



equip
Education Experience Excellence

Online Sexual Health

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Background

Why worry about sexual health?

- Approximately £165 million a year is spent on treating STIs.
- HIV imposes a significant burden on healthcare resources at around £580 million a year, with a lifetime cost per case of £300,000.
- It is estimated that 1 in 20 sexually active young women aged 14-24 years has chlamydia. (1)
- Also part of Sexual Health screening; Contraception/LARC - For every £1 spent on contraceptive services, £11 is saved. (2)

Which problems exist within current practice?

- Sexual health appointments managed by Nurse who also manages Diabetes/Asthma/COPD
- Stigma of phoning through reception for a sexual health appt. Fear of judgement
- Difficulty asking for a sexual health appt with Practice Nurse at reception as easily overheard in small reception area.
- Patients waiting a number of weeks to be seen by GP delayed diagnosis and treatment

During a tutorial - Sexual Health LES my trainer and I discussed an alternative approach;

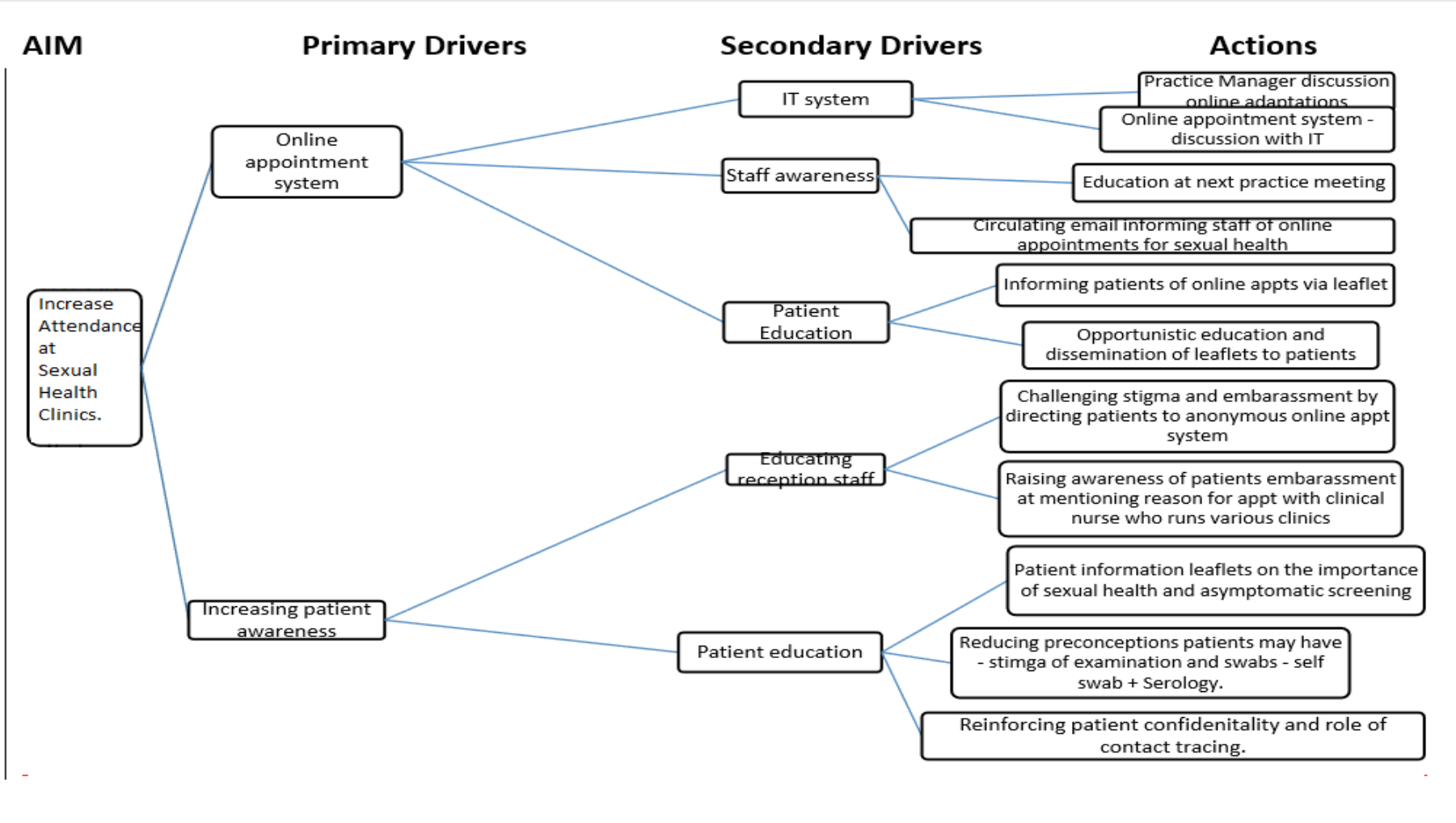
**** ONLINE SEXUAL HEALTH APPOINTMENTS ****

Aim

Aim to increase patient attendance to asymptomatic sexual health clinics by 50% by August by introducing a new online booking system for asymptomatic sexual health screening.

Improvement Methodology

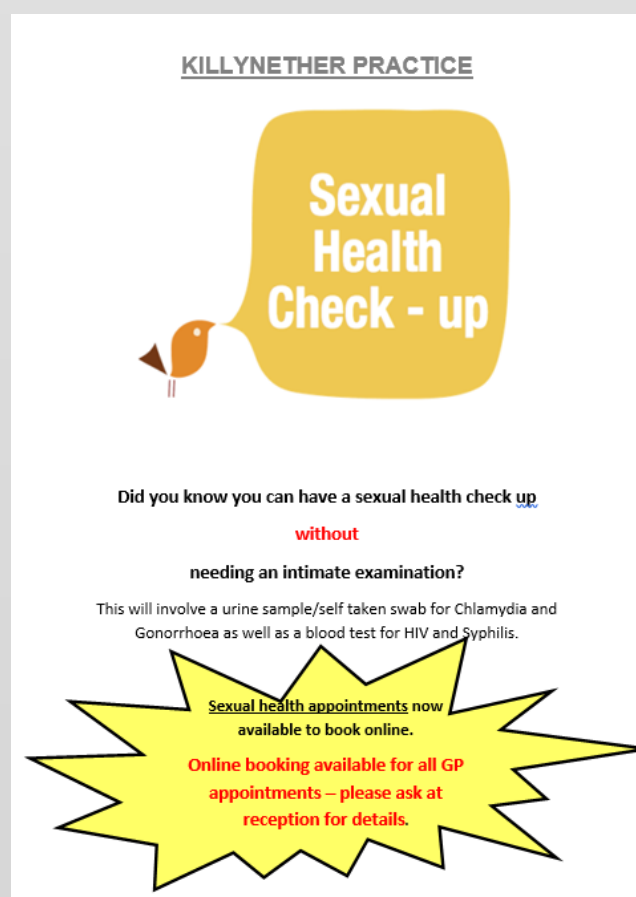
- Create online booking appointments for sexual health screening allowing open and anonymous access to sexual health appointments
 - Meeting with practice manager to adjust the current appointment system
 - Initial appointment with GPST3 as can be adjusted to Same Day Use slots if required
 - Online smear appointments currently offered by Practice Nurse switched to 'Online Sexual Health/Smear' – 2 x offered per week.
- Advertisement of sexual health clinics in practice by word of mouth and use of a poster placed in multiple locations around the practice
 - Creating an A4 Poster placed on Partners doors/ Waiting area/ Reception/Treatment Room waiting area and opening lobby
 - Reducing Stigma – physical examination not always a requirement
- Advertising on our online website and use of the Jayex board in the waiting area
- Education of colleagues within the practice;
 - Practice meeting re online sexual health appointments
 - Encouraging use of online appointment system and offering patient reg. details
 - Use of the sexual health proforma for collecting patient data which would also prompt review of contraception



Step 1:

- Practice meeting held.
- Online sexual health appointments created.
- Advertising posters placed around the practice.
- Opportunistic education of patients

Target: See Table 1 – Average Appointments in 10 months before intervention – 3.9.
50% Increase would create a target of achieving 6-7 Appointment per month.



Results:

Graph 1

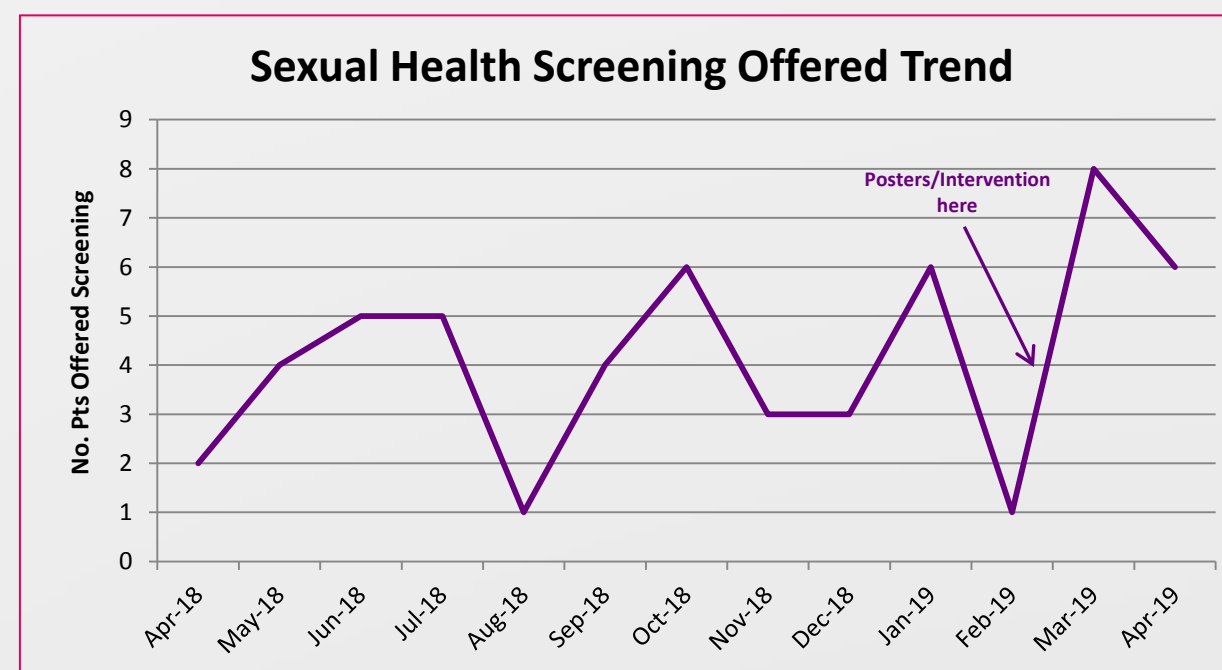


Table 1

Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
2	4	5	5	1	4	6	3	3	6	1	8	6
Average per month; 3.9 (4)					Target Average 6-7 per month							

On first glance – 50% increase in appointments was achieved at first intervention however....

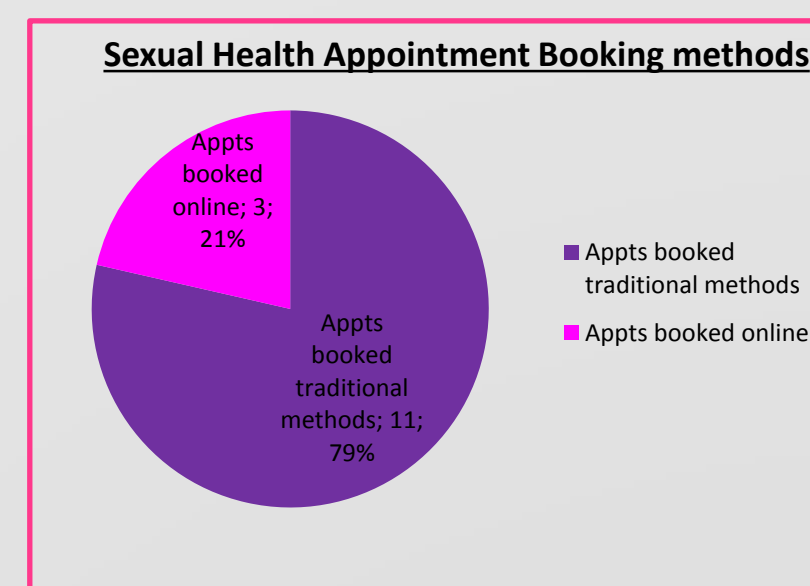
Results

Process measures paint a different picture;

- Single online appt booked in the first month
- Rest of appointments booked through traditional methods via reception.
- Within first month Practice Nurse appointments used for smears.

Pie chart 1: Number of appointments booked via traditional and online methods;

- Online appointments account for 21%
- 3 online appointments reserved. 2 booked with ST3 and 1 appt with practice nurse
- All other practice nurse slots used for online smear bookings
- 50% increase likely attributable to increased public awareness due to posters around the practice.



Outcome Measures

- Single online appointment DNA in March
- Rest of appointments; Properties changed to 48hr access/24 hr access if not filled – no impact on reducing available appointments for service users
- Practice nurse appointments for 'Online sexual health/Smears' not used for sexual health are filled by online smear appointments
- Number of positive Chlamydia cases; 3 – Booked through traditional appointment method

Balancing Measures

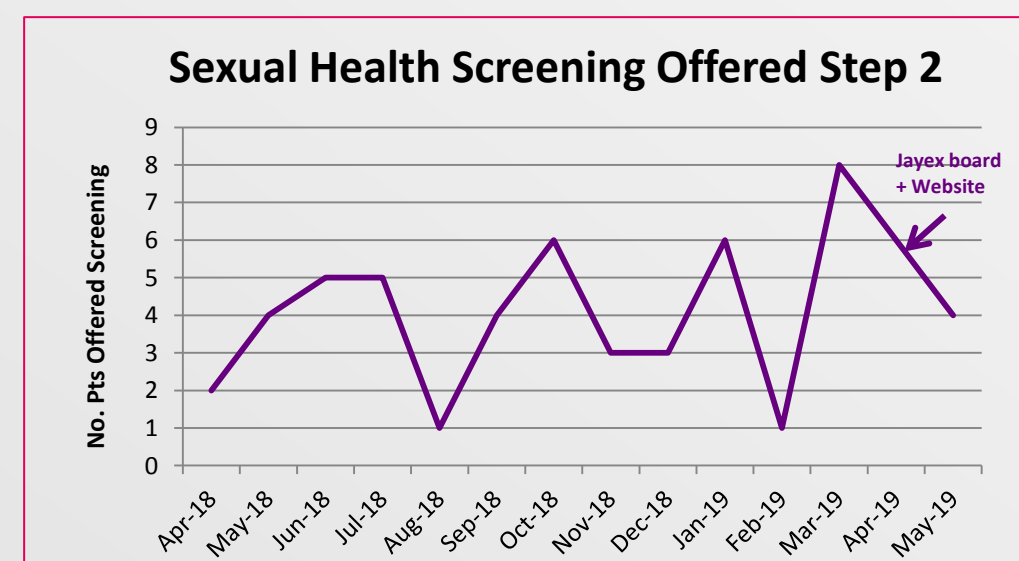
1. Number of appointments available to triage doctor /reception for 24/48 hr access appointments – educating triage/reception to book patients into slots 24 hrs before if slots not filled.
2. Appointments not filled / DNA's to practice nurse limiting access for smears – access to appointments dual access for both smears and sexual health.
3. Increased number of registrations for online appointments through reception – hope that this will in turn reduce reception demand with increasing numbers of patients using online booking system.

Step 2:

Discussed findings in practice meeting in early May 19.

Outcome: Requirement for further advertising of the online sexual health appointments.

- Advertising online sexual appointments on the Killynether Medical Practice website.
- Use of Jayex board in waiting room.
- Placing posters in the Pharmacy downstairs in the practice.



Results; On repeating measures unfortunately found that the number of Sexual health appointment was falling to previous levels but why?

- Advertising targeting young people at home?
- Does the demand exist?
- Historically traditional methods of booking appointments.

The Future:

- Self-sufficient service with ongoing provision and demand through the practice nurse whilst balancing DNA's and demand of smears
- Plans exist to alter design of practice reception to make enquires more private
- Text service to patients
- Advertising on social media
- Increasing access to online routine appointments in combination with traditional methods
- Qualitative feedback from young patients in the practice – does demand exist?

References:

1. Torrone E, Papp J, Winstock H. Prevalence of *Chlamydia trachomatis* Genital Infection Among Persons Aged 14–39 Years — United States, 2007–2012. *MMWR* 2014;63:834–8.
2. Primary Care Service Framework: Management of Sexual Health in Primary Care – January 2007.