

# Measuring demand for SRH services in inner South-East London

## A cross-sectional survey

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# Inner South East London has high levels of SRH need and a collaborative approach (joint commissioning, CAG)

## LOCAL CONTEXT

### **Inner South East London (SEL) has some of the highest levels of sexual health need in England.**

- Young, mobile and ethnically diverse population; large MSM community.
- Sexual health clinics locally are large, modern and popular.
- Sexual health transformation programme introduced 2015-16, to develop and implement a sustainable model for delivering GUM/integrated sexual health service, including implementation of a sexual health e-service for asymptomatic patients.

### **SEL collaboratively commission SRH services: shared commissioning team, strategy, strong clinician engagement.**

- Strong, positive working relationships between providers, commissioners and PH specialists, supported by formal structures, incl. SEL Clinical Advisory Group.
- In 2016, following reports of high numbers of people being 'turned away' from SRH services, the SEL CAG agreed to undertake research, led by Southwark Council, to understand clinic demand.
- Pilot study November 2017 – surveyed service users that were 'turned away' from the clinic to understand numbers of those turned away and service being sought – presented at Joint BHIVA/BASHH Conference April 2018.
- Pilot not able to measure proportion 'turned away' and did not measure full range of outcomes of attendance – new survey aimed to address limitations.

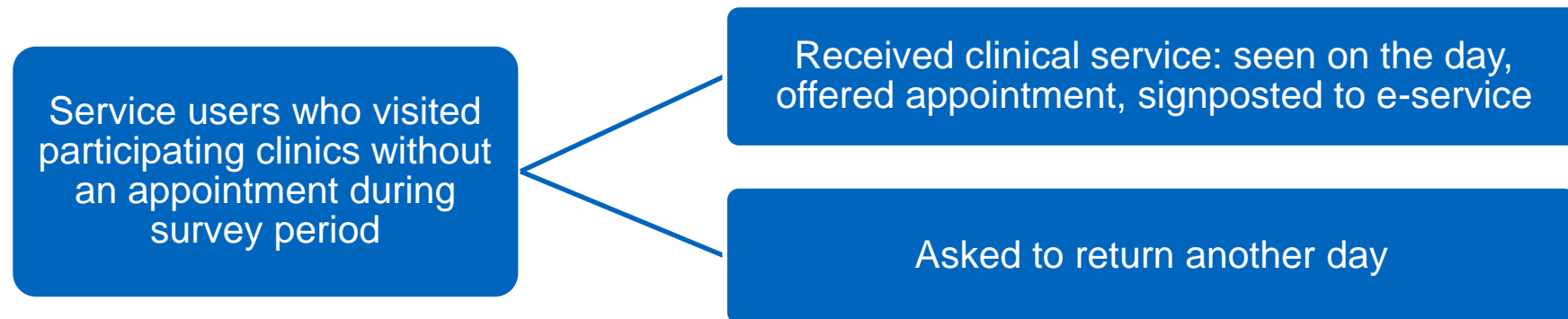
# Survey aimed to take snapshot of demand for services without appointment, demographics and visit outcome

## AIM OF SURVEY

**The aim was to assess the extent of demand – both met and unmet – for SRH services in inner SEL across a two-week period:**

1. The number of people attempting to access walk-in SRH services at local clinics;
2. The outcome of their attendance (whether they were provided with a service or not);
3. The primary reason for their attendance;
4. Their demographic profile in order to assess any inequalities in unmet demand.

To our knowledge, this is the first study of this nature to measure real-time demand for sexual health services across a broad health economy, anywhere in England.



# Questionnaires given to all service users who attended without appointment over a two-week period, with outcome completed by staff

## METHODS

### Data collection:

- Paper-based self-completion questionnaire was given to all service users who attended any of nine SRH clinics as a walk-in (rather than an appointment) at three SRH providers during a two-week period, 16-29 April 2018.
- Questionnaire given to service users by clinic reception staff upon arrival.
- Completed by the service user prior to being triaged - did not inform the outcome of their visit.
- Outcome of the service user's visit was subsequently recorded on the questionnaire by reception staff.

### Data input and analysis:

- Surveys collated by clinic staff and sent to Southwark Public Health for input and analysis.
- Southwark Public Health undertook multivariate linear regression analysis.
- Primary outcome: those not able to access a SRH clinic due to unscheduled demand for walk-in appointments being greater than capacity on the day in which the service user attended as a walk-in.
- Secondary outcomes: gender identity, age, sexual orientation, ethnicity, symptomatic status, day visited, primary service required, provider and area of residence.

# There was variation in response rates, recorded outcomes and patient demographics across providers

## PARTICIPANTS

### Variation in response rate and outcome recorded:

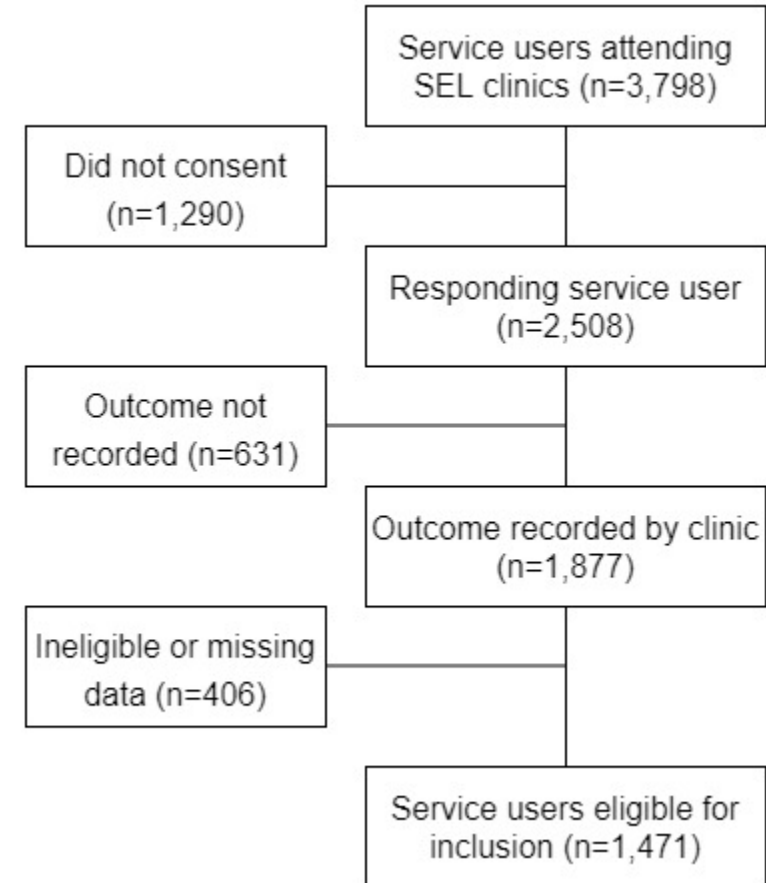
- Mean service user response rate: 66%.
- Recorded outcome: Lewisham and Greenwich NHS FT (LGT) (99.0%), Guy's and St Thomas' NHS FT (GSTT) (54.8%), King's College Hospital NHS FT (KCH) (82.4%).

### Patient demographics:

- Median age: 27 years old (IQR 22-33).
- Gender identity: Female (65.3%).
- Inner SEL resident: 69.7%.
- Sexual orientation: Heterosexual (83.9%), Gay/Lesbian (10.3%), Bisexual (5.8%).
- Ethnicity: White (55.6%), Black (28.4%), Mixed (8.2%), Asian (5.0%), Other (2.9%).

### Service requirements:

- Non-symptomatic (57.7%), Symptomatic (42.3%).
- Service being sought: STI (57.7%), Contraception (32.8%), Other (9.5%).
- Provider split: LGT(48.9%), GSTT (34.7%), KCH (16.3%).



# Almost 9 of every 10 service users who visited a sexual health clinic without an appointment received a service

## RESULTS

**Of all service users who attended a participating clinic without an appointment and responded to the survey:**

- 85.8% received a clinical service.
- 14.2% (n=209) were asked to return another day due to unscheduled on the day demand being greater than walk-in appointments available in clinic and/or not suitable for online service.

**Service users with significantly higher odds of being asked to return another day, were those who:**

- Attended GSTT [AOR 7.9, 95% CI (4.99-12.49)] compared to those who attended LGT – in line with central London location of one GSTT site and lack of an e-service of other
- Were not resident in LSL [AOR 1.76, 95% CI (1.23-2.51)] compared to LSL residents – though this may be because e-services were not available to non-LSL residents at the time of the survey.

**No significant differences of being asked to return another day between:**

- Symptomatic and non-symptomatic service users;
- Females and males;
- Service sought;
- Ethnicity.

# Understanding differences in outcome helps to create a more efficient system

## DISCUSSION

### **GSTT had 8x the odds of patients being asked to return another day – why is it different?**

- One of its clinics is one of the busiest due to easily accessible central London location and high number of non-local service users and higher MSM population.
- Did not offer appointments – now does.
- Clinic very different profile incl. higher number of non-local attendees who did not have access to local e-service. Separate analysis didn't yield significant results due to low response rate and recorded outcomes

### **Inner SEL residents less likely to be asked to return another day than non-residents.**

- SRH services available free at the point of care to all people regardless of their area of residence, but during the survey period online services were only available to patients from eligible catchment areas (namely SEL residents).
- Since the survey, Sexual Health London has been rolled out to a larger catchment area, so if survey repeated this should decrease those not able to receive a service on the day.

### **Symptomatic and non-symptomatic users did not have significantly different odds of receiving a clinical service on the day.**

- The outcome of receiving a service included both being seen in clinic and being 'channel-shifted' online. As a growing proportion of asymptomatic people are channel-shifted to online services, more clinic capacity should become available for symptomatic and more complex service users, and the proportion asked to return another day should decrease.

# This is the first research of its kind to measure unmet demand for on-the-day sexual health services

## SUMMARY OF FINDINGS

This research sought to answer four key questions:

### 1. The number of people attempting to access walk-in SRH services at local clinics:

- 3,798 service users attended nine SRH clinics as a walk-in (without prior appointment) across three provider trusts during a two-week period, 16-29 April 2018.
- 1,471 service users provided consent and had complete data for inclusion in analyses.

### 2. The outcome of their attendance (whether they were provided with a service or not):

- 1,262 / 1,471 (85.8%) were offered a clinical service as a walk-in:
  - 71.6% were seen in clinic on the day.
  - 9.2% were appropriately channel-shifted to online services.
  - 5.0% were offered an appointment for a later date.
- 209 / 1,471 (14.2%) were not able to be provided with a service on the day due to unscheduled on the day demand being greater than walk-in appointments available in clinic and/or not suitable for online service



# This is the first research of its kind to measure unmet demand for on-the-day sexual health services

## SUMMARY OF FINDINGS

### 3. The primary reason for their attendance:

- 90.0% of males (n=459) and 40.6% of females (n=390) sought an STI-related service.
- 0.8% of males (n=4) and 49.7% of females (n=478) sought contraception.
- 9.2% of males (n=47) and 9.7% of females (n=93) sought another service.
- Patient-reported symptoms:
  - 849 / 1,471 (57.7%) asymptomatic.
  - 622 / 1,471 (42.3%) symptomatic.

### 4. Their demographic profile in order to assess any inequalities in unmet demand:

- Nearly 7 in 10 people (69.7%) were local residents (lived in LSL).
- Non-LSL residents were more likely to not receive a service on the day of attendance (p=0.002).
  - Linked to inability to channel shift all appropriate asymptomatic patients online, due to e-services only being available to LSL residents at that time.
- Multivariate linear regression analyses did not result in any significant differences in receiving / not receiving a service on the day of attendance between:
  - Symptomatic status;
  - Gender identity;
  - Ethnic identity; and
  - Primary service sought.

# As the first of its kind, there were a number of limitations to this study

## LIMITATIONS

**Although this second survey built upon the findings and limitations of the initial pilot in 2017, a number of limitations remain, including:**

- The survey provided a short snapshot of clinic demand the survey period was two weeks.
- The proportion of surveys eligible for inclusion in analysis (38.8%) could have been larger. Beyond those that did not provide consent for inclusion (n=1,290, 44.0%), 1,037 surveys (27.3%) had missing outcome information or other data that should have been input by clinic staff.
- Clinic reception staff were provided with detailed briefings rather than directly trained, and supported by a representative at each trust. This could introduce variation and bias in the quality of reporting.
- Clinics have different opening times and different clinical capacity – this was not factored into analysis.
- Symptomatic status is patient-reported, it was not verified.
- Once broken down across demographic groups, the numbers were very small, which gives rise to large confidence intervals and few significant results.

These limitations should be considered in planning future surveys of this nature, with a focus on training, duration of survey, and geographic footprint to increase the sample size.

# Understanding demand is key to understanding how that might be managed more effectively

## CONCLUSION AND RECOMMENDATIONS

**The vast majority of service users who attended a participating clinic without appointment received a clinical service on demand.**

- Given that SRH clinics also offer appointments, along with the overarching context of high levels of service demand, it is of note that these clinics met 86% of on-the-day walk-in demand.
- SRH services are similar in the health system only to emergency departments for offering unscheduled care.
- Since the survey, Sexual Health London has been rolled out to a larger catchment area, so if survey repeated this should decrease those not able to receive a service on the day.

**This was the first survey of its kind to measure local sexual health demand. Recommendations for other areas:**

- Local commissioners should work with their clinics (and potentially, neighbouring areas) to undertake periodic surveys such as this in order to more accurately understand local service demand over time, and take mediating action.
- Understanding the level of demand in a system, as well as the demographic profile of people attempting to access services, is key to understanding how that demand might be managed differently.
- Online services are effective, cost-effective, growing in popularity and are one solution to meeting unmet demand, but a proportion of service users' needs cannot be met by online services (e.g. symptomatic, or seeking LARC) and therefore require clinic.
- Commissioners need to have a full understanding of their local system capacity in order to plan service provision across a range of settings most effectively.

**Full report being submitted to BMJ Sexually Transmitted Infections.**

## ACKNOWLEDGEMENTS

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