

Sexual health report for Bristol Health and Wellbeing Board

23rd March 2023

Why is sexual health important?

Good sexual and reproductive health matters to individuals and communities, whose needs will vary according to a range of physical, emotional, social, cultural and economic factors. Core needs common to all include the availability of high quality information and education to make informed decisions, freedom from stigma and discrimination, and access to high quality prevention, testing, diagnostic and treatment services and interventions.¹

Sexual and reproductive health services in Bristol

Local authorities are responsible for commissioning integrated sexual and reproductive health services (SRHS) for their local populations, including STI testing and treatment, HIV prevention and testing, sexual health outreach and health promotion, contraception services, including long-acting reversible contraception (LARC) in general practice and emergency hormonal contraception (EHC) in pharmacies. Integrated Care Boards (ICB) are responsible for commissioning termination of pregnancy services.

Across Bristol, North Somerset and South Gloucestershire (BNSSG), integrated SRHS and termination of pregnancy services are co-commissioned by the three local authorities and the ICB in a good example of system-level collaboration. In BNSSG, University Hospitals Bristol and Weston Trust (UHBW) is contracted to provide our SRHS, which they deliver through Unity – a partnership of a number of providers.

The existing contract with UHBW is in place until March 2025, and so we are beginning the process of reprocurring for a new provider or providers from April 2025, which includes a comprehensive sexual health needs assessment, which is nearing completion and will be added to the Joint Strategic Needs Assessment in due course.

Sexual health needs assessment

The sexual health needs assessment aims to identify the sexual health needs of the population and how well these are being met by bringing together a wide range of evidence from published outcomes data and local service data, the views of the public, service users and professionals, and national policy and guidelines. Data analysis by demographics is carried out wherever possible, although the availability of this data is a notable shortcoming. This is the first time that a sexual health needs assessment has been conducted for the combined Bristol, North Somerset and South Gloucestershire area.

¹ [What-Good-Sexual-and-Reproductive-Health-and-HIV-Provision-Looks-Like.pdf \(adph.org.uk\)](#) (published in 2019)

Key findings for Bristol from the needs assessment

Impact of COVID-19

Along with many other services, COVID-19 had a considerable impact on sexual health services in Bristol with the suspension of most face-to-face activity. For Unity, this posed challenges in maintaining business continuity and ensuring that the most vulnerable members of the population were still able to access services and not be disproportionately disadvantaged. The biggest impact was on the way people accessed Unity services. Remote (phone) consultations replaced face-to-face consultations in the first instance, and face-to-face appointments were only booked when deemed clinically necessary. Unity provided STI testing by freepost for all service users living in BNSSG, launching online accounts in late 2020 to allow postal self-sample kits to be ordered and the information linked to the electronic patient record.

Community provision of contraception was also impacted by COVID-19, resulting in a decline in LARC prescriptions by GPs with most practices moving to an appointment-only system with telephone triage. Similarly EHC provision in pharmacies fell during the pandemic, as did provision of emergency coils at Unity. Termination of pregnancy services were permitted to enable early medical terminations to be undertaken at home to reduce the need for face-to-face contact.

The impacts of COVID-19 are still being felt as sexual health services recover.

Teenage conceptions remain low but there is variation at ward level

Teenage conceptions have fallen greatly in Bristol since 2008 and remain low, however the most recent data from 2021 suggest that there may have been an increase in the first two quarters of the year, which will continue to be monitored. At ward-level there is variation, with Filwood having an above England rate of teenage conceptions.

Data from Bristol's Pupil Voice survey 2022 found that 47% of Year 10 pupils said they know where they would go if they needed a contraception/sexual health service (54% in 2019). Only 24% of all year 10 pupils were aware of local Brook sexual health services (41% in 2019), and rather fewer (less than 10%) were aware of Unity. The survey also found that, after school lessons, as young people get older they turn more to their friends instead of their parents as their main source of sexual health knowledge. However 15% of secondary school pupils found lessons on sex, relationships and STIs not useful at all. The combined role of the internet, TV/films and porn as a source of information was also high.

Termination of pregnancy rates remain low but access to post-termination contraception is variable

The total abortion rate in Bristol remains low and lower than the England average. Although all women should be provided with post-termination contraception, with the changes to processes such as many abortions now taking place at home, data suggests this is not always happening.

LARC-prescribing is recovering across Bristol, but access is still variable

LARC (coils and implants) is the most effective and cost-effective form of contraception and is predominantly available through general practices in Bristol. Post-pandemic activity has started recovering across Bristol but there are still a number of practices where limited access to LARC continues, with local data suggesting that practices at 60% or less of pre-COVID-19 activity are in more deprived areas. Feedback from several GPs on ways to improve access to contraception services in the community included increasing LARC training for practice nurses, improving support for vulnerable groups and ensuring easier access to contraception and condoms for young people.

Condom uptake has decreased significantly amongst young people

Issuing of condoms across community and specialist services, and through the C-Card scheme, has decreased significantly, posing a risk to safe sex practices in terms of preventing unwanted pregnancies and STIs.

STI and HIV testing and new diagnoses have fallen but late HIV diagnoses have risen

In Bristol, STI and HIV testing fell between 2019 and 2021, with HIV testing uptake particularly low among women and heterosexual men attending sexual health services. Survey feedback highlighted issues around access to STI and HIV testing, which is predominantly accessed via the post through Unity's website. New diagnoses of STIs in Bristol also fell, however recent local data for the last 12 months has suggested an increase in chlamydia and gonorrhoea cases with gonorrhoea rates now much higher than before the pandemic.

As an HIV Fast Track City aiming to end new HIV transmissions by 2030, a key focus is on increased testing, in line with the national HIV action plan. There are a range of initiatives underway, including a pilot of four HIV and STI test vending machines across BNSSG, with two in Bristol. A focus on HIV testing is particularly important as late HIV diagnoses in Bristol have increased despite the overall number of new HIV diagnoses falling, with an increased risk of ill health and death for those diagnosed late.

STIs are higher in young people and those in deprived areas

New STI diagnoses are higher among people living in more deprived parts of Bristol and in young people aged 15-24, which reflects the fact that more than 15% of Bristol's population is in this age group. Feedback from health professionals raises concerns about condom use and provision via the C-Card (condom card) scheme and other routes, which has fallen significantly since the COVID-19 pandemic, as well as ensuring that young people are aware of the importance of using condoms to protect against STIs and unwanted pregnancies.

The number of new STI diagnoses in Black communities is lower than expected

Nationally, new diagnoses of selected STIs in people of Black ethnicity were 2.4 times higher than in the general population, which would be expected to be reflected in the Bristol data, perhaps more so as Bristol's Black population is larger (5.9%) than England's (4.2%), but

isn't. This suggests that people from Black communities are either not accessing services or are not being offered tests.

Chlamydia screening in 15-24 year olds has reduced

The national chlamydia screening programme aims to reduce the harms from untreated chlamydia in young women. In Bristol the number of 15-24 year olds screened has fallen year-on-year between 2018 and 2021, and the chlamydia detection rate in this age group has also fallen, mirroring the trend nationally. Bristol's detection rate has been lower than the England average since 2012. Given the high proportion of young people living in Bristol, the low detection rate suggests poor awareness of, access to and/or uptake of screening. More recently, chlamydia diagnosis rates overall appear to have increased according to local data sources.

Access to specialist services is an issue

In recent public and health professional feedback about the specialist sexual health services across BNSSG, respondents were positive about Unity staff and the service in general, but concerns were raised about appointments, location of services and accessibility. Access issues include the lack of an online appointment booking system, a telephone triage service that has extensive waiting times resulting in patients not always getting through, and the ongoing closure of some community clinics, including one in Bristol.

Recommissioning a new service for April 2025

The sexual health needs assessment is a key tool used to inform future commissioning intentions. It provides a rationale for changes to services in order to meet the needs outlined above. Working in partnership across the three BNSSG local authorities and the ICB, the needs assessment will provide the basis for future sexual health strategic priorities and will be used to shape the sexual health services of the future.

Work on the procurement has already commenced with a project plan laying out the key milestones through to April 2025, including developing the specification, market engagement, public consultation, tendering and mobilisation.