



Sexual health services: responding to the demand, staff and funding challenges

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Introduction



Modern, rapid testing can reduce the rate of onward transmission, and ensure that patients receive the right care, leading to long and healthy lives.

Sexual health is an important part of physical and mental health, as well as ensuring emotional and social well-being.

The UK has a strong track record in the provision of services for contraception, sexually transmitted infections (STI) testing and treatment, HIV care, and support for teenage parents. But sexual health services are now facing the dual challenges of a rise in demand and significant cutbacks in public health funding.

This white paper looks at recent developments affecting sexual health services, and explains how technology can help them respond to the new challenges.

The state of sexual health

Sexually transmitted diseases go back a long way. Syphilis first became widely reported in Europe during the late fifteenth century, while gonorrhoea as a disease was first described about 3,500 years ago. With the development of antibiotics in the 1940s, the rates of STIs fell dramatically. More recently, new drugs have revolutionised the treatment of people living with HIV.

Sexual health is now a lifelong issue. People are having sex for the first time at a younger age than previous generations, while men and women remain sexually active well into old age. Shifting attitudes about sex and changes in sexual behaviour have underlined the importance of regular testing for STIs.

Many people with STIs report no symptoms, and so remain undiagnosed and untreated. This not only increases the risk of reinfection, but may lead to complications, such as infertility. And while medical advances have had a dramatic effect on the health of HIV-positive patients, there are still many at risk of infection who are unaware of their HIV status.

In all these cases, modern, rapid testing can reduce the rate of onward transmission, and ensure that patients receive the right care, leading to long and healthy lives.

Today, sexual health services are facing new challenges. Worldwide, the instances of STIs are rising. In Australia, rates of syphilis, gonorrhoea and chlamydia are the highest since the 1990s; It's a similar story in the United States and Canada, while in the European Union reported syphilis cases have continued to grow. HIV remains a major public health concern in Europe, with recent data indicating a significant number of new infections.



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Public Health England, 2018

In the UK, rates of STIs have been climbing during the past decade.

Figures for England for 2017 show a 20% increase in cases of syphilis and a 22% increase in gonorrhoea, compared with 2016. (Public Health England, 2018)

In Scotland, the highest annual total of STIs since 1952 was recorded in 2016. (Health Protection Scotland, 2017)

In recent months, a new threat has arisen with the emergence of an STI that cannot be cured with first choice antibiotics. Although comparatively few cases of this “superbug” have been reported, sexual health professionals have described it as a “wake-up call”. And in July 2018, the British Association of Sexual Health and HIV launched new advice around identification and treatment of a common but little-known STI - *Mycoplasma genitalium* (MG) - which is developing resistance to antibiotics.

The changing face of sexual health services



“The number of people accessing sexual health services has continued to rise, demand is on the increase and we’re hearing day-to-day more and more people are saying they’re being turned away from sexual health clinics so they can’t even get in the door - and that’s even people who have symptoms. When it becomes harder to get an appointment, this is particularly likely to deter people who don’t have symptoms but just want a routine test. Those routine tests help pick up infections at an early stage and stop them being spread to too many other people.”

Different factors are driving the rise in demand for sexual health services. Changes in attitudes, particularly among young people, mean there is less embarrassment about attending sexual health clinics.

At the same time, sexual health services are adopting innovative approaches to promoting their services. In Glasgow, for example, the Steve Retson Project (SRP), a specialist sexual health service for gay and bisexual men, has been using movie-style posters to promote a film on its website in which four men discuss their feelings about sex and relationships. In London, the Dean Street clinic has created a YouTube video to demonstrate its express testing service.

In recent years, the development of preventative treatments has prompted more people to approach sexual health services. PrEP (pre-exposure prophylaxis) is a drug taken by HIV-negative people before sex that reduces the risk of getting HIV. Access to PrEP currently varies across the UK, but research suggests that the drug could deliver substantial benefits, ultimately leading to long-term savings in healthcare costs. It’s likely, therefore, that demand for PrEP will continue to grow.

As demand continues to rise, sexual health professionals are becoming increasingly concerned that clinics will be unable to cope, leading to a further rise in infections.

Debbie Laycock from the Terrence Higgins Trust HIV charity told BBC News:

“The number of people accessing sexual health services has continued to rise, demand is on the increase and we’re hearing day-to-day more and more people are saying they’re being turned away from sexual health clinics so they can’t even get in the door - and that’s even people who have symptoms. When it becomes harder to get an appointment, this is particularly likely to deter people who don’t have symptoms but just want a routine test. Those routine tests help pick up infections at an early stage and stop them being spread to too many other people.”

But sexual health services say they now face unprecedented threats from government cuts to local authority public health budgets. The situation is likely to worsen: from April 2020, previously ring-fenced sexual health, drug and alcohol services, which in England are funded by local authorities, will be competing for increasingly scarce funds alongside other council services such as social care.

Concerns and consequences



“Between 2013/14 and 2015/16, reported local authority expenditure on STI testing and treatment decreased by around 4% in cash terms, with the majority of that reduction occurring in 2015/16.”

In 2017, a Public Health England survey highlighted the concerns of commissioners of sexual health services. Respondents raised concerns about a decrease in capacity and an increase in demand, in both primary care and specialist services. They believe the consequences could include a worsening of health inequalities and a shift from prevention to treatment.

These concerns have been echoed by the King’s Fund, who have identified the particular pressures facing sexual health services:

“STI testing and treatment accounts for a significant proportion of local authority public health spend (around 12% on average, with some local authorities spending up to 32% of their public health budget on GUM (genitourinary medicine), so it has been identified as a particular area to contribute to these savings. Between 2013/14 and 2015/16, reported local authority expenditure on STI testing and treatment decreased by around 4% in cash terms, with the majority of that reduction occurring in 2015/16.”

Some health professionals believe we are approaching a sexual health crisis. Duncan Stephenson, the Royal Society for Public Health’s director of external affairs has warned that sexual health services are already at breaking point:

“With continued increases in rates of STIs such as syphilis... and the future threats posed by issues such as drug resistant gonorrhoea, the government is rolling the dice with the public’s sexual health.”

And while sexual and reproductive health services have supported a comprehensive programme of action to address the UK’s historically high rates of unintended teenage pregnancies, here too there are concerns that cuts to contraception services could reverse the downward trend.

Responding to the challenges



Top concerns among commissioners about current or future access to sexual health, reproductive health and/or HIV services:

- Reduction in services provided.
- Increased waiting times.
- Capping service provision.
- Lack of provision of services to key risk groups identified in needs assessments.
- Ensuring equality of access.
- Fragmentation of services and commissioning.
- Workforce and training issues.

Public Health England, 2017

The practical implications of operating sexual and reproductive health services with less funding, fewer staff and growing incidences of STIs are already becoming clear.

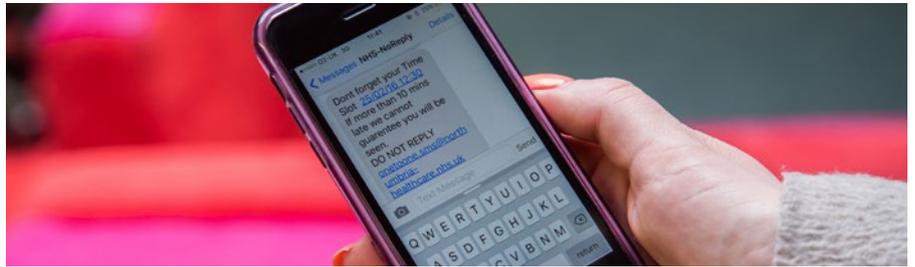
The King's Fund reports that sexual health services staff are leaving their jobs, resulting in additional pressures for remaining staff. Some sexual health services have reduced their operating hours, others are turning patients away. In London, several clinics have already closed.

But there are also examples of innovative responses to the challenges facing sexual health services, such as changes to commissioning and contracting arrangements and new staffing models.

New ways of working can help address challenges for sexual health services

- Take a place-based approach to commissioning to ensure equality of access.
- Consider outreach, linking services and fast track access for at-risk populations and vulnerable people.
- Use different channels to target health promotion work for young people (such as pharmacy C-Cards or PSHE work in schools) and co-create resources with the input of young people themselves.
- Explore how the innovative use of IT for service provision, management and review can create efficiencies.
- Practitioner networks can help sharing of lessons and good practice.

Turning to technology



One of the most striking findings to demonstrate the pressures facing sexual health services is the revelation that reductions in staff are forcing clinicians to spend significant amounts of time on administrative tasks.

Effective record-keeping is an understated, but fundamentally important element of sexual health services. Until recently, clinics were dependent on paper-based systems to handle consultations, test results, referrals, correspondence, prescribed medication and statutory reporting. But increasingly, sexual health clinics are turning to electronic systems to maintain records, improve services and deliver cost savings.

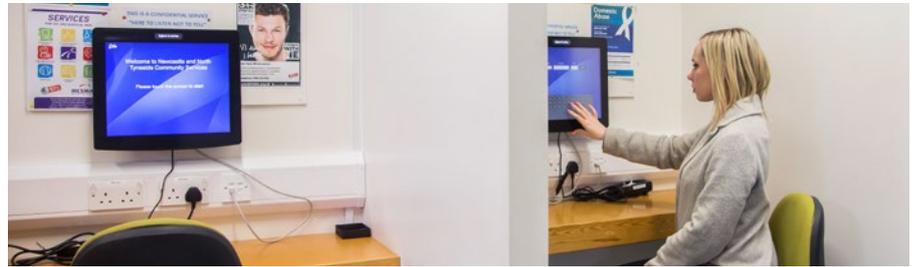
Lilie is a clinical management software system specifically designed for sexual health services. Its electronic patient record (EPR) system provides fast access to patient information and greatly reduces administrative functions.

In addition, Lilie's "Virtual Clinic" enables patients to search for a clinic and book an appointment at any time of the day and with complete privacy. The data recorded in advance means healthcare professionals can prepare for the appointment before the consultation. It also facilitates rapid testing services, which can turn around results within a couple of hours – vitally important for reducing the risk of onward infection. For patients, and particularly for young people, the Virtual Clinic offers flexible options for accessing health services, using technology that is both familiar and easy to use.

Lilie's modular system also provides sexual health services with a range of options, including:

- Patient communication via SMS.
- Modules for contraceptive and reproductive health, chlamydia screening, HIV, and prescribing services.
- Laboratory test results automatically received and entered into the EPR.

Lilie: the benefits in action



“Lilie has opened up the patient record completely. In one consultation you have access to results, previous consultations, written correspondence from referrals, and you can see other external practitioners’ records and involvement with that client in one record.”

Northumbria Healthcare NHS Foundation Trust, one of the best performing trusts in the NHS, provides an integrated sexual health service. More than 37,000 patients use this service each year. For several years, the service has been using Lilie to store and manage patient information.

Mandi Devine, Senior Specialist Nurse is in no doubt about the benefits of the system:

“Lilie has opened up the patient record completely. In one consultation you have access to results, previous consultations, written correspondence from referrals, and you can see other external practitioners’ records and involvement with that client in one record.”

The savings in time and productivity benefits have been dramatic. SMS texting, which reminds patients of their appointments, reduced the rate of non-attendance by 60% in the first four years of using Lilie. The system has also enabled the service to match appointments to capacity of staffing and resources available. Significantly, given the continuing reductions in the sexual health workforce, Northumbria has found that Lilie means fewer administrative staff are needed to pull notes, prepare them and store them.

Jan Meechan, a HIV Specialist Nurse, says that the system has made the service more efficient and more productive.

“Lilie enhances the patient experience because we can deal with patients very quickly, particularly for telephone queries. We don’t have to source a set of notes. Before we had Lilie it could take possibly half-an-hour to an hour to locate a patient’s records. If the records were offsite, it could take days before we received them.”

Another important way in which Lilie can ease the pressure on sexual health services is by grouping batches of negative test results. Clinics can then send the results to patients by text, enabling healthcare professionals to focus on providing personal care for those patients requiring treatment.

Conclusion



In 2015, the All-Party Parliamentary Group on Sexual and Reproductive Health highlighted the benefits of good sexual health, reproductive health and HIV services, including:

“...reducing health inequalities, improving the health of children and young people, and supporting prevention and early intervention initiatives, while also addressing the wider determinants of health and wellbeing.”

Ensuring that those benefits continue presents enormous challenges for sexual health services in the UK. New approaches are needed, and technologies such as Lilie can play an important part in ensuring that sexual health services staff spend less time and money on administration and more on supporting the needs of their patients.

Interested in finding out more?

Lilie is the market-leading clinical management software specifically designed for CaSH, GUM, HIV and fully integrated sexual health services. Our solution supports multi-disciplinary teams in treating sexual health and HIV patients whilst streamlining your services and delivering the cost savings you need.

For further information, please contact idoxhealth@idoxgroup.com to discuss our complete Sexual Health solution, or visit health.idoxgroup.com.



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