

**Borough Wide  
Sexual Health  
Needs Assessment:  
Executive Summary**

**August 2023**

## Wigan Borough Sexual Health Needs Assessment: Executive Summary

Sexual Health remains a statutory public health responsibility and area of significant spend with poor sexual health outcomes often influencing and being influenced by entrenched health inequalities in our communities. A review of sexual health in Wigan that was carried out in 2016/17 identified several challenges with our sexual health outcomes and delivery model at that time. Following this review, Wigan set out a revised vision and delivery model, recruiting a new specialist provider for sexual health in the borough to deliver this vision in partnership with us.

This Needs Assessment, part of our 2022/23 review of sexual health provision, builds on the work started in 2016/17 to work across a range of data from different providers and commissioners, not just Wigan Council, to create a more fully integrated understanding of the performance of our sexual healthcare provision in the borough. This work has not been without challenge, and caveats remain in relation to the degree of conclusions that can be drawn from this work, given the significant impact of COVID-19 on sexual healthcare in the country. However, this has been a successful piece of work that has contributed to deepening our understanding of, not only how the local sexual healthcare system is working for residents, but also the impacts and outcomes for residents.

Through this work, we know that:

- Overall data on sexual and reproductive health outcomes in Wigan demonstrate a 'mixed bag', where Wigan continues to do worse than the national average across a number of indicators, particularly HIV testing coverage in specialist services, teenage pregnancy and LARC delivery. There were however also fewer (308 per 100,000) new Sexually Transmitted Infections (STIs) diagnosed amongst residents than the England average, higher than national average syphilis and gonorrhoea diagnostic rates, and reductions in the rate of late HIV diagnosis to below the national average since 2017.
- Wigan also generally performs worse than the national average across a number of abortion indicators, with overall increases in abortion rates predominantly driven by increases in abortion amongst over 25s, reflecting system weaknesses in relation to access to contraception, including Long-Acting Reversible Contraception (LARC).
- There has been an impact on overall activity in the borough resulting from COVID-19, with some recovery being seen in 2021/22 data, although, in line with other areas, this is not yet at pre-COVID-19 levels. The data we have to date would indicate that recovery has tended to be stronger in respect of STI testing levels compared to contraception delivery.
- The activity data overall describes a picture of high volumes of contraception currently being delivered in the borough, predominantly through the GP core contract, however a significant proportion of contraception delivered in Wigan are the less effective user-dependent methods of contraception.
- Over this period, the specialist provider has also focussed on complex cases and more clinically-effective long acting reversible contraception activity (in line with other areas), which has resulted in improvements in LARC provision from specialist services. However, a consequence of this has been the exacerbation of system pressures in respect of routine contraception delivery, evidencing that the current system structure around contraception in Wigan is not always working effectively for both services and providers, thus resulting in additional risk to public health outcomes.

- This is further evidenced by data indicating correlations between low levels of LARC delivery in some Primary Care Networks (PCNs) and higher levels of oral contraception take up from those PCNs, as well as higher levels of Emergency Hormonal Contraception being prescribed in those PCNs. Over this period of time, the numbers of GPs delivering LARC and pharmacies delivering Emergency Hormonal Contraception (EHC) via LES contracts has reduced. Three PCNs had no (LiGA, TABA) or only one (Leigh) practice providing LARC during 2021/22.
- COVID-19 has also had an impact on STI testing activity levels in the borough, with significant reductions in testing activity being seen across providers during 2020/21, although it is not clear at present whether this is because of reduced service availability or a reduced level of need for testing. However, significant levels of STI testing are being carried out in specialist sexual healthcare, and has remained a priority throughout a challenging period, with both outcomes and activity data indicating this has been a protective factor for sexual health outcomes in the borough, partly driven by the introduction of a digital testing offer in specialist sexual healthcare. Data indicates this has been a protective factor in maintaining testing over this period.
- From further analysis of PCN-level data, there is an indication that the physical location of services has a clear impact of take up of dedicated sexual healthcare services, particularly in respect of contraception. We can describe links between LARC accessibility at PCN levels and take up levels for routine contraception in the borough, and subsequent links between take up levels for routine contraception and EHC.
- We also know that deprivation is a contributing factor to sexual health outcomes, and there is a correlation between PCN deprivation rankings and their rankings in respect of both the number of u20s births and STI positives which indicates that existing models may not be sufficiently addressing sexual health inequalities.
- HAPI also potentially merits special attention on the basis that it is (comparative to its population size):
  - under-ranked in respect of usage of specialist services.
  - has a low comparative take up of EHC both from Spectrum and pharmacies given its population.
  - ranks first in respect of teenage birth rate.
  - has one GP practice fitting coils and implants and three pharmacies providing EHC.
  - Under-ranked in respect of both the number of STI tests taken and positives.

From the historical context and previous work carried out, we know that a number of these challenges were present prior to COVID-19, including inconsistencies in the offer in different communities, including from Primary Care, the use of specialist provision by residents for routine contraception, lower than average delivery of coils and implants in Primary Care, high STI rates amongst young people, and poor HIV testing coverage in specialist services. This indicates that, although the redesign work in 2016/17 has realised a number of achievements, there remain a number of long-standing and persistent challenges in the system, that the current delivery model has not been able to sufficiently address. Our Patient Journeys illustrate how some of these challenges impact on residents' sexual healthcare experiences and outcomes.

Through our Capacity and Demand Analysis, we have also been able to understand more about our available capacity in our local sexual healthcare system compares to the demand for services. In particular, we have been able to describe:

- Inefficient usage of existing capacity in the system for the delivery of contraception, evidenced by;
  - high volumes of user-dependent methods of contraception that are less clinically effective and more resource intensive to deliver over a long period of time,
  - reductions in the numbers of GPs and pharmacies that are delivering contraception on a Locally Enhanced Services contract in Wigan,
  - Lengthy and increasing waiting times for some forms of contraception, and,
  - Sample patient journeys evidencing that there is not always an effective direction of patients to the right provision at the right time.
  
- Geographic variation in access to contraception, with contraception choice often influenced by which part of the system/community a resident is accessing for their contraception, illustrating that there is some level of unmet demand for contraception within some PCNs in the borough.
  
- Increased challenges in accessing emergency hormonal contraception (EHC) within the borough, due to reductions in the number of pharmacies within the borough that are delivering EHC, and clear evidence of demand in some communities for EHC being influenced by the availability of LARC provision in those communities.
  
- A changing pattern of need for STI testing within the borough despite a robust testing offer, resulting from recent increases in number and prevalence in some STIs, in line with what is happening [nationally](#), and illustrating a need for STI testing that is in excess of what is currently available locally.
  
- Some potential indication of unmet need for STI testing amongst males in general, particularly those aged 20-24, or additional challenges reaching this particular group.
  
- Some unmet need in the borough for more provision in local communities, with take-up of provision being highest from those communities that are closest to the location of our Sexual Health hub clinics, and evidence of demand for routine or emergency contraception driven by lack of LARC provision in some communities.
  
- A range of unmet needs across some specific population groups, including increased risk of STIs, additional barriers to access to services, access to information that is tailored to their needs, and poor knowledge and/or experience amongst health professionals in relation to how best to meet their needs.

We have also been able to evaluate the available evidence on the needs of specific groups with additional need for sexual healthcare provision or additional barriers to access. Unfortunately, sexual healthcare data for a number of these groups was not available nor measured at borough level, and therefore conclusions had to be generalised from national data. This work has confirmed that there are pockets of the population who may be more at risk of poor sexual health. This work also confirmed a number of common themes criss-crossing more than one group, such as specific risky behaviours associated with each societal group, or the impact of stigma. Consequently, some groups of residents require a more targeted approach to sexual healthcare provision, building on the available evidence of what we know has worked in other areas of the UK.