

HEREFORDSHIRE COUNTY COUNCIL REPORT FOR INFORMATION

Committee: Health and Well Being Overview and Scrutiny Committee

Date: 18 June 2008

Subject: Sexual Health Services

Report of: Director of Public Health & Managing Director of Provider Services

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Purpose of Report:

To provide the committee with an overview of Sexual Health Service provision in Herefordshire.

To provide the committee with an illustration of the successes of the department.

To highlight the challenges and medium term work plan for Herefordshire within the remit of Sexual Health.

Recommendations:

The Committee is asked to:

- i) Note the report
- ii) Comment on the areas identified for further consideration
- iii) Select specific areas to scrutinise as part of the work programme

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1. Introduction

The purpose of this report is to give an overview of the services provided by Sexual Health which is based at Gaol Street Health Centre. The report will highlight the influence of national directives/patient outcome targets and strategies on local delivery plans will also be illustrated. Current plans and future service developments will be highlighted.

2. Service Provision

The majority of services are provided at Gaol Street Health Centre. The service is a consultant led multidisciplinary service and can be broadly summarised as providing:

- GUM services (Genito-Urinary Medicine)
- Contraception
- HIV Treatment and care

Cost & Activity

The budget for the Sexual Health Department in 06-07 was £628,378 with actual expenditure of £660,571 an over spend of £32,193. This can be broken down to:

	Budget	Actual	Variance
Income	(9,477)	(48,660)	(39,183)
Pay	453,387	523,059	69,672
Non-pay	184,468	186,172	1,704
TOTAL	628,378	660,571	32,193

- A Typical HIV treatment package costs £20,500 per annum with 75% of this figure (£15,375) relating to the cost of drugs and the remaining £5,125 relating to the cost of providing the service.
- The cost of HIV/AIDS drugs to the PCT in the previous two years has been £285,091 in 06-07 falling to £140,498 in 07-08. These figures include the cost of service for patients who have received their treatment outside of Herefordshire. The corresponding budget for HIV/AIDS Drugs was £116,835 in 06-07.
- The total Face to Face contacts for the Sexual Health Department in 06-07 to include first and follow-up contacts was 11,230. The figures for 07-08 are currently being compiled for the reference costs submission and as such are not available at this point in time.

The service offers a range of treatments aimed at meeting the Sexual Health needs of the Herefordshire population. The majority of clinical activity takes place within Hereford City and is provided both within and outside of traditional 9-5 hrs. Pre-booked appointments can either be made by telephone and there is capacity to offer appointments at walk in sessions. There is designated time for clinics specifically for younger persons. Services are provided through satellite clinics in Ross and

Leominster. Services are advertised in local media, website, weblinks, educational establishments, employers and public waiting areas.

Sexually Transmitted Infections (STI)

Chlamydia is the most commonly diagnosed infection in Herefordshire which is in line with national trends.

Nationally Gonorrhoea is the second most common infection. In Herefordshire Warts and Herpes are more frequently diagnosed.

Most common STI –data source KC60 Jan 1st 2004 -31 Dec 2007

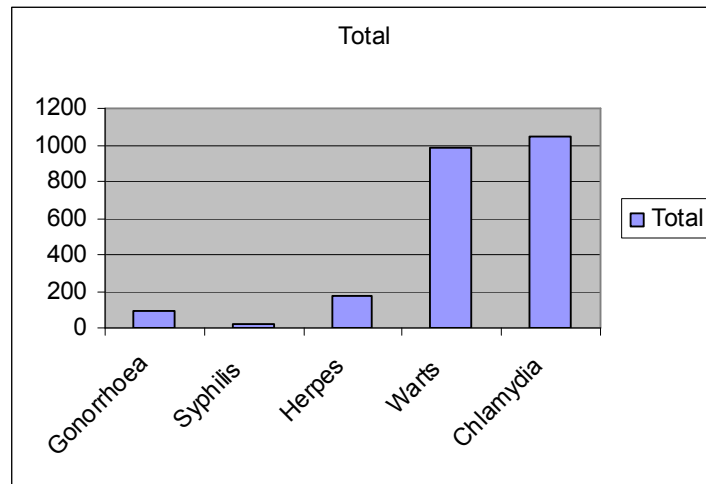


Fig 1.

3. Developments and Successes

a) Since the appointment of the lead consultant/clinical director, the service has been able to develop an integrated model of service provision. This incorporates clinical responsibilities of both GUM and contraception services. This has led to more effective and efficient use of staff with enhanced training opportunities and career development which has resulted in improved succession planning and staff retention. Sexual Health historically attracts “embarrassment” and stigma and there is often avoidance of the public to engage with services. Rather than provide the service from a traditional “backdoor” setting, the clinical integration has allowed the public increased confidence, improved confidentiality and reduced stigma in attending a service that sits alongside mainstream health care provision.

The service has grown from offering 3 clinics per week to current service provision of:

- 12 GUM (of which 3 are integrated)
- 7 Contraception (of which 3 are integrated)

The integrated approach means that service users primary needs can be met, and through skilled assessment are able to receive advice/treatment for other reproductive health issues i.e. if a client attends for a GUM appointment, assessment may identify any issues and action related to contraception. This approach sets

Hereford apart from other sexual health services, as most clinics nationally are not as far advanced with bringing services together.

b) Prior to the appointment of the consultant, all HIV care had to be provided from Worcester services. The consultant led service has allowed screening, treatment and aftercare to be provided within Herefordshire. Currently there are 27 clients receiving treatment from the department with a further 10 positive diagnosis that access treatment from out of county services. At the end of the 2008 financial year, an SLA with the Worcester AIDS Foundation (a third sector organisation) was discontinued allowing further development of services within county.

The consultant has established robust working relationships with clinical colleagues in the acute trust and primary care which has provided them with increased confidence and developed shared care responsibilities in managing co-morbidity issues and treatment.

4. Challenges

The Department of Health closely monitor Sexual Health Services and we have to report specifically on Access to services and Chlamydia Screening.

Access

The national target requires that a GUM appointment should be offered within 48 hrs of request.

Expansion and reconfiguration of clinics has improved access to a GUM appointment from a baseline of 22% in 2006 to 100% January 2008.

More recently we have had to report on the number of people accepting the offer of the appointment. To date, our best achievement has been a 77% acceptance rate within a month. The Strategic Health Authority are expecting an acceptance rate of 90-95%. The service has undertaken a number of initiatives to improve the acceptance rate including:

- awareness campaign using poster display and local press
- audit of expressed reason for declining initial appointment offer. Audit outcomes are inconclusive, however many express a preference for evening appointments
- training and clinical support for receptionists, encouraging them to be more assertive when offering appointments
- monitor the number of people who accept and then do not attend

The service has been reliant on manual audit of the acceptance rate. In May 2008, I.T. systems have been upgraded which will improve data quality and provide a more robust illustration of the public's needs.

Chlamydia Screening Programme.

As illustrated previously, Chlamydia is a major concern within Sexual Health. The national programme aims to offer opportunistic screening to at least 15% of the 15-24 year old population (approximately 3000 people).

The local programme went "Live" in August 2007. Unfortunately there was a significant underachievement of samples collected. Partner agencies and front line staff have been trained to offer the screen in areas where younger persons may traditionally be accessed. These include:

- Sexual Health
- Education Establishments/School Nurses
- Community Pharmacies
- Royal National College
- Pubs and Nightclubs

At this stage it is not clear why some of the sites have had difficulty in obtaining samples. The programme is monitored through a local task group which involves the support of the regional screening coordinator. It should be highlighted that the majority of programmes have failed to achieve their targets. It is unfortunate that locally, we have seen some resistance to promote the programme within some areas.

Provisional expansion of sites for 2008 include; Youth Services, Agricultural Workers, Southwye “Big Event” in July and “The Big Chill” music festival in August.

Other issues

- Services are mainly delivered from Gaol Street Health Centre, where there are significant demands on clinical space. The available space for holding clinics can impact on the flexibility for current provision and future expansion of services.
- Services are provided in traditional health care settings, we need to explore the availability of other venues to engage with and provide to the local communities.
- The service undertook a needs analysis of the population in 2004. Given the changing demographics of Herefordshire, this should be reviewed, particularly with the growing numbers of the migrant worker population.

Next Steps

To improve our Access and Chlamydia targets we are in regular communication with the SHA and have agreed that there would be benefit from Peer Review. We are requesting the input of the National Support Team (NST) who will review and advise on our service delivery and how we may move forward with achieving our targets.

Dependant on the findings of the NST, we will embark on an exercise to review the Sexual Health needs of the Herefordshire population. This will assist us in reconfiguring services where necessary and identify areas that may require increased resourcing.

Improving access to Sexual Health Services beyond Hereford City remains an immediate priority for the service.

Obtaining and using better intelligence and health data to influence service provision and planning will also be a key priority.

Summary

This paper provides a welcome opportunity for Sexual Health to publicise its role across public services. The paper is not inclusive of all services (predominantly focussing on STI) and does not capture the work around contraception and the complex work associated with psycho-sexual counselling and engaging with marginalised groups.

The service would welcome the scrutineer of the committee in achieving its next steps and also the support in raising the profile of its work, and emphasising the importance of everyone's contribution to the promotion of good Sexual Health.