

## **Report to Coventry HOSC date 5 February 2014 Sexual Health Services**

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### **EXECUTIVE SUMMARY**

The Integrated Sexual Health Service (ISHS) forms part of the Primary Care and Wellbeing Directorate within Coventry and Warwickshire Partnership Trust (CWPT).

The service offers a wide range of clinical care covering Human Immuno-Deficiency Virus, contraception and sexual health, and Genito-urinary medicine.

The ISHS sees in the region of 14,000 patients through open access clinics (no prior appointment) and circa 14,000 patients through structured clinics. The rationale for delivering services in this way is to ensure we are available to meet the needs of all our patients, including the young and those who are working, at a time which is convenient to them.

In addition we undertake in the region of 10,000 chlamydia screens through actively engaging the community via schools, colleges and clubs which has resulted in the consistent achievement of a 10% positivity rate demonstrating we are accessing the people who need our support.

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### **1. Purpose of Report**

This report is designed to provide the reader with a broader understanding of the services delivered within the ISHS, to the patient groups accessing the service and to provide an outline of the direction of travel for the service.

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### **2. Background**

Service provision has been rapidly developing over the last few years and the team has been proactively responding to make significant changes to reflect the needs of the Coventry population.

The underlying principle of the service is to provide patients with a positive experience when attending any arm of the service with the aim of improving the sexual health of the local population. We are driving forward the national steers that help us to shape our service e.g., The Public Health Outcomes Framework for England 2013-2016.

We are committed to working in collaboration with other partner services to achieve better outcomes for patients. The ISHS works with School Nursing

Services, Compass, the Looked after Children Service, and the Family Nurse Partnership who often see the most vulnerable patients.

We also have excellent links and working relationships with Coventry Rape and Sexual Assault Centre and the Sexual Assault Referral Centre (based in Nuneaton's George Eliot Hospital) and the Terrance Higgins Trust.

We support the C Card Campaign offering clinics to improve Partnership working with other agencies to improve the uptake of Young People signing up to condom access with our Reception staff issuing condoms on behalf of C Card.

We provide a designated Young Persons Clinic which runs twice weekly and is very well attended. We also hold clinics at Henley College, which is undertaken by a dual trained contraception nurse.

### **Genito-urinary Medicine, Contraception and Sexual Health**

The Genito-urinary medicine (GUM) and, contraception and sexual health (CASH) services have integrated, supporting the delivery of an holistic model of care by offering a "one stop" service.

We offer a range of care dependant on the needs and complexity of the patient including a full sexual health screen for patients with or without symptoms, and a full range of contraception methods; all of which are assessed in one consultation and an appropriate plan of care made in collaboration with the patient. Providing care in this way has supported the reduction in teenage pregnancies and terminations in Coventry; in 2012 there was a 2% reduction in terminations in the under 18 years age group. This approach has also helped support the improvement in detection rate for chlamydia.

Screens undertaken include:

- Chlamydia
  - Chlamydia is one of the most common sexually transmitted infections (STI) in the UK. It is passed from one person to another through unprotected sex (sex without a condom). In 2012, 206,912 people tested positive for chlamydia in England; 64% of whom were under the age of 25 years. Most people don't notice any symptoms and so do not know they have it. Research suggests that 50% of men and 70-80% of women don't get symptoms at all with a chlamydia infection.
- Gonorrhoea
  - Anyone who is sexually active can catch gonorrhoea, especially those who change partners frequently or don't use a condom. It is the second most common bacterial STI in the UK after

chlamydia with more than 25,000 cases reported in England in 2012; most of whom were under the age of 25 years.

- Hepatitis C
  - Hepatitis C predominantly affects marginalised groups of society, including people who inject drugs and minority ethnic populations, and so the government policy gives us a clear mandate to tackle hepatitis C. National Institute for Health and Care Excellence (NICE) recommended treatments exist that can clear the virus in the majority of patients, and new treatments are on the horizon that have the potential to be more easily accessed in community settings.
- HIV
  - By the end of 2012, an estimated 98,400 people were living with HIV in the UK, including about 77,610 people diagnosed with HIV and 21,900 who were infected but undiagnosed. In 2012, 6,360 people were newly diagnosed with HIV in the UK; less than 1% of people with HIV died during this time. This is comparable to mortality for the UK general population as a whole.
- Syphilis
  - There are three stages of disease. The primary and secondary stages are when you are most infectious to other people. In the latent phase (and usually around two years after becoming infected), syphilis cannot be passed on to others but can still cause symptoms. Around a third of people who are not treated for syphilis will develop tertiary syphilis. At this stage, it can cause serious damage to the body.

Patients are seen for “fast track” or “peace of mind” screens which are undertaken by Support Workers within the service. They are asked about their method of contraception and referred to the nursing staff or made an alternative appointment if they raise any contraception issues or needs.

### **Chlamydia Screening Programme**

The Chlamydia Screening Programme (CSP) arm of the service is working in collaboration with the wider services and the teams are complimenting each other. Patients with positive results are reviewed by the service for treatment and Partner Notification aspects of their care.

### **Human Immuno0Deficiency Virus (HIV)**

We offer management of patients with HIV and have introduced the beginnings of an Integrated Practice Unit (IPU) which provides specialist pharmacy advice, psychological therapy services and lifestyle advice to this group. This initiative has enhanced the wider needs of individuals with HIV by

offering them opportunistic and convenient services to improve their physical and psychological wellbeing.

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### 3. Training

The training and development of staff within the service is on an on-going cycle with the nursing teams achieving dual trained status (GUM and Contraception qualifications) under the supervision of a training consultant and contraception doctor. The service also provides training placements for nurses and doctors.

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### 4. Activity

We have seen a substantial increase in footfall over recent years. Active engagement with the community of Coventry has seen an improvement in the acceptance of positive sexual health and the importance of screening to identify early infection.

Relocation to the City of Coventry Health Centre in 2012 has also had a positive effect due to the improved accessibility and the co-location with other services and proximity to the City of Coventry College.

With approximately 14,000 patients through our open access clinics (no prior appointment) patients per year we have seen a marked reduction in non-attendance for clinic appointments and we have a continuous cycle for the review of capacity and demand and improving access and slot optimisation to enhance service provision for patients.

All key performance indicators (KPIs) for the service have been achieved throughout the current financial year and we have seen an increase in positivity rates for patients with chlamydia (demonstrating appropriate groups are being screened rather than blanket screening).

The KPIs for the service are:

1. Total number of Long Acting Reversible Contraception (LARC) methods which are offered, accepted and declined for:
    - 15-24 years olds
    - 25-49 year olds
  
  2. Access times:
    - Number and % of patients offered a GU appointment within 48 hours
    - Number and % of patients seen in GU within 48 hours
    - GUM: New to Follow up Ratio
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## 5. Patient Experience

ISHS staff are passionate about seeking the views and opinions of the people who use the service. We survey monthly to gain patient feedback, and produce action plans to explore possible adaptations to address the patients' views and needs. We also have a wealth of compliments that are received for the service from the feedback exercise.

Below is an example of the feedback received via our most recent "Friends and Family" Survey in December 2013 and actions taken as appropriate.

Of the 114 patients surveyed (13 were not returned) there were **2** detractor scores, **16** passive scores and **83** promoter scores.

Score	0	1	2	3	4	5	6	7	8	9	10
Number of Patients	0	0	0	1	0	0	1	1	15	21	62

Comments received were:

- Great service as always
- Dr X was very friendly, polite made me feel at ease
- Am happy that I am treated, thank you
- I was very impressed with all the staff and doctors everything was excellent
- Very nice nurse
- X was very good at taking my blood too. I am happy with the service again
- Thank you
- I would like to say thank you to x for their patience and professionalism
- The waiting is quite poor; it took a long time to be examined. There is no one to consult with when waiting. Overall a 5 star hospital
- Excellent service, all staff brilliant
- Very nice and pleasant staff on reception. Nurse as well.
- The nurses at the GUM clinic have been extremely friendly every time I've been there. God bless them.
- Thank you for being understanding
- The best service
- My only concern is the car park. Should be free for those who cannot afford to pay
- X was fantastic
- Sometimes it's hard to get through on the phone.

## 6. The Future

Work is on-going to ensure services continue to deliver excellent patient at a time that is appropriate for the patients however more work is needed to ensure we are also financially efficient in doing so. We plan to work towards using a nurse led model of care (utilising the dual training work which is underway).

We will further develop our integrated practice unit work ensuring even more services are available to patients when they need them, particularly for HIV patients who may struggle to receive mainstream dental services for example.

It is widely acknowledged that the cost of HIV drugs is increasing and with the ever increasing rate of identification and treatments enhancing longevity work will be needed to ensure the costs are not prohibitive to providing the most efficient and effective treatments to our patients.

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**24 January 2014**