Report for Information to the Health & Wellbeing Board for RBWM

Contains Confidential or Exempt Information	No
Title	Health and Wellbeing Board update – NHS sexual health services - indicators and future commissioning responsibilities
Responsible Officer(s)	Dr Angela Snowling (Assistant Director of Public Health, NHSBE)
Contact officer, job title and phone number	Dr Angela Snowling (Assistant Director of Public Health, NHSBE) 01753 636859
Member reporting	Dr Pat Riordan
For Consideration By	RBWM Health & Wellbeing Board
Date to be Considered	September
Implementation Date if Not Called In	By April 2013
Affected Wards	"All"
Keywords/Index	Sexual health, Chlamydia, HIV, contraception, young people's drop in centres

1. Report Background

The Health and Social Care Act (DH, 2012) sets out the future commissioning responsibilities for the various agencies that collectively will be accountable for the full range of sexual health and genitourinary medical services.

Local authorities will be responsible for commissioning services for: chlamydia screening, contraception services, sexual health promotion, the diagnosis and treatment of sexually transmitted infections, for HIV awareness campaigns and for post diagnosis HIV and other psychosexual counselling.

Local authority responsibility also includes ensuring that specialist sexual health and teenage pregnancy services are commissioned for young people and currently Windsor Medical Services deliver a service to young people who do not access alternative provision.

The final responsibility for local authorities will include monitoring of any locally enhanced services to deliver long acting reversible contraception. Nearly all of RBWM's general practices have an accredited professional who can deliver such a service and funding for 2013-14 has been assured during transition to continue the current level of service. It is important to note that locally enhanced services are provided only to patients within that practice as the funds belong to the clinical commissioning group although public health takes a monitoring role.

The NHS Commissioning board will retain responsibility for commissioning sexual abuse and rape centres in partnership with the police, for termination services, for acute genitourinary treatment costs (cross charging where necessary) and HIV treatment costs.

General practitioners (GPs) will retain responsibilities for the provision of services in their

general medical core contract responsibilities. This includes the provision of oral contraception through the prescribing budget which will remain managed by local clinical commissioning groups but monitored by public health.

2. Report Summary

This report describes the services currently commissioned within the NHS that will transfer to local authorities and includes a technical appendix which covers performance and activity. It does not cover the separate RBWM commissioned service at St Marks Hospital.

National comparative performance data is published annually on the Sexual Health Scorecard available at http://www.apho.org.uk/default.aspx?QN=SBS_DEFAULT
A July 2012 release has just been published and RBWM is currently red (i.e statistically worse than England rates) against three indicators, Chlamydia screening rates, Chlamydia diagnoses and HIV test uptake. Further comparative indicators are produced on the Health Protection Agency Instant Atlas website which includes a new national indicator for Human Immunodeficiency (HIV) late diagnoses. Late diagnosis is defined as a CD4 cell count of less than 350 cells/mm^3 and RBWM is also red on that indicator although numbers are small. This site will include contraception data in future which is also provided in this report.

In this context this report describes actions that have been taken to improve these outcomes and makes suggestions for the board to consider to further improve outcomes.

Long acting reversible contraception and prescribing data is provided from various sources and suggestions are made to provide a consistent approach for monitoring this in future

HIV data is supplied as is the progress towards implementing HIV screening in acute and new entrant settings.

National commissioning frameworks for the provision of integrated sexual health services will be introduced post April 2013. As yet this does not imply a national tariff for wider sexual health services but there is a clear intention for an HIV tariff to be introduced from April 2013. This report describes how integrated services are being introduced

3. Details of Update / Information

Further performance updates will be supplied to the Health and Wellbeing Board in line with the release dates set nationally. These are currently annual (latest Scorecard released in July 2012) but are scheduled to increase in frequency once new reporting systems are in place from April 2013 onwards.

4. Risks and Implications

The risks and mitigations identified in this report are in relation to performance for the positivity rates for Chlamydia screening, for early identification of HIV and increasing the uptake of HPV vaccinations.

Provision of NHS commissioned sexual health services

The sexual health promotion team within the public health workforce provides peer education programmes, support for campaigns and work in a range of young people settings. Around 40 young people were trained as peer educators in 2011-12. The team do outreach work in colleges and schools and deliver national and local campaigns. The team supports youth groups, schools, colleges, voluntary groups, looked after children, drug and alcohol teams, child and adolescent health services, supported housing units, sports clubs, cultural groups, public engagements, festivals.

Their role is principally an educational one, myth busting, raising awareness, enabling people to access self testing kits, The team is supported by health activists work with a range of groups for whom English is a second language. The team advise on social media (eg. Website, Facebook, Twitter etc), external media management and support local events throughout the year.

It is important to note that the team have identified a gap in provision for people in their 40's who are starting new relationships and that provision of services should include increased awareness of sexually transmitted infections for all ages.

Chlamydia screening services work closely with the health promotion team and operate in a range of young people settings. A small central team commissions laboratory tests and validates the returns from a large range of providers as well as providing follow up advice and signposting where necessary to other services. In a recent mystery shopper exercise the team used health activists to visit every practice in East Berkshire to see how easy it was to access self test kits. The results of this exercise, which was based on You're Welcome guidance, will inform future marketing.

The Chlamydia Screening Programme (CSP) advertise sexual health service young person clinics through their Berkshire website www.getyourkitoff.co.uk , through Twitter and Face Book and on the reverse of business size information cards, these are widely distributed across East Berkshire.

Treatment for Chlamydia is effective and costs are low as a single dose of antibiotics is required. Substantial improvements have been made in uptake and positivity but new national targets mean that more remains to be done to increase access for young people

Contraceptive and family planning services are provided by three routes.

- Local general practices are mandated nationally under their GMC or PMS contracts to provide oral contraception. Results are shown in Table 1 below for 2011-12. This work is monitored via prescribing leads in each locality.

- Local practices also pool finances to offer provision of a range of long acting reversible contraception which is highly effective. Under this arrangement every practice has access to an accredited professional who can perform this work. Public health monitor the performance of this service and will continue to do so when in local authorities.

- The specialist sexual health service also offers long acting and emergency contraception and complex contraception interventions - operated by Berkshire Healthcare Foundation Trust (BHFT). This information is reported by an annual return to the Department of Health

Table 1 describes the range of provision. BHFT reported the total number of first contacts for contraception as 6636 for females (all ages) and 654 for males of which 300 were advice in relation to male vasectomies. Vasectomies will become the commissioning responsibility for the NHS Commissioning board in future.

A key issue is that due to the multiple reporting systems and the fact that BHFT provide both sexual health and contraception services it will be vital to report sexual health contacts separately. The service is working to provide benchmarked disaggregated data by locality. This will be a key development as in 2011-12 as 9645 BHFT first contacts for females were reported for 'reasons other than contraception' and 9144 were for males from a total of 30,004 contacts.
NB prescribing information in Table 1 does not equate to numbers of users. Doses of oral contraceptives are reported at practice rather than at patient level.

Table 1 Contraceptive methods provided 2011-12 (all ages)

Contraception method	**Specialist GUM service (all Berkshire East sites) 2011-12 (Source KT31)**	**Locally enhanced service 2011-12 RBWM (Source TVPCA)**	**Prescribing doses 2011-12 RBWM (Source prescribing lead)**
Combined oral contraception	2112	Not part of LES	15250
Progesterone only	948	Not part of LES	4661
Injectables	475	1475	2319
Intrauterine devices	518	49	153
Intrauterine systems	396	80	448
Implants	721	36	327
Condoms (male)*	1448	Not part of LES	Not applicable
Hormonal post coital contraception	812	Not part of LES	466
Contraceptive patches	129	Not part of LES	105
LES = locally enhanced service. TVPCA = Thames Valley Primary Care Trust KT31 = annual return to the Department of Health now replaced with SRHAD2 Prescribing information is collated by the prescribing leads from GP returns on the EPEX system			

The range of costs varies from £5.58 per injectable to £81.39 for a Myrena intrauterine system. Whilst clinical determination will influence choices there is scope to improve the consistency of offer to patients.

In addition to condom provision through the dedicated sexual health service on average about £10,000 of male condoms are distributed annually free to under 19s across Berkshire East through sexual health promotion outreach sites etc**.**

Access to contraception services via young peoples outreach services

There are two main providers of service Berkshire Healthcare Foundation Trust and Windsor Medical Services . The latter is a GP lead service which employs two nurse prescribers

- 1745 young people were reported as using the 153 clinic sessions for young people in BHFT GUM services across Berkshire East (on average 10 per session) No details of the range of provision can be provided at this time (BHFT provision at St Marks is separately commissioned by RBWM)

- The results of a 4 month audit by Windsor Medical Services between March and June 2012 show that 302 people were seen, the vast majority of the interventions described were; sex education (279), condom provision (264), pregnancy tests (30), oral contraception (54), long acting reversible contraception (10) and 45 were screened for Chlamydia. Data for these months included quiet periods when school and colleges had broken up or students had started study leave. In some months such as September to December the activity will be three times the above.

Uptake of sexual health and genitourinary attendances The following represents a typical month in November 2011.

Table 2 Percentage of attendances which are first attendances at genitourinary clinics

Organisation	Genito-Urinary all attendances	Genito-Urinary first attendances	Percentage of all attendances that are first attendances
KINGSTON PCT	935	731	78
BROMLEY PCT	933	644	69
HILLINGDON PCT	1,183	772	65
RICHMOND AND TWICKENHAM PCT	841	610	73
SUTTON AND MERTON PCT	1,823	1,359	75
BERKSHIRE WEST PCT	1,706	1,403	82
BERKSHIRE EAST PCT	1,373	1,164	85
England	185,137	130,355	70

Source GUMMAMM Nov 2011

Berkshire East (at 85%) was significantly above the England average of 70% in 2011 and compared to the same time in November 2010 has improved, as shown in Table 3 below.

Table 3. Percentage of attendances which are first attendances at genitourinary clinics

Organisation	Genito-Urinary all attendances	Genito-Urinary first attendances	Percentage of all attendances that are first attendances
KINGSTON PCT	814	610	75
BROMLEY PCT	817	571	70
HILLINGDON PCT	1,135	727	64
RICHMOND AND TWICKENHAM PCT	725	533	74
SUTTON AND MERTON PCT	1,680	1,272	76
BERKSHIRE WEST PCT	1,341	1,117	83
BERKSHIRE EAST PCT	1,369	1,109	81
England	173,088	121,458	70

– Source GUMMAMM Nov 2010

Recommendations

The board is requested to note the actions described in this report and in the technical appendix to improve the following public health outcomes

- Increasing Chlamydia uptake and positivity rates
- Increasing HIV uptake of tests and reducing late diagnoses
- Increasing HPV uptake
- Increasing access to young people's sexual health services in areas of low uptake

The board is requested to note work is underway with a range of providers this year to improve reporting mechanisms to inform future commissioning decisions in 2013-14

.

Technical appendix – trends in sexually transmitted infections

1.1.1 Trends in chlamydia

The Health Protection Agency notes that
'*Genital Chlamydia trachomatis ('chlamydia') is the most commonly reported bacterial sexually transmitted infection (STI) in England. Over 186,000 new cases were diagnosed in 2011, with sexually active young adults remaining at highest risk of infection. Chlamydia often has no symptoms but can lead to a wide range of complications, including pelvic inflammatory disease (PID), ectopic pregnancy and tubal factor infertility (TFI) in women and epididymitis in men, and represents a substantial public health problem*'

The NHS Berkshire East Chlamydia Screening team is now responsible for commissioning all laboratory tests for Chlamydia from Wexham Park hospital and all tests from a wide range of providers. Responsibility for commissioning the Chlamydia Screening Service will pass to public health in local authorities in April 2013. All data is now recorded under the new Chlamydia Activity Dataset (CTAD) and updates can be found at the new Health Protection Agency site at
http://profiles.hpa.org.uk/IAS/dataviews/report/fullpage?viewId=42&reportId=40&indicator=i443&date=2011

Chlamydia diagnoses have stabilised nationally (189,625 in 2009, 189,612 in 2010) but locally continue to grow as the team work towards national targets.

Table 1 Numbers of acute diagnoses Chlamydia in South Central local authorities 2009-2011

	Chlamydia (by age group)								
South Central	15-24			25+			Total		
LA of residence	2009	2010	2011	2009	2010	2011	2009	2010	2011
Bracknell Forest	178	191	218	59	40	57	237	231	276
Reading	415	590	596	151	143	163	568	735	762
Slough	242	306	323	112	114	134	356	420	457
West Berkshire	243	255	273	78	59	39	321	316	312
Windsor & Maidenhead	137	184	180	60	71	72	197	256	253
Wokingham	215	213	247	73	58	54	288	271	302

Source HPA 2012.

The local Chlamydia screening service is expected to achieve annual diagnostic rates of 2007.6 per 100,0000 in 2011 to 2,400 per 100,000 population with a 7% positive rate. Recent laboratory data supplied from non GUM settings alone shows that 8% has been attained – data from GUM settings is awaited. Planned funding has been identified to continue towards these targets for 2013-14.

The Sexual Health Score Card and HPA Instant Atlas notes that 3960 tests were run in RBWM in 2011 (HPA extract 25.08.2012) in order to detect 253 cases – a positivity rate of 6.3%. By comparison Slough ran 5516 tests to detect 457 - a positivity rate of 8.2% - and Bracknell ran 3523 tests to detect 276 cases – a positivity rate of 7.8%.

Positivity rates need to increase without increasing the numbers of tests beyond the 12,500 funded for 2012-14. If the number of tests stay the same but positivity increases to 12% then an increase to 475 Chlamydia cases is estimated in 2013.

Table 2 Chlamydia tests and positivity rates in PCTS in South Central April 2011-31MAR 2012

PCT name	Total tests	Proportion of GUM to total tests (I.e. GUM plus NCSP plus lab)	% positive in GUM settings (Jan-Dec data)	% positive in NCSP settings (Jan-Dec data)
Berkshire East	12,974	38%	7.0%	4.7%
Berkshire West	15,304	41%	9.6%	6.8%
Buckinghamshire	10,747	46%	8.8%	3.5%
Hampshire	51,038	21%	10,0%	4.5%
Isle of Wight	4,807	20%	12.0%	4.6%
Oxfordshire	24,782	31%	6.9%	4.0%
Portsmouth City	19,084	17%	9.0%	4.1%
Southampton City	18,253	22%	12.5%	3.1%

Source SHA comparative report 2012.

Table 2 demonstrates that in order to achieve higher positivity rates services must be brought closer to young people as PCTs that are achieving higher positivity rates typically report only 20% of their tests are in Genitourinary Medicine (GUM) settings

NB Table 3 represents local chlamydia screening rates by ward and positivity

Table 3 Uptake and positivity by ward Chlamydia screening programme 2011-12

Ward name	Ward code	Uptake	Positivity
Ascot and Cheapside	E05002349	4.0%	1.0%
Belmont	E05002350	4.7%	2.4%
Bisham and Cookham	E05002351	2.7%	0.9%
Boyn Hill	E05002352	5.1%	5.5%
Bray	E05002353	2.7%	5.2%
Castle Without	E05002354	6.0%	2.4%
Clewer East	E05002355	4.9%	3.0%
Clewer North	E05002356	3.6%	2.5%
Clewer South	E05002357	2.8%	6.1%
Cox Green	E05002358	6.0%	2.3%
Datchet	E05002359	0.8%	1.5%
Eton and Castle	E05002360	0.0%	0.6%
Eton Wick	E05002361	2.4%	1.8%
Furze Platt	E05002362	3.8%	4.3%
Horton and Wraysbury	E05002363	2.6%	1.5%
Hurley and Walthams	E05002364	4.5%	1.5%
Maidenhead Riverside	E05002365	2.1%	2.4%
Old Windsor	E05002366	3.2%	2.3%
Oldfield	E05002367	3.0%	2.0%
Park	E05002368	3.7%	3.8%
Pinkneys Green	E05002369	4.2%	1.8%
Sunningdale	E05002370	5.3%	2.3%
Sunninghill and South Ascot	E05002371	5.5%	0.3%

Source Berkshire Public Health Reference Dataset

1.1.2 Trends in Human Immunodeficiency virus (HIV)

According to the Health Protection Agency (HPA,2011)

'HIV continues to be one of the most important communicable diseases in the UK. It is an infection that is associated with serious morbidity, high costs of treatment and care, significant mortality and high number of potential years of life lost. Each year, many thousands of individuals are diagnosed with HIV for the first time. The infection is still frequently regarded as stigmatising and has a prolonged 'silent' period during which it often remains undiagnosed. Highly active antiretroviral therapies have resulted in substantial reductions in AIDS incidence and deaths in the UK.

Although responsibility for commissioning HIV treatment will lie with the NHS Commissioning Board from April 2013, the Health and Wellbeing Board need to be aware that the board will be monitored against the new public health outcome measure of the proportion of HIV cases that are diagnosed late (defined as a CD4 count of less than 350 cells/mm^3) – see Table 4.

Table 4 HIV proportion of cases where the CD4 count was less than 350 cells/mm^3 at the time of diagnosis (2008-10)

	Number of cases	Proportion of total new cases diagnosed late
Bracknell Forest	11	47.8%
Slough	36	48%
RBWM	10	55.6%
England		52.3%

Source extracted 27.08.2012 from http://profiles.hpa.org.uk/IAS/dataviews/report/fullpage?viewId=42&reportId=40&indicator=i443&date=2011

From 2008-10 RBWM's total of new diagnoses that were late was reportedly small (10 cases only) however this represents 55.6% of all new cases placing RBWM above the England average at 52.3% and above the regional average of 51.3%.

It is important to note that the above numbers are new cases identified in the above years. This represents a small fraction of existing HIV cases known to be in treatment as shown in Table 5.

Table 5 Estimated prevalence per resident population aged 15-59

	Number of cases	Estimated prevalence per 1000 resident popn aged 15-59	Estimated resident population aged 15-59 (1000's) 2010
Bracknell Forest	82	1.1	74.4
Slough	290	3.43	84.6
RBWM	95	1.09	87.3

Source TVHPA annual report 2010

The demographics of the current caseload in Thames Valley show that 55% were black Africans and 37% of white ethnic origin. (TVHPU annual report 2010)

The HPA HIV in England report (2011) noted that this number under represents the true burden of HIV as about one in four cases do not know they have HIV. If all cases were identified the total cohort is estimated at 118 cases.

The key issue is increasing uptake of HIV testing in all three localities in East Berkshire as shown in Table 6 below. Performance will need to improve to around 80% to meet the national average as this indicator is shown as red on the Sexual Health Scorecard.

Table 6 Uptake of HIV tests in Berkshire 2009-11 (Source HPA, 2011)

LA of residence	New GUM episode 2009	2010	2011	Offered 2009	2010	2011	Tested 2009	2010	2011	Uptake % 2009	2010	2011
Bracknell Forest	3,544	3,836	3,907	3,008	3,345	3,322	1,511	1,573	1,619	50	47	49
Reading	7,019	7,364	8,008	4,933	5,421	5,961	3,842	4,287	4,897	78	79	82
Slough	7,768	8,792	8,751	6,901	8,041	7,960	2,831	3,081	3,596	41	38	45
West Berkshire	2,979	3,127	3,166	2,047	2,297	2,295	1,557	1,776	1,854	76	77	81
Windsor & Maidenhead	4,289	4,565	4,663	3,739	4,125	4,159	2,037	2,009	2,267	54	49	55
Wokingham	3,459	3,766	4,025	2,491	2,855	2,997	1,860	2,135	2,345	75	75	78

The HPA Time to Test report (2011) recommended HIV screening in high prevalence areas in three defined settings to reduce the risk of late diagnoses. Although RBWM is below the England threshold for active screening (2 per 1000) Wexham Park Hospital lies within Slough which has a high prevalence of HIV above the England average. In future all medical patients will be opt-out tested as routine on admission as recommended. Targets have been set to increase testing year on year.

The HPA recommendations have been incorporated into a Quality Improvement Productivity and Planning (QIPP) project managed by public health and Berkshire Healthcare Foundation Trust. This will ensure that universal screening is offered in acute settings, in GUM clinic(s) and in primary care for new entrants from high risk areas.

The QIPP project will also ensure that recording is improved in general practices from October 2012 onwards when a new mandatory reporting system called HIV and Aids Reporting System (HARS) must be in place. The NHS Commissioning board and local clinical commissioning groups (CCGs) will need to monitor the category of patient and service providers will be paid under the mandatory Payment by Results tariff (for HIV only) from April 2013. Three categories of patient are described under the HIV PbR tariff (DH, 2011) in Table 7.

Table 7 Payment by Results Categories for HIV (DH 2011)

Category 1 patients are those newly diagnosed in the UK who have started antiretroviral treatment (ART)

Category 2 patients are stable patients not on ART, or stable and on ART more than a year ago. This will cover the majority of patients and will be the default category unless criteria for category 1 and 3 can be validated.

Category 3 patients i.e. with complexities such as

- Current TB co-infection
- On treatment for chronic viral liver disease
- Receiving oncological treatment
- Active AIDs diagnosis requiring active management in addition to ART
- HIV related advanced end organ disease
- Persistent viraemia on treatment (>6 months on ART)
- Mental illness under active psychiatric care
- HIV during current pregnancy (the linked antenatal screening programme)

The treatment costs for HIV vary according to the complexity of disease progression. Treatment is typically instigated if the CD4 count drops below the threshold specific to the viral strain. - For HIV-1-positive individuals, a threshold CD4 count of 350–500 cells/mL is used – for HIV-2 a plasma viral load above 1000 copies/mL is considered high and is predictive of clinical progression; therefore treatment should be recommended at this level of viral load (BHIVA 2010)

Local authorities will become responsible for commissioning programmes to increase awareness of HIV and to reduce the stigma of HIV. This work is currently supported by existing agreements between the NHS, RBWM and Thames Valley Positive Support (TVPS). TVPS offers newly diagnosed patients counselling and advocacy in the event of crisis. It is important to note that HIV patients who have completed treatment and are managing their

condition well do not need to access this service. TVPS supported 33 males and 12 females in RBWM in 2011-12. This was about half those known to be on treatment in 2010.

1.1.3 Trends in other sexually transmitted infections (STIs)

The HPA report that nationally the two most at risk groups are: young people and men who have sex with men. Young people under 25 are the age group that experience the highest rates of STIs overall. Among women nationally in 2010, rates of diagnosis of chlamydia, genital warts and gonorrhoea peaked in those aged 19 and genital herpes peaked in 20 year olds. In men rates of chlamydia and genital warts peaked in those aged 21, while those of gonorrhoea and genital herpes peaked in those aged 22 and 23. However, there has been a notable decline in some STIs in younger adults in recent years: Between 2008 and 2010, diagnoses of genital warts in women and men aged 15-19 fell by 13 per cent and eight per cent (11,669 to 10,101 and 4,695 to 4,306) while those of gonorrhoea fell by 13 per cent and 14 per cent (2,004 to 1,749 and 1,283 to 1,108). Locally the numbers diagnosed in 2009-11 are shown in Table 8 below.

Table 8 Numbers of acute diagnoses for other STIs in South Central local authorities 2009-2011

	Gonorrhoea			Herpes			Syphilis			Warts		
LA of residence	2009	2010	2011	2009	2010	2011	2009	2010	2011	2009	2010	2011
Bracknell Forest	19	20	8	41	58	45	2	2	0	140	148	151
Reading	72	120	94	113	102	131	11	7	7	362	286	318
Slough	42	43	54	66	80	71	6	2	6	144	147	155
West Berkshire	14	33	25	50	63	63	3	1	1	178	193	211
Windsor & Maidenhead	28	15	29	62	67	55	6	3	2	158	143	149
Wokingham	19	19	39	48	66	67	2	4	2	180	180	201

Source HPA performance report 2012

There are great variations in diagnoses year on year, and three year rolling averages are required as the absolute numbers are small. Trend data is published on the sexual health scorecard available at http://www.apho.org.uk/default.aspx?QN=SBS_DEFAULT

Rates are not projected to increase although there will be small increases in the actual population aged 15-59 in the next three years. These increases are projected to be in line with the national trend.

1.1.4 Human Papilloma Virus

The following information is sourced from the NHS Cervical Cancer Screening programme and NHS Choices websites

The Human Papilloma virus (HPV) is the name given to a family of viruses that affect the skin and moist membranes (mucosa) that line the body. Mucosa are found in the mouth, throat, cervix (neck of the womb), and anus. There are over 100 different types of HPV, with around 40 types affecting the genital area.

Infection with some high-risk types of HPV can cause abnormal tissue growth as well as other cell changes that can lead to cervical cancer Infection with other types of HPV may cause:
genital warts: small growths or skin changes on or around the genital or anal area. These are the most common viral sexually transmitted infection (STI) in the UK.
skin warts and verrucas
vaginal cancer or vulval cancer (although these types of cancer are rare)
anal cancer or cancer of the penis
some cancers of the head and neck
laryngeal papillomas (warts on the voice box or vocal cords)

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. Combined with cervical screening, the HPV vaccination is an important step towards preventing cervical cancer. It is estimated that about 400 lives could be saved in the UK every year as a result of vaccinating girls before they are infected with HPV.

A routine vaccination programme is in place among girls aged 12-18 and uptake is reported at school and GP practice level. The vaccination programme is delivered largely through secondary schools, and consists of three injections that should be given over a period of 12 months. It is recognised that Berkshire East under-reported activity in 2011 and work is underway to provide locality level information for 2011-12 and beyond.

Table 9 Numbers of HPV vaccinations for PCTs in South Central Quarter 4 2011

SHA	PCT	No of Girls in Cohort	No of Girls with vaccination record (recorded on Open Exeter)	% number with vaccination record (recorded on Open Exeter)
South Central	Berkshire East PCT	1780	970	54.50
South Central	Berkshire West PCT	20336	8511	41.85
South Central	Buckinghamshire PCT	23276	11151	47.91
South Central	Hampshire PCT	53505	30523	57.05
South Central	Isle of Wight PCT	5497	2981	54.23
South Central	Milton Keynes PCT	11420	421	3.69
South Central	Oxfordshire PCT	25847	13637	52.76
South Central	Portsmouth PCT	7689	672	8.74
South Central	Southampton PCT	8797	5811	66.06

References

HPA (2011). Local authority sexual health on line profile available at http://profiles.hpa.org.uk/IAS/dataviews/report/fullpage?viewId=42&reportId=40&indicator=i443&date=2011

HPA (2011a). HIV in the United Kingdom - report available at http://www.hpa.org.uk/Publications/InfectiousDiseases/HIVAndSTIs/1111HIVintheUK2011report/

HPA (2011b). Time to Test for HIV - report available at http://www.hpa.org.uk/Publications/InfectiousDiseases/HIVAndSTIs/1109TimetotestHIVtesting/

HPA (2012). Evidence and resources to commission expanded HIV testing in priority medical services in high prevalence areas available at http://www.hpa.org.uk/Publications/InfectiousDiseases/HIVAndSTIs/1204ExpandedHIVtestinginhiprevareasApril2012/

SHA (2012) Comparative report on chlamydia uptake and positivity available from the Berkshire public health reference dataset

SWPHO (2012) Sexual health scorecard available at http://www.apho.org.uk/default.aspx?QN=SBS_DEFAULT

TVHPA (2011). Health protection priorities in the Thames Valley available from the Berkshire public health reference dataset and from the 2011-12 JSNA files

UNIFY2 (Nov 2010) SHA level report on Genitourinary Medicine Access Monthly Monitoring (GUMMAMM) attendances available from the Berkshire public health reference dataset

UNIFY2 (Nov 2011) SHA level report on Genitourinary Medicine Access Monthly Monitoring (GUMMAMM) attendances available from the Berkshire public health reference dataset