Using Standard Operating Procedures to enhance the role of Sexual Health Advisers

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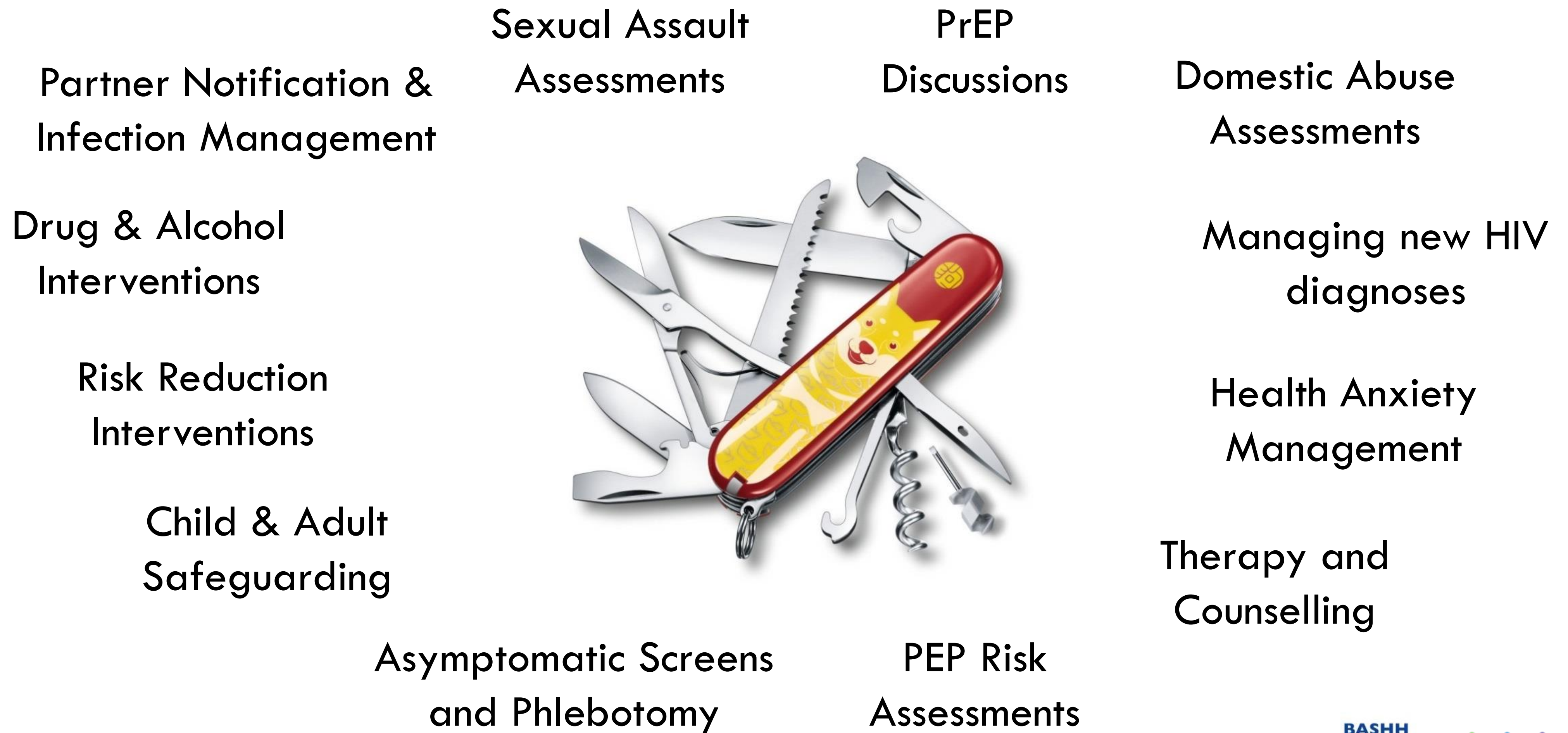
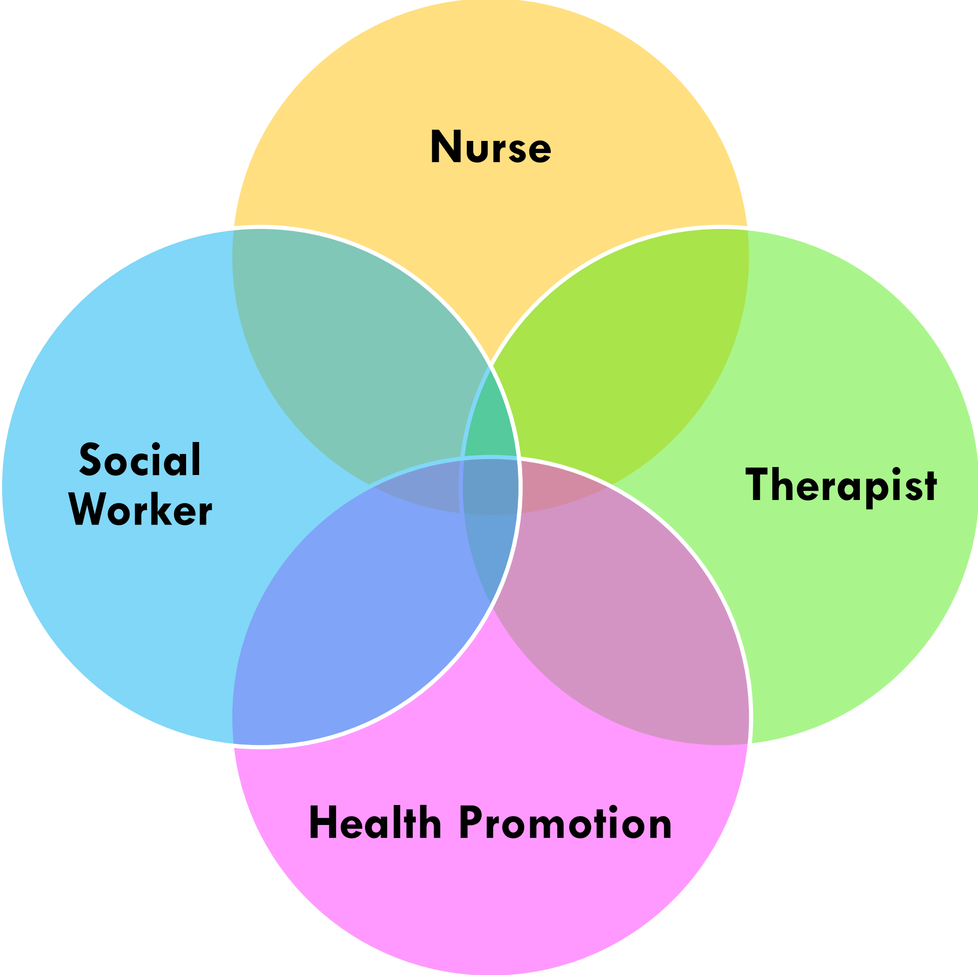
Introduction – History of Sexual Health Advising

- Contact tracing for infections has been going on since the 1900s
- Colonel L.W. Harrison – the first Adviser in Venereal Disease – would ask his soldiers about the source of their infections
- Sexual Health Advisers were first established in the 1980s after slowly evolving from 'medical social workers' who were employed in the 1920s and 1930s

Sexual Health Advisers Today: The Swiss Army Knife



Sexual Health Advisers Today: Career Backgrounds

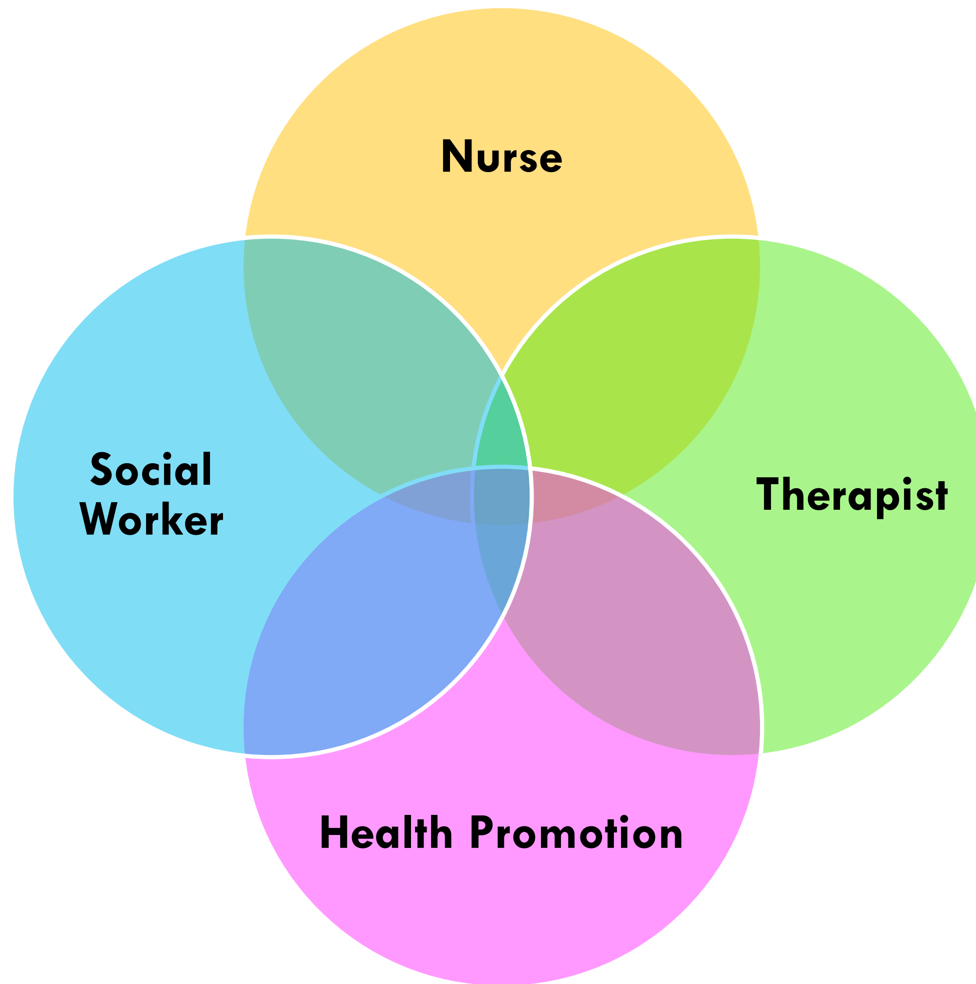


Pressures on Sexual Health Services

Expanding the Role of the Sexual Health Adviser

- In 2009 the Chelsea and Westminster Hospital SHAs pushed for the development of the Azithromycin dispensing SOP for confirmed Chlamydia infections to improve patient experience
- SHAs would undergo training by pharmacy and have a period of observed practice
- After which the SHA could obtain the prescription from a doctor and dispense the medication under patient specific direction

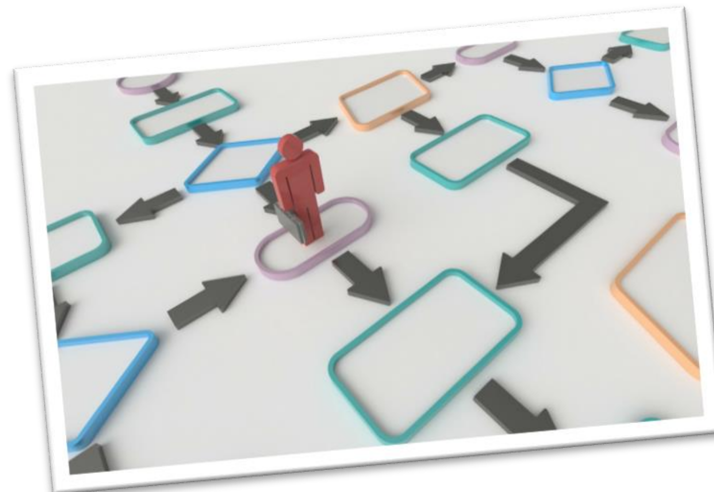
But why do we need SOPs?



- Not all Health Advisers have a nursing background
- PGDs cannot be used by non-nurses
- You can expand the role of existing staff rather than replace them and losing skillsets

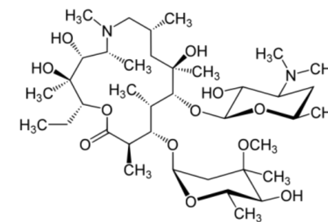
Expanding the Role of the Sexual Health Adviser

- Introducing these SoPs has:
  - Improved patient experience by reducing the number of clinicians seen and time spent in the clinic
  - Better Partner Notification outcomes
  - Freed up time for nurses to see patients more suited to their skill set



What more can be done?

- In 2018 the Azithromycin SOP was updated to include Doxycycline and asymptomatic contacts of Chlamydia
- Further developments coming include SHAs:
    - Giving HPV and HBV vaccinations
    - Dispensing PEP medication
    - Dispensing PrEP medication and managing IMPACT patients
        - P070 poster: Health Adviser Model for the Delivery of Pre-Exposure Prophylaxis



What more can be done?

- These further introductions would:
  - Further improve patient flow and experience in clinic
  - Allow development of existing staff rather than replacing them, potentially saving money
  - Free up general clinic appointments for doctors and nurses to see symptomatic/medically complex patients
  - Allow the integration of risk reduction and safeguarding into the patient's visit

THANK YOU, ANY QUESTIONS?

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