

Hammersmith & Fulham Sexual and Reproductive Health Needs Assessment

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
BBV	Blood Borne Viruses
COVID-19	Coronavirus Disease 2019
CWFT	Chelsea and Westminster Hospital NHS Foundation Trust
EHC	Emergency Hormonal Contraception
FGM	Female Genital Mutilation
GBMSM	Gay, Bisexual and other Men who have Sex with Men
GP	General Practice
GUMCAD	Genitourinary Medicine Clinic Activity Database
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HSV	Herpes Simplex Virus
ICHT	Imperial College Healthcare NHS Trust
ICB	Integrated Care Board
ISRH Services	Integrated Sexual & Reproductive Health Services
IUD	Intra-uterine device

IUS	Intra-uterine system
LARC	Long-Acting Reversible Contraception
LGBT+	Lesbian, Gay, Bisexual, Transgender and other identities
NCSP	National Chlamydia Screening Programme
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PEP	Post-Exposure Prophylaxis
PHOF	Public Health Outcomes Framework
PID	Pelvic Inflammatory Disease
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
SHL	Sexual Health London
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UKHSA	UK Health Security Agency
UNAIDS	The Joint United Nations Programme on HIV/AIDS
VAWG	Violence Against Women and Girls

Executive Summary

Sexual and Reproductive Health (SRH) continues to be a public health priority across the capital and in Hammersmith & Fulham. The borough has a duty, as do all local authorities, to improve the sexual health of young people and adults whilst reducing inequalities.

The borough has seen an increase in STI diagnoses and an increase in testing following the roll out of Pre-Exposure Prophylaxis (PrEP) combined with an increase in sexualised drug use. Locally we have fewer GPs conducting Long-Acting Reversible Contraception (LARC) fittings with patients preferring to go to SRH Services. This needs assessment will be used to inform strategic planning on delivering SRH Services across the borough.

Hammersmith & Fulham has a diverse and transient population with individuals from many different ethnic backgrounds and just under half of all residents born outside of the UK. The borough has a younger than average population and has one of the largest proportions of LGBT+ population. These aspects of Hammersmith & Fulham's population create specific challenges for SRH Services, as poor sexual health outcomes continue to disproportionately affect some groups more than others, with

minority ethnic communities, young people and gay, bisexual and other men who have sex with men (GBMSM) shown to have the greatest burden of poor sexual health outcomes.

Hammersmith & Fulham have a network of SRH clinics including GPs and pharmacies who provide a range of contraception to residents. As part of the SRH system, we provide outreach and deliver a number of campaigns. Our ambition is to reduce health inequalities by prioritising vulnerable groups to ensure interventions do not widen existing inequalities in sexual and reproductive health.

Our services in the borough contribute to the early diagnosis of HIV which in turn reduces transmission of HIV, a decline in abortion rates in 2022 compared to London and England is due to the access to contraception including LARC in SRH clinics. We also have substance misuse services embedded within sexual health to address sexualised drug use. However, there is a growing demand for SRH Services, we have a gap in ensuring services are inclusive of the priority groups. It is managing these challenges and creating a sexual health system that addresses the needs of our residents, through robust partnership working and innovative approach to delivering services.

The **World Health Organisation** describes sexual health as ‘*a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, and infirmity. Sexual health requires a positive, 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. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled*’¹.

The principal aim of this needs assessment is **to provide a systematic and comprehensive evaluation to understand current and future sexual and reproductive health (SRH) needs of the Hammersmith & Fulham population**. This will inform related

commissioning intentions, policy direction and strategy development to meet the SRH needs of residents.

The objectives are to:

- Describe the picture of SRH in Hammersmith & Fulham, examining trends in outcomes of the population, including those related to contraception, abortions, STIs, and HIV, and how they relate to different demographics.
- Understand the different SRH needs of the population of Hammersmith & Fulham and establish service demand across services on offer.
- Understand how and if the SRH needs of residents are being met and identify any inequalities among groups who have poorer SRH outcomes or are under-represented

in-service provision, making recommendations on how this can be addressed.

- To describe current service provision with regards to testing, prevention, and management of SRH in Hammersmith & Fulham, considering the broad range of services provided by primary care, specialist SRH Services, other locally commissioned services, and the voluntary and community sector.
- To determine whether existing services meet the needs of Hammersmith & Fulham residents, identify gaps in services and areas of unmet need, and discuss recommendations for improvement.

SRH is a key public health priority for **local authorities**, the **NHS**, and **voluntary sector-based organisations**.

SRH is not just about preventing disease, it also means promoting good sexual health in the context of wider determinants of health including social and cultural norms, economic status, education and health literacy, as well as relationships, sexual orientation, gender identity and sexual rights.

Findings from the **National Surveys of Sexual Attitudes and Lifestyle** show most adults in the UK are sexually active², but good sexual health is not equally distributed. There is evidence of links between deprivation and STIs, HIV, teenage conceptions and abortions. The highest burden is on **women, GBMSM, young people, trans community**, and **people from ethnic minority groups**.

The consequences of poor sexual health can be serious and have long lasting impact. This can include:

- Stigma and discrimination influencing ability to access services
- Ectopic pregnancies and infertility as a result of pelvic inflammatory disease, epididymitis, orchitis, prostatitis, reactive arthritis, mpox
- Cervical and other genital cancers from human papillomavirus infection
- Chronic liver disease and liver cancer from viral hepatitis
- Bacterial vaginosis and premature delivery
- Unplanned pregnancies and abortions

- Recurrent genital herpes and genital warts
- Vertical transmission of STIs, which can result in low-birth weight, prematurity, still-birth, neonatal infections and death
- Psychological consequences of sexual coercion and abuse
- Poor educational, social, and economic opportunities for teenage mothers
- HIV related illnesses
- Earlier onset of conditions normally seen in older age amongst people living with HIV
- Requirement for lifelong adherence to Anti-Retroviral Therapy (ART) for HIV³

National Sexual Health Strategy⁴

In 2013, the UK Government published 'A Framework for Sexual Health Improvement in England', coinciding with local authorities taking over responsibility for commissioning most SRH Services⁵. The framework outlined key priorities to enhance the sexual health and wellbeing of the population, including reducing STI rates, reducing onward transmission of HIV and preventable deaths from HIV, decreasing unwanted pregnancies among women of reproductive age, providing women seeking an abortion the opportunity to discuss options with a trained professional, and lowering teenage conception rates.

The 2019 All-Parliamentary Health and Social Care Select Committee on Sexual Health⁶ acknowledged some progress in improving the nation's sexual health, including reductions in certain STIs and teenage conceptions. However, it highlighted the national frameworks primary focus on sexual health, with limited

integration of reproductive services and women's health particularly compromised.

In response to the All-Parliamentary report, the government committed to developing a new national sexual strategy by 2022 with the aim to set a vision and direction for SRH across England in the modern era. However, the revised national strategy has been paused and is yet to be delivered.

Towards Zero: The HIV Action Plan for England, 2022-2025⁷

The UK Government made a commitment to zero new transmission of HIV, AIDS and HIV-related deaths in England by 2030. To successfully progress towards the goals, four key objectives are in place:

- Ensure equitable access and uptake of HIV prevention programmes
- Scale up HIV testing
- Optimise rapid access to treatment and retention in care
- Improving the quality of life for people

living with HIV and addressing stigma.

It is expected that the HIV Action Plan will be updated in 2025 when it comes to an end to assess targets set for 2030.

PHE Pregnancy Prevention Framework, 2018⁸

The framework identifies ten key factors to maintain the decline in teenage pregnancy rates. It emphasises supporting young people in delaying sex until they are ready, fostering healthy and consensual relationships, and promoting the use of contraception to prevent unintended pregnancies.

PHE Syphilis Action Plan, 2019⁹

The plan was published to address the rise in syphilis cases nationally, focusing on increased testing for high-risk groups such as GBMSM, partner notification delivery, antenatal screening, and targeted health promotion.

Women's Health Strategy for England, 2022¹⁰

The strategy sets out a 10-year plan to improve the health and wellbeing of women and girls, focusing on areas such as menstrual health, fertility, pregnancy, menopause, mental health, cancers, and the impacts of violence. The plan aims to enhance health outcomes and improve engagement by taking a life course approach, focusing on women's health policy and services throughout their lives, embedding best practices, and ensuring women's voices are represented in policy making and the health and care system.

Men's Health Strategy for England¹¹

In November 2024, the Health and Social Care Secretary announced plans for a men's health strategy to address the biggest issues affecting men of all ages. The strategy will emphasise the importance of reducing stigma around men's health issues, encouraging open communication,

and fostering a supportive environment for seeking care. By integrating these elements, the strategy seeks to improve overall health outcomes, including SRH, and ensure men receive the necessary resources and support for their well-being.

UKHSA STI Prioritisation Framework, 2024¹²

The framework offers an evidence-based approach to prioritisation for planning and delivery of SRH Services, with a focus on controlling STIs to prevent adverse health outcomes and reducing health inequalities through a three-pronged approach:

- **Situation** - Assess the local population's needs, service demand, and supply.
- **Target Groups** - Identify and prioritise specific population groups at highest risk of adverse health outcomes.
- **Interventions** - Implement and evaluate appropriate interventions across seven domains: education and empowerment, condoms, biomedical interventions,

diagnostic technologies, testing, treatment, and partner notification.

Data and Evidence

This needs assessment uses the most up to date available data (assessed between March and December 2024) from sources including:

- Public Health Outcome Framework¹³
- Sexual and Reproductive Health Profiles¹⁴
- Summary Profile of Local Authority Sexual Health (SPLASH)
- GUMCAD STI Surveillance System¹⁵
- Sexual and Reproductive Health Activity Data Set (SRHAD) collection¹⁶
- Pathway Analytics¹⁷
- Preventx for Sexual Health London (SHL) e-services¹⁸

The Health and Social Care Act 2012 set out the commissioning responsibilities for Sexual Health and HIV services⁵. Since April 2013, **local authorities have had responsibility for commissioning the majority of SRH Services for their local populations**, with some specialist services commissioned by Integrated Care Boards (ICBs) and other national level provision by NHS England [Table 1]¹⁹.

Genitourinary Medicine (GUM) provision is open access, meaning residents can attend a clinic anywhere in the UK without a referral²⁰.

In a response to tackling the provision of services across London, 30 London boroughs formed the **London Sexual Health Programme (LSHP)**. This is a collaboration of commissioners and providers to ensure services across London are equitable. The main focus of the LSHP is commissioning and managing the online sexual health service.

Table 1 - Commissioning responsibilities of local HIV sexual and reproductive health services

Local Authorities	ICBs	NHS England
<ul style="list-style-type: none">• Most contraceptive services• STI testing and treatment• HIV testing• PrEP• Specialist SRH Services:<ul style="list-style-type: none">• young people’s sexual health• teenage pregnancy services• outreach• HIV prevention• sexual health promotion• services in schools, colleges and pharmacies	<ul style="list-style-type: none">• Most abortion services• Sterilisation• Vasectomy• Non-sexual-health elements of psychosexual health services• Gynaecology, including contraception for non-contraceptive purposes	<ul style="list-style-type: none">• Contraception provided as an additional service by GPs• Prison sexual health services• Sexual assault referral centres• Cervical screening• Specialist fetal medicine services• HIV treatment and care (transfers to ICBs in April 2025)

Hammersmith & Fulham Population

Hammersmith & Fulham has an estimated 183,157 residents, which has remained relatively static in the last decade. It is the sixth most densely populated of London’s local authorities²¹. With 1,239 people recorded as intending to stay or leave the borough within a year, the 13th highest in the country, it has a highly transient population.

Age

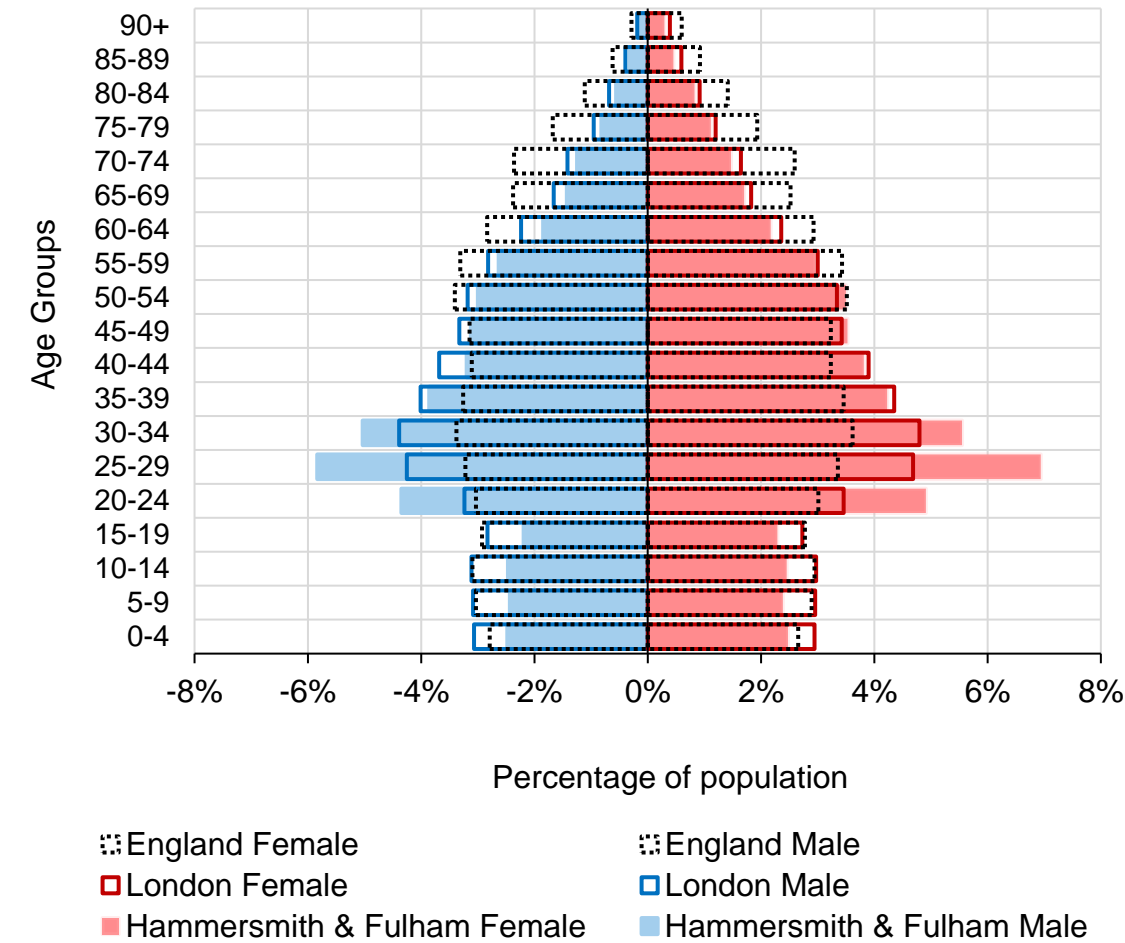
The borough has a higher proportion (74.1%) of residents aged 16-64 years than London (68.9%) and England (63.0%) [Figure 1]. The median age in Hammersmith & Fulham is 34 years, lower than England (40 years).

Sex and Gender Identity

Females account for 53.1 per cent of the total population and males make up 46.9 per cent, slightly higher than London (51.5% female, 48.5% male) and England (51.0% female, 49.0% male).

The proportion of people in the borough aged 16 and over who stated their gender identity was different from their sex at birth was 0.7 per cent. However, 7.8 per cent of residents did not answer, and therefore may have underreported.

Figure 1 - Percentage of usual resident population by age and sex, by area, 2021



Ethnicity

The borough is ethnically diverse. In 2021, the ethnic breakdown was as follows: 63.2 per cent White, 12.3 per cent Black, 10.5 per cent Asian, 6.7 per cent Mixed, and 7.3 per cent identifying with other ethnic groups [Figure 2].

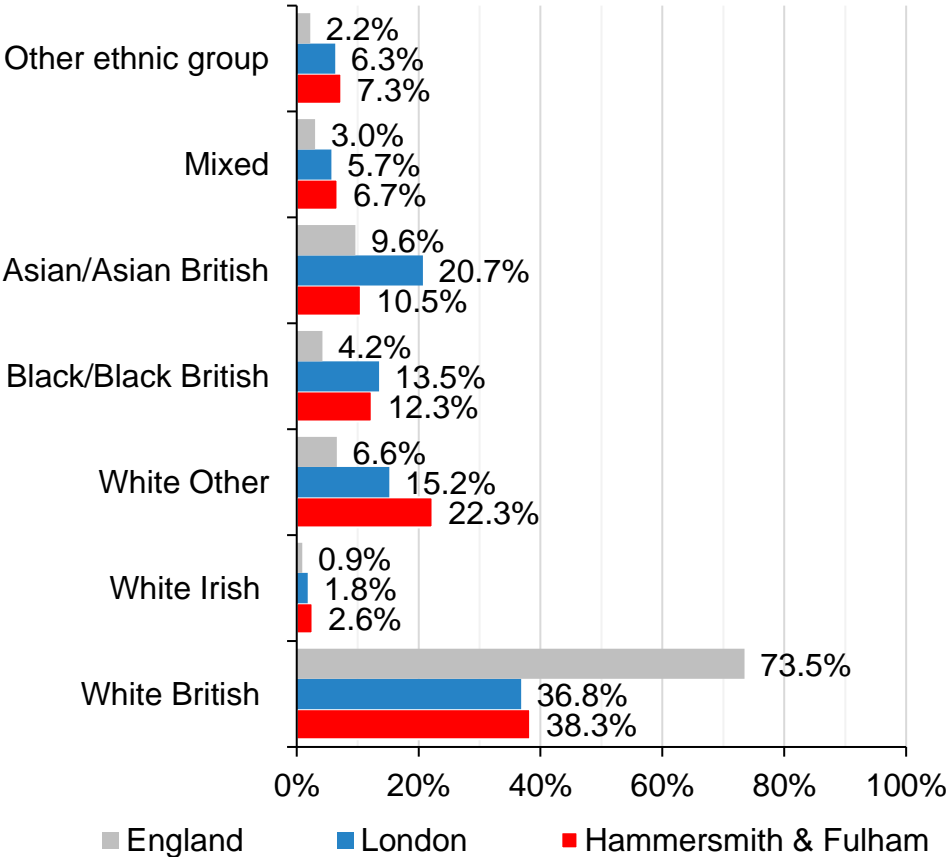
Sexual Orientation

In 2021, 85.0 per cent of Hammersmith & Fulham’s population identified as straight or heterosexual, while **5.3 per cent identified with an LGB+ orientation** (Lesbian, Gay, Bisexual, or other sexual orientation). The largest proportion was Gay or Lesbian (3.1%), similar to London (3.2%), but significantly higher than England (1.5%).

Deprivation

Hammersmith & Fulham is ranked 112th out of 317 English Local Authority Districts for deprivation using the 2019 Index of Multiple Deprivation²². Approximately 1% of Hammersmith & Fulham residents live in the most deprived decile of neighbourhoods, with approximately 17% of residents living in the second most deprived.

Figure 2 - Percentage of usual resident population by ethnicity, by area, 2021



Local Service Provision

The local **Integrated Sexual & Reproductive Health (ISRH)** provider for Hammersmith & Fulham and the Inner North West London sub-region are **Chelsea & Westminster Hospital NHS Foundation Trust (CWFT)** and **Imperial College Healthcare NHS Trust (ICHT)**. 10 Hammersmith Broadway is the sole sexual health clinic in Hammersmith & Fulham; however, residents have open access to any SRH clinic in England.

Residents of Hammersmith & Fulham tend to attend clinics in the borough or online services, with a decrease in residents attending clinics outside of the borough.

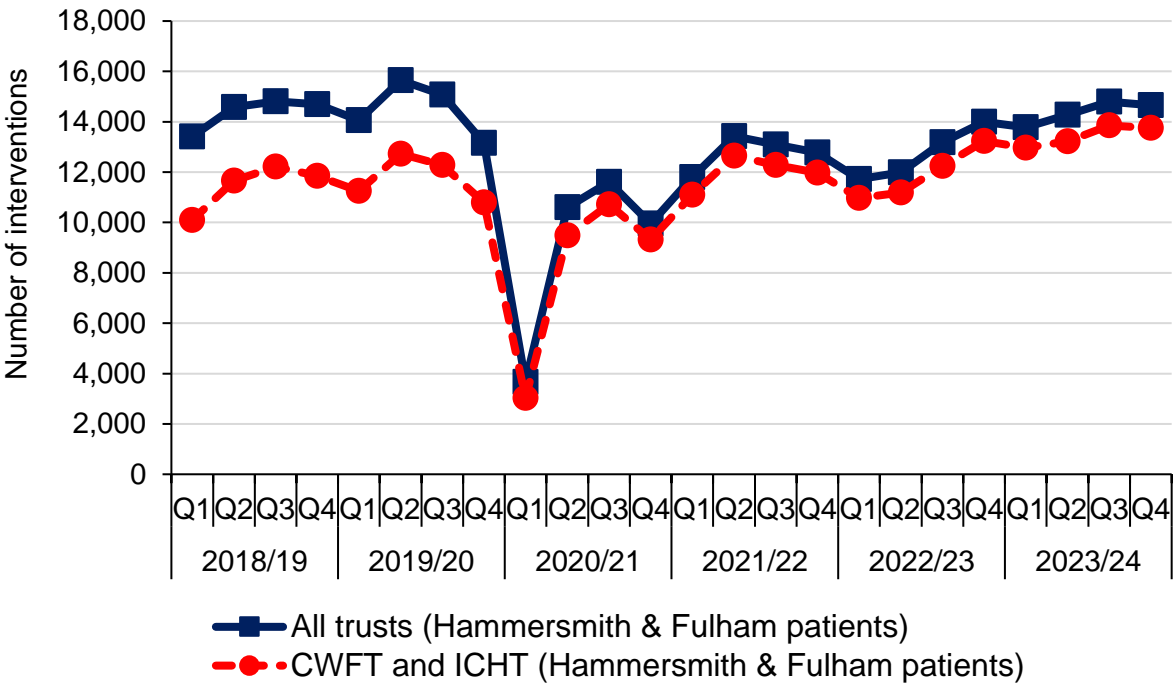
In 2023, over half of all attendances to SRH services (54.2%) for Hammersmith & Fulham residents were through Preventx, the online SRH Service provider. The most visited in-person specialist SRH clinic was 10 Hammersmith Broadway, accounting for almost a quarter (24.8%) of all attendances, and more than half (54.3%) of attendances in physical clinics¹⁵.

Data on clinical interventions is sourced from Pathway Analytics¹⁷. Patients may have multiple interventions in one appointment.

In 2020, due to restrictions of the pandemic, a sharp decline in the number of interventions was seen among patients attending clinics. In addition, the Mpox outbreak in the UK which started in May 2022 further impacted the post-COVID-19 recovery of SRH Services.

There has been a steady increase in activity in SRH Services since 2022 [Figure 3]. **Interventions provided to Hammersmith & Fulham residents in CWFT and ICHT clinics increased by 25 per cent between 2022/23 to 2023/24.**

Figure 3 - Number of interventions by Hammersmith & Fulham residents attending SRH Services, 2018/19 to 2023/24

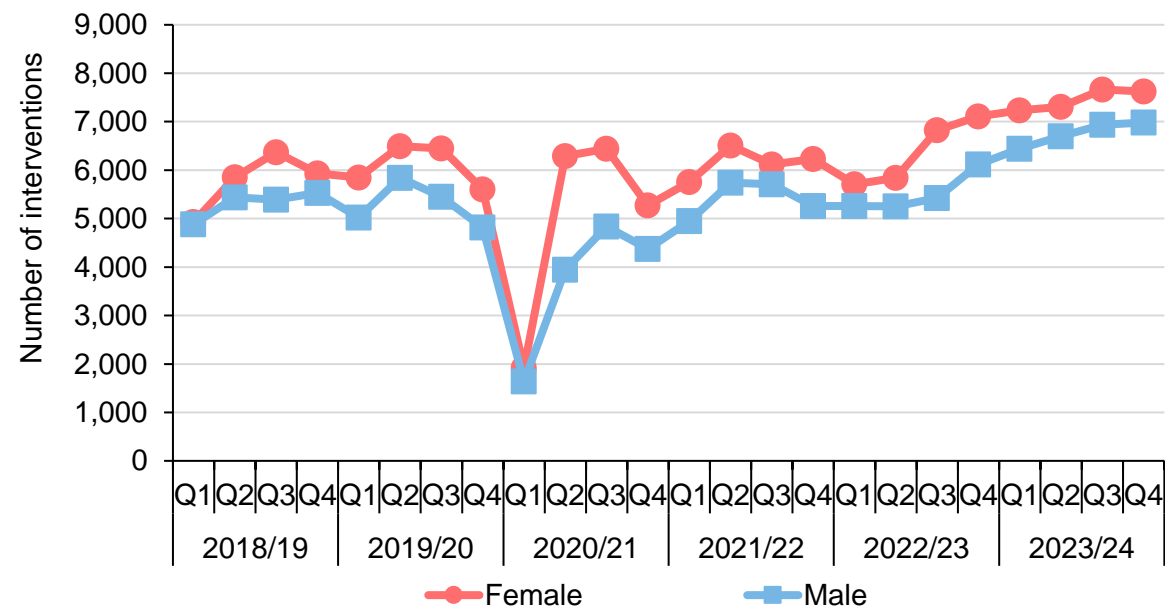


Residents attending clinics for STI testing and the number of STI tests conducted have increased. This is likely due to the roll out of PrEP and the recommendations of testing every three months.

Between 2018 and 2023, **there have been more female residents attending local clinics and receiving interventions compared to male residents** [Figure 4].

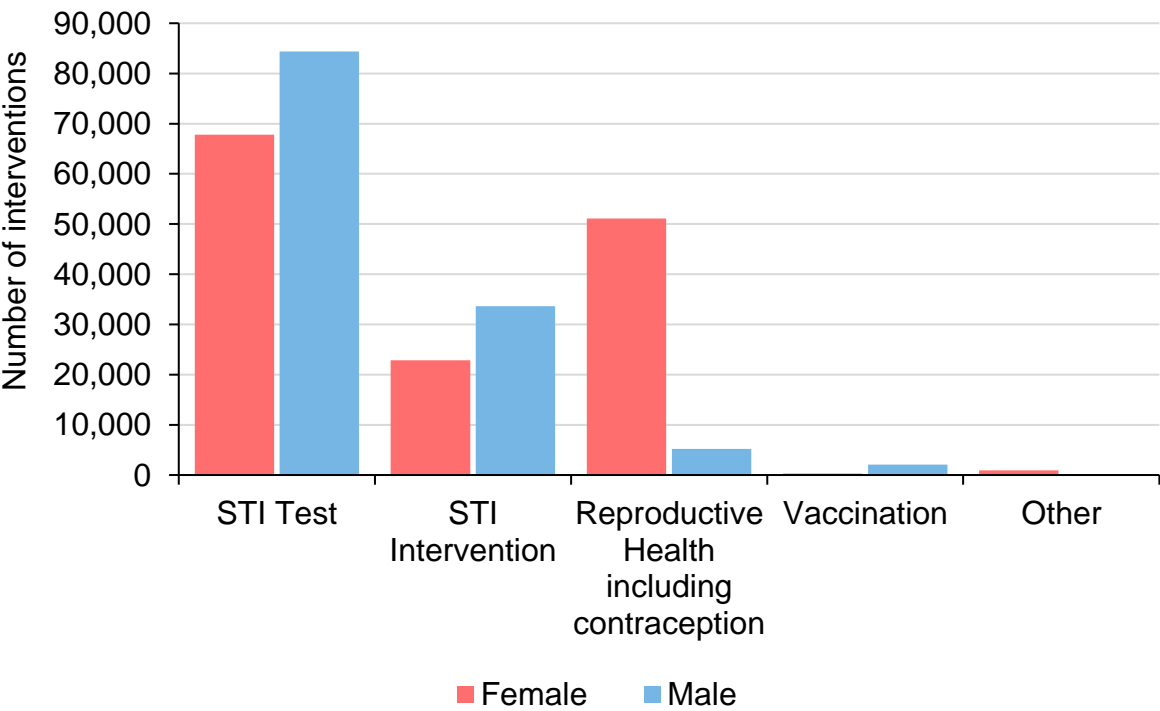
There has been a greater increase in the number of clinical interventions for male patients since 2020/21 compared to female patients (2020/21 to 2023/24 percentage increase: males 77.1%, females: 21.1%).

Figure 4 - Number of interventions by gender of Hammersmith & Fulham residents attending CWFT and/or ICHT clinics, 2018/19 to 2023/24



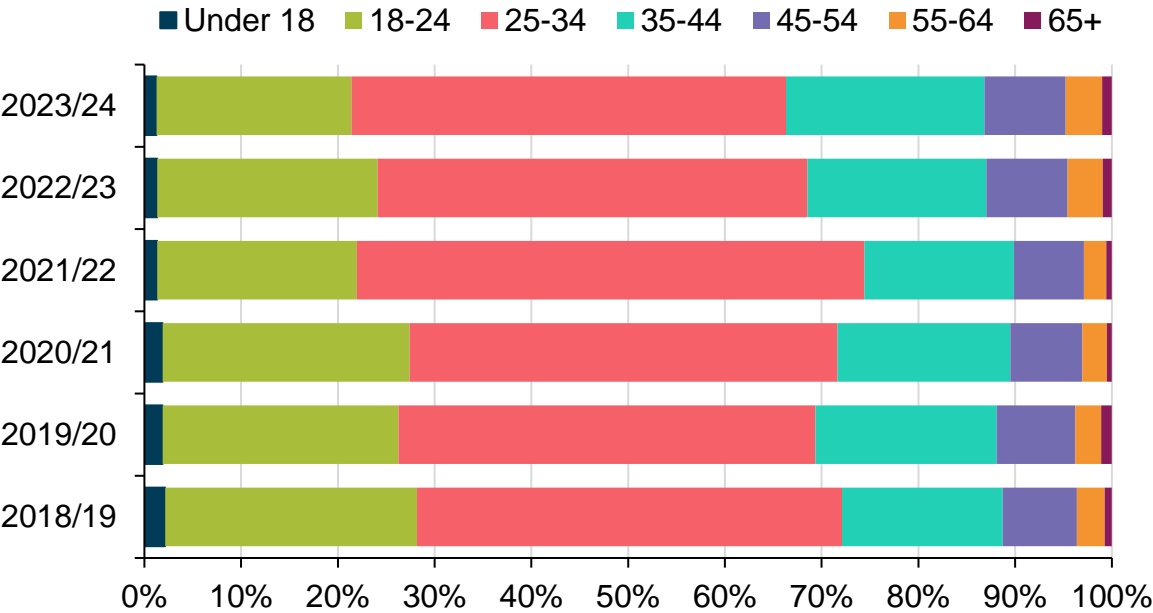
Across the reporting period, **more females attended clinics for contraception, whilst more males attended for STI testing and STI interventions** [Figure 5]. This is likely in part due to the greater uptake of PrEP amongst males compared to females, which is categorised as an STI intervention, and the required STI testing to start taking PrEP.

Figure 5 - Type of interventions by gender of Hammersmith & Fulham residents attending CWFT and/or ICHT clinics, 2018/19 to 2023/24



Across all years, **the largest proportion of Hammersmith & Fulham residents receiving interventions were aged between 25-34-years-old** in CWFT and ICHT clinics [Figure 6]. There has been a continuous decrease in the proportion of 18-24-year-olds receiving interventions since 2018. Whether this reflects a decline in need or an increase in unmet treatment need should be investigated further.

Figure 6 - Number of interventions by age of Hammersmith & Fulham residents attending CWFT and/or ICHT clinics, 2018/19 to 2023/24

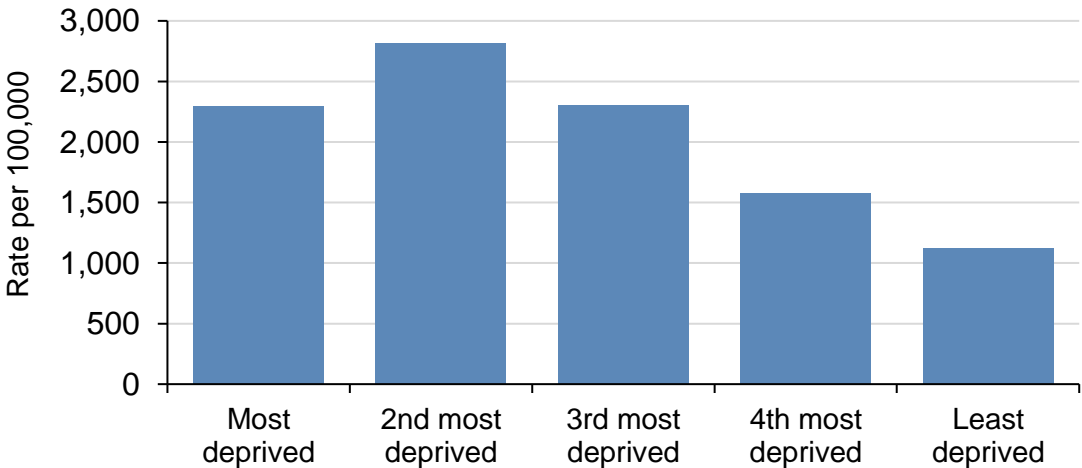


In Hammersmith & Fulham there was very weak to no association between deprivation of an area (based on Index of Multiple

Deprivation 2019) and the number of clinic interventions taken up by residents in the area between 2018/19 and 2023/24. Therefore, deprivation does not seem to impact on the uptake of STI testing and treatment.

The rate of new STI diagnoses was highest in the most deprived areas of Hammersmith & Fulham in 2022 [Figure 7]. Of the five categories of deprivation, residents in the second most deprived areas had the highest rate of STI diagnoses (2,812 new STI diagnoses per 100,000). Therefore, despite similar uptake of STI testing and treatment across the borough, residents experiencing higher levels of deprivation have an increased burden of STIs.

Figure 7 - Rates per 100,000 population of new STIs diagnosed in SRH services by deprivation category in Hammersmith & Fulham, 2022



Source: Pathway Analytics, 2024; UKHSA, GUMCAD STI Surveillance System, 2024

Maintaining good health throughout the reproductive years and beyond is important for everyone, with significant implications for individuals' future health and future generations. It is crucial for individuals to have control over their reproductive health to ensure pregnancies are planned, health is optimised before and during pregnancy, and those who do not wish to have children can effectively prevent pregnancy.

Planned pregnancies are generally healthier, as unplanned pregnancies miss opportunities to optimise pre-pregnancy health. In 2018, 45 per cent of pregnancies and one-third of births in England were unplanned or met with ambivalence²³. While most pregnancies that continue to term have positive outcomes, some unplanned pregnancies can lead to adverse health effects. For mothers, this can include obstetric complications and antenatal and postnatal depression²⁴. For babies, complications can include low birthweight and developmental issues²⁵.

Several risk factors contribute to unplanned pregnancies, including lower educational attainment, younger age, smoking, and substance misuse²³. Contraception is essential for all individuals of reproductive age, regardless of their pregnancy intentions, as it allows them to control if and when they wish to conceive. Those who do not actively seek contraceptive services can benefit from opportunistic contraceptive and preconception advice, whether after taking emergency contraception, after childbirth or an abortion, or during contact with health services for other reasons.

Contraception

Contraception is a method or device used to prevent pregnancy. There are a variety of options, including:

- **User-dependent methods** which rely on the individual to remember to use them, including male and female condoms, vaginal rings and sponges, patches, spermicide, the combined oral pill, the progestogen-only pill, diaphragm, and natural family planning.
- **Long-acting reversible contraception (LARC)** which do not rely on a user's daily compliance to take them and can be administered less frequently, including the intrauterine device (IUD), intrauterine system (IUS), implant, and injection.
- **Permanent methods** including male sterilisation (vasectomy) and female sterilisation (tubal occlusion).

Some methods of contraception can also reduce the risk of STIs, including barrier methods such as male and female condoms²⁶.

Emergency contraception is another intervention aimed at preventing unintended pregnancy after sex without contraception or contraceptive failure. There are two types, an IUD also called a *copper coil*, and the emergency contraceptive pill also called the *morning after pill*²⁷.

Long-Acting Reversible Contraception (LARC)

Women can access LARC through SRH Services as well as some GPs. **The total rate of LARC prescriptions in Hammersmith & Fulham is comparable to London but has consistently been lower than England.**

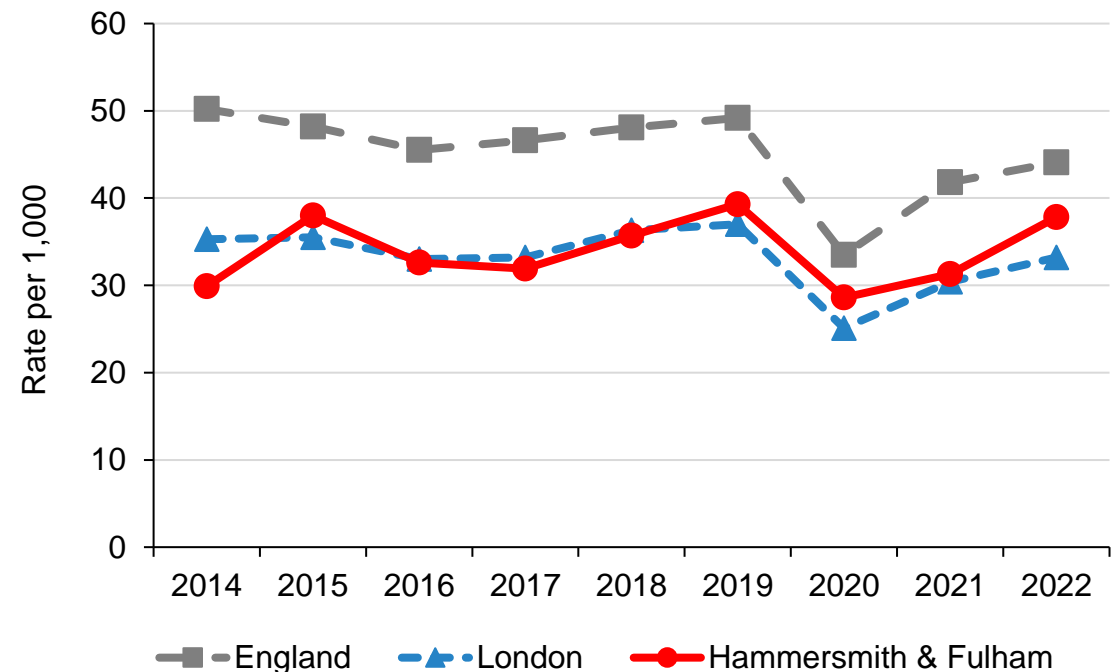
There was a steep decline in the rate of LARC prescribed nationally, regionally and locally in 2020, likely as a result of the COVID-19 pandemic. Rates have since increased but not returned to levels seen in 2019 [Figure 8].

In 2022, the total rate of LARC (excluding injections) prescribed for women aged 15-to-44 years living in Hammersmith & Fulham (37.8 per 1,000) was higher than London (33.2 per 1,000) but significantly lower than England (44.1 per 1,000).

Between 2018 and 2024, **the hormonal based IUS was the most popular form of LARC** amongst Hammersmith & Fulham residents accessing CWFT and ICHT SRH services.

Injections have consistently been the least common choice of LARC method chosen by women in SRH Services. In 2023/24, 4 per cent of women were receiving injections as their main method of contraception at SRH Services

Figure 8 - Total prescribed LARC (excluding injections) rate per 1,000 in the female population aged 15 to 44 years by area, 2014 to 2022



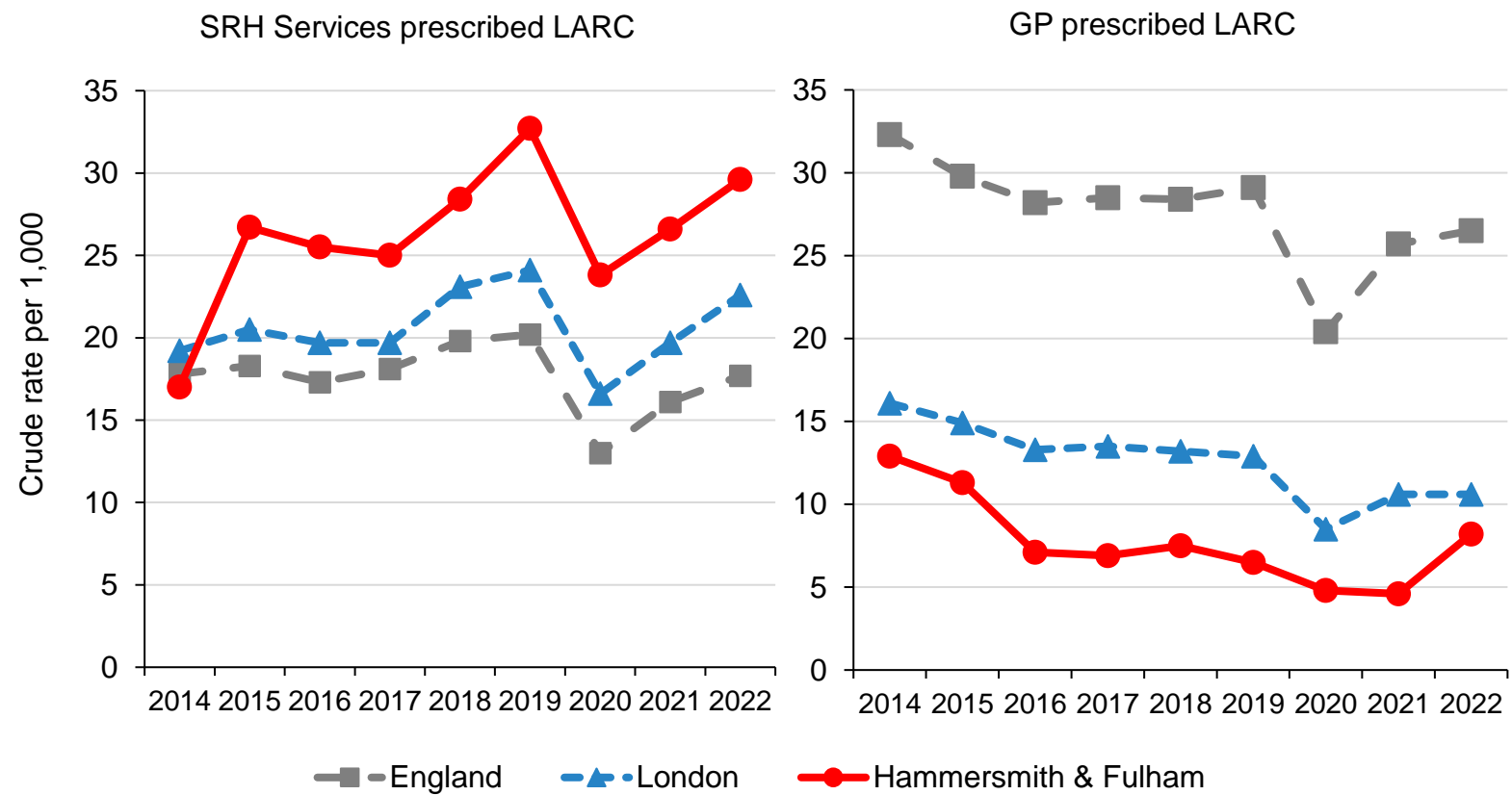
Prescribing of LARC in Hammersmith & Fulham has consistently been greater in SRH Services compared to GPs, which is similar to London prescribing patterns [Figure 9].

Across England, the opposite is seen, with more LARC prescribing in GPs compared to SRH Services.

The rate prescribed in GPs in Hammersmith & Fulham in 2022 was 8.2 per 1,000, lower than London (10.6 per 1,000) and significantly lower than England (26.5 per 1,000).

However, the rate of LARC prescribing in SRH Services was 29.6 per 1,000 in Hammersmith & Fulham, higher than London (22.6 per 1,000) and significantly higher than England (17.7 per 1,000).

Figure 9 - LARC prescribing in SRH Services and GPs by area, 2014 to 2022



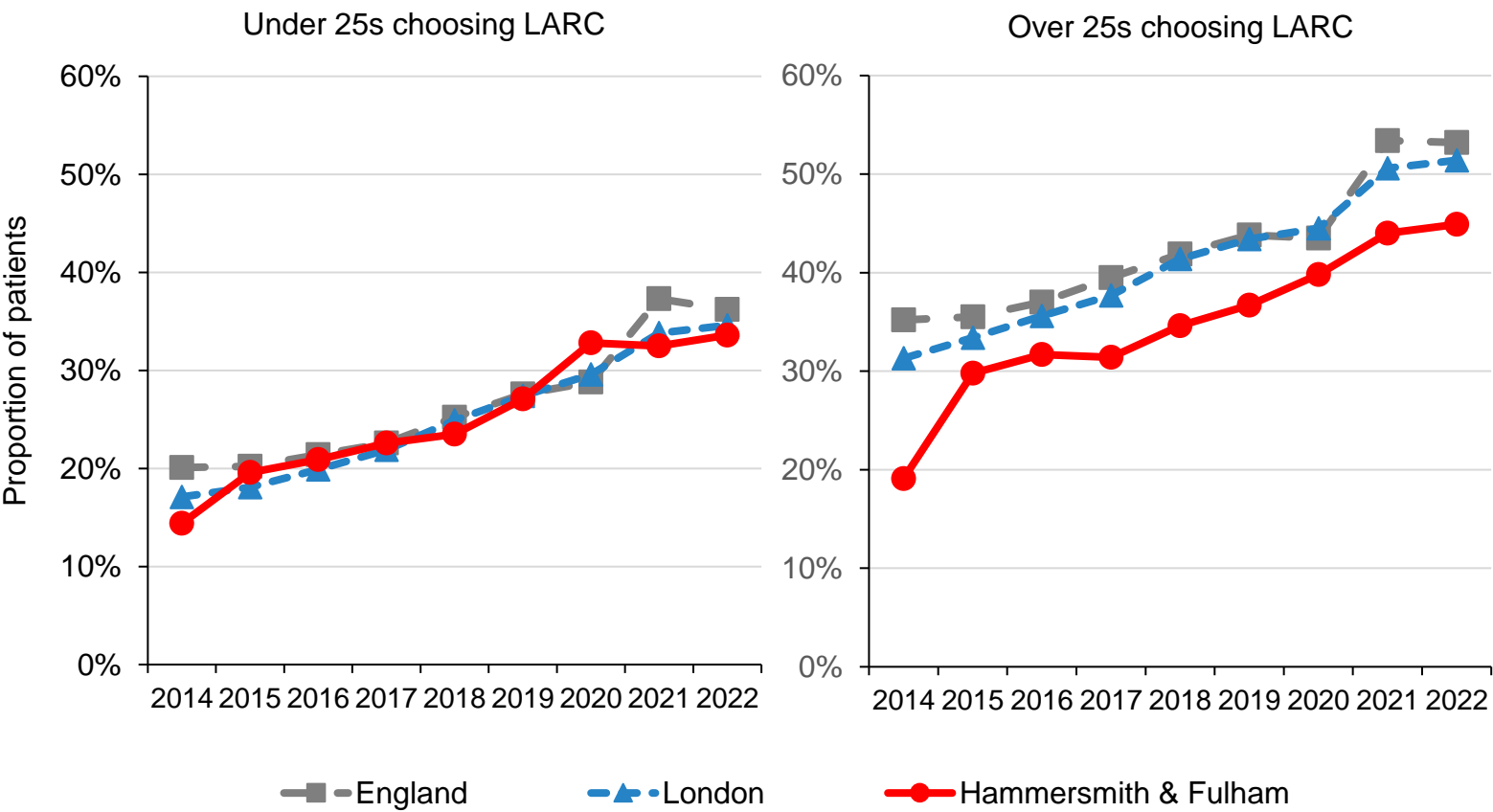
A greater proportion of women are now choosing LARC locally, regionally, and nationally.

In 2022, **44.9 per cent of women in Hammersmith & Fulham aged 25 years and over chose a LARC method**, excluding injections, as their main method of contraception at SRH Services compared to 19.1 per cent in 2014 [Figure 10].

There has been a similar increase for women under 25 years as well, with 33.6 per cent choosing a LARC method, excluding injections, in 2022 compared to 14.4 per cent in 2014.

However, this is significantly lower than the proportion across England for women aged 25 and over (53.2% nationally vs 44.9% locally) and under 25 years (36.2% nationally vs 33.6% locally).

Figure 10 - Proportion of women in contact with SRH services who choose LARC (excluding injections) as their main method of contraception by area, 2014 to 2022



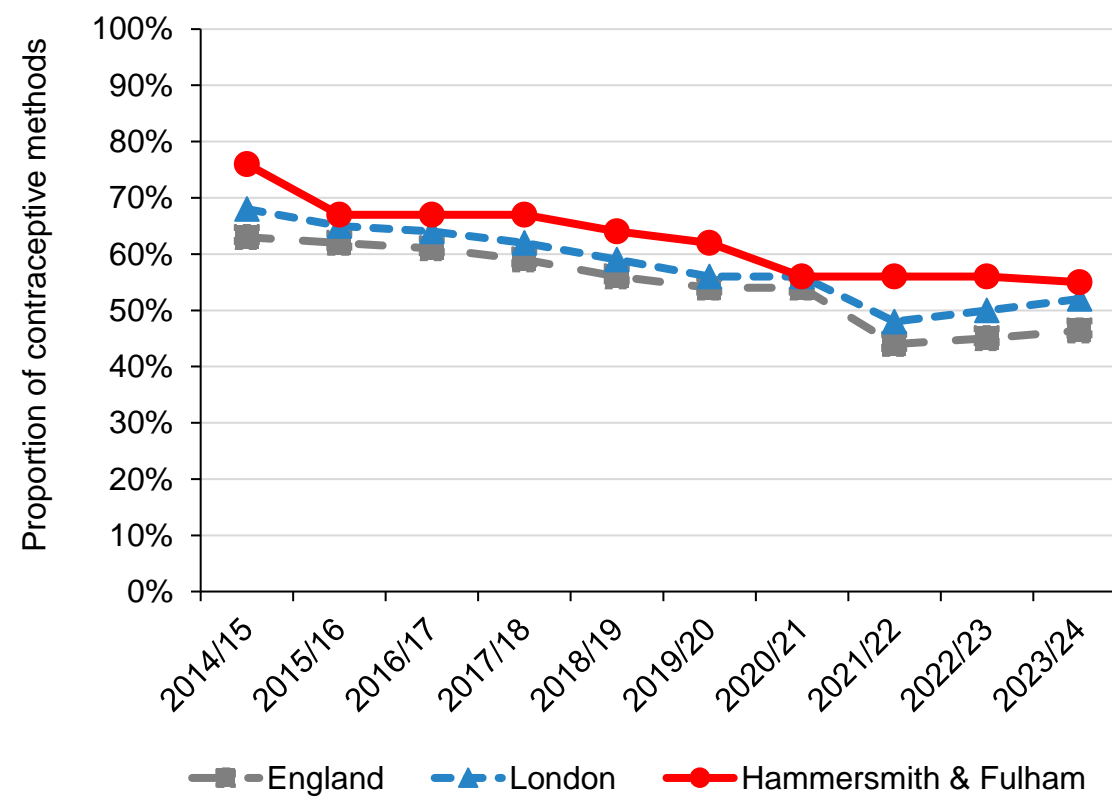
User-dependent contraception

In 2023/24, **user-dependent contraceptive methods**, which rely on daily compliance (e.g., oral contraceptive pills, condoms, and contraceptive patches) **were the most common method of contraception chosen by women resident to Hammersmith & Fulham attending SRH Services**¹⁶.

However, the proportion has decreased in the last decade [Figure 11]. In 2014/15, 76 per cent of women in Hammersmith & Fulham chose user-dependent contraceptive methods at SRH services, compared to 55 per cent in 2023/24. This was similar to the proportion for London (52%), but higher than England (46%).

Of the user-dependent contraceptive methods, the **oral contraceptive pill was the most commonly chosen**, accounting for 33 per cent of all contraceptive methods chosen at SRH services by women in Hammersmith & Fulham, followed by the male condom (16%)¹⁶.

Figure 11 - Proportion of women in contact with SRH Services who chose user-dependent contraception as their main method of contraception by area, 2014/15 to 2023/24



Emergency Hormonal Contraception (EHC)

Hammersmith & Fulham residents can access EHC through SRH services, SHL online services, some local pharmacies, and primary care.

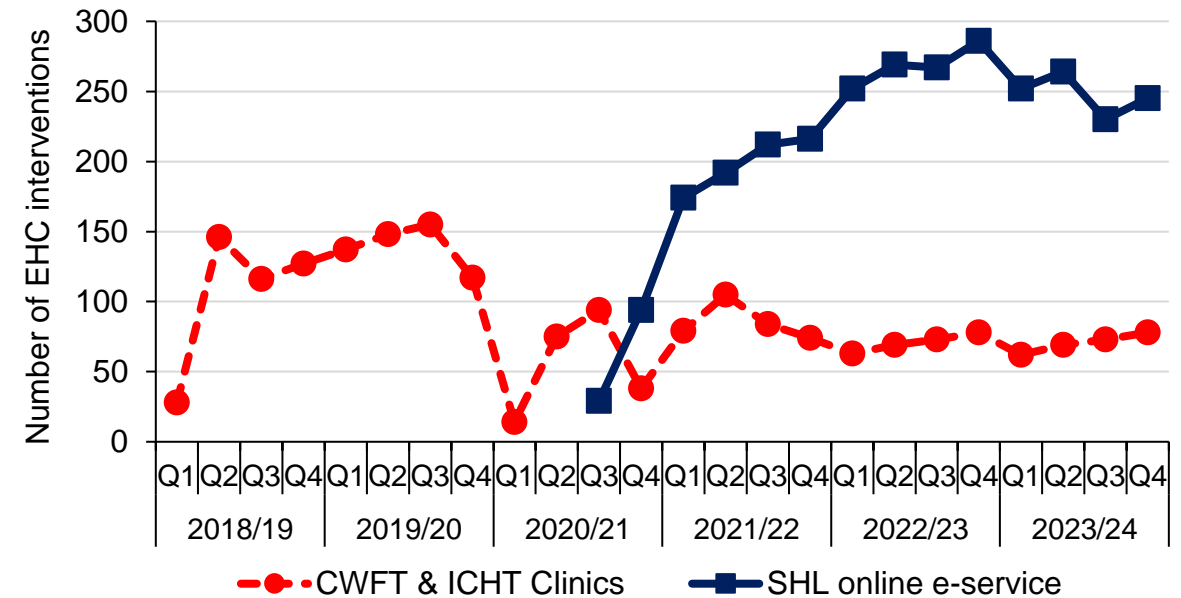
EHC delivered to Hammersmith & Fulham residents through CWFT and ICHT clinics decreased during the pandemic and remains below pandemic levels, with little variation in the number of EHC interventions observed since 2021/22 [Figure 12]. Although the uptake of EHC in SRH Services has not returned to pre-pandemic levels, this does not capture the total number of residents who would have taken up EHC in this period. The reduction in EHC delivery through SRH Services may be attributed to accessibility of free EHC through SHL online e-services and local pharmacies.

SHL have provided contraceptive services online to Hammersmith & Fulham residents since November 2020, including regular contraception like the pill as well as EHC. Between November 2020 to March 2024, there have been 3,053 prescriptions for regular contraception and 2,982 prescriptions for EHC.

Prescribed EHC for residents through SHL increased considerably from its inception to 2022/23 but has since stabilised at around 258 prescriptions per quarter for 2022/23 to 2023/24. Whilst this can be seen as a success of local provision for prevention of unplanned pregnancy, it could be an indication some women are not accessing

more reliable long-acting methods of contraception like LARC.

Figure 12 - Number of EHC interventions delivered by CWFT/ICHT clinics and SHL online e-services for Hammersmith & Fulham residents, 2018/19 to 2023/24



There are several pharmacies in Hammersmith & Fulham that provide free EHC to residents. However, comprehensive data on the number of EHC prescriptions from these pharmacies is not available. To gain a complete understanding of EHC in the borough, it will be essential to prioritise robust data collection and monitoring across all providers, including pharmacies.

Teenage Pregnancy

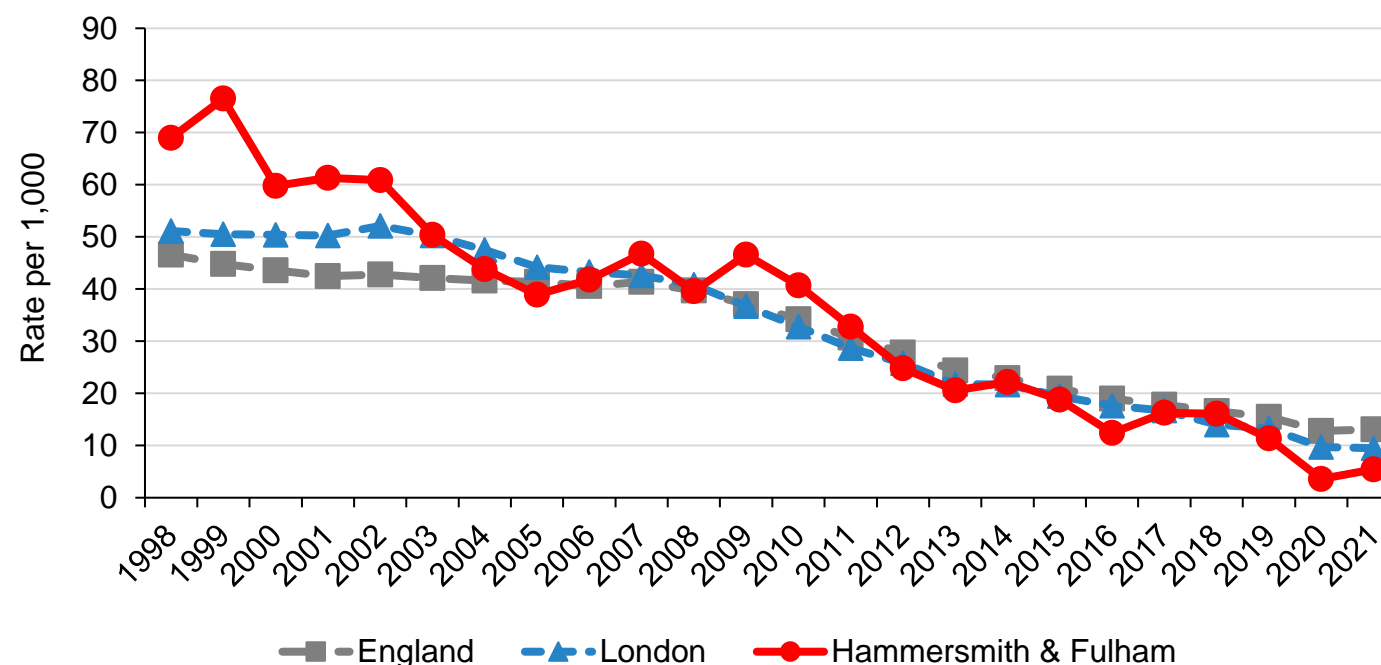
Teenage pregnancy has been shown to be associated with poorer outcomes for both young parents and their children. Teenage mothers are more likely to bring up their children in poverty, less likely to finish their education, and have a higher risk of mental health issues compared to older mothers²⁸. Infants born to teenage mothers have a higher incidence of low birth weight and preterm birth²⁹, and are more likely to have accidents and behavioural problems³⁰.

Between 1998 and 2021, there was a 66 per cent decrease in the under-18s conception rate across England [Figure 13]. In the same period, **Hammersmith & Fulham saw a decrease of 92 per cent in under-18s conception rate.**

In 2021, the conception rate for under-18s in Hammersmith & Fulham was 5.4 per 1,000 girls aged 15 to 17 years, substantially lower than the rate of 9.5 per 1,000 for London and 13.1 per 1,000 in England.

Among under-18 conceptions in Hammersmith & Fulham, the percentage of those leading to abortion in 2021 was 78.6 per cent, compared to the proportion in London of 62.1 per cent and England of 53.4 per cent.

Figure 13 - Under-18s conception rate by area, 1998 to 2021

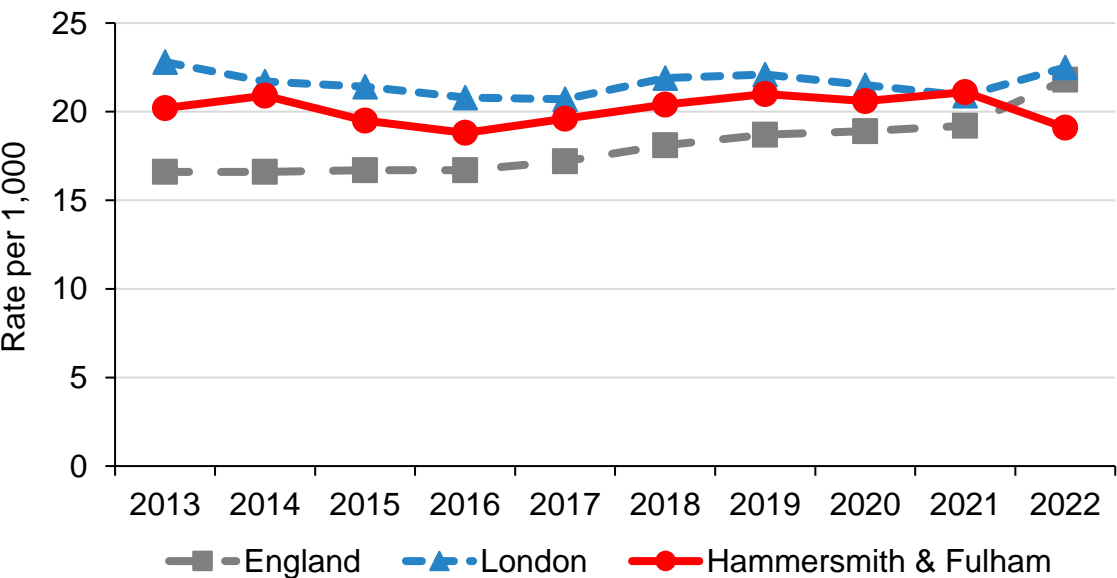


Termination of Pregnancy

Abortion rates may be an indicator of access to contraceptive services and advice, with higher rates indicating a lack of access to good quality services.

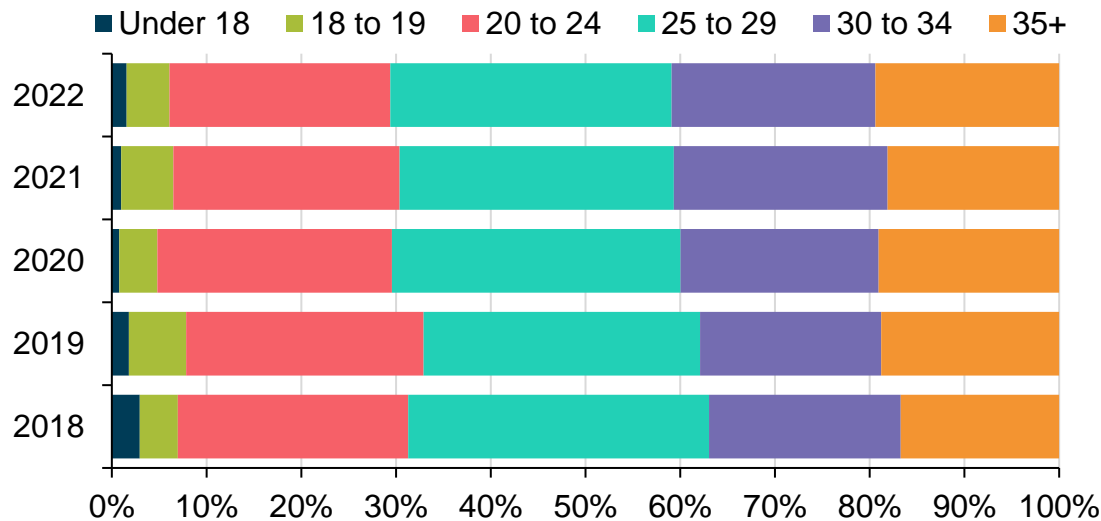
The total rate of abortions in Hammersmith & Fulham had consistently been higher than England, but comparable to London up to 2021 [Figure 14]. **In 2022, there was a drop in the rate of abortions in Hammersmith & Fulham for women aged 15-to-44-years** (19.1 per 1,000) compared to an increase seen in London (22.5 per 1,000) and England (21.8 per 1,000) [Note 1].

Figure 14 - Total abortion rate per 1,000 (crude rate) by area, 2013 to 2022



In Hammersmith & Fulham, **25-29-years-olds have consistently accounted for the greatest proportion of the total number of abortions** carried out year on year since 2018 [Figure 15]. In 2022, this age group accounted for 29.7 per cent of all abortions in the borough. This was followed by 20-24-year-olds (23.3%) and 30-34-year-olds (21.5%). The number of abortions in residents aged under-18 accounted for 1.5 per cent of all abortions in 2022³¹.

Figure 15 - Proportion of abortions by age group in Hammersmith & Fulham residents, 2018 to 2022



[Note1] The crude rate for 2022 is yet to be published on Sexual and Reproductive Health Profiles. However, the total crude rate of abortions per 1,000 women aged 15-44 years has been calculated for 2022 using the total number of women having an abortion in that year³¹ divided by the mid-year population estimates for the previous year, the same method used by OHID for all other years.

Prompt access to abortion services enables earlier provision and reduces risk of complications. **In Hammersmith & Fulham, 89.9 per cent of NHS-funded abortions were under 10 weeks in 2022**, similar to London (86.8%) and England (87.9%).

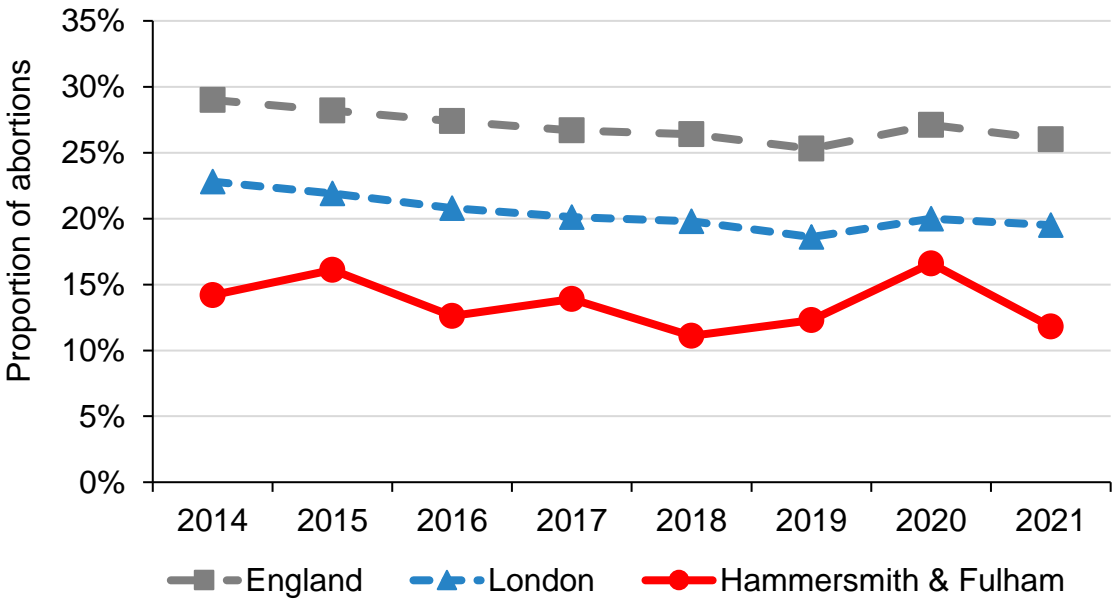
Early medical abortions allow women a less invasive method than a surgical procedure which carries less risk³². Of all abortions in Hammersmith & Fulham in 2022, 85.7 per cent used a medical procedure, similar to London (82.0%) and England (86.2%).

Repeat abortions may be an indicator of poor access to contraception despite contact with abortion services. **In 2022, a smaller proportion of abortions for Hammersmith & Fulham residents were repeat abortions (36.7%)** compared to London (41.7%) and England (40.9%).

Of residents aged under 25 years who had an abortion, just over a quarter had a previous abortion (27.7%), similar to London (29.6%) and England (28.0%). The proportion of repeat abortions were higher in those aged 25 and over in Hammersmith & Fulham, accounting for 40.4 per cent, but lower than London (47.2%) and England (48.1%). This suggests Hammersmith & Fulham residents have good access to post-abortion contraception, counselling, and provision of education and awareness on reproductive health.

In 2021, of the Hammersmith & Fulham women aged under 25 who had an abortion, 11.8 per cent had a previous birth, a similar proportion seen since 2014 [Figure 16], and lower than London (19.5%) and England (26.0%). This is another indication women in Hammersmith & Fulham are likely receiving post-partum contraception, resulting in fewer abortions after a birth.

Figure 16 - Proportion of abortions after a previous birth in under 25-year-olds by area, 2014 to 2021



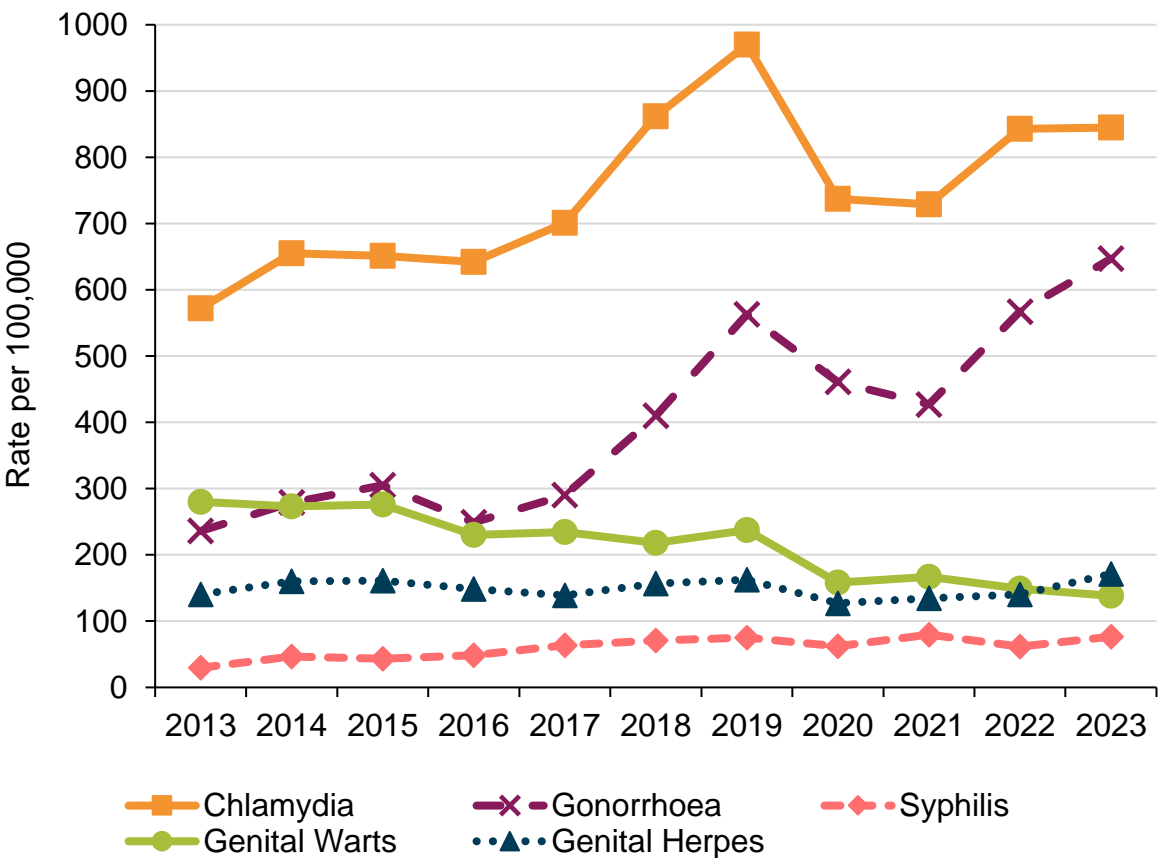
Sexually Transmitted Infections (STIs)

STIs are infections that can be passed from one person to another through sexual contact without barrier contraception, including vaginal, anal, and oral sex, genital contact, and the use of sex toys. There are more than 30 different bacteria, viruses and parasites known to be transmitted through sexual contact. Transmission of STIs can also occur from mother-to-child during pregnancy, birth, and breastfeeding, as well as infected blood or blood products³³. Early detection and treatment of STIs can reduce the risk of onward transmission and serious long-term health complications.

There was an increasing trend in diagnoses of chlamydia, gonorrhoea, and syphilis in the borough from 2013 up to 2019, indicating Hammersmith & Fulham are a high-risk borough for increase in HIV diagnosis. Diagnoses of genital warts however were decreasing likely due to the protective effect of HPV vaccination [Figure 17].

STI testing and diagnoses subsequently decreased across all infections for Hammersmith & Fulham residents in the year 2020. During 2021, STI testing rates largely recovered, while diagnoses of STIs overall remained lower. In the preceding two years, diagnostic rates in the borough have increased significantly for gonorrhoea, syphilis, chlamydia and genital herpes, whilst continued to decrease for genital warts.

Figure 17 - Diagnostic rate per 100,000 of the five main STIs in Hammersmith & Fulham between 2013 and 2023



Between 2018 and 2023, the greatest single proportion of diagnoses for five of the most common STIs (chlamydia, gonorrhoea, syphilis, genital warts, and genital herpes) were for Hammersmith & Fulham residents of a White ethnicity. However, for chlamydia, gonorrhoea, and herpes, this made up a lower proportion of diagnoses than would be expected from Hammersmith & Fulham’s population (63.2% of the population identified as a White ethnicity).

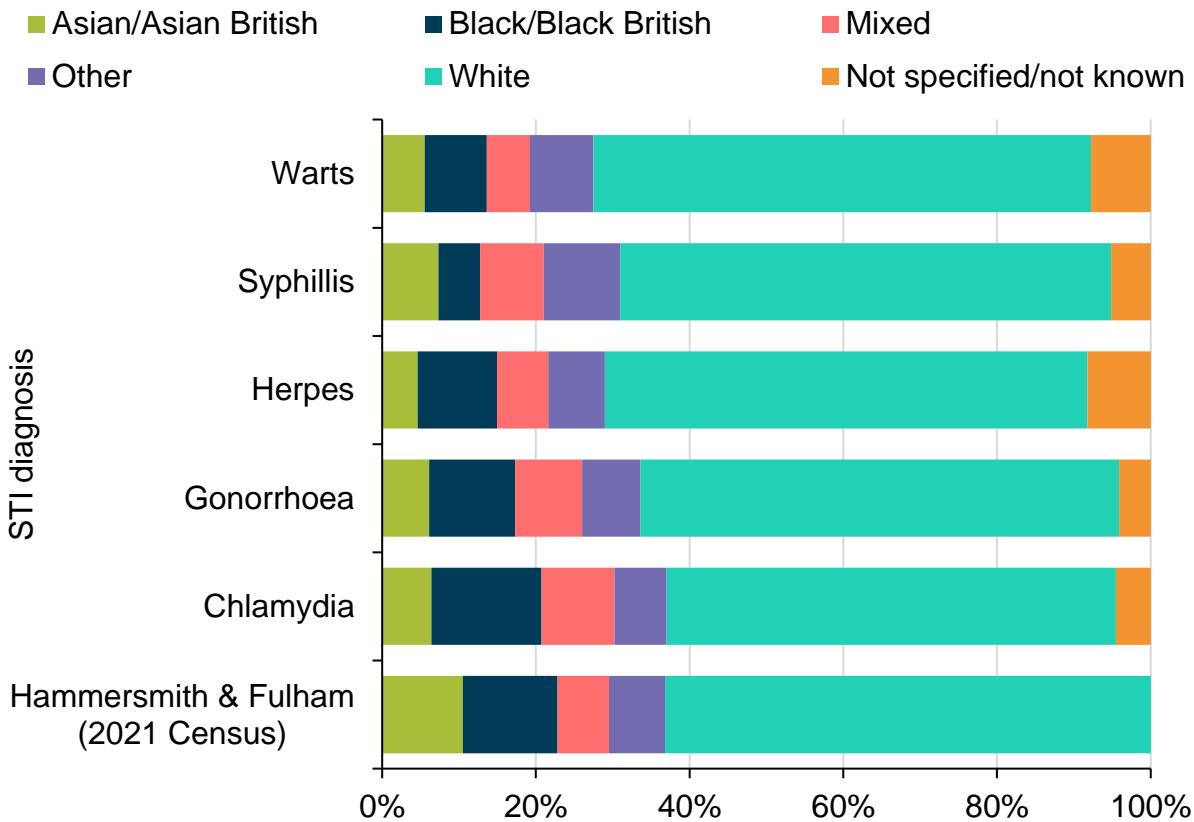
Hammersmith & Fulham residents of a Black ethnicity made up a substantially higher proportion of chlamydia diagnoses compared to estimates from 2021 census data (14.3% compared to 12.3% of the population). Residents of Mixed ethnicity made up a substantially higher proportion of chlamydia (9.5%), gonorrhoea (8.7%), and syphilis (8.3%) diagnoses than would be expected from population estimates (6.7%). Residents from Other ethnic groups also made up a substantially higher proportion of diagnoses for syphilis (9.9%) and warts (8.2%) than would be expected from population estimates (7.3%).

For all five selected STIs, residents of an Asian ethnicity made up a substantially lower proportion of diagnoses when compared to population estimates [Figure 18]. This could reflect a reduced disease burden or reduced access to services.

However, as more than 4 per cent of individuals for each STI

diagnosis did not have a recorded ethnicity, the magnitude of the proportions for each ethnic group may be greater than observed.

Figure 18 - STI diagnoses by ethnicity among Hammersmith & Fulham residents attending all SRH Services, 2018 to 2023



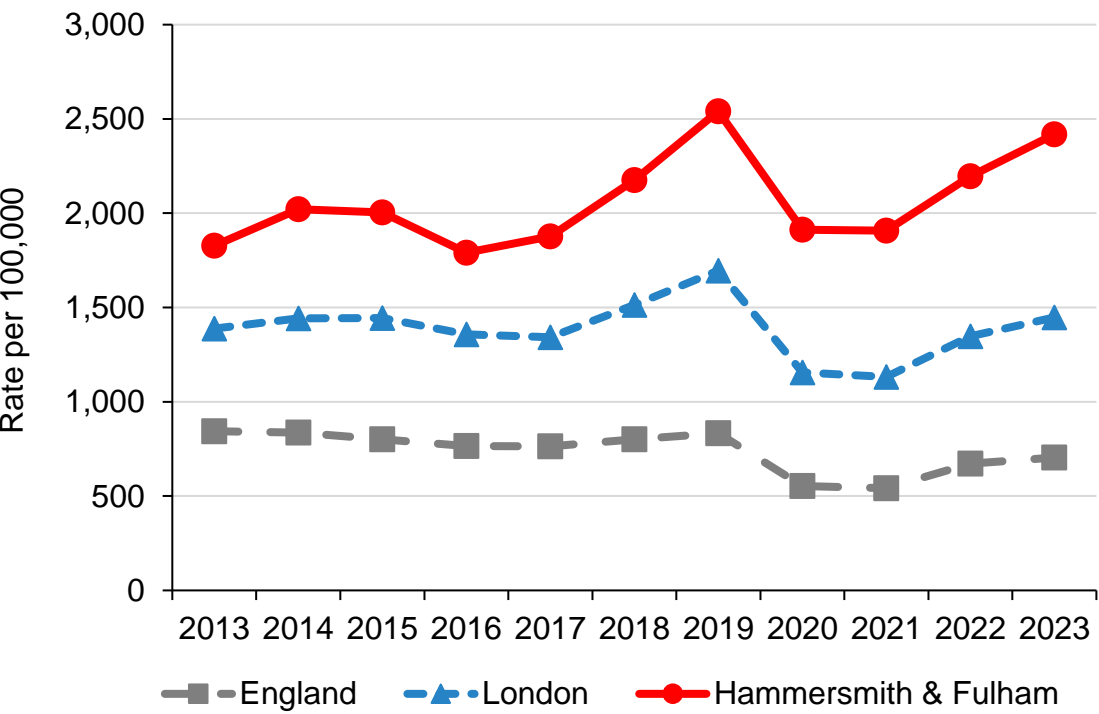
New diagnoses of STIs have followed a similar trend locally, regionally, and nationally. Prior to the COVID-19 pandemic, a substantial increase was seen between 2016 and 2019. This was followed by a decrease in 2020, stabilisation in 2021, and subsequent increase in 2022 when restrictions were lifted [Figure 19].

Rates of new STI diagnoses for Hammersmith & Fulham have continued to increase since 2021 and have consistently been above regional and national rates.

High diagnostic rates of STIs amongst borough residents in part is the result of high testing rates. Historically, rates of STI testing in Hammersmith & Fulham have been substantially higher than the regional and national rates.

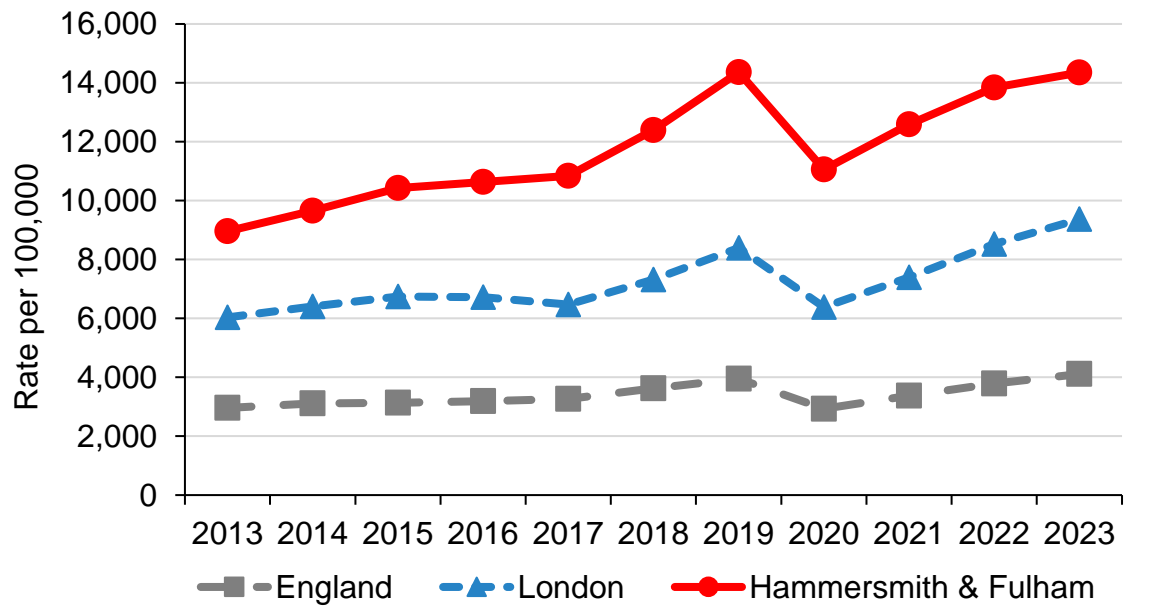
There were 4,479 new STIs diagnosed among residents of Hammersmith & Fulham in 2023. The rate of new STI diagnoses in the borough in 2023 was 2,418 per 100,000, an increase of 10 per cent compared to 2022 (2,196 per 100,000) and 32 per cent increase compared to levels in 2013 (1,828 per 100,000). This was substantially higher than London (1,448 per 100,000) and England (704 per 100,000).

Figure 19 - All new STI diagnoses rate per 100,000 of the total population by area, 2013 to 2023



STI diagnoses, testing and positivity are all closely linked. Similarly to new diagnoses of STIs, testing rates of STIs (excluding chlamydia in under 25-year-olds) had been increasing prior to 2020 in Hammersmith & Fulham, London and England, but then decreased significantly during the pandemic. Testing rates started to increase in 2021, and in 2023 returned to levels seen in 2019 [Figure 20].

Figure 20 - STI testing rate (excluding chlamydia aged under 25) per 100,000 of the total population by area, 2013 to 2023

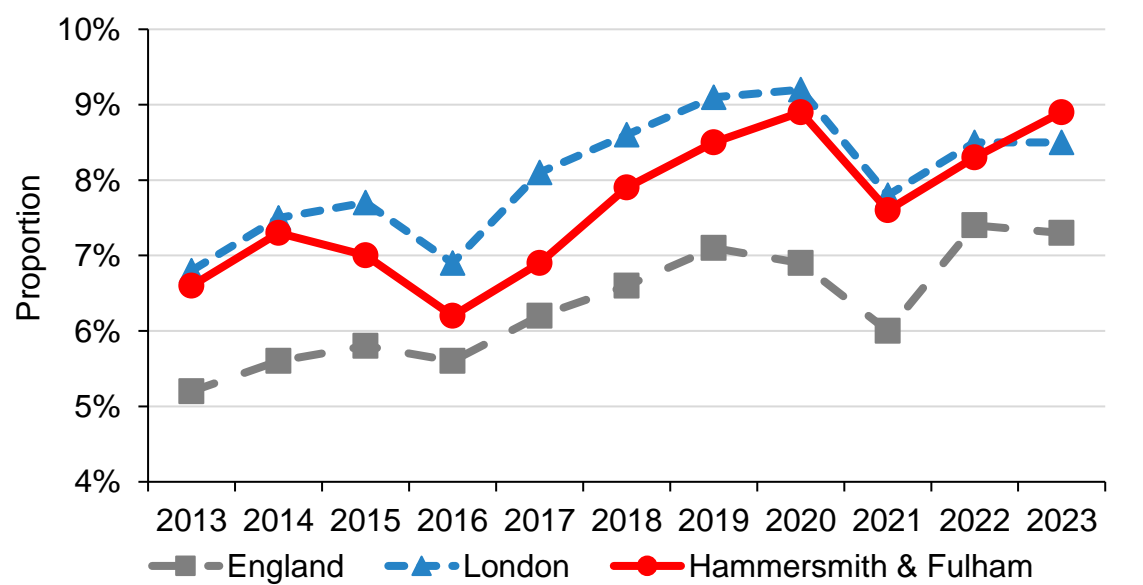


Historically, **rates of STI testing in Hammersmith & Fulham have been higher than the rates for London and England.** In 2023, the

rate of STI testing (excluding chlamydia in under 25-year-olds) in SRH Services in Hammersmith & Fulham was 14,351 per 100,000, a 4 per cent increase on 2022. This was significantly higher than London (9,369 per 100,000) and England (4,111 per 100,000).

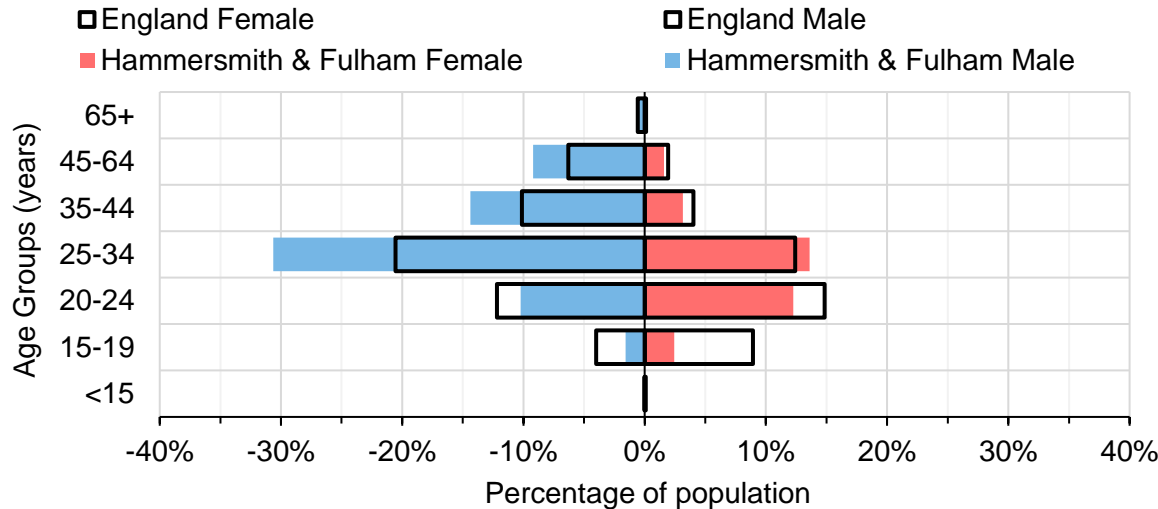
The STI positivity rate (excluding chlamydia in under 25-year-olds) in Hammersmith & Fulham increased from 8.3 per cent in 2022 to 8.9 per cent in 2023 [Figure 21], similar to London (8.5%), but higher than England (7.3%).

Figure 21 - STI testing positivity (excluding chlamydia aged under 25) in the total population testing by area, 2013 to 2023



Individuals aged 25-34-years made up the largest proportion of new STI diagnoses made in SRH services in Hammersmith & Fulham in 2023, accounting for 44.4 per cent of diagnoses, compared to 34.2 per cent in England [Figure 22]. Whereas across England, young people aged 15-to-24 years made up the largest proportion of diagnoses (41.7%), much higher than the proportion for Hammersmith & Fulham (34.2%). This highlights the need for further engagement with young residents on safe sex practices.

Figure 22 - Proportion of new STIs by age group and gender in Hammersmith & Fulham (bars) and England (lines), 2023

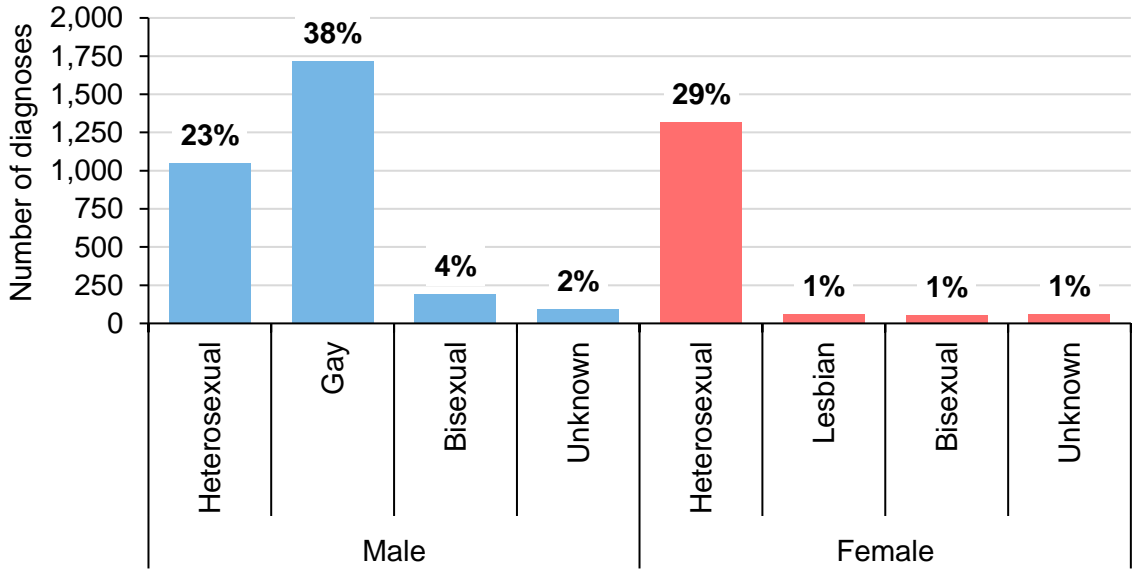


Males made up a larger proportion of new STI diagnoses (53.8%) compared to females (42.4%) in England. The same trend was seen in Hammersmith & Fulham, but the discrepancy was larger between males and females (66.6% and 33.2% respectively). This may be

due to men, being more likely to engage in high-risk sexual behaviour, such as having multiple sexual partners and sex without the use of a condom.

Of new STI diagnoses made in Hammersmith & Fulham in SRH services (excluding NCSP data) in 2023, **gay men made up the greatest proportion of diagnoses** (38%), followed by heterosexual women (29%) and heterosexual men (23%) [Figure 23]. Estimates suggest gay men make up less than 5.3 per cent of the local population, suggesting this group has an extremely high burden of STIs in the borough.

Figure 23 - Number and proportion of new STI diagnoses among Hammersmith & Fulham residents by gender and sexual orientation, 2023



Online STI Testing

Since January 2018, STI testing has been available online through Sexual Health London (SHL) in addition to in-person services through SRH clinics.

During the COVID-19 pandemic, SRH Services scaled up their online service offer. There was a sharp decline in the proportion of in-person consultations up to 2020/21, coinciding with the pandemic. The highest proportion of online encounters was seen at the start of 2020/21 (66%). Since 2022, online encounters consistently accounted for just over half of all consultations [Figure 24].

Figure 24 - Proportion of in-person and online consultations at all SRH Services accessed Hammersmith & Fulham residents, 2018/19 to 2023/24

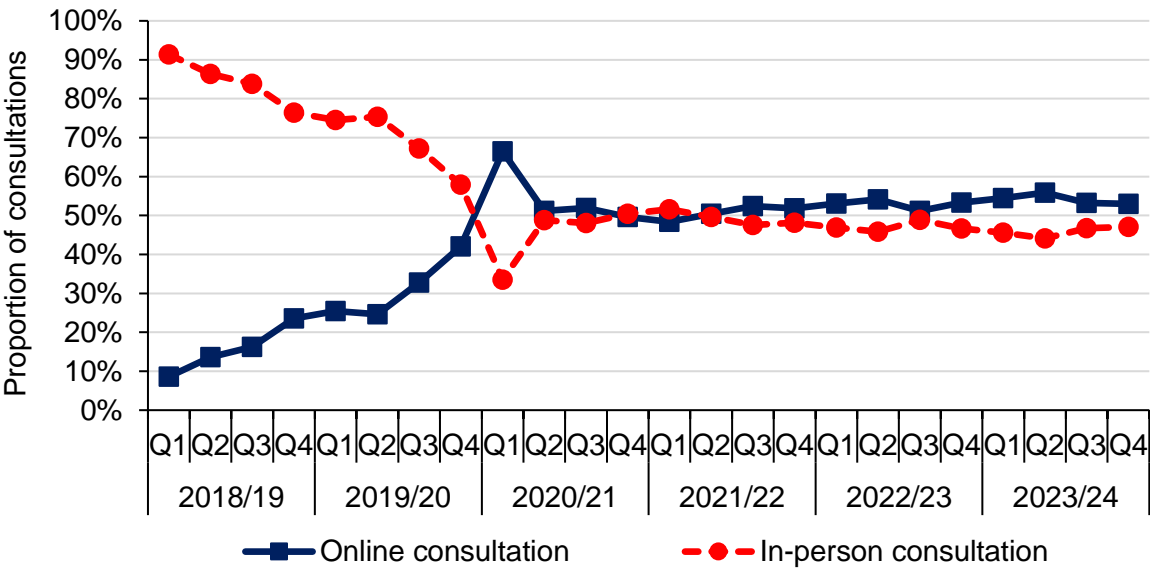
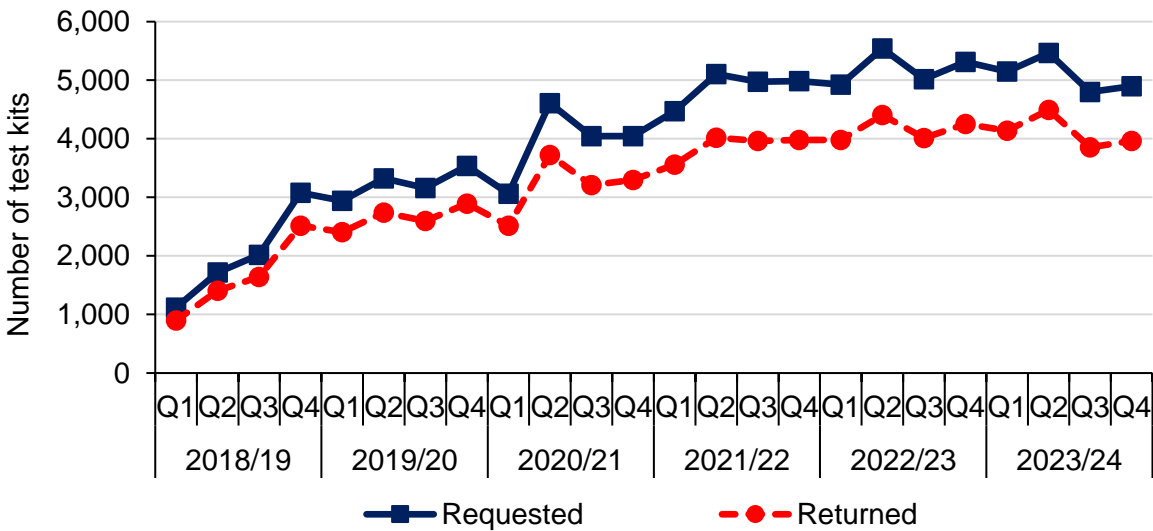


Figure 25 - Number of online tests from SHL requested and returned by Hammersmith & Fulham residents, 2017/18 to 2023/24

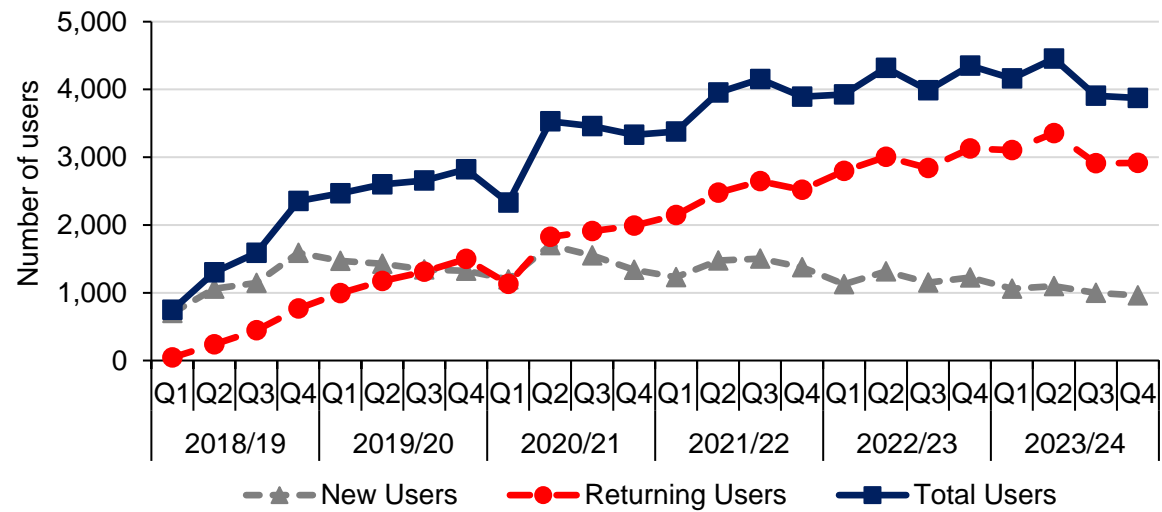


There have been 97,331 kits requested by residents since 2018, of which 78,423 kits have been returned, an 80.4 per cent return rate. Number of kits ordered and returned do not necessarily reflect the true number of unique users however, as multiple kits can be ordered by a single user.

There was a steady increase in the number of tests requested and returned up to 2023 [Figure 25], with the highest recorded number of tests requested (1,953) and returned (1,573) in January 2023. Numbers have plateaued, between January 2023 to March 2024 on average 1,700 tests have been requested and 1,360 returned per month.

There has been a continuous increase in returning users to SHL for STI testing. The number of returning users has been greater than the number of new users since 2020/21. The number of annual new users has declined, in 2020/21 there were an estimated 5,790 new users compared to 2023/24 where there were an estimated 4,120 new users [Figure 26].

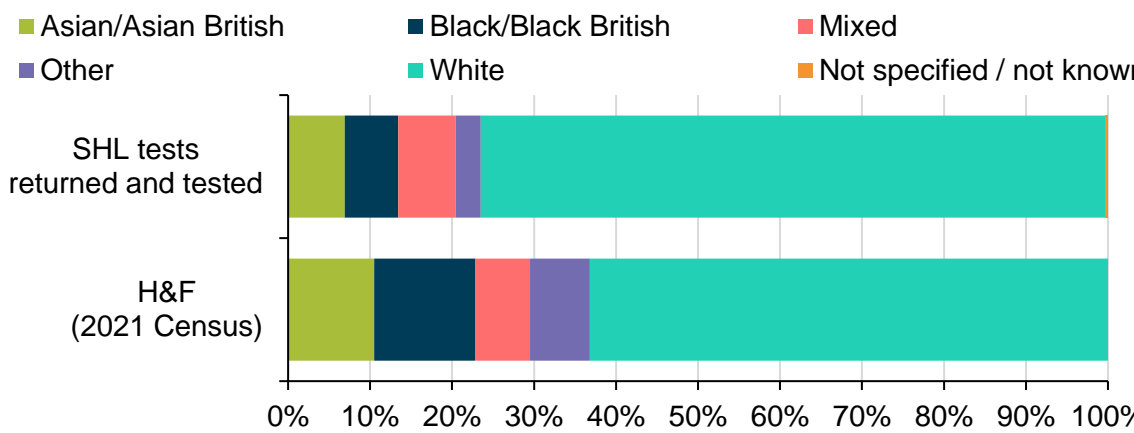
Figure 26 - New, returning, and total number of Hammersmith & Fulham users of SHL online testing services, 2017/18 to 2023/24



The largest proportion of tests returned and tested were for residents of a White ethnicity (76.2%), followed by Mixed (7.0%), Asian (6.9%), Black (6.5%), and Other ethnic groups (3.1%). Only a small proportion of tests had no ethnicity recorded (0.3%). The proportion of online tests returned and tested by residents of a White ethnicity made up a higher proportion than would be expected from

population estimates (63.2%), whereas a lower proportion was seen for residents of Black, Asian and Other ethnic groups than would be expected from population estimates (12.3%, 10.5%, 7.3% respectively) [Figure 27].

Figure 27 - SHL test kits returned and tested by ethnicity for Hammersmith & Fulham residents, 2017/18 to 2023/24



A larger proportion of online test kits returned and tested were for female residents (58.1%) than male residents (41.2%). Of all returned and tested kits, 0.7 per cent were for residents who entered a gender other than female or male.

The **largest proportion of test kits returned and tested were for individuals aged 25-34 (53.2%)**, followed by those aged 20-24 (27.3%), 35-44 (12.1%), 45-64 (4.9%), and 15-19 (2.3%). Those aged 65 and over accounted for less than 1 per cent of screened tests.

Chlamydia

Chlamydia is the most common bacterial STI in England, with rates highest in young adults. Most cases are asymptomatic, but if left untreated can cause pelvic inflammatory disease (PID), ectopic pregnancy, epididymitis, and infertility³⁴.

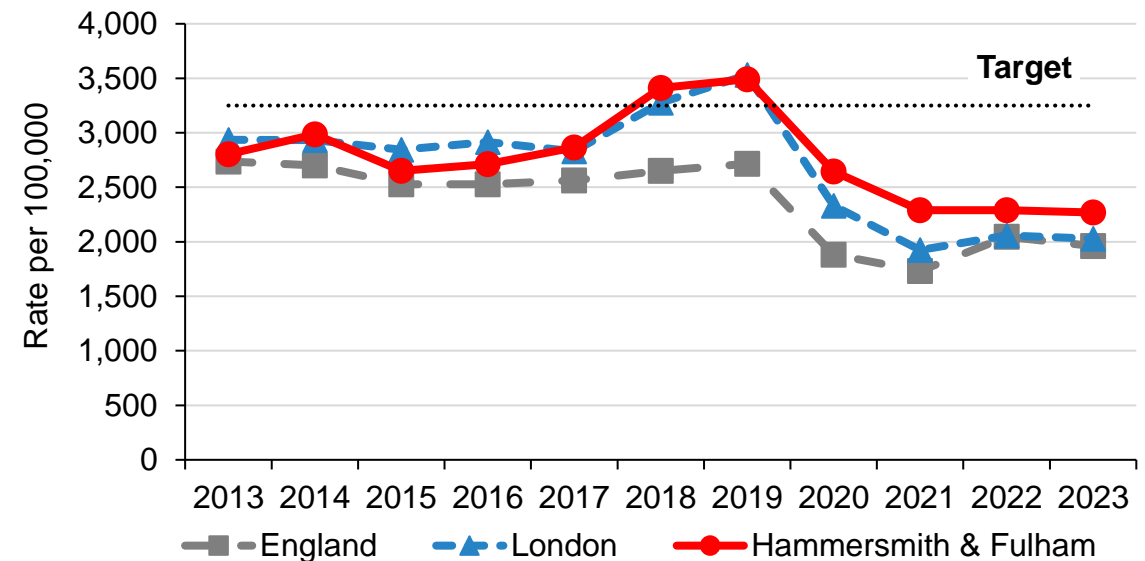
The **National Chlamydia Screening Programme (NCSP)** revised its focus in June 2021 to reducing the harms from untreated chlamydia infection, so that opportunistic chlamydia screening in community settings (e.g., GPs, pharmacies) would only be offered to young women and other young people with a womb or ovaries³⁵. Services provided by other SRH Services were unchanged and everyone could still be tested. The Public Health Outcome Framework (PHOF) benchmark was revised and is now measured against females only, with a detection target of 3,250 per 100,000 females aged 15-to-24¹³.

As chlamydia is often asymptomatic, a high detection rate is important to identify infections that, if left untreated, may lead to serious reproductive health issues.

The chlamydia detection rate in 15-to-24-year-old females in 2023 in Hammersmith & Fulham was 2,269 per 100,000 (326 positives of 4,416 screened), higher than London (1,962 per 100,00) and England (2,028 per 100,000), but below the PHOF target of 3,250.

Hammersmith & Fulham has not reached the detection target since 2019, and rates have been declining year on year [Figure 28].

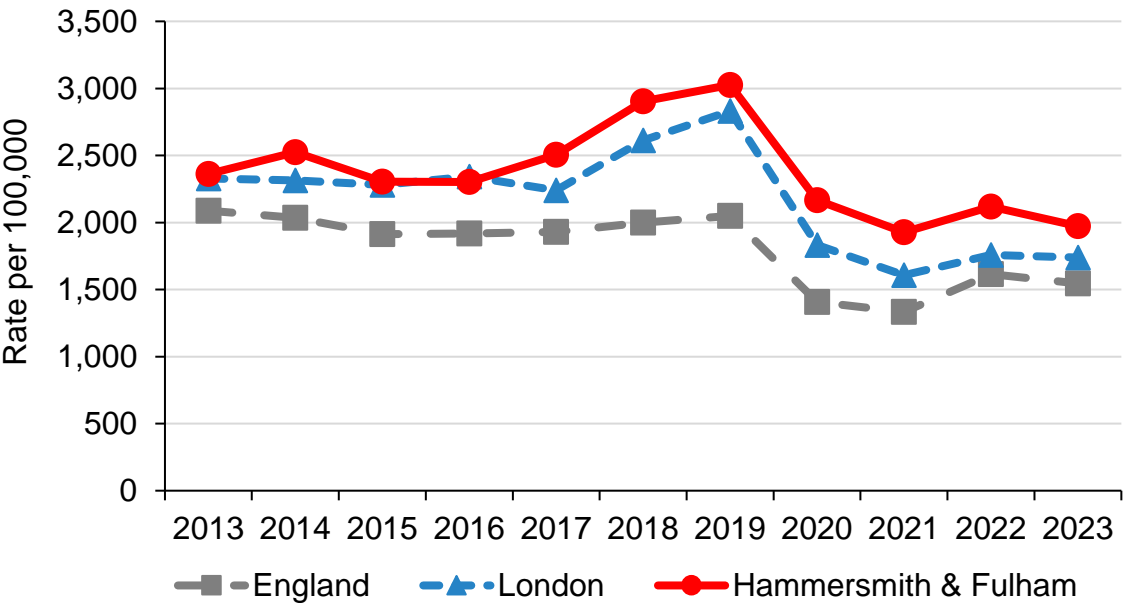
Figure 28 - Chlamydia detection rate per 100,000 of females aged 15 to 24 by area, 2013 to 2023



The proportion of 15-to-24-year-old females tested for chlamydia in the borough has decreased from 34.1 per cent in 2022 to 30.7 per cent in 2023. This was higher than London (24.3%) and England (20.4%), which may explain the higher detection rate of chlamydia amongst female Hammersmith & Fulham residents.

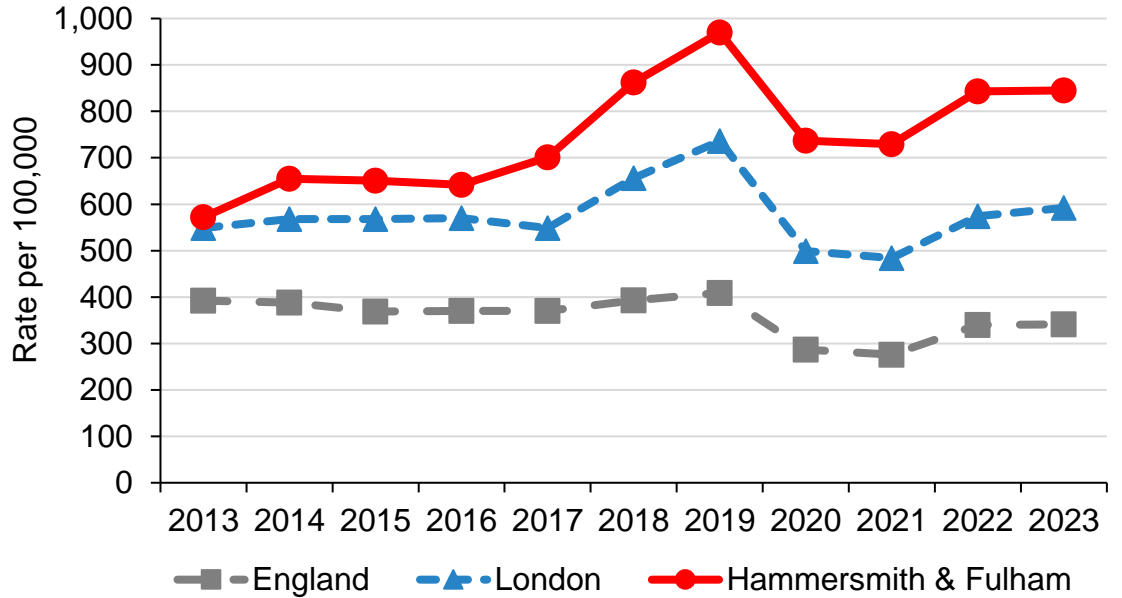
The chlamydia detection rate among all 15-to-24-year-olds in Hammersmith & Fulham had been increasing between 2016 and 2019, but sharply declined in 2020 and 2021. Rates started to increase in 2022 locally, regionally, and nationally [Figure 29]. However, in 2023, there was a 6.9 per cent decrease in the chlamydia detection rate amongst 15-24-year-olds in Hammersmith & Fulham, to 1,972 per 100,000. This was higher than London (1,739 per 100,000) and England (1,546 per 100,000).

Figure 29 - Chlamydia detection rate per 100,000 of the population aged 15 to 24 by area, 2013 to 2023



Diagnostic rates for chlamydia differ to detection rates. Diagnostic rates measure those who have accessed SRH Services, whereas the detection rate is focused on individuals under 25 who are targeted by the NCSP in community settings. In 2023, **the chlamydia diagnostic rate for all age groups in Hammersmith & Fulham was significantly higher (845 per 100,000) than London (592 per 100,000) and England (341 per 100,000) [Figure 30].**

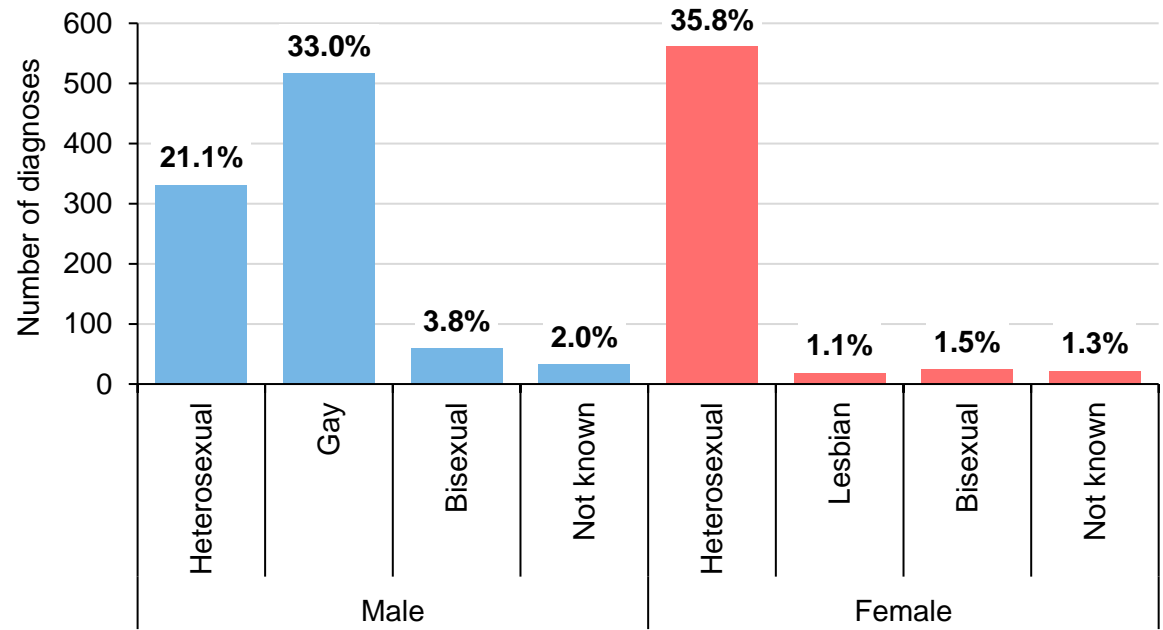
Figure 30 - Chlamydia diagnostic rate per 100,000 of the population by area, 2013 to 2023



In 2023, the largest proportion of chlamydia diagnoses among Hammersmith & Fulham residents were for people aged 25-34 (42.7%), this was followed by people aged 20-24 (27.5%).

Heterosexual women accounted for the largest proportion of chlamydia diagnoses in 2023 (35.8%), followed by gay men (33.0%), and heterosexual men (21.1%) [Figure 31].

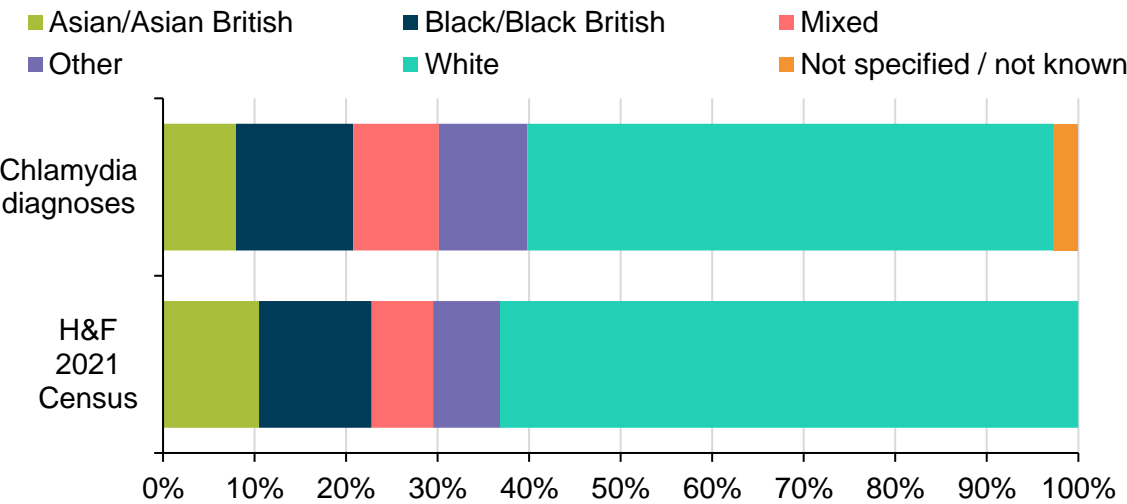
Figure 31 - Number and proportion of chlamydia diagnoses among Hammersmith & Fulham residents by gender and sexual orientation, 2023



Diagnoses of chlamydia for Black, Mixed, and Other ethnic group residents made up a higher percentage of diagnoses than would be expected from Hammersmith & Fulham 2021 Census population (12.8% of diagnoses vs 12.3% of population, 9.4% vs 6.7%, and 9.6% vs 7.3% respectively) [Figure 32].

White and Asian ethnic groups made up a lower percentage of chlamydia diagnoses than expected for population estimates (57.5% vs 63.2% and 8.0% vs 10.5% respectively). No ethnicity was recorded for 2.7 per cent of chlamydia diagnoses, so it is possible these differences could be greater.

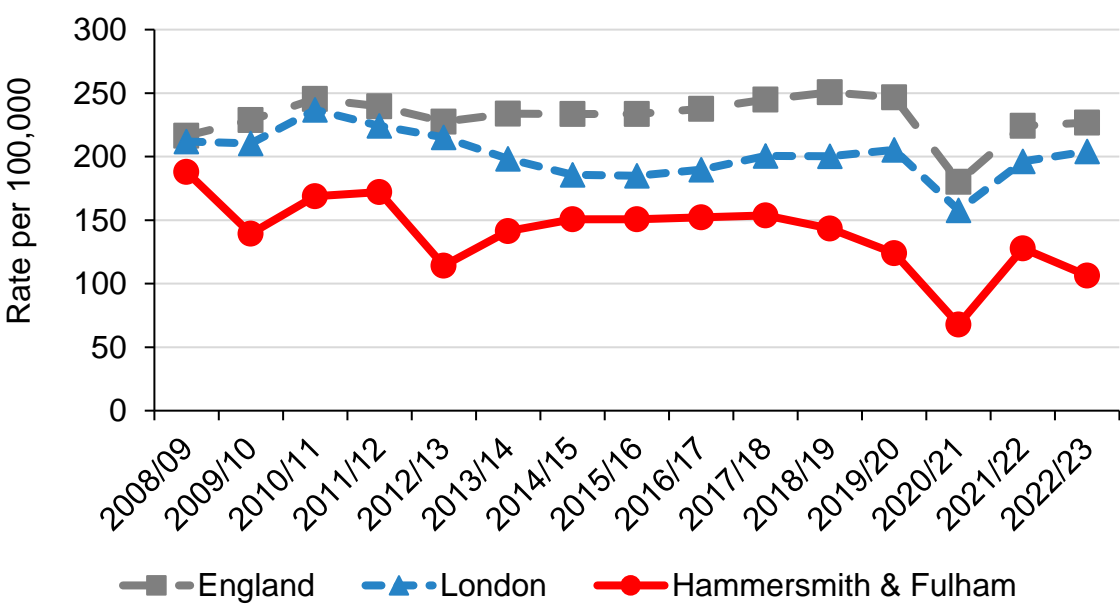
Figure 32 - Proportion of chlamydia diagnoses among Hammersmith & Fulham residents by ethnicity, 2023



Pelvic Inflammatory Disease (PID)

Pelvic inflammatory disease (PID) is an infection and inflammation of the female reproductive system. It can lead to serious health complications, including ectopic pregnancy. PID and ectopic pregnancy can have many causes, however STIs, particularly chlamydia, are a major cause of both³⁶.

Figure 33 - PID admissions rate per 100,000 by area, 2008/09 to 2022/23

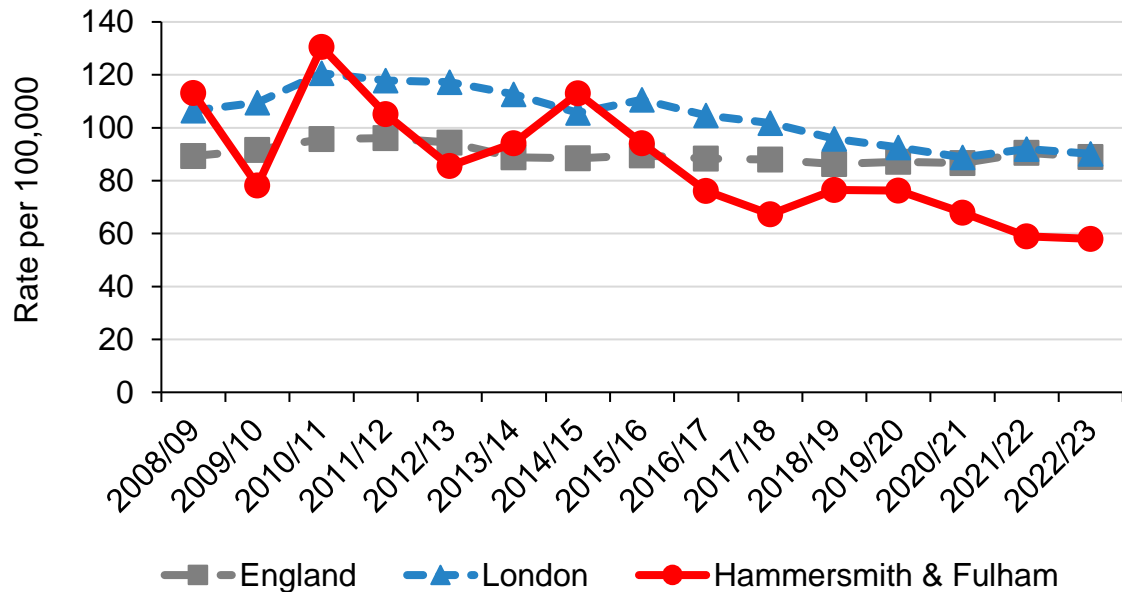


In Hammersmith & Fulham the rate of admissions for PID has decreased over the last 14 years [Figure 33]. For 2022/23, the admission rate for PID was 106.4 per 100,000, significantly lower than London (204.2 per 100,000) and England (226.7 per 100,000).

The rate of admissions for ectopic pregnancies has also steadily declined in Hammersmith and Fulham [Figure 34], and in 2022/23 the local rate (58.0 per 100,000) was lower than London (90.1 per 100,000) and England (89.0 per 100,000).

The lower rates of PID and ectopic pregnancy amongst residents, paired with higher chlamydia detection rates in the borough compared to London and England would suggest testing coverage and successful treatment for chlamydia is greater in Hammersmith & Fulham comparatively to London and England.

Figure 34 - Ectopic pregnancy admissions rate per 100,000 by area, 2008/09 to 2022/23



Gonorrhoea

Gonorrhoea is a common and preventable STI caused by the bacterium *Neisseria gonorrhoea*. If untreated, it can cause infertility in both women and men. Gonorrhoea is also an HIV indicator condition; in that it occurs more frequently in people living with HIV and increases the risk of acquiring HIV in HIV negative individuals³⁷.

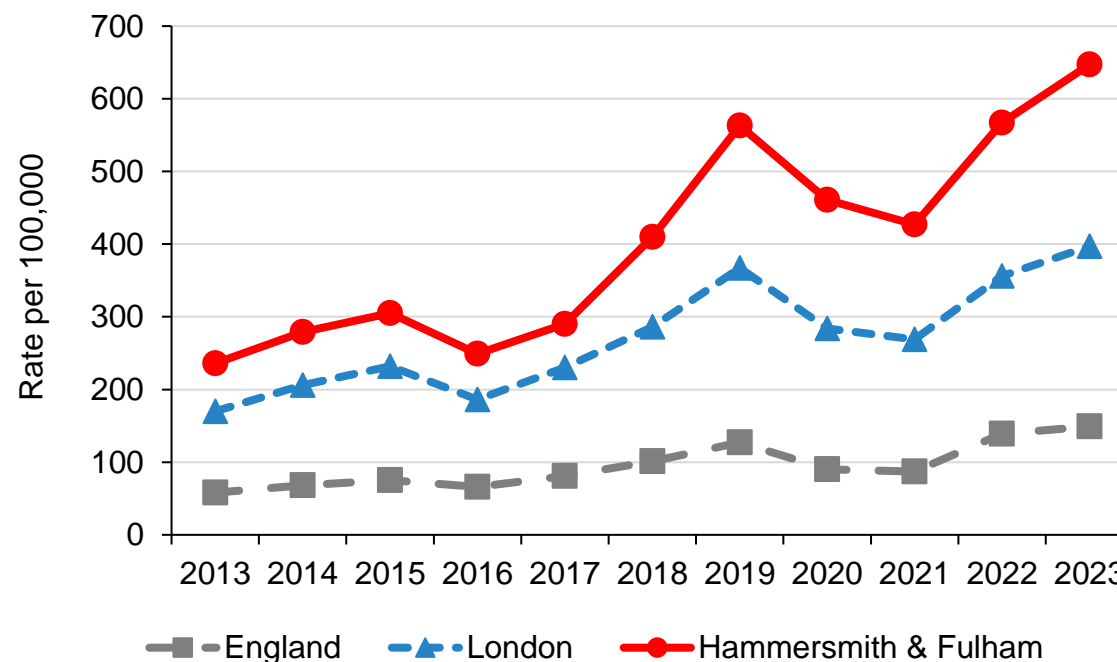
Gonorrhoea is treatable with antibiotics, but in the past decade, antimicrobial resistance has been a growing concern. With more classes of antibiotics becoming ineffective and an increase in the number of cases of treatment failures in the UK, there is a risk that individuals will require more complicated therapy or the STI may become untreatable³⁸.

The rate of gonorrhoea infection in the population can be used as an indicator of local burden of STIs in general, with high rates observed in a population suggesting ongoing transmission of STIs is occurring.

The gonorrhoea diagnostic rate in Hammersmith & Fulham was 647 per 100,000 in 2023, with a total count of 1,198 positive cases, a 14 per cent increase compared to 2022 and **the highest recorded rate of gonorrhoea on record in the last 10 years in the borough.**

This was significantly higher than London (397 per 100,000), and England (149 per 100,000). **The rate for gonorrhoea diagnosis in Hammersmith & Fulham has consistently been above the London and England rates [Figure 35].**

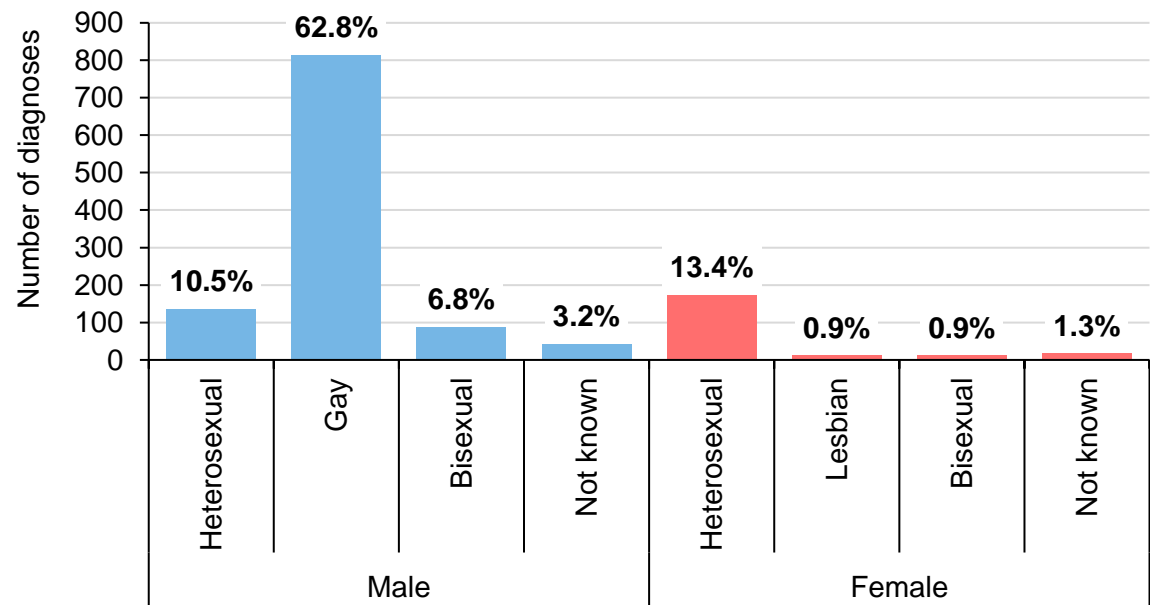
Figure 35 - Gonorrhoea diagnostic rate per 100,000 by area, 2013 to 2023



In Hammersmith & Fulham, approximately 7.3 per cent of women and 18.5 per cent of men diagnosed with gonorrhoea at SRH Services between 2018 and 2022 became reinfected with gonorrhoea within 12 months. This was higher than the rates seen nationally, where 4.1 per cent of women and 12.0 per cent of men became reinfected with gonorrhoea within 12 months.

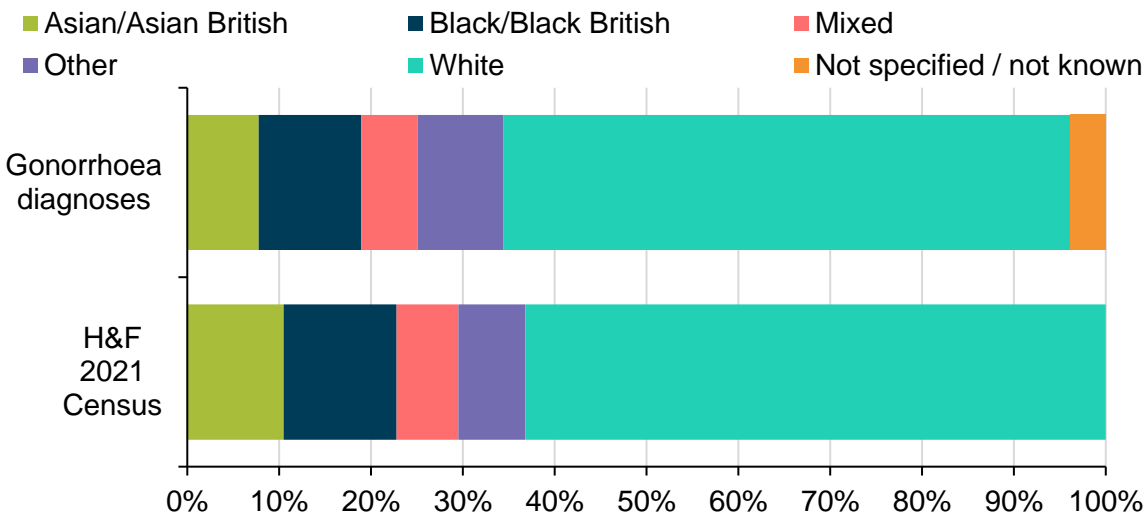
In 2023, the **highest proportion of gonorrhoea diagnoses for Hammersmith & Fulham residents were among people aged 25-34 (44.4%)**, followed by those aged 35-44 (21.1%) and 20-24-year-olds (18.6%).

Figure 36 - Number and proportion of gonorrhoea diagnoses among Hammersmith & Fulham residents by gender and sexual orientation, 2023



Gay men accounted for the majority of gonorrhoea diagnoses (62.8%), followed by heterosexual women (13.4%) [Figure 36].

Figure 37 - Proportion of gonorrhoea diagnoses among Hammersmith & Fulham residents by ethnicity, 2023



The proportion of diagnoses for patients from Other ethnic groups was over representative compared to the proportion of the Hammersmith & Fulham population (9.3% of diagnoses vs 7.3% of population).

Whereas White, Black, Asian, and Mixed ethnic groups all made up a lower percentage than expected (61.8% vs 63.2%, 11.2% vs 12.3%, 7.8% vs 10.5%, 6.1% vs 6.7% respectively) [Figure 37]. However, 3.8 per cent of chlamydia diagnoses did not have a recorded ethnicity.

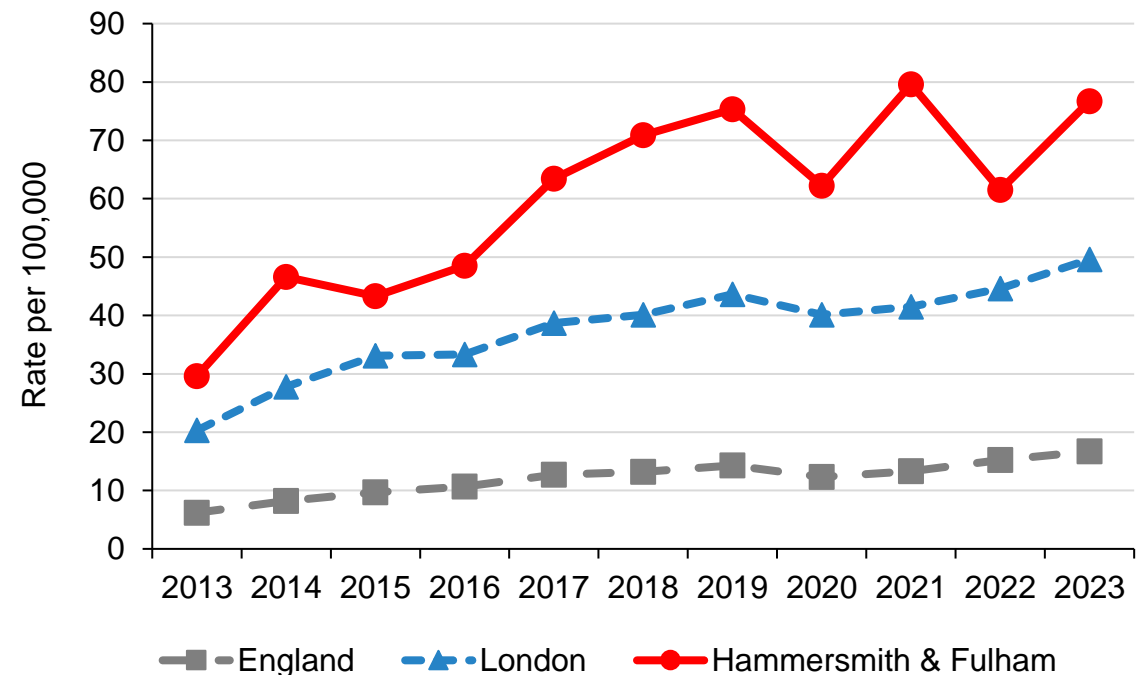
Syphilis is a preventable STI caused by the bacterium *Treponema pallidum* which can be transmitted during sex through contact with infectious lesions, or during pregnancy through the placenta. It is curable with antibiotics. Without treatment it can lead to complications up to decades after infection that affect multiple organs and systems. Syphilis also increases the risk of acquiring other STIs and HIV³⁹.

Similarly to gonorrhoea rates, if high rates of syphilis are observed in the population, this suggests ongoing transmission of STIs is occurring.

The rate for syphilis diagnosis amongst Hammersmith & Fulham residents has consistently been above the London and England rates. The rate had been increasing between 2015 and 2019 in the borough but then dropped in 2020 during the COVID-19 pandemic [Figure 38]. However, **in 2021 rates increased to 79.6 per 100,000, the highest on record.** In 2022, there was a 22 per cent decrease in diagnosis rates in Hammersmith & Fulham, at a rate of 62.2 per 100,000.

In 2023 rates increased again, to 76.7 per 100,000, giving a total of 142 cases for the year. The rate was significantly higher than London (49.6 per 100,000) and England (16.7 per 100,000).

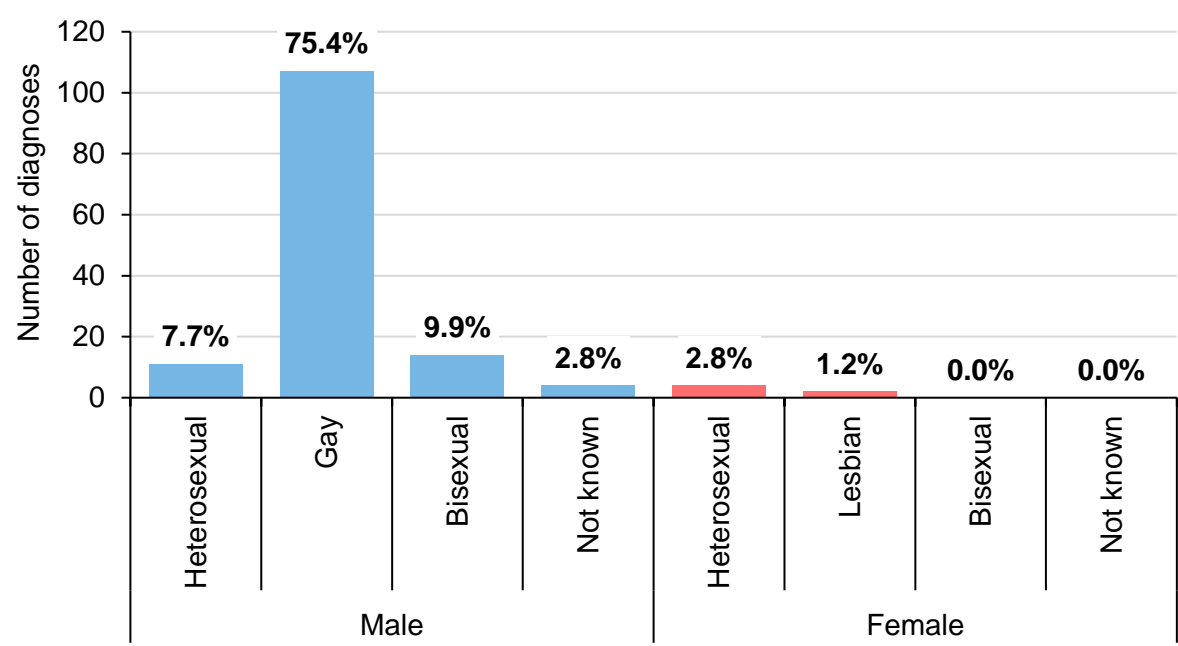
Figure 38 - Syphilis diagnostic rate per 100,000 by area, 2013 to 2023



In 2023, over a third of syphilis diagnoses amongst Hammersmith & Fulham residents were for individuals aged 25-34 (37.3%), and just over a quarter were for those aged 45-64 (28.2%).

The majority of syphilis diagnoses were for male residents (95.8%), with gay men accounting for the largest proportion of diagnoses (75.4%), followed by bisexual men (9.9%), and heterosexual men (7.7%) [Figure 39].

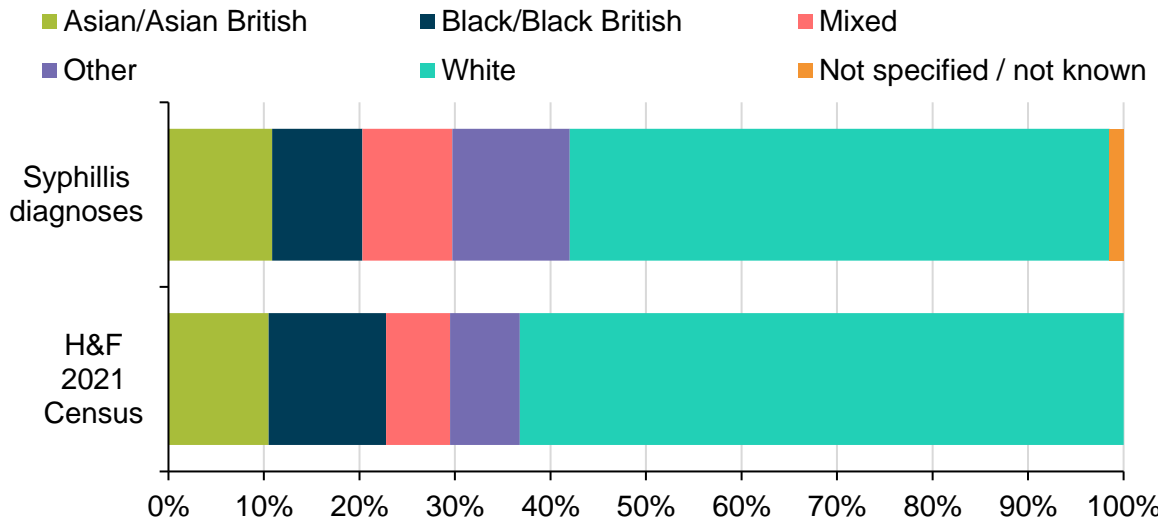
Figure 39 - Number and proportion of syphilis diagnoses among Hammersmith & Fulham residents by gender and sexual orientation, 2023



Diagnoses of syphilis for Other, Mixed and Asian ethnic group residents made up a higher percentage of diagnoses than would be expected from the Hammersmith & Fulham population (12.3% of diagnoses vs 7.3% of population, 9.4% vs 6.7%, and 10.9% vs 10.5% respectively) [Figure 40].

White and Black ethnic groups made up a lower percentage than expected (56.5% vs 63.2% and 9.4% vs 12.3% respectively). For 1.4 per cent of diagnoses, no ethnicity was recorded.

Figure 40 - Proportion of syphilis diagnoses among Hammersmith & Fulham residents by ethnicity, 2023



Genital Warts

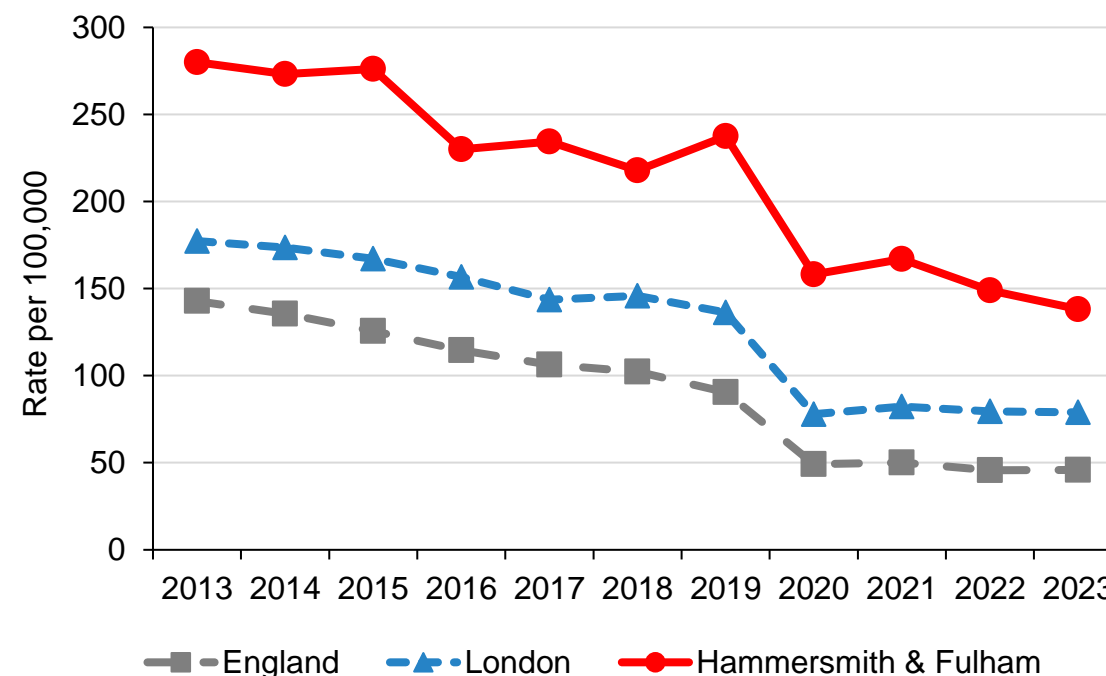
Genital warts are benign growths that occur in the genital, anal, perianal, and perineal areas. They are caused by the human papillomavirus (HPV), most commonly by the genotypes 6 and 11 which are non-oncogenic, meaning they do not cause cancer. There may however be simultaneous infection with the high-risk oncogenic HPV genotypes that are associated with anogenital cancers. HPV is spread through direct skin contact with an individual who has HPV, most commonly through sexual contact⁴¹.

There has been a decline in the number of cases of genital warts both locally, regionally and nationally over the last decade, with the most dramatic decrease seen between 2019 and 2020 [Figure 43]. This decrease is primarily attributed to the protective effects of the HPV vaccination programme.

Despite this decline, **the rate of genital wart diagnoses in Hammersmith & Fulham for 2023 was substantially higher than London and England**. There were 256 cases of genital warts in 2023, a rate of 138.2 per 100,000. This was higher than London (79.0 per 100,000) and England (45.8 per 100,000).

Hammersmith & Fulham was ranked 2nd highest nationally for diagnostic rate of genital warts in 2023. This may be the result of lower uptake of the HPV vaccination amongst Hammersmith & Fulham residents compared to regional and national rates.

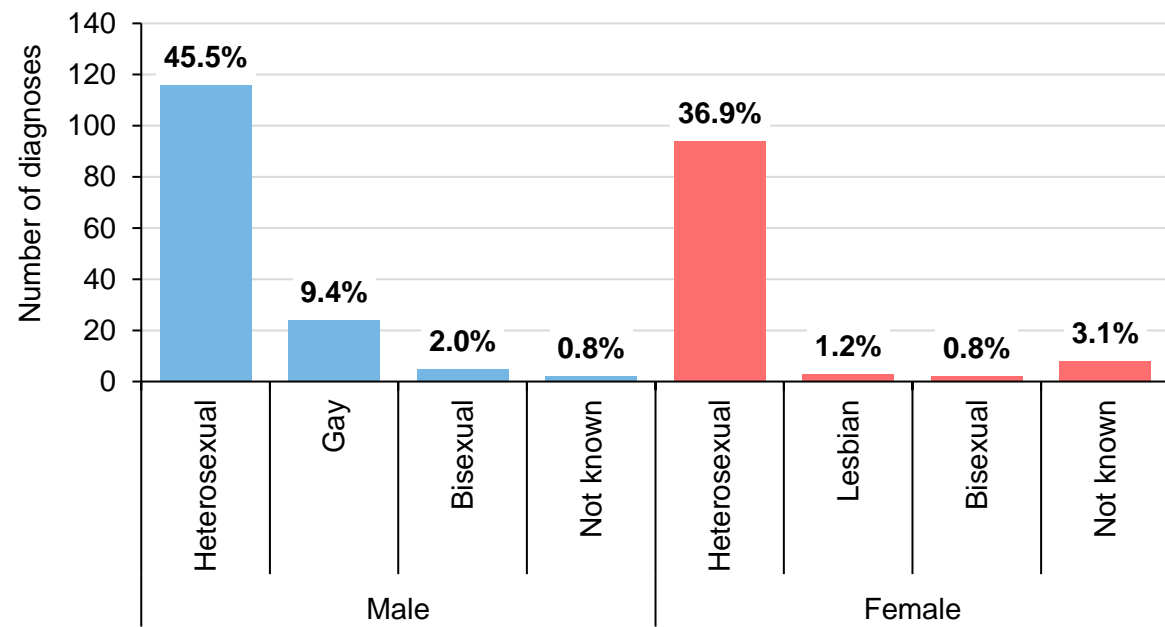
Figure 43 - Genital warts diagnostic rate per 100,000 by area, 2013 to 2023



In 2023, **just over half (50.6%) of anogenital wart first episode diagnoses were among Hammersmith & Fulham residents aged 25-34**. This was followed by people aged 20-24 (21.6%), and people aged 35-44 (16.9%).

The **largest proportion of diagnoses were for heterosexual men (45.5%)** and heterosexual women (36.9%) [Figure 44].

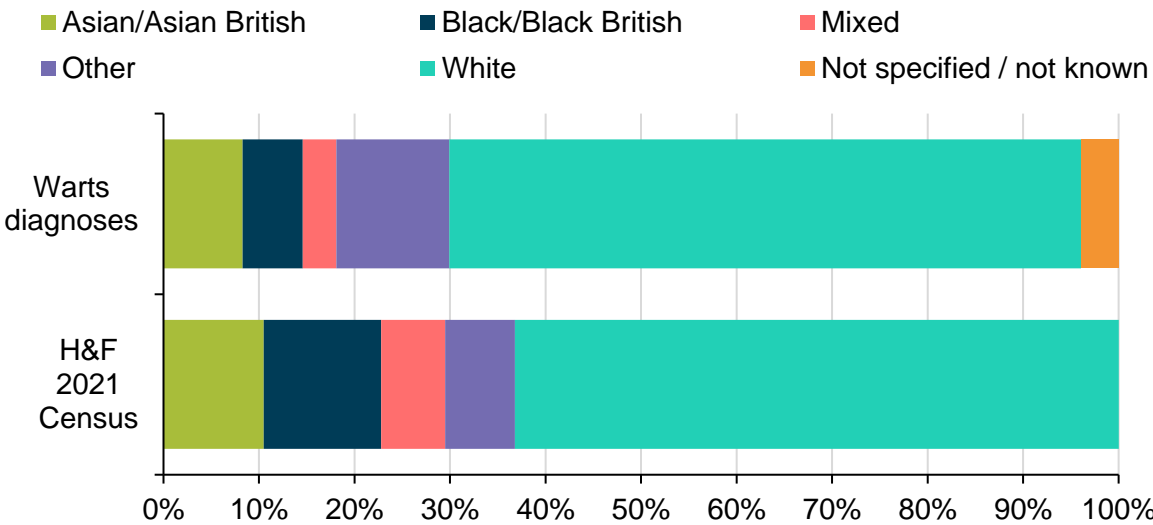
Figure 44 - Number and proportion of genital warts diagnoses among Hammersmith & Fulham residents by gender and sexual orientation, 2023



Diagnoses of warts for White and Other ethnic group residents made up a higher percentage of diagnoses than would be expected from the Hammersmith & Fulham population (66.1% of diagnoses vs 63.2% of population, and 11.8% vs 7.3% respectively).

Asian, Black, and Mixed ethnic groups made up a lower percentage than expected (8.3% vs 10.5%, 6.3% vs 12.3%, and 3.5% vs 6.7% respectively). No recorded ethnicity accounted for 3.9 per cent of diagnoses [Figure 45].

Figure 45 - Proportion of genital wart diagnoses among Hammersmith & Fulham residents by ethnicity, 2023



Genital Herpes

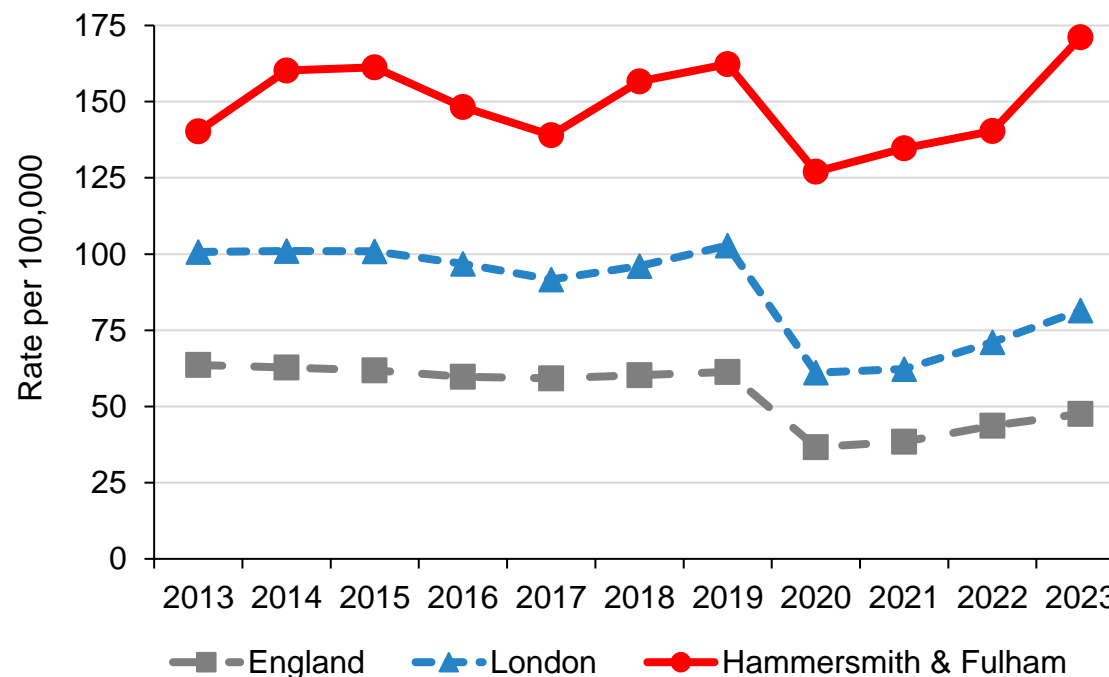
Genital herpes is caused by the herpes simplex virus (HSV), a common viral infection that can cause painful blisters or ulcers. Type 1 HSV is the most common cause of oral and genital herpes in the UK. Type 2 HSV is more likely to cause recurrent genital herpes. HSV is spread by direct sexual contact. Medicines can be used to treat symptoms the first or recurrent episodes, but there is currently no cure⁴².

In Hammersmith & Fulham, the rate of first episode genital herpes diagnoses had been increasing between 2017 and 2019. This was followed by a large decrease in diagnoses during 2020 and then an increase year on year to 2023, a trend which was also seen across England [Figure 46]. **Between 2022 and 2023, diagnoses of first episode of genital herpes increased by 22 per cent locally.**

In 2023 the rate of diagnoses of first episode of genital herpes was 171.1 per 100,000, significantly higher than London (81.5 per 100,000) and England (47.6 per 100,000).

Hammersmith & Fulham was ranked 2nd highest nationally for genital herpes diagnoses in 2023.

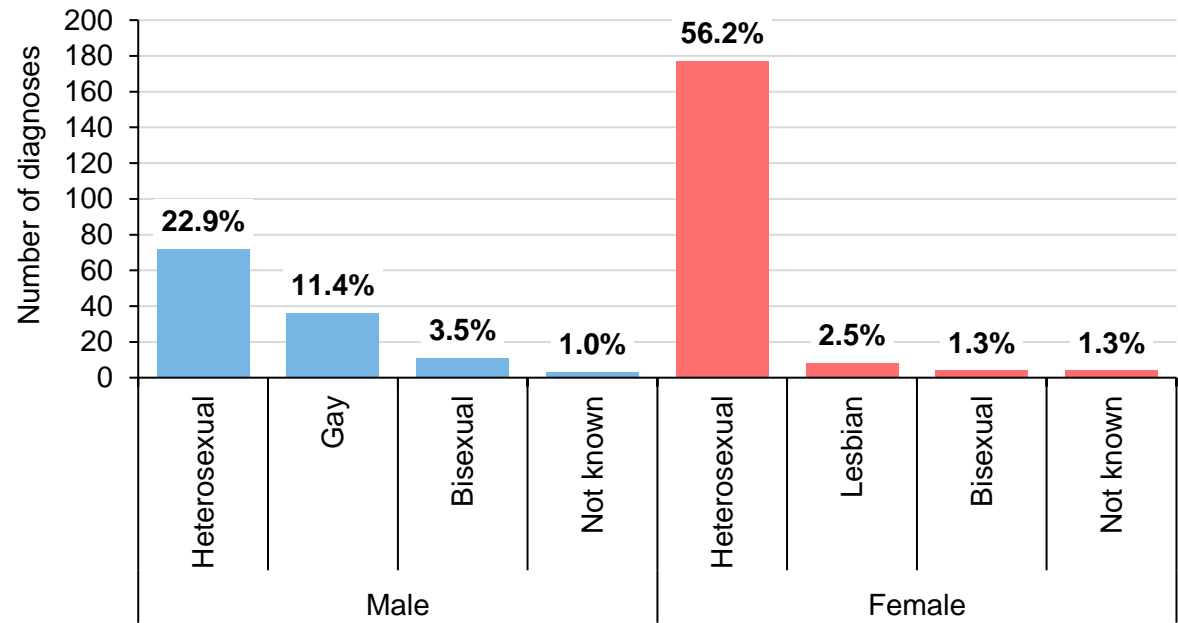
Figure 46 - Genital herpes diagnostic rate per 100,000 by area, 2013 to 2023



In 2023, **just over half (50.2%) of genital herpes diagnoses were among Hammersmith & Fulham residents aged 25-34.** This was followed by residents aged 20-24 (21.6%), and 35-44 (14.0%).

Most diagnoses of genital herpes were for heterosexual women (56.2%), followed by heterosexual men (22.9%) [Figure 47].

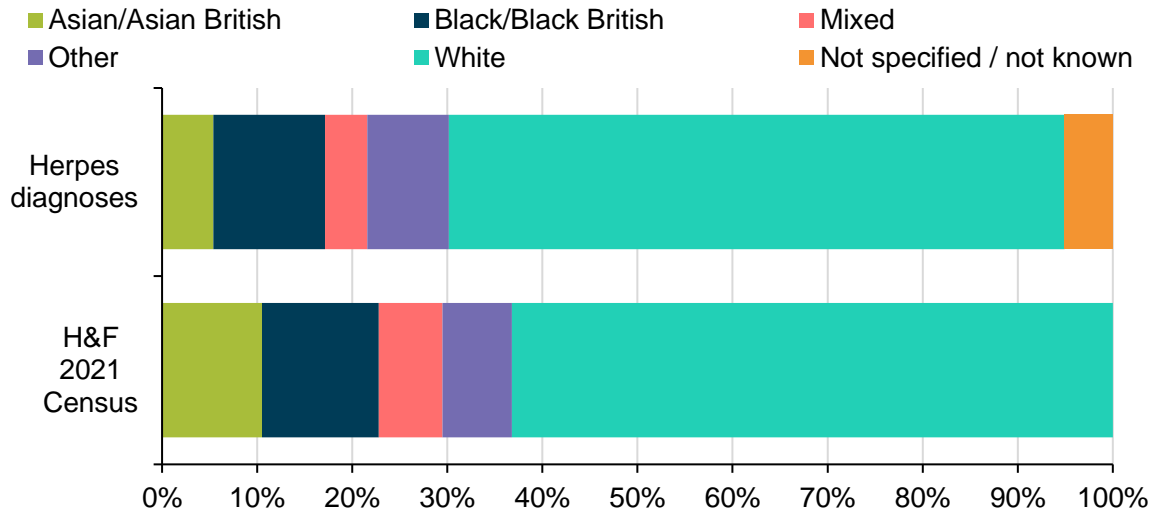
Figure 47 - Number and proportion of genital herpes diagnoses among Hammersmith & Fulham residents by gender and sexual orientation, 2023



Diagnoses of herpes for **White and Other ethnic group patients made up a higher percentage of diagnoses** than would be expected from the Hammersmith & Fulham population (64.8% of diagnoses vs 63.2% of population, and 8.6% vs 7.3% respectively).

Asian, Black, and Mixed ethnic groups made up a lower percentage than expected (5.4% vs 10.5%, 11.7% vs 12.3%, and 4.4% vs 6.7% respectively) [Figure 48]. In 5.1 per cent of diagnoses, no ethnicity was recorded, so these differences could be significantly larger.

Figure 48 - Proportion of genital herpes diagnoses among Hammersmith & Fulham residents by ethnicity, 2023



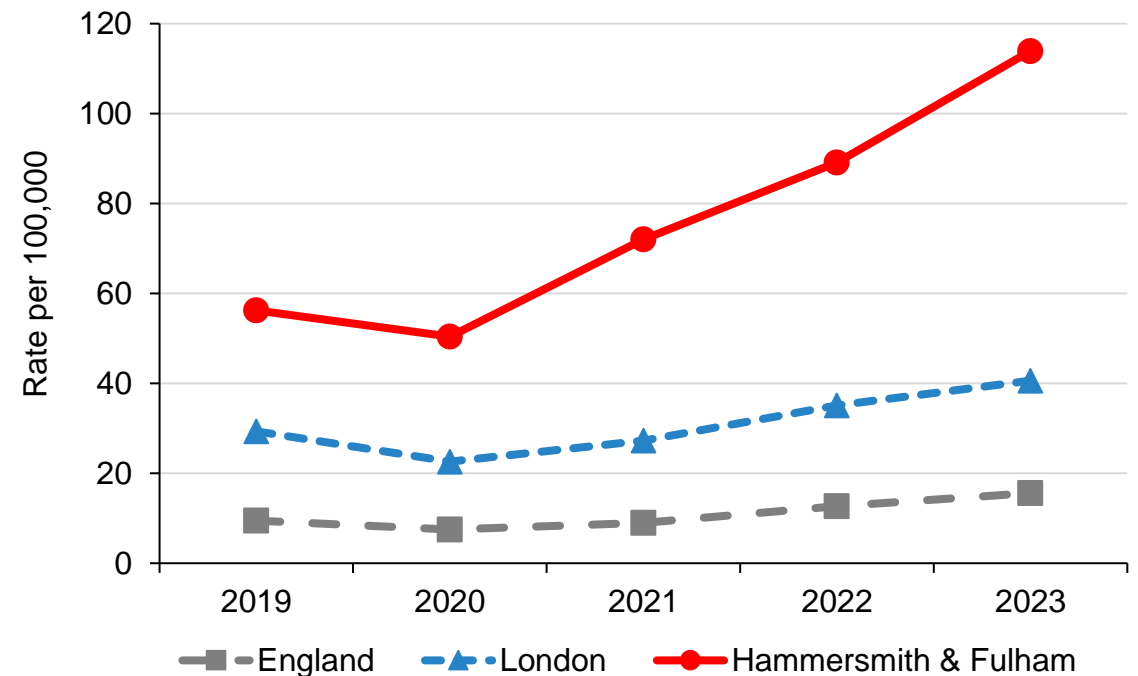
Mycoplasma genitalium

Mycoplasma genitalium is a sexually transmitted pathogen commonly associated with non-gonococcal urethritis in men, but is also thought to be associated with post-coital bleeding, endometritis and PID in women⁴³.

There has been a significant increase in the rate of cases of *M. genitalium* since 2020 in Hammersmith & Fulham, with a 126 per cent increase between 2020 and 2023 [Figure 49].

In 2023, the diagnosis rate of *M. genitalium* was 113.9 per 100,000, with 211 cases in Hammersmith & Fulham. This rate was significantly higher than London (40.6 per 100,000) and England (15.6 per 100,000). This indicates ongoing STI transmission within the local population, highlighting the importance of sexual health promotion and prevention.

Figure 49 - *Mycoplasma genitalium* diagnostic rate per 100,000 by area, 2019 to 2023



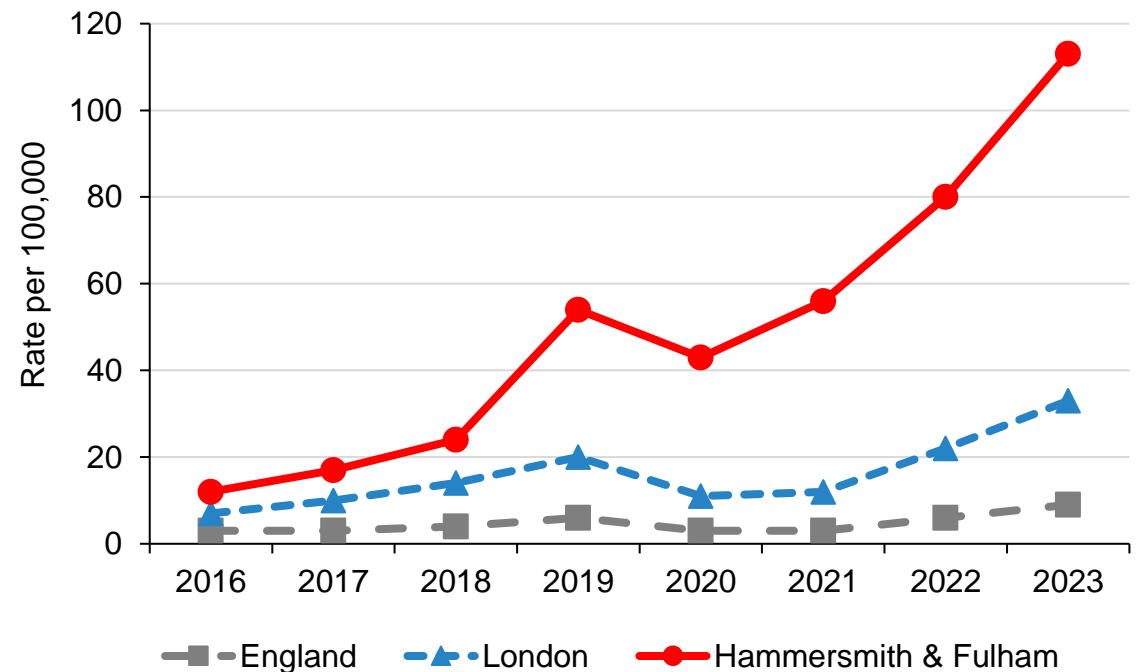
Sexually Transmitted Shigella

Shigella is a bacterium which can cause severe diarrhoea, known as dysentery, which can require hospital admission for treatment. It is transmitted through contact with infected faeces, often in areas with poor sanitation. While it was previously associated primarily with international travel, it is now increasingly spread within England through close sexual contact predominantly amongst GBMSM. *Shigella* is a notifiable infection, and cases in men without recent travel history are used as an indicator for infections in GBMSM that are likely sexually transmitted in England⁴⁴.

There had been an increase in the rate of cases of sexually transmitted shigella in the adult population between 2016 and 2019 in all areas. All areas reported a decrease in 2020, likely as a reflection of the COVID-19 pandemic. Rates returned to pre-pandemic levels in 2021, and **between 2020 and 2023 there was a 163 per cent increase in cases in Hammersmith & Fulham** [Figure 50].

In 2023, the diagnosis rate of sexually transmitted shigella was 113 per 100,000, with 82 cases in Hammersmith & Fulham. This rate was significantly higher than London (33 per 100,000) and England (9 per 100,000), with **Hammersmith & Fulham ranked 1st highest nationally for sexually transmitted shigella diagnoses in 2023**.

Figure 50 - Sexually transmitted *Shigella* spp. per 100,000 in the adult male population by area, 2016 to 2023



Human Papillomavirus (HPV)

The HPV national vaccination programme was started in September 2008 to protect girls against cervical cancer. A two-dose schedule is now offered routinely to secondary school girls under 15 years of age, with the first dose in Year 8 (aged 12 to 13) and the second in Year 9 (aged 13 to 14)⁴⁰.

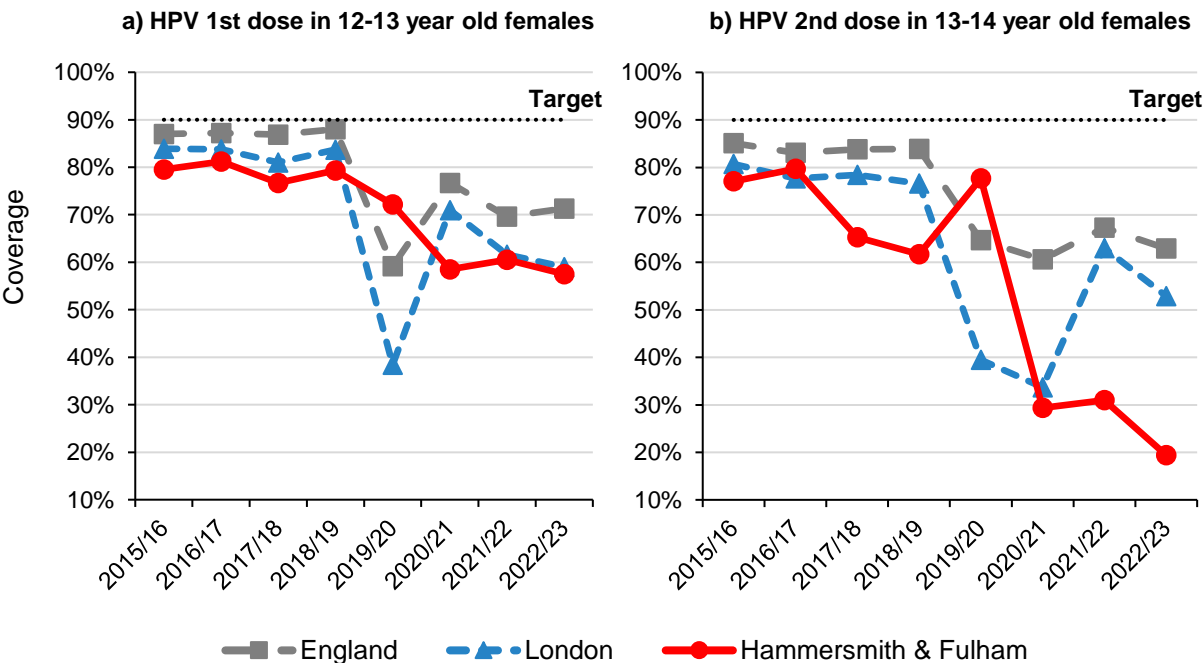
In the four years prior to the COVID-19 pandemic, local, regional, and national coverage for first and second doses were all below target ($\geq 90\%$). The percentage coverage of both doses in Hammersmith & Fulham was below regional and national rates.

In the 2019/20 academic year, coverage for the first dose amongst Hammersmith & Fulham residents dropped to 72.2 per cent, which was not as dramatic as the regional and national decreases (38.4% and 59.2% respectively). Coverage of the second dose in Hammersmith & Fulham increased to 77.7 per cent, contrasted to the decrease seen across London (39.5%) and England (60.6%) [Figure 41]. The sharp decline in uptake of the vaccine across the country was likely due to the COVID-19 pandemic and closure of all educational settings as a result of measures put in place by the UK Government.

There was a marked decline in coverage in the 2020/21 academic year in Hammersmith & Fulham for both the first (58.5%) and second dose (29.4%), whereas coverage nationally and regionally started to recover.

Coverage in the subsequent academic years (2021/22 and 2022/23) showed little improvement on coverage locally. In 2022/23, first dose coverage was 57.5 per cent, and second dose was 19.4 per cent [Note 2], below the London and England average for the same period for the first dose (59.0% and 71.3% respectively) and second dose (52.9% and 62.9% respectively).

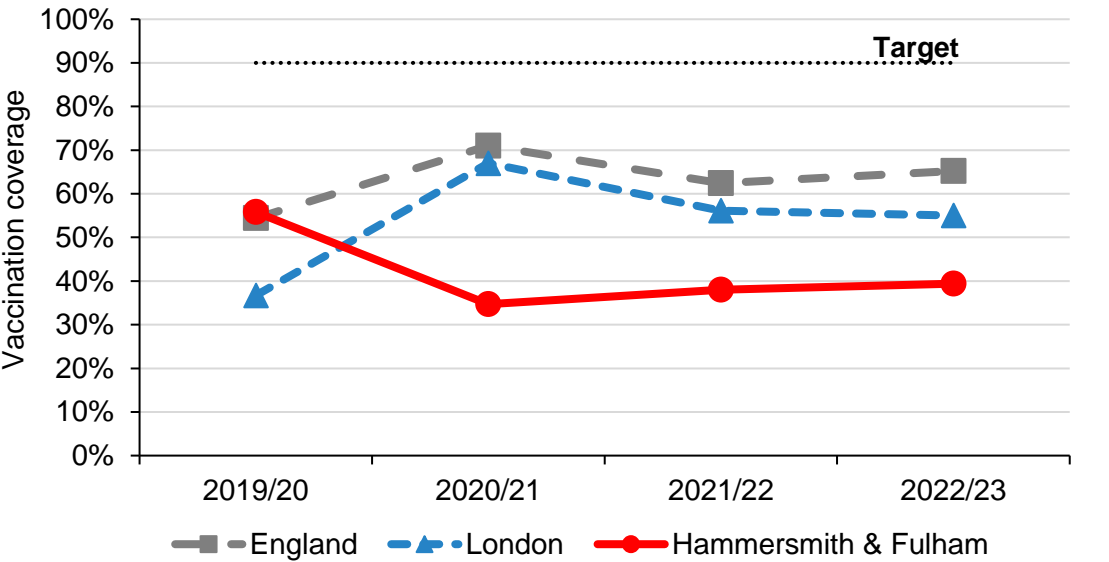
Figure 41 - HPV vaccination coverage of first dose in 12- to 13-year-old females and second dose in 13- to 14-year-old females by area, 2015/16 to 2022/23



[Note2] For 2022/23, data for HPV vaccine second dose should be interpreted with caution as provisional denominators (the number of children eligible for HPV vaccination) were used to calculate vaccine coverage.

In September 2019, the HPV vaccination programme was expanded, and 12-to-13-year-old boys became eligible for the vaccine.

Figure 42 - HPV vaccination coverage of one dose in 12- to 13-year-old males by area, 2019/20 to 2022/23



Source: OHID, Sexual and Reproductive Health Profiles, 2024

The 2019/20 academic year was the first year of the universal offer to both male and female school pupils. In Hammersmith & Fulham, the coverage of one dose for Year 8 boys was 55.8 per cent in the first year, greater than the coverage in London (36.7%) and

England (54.4%). The following academic year in 2020/21 this dropped to 34.7 per cent, whereas the regional and national coverage both increased (67.0% and 71.0% respectively). The most recent data for 2022/23 shows a small increase in coverage to 39.4 per cent [Note 3], but below the regional (55.0%) and national (65.2%) coverage, and substantially below the target of 90 per cent [Figure 42].

The HPV vaccination is also available through the NHS for women up to the age of 25, boys born after 1st September 2006 who missed having the vaccine at school, GBMSM up to and including the age of 45 years old and other groups at higher risk from HPV including people living with HIV.

There were 1,929 first doses of the HPV vaccine given between 2018 and 2023 for patients resident to Hammersmith & Fulham attending all GUM and non-GUM services in and outside the borough. Of the total first doses, the majority (97.9%) were given to males, predominantly gay and bisexual males (82.3%)

GP practices are required to provide HPV vaccinations to eligible adolescent girls and boys who have reached the age of 14 years and are under 25 years, who missed vaccination under the schools’ programme. This is likely why females accounted for less than 2 per cent of 1st doses of the HPV vaccine in SRH Services.

[Note3] 2022/23, data for HPV vaccination coverage should be interpreted with caution as provisional denominators (the number of children eligible for HPV vaccination) were used to calculate vaccine coverage.

Cervical Screening

Any woman or other individual with a cervix who has had any kind of sexual contact (e.g. skin-to-skin genital contact, sharing sex-toys, or vaginal, oral or anal sex) can get cervical cancer. This is because almost all cervical pre-cancers and cancers are caused by HPV.

The NHS Cervical Screening Programme is a secondary prevention intervention, which looks for HPV that can cause abnormal cells on the cervix. If HPV is found during screening, a cytology test is used to check for abnormal cells. If no abnormal cells are found, a follow up screen is arranged for 12 months' time. If abnormal cells are found, the individual will be referred to colposcopy. The cervical screening programme is estimated to save 4,500 lives in England each year⁴⁵.

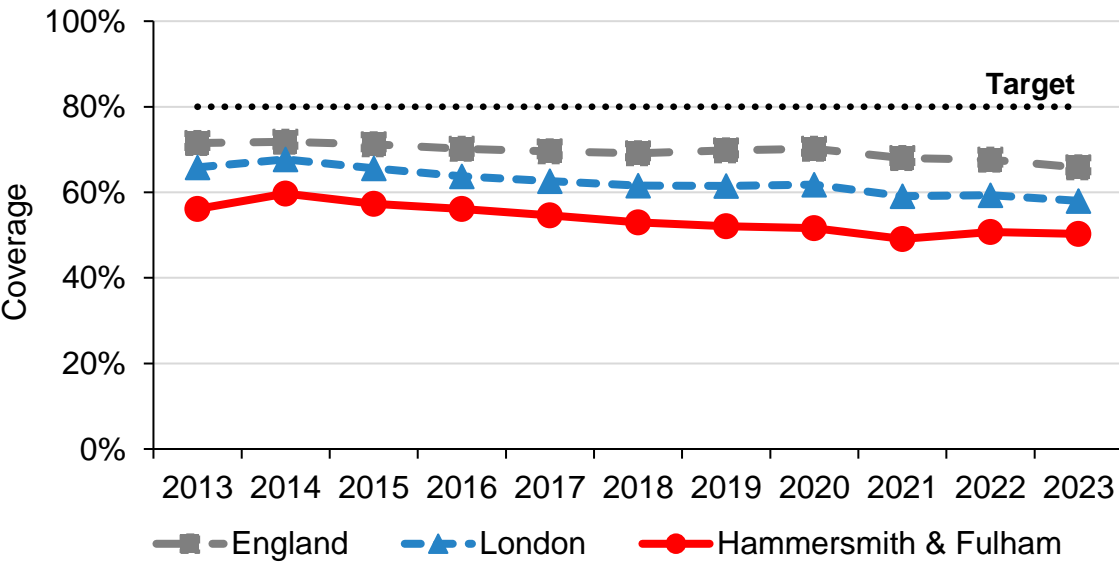
The screening programme is a regular offer for women and people with a cervix aged 25 to 64 years in England. People aged 25-49-years are invited every 3 years, and people aged 50-64-years are invited every 5 years. The first invitation is sent to eligible people at the age of 24.5 years, with all eligible people who are registered with a GP as female automatically receiving an invitation by mail.

The expected national coverage target for the cervical screening programme is 80 per cent and above. **In Hammersmith & Fulham in 2023, uptake in cervical cancer screening coverage for 25-**

49-year-olds within the previous 3.5 years (50.3%) was significantly lower compared to London (58.0%) and England (65.8%).

The proportion of eligible women aged 25-49-years-old screened within the last 3.5 years has decreased both nationally and locally between 2013 and 2023 [Figure 51]. This decline in coverage has been comparable, with Hammersmith & Fulham seeing a 5.8 per cent decrease, compared to a 5.7 per cent decrease in England.

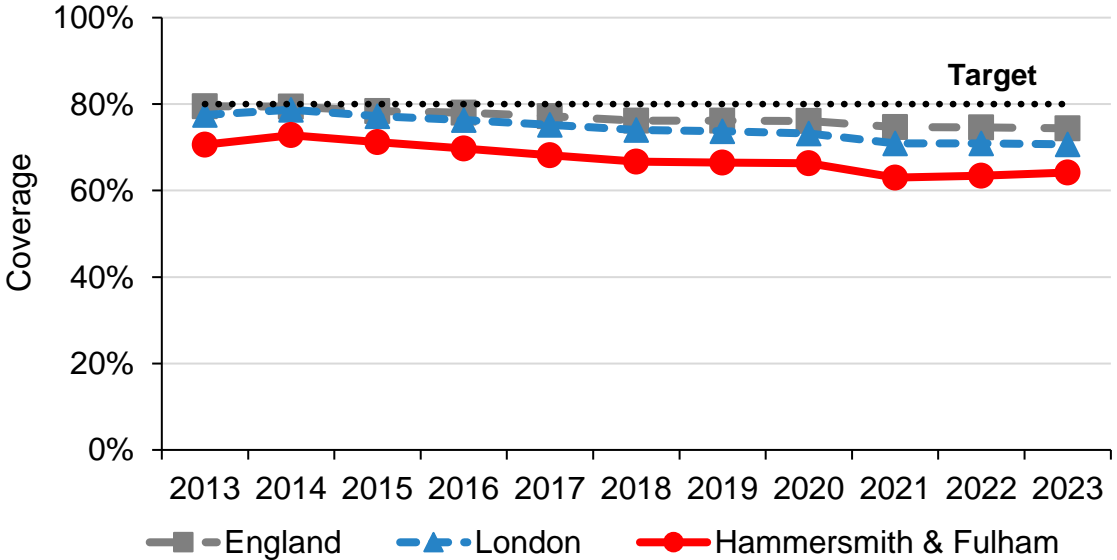
Figure 51 - Cervical cancer screening coverage in 25- to 49-year-olds by area, 2013 to 2023



Nationally, regionally and locally there has been greater coverage of cervical screening in the 50-64-year-old population compared to women aged 25-49-years-old.

In Hammersmith & Fulham, in 2023 uptake for 50-64-year-olds within the previous 5.5 years (64.2%) was significantly lower compared to London (70.7%) and England (74.4%).

Figure 52 - Cervical cancer screening coverage in 50- to 64-year-olds by area, 2013 to 2023



The proportion of eligible women aged 50-64-years-old screened within the last 5.5 years has decreased both nationally and locally between 2013 and 2023 [Figure 52].

However, the decline in coverage has been greater in Hammersmith & Fulham (6.4 percentage points decrease) compared to England (a 5.1 percentage points).

As identified in the 2022 Hammersmith & Fulham Cancer Screening Needs Assessment⁴⁶, there may be a range of barriers for residents to take up cervical screening, including:

- Unaware of the screening programme and its benefits
- Hesitancy and fear in discomfort of screening and findings out results
- Misconception that having the HPV vaccine means cervical screening is not needed
- Accessibility, including lack of appointments at convenient times and locations
- Patients lost to follow up as they move between GP practices due to a failure of integration of electronic patient records
- Language, cultural and religious barriers, such as stigma of sexual health procedures.

Human Immunodeficiency Virus (HIV)

HIV is a viral infection that targets white blood cells, weakening the body’s immune system. If left untreated it can lead to acquired immune deficiency syndrome (AIDS) which can put the individual at greater risk of getting other severe infections and some cancers. It is spread through body fluids, including blood, semen, vaginal fluids and breastmilk⁴⁷.

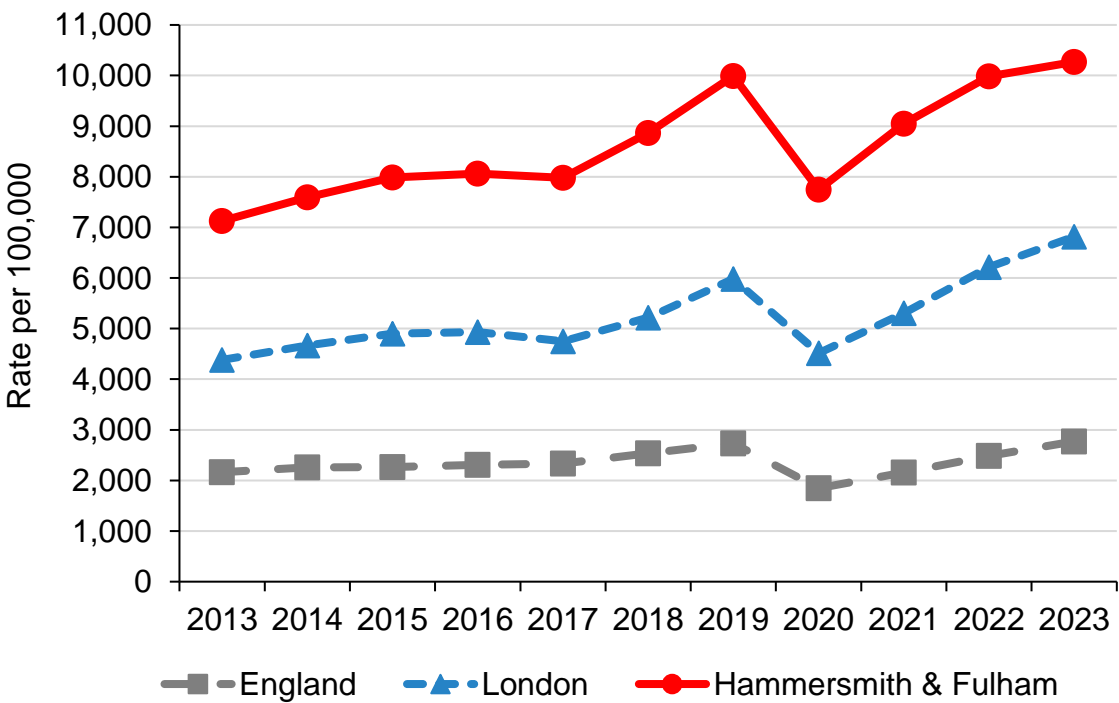
HIV Testing

Knowledge of HIV status increases survival rates, improves quality of life and reduces risk of onward transmission. Prior to 2019, the rate of HIV testing in Hammersmith & Fulham had been increasing. In 2020, the rate decreased significantly likely due to lockdown measures in place during the COVID-19 pandemic.

Since 2020 the rate of HIV testing in Hammersmith & Fulham has increased year on year and has now overtaken levels seen in 2019 [Figure 53]. In 2023, 19,022 HIV tests were conducted, a rate of 10,269 per 100,000 people, a 33 per cent increase on 2020. This was higher than London (6,817 per 100,000) and England (2,771 per 100,000). Hammersmith & Fulham ranked 9th highest nationally for HIV testing in 2023.

Online testing kits provided through SHL include HIV testing. Between 2018 and 2023, over 53,000 HIV tests were returned and tested. Of these, 0.5% were reactive. Of those who had a reactive HIV test, the majority were for White individuals (70.6%), followed by individuals of Black (12.5%) and Mixed (11.4%) ethnicity.

Figure 53 - HIV testing rate per 1000,000 by area, 2013 to 2023



HIV Diagnoses

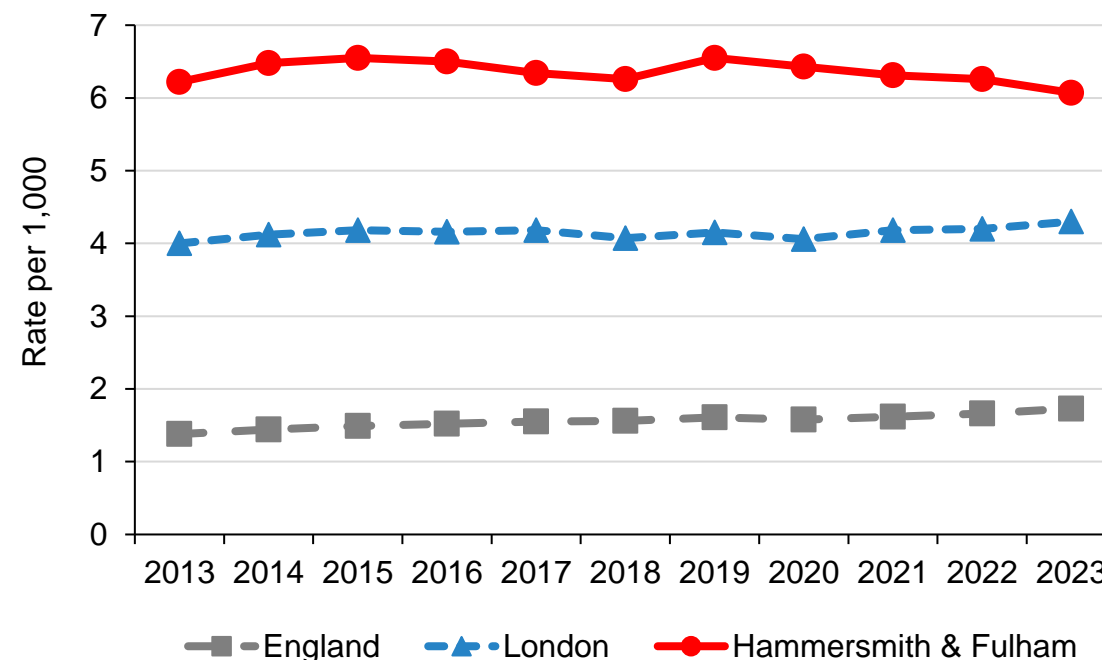
The National Institute for Health and Care Excellence (NICE) sets guidelines on HIV testing which define levels of HIV prevalence. Local authorities with 'high' HIV prevalence are those with a diagnosed HIV prevalence between 2 and 5 per 1,000 individuals aged 15-to-59-years, and 'extremely high' are those with a prevalence of 5 or more per 1,000.

The prevalence of diagnosed HIV in Hammersmith & Fulham has consistently been 'extremely high' [Figure 54]. Twelve of the fourteen inner London local authorities fall into the 'extremely high' category. This likely reflects the greater diversity of the population, high population density and mobility, and greater proportion of LGBTQ+ people in the population.

In 2023, the prevalence in Hammersmith & Fulham was 6.34 per 1,000 individuals aged 15-to-59-years, following a continued slow decrease in rate since 2019. However, this was higher than the rate for London (5.25 per 1,000) and significantly higher than England (2.40 per 1,000).

Prevalence of diagnosed HIV in the population including those aged 60 and over was similar, with the rate in Hammersmith & Fulham at 6.07 per 1,000, significantly higher than London (4.30 per 1,000) and England (1.73 per 1,000).

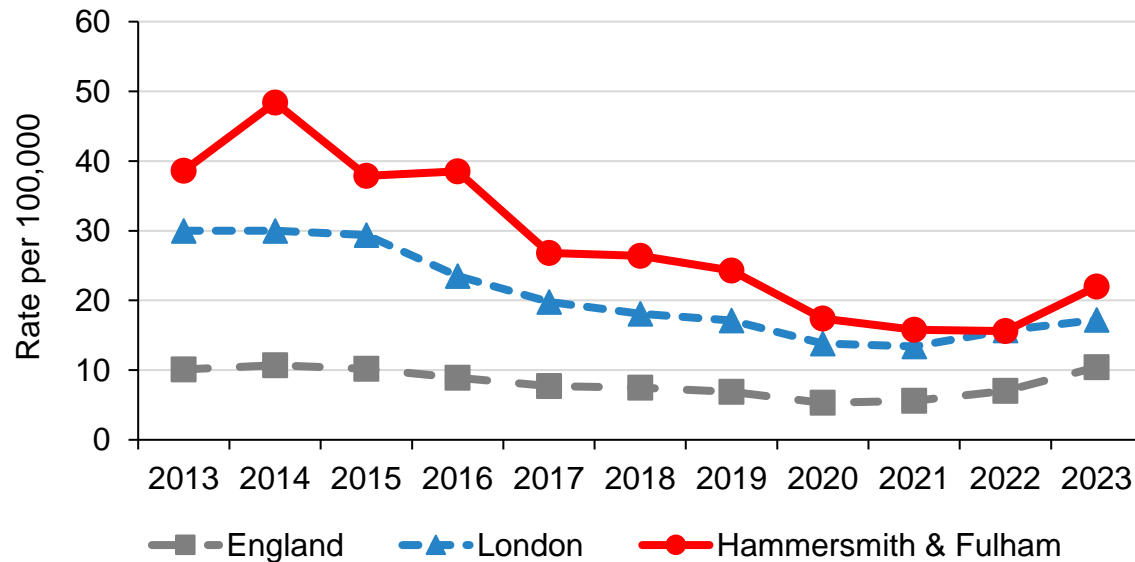
Figure 54 - HIV diagnosis prevalence rate per 1,000 in the population aged 15- to 59-years seen in HIV services by area, 2011 and 2022



In Hammersmith & Fulham the rate of all new HIV diagnoses, including all HIV diagnoses made in the UK regardless of country of first HIV positive test, has declined by 55 per cent in the last decade to 22 per 100,000 [Figure 55]. However, this is higher than London (17.2 per 100,000) and England (10.4 per 100,000).

There has been a slight increase in the rate of all new HIV diagnoses in the borough between 2022 and 2023. This is in part due to the result of an increase in the number of migrants born outside of the UK who received a diagnosis in another country.

Figure 55 - New HIV diagnosis rate per 100,000 by area, 2013 and 2023

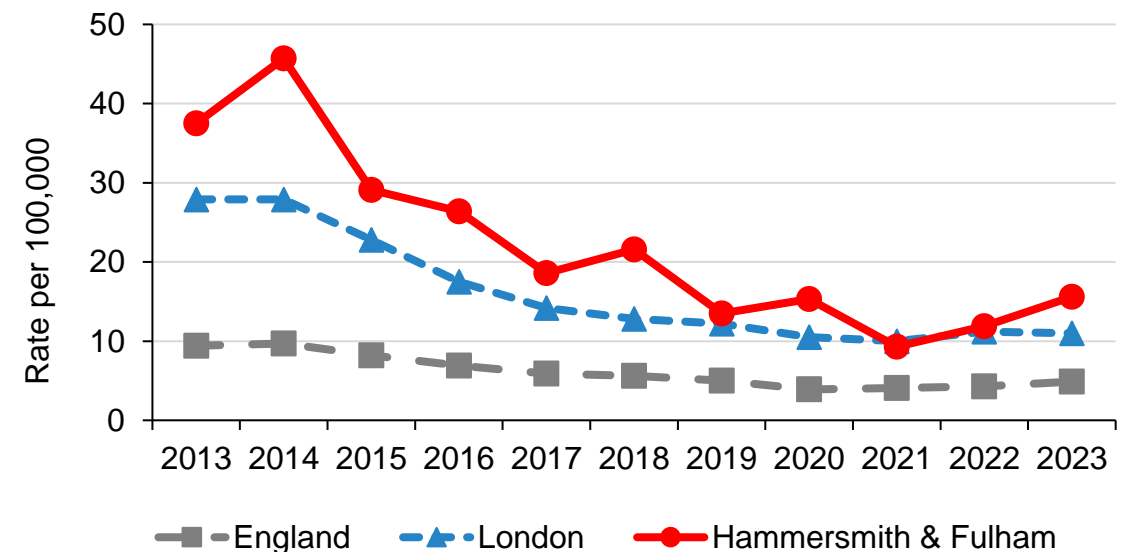


A more accurate measure of HIV transmission locally is the rate of new HIV diagnoses amongst individuals first diagnosed in the UK. In

2023, the rate in Hammersmith & Fulham was 15.3 per 100,000, a significant decline from 2014 (37.5 per 100,000), but an increase on 2022 (11.9 per 100,000) [Figure 56]. This was higher than London (11.3 per 100,000) and significantly higher than England (4.3 per 100,000).

The increase in new diagnoses first made in the UK may be in part due to opt-out blood borne viruses (BBV) testing in local emergency departments, first rolled out in 2022, and now live across over 30 sites in areas of 'extremely high' diagnosed HIV prevalence⁴⁸. This has allowed for HIV testing in individuals who would have previously been less likely to take up a HIV test in SRH services.

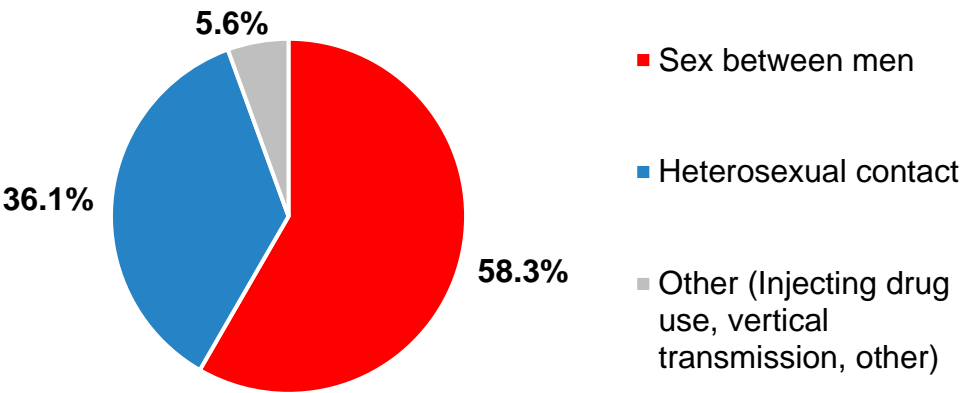
Figure 56 - New HIV diagnosis among persons first diagnosed in the UK rate per 100,000 by area, 2013 to 2023



In Hammersmith & Fulham, between 2021 to 2023 **men accounted for the majority (79.4%) of new HIV diagnoses** amongst individuals first diagnosed in the UK.

The **probable exposure route for new diagnoses were most frequently acquired through sex between men (58.3%)** followed by heterosexual contact (36.1%). Other probable routes of acquisition, including vertical transmission, injecting drug use, and all other, accounted for 5.6 per cent of new diagnoses first made in UK in Hammersmith & Fulham [Figure 57].

Figure 57 - Proportion of new HIV diagnoses first made in the UK among Hammersmith & Fulham residents by probable exposure route, 2021 to 2023

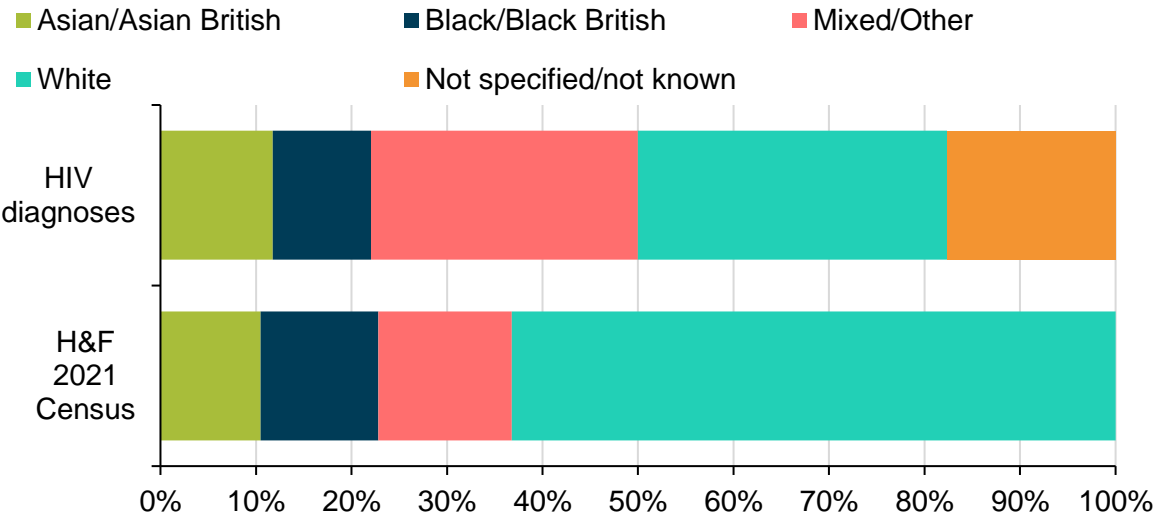


Individuals **aged 35-49 accounted for the largest proportion (44.1%) of new HIV diagnoses**, followed by 25-34-year-olds (35.3%), and 50-64-year-olds (14.7%).

Individuals of White ethnicity made up the largest proportion of new HIV diagnoses (32.4%). However, **Mixed / Other and Asian ethnic group patients made up a higher percentage of diagnoses than would be expected from the Hammersmith & Fulham population** (27.9% vs 14.0% and 11.9% vs 10.5% respectively), which suggests these groups have a higher burden of new diagnosis of HIV.

Individuals of Asian ethnicity made up a lower percentage of new diagnoses compared to population estimates (10.3% vs 12.3% respectively) [Figure 58]. In 17.6 per cent of diagnoses, no ethnicity was recorded, so these differences could be significantly larger.

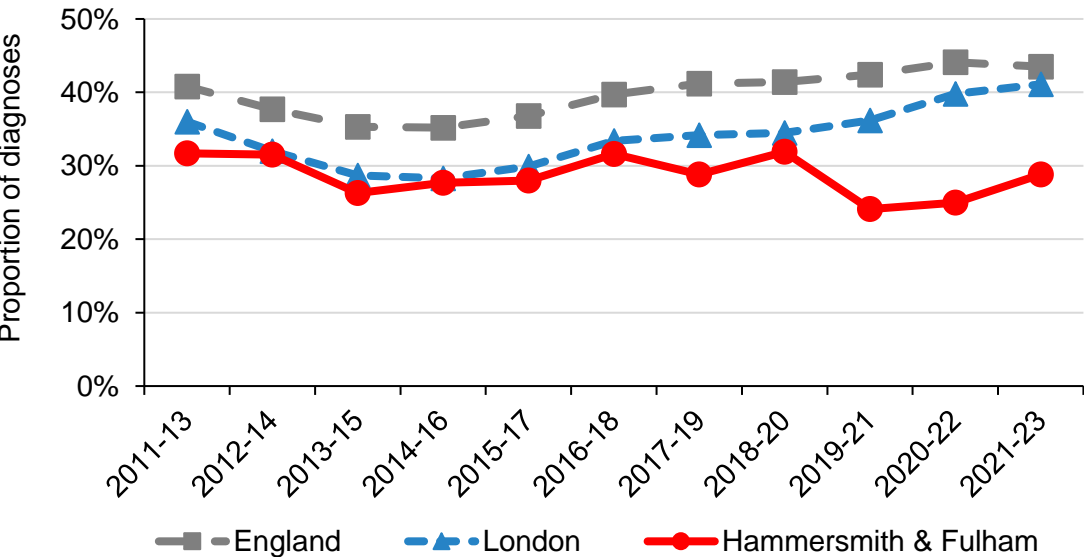
Figure 58 - Proportion of new HIV diagnoses first made in the UK among Hammersmith & Fulham residents by ethnicity, 2021 to 2023



HIV Late Diagnoses

Late diagnosis of HIV is when someone tests positive for HIV after the virus has already caused significant damage to their immune system. **Between 2011-2013 to 2021-23, the percentage of HIV diagnoses made at a late stage has decreased in Hammersmith & Fulham** (-2.9 percentage points), contrasted with the increase seen in London (+5.1 percentage points) and England (+2.7 percentage points) [Figure 59]. For 2021-23, the percentage of people in Hammersmith & Fulham who had a HIV diagnosis made at a late stage of infection amongst those first diagnosed in the UK was just over a quarter (28.8%), substantially lower than London (41.1%) and England (43.5%).

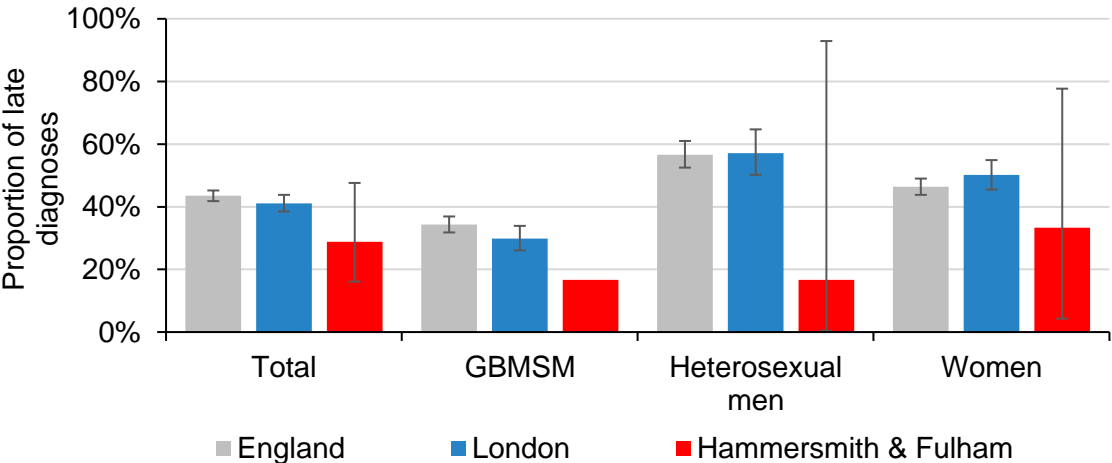
Figure 59 - Proportion of late HIV diagnoses among all people first diagnosed with HIV in the UK by area, 2011-13 to 2021-23



Local authorities with higher proportions of GBMSM, like Hammersmith & Fulham, tend to have lower late diagnosis percentages⁴⁹. This reflects greater awareness of HIV and higher testing rates for this group, compared to heterosexuals.

In Hammersmith & Fulham, a larger proportion of women first diagnosed with HIV in the UK were diagnosed late (33.3%) in 2021-23, compared to GBMSM (16.7%) and heterosexual men (16.7%) [Figure 60]. However, caution must be taken when interpreting these results as the data is limited by small sample sizes. Regionally and nationally, a similar picture is seen with a larger proportion of women diagnosed late (50.2% and 46.4% respectively), but also a larger proportion of heterosexual men (57.1% and 56.6% respectively).

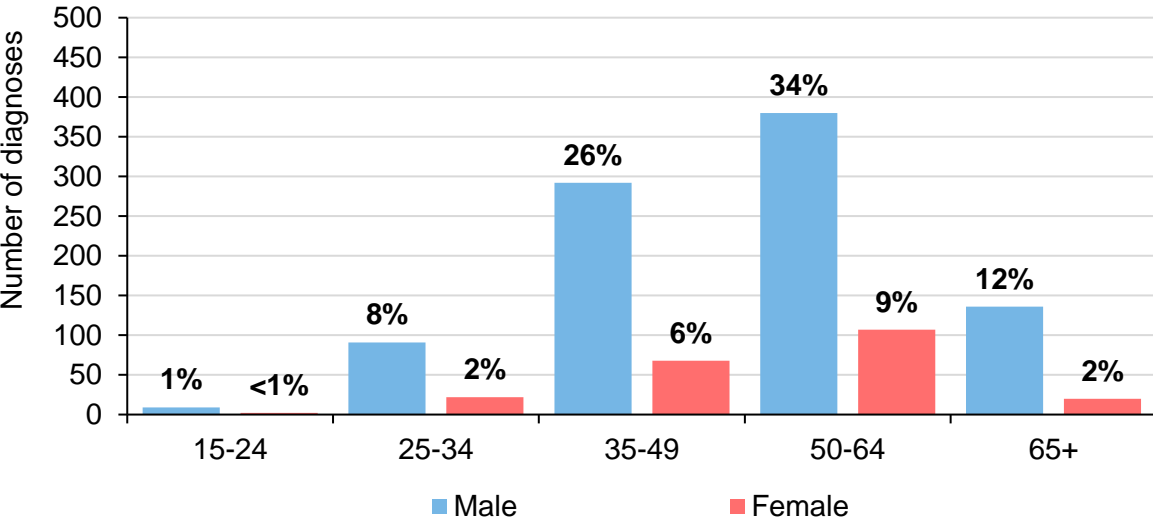
Figure 60 - Proportion of late HIV diagnoses among population groups, first diagnosed with HIV in the UK by area, 2021-2023



HIV Treatment Care

There were 1,130 Hammersmith & Fulham residents aged 15 years and over who were seen at HIV services in 2023. **The majority of residents accessing HIV services were men (80.4%), with sex between men accounting for the greatest proportion of probable exposure for people living with HIV in Hammersmith & Fulham (63%),** followed by heterosexual contact (26%). This is suggestive of a high prevalence of HIV among men who have sex with men.

Figure 61 - Number and proportion of Hammersmith & Fulham residents accessing HIV care by age and gender, 2023

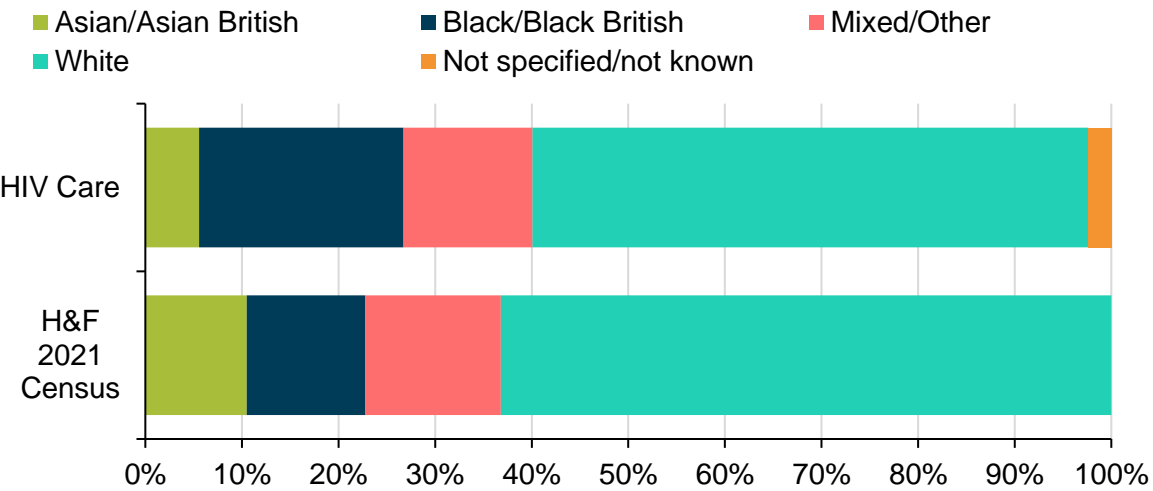


Individuals aged 50 years and older represent the largest proportion (57%) of those diagnosed with HIV in the borough [Figure 61], indicating an ageing population of people living with HIV.

In 2023, individuals of White ethnicity made up the largest proportion (58%) of people living with diagnosed HIV in Hammersmith & Fulham. However, **individuals of Black ethnicity made up a higher percentage of people living with HIV than would be expected from the Hammersmith & Fulham population (21.2% of people accessing care vs 12.3% of population)** [Figure 62].

This difference was greatest for individuals of Black African ethnicity, with 14.4 per cent of the total population living with diagnosed HIV of Black African ethnicity, compared to 7.2% of individuals that identified as Black African in the total Hammersmith & Fulham population.

Figure 62 - Proportion of Hammersmith & Fulham residents accessing HIV care by ethnicity, 2023



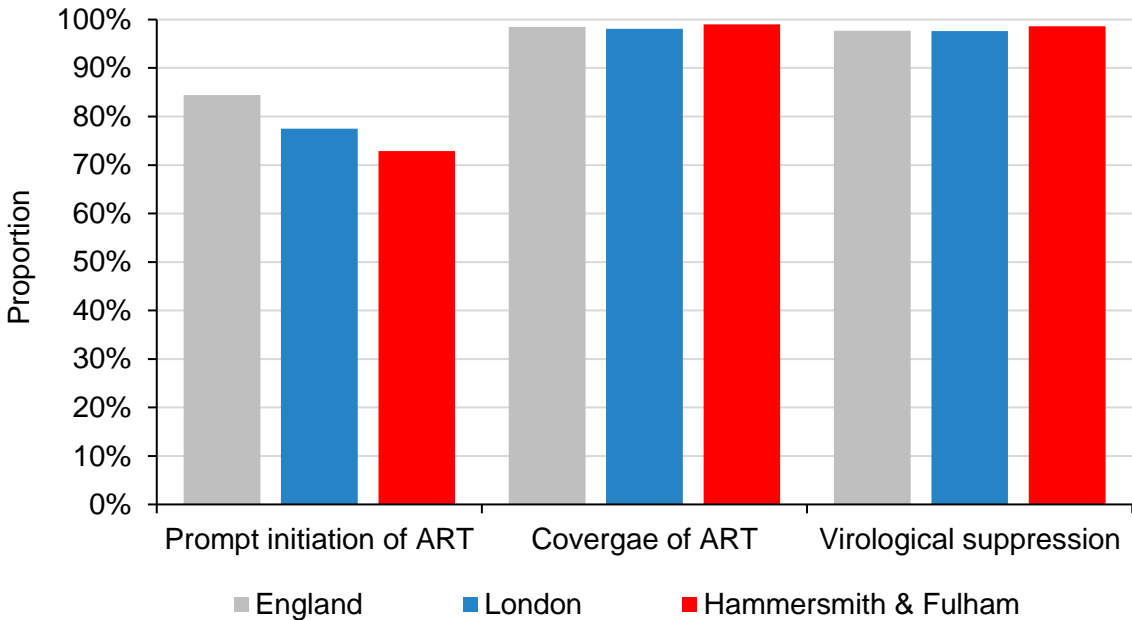
The percentage of people in Hammersmith & Fulham newly diagnosed with HIV between 2021-23 who started antiretroviral therapy (ART) promptly (within 91 days of their diagnosis) was 72.9 per cent, slightly lower than London (77.5%) and England (84.4%).

The proportion of people prescribed ART out of the total number of people seen in HIV care and living in England is benchmarked against the UNAIDS target of 95-95-95 by 2025. The aim is for 95 per cent of people living with diagnosed HIV to be on ART⁵⁰.

The percentage of people in Hammersmith & Fulham accessing HIV care who were prescribed ART in 2023 was 99.0 per cent, above the 95 per cent target and similar to London (98.1%) and England (98.5%).

The percentage of adults in Hammersmith & Fulham accessing HIV care in 2023 who were virologically suppressed, and thus had an undetectable viral load, was 98.6 per cent, similar to the levels seen for London (97.6%) and England (97.7%) [Figure 63].

Figure 63 - Proportion of people accessing HIV care who start ART promptly, (2021 to 2023), are receiving ART and who are virologically suppressed (2023) by area

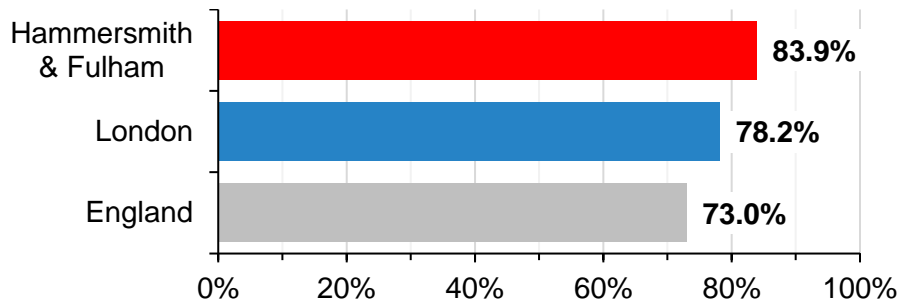


Pre-Exposure Prophylaxis (PrEP)

HIV PrEP is a medication taken by HIV negative individuals who are at high risk of acquiring HIV. It is taken before having sex to stop an individual from acquiring HIV but does not protect against other STIs. Prior to 2020, service users had limited access to PrEP, either through research schemes or online acquisition. Since the autumn of 2020, specialist SRH Services have had responsibility for delivering PrEP to those at higher risk of acquiring HIV.

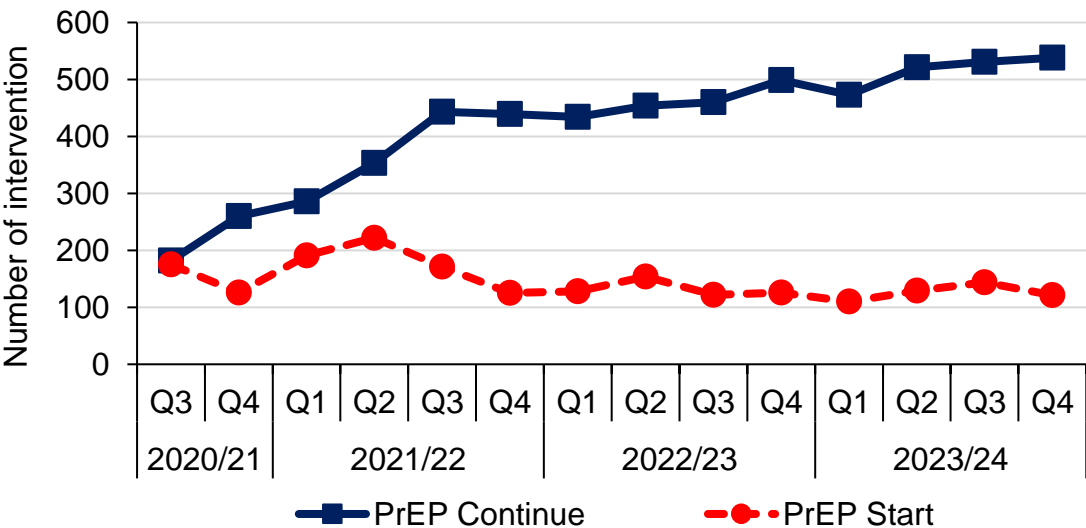
PrEP need is determined by the number of HIV negative people accessing specialist SRH Services at higher risk of acquiring HIV. In 2023, **PrEP need in Hammersmith & Fulham was 18.8 per cent** (2,237 individuals) similar to London (17.7%), but almost double that of England (10.1%). In Hammersmith & Fulham **83.9 per cent of people with a PrEP need were initiated or continued on PrEP**, greater than London (78.2%) and England (73.0%) [Figure 64].

Figure 64 - Proportion of population with PrEP need initiated or continued on PrEP by area, 2023



The vast majority of PrEP interventions provided by CWFT and ICHT have been for male patients (97% of patients) and for individuals aged between 25-34-years-old (42%), followed by those aged 35-44 (25%), 45-54 (13%) and 18-24 (12%).

Figure 65 - Number of PrEP interventions by CWFT and/or ICHT clinics by Hammersmith & Fulham residents, 2020/21 to 2023/24



Between 2021/22 and 2023/24, the number of PrEP start interventions at clinics related to CWFT and ICHT has declined by 29.7 per cent. However, during this same period, the number of PrEP continue interventions has increased by 35.5 per cent, with a continual near stepwise increase in the number of PrEP continue interventions observed between 2020/21 and 2023/24 [Figure 65].

Post-Exposure Prophylaxis (PEP)

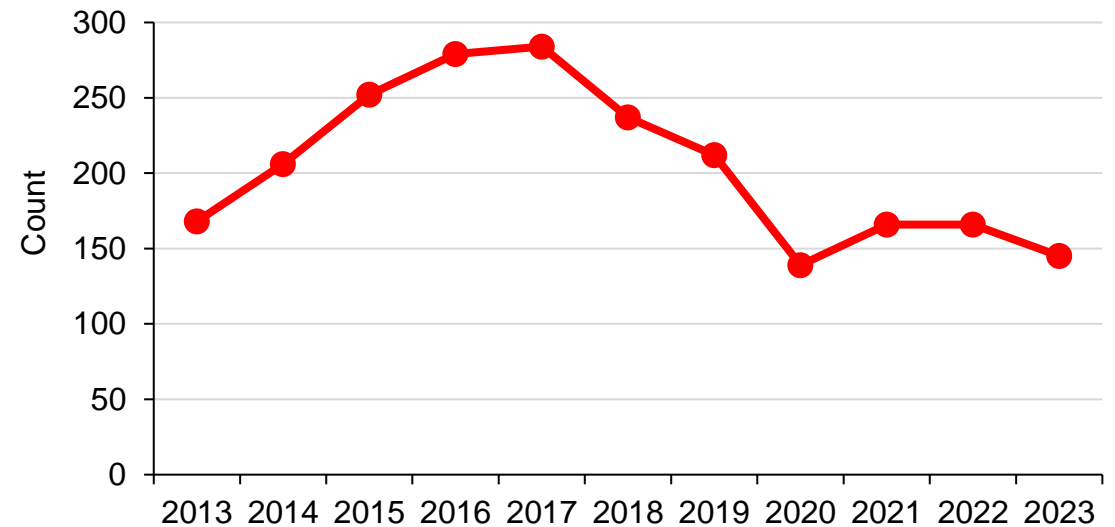
HIV PEP or **post-exposure prophylaxis after sexual exposure (PEPSE)** is a combination of HIV medication that can be taken by an individual if there has been a significant risk of HIV transmission to stop them acquiring HIV.

PEP must be taken as soon as possible after exposure, ideally within 24 hours, and no later than 72 hours. It is used as an emergency measure and does not guarantee the prevention of HIV transmission. It is only prescribed if there is a significant risk of HIV. After taking PEP, the individual needs to wait 28 days before testing for HIV as PEP can delay infection⁵¹.

Between 2018 and 2023, PEP was given to Hammersmith & Fulham residents in 1,065 instances for cases related to sexual exposure. **The majority of PEP prescriptions were for male patients (86.7%), specifically gay or bisexual males**, accounting for 67.9 per cent of PEP services.

The number of PEP prescriptions provided at GUM and non-GUM services accessed by patients residing in Hammersmith & Fulham has seen a **48.9 per cent decrease** between 2017 and 2023 [Figure 66], from 284 instances to 145, likely as a result of the increased availability and accessibility of PrEP.

Figure 66 - Number of PEP following sexual exposure interventions provided at GUM and non-GUM services accessed by Hammersmith & Fulham residents, 2013 to 2023



Hepatitis B

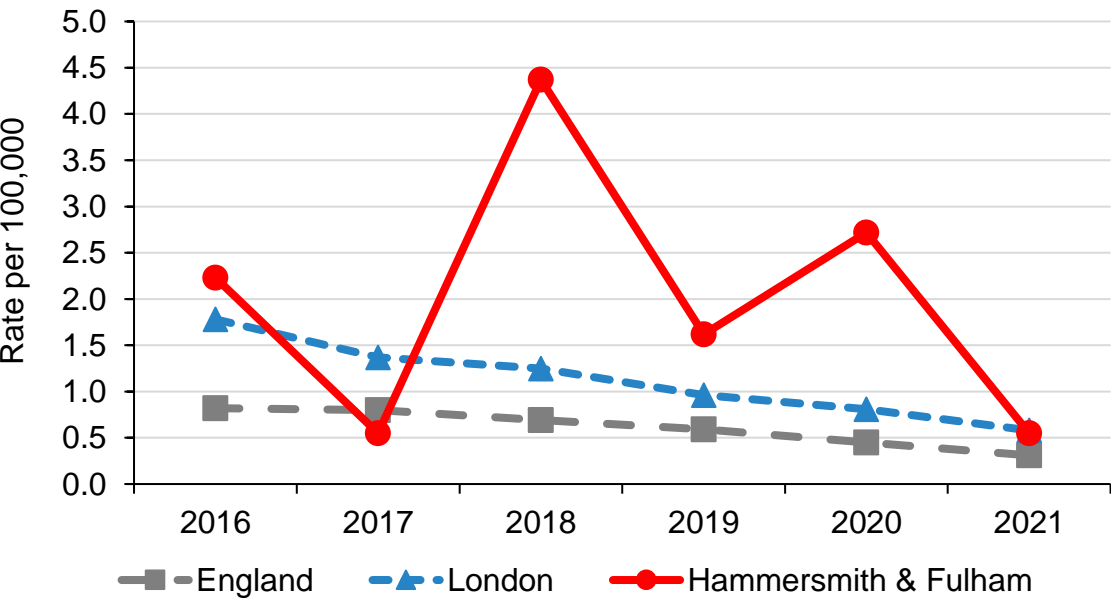
Hepatitis B is an infectious disease of the liver caused by the hepatitis B virus (HBV). It is spread through contact with infected body fluids including blood, saliva, vaginal fluids, and semen, either through sexual contact, unsafe injections, exposures to sharp instruments or from mother to baby.

In the UK, most new infections are acquired in adulthood through sexual contact or sharing injecting drug equipment⁵². Hepatitis B is preventable, with a safe and effective vaccine. It is recommended all babies in the UK receive the HBV vaccine, and since 2017 it has been part of the NHS childhood vaccination schedule. Individuals at higher risk of acquiring hepatitis B are also advised to access the vaccine, including people who inject drugs (PWID), people who change sexual partners often, and GBMSM⁵³.

The incidence rate of acute hepatitis B in Hammersmith & Fulham has fluctuated in the last five years, likely due to the small number of cases, whereas the rate for London and England has slowly decreased [Figure 67]. In 2021, the rate of acute hepatitis B incidence in Hammersmith & Fulham was 0.55 per 100,000, similar to London (0.58 per 100,000) and England (0.31 per 100,000).

There were 1,126 first doses of the HBV vaccine given between 2018 and 2023 for patients resident to Hammersmith & Fulham attending all GUM and non-GUM services. **The majority of first doses of the HBV vaccine were given to males (85.3%), with the largest proportion given to Gay and Bisexual males (64.1%).** In the same period, there were 831 second doses, 568 third doses, and 467 boosters given to patients.

Figure 67 - Incidence rate of acute hepatitis B per 100,000 by area, 2016 to 2021



Hepatitis C

Hepatitis C is an infectious disease of the liver caused by the hepatitis C virus (HCV). The virus can cause acute and chronic infection. It is transmitted by contact with infected blood from individuals with the virus. Most cases in the UK are from sharing needles or other injecting equipment for injecting drugs, re-use or inadequate sterilisation of medical equipment, and needlestick injury. HCV can also be transmitted through sexual contact and from mother to baby⁵⁴.

Although the risk of transmitting HCV through condomless sex is generally considered low, having sex with multiple partners, engaging in anal sex and having concurrent STIs increases an individual’s risk of acquiring HCV.

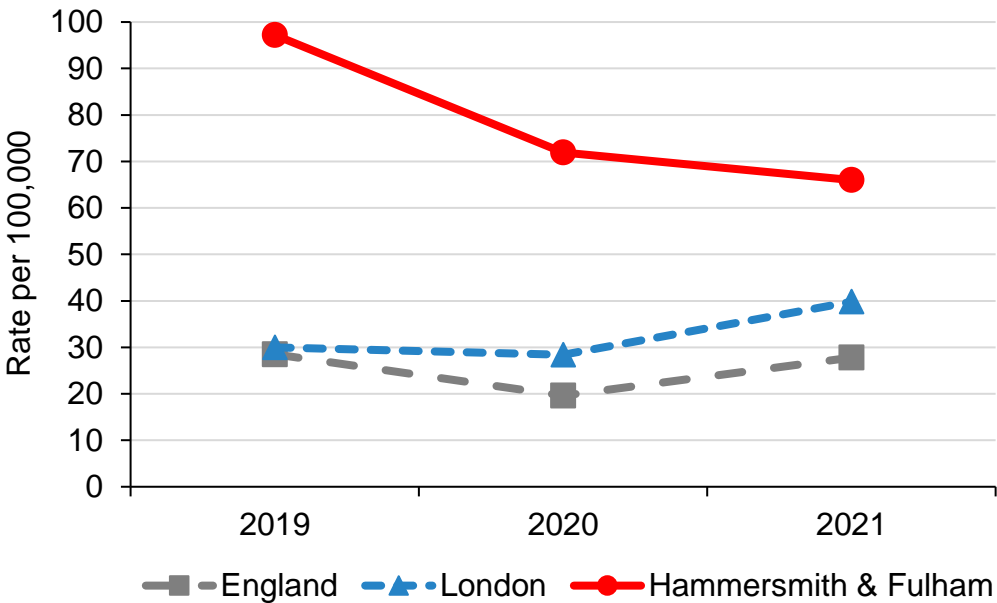
Complications of chronic hepatitis C include cirrhosis, liver failure, and liver cancer⁵⁴.

In 2022, there were an estimated 62,600 people living with hepatitis C in England, a 52 per cent decline from the number of people in 2015⁵⁵.

The rate of new diagnoses of confirmed chronic hepatitis C in Hammersmith & Fulham has decreased in recent years but is significantly higher than the rates in London and England.
[Figure 68].

For the most recent reporting period in 2021, the rate of new diagnoses of confirmed chronic hepatitis C in Hammersmith & Fulham was 66.0 per 100,000, higher than the rate for London (39.8 per 100,000), and significantly above England (27.8 per 100,000).

Figure 68 - Rate of new diagnoses of chronic hepatitis C per 100,000 by area, 2019 to 2021



Chemsex, or sexualised drug use, is the term for the use of drugs before or during sexual activity to sustain, enhance, disinhibit or facilitate the experience. It most commonly involves **crystal methamphetamines**, **mephedrone**, and **GHB/GHL**. It can sometimes involve injecting these drugs, known as ‘slamming’. Chemsex is predominantly undertaken by GBMSM and trans people⁵⁶.

Sexual disinhibition from using psychoactive substances, including sex without a condom and multiple sexual partners, increases the risk of transmission of STIs and BBVs including HIV, hepatitis B and C. There can be serious short and long-term implications on individuals’ mental health as well, including depression, anxiety, and psychosis⁵⁷. There is also the risk of overdose, which can be fatal.

Across London, in 2023 there was on average each day one ambulance call out and one admission to an emergency department for intoxication from substances associated with chemsex⁵⁸. This accounts for 4 per cent of London Ambulance Service overdose callouts, and 16 per cent of hospital admissions for drug poisoning and drug related mental and behavioural disorders. In 2023 there were 34 deaths across London that were suspected of being linked to chemsex⁵⁹.

Hammersmith & Fulham residents have access to specialist substance misuse services for club drugs and other novel psychoactive substances. The service offers treatment, advice and support to individuals experiencing problems with their sexualised drug use. Of those engaged with the service in 2023/24, all reported methamphetamine as their primary drug of use. Service users are predominantly male (95%) and GBMSM (90%), with an average age of 41 years.

The true scale of chemsex related harm is not fully understood at a local level due to the lack of readily available data. More robust data collection is needed to understand the extent of sexualised drug use both in Hammersmith & Fulham and regionally across London, to better address and support the needs of people engaging in chemsex.

Gender Based Violence

The United Nations Declaration on Elimination of Violence against Women defines **violence against women and girls (VAWG)** as *'any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women [or girls], including threats of such acts, coercion or arbitrary deprivation of liberty'*⁶⁰.

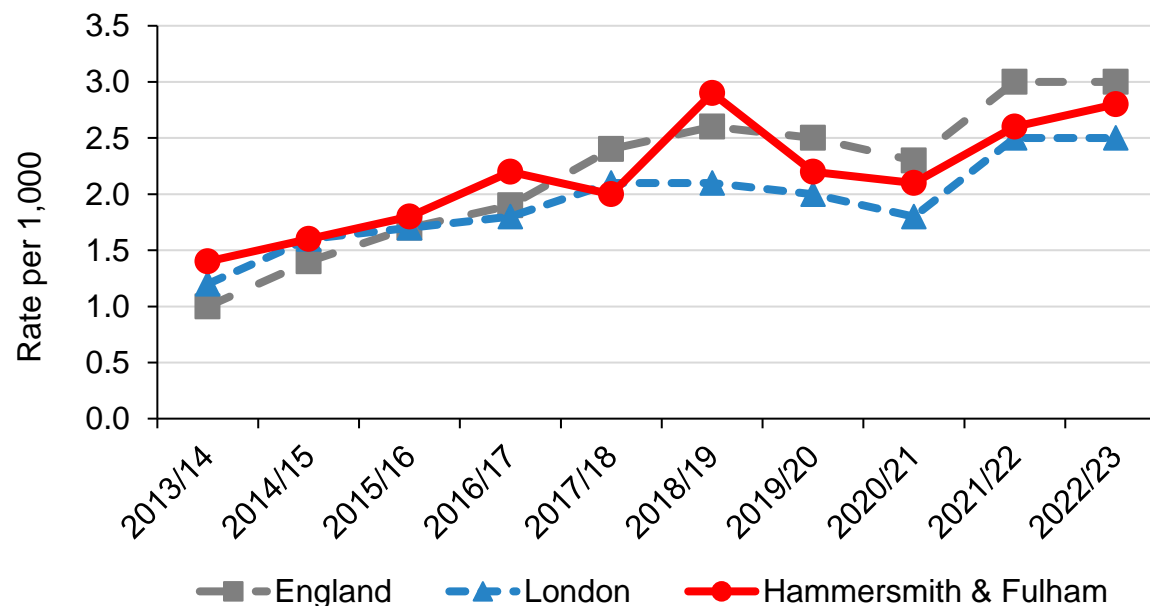
VAWG is an umbrella term used to describe a range of violent and abusive acts and behaviours, including domestic violence and abuse, forced marriage, faith-based abuse, harmful practices including female genital mutilation (FGM), honour-based violence, prostitution, human trafficking, sexual exploitation, sexual harassment, sexual violence, rape, and stalking.

Men and boys can also experience some forms of violence, but these crimes are disproportionately perpetrated against women and girls based on their gender.

It is nationally recognised there is difficulty in capturing an accurate statistical picture of VAWG, in part due to the hidden nature and consistent under reporting of VAWG issues, as well as inconsistent approaches to data collection. It is estimated over 23,000 women in Hammersmith & Fulham have experienced domestic abuse at some point in their life, and just under 3,000 women living in Hammersmith & Fulham are believed to have undergone FGM⁶¹.

The **rate of sexual offences based on police recorded crime data has increased in the last decade, locally, regionally and nationally** [Figure 69]. For 2022/23, the rate of sexual offences for Hammersmith & Fulham was 2.8 per 1,000 population, double the rate observed in 2013/14. Similar rates were seen in London (2.5 per 1,000) and England (3.0 per 1,000). The number of sexual offences recorded in Hammersmith & Fulham in 2022/23 was 519.

Figure 69 - Rate of sexual offences per 1,000 population by area, 2013/14 to 2022/23



Reproductive Health

- The conception rate for under-18s in Hammersmith & Fulham has decreased by over 90 per cent in the last two and a half decades.
- Abortion rates in Hammersmith & Fulham decreased between 2021 and 2022, compared to an increase seen across London and England.
- Fewer women aged under 25 are having abortions after a previous birth.
- More Hammersmith & Fulham residents are now choosing LARC as their method of contraception. Locally, LARC prescription rates are higher than London, but below the national average, and fewer women under 25 in Hammersmith & Fulham are choosing LARC compared to women over 25. The majority of LARC prescriptions in the borough are through SRH Services, with GP prescribed LARC significantly lower compared to London and England.
- EHC uptake has decreased in SRH Services, likely as a result of the increasing availability through online e-services and pharmacies, but comparative data from other local authorities detailing EHC uptake through these services is not readily available.

STIs

- Uptake of STI testing in Hammersmith & Fulham has surpassed pre-pandemic levels and is significantly higher than rates for London and England, creating challenge in affordability.
- STI testing positivity has increased in Hammersmith & Fulham, and STI infection rates continue to be higher than London and England.
- Rates of new STIs in Hammersmith & Fulham continue to be highest amongst young people, and there is evidence to show some ethnic groups may be over-represented for STI diagnoses.
- The proportion of young women in Hammersmith & Fulham screened for chlamydia as part of the NCSP is higher compared to London and England. Lower rates of admissions for pelvic inflammatory disease and ectopic pregnancy would suggest cases have been identified and the burden of chlamydia is lower in the borough.
- Diagnostic rates for gonorrhoea, syphilis, M. genitalium and shigella have continued to increase in Hammersmith & Fulham and are higher compared to London and England. GBMSM individuals are disproportionately affected, suggesting this group has a high burden of STIs.

HPV Vaccination

- The HPV national vaccine targets for both school aged girls and boys have not been met, with uptake stagnating and significantly lower than the levels seen before the COVID-19 pandemic.
- Uptake of the HPV vaccine in SRH Services are predominately by GBMSM individuals, with very few women taking up the vaccine due to eligibility.

Cervical Screening

- In 2023, cervical cancer screening coverage in Hammersmith & Fulham was 50.3 per cent for 25-49-year-olds and 64.2 per cent for 50-64-year-olds, lower than the London and England averages, and the national target of 80 per cent.
- Local data shows declining screening for both 25-49-year-olds and 50-64-year-olds in the last decade.

HIV

- New HIV diagnoses have declined by 55 per cent between 2014 and 2023.
- Rates of late diagnosis are lower in Hammersmith & Fulham compared to England, however, over a quarter of diagnoses in the borough are still made at a late stage, often when the immune system is already weakened
- ART coverage and virological suppression are high, both at 99 per cent, exceeding the Fast Track Cities Initiative targets of 95 per cent.
- HIV prevalence in Hammersmith & Fulham is still categorised as 'extremely high'.
- Sex between men accounted for the greatest proportion of probable exposure for people living with HIV in Hammersmith & Fulham.
- HIV testing in specialist SRH Services surpassed pre-pandemic levels, in part due to the testing required for those who are prescribed PrEP.
- Men accounted for 97 per cent of PrEP uptake in local service provision.

Local Service Provision

- The number of face-to-face appointments has increased since the COVID-19 pandemic but has not returned to levels seen prior to 2019.
- Online encounters now account for just over half of all consultations. This increase is likely largely due to in-person clinics actively redirecting asymptomatic individuals to online services.
- Online users are predominantly younger, with individuals aged 20-34 accounting for over 80 per cent of STI testing through SHL.
- Residents of Black, Asian and Other ethnicities are under-represented for online services, which could be due to poorer access, lower preference, or even distrust, resulting in digital exclusion.

Viral Hepatitis

- The incidence of acute hepatitis B in Hammersmith & Fulham has fluctuated over time. In the most recent reporting period, the rate was similar to London, but higher than the national average.
- The rate of new chronic hepatitis C cases in the borough was significantly higher than both London and England but has been on the decline.
- Data for hepatitis B and C at a local level is not as readily available, making it more difficult to monitor and assess trends accurately.

Chemsex

- Sexualised drug use is an increasing concern both in the borough and across London, particularly amongst the GBMSM community.
- Across London there is on average one ambulance call out per day for chemsex related incidents, with 34 suspected chemsex related deaths in the capital in 2023.
- Data at a local level is not currently readily available.

Reproductive Health

- 1 Explore contraceptive preferences of Hammersmith & Fulham residents to address the lower uptake of LARC among women under 25.
- 2 Prioritise and improve access to contraceptive choices, particularly shifting from user-dependent methods to LARC through SRH Services and GPs, and prior to discharge from maternity services.
- 3 Improve data collection on ethnicity of contraception users to gain a comprehensive understanding of contraceptive uptake and identify any potential inequalities.
- 4 Ensure residents are aware of and can easily access free EHC through online services and pharmacies.
- 5 Continue education and outreach programmes for younger people to maintain low conception rates and promote comprehensive sex education.
- 6 Work with providers to inform women about contraception options for non-contraceptive purposes, such as managing menopause symptoms.
- 7 Support local abortion services to ensure they remain accessible and continue to support women with their reproductive health.

STIs

- 8 It is recommended to utilise and promote uptake of online testing, whilst reserving face-to-face services for those with an STI diagnosis and most at need.
- 9 Work with local providers to increase targeted chlamydia testing as part of the NCSP to reach national targets and identify barriers for uptake amongst eligible individuals.
- 10 Explore rising STI diagnostic rates and the under or over-representation of specific ethnic groups. Use findings to inform targeted interventions and outreach to address inequities through targeted outreach.
- 11 Continue to engage and provide accessible high-quality information to residents that empowers them to manage their own sexual health needs through outreach and community support, with the aim to reduce the increasing STI diagnosis.

HPV Vaccination

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| 12 | Continue efforts to improve HPV vaccine uptake in children aged 12 to 13, collaborating with schools, healthcare providers, and community organisations to ensure comprehensive outreach, including those who are home-schooled or schooled outside of mainstream schooling. |
| 13 | Promote catch-up vaccination opportunities for those who missed out on receiving the vaccine at school and uptake in SRH Services for GBMSM aged up to and including 45 years, consulting with these groups to identify barriers to vaccine uptake. |
| 14 | Work with partners to promote the importance of HPV vaccination, using culturally sensitive approaches to ensure individuals understand the benefits of the vaccine. |

Cervical Screening

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| 15 | Further collaboration between the local authority, general practices, the ICB, and NHS England will be needed to increase awareness and improve uptake of cervical screening in the borough, with targeted support for groups that find it more challenging to access screening. |
| 16 | Offer cervical screening in opportunistic settings, such as 10 Hammersmith Broadway sexual health clinic, which will streamline patient care by eliminating the need to refer patients back to their GPs for screening, thereby improving accessibility and the reach of early cancer diagnoses. |
| 17 | Pilot HPV swabs for identification of high-risk factors of cervical cancer. |

HIV

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| 18 | Collaborate with local partners to develop a local HIV action plan and identify priorities to achieve zero new HIV infections, AIDS and HIV related deaths by 2030 in Hammersmith & Fulham. |
| 19 | Promote PrEP access, increasing opportunities for patients to enquire about PrEP with particular emphasis on groups with identified PrEP need who are currently under-represented, for example women. |
| 20 | Explore HIV testing promotion in wider settings outside of SRH services, such as provision in general practices, and continue to utilise online and community testing with the aim to test individuals who are at increased risk of late diagnosis. |

Local Service Provision

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| 21 | Ensure service provision is inclusive and culturally appropriate, particularly of online services, to reach under-represented groups, including residents of Black, Asian, and Other ethnicities, as well as older populations. Explore and address potential barriers including digital exclusion to improve accessibility to services and empower residents to use them. |
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Viral Hepatitis

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| 22 | Continue to promote targeted engagement to increase screening and treatment, through SRH Services, GPs, community outreach and drug and alcohol services. |
| 23 | Continue collaboration with healthcare providers and community organisations to promote HBV vaccination in high-risk groups. |
| 24 | Review process for monitoring and reporting on local screening and treatment uptake. |
| 25 | Continue routine BBV screening in local emergency departments. |

Chemsex

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| 26 | Continued local provision of specialist support services for residents engaging in sexualised drug use, with enhanced targeted harm reduction and mental health support. |
| 27 | Work with regional partners to share information and improve data collection on chemsex related harm to fully understand population level needs. |

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