



Public Health
England

DsPH Network and Office
for
sexualhealth
South West

Sexual Health Quarterly Outcome Indicator Report

Torbay

Report for quarter 4 2012/13

Introduction

This indicator report was set up by the South West Office for Sexual Health to provide Directors of Public Health, local commissioners, providers and clinicians with timely and relevant comparative information about the full range of sexual health indicators in order to support them in continuing to improve sexual health outcomes. It is produced by the Field Epidemiology Team, Health Protection Directorate, Bristol and has now been updated to include additional information. Work is underway to explore developing it as a national tool.

The Office for Sexual Health was established in January 2010 to provide leadership on all aspects of sexual health and seeks to avoid fragmentation by linking up the different policy areas including reducing sexually transmitted infections, chlamydia screening, reducing teenage pregnancy, improving access to contraception. Its work is being incorporated within Public Health England.

Knowledge and intelligence and the use of effective interventions to improve sexual health will be at the heart of the work of Public Health England. The South West Public Health Observatory, which has become part of Public Health England's Knowledge and Intelligence directorate already produces the Sexual Health Balanced Scorecard for England (<http://www.apho.org.uk>).

Information on sources of data are provided on the next page. Guidance on undertaking a sexual health needs assessment is available from Sexual Health Needs Assessment: A How To Guide (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109070).

The Public Health Outcomes Framework (<http://www.dh.gov.uk/health/2012/11/phof-technical-refresh/>) has six indicators relevant to sexual health:

Improving the wider determinants of health

- 16-18 year olds not in education, employment or training;
- Violent crime (including sexual violence);

Health improvement

- Under 18 conceptions;

Health protection

- Chlamydia diagnoses 15-24 year olds;
- People presenting with HIV at a late stage of infection;
- HPV vaccination coverage (females 12-17 year old).

Public Health England will continue to produce this quarterly outcome indicator set for sexual health for each locality to enable them to review their own performance in 21 areas of sexual health and to build on information from the quality assurance peer review visits of the sexual health systems in each locality undertaken by the Office for Sexual Health.

This report is divided into four sections:

- interventions to address harmful behaviours;
- sexual and reproductive health;
- access;
- sexually transmitted infections and HIV.

The report RAG rates in relation to public health outcomes framework indicators and relevant national ambitions. The rationale for each indicator and its significance is provided as well as signposting to relevant evidence or policy.

The quarter 4 report each year includes a summary tracking the South West position against each indicator to illustrate change over the financial year.

The report should be used in conjunction with the Field Epidemiology Team's surveillance and epidemiology reports; these reports provide background information to several of the indicators in this report. Please contact jo.jacomelli@phe.gov.uk if you would like advice on these reports.

Good use of data and evidence is central to effective commissioning of sexual health services. Public Health England will provide support tools such as this indicator report. Organisations can also use the Sexual Health Outcomes and Research Evaluation project (SHORE) commissioned by NHS South of England in 2011.

Public Health England will provide a range of services in relation to sexual health building on the work of the Health Protection Agency and other organisations that have moved into PHE. This includes support for young people's sexual health, particularly the National Chlamydia Screening Programme. The Office has previously undertaken a range of work in relation to young people and sexual health and has set up the relationship and sex education hub (<http://www.rsehub.org.uk/>).

Public Health England will provide a strong focus on multiple risk factors for poor sexual health including health inequalities and drug and alcohol misuse. The Office for Sexual Health has a useful publication about alcohol and sexual health setting out the importance of sexual health services using alcohol intervention and brief advice. This indicator report will be collecting data from the Sexual and Reproductive Health Activity Dataset (SRHAD) under SRH Care Activity Code 30, where health professionals can record every attendance where the service provides the patient with a brief alcohol intervention. This is to reflect NICE public health guidance on preventing harmful drinking, including for people attending GUM clinics or accessing emergency contraception. Data collection for SHRAD is not yet complete and is expected to be available in 2013.

A locally-led collaborative sexual health network led by South West Directors of Public Health is taking forward elements of work in the new system including:

- the South West-wide long acting reversible contraception training programme;
- the South West relationship and sex education hub;
- a project in three areas of the South West increasing access to partner notification for chlamydia;
- a project to coordinate peer-led review of abortion services and management of community of interest in good access to high-quality abortion services;
- an audit of HIV very late diagnosis in areas of low prevalence;
- providing peer-to-peer support on commissioning sexual health services.

From 1 April 2013 commissioning responsibilities for sexual health are as follows:

- NHSCB responsible for commissioning HIV, sexual assault referral centres and GP contract elements of contraception;
- Local authorities responsible for promoting health and preventing ill-health, commissioning specialist services both GUM and sexual and reproductive health and some contraception from GPs (ie enhanced services such as long acting reversible contraception);
- CCGs responsible for abortion services and sterilisation and vasectomy services.

All information about the Office for Sexual Health's work which is moving to PHE can be found at: <http://www.hpa.org.uk/AboutTheHPA/WhatTheHealthProtectionAgencyDoes/LocalServices/SouthWest/OfficeForSexualHealthSW/>.

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Comparison of different sexual health outputs

Output:	Indicator Report	Local SH Profile (under review)	SH Profiles	SH Balance Scorecard	Performance Monitoring Report	Data Source
Produced by:	HPA SW	HPA SW	HPA	SWPHO	SHA	
Geographic level:	PCT (SW)	Lab/GUM/PCT (SW)	PCT (National)	PCT (National)	Regional (SW)	
Frequency:	Quarterly	Under review	Ongoing basis	Ongoing basis	Ad hoc	
Distribution:	DPHs, Sexual Health Leads	DPHs, CCDCs, GUM Microbiologists	Available via HPA website	Available via SWPHO website	Report produced for RDPH	
STIs						
New diagnoses of gonorrhoea and syphilis (combined)	✓					GUMCAD
New diagnoses of gonorrhoea		✓	✓	✓		GUMCAD
New diagnoses of syphilis		✓	✓	✓		GUMCAD
New diagnoses of Chlamydia		✓				CoSury (Laboratory data) and GUMCAD
New diagnoses of Chlamydia (all settings)			✓	✓		NCSP, GUMCAD, HPA
Genital wart diagnoses (first episode)			✓			GUMCAD
Total STI diagnoses in under 25s	✓		✓			GUMCAD
Pelvic Inflammatory Disease admissions				✓		HES data/ NHS information centre
Chlamydia screening						
Coverage (and positivity) NCSP and/or non-NCSP/non-GUM	✓	✓		✓	✓	NCSP
Coverage in all settings			✓			NCSP and GUMCAD
Diagnostic rate in all settings	✓					
Tested in core services	✓					NCSP
HIV						
New diagnoses of HIV		✓				CI
Mode of transmission		✓				CI
Diagnosed HIV-infected patients seen for care	✓		✓	✓		SOPHID
Recently acquired infection						RITA
Late/very late diagnoses (CD4 cell count <350/ <200)	✓		✓	✓		SOPHID, HANDD and CDA surveillance
HIV individuals diagnosed with a concurrent STI			✓			GUMCAD
Uptake of HIV testing in GUM clinics			✓	✓		GUMCAD
GUM access						
Appointments offered and/or seen within 48 hrs	✓	✓	✓	✓	✓	GUMAMM (Dept. Of Health)
GUM clinic opening times (out of hours access)	✓					PCT quarterly reports
Attendees seen after 10 working days				✓		GUMAMM (Dept. Of Health)
Attendees who did not attend first appointment				✓		GUMAMM (Dept. Of Health)
Abortions						
Repeat abortions all ages	✓					
Abortions <10 weeks	✓			✓ (<18 & <16)		Dept. Of Health
Abortions medical vs surgical	✓					
Under 19 conceptions leading to abortion				✓		TPU and ONS
All abortions				✓		Dept. Of Health

Sexual Health Quarterly Outcome Indicator Report



Output:	Outcome Indicator Report	Local SH Profile (under review)	SH Profiles	SH Balance Scorecard	Performance Monitoring Report	Data source
Teenage conceptions						
Rate of teenage conceptions	✓			✓		Teenage Pregnancy Unit
Teenagers obtaining 5+ GCSEs				✓		Dept. For Children, Schools and Families
Teenagers not in education, employment or training (NEET)						Sex Education Forum
Schools with on-site sexual health services				✓		TPU
Teenage mothers in education, employment or training (EET)				✓		Connexions and ONS (provided by TPU)
Teenage mothers not know to Connexions service				✓		
Contraception						
LARC prescription rate	✓			✓		NHS Information Centre (Prescription Services)
Cost of prescribed LARC				✓		NHS Prescription Services
LARC GP practices	✓					Data provided by PCTs
Under 18s/16s choosing LARC at CSRH services				✓		NHS Information Centre
Sexual Assault Referral Centres (SARCs)						
Establishments of SARCs	✓					Data provided by SARCs
Percentage of those reporting sexual assault seen at SARCs				✓ (planned)		
Rate of police recorded rape of women				✓		Home Office
Percentage of sexual assaults in women (regional data)				✓		Home Office
Young People Friendly						
Services meeting criteria	✓					Dept. Of Health
Antenatal screening						
Women booked for antenatal care		✓				
Uptake of antenatal testing for HIV		✓		✓ (planned)		Antenatal screening surveillance
Hep B, HIV, syphilis and rubella testing		✓				
HPV						
Uptake of HPV (12-13 years)	✓		✓	✓		Dept. Of Health
Other						
Sex and relationships advice needs improving (12-15 years)				✓		Ofsted
10-15 year olds misusing alcohol, drugs etc				✓		Dept. For Children, Schools and Families
Index of Multiple Deprivation average score				✓		Dept. Of Communities and Local Govt.

Key: GUMCAD=GenitoUrinary Medicine Clinic Activity Dataset; HES=Hospital Episode Statistics; NCSP=National Chlamydia Screening Programme; CfI=Centre for Infections; SOPHID=Survey of Prevalent HIV Infections Diagnosed; RITA=Recent Infection Testing Algorithm; HANDD=HIV and AIDs New; Diagnosis Database; GUMAMM=Genitourinary Medicine Access Monthly Monitoring; ONS=Office for National Statistics; CSRH=Community Sexual and Reproductive Health

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Potential data sources to be used in a Sexual Health Needs Assessment

In the first instance, please refer to the **Sexual Health Outcome Indicator Reports, Sexual Health Balanced Scorecard** (<http://www.apho.org.uk/sexualhealthbalancedscorecard>) and the **Sexual Health Profiles** (<http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1237277176628>).

For further information, please see below:

Data	Source	Where the data can be found
HIV data		
New HIV diagnoses	HIV and AIDS New Diagnoses Database (HANDD), HPA	National and regional data (including AIDs diagnoses and deaths): http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/NewHIVDiagnoses/
Prevalence of diagnosed HIV infection (persons accessing HIV related care)	Survey of Prevalent HIV Infections Diagnosed (SOPHID), HPA	Local data: request from HPA South West regional office jo.jacomelli@hpa.org.uk Regional and Local Authority level data: HIV prevalence by LA (PDF) http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1203496957984 For PCT level data or further information: request from HPA South West regional office jo.jacomelli@hpa.org.uk
Late and very late HIV diagnoses (proportion of those newly diagnosed with HIV who had a CD4 cell count <350 (late))	CD4 surveillance, HPA	MSM, black Africans and black Caribbeans, young adults and injecting drug users by region: http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/AccessingHIVCare/
Proportion of HIV infected individuals seen for care by level of anti-retroviral therapy	Survey of Prevalent HIV Infections Diagnosed (SOPHID), HPA	Overview: http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/CD4TcellData/
Uptake of HIV testing in GUM clinics	National Chlamydia Screening Programme	LA level data: http://profiles.hpa.org.uk/IAS/dataviews/report/fullpage?viewid=42&reportid=40&indicator=i426&date=2008- Local data: request from HPA South West regional office jo.jacomelli@hpa.org.uk National, regional and LA level: http://www.apho.org.uk/addons/_118373/atlas.html By sexual orientation: http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SexualHealthProfilesAndIndex/SexualHealthProfilesPerformance/
Sexually transmitted infections (excluding HIV)		
Rate of chlamydia diagnoses	GUMCAD, HPA and National Chlamydia Screening Programme (NCSP)	National, regional and LA level data (including NCSP and non NCSP): Table 2 & 7: http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1201094610372 Quarterly data on NCSP website http://www.chlamydia-screening.nhs.uk/rs/data.asp
Chlamydia testing: coverage and positivity NCSP/ non NCSP	National Chlamydia Screening Programme	National, regional, PCT and LA level data: http://www.chlamydia-screening.nhs.uk/ps/data.asp
Hospital admissions for pelvic inflammatory disease	HES data compiled by the NHS Information Centre	Data extracted and analysed by the South West Public Health Observatory http://www.apho.org.uk/resource/item.aspx?RID=74114
New diagnoses of syphilis	GUMCAD, HPA	National, regional and LA level data: STI annual data table, (tables 2 and 10): http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1201094610372
New diagnoses of gonorrhoea	GUMCAD, HPA	National, regional and LA level data: STI annual data table, (tables 2 and 8): http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1201094610372
New diagnoses of anogenital herpes simplex virus	GUMCAD, HPA	National, regional and LA level data: STI annual data table, (tables 2 and 9): http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1201094610372
New diagnoses of anogenital warts	GUMCAD, HPA	National, regional and LA level data: STI annual data table, (tables 2 and 11): http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1201094610372

Data	Source	Where the data can be found
Contraception		
First contacts with women at NHS community contraceptive clinics by primary method of contraception and age	NHS Information Centre	National, regional and PCT level data: http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/contraception
Community contraceptive clinic attendances by provider	NHS Information Centre	National, regional and PCT level data: http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/contraception
NHS provision of emergency contraception	NHS Information Centre	National, regional and PCT level data: http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/contraception
Maternity		
Live births per 1,000 women aged 15-44 (General Fertility Rate)	ONS	National, regional and LA level data: http://www.ons.gov.uk/ons/rei/vs0b1/birth-summary-tables-england-and-wales/index.html
Ectopic pregnancies per 100 deliveries	NHS Information Centre (HES data)	National data: http://www.hesonline.nhs.uk/Ease/serve/ContentServer?siteID=1937&categoryID=1815 Regional and PCT level data: try contacting the responsible statistician (named on the National dataset spreadsheet) at enquiries@ic.nhs.uk .
Number of IVF cycles (NHS and private) and number of live births per treatment	Human Fertilisation and Embryology Authority	National data: http://www.hfea.gov.uk/104.html Clinic data: http://guide.hfea.gov.uk/guide/AdvancedSearch.aspx
Abortions		
Abortion rate per 1,000 female population aged 15-44, by age and week of gestation	Department of Health	National, regional and PCT level data: http://transparency.dh.gov.uk/2012/05/29/abortion-statistics-2011/
Proportion of repeat abortions in women aged under 25	Department of Health	National, regional and PCT level data: http://transparency.dh.gov.uk/2012/05/29/abortion-statistics-2011/
Cervical cancer and screening		
Percentage of all cervical smear tests taken in clinics and GP practice settings	NHS Information Centre	National, regional and PCT level data: http://www.ic.nhs.uk/statistics-and-data-collections/screening/cervical_screening
New registrations of cervical cancer in adult female population	UK Cancer Information Service (UKCIS)	Regional and PCT level data: http://www.ncin.org.uk/cancer_type_and_topic_specific_work/cancer_type_specific_work/gynaecological_cancer/gynaecological_cancer_hub/profiles.aspx
Uptake of HPV vaccine	Department of Health	National, regional and PCT level data: http://immunisation.dh.gov.uk/category/data-and-statistics/
Young people		
Rate of teenage conception in under 18 year olds and under 16 year olds, by outcome	ONS and Department for Education	National, regional and LA level data: http://www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/teenagepregnancy/a0064898/under-18-and-under-16-conception-statistics

Key: GUMCAD = GenitoUrinary Medicine Clinic Activity Dataset; SOPHID = Survey of Prevalent HIV Infections Diagnosed; HANDD = HIV and AIDS New Diagnoses and Deaths Database; GUMAMM = Genitourinary Medicine Access Monthly Monitoring; NCSP = National Chlamydia Screening Programme

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Rationale

1. Interventions to address harmful behaviours

1a. Establishment of SARC's in each area that accept self referrals

Rape and sexual assault can have long term effects on the lives of victims. Sexual assault referral centres (SARC's) exemplify how organisations can work in partnership to coordinate and simplify the pathway for victims to access wider healthcare, social care and criminal justice processes to improve individual health and well-being, as well as criminal justice outcomes. There are also significant benefits to the NHS, especially when considered in the context of sustainable quality, innovation, productivity and prevention (QIPP). DH published A Resource for Developing Sexual Assault Referral Centres in 2009. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107570.

1b. Rate of police recorded rape of women

The importance of sexual assault and its adverse effects on health has been highlighted through the inclusion of an indicator on violent crime including sexual violence in the Public Health Outcomes Framework. This indicator has been included to provide contextual information.

1c. Percentage of those reporting sexual assault seen at SARC's

Whilst the provision of specialist services at SARC's has been improving it is important that key agencies such as the Police refer every victim of serious sexual assaults. This indicator has been included to provide contextual information.

1d. Percentage of completed brief alcohol intervention questionnaires

There is strong evidence between alcohol misuse and risky sexual behaviours. The delivery of a brief alcohol intervention in sexual health settings provides an opportunity to reduce multiple risk taking behaviours. The Office for Sexual Health recommends Integrated Sexual Health Service Specifications should include commissioning of alcohol brief intervention and methods to allow commissioners to formally evaluate alcohol IBA. This is on the basis of NICE public health guidance on preventing harmful drinking, which recommends that: "NHS professionals should routinely carry out alcohol screening as an integral part of practice....These discussions should also take place when promoting sexual health....Where screening everyone is not feasible or practicable, NHS professionals should focus on groups that may be at an increased risk of harm from alcohol and those with an alcohol-related condition. This includes people who regularly attend GUM clinics or repeatedly seek emergency contraception...".

2. Sexual and reproductive health

2a. LARC prescription rate per 1,000 women, GP services

Long Acting Reversible Contraception is defined in the guideline as contraceptive methods that require administration less than once per cycle or month. NICE recommendations on LARC (October 2005) state these methods are more reliable than the oral contraception pill, where user error often results in unplanned pregnancy. The additional cost of providing these methods is more than offset by the cost savings related to abortion and births. All currently available LARC methods are more cost effective than the combined oral contraceptive pill, even at 1 year of use. NICE estimates LARC usage could save in excess of £200,000 per 100,000 women. This is aggregated data for all LARC methods. The NICE Public Health Guidance, *Prevention of Sexually Transmitted Infections and Under 18 Conceptions* recommends the increased use of LARC, greater awareness of LARC methods and improved one to one interventions. The South West has a region-wide training programme to increase uptake of LARC methods through implementation of the NICE LARC Guidance and create region-wide equity and consistency of LARC provision by increasing the number of fitters of all LARC methods for all healthcare professionals (HCPs) across the Local Authorities (both those that hold the DFSRH/RCN equivalent and those who do not).

2b. Percentage of GP practices offering LARC

Improved uptake of effective contraception has the greatest impact of reducing conception rates and therefore is a priority in strategies to reduce under 18 conception rates. 75% of all women visit their GP in the first instance for contraception advice. LARC practices indicates a practice that can offer all contraception methods (Implant, IUD/IUS and injection). Currently there is low LARC delivery in primary care. Information on percentage of practices offering LARC has been included for background information. The South West LARC training programme has had a specific focus on training nurses and doctors working in primary care.

2c. Percentage of repeat abortions in <25 year olds and >35 year olds

Repeat abortions represent unplanned conceptions, which can be seen as a failure of contraception service provision either in terms of access or availability of the most appropriate method for individual women at the time. Supply and fitting of LARC methods should be available at point of abortion procedure.

2d. Percentage of abortions within 9 weeks

Reducing the delay in obtaining abortion saves the NHS between £645,000—£30 million per year². The earlier an abortion takes place the lower the risk of complications and the more cost effective it will be.

2e. Abortions by method (medical/ surgical)

The medical versus surgical procedures indicator is not able to distinguish between local anaesthetic outpatient based surgical procedures (manual vacuum aspiration) and theatre based surgical procedures. Manual vacuum aspiration allows for all forms of long acting reversible contraception to be fitted at the time of procedure as oppose to 4 weeks after early medical abortion. Local areas should review their services to ensure services are offering the best care to women that meet their needs and are clinically and cost effective.

2f. Rolling average rate of conceptions in under 18 year olds

Reducing teenage conceptions and improving outcomes for teenage parents reduces health inequalities and child poverty. Between 1998-2011 England has seen a 34.1% decline in the under 18 conception rate to 30.7 per 1,000, the lowest level for 20 years. However rates remain high compared to other Western European countries. In the South West rates have declined by 30.7% to a rate of 27.3 per 1,000 in 2011. For teenage pregnancy resources see: <http://www.apho.org.uk/resource/view.aspx?RID=116355>.

3. Access

3a. Access to appointments at GUM services over the weekend

To improve access to services so that infections are diagnosed and treated efficiently service users seeking access to genitourinary medicine services should be offered an appointment within 48 hours. In order to achieve this genitourinary medicine services should provide a weekend service with booked appointments. Public Health Teams will provide the Office with information relating to GUM service availability at weekends. The Office will then allocate a RAG rating.

3b. Percentage of services (inc sexual health) accredited as young people friendly.

The *You're Welcome* criteria aims to improve acceptability, accessibility and quality of services for young people. In July 2010, the Coalition Government confirmed that the 'You're Welcome' quality criteria for young people friendly health services will continue as Department of Health sponsored guidance for helping local health services put young people's needs at the centre of what they do. Service improvement and redesign is an ongoing process.

The Department of Health anticipates services reviewing their commitment to providing young people friendly services and checking that young people's experience of their service is as they would wish. The South West has developed a young people friendly badging scheme based on verification of You're Welcome Standards being met. Details are available on the South West Relationship and Sex Education Hub. Only services that have been verified and moderated through a locally determined process as achieving *You're Welcome* (or an equivalent local badging scheme criteria) are captured as part of this monitoring report.

4. Sexually transmitted infections and HIV

4a. Combined rate of syphilis and gonorrhoea

This indicator supports local monitoring of sexually transmitted infections. The combined rate of new diagnoses of gonorrhoea and syphilis in GUM has been chosen because these are important bacterial infections which in most cases are managed in GUM therefore the data for comparative purposes are robust. The rate in men who have sex with men have also been included as they are a high risk group for acquiring these infections.

4b. Rate of new acute STIs in 15 - 24 year olds

The distribution of sexually transmitted infections varies by age and other demographic factors. The burden of sexually transmitted infections is greatest in young people and therefore services should meet the needs of young people as well as other groups. This indicator has been chosen to monitor the trends in sexually transmitted infections among young people. As rates may reflect testing practices the percentage of people aged 15-24 tested for a sexually transmitted infection has also been included.

4c. Percentage coverage and positivity of chlamydia screening in all settings

Chlamydia is the most commonly diagnosed STI in under 25s, which if left untreated can lead to pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility. Chlamydia is easily diagnosed and easily treated. The screening programme needs to target those 15-24 year olds in settings where positivity rates are known to be highest or will miss the aim of the national programme to reduce chlamydia prevalence.

4d. Partner treatment rate for chlamydia in GUM

Testing and treatment of chlamydia will only have a limited impact on the burden of disease if sexual contacts are not also tested and treated as the index case may quickly become reinfected. Treatment and partner notification can reduce complications estimated to cost the NHS at least £100m per year.

4e. Rate of chlamydia diagnoses in all settings

This is a new outcome measure in the Public Health Outcomes Framework and reflects both coverage and positivity of chlamydia tests from all sites, linked to reducing prevalence. Local Authorities have been advised to proactively review and monitor their diagnostic rate and prepare for the likely level by aiming to achieve (or maintain) rates in the range 2,400/100,000 – 3,000/100,000 or higher in 2012/13.

4f. Percentage uptake of the HPV vaccine

The following information is taken from the Health Protection Agency website (<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/GenitalWarts>).

There are more than 100 types of HPV (human papillomavirus), including 40 which can infect the genital tract and are sexually acquired. Genital HPV infections are frequently asymptomatic and resolve without causing disease. However, certain HPV infections can cause cervical cancer, other cancers and genital warts. 13 types of HPV have been recognised by the WHO International Agency for Research on Cancer as being associated with cancer. HPV infections are extremely common in the sexually active population and are particularly common in the first few years after onset of sexual activity.

In the UK, a national HPV immunisation programme was introduced for all girls aged 12-13 years (school year 8) in Autumn 2008. From 2008 to August 2012 the immunisation programme used the bivalent HPV vaccine (CervarixTM, GlaxoSmithKline). From September 2012, 12-13 year old girls will be offered the quadrivalent vaccine (Gardasil, Sanofi Pasteur MSD) which protects against types 16 and 18 and also against types 6 and 11 (associated with the majority of genital warts).

4g. Percentage of sexual health service attendees accepting an HIV test

It is estimated that approximately 24% of persons with HIV are unaware of their infection. Individuals unaware of their infection are at risk of transmitting the infection and are also at risk of poorer outcomes as a result of starting treatment late or not at all. Provision of HIV testing in GUM clinics has been recommended since 2001 and the significant proportion of testing occurs in this setting. Through the expansion of the GUMCAD surveillance system to level 2 sexual health services it will be possible to also assess the levels of HIV testing and acceptance in community services.

4h. Rate of persons accessing HIV related care

The number of persons living with HIV and accessing care in England and the South West has increased continually since 2001 due to a variety of factors including better treatment and increased testing. HIV is an important public health issue and rates of persons accessing care alone are of limited value but used together with other indicators will be useful to monitor the impact of local strategies on the prevalence of HIV. One of the recommendations of the HPA's Time to Test for HIV report is that HIV testing in primary care and general medical admissions must be prioritized in areas with a high diagnosed HIV prevalence (more than 2 per 1,000 15-59 year olds) and among most at-risk populations in order to reduce late diagnoses and the proportion undiagnosed.

4i. Percentage of HIV diagnoses that were late

HIV infections that are diagnosed earlier lead to better outcomes and lower costs to the NHS. At the moment there is a high percentage of HIV infections that are diagnosed 'late' (taken as a CD4 cell count of below 350) and 'very late' (taken as a CD4 cell count of below 200). The Chief Medical Officer promotes increasing opportunistic testing in a wide range of settings. There are large variations in time of diagnosis by population groups, understanding these data is important for local service provision. The values should be interpreted with caution as the number of new diagnoses across the region is generally low and so a small change in the number of late diagnoses can have a large impact on the percentage.

Timescales of data

1. Interventions to address harmful behaviours

- 1a. Data available quarterly
- 1b. Data available annually
- 1c. Data not currently available
- 1d. Data not currently available

2. Sexual and reproductive health

- 2a. Data available annually
- 2b. Data available quarterly, based on intelligence collected
- 2c. Data are available approximately 6 months after the end of the complete year
- 2d. Data are available approximately 6 months after the end of the complete year
- 2e. Data are available approximately 6 months after the end of the complete year
- 2f. Data are available approximately every February a year in arrears

3. Access

- 3a. Data available quarterly
- 3b. Data available quarterly

4. Sexually transmitted infections and HIV

- 4a. Data available 10 weeks after the end of each quarter
- 4b. Data available 10 weeks after the end of each quarter
- 4c. Data available from NCSP, approximately 6 weeks after the end of each quarter
- 4d. Data available from NCSP, approximately 6 weeks after the end of each quarter
- 4e. Data available from NCSP, approximately 6 weeks after the end of each quarter
- 4f. Data available monthly from DH, 6 weeks after the end of each month
- 4g. Data available 10 weeks after the end of each quarter
- 4h. Data available approximately a year after the end of the year
- 4i. Data available approximately a year after the end of the year

Red Amber Green (RAG) rating

1. Interventions to address harmful behaviours

1a. Establishment of SARCs in each area that accept self referrals

No. 1

R = No access

A = Do not accept self-referrals outside of office hours or only open office hours but offer out of hours police call out

G = 24 hour access provided

No. 4

R = No forensic physicians or no SARC

A = Forensic physicians available but have delays to call out for some services or gender specified doctors

G = 24 hour access provided

No. 6

R = No service available

A = Service not available on current site or is available nearby

G = Service available

No. 8

R = No arrangements in place

A = Planning underway

G = Arrangements in place

1b. Rate of police recorded rape of women

No RAG rating

1c. Percentage of those reporting sexual assault seen at SARCs

No RAG rating

1d. Percentage of completed brief alcohol intervention questionnaires

No RAG rating

2. Sexual and reproductive health

2a. LARC prescription rate per 1,000 women, GP services

Percentage change from 2007-2008 given

2b. Percentage of GP practices offering LARC

No RAG rating

2c. Percentage of repeat abortions in <25 year olds and >40 year olds

No RAG rating

2d. Percentage of abortions within 9 weeks

No RAG rating

2e. Abortions by method (medical/ surgical)

No RAG rating

2f. Rolling average rate of conceptions in under 18 year olds

No RAG rating

3. Access

3a. Access to appointments at GUM services over the weekend

R = No weekend service provision (*unable to meet regional target*)

A = Weekend service provision, no appointments (*potential to meet regional target*)

G = Weekend service provision with appointments (*meets regional target*)

3b. Percentage of services (including Sexual Health) accredited as young people friendly

No RAG rating

4. Sexually transmitted infections and HIV

4a. Combined rate of syphilis and gonorrhoea

No RAG rating

4b. Rate of acute STIs in under 25 year olds

No RAG rating

4c. Percentage coverage and positivity of chlamydia screening in all settings in 15-24 year olds

RAG for 2012/13 Q1-2 (NCSP 2010/11 internal trajectory rolled over to 2012/13 to support the rollover of the 2010/11 35% coverage target)

R = <10% (*Far short of NCSP internal trajectory*)

A = 10-<14% (*Under NCSP internal trajectory*)

G = ≥14% (*On or above NCSP internal trajectory*)

4d. Percentage of partners notified in GUM

No RAG rating

4e. Rate of chlamydia diagnoses in all settings in 15-24 year olds

No RAG rating but target rate between 2,400 - 3,000 per 100,000 15 - 24 year olds.

4f. Percentage uptake of the HPV vaccine

No RAG rating

4g. Rate of persons accessing HIV related care

No RAG rating

4h. Percentage of HIV diagnoses that were late

No RAG rating

4i. Percentage of sexual health service attendees accepting an HIV test

No RAG rating

1. Interventions to address harmful behaviours

1a. Establishments of SARC's in each area that accept self referrals

Indicator

Key elements nos 1, 4, 6 & 8, from: A Resource for Developing Sexual Assault Referral Centres (SARC's). Published 21 Oct 2009 jointly by the Department of Health, Home Office and the Association of Chief Police Officers, highlighting the minimum elements essential for providing high-quality SARC's for victims of sexual violence and sexual abuse, including forensic medical examination.

No. 1 Twenty-four hour access, including arrangements for self-referrals, to crisis support, first aid, safeguarding, specialist clinical and forensic care in a secure unit.

No. 4 Access to forensic physicians and other practitioners who are appropriately qualified, trained and supported and who are experienced in sexual offences examinations for adults and children.

No. 6 The medical consultation includes a **risk assessment** of harm/self harm, together with an assessment of vulnerability and sexual health; **immediate access to emergency contraception**, post exposure prophylaxis (PEP) or other acute, mental health or sexual health services and follow-up as needed.

No. 8 Well co-ordinated interagency arrangements are in place, involving local third sector service organisations supporting victims and survivors, and are reviewed regularly to support the SARC in delivering to agreed care pathways and standards of care.

SARC	Areas covered by SARC	RAG			
		No. 1	No. 4	No. 6	No. 8
Avon & Somerset	BANES, Bristol, North Somerset, Somerset, South Gloucestershire	G	G	G	G
Gloucestershire	Gloucestershire	G	G	G	G
Swindon & Wiltshire	Swindon, Wiltshire	G	G	G	G
Dorset	Bournemouth & Poole, Dorset	A	A	G	G
Devon & Torbay*	Devon, Torbay	A	G	G	G
Plymouth*	Plymouth	G	G	G	A
Cornwall*	Cornwall	G	G	G	G

Summary

Torbay is covered by the Devon & Torbay SARC. The SARC provides a 24 hour service for police referrals. They have access to forensic physicians as part of the medical management. Emergency contraception is also part of the routine aftercare for victims. The SARC also has co-ordinated interagency arrangements in place.

*Cornwall, Plymouth and Devon and Torbay SARC's share a Peninsula SARC Strategy Forum and have one Clinical Director to standardise procedures and make best use of limited funding. This is considered good practice.

1. Interventions to address harmful behaviours

1b. Rate of police recorded rape of women

Indicator

Rate of police recorded rape per 100,000 female population all ages, 2009/10 to 2011/12. It should be noted that rape is under reported to the police and the figures may be higher than presented.

Source: Data for 'Community Safety Partnerships (CSPs)' obtained from the Office for National Statistics (ONS) on request. Apr 09/Mar 10 - Apr 11/Mar 12

Further information and to refer to comparator areas see Balance Scorecard for Sexual Health:

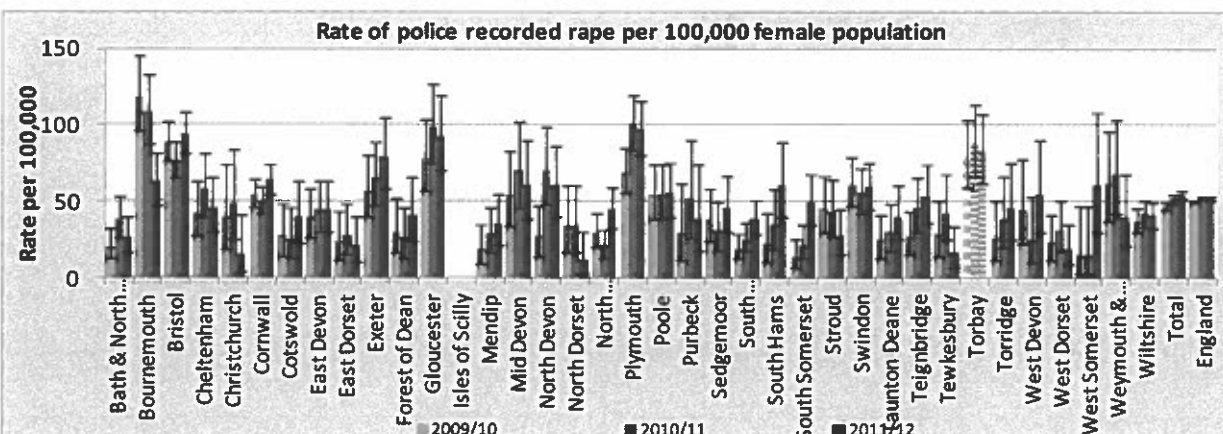
<http://www.apho.org.uk/addons/118373/atlas.html>

Summary

The rate of police recorded rape per 100,000 female population in Torbay was 82.6. This was higher than the Local Authority average rate (54.8 per 100,000) and England rate (52.1 per 100,000). This was also higher than the closest statistical neighbour, Isle of Wight, which had a rate of 53.7 per 100,000.

Over the past three years there has been no significant change in the rate of police recorded rape in Torbay. The rate rose from 79.5 per 1,000 in 2009/10 to 88.1 per 1,000 in 2010/11 before dropping again in 2011/12.

LA	2009/10	2010/11	2011/12
Bath & North East Somerset	21.1	38.6	26.7
Bournemouth	118.9	108.9	63.0
Bristol	88.6	76.4	94.3
Cheltenham	43.1	58.0	45.6
Christchurch	40.7	48.5	16.1
Cornwall	55.0	50.2	64.5
Cotswold	28.0	25.7	39.7
East Devon	40.6	45.0	44.9
East Dorset	24.1	28.4	22.1
Exeter	57.8	65.7	79.2
Forest of Dean	30.9	26.2	40.8
Gloucester	77.7	98.7	92.5
Isles of Scilly	0.0	0.0	0.0
Mendip	19.8	28.7	35.8
Mid Devon	54.4	70.1	60.5
North Devon	27.8	70.6	60.3
North Dorset	34.0	34.1	11.6
North Somerset	30.0	21.3	45.1
Plymouth	69.7	100.8	97.1
Poole	54.7	54.5	55.6
Purbeck	30.2	51.8	39.3
Sedgemoor	38.4	31.2	46.2
South Gloucestershire	19.8	25.7	38.5
South Hams	23.4	35.1	60.5
South Somerset	14.8	22.2	49.9
Stroud	46.0	44.0	27.9
Swindon	61.4	55.6	59.3
Taunton Deane	24.9	30.2	40.4
Teignbridge	27.4	45.7	53.0
Tewkesbury	29.1	43.0	16.7
Torbay	79.5	88.1	82.6
Torridge	27.1	38.8	45.9
West Devon	44.7	25.9	54.7
West Dorset	23.8	31.7	19.4
West Somerset	16.2	16.2	60.8
Weymouth & Portland	62.4	68.7	39.8
Wiltshire	37.6	42.1	41.0
Total	47.5	51.8	54.8
England	50.3	52.7	52.1



1. Interventions to address harmful behaviours

1c. Percentage of those reporting sexual assault seen at SARCs

Indicator

Percentage of those reporting a sexual assault, as in indicator 1b, to the police who are referred to a sexual assault referral centre. Please note that other agencies will refer victims to SARCs, which is not captured here.

Numerator source: Sexual Assault Referral Centres

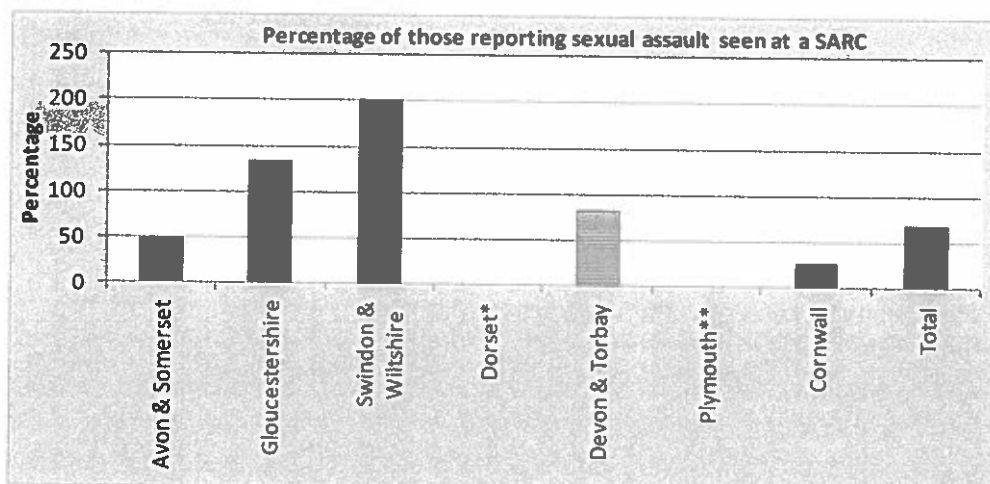
Denominator source: Data for 'Community Safety Partnerships (CSPs)' obtained from the Office for National Statistics (ONS) on request. April 2011 - March 2012.

SARC	Number of referrals	Number of assaults	Percentage referred
Avon & Somerset	219	447	49.0
Gloucestershire	189	141	134.0
Swindon & Wiltshire	322	160	201.3
Dorset*	-	150	-
Devon & Torbay	232	278	83.5
Plymouth**	-	126	-
Cornwall	47	177	26.6
Total	1009	1479	68.2

Summary

From April 2011 to March 2012 the Devon and Torbay SARC received 232 referrals from the Police service while the police recorded 278 sexual assaults against women. This represents a 83.5% referral rate from the Police to the SARC. Some cases may not be referred due to the case being historical and some victims will decline referral.

Please note that the Police may refer women to the SARC who require support but have not formally reported a sexual assault leading to a percentage higher than 100%. Referrals from other agencies are also not captured.



1. Interventions to address harmful behaviours

1d. Percentage of completed brief alcohol intervention questionnaires

Indicator

Percentage of attendees of a sexual health service who have received a brief alcohol intervention.

Source: sexual and reproductive health activity dataset. Code: 30

Summary

Data are not currently available and it is estimated that all services will be reporting by April 2015.

This indicator is included in preparation and to facilitate local discussions about the NICE guidance and new studies on alcohol intervention and brief advice in sexual health settings.

2. Sexual and reproductive health

2a. LARC prescription rate per 1000 women, GP services

Indicator

Rate of GP prescribed long-acting reversible contraception (LARC) per 1,000 registered female population aged 15-44, 2011/12. LARC includes Implant, IUD/IUS and injection.

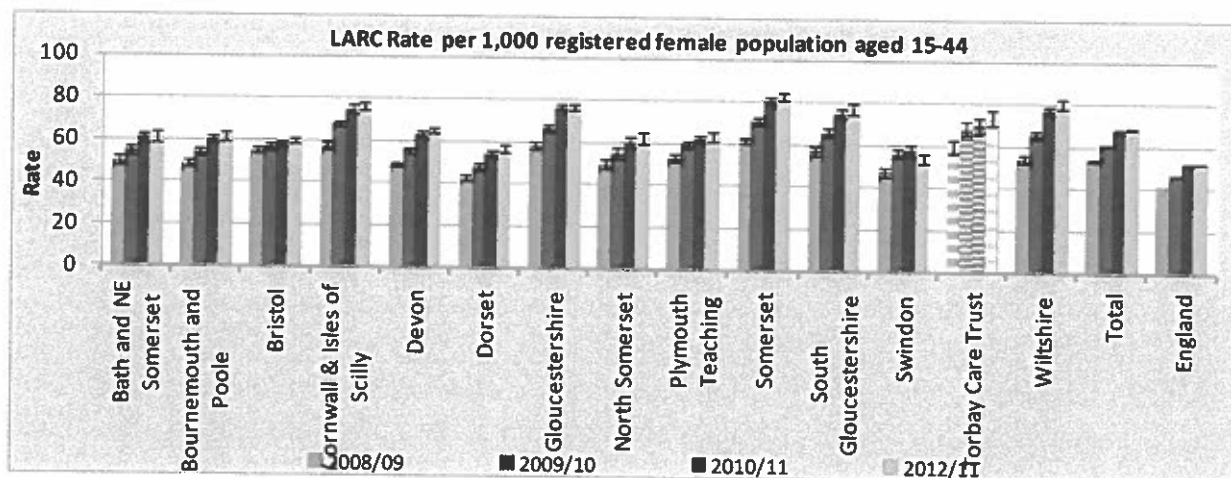
Source: NHS Information Centre for Health and Social Care Information.

PCT	Rate per 1,000 2011/12	% change 08/09 11/12
Bath and NE Somerset	61.1	22.6
Bournemouth and Poole	61.6	27.1
Bristol	59.5	8.0
Cornwall & Isles of Scilly	75.8	32.0
Devon	65.4	34.2
Dorset	56.4	31.9
Gloucestershire	76.7	31.3
North Somerset	62.0	24.4
Plymouth Teaching	63.4	19.9
Somerset	82.7	34.2
South Gloucestershire	77.1	34.7
Swindon	53.2	12.4
Torbay Care Trust	73.1	21.9
Wiltshire	80.3	48.5
Total	68.8	28.3
England	52.4	26.3

Summary

The rate of GP prescribed LARC per 1,000 registered female population aged 15-44 in Torbay has increased by 21.9% from 2008/09 (59.9 per 1,000) to 2011/12 (73.1 per 1,000), the fourth lowest increase in the region. The LARC prescription rate in Torbay was higher than the local authority average rate (68.8 per 1,000) and the national rate (52.4 per 1,000) for 2011/12.

All the areas in the region have primary care LARC prescribing rates above the England average (52.4 per 1,000).



2. Sexual and reproductive health

2b. Percentage of LARC GP practices

Indicator

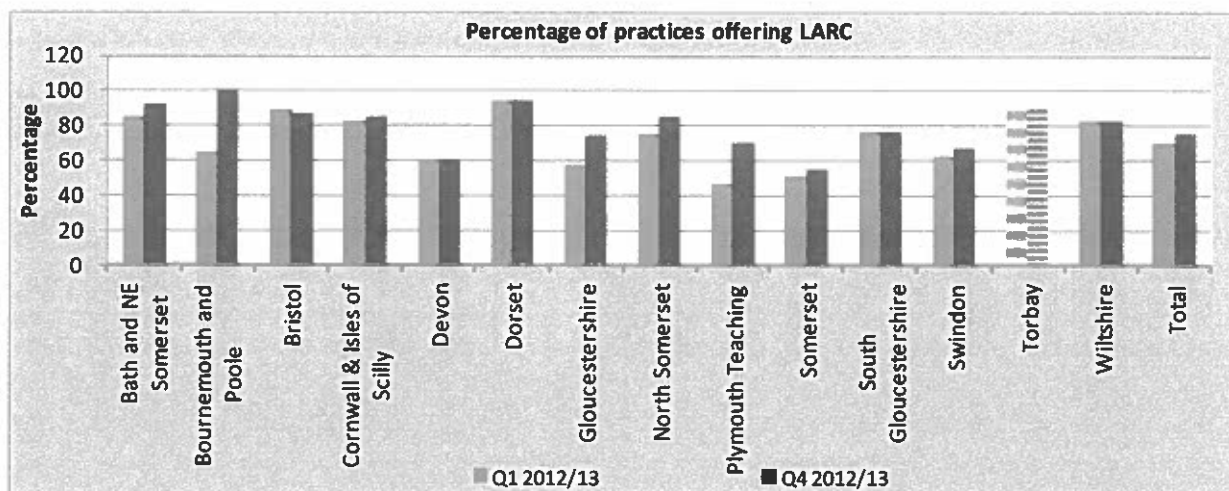
Percentage of practices that can offer all methods of LARC (Implant, IUD/IUS and injection). Information as of July 2013.

Source: Data provided by the Public Health teams.

PCT	% Practices offering LARC	
	Q1 2012/13	Q4 2012/13
Bath and NE Somerset	85.2	92.6
Bournemouth and Poole	65.1	100.0
Bristol	89.3	87.3
Cornwall & Isles of Scilly	82.9	85.5
Devon	60.4	60.4
Dorset	94.8	94.8
Gloucestershire	57.6	74.0
North Somerset	76.0	85.0
Plymouth Teaching	46.5	70.0
Somerset	51.3	55.3
South Gloucestershire	76.9	76.9
Swindon	63.0	66.7
Torbay	90.0	90.0
Wiltshire	82.5	82.5
Total	70.5	75.1
England	-	-

Summary

The percentage of GP practices offering all methods of LARC in quarter 4 2012/13 was 90.0%, which was higher than the Local Authority average (75.1%). This was the fourth highest in the region and but there was no change from the percentage of GP practices offering LARC in quarter 1 2012/13 (90.0%).



2. Sexual and reproductive health

2c. Percentage repeat abortions all ages

Indicator

Percentage of abortions that are repeat abortions, 2009 - 2012.

Please note that in 2012 the data were presented by clinical commissioning group as opposed to PCT. PCTs align to all areas except Devon County which forms two CCGs and Dorset County which forms one.

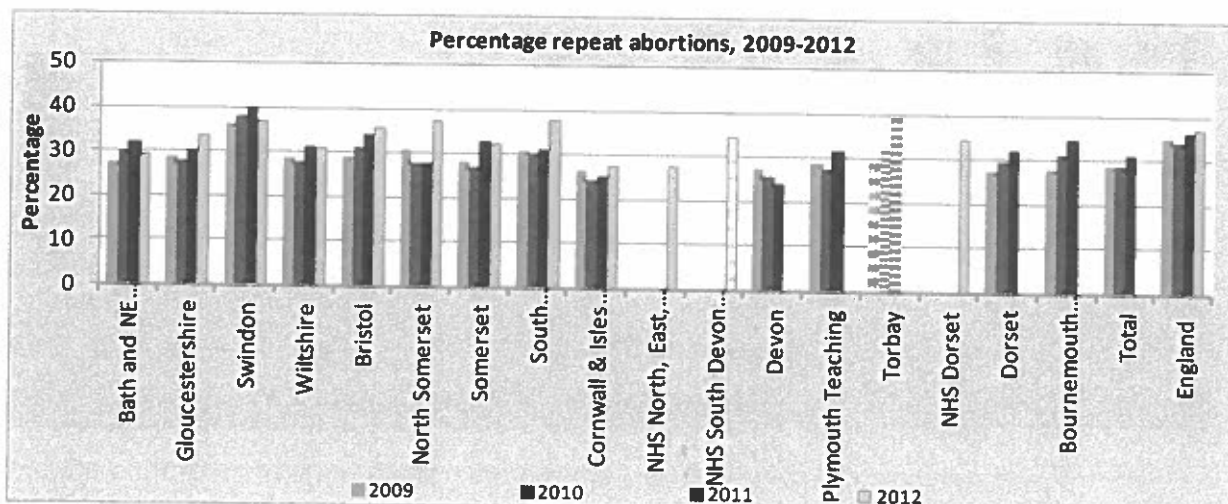
Source: Department of Health

PCT (2009-11)/ CCG (2012)	% repeat abortions				% change 2009-2012
	2009	2010	2011	2012	
Bath and NE Somerset	27.4	29.9	31.9	29.4	7.4
Gloucestershire	28.7	27.9	30.4	33.4	16.3
Swindon	36.5	38.1	40.1	36.9	1.2
Wiltshire	28.5	27.6	31.0	31.0	9.1
Bristol	28.8	31.2	34.1	35.6	23.5
North Somerset	30.8	27.8	27.8	37.1	20.6
Somerset	28.4	27.0	33.1	32.2	13.3
South Gloucestershire	30.8	30.2	31.1	37.7	22.3
Cornwall & Isles of Scilly	26.4	24.4	25.4	27.6	4.5
NHS North, East, West Devon				27.5	
NHS South Devon and Torbay				34.6	
Devon	27.2	25.7	23.9		
Plymouth Teaching	28.5	27.2	31.7		
Torbay	29.5	31.8	39.4		
NHS Dorset				34.4	
Dorset	27.4	29.6	32.1		
Bournemouth and Poole	27.7	31.0	34.4		
Total	28.7	28.8	31.3	36.9	6.1
England	34.8	34.2	36.1	36.9	6.1

Summary

In April 2012 commissioning responsibility for abortion services transferred to Clinical Commissioning Groups (CCGs), therefore the 2012 data are presented by CCG area. Although not directly responsible for these services Sexual Health Commissioners in Public Health may wish to continue monitoring abortion statistics due to impacts on other services such as contraception and the health of the wider population.

The percentage of repeat abortions for the NHS South Devon and Torbay CCG was 34.6% for 2012 which was lower than England average (36.9%). It was the fourth highest percentage of repeat abortions across the CCGs in 2012. Unfortunately it is not possible to directly compare the 2012 percentage with those of previous years due to a change in boundaries.



2. Sexual and reproductive health

2d. Percentage abortions within 9 weeks

Indicator

Percentage of abortions carried out between 3 and 9 weeks of gestation (9 weeks is defined as 9 completed weeks plus up to 6 days), 2009 - 2012.

Please note that in 2012 the data were presented by clinical commissioning group as opposed to PCT. PCTs align to all areas except Devon County which forms two CCGs and Dorset County which forms one.

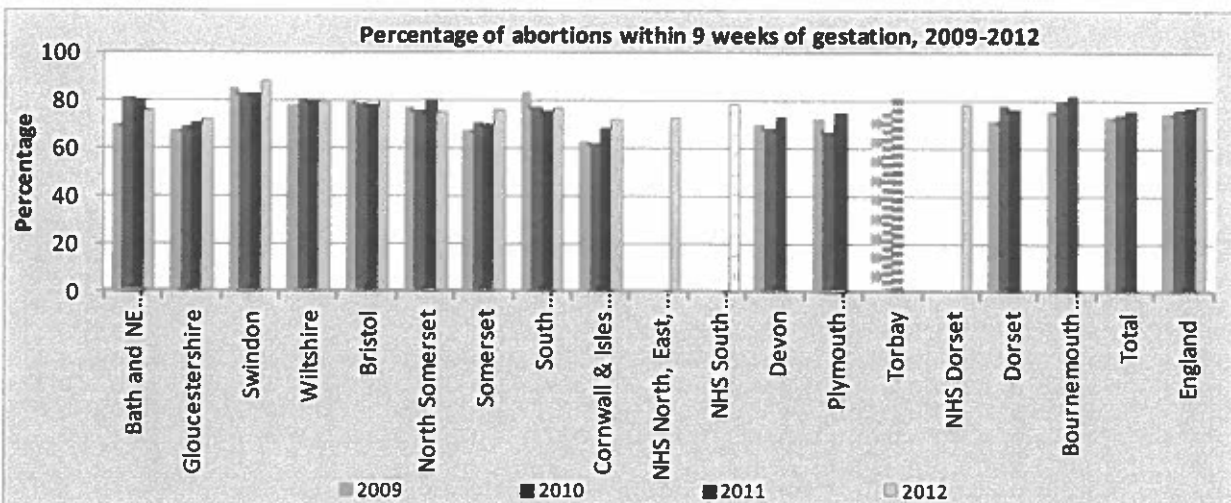
Source: Department of Health.

PCT (2009-11)/ CCG (2012)	% within 9 weeks				% change 2009-2012
	2009	2010	2011	2012	
Bath and NE Somerset	69.8	81.0	80.5	76.3	9.3
Gloucestershire	67.9	69.6	70.6	72.5	6.8
Swindon	85.2	83.1	83.3	87.8	3.1
Wiltshire	78.1	80.9	80.1	79.1	1.2
Bristol	80.2	79.0	78.5	79.8	-0.6
North Somerset	77.3	75.9	80.6	75.3	-2.5
Somerset	67.5	70.9	70.3	76.4	13.2
South Gloucestershire	83.3	77.6	75.5	77.1	-7.5
Cornwall & Isles of Scilly	62.8	62.4	68.5	72.4	15.3
NHS North, East, West Devon				72.8	
NHS South Devon and Torbay				78.6	
Devon	70.3	68.4	73.6		
Plymouth Teaching	72.2	67.2	74.6		
Torbay	73.8	75.7	81.2		
NHS Dorset				78.4	
Dorset	71.6	77.8	76.7		
Bournemouth and Poole	75.9	79.8	82.3		
Total	73.5	74.0	76.0		
England	75.1	76.9	77.7	77.8	3.6

Summary

The percentage of abortions carried out within 9 weeks was 78.6% for NHS South Devon and Torbay in 2012. This was slightly higher than the England average (77.8%). It was the fourth highest percentage of abortions within 9 weeks in the region.

Unfortunately it is not possible to directly compare the 2012 percentage with those of previous years due to a change in boundaries. However, between 2009 and 2011 the percentage of abortions carried out within 9 weeks increased by 10%.



2. Sexual and reproductive health

2e. Percentage abortions medical vs surgical

Indicator

Percentage of abortions carried out by medical and surgical procedures, 2009 - 2012.

Please note that in 2012 the data were presented by clinical commissioning group as opposed to PCT. PCTs align to all areas except Devon County which forms two CCGs and Dorset County which forms one.

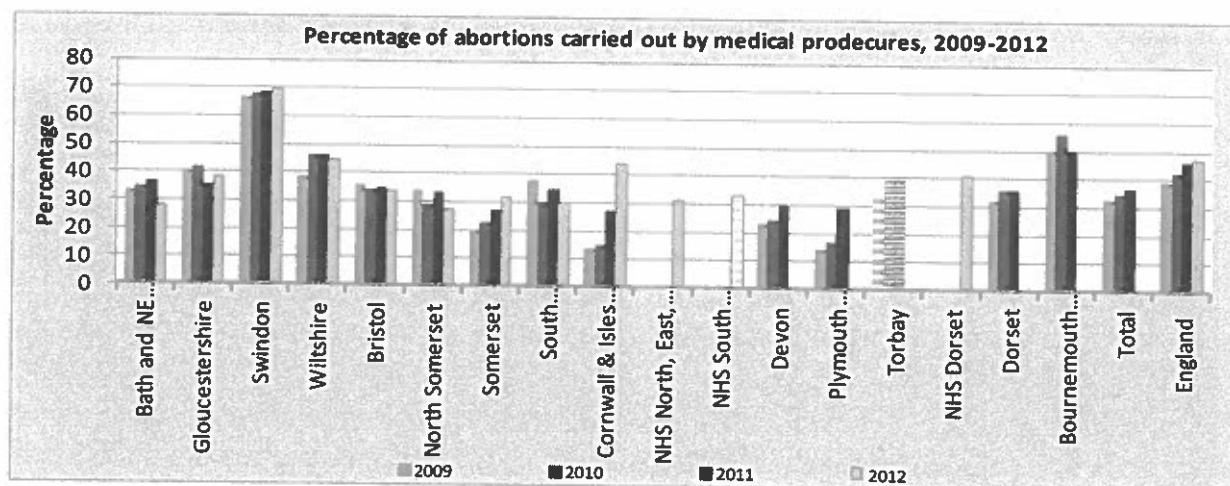
Source: Department of Health.

PCT (2009-11)/ CCG (2012)	% Medical				% change 2009-2012
	2009	2010	2011	2012	
Bath and NE Somerset	33.2	35.0	36.4	27.9	-16.1
Gloucestershire	40.5	41.5	35.7	38.0	-6.0
Swindon	66.5	68.2	68.6	69.4	4.3
Wiltshire	38.5	46.0	46.1	44.4	15.2
Bristol	35.9	34.3	35.1	33.9	-5.4
North Somerset	34.4	29.1	33.3	27.4	-20.4
Somerset	20.0	22.4	27.2	31.8	58.7
South Gloucestershire	37.8	29.8	34.4	29.9	-20.8
Cornwall & Isles of Scilly	13.9	15.2	27.1	44.3	217.9
NHS North, East, West Devon				31.4	
NHS South Devon and Torbay				33.6	
Devon	23.5	24.7	29.6		
Plymouth Teaching	14.4	16.7	28.8		
Torbay	33.5	39.1	39.0		
NHS Dorset				41.0	
Dorset	32.0	35.8	36.3		
Bournemouth and Poole	49.6	55.9	50.1		
Total	33.0	34.7	36.9		
England	39.0	42.2	46.4	47.4	21.6

Summary

The percentage of abortions carried out by medical procedure was 33.6% for NHS South Devon and Torbay CCG in 2012. This was lower than the England average (47.4%).

Unfortunately it is not possible to directly compare the 2012 percentage with those of previous years due to a change in boundaries. The percentage of medical abortions had increased between 2009 (33.5%) and 2010 (39.1%) but there was no change in 2011 (39.0%). The lower percentage in the CCG may be due to the lower percentage of medical abortions carried out within the Devon area.



2. Sexual and reproductive health

2f. Rate of under 18 year old conceptions

Indicator

Rolling average rate of conceptions per 1,000 15-17 year old females by Top Tier Local Authority, April 2011 to March 2012 (provisional data).

Source: ONS and Teenage Pregnancy Unit, Department for Education.

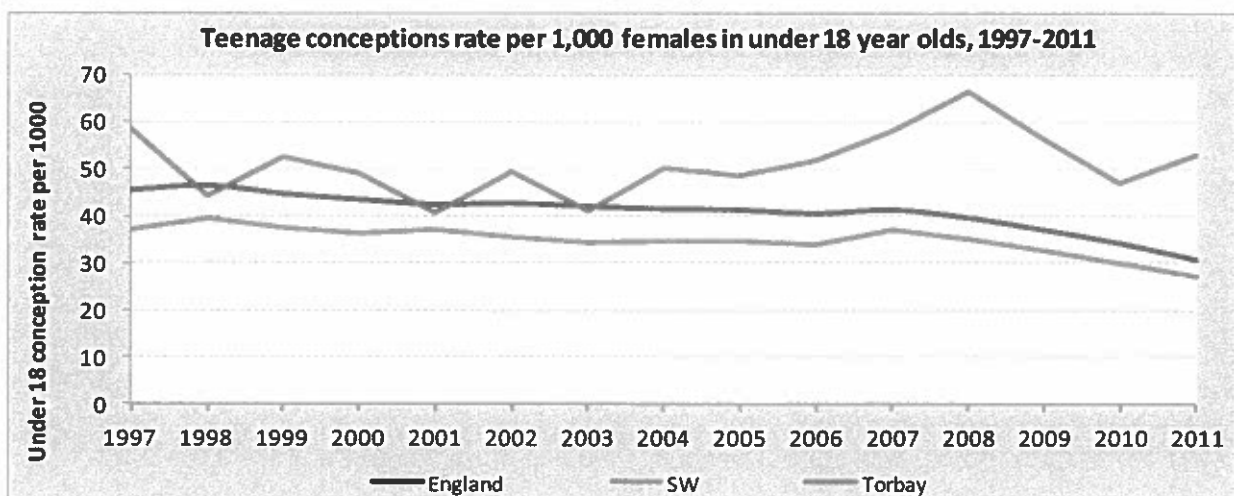
Denominator: the May 2013 revised mid year population estimates for 2002–2010 have been used to calculate the denominator for these years. All years prior to 2002 are based on the 2001 census mid year population estimates.

Local Authority	Average rate per 1,000 females Q2 '11 - Q1'12	% change of rate 1998 to 2011
Bath and NE Somerset	16.9	-44.1
Bournemouth	28.8	-38.6
Bristol	34.5	-34.9
Cornwall & Isles of Scilly	30.5	-23.9
Devon County	26.5	-21.0
Dorset County	23.5	-27.7
Gloucestershire	21.7	-48.3
North Somerset	24.3	-28.3
Plymouth	40.4	-20.3
Poole	29.3	-27.7
Somerset	28.5	-28.4
South Gloucestershire	19.5	-39.3
Swindon	28.8	-42.4
Torbay	57.7	20.1
Wiltshire County	23.8	-28.7
Total	27.5	-30.7
England	30.7	-34.1

Summary

The rate of conceptions in under 18 year olds in Torbay was 57.7 per 1,000 for Q2 2011 to Q1 2012. This was higher than the England rate (30.7 per 1,000) and was the highest rate in the region.

Torbay is the only area within the region to have seen an increase in the rate of under 18 year old conceptions between 1998 (58.5 per 1,000) and 2011 (53.1 per 1,000). While a decrease was seen between 1998 and 2003 there was a subsequent increase up to 2008, where the rate peaked at 66.4 per 1,000. Although the rate had been reducing again in the following two year there was a rise in 2011. Reducing teenage pregnancies remains a priority in Torbay.



3. Access

3a. Access to appointments at GUM services over the weekend

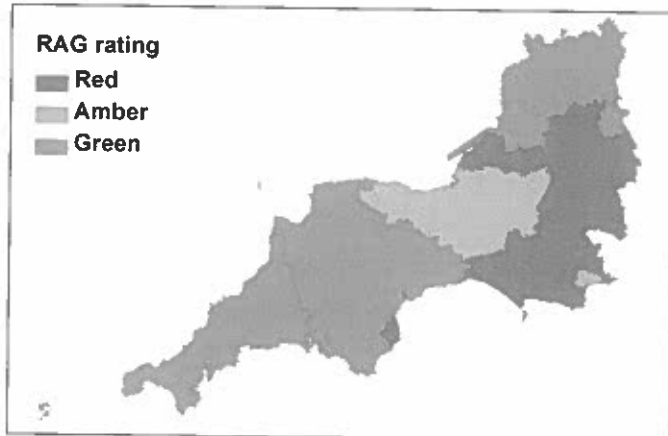
Indicator

Availability of weekend GUM service provision with appointments. This will be measured by quarterly reports from Public Health teams

Source: Public Health teams

RAG rating

- Red
- Amber
- Green



Local area	RAG
Bath and NE Somerset	R
Bournemouth and Poole	A
Bristol	G
Cornwall & Isles of Scilly	G
Devon	G
Dorset	R
Gloucestershire	G
North Somerset	R
Plymouth Teaching	G
Somerset	A
South Gloucestershire	G
Swindon	G
Torbay	R
Wiltshire	R
Total	R
England	-

Summary

Torbay Care Trust does not currently provide a weekend GUM service and therefore only meets the criteria for the red RAG rating.

3. Access

3a. Number of young people services in LA verified as meeting 'You're Welcome' standard

Indicator

Number of health services which have been accredited through a locally determined verification and moderation process which is aligned to the Department of Health *You're Welcome* quality criteria for assessing young people friendly services.

Source: Department of Health

Summary

Reduction in capacity and changes in personnel has made it difficult to take a more proactive role in recruiting more services and then supporting them. This has resulted in no further services being accredited as Young People Friendly in Torbay between quarter 1 and quarter 4 2012/13.

	Q1 2012/13 data		Q4 2012/13	
	Total no. of services verified as meeting YW (inc sexual health services)	No. of sexual health services verified as meeting YW	Total no. of services verified as meeting YW (inc sexual health services)	No. of sexual health services verified as meeting YW
Bath and NE Somerset	54	54	54	54
Bournemouth and Poole	5	5	5	5
Bristol	6	6	13	13
Cornwall & Isles of Scilly	23	4	23	4
Devon	9	4	9	4
Dorset	2	2	2	2
Gloucestershire	5	5	5	5
North Somerset	15	15	15	15
Plymouth Teaching	6	5	6	5
Somerset	13	12	19	19
South Gloucestershire	0	0	0	0
Swindon	3	3	3	3
Torbay	11	7	11	7
Wiltshire	11	11	17	16
Total	163	131	182	152

Please note, numbers correct as of 12/07/2013 and will not reflect services verified as meeting You're Welcome since this date

4. Sexually Transmitted Infections

4a. Combined rate of new diagnoses of gonorrhoea and syphilis in GUM

Indicator
Combined rate of new diagnoses of gonorrhoea and syphilis in GUM based on Upper Tier LA of patient residence, October to December 2012.

Numerator source: GUMCAD. Gonorrhoea codes: B1, B2, B5. Syphilis codes: A1, A2, A3.

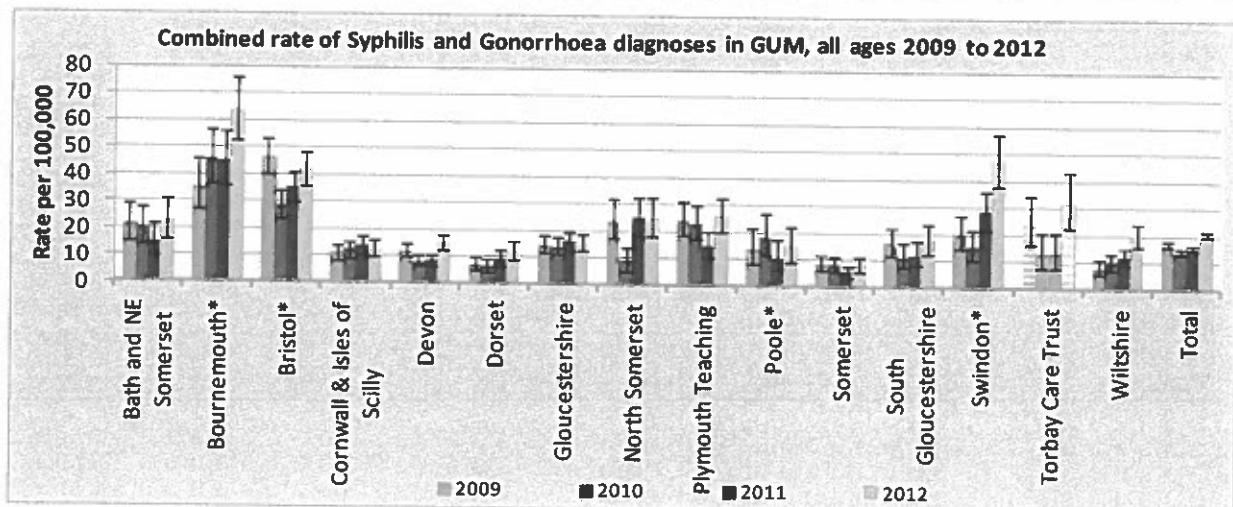
Denominator source: ONS mid 2011 LA population estimates. Estimated MSM population: 2.8% of the male population over 15 years of age are estimated to be MSM outside of London3. Higher estimates are used for Bournemouth, Poole, Bristol and Swindon (3.4%, national average % of MSM).

UTLA	Rate in all persons per 100,000	% change 2009-2012	Rate in MSM† per 100,000	% change 2009-2012
Bath and NE Somerset	9.7	6.8	249.1	28.4
Bournemouth*	14.7	77.7	527.9	281.6
Bristol*	15.7	-8.7	870.0	861.7
Cornwall & Isles of Scilly	3.5	12.2	148.4	49.9
Devon	4.1	26.1	176.2	1005.3
Dorset	2.7	74.6	-	0.0
Gloucestershire	4.2	4.3	103.1	219.9
North Somerset	3.4	3.4	0.0	184.7
Plymouth Teaching	7.8	5.0	372.0	24.1
Poole*	4.1	8.0	0.0	0.0
Somerset	1.1	-7.4	-	119.5
South Gloucestershire	6.5	5.5	300.7	352.3
Swindon*	16.2	135.4	207.4	38.0
Torbay Care Trust	8.4	31.7	-	300.0
Wiltshire	4.8	147.3	243.2	607.6
Total	6.1	24.8	248.5	230.8

Summary

The combined rate of gonorrhoea and syphilis in Torbay was 8.4 per 100,000 for October to December 2012. This was higher than the Local Authority average rate (6.1 per 100,000) and the fifth highest rate in the region. There was a 31.7% increase in the rate of gonorrhoea and syphilis in Torbay from 2009 (24.3 per 100,000) to 2012 (32.0 per 100,000). This was the fifth highest increase in infection in the region.

The rate of gonorrhoea and syphilis in MSM for October to December 2012 had been masked as the number was less than five. Between 2009 and 2012 the rate of gonorrhoea and syphilis in MSM rose by 300% from 337.6 per 100,000 to 1,350.3 per 100,000. This was the fifth highest percentage increase in the region and the rate in 2012 was the third highest in the region.



4. Sexually Transmitted Infections & HIV

4b. Rate of total STI diagnoses in people aged under 25 in GUM

Indicator

Rate of total STI diagnoses (chlamydia, gonorrhoea, syphilis, herpes and warts) per 10,000 people aged 15-24 years in GUM based on Upper Tier LA of patient residence, October to December 2012.

Numerator source: GUM-CAD. Codes: A1, A2, A3, B, B1, B2, B5, C4, C4A, C4B, C4C, C4H, C4N, C5, C5A, C6A, C8, C9, C10A, C11A and C12.

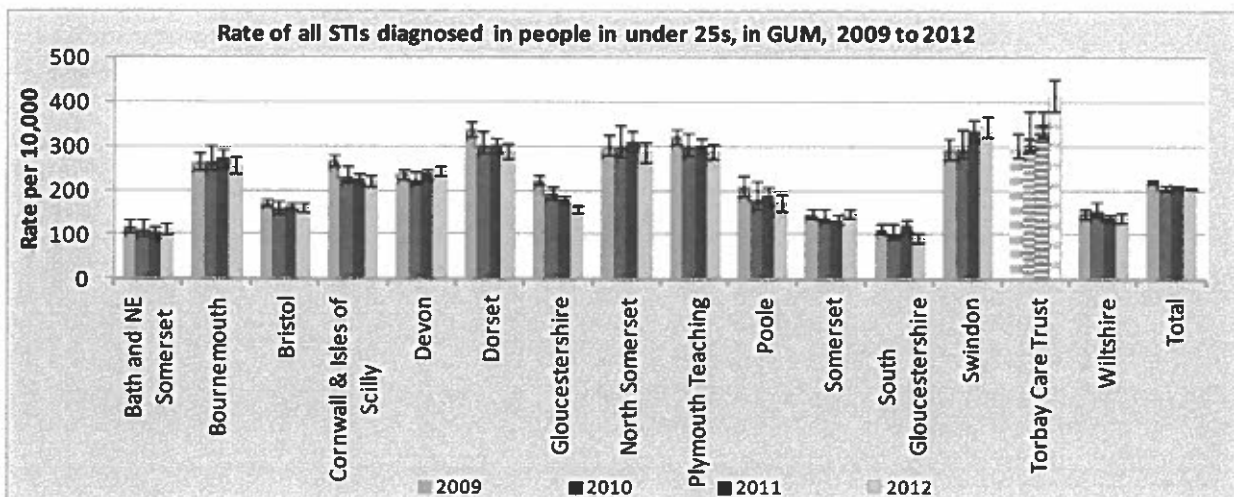
Denominator source: ONS mid year LA population estimates.

UTLA	Rate per 10,000	% change 2009-2012	% 15-24 year olds tested	% change 2009-2012
Bath and NE Somerset	28.5	-5.2	1.0	-8.3
Bournemouth	73.0	-3.6	2.3	-23.5
Bristol	39.1	-6.2	1.2	5.0
Cornwall & Isles of Scilly	49.7	-17.8	1.9	11.7
Devon	60.0	3.7	2.2	21.9
Dorset	69.7	-14.8	2.0	-2.2
Gloucestershire	38.4	-28.4	1.3	-10.8
North Somerset	55.7	-5.7	3.3	8.6
Plymouth Teaching	78.2	-10.7	2.8	3.9
Poole	48.8	-18.5	1.7	-15.9
Somerset	37.9	0.7	1.3	16.9
South Gloucestershire	20.2	-16.5	0.6	-0.7
Swindon	100.4	17.6	2.7	23.0
Torbay Care Trust	105.6	37.4	2.7	22.2
Wiltshire	31.6	-5.1	1.1	2.2
Total	51.1	-7.3	1.7	5.2

Summary

The rate of acute STIs in 15-24 year olds in Torbay was 105.6 per 10,000 for October to December 2012. This was the highest rate of acute STIs in the region. Between 2009 and 2012 there was a 37.4% increase from 302.8 per 10,000 to 416.1 per 10,000. This was the largest increase in acute STIs in young people in the region.

The percentage of 15-24 year olds tested for an acute STI in Torbay was 2.7% for October to December 2012. This was higher than the local authority average (1.7%) and was the third highest in the region. There was a 22.2% increase in the percentage of 15-24 year olds tested between 2009 (9.8%) and 2012 (12.0). This was the second largest increase in testing in the region.



4. Sexually Transmitted Infections & HIV

4c. Percentage coverage and positivity of chlamydia in all settings

Indicator

Percentage coverage and positivity of tests from all settings submitted to CTAD (Chlamydia Testing Activity Dataset) January to December 2012.

Denominator source: 15-24 year old population estimates are the mid year LA population estimates.

CTAD

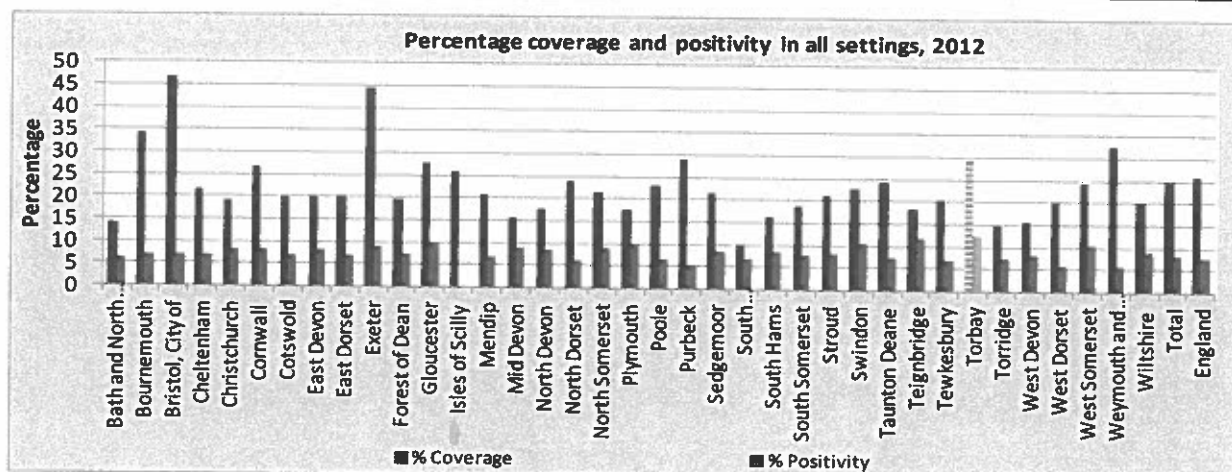
In 2012 CTAD replaced the NSCP, non-NCSP non GUM and GUM submissions of chlamydia screens. In the new system laboratories processing the specimens report the figures directly to PHE who collate the data. **Please note that the completeness of key fields such as postcode of residence in the 2012 is not as high as under NCSP and so records will have been assigned to LA based upon site of test or laboratory rather than residence.** Therefore the 2012 chlamydia figures should be interpreted with caution. Details of completion can be found on page 33.

Summary

The coverage of chlamydia screening in Torbay was 29.2% of 15–24 year olds. This was higher than the Local Authority average (24.8%) and national average (25.8%).

The percentage of persons testing positive was 12.5% in Torbay for 2012. This was higher than the national average (7.7%) and was the highest positivity in the region indicating appropriate targeting of screening.

LA	% Coverage	% Positivity
Bath and North East Somerset	14.0	6.2
Bournemouth	34.0	6.7
Bristol, City of	46.8	6.7
Cheltenham	21.4	6.9
Christchurch	19.3	7.9
Corwall	26.7	8.2
Cotswold	20.0	7.0
East Devon	19.7	7.9
East Dorset	20.0	6.7
Exeter	44.5	8.8
Forest of Dean	19.6	7.3
Gloucester	27.9	9.5
Isles of Scilly	25.7	<5%
Mendip	20.9	6.8
Mid Devon	15.5	8.9
North Devon	17.4	8.3
North Dorset	24.0	5.9
North Somerset	21.4	8.7
Plymouth	17.6	9.6
Poole	23.1	6.3
Purbeck	29.1	5.2
Sedgemoor	21.3	8.4
South Gloucestershire	10.1	7.0
South Hams	16.4	8.3
South Somerset	18.6	7.8
Stroud	21.2	8.1
Swindon	22.8	10.6
Taunton Deane	24.1	7.4
Teignbridge	18.2	11.5
Tewkesbury	20.5	6.9
Torbay	29.2	12.5
Torridge	14.9	7.2
West Devon	15.4	8.2
West Dorset	19.9	5.8
West Somerset	24.4	10.2
Weymouth and Portland	32.5	5.6
Wiltshire	20.0	8.8
Total	24.8	7.9
England	25.8	7.7



4. Sexually Transmitted Infections & HIV

4d. Partner treatment rate for chlamydia in GUM

Indicator

Proportion of partners attending a GUM clinic for chlamydia per index case diagnosed in a GUM clinic, 2011-2012. GUMCAD data only. Please note this data source does not include partner notification data from other settings i.e. GPs and pharmacies. Please contact your local provider for this data.

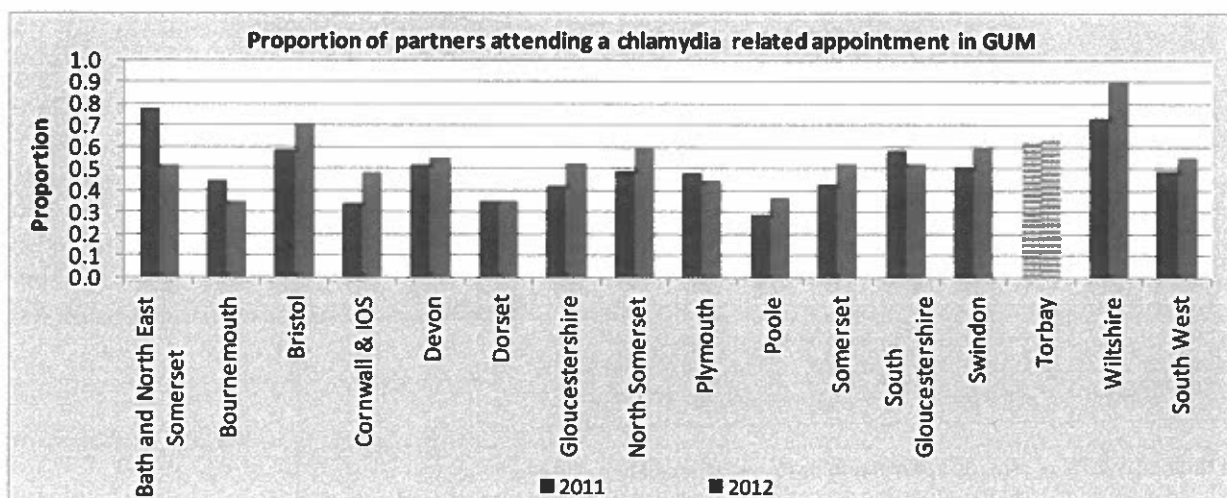
Source: Genitourinary medicine clinical activity dataset

Upper Tier Local Authority	2011	2012
Bath and North East Somerset	0.77	0.51
Bournemouth	0.45	0.35
Bristol	0.58	0.71
Cornwall & IOS	0.34	0.48
Devon	0.52	0.55
Dorset	0.35	0.35
Gloucestershire	0.42	0.52
North Somerset	0.49	0.59
Plymouth	0.48	0.45
Poole	0.29	0.37
Somerset	0.43	0.53
South Gloucestershire	0.58	0.53
Swindon	0.51	0.60
Torbay	0.62	0.64
Wiltshire	0.73	0.90
South West	0.49	0.55
England	-	-

Summary

The proportion of partners attending a chlamydia related appointment per index case diagnosed in GUM was 0.64 in Torbay for 2012. This was higher than the regional average (0.55) and was the third highest proportion in the region. However, there has only been a small increase in the proportion of partners attending from 2011 to 2012.

BASHH guidelines on partner notification state that male index cases with urethral symptoms should have all contacts in the four weeks prior to symptoms contacted. All other index cases should have all contacts in the six months prior to presentation contacted⁴. The performance standard for verified chlamydial partner notification is at least 0.4 contacts per index case for level 1, 2 and 3 sexual health services.



4. Sexually Transmitted Infections & HIV

4e. Rate of chlamydia diagnoses in all settings including GUM

Indicator

Rate of chlamydia diagnoses per 100,000 15-24 year olds. This includes diagnoses from NCSP, non-NCSP/non-GUM and GUM (Jan - Dec 2012) submitted to CTAD.

Numerator source: GUMCAD and NCSP data

Denominator source: 15-24 year old population estimates are the mid year LA population estimates

Summary

The rate of chlamydia diagnoses in Torbay was 3,644 per 100,000 for 2012. This was higher than the national average (1,979.1 per 100,000) and was the second highest rate in the region. It was also higher than the national diagnoses target of 2,300 per 100,000.

Torbay residents are likely to have their samples sent to the South Devon laboratory which had 52.4% of records with no NHS number and only 1.8% of non-GUM records had no postcode of residence. 98% of records submitted to the laboratory will therefore be assigned to the correct Local Authority of residence. Therefore the rate given will have a high degree of accuracy.

Percentage of tests with unknown or missing codes

Laboratory	Number of tests	NHS number	Postcode of residence (non-GUM tests)	Postcode of testing service	Testing service type
Corwall	22,814	51.1	10.3	7.8	6.0
Dorset County	16,533	76.5	29.0	78.9	43.2
Exeter	10,950	58.9	52.7	60.4	74.3
Gloucester	29,677	38.3	6.3	25.7	0.0
Great Western	22,118	71.2	0.9	25.9	0.0
Northern Devon	8,415	62.3	3.1	0.2	0.2
PHE Bristol	104,515	61.5	62.1	0.1	0.2
Plymouth	10,898	59.9	19.2	2.7	0.0
Poole	30,733	55.0	16.9	0.0	0.0
Salisbury	5,718	51.0	9.2	6.8	4.9
South Devon	11,590	52.4	1.8	100.0	0.0
Taunton	26,691	40.1	5.7	6.0	0.5

LA	Diagnoses rate per 100,000
Bath and North East Somerset	873.8
Bournemouth	2,290.1
Bristol, City of	3,142.3
Cheltenham	1,476.6
Christchurch	1,532.5
Comwall	2,193.9
Cotswold	1,396.8
East Devon	1,567.9
East Dorset	1,335.1
Exeter	3,910.9
Forest of Dean	1,424.0
Gloucester	2,657.2
Isles of Scilly	1,197.6
Mendip	1,414.3
Mid Devon	1,379.6
North Devon	1,437.0
North Dorset	1,417.3
North Somerset	1,865.6
Plymouth	1,687.7
Poole	1,458.2
Purbeck	1,504.7
Sedgemoor	1,781.0
South Gloucestershire	702.8
South Hams	1,363.0
South Somerset	1,440.6
Stroud	1,713.6
Swindon	2,413.4
Taunton Deane	1,792.2
Teignbridge	2,094.7
Tewkesbury	1,418.2
Torbay	3,644.0
Tomridge	1,075.8
West Devon	1,262.1
West Dorset	1,149.8
West Somerset	2,495.7
Weymouth and Portland	1,819.1
Wiltshire	1,766.2
Total	1,953.0
England	1,979.1

Nationally 28% of records are missing postcode of residence.

Locally we would like to reduce the percentage of records with unknown postcode of residence to below 3% and post-code of testing service to less than 1%. Testing service type should be recorded for all tests.

4. Sexually Transmitted Infections & HIV

4f. Percentage uptake of third dose HPV vaccine

Indicator

Percentage uptake of third dose vaccine amongst 12-13 year old females. 2008/09—2011/12 annual data.

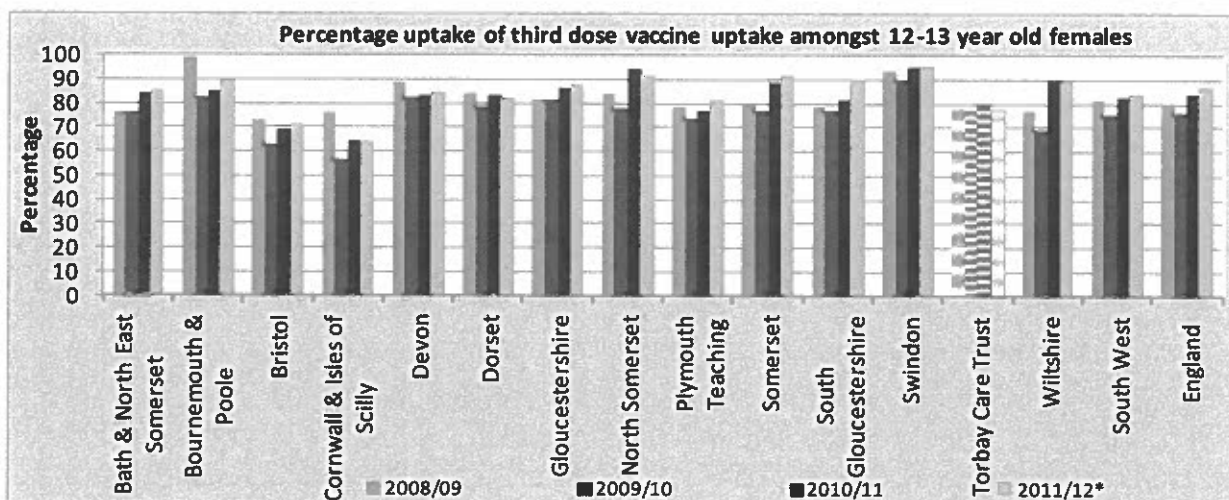
Source: Department of Health

*2011/12 provisional data

PCT	Percentage uptake				Direction of change 08/09-11/12
	2008/09	2009/10	2010/11	2011/12*	
Bath and NE Somerset	75.9	76.3	83.7	85.4	↑
Bournemouth and Poole	98.9	82.3	84.8	89.4	↓
Bristol	72.9	62.8	69.1	70.9	↓
Cornwall & Isles of Scilly	76.3	56.9	64.4	64.2	↓
Devon	88.8	82.8	83.5	84.3	↓
Dorset	84.1	78.3	83.1	82.3	↓
Gloucestershire	81.8	81.3	86.1	87.9	↑
North Somerset	84.2	78.1	94.4	91.7	↑
Plymouth Teaching	78.4	73.7	76.6	81.4	↑
Somerset	79.9	77.2	88.7	91.4	↑
South Gloucestershire	78.7	76.7	81.7	90.2	↑
Swindon	93.7	89.6	94.8	95.2	↑
Torbay	79.6	77.9	80.2	77.9	↓
Wiltshire	77.3	69.3	89.7	89.2	↑
Total	81.9	75.2	82.3	83.8	↑
England	80.1	76.4	84.2	86.8	↑

Summary

The percentage uptake of HPV vaccine (3rd dose) for 2011/12 was 77.9% for Torbay. This was lower than the Local Authority average (83.8%) and England average (86.8%) and was the third lowest in the region. Overall the percentage uptake of the third dose of the HPV vaccine has decreased from 79.6% in 2008/09 to 77.9% in 2011/12 however this is only a 2% change. Uptake has remained relatively stable of the four years of the programme.



4. Sexually Transmitted Infections & HIV

4g. Percentage of sexual health service attendees offered and accepting an HIV test

Indicator

Percentage of persons attending a GUM clinic who have been offered and percentage who have accepted an HIV test, 2009—2012. Attendances by known HIV patients or where a test was not appropriate have been excluded.

Only % offered an HIV test shown.

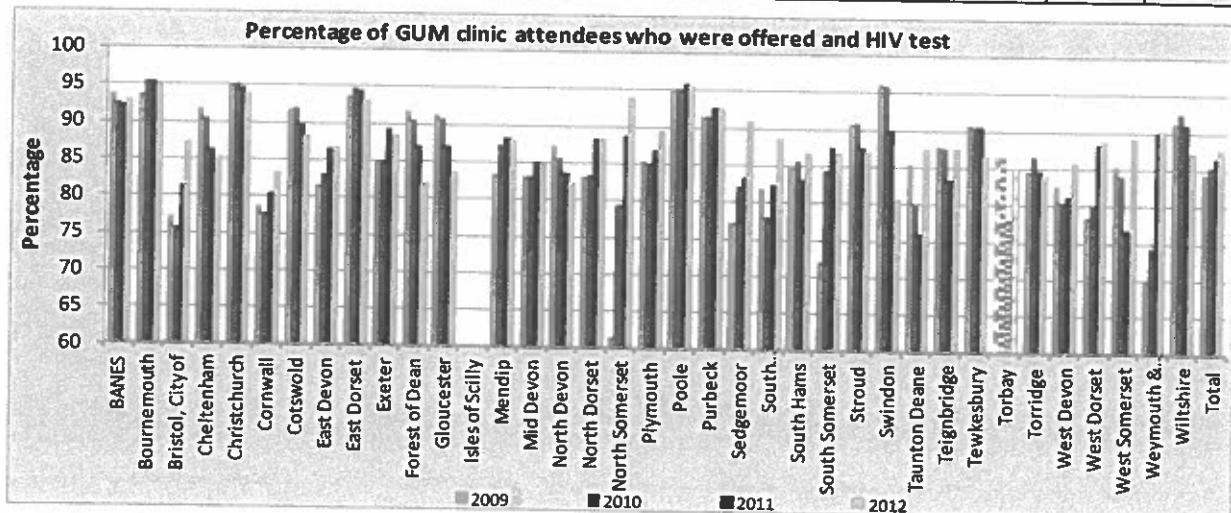
Source: GUMCAD (Genitourinary medicine clinical activity dataset).

Summary

In Torbay 85% of persons attending a GUM clinic were offered an HIV test. This was slightly lower than the Local Authority average (88%). However, it was similar to the rate in 2009 and 2010.

The percentage of persons attending GUM who accepted the HIV test was 59% for 2012. This was a decrease from 62% in 2009. Torbay had the second lowest percentage of person having an HIV test in the region in 2012.

Local Authority	% offered HIV test			
	2009	2010	2011	2012
BANES	94	92	92	93
Bournemouth	94	96	95	95
Bristol, City of	77	76	81	87
Cheltenham	92	90	86	85
Christchurch	95	95	95	94
Cornwall	79	78	80	83
Cotswold	92	92	90	88
East Devon	82	83	87	87
East Dorset	94	95	95	93
Exeter	85	85	89	88
Forest of Dean	92	90	87	82
Gloucester	91	91	87	84
Isles of Scilly	0	0	0	0
Mendip	83	87	88	88
Mid Devon	83	83	85	85
North Devon	87	86	84	82
North Dorset	83	83	88	88
North Somerset	62	80	89	94
Plymouth	85	85	87	89
Poole	95	95	96	96
Purbeck	91	92	93	93
Sedgemoor	77	82	83	91
South Gloucestershire	82	78	83	89
South Hams	85	86	83	87
South Somerset	72	85	88	87
Stroud	91	91	87	87
Swindon	96	96	90	81
Taunton Deane	85	80	76	87
Teignbridge	88	88	83	88
Tewkesbury	91	91	91	86
Torbay	87	87	78	85
Torridge	85	87	85	84
West Devon	83	80	81	86
West Dorset	79	80	88	89
West Somerset	85	84	77	89
Weymouth & Portland	70	74	90	90
Wiltshire	91	93	91	87
Total	84	85	87	88



4. Sexually Transmitted Infections & HIV

4h. Rate of persons accessing HIV related care per 1,000 persons

Indicator

Rate of persons accessing HIV related care per 1,000 persons aged 15-59 years. Cases are assigned to LA based on postcodes of residence.

Numerator source: SOPHID (Survey of Prevalent HIV Infections Diagnosed).

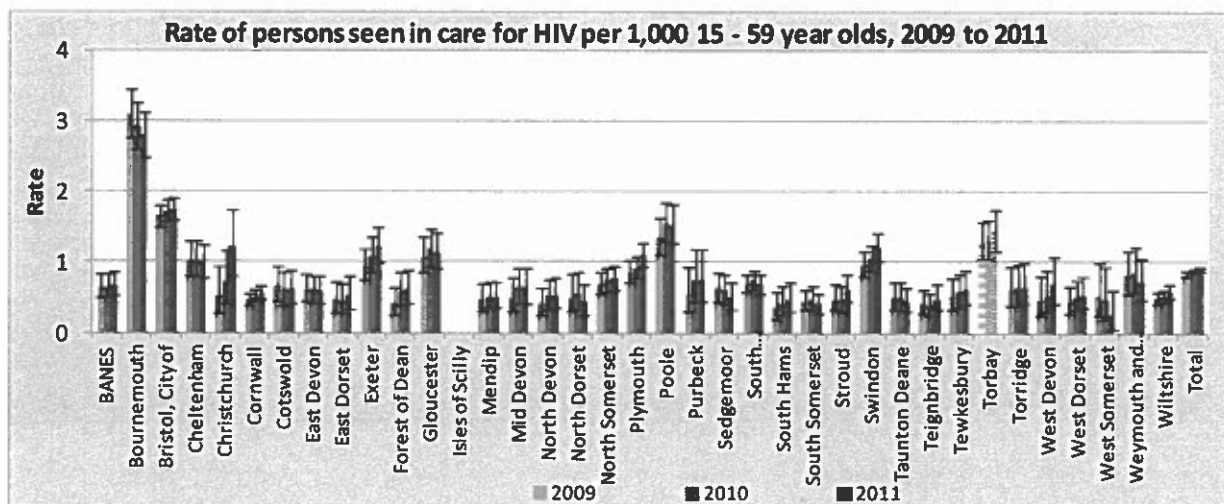
Denominator source: ONS mid year LA population estimates.

Summary

The rate of persons accessing HIV related care in Torbay was 1.43 per 1,000 15-59 year olds in 2011. This was higher than the Local Authority average rate (0.92 per 1,000). It was the fourth highest rate in the region for 2011.

Between 2009 and 2011 there has been a 10% increase in the rate of persons accessing HIV related care. This increase will be due to new diagnoses and persons living long due to antiretroviral therapy.

Local Authority	Rate per 1000			Trend 2009-2011
	2009	2010	2011	
BANES	0.65	0.85	0.67	↑
Bournemouth	3.10	2.92	2.80	↓
Bristol, City of	1.85	1.71	1.75	↑
Cheltenham	1.04	1.03	0.99	↓
Christchurch	0.53	0.71	1.21	↑
Cornwall	0.47	0.51	0.56	↑
Cotswold	0.66	0.60	0.62	↓
East Devon	0.61	0.60	0.59	↓
East Dorset	0.46	0.44	0.53	↑
Exeter	0.94	1.09	1.23	↑
Forest of Dean	0.41	0.59	0.61	↑
Gloucester	1.09	1.18	1.13	↑
Isles of Scilly	-	-	-	-
Mendip	0.48	0.51	0.51	↑
Mid Devon	0.50	0.63	0.63	↑
North Devon	0.41	0.51	0.53	↑
North Dorset	0.51	0.55	0.43	↓
North Somerset	0.70	0.74	0.77	↑
Plymouth	0.87	0.92	1.10	↑
Poole	1.36	1.55	1.53	↑
Purbeck	0.55	0.76	0.76	↑
Sedgemoor	0.63	0.60	0.50	↓
South Gloucestershire	0.70	0.73	0.88	↓
South Hams	0.35	0.42	0.48	↑
South Somerset	0.48	0.48	0.41	↓
Stroud	0.48	0.47	0.61	↑
Swindon	0.96	1.06	1.22	↑
Taunton Deane	0.51	0.51	0.45	↓
Teignbridge	0.43	0.38	0.48	↑
Tewkesbury	0.53	0.57	0.61	↑
Torbay	1.30	1.31	1.43	↑
Torridge	0.61	0.64	0.65	↑
West Devon	0.46	0.53	0.70	↑
West Dorset	0.44	0.51	0.54	↑
West Somerset	0.53	0.48	0.24	↓
Weymouth and Portland	0.82	0.86	0.71	↓
Wiltshire	0.49	0.53	0.59	↓
Total	0.84	0.89	0.92	↑



4. Sexually Transmitted Infections & HIV

4i. Late diagnoses, percentage with CD4 cell count <350

Indicator

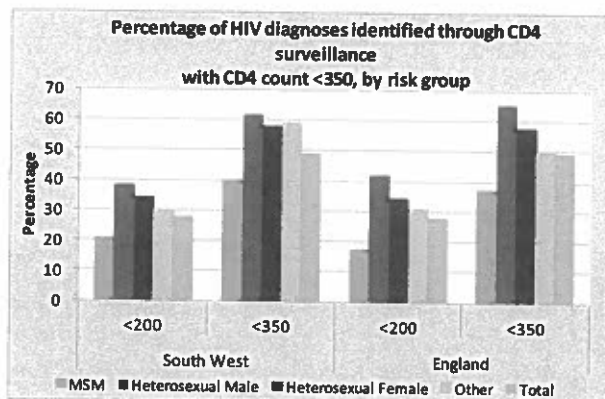
Percentage of new diagnoses of HIV with a CD4 cell count of less than 350 per mm³ between 2009 and 2011.

Source: Integrated HIV surveillance data (Survey Of Prevalent HIV Infections Diagnosed (SOPHID), HIV and AIDS New Diagnoses Database (HANDD) and CD4 Surveillance).

Summary

In Torbay percentage of HIV new diagnoses identified through CD4 surveillance with a CD4 count of less than 350 between 2009 and 2011 was 69.2% which was higher than the regional average of 49.5%. This was the fourth highest percentage of late diagnoses in the region. The percentage of late diagnoses has also increased slightly from 66.7% in 2008/10.

62% of heterosexual male, 58% of heterosexual females and 40% of men who have sex with men in the South West had new diagnoses with a CD4 cell count less than 350/mm³.



LA	2008-2010	2009-2011
BANES	51.6	50.0
Bournemouth	36.0	30.4
Bristol, City of	51.1	52.6
Cheltenham	72.2	42.9
Christchurch	-	50.0
Cornwall	70.6	63.2
Cotswold	50.0	57.1
East Devon	38.9	30.8
East Dorset	-	40.0
Exeter	63.6	57.1
Forest of Dean	40.0	42.9
Gloucester	48.5	65.0
Isles of Scilly	-	-
Mendip	55.6	70.0
Mid Devon	28.6	16.7
North Devon	83.3	60.0
North Dorset	-	-
North Somerset	75.0	65.0
Plymouth	54.2	45.1
Poole	65.7	48.7
Purbeck	66.7	40.0
Sedgemoor	41.7	25.0
South Gloucestershire	57.1	46.7
South Hams	-	-
South Somerset	60.0	60.0
Stroud	69.2	57.1
Swindon	51.3	55.6
Taunton Deane	75.0	70.0
Teignbridge	44.4	-
Tewkesbury	50.0	40.0
Torbay	66.7	69.2
Torridge	-	-
West Devon	-	-
West Dorset	20.0	-
West Somerset	-	-
Weymouth and Portland	72.7	80.0
Wiltshire	42.1	42.9
Total	53.5	49.5

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