Exposure Prophylaxis	£77,881.00
Out Of Area costs	£308,061.87
Online STI testing (national framework)	£3,420.36

6. Stakeholder views

6.3. Service users

6.3.1. Sample size, characteristics and limitations

After promotion through our networks and on social media, we had a total sample of 581. Since the results were obtained via non-probability, purposive sampling, it cannot be thought of as fully representative and generalisable to the populations of Bedford Borough and Central Bedfordshire. However, we had sought to oversample younger people and vulnerable individuals, so results do give us some insight into these groups.

For our main analysis, we excluded those who were not relevant: those who were not resident in Central Bedfordshire or Bedford Borough (40, largest other counties were Luton and Northampton, and only 3 had used iCaSH services), one person who did not provide any demographic detail, and those who gave logically impossible answers (3). This gave us a final sample of 537 people. Strengths of the sample are that young people are well represented. Limitations of the sample include under-sampling of men, gay women and ethnic minority groups.

Table 11: survey respondents' characteristics

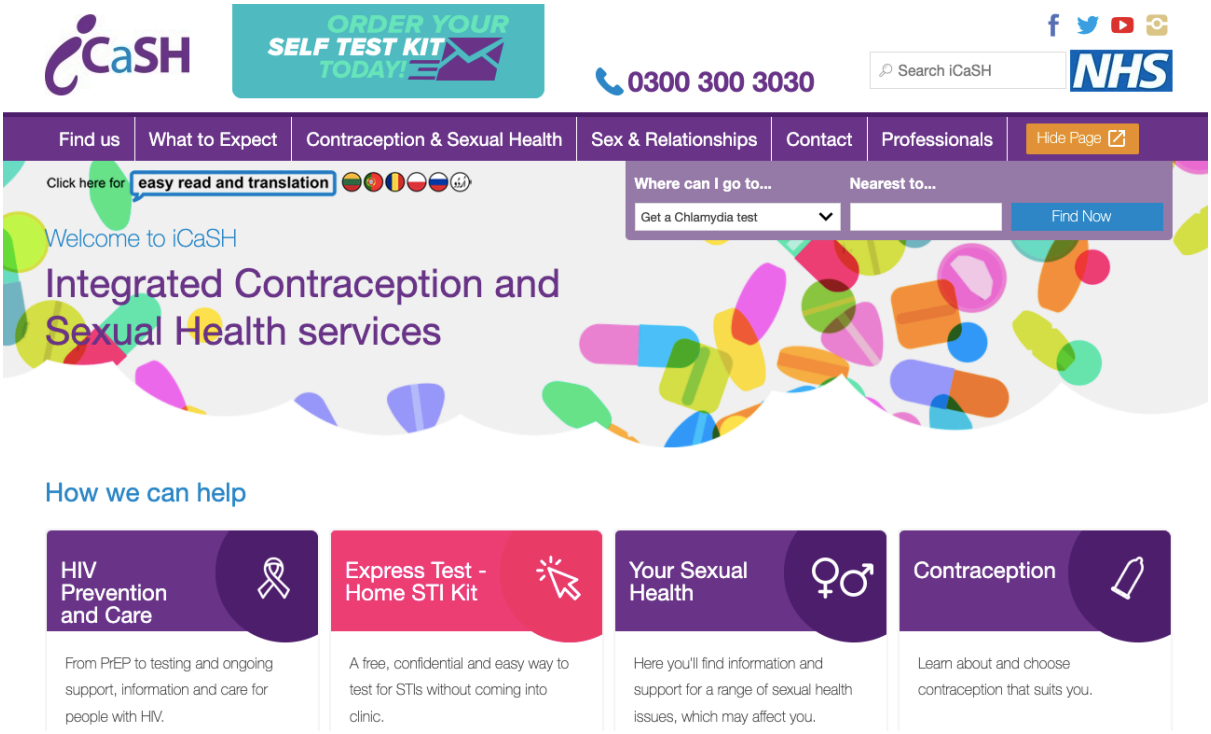
Characteristics		**Number (%)**
AGE	Under 18	74 (13.8%)
	18-24	169 (31.5%)
	25-34	92 (17.1%)
	35-44	78 (14.5%)
	45-55	72 (13.4%)
	55-64*	0 (0%)
	65+	27 (5%)
	Prefer not to say	25 (4.7%)
GENDER	Male	137 (25.5%)
	Female	372 (69.3%)
	Non-binary	19 (3.5%)
	Transgender male	6 (1.1%)
	Transgender female	4 (0.7%)
	Prefer not to say	1 (0.2%)
SEXUALITY	Heterosexual	359 (66.9%)
	Homosexual (gay man)	45 (8.4%)
	Homosexual (gay woman)	12 (2.2%)
	Bisexual	93 (17.3%)
	Other	5 (0.9%)
	Prefer not to say	23 (4.3%)
COUNTY	Bedford Borough	294 (54.7%)
	Central Bedfordshire	243 (45.3%)
ETHNICITY	White British/Scottish/Welsh/Northern Irish	432 (80.4%)
	Irish	6 (1%)
	Other white	32 (6.0%)
	African or Caribbean (including mixed black and white)	42 (7.8%)
	Asian (including Bangladeshi, Indian, Pakistani)	15 (2.8%)
	Other	10 (1.9%)

**Unfortunately this option was omitted from the survey due to human error.*

6.3.2. Where service users get information

The clear majority of respondents said they would or do get information about sexual health and contraception from the internet (61%). In second place was asking a GP (25.7%). This overall confirms the importance of the iCaSH website and other online resources in the provision of services.

Under half (43.8%) of those in the final sample had visited the iCaSH website before. Of these, 79.6% people said they found what they were looking for and 17.4% said they did not.



6.3.3. Awareness of current services

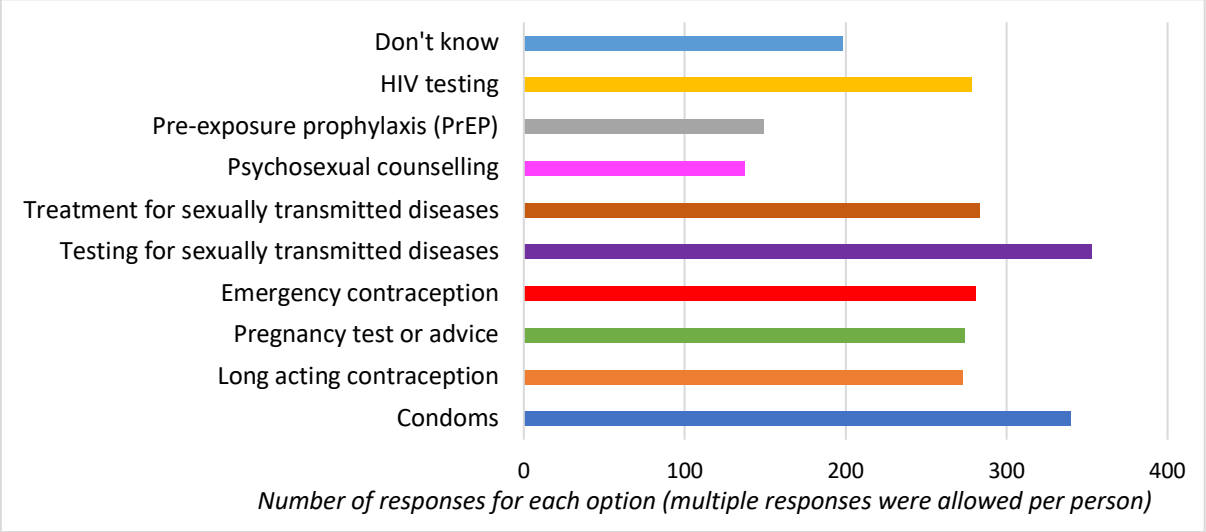
Survey respondents were asked to select which contraception and sexual health services they thought were provided in different local settings. Figures 40-43 display the total number of selections each service received. Additional information can be found in the appendix, which break down the characteristics of respondents who selected only the "don't know" option.

iCaSH Bedford and Dunstable

163 respondents stated they did not know what services were provided at iCaSH, this represents 30% of the total survey sample. The proportion of respondents who were not aware of iCaSH services was much greater in CB residents compared to BB, at 39% and 23% respectively. This may be associated with the high levels of out of area activity in CB residents. Younger people aged 18 - 24 years had the highest levels of awareness of iCaSH services compared to other age groups, which is a positive finding. However, 27% of under 18s were not aware of what services are provided by iCaSH.

When looking at respondents who did select options of which services they thought were provided by iCaSH, awareness of contraceptive and STI services was good, as shown in graph 1. PrEP and Psychosexual Counselling had the lowest levels of awareness at 28% and 26% respectively. This is somewhat to be expected as they are services aimed at specific groups. Since the routine commissioning of PrEP in 2020, local and national promotion of PrEP has been targeted at groups effected disproportionately by HIV infection, including MSM and Black Africans. However, only 53% of gay men, 26% of bisexual men, and 14% of African and Caribbean individuals were aware PrEP was offered at iCaSH. 14 out of 21 (67%) gay men who reported having casual partners, were aware of PrEP services at iCaSH.

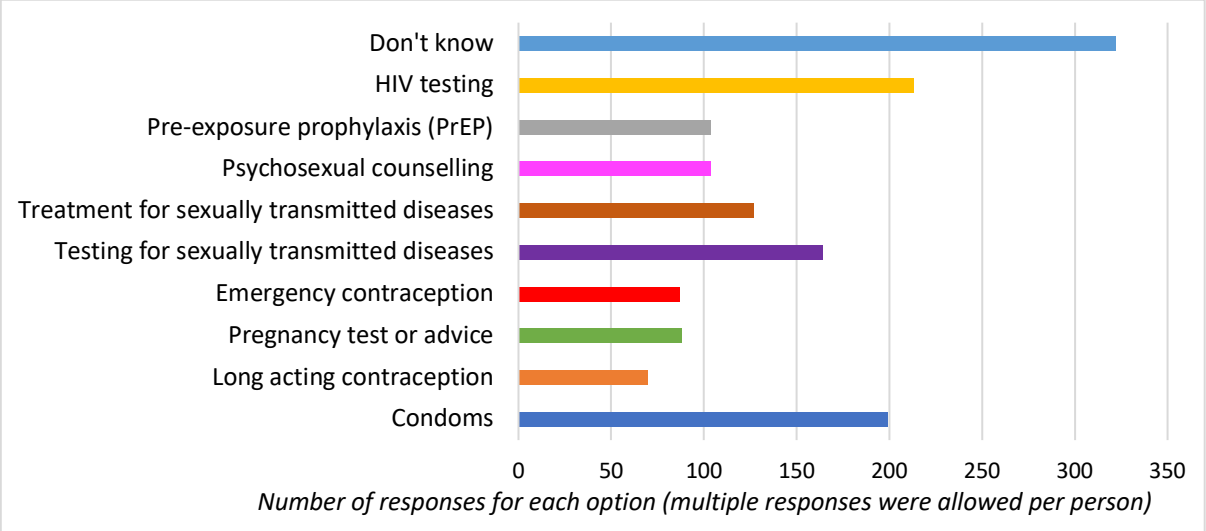
Figure 40: respondents' perception of services offered by iCaSH



Terrence Higgins Trust

Over half (53%) of survey respondents were not aware of the services provided by THT. Approximately two thirds of under 18s and 18-24 year olds were not aware of THT services. However, one of THT's key services, outreach education, stopped for prolonged periods in 2020 and 2021 due to the COVID-19 pandemic and may partly explain low levels of awareness in young people.

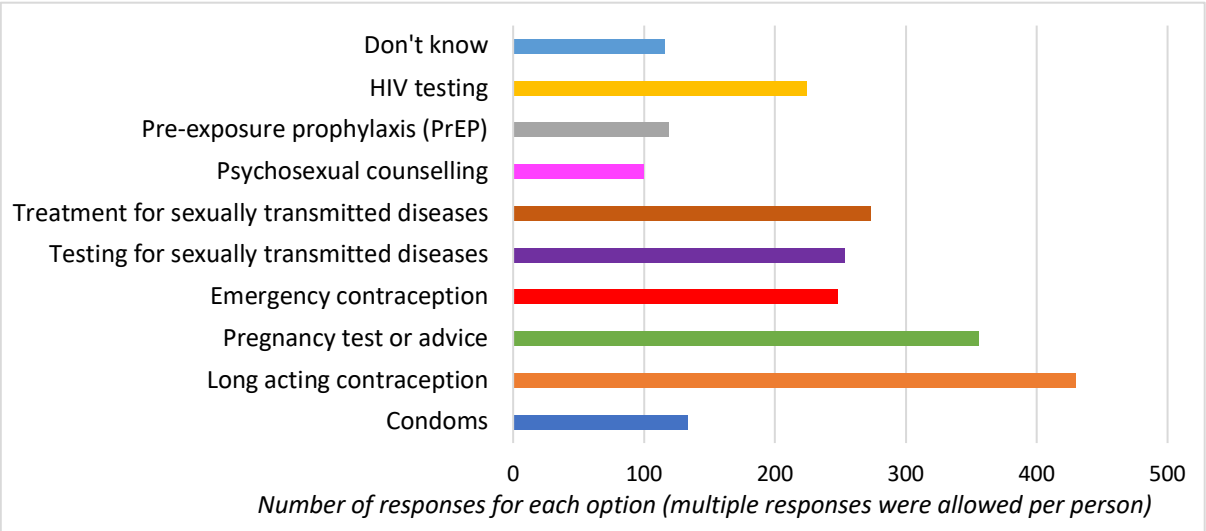
Figure 41: respondents' perceptions of services offered by THT



GP Practices

GP practices had the second highest level of service awareness, with 17% of respondents only selecting the "don't know" option. An encouraging finding was that 80% of respondents were aware that long acting contraception services were provided in general practice, a key service commissioned under Public Health Enhanced Service contracts. These results could partly be a result of the long-standing delivery of CaSH services in general practice.

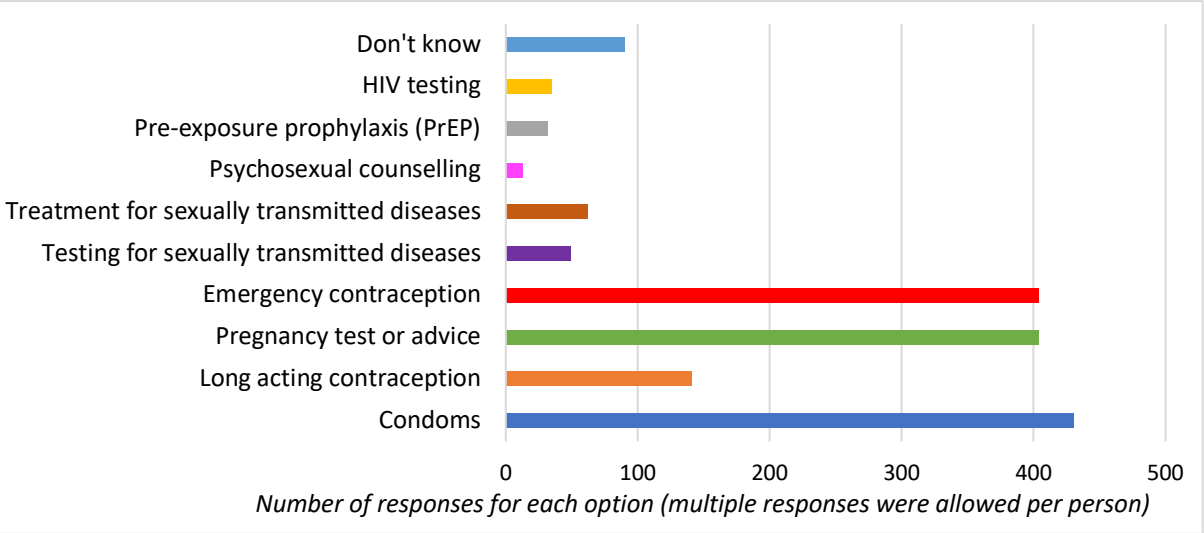
Figure 42: respondents' perceptions of services offered by GPs



Pharmacy

Pharmacy had the highest level of service awareness, with 13% of respondents only selecting the “don’t know” option. An encouraging finding was that 75% of respondents were aware that emergency contraception was provided in pharmacy, a key service commissioned under Public Health Enhanced Service contracts. However, only 9% of respondents were aware that STI testing was available in pharmacy. This finding is reflective of the low uptake of chlamydia and gonorrhoea dual-testing kits. As with general practice, these results could partly be a result of the long-standing delivery of CaSH services in pharmacy.

Figure 43: respondents’ perceptions of services offered by pharmacies



6.3.4. Barriers to current services

Survey respondents that stated they could not access CaSH services were then asked what barriers to access they encountered. 92 out of 441 (21%) respondents who answered the question reported barriers to accessing local services, a full breakdown of these respondents can be found in the appendix.

The most common service where barriers were encountered was LARC fitting in GP practices and iCaSH, with long waiting lists often mentioned. This is not a surprising finding as GP LARC fitting services has significantly reduced due to the pandemic, as detailed in section 5.5.. At time of writing, mitigating actions have been put in place and the iCaSH waiting list is decreasing.

The second highest reported barrier to accessing local CaSH services was a difficulty obtaining an appointment at iCaSH, with some references to repeated attempts to obtain an appointment. It is important to note that these barriers were reported by 9 respondents and section 6.1.8 discusses further information on service users' experience of iCaSH.

6.3.5. Suggestions for improvement

Survey respondents were asked if they had any suggestions about how local contraception and sexual health services could be improved. Of the 537 survey respondents, 220 answered the question. There were a wide variety of responses, below are the key themes that were identified from the responses.

Service advertisement
The most common suggestion was that local services should be advertised, with a total of 51 respondents. When broken down by local authority residence there was an even split between BB and CB, however 31% of these individuals were aged 24 years or below. Several respondents mentioned they had not been aware of iCaSH services until the survey was advertised on social media. As detailed in section 9.1.3, iCaSH and THT had the lowest levels of service awareness amongst the sample, with 30% and 53% of all respondents stating they did not know what services they offered. Whilst not all responses specifically stated that iCaSH and THT should advertise their services, future service promotion should focus on these services due to their lower levels of awareness in comparison to GP and pharmacy.

Clinic accessibility
The second most common suggestion for improvement was for CaSH services to be more easily accessible. Of the 35 respondents that made this suggestion, 28 (80%) were Central Bedfordshire residents. Many cited issues with travelling to the current iCaSH clinics in Bedford and Dunstable, particularly those who do not drive and live in rural locations. A lack of services in Leighton Buzzard was specifically mentioned by 5 respondents.

Improve appointment availability and booking
Issues with appointments, predominantly at iCaSH, were identified and three key areas of improvements were suggested:

- Increase appointment availability and recommence drop in clinics. Of the 25 respondents that stated this, only 3 made reference to LARC.
- Make booking of appointments easier, for example through an online booking system.
- Offer appointment times outside of typical working hours.

Education and information in schools
There were a variety of suggestions for improving education and information given in schools. Of the 18 respondents, 9 were aged under 24 years. The main suggestions were to increase local service awareness and increase the amount of contraception and sexual education provided.

6.3.6. LARC for contraceptive purposes

There were 143 respondents that either had a coil or implant fitted for contraceptive purposes or would consider having one fitted. These respondents were asked where they would prefer to access a fitting service, the responses were:

- 70 (49%) – their own GP practice
- 50 (35%) – iCaSH
- 12 (8%) - A GP practice working as a fitting hub across several practices in a local area
- 5 (3%) – anywhere
- 6 (4%) – other

Respondents were then asked why they would prefer to access fitting services at their selected location. Responses were given in open text and have been summarised. There were two main reasons cited for the preference to access fitting services via GP practices; accessibility due to location, and feeling comfortable. For those that preferred iCaSH, accessing a specialist sexual health service, and feeling comfortable, were the most common reasons given. Lack of availability of GP fitting services was the third most common reason given (by 10 respondents) for the preference of iCaSH. It may be possible to assume that these 10 respondents would have preferred to access GP fitting services originally. Due to the low number of respondents stating the GP hub as their preferred venue, there were no clear common reasons for this answer.

A total of 82 respondents stated that they would prefer to access fitting services in a primary care setting. If a further 10 are added, assumed to be original preference but chose iCaSH due to lack of availability, this would give a total of 92 (64%) respondents preferring GP settings.

6.3.7. Use of and satisfaction with current services

Survey respondents were asked which services they had used for sexual health and contraception, and were able to select multiple options. Most (75%) of respondents had used at least one service. Of responses, GPs were the most frequently selected option (33% of responses), followed by iCaSH Bedford (20.5%). Pharmacies followed (19.6% of responses), with THT (5%), iCaSH Dunstable (3.8%) and psychosexual counselling (0.9%) were the least selected options.

When asked to select and rate a service to use, 292 respondents did so. iCaSH Bedford was the most rated service (147 respondents). Overall, 81.6% of these respondents were satisfied with the service they received. When considered across the five sub-categories people were asked to rate (ease of getting an appointment, waiting time, convenience, staff friendliness, consultation and information given), the area with highest satisfaction was staff friendliness (55% were very satisfied). By contrast, the area with the least satisfaction was waiting time to get an appointment (17% were very dissatisfied). Considered across appointment type (in person, postal kit, telephone appointment), postal kits had the highest satisfaction rate (88% overall satisfied), and telephone appointments had the lowest satisfaction rate (65.2% overall satisfied).

By contrast, only 20 ratings were received for iCaSH Dunstable. The balance of satisfaction was very different, with only 55% stating they were satisfied with their experience of the service overall. Like iCaSH Bedford, respondents were most satisfied with staff friendliness (50% were very satisfied), but they were least satisfied with the convenience of the service (22% were very dissatisfied with this).

The second most rated service was general practice, with 85 respondents sharing their satisfaction levels and experiences. Overall 73% of those who rated GP services were satisfied with the service. They were most satisfied with staff friendliness (35% were very satisfied) but least satisfied with the ease of getting an appointment (19% were very dissatisfied), which reflects wider trends in primary care. The format of the appointment appeared to influence satisfaction levels substantially, with 80% stating they were overall satisfied with the service who had had an in-person appointment, but only 54% for telephone appointments.

Twenty individuals rated their experience of sexual health services at a pharmacy, and 85% of them were satisfied with the service overall.

For Terrence Higgins Trust (THT), 18 individuals left feedback, and 93% of them stated they were satisfied with the service overall.

Only two people rated their experience with the psychosexual service, reflecting its small case list. Both of them were satisfied with the service overall. This service also does their own direct assessments and feedback.

6.3.8. Views of vulnerable or high risk groups

There were who 60 people identified as:

- At risk of domestic abuse
- Recently given birth
- A person with alcohol or drug issues
- A young person in care
- Homeless or in temporary accommodation
- HIV positive
- Someone who has had an abortion in the last 5 years

Their responses were as follows:

- Service use: 53% had used an iCaSH service (32/60), 43% (26/60) had used a GP, 20% (12/60) had not used any services.
- Satisfaction: 70% (30/43) who rated a service were satisfied with it overall.
- Suggestions: clinics available in Leighton Buzzard, condoms and further sex education provided in schools, face to face appointments, online booking, late night and weekend services, improved advertisement, provide free condoms to all ages.

There were 25 people who shared that they took part in the following high risk activities: paying for sex, getting paid /receiving benefits in exchange for sex, and using psychoactive drugs during sex. Their responses were as follows:

- Service use: 32% (8/25) had used an iCaSH service, 40% (10/25) had not used any services, 20% (5/25) had used a pharmacy, 16% (4/25) had used GPs.
- Satisfaction: only 7 of these people rated a service, and 42% (3/7) said they were satisfied with the service they received overall.
- Suggestions: greater publicity for services, provide support specifically for sex workers, open up walk in appointments again, provide subsidised contraception in a wider range of places (e.g. pubs and clubs).

6.4. Providers' feedback

The provider survey was filled in by 26 individuals from a range of services, as displayed below.

Table 12: types of providers responding to survey

Provider	Number of responses
iCaSH	8
Primary care	10
Pharmacy	4
Specialist (BPAS/Emerald centre)	3
Not specified	1

Complaints

Overall, the majority respondents said they were not aware of any complaints regarding their services. However, the exception as iCaSH, where most respondents said they were aware of complaints such as a long wait for appointments and difficulty getting through on the phone.

Challenges with current service model

- *iCaSH*: the main providers iCaSH detailed a variety of challenges with the current service model. These were:
    - long waiting time
    - people living in Bedfordshire villages struggling to access services
    - inability to book appointments (people having to call back multiple days in a row)
    - insufficient appointments even when fully staffed, no parking close by to the clinic,
    - building too small, LARC waiting list (people waiting 5-6 months to be seen).
    - Insufficient staff to meet local demand, running out of appointments.
    - No parking, small clinic.
    - Waiting times for the appointments/results.
- *Primary care*: some GPs specified that high demand and long waiting list for coils and implants were presenting challenges currently. Others replied that there were no issues with the model.
- *Pharmacy*: most respondents from pharmacies said there were no issues, one said awareness of services could be better.
- *Specialist*: this group was concerned about the end to medical abortion pills by post in August 2022.

Capacity issues

- *iCaSH:* if anyone on leave or sick, capacity is insufficient. Not enough clinical rooms. Staff shortages due to COVID. Difficulty filling vacancies.

- *Primary care:* some pointed out that there was more demand than appointments, lots said no capacity issues.
- *Pharmacy: o*ne out of four respondents replied that they were short staffed.
- *Specialist:* no capacity issues were identified.

Thoughts on services they provide

- *iCaSH:* services and staff are good but too difficult to access.
- *Primary care*: Feel services are good but have been deskilled in STI work, could provide more with more funding. Shorter wait than iCaSH.
- *Pharmacy:* all pharmacy based respondents were positive about the service they provide, the confidentiality element of it, and the role they were able to play when patients were unable to get appointments with other services.
- *Specialist:* happy with the services they provide.

Concerns

- *iCaSH:* key concerns for iCaSH were waiting time, lack of online bookable appointments or remote screening, people calling up for appointments every day being disappointed. There was also a suggestion that fewer young people accessing services than they used to.
- *Primary care*: several respondents said they would like to provide condoms to patients for free. Don't have capacity to do emergency contraception fitting.
- *Pharmacy:* respondents observed that ongoing / long-term provision contraception appeared to be a gap for customers using post exposure prophylaxis or emergency options. Said that many patients were not aware of free sexual health testing options and the services they provided.
- *Specialist:* they were concerned that BAME, men, LGBTQ+ not using the services as well as other groups are. Inability to offer ongoing support for those undecided about abortions. More appointments needed to prevent women having to travel very far for appointments.

Suggestions for change

- *iCaSH:* more health advisors to spend longer time with most vulnerable patients. Sign up more pharmacies to provide services. Offer online booking and consultations. GPs should increase provision for contraception and STIs as well e.g. treating genital warts as well as diagnosing them. Make sure young people are re-engaged via school sessions and other mechanisms.
- *Primary care*: two respondents requested that the service model could allow GPs to test and treat STIs. Complaints from patients that iCaSH are turning them away. Waiting times for coils and implants are long.
- *Pharmacy*: improving coil waiting times was suggested, since this has been shared with them via their patients and customers.

- *Specialist:* contraception training for staff should increase so staff can prescribe contraception at the same time as BPAS appointment.

What is working well

- *iCaSH:* click and drop medication delivery, telephone consultations can work well.
- *Primary care*: home STI testing offered by iCaSH is good.
- *Pharmacy:* emergency hormonal contraception works well as part of their service.
- *Specialist:* happy with collaborative work with iCaSH and pathway. Ability to send contraception in post and telephone consultation working well. Using telephone appointments to triage. Condoms available to collect at all times. Awareness of services is good. Online STI kits were also appreciated.

Meeting the needs of the local population

- *iCaSH:* lack of services in Central Bedfordshire. Missing out on Asian community and LGBTQ, not engaging them as well as other groups
- *Primary care*: overall GPs were unsure whether iCaSH were meeting the needs of vulnerable groups, and they did not comment on their own capacity to do this.
- *Pharmacy:* greater awareness of services required
- *Specialist:* walk in, evening and weekend appointments needed for vulnerable groups. Information on current service provision should be more targeted. More staff and appointments would be helpful.

7. Service changes due to COVID-19

7.1. How did the services change during the pandemic?

During the various lockdowns and restrictions of the COVID-19 pandemic in 2020, the iCaSH Bedford and Dunstable clinics remained open but patients were asked to call first so they could then be invited for an appointment if clinically indicated[58]. Face to face contact was minimised as much as possible, with only essential treatment occurring in clinic with full PPE. All individuals were telephone triaged and other services are being offered virtually, over the phone, and via collection for some contraception and medication. Some contraception and medication was also posted where appropriate. Online home testing for STIs, including HIV was opened up to symptomatic patients as well as asymptomatic. Patients were also signposted to the Express Test postal kit as part of the COVID-19 advice. This resulted in a surge in Express Test activity compared to previous years.

Sit and wait clinics and THT outreach were suspended, although THT was set up to do some one to one engagement online, although overall outreach activity was much lower than previous years.

National guidelines from BASHH were followed[59] , as well as guidance on extending LARC from FSRH[60]. Due to the speed with which the changes were implemented, service users were not consulted about how to adapt services to be COVID-safe.

Pharmacies remained open, and GPs delivered the majority of care using telephone and video first options, with some in person appointments where relevant[61]. However, local primary care coil clinics were largely suspended during the first part of the pandemic.

The delivery of long-acting reversible contraception through the Public Health Enhanced Service Contracts was significantly reduced due to capacity within GP Practices during COVID. In Q1 2020 the activity was reduced by 75%. This resulted in a significant waiting list within the iCaSH services as GP Practices were referring women into CaSH services. Although there has been some improvement in activity and there was no waiting list prior to the pandemic, Bedford Borough and Central Bedfordshire Councils commissioned an additional mobile clinic service through the British Pregnancy Advisory Service (BPAS) one day a week to assist with reducing the waiting list. This intervention is an example of collaborative working, with iCaSH assisting with the referral process and has been well received by the women who access it and has reduced the waiting times.

Overall, service changes were similar to the national picture, where it has been well established that lockdowns and pivoting of health services as part of the COVID-19 pandemic made access to contraception more difficult and may have increased incidence of

[58] https://www.icash.nhs.uk/news/2020/03/16/coronavirus-advice
[59] https://www.bashh.org/news/news/updated-covid-19-guidance-provision-of-sexual-services-to-the-community/
[60] https://www.fsrh.org/fsrh-and-covid-19-resources-and-information-for-srh/
[61] https://www.blmkccg.nhs.uk/if-you-are-feeling-unwell-contact-your-gp-2/

unplanned pregnancies[62]. In terms of service provision across England, sexual health service consultations decreased 10% compared to 2019 and the number of sexual health screens (chlamydia, syphilis, gonorrhoea, HIV) also decreased 25%[63].

7.2. What were the impacts of those changes?

To consider the possible impacts of these changes, COVID-19 measures and service user survey results are considered below by protected characteristic, based on the UKRI template for an equality impact assessment[64]. A caveat for using the survey data is that it cannot be considered representative of the iCaSH service user population since it was not a randomised sample, and the number of those in each protected characteristic may be very small depending on the sub-category. It should also be noted that satisfaction levels quoted represent all services rated.

Disability
Potential impact

- Positive: remote appointments could have benefited those with mobility issues since they did not need to travel to clinic immediately.
- Negative: wearing of face masks and extensive use of telephone contact and appointments could have made access more difficult for deaf service users.

Evidence from the survey

- 49 individuals said they had a physical or sensory disability in the service user survey. 80% (16/20) who rated services said they were satisfied overall.
- The four who were not satisfied overall had used GPs and a pharmacy, and commented that they did not feel supported from an LGBTQ+ perspective, they were unable to get appointments, or ask questions.
- Some commented that they appreciated iCaSH because they were not shamed when visiting, a feeling they had experienced when consulting their GPs.
- Some of their suggestions for change included making services more accessible for housebound individuals and those with disabilities, focus on raising awareness/ more advertising, and improving accessibility (i.e. availability of appointments) of integrated services. Advertise confidentiality. Free parking was also suggested.

Gender reassignment
Potential impact

[62] https://srh.bmj.com/content/early/2021/10/17/bmjsrh-2021-201164
[63] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1015176/STI_NCSP_report_2020.pdf
[64] https://bbsrc.ukri.org/documents/equality-impact-assessment-guidance-template-pdf/

Some limited evidence from abroad indicates that transgender individuals may be at higher risk of STIs[65] [66], and may face additional stigma and barriers to accessing sexual health and contraception services[67]. This could have been worsened by the restrictions on services in the pandemic.

Evidence from the survey

- 25 survey respondents said that their gender was not the one they had been assigned at birth. 90% (9/10) people who rated services said they were satisfied overall. The dissatisfied individual had used iCaSH Bedford and commented that they had struggled to get appointments.
- Their suggestions were to advertise sexual health services in schools, and to raise awareness of what is available more generally. One person who had tried to use both a pharmacy and iCaSH services said that they were refused because of being transgender, and recommended to educate staff around the needs of transgender individuals. Other recommendations were around having more appointments and walk in clinics.

Pregnancy and maternity

Potential impact

Positive: increased emphasis on online and telephone provision could have been more convenient for mothers with childcare requirements.

Negative: decrease in long-acting contraception provision could have put women at risk of unwanted pregnancy if they were unable to restart their pre-pregnancy regime.

Evidence from the survey

- 12 survey respondents identified as having just given birth. Of those who rated services, 54.5% (6/11) were satisfied overall. They had used a mix of iCaSH, GP and pharmacy services.
- Reasons for dissatisfaction were mostly around the difficulties of getting an appointment after trying repeatedly and many months after giving birth.

Race or ethnicity

Potential impact

Existing racial inequalities in STIs and difficulty accessing care could have been exacerbated by changes to service model combined with COVID-19 lockdowns.

Evidence from the survey

- African and Caribbean: 82% (18/22) who identified as African or Caribbean and rated a service were satisfied overall. Reasons for dissatisfaction included the location and lack of privacy due to queuing at iCaSH Bedford, and inability to access GP services.
- Asian: 53% (8/15) of those who identified as Asian and rated a service said they were satisfied overall. Suggestions were that services should be better signposted for

[65] https://sti.bmj.com/content/early/2021/05/28/sextrans-2020-054875

[66] https://www.cdc.gov/std/treatment-guidelines/trans.htm#:~:text=Bacterial%20STI%20prevalence%20varies%20among,MSM%20(346%E2%80%93348).

[67] https://blogs.bmj.com/bmjsrh/2019/11/13/low-uptake-shc-trans/

people 30+, that people should be able to access their nearest service (e.g. person without a car was having to travel hours to Bedford/Dunstable, when trip to MK would have been 30 mins but they live in BB).

- Mixed: 62.5% (5/8) of those identifying as mixed race and rating a service were satisfied overall. Difficulty getting repeat pill prescriptions and appointments. Suggested more awareness for young people, more phone line capacity, more information about alternatives to the pill.
- Other white: 77.8% (14/18) satisfied. Reported difficulties getting an appointment.
- For comparison, of the British group, 77.8%(179/230) of those who rated services said they were overall satisfied.
- Most people who identified as non-British were often less likely to report being satisfied overall with the service they received. However, sample sizes for non-white ethnicities were very small, so this may not tell us a lot about the experiences of ethnic minorities using sexual health and contraception services in the area.

Religion

Potential impact

Religion is likely to be a proxy for other risk factors, so it is difficult to spell out the possible impacts of service changes on these groups. Vulnerabilities could go in different ways, with international evidence showing that religious individuals could use sexual and reproductive health services at a lower rate than non-religious individuals[68], and UK evidence suggesting that those with active faith may be less vulnerable to STIs[69].

Evidence from the survey

- Large differences in overall satisfaction were not observed by religious group, which were as follows:
    - Those who identified as Christian 73% (49/67) satisfied overall.
    - Those who identified as belonging to a religion other than Christianity 90% (18/20) satisfied overall.
    - Those who identified as having no religion were 79% (144/182) satisfied overall.
    - Those who preferred not to say were 80% (16/20) satisfied overall.
- However, numbers again were small for religions other than Christianity so run additional risk of not being very representative.

Sexual orientation

Potential impact

A recent systematic review found that various health behaviour outcomes for LGBTQ+ individuals were poorer than heterosexual counterparts during COVID-19[70], so new service arrangements could have resulted in disproportionately reduced or limited health seeking behaviours even if risky behaviours are ongoing.

[68] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3387755/
[69] https://pubmed.ncbi.nlm.nih.gov/33783671/
[70] https://bmjopen.bmj.com/content/11/7/e050092

Evidence from the survey

- 80.1% (149/186) of individuals identifying as heterosexual who rated services were satisfied with them overall.
- 33.9% (19/56) of individuals identifying as homosexual who rated services were satisfied with them overall.
- 48.9% (43/88) of individuals identifying as bisexual who rated services were satisfied with them overall.
- A highly reduced satisfaction rate for homosexual and bisexual individuals is an indicator that changes to services due to COVID-19 could have adversely impacted these groups more than others.

Sex and gender

Potential impact

Those who do not identify as cisgender may have faced additional barriers to accessing care that could have been exacerbated by the COVID-19 service changes.

Evidence from the survey

- 78.0% (177/227) of those identifying as female who rated services were satisfied with them.
- 79.6% (43/54) of those identifying as male who rated services were satisfied with them.
- 41.2% (7/17) of those identifying as non-binary who rated services were satisfied with them.
- Similarly to the figures seen for heterosexual vs homosexual (which overlap with these), those who identified as non-binary had a much lower satisfaction rate with services, indicating that service changes may have affected them more adversely.

Age

Potential impact

Positive: younger, digital native service users could have found the online and telephone first approaches more convenient. Negative: increased reliance on postal kits and telephone appointments could have disadvantaged some older individuals less proficient with technology.

Evidence from the survey

- When considered by age range, the youngest and oldest groups appeared least satisfied:
    - 35.9% (84/234) of under 25s who rated a service were satisfied
    - 54.1% (86/159) of people aged 25-45 who rated a service were satisfied.
    - 43.3% (42/97) of people aged over 45 who rated a service were satisfied.
    - 62.5% (5/8) of those who preferred not to share their and rated a service were satisfied overall.
- The under 25s statistic is particularly worrying here given their high risk of STIs, and could indicate that younger groups were particularly underserved by COVID adapted services.

Deprivation

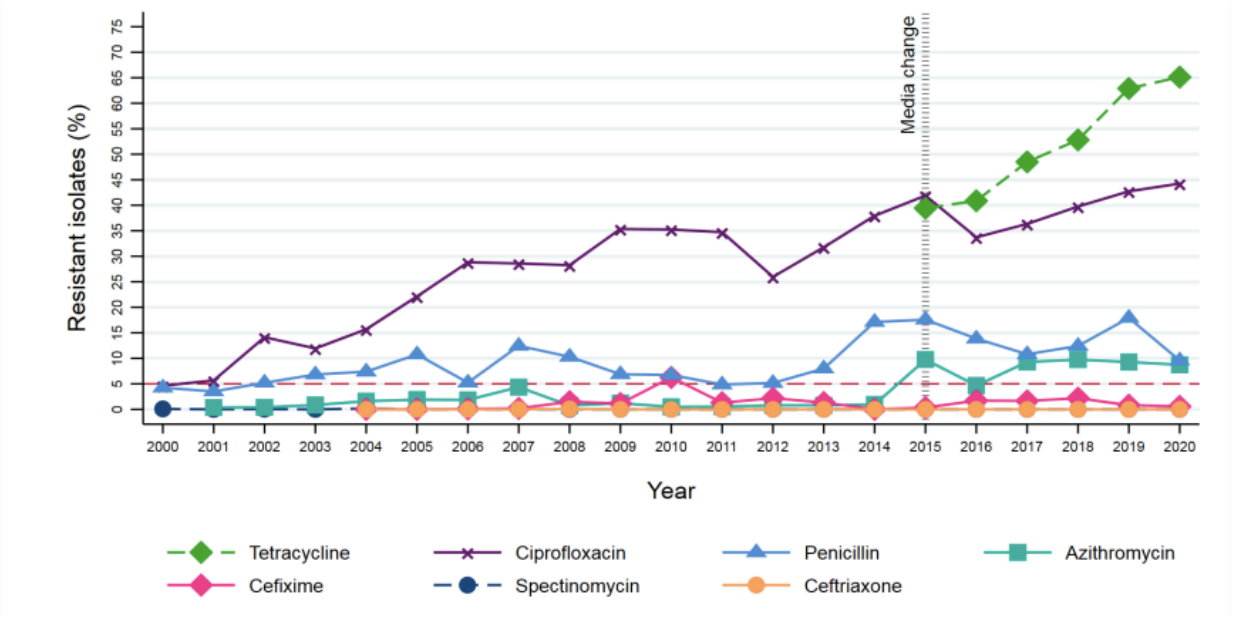
Although deprivation level is not a protected characteristic, consideration of how service changes affected those in lower incomes is important. Asking patients to call when phone lines can be difficult to get through on may have required more credit, and also time/persistence that lower income individuals may have found harder to do. When the SPLASH supplementary data for 2020 is released, it will be important to use this to understand whether existing deprivation gradients for STIs have been worsened over the pandemic, since this could be an indicator of this differential impact.

8. Antimicrobial resistance and treatment failure

8.1. National context

The disease of concern continues to be gonorrhoea at the national level; sentinel surveillance from across the country has also identified resistance increasing over the last 5 years to tetracycline (65% of samples were resistant) and ciprofloxacin (44% of samples were resistant) in particular. Penicillin and azithromycin were also both above the 5% threshold of resistance as defined by the World Health Organization.

Figure 44: % of N. gonorrhoeae isolates in the GRASP sentinel surveillance system that were resistant to selected antimicrobials, England and Wales, 2000 to 2020. Source: GRASP 2020 report[71].



Another STI of concern in recent years has been mycoplasma genitalium[72], which is prone to macrolide and fluoroquinolone resistance, although less is known about it than gonorrhoea.

71 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1033882/GRASP_2020_Report.pdf

72 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1011028/MARS_pilot_report_2021.pdf

8.2. Local considerations

Local or regional data on antimicrobial resistance was not available. However, according to current providers of STI services iCaSH there have been no formal treatment failures reported to the GRASP system for gonorrhoea or other resistant infection in the 2019/2020 period. However, with an increasing rate of gonorrhoea in Bedford Borough despite the pandemic, as well as Bedfordshire's proximity to London where resistant outbreaks have been recently detected[73], the threat of resistance via incomplete treatment and/or multiple reinfections remains.

For gonorrhoea, current providers follow NAAT and culture processes according to BASHH guidelines[74]. However, providers did express concerns around delays in sending swab cultures to lab which might impact the ability to detect resistance locally, since samples may be denatured if not processed quickly. A solution being considered is local incubators to enable faster processing and better identification of resistant strains, as recommended by NICE[75].

Considering the possible emerging threat of mycoplasma genitalium, iCaSH has tested for it for some time so is well placed to detect any changes in ability to treat the condition.

[73] https://www.gov.uk/government/news/antibiotic-resistant-strain-of-gonorrhoea-detected-in-london
[74] https://www.bashhguidelines.org/media/1208/gc-2019.pdf
[75] https://cks.nice.org.uk/topics/gonorrhoea/management/management/

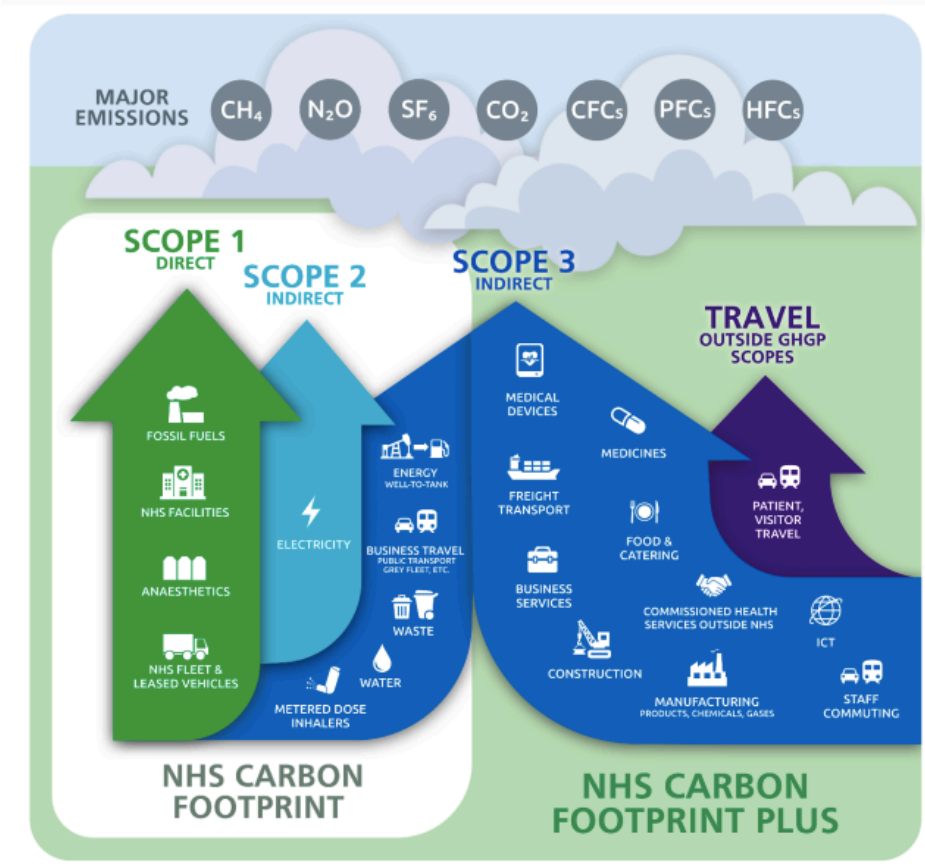
9. Future challenges: environmental sustainability

Lead by the Greener NHS initiative, the entire UK health service is currently formulating its approach to sustainability[76], with all Trusts required to write and submit their 'Green Plans' in early 2022 and Integrated Care Systems following soon after.

Two national net zero targets for the NHS have emerged from this process:

- by 2040 for the NHS Carbon Footprint, with an ambition for an 80% reduction (compared with a 1990 baseline) by 2028 to 2032
- by 2045 for the NHS Carbon Footprint Plus, with an ambition for an 80% reduction (compared with a 1990 baseline) by 2036 to 2039

Figure 45: Greener NHS infographic on emissions categories



It is therefore highly likely that significant progress on this issue will be required from community sexual health services and primary care in the very near future. Considered from the traditional standpoint of facilities, travel, medicines and supply chain, community provision (including sexual health and contraception) has a relatively low carbon footprint compared to secondary care. Moreover, sexual health and contraception services also have significant possible contribution to make to reducing emissions through satisfying unmet need for contraception and enabling women to have fewer children if they so desire[77].

[76] https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf

[77] https://blogs.bmj.com/bmjsrh/2019/10/16/climate-change-and-contraception/

Further, international organisations have argued that sexual and reproductive rights form an essential part of building resilience in the face of climate change[78], especially in light of gender and health inequalities. This is therefore a highly relevant, if underdeveloped, area of sexual health and contraceptive services.

9.1. Analysis of current main provider

Covering some of the priorities identified by greener NHS[79], some existing measures taken by the current iCaSH provider include:

- Long term planning: the parent Trust for iCaSH (Cambridgeshire Community Services) has completed a Green Plan in line with national obligations. However, this has not been shared yet.
- Estates: bicycle parking and staff showers are available at both iCaSH sites. However, energy provision for the clinic buildings is determined by wider Trust policies and is unclear.
- Travel and transport: almost all staff meetings are now on Teams and non-clinical work is done from home, reducing emissions from staff travel. Remote prescribing, postal STI testing (which expanded to symptomatic individuals) and telephone appointments are practices adopted or enhanced during the pandemic which continue to be used, and which reduce patients' travel needs and so may reduce emissions.
- Supply chain and medicines: procurement is shared across the network of iCaSH clinics, and stock can be redistributed to prevent wastage.
- Research and innovation – iCaSH co-production lead is studying effects of digital and video consultation, and improving telephone staffing in order to maximise remote offer moving forwards.
- New service models: clinics are now run mixing telephone and face to face methods, depending on the patients' preferences and needs. This has also been used for longer term HIV patient care.
- Paperless practices: all appointments are managed on teams, as opposed to printing and filling out templates, can use electronic options. All booked on Teams since records have been down.

Many of these methods have been spurred on by the pandemic, and therefore for the most part possible reductions in carbon emissions have been an unquantified co-benefit. For future needs assessments and commissioning activities, a more detailed understanding of formal sustainability policies and how sexual health and contraception services can make a meaningful contribution to them will be required. This could be in light of new guidance around social value and net zero procurement for health services[80].

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[78] https://www.ippf.org/sites/default/files/2021-03/IPPF%20position%20paper%20The%20climate%20crisis%20and%20sexual%20and%20reproductive%20health%20and%20rights_Jan2021.pdf

[79] https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf

[80] https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2022/03/B1030-applying-net-zero-and-social-value-in-the-procurement-of-NHS-goods-and-services-march-2022.pdf

10. Key findings

Sexual health

- The rates of most STIs decreased during the first part of the pandemic (2020). The reasons for this are likely to be a combination of reduced sexual activity and reduced service use among those who continued sexual activity as normal.
- There were two exceptions to this trend, which were gonorrhoea, which was stable in Bedford Borough, and late HIV diagnosis, which increased in Central Bedfordshire in 2020.
- Demographic analysis showed that COVID-19 may have suppressed service use among men compared to women. It also highlighted that new STI diagnosis rates remain higher in deprived groups and black ethnicities compared to wealthier and white ethnic groups.

Contraception

- Overall use of long-acting reversible contraception (LARC) declined substantially during the pandemic in both areas.
- There was an increase in proportion of repeat abortions in Central Bedfordshire and also an increase in proportion of abortions performed under 10 weeks in both areas (likely due to the availability of postal abortion).

Service provision

- Overall activity numbers for iCaSH were similar in 2019 compared to 2020, but the breakdown of service types was very different; there was a sharp fall in outreach activity and a large increase in Express Test usage in 2020 due to lockdown restrictions.
- LARC provision in primary care decreased due to restrictions, and pharmacy provision of emergency hormonal contraception continued a downward trend that had been established before the pandemic.

Stakeholder views

- Respondents knew most about the services provided by GP and pharmacies, 30% of respondents were not aware of iCaSH services, and 53% were not aware of THT services.
- 21% of respondents answering the question had faced barriers to using services, these were most commonly when trying access LARC at a GP or iCaSH, or simply trying access an iCaSH appointment for another reason.
- Respondents suggested a variety of points for service improvement, including: better advertisement, clinic accessibility, appointment availability, and more extensive education and information in schools.
- For those who wanted to access LARC, a majority preferred a primary care setting but there was little appetite for the GP hub fitting model.
- Higher levels of overall satisfaction were reported among those who had used iCaSH Bedford (82%), pharmacies (85%), THT (93%) and psychosexual services (100%), with lower satisfaction among those who had used GPs (73%) and iCaSH Dunstable (55%).

Respondents were typically happy with staff friendliness, and less happy with convenience or ease of getting an appointment.

Impact of COVID

- Homosexual, bisexual and non-binary individuals reported much lower satisfaction rates with current services than other groups, indicating that service restrictions due to COVID-19 may have impacted them more severely than their binary, heterosexual counterparts.

11. Recommendations

11.1. Sexually transmitted infections

- Re-engage men in STI testing services: efforts should be made to re-engage men in sexually transmitted infection testing services, since the drop in diagnoses seems to have differentially affected them. This includes heterosexual and MSM.
- Increase chlamydia screening for women under 25: neither area would have met the new National Screening Programme targets for chlamydia screening in young women, so significant efforts will need to be made to meet this target. This especially the case in Central Bedfordshire, where screening numbers are starting from a lower base. Examples of how this could be implemented include:
    - Make this KPI prominent in the next contract, with monthly reports back to the commissioner to track progress.
    - Work with pharmacy and termination of pregnancy services, whose opportunistic screening rates were very low in 2020/21.
    - Work with primary care to include chlamydia testing for all women under 25 accessing contraception through the GP.
- Reduce rates of gonorrhoea: consider specific measures to reduce rates of gonorrhoea, which remained stable in Bedford Borough despite the pandemic. For example, this could be done by increasing rates of asymptomatic testing (iCaSH Express Test). Safeguard against antimicrobial resistance in gonorrhoea by improving pick up rates for cultures that are taken from patients.
- Increase testing for HIV: support GPs to offer HIV testing for all those presenting unwell with no clear diagnosis, include HIV as part of routine exploratory tests, with a particular focus on higher risk groups (Black Africans and MSM), and in Central Bedfordshire where later diagnosis rates are higher. Do this in line with the new national HIV prevention action plan.

11.2. Contraception

- Reduce the LARC waiting list: a significant decrease in access to LARC and long waiting lists came up repeatedly as an issue for concern. There are a variety of possible methods for doing this, including:
    - Continue to support mobile clinic through BPAS
    - Continue discussions and collaboration with primary care[81], increasing LARC appointments there given high numbers of respondents who wanted to access LARC in primary care.
    - Increase resources and training of more practitioners to fit LARC locally, e.g. by continuing fitter forums and development roles.
- Ensure long-acting contraception is accessible post-partum and post-abortion:
    - pilot service models from London[82] around collaboration with maternity services to provide prompt postpartum contraception. Work with partner organisations to look at a comprehensive contraception offer for postnatal women. This will bring local services in line with FRSH and NICE recommendations for postnatal care[83].
    - Work with organisational partners to strengthen contraception pathways into local services for women who have had an abortion.
- Increase availability and equity of free emergency contraception, strengthening links to longer-term contraception, for example by:
    - Working collaboratively with pharmacists delivering EHC, developing priority access pathways for longer-term contraception methods, with a particular focus on areas of consistent demand, deprivation and rurality.
    - Encouraging national community pharmacy retailers to sign up to PHES contract, to boost service delivery, access and recognisability across both local authorities.
    - Ensuring new pharmacies join the PHES contract in areas of deprivation, or areas with gaps in access to emergency contraception.

[81] https://www.fsrh.org/documents/appg-srh-event-summary-addressing-the-backlog-in-larc-and/
[82] https://www.fsrh.org/blogs/setting-up-post-birth-contraception-services-in-nw-london/
[83] https://www.fsrh.org/documents/contraception-after-pregnancy-guideline-january-2017/
https://www.fsrh.org/documents/fsrh-rcog-rcm-guidance-postnatal-contraception-covid/
https://www.nice.org.uk/guidance/ng194/chapter/Recommendations#postnatal-care-of-the-woman

11.3. Service model

- Increase availability and accessibility of appointments across the system: the most prominent complaint was inability to get an appointment. Therefore, in order to make appointments available and acceptable, as well as managing expectations in a more effective way, several measures should be considered:
    - Expand CaSH telephone capacity so that people are not waiting on the phone to book an appointment for extended periods of time.
    - Pilot online appointment booking since this was advocated by both providers and service users.
    - Pilot a return to 'sit and wait clinics' in some form to increase availability of a different kind of appointment.
    - Ensure a variety of opening times to better support people of working age (e.g. evenings and weekends).
- Make services more accessible to rural groups:
    - Conduct a mapping of outreach locations, ensuring that there are regular activities in parts of Central Bedfordshire furthest from iCaSH clinics (e.g. Leighton Buzzard, Sandy, Biggleswade) to share information about how to access services, including online testing.
    - Increase number of pharmacies and GPs offering services in these same areas.
    - Continue to ensure that services are focused on Central Bedfordshire residents in order to reduce out of area activity to other CaSH providers, whilst maintaining individual choice.
- Improve advertising of and outreach for services: some people who completed the survey did not know iCaSH services existed, or that the online STI kits were free. It is therefore important that particularly for young people and those in rural areas that the service is heavily signposted, for example, by:
    - Regular paid targeted social media advertisement
    - Sessions in school and educational settings by outreach team
    - Collaborate with workplace health teams to do outreach to local high density workplaces with large numbers of young people and people from diverse backgrounds e.g. the various distribution centres across the two boroughs.
    - Targeted information and health promotion for higher risk and vulnerable groups e.g. sex workers and MSM.
- Explore satisfaction levels with iCaSH Dunstable services: analyse the reasons for indicated lower satisfaction with iCaSH Dunstable and resolve them, with an emphasis on convenient opening times.
- Increase use of face-to-face appointments: there was a lower satisfaction rate for telephone appointments compared to in-person ones for both iCaSH and GP services. It is therefore important that patient choice is emphasised when offering telephone or face-to-face appointments.
- Make services more accessible to minority or vulnerable groups: it is possible that the service model changes made for COVID-19 have disproportionately disadvantaged already vulnerable groups (e.g. non-binary and homosexual individuals). For example by:

    - Promote PrEP, especially among higher risk heterosexual groups (e.g. Black African community).
    - Working collaboratively to improve training in LGBTQ+ issues in primary care providers as well as CaSH.
- Tailor information to higher risk groups (e.g. sex workers):
    - Add information to CaSH website on reducing risky behaviours (e.g. around chemsex, sex work), and offering advice on how to access specific support.
    - CaSH providers should be reactive to emerging threats, sharing information about sexually transmissible enteric infections such as Shigella, for example.
- Continue to offer and develop online STI testing services: both providers and service users found the online ordering postal STI kits to be helpful, so these should be continued and developed, incorporating service users' views.

11.4. Collaboration and strategy

- Set up a joint sexual and reproductive health group with partner organisations across BLMK ICS to work more collaboratively and enable:
    - improved co-ordination of services and use of integrated care pathways
    - increased opportunities for co-ordinated working with primary care (GPs and pharmacies) and third sector organisations
    - increased opportunities for professional development, development of skills and standardised training.
    - Reduce inequalities across the sexual and reproductive health system, interfacing with ICS wide strategies on the subject (e.g. CORE20 PLUS5).
- Establish joint working with alcohol and drug services to ensure an integrated approach to promote strong referral pathways and mutual understanding between services, in order to meet the specific needs of MSM involved in 'chemsex', including hepatitis C and HIV testing, and hepatitis B vaccination.
- Develop a sexual and reproductive health strategy for Bedfordshire and ensure that this engages and integrates the whole contraception and sexual health system, has clearly defined priorities, roles and responsibilities, and considers sexual health across the life-course.

11.5. Data and research

- Resolve data sharing issues (e.g. numbers of individuals tested in GP practices) by working across organisations to achieve better data sharing, capture activity and identify gaps.
- Further investigate the racial data gap: neither the epidemiological nor the survey data provided deep insights into possible differences in STI and contraception experiences by race or ethnicity (e.g. SPLASH supplement categories are very broad). Therefore, local research using provider data into possible racial disparities should be conducted to fill this gap in understanding.
- Undertake qualitative research with local pharmacists to:
    - understand the wide variation in activity levels in commissioned pharmacies
    - understand the potential reasons as to why some pharmacies have not signed up to the PHES contract.
- Develop and implement an environmental sustainability plan: the next contract should ensure that a sustainability plan is developed and implemented in line with Greener NHS Net Zero guidance and NHS net zero procurement guidance over the next commissioning period, ensuring that carbon co-benefits of innovative service model changes are tracked.
- Research and co-design evolving digital offer: this could be done by:
    - Actively update CaSH Bedfordshire webpages in consultation with users to ensure the clarity, timeliness and relevance of information provided.
    - Engage with potential service users to understand which aspects of an online/e-SRH offer matter most to them and use that to influence service design.

11.6. Funding

- The future contract value should consider inflation, population growth and regional per capita benchmarking to support the achievement of the recommendations listed above.

12. Appendix

12.1. Comparator local authorities by IMD group

Fourth less deprived local authorities group:

- Bedford
- Hillingdon
- Reading
- Swindon
- Bournemouth, Christchurch and Poole
- Kent
- Warrington
- Nottinghamshire
- Cheshire West and Chester
- Worcestershire
- Herefordshire
- Derbyshire
- Milton Keynes
- Suffolk
- Somerset

Least deprived local authorities group

- Central Bedfordshire
- Richmond upon Thames
- Bracknell Forest
- Kingston upon Thames
- Windsor and Maidenhead
- Wokingham
- South Gloucestershire
- Bath and North East Somerset
- Buckinghamshire UA
- Surrey
- Oxfordshire
- York
- West Berkshire
- Rutland
- Isles of Scilly

12.2. Surveys for service users and providers

https://forms.office.com/Pages/ResponsePage.aspx?id=7qHYIYcHdEOyWU6HBYr_FU2fL_vkoe9IrqYilVvSO1dUOU5NOUhRNk40SUsyWFFNWTlENzIwV1AwNy4u

Service user feedback: contraception and sexual health services in Bedfordshire
We are currently reviewing sexual health and contraception services across Bedfordshire 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.

-Public health team at Central Bedfordshire and Bedford Borough councils

Section 1: awareness of services

1. If you had a contraception or sexual health related problem how would you find out where to go?

Ask a GP
Ask a friend
Ask family
Look on the internet
Information at school/work

2. Have you ever visited the website www.icash.nhs.uk for information on contraception and sexual health services?

yes
no

3. Did you find what you were looking for?

Yes
No

4. What contraception and sexual health services do you think iCaSH Bedford or iCaSH Dunstable provide? Please tick all the boxes that apply

Short acting contraception (e.g. condoms)
Long acting contraception (e.g. pill / implant / coil)
Pregnancy test or advice
Emergency contraception
Testing for sexually transmitted infections (STIs)
Treatment for sexually transmitted infections (STIs)

Psychosexual counselling
Pre-exposure prophylaxis (PrEP)
HIV testing
Don't know

5. What contraception and sexual health services do you think Terrence Higgins Trust provide? Please tick all the boxes that apply

Short acting contraception (e.g. condoms)
Long acting contraception (e.g. pill / implant / coil)
Pregnancy test or advice
Emergency contraception
Testing for sexually transmitted infections (STIs)
Treatment for sexually transmitted infections (STIs)
Psychosexual counselling
Pre-exposure prophylaxis (PrEP)
HIV testing
Don't know

6. What contraception and sexual health services do you think your GP provides? Please tick all the boxes that apply

Short acting contraception (e.g. condoms)
Long acting contraception (e.g. pill / implant / coil)
Pregnancy test or advice
Emergency contraception
Testing for sexually transmitted infections (STIs)
Treatment for sexually transmitted infections (STIs)
Psychosexual counselling
Pre-exposure prophylaxis (PrEP)
HIV testing
Don't know

7. What contraception and sexual health services do you think your local pharmacy provides? Please tick all the boxes that apply

Short acting contraception (e.g. condoms)
Long acting contraception (e.g. pill / implant / coil)
Pregnancy test or advice
Emergency contraception
Testing for sexually transmitted infections (STIs)
Treatment for sexually transmitted infections (STIs)
Psychosexual counselling
Pre-exposure prophylaxis (PrEP)
HIV testing
Don't know

8. Which of the following contraception or sexual health services have you used?

iCaSH Bedford
iCaSH Dunstable
Psychosexual counselling services
Terrence Higgins Trust
Your GP
A pharmacy
None

9. If you have not used any services, you been unable to access contraception or sexual health services?

Yes - I had a problem but couldn't access services
No - I didn't have a problem

10. Which services did you require and what were the barriers to accessing them?

11. Have you had a coil or implant fitted for contraceptive purposes? Or would you consider having one fitted?

Yes - I've had one or would consider it
No - I have not had one or wouldn't consider it
Not relevant to me

12. Where would you prefer to access a fitting service?

Your own GP practice
A GP practice working as a fitting hub across several practices in a local area
Integrated Contraception and Sexual Health clinic (currently iCaSH in Bedford and Dunstable)

13. Why would you prefer the location selected above?

Section 2: satisfaction with existing services

14. We would like to ask about your satisfaction with existing services. Which iCaSH service would you like to rate?

iCaSH Bedford
iCaSH Dunstable
Psychosexual services
Terrence Higgins Trust
I have not used any of these services

15. What kind appointment or service did you have?

Video call
Telephone call
In person visit
Postal kit

16. How do you find the following (from very satisfied to very dissatisfied)?

	Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
Ease of getting an appointment					
Waiting time					
Convenience of access to services					
Staff approachability / friendliness					
Consultation and information given					

17. Overall, were you satisfied with your appointment and the service you received?

Yes
No

18. Why did you give this answer?

Section 3: Suggestions for improvement

19. Do you have any suggestions about how local contraception and sexual health services could be improved?

Yes
No

20. Please tell us what your suggestions are

Section 4: about you

21. Please select the local authority where you live (if not sure, visit www.gov.uk/find-local-council)

Bedford Borough
Central Bedfordshire
Luton
Hertfordshire

22. How old are you?

Under 18
18-24
25-34
35-44
45-54
65+
Prefer not to say

23. How would you describe your gender?

Male
Female
Non-binary

24. Is your present gender the one you were assigned at birth?
Yes
No

25. Which of the following best describes your sexual orientation?
Bisexual
Gay man
Gay woman / lesbian
Heterosexual
Prefer not to say

26. I have sex with... (tick all relevant boxes)
Regular opposite sex partner
Regular same sex partner (female)
Regular same sex partner (male)
Casual partners (male)
Casual partners (female)
A group where sexual partners are shared

27. Do you have any of the following conditions?
A physical disability
A sensory disability
A mental health condition
Learning difficulties
Any other long term condition
None of the above
Prefer not to say

28. What is your ethnic group?
English/Welsh/Scottish/Northern Irish/British
Irish
Gypsy or Irish Traveller
Any other white background
White and Black Caribbean
White and Black African
White and Asian
Any other mixed/multiple ethnic background
Indian
Pakistani
Bangladeshi
Chinese
Any other Asian background
African

Caribbean
Any other Black/African/Caribbean background
Arab

29. Which of these options best describes your religion/faith or beliefs?
Buddhist
Christian
Hindu
Jewish
Muslim
Sikh
No religion
Other
Prefer not to say

30. Do you identify as any of the following?
Homeless or in temporary accommodation
A young person in care
A person with alcohol or drug issues
At risk of domestic abuse
HIV positive
Recently given birth
None of the above

31. Do you...
Get paid for sex?
Receive benefits in exchange for sex?
Pay for sex?
Use psychoactive drugs during sex?

Survey for service providers
https://forms.office.com/Pages/ResponsePage.aspx?id=7qHYIYcHdEOyWU6HBYr_FU2fL_vkoe9IrqYilVvSO1dUN1BZOFQzVE1OWFAwR0NMUlU0WTNRVVNFNi4u

Provider feedback: contraception and sexual health services
We are currently reviewing sexual health and contraception services across Bedfordshire to ensure we are providing the right services for local needs.

As part of this process we are conducting a survey among the local providers to get your views. Your participation in this questionnaire will help us improve local health services.

Thank you for your time.

-Public health team at Central Bedfordshire and Bedford Borough councils
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1.What is your name?

2.Where do you work (provider or contraception and/or sexual health services)?

3.As part of your service do you ask patients to complete service user feedback surveys?
Yes
No
Not sure

4.Please share the email address we can reach out to get a copy of these surveys:

5.Does your service have a complaints procedure?
Yes
No
Not sure

6.Are you aware of any complaints regarding the service(s) you provide? If so, please describe them

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

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

9.What services do you provide?
Short acting contraception (e.g. condoms)
Long acting contraception (e.g. pill / implant / coil)
Pregnancy test advice
STI testing
STI treatment
Psychosexual counselling
Emergency contraception

10.What do you think about the services you provide?

11.Do you have any concerns about or are you aware with any gaps in your current service? What are the advantages of the current service?

12.Consider the provision of contraception and sexual health services overall in Bedfordshire (including and beyond your service), are you aware of any gaps? Do you have any suggestions for change?

13.What do you think is working well with the provision of sexual health services in Bedfordshire?

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

15.Would you like any other comments on feedback on contraception or sexual health services in Bedfordshire?

12.3. Additional details from survey responses

Table 13: respondents who stated they did not know anything about what a given service provided

	iCaSH		THT		GP		Pharmacy	
Characteristic	**Number**	**% of total group**	**Number**	**% of total group**	**Number**	**% of total group**	**Number**	**% of total group**
Total	163	30%	287	53%	90	17%	68	13%
CBC	94	39%	122	23%	38	16%	26	11%
BBC	69	23%	165	31%	52	18%	42	14%
Under 18	20	27%	50	68%	12	16%	7	9%
18-24	32	19%	104	62%	25	15%	24	14%
25-34	23	25%	52	57%	17	18%	8	9%
35-44	34	44%	38	49%	13	17%	11	14%
45-54	30	42%	18	25%	13	18%	7	10%
55-64	0	0%	0	0%	0	0%	0	0%
65+	16	59%	17	63%	5	19%	7	26%
Prefer not to say	7	28%	8	32%	5	20%	4	16%
Male	53	39%	65	47%	38	28%	30	22%
Female	99	27%	209	56%	47	13%	34	9%
Non-binary	4	21%	5	26%	1	5%	0	0%
Transgender male	5	83%	6	100%	3	50%	3	50%
Transgender female	1	25%	2	50%	1	25%	1	25%
Heterosexual	118	33%	203	57%	57	16%	40	11%
Gay man	14	31%	12	27%	11	24%	7	16%
Gay woman / lesbian	2	17%	6	50%	1	8%	2	17%
Bisexual	21	23%	56	60%	16	17%	14	15%
Other	2	40%	1	20%	0	0%	0	0%
Prefer not to say	6	26%	9	39%	4	17%	4	17%

White British/Scottish/Welsh/Northern Irish	133	31%	230	53%	71	16%	53	12%
Irish	1	17%	1	17%	1	17%	0	0%
Other white	12	38%	21	66%	7	22%	5	16%
African or Caribbean (including mixed black and white)	6	14%	17	40%	4	10%	4	10%
Asian (including Bangladeshi, Indian, Pakistani)	2	13%	6	40%	1	7%	1	7%

Table 14: Respondents who stated they had a problem accessing CaSH services by sub-group

Characteristic	Had a problem accessing services	% of sub group
Total	92	21%
CBC	50	25%
BBC	42	18%
Under 18	11	17%
18-24	25	17%
25-34	19	27%
35-44	16	27%
45-54	11	22%
55-64	0	0%
65+	3	13%
Prefer not to say	7	30%
Male	18	15%
Female	71	24%
Non-binary	2	13%
Transgender male	1	17%
Transgender female	0	0%
Heterosexual	54	19%
Gay man	4	11%
Gay woman / lesbian	3	27%
Bisexual	24	29%
Other	1	0%
Prefer not to say	6	29%
White British/Scottish/Welsh/Northern Irish	75	22%
Irish	0	0%
Other white	8	29%
African or Caribbean (including mixed black and white)	1	4%
Asian (including Bangladeshi, Indian, Pakistani)	2	17%
Other	3	13%

12.4. Commissioned GPs and pharmacies

GP Practices commissioned to deliver PHES

Bedford Borough (9)

- Goldington Avenue Surgery
- Great Barford Surgey
- King Street Surgery
- The De Parys Group
- Putnoe Medical Centre Partnership
- Queen's Park Health Centre
- Sharnbrook Surgery
- St Johns Surgery
- Wootton Vale Healthy Living Centre

Central Bedfordshire (22)

- Dr JL Henderson & Partners
- Dr SP Hughes and Partners
- Dr Wallace & Patners
- Eastgate Surgery
- Flitwick Surgery
- Greensand Surgery
- Houghton Close Surgery
- Houghton Regis Medical Centre
- Ivel Medical Centre
- Kingsbury Court Surgery
- Kirby Road Surgery
- Larksfield Surgery Medical Partnership
- Leighton Road Surgery
- Oliver Street Surgery
- Priory Gardens Surgery
- Saffron Health Partnerships
- Salisbury House Surgery
- Sandy Health Centre
- Shefford Health Centre
- Toddington Medical Centre
- West Street Surgery
- Wheatfield Surgery

Commissioned pharmacies

Bedford Borough

Pharmacy	Active in 2020/21	No. EHC supplied
Lloyds Pharmacy - Brickhill Drive	Y	[redacted]
Lloyds Pharmacy - Kempston (98)		
Lloyds Pharmacy Kempston FW482		
Meiklejohn Pharmacy Ltd - The Village Pharmacy	Y	[redacted]
Meiklejohn Pharmacy Ltd - Shortstown Pharmacy	Y	[redacted]
Meiklejohn Pharmacy Ltd - Berkeley Pharmacy	Y	[redacted]
Meiklejohn Pharmacy Ltd - Meiklejohn Harrowden Rd Pharmacy	Y	[redacted]
Britannia Pharmacy - 242 Bedford Road	Y	[redacted]
Wootton Pharmacy	Y	[redacted]
Wilstead Pharmacy	Y	[redacted]
Goldharts Pharmacy	Y	[redacted]
Kay's Chemist	Y	[redacted]

Central Bedfordshire

Pharmacy	Active in 2020/21	No. EHC supplied
Asda Pharmacy Dunstable		
Cox & Robinson Leighton Buzzard		
Jardines Biggleswade	Y	[redacted]
Jardines Grovebury	Y	[redacted]
Jardines Rosehill	Y	[redacted]
Lloyds - Dunstable (Sainsburys)	Y	[redacted]
Lloyds Pharmacy - Biggleswade (495)		
Lloyds Pharmacy - Leighton Buzzard	Y	[redacted]
Lloyds Pharmacy - Potton		
Lloyds Pharmacy - Shefford		
Lloyds Pharmacy Houghton Regis FPX93		
B K Kandola (Stotfold Pharmacy)	Y	[redacted]
Britannia Pharmacy - 4 Market Square Sandy		
Britannia Pharmacy - 5 Market Square Sandy		
C&H Barton	Y	[redacted]
Mayfield Pharmacy	Y	[redacted]