

# **Sexual and Reproductive Health Needs Assessment: London Borough of Bexley**

March 2025

## EXECUTIVE SUMMARY

Sexual and reproductive health is an integral part of overall health and wellbeing. It includes the autonomy and education to freely choose sexual partners and the knowledge and healthcare services to avoid sexually transmitted infections or unintended pregnancy. Sexual health needs vary by age, gender, sexual orientation and ethnicity, and some groups are particularly at risk of poor sexual health. In England, the responsibility for the provision of sexual and reproductive health services is shared between local authorities, NHS integrated care boards and NHS England. Since Bexley's previous sexual health needs assessment in 2018, we have experienced the Covid-19 pandemic, NHS restructuring and local demographic changes, all of which have had an impact on sexual health needs and service provision.

Bexley's public health team undertook this needs assessment to understand the current needs and provision of sexual and reproductive health (SRH) services within the borough. This needs assessment considers sexually transmitted infections and HIV, contraception, teenage conception and termination of pregnancy services. We reviewed national, regional and local health policies and interviewed NHS staff and voluntary sector partners. We analysed health data to identify need and service gaps and spoke with residents to understand their experiences. Using this information, we developed actionable and evidence-based recommendations for service improvement.

### Key Findings

#### ALL STIs

- Bexley's sexually transmitted infection (STI) diagnosis rate is lower than the rates in both London and England overall. However, this may indicate that there are residents living with STIs who have not been tested and that tests are not reaching those who most need them.
- Bexley's STI testing rate is about the same as the national average, but much lower than in London. Factors that might influence STI testing and diagnosis in Bexley include barriers to accessing services due to lack of a sexual health clinic within the borough, lack of awareness of available services, poor sexual health literacy and stigma impacting residents' willingness to attend services.
- Bexley screens a lower proportion of eligible residents (young women aged 15-24) for chlamydia compared to London and England. The reasons behind this are similar to STI testing above: barriers to access, lack of sexual health education and hesitancy to engage with sexual health services particularly amongst young people, as found in our recent Schools Health Education Unit (SHEU) survey. Whilst the initial symptoms of chlamydia can

be mild or absent, it can cause pelvic inflammatory disease (PID) which can result in infertility, ectopic pregnancy and chronic pelvic pain.

- Bexley has a higher rate of admissions for pelvic inflammatory disease than London and England. This indicates circulating untreated chlamydia infections and that eligible residents would benefit from increased chlamydia screening.
- The residents who experience the highest burden of STI diagnoses in Bexley are young people aged 15 to 24, women, gay, bisexual and other men who have sex with men (GBMSM), black heritage residents and those living in more deprived areas. These same groups are more affected nationally.

### HIV

- In 2023, the diagnosed prevalence of HIV in Bexley was 2.04 per 1000, making Bexley a high HIV prevalence local authority. North Bexley has a significantly higher diagnosed prevalence of HIV per 1000 (3.4) than the Froggnal (1.0) and Clocktower (1.1) local care networks due to a higher presence of populations that are more impacted by HIV particularly black African residents.
- In 2023, 53% (185 out of 352) of Bexley residents living with HIV were black African, 28% (99 out of 352) were white and 19% were from all other ethnicities.
- Bexley has a higher proportion of late HIV diagnosis (47.4%) than London (41.1%) and England (43.5%). Late HIV diagnosis in Bexley is more common in heterosexual populations. The factors underpinning this include stigma and fear of ostracisation, lack of understanding of the signs and symptoms of HIV and how to prevent it as well as current available treatments including pre-exposure prophylaxis (PrEP)<sup>1</sup> and antiretrovirals. Among those diagnosed with HIV in England in 2019, those diagnosed late had more than a 7-fold increased risk of death within a year of diagnosis compared to those diagnosed promptly.

### Reproductive health

- Bexley's total rate of long-acting reversible contraception (LARC) is lower than the national average but about the same as the London rate. Potential factors underpinning this are lack of awareness of available contraceptive options and lack of an integrated sexual and reproductive health clinic within the borough. However, Bexley performs better than the national and London average in GP prescribed LARC. LARC is a proxy measure for wider access to the range of possible contraceptive methods and adequate provision should lead to a reduction in rates of unintended pregnancy.

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<sup>1</sup> Pre-exposure prophylaxis (PrEP) is a medication that can reduce the risk of HIV infection. People who are HIV-negative but at high risk of exposure to HIV can take PrEP.

- Bexley has a higher rate of terminations of pregnancy compared to London and England. This may be due to barriers to accessing contraceptive methods such as LARC and condoms as we have seen a decreased uptake in their usage since Covid-19. Compared to London and England, Bexley also has a higher proportion of repeat terminations<sup>2</sup> of pregnancy across all age groups.

### Service Provision

- During the Covid-19 pandemic, more Bexley resident started using online sexual health services. However, this trend has not been sustained post-pandemic, and many residents went back to visiting clinics in person. While some of these in-person appointments are necessary for complex cases, others could continue to use online services.
- The number of Bexley residents on HIV pre-exposure prophylaxis (PrEP) is increasing. In the financial year 2020/2021 there were 75 Bexley residents accessing PrEP. This number increased to 343 residents in the financial year 2023/2024.
- Condom distribution in Bexley was increasing until the Covid-19 pandemic when it fell dramatically and has not recovered since then. This trend has been reported amongst other local authorities nationally.
- Since the commencement of the NHS pharmacy contraception scheme and Sexual Health London (SHL) online contraception service, contraception consultations and prescriptions are rising in pharmacy and online.

### Residents' views

- According to Bexley residents the main issues with sexual and reproductive health in the borough are lack of awareness of available services and clear referral pathways, poor sexual health literacy and misinformation, stigma and embarrassment, difficulties getting primary care appointments, service locations, digital exclusion and lack of privacy.
- Residents feel that the following changes would improve the service: an integrated sexual health clinic within the borough, improved balance between general and targeted services, increased awareness on HIV and offering opt out testing<sup>3</sup>, improving sexual education in schools, ability to prebook appointments with flexibility and sexual health training for parents and other adults within the borough.

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<sup>2</sup> Repeat termination is a termination of pregnancy that occurs after a woman has already had one or more terminations of pregnancy.

<sup>3</sup> Opt-out testing (NHS blood borne virus testing programme) means that everyone having a blood test in areas with high prevalence rates, namely London, Manchester, Salford, Brighton, and Blackpool, are tested for HIV, hepatitis B and hepatitis C unless they chose to opt-out.

## **Implications for Bexley**

Bexley has a higher proportion of young people under 16 (21%) than London, England and Wales and is becoming more ethnically diverse. The sexual and reproductive health service provision must adapt, providing more young people friendly and culturally sensitive services.

## **What we are doing**

- The new community sexual health service is focused on outreach to young people and the most marginalised groups within Bexley.
- The Bexley sexual and reproductive health website is currently being redesigned following consultation with residents and service providers.
- Bexley and Bromley joined Lambeth, Southwark and Lewisham to work as a quinpartite partnership on sexual health. The partnership is developing a joint sexual health strategy.
- Bexley's public health team is working with the pharmacy alliance to improve the offer of SRH services across Bexley's local pharmacies.
- Funding has been secured for a proof-of-concept women and girls' hub in Bexley. The hubs aim to merge work around sexual health and contraception with community gynaecology and will focus on LARC, heavy menstrual bleeding and menopause.
- The Bexley sexual health partnership consisting of public health, primary and secondary care, community sexual health, voluntary sector and other teams from local authority meet on a quarterly basis providing oversight for the system and ensuring best practice.

## **Recommendations for consideration by commissioners**

- Continue to shift appropriate residents to online services, which are anticipated to provide a better return on investment compared to traditional face-to-face consultations in sexual health clinics.
- Opt-out HIV testing should be introduced in all primary care and urgent care practices across Bexley. This should be supplemented with actions on communications and engagement with voluntary sector organisations as indicated in the recommendations below.
- Continue to provide outreach STI testing kits and health promotion activity in-borough for the most marginalised groups and consider providing further options for in-borough testing for young people through outreach and via schools.
- Design a communications strategy to increase awareness and uptake of STI/HIV testing, condom distribution and contraception services by advertising at general practices, areas with high footfall across the borough as well as schools and colleges.

- Engage with relationships and sexual health education (RHSE) providers to discuss opportunities to support delivery in schools and colleges and deliver sexual health education in schools beyond the statutory RSHE requirements including HIV awareness training.
- Offer sexual health and HIV awareness sessions to existing local groups and voluntary sector organisations for adult residents.
- Engage with voluntary sector organisations working with target groups to promote awareness of available services to their service users.
- Promote the NHS pharmacy contraception service and Sexual Health London online contraception offer to Bexley residents.
- Ensure that residents are aware of the existing satellite clinic at the Albion GP surgery and address barriers to ensure the satellite offer meets resident's needs.
- Ensure that sexual and reproductive health services are targeted towards groups at highest risk of poor outcomes including young people, gay, bisexual and other men who have sex with men (GBMSM) and black heritage residents.

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## GLOSSARY OF TERMS

GBMSM: Gay and bisexual and other men who have sex with men

HIV: Human Immunodeficiency Virus

ISHS: Integrated sexual health service

LGT: Lewisham and Greenwich NHS Trust

LSLBB: Lambeth, Southwark, Lewisham, Bexley and Bromley

LSOA: Lower super output Area

MSOA: Middle Super Output Area

NCSP: National Chlamydia Screening Programme

PrEP: Pre-exposure prophylaxis

PEP: Post exposure prophylaxis

SHL: Sexual Health London

SHNA: Sexual Health Needs Assessment

SRH: Sexual and Reproductive Health

STI: Sexually Transmitted Infections

# 1. INTRODUCTION

The World Health Organization (WHO) defines sexual health as, “a state of physical, emotional, mental and social well-being in relation to sexuality- it is not just the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”<sup>4</sup>.

The previous sexual and reproductive health needs assessment in Bexley was conducted in 2018. Since then, much has changed nationally and locally. The health improvement functions of Public Health England have been incorporated into the Department of Social Care under the Office for Health Improvement and Disparities (OHID). The health protection function was incorporated in the UK Health Security Agency. The Health and Care Act passed in 2022, led to the establishment of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) which replaced NHS Clinical Commissioning Groups. The Covid-19 pandemic influenced sexual behaviour and engagement with screening programmes and access to services. HIV PrEP<sup>5</sup> became routinely available in sexual health services in England in 2020. The focus of the National Chlamydia Screening Programme (NCSP) changed in 2021 to target people with a uterus and ovaries. <sup>6</sup>.

Sexual health needs vary according to factors such as age, gender, sexual orientation and ethnicity, and some groups are particularly at risk of poor sexual health. In England in 2023, sexually transmitted infection (STI) diagnosis rates continue to be disproportionately higher in gay, bisexual and other men who have sex with men (GBMSM); trans community; young people aged 15 to 24 years; people residing in the most deprived areas and black ethnic populations. Similarly, HIV infection in the UK disproportionately affects GBMSM and black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services<sup>7</sup>. Bexley’s public health team undertook this project to understand the needs and demand for sexual and reproductive health (SRH) services within the borough.

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<sup>4</sup> World Health Organization (2025). *Sexual health*. [https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/sexual-health](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/sexual-health)

<sup>5</sup> Pre-exposure prophylaxis (PrEP) is a medication that can reduce the risk of HIV infection. People who are HIV-negative but at high risk of exposure to HIV can take PrEP

<sup>6</sup> Office for Health Improvement and Disparities and UK Health Security Agency (2023). *Integrated Sexual Health Service Specification*.

<sup>7</sup>. *ibid.*”

## 1. Methodology

The objectives of the project are:

1. To describe the needs and demand for sexual and reproductive health services<sup>8</sup> in Bexley and identify risk changes and unmet need using national, regional and local data
2. To collate information on current sexual and reproductive health service provision and utilisation patterns in Bexley
3. To make evidence-based recommendations to inform Bexley's plan for resource allocation
4. A multi-faceted approach was adopted in conducting the needs assessment.

**Policy Review:** National, regional and local policy was reviewed at the start of the project

**Stakeholder Engagement:** Formative interviews were conducted with key stakeholders across the sexual health sector including, the primary care sexual health clinical care and professional lead, Integrated sexual health leads in Oxleas NHS Trust and Lewisham and Greenwich NHS Trust, Sexual Health London (SHL) commissioners and voluntary sector partners.

**Data Collection:** Quantitative data were gathered from multiple public health databases which are cited in the report. Additional data were provided by the UKHSA epidemiology team. Qualitative data were obtained through interviews and focus groups with community members, providing insights into their experiences, barriers, and needs.

**Data Analysis:** Quantitative data were analysed using statistical methods to identify trends, disparities, and high-risk groups. Qualitative data were thematically analysed to uncover common themes and insights. This dual approach allowed for a thorough understanding of the community's sexual health landscape.

**Identifying Gaps and Needs:** Following analysis, service gaps and specific needs of different demographic groups were identified.

**Developing Recommendations:** Based on the data analysis and stakeholder input, we developed evidence-based recommendations. These recommendations were designed to be actionable, providing clear steps for improving sexual health services and addressing the identified needs.

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<sup>8</sup> It does not consider other aspects of sexual and reproductive health including sexual assault and domestic violence.

## 2. BEXLEY CONTEXT

In the local context, the population of Bexley and its sexual health needs continue to evolve. This section describes the demographic changes and findings from the last sexual health needs assessment.

### 2.1 Demographic changes

In 2021, Bexley had a population of 246,500. Between the 2021 and 2011 censuses, Bexley's population increased by about 14,500 residents (6.2%). This rate of population growth is slower than the London average of 7.7% and the national average of 6.6% since the last census<sup>9</sup>.

Bexley's population age and sex distribution is closer to the national average than it is to London.

**Figure 1: Population Pyramid Bexley and England 2023**



Source: Office for National Statistics

#### 2.1.1 Age distribution

Sexual health needs and outcomes vary by age<sup>10</sup>. The median age of Bexley residents has stayed constant between the past two censuses at 39 years. This is higher than the median age in London (35 years) but lower than the median age in England (40 years). Bexley is the 14<sup>th</sup> youngest borough in London with 31% of Bexley residents under the age of 25. The 50-to-64-

<sup>9</sup> Office for National Statistics (2022). *How the population changed in Bexley: Census 2021*.

<https://www.ons.gov.uk/visualisations/censuspopulationchange/E09000004/>

<sup>10</sup> Public Health England. (2019). *Variation in outcomes in sexual and reproductive health in England A toolkit to explore inequalities at a local level*.

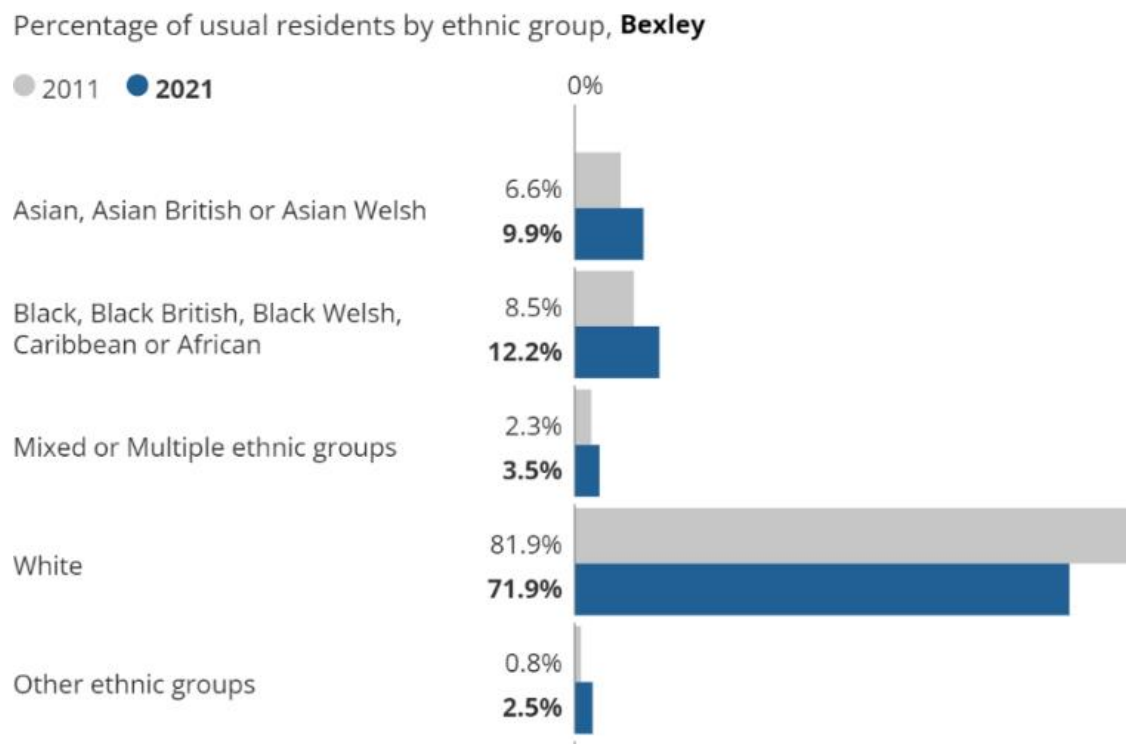
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/984393/SRH\\_variation\\_in\\_outcomes\\_toolkit\\_May\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984393/SRH_variation_in_outcomes_toolkit_May_2021.pdf)

year age group has grown by the highest proportion 16.5% (6,700) since 2011. Meanwhile, the number of residents in the 16-to-19-year age group has fallen by 10.8% (1,300). However, Bexley continues to have a higher proportion of young people under 16 (21%) than London, England and Wales.

### 2.1.2 Ethnicity in Bexley

Nationally, some ethnic groups continue to be disproportionately impacted by STIs<sup>11</sup>. Ethnic diversity is increasing in Bexley. The most recent data from the 2021 census shows that one in four residents has an ethnic minority background<sup>12</sup>. Since 2011, the proportion of 'Black, Black British, Black Welsh, Caribbean or African' self-identifying residents increased from 8.5% to 12.2%. In the 'Asian, Asian British or Asian Welsh' category the proportion of residents rose from 6.6% to 9.9% between 2011 and 2021<sup>13</sup>.

**Figure 2: Percentage of residents by ethnic group in Bexley, 2011 census and census 2021**



Source: Office for National Statistics – 2011 Census and Census 2021

<sup>11</sup> Ibid

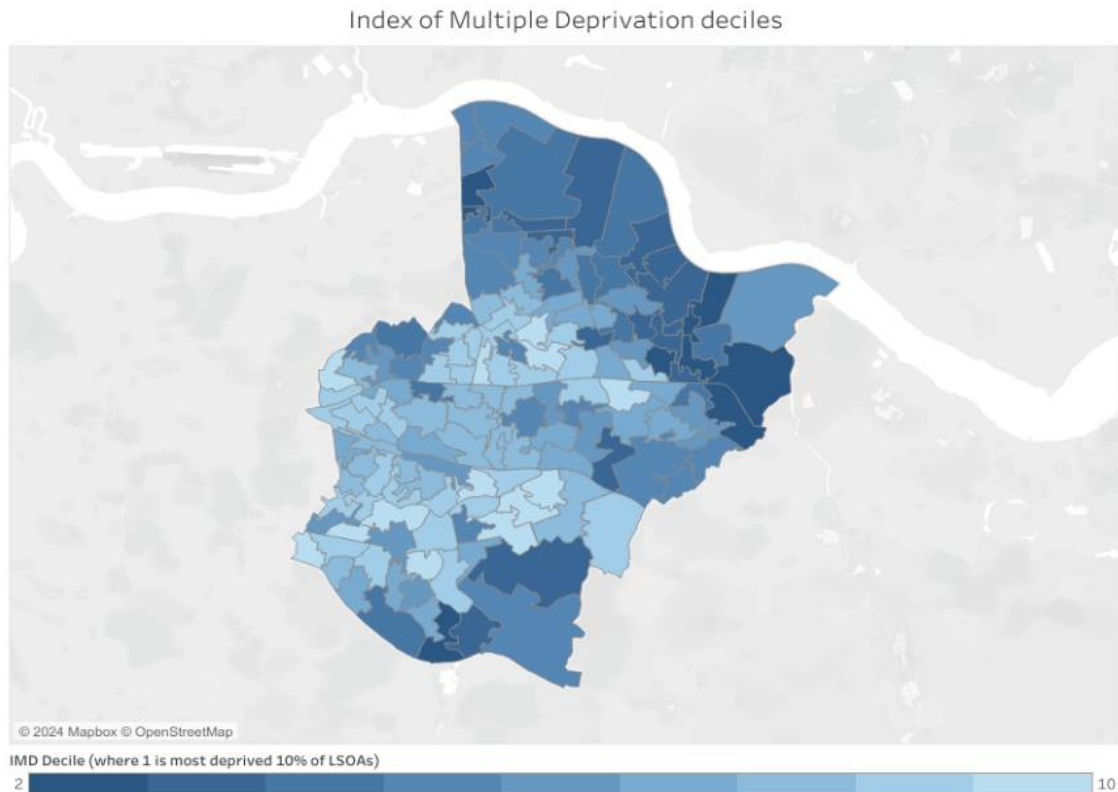
<sup>12</sup> Office for National Statistics. (2023). *How life has changed in Bexley: Census 2021*. <https://www.ons.gov.uk/visualisations/censusareachanges/E09000004/>

<sup>13</sup> Ibid.

### 2.1.3 Deprivation

National evidence shows that SRH needs vary by deprivation<sup>14</sup>. Bexley is the 9<sup>th</sup> least deprived London borough although some neighbourhoods rank in the 20% most deprived in England. This means that sexual health outcomes are unequally distributed across the population.

**Figure 3: Map of Bexley using LSOA by Index of Multiple deprivation decile**



### 2.1.4 Sexual orientation

National evidence shows that SRH needs vary by sexual orientation<sup>15</sup>. In 2021, 2.11% of Bexley’s population aged 16 and over identified with an LGB+ orientation. This is over 4000 people in total: around 2000 gay or lesbian, 1500 bisexual, 350 pansexual and 150 asexual, queer or other sexual orientations. The remaining 91% identified as straight or heterosexual.

Bexley has a lower LGB+ population than London (4.3%) and England & Wales (3.2%). Sexual orientation was a voluntary question in the 2021 census; 7% of residents aged 16 and over did not answer similar to 7.5 % of London residents of the same age.

<sup>14</sup> Public Health England. (2019). *Variation in outcomes in sexual and reproductive health in England A toolkit to explore inequalities at a local level.*  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/984393/SRH\\_variation\\_in\\_outcomes\\_toolkit\\_May\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984393/SRH_variation_in_outcomes_toolkit_May_2021.pdf)

<sup>15</sup> Ibid.



**Table 1: Bexley residents (16+) by sexual orientation, 2021**

Sexual orientation	Count	Percentage (%)
<b>Straight or Heterosexual</b>	178,051	90.9
<b>Gay or Lesbian</b>	2,058	1.1
<b>Bisexual</b>	1,585	0.8
<b>Pansexual</b>	125	0.1
<b>Asexual</b>	68	0.0
<b>Queer</b>	40	0.0
<b>All other sexual orientations</b>	260	0.1
<b>Not answered</b>	13,640	7.0
<b>Total: All usual residents aged 16 years and over</b>	195,827	100.0

Source: Office of National Statistics (ONS) Census 2021

### 2.1.5 Gender identities

SRH needs also vary by gender identity. Bexley has more female residents than male - 48.1% of the population is male and 51.9% of the population is female in 2021. Over 1,000 people aged over 16 in Bexley did not identify with their registered sex at birth (0.5%). Having a gender identity different to that registered at birth can present barriers to accessing services<sup>16</sup>.

**Table 2: Bexley residents (16+) by gender identity, 2021**

Gender identity	Count	Percentage (%)
<b>Gender identity the same as sex registered at birth</b>	183,633	93.8
<b>Gender identity different from sex registered at birth but no specific identity given</b>	530	0.3
<b>Trans woman</b>	189	0.1
<b>Trans man</b>	208	0.1
<b>Non-binary</b>	74	0.0
<b>All other gender identities</b>	53	0.0
<b>Not answered</b>	11,140	5.7
<b>Total: All usual residents aged 16 years and over</b>	195,827	100.0

Source: Office of National Statistics (ONS) Census 2021

## 2.2 Sexual Health Needs Assessment 2018: findings and recommendations

In 2018 a sexual health needs assessment (SHNA) was conducted in Bexley. This found that:

- 15% of users of sexual health services are accessing online self-sampling STI services.
- Men have different engagement with health system than women

<sup>16</sup> Public Health England. (2019). *Variation in outcomes in sexual and reproductive health in England A toolkit to explore inequalities at a local level.*

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/984393/SRH\\_variation\\_in\\_outcomes\\_toolkit\\_May\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984393/SRH_variation_in_outcomes_toolkit_May_2021.pdf)

- Working with boys in schools should be a key area for consideration in design and delivery of statutory relationships and sex education (RSE) from September 2019.
  - Engaging with male partners via maternity pathways was seen as a missed opportunity to reinforce contraceptive options and generic sexual health advice.
- Black and minority ethnic groups were underrepresented in the SHNA.

The SHNA 2018 recommended:

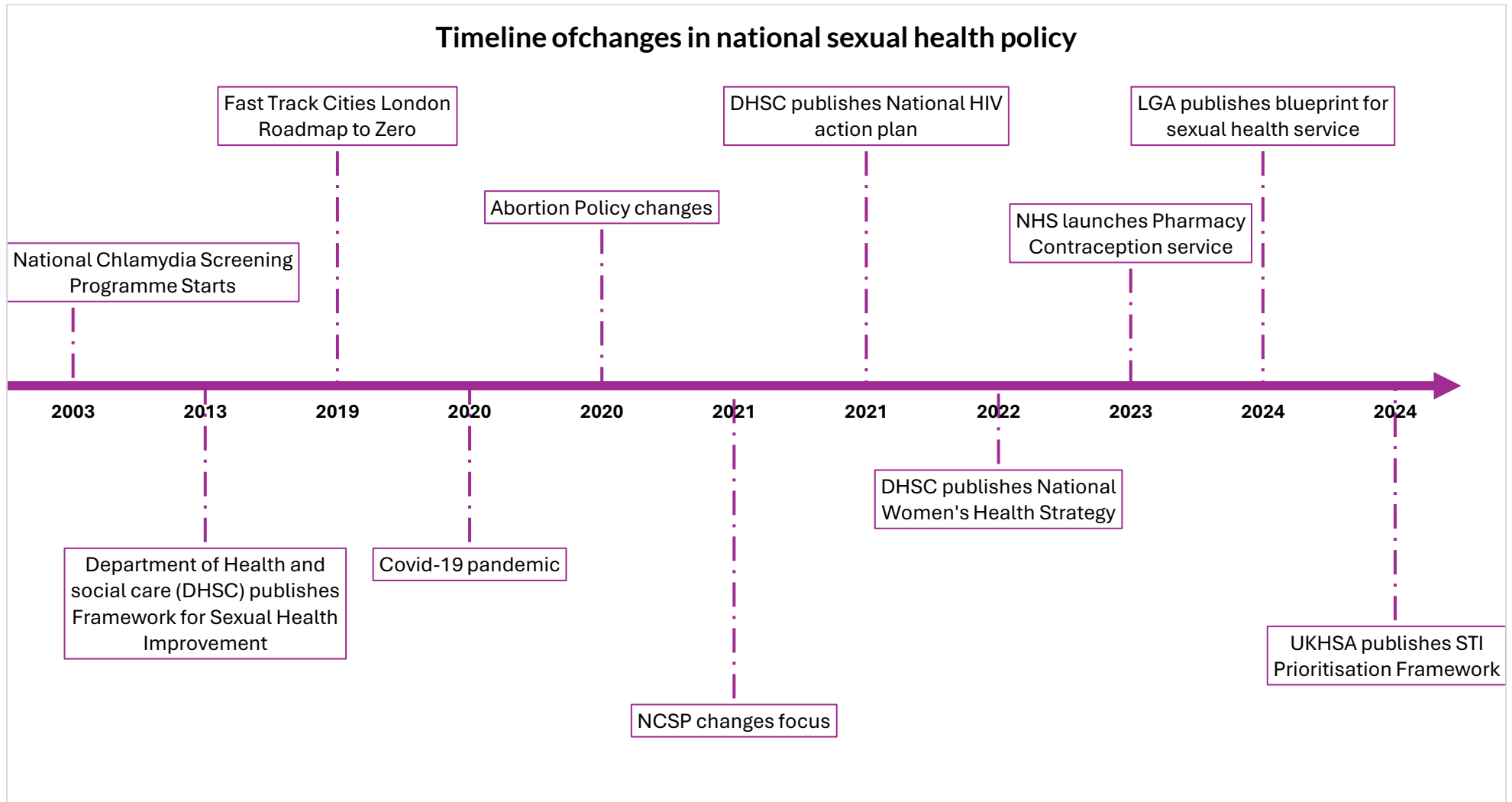
- A review of the Bexley sexual health website with clear signposting to primary care and pharmacy services with opening times and contact details.
- Provision of online requests for testing kits and potential collection points (primary care/pharmacy) other than the home address.
- Establishment of a Bexley sexual health network was recommended to facilitate joint and collaborative working.
- Continuation of c-card scheme
- Sexual health commissioners and primary care engagement with RSE programme
- Further Sexual health in practice (SHIP) training targeting the North of the borough to extend the current offer of enhanced services in the borough.
- Appraisal of training need in the following areas: C card scheme, trafficking and sexual exploitation, FGM, Fraser and Gillick guidance, transgender awareness and SHIP training
- Increase in the engagement with men within maternity pathways.
- Specialist interventions to be commissioned to engage with BAME populations with particular emphasis for Black African and Caribbean populations

## 3. POLICY CONTEXT

### 3.1 National policy

The figure below shows a timeline of key national policy changes which will be explained in more detail in this chapter.

Figure 4: Timeline of changes in national sexual health policies in England



### 3.1.1 Framework for Sexual Health Improvement<sup>17</sup>

The framework aims to improve sexual health across the whole population and emphasises reducing inequalities in sexual health outcomes and recognising that sexual ill health can affect all parts of society. The responsibility for sexual and reproductive health services is shared across local authorities, integrated care boards<sup>18</sup> and NHS England. In addition, local authorities are responsible for several services that are closely linked to sexual health such as social care, drug and alcohol services, family support, education and housing.

### 3.1.2 Blueprint for sexual health services<sup>19</sup>

This report was published by the LGA in September 2024 to refresh the 2013 framework for sexual health improvement. The key principles are:

- Whole-systems wide approach with a shared framework for action: beyond NHS clinical services to include local government, schools, parents, voluntary sector and the community as key partners
- Life-course approach: recognising that SRH is important throughout life and needs will vary by age, lifestyle, sexual orientation and wider determinants
- Person-centred approach to SRH services: people can find it difficult to navigate fragmented systems and current services are not always well positioned to support people with multiple needs
- Prevention and early intervention as central
- Evidence based strategy

The commissioning arrangements for sexual and reproductive health and HIV services from April 2024 are detailed below.

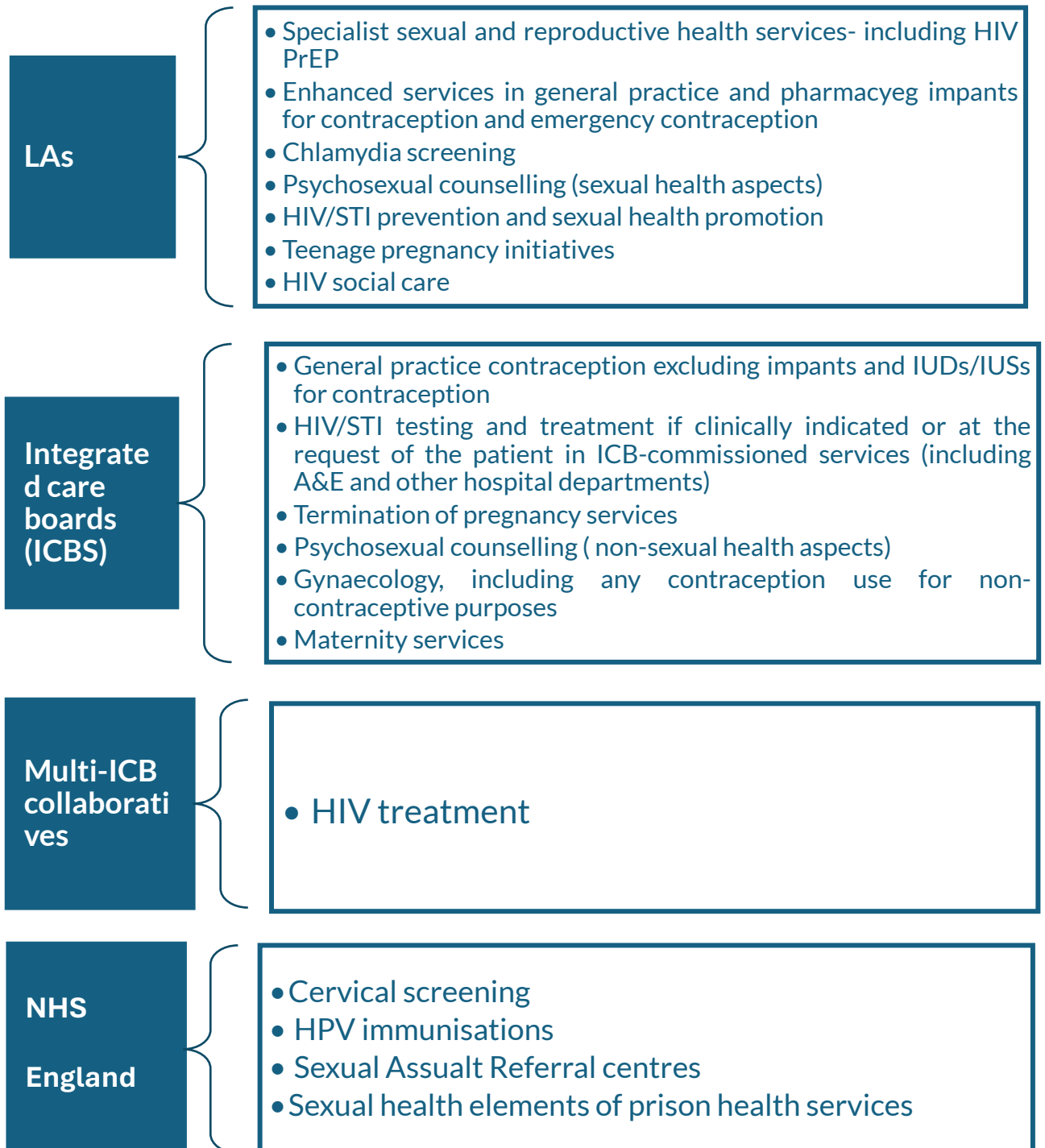
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<sup>17</sup> Department of Health (2013). *Framework for Sexual Health Improvement*

<sup>18</sup> An Integrated Care Board (ICB) is an NHS organization that plans health services for a local population. Bexley falls under the SouthEast London ICB

<sup>19</sup> Local Government Association (2024). *A blueprint for the future: Sexual, Reproductive Health and HIV services in England*. <https://www.local.gov.uk/events/past-event-presentations/blueprint-future-sexual-reproductive-health-and-hiv-services>

**Figure 5: Division of sexual health commissioning responsibilities**



Source: LGA Blueprint for sexual health services 2024

### 3.1.3 National Chlamydia Screening Programme (NCSP)

The NCSP was implemented in 2003. In June 2021, the primary aim of NCSP changed, focusing on reducing the harms from untreated chlamydia infection, which occur predominantly in young women and other people with a womb or ovaries. Opportunistic screening should be offered to these groups in community settings such as general practice and local pharmacies. This focused screening should be combined with reducing time to test results and treatment, strengthening partner notification and re-testing after treatment.

UKHSA recommends working towards achieving a minimum chlamydia detection rate of 3,250 per 100,000 females aged 15 to 24 years as part of the Public Health Outcomes Framework<sup>20</sup>.

### 3.1.4 National HIV Action Plan

The government is committed to achieving zero new HIV infections, AIDS and HIV-related deaths in England by 2030. To identify new cases, NHS have expanded opt-out testing in emergency departments in the highest prevalence local authorities. The action plan notes that while progress has been made with groups such as gay and bisexual men and younger adults, more work is needed on heterosexuals and black Africans<sup>21</sup>.

### 3.1.5 Termination of pregnancy policy

The Covid-19 pandemic had a lasting impact on termination policy in England and Wales. In March 2022, temporary measures put it in place in March 2020 to allow women to take termination of pregnancy (TOP) medications at home for early medical TOP (up to 9 weeks and 6 days gestation) were made permanent in England and Wales<sup>22</sup>. Women living in the most deprived areas of England are more than twice as likely to have TOPs than women living in the least deprived areas. This is true across different age groups and regions of England<sup>23</sup>.

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<sup>20</sup> UKHSA. (2024). *Sexually transmitted infections and chlamydia screening in England, 2023*. <https://khub.net/documents/135939561/1051496671/Sexually-transmitted-infections-in-England-2023.pdf/ad76d4b4-a7f0-b2a5-7dee-82da93dadbc2>

<sup>21</sup> DHSC (2021). *Towards Zero - An Action Plan towards Ending HIV Transmission, AIDS and HIV-Related Deaths in England - 2022 to 2025*. <https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025>.

<sup>22</sup> OHID (2024). *Termination of pregnancy Statistics, England and Wales: 2022*. <https://www.gov.uk/government/statistics/termination-of-pregnancy-statistics-for-england-and-wales-2022/termination-of-pregnancy-statistics-england-and-wales-2022>

<sup>23</sup> Ibid

### 3.1.6 National Women's Health Strategy<sup>24</sup>.

The Department of Health and Social Care published the National Women's Health Strategy in 2022. The strategy aims to ensure women's voices are heard and can access services to meet their reproductive health needs across the life course. As part of this, £25 million has been invested in women's health hubs over 2 years. However, short acting contraception and termination of pregnancy did not feature prominently in the strategy

### 3.1.7 NHS Pharmacy contraception service (PCS)<sup>25</sup>.

In April 2023, a tiered pharmacy contraception service was introduced enabling pharmacists to issue ongoing supplies of contraception initiated in GP surgeries and sexual health services. The service relaunched in December 2023 to enable community pharmacies to also initiate oral contraception. Supplies of oral contraception are made by a pharmacist via a patient group direction (PGD). The aim of the Pharmacy Contraception Service (PCS) is to offer people greater choice and access when considering starting or continuing their current form of oral contraception.

### 3.1.8 UKHSA STI Prioritisation Framework<sup>26</sup>

Drawing on best available evidence and input from an extensive stakeholder engagement programme, the framework, published in October 2024, outlines principles that are designed to steer local priority-setting for sexually transmitted infection (STI) prevention and control, against a challenging current financial backdrop. The framework argues that STI control in England has historically aimed at reducing prevalence and this high volume, low-complexity prioritisation approach risks overwhelming services with activities such as testing for asymptomatic or clinically unimportant infections, leaving insufficient capacity for those with more complex needs or to support vulnerable groups experiencing health inequalities. In addition, it argues that the approach has done little to curb the rising STI rates seen over the past decade.

Rooted in a public health approach, the framework aims to shift the focus of STI control efforts towards reducing adverse health outcomes and addressing health inequalities, through three-

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<sup>24</sup> DHSC (2019). *Women's Health Strategy for England*.

<https://assets.publishing.service.gov.uk/media/6308e552e90e0729e63d39cb/Womens-Health-Strategy-England-web-accessible.pdf>

<sup>25</sup> NHS England (2023). *NHS Pharmacy Contraception Service*. <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/nhs-pharmacy-contraception-service/>

<sup>26</sup> UKHSA. (2024) *STI prioritisation framework*. <https://www.gov.uk/government/publications/sti-prioritisation-framework>

prongs: ‘Situation; Target Groups; Interventions’. In essence this means understanding who is experiencing the greatest burden of harm and inequalities and targeting tailored interventions towards these groups. There is both an effectiveness and cost effectiveness argument for this approach.

## 3.2 Regional Policy

### 3.2.1 Fast Track Cities London Roadmap to Zero

In 2019, Greater London Authority partners came together to decide on a collective plan of action to get London to the United Nations’ getting to zero goals. The group developed the [Fast Track Cities London Roadmap to Zero](#), which shows how we work together as a city to get to zero new HIV infections, zero deaths and zero stigma before 2030. The aim is to improve the health, well-being and lives of people living with HIV in London.

### 3.2.2 Pan London Sexual and Reproductive Health Needs Assessment 2025

A needs assessment for sexual and reproductive health services in London was conducted by the London Sexual health programme which was published in February 2025.

#### Key Findings

- **Population Growth and Diversity:** London has the fastest-growing population in terms of absolute numbers, with a younger, more ethnically diverse population. There is also a higher percentage of people identifying with a sexual orientation other than straight or heterosexual and reporting their gender identity as different from their assigned birth gender.
- **Progress and Challenges:** Significant progress has been made in reducing late and new HIV diagnoses and under-18 conceptions. However, STI and HIV diagnoses are rising, abortion rates are increasing, and LARC prescribing rates are declining. There is a growing demand for sexual health services, particularly in central London clinics, and a pressing need for more accessible and inclusive services for priority groups.

These findings underscore the necessity for immediate and transformative action to address the challenges and improve sexual and reproductive health services across London.

#### Recommendations

1. **Strategic Vision and Values:** There is a need to reset and align the vision and values for sexual and reproductive health services across London. Developing a comprehensive



strategy is essential, and the London Sexual Health Programme is well-positioned to lead this effort.

2. **Service Configuration and Efficiency:** Reviewing and optimizing the configuration of sexual health service provision through both clinics and online platforms is crucial to improve resource efficiency.
3. **Funding and Remuneration:** The London Integrated Sexual Health Tariff system should be utilized to ensure fair remuneration for service providers while securing value for money for commissioners.
4. **Standardisation and Quality Improvement:** There should be a greater emphasis on standardizing and improving the quality-of-service provision across London, with a focus on prevention and inclusivity.
5. **Referral Systems and Clinical Pathways:** Strengthening referral systems and clinical pathways between sexual health services and local/subregional services is necessary.
6. **Centralised Appointment Booking System:** Developing a centralized appointment booking system for all London sexual health clinics will improve accessibility and coordination.
7. **Community Engagement and Consultation:** Further consultations with specific groups and strengthening partnerships with VCSEs and community advocates are needed to better serve underserved and marginalized groups.
8. **Innovation and Future Service Development:** Continuing to commission the SHL.UK online service and incorporating innovations such as HIV PrEP access and promoting equitable access to contraception across London are recommended.

## 4. SEXUAL HEALTH OUTCOMES

The overall picture of sexual health outcomes in Bexley varies. For some indicators, Bexley performs better than England and London. For others, Bexley's performance is like that of other local authorities in London and worse than England. Where available, data has been disaggregated by age, gender, ethnicity, sexual orientation and deprivation.

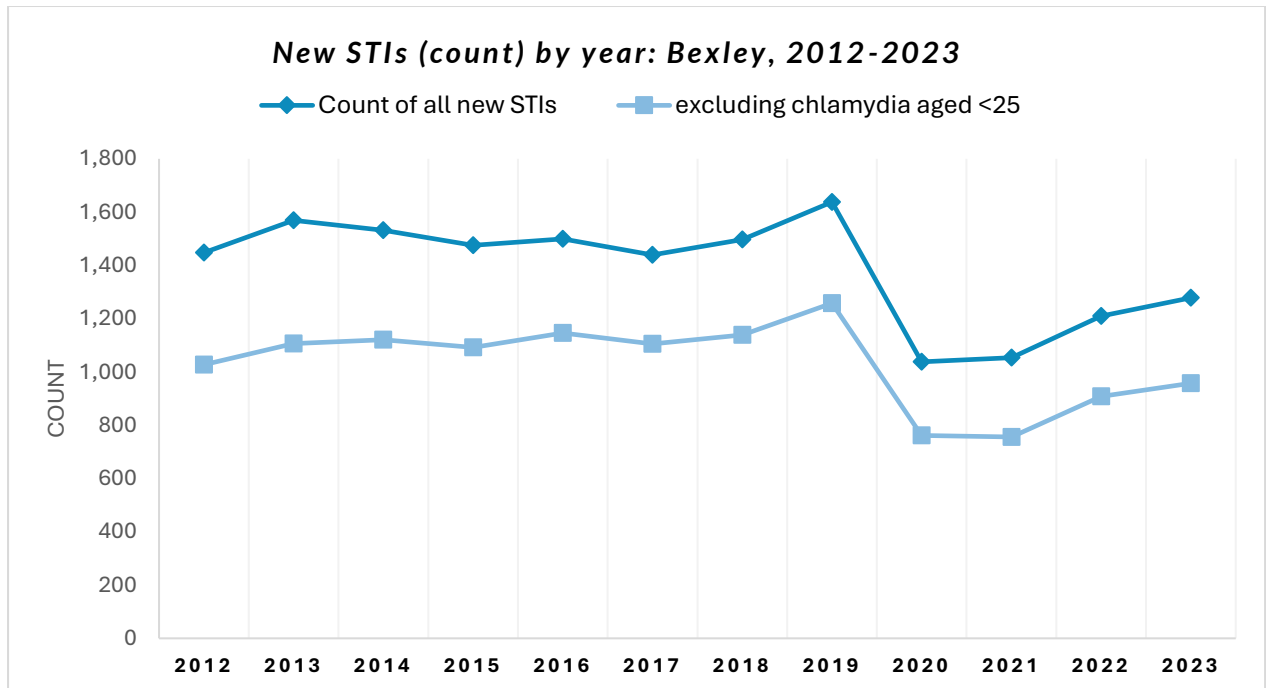
### 4.1 All sexually transmitted infections (STIs)

Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of Bexley in 2023 was 1,278. The rate was 516 per 100,000 residents, lower than the rate

of 704 per 100,000 in England, and lower than the average of 744 per 100,000 among its nearest neighbours. Bexley ranked 78th highest out of 151 upper tier local authorities (UTLAs) and unitary authorities (UAs) for new STI diagnoses excluding chlamydia in those aged under 25 in 2023, with a rate of 386 per 100,000 residents, better than the rate of 520 per 100,000 for England.

The response to the Covid-19 pandemic disrupted sexual health services nationally. This led to a decline in testing and diagnosis of STIs. According to UKHSA, larger declines were seen for STIs that are usually diagnosed clinically at face-to-face consultation such as genital warts or genital herpes, when compared to those that could be diagnosed using remote self-sampling kits such as chlamydia and gonorrhoea.

**Figure 6: New STIs in Bexley have yet to return to pre-pandemic levels 2023**



Source: UKHSA SPLASH Report<sup>27</sup>

#### 4.1.1 Rate

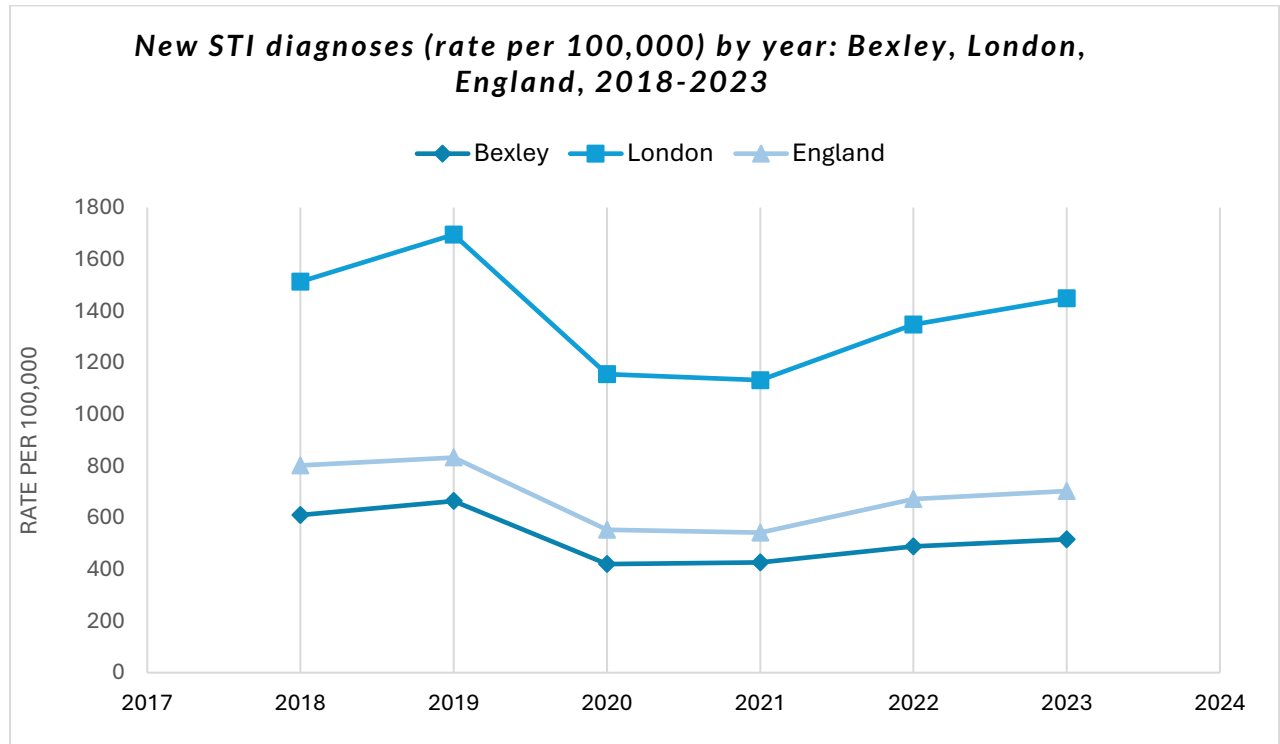
The rate of all STI diagnosis captures all new STI diagnoses among people accessing sexual health services each year. This indicator considered together with total tests and percentage

<sup>27</sup> UKHSA (2024). *Splash Bexley2024 update*. <https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2024%20update/E09000004.html?area-name=Bexley>

positivity (the proportion of tests returning a positive result) gives an idea of the levels of STIs circulating within the population.

Bexley has much lower rates of new STIs compared to London and England. Due to the Covid-19 pandemic, the rates of new STIs in Bexley, London and England fell in 2020 and 2021. Rates in 2022 and 2023 are now increasing but have not yet returned to pre-pandemic levels.

**Figure 7: Bexley has a consistently low STI diagnosis rate**



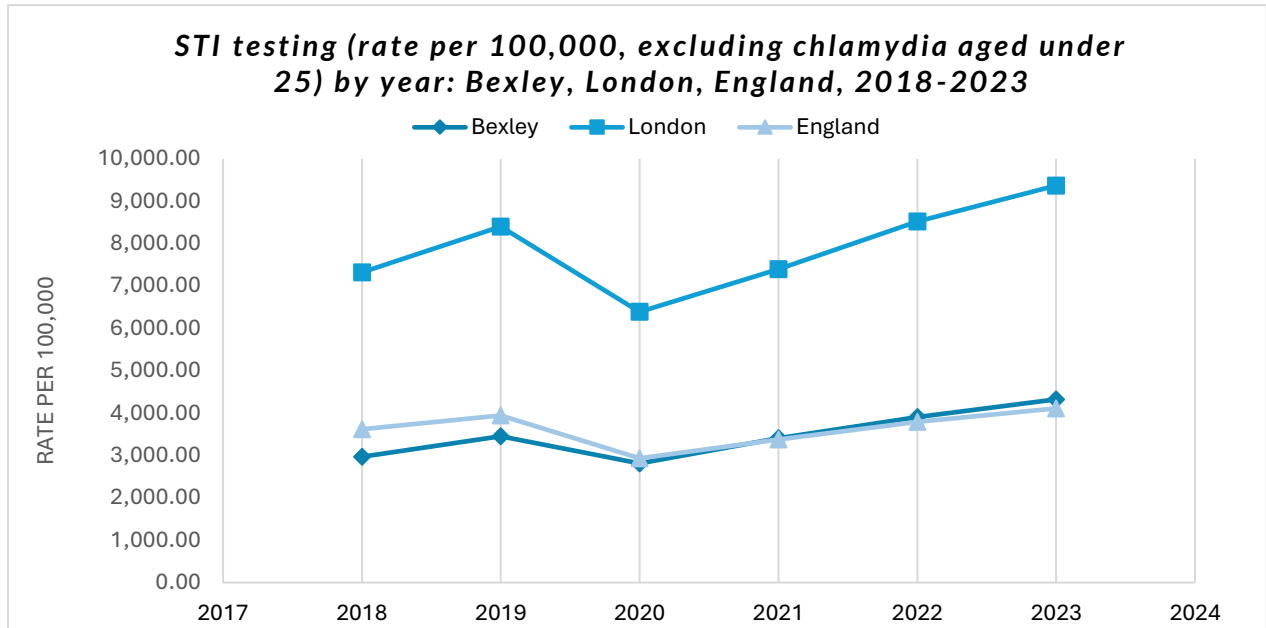
Source: OHID fingertips Sexual and Reproductive Health Profiles<sup>28</sup>

#### 4.1.2 Total tests

In the past five years, STI testing rates in Bexley fell during the Covid-19 pandemic and have now exceeded pre-pandemic levels.

<sup>28</sup> Department of Health and Social Care (2024) *Sexual and Reproductive Health Profiles: Fingertips*, <https://fingertips.phe.org.uk/profile/SEXUALHEALTH>

**Figure 8: Bexley's STI testing rate is almost identical to the national rate and much lower than the testing rate in London**

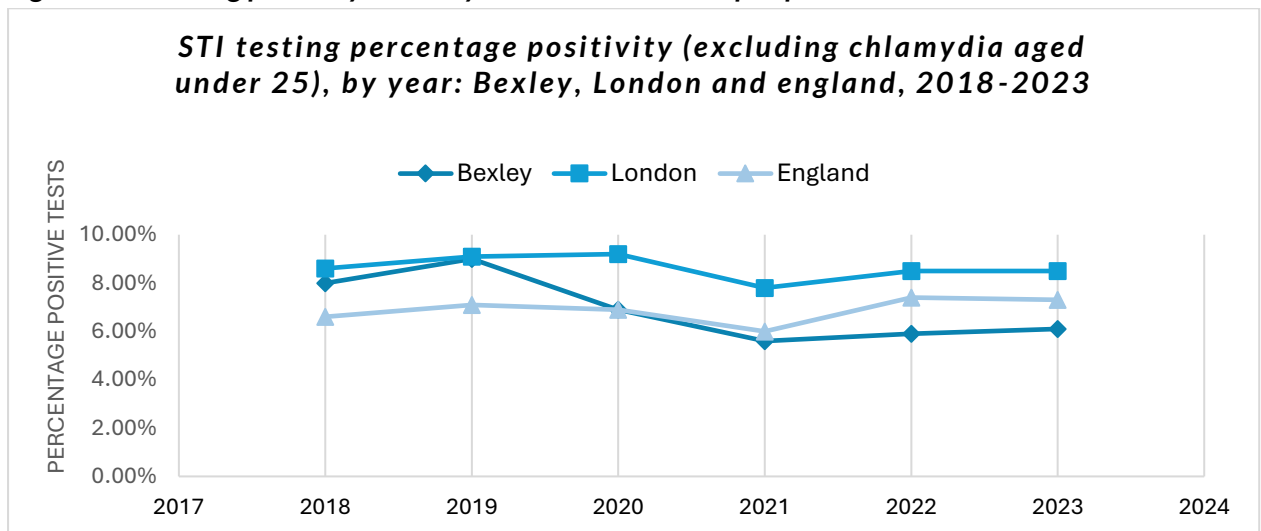


Source: OHID fingertips Sexual and Reproductive Health Profiles

### 4.1.3 Percentage positivity

The percentage of positive STI tests in Bexley's was 9% in 2019. During the pandemic, it fell to 5.6% in 2021. Whilst slowly rising, STI positivity has not recovered to pre-pandemic levels, at 6.1% in 2023. Despite the increase in testing, diagnosis rates continue to rise. The increase in testing contributes to the increase in STI diagnoses, however the slowly rising positivity indicates an ongoing burden of undiagnosed infections and suggests that tests are not reaching the right people within the population.

**Figure 9: STI testing positivity in Bexley has not recovered to pre-pandemic levels**



Source: OHID fingertips Sexual and Reproductive Health Profiles

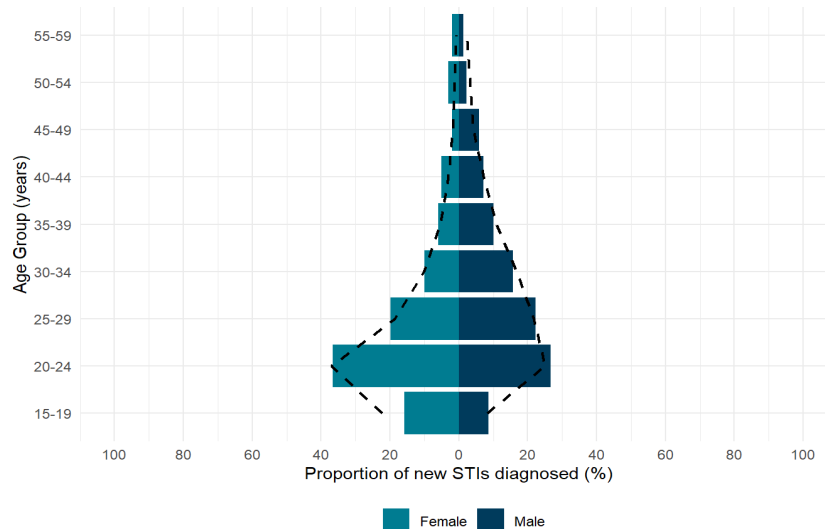
## 4.1.4 Incidence

### By age and gender

Young people have the highest burden of new STI diagnoses out of all age groups in Bexley. In 2022, 42.0% of diagnoses of new STIs made in SHSs in Bexley residents were in young people aged 15 to 24 years old. This compares to 44.5% in England.

Reinfection with an STI suggests ongoing transmission of infections is occurring within a population. Young people are more likely to become re-infected with STIs, contributing to infection persistence and health service workload. In Bexley residents, an estimated 11.4% of 15- to 19-year-old women and 8.3% of 15- to 19-year-old men presenting with a new STI at a SHS during the five-year period from 2018 to 2022 became re-infected with a new STI within 12 months. In England, 9.9% of 15- to 19-year-old women and 8.9% of 15- to 19-year-old men became reinfected with a new STI within 12 months<sup>29</sup>.

**Figure 10: Proportion of new STIs by age group and gender in Bexley (bars) and England (lines) 2022.**

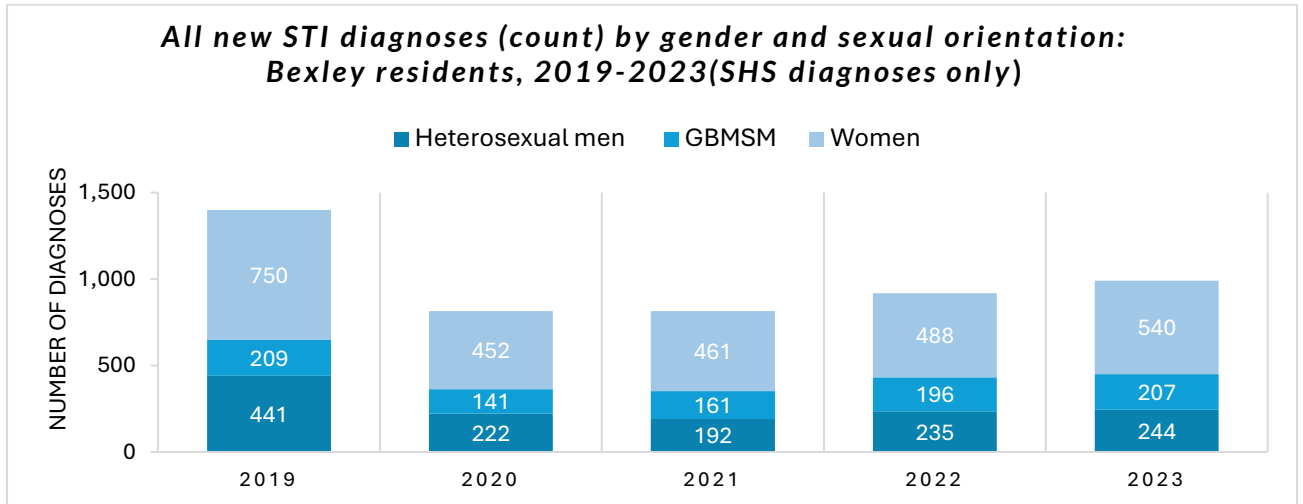


Source: UKHSA Supplementary SPLASH Report 2024

Women make up a greater proportion of STI diagnoses in Bexley compared to men. Of those Bexley residents diagnosed with a new STI in 2023, 54.5% were women. However, counts of new STI diagnoses in women and heterosexual men in Bexley have fallen since 2019 whilst those in GBMSM have stayed the same.

<sup>29</sup> UKHSA. (2024). SPLASH Supplement Report Bexley.

**Figure 11: Counts of new STI diagnoses in Bexley are highest in women.**



Source: Data from routine returns to the GUMCAD STI Surveillance System

Excludes records where gender or sexual orientation are not reported – figures may be lower than actual as a result.

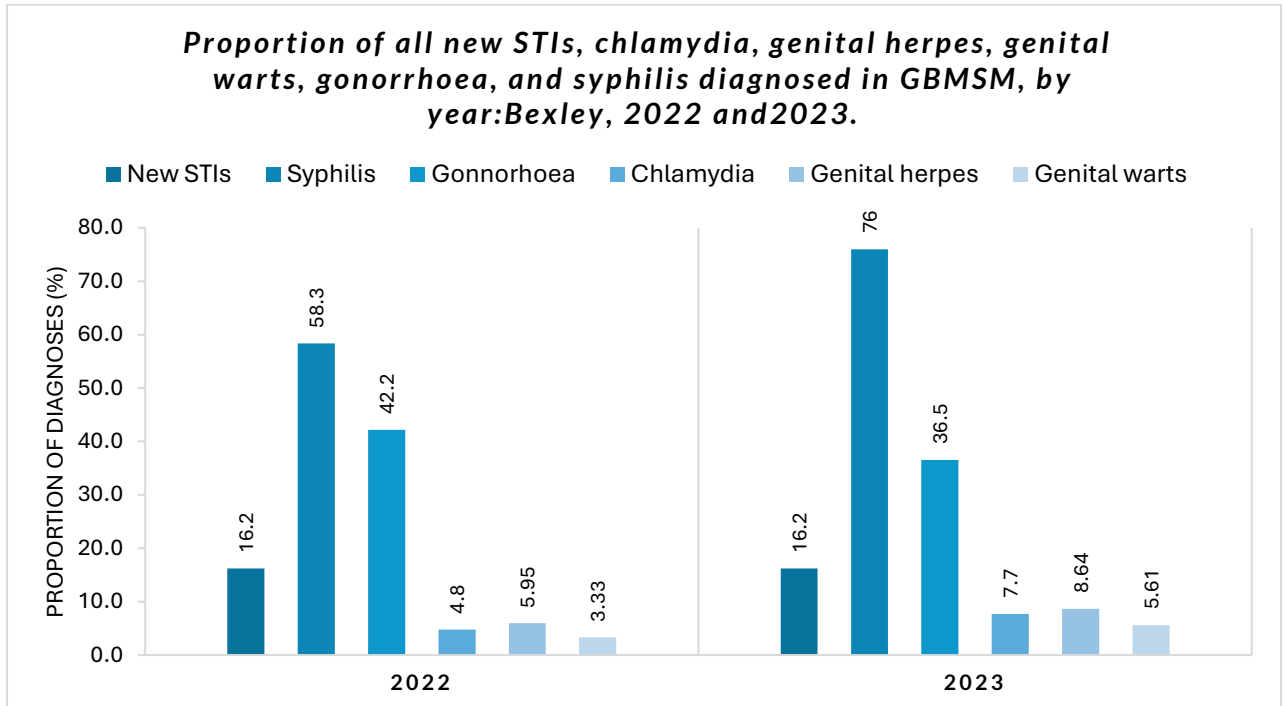
During the five-year period from 2018 to 2022, in Bexley residents, an estimated 6.1% of women and 8.5% of men presenting with a new STI at a SHS became re-infected with a new STI within 12 months. In England, during the same period, 6.4% of women and 10.0% of men became re-infected with a new STI within 12 months. In Bexley residents, an estimated 4.2% of women and 7.7% of men diagnosed with gonorrhoea at a SHS between 2018 and 2022 became reinfected with gonorrhoea within 12 months. Nationally, an estimated 4.1% of women and 12.0% of men became reinfected with gonorrhoea within 12 months<sup>30</sup>.

### By sexual orientation

Gay and bisexual men who have sex with men (GBMSM) continue to be disproportionately impacted by STIs in Bexley, like the national picture. In people whose sexual orientation was known, 21.9% of new STIs in Bexley residents in 2022 were among GBMSM. This compares to 27.1% in England. In 2023, GBMSM in Bexley made up 36.5% of all gonorrhoea and 76% of all syphilis diagnoses in Bexley.

<sup>30</sup> Ibid.

**Figure 12: GBMSM are disproportionately represented in STI diagnosis in Bexley**

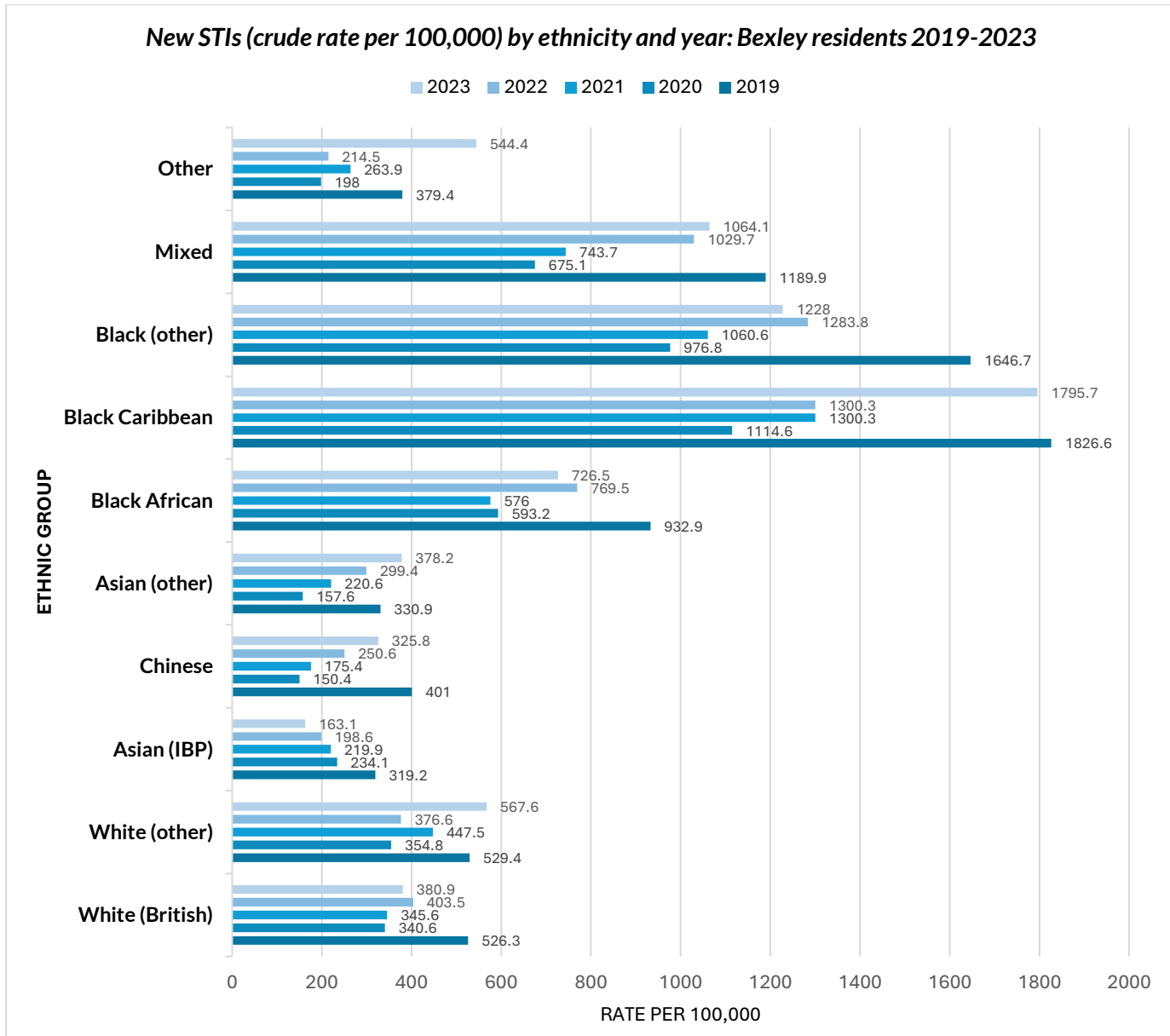


Source: Data from routine returns to the GUMCAD STI Surveillance System.

### By ethnicity

Rates of all new STIs are unevenly distributed across ethnic groups in Bexley. From 2019 to 2023, black Caribbean residents consistently experienced the highest rates of STIs compared to people of other ethnic groups, with rates being at least 3 times higher than in white British residents. These higher rates were closely followed by the rates in black other, mixed and black African populations. Where recorded, 18.4% of new STIs diagnosed in Bexley residents in 2022 were in people born overseas. The Covid-19 pandemic has not had the same impact on STI testing rate across ethnic groups. Some groups have returned to pre-pandemic rates whilst others have not.

**Figure 13: Bexley's black residents have higher rates of STI diagnoses than other ethnicities.2019-2023**



Source: numerator (Data from routine returns to the GUMCAD STI Surveillance System), denominator (ONS demographic data: Census 2021)

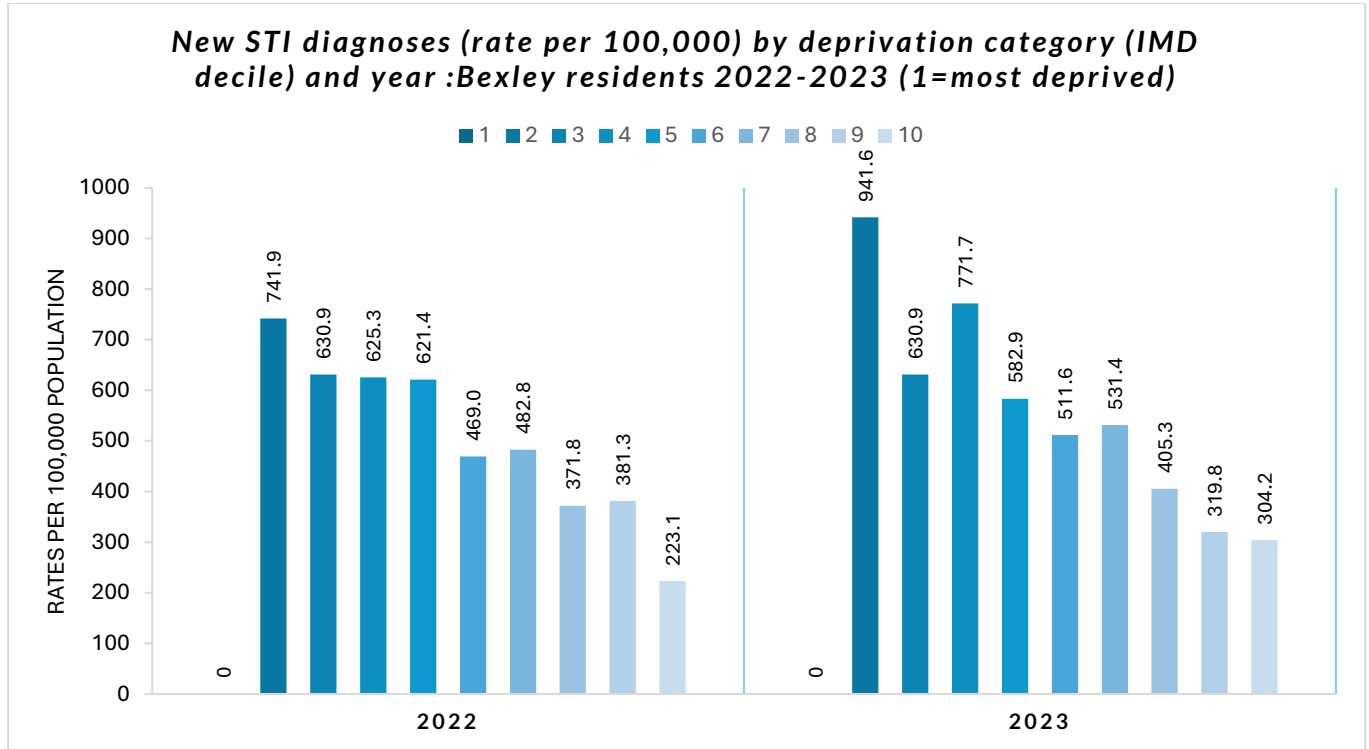
### By deprivation

Whilst Bexley does not have any residents in the IMD decile 1 (most deprived), there is a clear gradient in rates of STIs in Bexley. More deprived residents experience higher rates of STI diagnoses than least deprived residents. Comparing 2023 to 2019, the gap between more deprived and less deprived residents in Bexley is widening. In 2019 the difference in STI diagnosis rate between the most deprived and least deprived groups was 455.6. This rate



difference increased to 637.4 in 2023 suggesting widening inequality in distribution of STIs by deprivation within Bexley.

**Figure 14: Bexley’s more deprived residents experience higher rates of STI diagnoses than least deprived residents**

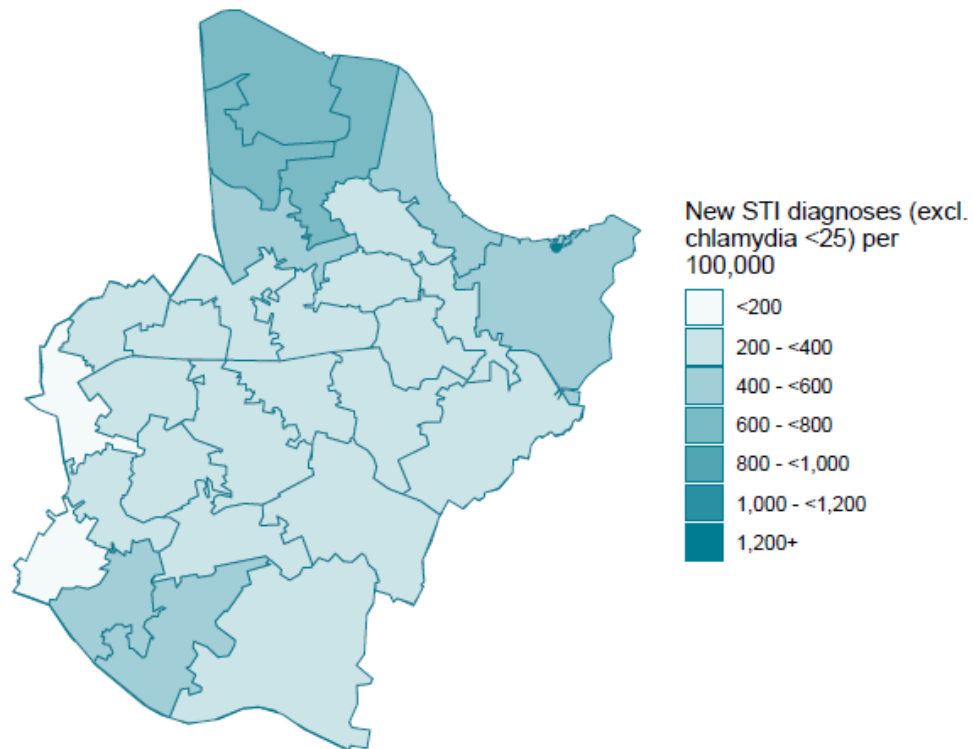


Source: Data from routine returns to the GUMCAD STI and CTAD Chlamydia surveillance system (SHS diagnoses only. These data use 2019 IMD scores assigned to each LSOA, collected and published by The Department for Levelling Up, Housing & Communities

**By geography**

Mapping new STI diagnoses onto Bexley’s geography, Thamesmead, Lesnes Abbey, Belvedere and Erith wards in the north and Sidcup in the south have higher STI diagnoses. This maps on to areas experiencing the most deprivation in Bexley.

Figure 15: New STI diagnoses (count) by MSOA: Bexley, 2023



#### New STI diagnoses in Bexley by MSOA

Contains Ordnance Survey data © Crown copyright and database right 2021  
Contains National Statistics data © Crown copyright and database right 2021

Source: UKHSA Bexley SPLASH Report 2024

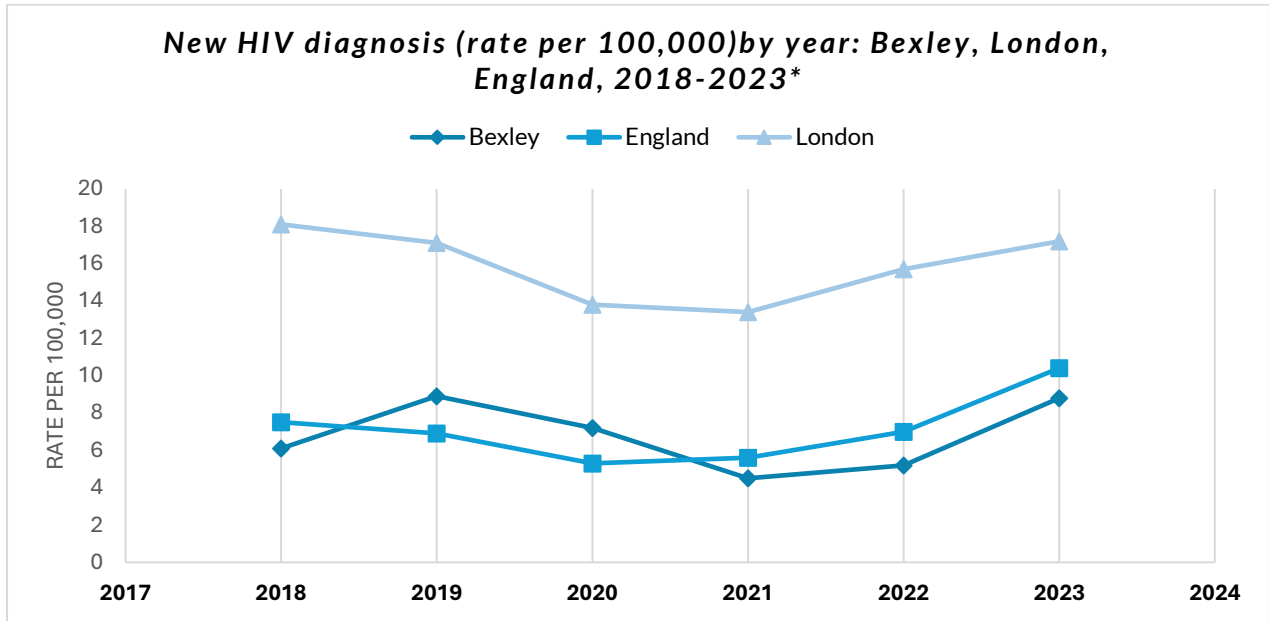
## 4.2 HIV

Incidence, prevalence, total tests, reactivity and late diagnoses help construct a picture of HIV epidemiology in Bexley. Knowledge of local diagnosed HIV prevalence and identification of local risk groups can be used to help direct resources for HIV prevention and treatment.

### 4.2.1 Incidence (new diagnoses)

The rate of new diagnoses of HIV in Bexley fell during the pandemic and returned to pre-pandemic levels in 2023.

**Figure 16: Bexley's new HIV diagnosis rate is much lower than London and similar to England**

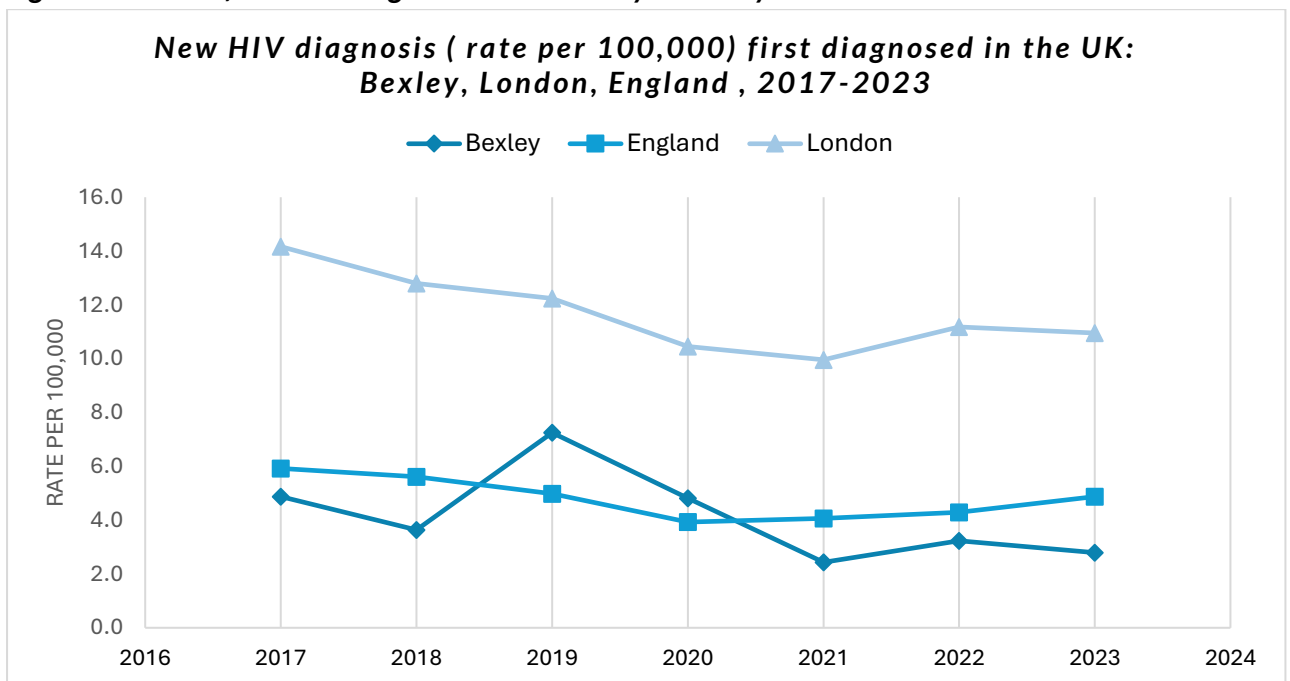


Source: OHID Fingertips Sexual and Reproductive Health Profile

\*These include all reports of HIV diagnoses made in the UK, regardless of country of first HIV positive test (i.e. including people who were previously diagnosed with HIV abroad).

Whilst all new diagnosis rates of HIV in Bexley have been increasing, the proportion first diagnosed in the UK has stayed relatively stable since 2021.

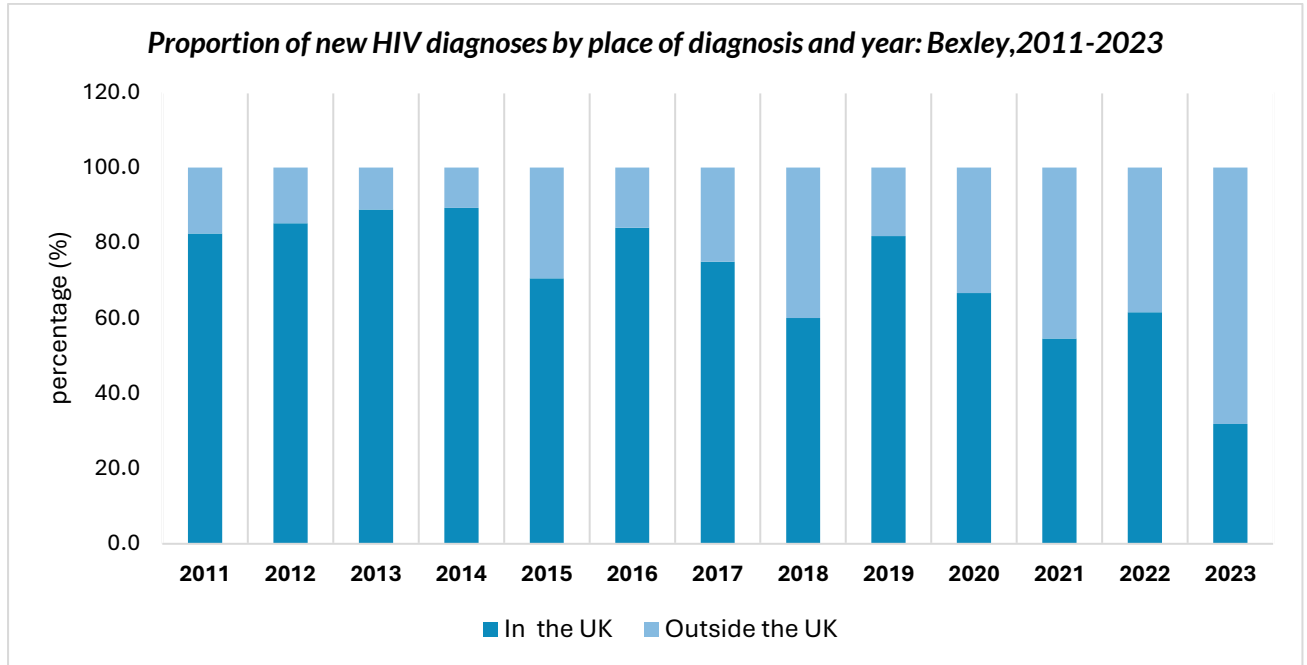
**Figure 17: Rates of new HIV diagnosis rates in Bexley have stayed stable since 2021**



Source: OHID Fingertips Sexual and Reproductive Health Profile

In 2023, the proportion of new diagnoses first diagnosed outside the UK exceeded those first diagnosed in the UK. A potential driver of this change is the increasing numbers of GBMSM on PrEP.

**Figure 18: New HIV diagnoses first diagnosed outside the UK exceeded new diagnoses first diagnosed in the UK for the first time in 2023**



Source: OHID Fingertips Sexual and Reproductive Health Profile

#### 4.2.2 Diagnosed prevalence

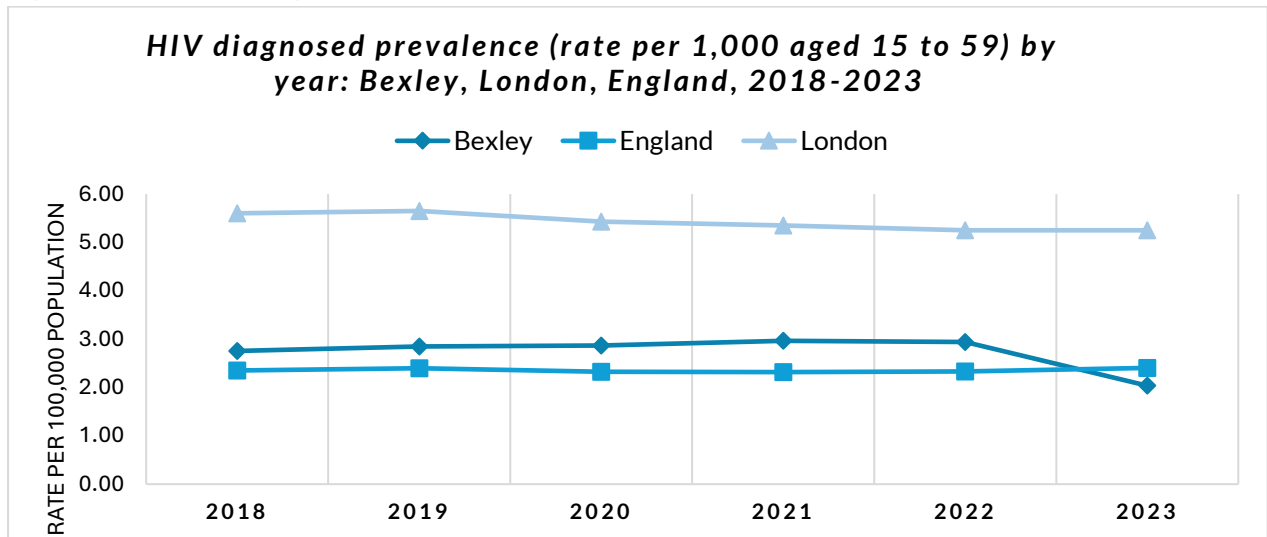
In 2017, NICE updated the HIV testing guidance, defining high HIV prevalence local authorities as those with a diagnosed HIV prevalence of between 2 and 5 per 1,000 and extremely high prevalence local authorities as those with a diagnosed HIV prevalence of 5 or more per 1,000 people aged 15 to 59 years.<sup>31</sup> The British HIV Association (BHIVA) in line with NICE guidance recommends HIV testing for all patients accessing primary and secondary healthcare in areas of high and extremely high HIV seroprevalence, including emergency departments. BHIVA recommends that HIV testing programmes should employ a universal (i.e. non-targeted) opt-out approach when comprehensive coverage is desirable.

In 2023, the diagnosed prevalence of HIV in Bexley was 2.04 per 1000, making Bexley a high HIV prevalence local authority. This is slightly lower than the England diagnosed prevalence of

<sup>31</sup> BHIVA (2020) BHIVA/BASHH/BIA adult HIV testing guidelines 2020. <https://bhiva.org/clinical-guideline/hiv-testing-guidelines/>

2.40 per 1,000. In 2023, the diagnosed prevalence of HIV in London was 5.25 per 1000 population, making it an extremely high prevalence area.

**Figure 19: Bexley is a high HIV prevalence local authority**

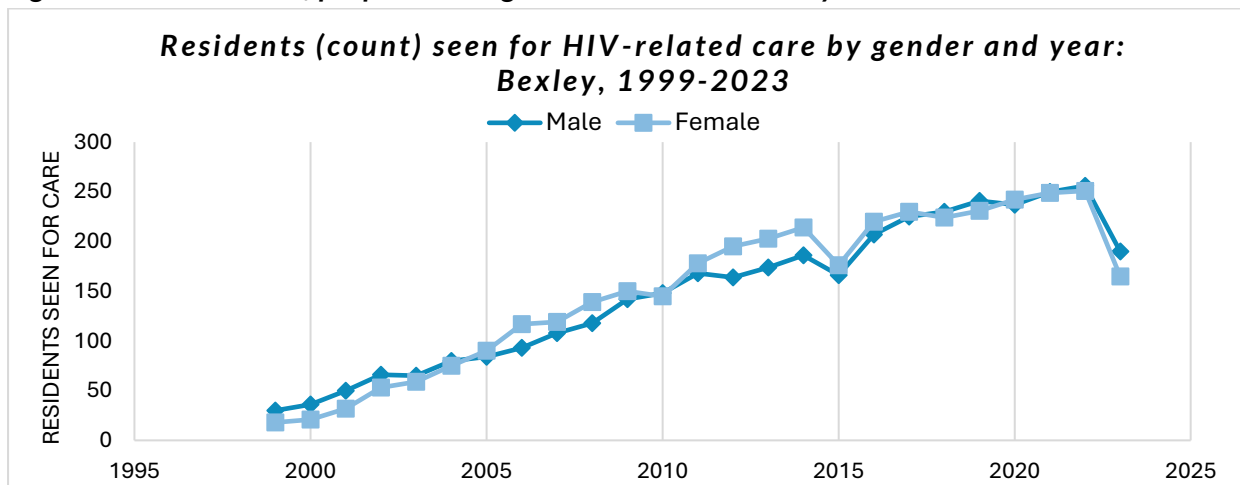


Source: OHID fingertips Sexual and Reproductive Health Profiles

The prevalence of diagnosed HIV in Bexley is unequally distributed across the population. The prevalence has been disaggregated by gender, ethnicity, probable route of acquisition, deprivation and local care network. These findings inform the subsequent recommendations for HIV prevention activity in the borough.

**By gender:** The number of residents living with HIV in Bexley has risen in the past two decades. This is likely due to improved access to healthcare and advancements in HIV medication. The numbers of residents living with HIV are similar across males and females.

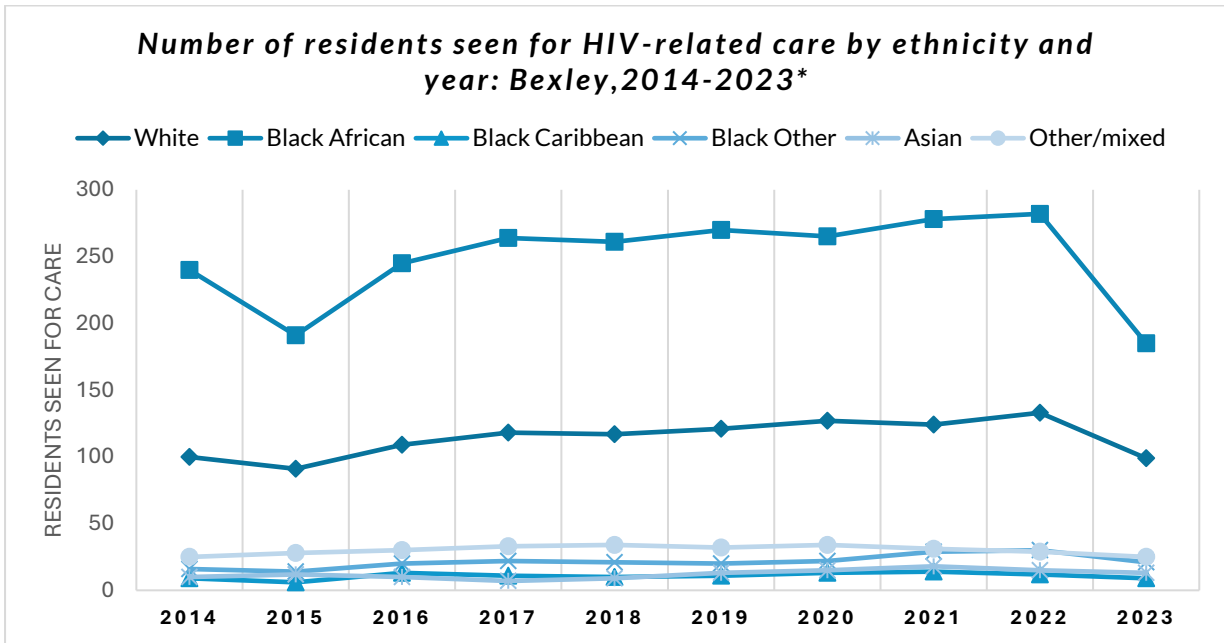
**Figure 20: The number of people receiving HIV related care in Bexley continues to rise**



Data source: OHID HIV & AIDS reporting system HARS, SOPHID \*Data for the most recent year may be subject to under-reporting (reporting delay)

**By ethnicity:** The number of black African residents in Bexley living with HIV far exceeds the number in other ethnicities. Between Census 2011 and 2021, the number of 'Black, Black British, Black Welsh, Caribbean or African' self-identifying residents in Bexley increased from 8.5% to 12.2%. This demographic change is one potential driver of Bexley's high HIV prevalence.

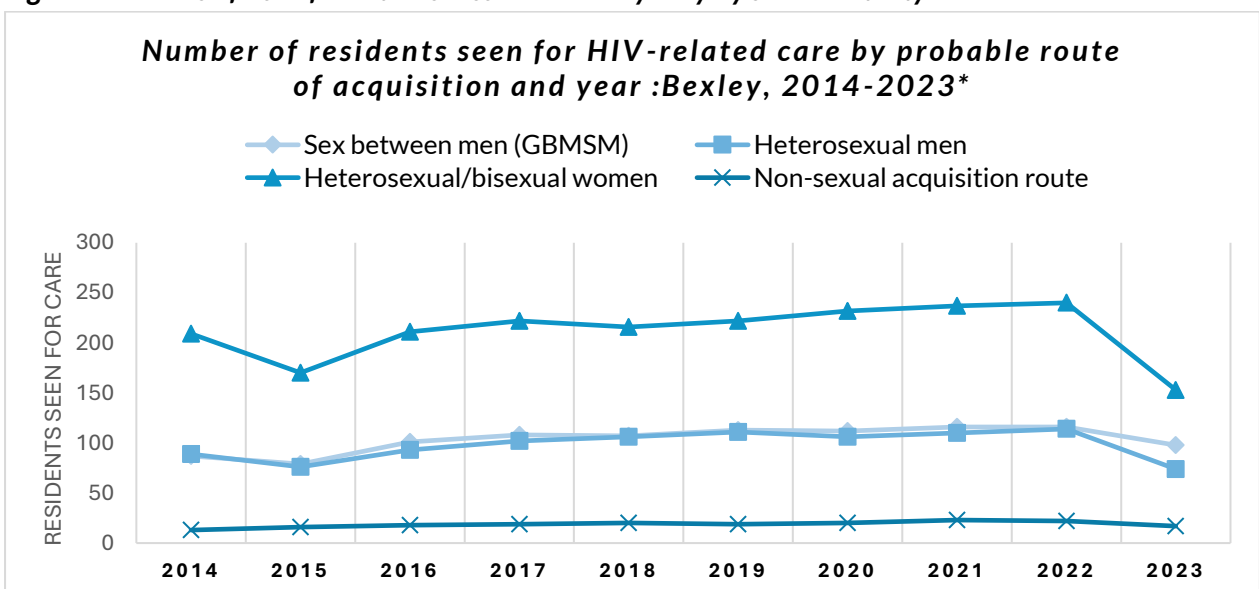
**Figure 21: Most of the Bexley residents seen for HIV related care are from the black African ethnic group**



Data source: HARS,\*Data for the most recent year may be subject to under-reporting (reporting delay)

**By probable route of acquisition:** Non-sexual acquisition of HIV in Bexley is low. Whilst overall gender figures are similar, beneath the surface there are different levels of risk associated with male-to-male, female-to-male, and male-to-female sexual transmission.

**Figure 22: Levels of risk of HIV transmission in Bexley vary by sexual activity**

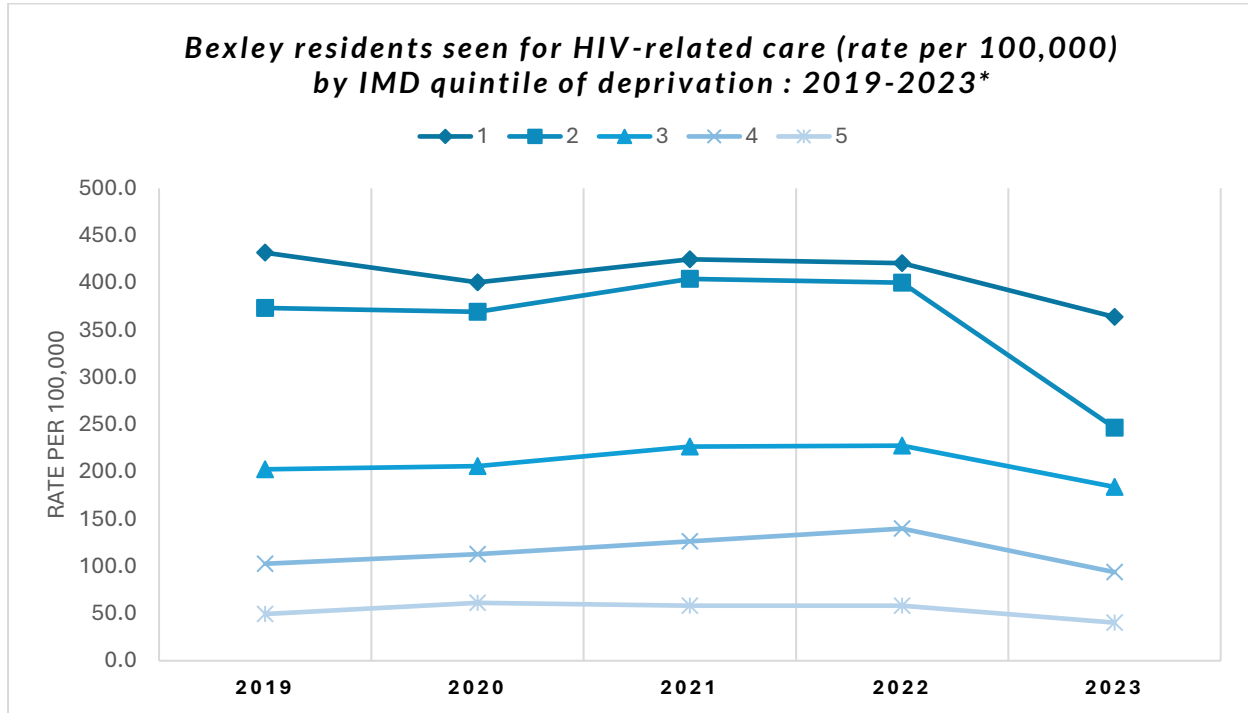


Data source: HARS

\*Data for the most recent year may be subject to under-reporting (reporting delay)

**By deprivation:** Residents in deprivation quintiles 1 and 2 have the highest rates of HIV diagnosis.

**Figure 23: The most deprived areas have higher rates of residents living with HIV compared to least deprived areas.**



Data source: HARS

\*Data for the most recent year may be subject to under-reporting (reporting delay)

**By LCN:** North Bexley has a statistically significantly higher diagnosed prevalence of HIV than the other two LCNs.

**Table 3: Prevalence of diagnosed HIV per 1,000 Population (all ages) by Local Care Network (LCN) of residence: Bexley, 2022**

LCN	Diagnosed prevalence	95% CI
Clocktower	1.1	0.9-1.4
Frognal	1.0	0.8-1.3
North Bexley	3.4	3.0-3.7

Data source: OHID HIV & AIDS reporting system HARS (numerator), ONS demographic data (denominator)

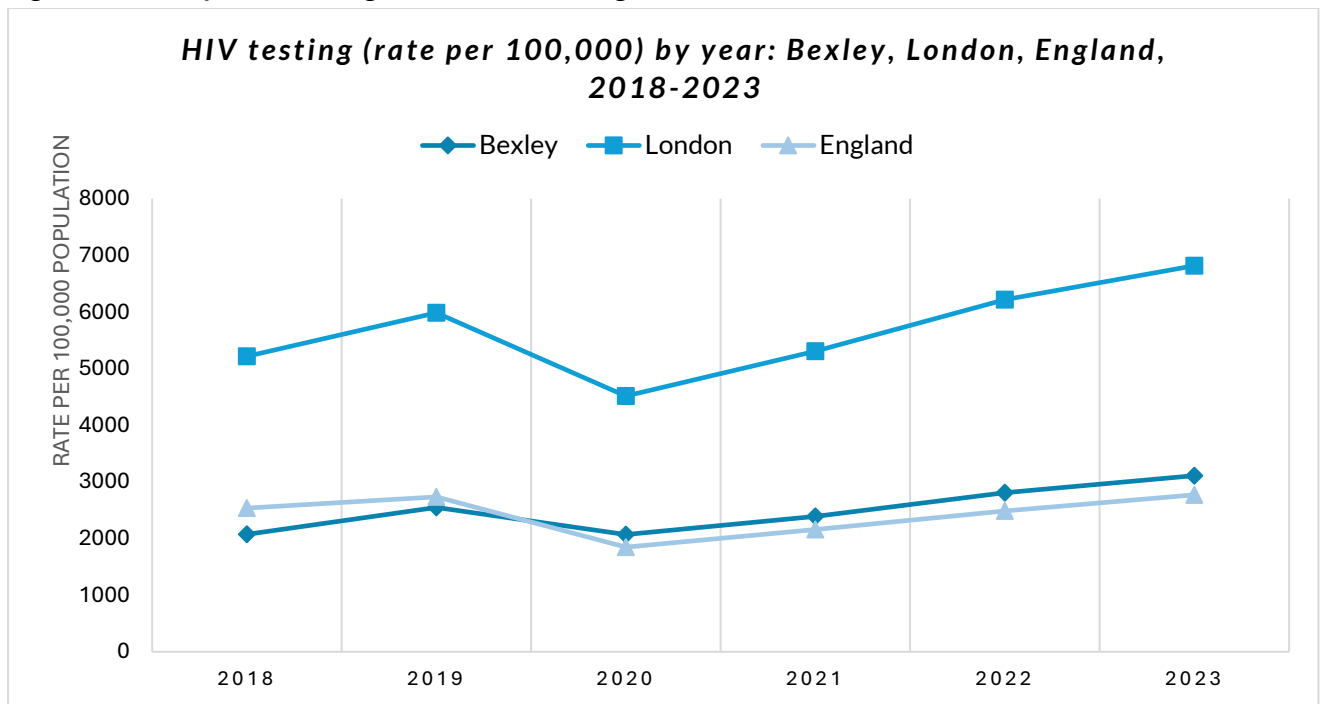
### 4.2.3 Total tests

The number of HIV tests performed in Bexley increases with each year from 2020. In 2023, 7,708 HIV tests were performed in Bexley residents up from 6,965 in 2022. Bexley's HIV testing rates exceed that of England but are much lower than the testing rate in the London region. This

is notable considering that the rate of late diagnosis in Bexley exceeds that of London and England, particularly in heterosexual groups.

Across other London boroughs and other high prevalence cities across the country including Manchester, opt-out HIV testing has been introduced in emergency departments. Bexley is unique as it does not have an emergency department within borough and does not currently offer opt-out HIV testing at any site within borough. This explains Bexley's lower testing rate compared to London. This will inform recommendations.

**Figure 24: Bexley's HIV testing rate is similar to England and well below that of London**



Source: OHID fingertips Sexual and Reproductive Health Profiles

#### 4.2.4 Late HIV diagnosis

Late HIV diagnosis is defined as newly diagnosed with HIV with a CD4<sup>32</sup> count less than 350 cells per mm<sup>3</sup> within 91 days of diagnosis, excluding those with evidence of recent seroconversion<sup>33</sup>. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Among those diagnosed in England, those diagnosed late in 2019 had more than a 7-fold increased risk of death within a year of diagnosis compared to those diagnosed promptly, and this indicator is essential to evaluate the success of expanded HIV testing. This indicator

<sup>32</sup> CD4 cells are a white blood cells essential for fighting infections. A CD4 count is used to check immune system health in those living with HIV. AIDs is characterised by a CD4 count of less than 200.

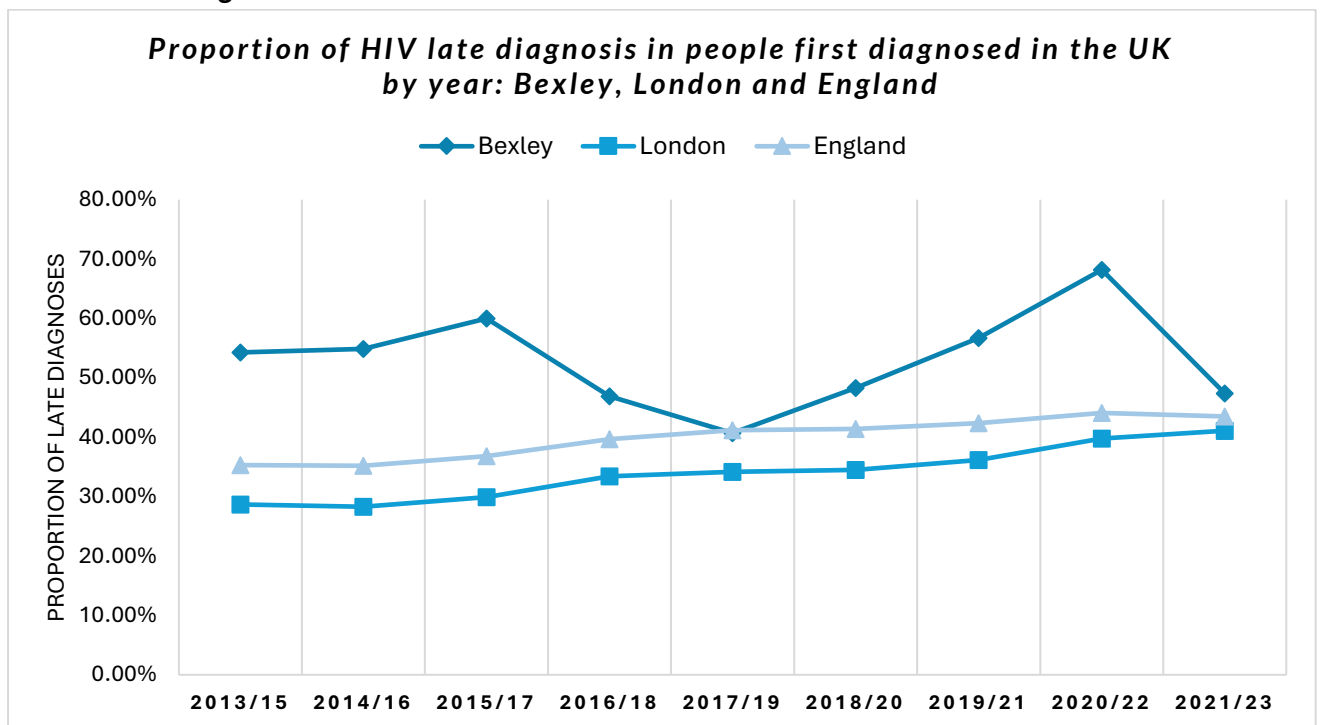
<sup>33</sup> UKHSA. (2024). *SPLASH Supplement*



also directly measures late diagnoses and indirectly informs our understanding of the proportion of HIV infections undiagnosed.

The proportion of late diagnosis amongst Bexley residents first diagnosed in the UK exceeds the proportion in London and England. Indirectly, this could indicate undiagnosed HIV infections circulating within the population. The data has been presented as an average over 2 years due to small numbers.

**Figure 25: A higher proportion of Bexley residents diagnosed with HIV are diagnosed late compared to London and England**



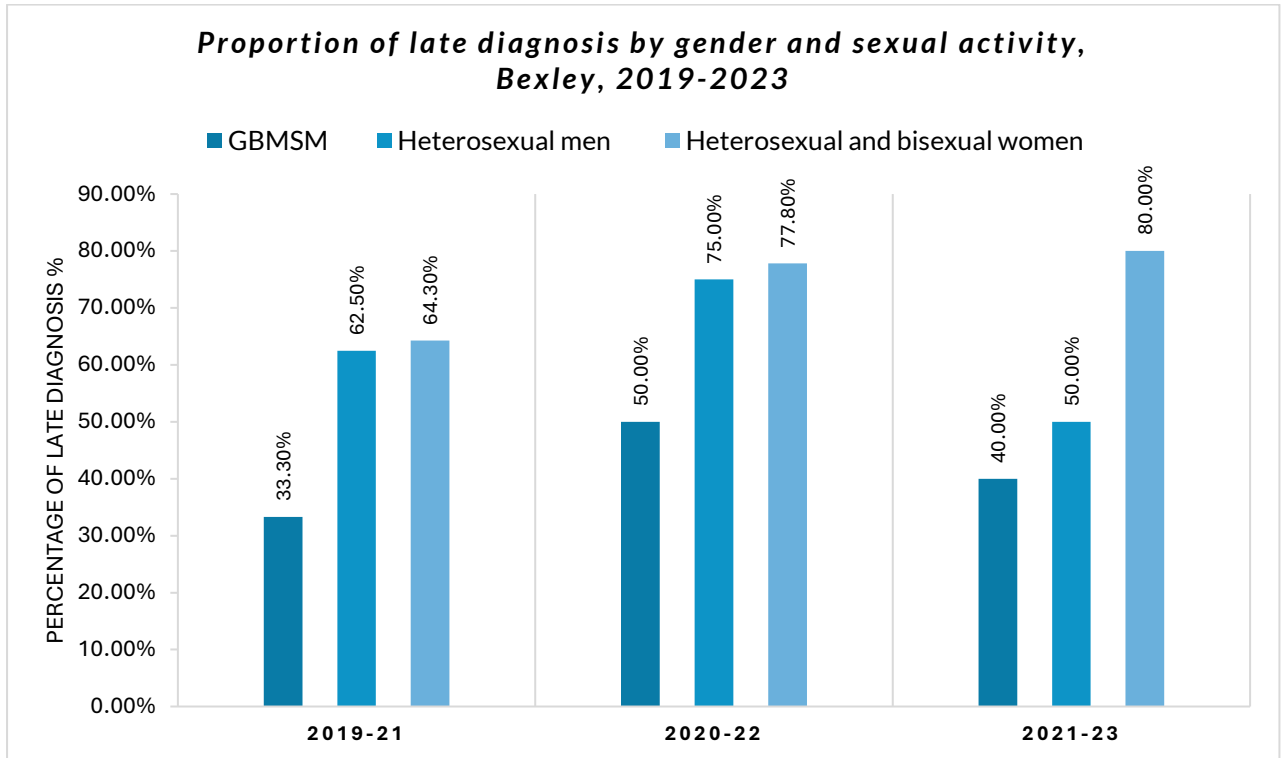
Source: OHID Fingertips Sexual and Reproductive Health Profile

\* excludes those previously diagnosed with HIV abroad.

### By gender and sexual orientation

The proportion of late diagnosis in Bexley is highest in heterosexual and bisexual women, followed by heterosexual men and lowest in GBMSM. In recent years, a lot of effort has been put into raising awareness about HIV/AIDs within the GBMSM community with services designed with this community in mind. Further work is required to improve knowledge and decrease stigma around HIV in heterosexual residents.

**Figure 26: Late HIV diagnosis is greater in women and heterosexual men compared to GBMSM**



Source: OHID Fingertips Sexual and Reproductive Health Profile

#### 4.2.5 PrEP need

This indicator is used to determine PrEP need among people accessing specialist SHS. It assesses the proportion of all HIV negative people accessing specialist SHS who are at substantial HIV risk, and therefore could benefit from receiving PrEP. The indicator includes people who are having their need for PrEP met by receiving PrEP (met need) as well as those with need who are not currently receiving PrEP (unmet need). This indicator does not relate to better or worse performance as it will vary between services depending on local clinical practice and population demography.

The PrEP need in Bexley is rising with each year. In 2023, 364 (20.7%) of all HIV negative Bexley residents accessing specialist sexual health services were estimated to need PrEP. Some of these residents are having their PrEP needs met but there will be unmet need too. Notably, Bexley's PrEP need is consistently twice that of England.

**Table 4: Proportion of PrEP need: Bexley, England, 2021-2023**

Period	Bexley		England
	Count	Value	
2021	251	16.8%	7.4%
2022	313	19.2%	9.7%
2023	364	20.7%	10.1%

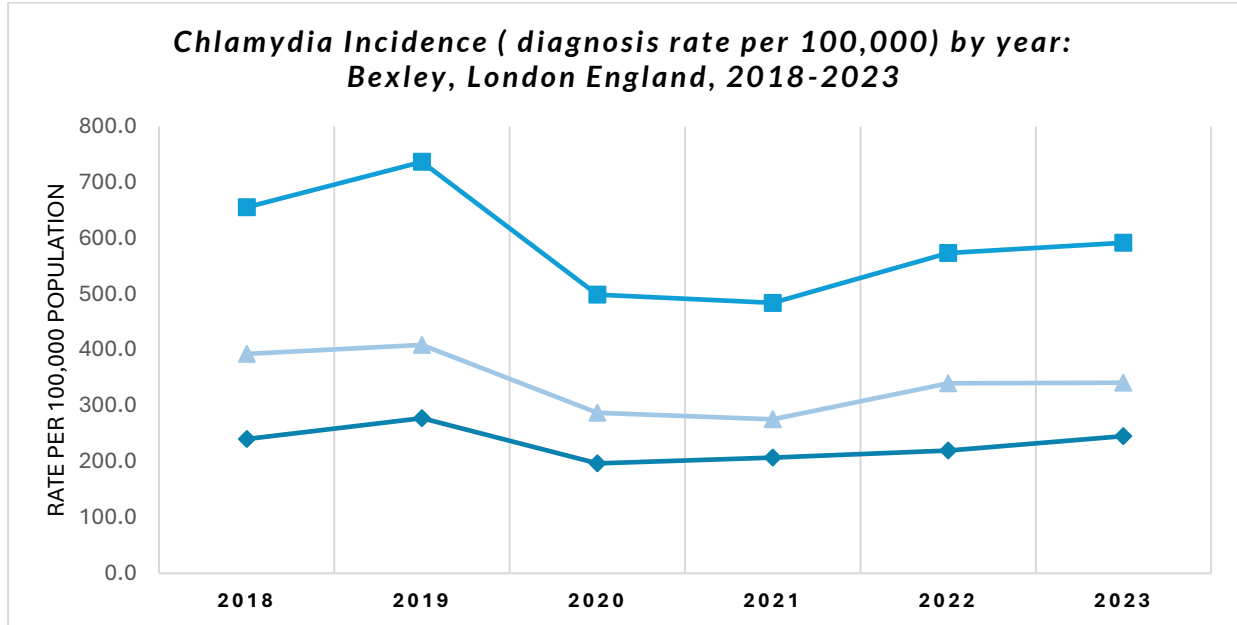
Source: OHID Fingertips Sexual and Reproductive Health Profile

## 4.3 Chlamydia

### 4.3.1 Incidence (diagnosis rate)

The diagnosis rate of chlamydia in Bexley is lower than national and regional levels. Rates fell during the Covid-19 pandemic and have now returned to pre-pandemic levels.

**Figure 27: Bexley's Chlamydia diagnosis rate has returned to pre-pandemic levels**

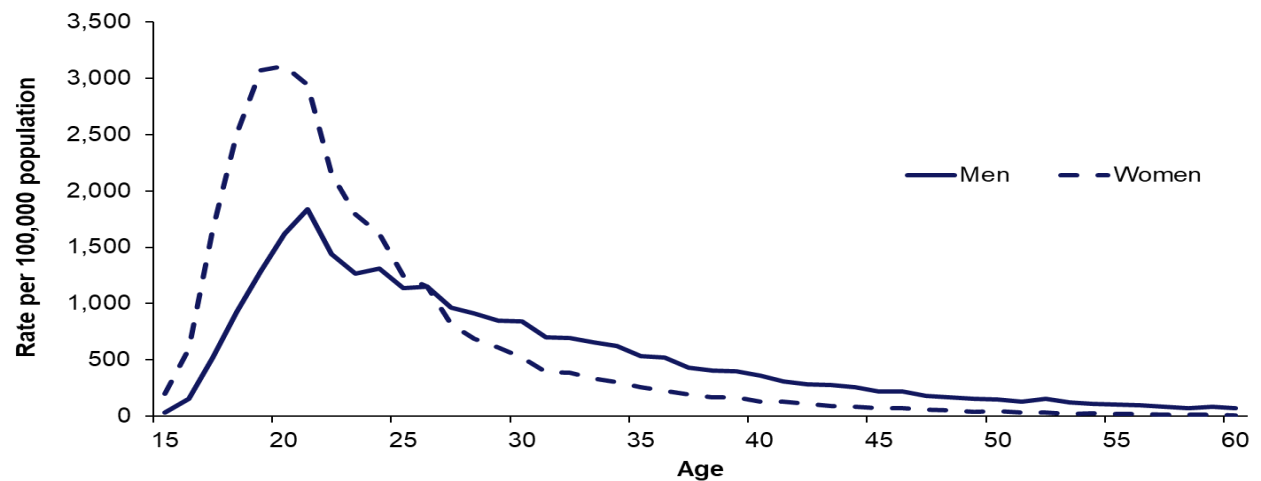


Source: OHID Fingertips Sexual and Reproductive Health Profile

#### By gender and age

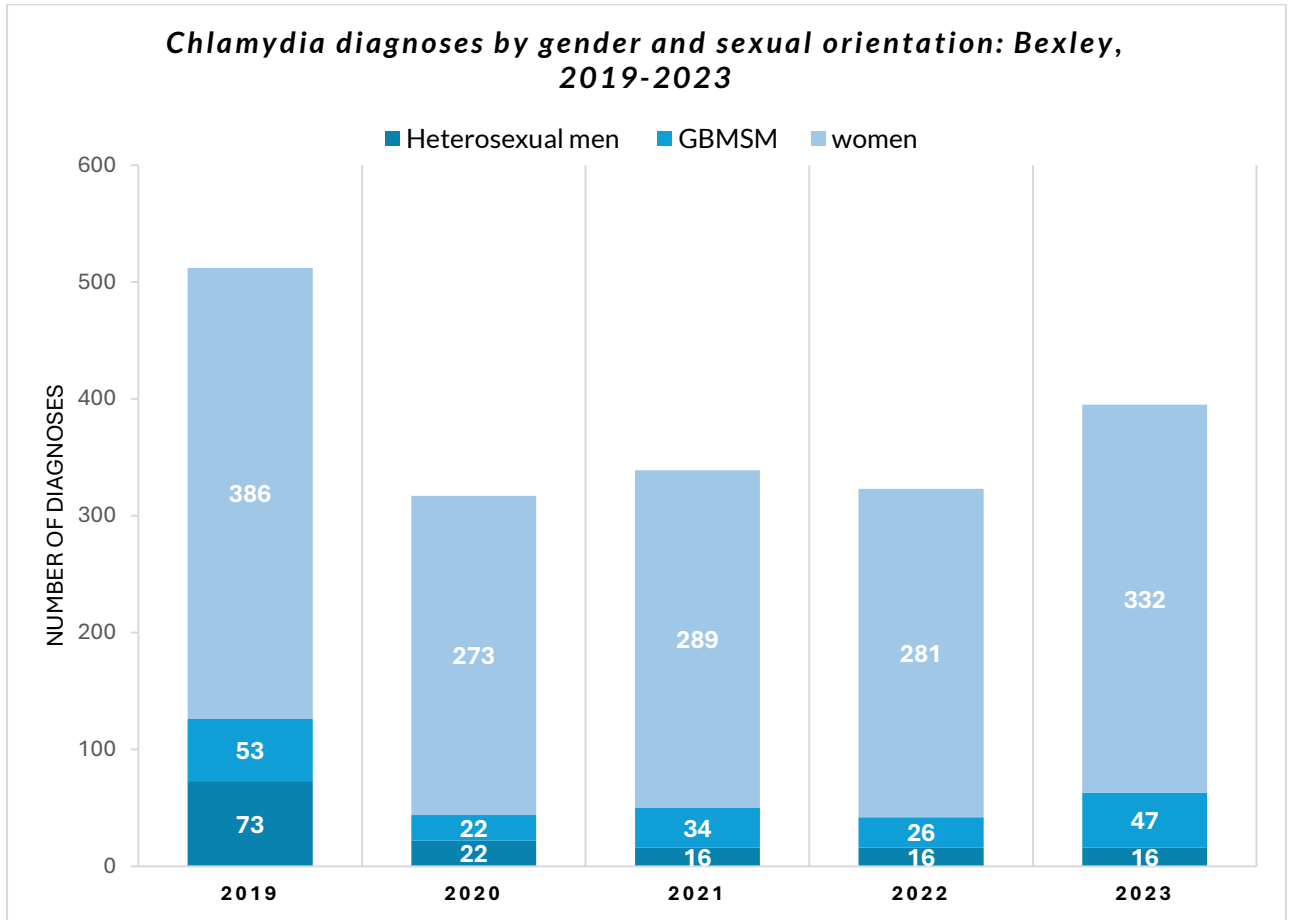
In England in 2023, chlamydia diagnosis rates peaked for women at age 20 and for men at age 21. Rates then decreased sharply with age. Diagnosis rates were higher among women compared to men for aged those under 26, likely due to young women receiving a proactive offer. Diagnosis rates for men were higher than for women for those aged 26 and over.

**Figure 28: Rates of chlamydia diagnoses by gender and age: England, 2023**



By sexual orientation

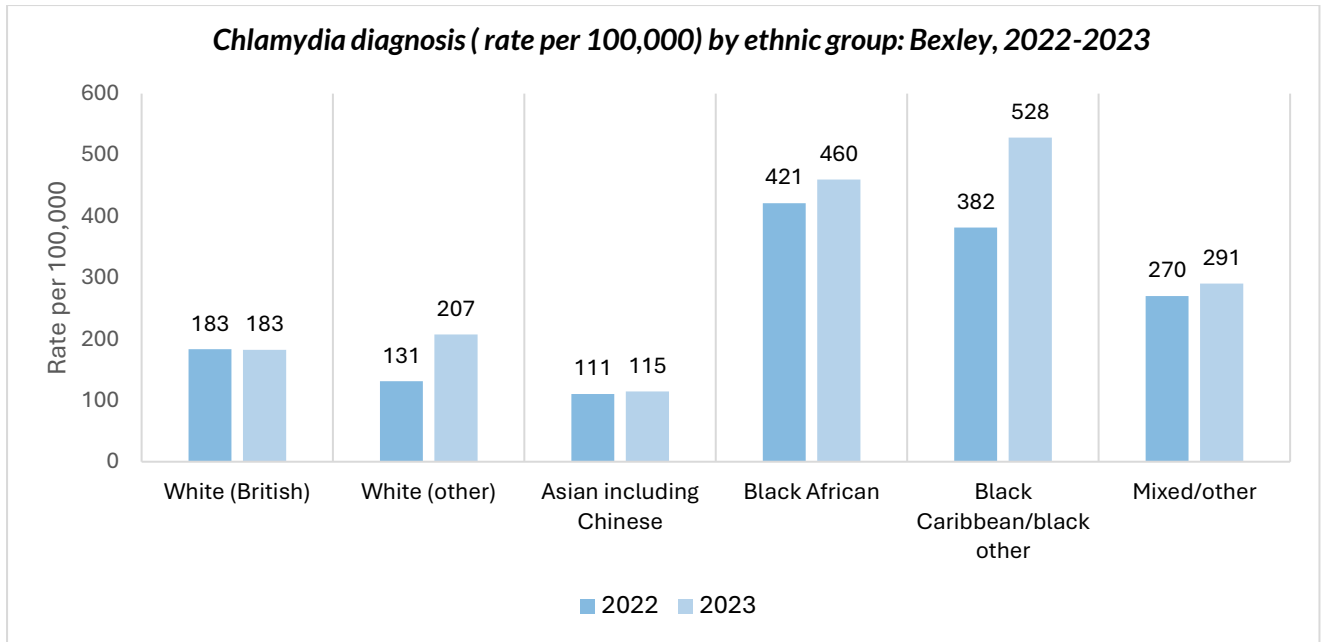
Figure 29: Women have the greatest burden of chlamydia diagnosis in Bexley



Source: Data from routine returns to the GUMCAD STI and CTAD Chlamydia surveillance systems.

By ethnicity

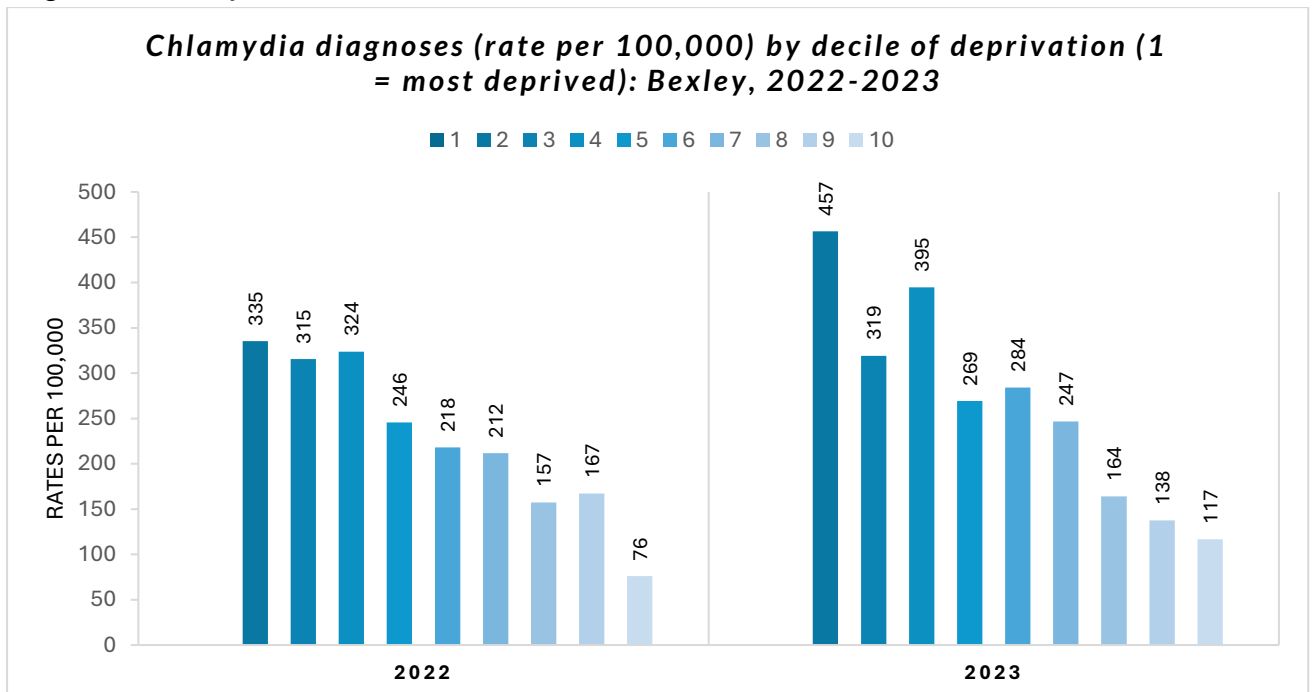
**Figure 30: Black ethnicity residents are disproportionately affected by chlamydia diagnoses in Bexley.**



Source: Data from routine returns to the GUMCAD STI and CTAD Chlamydia surveillance systems.

*By deprivation*

**Figure 31: Residents living in more deprived areas are disproportionately affected by chlamydia diagnoses in Bexley.**



Source: Data from routine returns to the GUMCAD STI and CTAD Chlamydia surveillance systems. These data use 2019 IMD scores assigned to each LSOA, collected and published by The Department for Levelling Up, Housing & Communities

### 4.3.2 Young people aged 15 -24

In June 2021, the target population of the national chlamydia screening programme changed from all young people aged 15-24 to focus on reducing harms from untreated chlamydia infection which occur in people with a womb or ovaries. The data shown below includes all people aged 15 to 24. In Bexley, the chlamydia screening programme was impacted by the pandemic and has not returned to pre-pandemic levels.

**Table 5: Chlamydia screening programme metrics, young people aged 15-24 Bexley, 2019-2023**

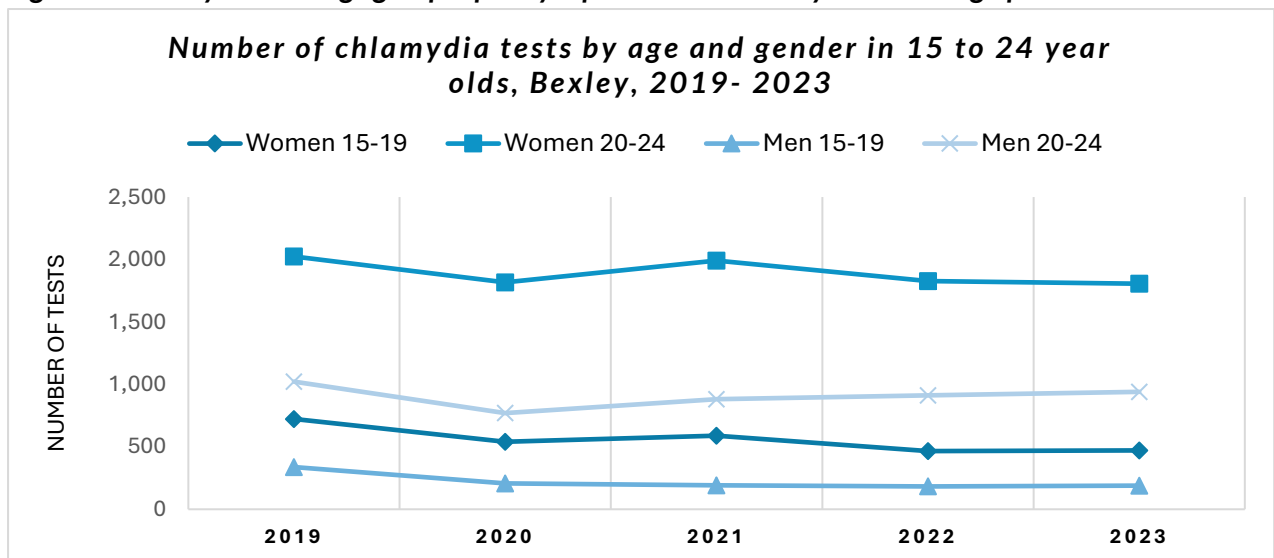
Year	Total Tests	Diagnoses	Coverage (%)	Detection rate (per 100,000)
2019	4,137	378	14.9%	1,362
2020	3,349	276	12.2%	1,002
2021	3,704	297	13.3%	1,063
2022	3,448	302	12.4%	1,083
2023	3,446	321	12.4%	1,151

Source: UKHSA National chlamydia screening programme trend data tables, 2019 to 2023

#### By age and gender

Within the eligible population, women aged 20-24 performed the most tests followed by men aged 20-24. The 15-19 age group, particularly men were poorly represented in the Bexley's chlamydia screening participants. Young men's representation in testing was poor prior to the change in focus of the NCSP to women in 2021. This will inform this report's recommendations.

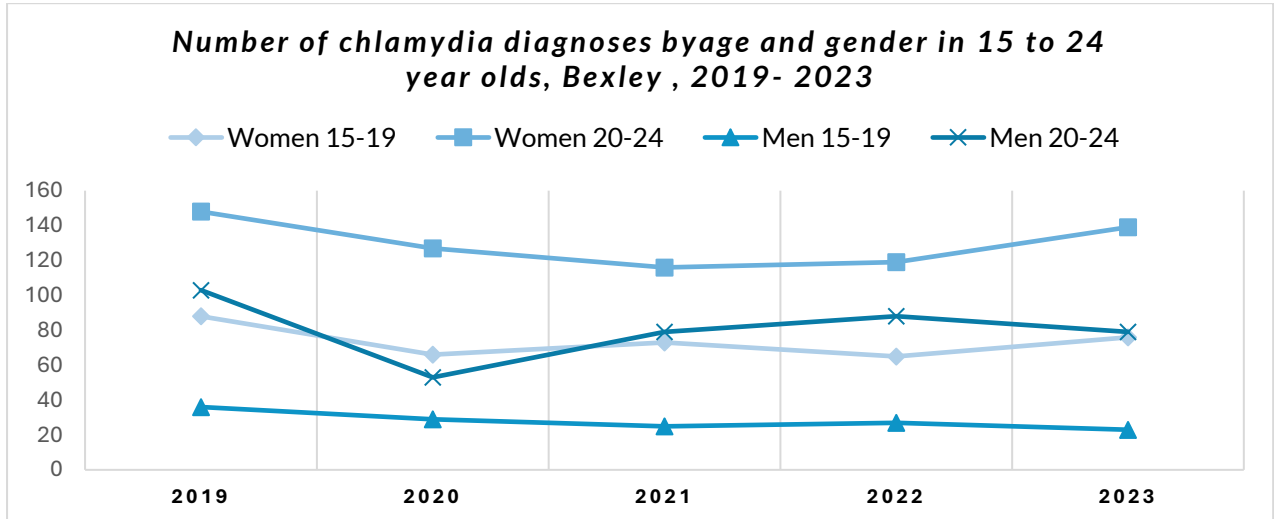
**Figure 32: Bexley's 15-19 age group is poorly represented in chlamydia screening uptake**



Source: UKHSA National chlamydia screening programme trend data tables, 2019 to 2023

As expected, women aged 20-24 who are the most tested group, have the greatest number of diagnoses. However surprisingly, despite women aged 15-19 having a much lower number of tests than men aged 20-24, they have a similar number of diagnoses. This might indicate a need to increase testing within this age-group.

**Figure 33: Women aged 20-24 have the greatest number of chlamydia diagnoses**

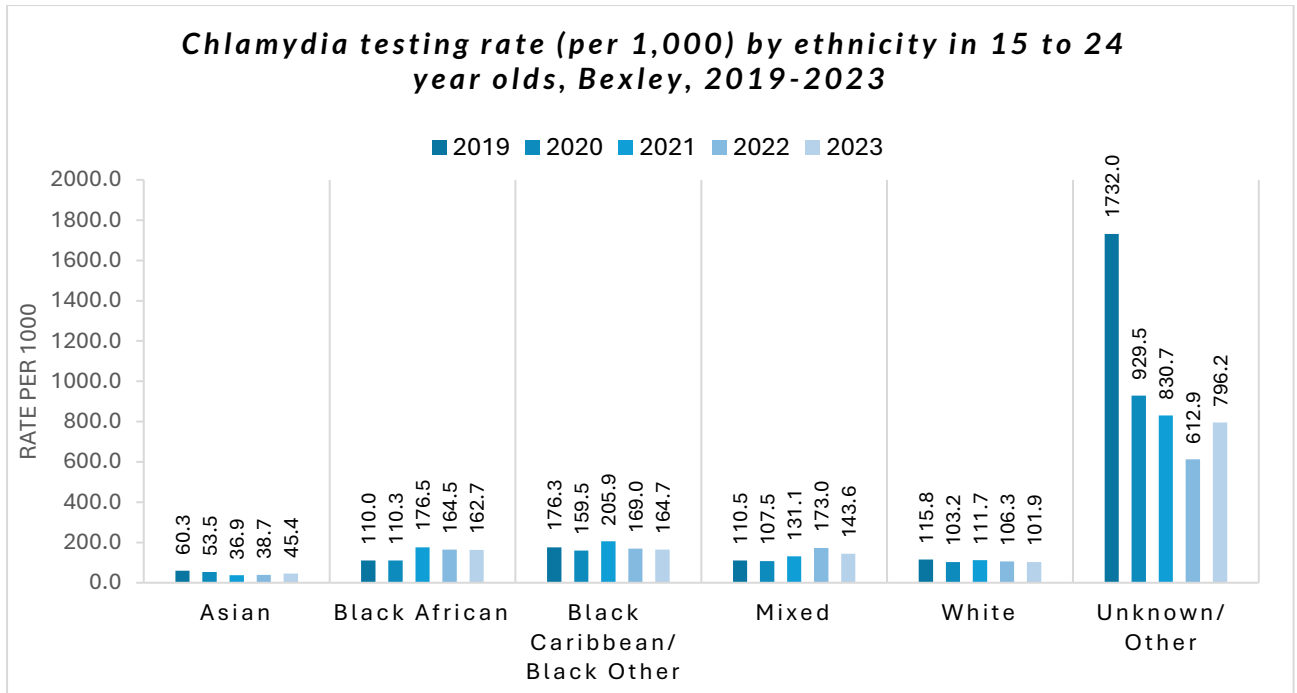


Source: UKHSA National chlamydia screening programme trend data tables, 2019 to 2023

### By ethnicity

The rate of chlamydia testing in young people by ethnicity has been calculated using the ONS Census 2021 data. Rates appear to be similar across ethnic groups. However, the unknown/ other ethnic groups have the highest rate suggesting poor coding of ethnicity.

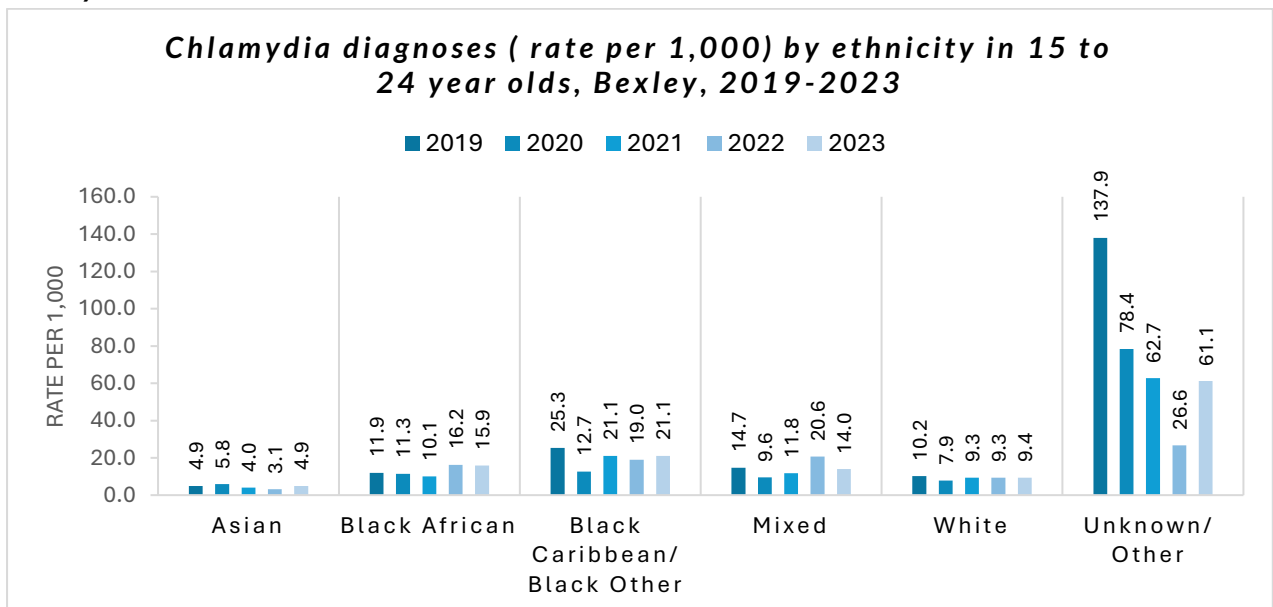
**Figure 34: Chlamydia testing rate in young people appears to be similar across ethnicities. Poor coding of ethnicity is likely.**



Source: UKHSA National chlamydia screening programme trend data tables, 2019 to 2023, denominator: ONS Census 2021

Similarly, the rate of chlamydia diagnoses in young people appears to be comparable across ethnic groups. Again, this data likely does not capture the picture due to poor coding.

**Figure 35: Chlamydia diagnoses rates in young people are similar across ethnicity. Poor coding of data is likely**



Source: UKHSA National chlamydia screening programme trend data tables, 2019 to 2023, denominator ONS Census 2021

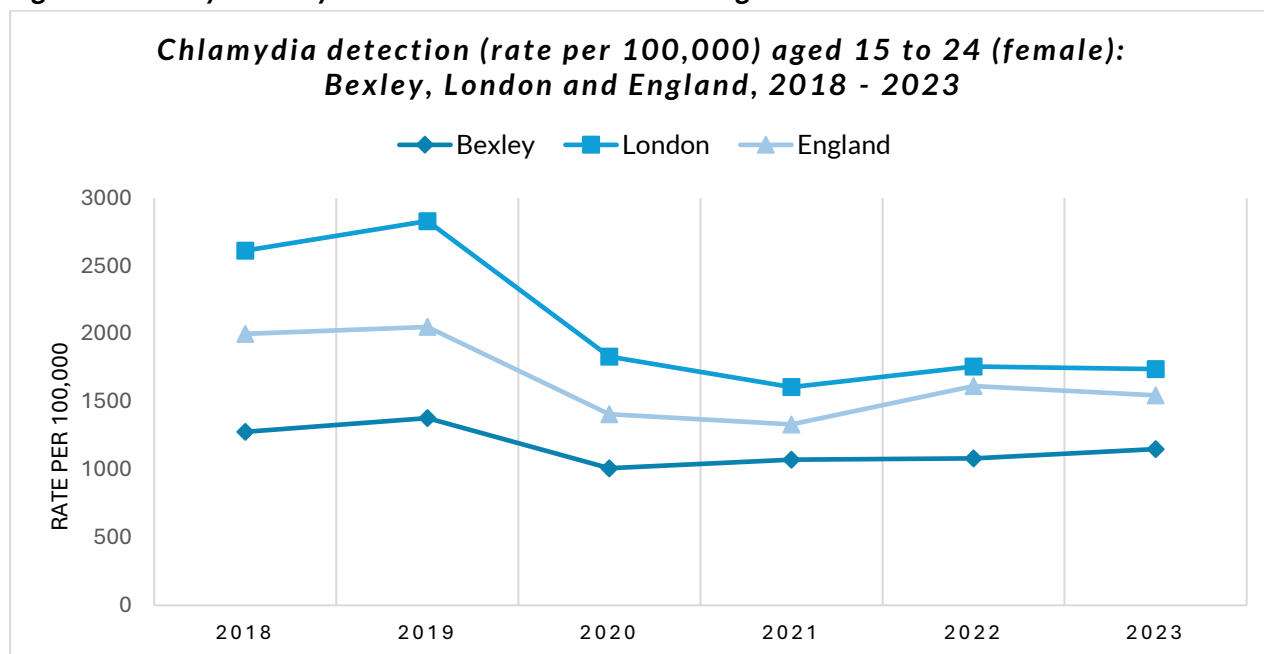


### 4.3.3 Chlamydia detection rate : 15-24 females

The UK Health Security Agency (UKHSA) recommends that local authorities should be working towards achieving a detection rate of at least 3,250 per 100,000 female population aged 15 to 24. The recommendation was set as a level that would encourage a high volume of screening and diagnoses, be ambitious but achievable and high enough to encourage community screening, rather than specialist sexual health clinic only diagnoses, as well as be likely to result in a continued chlamydia prevalence reduction, according to mathematical modelling<sup>34</sup>. Since chlamydia is most often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences.

In Bexley, the chlamydia detection rate does not meet the target levels. The detection rate is low compared to regional and national levels. The rate of detection fell during the pandemic and has not returned to pre-pandemic levels. However, the detection rate in London and England do not meet the set target either.

**Figure 36: Bexley's chlamydia detection rate is lower than regional and national levels**

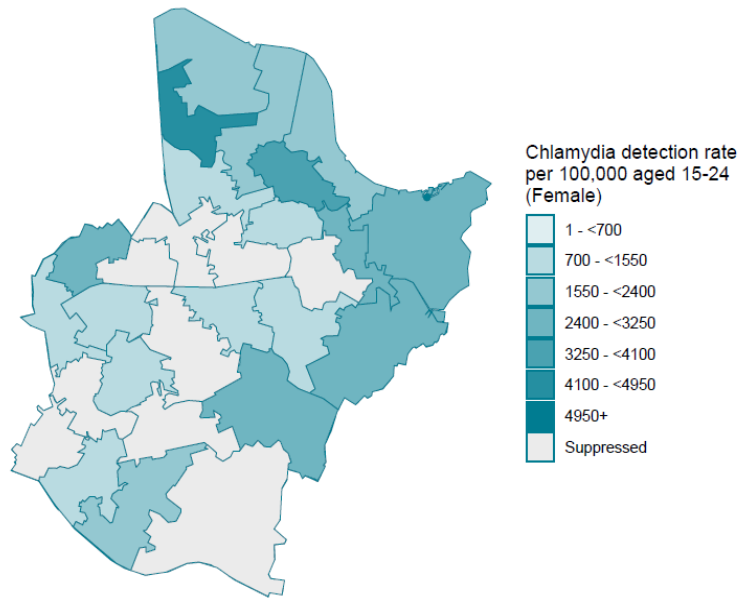


Source: OHID fingertips Sexual and Reproductive Health Profiles

Chlamydia detection is also unequally distributed geographically across Bexley. Variation in rates of chlamydia detection may represent differences in prevalence but are influenced by screening coverage and whether most at risk populations are being reached (i.e. the proportion testing positive).

<sup>34</sup> UKHSA (2021). NCSP: Programme Overview.

**Figure 37: Map of chlamydia detection rate per 100,000 females aged 15 to 24**



New Chlamydia diagnoses in Bexley by MSOA

Contains Ordnance Survey data © Crown copyright and database right 2021  
Contains National Statistics data © Crown copyright and database right 2021

Source: UKHSA Bexley SPLASH Report 2024

#### 4.3.4 Chlamydia proportion screened

Bexley screens a lower proportion of eligible residents for chlamydia compared to London and England.

**Table 6: Proportion of females 15-24 screened for Chlamydia in Bexley, London and England, 2021-2023**

Period	Bexley					London	England
		Count	Value	95% Lower CI	95% Upper CI		
2021	●	2,599	18.9%	18.2%	19.6%	26.8%	21.4%
2022	●	2,293	16.8%	16.1%	17.5%	25.6%	20.8%
2023	●	2,278	16.6%	16.0%	17.3%	24.3%	20.4%

Source: OHID fingertips Sexual and Reproductive Health Profiles

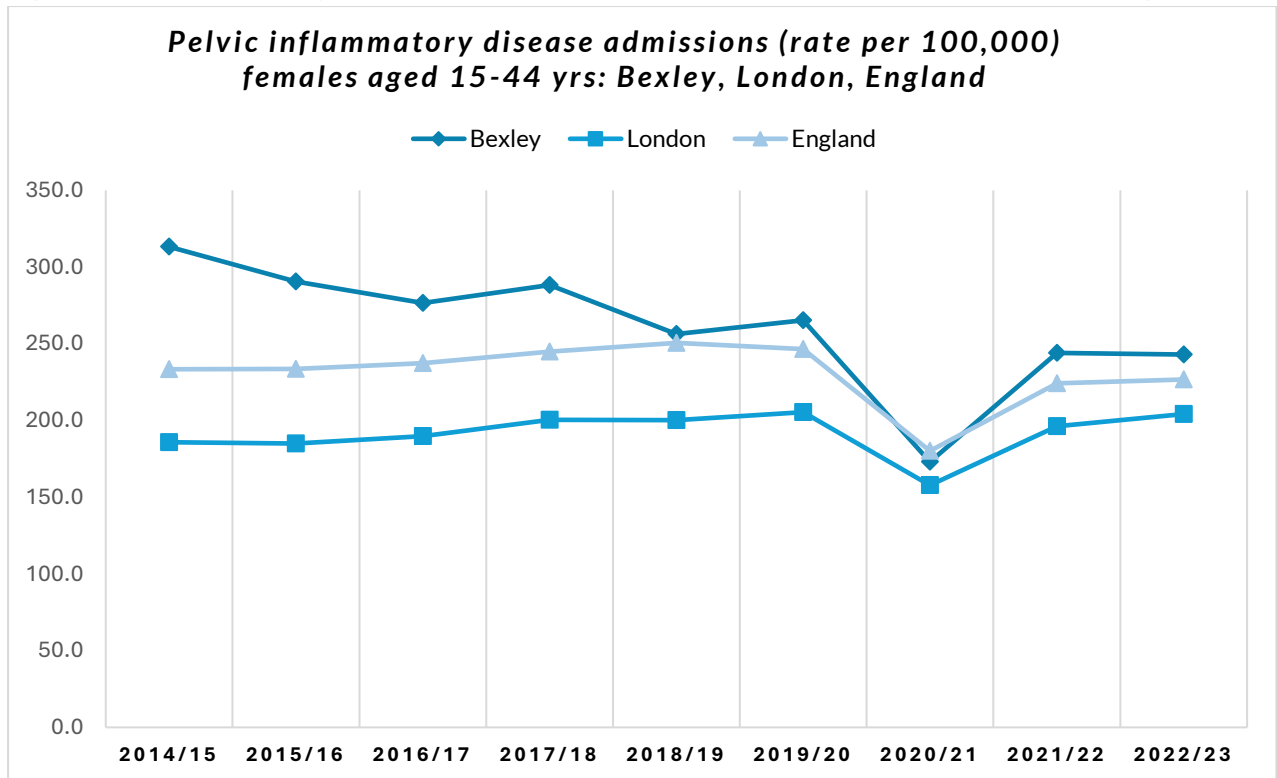
### 4.3.5 Positivity %

Data on percentage positivity of the NSCP in Bexley comes from the supplementary SPLASH Report. In 2022, out of those screened in Bexley, the chlamydia positivity rate was 7.98%. Nationally the chlamydia positivity rate was 9.91%<sup>35</sup>.

### 4.3.6 Pelvic Inflammatory Disease (PID)

PID is a clinical syndrome referring to sexually transmitted infection and inflammation of the upper female genital tract which may lead to serious complications such as ectopic pregnancy, tubal factor infertility and chronic pelvic pain. Both PID and ectopic pregnancy have many causes although chlamydial infection and other sexually transmitted infections are major causes of both conditions. PID can be treated in both primary care and outpatient settings but may lead to the need for hospital admission. Ectopic pregnancy usually results in hospital admission. This indicator should be examined alongside the chlamydia screening and chlamydia diagnoses indicators. It is anticipated that high chlamydia screening coverage should lead to increased chlamydia diagnoses which, assuming successfully treated, should lead to a decrease in PID.

**Figure 38: Bexley has a higher rate of pelvic inflammatory disease compared to London and England**



Source: OHID fingertips Sexual and Reproductive Health Profiles

<sup>35</sup> UKHSA (2024). SPLASH Supplement Report Bexley.

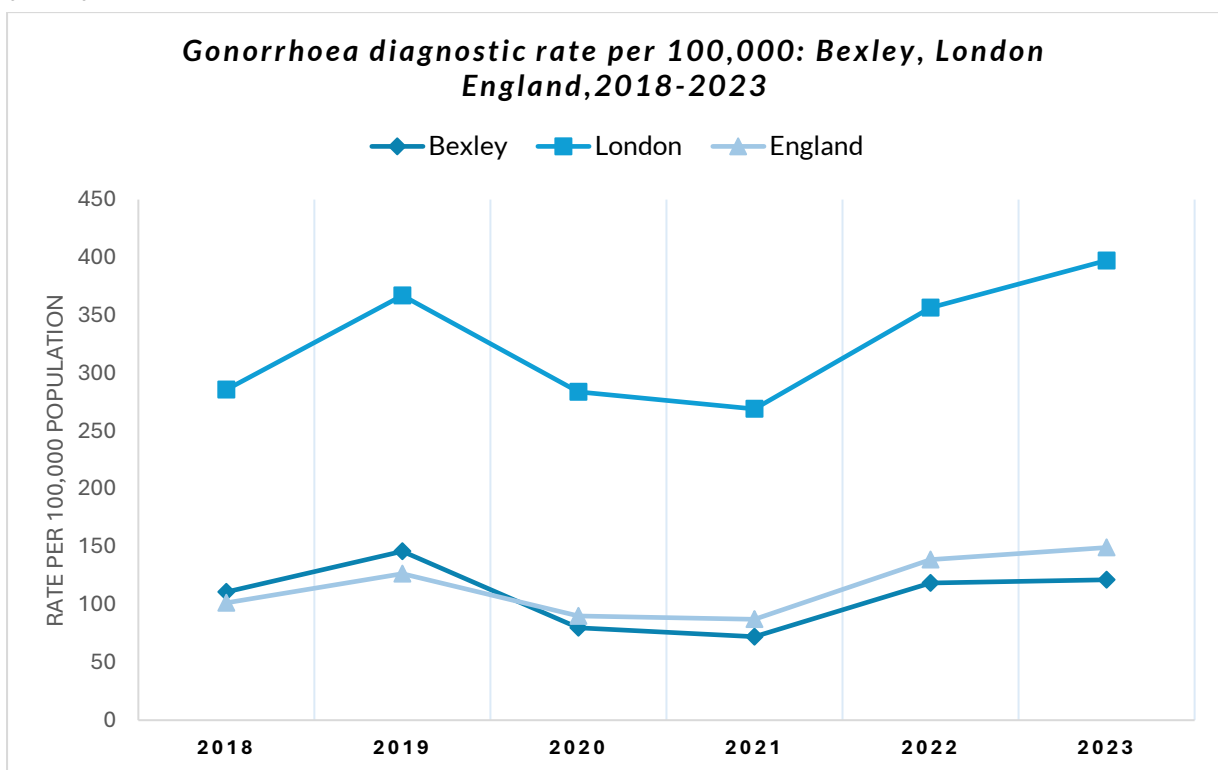
## 4.4 Gonorrhoea

In 2023 in England, the number of gonorrhoea diagnoses reached the highest reported since records began<sup>36</sup>.

### 4.4.1 Incidence Rate

In Bexley, the gonorrhoea diagnostic rate is lower than the regional rate and similar to the national rate. While the rate of gonorrhoea diagnoses in London and England have now exceeded pre-pandemic levels, this is not yet the case in Bexley. This might indicate lower levels of disease circulating within the population or inadequate testing.

**Figure 39: Bexley's gonorrhoea diagnostic rate is similar compared to England and much lower than the rate in London**

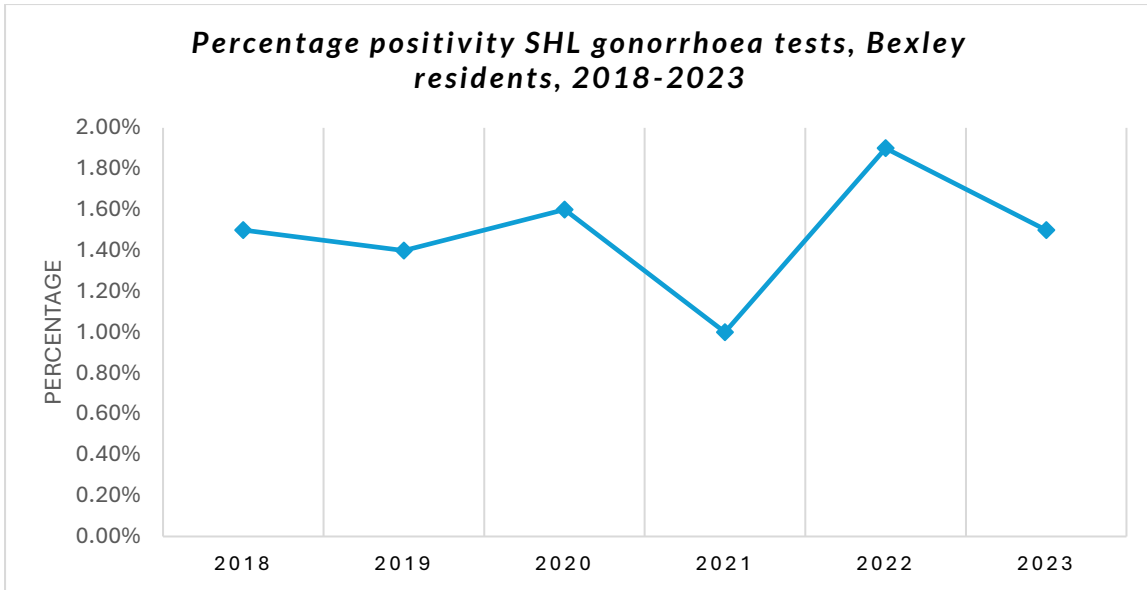


Source: OHID fingertips Sexual and Reproductive Health Profiles

### 4.4.2 Positivity

Positivity data was available for gonorrhoea tests conducted by Bexley residents on SHL. While this does not give the full picture, it shows that the positivity rate for gonorrhoea in Bexley is lower than with other STIs.

<sup>36</sup> UKHSA. (2024) STI prioritisation framework. <https://www.gov.uk/government/publications/sti-prioritisation-framework>



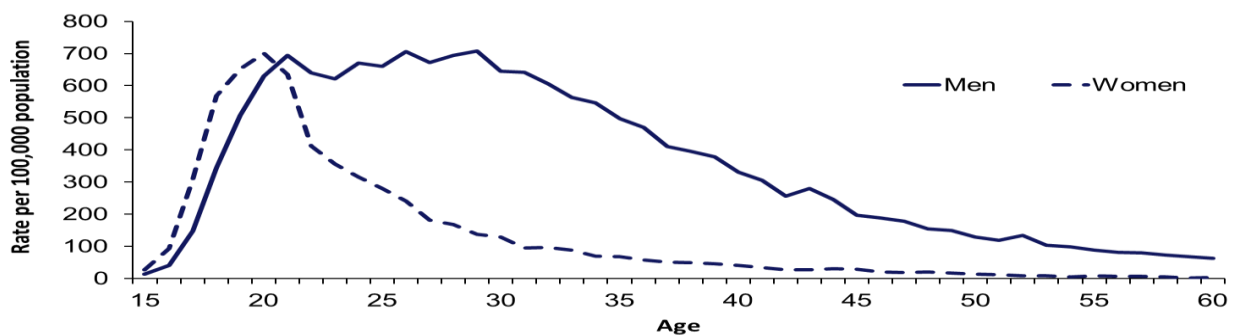
Source: SHL Bexley Preventx Data

### 4.4.3 Incidence

#### By age

The incidence of gonorrhoea by age was not available at a local level. In England in 2023, rates of diagnoses peaked among women aged 20 and men aged 29. The diagnosis rate was higher among women than men for those aged 20 and under. After the age of 21, diagnosis rates for men were higher compared to women. Among women, there was a sharp decrease in diagnosis rates from the age of 21 while diagnosis rates in men decreased more gradually from the age of 30.

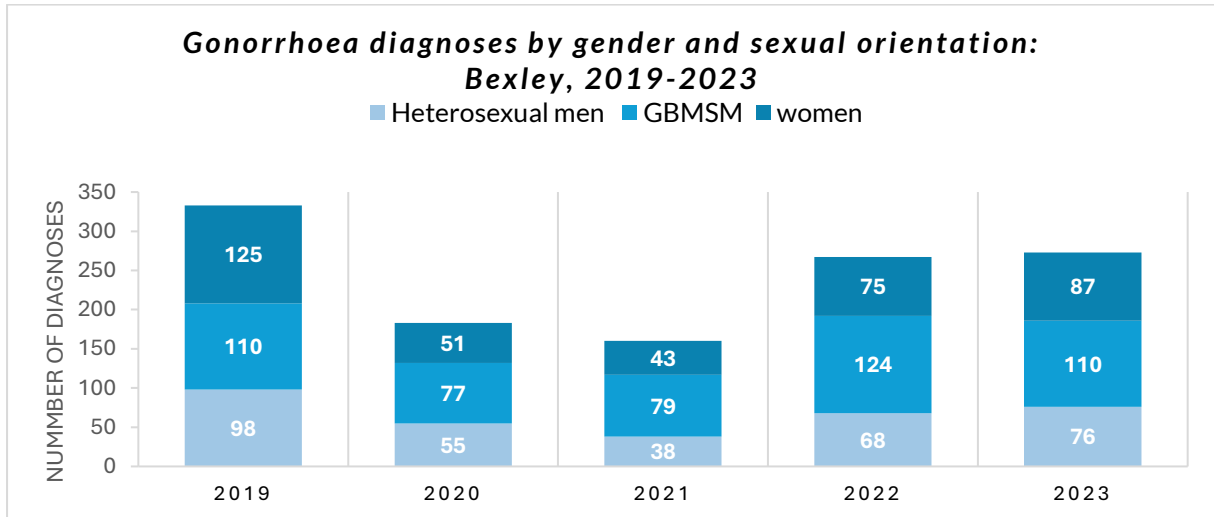
Figure 40: Rates of gonorrhoea diagnoses by gender and age: England, 2023



#### By gender and sexual orientation

GBMSM are disproportionately represented in gonorrhoea diagnosis in Bexley with higher number of diagnosis than other groups, despite being a relatively small proportion of Bexley's population. As previously mentioned in this chapter, in 2023, GBMSM in Bexley made up 36.5% of all gonorrhoea diagnoses as is the case in England.

**Figure 41: GBMSM are disproportionately represented in gonorrhoea diagnosis in Bexley**

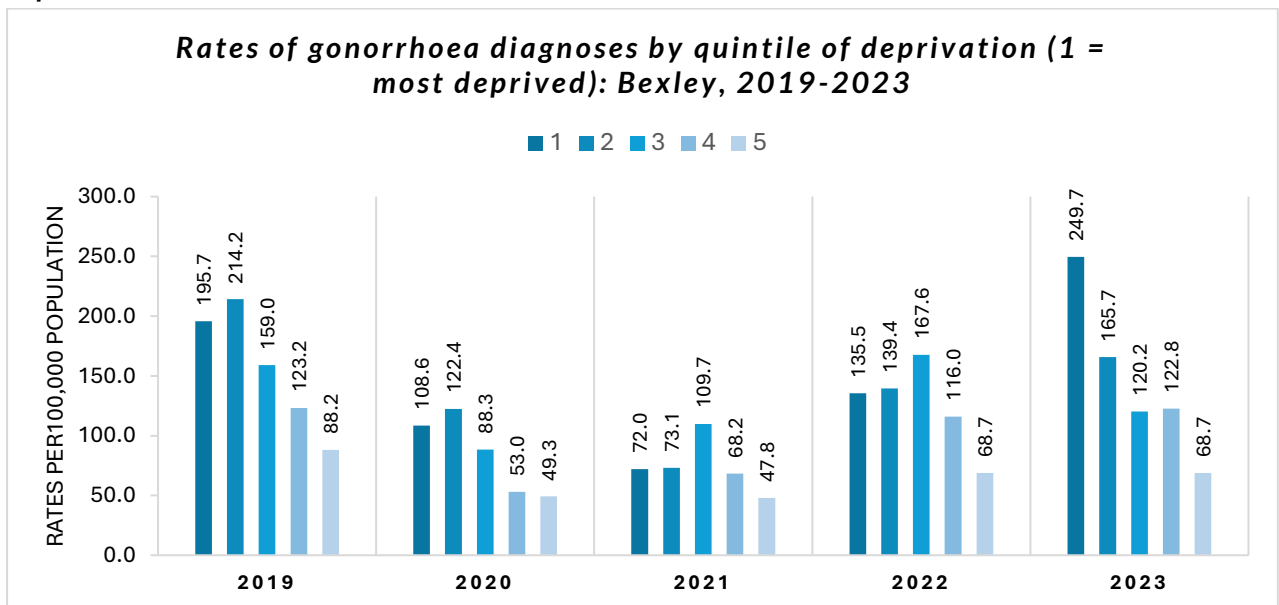


Source: Data from routine returns to the GUMCAD STI surveillance system.

**By deprivation**

More deprived residents experience higher rates of gonorrhoea diagnoses than least deprived residents. the disparity is much more pronounced in 2023, and less so during the Covid-19 years.

**Figure 42: Bexley’s more deprived residents experience higher rates of STI diagnoses than least deprived residents**

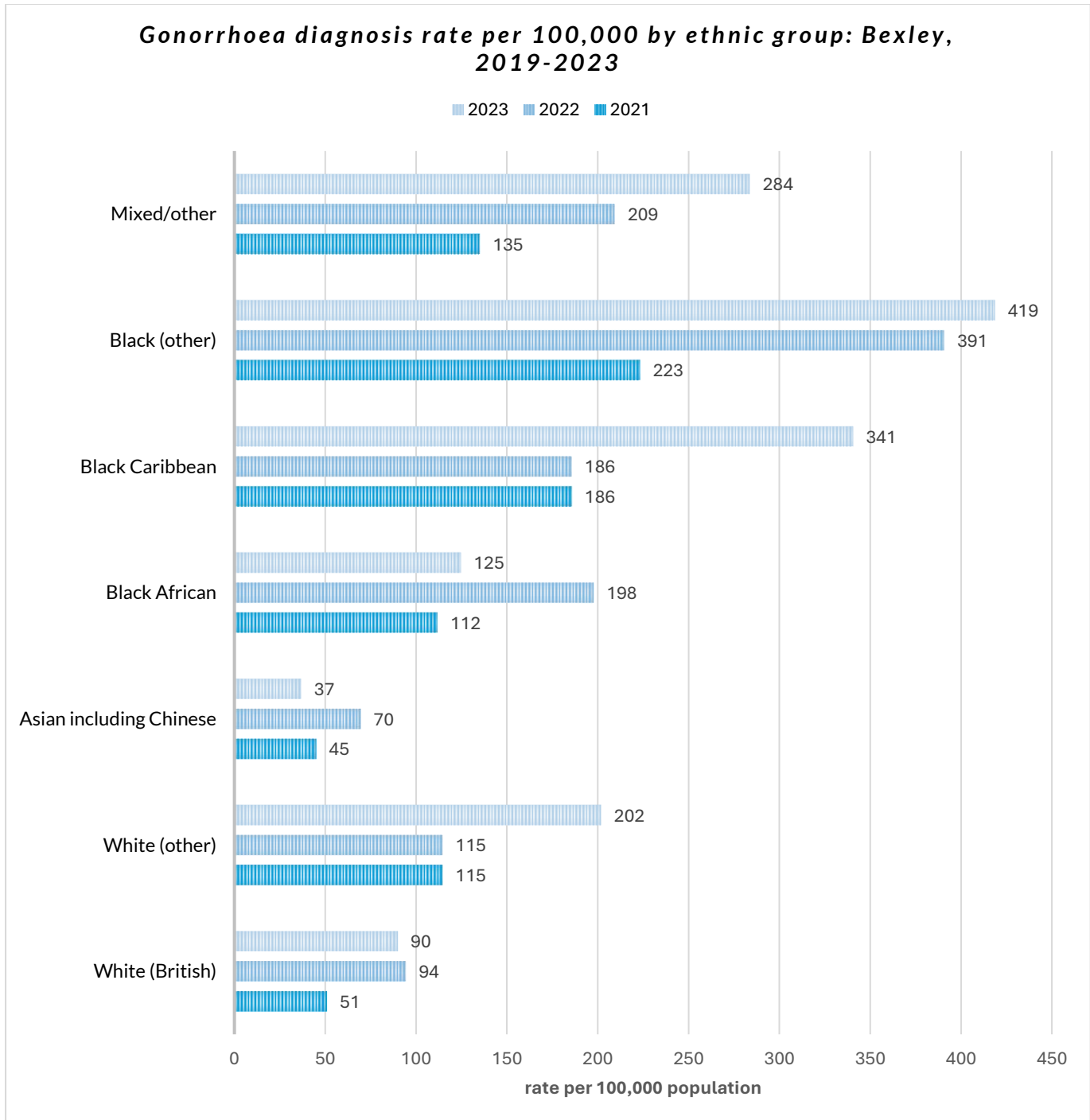


Source: Data from routine returns to the GUMCAD STI surveillance system. These data use 2019 IMD scores assigned to each LSOA, collected and published by The Department for Levelling Up, Housing & Communities

**By ethnicity**

The rates of gonorrhoea in Bexley are highest in the black other and black Caribbean ethnic groups compared to other ethnic groups.

**Figure 43: Bexley black Caribbean and black other ethnic groups experience the highest rates of gonorrhoea diagnoses**



Source: Data from routine returns to the GUMCAD STI surveillance system.

## 4.5 Syphilis

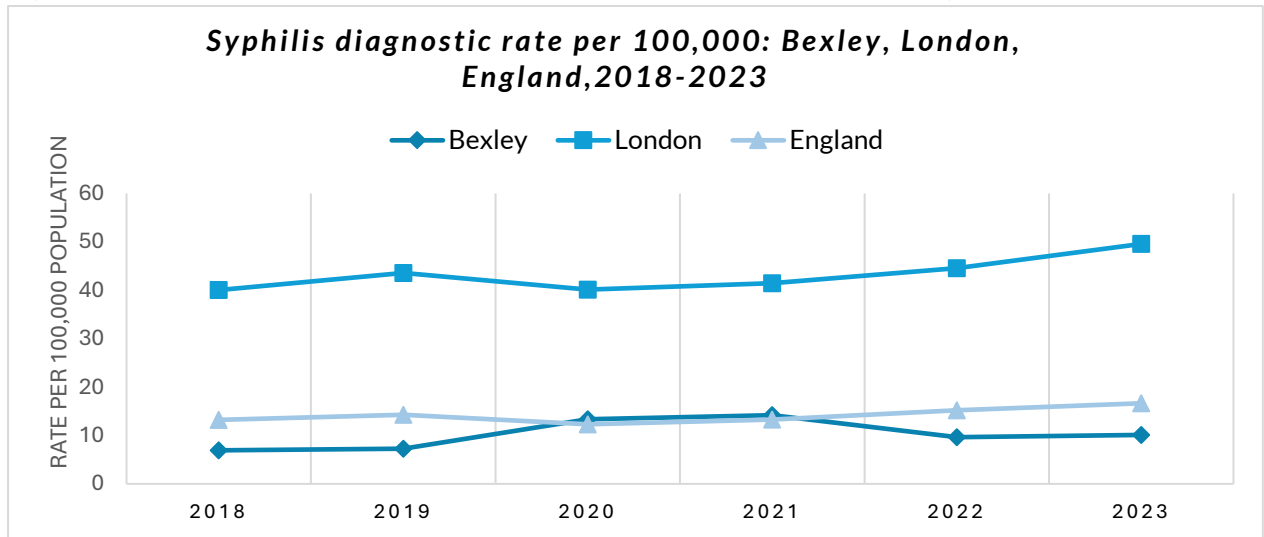
Rates of infectious syphilis diagnoses were lower compared to other STI infections. However, similar to gonorrhoea, rates of syphilis in England are rising, with diagnoses in 2023 at their highest since the 1940s. In line with the increasing trend over the past decade diagnoses syphilis

in England exceeded the high levels reported in 2019 (before the Covid-19 pandemic). As part of routine maternity screening, all pregnant women are tested for syphilis.

### 4.5.1 Incidence rate

The syphilis diagnosis rate in Bexley is lower than rates in London and England. Paradoxically, rates of syphilis in Bexley rose during the pandemic and have stayed above pre-pandemic levels.

**Figure 44: Bexley's syphilis incidence rate is lower than that of London and England**

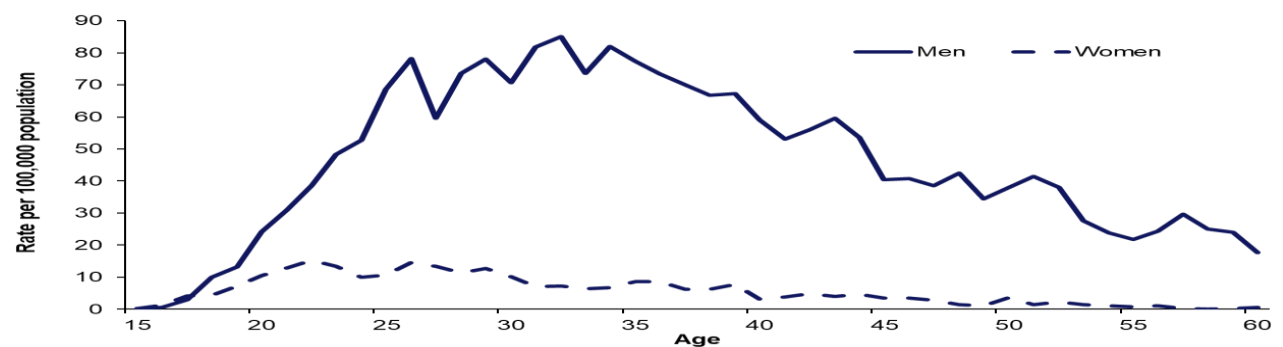


Source: OHID fingertips Sexual and Reproductive Health Profiles

#### By age and gender

Infectious syphilis rates in England in 2023 were on average 16 times higher among men compared to women of the same age.

**Figure 45 : Rates of infectious syphilis (primary, secondary and early latent) diagnoses by gender and age: England, 2023**

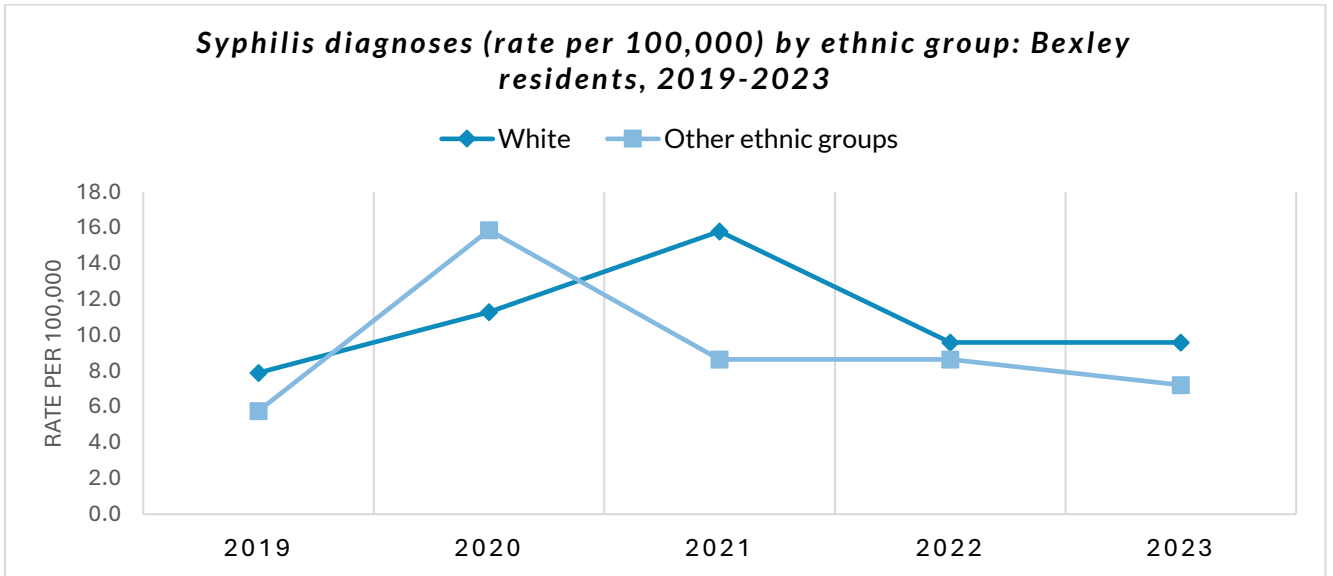


#### By ethnicity

The rates of syphilis diagnoses are similar comparing white and other ethnic groups in Bexley.



**Figure 46: All ethnic groups experience similar rates of syphilis diagnoses in Bexley**

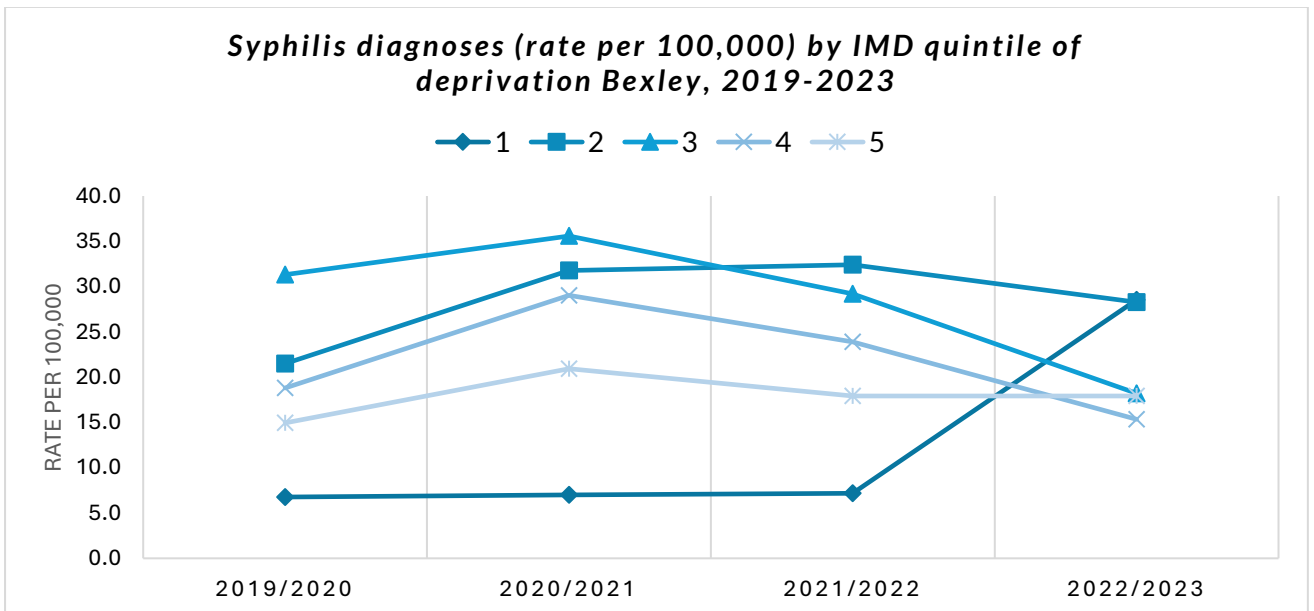


Source: Data from routine returns to the GUMCAD STI surveillance system. Denominator from census 2019

### By deprivation

In 2023, rates of syphilis diagnoses were highest in the most deprived groups (IMD quintile 1 and 2) and lowest in IMD quintile 4.

**Figure 47: Bexley's more deprived residents experience higher rates of syphilis diagnoses than least deprived residents**



Source: Data from routine returns to the GUMCAD STI surveillance system.

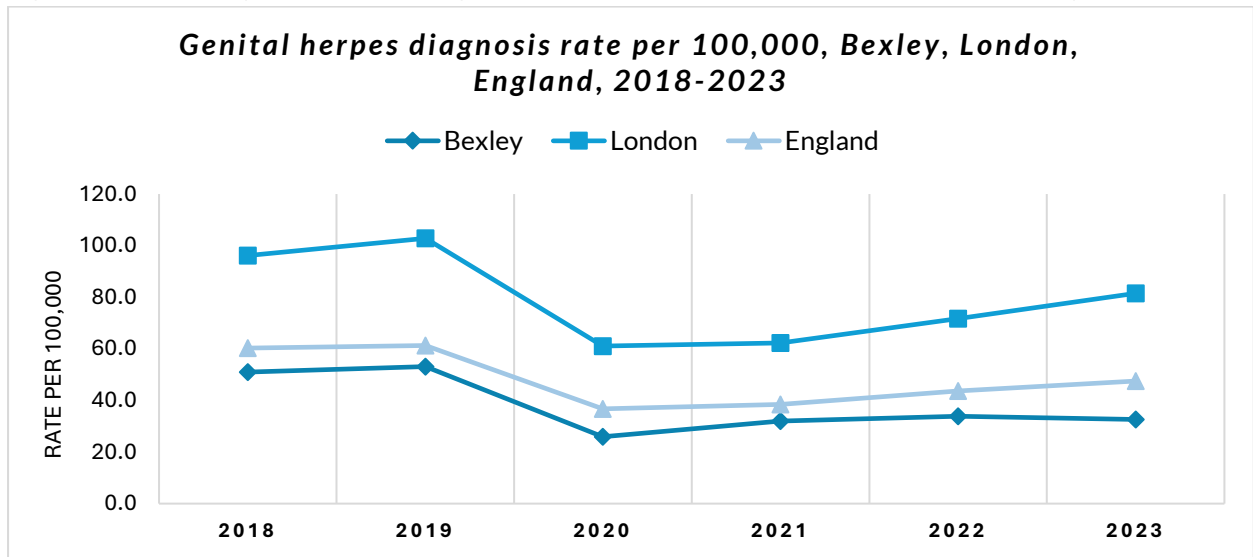
## 4.6 Other sexually transmitted infections

### 4.6.1 Genital herpes

Rates of genital herpes diagnosis in Bexley are lower than regional and national levels. Rates fell during the Covid-19 pandemic and have not returned to pre-pandemic levels. This is likely due

to the drop in face-to-face consultations which are required for a diagnosis of genital herpes to be made.

**Figure 48: Bexley's genital herpes diagnoses rates are lower than rates in London and England**

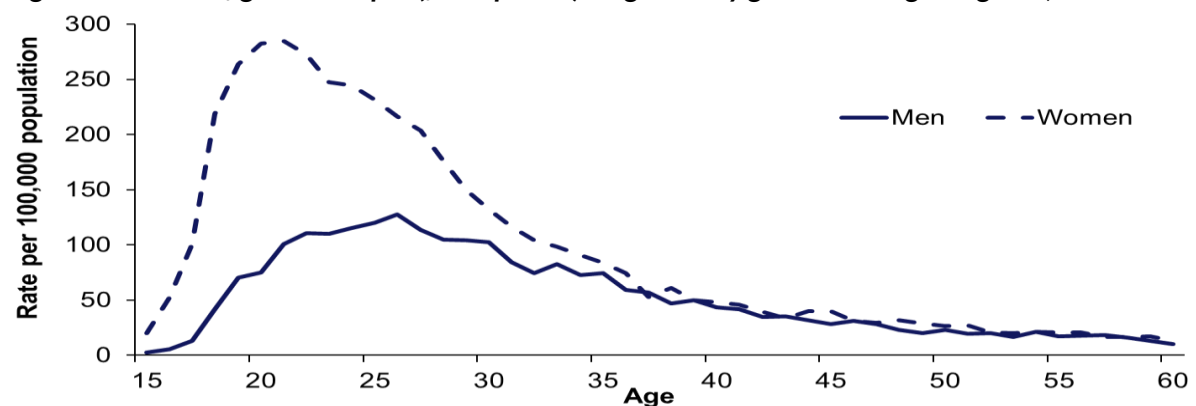


Source: OHID fingertips Sexual and Reproductive Health Profiles

### By age and gender

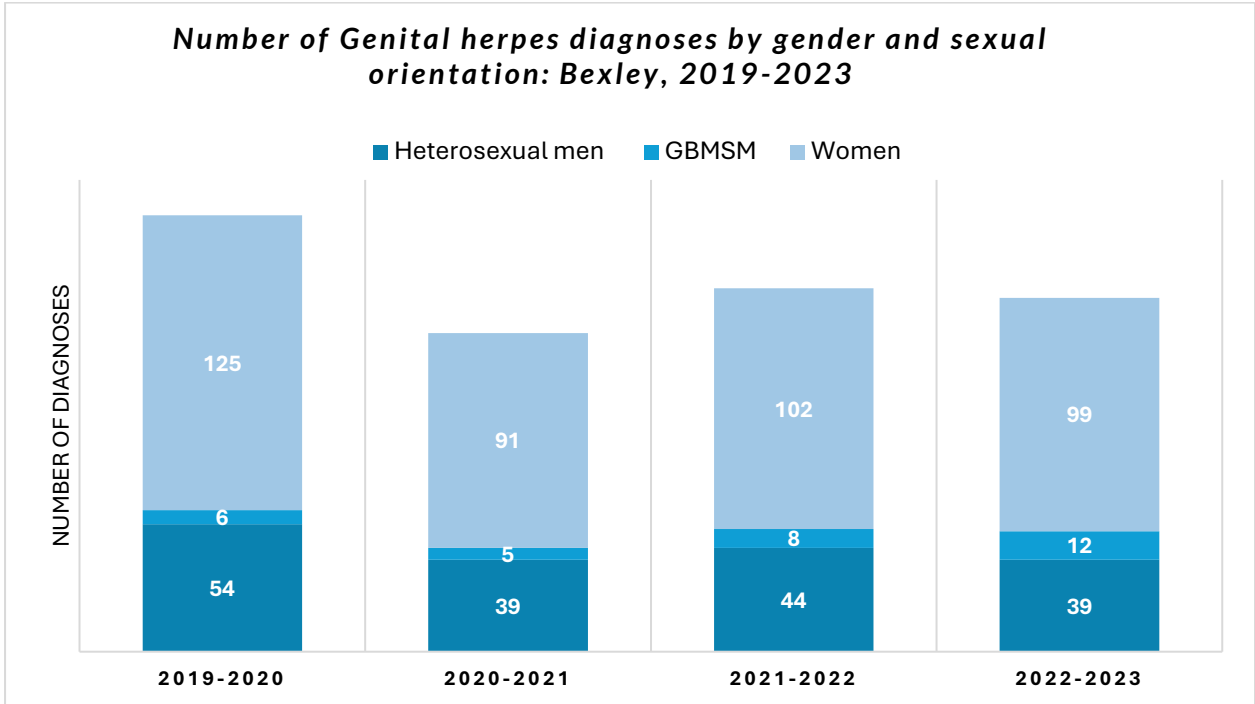
In England in 2023, genital herpes diagnosis rates were higher among women compared to men. Rates of genital herpes diagnoses peaked in women aged 21 followed by a relatively steep decrease and peaked in men aged 26 years with a more gradual decrease.

**Figure 49: Rates of genital herpes (first episode) diagnoses by gender and age: England, 2023**



### By gender and sexual orientation

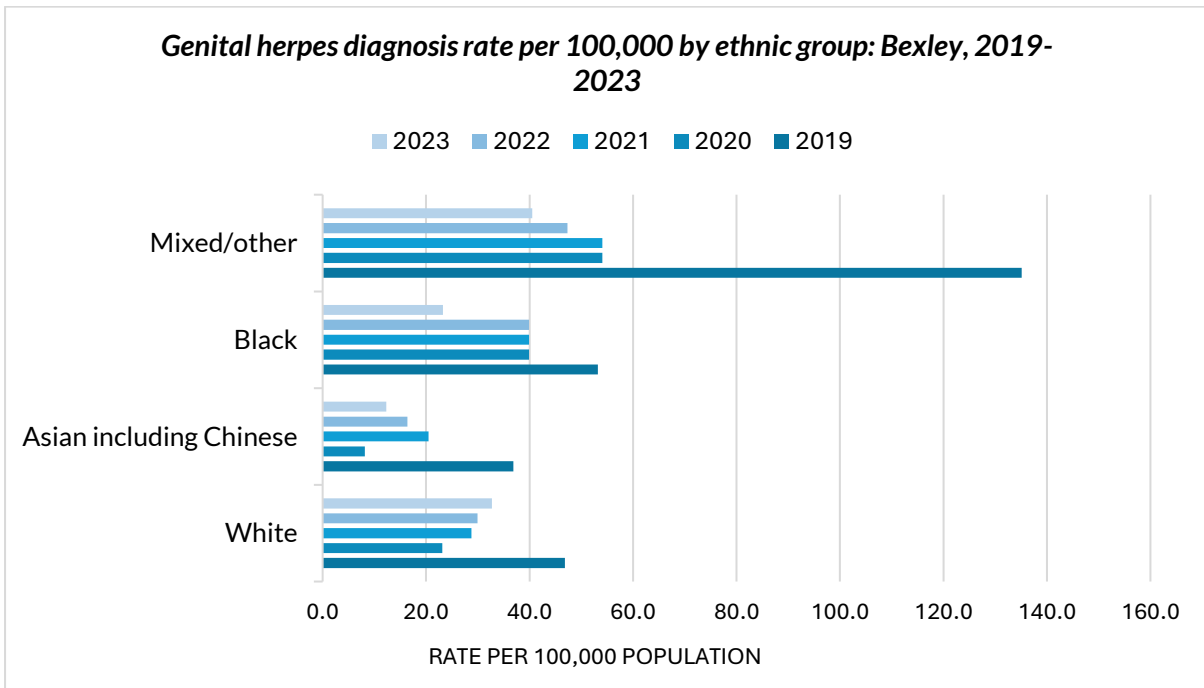
**Figure 50: In Bexley, women are disproportionately impacted by genital herpes diagnoses.**



Source: Data from routine returns to the GUMCAD STI surveillance system.

*By ethnicity*

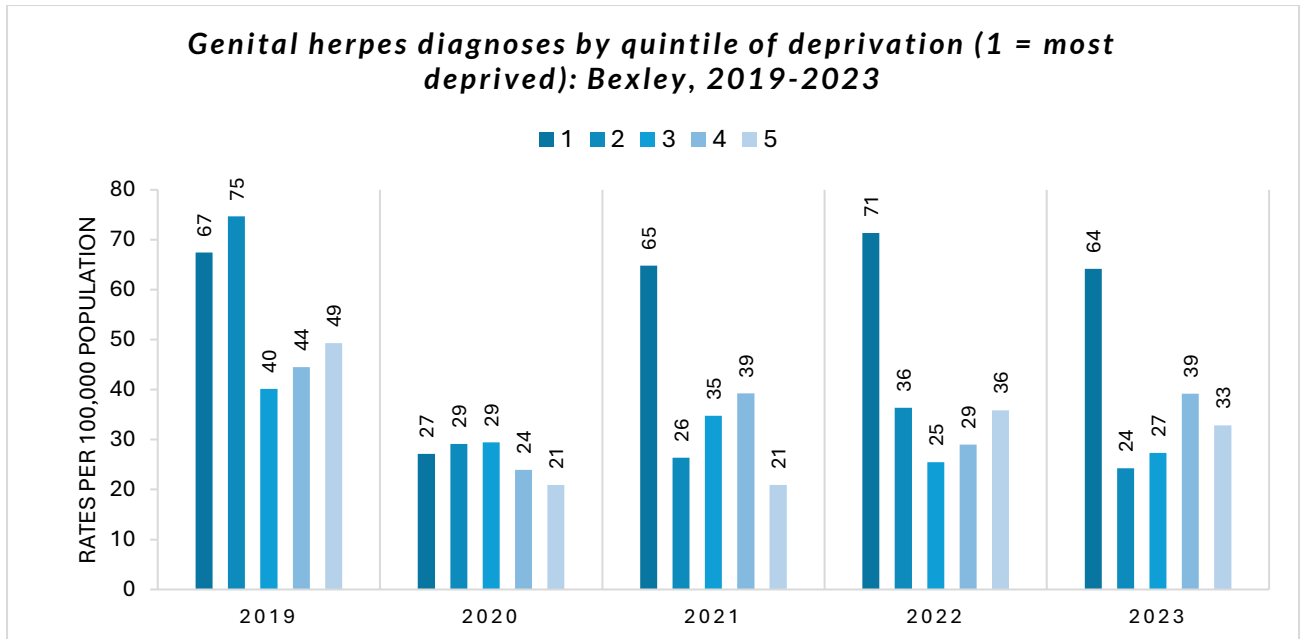
**Figure 51: Rates of genital herpes diagnoses do not appear to differ greatly by ethnicity in Bexley residents.**



Source: Data from routine returns to the GUMCAD STI surveillance system (numerator), ONS Demographic data (denominator)

*By deprivation*

**Figure 52: Bexley residents in the most deprived quintile appear to have higher rates of genital herpes although this does not follow a clear gradient compared to other STIs.**



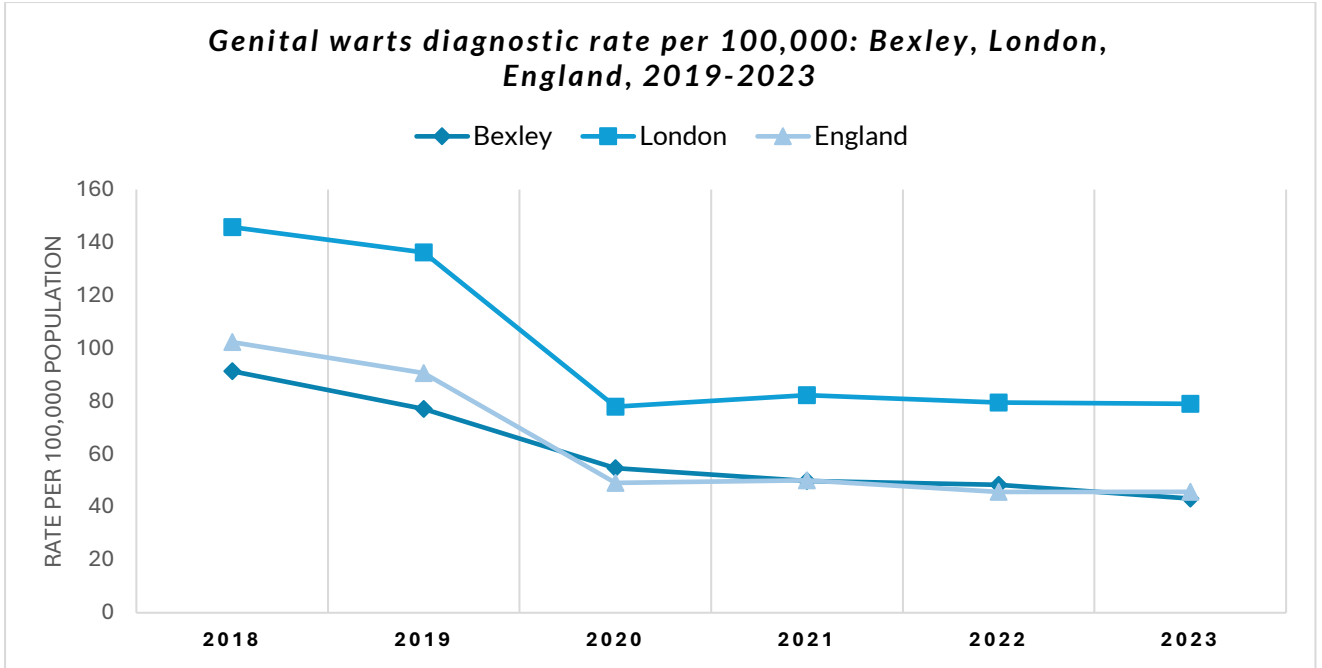
Source: Data from routine returns to the GUMCAD STI surveillance system (numerator) These data use 2019 IMD scores assigned to each LSOA, collected and published by The Department for Levelling Up, Housing & Communities

### 4.6.2 Genital Warts

Recent decreases in genital warts diagnoses are due to the protective effect of HPV vaccination and are particularly evident in the younger age groups (25 and younger) who have been offered the vaccine since the national programme began.

Bexley has a similar rate of genital warts diagnosis compared to the national level. Compared to London, the rates of genital warts diagnoses in Bexley are much lower.

**Figure 53: Bexley's genital warts diagnoses rate is similar to England and lower than the rate in London.**

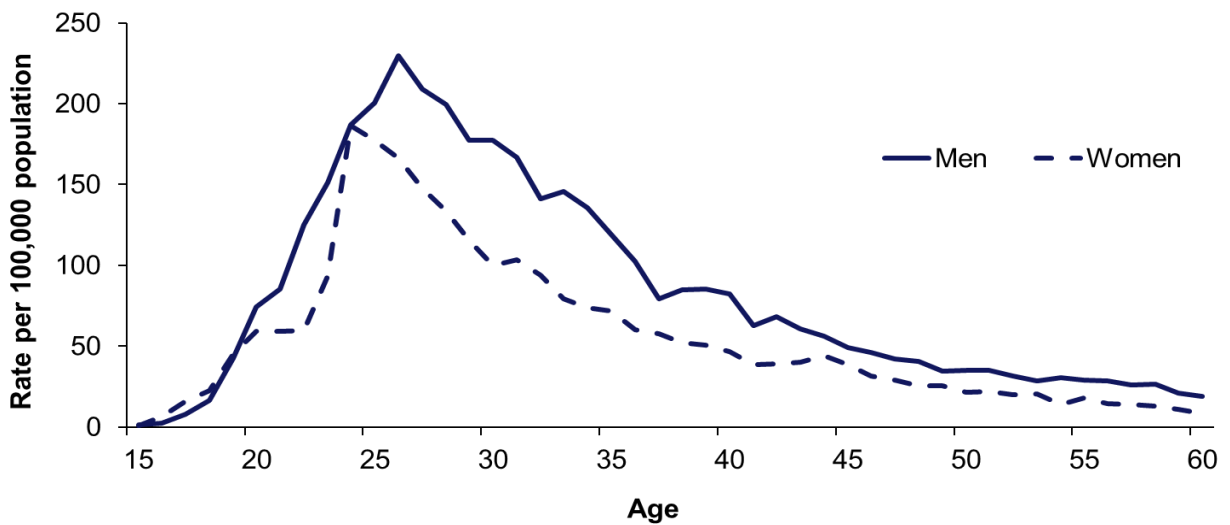


Source: OHID fingertips Sexual and Reproductive Health Profiles

*By age and gender*

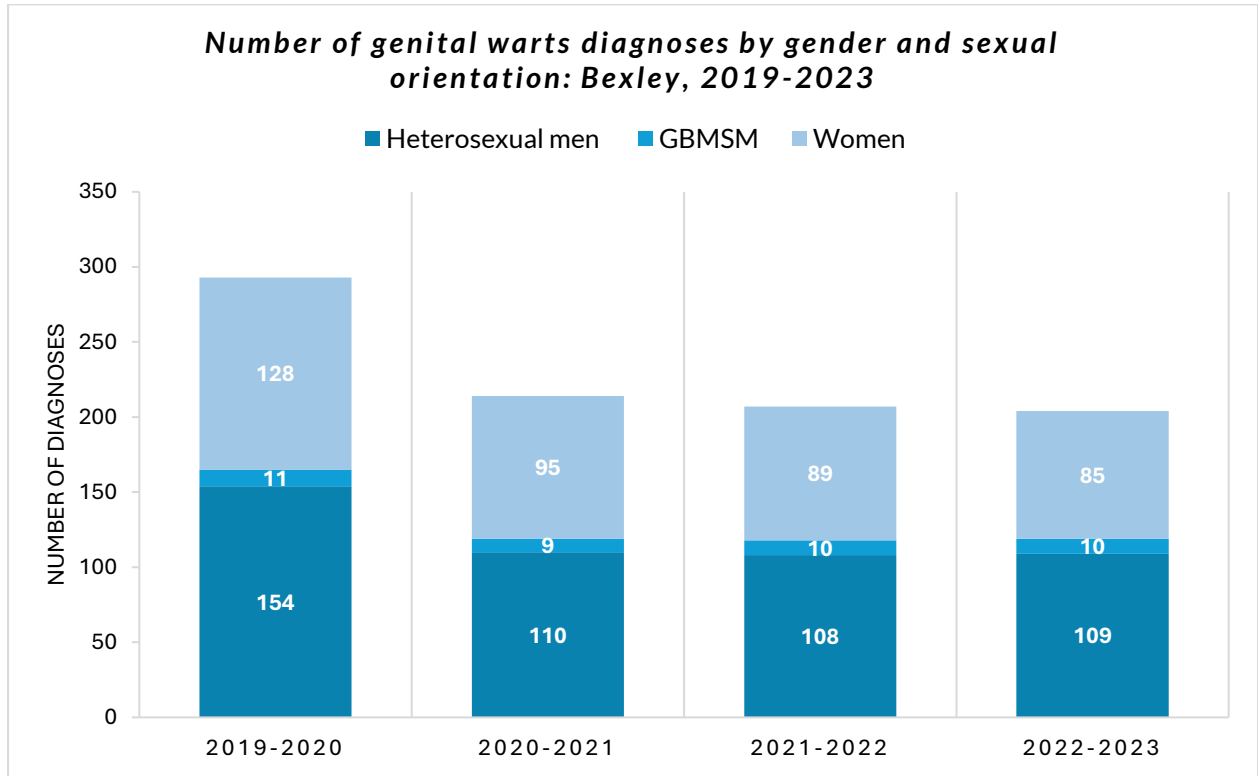
In England in 2023, genital warts diagnosis rates peaked for women at the age of 24 and men at the age of 26. Rates then decreased sharply with increasing age for both men and women. Until the age of 19, rates for men and women were roughly similar. From age 20, diagnosis rates for men were higher compared to women.

**Figure 54: Rates of genital warts (first episode) diagnoses by gender and age: England, 2023**



By Gender and Sexual Orientation

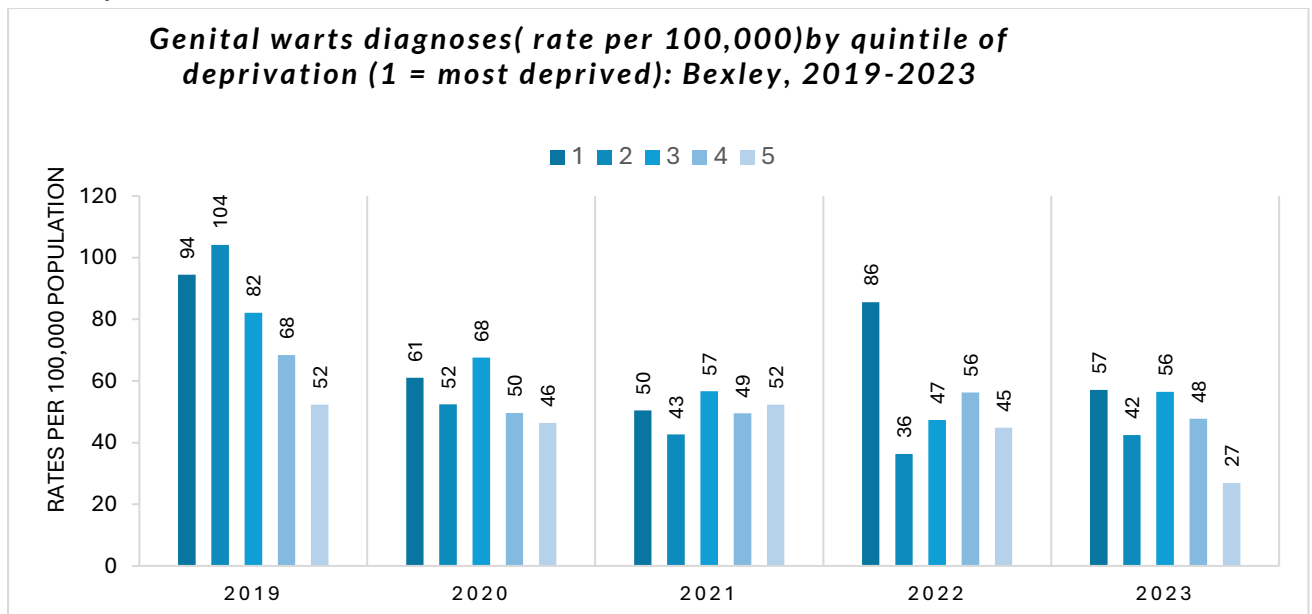
Figure 55: Heterosexual men have the highest number of genital warts diagnoses in Bexley



Source: Data from routine returns to the GUMCAD STI surveillance system

By Deprivation

Figure 56: In 2023, the rates of genital warts diagnoses do not appear to differ greatly by deprivation in Bexley residents.

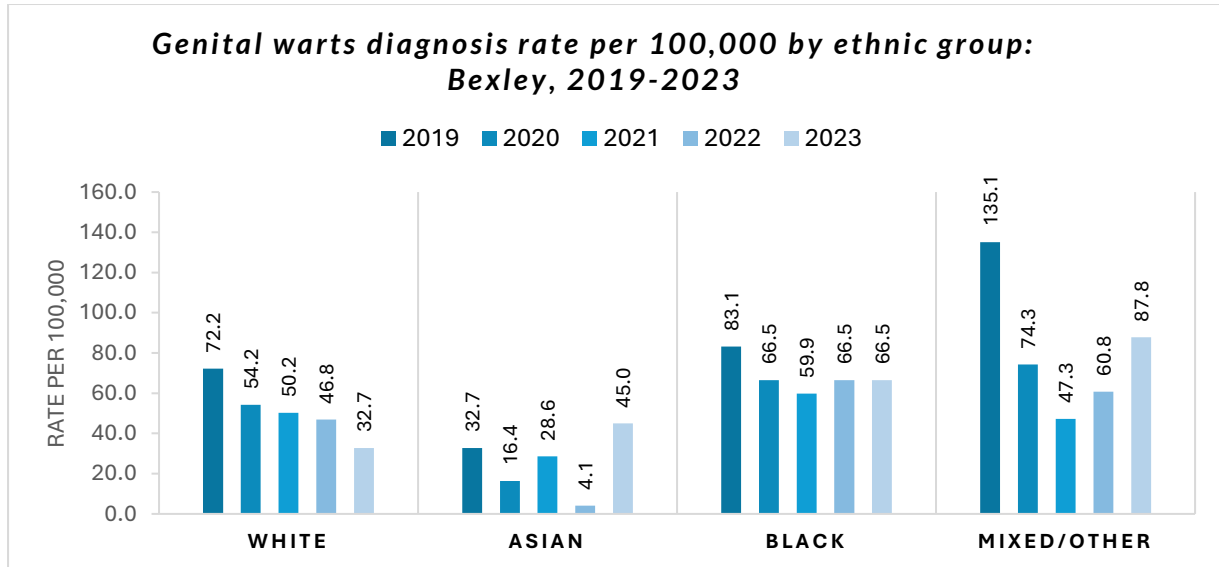


Source: Data from routine returns to the GUMCAD STI surveillance system (numerator) These data use 2019 IMD scores assigned to each LSOA, collected and published by The Department for Levelling Up, Housing & Communities

### By ethnicity

Between 2019 and 2023, the rate of genital warts diagnoses has fallen each year in the white ethnic group, decreasing in 2023 to less than half the rate in 2019. This trend is not seen in other ethnic groups. Within this period, the rate remains the same in the black ethnic group and appears to have increased in the Asian ethnic group.

**Figure 57: Rates of genital warts diagnoses have consistently fallen in the white ethnic group. This trend is not seen in other ethnic groups.**



Source: Data from routine returns to the GUMCAD STI surveillance system (numerator), ONS Demographic data (denominator)

### 4.6.3 HPV vaccination coverage

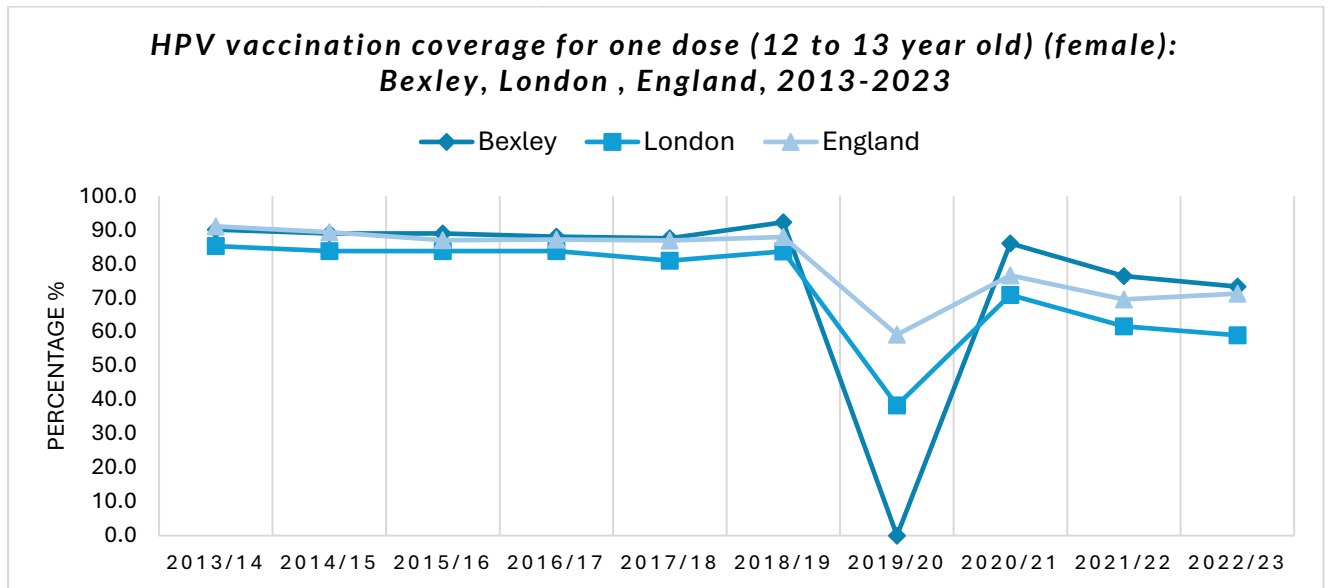
On the advice of the Joint Committee on Vaccination and Immunisation (JCVI), an HPV national vaccination programme was introduced in 2008, to protect adolescent females against cervical cancer. At that time, a 3-dose schedule was offered routinely to secondary school year 8 females (aged 12 to 13) alongside a catch-up programme targeting females aged 13 to 18. In September 2014 the programme changed to a 2-dose schedule based on evidence that showed that antibody response to 2 doses of HPV vaccine in adolescent females was as good as 3 doses. From September 2019, 12- to 13-year-old males became eligible for HPV immunisation alongside females, based on JCVI advice. While there was no catch up programme for the vaccine, primary care can give the HPV vaccination to unvaccinated residents under 18.

#### Females

HPV vaccine coverage in young girls in Bexley was similar to regional and national averages prior to the Covid-19 pandemic. Coverage fell to zero during the pandemic and has now recovered but not to pre-pandemic levels. Following the pandemic, Bexley achieves better HPV vaccine

coverage than London and England. In 2023, 73.4% of all girls aged 12 to 13 had received one dose of the HPV vaccine compared to 59% in London and 71.3% in England.

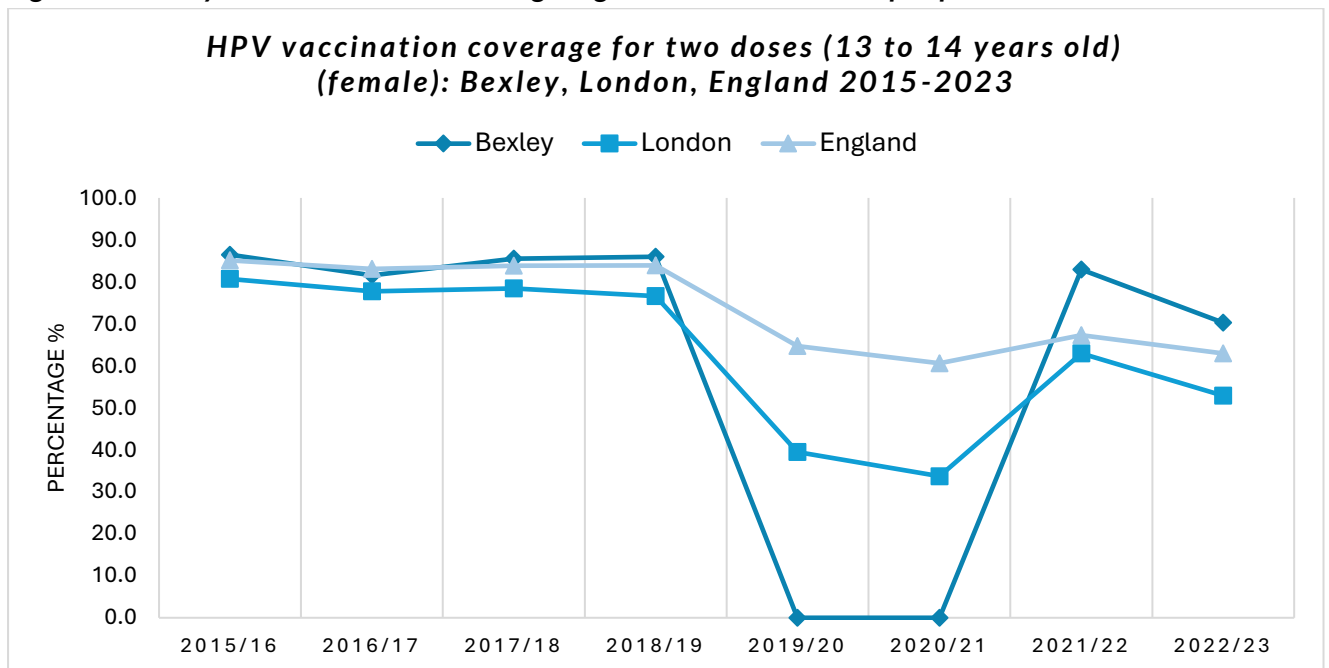
**Figure 58: Bexley's HPV vaccination coverage in girls has not returned to pre-pandemic levels**



Source: OHID fingertips Sexual and Reproductive Health Profiles

In 2023, 70.2% of young girls got two doses of their HPV vaccine compared to 52.9% in London and 62.9% in England.

**Figure 59: Bexley's HPV vaccination coverage in girls has not returned to pre-pandemic levels**



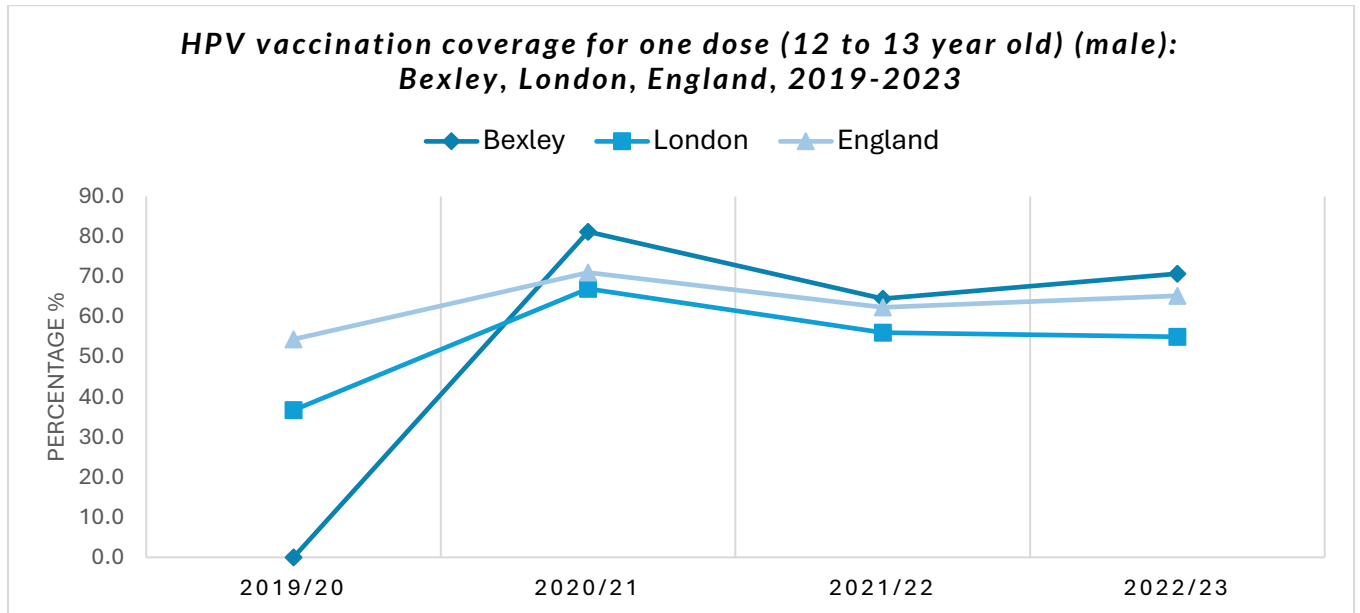
Source: OHID fingertips Sexual and Reproductive Health Profiles

**Males**



Bexley achieves better HPV vaccine coverage for one dose in males than London and England. In 2023, 70.8% of all boys aged 12 to 13 had received one dose of the HPV vaccine compared to 55% in London and 65.2% in England. A similar proportion of young boys receive one dose of the HPV vaccine as girls in Bexley.

**Figure 60: Bexley's HPV vaccination coverage of boys is higher than those of London and England**



Source: OHID fingertips Sexual and Reproductive Health Profiles

#### 4.6.4 Lymphogranuloma Venereum (LGV)

Lymphogranuloma venereum (LGV), an invasive form of chlamydia, is a sexually transmitted infection which disproportionately affects GBMSM. In the past decade, the number of LGV diagnoses has increased substantially in England. Historically, LGV was mainly concentrated among MSM living with HIV. However, in recent years, a greater proportion of cases have been among MSM who HIV are negative<sup>37</sup>.

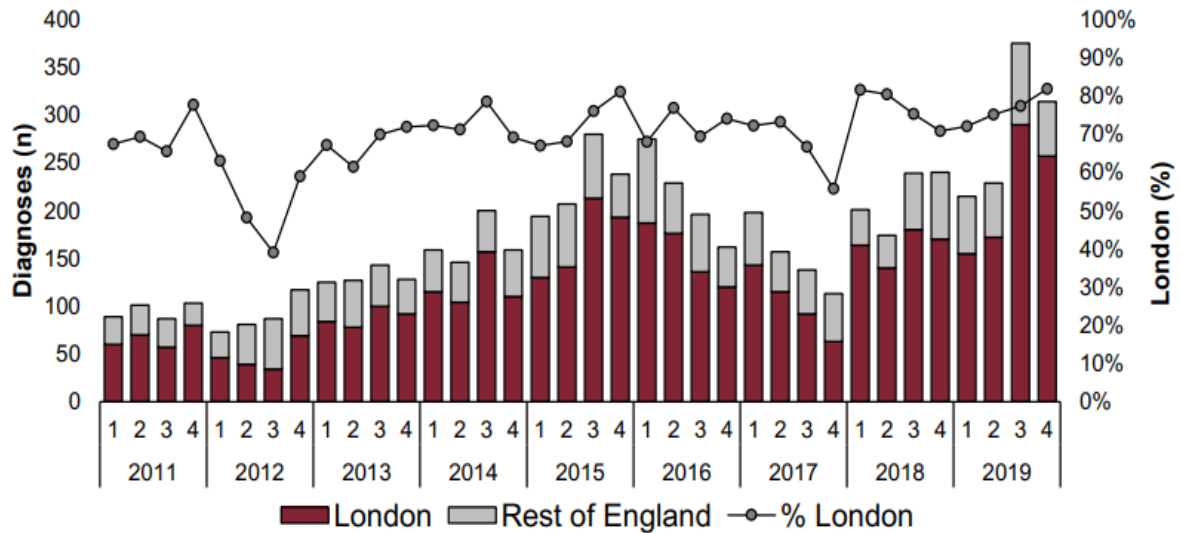
In 2019, 98.4% (1,076/1,094) of LGV reports from clinical data and 99.5% (1,133/1,139) from laboratory data in England were among men; diagnoses among women were rare (n=18 and n=6, respectively). The proportion of diagnoses among men has remained constant since 2005. Men aged between 25 to 44 years accounted for 66.3% (n=713) of all LGV reports in 2019 (median 36 years).

LGV reports are concentrated in London. Between 2018 and 2019, there was a 33.6% increase in the number of LGV reports from London (from 654 to 874), which accounted for 77% of all

<sup>37</sup> Public Health England (2020). *Trends of Lymphogranuloma venereum (LGV) in England, 2019*. Health Protection Report Volume 14 Number 23

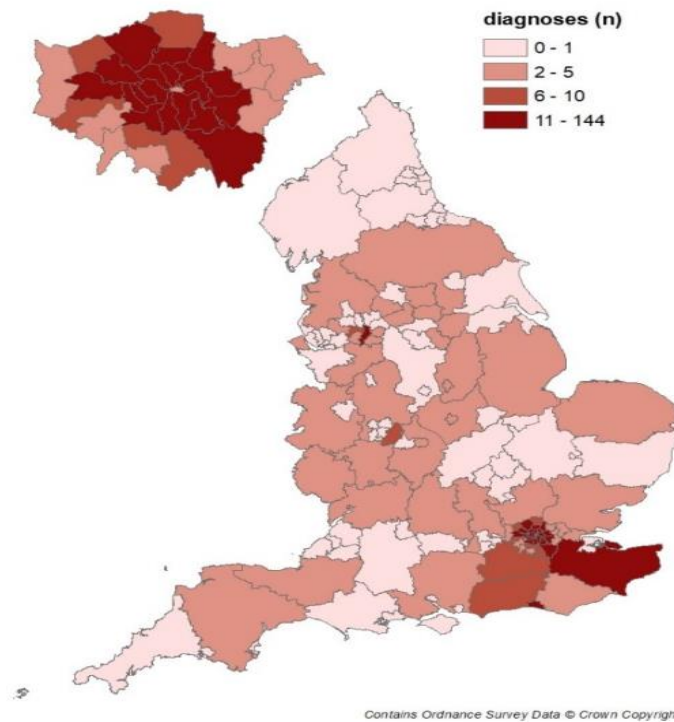
LGV reports in 2019. Though we do not hold local data for Bexley, regional and national data from public health England is displayed below.

**Figure 61: Number of laboratory reports of LGV among men per quarter by location, London, England 2011 -2019**



Source: GUMCAD STI Surveillance System data from Public Health England, Trends of Lymphogranuloma venereum (LGV) in England, 2019 Health Protection Report Volume 14 Number 23

**Figure 62: Number of LGV reports among men by Upper Tier Local Authority of residence, England 2019**

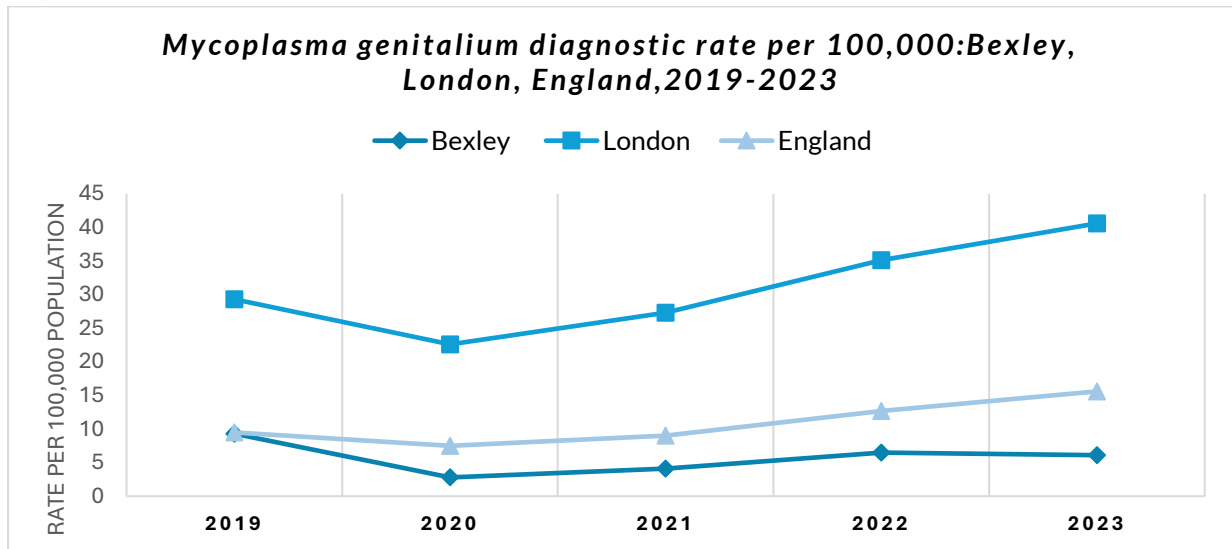


Source: GUMCAD STI Surveillance System data from Public Health England, Trends of Lymphogranuloma venereum (LGV) in England, 2019 Health Protection Report Volume 14 Number 23

### 4.6.5 Mycoplasma genitalium

The rate of mycoplasma genitalium diagnosis in Bexley is much lower than in London and England. In 2023, the rate of diagnosis was 6.1 per 100,000 population in Bexley compared to 15.6 per 100,000 in England and 40.6 per 100,000 in London.

**Figure 63: Bexley's rate of mycoplasma genitalium diagnosis is lower than that of London and England**

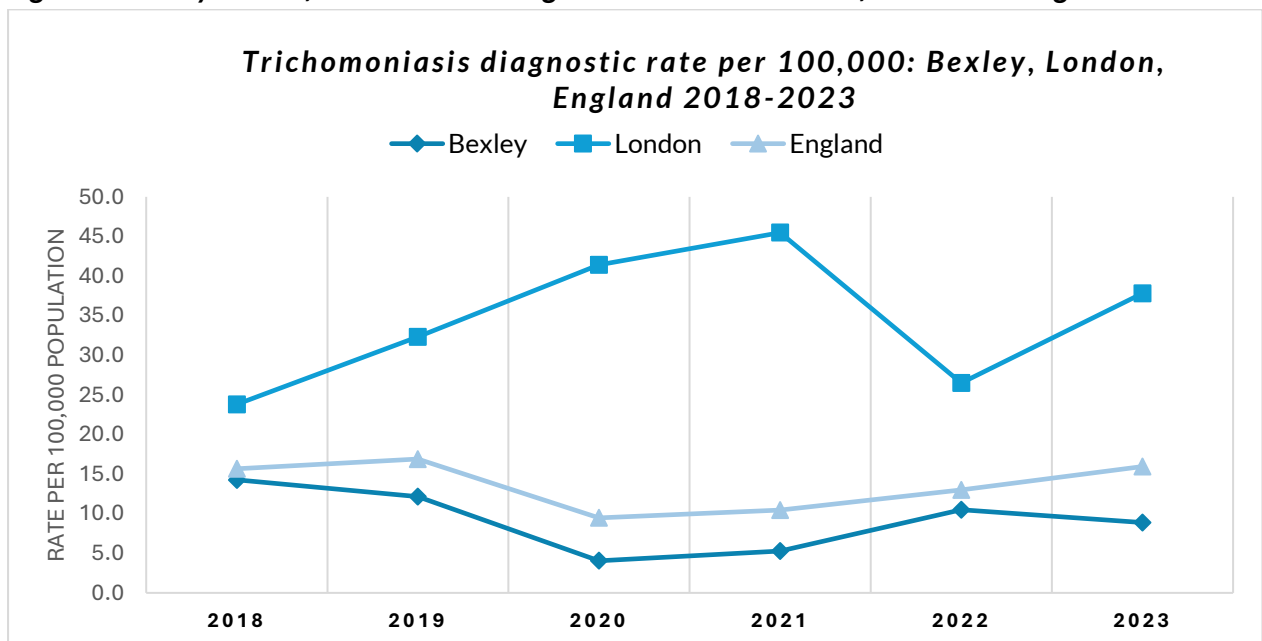


Source: OHID fingertips Sexual and Reproductive Health Profiles

### 4.6.6 Trichomoniasis

The rate of trichomoniasis diagnosis in Bexley is much lower than in London and England. In 2023, the rate of diagnosis was 8.9 per 100,000 population in Bexley compared to 16 per 100,000 in England and 37.8 per 100,000 in London.

**Figure 64 Bexley's rate of trichomoniasis diagnosis is lower than that of London and England**

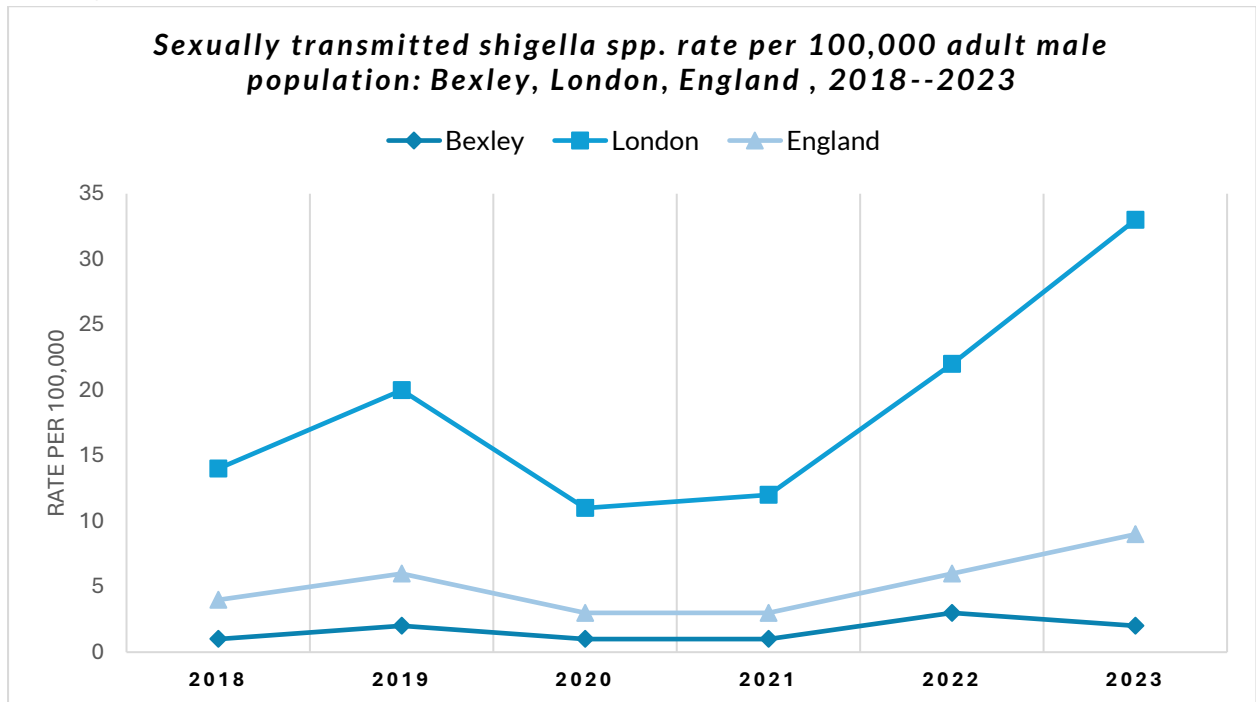


Source: OHID fingertips Sexual and Reproductive Health Profiles

### 4.6.7 Sexually transmissible enteric infections (STElS)

Some gastro-intestinal infections typically linked to contaminated food or water can also be spread faecal-orally during sexual activity e.g. hepatitis A and *Shigella*. Hepatitis A vaccination is available for GBMSM in SHS.

**Figure 65: Bexley's rate of sexually transmitted shigella in adult men is lower than that of London and England**



Source: OHID fingertips Sexual and Reproductive Health Profiles

### 4.6.8 Mpox

In May 2022, an international outbreak of mpox was detected with cases reported concurrently from many countries where the disease is not endemic. In July 2022 it was declared a public health emergency of international concern. To date, most reported cases in the outbreak have involved mainly, but not exclusively, men who have sex with men. Up to 31 December 2022, over 3,500 individuals had been diagnosed in England. Vaccines developed to protect against smallpox have been approved and used for prevention of mpox and were used as part of the response. The NHS currently offers the mpox vaccine to people who are at increased risk of catching mpox. These are men who have sex with men that have multiple partners and participate in group sex or attend sex-on-premises venues and people who have had contact with someone with mpox. Most people will be offered 2 doses of the vaccine at least 1 month apart. Some people only need 1 dose of the mpox vaccine.

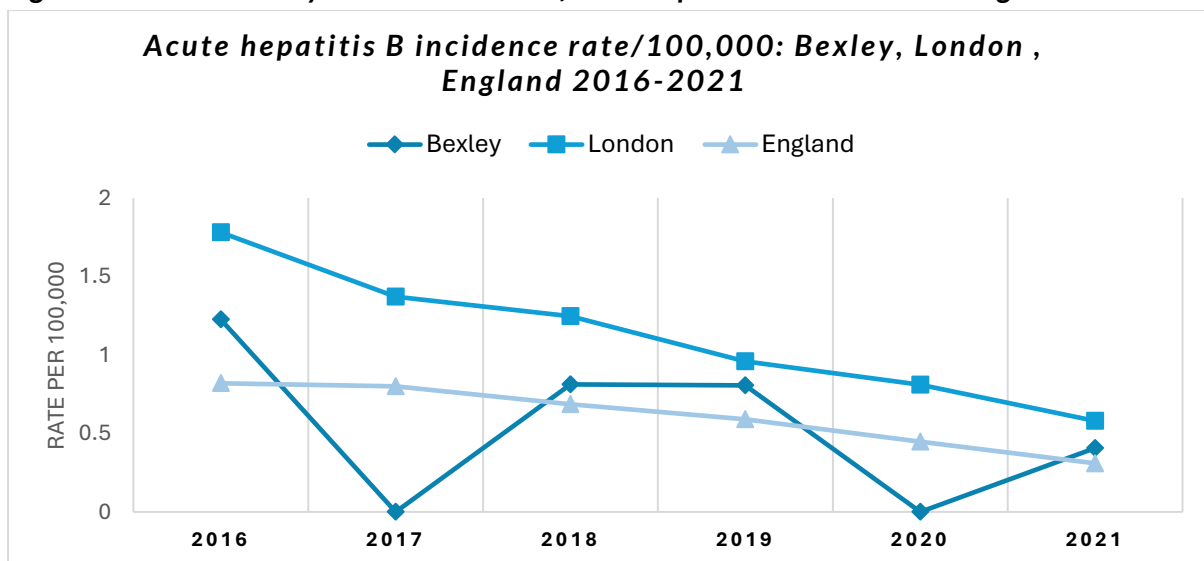
In 2023 and 2024 (up to 31 October 2024), there have been a total of 429 cases of Clade IIb mpox reported in the UK<sup>38</sup>. Of these, 406 were in England (182 cases were presumed to have acquired mpox in the UK). In August 2024, the WHO declared the emergence of a new clade of mpox a public health emergency of international concern<sup>39</sup>

## 4.7 Other BBVs

Some bloodborne viruses such as hepatitis B and C can be spread through sex as well as by other routes. Most hepatitis B infections in England are acquired overseas in high prevalence countries; where infection is acquired in England it is most often acquired sexually. Where information on risk exposures was recorded on acute and probable acute cases of hepatitis B, the most reported risk was heterosexual exposure (50%), followed by sex between men (17%). Vaccination can prevent infection and is recommended for GBMSM, for individuals with multiple sexual partners and for individuals engaging in sexual activity when travelling to high prevalence countries.

The rate of hepatitis B diagnosis has been falling since 2016 in London and England. In Bexley in 2021, rates were similar to England and lower than London.

**Figure 66: In 2021 Bexley had a similar rate of acute hepatitis B as London and England**



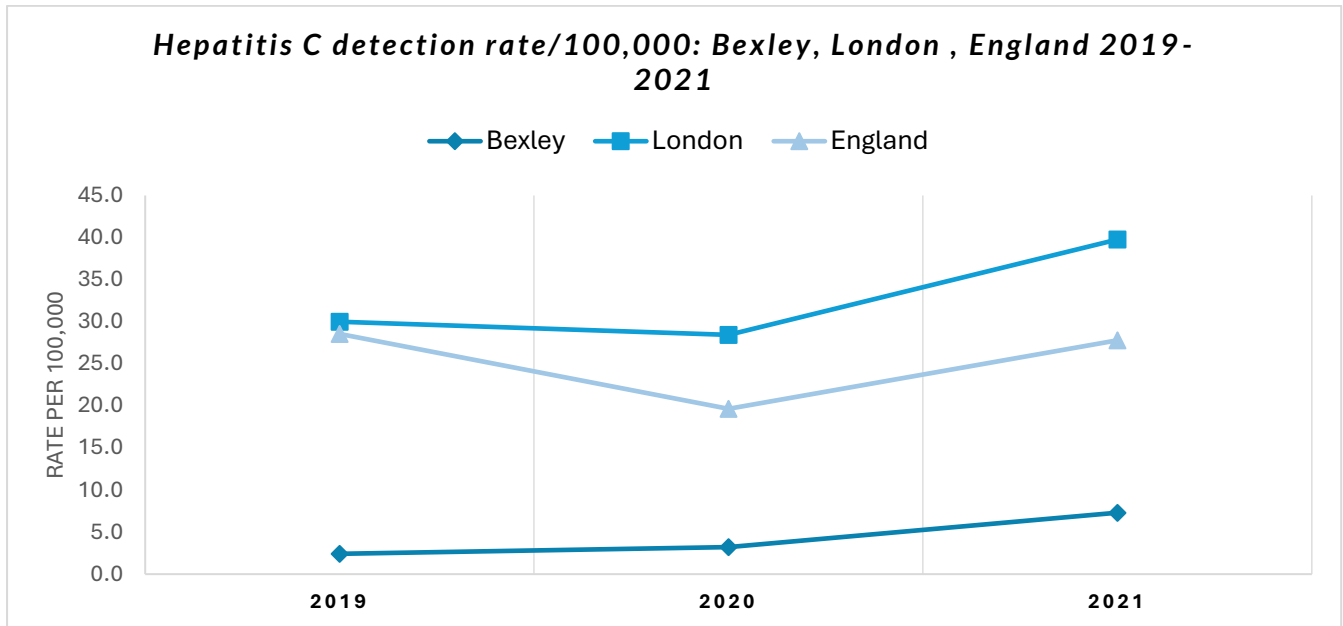
Source: OHID fingertips

<sup>38</sup>UKHSA (2025). *Mpox outbreak: epidemiological overview*. <https://www.gov.uk/government/publications/monkeypox-outbreak-epidemiological-overview/mpox-outbreak-epidemiological-overview-9-january-2025>

<sup>39</sup> World Health Organization (2024). *WHO Director-General declares MPOX outbreak a public health emergency of international concern*. <https://www.who.int/news/item/14-08-2024-who-director-general-declares-mpox-outbreak-a-public-health-emergency-of-international-concern>

Most people in England acquire hepatitis C through injecting drug use. However, GBMSM are also a risk group for hepatitis C transmission. GBMSM living with diagnosed HIV, especially those reporting high risk sexual practices, are disproportionately affected by hepatitis C compared to HIV-negative GBMSM; therefore, guidance for hepatitis C testing in SHS has been targeted towards this group. The rate of hepatitis C detection in Bexley is much lower than rates in London and England.

**Figure 67: The rate of hepatitis C detection in Bexley is much lower than rates in London and England.**



Source: OHID fingertips

## 5 REPRODUCTIVE HEALTH OUTCOMES

### 5.1 Contraception

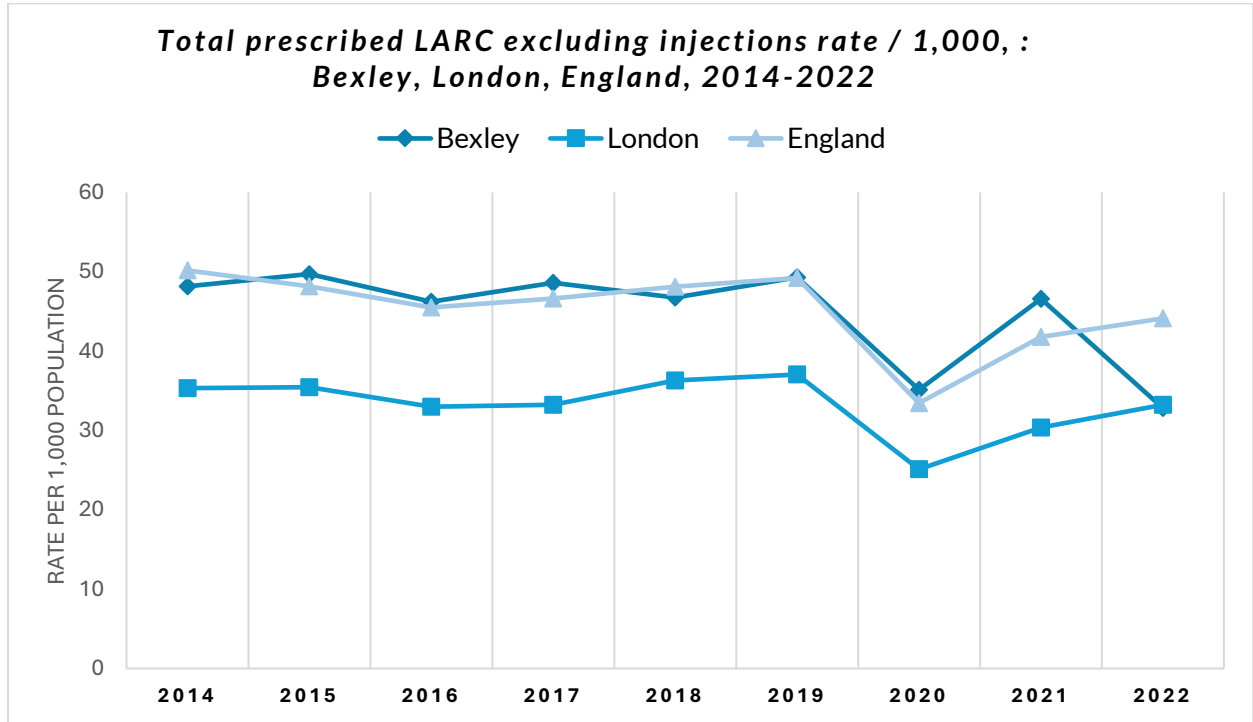
Knowledge, access and choice to all methods of contraception helps reduce unplanned pregnancies and rates of teenage conception. According to OHID, the intention is to encourage choice rather than to promote long-acting reversible contraception (LARC)<sup>40</sup> over other methods of contraception. Access to contraception was impacted by restrictions due to the Covid-19 pandemic. However, across all measures except GP prescribed LARC excluding injections, Bexley's performs below the national average.

<sup>40</sup> Long-acting reversible conception (LARC) are the most effective method of contraception, providing long-term pregnancy prevention. They last between 2 months and 10 years, depending on the option used. They may come in the form of injections, implants, and intrauterine devices which are placed in the womb (uterus) and commonly known as coils.

### 5.1.1 Long-acting reversible contraception (LARC)

The total rate of LARC (excluding injections) prescribed in Bexley primary care, specialist and non-specialist SHS was 32.8 per 1,000 women aged 15 to 44 years in 2022, lower than the rate of 44.1 per 1,000 women in England.

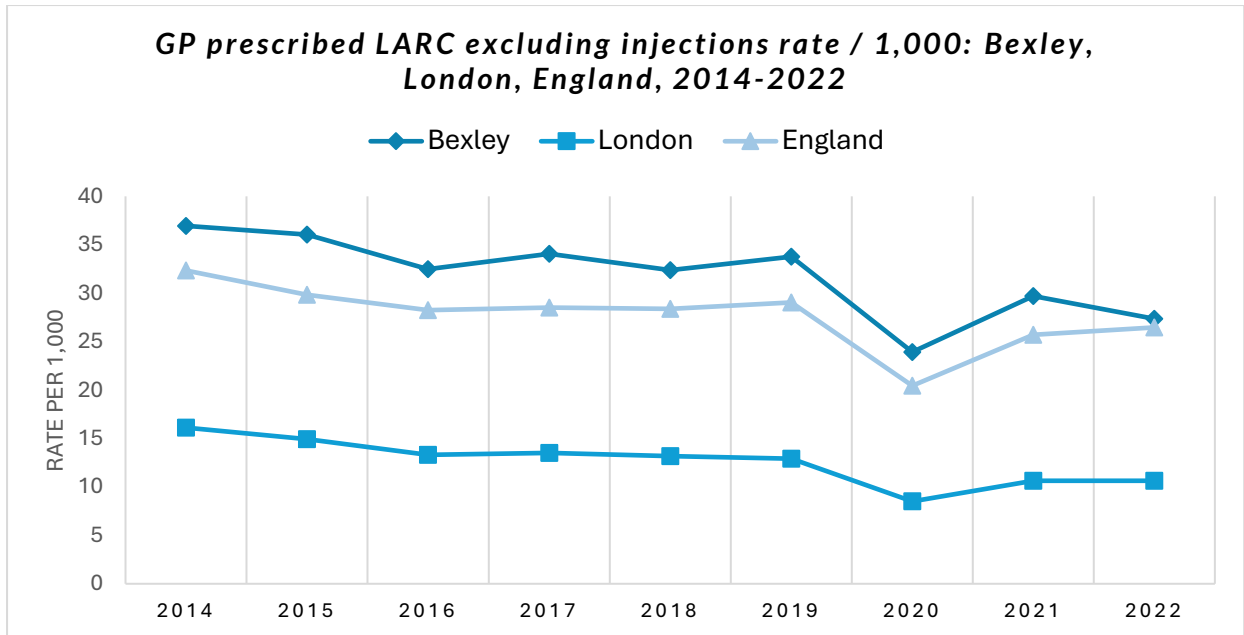
**Figure 68: Bexley's total prescribed LARC rate fell between 2021 and 2022 and is similar to the London rate and Lower than the national rate**



Source: OHID fingertips Sexual and Reproductive Health Profiles

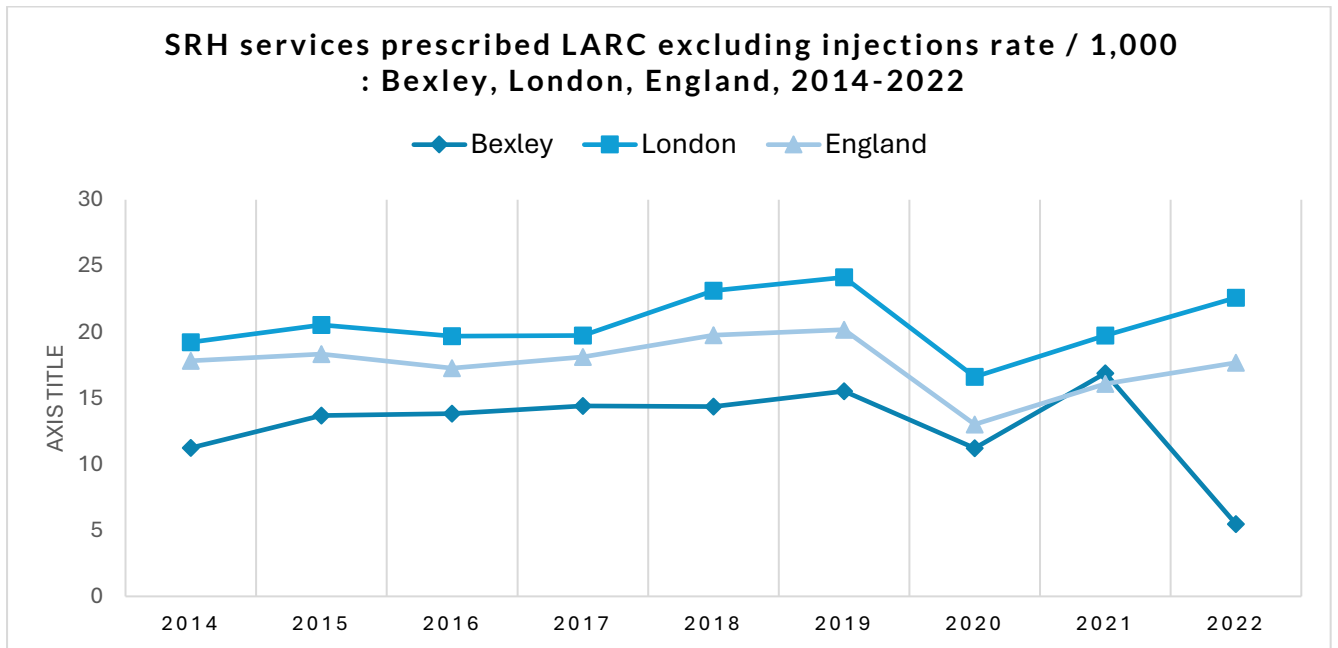
UKHSA reports that LARC provision in primary care likely reflects local geography and service models. Owing to the lack of specialist services within Bexley, in 2022 primary care prescribed over five times the rate of LARC (27.3) compared to other settings (5.5). Rates of GP prescribed LARC fell during the Covid-19 pandemic and have not yet returned to pre-pandemic levels.

**Figure 69: Compared to London and England, a greater rate of LARC is prescribed in GP practices in Bexley**



Source: OHID fingertips Sexual and Reproductive Health Profile

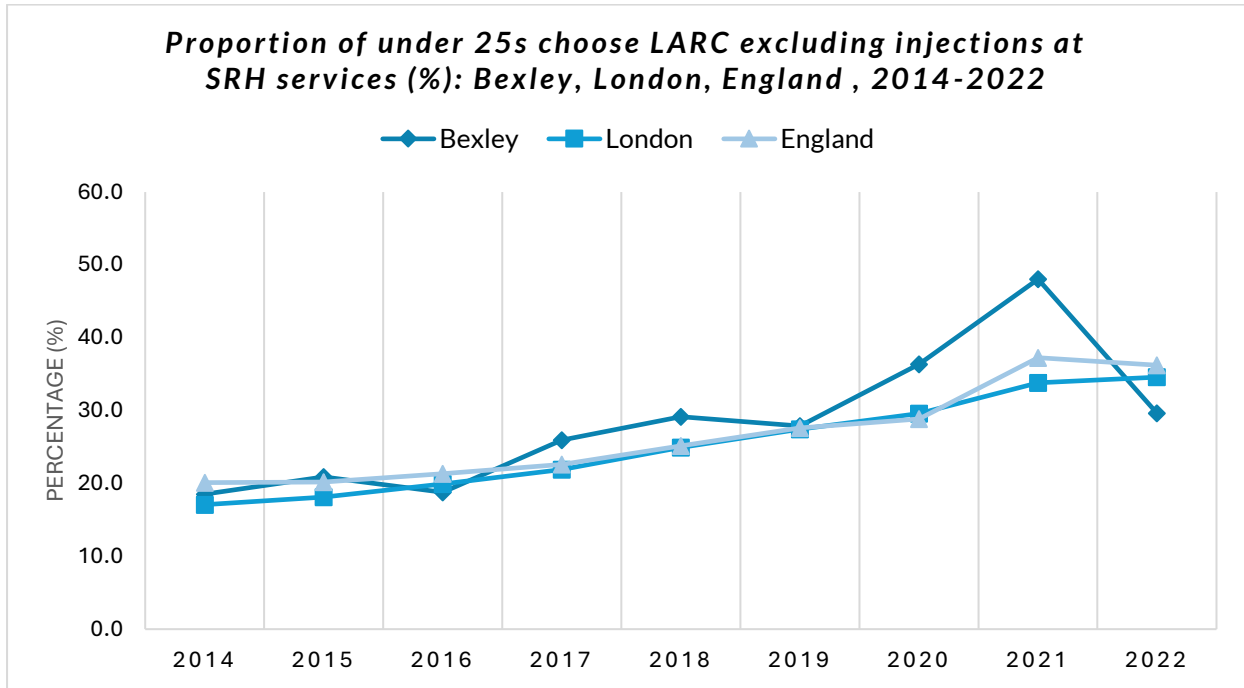
**Figure 70: Compared to London and England, a lower rate of LARC is prescribed in SRH services in Bexley**



Between 2021 and 2022 the usage of LARC (excluding injections) at SRH services in Bexley fell significantly. In under 25s, the percentage who choose LARC at SRH services dropped from 48% in 2021 to 29.6% in 2022.



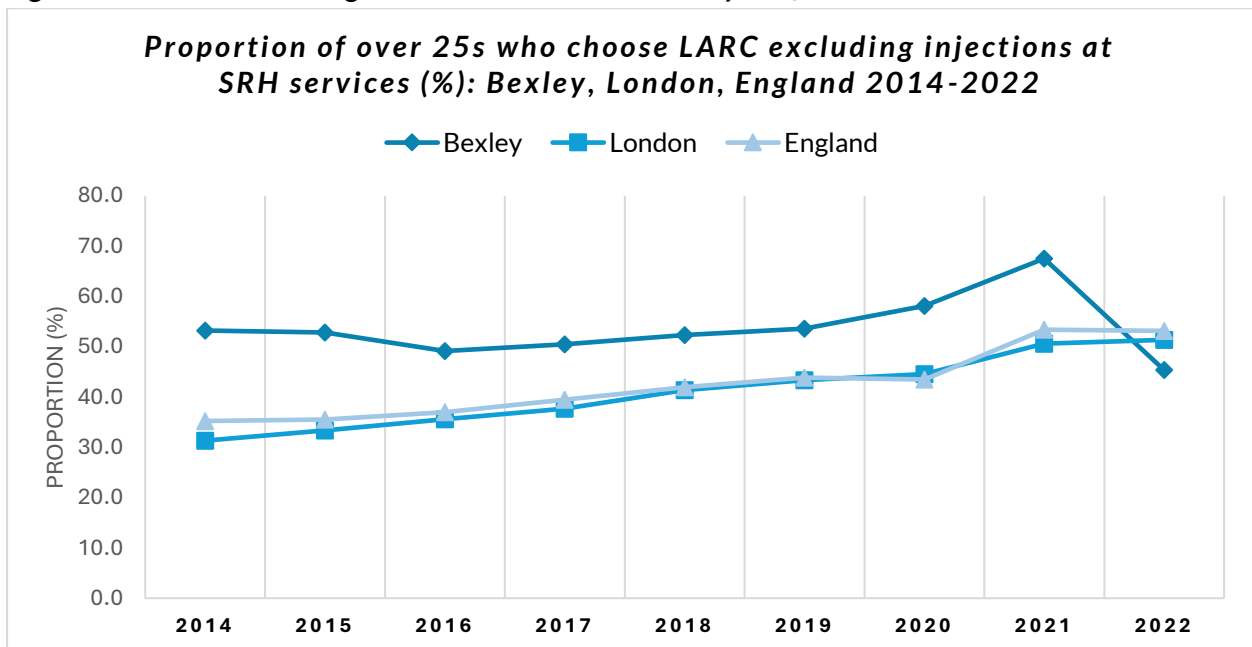
**Figure 71: Under 25s choosing LARC at SRH services in Bexley fell between 2021 and 2022**



Source: OHID fingertips Sexual and Reproductive Health Profiles

In over 25s, the percentage who choose LARC at SRH services dropped from 67.5% in 2021 to 45.4% in 2022.

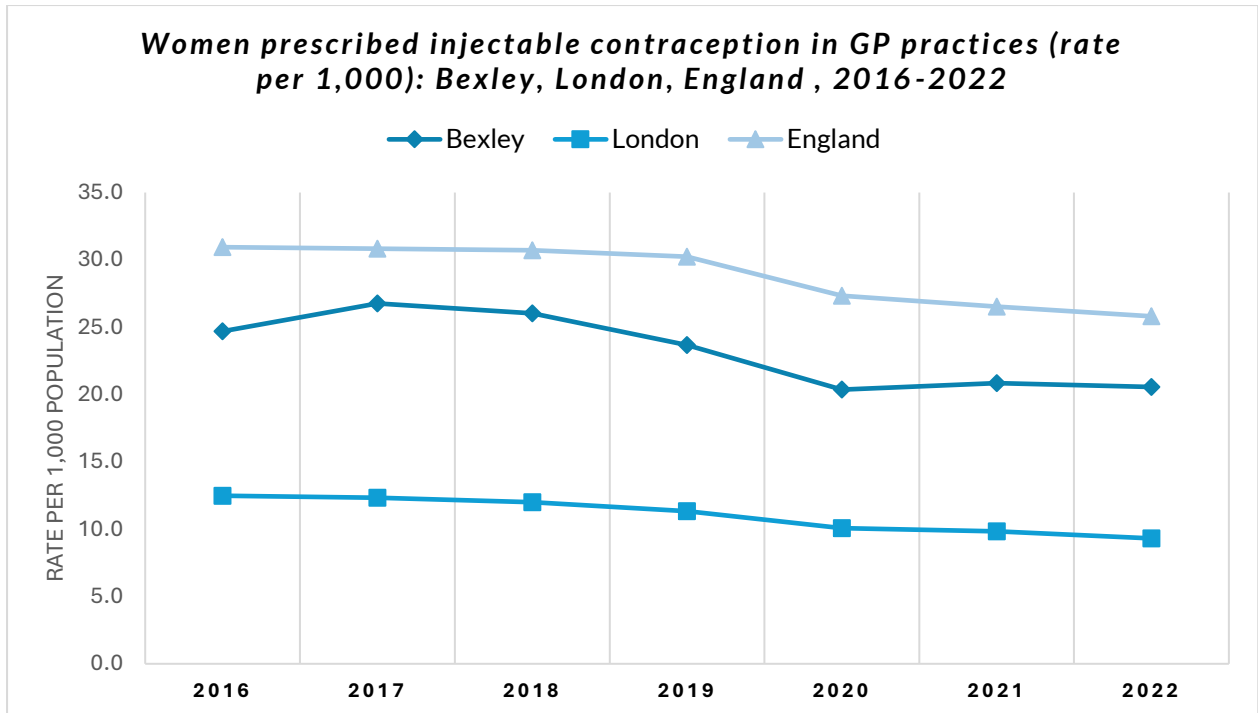
**Figure 72: Over 25s choosing LARC in SRH services in Bexley has fallen between 2021 and 2022**



Source: OHID fingertips Sexual and Reproductive Health Profiles

For injectable contraception Bexley's rates are below the national average but better than London.

**Figure 73: Bexley's rate of injectable contraception in GP Practices is lower than the national rate and higher than the rate in London.**



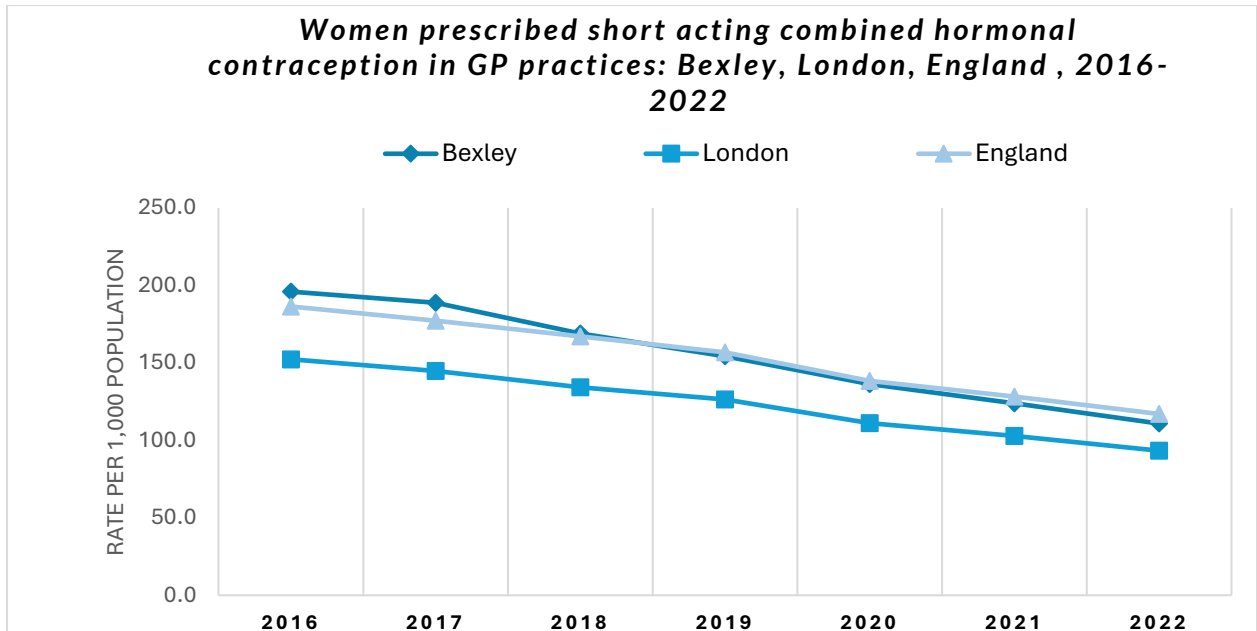
Source: OHID fingertips Sexual and Reproductive Health Profiles

### 5.1.2 Other forms of contraception

Bexley does not perform as well with short-acting forms of contraception such as combined hormonal contraception<sup>41</sup> and the progesterone only contraception. For short acting combined hormonal contraception in GP, Bexley's rates are similar to the national average. For progesterone only pills Bexley's rates are below the national average but better than London.

<sup>41</sup> Combined hormonal contraception refers to types of contraception that contain two different types of female hormones: an oestrogen and a progestogen. The most common form of this type of contraception is the [combined oral contraceptive pill](#), often just called 'the pill'. There are also two other forms of this type of contraception - [contraceptive skin patches](#) and a [vaginal ring formulation](#).

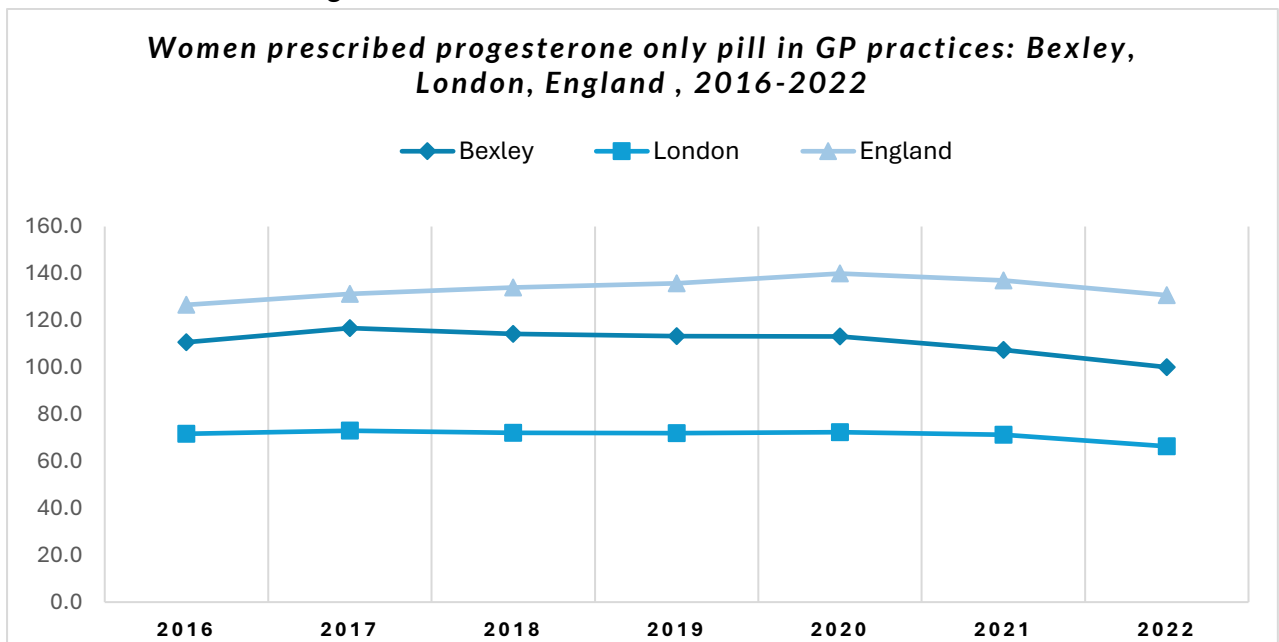
**Figure 74: The rate of short acting combined hormonal contraception prescriptions is falling in Bexley, London and England.**



Source: OHID fingertips Sexual and Reproductive Health Profiles

The prescription rate of the progesterone only pill in GP practices has remained constant between 2016 and 2022.

**Figure 75: Bexley’s progesterone only pill prescription rate in GP practices is higher than the London rate and lower than the England rate.**



Within SRH services, the rates of prescription of user dependent forms of contraception are lower across the board.

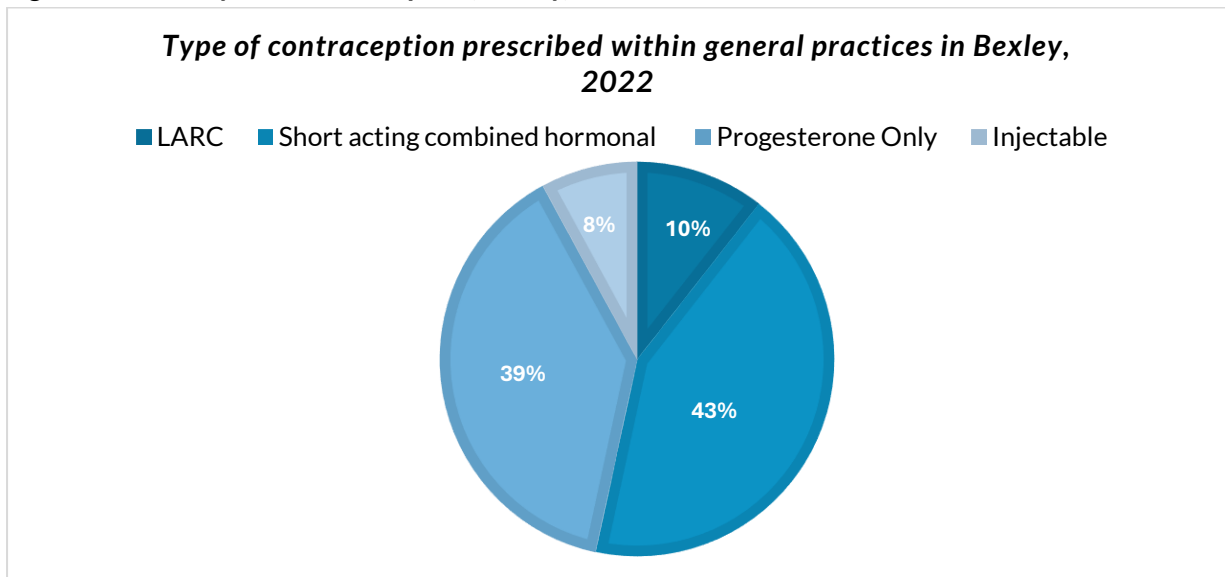
**Table 7: Women in Bexley and England prescribed short acting combined hormonal, progesterone only pill and injectable contraception in SRH services per 1,000, 2021-2022**

Period	Short acting combined hormonal			Progesterone Only			Injectable contraception		
	Bexley		England	Bexley		England	Bexley		England
	Count	Rate	Rate	Count	Rate	Rate	Count	Rate	Rate
2021	230	4.7	7.6	210	4.3	9.6	95	1.9	3.6
2022	240	4.9	8.1	120	2.4	9.9	70	1.4	3.7

Source: OHID fingertips Sexual and Reproductive Health Profiles

The most common form of contraception prescribed to Bexley residents in GP surgery are short acting combined hormonal contraceptives, followed by progesterone only. LARC prescriptions only make up 10% of contraception prescriptions by GPs in Bexley.

**Figure 76: Primary Care contraception, Bexley, 2022**

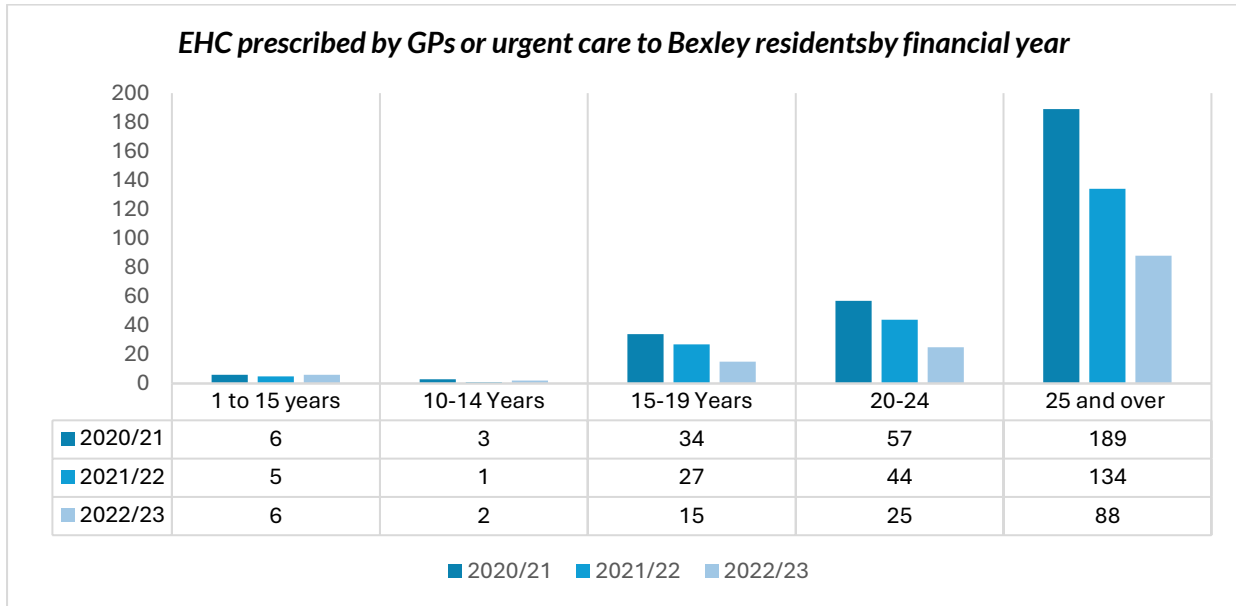


Source: SEL ICB Data, Bexley residents

### 5.1.3 Emergency contraception

More people over 25 attend the GP or urgent care for emergency hormonal contraception whilst those under 25 attend pharmacies. The number of over 25s prescribed EHC in GP practices and urgent care is falling with each year. This is due to the introduction of the SHL online contraception service.

**Figure 77: EHC prescription in Bexley’s GPs and urgent care services is highest in residents over 25**



Source: SEL ICB Data, Bexley residents

In pharmacies, there was a similar number of EHC prescribed to residents aged 16-19 and those aged 20-24.

**Table 8: Prescriptions of EHC by age group, Bexley pharmacies, 2018-2023**

Age group	Number of Prescriptions
13-15	62
16-19	1165
20-24	1209

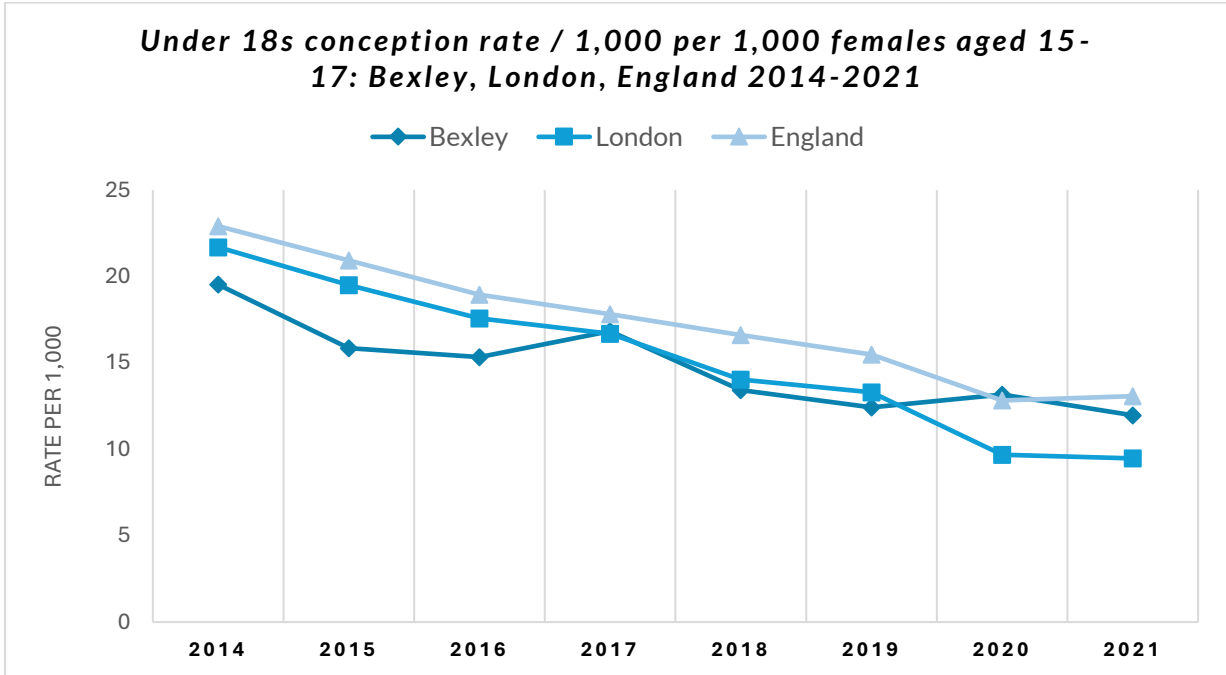
Source: Pharmaoutcomes Bexley

## 5.2 Conceptions and Births

### 5.2.1 Under-18s Conception rate

The most recent data on conception rate in under 18s in Bexley is from 2021. Over the last two decades, there has been a downward trend in under-18 conception in Bexley staying stable at 12% since 2019.

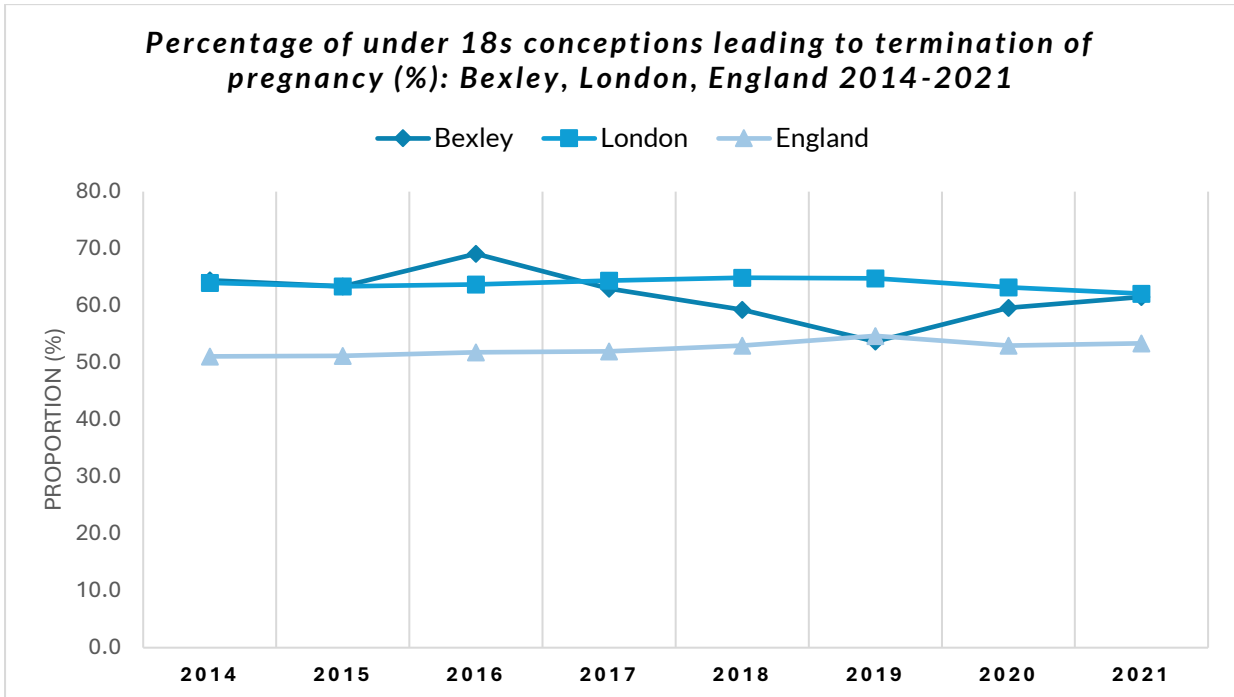
**Figure 78: Under 18s conception rate per 1,000 in Bexley compared to England and London**



Source: OHID fingertips Sexual and Reproductive Health Profiles

More than half of under 18 conceptions end in termination of pregnancy. The chart below shows the trend in under 18 conceptions leading to termination of pregnancy in the last two decades.

**Figure 79: More than half of under 18 conceptions end in termination of pregnancy.**

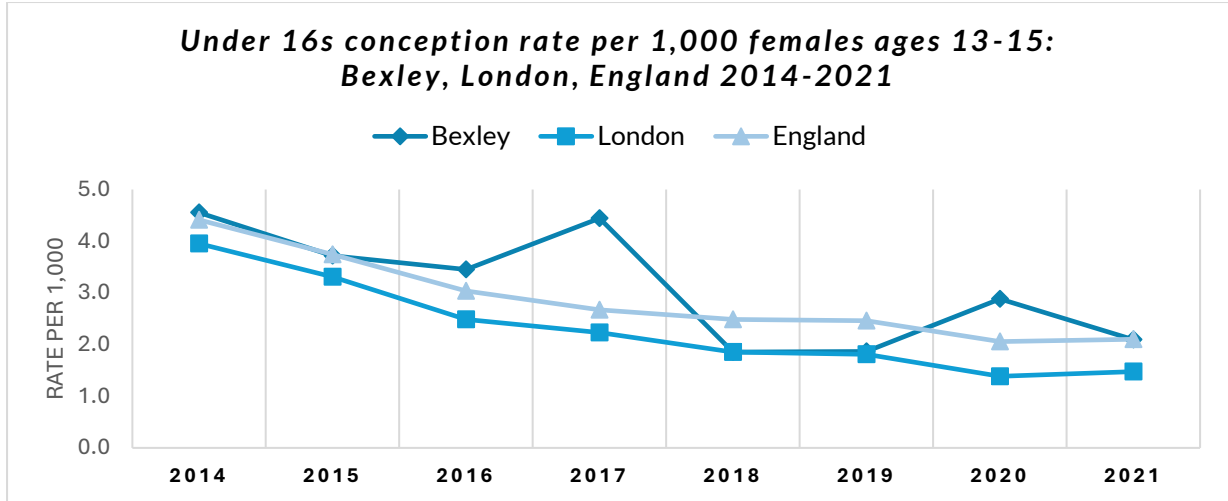


Source: OHID fingertips Sexual and Reproductive Health Profiles

### 5.2.2 Under-16s Conception Rate

The under 16s conception rate in Bexley is generally below the national average. However there was a statistically significant spike in 2020.

**Figure 80** The under 16s conception rate in Bexley is generally below the national average.

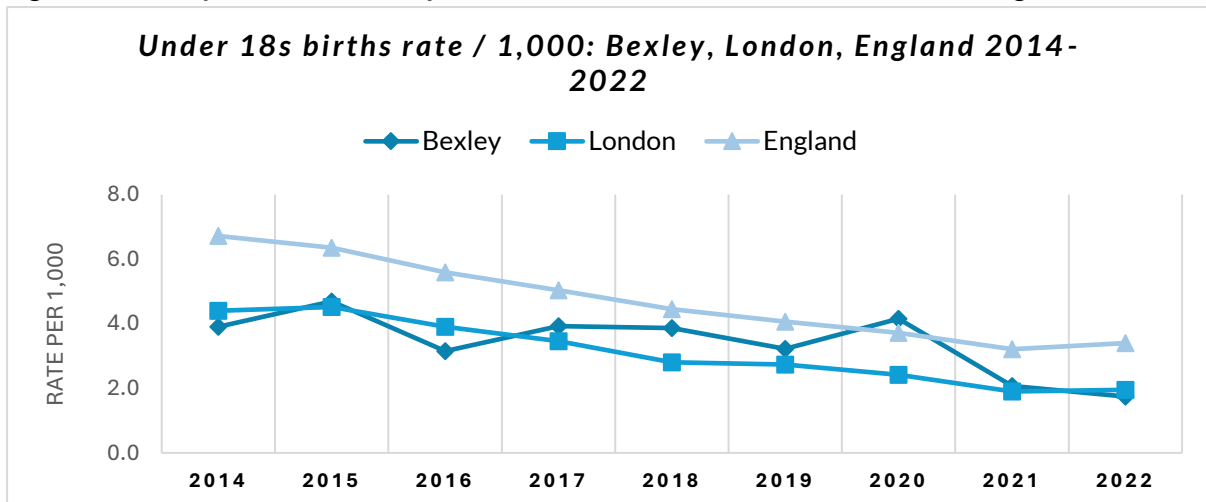


Source: OHID fingertips Sexual and Reproductive Health Profiles

### 5.2.3 Under 18 Birth rate

The Under 18s birth rate is much lower than the under 18 conception rate and has fallen in Bexley for the past decade, with a spike in 2020.

**Figure 81:** Bexley's under 16 conception rate is similar to London and lower than England



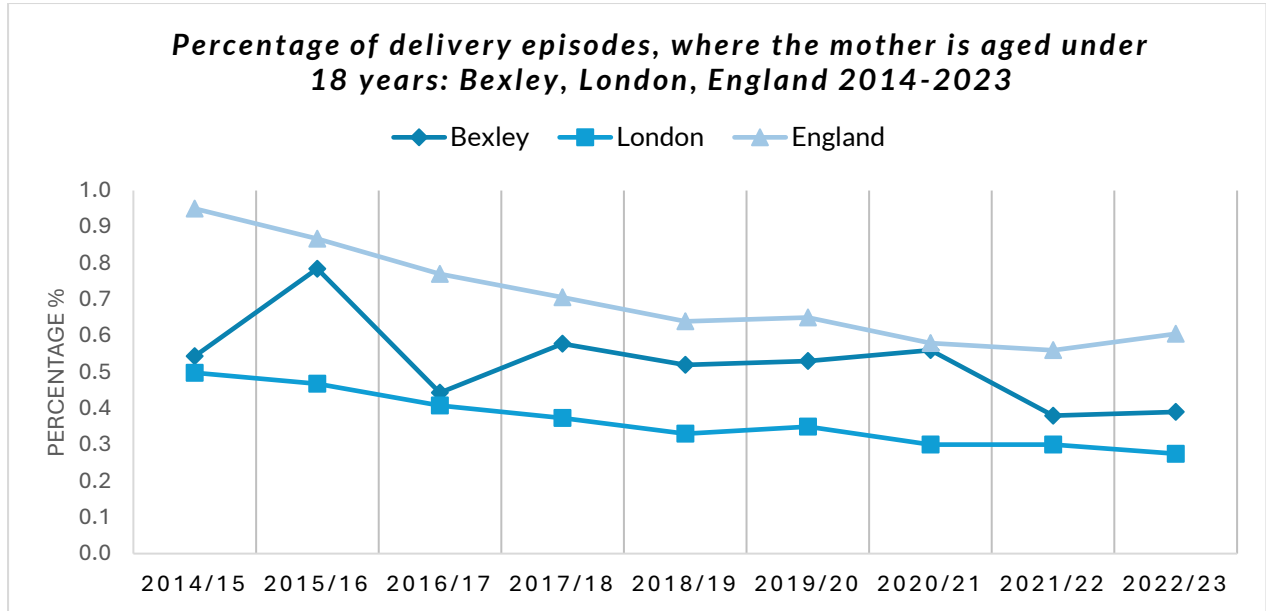
Source: OHID fingertips Sexual and Reproductive Health Profiles

### 5.2.4 Teenage Mothers

According to OHID, children born to teenage mother have 60% higher rates of infant mortality and increased risk of low-birth weight which impacts the child's long-term health. In addition,

teenage parents and their children are at a higher risk of living in poverty. Bexley has a lower percentage of teenage mothers than the national average.

**Figure 82: Bexley’s percentage of teenage mothers is higher than that of London and lower than that of England**



Source: OHID fingertips Sexual and Reproductive Health Profiles

## 5.3 Terminations

ICBs have statutory responsibility for providing termination of pregnancy services. Southeast London has three providers (NUPAS<sup>42</sup>, BPAS<sup>43</sup> and MSI<sup>44</sup>) delivering termination services in the area. Consultations are offered for unplanned pregnancies which includes provision of contraception and sexual health screening as an opt-in service. The service is based in Woolwich and currently looking for a site in Bexley. The service is open for patient consultations Monday-Saturday. There is a 24-hour phonline available for patient emergencies/queries. Patients can self-refer to the service. Those who meet the criteria for ‘pills by post’ and are under 9 weeks gestation receive them within 5 working days. Those who do not meet the criteria require an ultrasound which is done within 5 working days. 4-week post procedure, patients receive a phone consultation to assess wellbeing and re-iterate offer of LARC.

The following data may indicate inadequate access to good quality contraception services as well as problems with individual use of contraceptive method. In 2022, Bexley ranked 50<sup>th</sup>

<sup>42</sup> National Unplanned Pregnancy Advisory Service

<sup>43</sup> British Pregnancy Advisory Service

<sup>44</sup> MSI Reproductive Choices formerly Marie Stokes International

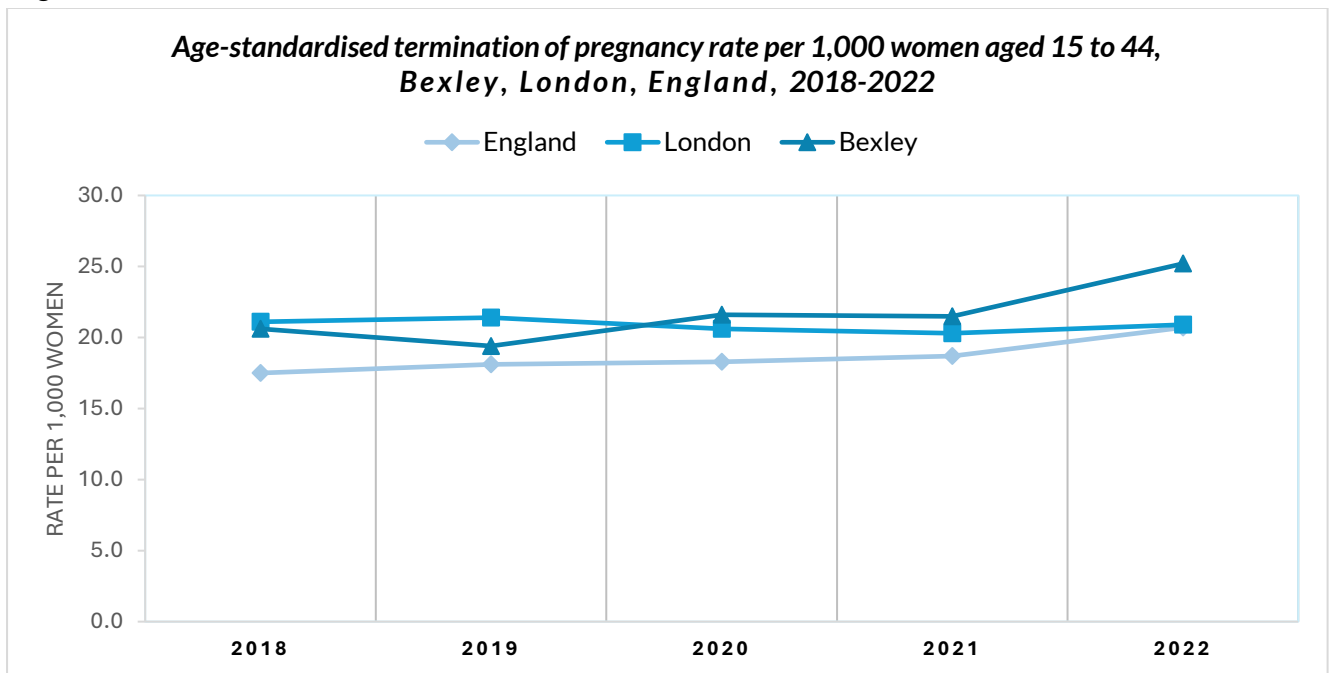


highest out of 149 upper tier local authorities/ unitary authorities (UTLAs/UAs) within England for rates of total termination of pregnancy. This means that Bexley was in the top third of UTLAs/UAs for termination of pregnancy in the country.

### 5.3.1 Total termination of pregnancy rate

Between 2018 and 2022, the age-standardised termination of pregnancy rate in women aged 15-44 in Bexley has been increasing and is consistently higher than the London and England rates. Termination of pregnancy rates fell briefly in 2019 but by 2022, the rates of termination of pregnancy in Bexley residents were higher than London and England estimates.

**Figure 83: Bexley's age standardised termination of pregnancy rate is higher than the London and England rates.**

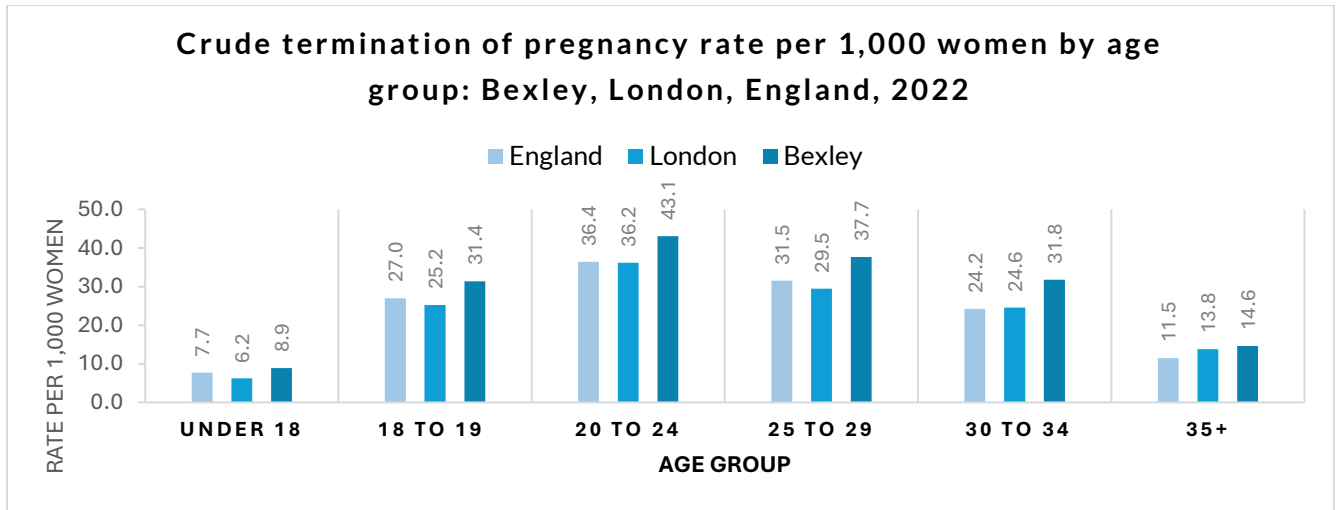


Source: OHID abortion Statistics: data tables 2018-2022

#### By age group

Women in Bexley between the ages of 20-24 have the highest rates of termination of pregnancy. Across all age group, rates of termination of pregnancy are higher than the London and England rates.

**Figure 84: Bexley's termination of pregnancy rates are higher than London and England across all age groups**

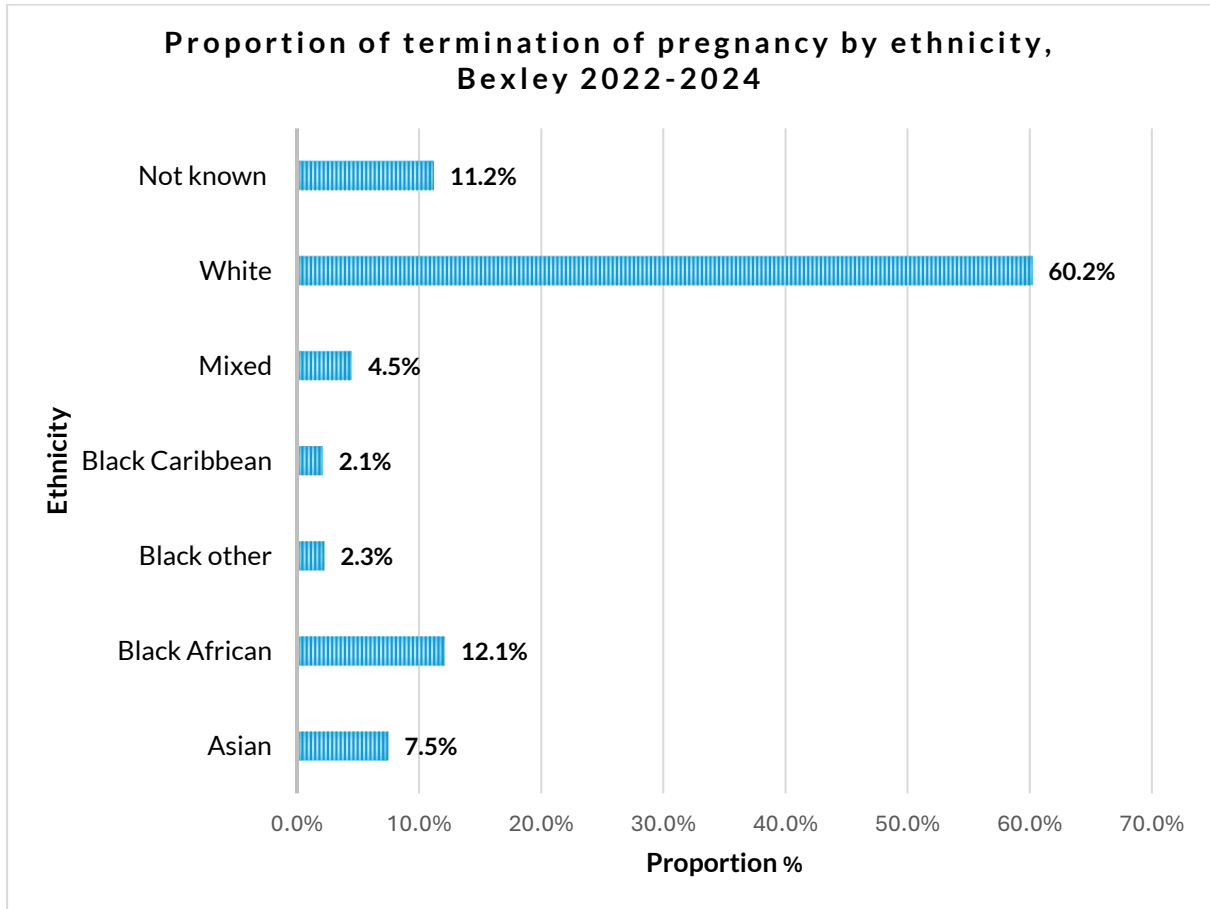


Source: OHID Termination of pregnancy Statistics: data tables 2022

### By Ethnicity

Between 2022 and 2024, white residents accounted for 60.2% of terminations conducted by MSI. This was followed by black African residents at 12.1%. When compared to the percentage of residents in each ethnic group in the census 2021, black and mixed residents are overrepresented whilst other groups are underrepresented. However, this data comes from just one provider in Bexley (MSI).

**Figure 85: More than half of termination of pregnancies in Bexley residents were in white residents**

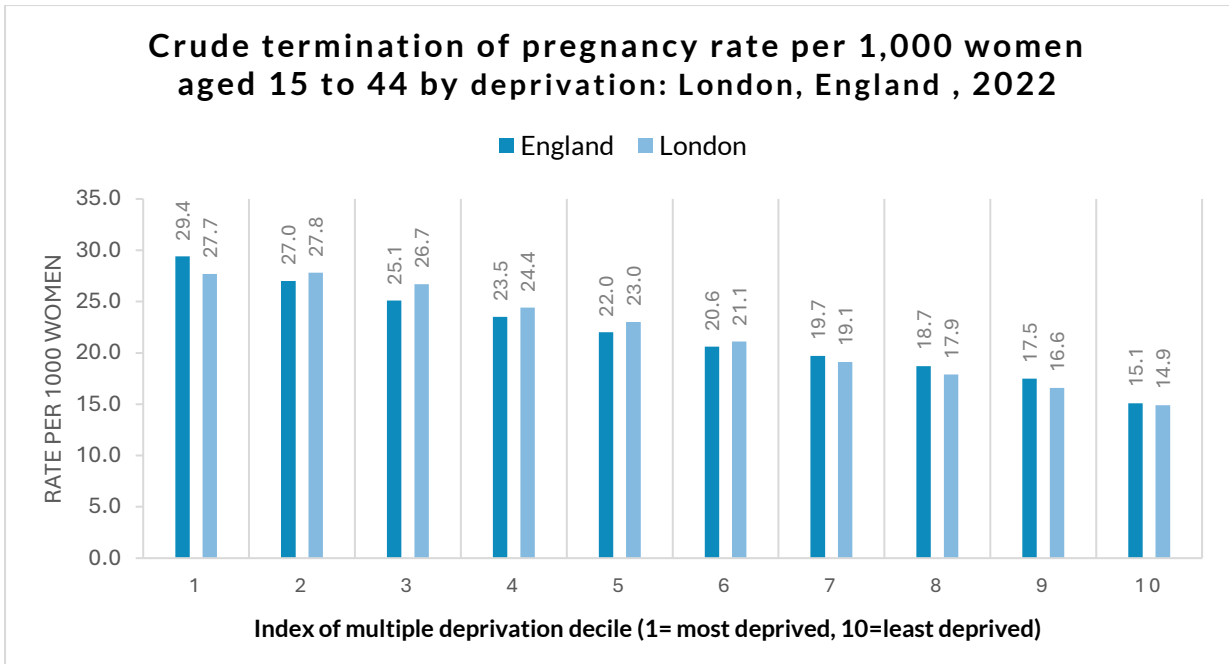


Source: MSI Termination of pregnancy data, SEL ICB

### By Deprivation

Bexley level data on termination of pregnancy rates by deprivation was not available. However, in London and England, termination of pregnancy rates follow a gradient. The crude rates of termination of pregnancy in women aged 15 to 44 are highest in the most deprived groups and drop as you transition from most to least deprived.

**Figure 86 More deprived residents in London and England experience higher rates termination of pregnancy than least deprived residents**

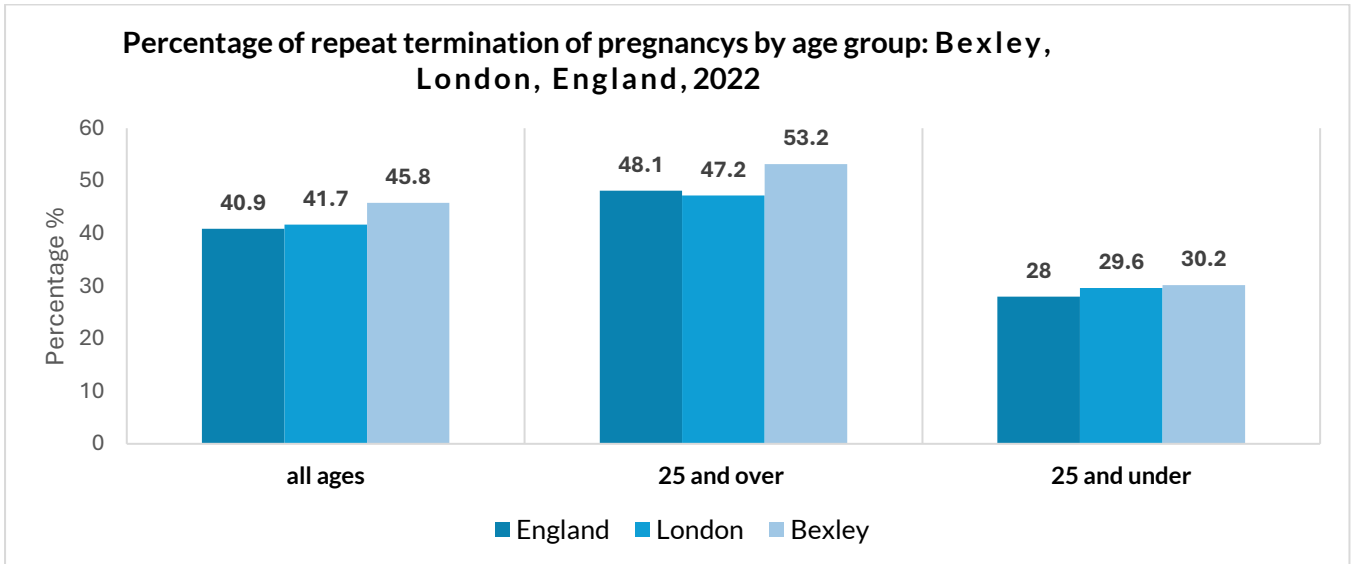


Source: OHID Termination of pregnancy Statistics: data tables 2022

### 5.3.2 Repeat incidence

Compared to London and England, Bexley has a higher proportion of repeat terminations of pregnancy across all age groups.

**Figure 87: Bexley has a higher proportion of repeat terminations of pregnancy than London and England across all age groups**

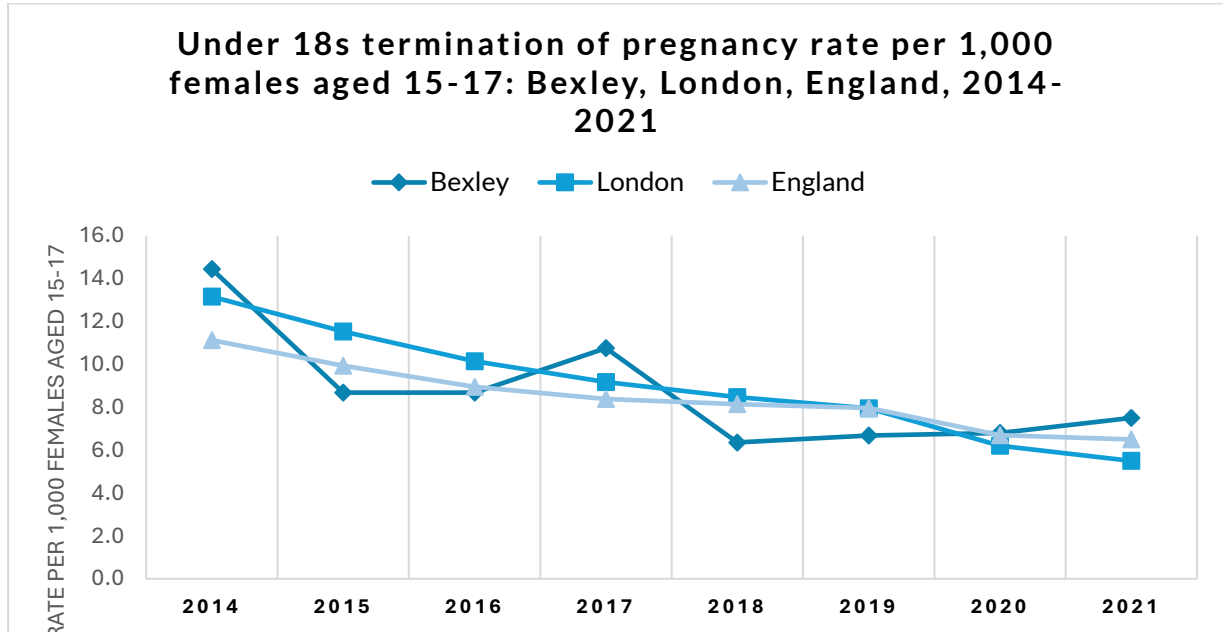


Source: OHID Termination of pregnancy Statistics: data tables 2022

### 5.3.3 Under 18s termination of pregnancy rate

Under 18 termination of pregnancy rates in Bexley have been decreasing since 2014 and rates whilst appearing higher in 2021, are not statistically significant compared to national and regional rates.

**Figure 88: Under 18 termination of pregnancy rates have been decreasing and are similar in Bexley to London and England rates**



Source: OHID fingertips Sexual and Reproductive Health Profiles

### 5.3.4 Timing of termination of pregnancies

The earlier terminations of pregnancy are performed, the lower the risk of complications. Prompt access to termination of pregnancy services, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality. Medical termination of pregnancy involves taking a combination of medications, usually mifepristone and misoprostol, to end the pregnancy whilst surgical termination of pregnancy involves using gentle suction to remove the contents of the uterus. In 2021, 89.2% of NHS-funded terminations of pregnancy in Bexley happened under 10 weeks, similar to England (88.6%). Bexley's rank within England was 56<sup>th</sup> best (out of 149 UTLAs/UAs). Of the terminations of pregnancy that happen under 10 weeks, the percentage of these which are medical continues to rise both nationally and in Bexley. In 2021, 96.7% (913) terminations of pregnancy under 10 weeks were medical.

## 6. CURRENT SERVICE PROVISION AND UPTAKE

### Regional Services

There are several services available across the London region:

**Sexual Health London (SHL):** a sexual health e-service which provides free and accessible sexual health testing and contraception via the internet and local venues. It is available to people aged 16 and over who are residents of all London Boroughs except Hillingdon, Croydon and Greenwich.

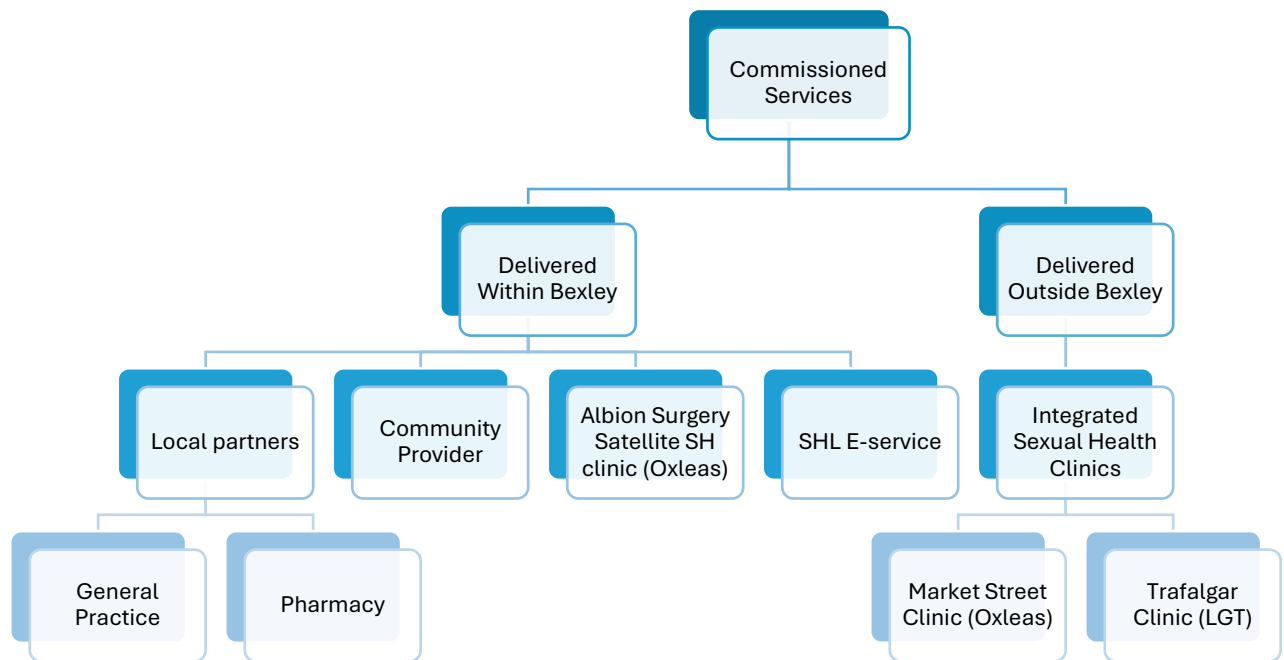
**London Come Correct (C Card Scheme):** gives young people access to free condoms at various locations across London. All boroughs participate in the scheme except Newham, Hackney, City of London, Westminster, Kensington and Chelsea and Hammersmith and Fulham. Bexley residents can register online or in person and the service is provided by the community sexual health provider, Bromley Healthcare.

London HIV Prevention Programme was established in 2013 to support efforts to reduce new HIV diagnoses in the region. It promotes early HIV testing and prevention choices through its Do It London campaigns and face to face outreach and engagement. It is funded by all London boroughs and managed by Lambeth Council. The programme is currently being expanded to focus on communication, GBMSM and black heritage communities.

### Local Services

Bexley is unique in London because there is no acute hospital within borough. To meet its mandated statutory requirements, Bexley commissions a range of services in the community through the general practice, a community provider and sexual health clinics. Specialist sexual and reproductive health services are accessible in hospital-based sexual health clinics across England; the closest clinics are based in Greenwich provided by Oxleas NHS Foundation and Lewisham and Greenwich NHS Trusts.

**Figure 89: Sexual and Reproductive Health Services in Bexley**



This section explores the services available to residents, which residents are accessing services, where and how. This will help our understanding of how adequately services are addressing the needs identified in the previous two chapters. It will also identify if there are any populations who are willing to use a service, but no service exists, or they are unable to get an appointment.

## 6.1 Community Sexual and Reproductive Health

Bromley Healthcare is Bexley’s community SRH provider, taking over the contract from METRO charity in October 2024. As the community provider, METRO was responsible for the chlamydia screening programme in Bexley, condom distribution through the C-card scheme and outreach activity. These activities are now the responsibility of Bromley healthcare. The data available for the needs assessment covers the period when METRO was the community SRH provider.

### 6.1.1 National Chlamydia Screening Programme (NCSP)

As highlighted in Chapter 4 (Table 9), Bexley screened a lower proportion of the eligible population than London and England between 2020 and 2023. As a result, the chlamydia detection rate in Bexley is well below the target set by UKHSA.

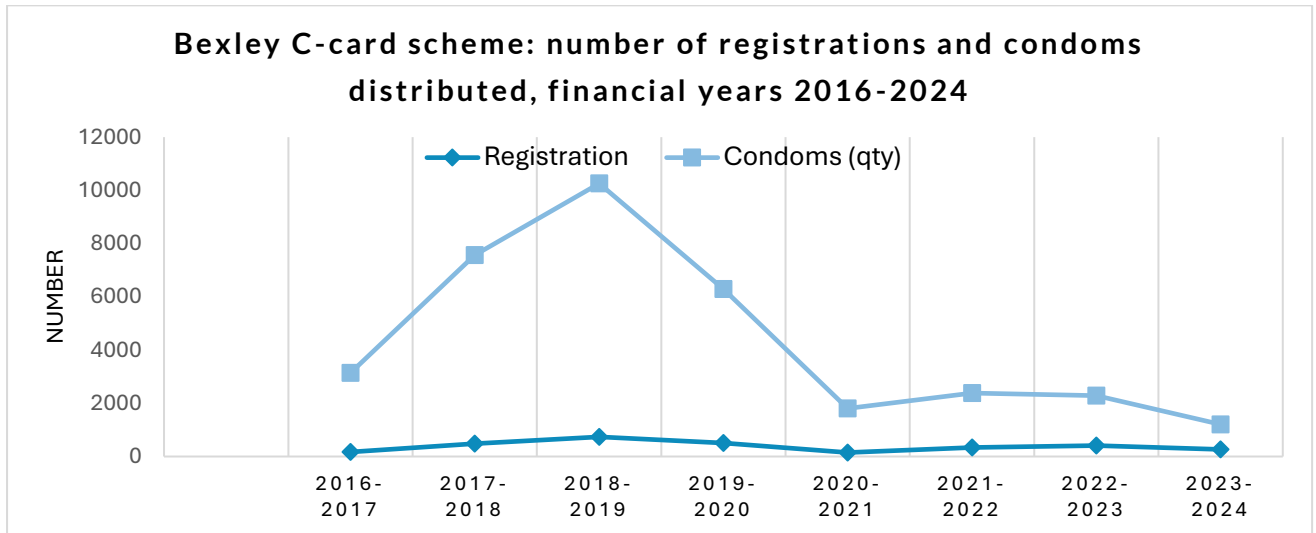
### 6.1.2 Come Correct – Condom distribution scheme

METRO was responsible for Bexley’s condom distribution scheme. Registration and condom distribution within Bexley have fallen in the past decade. In 2022/2023 financial year there were 415 new registrations for the scheme compared to 1,302 new registrations in the 2013/2014

financial year. The highest annual figure was 10,258 condoms distributed in the 2018/2019 financial year.

The overall trend is that the total number of condoms distributed was increasing until 2020 when it fell dramatically likely due to the Covid-19 pandemic. The number of condoms distributed since 2020 is reasonably static at between 1-2 thousand per financial year.

**Figure 90: The number of condoms distributed fell during the pandemic and has not recovered**



Source: Therapy Audit (C-card database) Bexley

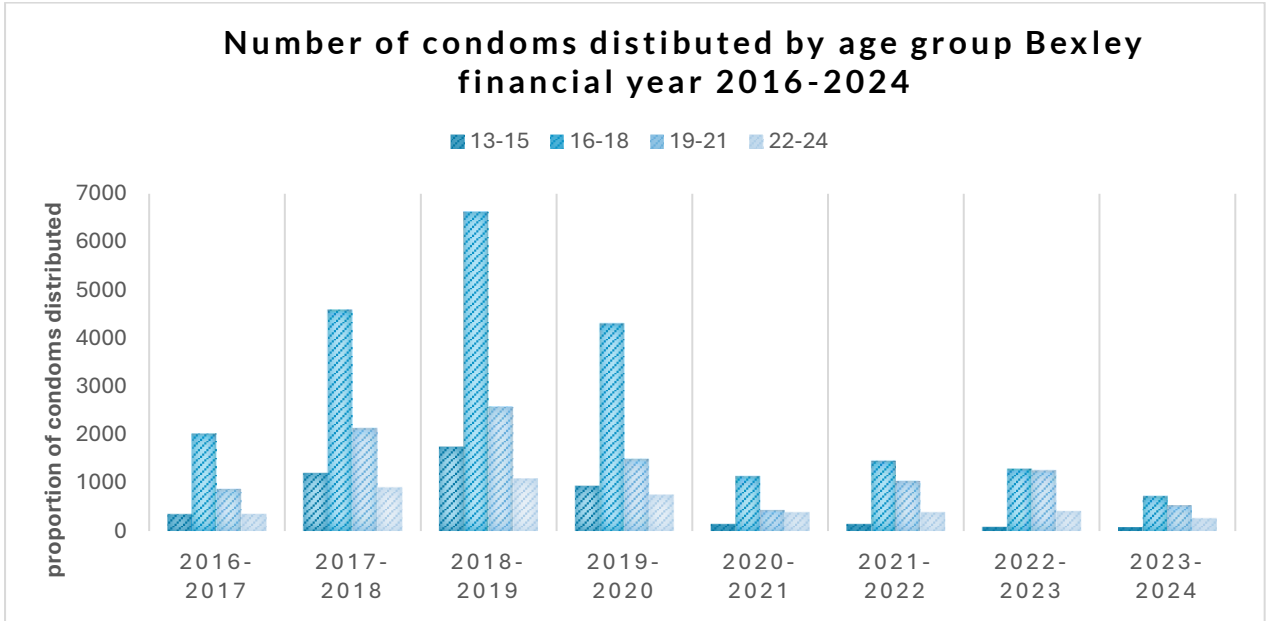
Condom distributions have suffered at a greater proportion than registrations. Condom distributions in the financial year 2023/2024 were 8 times lower than 2018/19.

### By age

When disaggregated by age group, the largest uptake is amongst 16–18-year-olds. Following the pandemic the proportion of condoms distributed to the 19- to 21-year-old age group increased while the proportion distributed to the 13- to 15-year-old age group decreased.



**Figure 91: Condom distribution is highest in the 16-18 age group in Bexley**

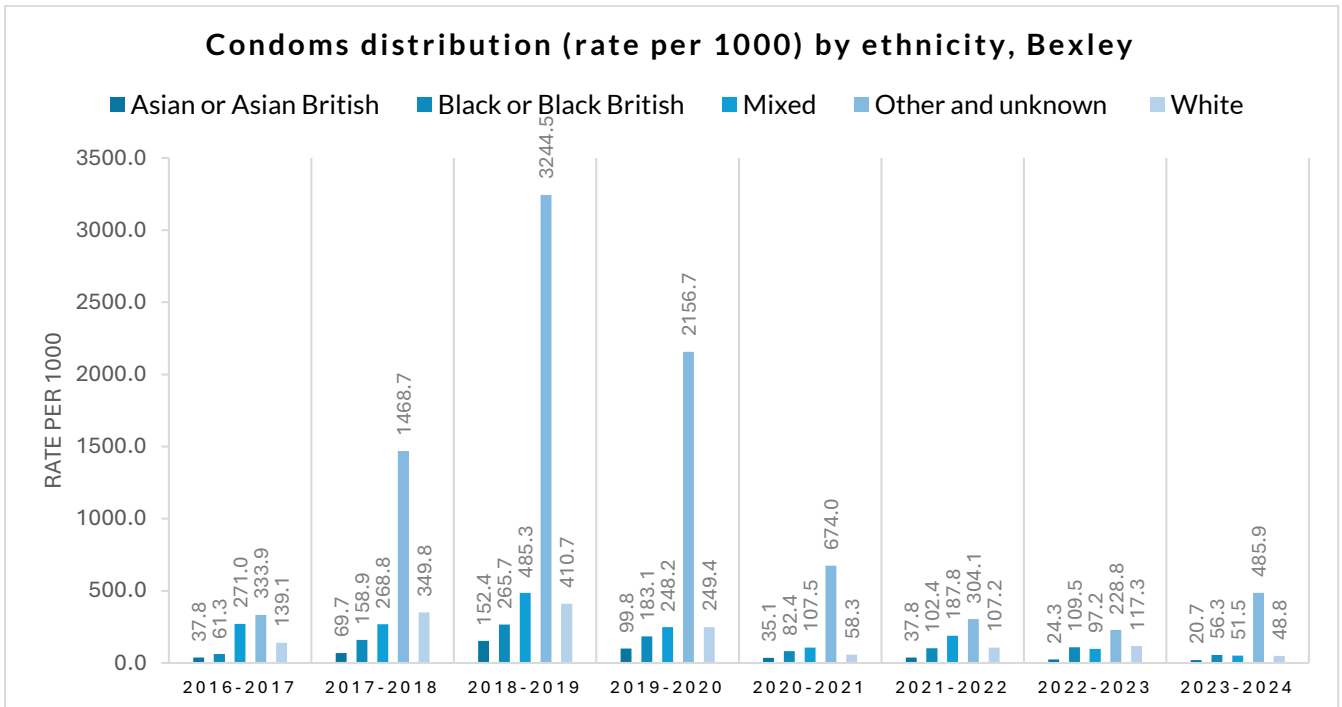


Source: Therapy Audit (C-card database) Bexley

**By ethnicity**

The rates of condoms distribution by ethnicity are shown below. The other unknown ethnic group has the highest rates of condom distribution across the years suggesting poor coding of ethnicity. The qualitative element of this report will explore the factors driving this disparity and inform recommendations of how to tackle it.

**Figure 92: The other unknown ethnic group has the highest rates of condom distribution across the years suggesting poor coding of ethnicity.**



Source: Therapy Audit (C-card database) Bexley, denominators ONS Census 2021

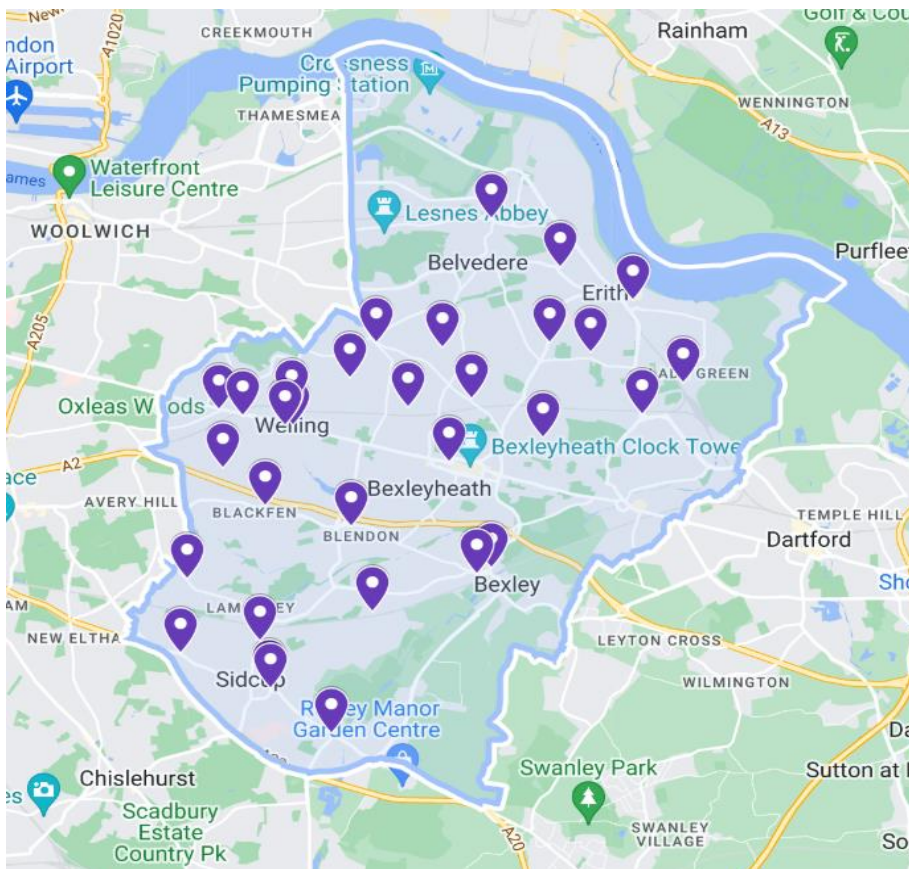
## 6.2 Pharmacy

Local pharmacies are a crucial partner in meeting sexual and reproductive health needs. Pharmacies serve as outlets for the condom distribution scheme, chlamydia testing kits and treatment. In 2023, NHSE introduced the NHS Pharmacy Contraception service, allowing community pharmacy to dispense routine oral hormonal contraception. This is in addition to the role some pharmacies play as outlets for emergency hormonal contraception.

### 6.2.1 Routine contraception

36 out of 45 pharmacies in Bexley have registered as outlets for the NHS Pharmacy Contraception Service. However not all registered pharmacies are currently delivering the service. 36 out of 45 pharmacies in Bexley have registered as outlets for the NHS Pharmacy Contraception Service. However not all registered pharmacies are currently delivering the service. The number of pharmacies actively delivering were fifteen in August, seventeen in September and sixteen in October. Presently pharmacies have been focusing on delivering blood pressure checks and Pharmacy First particularly as there are financial incentives for achieving the threshold number of consultations for these services.

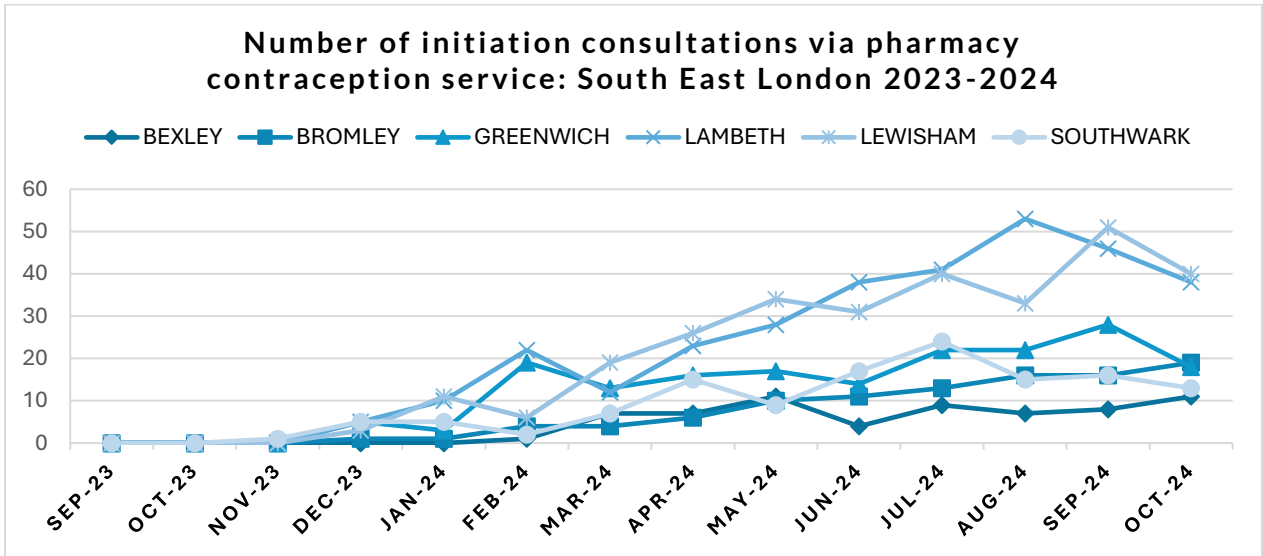
**Figure 93: Map of Bexley showing local pharmacies registered for the NHS Pharmacy Contraception Service 2024**



Source: Southeast London ICB data. Full details can be found in Appendix 11.2

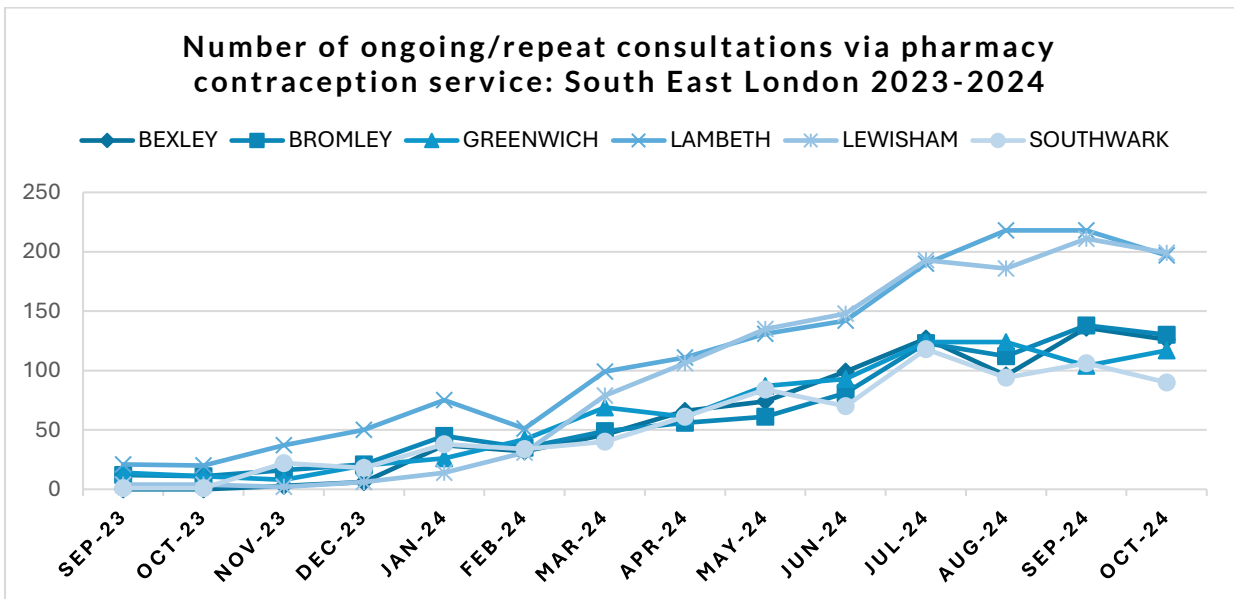
**Initiation:** Compared to other boroughs in Southeast London, Bexley had the lowest number of initiation consultations. In October 2024, 10 initiation consultations were conducted compared to 40 consultations in Lewisham and Lambeth.

**Figure 94: Bexley has the lowest number of initiation pharmacy contraception consultations compared to other boroughs in southeast London**



**Ongoing Consultations:** Ongoing consultations have increased across SEL since September 2023. The number of ongoing consultations in Bexley is comparable to numbers in Bromley, Greenwich and Bromley but lower than the numbers in Lambeth and Lewisham.

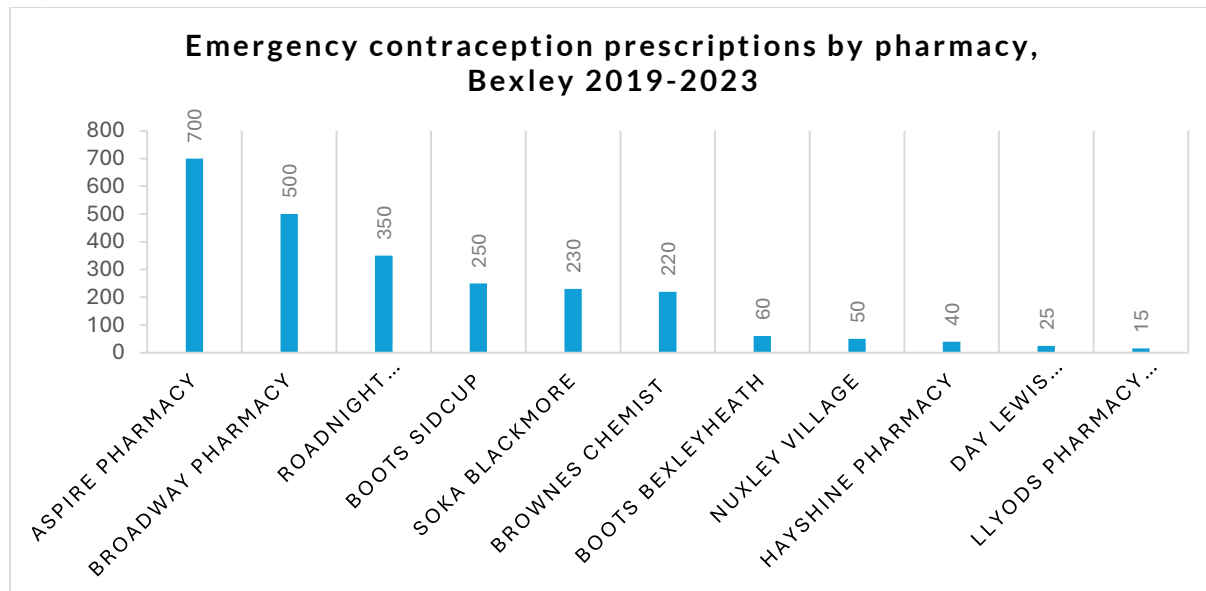
**Figure 95: Bexley's ongoing and repeat consultations have been increasing since the start of the service**



## 6.2.2 Emergency hormonal contraception

Between 2018-2023 in Bexley, there were 13 pharmacies actively providing emergency hormonal contraception (EHC) out of 18 accredited providers.

**Figure 96: Number of EHC prescriptions by pharmacies, Bexley 2018-2023**



Source: Pharmaoutcomes Bexley

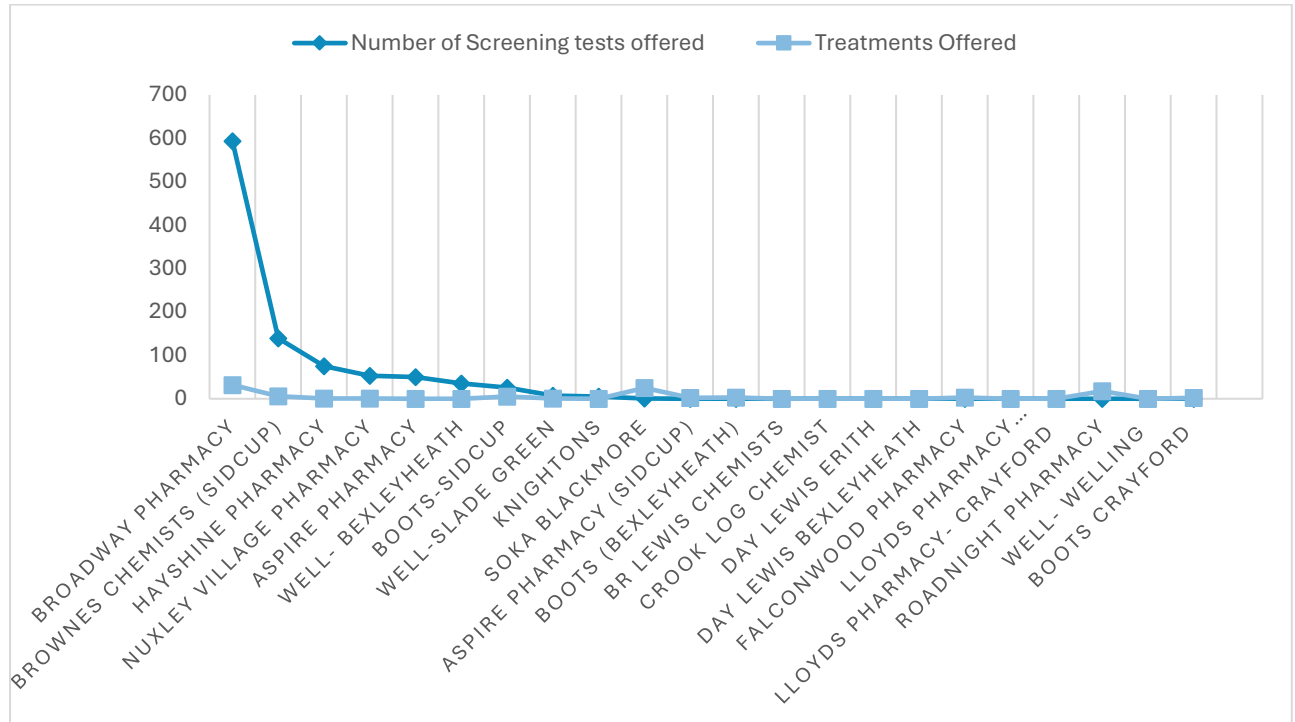
### Reason for EHC request

Of those requesting EHC in Bexley's pharmacies between 2019 and 2023, 71% (1719 requests) were because the resident had no routine contraception. 17.4% was due to contraception failure and 12% due to failure of barrier contraception method. In those women using EHC with no other form on contraception, it is important to understand the factors that influence this behaviour.

## 6.2.3 Chlamydia screening and treatment

There is a missed opportunity to engage pharmacies in chlamydia screening in Bexley. The table below shows the number of chlamydia tests and treatments offered in registered pharmacies in Bexley between 2018 and 2023.

**Figure 97: Chlamydia screening tests and treatments, Bexley Pharmacies, 2018-2023**



Source: Pharmaoutcomes Bexley

Between 2018-2023, 108 residents were provided with chlamydia treatment from pharmacies across Bexley.

**Table 9: Chlamydia treatment Bexley residents by age group, 2018-2023**

Age group	
15-19	48
20-24	59
25 and over	1

Source: Pharmaoutcomes Bexley

## 6.3 Primary care

The sexual and reproductive health services delivered at GP surgeries in Bexley is individualised to each practice and depends on staff training and competence. Where staff are trained, GP surgeries can provide long-acting reversible contraception such as the coil, implant and depot injection, in addition to initiating prescriptions for all other forms of contraception. Several surgeries in Bexley offer enhanced sexual health screening. Some GP surgeries also provide free condoms which are provided by the community sexual health provider under the C-Card Scheme.

### 6.3.1 Enhanced sexual health offer

This service is a voluntary additional service paid for by Bexley's Public Health Team. As part of the service, GPs provides sexual health testing for chlamydia, gonorrhoea, HIV and syphilis by patient request. The service offers symptomatic and asymptomatic testing for women and only

offers asymptomatic testing for men. Access to this service differs by practice. Positive test results are treated by general practice or referral to specialist sexual health services as required. The surgeries which provide this service are Plas Meddyg, Lyndhurst Surgery, Bursted Wood Surgery, Bexley Medical Group, Lakeside. Bexley Group Practice and The Albion Surgery.

## 6.4 Sexual Health London (SHL) e-service

SHL, a sexual health e-service which provides free and accessible sexual health testing via an online platform. It is available to people aged 16 and over. All eligible people can register for the service online. Once registered patients can request up to 4 sexual health screens annually. Through an online consultation and risk assessment, the most suitable tests and self-sampling kit are identified and posted to the patient.

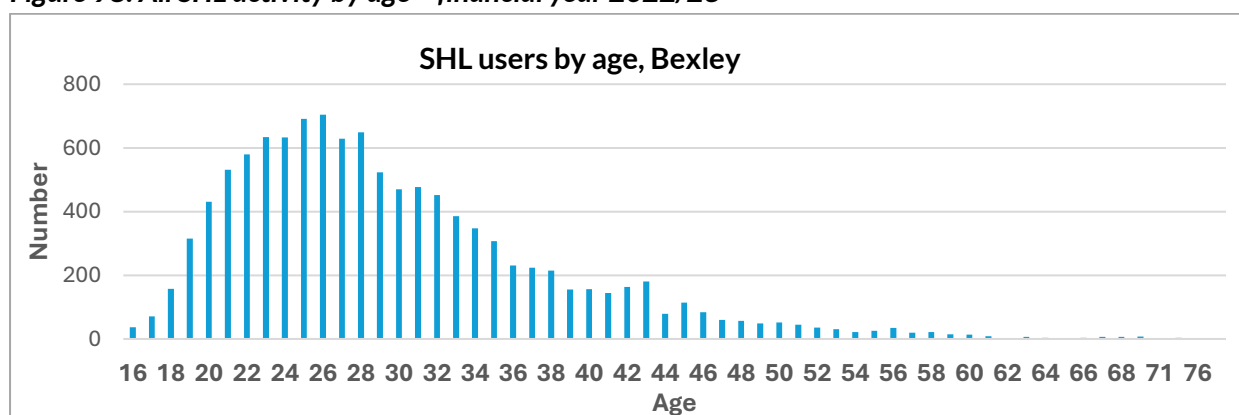
SHL.UK also offers routine and emergency contraception for people over 16 who live in Bexley. The contraception provided by SHL.UK include emergency pills, combined pills, progesterone only, contraceptive patch and the vaginal ring contraceptive. Forms of long-acting reversible contraception such as contraceptive coils, implant or depot injections are not available through SHL.UK's contraception service<sup>45</sup>.

### 6.4.1 Demographics

#### Age

Bexley residents of all ages access the e-service; nevertheless, most of the provision is among residents aged 20-30. However, the number of residents aged 24 and under accessing the service does not appear to be proportional to need within this age group. This might be because residents in this age group are more likely to live with parents and might not want testing kits delivered to their home address.

**Figure 98: All SHL activity by age – financial year 2022/23**



<sup>45</sup> SHL, "How SHL.UK's Contraception Service Works," <https://www.shl.uk/contraception/how-shluk-contraception-works>, 2024.

Source: Bexley SHL e-service data via Preventx

### Gender

Female residents make up 60% of Bexley’s registered SHL users. Male residents make up 39% and other gender groups make up 0.5% of all Bexley’s service users.

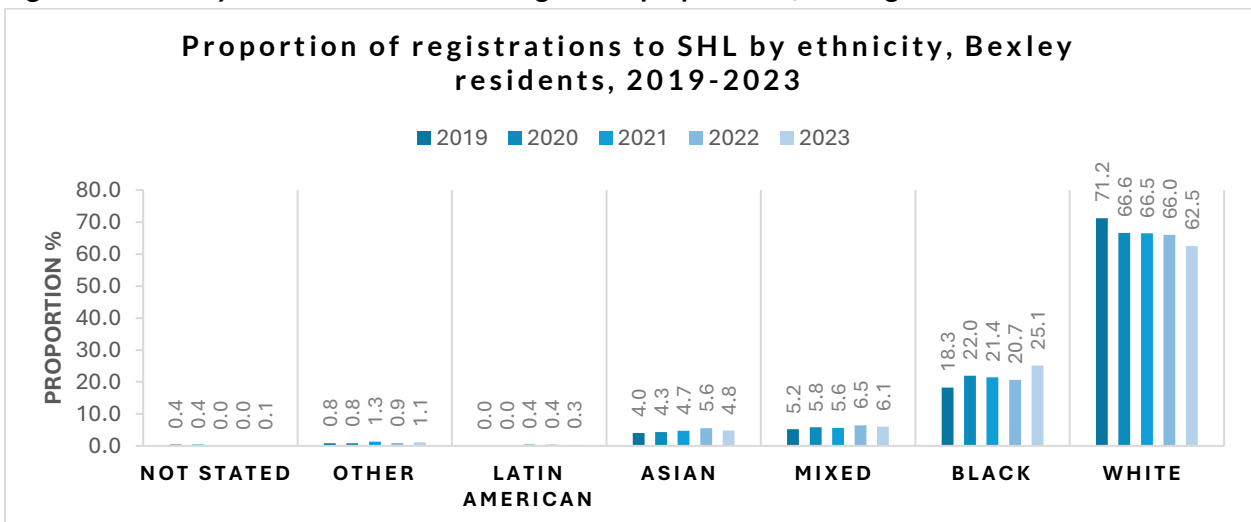
**Figure 99: Proportion by registered users by gender, SHL Bexley**

Gender	Number	Proportion (%)
Female	595	60.1
Male	390	39.4
Nonbinary, other and trans-male <sup>46</sup>	5	0.5
<b>Total</b>	<b>990</b>	<b>100%</b>

### Ethnicity

Registrations to the SHL e-service by ethnicity are shown below. In that same year, only 4.7% to the ONS 2021 census, the Asian ethnic group is underrepresented in SHL Bexley registrations and might be a group to which the service needs to be promoted further. In the 2021 census, the Asian ethnic group made up 9.9% of Bexley residents. In that same year, only 4.7% of SHL registrations in Bexley were from the Asian ethnic group.

**Figure 100: Bexley’s white residents are the greatest proportion of SHL registrations**



Source: Bexley SHL e-service data via Preventx

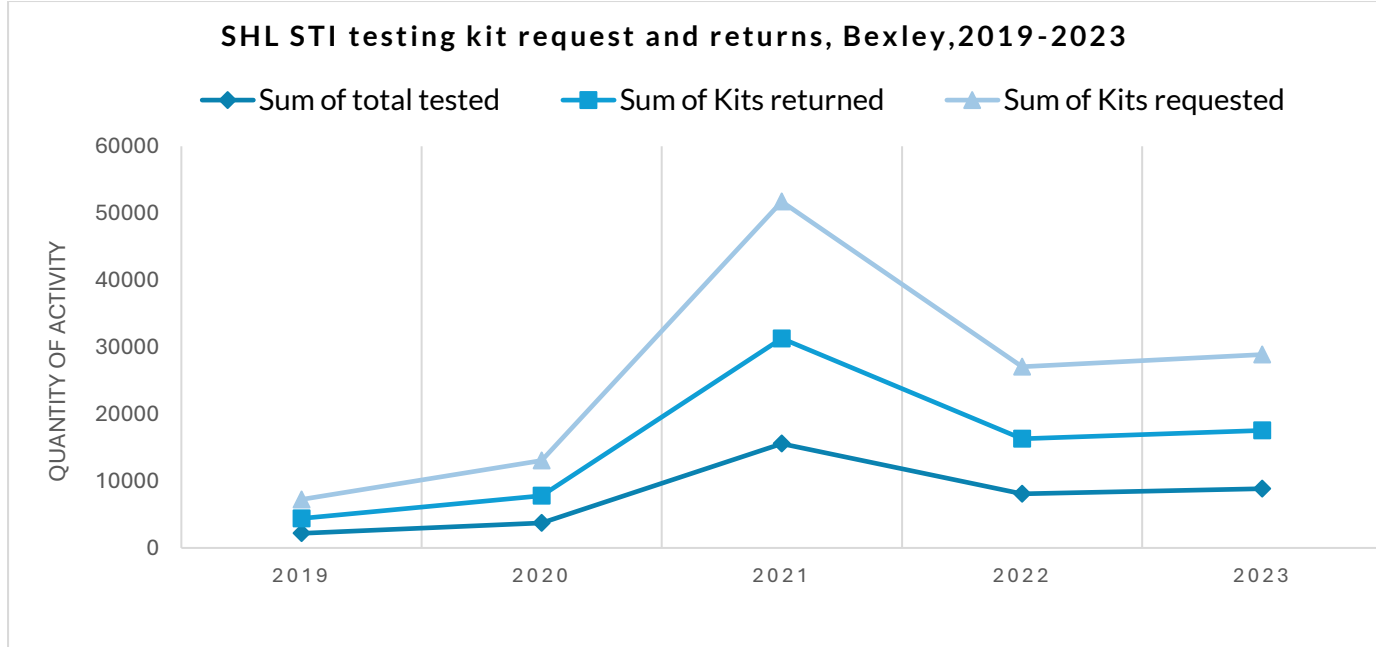
## 6.4.2 STI Testing

The Covid-19 pandemic shifted STI testing for Bexley residents online. The total number of STI testing kits requested by Bexley residents via the SHL e-service increased from 5,242 in 2020 to 20,443 in 2021. While this number has fallen post-pandemic as some residents opt for face-

<sup>46</sup>Combined to ensure data was not disclosive due to small numbers

to-face appointments, the number has not returned to pre-pandemic levels. This trend is similar to the trend across London as a whole.

**Figure 101: The number of online STI testing kits requested by Bexley residents tripled during the pandemic**



Source: Bexley SHL e-service data via Preventx

### 6.4.3 Contraception

The SHL contraception service commenced in 2022. Bexley residents can access routine and emergency contraception through the e-service. The data shows that the number of consultations for contraception is increasing with each year.

**Figure 102: Bexley's SHL contraception consultations are increasing with each year**



Source: Bexley SHL e-service data via Preventx , \*2024 data inclusive of January to November



Emergency contraception makes up a greater proportion of consultations than routine contraception. Emergency contraception also has higher percentage uptake (number of people who go on to use the service for contraception after a consultation).

**Table 10: Completed consultations and uptake percentage by type of contraception: Bexley 2022-2024**

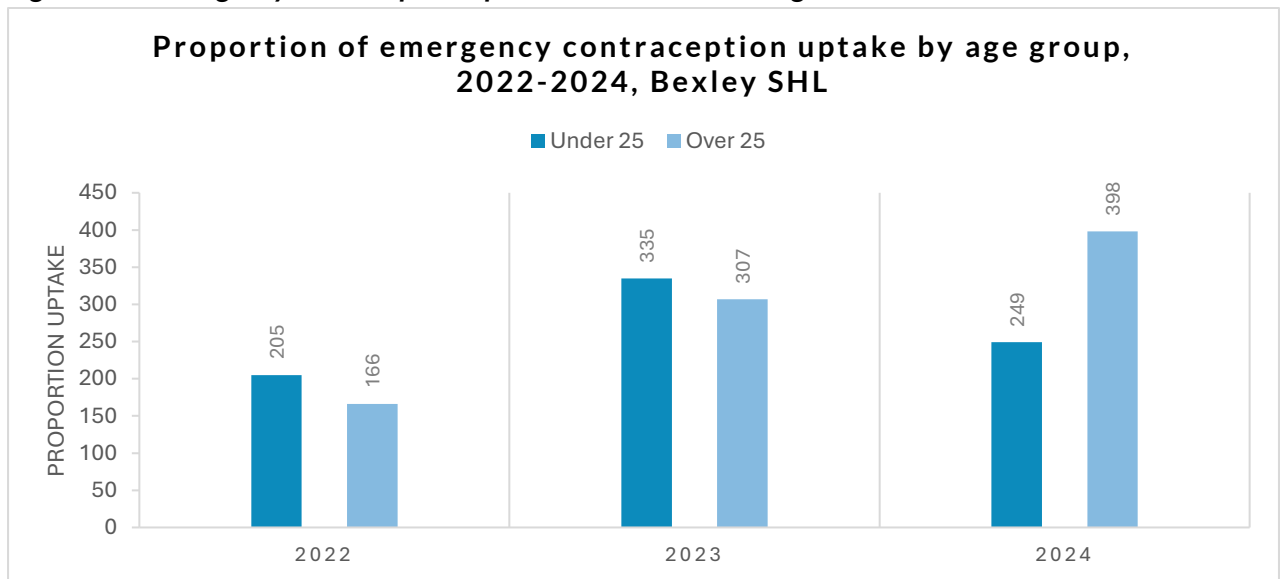
Contraception Type	2022		2023		2024	
	Completed Consultations	Uptake Percentage	Completed Consultations	Uptake Percentage	Completed Consultations	Uptake Percentage
<b>Routine: Initiation</b>	330	47.60%	291	47.10%	258	43.80%
<b>Routine: Continuation</b>	48	75.00%	141	69.50%	172	70.90%
<b>Emergency</b>	488	76.00%	823	78.00%	865	74.80%

Source: Bexley SHL e-service data via Preventx, \*2024 data inclusive of January to November

### By age group

For routine and emergency contraception, number of consultations and percentage uptake was similar across the under 25 and over 25 age groups.

**Figure 103: Emergency contraception uptake via SHL is increasing**



Source: Bexley SHL e-service data via Preventx

## 6.5 Integrated sexual health service

A specialist integrated sexual health service (ISHS) provides service users with open access to confidential, non-judgemental services including sexually transmitted infections (STIs) and blood borne viruses (BBV) testing (including HIV), treatment and management; HIV prevention including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP); the full range

of contraceptive provision; health promotion and prevention including relevant vaccination. Bexley residents can access these services from any ISHS service in the country. However, due to location, Oxleas NHS Foundation Trust and Lewisham and Greenwich Trust are the clinics that see the majority of Bexley activity.

### 6.5.1 Key providers

Oxleas NHS Foundation Trust

#### 1. Albion Surgery Satellite Clinic

Oxleas NHS Foundation Trust runs a satellite clinic in Albion Surgery located in Bexleyheath. The services delivered include contraceptive pill and injection, emergency contraception, relationship advice and STI protection. It is delivered in two sessions.

- Wednesday: Between 9:30am to 4pm booked appointments (all ages) and 3pm to 6pm walk in (for young persons aged 13 to 21 years old)
- Friday: Between 9:30pm to 4pm

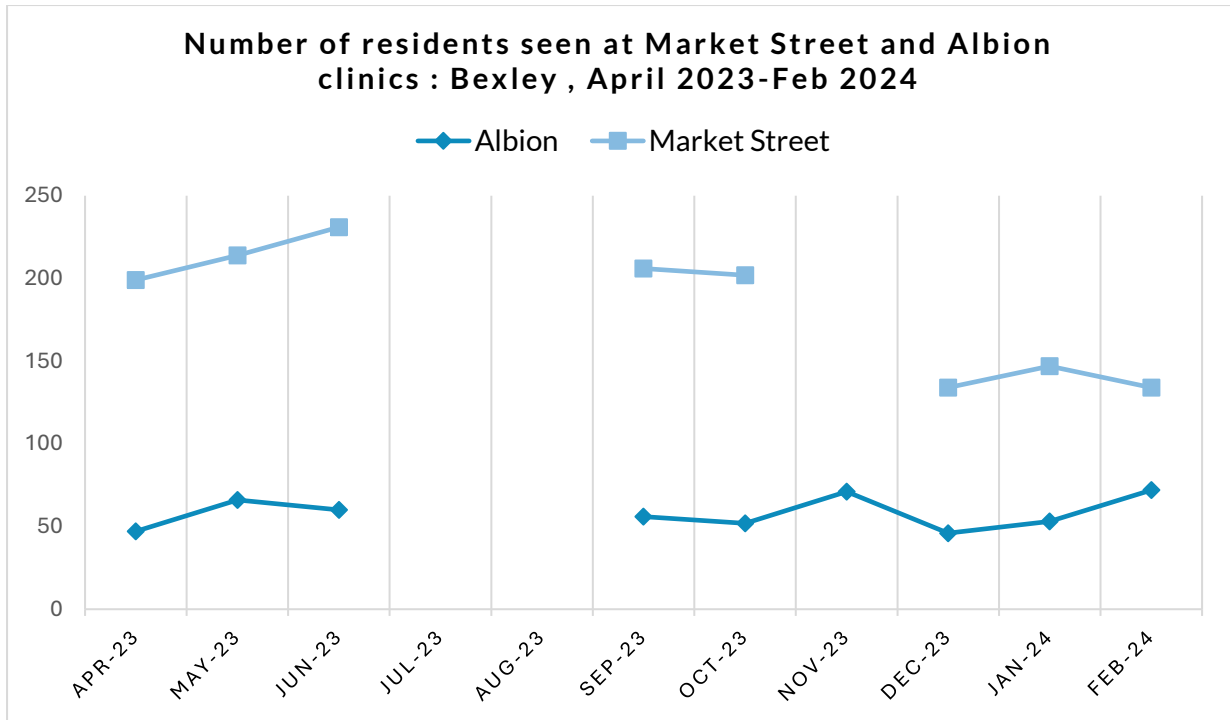
In the financial year 2023/2024, the monthly average number of patients seen at the Albion surgery was 69.

#### 2. Market Street CASH (Contraception and Sexual Health Service)

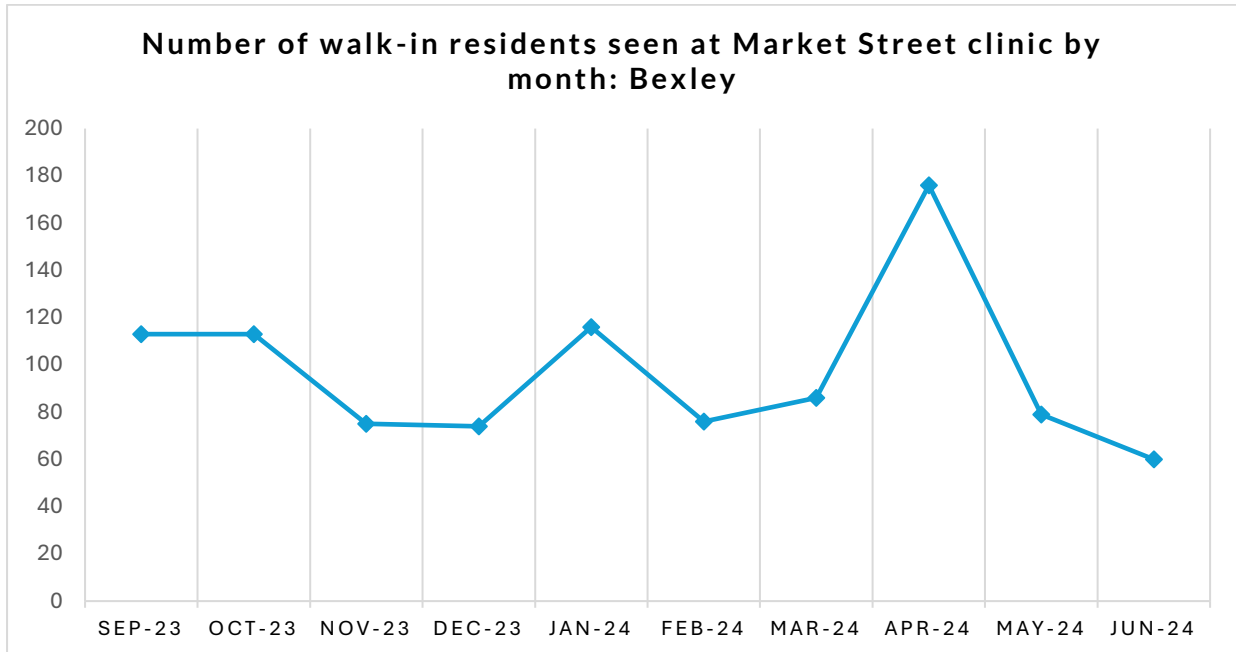
The Market Street Contraception and Sexual Health Service (CASH), located in Woolwich provides complex contraceptive care and non-complex sexual health care to residents living in the borough of Bexley and Greenwich. It provides a level 3 service for SRH and a level 2 service in GUM. The service offers all types of contraception including pills, patches, depot injection, coils and implant. It also offers non-complex STI diagnosis and treatment and manages a community gynaecology service for Greenwich and Bexley residents. Services not provided: UTI treatment, routine coil checks, pregnancy tests or termination services.

In the financial year 2023/2024, a total of 1467 Bexley patients were seen at Market Street clinic.

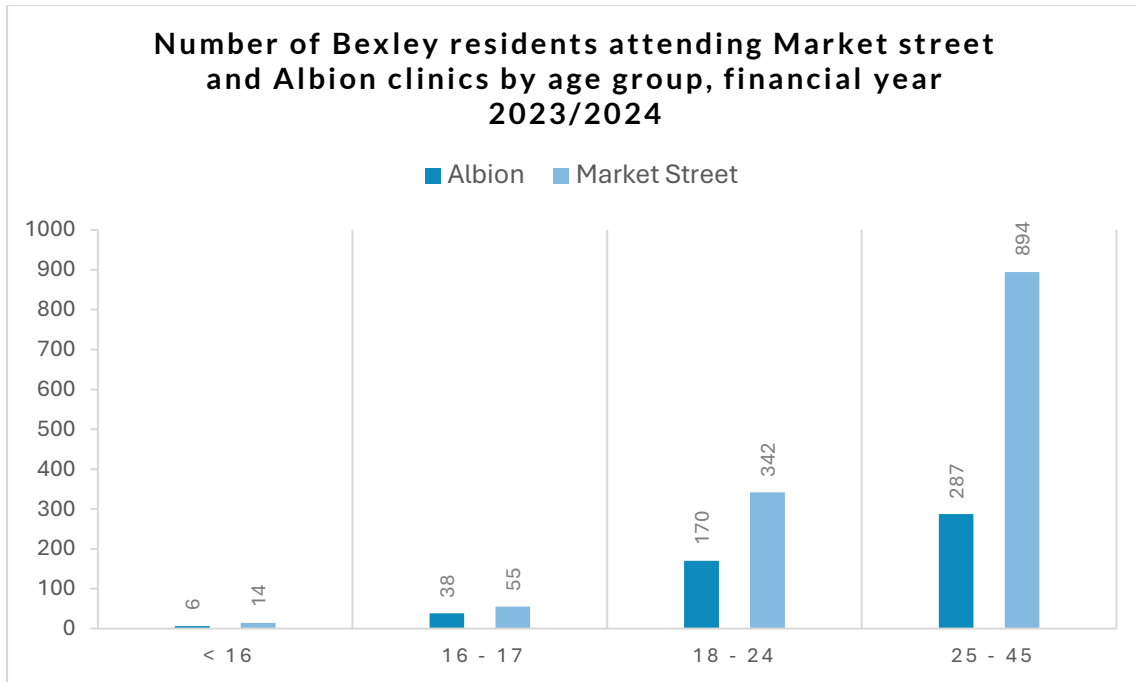
**Figure 104: More residents are seen at Market Street than the Albion clinic. Gaps represent missing data**



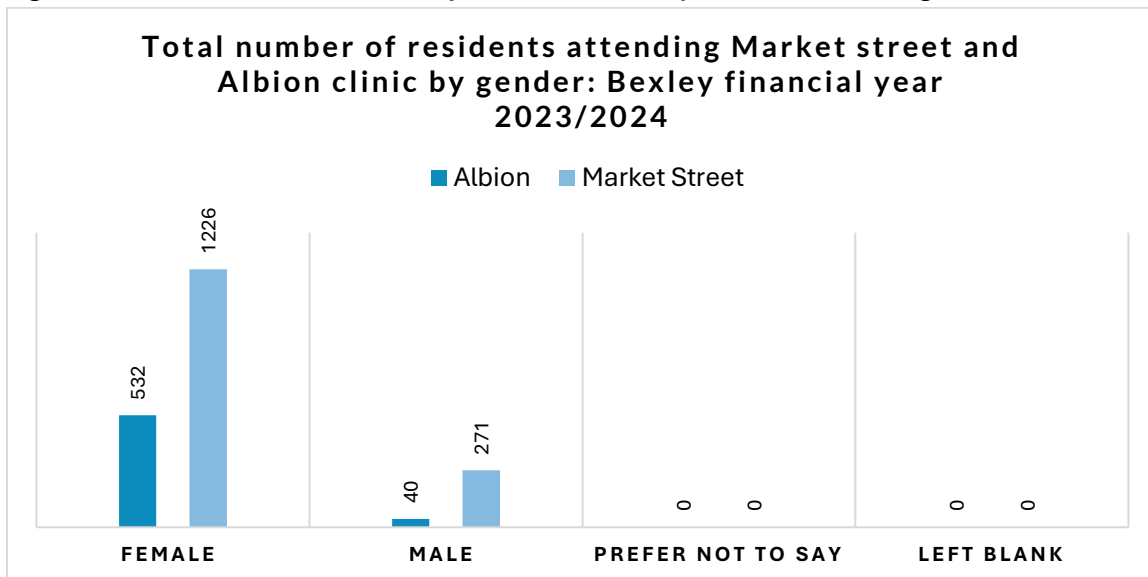
**Figure 105: Market Street walk-ins fluctuate by month**



**Figure 106: Residents over 25 make up the highest number of Bexley residents attending Oxleas clinics**



**Figure 107: Female residents make up most of the Bexley residents attending Oxleas clinics**



### 3. Specialist Contraception clinic

This service is for coil removals/replacement where the procedure is likely to be complex - such as: lost threads, previous failed insertion, previous cervical treatment or surgery, uterine abnormality, previous known pregnancy with IUD and previous perforation. Access to this service is GP referral only.

### 4. Community Gynaecology service

This service sees coil fits and replacement for non-contraception purposes (such as hormone replacement therapy, polycystic ovarian syndrome, fibroids or endometriosis). Other conditions managed at this service include perimenopause, menopause / HRT, uterovaginal prolapse, routine pessary change, chronic pelvic pain (for more than 6 months), medical management of endometriosis or polycystic ovarian syndrome, menstrual problems (ongoing), resistant vaginal infections (following OTC or GP prescribed treatments have not worked), vulva skin conditions and difficult smears.

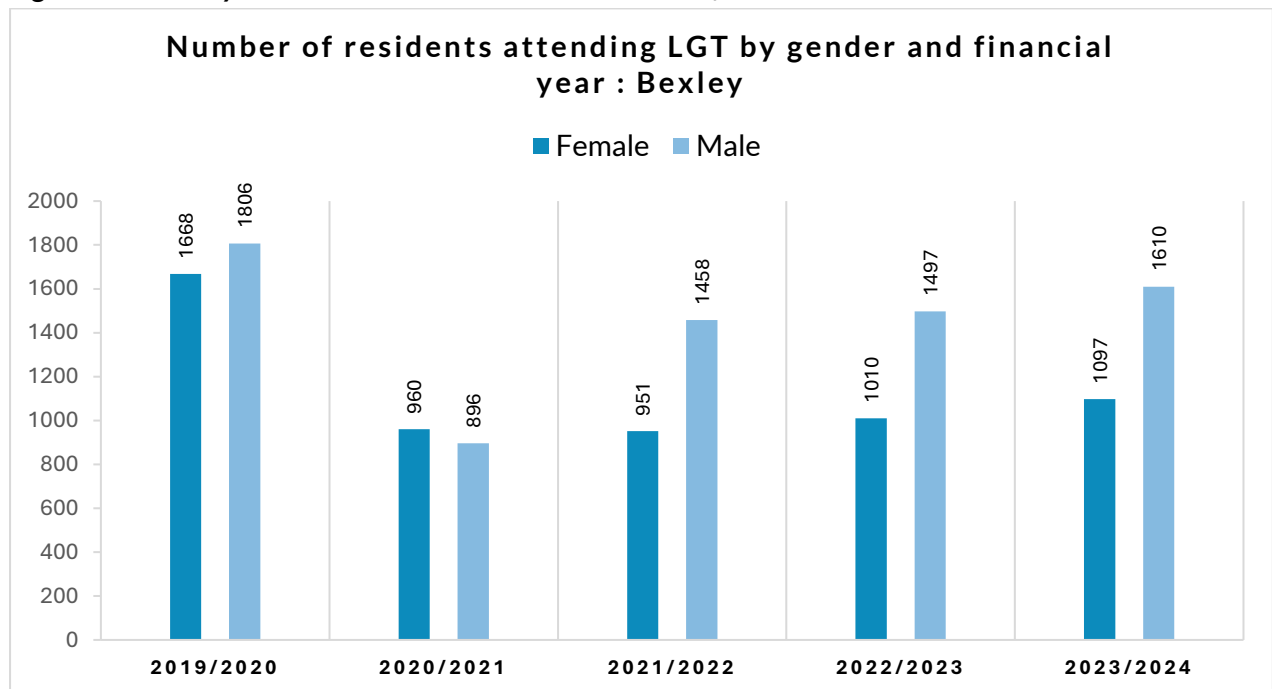
Services not provided: any fertility or sub fertility, early pregnancy, recurrent miscarriage, or acute gynaecology services.

Lewisham and Greenwich Trust

### 1. Trafalgar Clinic

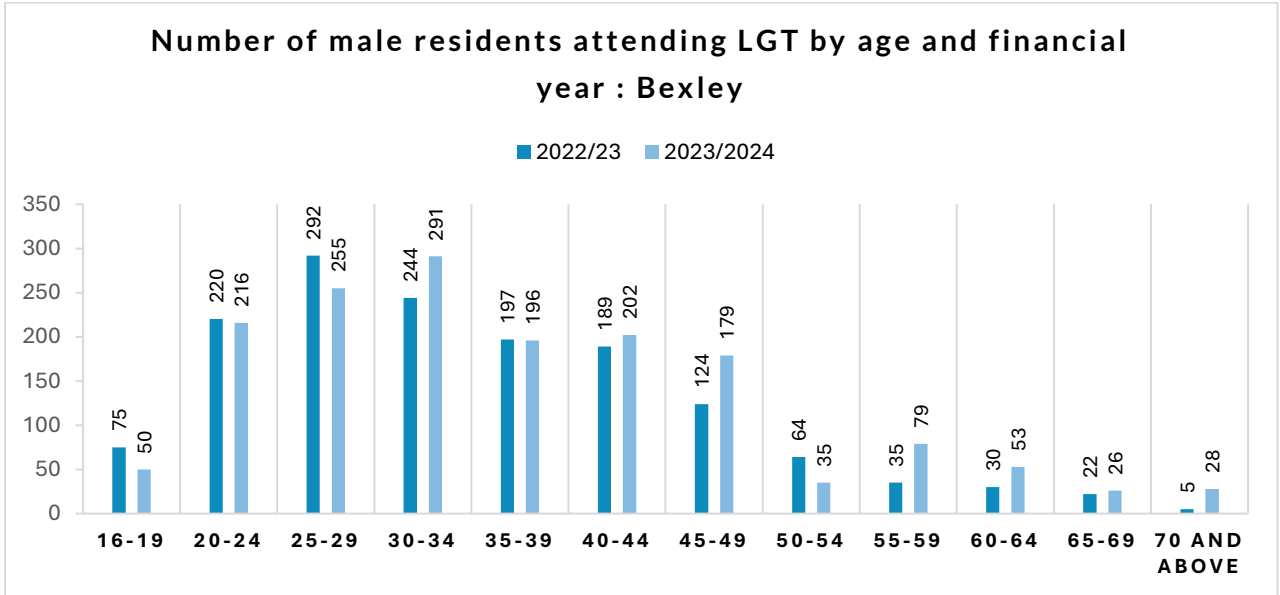
The Trafalgar clinic is located at Queen Elizabeth Hospital Woolwich. It offers the most comprehensive service for Bexley residents including, STI testing for symptomatic patients, chlamydia, gonorrhoea and syphilis treatment, HIV PEP and PREP, confirmatory testing for HIV, Hepatitis B or C, HIV management, Hep B vaccination, Emergency contraception pill, general contraception including a depot injection and young person services for under 16s- and 16-17-year-olds<sup>47</sup>.

**Figure 108: Bexley's male residents attend LGT more than female residents**

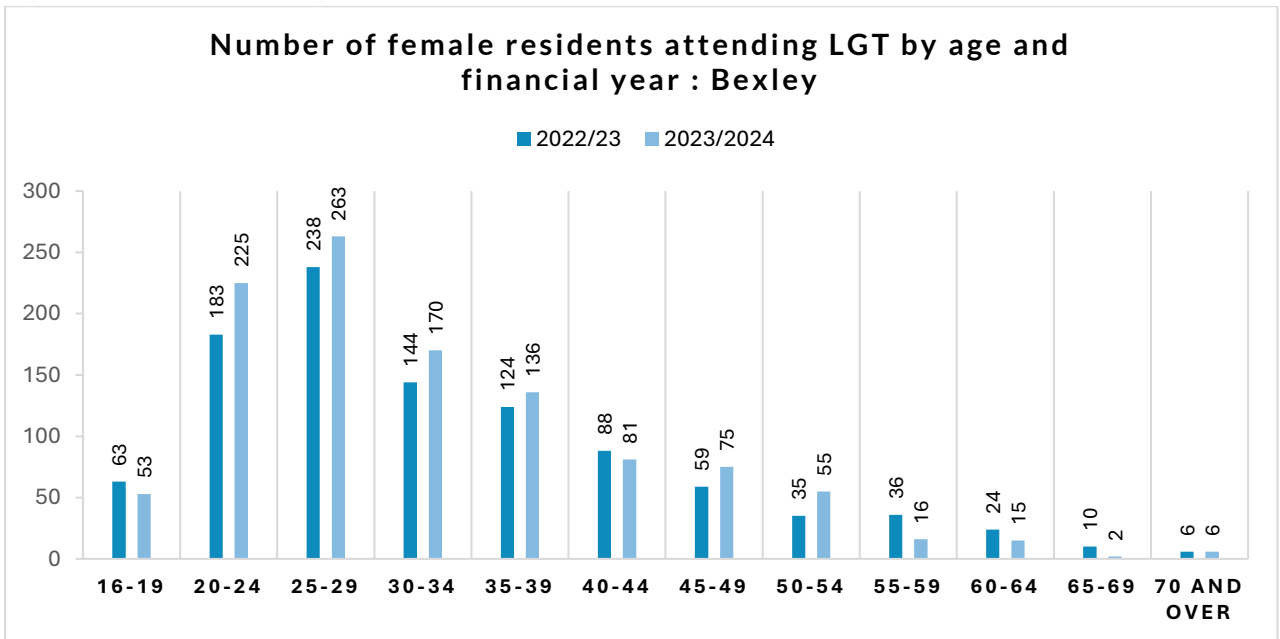


<sup>47</sup> SHL (2024). *The Trafalgar Clinic*. <https://www.shl.uk/clinic/the-trafalgar-clinic>

**Figure 109: Bexley's younger male residents attend the LGT clinic most**



**Figure 110: Bexley's younger female residents attend the LGT clinic most**

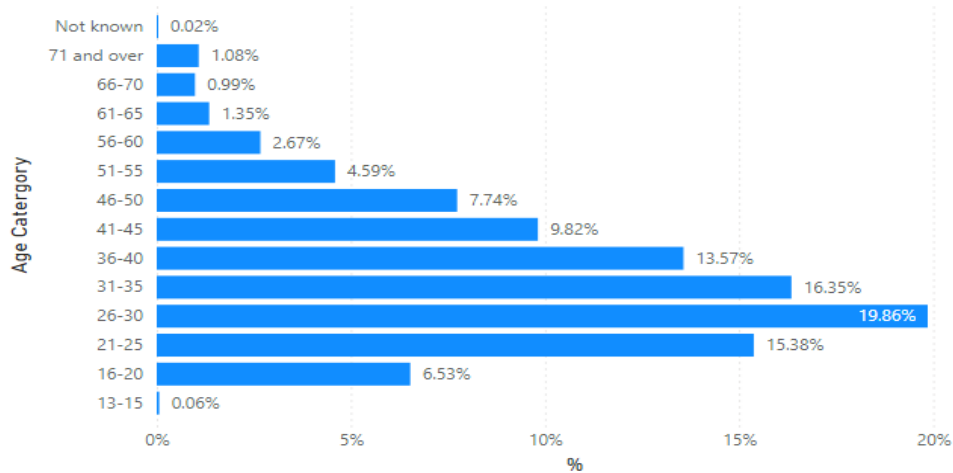


## 6.5.2 Demographics

### Age

The ISHT service appears to see a higher proportion of Bexley residents over 35, compared with the e-service. Like the e-service, ISHT clinics see only a small percentage of residents under 20 years old.

**Figure 111: Proportion by age category, ISHT Bexley residents, financial year 2023/2024**



Source: Lambeth Power BI ISHT dashboard Bexley

### Gender

In the financial year 2023/2023, 69% of Bexley residents seen in ISHT clinics were male.

**Table 11: Proportion by gender, ISHT Bexley residents, financial year 2023/2024**

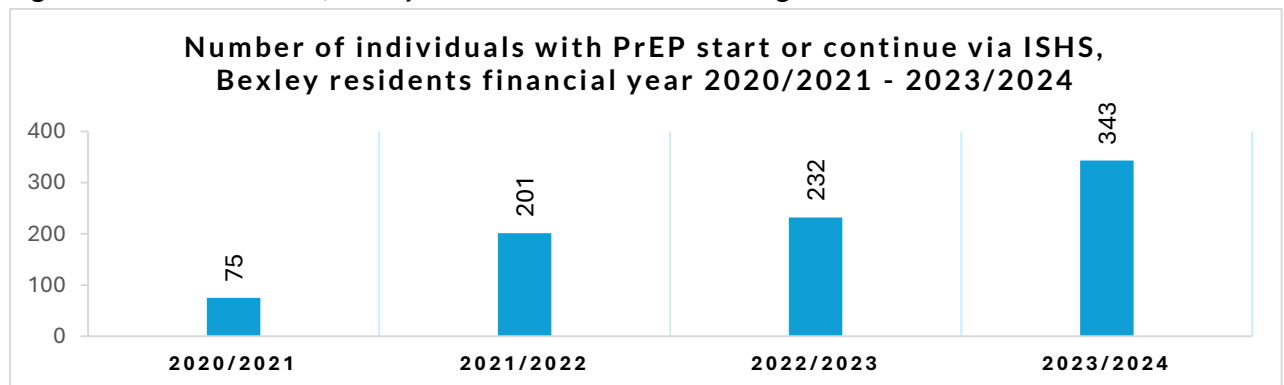
Gender	Number	Percentage
Male	4,338	68.92%
Female	1,902	30.22%
Not Known	44	0.70%
Indeterminate	10	0.16%
<b>Total</b>	<b>6,294</b>	<b>100%</b>

Source: Lambeth Power BI ISHT dashboard Bexley

### 6.5.3 PrEP

Integrated sexual health clinics also commence pre-exposure prophylaxis for Bexley residents. The number of Bexley residents on PrEP is increasing. In the financial year 2020/2021 there were 75 Bexley residents accessing PrEP via ISHS. This number has increased to 343 in the financial year 2023/2024.

**Figure 112: The number of Bexley residents on PrEP is increasing**



Source: Lambeth Power BI ISHT dashboard Bexley

## Gender

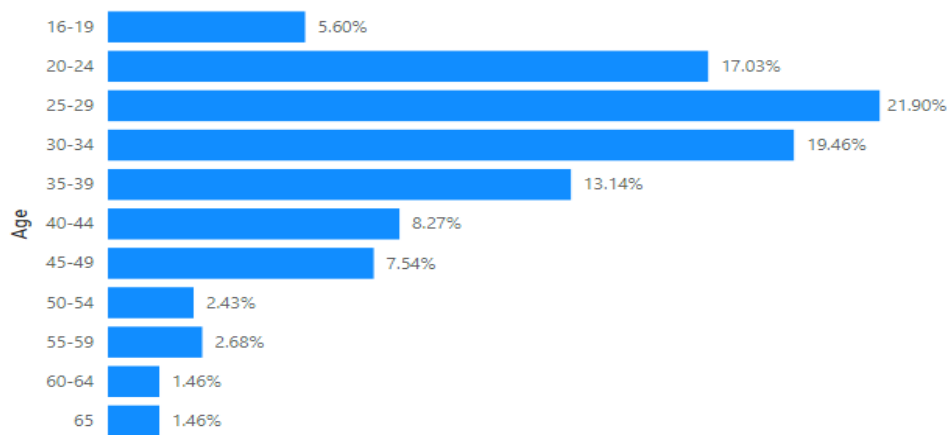
97.8% of residents starting PrEP in Bexley in the financial year 2023/2024 were male, 1.95% were female and 0.24% were indeterminate. There is an opportunity to improve PrEP uptake

Between the 2020 and 2024 financial years, 50% of male prep starters chose Chelsea and Westminster Hospital (likely, Dean Street Clinic). While 50% of female prep starters chose Lewisham and Greenwich NHS Trust.

## Age

PrEP start activity is most common in residents aged between 20 and 34 years old. Less than 10% of PrEP starters in Bexley were over 50 years old.

**Figure 113: Proportion of PrEP Start activity by age category, Bexley residents, financial year 2023/2024**



Source: Lambeth Power BI PrEP activity dashboard Bexley

## 7. STAKEHOLDER ENGAGEMENT

Stakeholder engagement was conducted between October 2024 and January 2025. The public health team contacted health professionals, voluntary sector partners and Bexley residents. In total five 60-minute semi-structured interviews were conducted with health professionals and voluntary sector partners. Two resident focus groups were conducted. Focus groups were recorded and transcribed. Themes were analysed using a grounded theory approach. The major themes from the stakeholder engagement will be explored below.



## 7.1 Lack of awareness of available services and clear referral pathways

Lack of awareness of services was identified as a major issue across interviews and focus groups. Residents reported not knowing about key services such as the e-service for at home STI testing and the C-card scheme. One resident said about the SHL e-service,

*“...but how many people are aware of that [SHL]? Because I didn’t know about it. With Covid I knew you could order a test online, but I’ve never heard of this.”*

This lack of awareness was also seen amongst Year 10+ students who responded to Bexley School Health Education Unit (SHEU) survey<sup>48</sup> in 2024. Only a third (29%) of Year 10+ pupils responded that they knew where to get condoms free of charge. A quarter (25%) of pupils said they knew where to go for STI/HIV test kits. 65% of pupils said they knew where to go for a pregnancy test and 53% of pupils said they knew where to go for contraception.

The Bexley sexual health website aims to be a one-stop shop for available services and how to access them. Yet, more than half of Y10+ respondents (57%) did not know about the Bexley Sexual Health website and only 1% of respondents said they had used it. Concerns were raised that the Bexley sexual health website was not up to date. Residents said that there was no source of clear and accurate information on what services are available for Bexley residents and how they could access them.

From a service provider perspective, Bexley’s SRH services were seen to be complex and lacking clear referral pathways. An interviewee working in primary care said,

*“It [Bexley SRH] is not joined up, people [healthcare professionals] don’t know where to send people.”*

This lack of clarity is experienced by patients who attempt to navigate the system and are turned away or given unclear signposting. A resident said,

*“I was trying to get tested in Woolwich [Market Street clinic] but they said I could not. They told me to get a kit to my address I don’t want to get at home for many reasons”.*

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<sup>48</sup> Bexley’s most recent Schools health education unit survey was conducted with 2158 pupils in the summer term 2024. Pupils were Year 5 Primary school students ages 9-10 and Year 10 secondary students ages 14-15. It was commissioned and coordinated by Bexley’s public health children and young people’s team.

## 7.2 Poor sexual health literacy and misinformation

A recurrent theme was the need for sexual health education and accurate information across the life course. As one resident put it, “[SRH services are] ...not just about treating people who have STIs but also giving far more information”. According to the WHO, sexual education “gives young people accurate, age-appropriate information about sexuality and their sexual and reproductive health, which is critical for their health and survival”. This definition locates sexual education as relevant for young people. However, the need for sexual education across the population was a theme that emerged from stakeholder engagement. One adult resident said’ “while growing up nobody told me anything about sex education”. Others, who had received sexual education when they were younger, did not feel that education had been comprehensive. They felt that ongoing sexual education was needed to for adults (as a catch up or refresher) as it remains relevant to them: for their own health and the health of their children.

The need for ongoing sexual health education was also identified through the false information residents expressed during focus groups. When discussing STIs, one resident said,

*“You may just be on your own and it will come, even when you go to a public toilet sometimes people catch infection there. Not necessarily from sexual contact”.*

Another resident in the focus group agreed, saying,

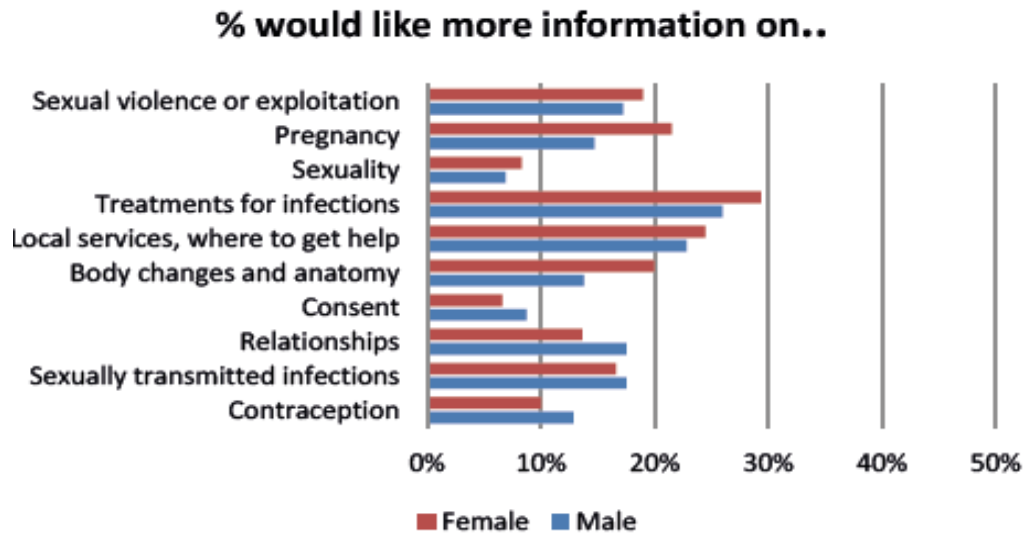
*“When you hear sexual health, you might feel like oh it has to be a certain type of thing that caused it but as women you realise you can catch it through public toilets, I think that is where my understanding is”. When discussing HIV, one resident said, “they’ve got cure for it now”.*

These ongoing myths and misinformation can be dispelled via proactive health education and promotion activities. However, this opportunity is often missed. One resident said,

*“I don’t think I have ever seen information about sexual health come up on the noticeboard at the GP when I’m waiting for an appointment. When I lived in Wandsworth there was so much more visibility”.*

Within schools, the SHEU survey results suggest that the relationships and sex education (RSHE) delivered in schools may not be sufficient. The graph below shows what areas students who completed the school survey said they would like more information on

Figure 114: Young people would like more information on a range of sexual and reproductive health topics



Source: Bexley SHEU survey 2024

Further work is needed to evaluate RSHE delivery in Bexley and find opportunities to improve it.

## 7.3 Barriers to accessing sexual and reproductive health services

When residents were aware of services and wanted to access them, they experienced barriers. The barriers to accessing SRH services are multifaceted and depend on wider determinants of health. The main barriers identified through interviews were stigma and embarrassment, services not perceived as relevant for all groups, difficulties with access to appointments, service locations, digital exclusion, lack of privacy and contraception myths and misinformation. Each barrier will be explored in more detail below.

### 7.3.1 Stigma and embarrassment

When describing talking about sex and reproductive health, residents used the words ‘difficult’, ‘uncomfortable’ and awkward’. When explored further residents expressed fear of being judged by others as being promiscuous or irresponsible. This stigma was pervasive across all areas of SRH with the strongest stigma around HIV. Some of the comments residents made were,

*“People won’t even buy condoms at the supermarket because they feel too awkward”.*

*“If you have HIV, you will not feel comfortable to tell your friend because people are so biased about it. People will start running away from you ... there is stigma.”*

*“I will speak from our Christian community, and I remember many years ago if a child went and told the mum that you are pregnant you would be disowned and left in the street.”*

Residents feel that more proactive work is needed to dispel embarrassment and stigma around these topics and feel that this element of sexual health services has been neglect. One resident said, *“If people can’t talk about it or say the words, it is harder to seek help”*.

### 7.3.2 Services not perceived to be relevant for all groups

Another barrier to accessing SRH services in Bexley is that older residents did not perceive the services to be relevant to them. This was due to an understanding of sexual and reproductive health as something that happens when you are young. Regarding reproductive health one resident said,

*“We can just support the message, but I think our young people are the ones that need it. Because I think when we are talking about termination of pregnancy and teenage pregnancies, for us it is not relevant because we are not teenagers anymore. we are closer to menopause and if we get pregnant, we will just keep the baby”.*

There was a feeling that services were targeted towards young people, reinforcing this understanding. The needs and fears of older adult residents did not seem to be acknowledged or catered to by the current service. One resident said regarding the condom distribution scheme,

*“It is not just young people that need them [condoms], and they are too expensive. Not many people know where they can get it for free. It is something they should have on the shelves at the food bank. If you’re struggling for money, you would appreciate free condoms.”*

When discussing STI and HIV testing, there was a fear amongst older residents of the potential impact to their relationships of getting a positive test. One resident expressed the fear that,

*“a lot of homes will get broken when you get tested, and you come home positive”.*

This fear emerged when speaking to older black African residents, highlighting that the barriers and fears associated with STI testing are different across Bexley’s population.

### 7.3.3 Difficulties getting primary care appointments

Residents spoke about their experiences attempting to access local SRH services. They said they had found the service *“very complicated”* to navigate. When explored further this was due to difficulties with accessing appointments in primary care via telephone or online booking. Residents reported experiencing long waiting times which disincentivised seeking services.

### 7.3.4 Service locations

A common problem mentioned by residents and service providers, was the distance people had to travel to access appointments. This is because Bexley does not have an ISHS clinic within the borough. However, the impact of the cost-of-living crisis and the decisions some residents are having to make around managing their finances presents an issue. Expecting people to travel outside borough for face-to-face services has added costs. One resident said,

*“People can’t travel very far for many reasons, there should be one in Welling or Bexleyheath, in a place that is being accessed for other reasons”*

### 7.3.5 Digital exclusion

Residents and service providers spoke about their concerns regarding the move towards digital services. Residents said that some people do not feel confident using digital services, do not have internet at home or simply prefer face-to-face services and the availability to walk into an anonymous STI clinic. In a report on digital exclusion public by Healthwatch Bexley, at risk groups were identified as older adults, some younger adults, those on lower incomes that cannot afford Wi-Fi or the technology to access it, those with a learning disability, poor literacy skills and for those whom English is an additional language.<sup>49</sup>

The concerns around inequalities were expressed by a service provider who said,

*“When you lose the walk-in then you lose the digitally poor”*

### 7.3.6 Lack of privacy

Lack of privacy was repeatedly mentioned as a barrier for using services in community pharmacies and primary care. Regarding pharmacies, residents reported that there was often no private space to talk with a pharmacist and they did not feel having that conversation in the open, within earshot of everyone using the pharmacy. A similar issue was mentioned about talking to primary care receptionists when attempting to book appointments in person.

Interestingly, some residents also mentioned lack of privacy as a barrier to using the e-service for at home testing. These residents did not feel the service was private as many people share homes with other people. Discussing her reservations about the e-service, one resident said,

*“Neighbours are nosy. It’s not nice when someone else know your own business. If you have small kids or teenagers and they see. It’s a lot to be explained”*

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<sup>49</sup> Healthwatch Bexley 2021, Digital Inclusion Report  
<https://www.healthwatchbexley.co.uk/sites/healthwatchbexley.co.uk/files/Digital%20Inclusion%20Report%20FINAL.pdf>

Residents highlighted the importance of a confidential service and said that it would be less stigmatising to have sexual health services at a location that people accessed for other reasons.

## 7.4 Contraception myths and concerns

The quotes below highlight the concerns and myths residents voiced in relation to hormonal contraception.

Concerns around weight gain

*"I've heard contraception is not good for my body. I already struggle with weight, and I know it is one of the impacts so why would I go and put that into myself"*

Concerns around the return of fertility

*"Contraception can cause many things. For example, if you grow up and you want to have a baby, it will take your body a long time to get back to normal. I'm scared of it, and I don't want to try it".*

*"I did it once and I didn't have my period for a long time ...because you are stopping the body from doing what it is supposed to do. It is all these changes that it brings that make me not willing to participate because I wonder if I want to have a baby how will it affect me".*

## 7.5 How to improve sexual and reproductive health services

Hearing from residents is essential for improving services. The following section captures stakeholders' views on how to improve sexual and reproductive health provision in Bexley.

### 7.5.1 An integrated sexual health clinic within the borough

Residents and service providers felt that an ISHS clinic offering all levels of SRH and GUM services in one location in Bexley would improve sexual and reproductive health in Bexley. One resident said,

*"We need a clinic, with privacy so people feel more comfortable to go in and get themselves tested. What we have now is complicated, a clinic in Bexley with bookable appointments and evening clinics for people who work during the day would make things easier".*

This view was echoed by service providers who said,

*"Bexley should host its own integrated STI network because locally we would have more control and influence over services."*

Service providers questioned the reliance on primary care, which was already overstretched saying,

*"Primary is so inaccessible, people are unable to get into GP practices, can they sustain it? Is this model the best value for money?"*

### 7.5.2 Improve the balance between general and targeted services

Residents wanted the expansion of some services for example the condom distribution scheme to cover all age groups. For other services, they expressed a desire for more targeted services that recognised the needs of different groups. Regarding HIV care one resident said,

... *“an African woman was diagnosed with HIV, [and]they were sent to Terrence Higgins trust which is a white LGBT+ organisation. Tell me will an African go there for counselling? No”*

### 7.5.3 Raising awareness on HIV and opt-out testing

Residents wanted more awareness raised around HIV. One resident felt that people were not aware people living with HIV with an undetectable viral load could not pass it on to others. Others said,

*“I think there needs to be more understanding that it [HIV] is not a death sentence.”*

*“HIV should be treated just like any disease. I think we have gone beyond being sick and thin. Now you can live long and that’s the awareness people need. Once you are aware if I go to my GP and I say look I’m not feeling well my GP will say okay let’s do a blood test which includes HIV. It should be normal to me; it should be okay”*

Opt-out testing is acceptable to residents. One resident said,

*“Why can’t they, when people go for blood tests, it could be for diabetes, high blood pressure, cholesterol and all that. Then why can’t they test that sample to see [if they have HIV].”*

### 7.5.4 Ability to pre-book appointments with flexible timings

In a survey completed in summer 2023 by almost 1000 Bexley residents over the age of 16 on sexual and reproductive health services, 62% of respondents preferred prebooked appointments. Residents also wanted better advertising, better access to and information about services.<sup>50</sup>

### 7.5.5 Improve sexual education in schools

Parents with children felt that improving the sexual health education in schools would have a knock-on effect on them. One resident said,

*“If they can go to school and give a talk at school... most children when they get home, they will tell their parents. If they can go to school as well just to educate them that there is a kit you can order online to be discrete about it that would be good.”*

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<sup>50</sup> London Borough of Bexley Young People and Adults (16+) Survey on Sexual Health Services- 2023 The survey was conducted during the summer between July – September 2023. There were 970 responses received. 68% of responses were from residents aged 16 to 21 years old. 81% of respondents were White; Black, Black British, Black Welsh, Caribbean or African - 7%, Asian, Asian British, Asian Welsh - 8%.

### 7.5.6 Sexual health training for parents

Community engagement around sexual health for parents was requested. One voluntary sector partner working with youth of colour in Bexley said that a workshop on sexual education and how to talk about sex and relationships would be popular amongst parents. This VSC partner also felt that it would enable her to gain parents' trust to deliver sexual health promotion to their children in the future. She said,

*"I am not going to deliver a sex education course without the consent of parents because I want them to understand the message first and say 'I've seen the message. I am happy for my kids to receive it'".*

### 7.5.7 Offer incentives for community engagement

*"It is difficult to engage our community without incentives because people are fed up with being used by people from the council to get information and then nothing happens. people tell me if it is the council I am not coming. They design materials and we never see anything, and it is true."*

Stakeholders felt there was an opportunity to improve trust by disseminating changes made because of previous engagement.

*"In 2017 or 2018 we had the same conversation about sexual health, and nothing was done. I attended a session about how they wanted to improve sexual health but that was the last we heard about sexual health in Bexley until now".*

*"So, they came in 2018, and nothing was done about it and you come now. How do we believe and trust in all that?"*

They also wanted this information to be disseminated in a way that was accessible for residents. One resident said,

*"...we are not all academics.... You need to change the format, maybe make it into videos ... what is my interest in reading a 50-page document... Maybe make a film, ask young people to make a film and watch it in school? "*

## 8. DISCUSSION

### 8.1 Key achievements since last SHNA

Since the last SHNA published in Bexley in 2018, the service has evolved and much has been achieved locally.

#### Commissioning

- In October 2023, Bromley Healthcare became the new community sexual health provider



- Bexley's public health team is working with the pharmacy alliance to improve the offer of SRH services across Bexley's local pharmacies.
- Funding secured for a proof-of-concept Women and girls' hub in Bexley. The hubs aim to merge work around sexual health and contraception with community gynaecology and will focus on LARC, heavy menstrual bleeding and menopause

### **Partnership working**

- Bexley and Bromley joined Lambeth, Southwark and Lewisham to work as a quinpartite partnership on sexual health. The partnership is writing a joint sexual health strategy.
- The Bexley sexual health partnership consisting of public health, primary and secondary care, community sexual health, voluntary sector and other teams from local authority meet on a quarterly basis.

### **Training**

- Sexual Health in Practice (SHIP) training was delivered for primary care staff in Bexley in 2023.
- The clinical lead on sexual and reproductive health in primary care has been delivering lunch and learns on different relevant topics for primary care staff.

### **Service delivery**

- All general practices in Bexley will now receive reminders to offer a HIV if a resident has not had one in the past twelve months

## 8.2 Summary of key findings- epidemiological

	Indicator	Key Findings
All STI	<u>Diagnosis rate</u>	Bexley has a lower STI diagnosis rate than London and England
	<u>Testing rate</u>	Bexley's STI testing rate has now exceeded pre-pandemic levels and is almost identical to the national rate and much lower than the testing rate in London
	<u>Percentage positivity</u>	Percentage positivity is slowly rising after the pandemic suggesting an ongoing burden of undiagnosed infections and tests not reaching the right people within the population
	<u>Incidence</u>	The residents who experience the highest burden of STI diagnoses in Bexley are young people aged 15 to 24, women, GBMSM, black heritage residents and those living in more deprived areas.
	<u>Pelvic Inflammatory Disease</u>	Bexley has a higher rate of PID admissions than London and England, indicating circulating untreated infections.
HIV	<u>New Diagnoses</u>	The rate of new diagnoses of HIV in Bexley fell during the pandemic and returned to pre-pandemic levels in 2023. Bexley's new HIV diagnosis rate is much lower than London and like England
	<u>Place of diagnosis</u>	In 2023, the proportion of new diagnoses first diagnoses outside the UK exceeded those first diagnosed in the UK.
	<u>Diagnosed prevalence</u>	In 2023, the diagnosed prevalence of HIV in Bexley was 2.04 per 1000, making Bexley a high HIV prevalence local authority. The prevalence is 5.25 per 1,000 in London and 2.40 per 1,000 in England.
		The number of black African residents in Bexley living with HIV far exceeds the number in other ethnicities.
		North Bexley has a statistically significantly higher diagnosed prevalence of HIV than the other two Local care networks.
	<u>Testing Rate</u>	Bexley's HIV testing rates exceed that of England but are much lower than the testing rate in the London region.
	<u>Late diagnosis</u>	Bexley has a low number of HIV diagnoses compared to London and England. However, 71 % of Bexley residents diagnosed with HIV between 2020 and 2022 where diagnosed late.. However once detected, the percentage on care is high (98%)
The proportion of late diagnosis in Bexley is highest in heterosexual and bisexual women, followed by heterosexual men and lowest in GBMSM		
<u>PrEP Need</u>	The PrEP need in Bexley is rising with each year. In 2023, 364 (20.7%) of all HIV negative Bexley residents accessing specialist sexual health services were estimated to need PrEP. Bexley's PrEP need is consistently twice that of England.	

	Indicator	Key Findings
<b>Specific STIs</b>	<a href="#">Chlamydia</a>	Women, young people, black residents and those living in more deprived areas are disproportionately impacted by chlamydia diagnoses.
	<a href="#">Chlamydia screening</a>	Bexley screens a lower proportion of eligible residents for chlamydia compared to London and England.
	<a href="#">Gonorrhoea</a>	In Bexley, the gonorrhoea diagnostic rate is lower than the regional rate and like the national rate. GBMSM are disproportionately represented in gonorrhoea diagnosis in Bexley with higher number of diagnosis than other groups. More deprived residents and black other and black Caribbean ethnic groups experience higher rates of gonorrhoea diagnoses
	<a href="#">Syphilis</a>	The syphilis diagnosis rate in Bexley is lower than rates in London and England
<b>Reproductive Health</b>	<a href="#">Long-acting reversible contraception</a>	Bexley's total rate of LARC prescriptions is lower than the national average but like the London rate. However, Bexley performs better than the national average in GP prescribed LARC.
	<a href="#">Other methods</a>	Bexley performs lower than the national average for all other forms of contraception.
	<a href="#">Emergency hormonal contraception</a>	The number of residents accessing EHC has increased with the introduction of the online service in 2022.  As a result, requests from GP and urgent care. The main reason for requesting EHC in Bexley pharmacies was no routine contraception.
	<a href="#">Teenage conceptions</a>	Over the last two decades, there has been a downward trend in under-18 conception in Bexley staying stable at 12% since 2019. The under 16s conception rate in Bexley is generally below the national average. However here was a statistically significant spike in 2020.
	<a href="#">Terminations</a>	Between 2018 and 2022, the age-standardised termination of pregnancy rate in women aged 15-44 in Bexley has been increasing and is consistently higher than the London and England rates. Compared to London and England, Bexley also has a higher proportion of repeat termination of pregnancy across all age groups.

## 9. RECOMMENDATIONS

Specific recommendations for improving the sexual and reproductive health of Bexley residents are detailed below. These recommendations address issues identified through this needs assessment with a suggested course of action

Area	Issue	Recommended actions
STI testing	There is a need to increase STI testing in Bexley a targeted manner in line with UKHSA's STI prioritisation framework. The target groups identified from the needs assessment are young people aged under 25, black heritage residents, residents living in deprived areas and GBMSM.	Continue to provide a range of opportunities to access STI testing (SHL-eservice, appointments at the CASH clinic, appointments at ISHS clinics)
		Continue to offer both walk-in and by appointment opportunities for face-to-face STI testing
		Engage with voluntary sector organisations working with these target groups to promote awareness of available services to their service users.
	The SRH services available for under 16s in-borough testing are limited to the CASH service at the Albion surgery. There is a need to provide further options for testing in this age group.	Consider providing further options for in-borough testing through outreach and via schools.
	For the most marginalised residents, there is a need to continue the outreach community sexual health service.	Continue to provide outreach STI testing kits and health promotion activity in borough for most marginalised groups.
STI testing	There is a need for increased awareness amongst residents on where and how best to access STI testing services.	Complete the Bexley sexual health website including a flowsheet where residents can select what service they are seeking and be signposted to the right service
		Design a communications strategy to increase awareness and uptake of STI/HIV testing, condom distribution and contraception services by advertising at general practices, areas with high footfall across the borough as well as schools and colleges.
Condom distribution	There is a need to raise awareness and increase uptake of Bexley's condoms distribution scheme amongst eligible young people.	Targeted promotion of the C-card scheme at Bexley's schools and colleges
		C-card outlets should be incentivised to train and become young people friendly services <sup>51</sup>
		C-card outlets should have visible and recognisable signage outside their service for example, a sticker saying c-card outlet.
	Offer training to C-card service providers on tackling stigma and ensuring privacy when accessing the service.	
Condom distribution	There is an opportunity to benefit from extending the scheme to	Offer the C-card scheme to vulnerable adults and adults living in poverty

<sup>51</sup> Young people friendly services are services that are designed to be accessible, non-judgmental, and supportive for young people. In 2023, OHID published [You're welcome](#) guidance which sets out prompts and self-assessment quality criteria commissioners and service providers can use to improve the experiences of young people in health and social care services.

Area	Issue	Recommended actions
	cover adults living in poverty in Bexley.	
<b>Chlamydia screening</b>	There is a need to increase the uptake of Bexley's chlamydia screening across the eligible population.	Continue to provide a range of opportunities to access STI testing (SHL-eservice, appointments at the CASH clinic, appointments at ISHS clinics)
		Continue to offer both walk-in and by appointment opportunities for face-to-face STI testing
		Engage with voluntary sector organisations working with these target groups to promote awareness of available services to their service users.
		Consider providing further options for in-borough testing through outreach and via schools.
		Continue to provide outreach STI testing kits and health promotion activity in borough for most marginalised groups.
		Complete the Bexley sexual health website
		Design a communications strategy to increase awareness and uptake of STI/HIV testing, condom distribution and contraception services by advertising at general practices, areas with high footfall across the borough as well as schools and colleges.
<b>HIV</b>	Bexley is a high diagnosed HIV prevalence area and there is a need to increase HIV testing across the borough. NICE and BHIVA recommend HIV testing for all patients accessing primary (during blood tests) and secondary healthcare in areas of high and extremely high HIV seroprevalence, including emergency departments.  There is a need to tackle late HIV diagnosis in Bexley.	Opt-out HIV testing should be introduced in all primary care and urgent care practices across Bexley.
		Provide HIV awareness training to primary care staff highlighting the importance of early diagnosis.
		Implement opt-out HIV testing in general practices and urgent care facilities across Bexley.
		Design a HIV communication strategy to raise awareness of HIV within the population
<b>Contraception</b>	Bexley's termination of pregnancy rate is higher than those of London	More concrete partnership with voluntary sector organisations working with these groups to design and deliver awareness raising sessions.  Further research is needed on the barriers to PrEP use in black African women.
		Continue to support LARC training for primary care staff in Bexley

Area	Issue	Recommended actions
	<p>and England across all age groups. This in combination with the lower rates of contraception prescriptions in the borough indicate a need to improve the offer of contraception in the borough. The pathways for accessing contraception need to be easy to navigate and resident friendly</p>	<p>Encourage GP practices to promote their contraception offer to registered patients through text messages. Promote the NHS pharmacy contraception service and SHL contraception online offer to Bexley residents.</p>
	<p>There is a need for simple and accurate information on contraceptive choice to dispel misinformation and enable residents make informed choices.</p>	<p>Bexley sexual health website should have a page on contraception explaining the different methods and signposting residents to where they can access them.</p>
	<p>There is an opportunity to offer and signpost women to routine contraception following a request for emergency hormonal contraception.</p>	<p>Service providers offering EHC require up to date and clear information on available contraception services to enable signposting. A comprehensive sexual health website could meet this need.</p>
<b>Health promotion and education</b>	<p>There is a need to increase awareness of the sexual health offer amongst primary care, pharmacy and voluntary sector partners</p>	<p>Offer training on available sexual and reproductive health services to primary care staff and pharmacies in Bexley</p>
	<p>There is a need for ongoing sexual and reproductive health education across the life course as a means to reduce stigma.</p>	<p>Engage with RSHE providers to discuss opportunities to support delivery in schools and colleges and deliver sexual health education in schools beyond the statutory RSHE requirements including HIV awareness training. Offer sexual health and HIV awareness sessions to existing local groups and voluntary sector organisations for adult residents</p>
	<p>Parents across Bexley have expressed a need for support / training in discussing sexual health and relationships with their children.</p>	<p>Offer 'training the trainer' sessions at local parent groups in partnership with local voluntary sector organisations.</p>
<b>Barriers to access</b>	<p>Residents report geographical and financial barriers to attending services out of borough</p>	<p>Ensure that residents are aware of the existing satellite clinic at the Albion GP surgery and address barriers to ensure the satellite offer meets resident's needs.</p>
	<p>Difficulties getting appointments in primary care</p>	

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## 11. DATA SOURCES

Office for National Statistics Census 2021  
Bexley

OHID fingertips Sexual and Reproductive  
Health Profiles: Bexley, London, England

GUMCAD STI Surveillance System via UKHSA  
FES

OHID HIV & AIDS reporting system HARS,  
SOPHID via UKHSA FES

CTAD Chlamydia surveillance system via  
UKHSA FES

The Department for Levelling Up, Housing &  
Communities IMD scores

SHL Bexley Preventx Data

UKHSA National chlamydia screening  
programme trend data tables, 2019 to 2023

SEL ICB Data, Bexley residents

Pharma outcomes Bexley

OHID Termination of pregnancy Statistics: data  
tables 2018-2022

MSI Termination of pregnancy data, SEL ICB

Therapy Audit (C-card database) Bexley

Lambeth Power BI ISHT dashboard Bexley

Lambeth Power BI PrEP activity dashboard  
Bexley

## 12. APPENDIX

### 12.1 All STIs

Counts of 'All STIs' includes diagnoses of chlamydia, gonorrhoea, new HIV diagnosis, syphilis (primary, secondary and early latent), first episode anogenital herpes, chancroid, lymphogranuloma venereum (LGV), donovanosis, molluscum contagiosum, non-specific genital infection (NSGI), pelvic inflammatory disease (PID) and epididymitis: non-specific, scabies and pediculosis pubis, trichomoniasis, first episode genital warts, mycoplasma genitalium and shigella.

### 12.2 NHS Pharmacy Contraception Service

Local pharmacies registered for the pharmacy contraception scheme, Bexley 2023/24

Date	Pharmacy Name	Area
29/02/2024	Soka blackmore pharmacy	Erith
01/01/2024	Daysol pharmacy	Northend road
29/11/2023	Well pharmacy	71-79 high street
31/12/2023	Davidsons chemists	Barnehurst
26/02/2024	Southcott chemist	Sidcup
09/12/2023	Bexleyheath pharmacy	Bexleyheath
05/09/2023	Falconwood pharmacy	Welling
03/07/2023	Day lewis pharmacy	Erith
16/06/2023	Osbon pharmacy	Bexley
26/04/2023	Aspire pharmacy	Sidcup
29/12/2023	Broadway pharmacy	Bexleyheath



Date	Pharmacy Name	Area
26/01/2024	Grand health pharmacy	Erith
22/11/2023	Well pharmacy	Slade green
15/02/2024	Neem tree welling pharmacy	Welling
19/01/2024	Osbon pharmacy	Bexley
02/06/2023	Harrison's pharmacy	Erith
05/12/2023	Hollytree pharmacy	Sidcup hill,footscray
22/11/2023	Well pharmacy	Bexley heath
24/04/2023	Roadnight chemists	Sidcup
03/07/2023	Day lewis pharmacy	Sidcup
24/04/2023	B r lewis chemists	Welling
09/02/2024	Compact pharmacy	Bexley
03/10/2023	St.johns pharmacy	Sidcup
03/07/2023	Day lewis pharmacy	Littleheath road
02/12/2023	Hayshine pharmacy	Welling
08/02/2024	Belvedere pharmacy	Belvedere
03/10/2023	Bourne road pharmacy	Bourne road
24/04/2023	Bellegrove pharmacy	Welling
19/02/2024	Warren pharmacy	Bexley
13/12/2023	Praise pharmacy	Bexleyheath
29/02/2024	Seven-day chemist	Welling
05/12/2023	Targett chemist	Sidcup
29/02/2024	Mistvale chemist	Welling 0

## 12.3 Focus group guide questions

### 1. Engagement questions:

- What comes to mind when you hear sexual and reproductive health?
- How and when do you use STI testing services/ HIV/ contraception services/ condom distribution/ chlamydia screening? Where would you go first?

### 2. Exploration questions

#### Contraception

- Think back to the last time you started contraception, who/ what factors influenced your decision of contraception?
  - Did you feel received the amount of guidance and information you needed to make that choice from health professionals?
  - Have you ever changed type of contraception? What brought about the change?
- Have you ever used emergency contraception? What factors influence your decision to use this over routine contraception?

#### STI Testing and Treatment

- In what circumstances would you seek an STI or HIV test? Where would you go first?
- Tell me about positive experiences you've had with seeking SRH services?
- Tell me about disappointments you've had with SRH?

#### **HIV PrEP**

- Are you aware of any methods for preventing the spread of HIV?
- Has anyone heard of PrEP? What do you associate it with? Is it a medication that you would consider starting?

#### **General service questions**

- What barriers/ challenges have you experienced with accessing SRH services?
- Do you feel that the services have been accessible? Were you satisfied with the length of time it took to have your sexual health need resolved?

#### **For parents**

- Do you talk to your children about sexual and reproductive health?

#### **3. Exit questions**

- When you decide to seek SRH services, what do you look for?
- Suppose that you were in charge and could make one change that would make the program better. What would you do?