Population Based Key Clinical Indicators for Sexual Health: 2008 Data

Key Messages

This report presents the third set of data on the population based indicators of
- Chlamydia
- Male and female sterilisation
- Termination of pregnancy
- Long acting reversible methods of contraception (LARC)

The previous reports can be accessed at www.isdscotland.org/kci.

Note:
Male and female sterilisation
The recording of waiting times data has moved from SMR01 to New Ways. Figures for 2008 show a significant under recording of procedures in New Ways when compared to the numbers from SMR01. Therefore whilst it is possible to use the SMR01 data to obtain numbers of procedures carried out in 2008, it is not possible to examine the waiting times data for these procedures so these are not reported for 2008.

Termination of pregnancy
The indicator for termination of pregnancy has changed to reflect the QIS sexual health standards. In previous years the KCI for termination of pregnancy reported on terminations at 'under 10 weeks' where this was taken to be procedures carried out up to and including 69 days gestation (9 weeks and 6 days gestation i.e. less than 10 completed weeks). This has been modified to procedures carried out under 9 completed weeks (less than 63 days) gestation, therefore comparison with the previous years' reports on the website is not possible.

Chlamydia
Although sexually active individuals aged less than 25 are at greatest risk of chlamydia infection and the majority (72%) of positive tests were noted in this age group, less than half (47%) of all chlamydia testing in Scotland during 2008 was performed on those aged less than 25.

Key message: Improvements in testing opportunities, especially for men, and increased targeting of young people, those most at risk of infection, are required across Scotland to help address the burden of chlamydia infection.

Access to male and female sterilisation
Female sterilisation
Rates of female sterilisation per 10,000 women continue to decrease. Whilst the reasons for this are unknown, there are some factors that may have contributed. For example, the data for long acting reversible methods of contraception (LARC) show that uptake is increasing, which may indicate that women would prefer to use a lasting method of contraception, rather than go through a surgical procedure.

Key message: The continuing reduction in rates of female sterilisation indicates that women are increasingly choosing alternative methods for long term contraception.
Male sterilisation (vasectomy)
Vasectomies are performed as inpatient / daycase procedures in all of the boards, with 9 out of 14 (64%) performing vasectomies as inpatient / daycase only. NHS Grampian, Greater Glasgow and Clyde and Lothian all offer a service outwith the acute setting - in General Practice, Family Planning and Community clinics.

*Key message: A limited number of NHS boards offer a vasectomy procedure within community health care.*

Termination of Pregnancy

There has been a slight increase in the percentage of terminations that are carried out at under 9 completed weeks gestation from 2007 to 2008. Data from 2007 suggested that women from deprived areas are less likely to have an early termination than those from the least deprived areas however this difference has decreased in 2008 showing little difference across the deprivation categories.

*Key message: The percentage of terminations carried out at under 9 completed weeks gestation has increased between 2007 and 2008.*

Long acting reversible methods of contraception (LARC)

The data show that the uptake of LARC continues to increase and all of the NHS boards, with the exception of NHS Orkney, have increased their uptake of the very long acting methods between 2007/2008 and 2008/2009.

*Key message: The uptake of very long acting methods of contraception (Implanon, IUDs and Mirena) continues to increase, indicating a growing popularity in these lasting methods of contraception.*