

Trends in activity and complexity in a tertiary London sexual health clinic: a useful approach for evidence-informed commissioning

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Background

- Croydon is an outer South West London borough
- Population of 380,000 of which, one third are under 25
- One level 3 integrated sexual health hub based at local hospital
- Priority areas for the borough are reducing:
 - Teenage pregnancy
 - Repeat terminations
 - STI transmission, and
 - Late diagnosis of HIV



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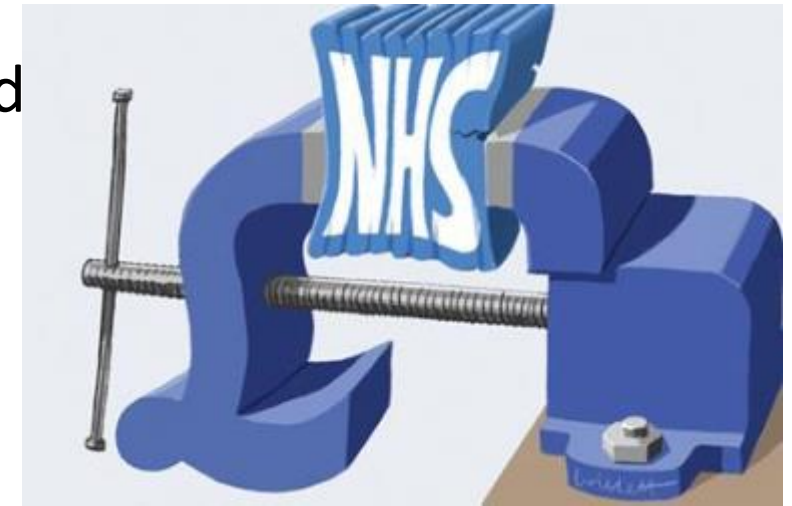
Background

National

- 4% national reduction in spending on STI testing and treatment between 2013/14 and 2015/16¹.
- Increasing new attendances at sexual health clinics with increasing diagnosis rates reported¹.

Local

- Local concern over increasing complexity and number of cases.
- Local transformation of services towards prevention focused work streams, and financial sustainability
- Project to identify evidence to inform commissioning



¹ R. Robertson, The Kings Fund, 2017

Aims

- 1) To describe the volume and complexity of cases attending our in borough service
- 2) To explore the potential impact on future services

Methods

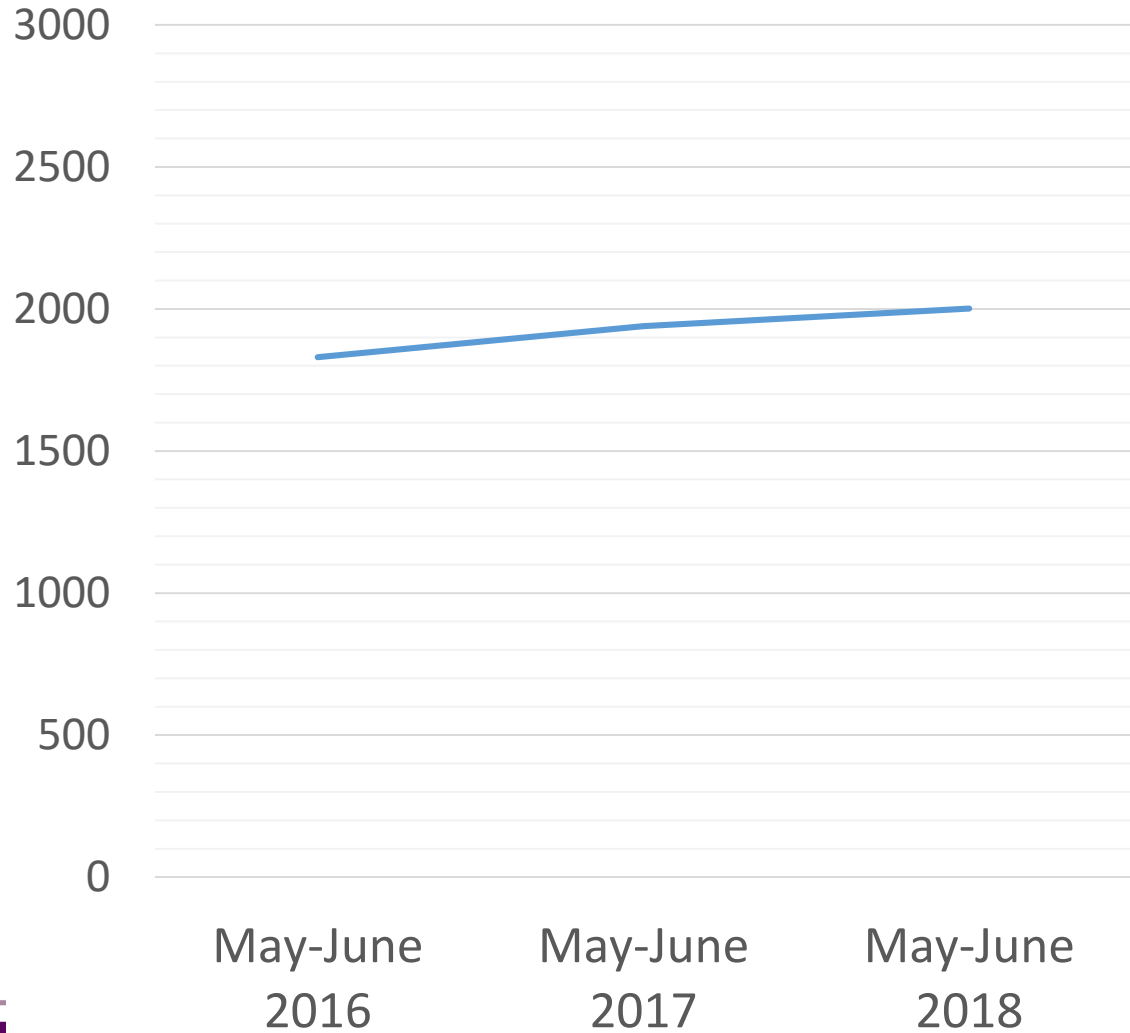
- Data downloaded from GUMCAD for May and June 2016, 2017, 2018
- New presentations only
- Combination of local and SHHAPT codes
- Codes were categorized based on:
 - Time required
 - Physical resources e.g. microscopy
 - Level of expertise required
 - Additional human resources required

Methods: Categories agreed with team

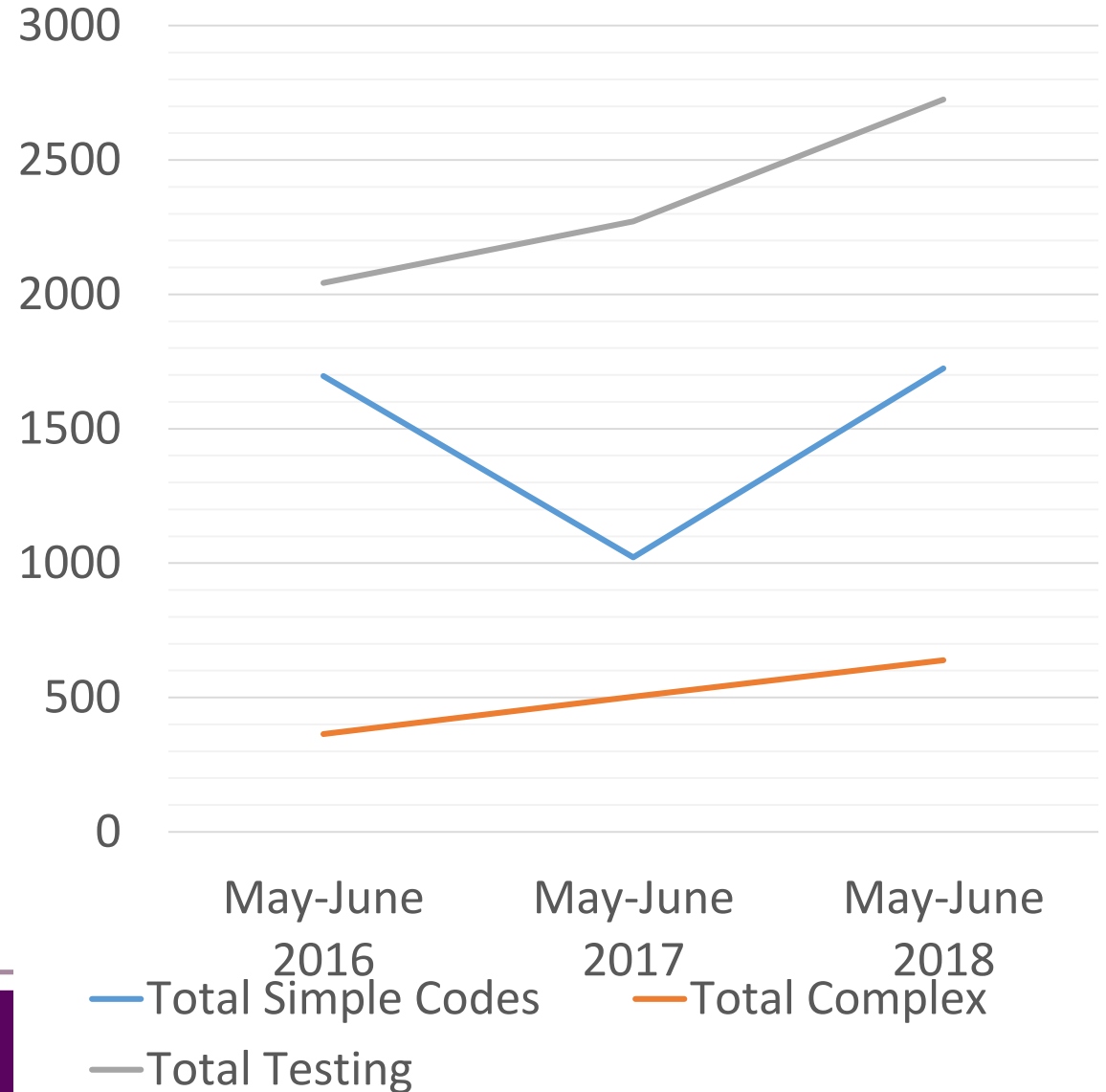
Category	Sub-Category	Notes	Examples
Testing		Any testing code	STI rapid point of care test, Syphilis and HIV test, Chlamydia
Simple	Clinical	Nurse/senior nurse led	Hep B vaccine, chlamydia, UTI, candidiasis, Herpes
	Non-clinical	Could be undertaken by non clinical staff e.g. HCA	Smoking, alcohol advice, condoms
Complex	Clinical	Need for doctor/nurse specialist, extensive time e.g. clinical counselling or resource such as laboratory test and analysis	Syphilis, Hepatitis, PID, specialist referral, recurrent and recalcitrant conditions, Pep/PreP
	Non clinical	Need in house or external safeguarding expertise (immediate or short term) or counselling or extensive non-clinical time required.	CSE, safeguarding referral, Domestic violence, FGM, ChemSex, crisis counselling, GP letter referral

Results

Total Seen



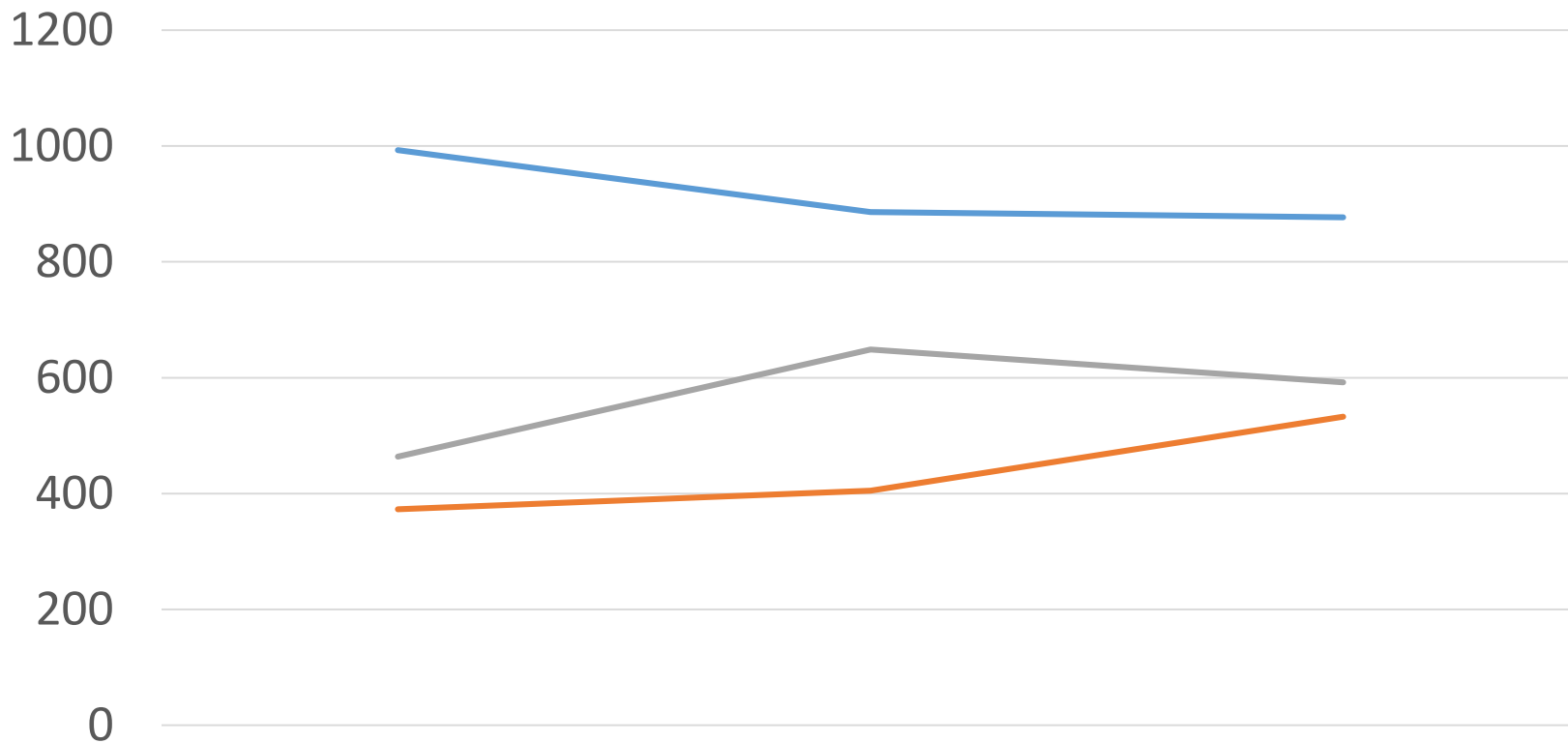
Count of Services Provided



Individual case analysis

- Each individual allocated a single category to describe their presentation:
 - Testing = any testing code + no other codes
 - Simple = ≤ 3 simple codes + no complex codes
 - Complex = > 3 simple codes +/- any complex code

Individual Presentations



Simple
(≤3 simple codes, no complex)

May – June 2016

993 (54.3%)

May – June 2017

886 (45.7%)

May – June 2018

877 (43.8%)

Complex
(>3 simple codes or any complex)

373 (20.4%)

405 (21.2%)

533 (26.6%)

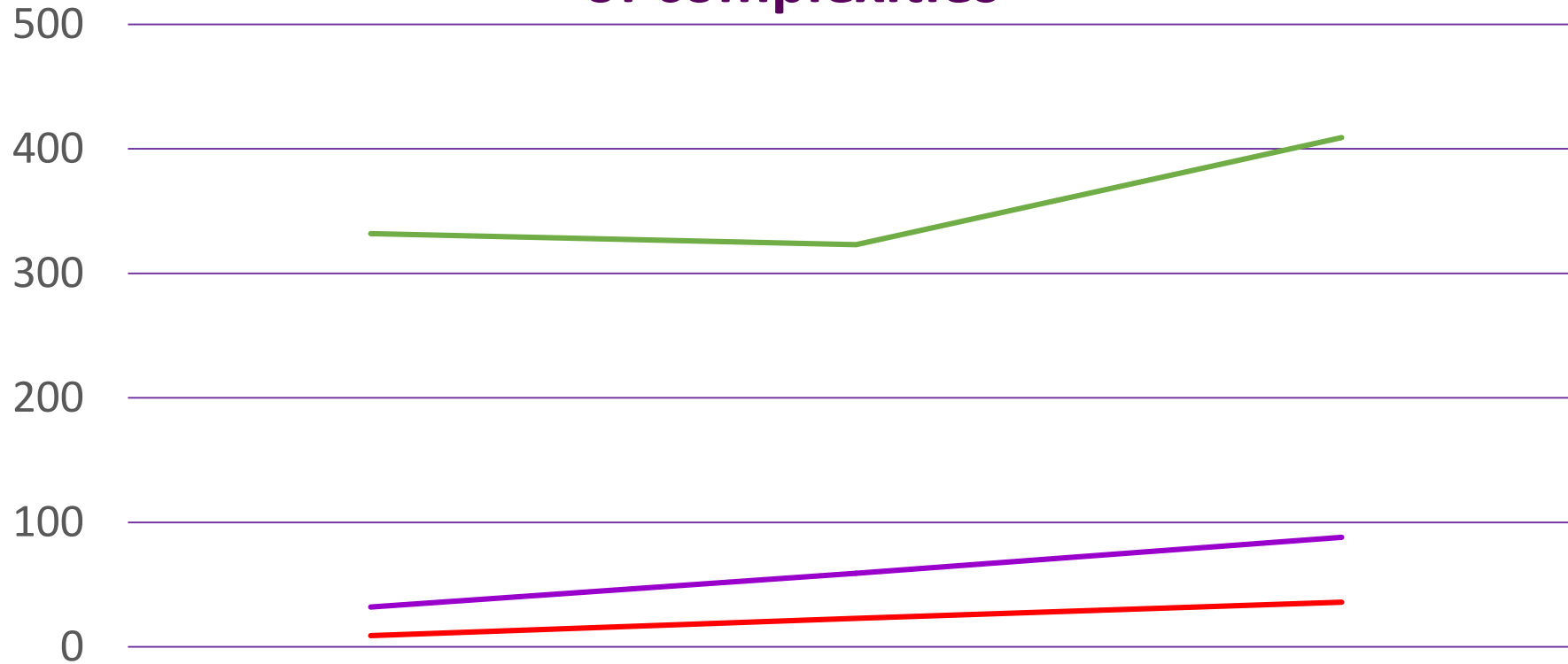
Testing

464 (25.4%)

649 (33.5%)

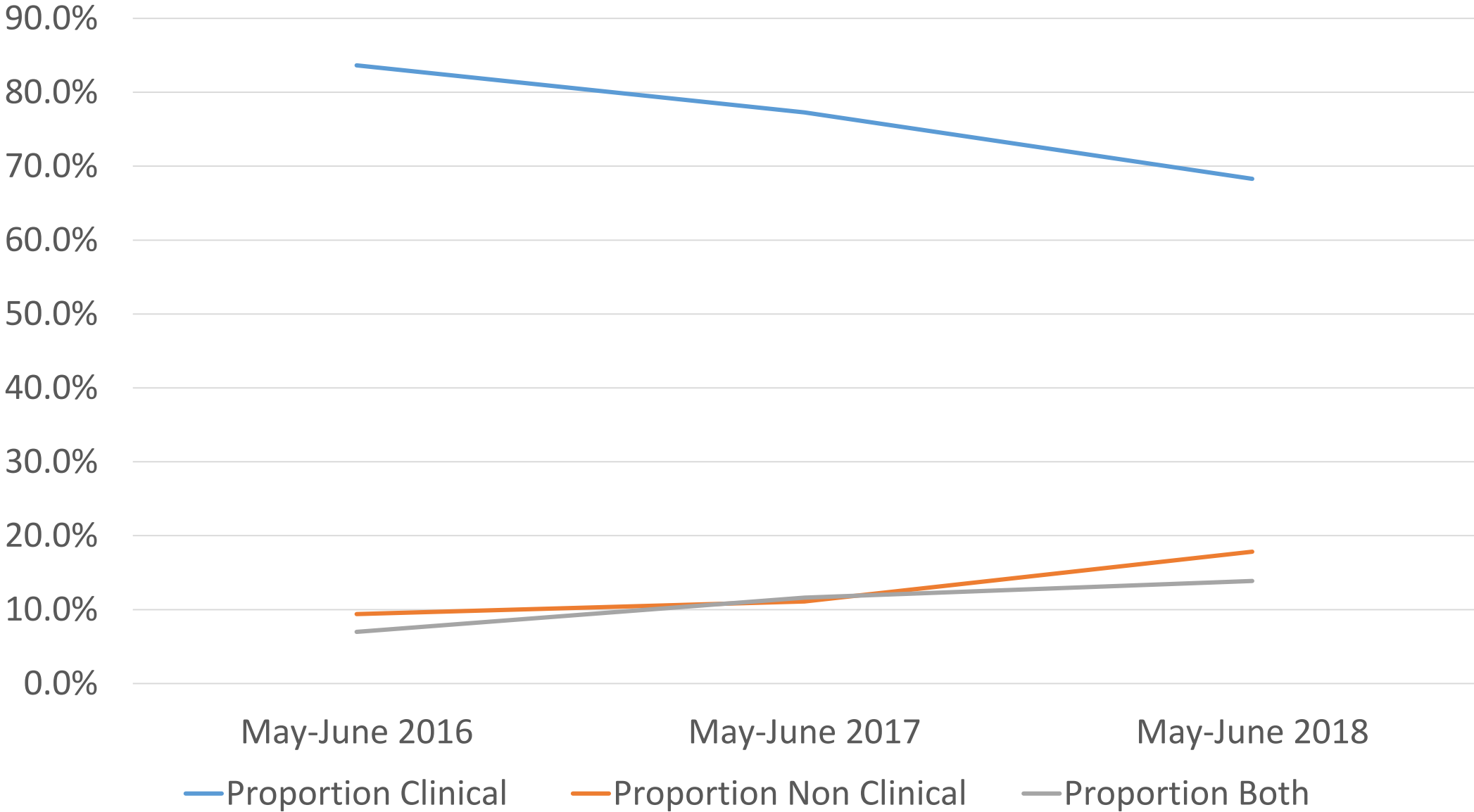
592 (29.6%)

Cases with Complex presentations: Number of complexities



	May – June 2016	May – June 2017	May – June 2018
1 Complex or >3 simple	332 (87.0%)	323 (83.7%)	409 (77.8%)
2 Complex	32 (10.1%)	59 (15.6%)	88 (17.6%)
≥ 3 complex	9 (2.9%)	23 (0.7%)	36 (4.6%)

Cases with Complex Presentations: Cause of complexity



Cause of non-clinical complex presentation

- In 2018 the greatest proportion of non-clinical complexity was counselling (n=112, 63%) which increased from n=49 (50%) in 2017.
- Numbers of other groups are small but increases were seen in:
 - Child sexual exploitation
 - Domestic violence
 - Female genital mutilation
 - Safeguarding

Discussion

Strengths:

- Local data
- Collaborative working with services to coproduce services
- Supporting anecdote with local evidence
- Replicable

Limitations:

- Short period of data
- Small numbers of individual codes
- Vulnerable to changes in clinical practice

Summary

- Increased numbers of patients seen
- Increased number of services provided
- Increased number of complex presentations with increased number of complex issues
- As a result: Increases in counselling referrals, chemsex and domestic violence

Implications

- Identified the need for additional work e.g modelling, e-service
- Informing local commissioning decisions such as how we better target and repatriate
- In the national context – this is likely to be an issue in other local areas and this method could be adapted for local needs.

Questions?