

Chapter 7: Strengthen the Role & Impact of Ill Health Prevention

Sexual Health

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Introduction

Sexual health is a complex issue, covering a broad spectrum of needs. These include contraception, relationships, the prevention and treatment of sexually transmitted infections (STI's), HIV, un-intended pregnancy and abortion.

Sexual health is key in reducing health inequalities and needs vary according to factors such as age, ethnicity, gender and sexuality.

It is well established that the following groups are at greater risk of poorer sexual health and require targeted intervention:

Preventive Groups

- Young people aged under 25
- Gay and bi-sexual men (Men who have sex with Men; MSM)
- Black and Minority Ethnic Groups (for example Black African groups and HIV)
- People living in areas associated with social deprivation

Whilst there may be varied needs, requiring targeted intervention, there are certain core sexual health needs that are universal. It is important to recognise that anyone who is sexually active can be at risk from sexually transmitted infections or un-planned pregnancies.

Sexual health outcomes can be improved by the provision of accurate and timely information, rapid access to sexual health services, early detection and effective treatment of STI's and HIV, combined with notification of partners who are at risk, alongside promotion of safer-sex behaviours, including consistent condom use, within a seamless patient journey across a range of sexual health services (A Framework for Sexual Health Improvement in England, 2013).

Sexual health needs are a significant concern for the health of the population. Reducing the burden of poor sexual health requires focused and sustained efforts in prevention and clinical response, which represents challenges, within the context of ongoing public sector financial constraints.

The importance of sexual health is highlighted by three Public Health Outcomes Framework (PHOF) indicators:

- Conceptions amongst under 18 year olds
- Chlamydia diagnosis in 15-24 year olds
- People presenting with HIV at a late stage of infection

Level of Need in Ealing

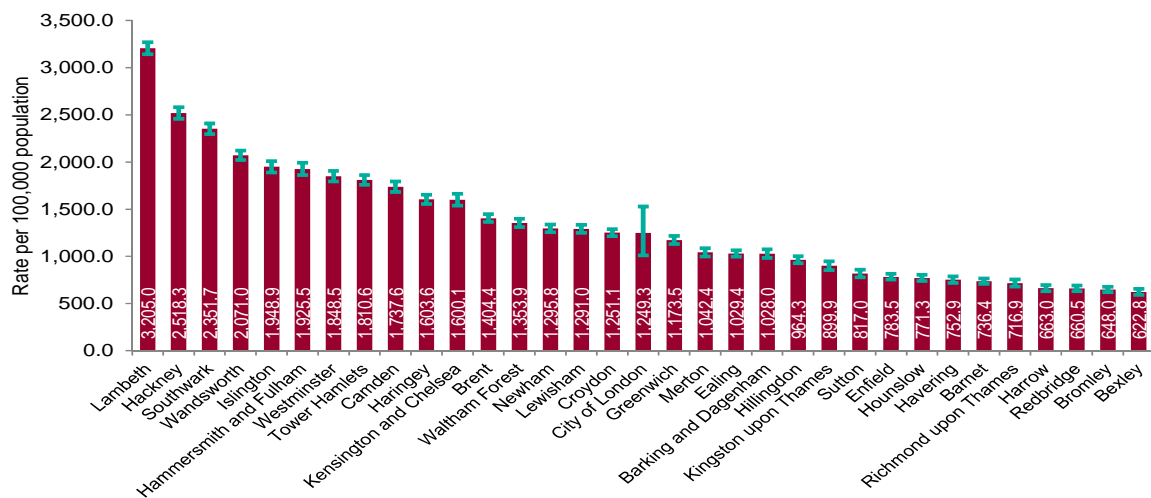
Burden and Trend of Sexually Transmitted Infections (STI's)

There were half a million diagnoses of STI's in England in 2012. Nationally, the number of diagnosis has doubled since 1996. However, there is likely to be more people with STI's who are not diagnosed, due to the largely asymptomatic nature of many STI's.

Untreated infections can lead to serious long-term morbidity and mortality (e.g. high-risk human papillomavirus and syphilis), impact on fertility (e.g. chlamydia and gonorrhoea) and can facilitate HIV transmission (e.g. genital herpes and syphilis). Of particular concern is the threat of untreatable gonorrhoea due to rapid emergence of resistance to antimicrobial treatment.

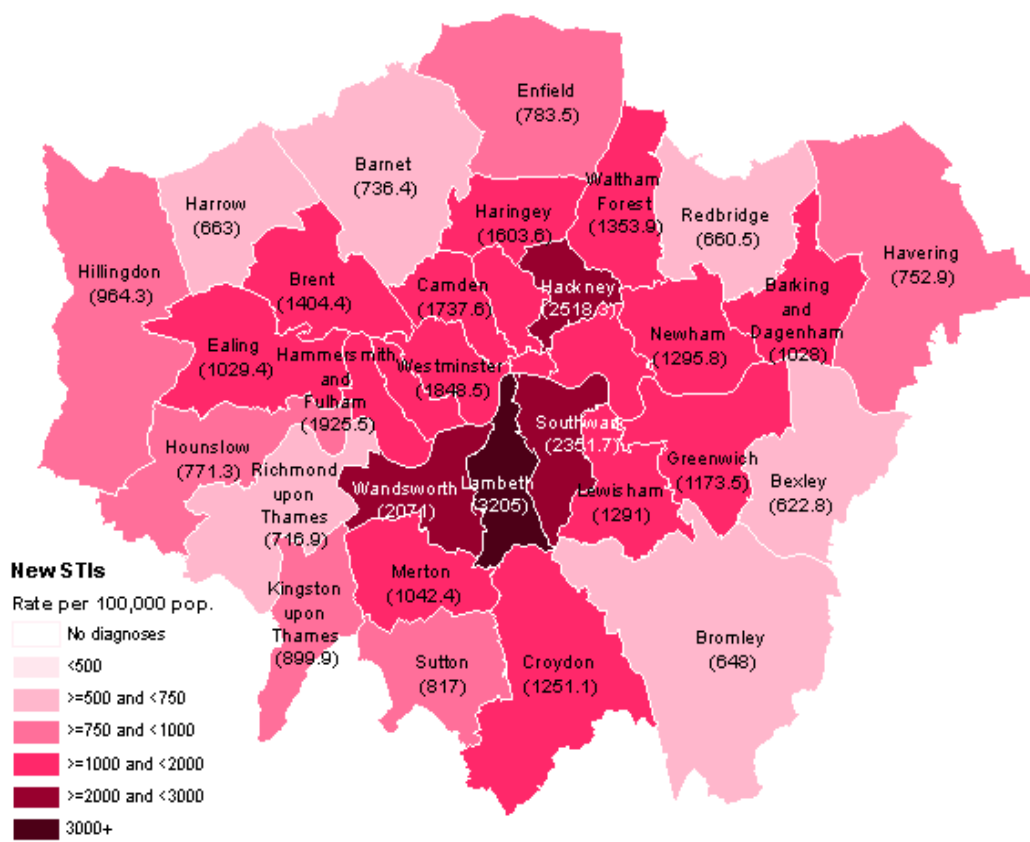
STI's represent an important public health problem in London, which has the highest rates of new STI's in England. In 2013, over 110,700 new STI's were diagnosed in London residents, representing a rate of 1,332 diagnoses per 100,000 adults. For Ealing, the rate was 1,029.4 per 100,000 (2013). Figure 1 and the map below shows the rates of new STI diagnosis amongst Ealing residents compared to other London residents.

Figure 1: Rate of new STI diagnoses per 100,000 population among London residents by local authority of residence: 2013



Data sources: GUMCAD and CTAD

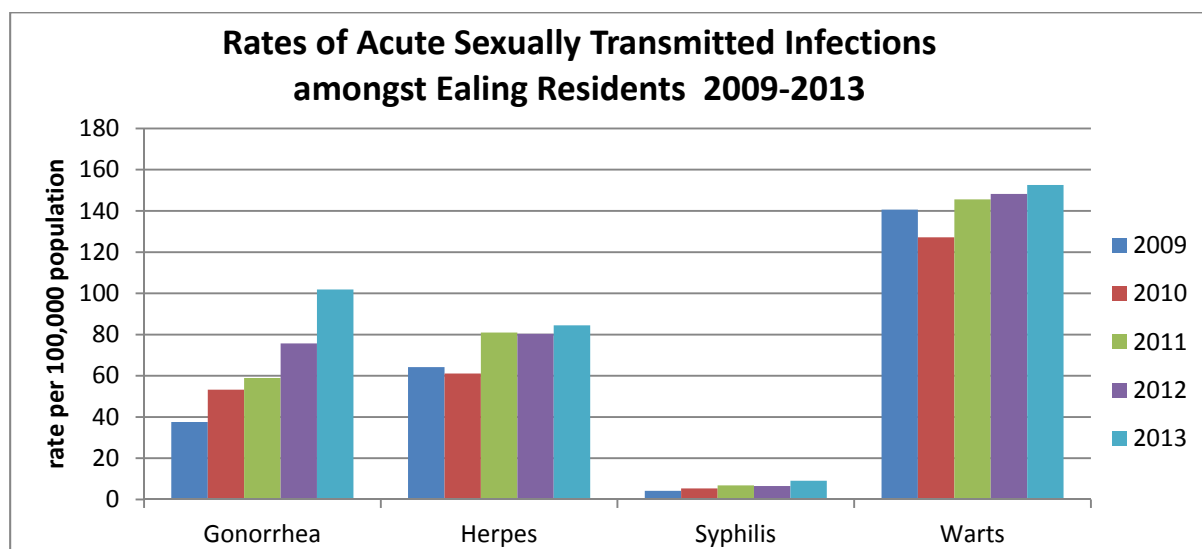
Figure 2: Map of new STI rates per 100,000 residents by local authority in London 2013



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Source: GUMCAD and CTAD

Figure 3: Rates of Acute Sexually Transmitted Infections (STI's) amongst Ealing Residents 2009-2013



Source: Public Health England, Sexual and Reproductive Health Profiles (2014)

As shown in Figure 3 above, the rates of different acute STI's increased between 2009 and 2013 amongst Ealing residents. Please note that due to significant changes in the collection of chlamydia data, comparisons between chlamydia and other acute STI's are not robust and therefore not provided above.

Reducing gonorrhoea transmission and ensuring treatment resistant strains of gonorrhoea do not spread is a national public health priority. The Gonorrhoea Resistance Action Plan for England and Wales (April, 2013) recommends prompt diagnosis, reducing transmission and effective management of treatment failures.

Re-infection of STI's

Re-infection with an STI is a marker of persistent risky behaviours. In Ealing, an estimated 9.7% of women and 14.9% of men presenting with an acute STI at a GUM clinic during the four year period from 2009 to 2012 became re-infected with an acute STI within twelve months. Nationally, during the same period of time, an estimated 9.6% of women and 12% of men presenting with an acute STI at a GUM clinic became re-infected with an acute STI within twelve months.

In Ealing, 9.1% of men presenting with gonorrhoea became re-infected with gonorrhoea within 12 months (nationally 7.3% of men and 3.8% of women were re-infected). Young people are also more likely to become re-infected within an STI within 12 months. In Ealing, about 11% of young men and women became re-infected (2012). This suggests a need for sustained prevention efforts to develop

skills to negotiate safer sex behaviours and the risks associated with repeat infections.

Rates of Chlamydia Diagnosis amongst 15-24 year olds in 2013

In 2013, the rate for chlamydia diagnosis amongst 15-24 year olds was 1,392 per 100,000. This rate is below both national and London figures (2,016/100,000 and 2,179/100 respectively).

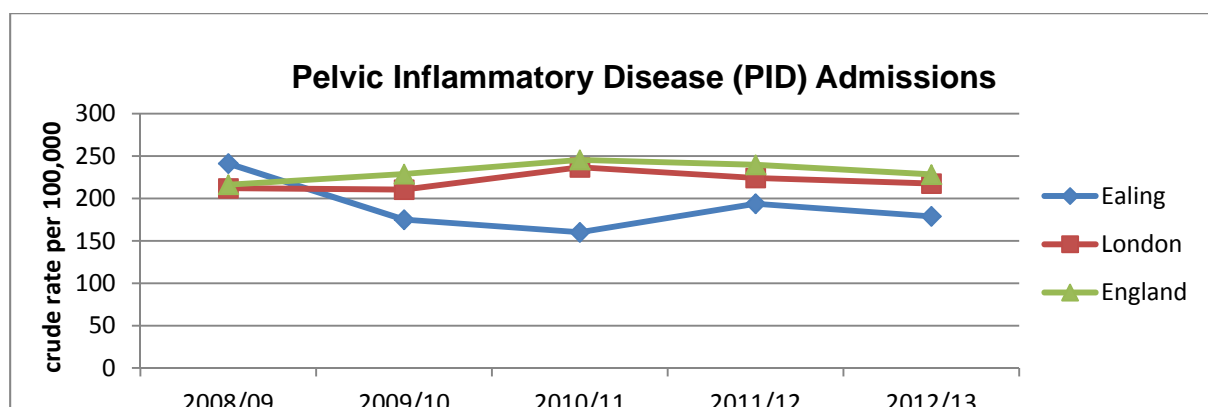
However, in Ealing only 17% of this age group were screened, which is lower than London (28%) and England (25%)¹. The Public Health Outcomes Framework recommends that local areas achieve an annual chlamydia diagnosis rate of 2,300 per 100,000 for their 15-24 year old resident population.

Chlamydia, if left untreated, can lead to further complications, including Pelvic Inflammatory Disease (PID) and ectopic pregnancy, therefore prevention and early detection and treatment is important for young people's future reproductive health.

Pelvic Inflammatory Disease (PID)

The rate of hospital admissions for Pelvic Inflammatory Disease (PID) in 2012/13 was 178.9 per 100,000 for females (aged 15-44). This figure is below the London (217.6/100,000) or England (228.3/100,000) rates. As shown in Figure 4, the rates have decreased since 2008/09.

Figure 4: Trends in Hospital Admissions of Pelvic Inflammatory Disease (PID) 2008/9-2012/13 (Women 15-44 years)



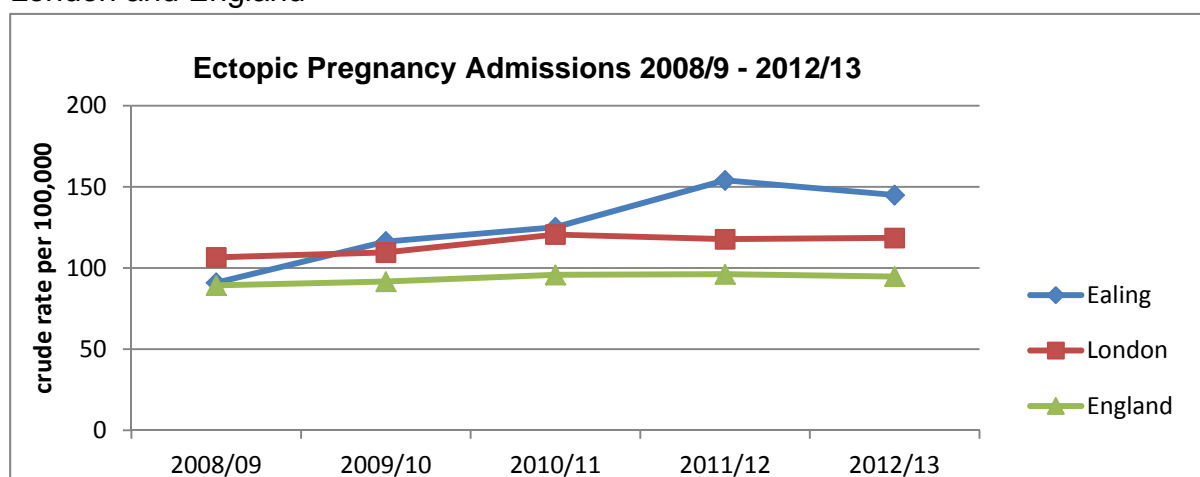
Source: Public Health England, Sexual and Reproductive Health Profiles, 2014

¹ Public Health England, Sexual and Reproductive Health Profiles, 2014

Ectopic Pregnancy

The rate of ectopic pregnancy admissions in Ealing is increasing, from 90.0/100,000 in 2008/9 to 144.9/100,000 in 2012/13. Figure 5 shows that this is worse than both England and London. A number of risk factors are associated with ectopic pregnancy including previous ectopic pregnancies, damage to fallopian tubes due to previous pelvic inflammatory disease (PID) or surgery and smoking. The reasons for the higher rates in Ealing are not clear and would benefit from further investigation. There may be some relationship with undiagnosed chlamydia. However, the rates still increased during the period the National Chlamydia Screening programme was implemented, with robust coverage in Ealing.

Figure 5: Hospital Admissions for Ectopic Pregnancy (2008/9 and 2012/13) - Ealing, London and England



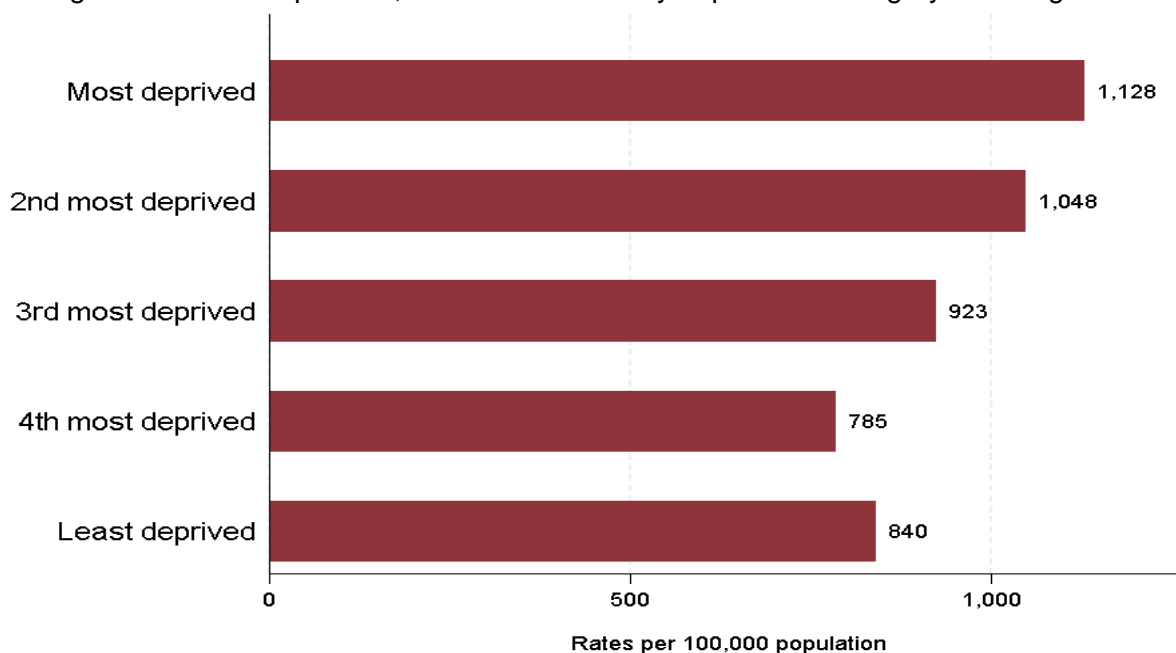
Source: Public Health England, Sexual and Reproductive Health Profiles, 2014

Health Inequalities and STI's

There are inequalities amongst certain groups in relation to STI's and HIV. Nationally, young people aged 15-24 years, men who have sex with Men and Black Caribbean ethnic groups have higher rates of acute STI's. MSM and Black African communities have higher rates of HIV. Public Health England recommends targeted intervention aimed specifically at these different groups to improve sexual health outcomes.

As with wider health-related issues, there is also a strong link between areas with higher social deprivation scores and STI's. In Ealing, there are higher rates of STI's in Lower Super Output Areas associated with deprivation. Due to the sensitive nature and confidentiality protocols, this data is not presented. The graph below shows the association between deprivation and STI's amongst Ealing residents.

Figure 6: The rate per 100,000 of acute STIs by deprivation category in Ealing: 2012

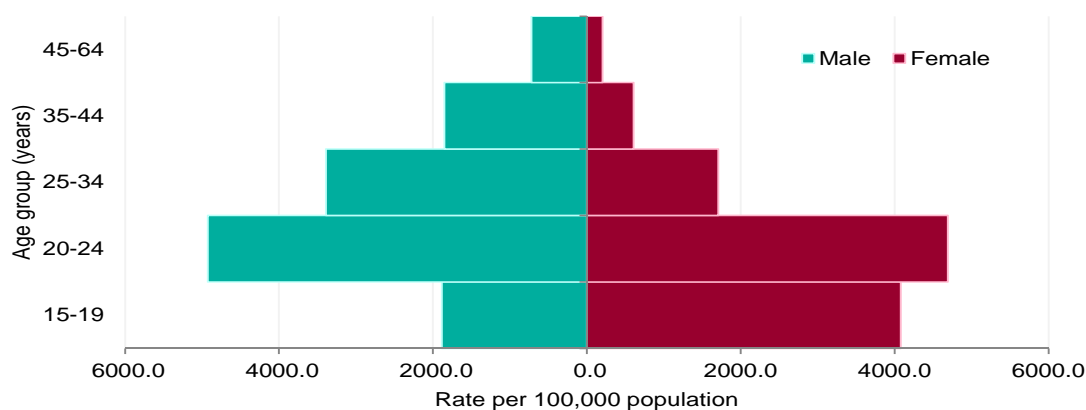


Source: Data from Genitourinary Medicine Clinics

Gender Differences

In London, the rates of new STI's vary widely between men and women (1,611 and 1,048 per 100,000, respectively). Amongst Ealing residents in 2012, these differences are wider (males 1221.1/100,000 or 61%; females 770.6/100,000 or 39%).

Figure 7: Rate of new STIs per 100,000 residents by gender and age group in London



Data sources: GUMCAD and CTAD, 2013

Men who have sex with Men (MSM)

Where gender and sexual orientation are known, men who have sex with men (MSM) account for 24% of London residents diagnosed with a new STI in a Genitourinary Medicine Clinic (GUM) (84% of those diagnosed with syphilis and 65% of those diagnosed with gonorrhoea). This is within the context that MSM make up less than 2% of the total London population. Sexual orientation is not always recorded and there are confidentiality issues relating to all aspects of sexual health data.

MSM have particularly high rates of syphilis and gonorrhoea and other STI's, indicating high levels of risky sexual behaviours.

Approximately 1 in 12 MSM in London are living with HIV, this number has increased by over 88% over the past 10 years to 15,552 in 2012. This is partly due to improved life expectancy due to effective treatment.

A third of MSM are diagnosed late and it is estimated that one in five MSM with HIV in the UK are undiagnosed.

Over the past decade, other STI's have emerged which are of particular concern in MSM:

- Cases of lymphogranuloma venereum (LGV) occurs almost exclusively in MSM which peaked in 2010. Diagnosis in London account for more than half of all cases in London.
- Shigella flexneri is now endemic in MSM in London with more than 171 cases in adult males with no travel history.
- New infections with hepatitis c are higher in HIV positive MSM compared to the general population. In 2011 about a fifth of acute hepatitis B in London were acquired through sex between men.

MSM report high levels of risky sexual behaviour, including high numbers of sexual partners and unprotected anal intercourse (UAI), selecting partners perceived to be of the same HIV sero-status and some evidence of 'chemsex', sex occurring under the influence of drugs amongst a smaller number of MSM who engage in higher risk behaviours.

Given the complexity of sexual health amongst MSM, it is recommended that MSM who are sexually active have regular STI and HIV tests and that condoms, safe-sex messages and HIV outreach are provided in settings accessed by MSM and using the internet, where there is particularly high use amongst this population.

Young People

STI's also disproportionately affect young people. In 2013, London residents aged 15-24 accounted for 39% of all new STI diagnosis, as shown above (Figure 7). This is similar for Ealing, where in 2012, 38% of diagnosis of acute STIs were amongst 15-24 year olds, 11% of this age group were re-infected within 12 months. This highlights the need to develop skills and confidence amongst young people, as well as the other prevention groups, to negotiate safer sex.

The Health Related Behaviour Questionnaire undertaken by 12-13 year olds in Year 8 (n =2,247) and 14-15 year olds in Year 10 (n= 2, 099) secondary school children in Ealing revealed that schools play an important source with 37% of young people reporting schools as their main source of information about sex and relationships. Parents also play a key role (25%) and friends (14%). The questions asked also obtain information that young people are less inclined to know about specialist sexual health services (5%) but are aware that condoms can help prevent some STI's (32%) and un-intended pregnancy (53%). Pupils are less likely to know where to obtain free condoms 22%, which has decreased since 2009, when there was more active sexual health outreach and condom distribution. Interestingly, knowledge about HIV/AIDs varies greatly across the borough amongst Year 10 (68% in Ealing and 40% in Southall) suggesting that the content of information and emphasis in sex and relationship education may not be consistent.

It is important that young people receive accurate, timely and consistent information about issues that affect their sexual health in order to make informed life decisions and to ensure that they are able to seek appropriate support.

HPV Vaccination Coverage

School girls aged 12 to 13 are offered HPV (human papilloma virus) vaccination as part of the NHS childhood vaccination programme. It is usually given to girls in year eight at schools in England, as the vaccine prevents against cervical cancer.

According to Cancer Research UK, cervical cancer is the second most common cancer in women under the age of 35. In the UK, 2,900 women a year are diagnosed with cervical cancer, that's around eight women every day.

In 2012/13, 79.1% of 12-13 years old females in Ealing received a HPV vaccination. This is just above the London coverage (78.9%), but below the national (86.1%).

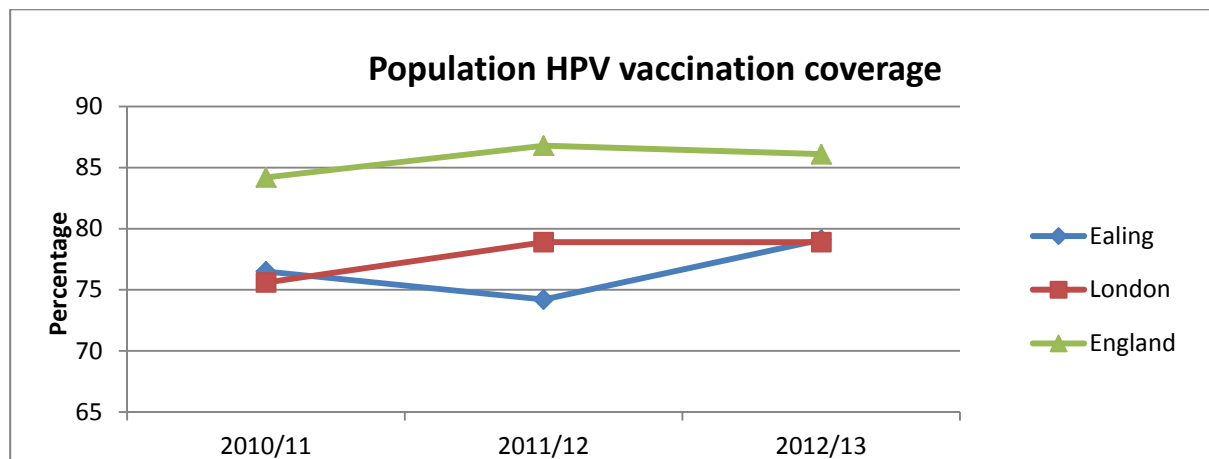
The latest Ealing data suggests an improvement in the percentage of vaccination coverage since 2010/11.

Table 1: HPV Vaccination Coverage Trend Data 2010/11 to 2012/13

Period	Ealing (%)	London (%)	England (%)
2010/11	76.5	75.6	84.2
2011/12	74.2	78.9	86.8
2012/13	79.1	78.9	86.1

Source: Public Health England, Sexual and Reproductive Health Profiles, 2014

Figure 8: Population HPV Vaccination Percentage Coverage Ealing, London and England 2010/11 to 2012/13

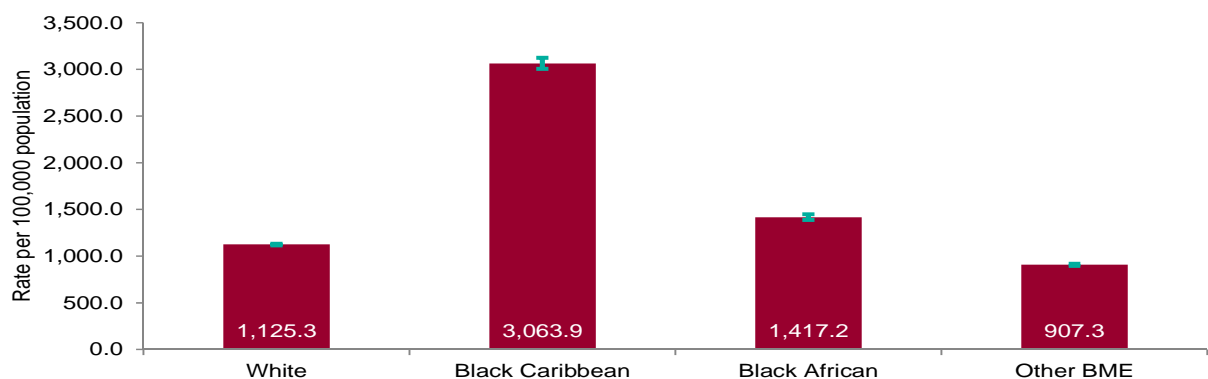


Source: Public Health England, Sexual and Reproductive Health Profiles, 2014

Black and Minority Ethnic (BME) Groups

In Ealing, 42% of people diagnosed with an acute STI were born abroad (2012), with a higher rate amongst BME groups.

Figure 9: Rates by ethnicity per 100,000 Population of London residents diagnosed with a new STI



Data sources: GUMCAD and CTAD, 2013

HIV (Human Immunodeficiency Virus)

HIV remains a serious public health issue, as there is still no cure or vaccine. HIV can remain 'silent' initially, and it is estimated that up to 24% of people living with HIV are unaware of their infection.

In 2012, there were 100,000 people living with HIV in the UK. An estimated 21,900 were not diagnosed (Public Health England, 2013).

Early detection and treatment is very important, people can live a near normal life if diagnosed early and adhere to medication. Early diagnosis also prevents onward transmission to people who are not infected.

HIV prevalence varies greatly amongst groups of people and prevention efforts are targeted towards those who are at higher risk. These are MSM and black African men and women. Most HIV infections in the UK, and in Ealing, are acquired through sexual contact.

Ealing is a high prevalence HIV area. In 2011, the diagnosed HIV prevalence rate in Ealing was 3.2 per 1,000 compared to 2 per 1,000 per population in England.

In 2012, among GUM clinic patients from Ealing who were eligible to be tested for HIV, 78% were tested.

The uptake of HIV testing in GUM clinics amongst preventative groups is increasing as shown below for MSM (Table 2).

Table 2: Uptake of HIV Testing in GUM for MSM, Ealing, London and England (2009-2013)

Year	Ealing (%)	London (%)	England (%)
2009	87.5	89.7	89.9
2010	93.3	91.7	91.4
2011	95.0	93.4	93.0
2012	95.3	95.2	94.3
2013	96.1	95.7	94.8

Source: PHE, 2014

HIV Late Diagnosis

Late diagnosis is the most important predictor of HIV morbidity and short-term mortality. Therefore, it is a critical component of the Public Health Outcomes Framework (PHOF).

In Ealing, between 2009 and 2011, 53% (95% CI 46-62) of HIV diagnoses were made at a late stage of infection, compared with 50% for England. 38% of MSM (95% CI 28-50) and 68% of heterosexuals were diagnosed late (95% CI 57-79).

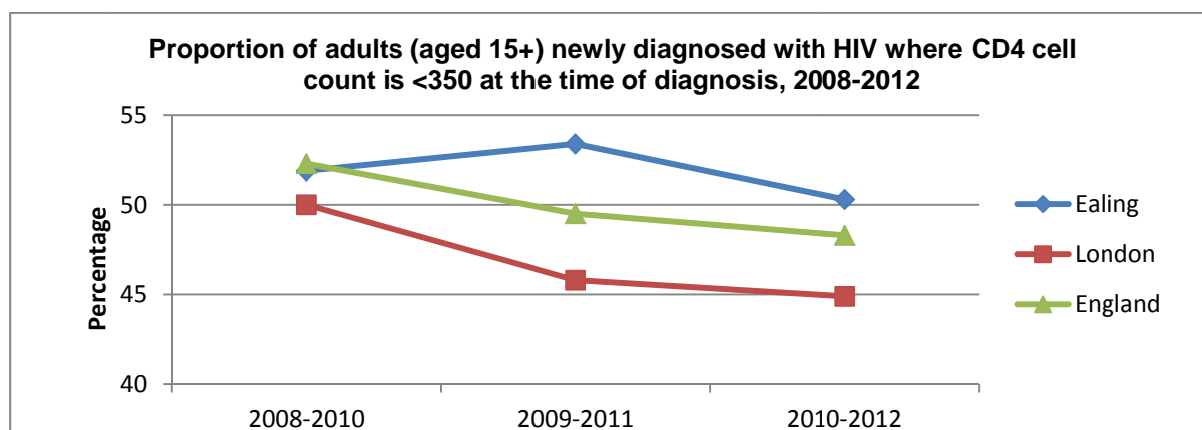
Prevention, early detection and timely treatment are all key in reducing poor health outcomes for individuals and society. Early testing and diagnosis of HIV reduces expensive medical and social costs.

Table 3: HIV Late Diagnosis Trend Data

Period	Ealing	London	England
2008-2010	51.9	50.0	52.3
2009-2011	53.4	45.8	49.5
2010-2012	50.3	44.9	48.3

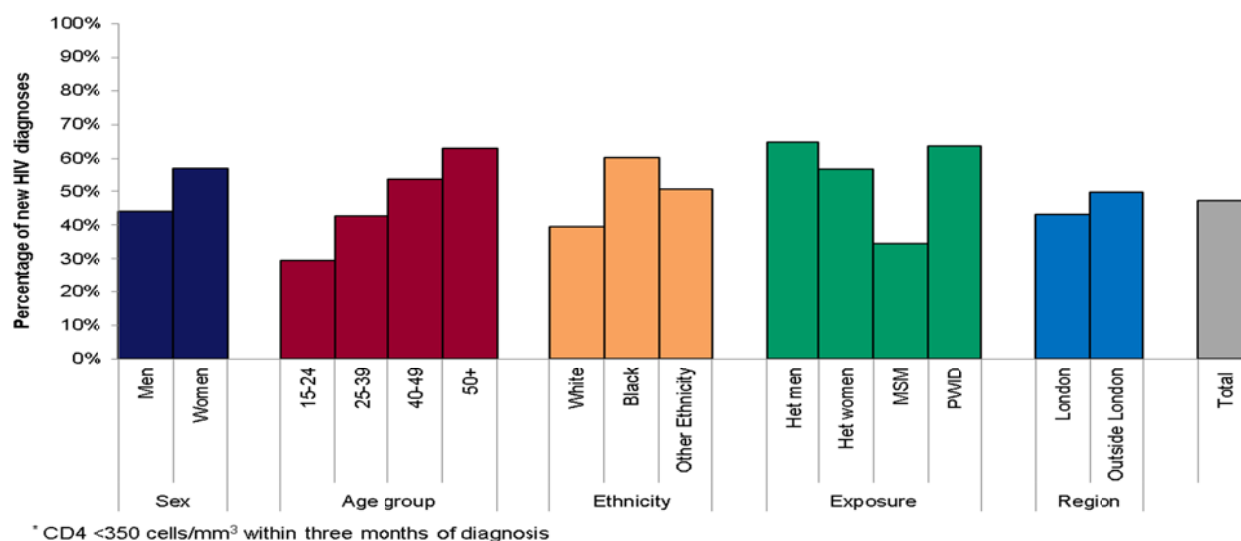
Source: PHE, Sexual and Reproductive Health Profiles, 2014 & HPA for archive data

Figure 10: Proportion of adults with HIV late diagnosis



Source: PHE, Sexual and Reproductive Health Profiles, 2014 & HPA for archive data

Figure 11: Attributes of late HIV diagnosis², UK 2012



Source: PHE, HIV Report 2013

² HIV late diagnosis is defined as having a CD4 count below 350 cells/mm³

Figure 11 shows the profile of people who are diagnosed late with HIV. This suggests that those of present late tend to be heterosexual, black, over 50 years and of particular concern, people with learning disabilities (PWLD) (Public Health England, 2013). This highlights the need for increased intervention amongst these vulnerable groups.

It is well established that Black African people in the UK are disproportionately affected by HIV, comprising of 34% of all those diagnosed in the UK (2012). Despite these statistics, there is a need for continued prevention and outreach to address the complexities of diverse needs amongst African communities. For example, stigma is still cited as a barrier as well as a lack of knowledge about prevention and treatment options (NAT; HIV and Black African Communities in the UK, June, 2014).

The costs of HIV infection treatment are high, with each new case representing between £280,000 and £360,000 in lifetime treatment costs. The average annual expenditure for each patient accessing care is estimated to £13,900, with significantly higher costs for those who are diagnosed late, largely due to increased inpatient hospital care costs which are 15 times higher for those diagnosed late (Health Protection Agency, 2012; Evidence and resources to commission expanded HIV testing in priority medical services in high prevalence areas).

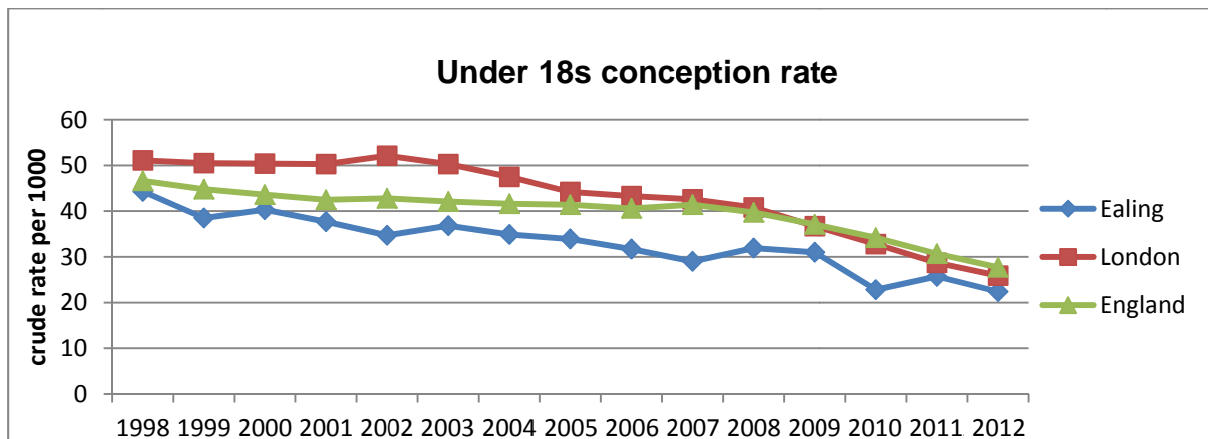
Teenage Pregnancy

The number of under 18 conceptions in Ealing has decreased over the period 1998-2012. This is the result of successful implementation of a coherent national and local policy targeting teenage pregnancy reduction. Figure 12 below shows the downward trend, nationally, regionally and for Ealing.

Ealing's rate has also been lower than the national and regional average during this time. The latest data (2012) shows a rate of 22.4 per 1,000 females aged 15-17, compared to London's figure of 25.9 per 1,000 and England's of 27.7 per 1,000 females in this age group.

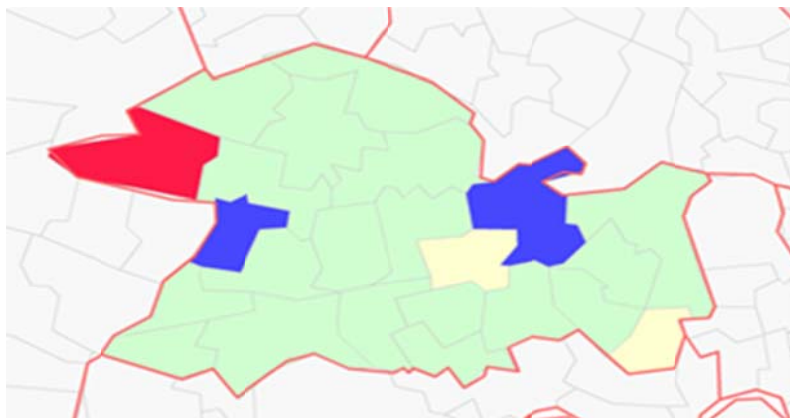
However, despite teenage pregnancy rate reductions both nationally and locally, there are still areas in Ealing that have rates above the national average. As highlighted in Figure 13 below, the area of Northolt West End continues to have higher rates of teenage pregnancy.

Figure 12: Under 18 Conception rate (per 1,000) Trend: Ealing, London and England (1998- 2012)



Source: ONS, 2013

Figure 13: Teenage Pregnancy Map of the London Borough of Ealing (2009-2011)



Source: Public Health England (2014)

The map above shows that Northolt West End (in red) has higher rates of teenage pregnancy than England. Lady Margaret and Hanger Hill wards (in blue) have lower than national figures, whilst Ealing Broadway and Southfield (in yellow) have similar rates of teenage pregnancies to England’s average. Teenage Pregnancy is a PHOF indicator. Figure 14 below compares related data between Ealing and England.

Figure 14: Teenage Conception related data comparisons between Ealing and England

Indicator	Period	Ealing		Region England		England		
		Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
Under 18s conception rate/ 1,000 (PHOF indicator)	2012	126	22.4	25.9	27.7	52.0		14.2
Under 16s conception rate/ 1,000 (PHOF indicator)	2012	29	5.2	4.4	5.6	15.8		2.0
Under 18s conceptions leading to abortion (%)	2012	80	63.5%	62.2%	49.1%	27.3%		79.5%
Under 18s abortion rate/ 1,000	2012	80	14.2	16.1	13.6	7.1		25.8
Under 18s birth rate/ 1,000	2012	46	8.2	9.8	14.1	3.0		33.8

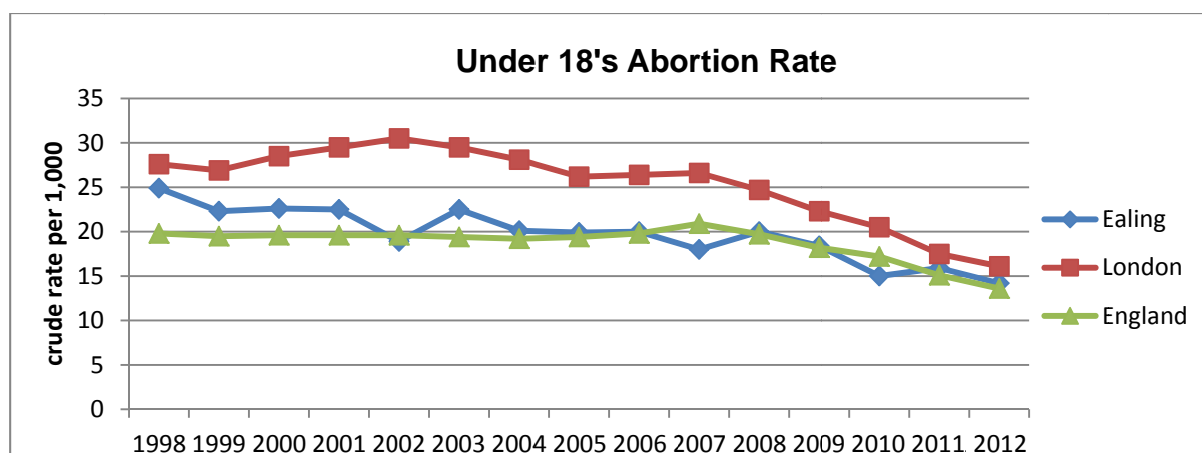
Source: PHE, 2014

Abortion

Unplanned pregnancies highlight an unmet need for improved contraception access and adherence.

Nationally, about 50% of pregnancies are unplanned. This represents an area of Public Health concern, to avoid preventable abortions and unwanted pregnancies. Abortion services are available to women via NHS funded or private funded providers. Figure 15 below shows a comparison between Ealing, London and England in relation to Under 18 abortion rates. The trend is decreasing, but shows fluctuations.

Figure 15: Under 18's Abortion Rate, Ealing, London and England (1998-2012)



Source: ONS, 2013

Rate of Total Abortions (women aged 15- 44 years)

Ealing's rate of total abortions was very similar in 2013 to 2012 data, which is a similar trend for London and England.

In 2013, the abortion rate in Ealing per 1,000 females aged 15-44 was 24.4 per 1,000 compared with London 22.8 per 1,000 and England 16.6 per 1,000.

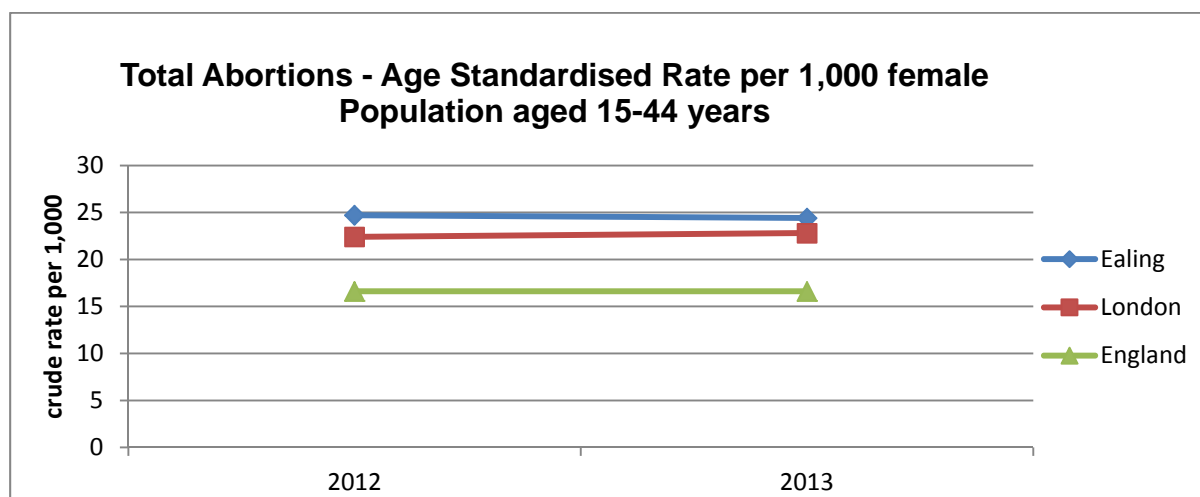
In comparison to neighbouring boroughs, in Hillingdon, the rate in 2012 was 23.4 per 1,000 females aged 15-44, whilst in Hounslow, during the same period, the figure was 25.7 per 1,000³.

Table 4: Total Abortions Trend for Ealing, London and England (2012 and 2013)

Year	Ealing	London	England
2012	24.7/1,000	22.4/1,000	16.6/1,000
2013	24.4/1,000	22.8/1,000	16.6/1,000

Source: Department of Health based on data from abortion clinics - published by PHE, Sexual and Reproductive Health Profiles, 2014

Figure 16: Total Abortion Rates Women aged 16-44 years Ealing, London and England



Source: Department of Health based on data from abortion clinics - published by PHE, Sexual and Reproductive Health Profiles, 2014

³ To see all London boroughs' total abortions rates, please go to:
<http://fingertips.phe.org.uk/profile/sexualhealth/data#gid/8000036/pat/6/ati/102/page/0/par/E12000007/are/E09000009>

Table 5: Legal Abortions: Rates by Age for Ealing, London and England (2012)
Crude Rates per 1,000 Women

Area	All Ages	Under 18	18-19	20-24	25-29	30-34	35+
England	16.6	13	26	29	22	17	7
London	22.4	15	34	39	28	22	12
Ealing	24.7	13	40	42	33	23	12

The abortion rates in Ealing and London tend to be higher than those for England. Nationally, 37% of women who had an abortion in 2013 had previously had an abortion and this trend seems to increase with age (see Table 6 below). This suggests a need for improved contraception amongst all age groups of women, of child bearing age.

Table 6: Percentage of Women who had One or More Previous Abortions. By Age, England and Wales, 2013

Age	% of women who had one or more previous abortions
Under 18	7%
18-19	18%
20-24	34%
25-29	44%
30-34	47%
35 or over	45%
All women	37%

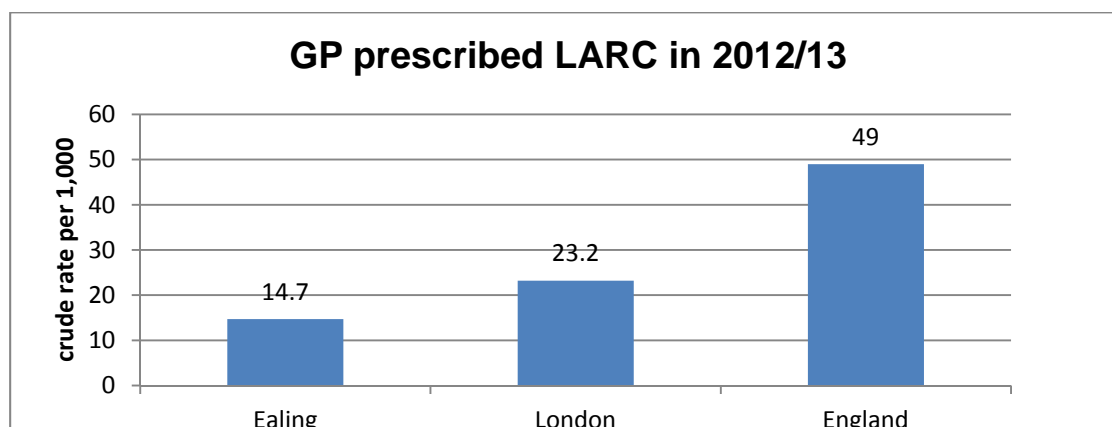
Long Active Reversible Contraception (LARC) Prescribing

There are several methods of contraception that are known as Long Acting Reversible Contraception (LARC). LARC include IUD's, IU's, Contraceptive implants and injections.

LARC is recommended to prevent unwanted pregnancy and abortion, and good evidence suggests they are effective. They do not, however, prevent STI's (FPA, 2014). LARC is available in specialist sexual and reproductive health clinics and in General Practice.

In 2012/13 in Ealing, the rate of GP prescribing LARCs per 1,000 females aged 15-44 was significantly lower than in London (23.2 per 1,000) and England (49.0 per 1,000).

Figure 17: Rate of GP Prescribing of all LARCs per 1,000 registered female population aged 15-44 (2012-2013) Ealing, London and England



Source: Public Health England, Sexual and Reproductive Health Profiles, 2014

Current Interventions in Ealing

Service provision in relation to sexual health is broad, including acute hospitals, community health services, outreach in every-day settings, pharmacies, relationship and sexual health education in schools and other young people’s settings, HIV prevention, General Practice, specialist targeted intervention for high risk groups and prevention at a London level.

A unique feature of Genitourinary Medicine (GUM) is that services are confidential and open-access, in that people can access services anywhere in the country. Following the Public Health transfer into local government in 2012, the provision of access to contraception and the diagnosis and treatment of STI’s is a local authority mandated public health service. Estimated numbers of Ealing residents accessing GUM services are shown below:

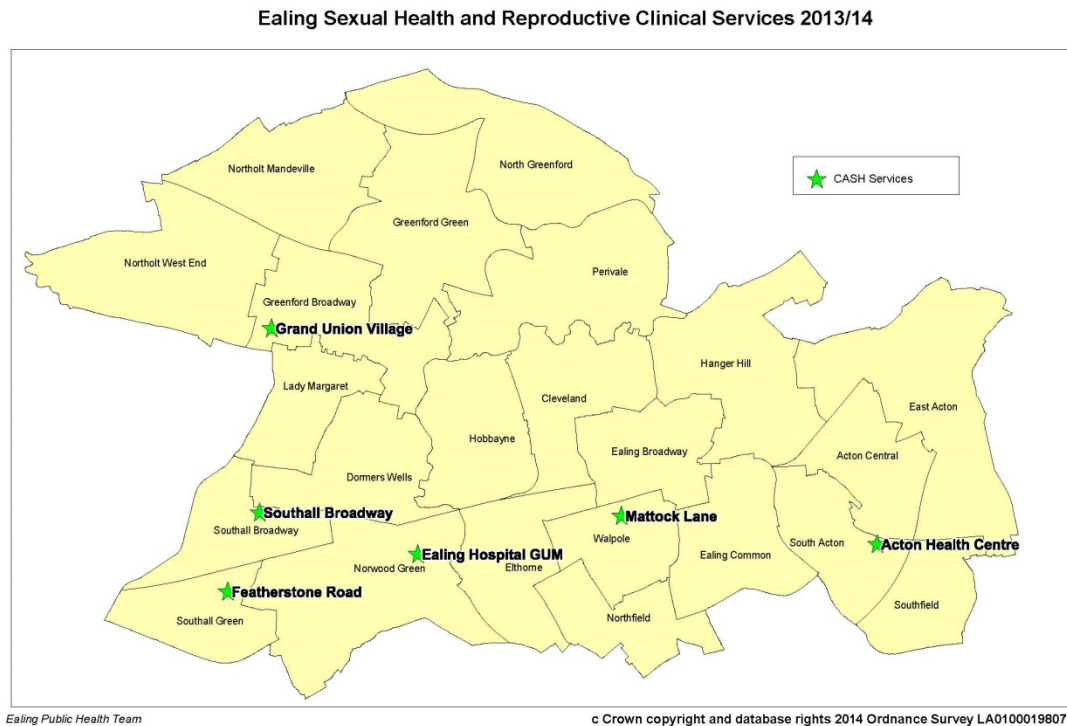
Table 7: Estimates of Ealing Residents Using GUM Services in 2012-2013

Estimates of Ealing residents GUM Service use	12/13 estimated use
All GUM Services (first and follow up attendance)	22,882
Ealing Hospital GUM Services (first and follow up attendance)	6,759

Data on the use of Ealing’s Community Contraception and Sexual Health (CASH) services suggest an average annual use of 19,918.

Figure 18 below shows the where local clinical sexual health and contraception services (CASH and GUM) are located in Ealing.

Figure 18: Map of Contraception and Genitourinary Medicine (GUM) Clinical services in Ealing

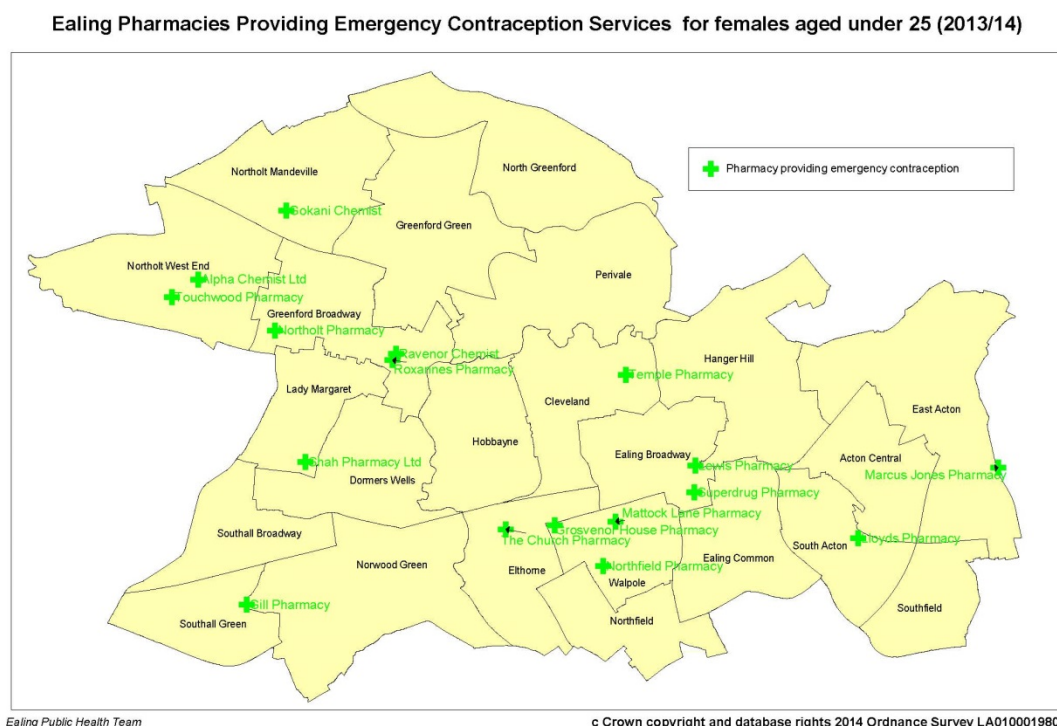


There are also commissioned services that provide targeted outreach:

- Sex and Relationship Education for Young People with Learning Disabilities
- HIV Prevention and outreach testing for MSM
- HIV Prevention and outreach testing for black African Communities
- Online chlamydia testing for young people www.checkyourself.org.uk
- Outreach sex and relationship education and contraception for young people in Northolt (pilot to address teenage pregnancy)
- Advocacy and education on Female Genital Mutilation (FGM)
- London wide HIV prevention for black African communities and MSM
- Emergency Hormonal Contraception (EHC) for women under 25 years across the borough

Figure 19 shows a map of pharmacists who are commissioned to provide Emergency Hormonal Contraception (EHC) for Young Women aged under 25 Years as part of a prevention programme aimed at reducing unintended teenage pregnancies.

Figure 19: Map of 17 Pharmacies Providing Emergency Contraception Scheme for females aged under 25 in Ealing



Identified needs and Intervention Gaps

- Rising rates of STI's and repeat infections require sustained preventive efforts, specifically targeting higher risk groups.
- Late Diagnosis of HIV requires ongoing effort and targeted intervention of identified groups (including people with learning disabilities, African Communities, people aged over 50 years, women as well as MSM).
- Ectopic Pregnancy requires further investigation to establish the reasons behind this.
- A low chlamydia diagnosis rate suggests that more testing in target groups is required to improve coverage and pick up undiagnosed cases.
- High abortion rates and low provision of LARC in GP's in Ealing suggests that women and men require improved education, access to and maintenance of contraception use to reduce unwanted pregnancies.

Recommendations for Commissioners

It is recommended that:

1. Current service provision is reviewed to ensure local needs are met and achieves value for money, including an improved understanding of services provided and accessed by Ealing residents across London.
2. GUM services remain open-access and prevention is improved to reduce the burden of poor sexual health across London and Ealing, including high rates of repeat STI's and late diagnosis of HIV amongst different groups.
3. Increased service access and public awareness of, and adherence to, a wider range of contraception choices to avoid unwanted pregnancies and abortions.
4. Increased targeted interventions amongst those groups identified as having poorer sexual health, MSM, BME groups, younger people and more vulnerable groups, such as people with learning disabilities.
5. Collaborative commissioning, where appropriate, to address the cross borough nature of London residents' sexual health-related behaviours and local interventions tailored to the demographic and risk profile of Ealing.
6. To pilot new prevention efforts, such as online HIV and chlamydia testing, where appropriate to provide enhanced choice, amongst targeted groups identified as having high internet use.

Further Information

The data in this analysis is from Public Health England. More detailed analysis can be found in the following document:

Ealing: Sexual and reproductive Health profile (2014) Public Health England
<http://fingertips.phe.org.uk>