Population Based Key Clinical Indicators for Sexual Health

This report presents the second set of data on the population based key clinical indicators of chlamydia, male and female sterilisation and termination of pregnancy and thus provides a comparison on the baseline as well as between NHS boards.

The baseline report looking at 2005 data can be accessed via http://www.isdscotland.org/kci

The third set of data will be published in autumn 2008.

Chlamydia
Although the majority of samples testing positive (70%) were from persons aged less than 25, less than half of all testing (45%) was performed on persons belonging to this age group.

Key Message: Although the most vulnerable group with the most prevalence, young people are still not being adequately tested.

Access to male and female sterilisation

Female sterilisation
The number of female sterilisations in Scotland has reduced by more than 60% since 2000 whereas the data for long acting reversible methods of contraception (LARC) shows that uptake is increasing.

Key message: LARC provides women with a reversible and less intrusive method of contraception, and its increasing uptake may indicate a preference when compared with reducing numbers of sterilisations.

Male sterilisation (vasectomy)
NHS Greater Glasgow and Clyde perform the majority of their vasectomies at the Sandyford Initiative, and present low waiting times. Many men are waiting for this procedure on surgical and urology hospital waiting lists whereas the data suggests that this implementation of community facilities for vasectomy has the potential to notably reduce waiting times.

Key message: Community based services have the potential to provide better and quicker access to vasectomy.

Termination of Pregnancy
The total number of terminations for all age groups increased steadily with increased levels of deprivation, from SIMD1 (1,843) to SIMD5 (3,736) (Table 3b and Figure 3b). This is up from 1,792 and 3,499 in 2005.

The percentage of women pregnancies terminated at <10 weeks is lower for SIMD5 at 64.3% than SIMD1 at 72.5%.

Key message: Access to termination services appears to be limited in more deprived areas, whether this is due to lack of services or lack of education and confidence to attend.

NHS boards should ensure that there are no barriers in referral pathways that might prevent women from accessing services and examine discrepancies to ensure that all women are able to access termination services quickly and easily.