



EQUALITY IMPACT ASSESSMENT FORM

SECTION 1: TO BE COMPLETED BY ALL	
Proposal Title	Procurement of the Pan-London Sexual Health and Contraceptive e-Service, SHL.UK
Details of the lead officer completing the Assessment	<p>Meroe Bleasdille, Interim Sexual Health Commissioning Manager, London Sexual Health Programme, meroe.bleasdille@cityoflondon.gov.uk</p> <p>Onyeka Nwamo, LSHP Interim Project Management Officer, onyeka.nwamo@cityoflondon.gov.uk</p>
Department Responsible:	City of London Corporation, Department of Children and Community Services
Who has been involved in creating the EQIA: (please summarise/list stakeholders you have engaged with and how)	<p>Report development - London Sexual Health Programme (LSHP)</p> <p>London resident survey</p> <p>SHL service user feedback survey</p> <p>Service data - SHL service provider</p> <p>Interviews with community organisations and advocates</p>
Date of Initial assessment:	6 November 2024

1. PROPOSAL OVERVIEW

Background

Under the Health and Social Care Act 2012, local authorities are mandated to provide open access sexual health services including free STI testing and treatment, notification of sexual partners of infected persons, advice on, and reasonable access to, a broad range of contraception, as well as advice on preventing unplanned pregnancy.

Soon after the regulations came into effect, a number of London Local Authorities quickly recognised the complexity of trying to address this area of commissioning alone as well as the open access nature of the service.

Following a needs assessment and a system review of service activity and access migration, the London Local Authorities believed there was a compelling case for pan-London transformation in service provision to meet future clinical and population needs. Furthermore, there was a desire to seek innovative approaches to service delivery and to obtain proposals from service providers as to how they might assist London local authorities to improve access to sexual and reproductive health (SRH) services.

In keeping with the early transformation vision for sexual health services in London, a contract for the provision of a Pan- London Sexual Health e-service was awarded to a private provider, through a procurement process led by Camden Council under the “National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013 (PCCR)”.

Following the procurement exercise, City of London Corporation as ‘Lead Authority’ signed the contract with the appointed supplier.

The service contract commenced on 15 August 2017, for a minimum 5-year term with options to extend by a maximum of 4 years to August 2026. The contract is currently its eighth year and will end on the 14th August 2026.

In the present day, SHL.UK is a remote contraception and sexually transmitted infections (STIs), (Human Immunodeficiency Virus (HIV) and blood borne viruses (BBV) testing and results management service, for sexually active individuals aged 16 years and older, residing in the 30 authorities that participate in the current contract.

The current service is comprised of the following:

- A digital ‘front door’ for sexual health services
- Users over 16yrs register complete sexual history risk assessment
- Sexually Transmitted Infection (STI) kits assembly and order fulfilment
- Laboratory services and negative results notification
- Remote telephonic support and referral to local services
- Remote treatment for uncomplicated Chlamydia infection
- Results and patient record system
- Optional module of prescribing and dispensing of emergency hormonal contraception and routine contraceptives in commissioning areas.

Having undertaken a number of qualitative and quantitative measures across the system there is broad consensus from stakeholders including service users, residents, community advocates, and sexual health clinicians—that the pan London e service has been well-received and has added value to the sexual and reproductive healthcare system in London.

Local Authority Directors and Commissioning Officers across London and have expressed keen interest in continuing to commission and provide this service for their residents beyond the current contract term.

City of London Corporation has agreed in principle, as Lead Authority, to procure the pan-London service on the behalf of London Authorities; to award and manage the contract with the appointed supplier as well as manage billing arrangements for participating local authorities.

Introduction

Sexual and reproductive health (SRH) is a vast and essential aspect of health and well-being that remains relevant throughout an individual's lifespan from pregnancy to adolescence, through to older adulthood.

Local Authorities in England commission a comprehensive framework of SRH services for their residents. However, the scope of this EQIA has been limited to the following areas of need across London, given their relevance to the current and new London e-service.

The table below highlights the topics covered and data sources used to inform the report.

Area of interest	Data Sources
London population and demographics	2021 Census - Office for National Statistics
Conceptions, abortions	Conceptions in England and Wales - Office for National Statistics 2021
Contraception	Sexual and Reproductive Health Profiles Fingertips Department of Health and Social Care
National Chlamydia Screening Programme for young people under 25 years	Sexual and Reproductive Health Profiles Fingertips Department of Health and Social Care Sexually transmitted infections and screening for chlamydia in England: 2023 report - GOV.UK
STI consultations, new STI diagnoses and reinfection rates	UKHSA HIV & STI Data Exchange Portal Spotlight on sexually transmitted infections in London: 2022 data - GOV.UK
HIV testing, diagnoses and prevention	Sexual and Reproductive Health Profiles Fingertips Department of Health and Social Care HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2023 report - GOV.UK
SHL.UK service activity and user satisfaction data by protected characteristic 2023	Service's incumbent provider

SUMMARY

Local Authority Directors and Commissioning Officers across London have expressed keen interest in continuing to re-procure and commission SHL.UK for their residents beyond the current contract term.

SHL.UK is a remote contraception and sexually transmitted infections (STIs), HIV and blood borne viruses (BBV) testing and results management service, for sexually active individuals aged 16 years and older, residing in the 30 authorities that participate in the current contract

City of London Corporation has agreed in principle, as Lead Authority, to procure the pan-London service on the behalf of London Authorities; to award and manage the contract with the appointed supplier as well as manage billing arrangements for participating local authorities

This EQIA has found that whilst the service is used by many priority groups in London, further consideration must be given to meeting the needs of young people (under 25), heterosexual and queer cisgender females, Trans people, Gay Bisexual and Other Men who have Sex with Men (GBMSM), Black, Asian and other minority ethnic groups as well as people living in the most deprived areas in London.

Whilst the current service is highly regarded for being discreet, accessible and confidential, our consultation with key partners has highlighted that some communities, including Black African and Latin American, experience barriers such as mistrust and fear, how personal information is used by the service. Sex workers expressed concerns about digital literacy and access to the internet. In addition, there is strong demand for a more STI tests to be available through the e-service, more real-time assistance, clearer privacy assurances, and improved appointment booking options for face-to-face clinical services. The resident survey and interviews with community advocates have also highlighted that many people remain unaware of the e-service.

In the new service:

- **Repeat testing reminders, swift results communication and partner notification** will continue to be expectations in accordance with clinical guidelines under the new service specification.
- Include a **standalone clinical pathway for chlamydia testing and treatment for under 25s.**
- **Discuss the service's minimum age** and if agreed, expand the necessary clinical pathways for assessing safeguarding need as well as competence.
- **Trichomonas Vaginalis (TV) testing and treatment for symptomatic females** and their partners will be an additional service under the new service specification.
- **A comprehensive range of routine and emergency short acting hormonal contraception** will continue to be available through the service and commissioning authorities will be encouraged to provide this service for their residents so that there is more equity around service access
- **Condoms will be available** to users eligible for targeted condom distribution schemes

- The provider of the new service will be expected to **continue to assess service user possibility of pregnancy** as part of the initial triage into STI testing and contraception services. Provision of services during pregnancy will continue to be out of scope of the e-service and all persons identified through the triage phase will be signposted to their nearest Level 3 sexual health service as prescribed by BASHH guidelines.
- Commissioners of the e-service are in discussions regarding **provision of pregnancy tests** under the new service specification.
- It also identifies the need for the new service to **co-develop strong and inclusive marketing and promotional activities** for the service. These requirements will be stipulated in the new service specification.
- Commissioners are considering expanding the entire new service offer, from the online public interface to results management, to **encompass multiple languages**.
- The ambition is to add clinical pathways for prescribing decisions, drug delivery and monitoring for HIV PrEP in accordance with national guidelines.
- Be required to be more proactive in working with specific communities and organisations. This is with a view to developing more accessible and inclusive services, promotional materials and communications plans to reach underserved and marginalised segments of the London population.

To mitigate against the possibility of negative impact commissioners will:

- Ensure the new service will have up-to date referral pathways in place with all sexual health clinics in London for users with needs that can be better addressed by their local or preferred sexual health clinic of choice.
- Undertake further engagement and consultation work, through focus groups with underserved communities, to inform the development of the new service specification and evolve the service during the contract term.

2. EVIDENCE AND IMPACT ANALYSIS

PROTECTED GROUP: AGE

Findings:

Population by age group ¹	London
<15 years	1,582,004
15-19 yrs	522,261
20-24 yrs	616,559
25-29 yrs	827,489
30-34 yrs	794,348
35-39 yrs	722,104
40-44 yrs	671,988
45-49 yrs	592,527
50-54 yrs	563,992
55-59 yrs	526,835
60-64 yrs	434,747
65-69 yrs	327,991
70-74 yrs	261,055
75-79 yrs	216,526
80-84 yrs	140,826
85-89 yrs	90,852
90+ yrs	53,205

London chlamydia detection rates amongst young people ²	Trend	2023
Chlamydia detection rate per 100,000 aged 15 to 24 (Female)	↓	2,028
Chlamydia detection rate per 100,000 aged 15 to 24 (Male)	→	1,397
Chlamydia detection rate per 100,000 aged 15 to 24 (Persons)	↓	1,739

Chlamydia Screening tests and diagnoses in London ³		
2022	Chlamydia tests	Chlamydia diagnosis
15-19 years	38,237 (18.1%)	5,555 (28.7%)
20-24 years	172,885 (81.9%)	13,813 (71.3%)

^{1 2} Department of Health and Social Care Public Health Outcomes Framework

³ GOV.UK National chlamydia screening programme (NCSP) data tables

Young people, conceptions and abortion rates in London	Trend	2021
Under 18 conception rates per 1,000	↓	9.5
Under 18 conceptions leading to abortion (%)	→	62.1%
Under 18 birth rates per 1,000	↓	5.5
Under 18 abortion rates per 1,000	↓	2.0
Under 25s repeat abortions	↑	3,901

Sexual and Reproductive Needs in London

- According to the Census 2021, the average age in England is approximately 40 years, whilst in London, it is approximately 36 years. London had a larger population aged 20 to 49 years
- In 2022, service users aged 25-34 years made up the largest proportion 40.9% of all new consultations in sexual health clinics across London.
- STIs disproportionately affect young people. London residents aged between 15 and 24 years accounted for 29% of all new STI diagnoses in 2022, and the group with the highest rate were those aged 20 to 24 years.
- Young people are more likely to become re-infected with STIs, contributing to infection persistence and health service workload.
- Chlamydia detection rates across London are well below the UK Health Security Agency recommended levels for females aged 15 to 24 years. Therefore, London needs to increase the proportion of females screened to improve detection rates.
- HIV testing rates in all sexual health services have not returned to pre-pandemic levels in younger individuals. From 2019 to 2023, there was a 22% decrease in the testing rate in those aged 15 to 24 years but an increase in all other age groups. Therefore, HIV testing needs to increase across all settings but mainly in sexual health services.
- Among those first diagnosed with HIV in the UK in 2023, 70% were aged between 25 and 49 years. The number of diagnoses has decreased for all age groups since 2019 except those aged between 25 and 49 years, which has increased by 7%.
- The abortion rate in over 25s continues to rise in London. In 202, across London there were 29,111 abortions in this age group, a rate 19.7 per 1,000 female population. Repeat abortions amongst under 25s continue to rise, as do the under of abortion procedures within 10 weeks and medical abortions.
- There were 1,404 conceptions in the under 18s age group, a rate of 9.5 per 1,000 female population in this age group, the lowest rate as a region in England. 62.1% of conceptions in this age group led to an abortion, the highest regional percentage in England. Therefore, access to a comprehensive range of contraception methods across London needs to improve.

Current e-Service

Age Group	Grand Total		Return	Chlamydia Positivity	Gonorrhoea Positivity
	Ordered	Returned	Rates	%	%
16-17	2669	1692	63.4%	15.08%	2.81%
18-21	49807	35607	71.5%	10.27%	2.41%
22-24	98555	74855	76.0%	5.63%	1.78%
25-34	326601	257761	78.9%	3.60%	1.97%
35-44	105178	86001	81.8%	3.43%	2.91%
45-54	29324	24702	84.2%	3.86%	3.04%
55+	10628	9219	86.7%	3.62%	3.06%

Out of all the STI kit ordered in 2023, 52.4% were requested by service users aged between 25 and 34 years and almost one in four (24.3%) of all STI kits were ordered by users aged 24 years and under. Kit returns rates increased with age group over this period; however, there was no significant difference between the return rates for each age group in comparison to the overall return rate.

16-24-year-olds made up 39.9% of all routine contraception orders and 25-34-year-olds, 50.3%. Young people aged 16-24 years represented 46.1% of all completed emergency contraception orders.

This data suggests that service uptake is greatest amongst young people.

In 2023, 99.1% of all service users who responded to the feedback survey rated the service as 3 stars or more out of 5. There was no statistical difference in the ratings between the different age groups compared with the average.

New e-Service

Local Authorities in England are mandated to provide or make arrangements to secure the provision of open access sexual health services for all ages in its area. Due to the remote nature of the London e-service it is currently accessible to people aged 16 years and over, residing in commissioning authorities.

Repeat testing reminders, swift results communication and partner notification will continue to be expectations in accordance with clinical guidelines under the new service specification

Discussions are currently underway around lowering the new service's minimum age and expanding the necessary clinical pathways for assessing safeguarding needs as well as competence. Furthermore, the new service will include a standalone clinical pathway for chlamydia testing and treatment for under 25s. It is anticipated this will support an increase in chlamydia detection rates amongst young people and normalise the use of online services so that they segway into accessing STI screening and contraception through the e-service in the future.

There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone in this cohort.

PROTECTED GROUP: DISABILITY

Findings:

Proportion of usual London residents reporting to have a disability ⁴	London % 2021
Does not apply	0
Disabled under the Equality Act: Day-to-day activities limited a lot	7.1
Disabled under the Equality Act: Day-to-day activities limited a little	8.5
Not disabled under the Equality Act	84.3

Sexual and Reproductive Needs in London

- In 2021, the proportion of disabled people decreased in every region of England. In London 15.7% (n= 1.2 million) of the population reported having assessed their day-to-day activities being limited by long-term physical or mental health conditions or illnesses and therefore consider themselves as disabled
- Whilst all sexual health service providers in London collect service user demographic information under the current contract, we have limited data on the nature and level of disability service users experience. Furthermore, this is not routinely collected as part of national datasets and activity surveillance systems.

Learning Disabilities:

- It is assumed that the majority of the adult population in England are sexually active, which includes people with learning disabilities.
- It is well documented that people with learning disabilities have a more limited and incomplete understanding of sexual health compared to the general population⁵, which puts them at higher risk of acquiring STIs and unplanned pregnancies.
- It is believed that people with learning disabilities may have limited access to sexual and reproductive health clinics⁶, which can severely impede their ability to access good quality sexual health information and services.

Mental Illness:

- Severe mental illness (SMI), such as schizophrenia and bipolar disorder, persist over time and can result in extensive disability, leading to impairments in social and occupational functioning.
- While some individuals have long periods during which they are well and are able to manage their illness, many individuals with SMI have difficulties in establishing stable social and sexual relationships.

⁴ Census 2021

⁵ Sexual Health Information (2010) Sexual Health and people with learning difficulties factsheet

⁶ Department of Health (2001). Valuing People: A New Strategy for Learning Disability for 21st century

- Despite variability in sexual activity among people with SMI (for example, people with schizophrenia-spectrum disorder are less likely than those with other major psychiatric disorders to be sexually active⁷), high-risk sexual behaviour (e.g. unprotected intercourse, multiple partners, sex trade, and illicit drug use) is common, and rates of blood-borne viruses, such as HIV and Hepatitis C, have been found to be higher among people with SMI (including those who are homeless and/or have a substance misuse problem) than the general population.

Current e-Service

The current service does not routinely collect activity or satisfaction data by this protected characteristic.

New e-Service

The new service will continue to be accessible to people with disabilities and mental health conditions and disorders. Under the new service specification, commissioning local authorities will expect the provider to provide good quality, accessible and inclusive services.

Disability, neurodiversity and mental health conditions and disorders are not routinely collected through national datasets and surveillance systems, nor is it not recorded by the e-service incumbent provider. However, under the new service requirements the provider will be required to collect this routinely from all new service user to have a better understanding of service uptake and need.

Furthermore, the service provider will continue to be required to ensure that the new service's online interface conforms to 'AAA' standard of the Web Accessibility Initiative's (WAI) and that information is conveyed using a mixture of mediums including video, text and imagery. The Service Provider will be responsible and accountable for ensuring the workforce are trained to the appropriate competency and skill level for their roles and continuing professional development plans in place for all Staff.

The new e-service may not be accessible to all who seek to use the service. Therefore, the new service will have up-to date referral pathways in place with all sexual health clinics in London for users with needs that can be better addressed by their local or preferred sexual health clinic of choice.

⁷ Sexual health risk reduction interventions for people with severe mental illness: a systematic review Pandor et al 2015

PROTECTED GROUP: GENDER IDENTITY

Findings:

London population age group and gender ⁹		
Age Group	Female	Male
<15 years	774,143	807,861
15-19 yrs	254,980	267,281
20-24 yrs	315,547	301,012
25-29 yrs	427,504	399,985
30-34 yrs	410,323	384,025
35-39 yrs	377,742	344,362
40-44 yrs	350,386	321,602
45-49 yrs	304,195	288,332
50-54 yrs	288,970	275,022
55-59 yrs	271,446	255,389
60-64 yrs	224,814	209,933
65-69 yrs	170,757	157,234
70-74 yrs	140,526	120,529
75-79 yrs	119,359	97,167
80-84 yrs	81,281	59,545
85-89 yrs	54,560	36,292
90+ yrs	35,531	17,674
Total	4,602,064	4,343,245

Additional Data

Conceptions and abortions ⁹	Trend	2021
Conception rates per 1,000 female population aged 15-44 years	➡	70.8
Percentage of conceptions that led to an abortion (all ages)	➡	28.4

Chlamydia detection rates amongst young people by gender ¹⁰	Trend	2023
Chlamydia detection rate per 100,000 aged 15 to 24 (Female)	➡	2,028
Chlamydia detection rate per 100,000 aged 15 to 24 (Male)	⬇	1,297

⁹ Census 2021

¹⁰ Department of Health and Social Care Public Health Outcomes Framework

Contraception ¹¹	Trend	2022
Short acting combined hormonal contraception rates per 1,000 female population across SRH services	-	13.9

Chlamydia tests in young people by gender ¹²	2023
Chlamydia tests taken by females under the age of 25 years	136,310 (64.6%)
Chlamydia detection rate per 100,000 aged 15 to 24 (Male)	70,991 (35.4%)

New sexual health service consultations by gender ¹³	2022
Total number of new sexual health service consultations with males	285,920 (49.9%)
Total number of new sexual health service consultations with females	267,924 (46.7%)

Sexual and Reproductive Needs in London

- London had a lower conception rate (70.8 per 1000 female population) than the England average of 71.5 per 1,000 female population. In 2021, 28.4% of conceptions led to an abortion, which was slightly higher than the England average of 26.5%
- London's total abortion rates per 1,000 female population aged 15-44 years have consistently been higher than the England averages. However, whilst England's rates have risen in recent years, London's has remained relatively stable
- Our regional short acting reversible prescribing rate in SRH services is the highest in England. A total of 39.5% of females choose hormonal short-acting contraceptives at SRH Services.
- A total of 49.9% of all new consultations in sexual health services were with male attendees and 46.7% were with females. The percentage of males screened for an STI/HIV in clinics was considerable higher than the percentage of females (74% versus 58% respectively).
- Reinfection with an STI suggests ongoing transmission of infections is occurring within a population. During the five-year period from 2018 to 2022, in England 6.4% of women and 10.0% of men became re-infected with a new STI within 12 months. Nationally, an estimated 4.1% of women and 12.0% of men became reinfected with gonorrhoea within 12 months.
- In 2023, 24.3% of the female population aged 15-24 years, were screened for chlamydia across London. This equated to a chlamydia detection rate of 2,028 per 100,000 female population aged 15 to 24 years, below the recommended level of activity. Over the last 5 years our detection rates have declined considerably. London's detection rate is in the middle compared to the other statistical regions. Therefore, London needs to increase access to chlamydia tests for females aged 15 to 24 years
- There has been no significant change to the detection rates in males in this cohort. In 2023, the detection rate for males in this age group was 1,397 per 100,000 population.
- When it comes to the chlamydia screening programme, females made up 58.7% (11,365) of all diagnoses.

¹¹ Department of Health and Social Care Public Health Outcomes Framework

¹² GOV.UK National chlamydia screening programme (NCSP) data tables

¹³ UK Health Security Agency (UKHSA) HIV and STI portal, 2022

Current e-Service

Gender Identity Group	STI Kits Ordered	STI Kits Returned (%)	Percentage Returned (%)	Chlamydia Positivity (%)	Gonorrhoea Positivity (%)
Female	334335	257004	76.9%	3.65%	0.89%
Intersex	136	95	69.9%	5.56%	4.44%
Male	280647	226898	80.8%	5.30%	4.57%
Non-binary	4731	3657	77.3%	3.50%	5.09%
Other	1231	893	72.5%	7.17%	3.46%
Trans	<5	<5	100.0%	0.00%	0.00%
Trans-Female	1092	837	76.6%	6.70%	7.08%
Trans-Male	588	451	76.7%	5.39%	5.17%

In 2023 53.7% of all kits ordered by service users were female and 45.1% male. Almost 1,200 kits were ordered by Trans females and almost 600 kits were ordered by Trans males.

Kits ordered by males had the highest return rate at 80.8% and intersex people the lowest at 69.9%. Return rates for the latter group and Other group showed a statistically significant difference in comparison to the grand total.

In 2023, 99.1% of all service users who responded to the feedback survey rated the service as 3 stars or more out of 5. There was no statistical difference in the ratings between the different gender identity groups when compared with the total average.

New e-Service

Under the new service:

- The new service will include a standalone clinical pathway for chlamydia testing and treatment for under 25s.
- TV testing and treatment for symptomatic females and their partners will be an additional service requirement.
- A comprehensive range of routine and emergency short acting hormonal contraception will be available through the service
- Service user gender identities will continue to be captured and collected through the initial service triage
- An enhance Repeat testing reminders, swift results communication and partner notification will continue to be expectations in accordance with clinical guidelines under the new service specification and offer of condoms will be available to users eligible for targeted condom distribution schemes

There is no evidence to suggest that these proposals will have a disproportionately negative impact on users in this cohort.

PROTECTED GROUP: GENDER REASSIGNMENT

Findings:

London population and gender identity ¹⁴							
Area Name	Gender identity the same as sex registered at birth (%)	Gender identity different from sex registered at birth but no specific identity given (%)	Trans woman (%)	Trans man (%)	Non-binary (%)	All other gender identities (%)	Not answered (%)
England	93.47	0.25	0.10	0.10	0.06	0.04	5.98
London	91.21	0.46	0.16	0.16	0.08	0.05	7.88

Sexual and Reproductive Needs in London

- According to the Census 2021, at 0.91%, London had the highest percentage of people aged 16 years and older reporting that their gender identity was different from their sex at birth and compared to England and Wales
- The city had higher percentages of people who identified as a trans man (0.16%), who identified as a trans woman (0.16%), and who answered “No” but did not provide a write-in response (0.46%).
- The Equality Act 2010 states that persons must not be discriminated against because of gender reassignment. They can be at any stage in the transition process, from proposing to reassign your sex, undergoing a process of reassignment, or having completed it. This remains applicable irrespective of whether a person has applied for or has obtained a Gender Recognition Certificate .
- Some people identify as trans without falling under the legal definition of gender reassignment.
- There is no relevant routine national monitoring data for gender reassignment status at a local authority level, nor is this information routinely collected by sexual health providers.
- Sexual health service providers routinely collect information regarding patient gender identity and gender at birth; however, these categories cannot be used to make inferences about patient gender reassignment status.
- In 2023, there were 9 HIV diagnoses among trans and gender-diverse people in England
- Trans people face discrimination, harassment, social exclusion, increased risk of facing violence or hate crimes, regular attacks by the media, greater health inequalities and, specifically are more at risk of poorer sexual and reproductive health.
- There is currently no data available on STI testing or diagnoses for people who identify as trans. Furthermore, there is no data on conceptions, contraception and abortion rates amongst Trans people.

¹⁴ Census 2021

Current e-Service

The current service does not routinely collect activity or satisfaction data by this protected characteristic

New e-Service

The new service will be capable, competent and confident in delivering inclusive sexual and reproductive health services for service users in the process of, contemplating or who have undergone gender reassignment. They will make all service users feel welcome, and the service will be required to treat all service users with dignity and respect whilst addressing their clinical needs.

There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their gender reassignment status.

Findings:

Marital status amongst usual London residents ¹⁵	London
Married or in a registered civil partnership	40%
Never married and never registered a civil partnership	46%
Divorced or civil partnership dissolved	7%
Widowed or surviving civil partnership partner	2%
Separated but still legally married or still legally in a civil partnership	4%

Sexual and Reproductive Needs in London

- In London, the proportion of adults who have never married or been in a civil partnership has increased every decade, rising from 30.0% in 1991 to 40.0% in 2021.
- Between 2011 and 2021, the number of widowed adults in England has decreased by 6.3%, with a reduction of 8.3% among women who are widowed. However, the number of widowed men has increased by 0.6%.
- The proportion of adults who are divorced in London remained similar between 2011 (8.5%) and 2021 (8.8%), reflecting a trend comparable to that of England.
- Across England, the percentage of conceptions within a marriage or civil partnership has steadily declined since 1998, reaching an all-time low of 36.5% in 2021
- Marriage and civil partnership status are not routinely collected by sexual health providers in England.

Current e-Service

The current service does not routinely collect activity or satisfaction data by this protected characteristic.

New e-Service

Commissioners are aware that marriage and civil partnership status of London residents has changed in the last decade and may influence people's sexual and service-seeking behaviours. The new service will continue to provide non-judgmental services based upon clinical need and will not seek to collect information about a service user's marital status.

There is no evidence to suggest that these service expectations will have a disproportionately negative or positive impact on service users in this cohort.

¹⁵ Census 2021

Findings:

Conceptions and abortions ¹⁶	2021
Conceptions	148,655%
Conception rate per 1,000 female population	70.8
% leading to abortions	28.4%

Sexual and Reproductive Needs in London

In 2023/24 sexual health clinics in London had combined total of 1,359 consultations with pregnant service users, a near 50% decline, in comparison to 2019/20. However, reasons for attendance at a sexual health service and the nature of consultation in this cohort is not routinely accessible through national surveillance systems

Current e-Service

The current service does not routinely collect activity or satisfaction data by this protected characteristic.

New e-Service

The provider of the new service will be expected to continue to assess service user possibility of pregnancy as part of the initial triage into STI testing and contraception services. Provision of services during pregnancy will continue to be out of scope of the e-service and all persons identified through the triage phase will be signposted to their nearest Level 3 sexual health service as prescribed by BASHH guidelines.

Commissioners of the e-service are in discussions around including provision of pregnancy tests under the new service specification.

There is no evidence to suggest that these changes to the service will have a disproportionately negative impact on users in this cohort.

¹⁶ Census 2021

PROTECTED GROUP: RACE & ETHNICITY

Findings:

Usual London Population and higher ethnic group ¹⁷	Observation
Asian, Asian British or Asian Welsh	1,817,640
Black, Black British, Black Welsh, Caribbean or African	1,188,370
Mixed or Multiple ethnic groups	505,775
White: English, Welsh, Scottish, Northern Irish, British or Other	4,731,172
Other Ethnic Group	556,768

Additional Data

Chlamydia screening in young people by ethnic group ¹⁸			
	2023		
Ethnicity	Total Tests	Total Diagnoses	Positivity
Asian	15,385	1,188	7.7%
Black	39,096	5,022	12.8%
Black African	18,421	2,176	11.8%
Black Caribbean	17,234	2,374	13.8%
Black Other	3,441	472	13.7%
Mixed	20,978	2,348	11.2%
Other	6,199	687	11.1%
White	89,653	6,826	7.6%
Unknown	39,811	3,297	8.3%
Total	211,122	19,368	9.2%

New STI diagnoses rates per 100,000 population ¹⁹	2022
White ethnicity	1,293.6
Black Caribbean ethnicity	2,857.3
Black African ethnicity	1,345.5
All other ethnic groups combined	926.3

¹⁷ Census 2021

¹⁸ GOV.UK National chlamydia screening programme (NCSP) data tables

¹⁹ UKHSA: Spotlight on sexually transmitted infections in London: 2022 data

Sexual and Reproductive Needs in London

- London generally has a higher percentage of non-White ethnic groups compared to England, especially in younger age groups, indicating a more diverse population among children and young adults.
- In London 63.1% were born in the UK and 36.9% were not. Of the people residing in London, people born in the European Union (27.9%), South Asia (19.7%), Sub-Saharan Africa (16.6%) and Central and South America (8.4%) made up the highest proportions of those not born in the UK.
- In London, young people of White ethnicity made up 42.5% of all chlamydia testing activity and Black ethnicity 18.5%, in 2023.
- In comparison to 2022, the largest percentage increase in testing activity was seen in the Asian (4.7%) and Other (3.8%) ethnic groups.
- Young people of Black ethnicity had the highest chlamydia positivity rate. Their rates were statistically higher than the England average. Within in this group, young people of Black Caribbean ethnicity had the highest positivity followed by Black -Other. Young people of White ethnicity had the lowest positivity rate in London
- People from the Black Caribbean ethnic group experience health inequalities related to STIs. 9% of new STIs are in Black Caribbean residents, they have the highest rate at 2,857 per 100,000, twice the rate seen in the White ethnic group. However, compared to other ethnic groups, the Black Caribbean ethnic group also saw the largest fall in its diagnosis rate when 2022 is compared to 2019.
- The White ethnic group has the highest number of new STI diagnoses at 61,201 (56%) and a new STI diagnosis rate of 1,293.6, 14% lower than in 2019 but 24% higher than in 2021.
- The Asian ethnic group had the highest proportional increase in gonorrhoea and syphilis diagnoses in new STI diagnoses when 2023 is compared to 2022.
- The mixed ethnic group had the highest rates of gonorrhoea and syphilis.
- The White ethnic group had the highest absolute number of gonorrhoea and syphilis diagnoses.

Current e-Service

Ethnic Group	STI Kits Ordered	STI Kits Returned	Percentage Returned (%)	Chlamydia Positivity (%)	Gonorrhoea Positivity (%)
African	53997	41473	76.81%	4.88%	1.19%
Bangladeshi	3569	2475	69.35%	3.74%	1.75%
Caribbean	50234	38251	76.15%	5.56%	1.50%
Chinese	10726	8271	77.11%	5.74%	2.39%
Indian	14000	10123	72.31%	3.49%	1.89%
Latin American	7535	5800	76.97%	7.25%	4.49%
Not Stated	2282	1812	79.40%	4.81%	2.70%
Other Asian Background	15639	11886	76.00%	5.37%	2.67%
Other Black Background	5988	4484	74.88%	5.74%	1.64%
Other Ethnic Group	13592	10493	77.20%	4.66%	2.54%
Other Mixed Background	18112	13845	76.44%	5.00%	2.55%
Other White Background	106976	88085	82.34%	4.50%	3.22%
Pakistani	4337	3053	70.39%	3.99%	2.75%
White & Asian	9526	7427	77.97%	4.38%	1.92%
White & Black African	9061	6868	75.80%	5.45%	1.77%
White & Black Caribbean	21808	16437	75.37%	5.71%	1.79%
White British	262276	208618	79.54%	3.75%	2.03%
White Irish	13104	10436	79.64%	4.39%	3.10%

In 2023, Over 60% of all STI and contraception service users are of White British, White Other, Black African and Black Caribbean ethnicity

91.5% of all users rate the SHL.UK service 5 out of 5 stars, most of these users are White British and Other White Background, the largest groups rating the service.

In 2023, 99.1% of all service users who responded to the feedback survey rated the service as 3 stars or more out of 5. There was no statistical difference in the ratings between the different ethnic groups when compared with the total average.

New e-Service

The London and service data in this report highlight the need to work closely with community-based sexual health outreach services and other local partners to target support at, and deliver services to, underserved communities. It also identifies the need for the new service to co-develop strong and inclusive marketing and promotional activities for the service. Both of these requirements will be stipulated in the new service specification.

Commissioners are aware of how diverse the London population is as well as disparities in poor sexual health outcomes. Subsequently, commissioners are considering expanding the entire new service offer, from the online public interface to results management, to encompass multiple languages.

Some minority groups may find it difficult to access the e- service due to cultural and religious beliefs or negative stigma attached to sexual health and subsequently widen the gap in health inequalities. In order to facilitate equal access to sexual health services for all groups, including Black, Asian and Other Minority Ethnic communities, we plan to undertake further engagement and consultation work with key underserved groups to inform the development of the new service specification and evolve the service during the contract term.

PROTECTED GROUP: RELIGION & BELIEF

Findings:

Usual London residents and religion ²⁰	Number	Percentage
Does not apply	0	0.0
No religion	2,380,404	27.1
Christian	3,577,681	40.7
Buddhist	77,425	0.9
Hindu	453,034	5.1
Jewish	145,466	1.7
Muslim	1,318,754	15.0
Sikh	144,543	1.6
Other religion	86,759	1.0
Not answered	615,662	7.0

Key Points

Information on religion is not systematically collected by sexual health services, but all providers are required to operate in accordance with the Equalities Act 2010.

Current e-Service

The current service does not routinely collect activity or satisfaction data by this protected characteristic.

New e-Service

Some service users may choose to decline some interventions if they go against their cultural or religious beliefs. The service will be aware and have a comprehensive understanding of how faith and culture can impact people's choices and decisions related to their health. Furthermore, the service and staff providing clinical healthcare will continue to do their utmost to provide services and clinical care that respects and meets the needs and desires of the service user.

²⁰ Census 2021

PROTECTED GROUP: SEXUAL ORIENTATION

Findings:

London population and sexual orientation ^{21,21}	Percentage
Heterosexual or Straight	86.2%
Gay/Lesbian	2.2%
Bisexual	1.5%
Other	0.5%
Not known	9.5%

Additional data:

HIV diagnoses and route of acquisition ²²	
Men exposed through sex between men	724 (30%)
Men exposed by sex with women	411 (16.8%)
Women exposed by sex with men	564 (23%)
Exposed by injecting drug use for	41 (1.7%)
Vertical transmission	12 (0.5%)
Other exposures for a further	11 (0.5%)

Sexual and Reproductive Needs in London

- Gay, bisexual and other sex who have sex with men (GBMSM) continue to experience health inequalities related to STIs. The estimated new STI diagnosis rate for GBMSM London residents in 2022 was 21,133.3 per 100,000, 15 times higher than the rate observed for Londoners as a whole. However, this rate for GBMSM is likely to be an overestimate, due to under-reporting of gay and bisexual sexual orientations in the census, from which the denominator is derived.
- Where gender and sexual orientation are known, GBMSM account for 49% of London residents diagnosed with a new STI and account for 86% of syphilis and 73% of gonorrhoea diagnoses. The number of new diagnoses in this group have increased compared to 2022.
- In 2022, 192,503 GBMSM had an HIV test, the highest number ever reported, 23% higher than the in 2019, prior to the COVID-19 pandemic.
- In heterosexual and bisexual women, a 5% increase was reported for HIV testing between 2021 and 2022. HIV testing in heterosexual men increased by 13% to 280,767 in 2022 compared to 2021.

²¹ Census 2021

²² UKHSA Spotlight on sexually transmitted infections in London: 2022 data

- The 12% rise in HIV diagnoses first made in the UK amongst people living in London was driven by an increase in diagnoses made among women exposed through sex with men.
- The number of HIV diagnoses among GBMSM first diagnosed in England decreased by 8% from between 2021 and 2022. The decline was highest among GBMSM aged 35 to 49.
- In London, over half (58%) of GBMSM HIV diagnoses were of White ethnicity. The number of diagnoses within this ethnic group decreases by 17% compared to the previous year.
- Diagnoses amongst Black African GBMSM remained relatively stable whereas diagnoses increased amongst GBMSM of Mixed, other and Asian ethnicity.
- The number of HIV diagnoses among people exposed through sex between men and women increased by 12% between 2021 and 2022 in London. Between 2021 and 2022, the number of new HIV diagnoses first made in England in women exposed through sex with men rose by 26% but fell by 3% among men exposed through sex with women.
- Among people exposed by sex between men and women, HIV diagnoses among those first diagnosed in England were highest among those of Black African ethnicity (38%) followed by those of White ethnicity (29%). Between 2021 and 2022, among people exposed by sex between men and women, first diagnoses in England decreased by 1% among those of White ethnicity and 34% among those of Black Caribbean ethnicity but increased by 15% among those of Black African ethnicity, 21% among those of Asian ethnicity and 46% among those of mixed or other ethnicity.
- The number of late HIV diagnoses increased by 16% among men exposed through sex with women and by 5% in women exposed through sex with men
- In 2022, London's proportion (49.3%) of GBMSM repeat testing for HIV had a slight decline compared to 2021 but remains higher than the England average.
- Compared to 2019, there was a decline across London, in people receiving HIV post-exposure prophylaxis (PEP) across all sexual orientation groups in 2022, however there was an increase in provision compared to the previous year. GBMSM made up the highest proportion of PEP users as well as the increase in activity.
- HIV pre-exposure prophylaxis (PrEP) is a key component of prevention and involves the use of antiretroviral medicines by HIV negative people to reduce the risk of HIV acquisition. In 2022, the proportion of HIV negative people attending specialist sexual health services defined as having a need for HIV pre-exposure prophylaxis (PrEP) remained highest in GBMSM at 69%, compared to 1.8% in heterosexual men and 0.8% in heterosexual and bisexual women.
- Among HIV negative people, the age group with the highest proportion of PrEP need were those aged 35 to 49 in GBMSM (69%), 50 to 64 in heterosexual men (2.3%) and 65 and over in heterosexual and bisexual women (1.8%)
- Among people with PrEP need, the proportion who initiated or continued PrEP rose slightly in GBMSM to 74% in 2022; however, there were larger increases in heterosexual men and in heterosexual and bisexual women.

Current e-Service

Assigned Sexual Orientation Group	STI Kits Ordered (%)	STI Kits Returned (%)	Percentage Returned (%)	Chlamydia Positivity (%)	Gonorrhoea Positivity (%)
Men who have sex with men	106304	90037	84.70%	6.89%	8.00%
Men who have sex with men and women	15853	13101	82.64%	4.51%	4.77%
Men who have sex with women	145478	114522	78.72%	4.20%	0.45%
Other	31341	21631	69.02%	3.99%	4.37%
Women who have sex with men	290947	225097	77.37%	3.76%	0.72%
Who have sex with women and men	9050	6601	72.94%	2.72%	0.67%
Women who have sex with women and men	23789	18848	79.23%	2.88%	1.21%

17.1% of all STI kits were ordered by men who have sex with men, 23.4% men who have sex with women and 46.7% women who have sex with men.

41.1% of the service users assigned by the STI testing as men who have sex with men were of White British ethnicity, 28.8% were of Other White ethnicity and 3.7%, were of Other Asian ethnicity.

Of the service users assigned to the women who have sex with men sexual orientation group, 43.3% were of White British ethnicity, 14.9% were of Other White ethnicity and 9.3% were of Black Caribbean ethnicity.

In 2023, 99.1% of all service users who responded to the feedback survey rated the service as 3 stars or more out of 5. There was no statistical difference in the ratings between the assigned sexual orientation groups when compared with the total average.

New e-Service

The new service will continue to be fully accessible and inclusive to all person's residing in the commissioning local authorities. Sexual orientation is highly subjective therefore the new service will continue to use clinical risk assessments and sexual history to determine service need and STI testing requirements.

Repeat testing reminders, swift results communication and partner notification will continue to be expectations in accordance with clinical guidelines under the new service specification. Commissioners are acutely aware of the increase in HIV diagnoses amongst heterosexual people and the disparities in PrEP initiation and uptake across London; therefore, during the length of the new service contract, the ambition is to add clinical pathways to the new service for prescribing decisions, drug delivery and monitoring for PrEP, in accordance with national guidelines.

There is no evidence to suggest that the proposed changes will have a disproportionately negative impact on users in this cohort.

PROTECTED GROUP: SOCIOECONOMIC GROUP DEPRIVATION

Findings:

	Number of LSOAs in London ²³	Percentage of LSOAs ²⁴	New STI diagnoses in 2022 per 100,000 population ²⁵
Deprivation Decile 1 - Most deprived	107	0.4	1,922
Deprivation Decile 2	1,376	5.6	1,939
Deprivation Decile 3	2,433	9.8	2,103
Deprivation Decile 4	2,644	10.7	1,808
Deprivation Decile 5	2,795	11.3	1,470
Deprivation Decile 6	3,192	12.9	1,392
Deprivation Decile 7	3,066	12.4	1,092
Deprivation Decile 8	3,304	13.3	979
Deprivation Decile 9	3,663	14.8	7, 171
Deprivation Decile 10	2,190	8.8	537

Sexual and Reproductive Needs in London

- Overall, London is less deprived, compared to other parts of England according to the 2019 Index of Multiple Deprivation (IMD), which combines measures across seven distinct aspects of deprivation. Between 2015 and 2019, London saw a reduction in the number of local authorities ranked in the top 50 most deprived on each of the summary measures produced at local authority level.
- In 2019, while there were no London local authorities ranked in the top 50 by proportion of LSOAs in the most deprived 10%
- The majority of teenage parents and their children live in deprived areas and often experience multiple risk factors for poverty, experiencing poor health, social and economic outcomes and inter-generational patterns of deprivation²⁶.
- Whilst service user local authority of residence and postcode are routinely collected by sexual health providers as part of national surveillance systems, it is not routinely published nor provided to commissioners.
- Women living in the most deprived areas of England are more than twice as likely to have abortions than women living in the least deprived areas. In 2021, the rate in the most deprived decile was 27.5 per 1,000 females, compared to 12.6 per 1,000 females living in the least deprived areas. The correlation between deprivation and abortion rates was true across different age groups and different regions of England²⁷.

²³ London Datastore – Greater London Authority

²⁴ London Datastore – Greater London Authority

²⁵ UKHSA SPLASH report 2022

²⁶ Department of Health: Teenage Pregnancy National Support Team: Effective Public Health Practice

²⁷ Office for Health Improvement & Disparities (OHID): Abortion statistics, England and Wales: 2021

- With the exception of young people residing in the least deprived areas in England where chlamydia testing coverage in 2023 was 11%, coverage in the other deprivation quintiles were similar and in the region of 15%. Percentage coverage by gender and deprivation decile followed a similar pattern.
- The chlamydia positivity rate across the different deprivation quintiles were similar. However diagnostic rates decreased as the level of deprivation decreased. population²⁸.
- New STI diagnosis rates were highest in LSOAs which fall into the decile of highest deprivation (1,934 per 100,000 population) and then fall with each decile, reaching 497 for the decile of lowest deprivation

Current e-Service

Deprivation Decile	STI Kits Ordered	STI Kits Returned	Percentage Returned (%)	Chlamydia Positivity (%)	Gonorrhoea Positivity (%)
1-Most	16398	12603	76.86%	4.91%	2.30%
2	107069	83136	77.64%	4.77%	2.37%
3	131420	102531	78.01%	4.75%	2.40%
4	104642	82502	78.84%	4.49%	2.42%
5	71378	56393	79.01%	4.07%	2.10%
6	65122	51514	79.10%	4.22%	2.15%
7	44212	35082	79.35%	4.05%	1.88%
8	38331	30754	80.23%	3.93%	1.82%
9	28995	23178	79.94%	3.85%	1.63%
10-Least	12337	9909	80.32%	3.95%	1.55%

In 2023, 69% of STI kit orders came from users residing in areas with higher levels of deprivation (IMD 1-5). Kit return rates were inversely correlated with levels of deprivation, ranging from 77% in the most deprived areas (IMD 1-5), to 89% in the least deprived areas (IMD 6-10).

Over 66% of all service users ordering STI kits, 75% of emergency hormonal contraception prescriptions and 80% of routine contraception orders are from people residing in the more deprived areas in London .

In 2023, 99.1% of all service users who responded to the feedback survey rated the service as 3 stars or more out of 5. There was no statistical difference in the ratings between the different deprivation groups when compared with the total average.

New e-Service

The new service will continue to be accessible online in all neighbourhoods within the commissioning local authority and will continue to collect user postcode and local authority information.

There is no evidence to suggest that the proposed changes will have a disproportionately negative impact on users in this cohort.

²⁸ GOV.UK National chlamydia screening programme (NCSP) data tables

Data Gaps

Data gap(s)	How will this be addressed?
Service users to self-report if they have any disabilities and nature of their disability	It will be a requirement under the new service contract to routinely report these data points as agreed with commissioners

3. STAKEHOLDER ENGAGEMENT, MITIGATIONS AND CHANGE

As part of their pan-London sexual and reproductive health needs assessment, the LSHP team compiled a list of VCSEs and Community Advocates operating in London for priority groups and invited them to be interviewed during summer 2024.

Interviewees were asked the questions about their SRH online and in-person service needs. Salient points raised during the interview process were identified through thematic analysis of the transcripts.

General findings relevant to all sexual health services and those specific to the e-service have been included in this section of the report.

Individuals/Groups	Main Findings	Date
Gay, Bisexual and Other Men who have Sex with Men (GBMSM) Interview with Voluntary, community and social enterprises (VCSE) community advocate	<ul style="list-style-type: none"> • The sexual health system has worsened over time, with disconnected services and poor coordination despite some services working well. • Long delays in clinic appointments create frustration and hinder access to timely care. • Non-English speakers face challenges due to a lack of multilingual services and difficulty navigating the system. • Clearer, more accessible, and multilingual sexual health promotion materials are needed to ensure all communities are well-informed. • Chemsex particularly the use of 'G,' poses significant health risks within the GBMSM community, but support remains limited due to its intersection with mental health, substance misuse, and social issues. • A centralised booking system across London would help distribute demand, allowing users to find clinics that meet their immediate sexual health needs. 	15/10/24

Individuals/Groups	Main Findings	Date
<p>GBTQ+ Men from South Asian Communities</p> <p>Interview with VCSE community advocate</p>	<ul style="list-style-type: none"> • Chemsex, particularly involving substances like crystal meth, is a growing issue in the South Asian LGBTQ+ community, requiring targeted harm reduction and education efforts. • South Asian LGBTQ+ men favour online services for confidentiality but face challenges due to fears of being outed in multigenerational households. • Community-based services offer discreet care, making them highly valued by South Asian LGBTQ+ men. • Maintaining confidentiality is a key concern for South Asian LGBTQ+ men when accessing sexual health services. • Sexual health services must prioritise cultural sensitivity and inclusivity, supported by a diverse and culturally competent staff. 	<p>13/08/24</p>
<p>Latin Communities</p> <p>Interview with VCSE community advocate</p>	<ul style="list-style-type: none"> • Limited English proficiency among Latin Americans in London hinders access to sexual health services, with mistrust and language barriers contributing to low up take of online testing. • Fears of exposing immigration status and lack of awareness about confidentiality policies deter many Latin Americans from seeking sexual health services. • Mistrust of online services stems from poor healthcare experiences in home countries and limited understanding of NHS confidentiality and quality in the UK. • Face-to-face interactions are more effective than digital outreach or printed materials for engaging Latin American community members. 	<p>13/08/24</p>
<p>LBQ+ South Asian Women & Other Women of Colour</p> <p>Interview with VCSE community advocate</p>	<ul style="list-style-type: none"> • South Asians are more likely to access sexual health services through referrals, indicating poor awareness and access. • Access Barriers: Concerns about confidentiality, stigma, cultural insensitivity, judgmental attitudes, inconvenient locations, opening times and long waits hinder service access. • Women often feel embarrassed, especially when examined by male staff, reflecting cultural discomfort and low sexual health prioritisation. • South Asians generally have lower HIV awareness compared to the public and associate HIV with stigma and taboo behaviours. 	<p>07/10/24</p>

Individuals/Groups	Main Findings	Date
Trans & Non-Binary People Interview with VCSE community advocate	<ul style="list-style-type: none"> • Clinic-Based Services: Many trans people avoid in-person care due to misgendering, lack of provider knowledge, and fear therefore prefer e-services. This highlights the need for more inclusive and informed healthcare environments. • Gender-Affirming Care: Limited data on trans health complicates care; accessing hormone therapy, blood work, and bridging prescriptions remains a significant challenge, often leading to DIY treatments. • Access to PrEP: Barriers include lack of awareness, misconceptions about PrEP's target audience. Some healthcare spaces are perceived to be unsafe and therefore discourage trans individuals from seeking support and healthcare. 	14/08/24 01/10/24
Black African Interview with VCSE community advocates	<ul style="list-style-type: none"> • Black African communities fear privacy breaches and stigma when visiting clinics or sharing personal information online. • Services should reach communities directly to overcome barriers like stigma, outing fears, and logistical challenges. • Many community members lack awareness or distrust online services, highlighting a need for clear communication on offerings and data protection. 	13/08/24
Sex Workers Interview with VCSE community advocate	<ul style="list-style-type: none"> • Fear of disclosing their profession leads to stigma and reluctance among sex workers to seek care. • Limited access to technology, digital literacy challenges, and impersonal online systems hinder sex workers' use of digital services. • The cost of contraception and sexual health supplies remains a significant barrier for sex workers. • Enhance Communication and Messaging: Improve communication about the availability and confidentiality of services to build trust among sex workers. 	30/08/24

The London Sexual Health Programme analysed Trustpilot reviews from the past 13 months and conducted a short survey of SHL.UK users after ordering a test kit, gathering ratings and feedback on service satisfaction.

The review aimed to assess service users' acceptance and satisfaction with SHL.UK

- SHL.UK received 160 Trustpilot reviews, averaging 4.6 out of 5 stars.
- 80% rated 5 stars, 3% rated 4 stars, less than 1% rated 3 stars, 2% rated 2 stars, and 15% rated 1 star.
- Common complaints: false positive results, restrictions on ordering kits, and challenges with blood collection.
- Positive feedback: discreet service, easy-to-use website, fast results, and supportive follow-up care.
- A notable review praised SHL.UK's domestic abuse triage questions, highlighting the service's ability to support vulnerable individuals.
- 98.6% of 28,542 survey respondents would recommend SHL.UK to others, with some local authorities showing 99% recommendation rates.
- Service ratings by ethnicity: 91.5% of users rated SHL.UK 5 stars, with high satisfaction among African and Caribbean users (86.5% and 84.2%, respectively).
- Service ratings by age: The service is particularly well-regarded by 16–17-year-olds, with 90% giving 5 stars.
- Ratings by partner sex: 92.3% of women who have sex with men, 89.8% of men who have sex with women, and 91.3% of men who have sex with men gave 5-star ratings.
- Ratings by deprivation decile: 91.1% of users in higher deprivation areas (deciles 2, 3, and 4) rated the service 5 stars

Resident Survey (SHL Feedback) - March - May 2024

The resident survey was developed with and circulated to London sexual health commissioners in March 2024

The survey was closed in May 2024 and responses were analysed by the Public Health team at London Borough of Brent Council.

- When asked this question, 88% of the 646 respondents rated their experiences 4 out of 5 or more.
- Ratings for SHL.UK generally became less favourable with age, though not significantly.
- Male-female comparisons for SHL.UK were similar.
- Black respondents gave the lowest SHL.UK ratings (after those who did not disclose ethnicity).
- Ratings for SHL.UK across ethnic groups did not differ significantly overall.
- Respondents with a disability rated SHL.UK less favourably than those without; clarity of information and feeling respected were the only areas with significant differences.
- Those with a disability that limited them a lot gave SHL.UK the least favourable ratings, though not significantly lower in most cases.
- Positive feedback: discreet service, easy-to-use website, fast results, and supportive follow-up care. A notable review praised SHL.UK's domestic abuse triage questions, highlighting the service's ability to support vulnerable individuals.
- Booking and Appointment Systems: There is a desire for an improved, user-friendly booking system with options for advance scheduling.
- A need for face-to-face Services: While online services are valued, there is significant demand for in-person services to address conditions unsuitable for virtual consultations.
- Promotion and Awareness: many are unaware of available online services; better promotion is needed through social media, public spaces, and targeted outreach to diverse communities.
- Expanded Testing and Services: Calls for broader testing options, including bacterial vaginosis (BV), yeast infections, herpes, and comprehensive mental health support through the online service.
- Privacy and Confidentiality: Concerns about confidentiality in online services, particularly regarding test results and appointment details, need to be addressed.
- Integration with Other Services: Better collaboration with GPs, pharmacies, and other public health services (e.g., mental health, substance use) is essential for holistic care.
- Improved Technology and Systems: Requests for more intuitive, mobile-friendly platforms, quicker responses, live chat options, and clearer instructions for home testing kits.

What changed as a result of the consultations?

In light of the extensive engagement and consultation work undertaken with service users, residents and community advocated for some of the most marginalised groups in London, the LSHP recommended that we:

- Strengthen the referral system between the e-service and London clinics for effective transfer of care
- Establish clear referral pathways from the e-service and clinical sexual health services into key local or subregional services including but not limited to safeguarding, Chemsex, psychosexual and mental health services
- Work in partnership to establish a centralised appointment booking system across all London sexual health services. This could be commissioned as standalone endeavour as a London Sexual Health Programme priority

Continuing to commission the London sexual health and contraception e-service. Immediate action under the current service contract could include:

- improving the way in which we communicate service privacy and confidentiality as well as that it is free of charge to service users across promotional materials and the service's website
- using imagery strategically on the website to reinforce the inclusive nature of the service incorporate chlamydia screening for young people under 25 years into the service offer
- delivering training for key Voluntary, community and social enterprises (VCSE) organisations in London, that develops confidence and competence with blood collection
- innovating the service to make best use of advances in prevention and care including access to HIV PrEP and self-testing for specific infections

As part of the new service, it is recommended:

- the contraception service offer becomes a core service offer across all participating local authorities
- the digital interface provides an up-to-date directory of key local or subregional services in a position to better support residents with additional needs that are beyond the scope of the sexual health clinic contract
- The service is required to be more proactive with tailored promotion of the service to specific segments of the London population.

Further Engagement or Consultations Planned

Consultation Planned	Date of consultation
Undertake further consultations with LGBTQ Women, South Asian MSM about their SRH needs as well as other groups of Londoners who intentionally use psychoactive drugs during sex.	TBD

4. MONITORING AND REVIEW

Will you monitor and review the impact of the proposal once it has been put into effect, if so how? What are the timescales for reviewing the EQIA once proposals are implemented?

This may take the form of an action plan.

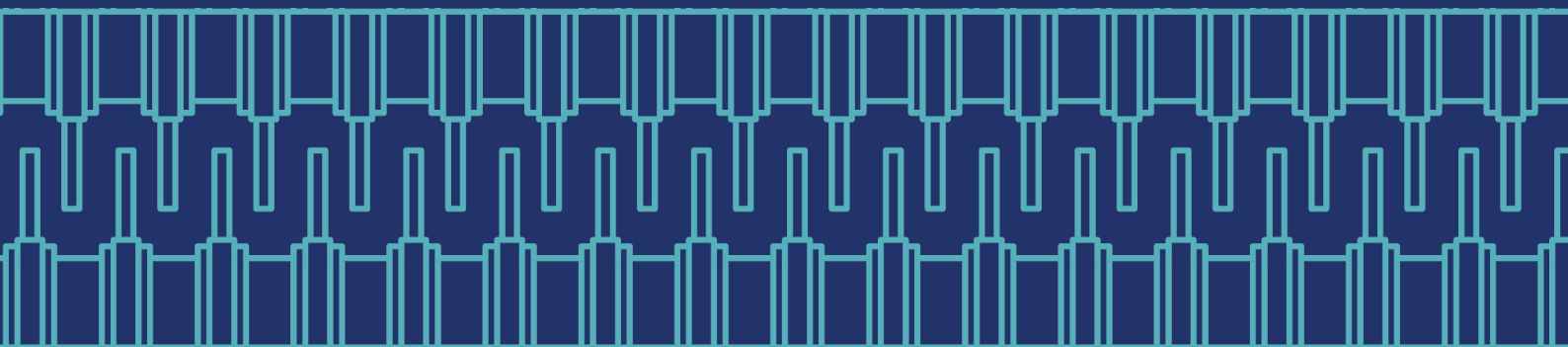
EQIA Action Plan

Action	Lead Officer	Deadline
Share the finalised EQIA with London local authorities commissioning the e-service for transparency, demonstration of commitment and accountability around delivery	LSHP	28/03/2025
Consolidate the final version of the EQIA into a document outlining, London's sexual and reproductive needs, the current e-service provision and proposals for the new service	DG	01/05/2025
Take the EQIA overview to the LSHP Equality, Diversity and Inclusion Advisory Group (EDIAG) to scrutinise the changes proposed to the e-service and amend document	MH	01/05/2025
Inform the new service requirements by taking the amended EQIA overview to the e-service specification development group	MB	26/03/2025
Hold the e-service provider to account for delivery of service and that it aligns with the EQIA throughout the contract management process	AK	Ongoing
Use the EQIA and e-service specification to inform the EDIAG Allyship Toolkit and Strategy for sexual health services commissioned across London	MH	TBC
Upon contract award, facilitate coproduction of service website content and marketing materials with EDIAG members	AK/DG	02/03/2036 - 15/08/2026
Service provider is to review service impact, uptake and satisfaction annually. The report will be shared with the EDIAG group	AK	Ongoing

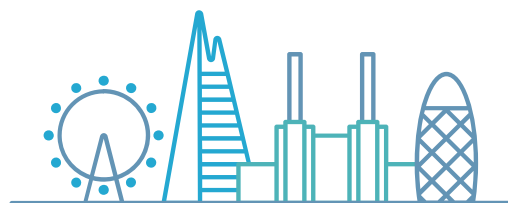
5. RECORDING YOUR DECISION AND SIGN-OFF

Due to the extensive consultation undertaken, no changes are required to the plans cited in this document. Several actions are currently underway. The City of London Corporation EEDI Lead and the UK Equalities Commission have been consulted as part of the execution of this document.

The LSHP will now seek sign off from the EEDI Lead, our Assistant Director of Partnerships & Commissioning in the Community & Children's Services Department and the London Sexual Health Programme's EDIAG.



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