The Regulation and Quality Improvement Authority

Review of Specialist Sexual Health Services in Northern Ireland

October 2013

Assurance, challenge and improvement in health and social care

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The Regulation and Quality Improvement Authority (RQIA)

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland.

RQIA was established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to undertake regulation of health and social services and to drive improvements for everyone using these services. RQIA provides independent assurance about the safety, quality and availability of health and social care services in Northern Ireland.

Reports of RQIA reviews are submitted to the Minister for Health, Social Services and Public Safety are open documents, accessible to the public and available on the RQIA website.

Details of RQIA's role and function can be accessed at www.rqia.org.uk.

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RQIA wishes to thank the members of the review team, who agreed to take part, and whose expertise and commitment has been invaluable in carrying out this review.

Executive Summary

RQIA selected the provision of specialist sexual health services for review following a public consultation on potential review topics.

Recent indicators for sexual health in Northern Ireland show concerning rises in sexually transmitted infections (STIs), including HIV[1]. There is evidence of a positive downward trend in the numbers of births to teenage mothers[2].

Northern Ireland has a five year Sexual Health Promotion Strategy and Action Plan for the period 2008 to 2013[3]. A key objective of that strategy is to ensure that all those who wish to avail of sexual health services have access to them.

During the review, RQIA met with staff and managers from both statutory and voluntary organisations who are committed to the development of improved sexual health services. There are examples of local initiatives which have improved access to sexual health services for patients and clients.

RQIA has concluded that there is a need for a clear strategic direction for specialist sexual health services, together with a specific set of standards for the delivery of those services. This could be taken forward through the development of a regional service framework. The development of a regional managed clinical network for sexual health services would provide a useful forum for collaboration and cooperation between the services.

Specialist sexual health services include services provided by specialists in sexual and reproductive health (SRH) and specialists in genitourinary medicine (GUM). RQIA found that there are separate arrangements for commissioning SRH and GUM services. There is a need to integrate these arrangements to ensure that future services are delivered, in keeping with the principles of the overall regional strategy for health and social care services, Transforming Your Care[4].

Sexual health services in other parts of the United Kingdom are being designed to ensure that patients can receive seamless care for both contraception and treatment of STIs at the same clinic. RQIA has concluded that there is a need to develop a regional goal that specialist sexual health services should be provided in Northern Ireland on a more integrated basis.

RQIA found that there are significant pressures on the staff meeting the demand for sexual health services. RQIA recommends that a workforce plan is developed for these services.

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[1] Public Health Agency; Sexually Transmitted Infection Surveillance in Northern Ireland 2012; Public Health Agency; HIV surveillance in Northern Ireland 2012

[2] Northern Ireland Statistics and Research Agency. Birth statistics. Available at: www.nisra.gov.uk/demography/default.asp8.htm Accessed 27 February 2012

[3] Department of Health, Social Services and Public Safety. Sexual health promotion strategy and action plan 2008-2013. Belfast: DHSSPS, 2008

[4] Transforming Your Care: A Review of Health and Social Care Northern Ireland - published in December 2011. DHSSPS

There are differences between local services as to how patients access appointments and receive results of investigations. RQIA has recommended that arrangements should be standardised to share better outcomes for all patients.

The Public Health Agency (PHA) will be working with partners from the Sexual Health Improvement Network to improve the availability and accessibility of information about sexual health services. This is a welcome development, which will raise awareness and improve access to services.

RQIA considers that the use of technology has the potential to enhance services for patients. For example, mobile phone applications can provide new vehicles for sharing information about access to services. Test results can be provided by text messaging. SRH services, in particular, require provision of electronic record systems.

RQIA visited a range of facilities at which specialist sexual health services are provided. These varied greatly in the quality of the accommodation. Some were in modern purpose built accommodation, whereas others were in buildings with limited space for equipment or storage. RQIA has recommended that the provision of accommodation is reviewed. In particular, an appropriate relocation for the services provided at the regional GUM services at the Royal Victoria Hospital (RVH), Belfast, needs to be agreed.

This report makes 16 recommendations for improving specialist sexual health services in Northern Ireland.

1. Introduction

1.1 Context

Recent trends in indicators of sexual health in Northern Ireland reveal areas for concern:

- The number of new diagnoses of STIs made at GUM clinics increased by 28%, between 2000 and 2011. In 2011, 7,661 new diagnoses were made[5].

- 336 new diagnoses of gonorrhoea were made at GUM clinics in 2011, compared to 204 in 2010.

- In 2011, 52 new episodes of infectious syphilis were diagnosed. On average, during the period 1991 to 2000, one new case has been diagnosed each year.

- In 2011, 82 new diagnoses were made of HIV infection. In total, 522 people were receiving HIV related care in Northern Ireland in 2011[6].

- The number of new diagnoses of uncomplicated chlamydia infection increased from 963 in 2000, to 1,830 in 2011. This reflects increased numbers of tests carried out, and the availability of more sensitive testing.

- There were 1,100 recorded births to teenage mothers in Northern Ireland in 2012. This is 6% lower than 2011 (1,170 births) and 27% lower than a decade ago (1502 births)[7]. However, the birth rate for teenage mothers aged 13 to 16 remains two to three times higher in the most deprived areas of Northern Ireland[8].

The Department of Health, Social Services and Public Safety (DHSSPS) published the Sexual Health Promotion Strategy and Action Plan in December 2008. Its aim is to improve, protect and promote the sexual health and wellbeing of the population in Northern Ireland. The action plan focuses on the areas of prevention, training, services and research.

The implementation of the strategy and action plan is currently being reviewed by the PHA. The focus of that review is on the actions taken to improve sexual health.

During the public consultation to inform the selection of RQIA review topics for 2012 to 2015, several respondents raised issues about access to sexual health services.

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[5] Public Health Agency; Sexually Transmitted Infection Surveillance in Northern Ireland 2012
[6] Public Health Agency; HIV surveillance in Northern Ireland 2012
[7] Northern Ireland Statistics and Research Agency (NISRA)
[8] Northern Ireland Statistics and Research Agency. Birth statistics. Available at: www.nisra.gov.uk/demography/default.asp8.htm Accessed 27 February 2012

This is an assessment of the review of the delivery of specialist sexual health services in Northern Ireland. This will complement the review being carried out by the PHA, in relation to implementation of the strategy and action plan to improve sexual health.

1.2 Definitions

Sexual Health has been defined by the World Health Organisation as[9]:

- A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Specialist sexual health services have been defined, for the purpose of this review, as:

- clinical services whose primary function is delivery of sexual health[10]

Examples are the specialty of GUM, and the specialty of SRH - formerly known as family planning.

A large proportion of the work of specialist sexual health services relates to the prevention of unintended pregnancy and the prevention and treatment of STIs.

1.3 Terms of Reference

1. To describe the current provision of specialist sexual health services across Northern Ireland which are provided by, or commissioned by, HSC organisations, and to examine how these services are commissioned and delivered.
2. To review the quality, availability and accessibility of specialist sexual health services.
3. To review governance arrangements for the delivery of specialist sexual health services.
4. To collect and analyse the views of relevant organisations, and service users, about the delivery of services.
5. To make recommendations for improvements.

[9] Defining sexual health. Report of a technical consultation on sexual health 28–31 January 2002, Geneva. WHO

[10] This definition has been derived from the NHS Quality Improvement Scotland Sexual Health Services Standards, 2008.

1.4 Methodology

RQIA used a range of methods to carry out this review.

1. Collection of information about approaches to the delivery of sexual health in other parts of the United Kingdom, and of standards and guidelines which have been developed for these services.

2. Development and circulation of two self-assessment questionnaires to service providers:

    - an organisational questionnaire relating to governance and accountability arrangements

    - individual questionnaires to be completed for each clinic providing specialist sexual health services

3. Collection of information from previous relevant surveys of patient and client experience of using sexual health services in Northern Ireland.

4. Meeting with managers and clinicians in organisations which commission and provide sexual health services.

5. Visiting a range of locations, both statutory and voluntary, which provide clinical services.

6. Holding a summit event with the members of the Northern Ireland Sexual Health Improvement Network. Members include representatives from both statutory and voluntary organisations.

A review of specialist sexual health services had previously been carried out in Scotland, by Healthcare Improvement Scotland (HIS)[11]. RQIA is grateful to HIS for facilitating the process of contacting members of the Scottish review team, to invite them to participate in the review in Northern Ireland.

[11] Improving Sexual Health Services in Scotland. Integration and Innovation. National Overview. November 2011. Healthcare Improvement Scotland

2. Background

2.1 Sexual Health Promotion Strategy and Action Plan 2008-2013

Objectives

The key objectives of the Sexual Health Promotion Strategy and Action Plan for the period 2008 to 2013 are:

- to enable the population to develop and maintain the knowledge, skills and values necessary for improving sexual health and wellbeing
- to promote opportunities to enable young people to make informed choices before engaging in sexual activity, especially, empowering them to delay first intercourse until an appropriate time of their choosing
- to reduce the number of unplanned births to teenage mothers
- to ensure that all people have access to sexual health services
- to reduce the incidence of STIs, including HIV

Priority Groups

The strategy aims to promote the sexual health of the entire population, but does identify some priority groups as particularly vulnerable.
These include:

- young people under 25, especially those who are looked after or leaving care
- gay and bisexual men
- commercial sex workers

Particular attention is also afforded to those with a disability; those from an ethnic minority community; and people diagnosed as HIV positive from outside the United Kingdom. These groups have been recognised as having special requirements relating to accessing information, advice and services.

Action Plan Targets

In 2008, the Action Plan set four specific targets:

- by 2013, 92% of 11-16 year olds should not have experienced sexual intercourse

- by 2013, a reduction of 25% in the rate of births to teenage mothers under 17

- by March 2008, all patients assessed as clinically urgent to access specialist GUM/sexual health services within two working days

- by 2013, a reduction of 25% in the number of new episodes of gonorrhoea

Sexual Health Services

The strategy and action plan referred to the recommendations of a review of sexual health and GUM services, undertaken in 2006 by the former health and social services boards. The report of that review[12] had recommended that Northern Ireland adopt the target that "by March 2008 everyone who needs an appointment will be offered one within 48 hours".

To fulfil this, the review proposed the establishment of an implementation group to take forward the following specific work streams:

- to develop specialist secondary care GUM services which would allow 48 hour access across Northern Ireland

- to resource HIV services to a level which matches the growth in the patient pool

- agree model(s) of care for provision of services within primary/community care which meet local needs

- as services are developed in primary/community care appropriate training arrangements will have to be developed to ensure the quality of the service delivery

- ensure adequate support services including IT systems, information support, administrative/clerical input

- the introduction of widespread chlamydia testing must be fully considered and adequately resourced for specialist GUM, family planning, primary care and laboratory services

The 2008-2013 strategy and action plan stated that the implementation of these recommendations would take time and would depend on availability of resources. In response, DHSSPS made £250,000 available in 2007-08, to support the development of GUM services and, in particular, to improve access to services.

[12] Health and Social Services Boards: Improving Access to Genitourinary Medicine and Sexual Health Services in Northern Ireland (October 2006).

The 2008-2013 strategy and action plan had six specific actions to improve sexual health services.

- To ensure that information on local services is available and accessible to all those wishing to avail of sexual health services.

- To develop and deliver innovative services based on an assessment of the needs of commercial sex workers, which will promote and facilitate their increased access to sexual health information and services.

- To continue to take forward the implementation plan (June 2007) on improving access to GUM and sexual health services in Northern Ireland.

- To put in place arrangements for the primary and community care sector to deliver accessible sexual health services.

- To commence a testing programme for chlamydia.

- To develop a pilot scheme to expand a sexual health services clinic for students.

Establishment of a Sexual Health Promotion Network

The action plan included a requirement to establish a multiagency sexual health promotion network, to oversee the implementation of the plan. This network was subsequently established and is coordinated by the PHA for Northern Ireland.

2.2 Specialist Sexual Health Services

Genitourinary Medicine Services

GUM is the medical specialty involved in the diagnosis and care of patients with STIs. Related problems include contraceptive care, genital dermatoses (skin conditions) and HIV. Most patients are seen as outpatients.[13]

The Royal College of Physicians states that GUM services should have a strong multidisciplinary culture with doctors, nurses and health advisers providing diagnosis, treatment and health promotion, including partner notification to help break the chain of infection. Clinics may also provide additional services such as erectile dysfunction management, and act as centres for training and governance for sexual health networks. GUM services have a strong public health component[14].

[13] Royal College of Physicians: www.rcplondon.ac.uk/specialty/genitourinary-medicine
[14] Royal College of Physicians: www.rcplondon.ac.uk/specialty/genitourinary-medicine

Community Sexual and Reproductive Health Care Services

Community sexual and reproductive health is an official medical specialty within the United Kingdom. Community SRH specialists deliver services both through their own organisation, in partnership with a multidisciplinary team. This team includes general practitioners (GPs) with a special interest, GUM specialists, hospital gynaecologists, nurses and other healthcare professionals. Community SRH specialists provide training to nationally recognised standards approved by the Faculty of Sexual and Reproductive Healthcare (FSRH) and the Royal College of General Practitioners for clinicians working in primary care and specialist services[15].

The FSRH is a faculty of the Royal College of Obstetricians and Gynaecologists. It was established in 1993 as the Faculty of Family Planning and Reproductive Health Care. The organisation changed its name in 2007, to reflect the current functions of the specialty.

Collaborative Working between Specialties

The royal colleges that oversee the arrangements for specialist training for GUM and SRH services highlight the requirement for collaborative working between the specialties.

The Royal College of Physicians has stated that links between GUM services and community services are increasing, with the development of models for combined STIs and contraception management.

The Faculty of Sexual and Reproductive Healthcare has stated that work should continue to acknowledge the close relationship between the specialty of GUM and community SRH, and promote collaboration through joint meetings, guidelines, training, standards etc.

2.3 Standards and Guidance for Specialist Sexual Health Services

At present, there are no specific standards for specialist sexual health services, for application in Northern Ireland which have been endorsed by the DHSSPS.

Generic Quality Standards for Health and Social Care[16] and Patient and Client Experience Standards[17] are relevant to the provision of sexual health services.

There are several sets of standards that serve as useful guides for development and delivery of sexual health services. There is also relevant

[15] 2020 Vision – Faculty Focus Strategic Review 2012-13. Faculty Discussion Document January 2013 Version 1e (Unpublished)
[16] DHSSPS; The Quality Standards for Health and Social Care, March 2006
[17] DHSSPS; Improving the Patient and Client Experience, 2008

guidance which has been developed by the National Institute for Health and Care Excellence (NICE)[18].

British Association for Sexual Health and HIV (BASHH)[19]

BASHH standards for the management of STIs are designed for use in all healthcare settings where STIs are managed. There are nine standards covering both clinical and commissioning issues. These standards provide a framework for monitoring performance.

Each standard contains recommendations supported by a rationale; outcome focussed implications for commissioning; key performance indicators; references, and a list of relevant supporting documents and guidance.

Faculty of Sexual and Reproductive Healthcare [FSRH][20]

Service standards have been developed by FSRH to support providers and commissioners to provide safe, high quality sexual and reproductive health services. They are based on current evidence of best practice.
These standards are designed to be applicable to all countries in the United Kingdom. The core document outlines eleven service standard statements.

Healthcare Improvement Scotland Sexual Health Standards (2008)[21]

The HIS standards, which are applicable to all sexual health services in Scotland, are linked to measurable outcomes and data that can be collected by self-assessment.

The nine standards focus on 6 key themes:

- access to services
- co-ordination of approach
- capacity of services
- equity of service provision
- choice of service provision, and
- quality of care delivery

[18] One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups. February 2007. NICE
[19] BASHH; Standards for the management of Sexually Transmitted Infections (STIs), January 2010
[20] FSRH; Service Standards for Sexual and Reproductive Healthcare, January 2013
[21] NHS Quality Improvement Scotland; Standards; Sexual Health Services, March 2008

National Institute for Health and Care Excellence Guidance

As NICE guidance is designed and developed for the National Health Service (NHS) in England, it does not automatically apply in Northern Ireland. On 1 July 2006, the DHSSPS established links with NICE whereby guidance published from that date is locally reviewed for applicability to Northern Ireland and, where appropriate, is endorsed for implementation in the HSC.

In 2005, NICE published a clinical guideline on Long Acting Reversible Contraception. This was not endorsed for implementation in Northern Ireland, as it predated the DHSSPS formal links with NICE.

In 2007, NICE published public health guidance related to the prevention of sexually transmitted infections and under 18 conceptions. The DHSSPS does not currently endorse public health guidance, however, this position is under review.

In 2007, NICE published public health guidelines related to the prevention of sexually transmitted infections and under 18 conceptions.[22]

2.4 Frameworks for Services in Other Parts of the United Kingdom

Scotland

In August 2011, the Scottish government launched a Sexual Health and Blood Borne Virus Framework (2011-2015).[23] This brought together the four policy areas of sexual health, HIV, hepatitis C and hepatitis B within one integrated strategy.

The framework adopts an outcomes based approach, with five high level outcomes, and was designed to build on previous strategic initiatives. The approach recognises the importance of active links with other policy areas, as well as collaborative working between the Scottish government, NHS, local authorities and the third sector.

The framework states that the provision of sexual health services should be a multiagency and multidisciplinary responsibility, based on local epidemiology and need. It states:

- Sexual health consultations, undertaken in primary or secondary care, should begin with a risk assessment, with testing, treatment and care tailored to individual needs. Critical issues to be addressed include the use of an effective method of contraception, STIs and blood borne virus testing tailored to individual risk, as well as alcohol and drug use.

- Specialist services should be set up in such a way that they can provide holistic care, based on the needs of the individual, including for

[22] NICE Public Health Guideline (PH3); Prevention of sexually transmitted infections and under 18 conceptions, February 2007
[23] Scottish Government; The Sexual Health and Blood Borne Virus Framework 2011-2015, August 2011

example a focus on tackling non-sexual health issues such as drug and alcohol abuse or gender-based violence.

- High quality, integrated sexual health services should be available throughout Scotland.

England

In March 2013, the Department of Health launched a framework for Sexual Health Improvement in England[24]. This framework was developed for commissioners and providers of sexual health services. The overall ambition is to improve the sexual health of the whole population. The framework sets out key objectives and planned approaches to achieve this.

The framework states that there is ample evidence that sexual health outcomes can be improved by:

- accurate, high-quality and timely information that helps people to make informed decisions about relationships, sex and sexual health
- preventive interventions that build personal resilience and self-esteem, and promote healthy choices
- rapid access to confidential, open-access, integrated sexual health services in a range of settings, accessible at convenient times
- early, accurate and effective diagnosis and treatment of STIs, including HIV, combined with the notification of partners who may be at risk
- joined-up provision that enables seamless patient journeys across a range of sexual health and other services - this will include community gynaecology, antenatal and HIV treatment and care services in primary, secondary and community settings

Wales

In 2010, the Welsh Assembly published a Sexual Health and Wellbeing Action Plan for Wales, for the period 2010 to 2015[25]. The action plan identified four strategic action areas.

- developing a culture to support sexual health and wellbeing
- better prevention
- delivering modern sexual health services
- strengthening health intelligence and research

[24] Department of Health; A Framework for Sexual Health Improvement in England, March 2013
[25] Welsh Government; Sexual Health and Wellbeing Action Plan for Wales 2010- 201, November 2010

In relation to delivering modern sexual health services, the plan noted that sexual health services in Wales had changed considerably from the previous review of services in December 2004.

In 2004, services had involved family planning and GUM working in parallel. Patients accessing services for management of STIs were seen by doctors, and waiting times of up to 15 weeks for appointments were reported.

In 2010, the services were arranged so that family planning and GUM services were integrated. This approach was considered to maximise the opportunity for preventative health checks, allow for prompt diagnosis and treatment of infections, and provided a more effective, efficient and acceptable service for both patients and staff.

The 2010 action plan set out a programme of actions to further improve services including:

- update and publish quality requirements for sexual health services in Wales

- services for HIV/AIDS to be aligned with providing for the needs of people living with HIV/AIDS in Wales: national care pathways and service specification for testing, diagnosis, treatment and supportive care

- develop and publish revised service specification and care pathways for sexual health, including options for delivery through primary care

- publish a national template for a pharmacy sexual health enhanced service

- work with the Welsh postgraduate medical deanery to include sexual health in the continuous professional development (CPD) programmes for GPs and protected learning time events for GP practice nurses and practice administration staff

- incorporate advice on policy for the management of chlamydia and gonorrhoea infections into service specification development for sexual health and enhanced services

- develop local sexual health service development plans which take account of the action and guidance from the action plan, and published guidance such as quality requirements, service specifications and care pathways

2.5 Epidemiology

This section describes the changing epidemiology of STIs and HIV, births and long-acting reversible contraceptive (LARC) usage in Northern Ireland.

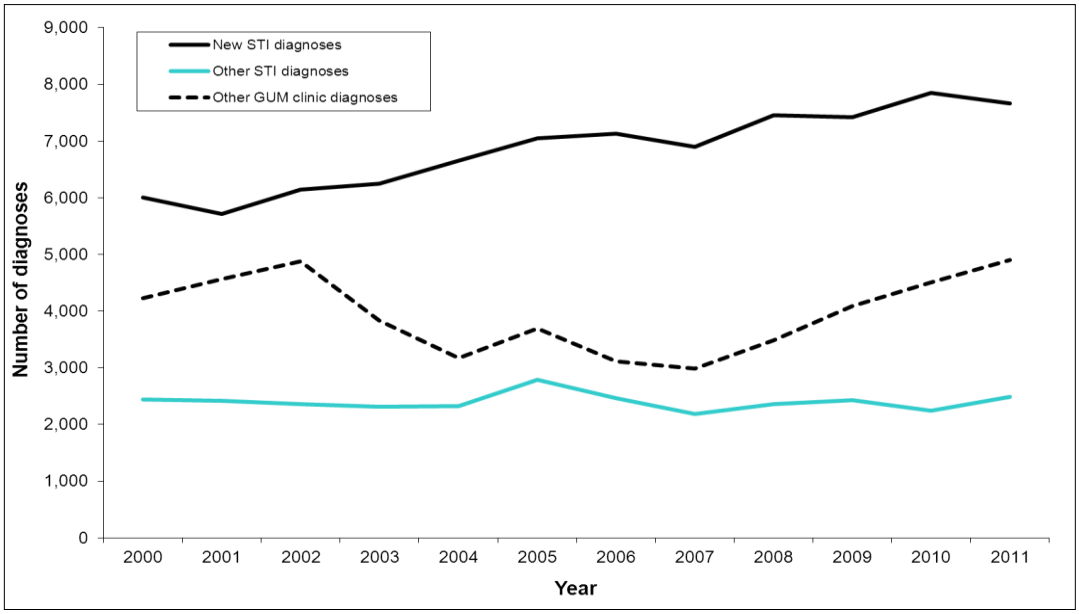
Trends in STIs and HIV

Information on HIV and STIs is collated regionally from GUM clinics and laboratories. It is published annually by the PHA in the HIV and STIs Surveillance Reports for Northern Ireland[26] [27].

The information includes the numbers of new diagnoses for a range of STIs. They are grouped into three categories: new STI diagnoses; other STI diagnoses and other diagnoses made at GUM clinics (see Appendix 2 for definitions of each category).

During 2011, there were 7,661 new STI diagnoses, 2,485 other STI diagnoses and 4,900 other diagnoses made at GUM clinics. Since 2000, the number of all STIs diagnoses has increased (Figure 1).

Figure 1: Trends in diagnoses in Northern Ireland GUM clinics, 2000-2011

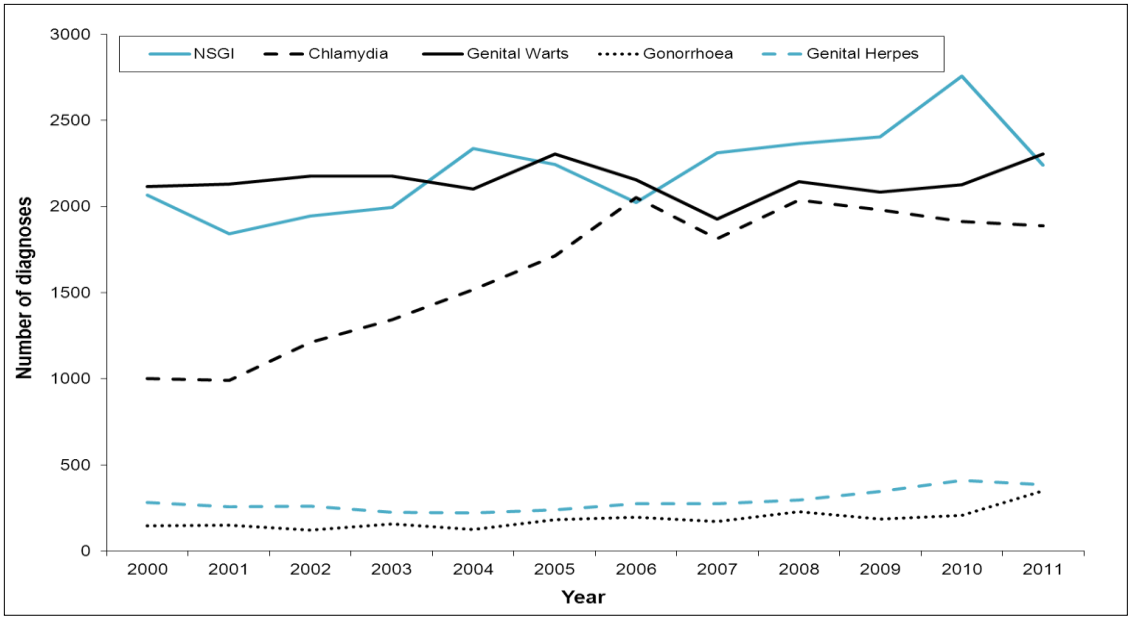


Source: STIs surveillance, Health Protection Division, Public Health Agency (PHA)

Chlamydia infection, non-specific genital infection (NSGI) and first episodes of genital warts account for the highest proportion of new STIs diagnoses (87% in 2011) made in GUM clinics (Figure 2). It is important to recognise that increases in testing, more widespread testing and availability of more sensitive tests have contributed to increases in diagnoses.

[26] Public Health Agency: Sexually Transmitted Infection Surveillance in Northern Ireland, 2012
[27] Public Health Agency: HIV surveillance in Northern Ireland, 2012

Figure 2: Trends of New STIs Diagnoses in Northern Ireland GUM Clinics, 2000-2011



Source: STIs surveillance, Health Protection Division, Public Health Agency (PHA)

Gonorrhoea

Diagnoses of gonorrhoea have also shown a general increase since 2000. In 2011, 336 cases were diagnosed, which is the highest annual number recorded in Northern Ireland in recent years.

Syphilis

In common with elsewhere in the United Kingdom and Europe, Northern Ireland has also experienced a marked increase in infectious syphilis since 2000. In the decade prior to 2000, on average, only one case of infectious syphilis per year was reported.

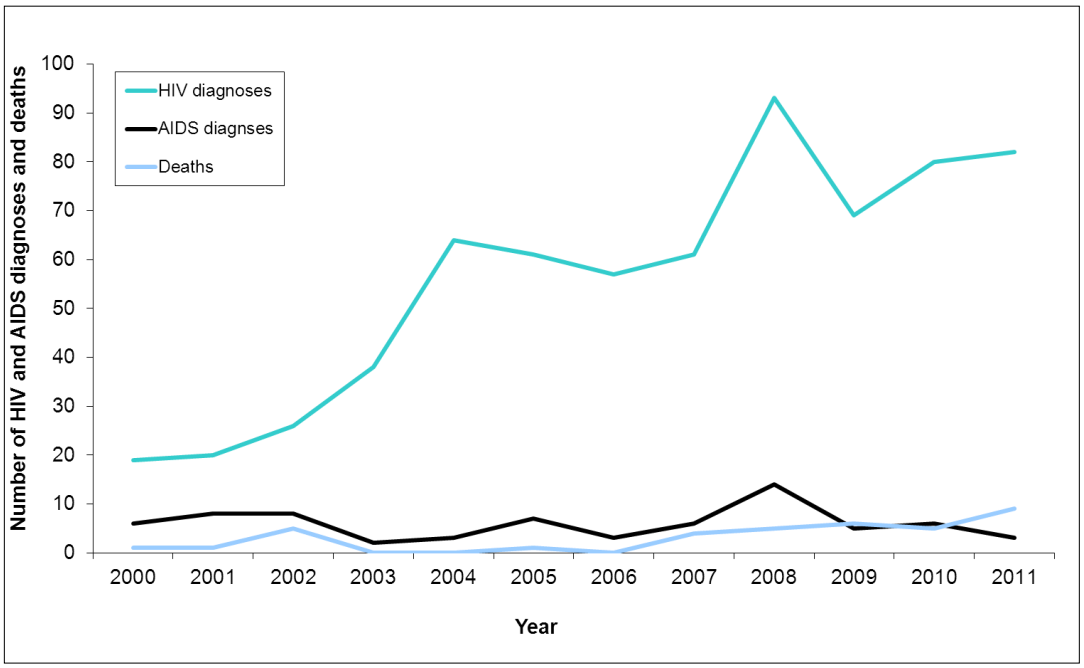
There were 52 new diagnoses of infectious syphilis in 2011. Forty of these were diagnosed in men who have sex with men (MSM). In 27 of the cases diagnosed, syphilis was likely to have been acquired through exposure within Northern Ireland.

HIV

In 2011 there were 522 individuals living with HIV and receiving care in Northern Ireland. A further 82 new first diagnoses of HIV were made in Northern Ireland during the year.

Prevalence of HIV in Northern Ireland remains lower than in the other United Kingdom countries. However, annual new diagnoses have generally increased since 2000, almost doubling between 2003 and 2004 (Figure 3). Northern Ireland has seen the highest rate of increase in the United Kingdom in recent years.

Figure 3: New HIV, AIDS Diagnoses and Deaths Among HIV Infected Persons

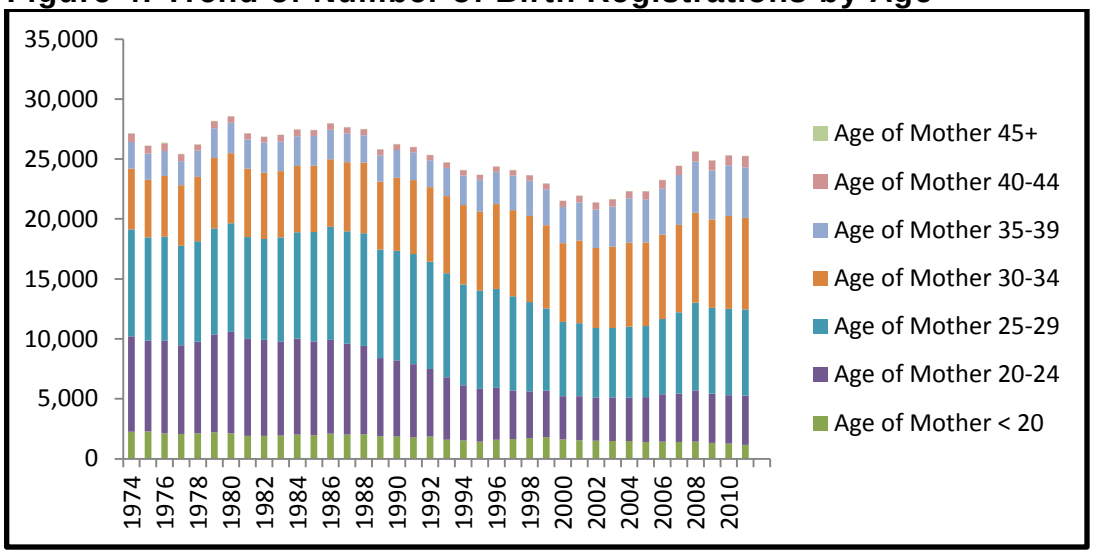


Source: STIs surveillance, Health Protection Division, Public Health Agency (PHA)

Birth Patterns

In 2011 there were 25,273 births registered in Northern Ireland. The general trend in births over the past decade has been upwards from a record low in 2002 (21,385 births). There has been a downward trend of birth registrations for women in age groups under 29 years, reflecting the fact that more women are delaying pregnancy, a trend also seen elsewhere in the United Kingdom and Europe (Figure 4).

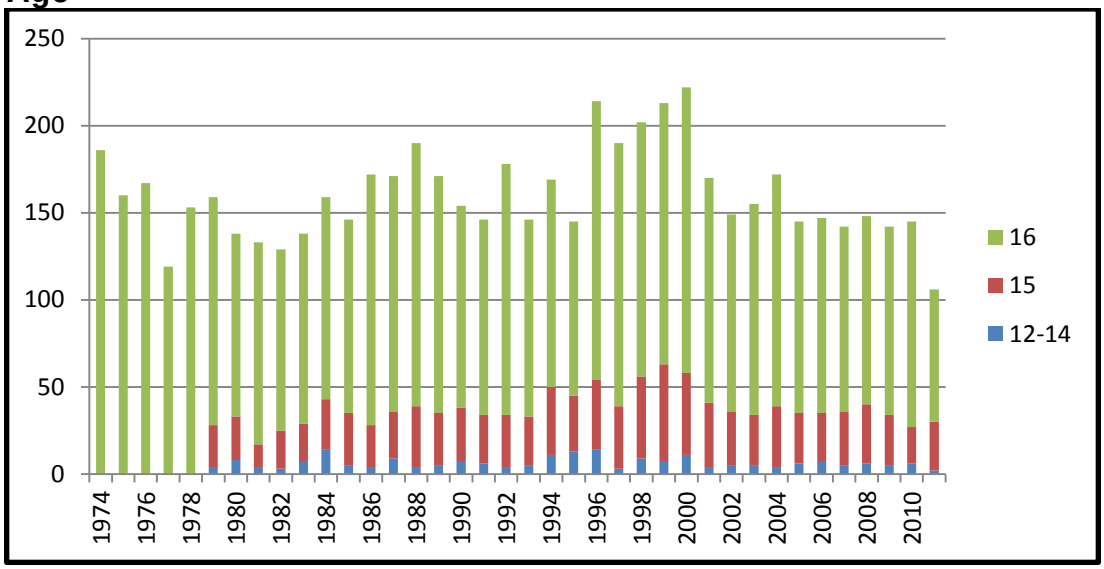
Figure 4: Trend of Number of Birth Registrations by Age



Source: Registrar General Office

Although there has been a decrease in birth registrations in women under 29 years, births in women under 17 years has remained relatively stable, reaching a high of around 200 each year between 1996 and 2000 (Figure 5).

Figure 5: Births in Northern Ireland to Women Under 17 Years of Age



Source: Registrar General Office

In 1999, DHSSPS identified teenage parenthood as a key issue for action. In 2002, the Teenage Pregnancy and Parenthood Strategy and Action Plan, 2002-2007, was published[28]. Since 2002, the number of births registered to teenage mothers under 17 years of age has decreased by 29%. The number of births to teenage mothers, by trust area, for 2009 and 2010, is set out in the table below.

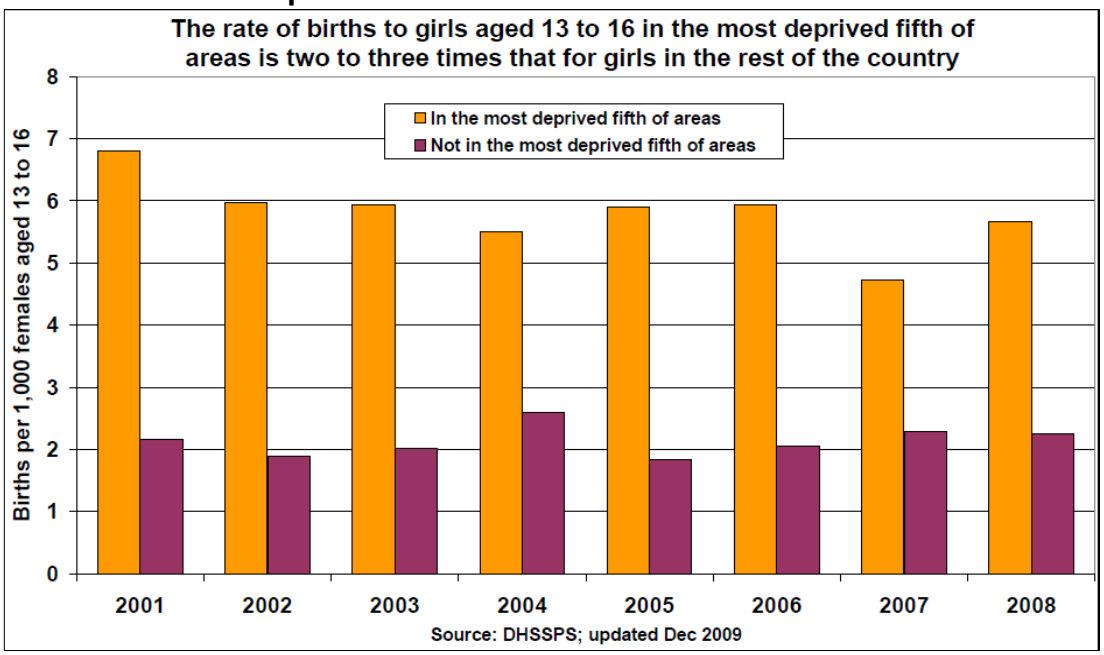
Number of Births to Mothers Aged between 13 and 19 Years, by Trust Area[29]

	2009	2010
Belfast Trust	337	338
Northern Trust	309	284
South Eastern Trust	239	209
Southern Trusts	240	228
Western Trust	209	206
Northern Ireland	1,334	1,265

[28] DHSSPS; Teenage Pregnancy and Parenthood Strategy and Action Plan, 2002-2007
[29] Project Support Analysis Branch , DHSSPS

Figure 6 shows the marked disparity between the birth rates to teenage mothers aged 13 to 16 years in the most deprived fifth of areas, as compared to birth rates in the rest of Northern Ireland.

Figure 6: Birth Rates for Women Under 17 Years for the Most Deprived Fifth of Areas Compared to the Rest of Northern Ireland



There is limited data available on the number of unplanned pregnancies which end in abortion for women from Northern Ireland. The 2008-2013 Sexual Health Promotion Strategy and Action Plan stated that in 2006, the known number of abortions performed in England on residents from Northern Ireland was 1,295. Of these women, 213 were under the age of 20 years.

There is no data for Northern Ireland on the relationship between abortion rates and areas of deprivation. Data for Scotland demonstrates higher rates of unintended pregnancy resulting in abortion in young women from deprived areas compared to less deprived areas[30].

Usage of Long Acting Reversible Contraception in Northern Ireland

Individuals obtain contraception either from GPs or SRH clinics in Northern Ireland.

The evidence shows that the newer LARC[31] methods have higher compliance and continuation rates than other methods of contraception. Increased uptake of LARC has been shown to contribute to reductions in unwanted and teenage pregnancy[32].

[30] ISD data 2012- www.isd.org
[31] Long-Acting Reversible Contraception (LARC) is defined as methods of contraception that require administration less than once per cycle or month [NICE implementation uptake report, 2010]. Such methods include; contraceptive implants, intrauterine device (IUD), intrauterine system (IUS) and injectable methods of contraception.
[32] NICE Clinical Guideline (CG30); Long-acting Reversible Contraception, October 2005

Despite their demonstrated high effectiveness, in the United Kingdom the uptake of LARC is regarded as being low. In 2003-2004 only 8% of women aged 16–49 years were reported as using LARC[33]. Following the introduction of NICE guidance on LARC in 2005, rates of use in England increased[34]. In the 12 months to June 2010, prescriptions for contraceptive implants increased by 65% in England. During this period, prescriptions for the intrauterine (IU) system increased by 14%.

It has been reported that a perception among health providers that LARC is associated with high costs, which is one reason why it is not being offered on a regular basis to women seeking contraception[35].

The NICE endorsed LARC usage in 2005 and recommends that 60 or more females per 1,000 of reproductive age per year are prescribed IU and implantable contraceptives[36]. This target was endorsed as an essential criterion for the sexual health standards for Scotland[37].

RQIA received some information about the provision of LARC in primary care. It is important to recognise that these figures do not include LARC provided through trusts and therefore will underestimate the total level of provision of LARC.

Since 2012, a Northern Ireland Locally Enhanced Service (LES) for LARC has been offered to all GP practices in the region by the Integrated Care Directorate in the HSC Board. Practices choose to provide insertion and removal of IU contraceptive device fittings, contraceptive implant devices, or both.

Approximately half of practices in Northern Ireland are offering each LARC method, with wide variation across local commissioning groups (LCGs), in both the coverage and type of method offered.

For example, Belfast LCG only offers each LARC method in about one-third of practices; the Northern LCG offers both in about two-thirds of practices; the Western LCG offers implants in four out of five practices, but only IU contraceptive devices in half of practices.

Figure 7 shows the number and rate per 1,000 women of reproductive age of LARC primary care prescriptions for one year (January 2012 to 2013). In 2012, 24 women of reproductive age per 1,000 received a LARC method from their GP.

[33] Dawe F, Rainsbury P. Contraception and Sexual Health, 2003. Office for National Statistics. London, UK: HMSO, 2004.
[34] NICE implementation uptake report: [Long-acting reversible contraception, clinical guideline 30]
[35] Mavranezouli, I, Wilkinson, C. Long-acting reversible contraceptives: not only effective, but also a cost-effective option for the National Health Service. J Fam Plann Reprod Health Care 2006; 32(1): 3–5.
[36] NICE Clinical Guideline (CG30); Long-acting Reversible Contraception, October 2005
[37] NHS Quality Improvement Scotland; Essential Criterion 8.2 Standards; Sexual Health Services, March 2008

Figure 7 Number and Rate of LARC Primary Care Prescriptions

LCG	Implant prescriptions (n)	IUCD prescriptions (n)	Total LARC prescriptions (n)	2011 population estimate for females of reproductive age*	Rate per 1000
Belfast	930	32	962	84,319	11
Northern	1,882	207	2,089	108,853	19
S. Eastern	1,515	201	1,716	81,478	21
Southern	2,144	399	2,543	87,724	28
Western	3,322	140	3,462	73,306	47
NI	9,793	979	10,772	435,680	24

*Reproductive Age Definition= 15-49 years

Rates of LARC provision by primary care, adjusted for coverage and number of practices in each LCG, show that implant insertions are highest in Southern and Western LCGs followed by South Eastern, with rates in the Northern and the Belfast LCGs much lower. Similarly, IU contraceptive device usage is highest in Southern and South Eastern LCGs. These figures do not include LARC provided through SRH services.

In summary, there is limited data available on LARC usage in Northern Ireland. Prescribing data in general practice carries with it a number of caveats, which may give an inaccurate estimate of usage. Despite this, the data indicates that the number of LARC insertions, per 1,000 women of reproductive age, is below nationally recommended criteria, for all LCG areas.

With evidence showing a younger age at first sexual intercourse[38], along with increasing age of first childbirth, there is an extended interval during which people are at risk of unintended pregnancy and STIs. These epidemiological changes have major implications for contraceptive usage and for the provision of sexual health services.

[38] Young Person Behaviour and Attitudes Survey. Belfast: Central Survey Unit, 2007

2.6 Patient and Client Experience

Information about the experience of patients and clients using specialist sexual health services in Northern Ireland can be gleaned from a number of published and unpublished studies.

Health Survey Northern Ireland: First Results from the 2011-2012 Survey[39]

The Health Survey Northern Ireland runs every year on a continuous basis. The aim of the survey is to cover a range of topics that are important to the lives of people in Northern Ireland. The survey is conducted by the Central Survey Unit of the Northern Ireland Statistics and Research Agency.

The 2011-12 survey collected data on a representative sample of people aged 16 and over living in private households. The response rate to the survey was 65%.

The survey included questions on the views of respondents, aged 16 to 55 years, on a number of areas related to sexual health.

- Fewer than one fifth of respondents had sought advice on STIs, including HIV. Males were more likely than females to have sought advice, and younger adults were more likely to have sought advice than older adults.

- The most common source of advice was the internet (40%), with around one-third contacting their GP.

- In their experiences of this service, 5% of males and 4% of females had been told by a doctor or health professional that they had an STI.

- Eleven per cent of respondents had attended a GUM clinic; 12% of males and 10% of females

- When asked about where they would seek help for STIs, including HIV:

    - 70% of men, and 56% of women, said they would contact their GP
    - 26% of women, and 3% of men, would contact a family planning or well woman clinic
    - 12% would contact a GUM clinic, specialist hospital or sexual clinic. (Within the survey GUM clinics, specialist hospitals and sexual clinics were all coded as one option.)

[39] DHSSPS; Health Survey Northern Ireland: First Results from the 2011-12 Survey. November 2012

Cooperation and Working Together (CAWT) Service User Satisfaction Survey

CAWT is a partnership between Northern Ireland and the Republic of Ireland, which facilitates cross border collaborative working in health and social care. CAWT has supported initiatives in relation to GUM services for the border areas. These are located in Newry, Londonderry and Omagh in Northern Ireland and Letterkenny, Monaghan and Dundalk in the Republic of Ireland.

CAWT has provided RQIA with a summary of the findings from a patient satisfaction survey of these services. For the survey, 100 people were surveyed from each site.

In general, respondents reported high levels of satisfaction with the services they had used. For the Northern Ireland respondents, the results included:

- GUM services were rated as good, or very good, by 84% of respondents who had attended the clinic in Newry, 93% for those who went to Altnagelvin in Londonderry and 96% for those who had attended Omagh.

- The most frequent method of arranging appointments was by telephone, (94% Newry; 93% Altnagelvin and 96% Omagh).

- In terms of telephone access, most respondents rated this aspect of the service very highly.

- Respondents reported satisfaction rates for the convenience of appointment between 92% and 96%, across the six sites in the survey.

- Clinic opening hours were rated between 84% and 91% of respondents as satisfactory.

- The length of time waiting for test results was rated between 80% and 92% of respondents, as satisfactory.

- Between 82% and 89% of respondents were satisfied with the ease of finding the clinic.

- Between 93% and 100% of respondents reported that they were satisfied with the overall experience of using the six clinics in the survey.

Northern Health and Social Care Trust Focus Group with Young People Using Sexual Health Services in a College Setting

A focus group for young people took place in January 2013 for those who attended a sexual health service (STIs testing and family planning) at the Northern Regional College (NRC). The clinic runs during term time for 32 weeks per year.

Five young men and four young women attended the focus group. The findings from the focus group indicated that the clinic had proved to be very beneficial. The young people reported that it was easy to get an appointment.

All the students who attended were aware that the service was confidential and advised that it was quick and easy to use.

The consultation time was considered to be good. Students felt they could ask a full range of questions and that the doctor explained everything to them.

One young person who also had experience of attending GUM services at Causeway Hospital, felt the NRC clinic was more suited to student needs.

Sexual Behaviour, Knowledge and Attitudes of 16-45 Year Olds in Northern Ireland. Health Promotion Agency for Northern Ireland, 2009 (unpublished)

In January 2009, the Health Promotion Agency for Northern Ireland[40] commissioned research to gather information relating to safer sex behaviours and practices amongst sexually active adults in Northern Ireland, aged 16-45. The study was also designed to investigate public attitudes and awareness to sexual health issues, and to ascertain knowledge about STIs.

The project surveyed a representative sample (n= 829) of adults (aged 16-45). In addition, 102 lesbian, gay, bisexual and transsexual (LGBT) individuals were included.

Some key findings from the research were as follows:

- Friends of a similar age (33%), sex education lessons at school (17%) and first sexual partner (11%) were the sources from which respondents had learned most about sexual matters.

- Seventy-eight per cent of women and 18% of men had sought advice on contraception to prevent pregnancy.

[40] The services of the Health Promotion Agency for Northern Ireland were transferred into the newly established Public Health Agency for Northern Ireland on 1 April 2009.

- Professional sources are the most popular source of advice on contraception, with 57% of those who had sought advice having used a GP; 35% using a family planning or well woman clinic; and 23% using a chemist or pharmacy. Sixteen per cent had sought advice from friends.

- Forty-eight per cent of all respondents said that there are no barriers which would discourage them from seeking out contraceptive services or advice on preventing pregnancy. Of those who could identify barriers, the most common was embarrassment (13%) while 10% would be put off by the fact that staff might know them. Lack of services locally was a factor for a further 8% of all respondents.

- Nineteen per cent had sought information/advice on sexually transmitted infections, with GPs (33%), the internet (26%) and GUM clinics/SRH clinics (25%), the most common sources.

- Embarrassment (27%) and staff knowing you (17%) are the most common barriers to seeking information or advice on STIs; 34% stated there were no barriers to seeking information or advice on STIs.

- Thirty nine per cent of respondents prefer GPs as a source of advice or information on STIs, with GUM clinics preferred by 4%. In relation to treatment for STIs, most (53%) respondents would prefer to go to their GP, with 7% preferring a GUM clinic.

- Twenty-nine per cent of respondents said that they would find it difficult talking to a health professional about a sexual health issue or problem; a further 16% said that they would find it very difficult. Only 22% said that they would find it easy to do so.

- Ninety-five per cent are aware that the male condom protects against STIs, with lower levels of awareness of the protective capacity of the female condom (femidom)(70%) and the dental dam (29%). Significant proportions of respondents believe that contraception methods such as the cap/ diaphragm (47%), coil/IU device (IUD)(37%) and spermicides (36%) protect against STIs.

- Most respondents have heard of a range of sexually transmitted infections: HIV (96%); gonorrhoea (76%); chlamydia (72%); syphilis (72%); genital herpes (70%); and, genital warts (69%).

- Seven per cent of respondents believe that they are at risk of infection of HIV with level of risk perceived to be higher among LGBT respondents (19%) compared with heterosexual respondents (7%).

- Intravenous drug users are the group perceived to be at most risk (74%) from HIV infection, with heterosexuals (33%), and a couple who only have sex with each other (7%), deemed to be at least risk.

- Eight per cent believe they are at risk of STIs other than HIV/AIDS, with the level of risk perceived to be higher among LGBT respondents (19%) compared with heterosexual respondents (7%). Among those who feel they are at risk, having many previous partners (36%) is given as the main reason.

- On average respondents have had sexual experiences with six different partners, with a higher average number of people having experiences being reported by 26-34 year olds (9), separated, widowed and divorced respondents (10) and LGBT respondents (11).

- Twenty six per cent of respondents have had overlapping sexual relations, with this being more common among men (38% compared with 21% for women), those aged 26-34 (37%) and lesbian, gay, bisexual and transgender people (LGBT) (47% compared with 28% for women).

- Fifty-two per cent of respondents believe that the timing of their first sexual experience was about right for them, with 22% saying that they should have waited longer.

- For most respondents, their most recent sexual experience had been with someone who they are living with (cohabiting or married, 38%) or someone they are in a steady relationship with (30%). In 17% of recent sexual experiences, the respondent did not previously know their sexual partner.

- Forty-five per cent said that drinking alcohol has contributed to them having sex without using STIs protection.

- Embarrassment (12%) and cost (8%) are not significant factors in deterring people from using STIs protection (such as condoms), although almost half (47%) of respondents believe that STIs protection reduces sexual pleasure.

3. Service Profile

SRH and GUM clinics are geographically located within each trust area in Northern Ireland. There are differences in the arrangements for provision between trusts. In all trusts, GUM and SRH services are provided as separate clinics, but sometimes are co-located.

The Belfast Trust provides SRH services for both the South Eastern and Belfast trust geographical areas. GUM consultants from Belfast provide outreach services to the Northern, Southern and Western trust areas. The Belfast Trust provides the regional centre for people living with HIV across Northern Ireland. It also provides rregional sexual dysfunction services and is the regional referral centre for GUM services.

Services provided by Brook are located in Belfast and Coleraine.

Overview of Provision of Services

Figure 8 shows the location of SRH and GUM clinics across Northern Ireland, by population density.

SRH services are distributed across trust areas but there is a concentration in areas of high population density.

Figure 8 illustrates that there are fewer clinic locations where GUM services are provided. For residents of certain areas, in particular in rural locations, there can be a considerable distance and time to travel to the nearest GUM clinic.

In the Southern and South Eastern trusts there are locations where both GUM and SRH services are provided at the same location although not at the same times. It should be noted that in the Southern Trust these services are not co-located and provided on the same sites. (Appendix 1 sets out the locations, times and access arrangements for all GUM clinics).

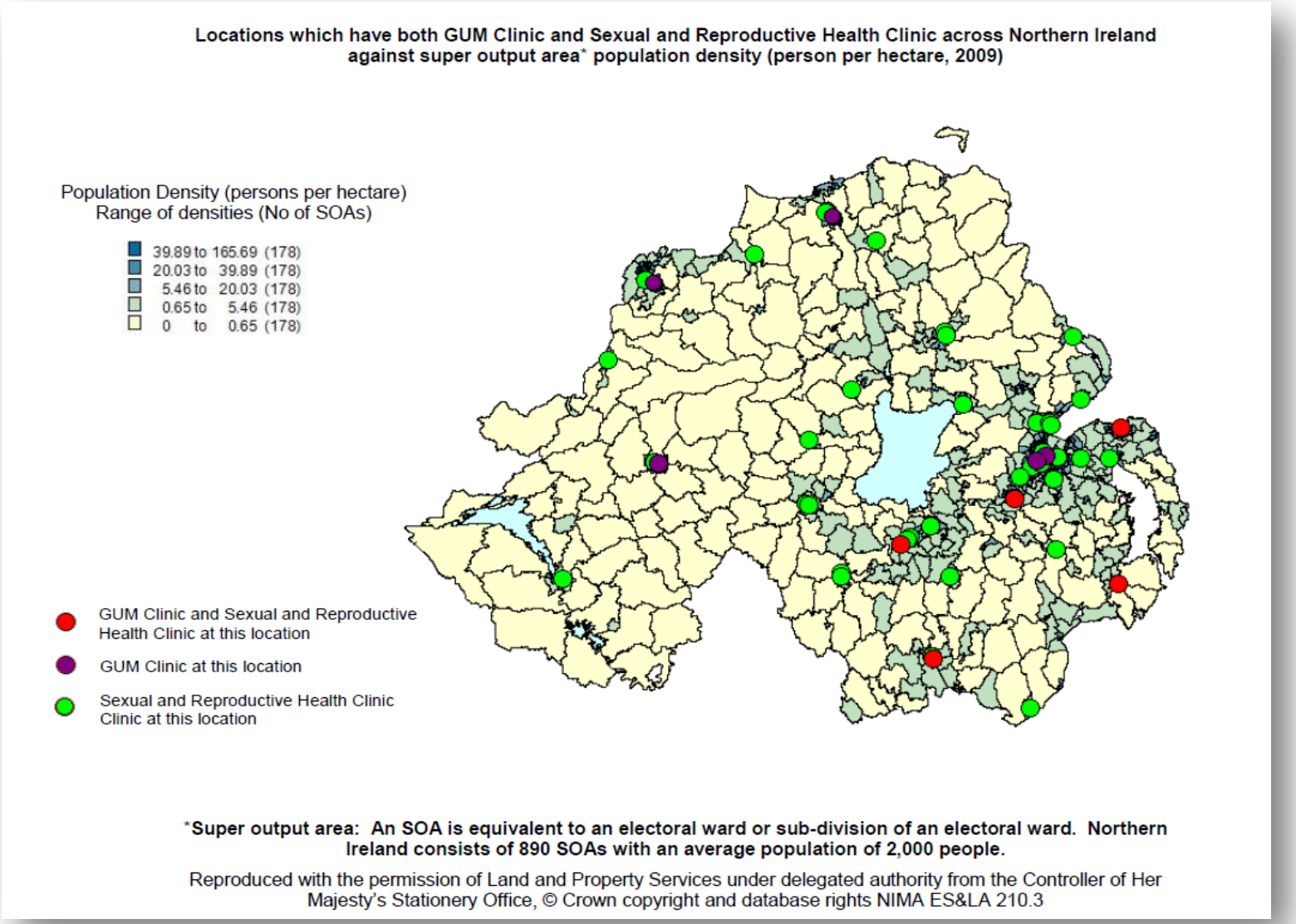
Services Provided and Access Arrangements

Appendix 2 and 3 set out information on the GUM and SRH services provided within each trust area. Appendix 4 provides similar information for the Brook clinic services.

In general, the range of services provided at SRH clinics is similar between trusts, although there are some variations within individual clinics. There are differences between the arrangements for patients to access clinics. Some are open access and others use an appointment system.

GUM clinics provide a similar range of services at each location, but there are differences in access arrangements at these clinics.

Figure 8: Map of location of GUM/SRH services across Northern Ireland produced by HSC Trusts



4. Findings

4.1 Organisational Arrangements

Strategic Planning

The review team was advised by the commissioners and providers of specialist sexual health services that there is no strategic direction for the future development of these services. There are no service specific standards for application in Northern Ireland.

An agreed regional strategy and action plan is in place[41] to promote sexual health improvement, however, this does not cover the development of specialist sexual health services.

Organisations and clinicians consider that the absence of agreed strategic direction and service standards are significant obstacles in planning the delivery of effective care.

HSC organisations highlighted that a review of genitourinary medicine services took place in 2006 which led to funding for some additional services, to help meet access targets.

Trusts advised that they use recognised standards to inform the development and delivery of services, including FSRH and British Association for Sexual Health and HIV (BASHH) standards.

The future direction for health and social care services in Northern Ireland is set out in Transforming Your Care[42]. Transforming Your Care does not refer directly to specialist sexual health services, but commissioners and providers consider that the 12 generic principles set out in the document are relevant to shaping future models of service provision (Appendix 5).

Commissioning Arrangements

There is no integrated system for the commissioning of specialist sexual health services. RQIA found that the arrangements for commissioning are fragmented, with genitourinary medicine services and sexual and reproductive health services falling within the remit of different teams and levels of commissioning.

There are arrangements in place for the commissioning of high cost HIV drugs and associated infrastructure through regular engagement between the Belfast Trust and the specialist services commissioning group at the HSC Board.

[41] DHSSPS; Northern Ireland Sexual Health Promotion Strategy and Action Plan (2008-2013)

[42] Transforming Your Care: A Review of Health and Social Care in Northern Ireland (December 2011)

The review team was advised of significant initiatives that had been taken forward by LCGs and trusts in response to locally identified needs. Both commissioners and providers indicated that that these initiatives need to be taken forward within the context of an agreed strategic direction for the services.

The lack of agreed standards and targets for sexual health services is widely perceived to contribute to a lack of prioritisation for service development. Trusts advised that it can be difficult to secure mainstream funding for local initiatives, even if a pilot has proved successful.

The PHA has systems in place for the collection, collation and analysis of data on trends in STIs, and on birth trends. Trend reports are published on a regular basis. There was limited evidence that these sources of information are being used to inform the strategic commissioning of specialist sexual health services, with the exception of commissioning of HIV drugs.

HSC Trust Organisational Arrangements

All HSC trusts provided details of how specialist sexual health services fit within their organisational structures.

In the Belfast Trust, GUM and SRH services are both located within the Directorate of Specialist Hospitals and Women's Health. The trust provides sexual and reproductive health services for the population of both the Belfast and South Eastern trust areas. GUM consultants from the Belfast Trust provide outreach clinics at locations in the Northern, Southern and Western trusts.

In the Northern Trust, GUM and SRH services are both located in the Acute Services Directorate. The consultant lead for genitourinary medicine services is an outreach consultant from the Belfast Trust, and the service is operationally managed by a lead nurse. For SRH services, a specialist doctor is the head of service. The service is operationally managed by the lead nurse for family planning.

In the South Eastern Trust, the GUM service is located within the Primary Care and Older Peoples Directorate and is led by a GUM consultant employed by the trust, alongside a nurse consultant, band 3 health care assistant and clerical staff. Doctors and nurses providing sexual and reproductive health services within the trust area are employed by the Belfast Trust.

In the Southern Trust, GUM services are located within the Acute Services Directorate and SRH services within the Older People and Primary Care Directorate. A GUM consultant from the Belfast Trust is the consultant lead for that service. The Southern Trust has established a Clinical Sexual Health Forum which brings together clinical and managerial staff from both genitourinary medicine and sexual and reproductive health services.

In the Western Trust, genitourinary medicine services and sexual and reproductive health services are both located within the Women and Children's Directorate. A GUM consultant from the Belfast Trust is the consultant lead for that service and there is an associate specialist who is the medical lead for the sexual and reproductive health service.

Service Development Initiatives

Each organisation provided examples of service developments designed to improve patient access.

- In the Belfast Trust, outreach clinics have been provided in local settings to improve access for gay men. Some SRH clinics are now provided in the purpose-built health and wellbeing centres, and community care and treatment centres, established at strategic locations across the city.

- In the Northern Trust, integrated one-stop-shop clinics have been established within further education colleges, where young people can receive advice in relation to both contraception and sexually transmitted infections.

- In the South Eastern Trust, a service, operational since October 2010 has sought to develop a model which has specialist services in Downpatrick, Lisburn and Bangor, two of which are co-located with the existing SRH service. In addition, collaborative working with health development colleagues has established a service within one of further education colleges. The trust is also currently undertaking a pilot of enhanced services in primary care with 12 GP practices in North Down.

- In the Southern Trust, drop-in sexual health services have been provided for young people under the age of 25 years at four regional college campuses. A community sexual health advice service has been set up to provide telephone advice to support GPs in the Armagh, Dungannon, Craigavon and Banbridge areas, to manage patients who have tested positive for chlamydia.

- In the Western Trust, a nurse-led GUM clinic is now provided in Omagh. The Brae clinic has been established in the Waterside Health and Social Care Centre as the hub for sexual and reproductive health services across the trust area. It provides a regional referral service for difficult removal of contraceptive implants.

- Brook has developed a sexually transmitted infection clinic for young people and established arrangements for opportunistic chlamydia screening.

The role of the Regional Sexual Health Improvement Network

The Regional Sexual Health Improvement Network was established in 2010 to bring together statutory and voluntary organisations to oversee the implementation of the Sexual Health Promotion Strategy and Action Plan 2008 to 2013 for Northern Ireland. The network is coordinated by the PHA.

The review team was advised that the network was proving to be a valuable vehicle for bringing together organisations with an interest in improving sexual health. This was evidenced at a workshop involving network members in order to inform this review.

The main focus of the network has been on sexual health promotion rather than on improving specialist sexual health services. While the aims and work of the network are valued by organisations and clinicians providing services, there is a perceived need by providers for a more formal arrangement for service providers to work together with commissioners to enhance service delivery. This could involve the establishment of a managed clinical network with a designated lead, clinical management and commissioning involvement.

4.2 Governance Arrangements

Leadership

In each organisation subject to this review, the review team met with individuals who were enthusiastic about the development of specialist sexual health services. Local developments have been taken forward through the leadership of these clinicians and managers.

Many staff expressed frustration regarding constraints which they perceived were impacting on effective leadership of the services.

- No consultants in Northern Ireland who practice in the specialty of community SRH. Clinical leadership for this service is provided by specialist doctors but the lack of consultant leadership is regarded as a significant gap.

- Insufficient time for Belfast-based GUM consultants to provide the required level of consultant input for outreach services in other trust areas.

- No forum where clinicians and managers from across Northern Ireland come together to consider and resolve issues relating to specialist sexual health services.

- Lack of clarity about the respective roles of SRH and GUM in future provision of services.

- A recognised imbalance in clinical leadership between the services as there are no consultants in SRH.

- A perceived lack of a champion for specialist sexual health services at commissioning level.

Policies and Procedures

Each organisation delivering services provided information about the policies and procedures in place for the delivery of sexual health services. These encompass both generic policies for the organisation, and policies which are specific to the services.

Generic policies are in place for relevant processes such as chaperoning, infection control, sharps injuries, consent, confidentiality, records management and safeguarding children.

Service specific policies, and procedures, include national, regional and locally developed documents. Examples include:

- BASHH guidelines for the management of sexually transmitted infections were being used in all trusts.

- FSRH service standards for SRH were widely referenced.

- The Northern Ireland regional GUM clinic's protocol is used by all GUM services. This is updated annually.

- Trusts have developed policies for post-exposure prophylaxis following sexual exposure (PEPSE).

- Standard operating procedures[43] and patient group directions (PGDs)[44] are in place for services in some trusts.

RQIA was advised that services do have priority groups to determine which patients should be offered immediate access to services. However, these are not standardised across organisations.

There was evidence of collaborative working across organisations with regard to the sharing of policies and procedures. However, there is no mechanism to endorse standardised documents across the region, such as standard operating procedures. This was considered to be a function which could be taken forward by a managed clinical network.

[43] Standard Operating Procedures are defined as: "detailed, written instructions to achieve uniformity of the performance of a specific function" by the International Conference on Harmonisation (ICH)

[44] Patient Group Directions (PGDs) constitute a legal framework which allow certain health care professionals to supply and administer medicines to groups of patients that fit the criteria laid out in the PGD.

Incident and Risk Management

All providers have arrangements in place for incident reporting and risk management which apply to specialist sexual health services.

A particular issue for trust services is that, with outreach models, different aspects of the services are provided by staff from different trusts. These include:

- Belfast Trust provides the medical and nursing staff for sexual and reproductive health services in the South Eastern Trust.

- Belfast Trust GUM consultants provide the medical input for clinics in the Northern, Western and Southern Trusts, with the respective trusts providing nursing staff and facilities.

There was a lack of evidence of documented arrangements for sharing information between the organisations involved, relating to incidents and risks.

Audits

Each service provider has carried out clinical audits relating to specialist sexual health services within the past three years. Examples include:

- All trusts participated in national audits organised by BASHH which included the topics of sexual history assessment of new patients and an asymptomatic patient audit.

- The Belfast Trust carried out audits in GUM services including; sexual assault cases, use of the electronic patient record and services for MSM. In SRH services audits included, a chlamydia and gonorrhoea audit and contraceptive implant removal.

- The Northern Trust carried out audits including; record keeping in family planning, continuation rates of contraceptive implants, contraceptive device removal, and infection control arrangements.

- The South Eastern Trust carried out audits of the management of gonorrhoea and commencement of hepatitis B vaccination for MSM. An audit of positive chlamydia tests was completed within 12 primary care practices participating in a pilot.

- The Southern Trust carried out audits including; hepatitis B and C, gonorrhoea, and self-swabbing. An audit of the BASHH standards for nurse led clinics for sexually transmitted infections also took place.

- Western Trust audits included: gonorrhoea treatment and follow-up; new HIV diagnosis; clinical supervision; mandatory training; and the prevalence of chlamydia among users of family planning services.

- Brook carried out audits into the use of implants and infection control arrangements.

Child Protection Arrangements

Providers described the arrangements which they have in place in relation to the protection of children who attend specialist sexual health services.

Trusts advised that they work within guidelines which had been drawn up by area child protection committees. Relevant staff have been trained in the use of the assessment tool, Understanding the Needs of Children in Northern Ireland (UNOCINI). Arrangements are in place for referral to social services through gateway teams when required.

Brook has a specific policy for protecting young people. This policy applies to all Brook clinics across the United Kingdom. Brook also delivers safeguarding training to support implementation of their Protecting Young People policy.

There are arrangements in all trust based GUM services for children under 16 years to be seen by a consultant.

Provision of Results to Patients

There are some differences between services on the arrangements for conveying results of investigations to patients. The arrangements can vary between and within trusts, and between GUM and SRH services.

- The Belfast Trust GUM services operate a no news is good news policy where only positive results are conveyed. This can be by letter or telephone to suit patient preference. In SRH services which are provided for both the Belfast and South Eastern trust areas, patients are phoned with their results, or alternatively a letter is sent.

- In the Northern Trust, patients are provided with a designated telephone number and time to ring for results. GUM nurses contact all patients with positive results and this process is the same within SRH services.

- The South Eastern Trust's policy is to contact all patients with their results. Results for patients attending GUM clinics can be provided by phone or SMS texting. A nurse advice line contact number is given to all patients.

- In the Southern Trust, all patients are telephoned with results and a letter is sent at their request. In relation to contraceptive and sexual health (CASH) clinics, the service will make contact by phone in the first instance. Where there is no reply, a letter is sent. This approach is used by the trust and discussed with clients prior to testing.

- The Western Trust patients are contacted by letter within two weeks in relation to SRH and GUM results. The trust has indicated that there is strict adherence to this, in line with the BASHH guidelines.

- Brook clinics arrange to contact patients by text message if test results are negative; otherwise a doctor will phone the person if their results are positive.

Monitoring Arrangements

In 2008, the Northern Ireland Sexual Health Promotion Strategy and Action Plan[45] set a target that:

- By March 2008, all patients assessed as clinically urgent to access specialist GUM/Sexual Health services within two working days.

Trusts advised that, at present, there are no formal arrangements to monitor access targets for specialist sexual health services.

Clinics for men with erectile dysfunction are subject to monitoring against hospital outpatient access targets.

All trusts collate relevant statistical returns for DHSSPS. Information on sexually transmitted infections is provided to the PHA, to inform regional surveillance arrangements.

- The Belfast Trust uses the local community information development (LCID) system[46], to record data on the use of SRH services, and the Lilie system (specifically designed to meet the needs of specialist sexual health services) for recording information on GUM services[47].

- Northern Trust bookings for SRH services are placed on a central database LCID which facilitates monitoring of appointment availability. Delays at individual clinics are reported to the Lead Nurse. Attendances at GUM services are reported monthly to the Information Governance Department. The Lilie system is used to record service activity for GUM.

- Access times in the South Eastern Trust are monitored by the lead nurse, who also completes a monthly safety, quality and experience (SQE) return for the services. This includes information on: staffing; training attended; infection control; policies and PGDs; complaints; compliments; incidents; patient involvement; and audit.

- The Southern Trust provides evaluation forms to patients attending clinics, seeking feedback on their experience of the service. An

[45] DHSSPS; Northern Ireland Sexual Health Promotion Strategy and Action Plan (2008-2013)
[46] LCID is a patient based electronic system on which SRH professionals all collect and record data.
[47] Consultant-led/medical staff led and nurse led outpatient activity, diagnoses and treatments for Genitourinary medicine patients

external evaluation of the trust community sexual health advice service has been undertaken during 2013.

- In the Western Trust, monthly reports are generated of attendances at GUM services and the number of booked patients who did not attend (DNA). Waiting times and DNA rates are monitored monthly for SRH clinics.

- Brook provides drop-in services and monitors clinic waiting times on an annual basis.

Information Technology and Governance

All GUM services in Northern Ireland use the Lilie computer system, specifically designed to meet the needs of specialist sexual health services. This system allows services to maintain electronic records. It can also be electronically populated with laboratory results. At present, each trust has a stand-alone system so there is no capacity for sharing information electronically between trusts.

Trusts advised that SRH services are not supported by a similar system, although information may be entered into a generic community information system, LCID.

Trusts have policies and procedures to govern the handling of information. The regional protocols for GUM services include agreed confidentiality arrangements.

Some trusts' information policies are generic but others are specific to specialist sexual health services. For example, the Northern Trust has polices in relation to record keeping in family planning, and on the use of the Lilie system.

4.3 Clinical Services

Sexual and Reproductive Health Services

Community SRH services are provided at a wide range of locations across Northern Ireland, as described in Section 3 of this report.

The review team found that there are differences in the names of clinics in different locations. In some cases the term sexual and reproductive health clinic is used, but often they are referred to as family planning clinics. The services provided can also differ between clinics, and can depend on the specific expertise of staff.

The provision of different methods of LARC was found to vary between clinics. LARC are recognised to provide more effective contraception than other methods. RQIA was advised that availability of LARC, in some clinics, can be

impacted by funding constraints, and by the specific skills of staff providing the clinic.

NICE guidance on LARC was issued in October 2005. This predates a formal agreement that NICE guidance would be considered for endorsement for application in Northern Ireland. Organisations do use NICE guidance to inform service provision. However, it has not been formally implemented, following the model put in place, in Northern Ireland, for NICE guidance issued after 2006.

The review team was advised that there has been limited development of community SRH services over recent years, and a lack of clarity about the long term arrangements for the provision of these services.

Genitourinary Medicine Services

GUM services have been developed on a regional outreach model, with the hub at the RVH, Belfast. Until recently, with the establishment of a consultant-led service in the South Eastern Trust, all consultants were based in Belfast and provided clinics in other trust areas.

The review team was advised that there were advantages in this model for service provision including:

- providing local consultant-led clinics even though the number of consultants is low
- standardisation of procedures in different clinics through the preparation, issue and review of a set of GUM protocols
- maintaining a regional specialist service, in particular for HIV patients

However, the review team found that the current delivery of services was under significant strain. Emerging challenges included:

- pressures on consultant time, including the time spent travelling to local clinics
- consultants not able to respond to requests for additional input to local services or to provide the degree of consultant oversight to take forward a local service development
- patients travelling to regional services who could have had local provision, if there had been more consultant time available
- the service model did not facilitate the provision of closer working with SRH services
- limited time available for building effective working relationships with other specialties and services at the local clinic sites

- increased numbers of HIV patients impacting on the time available for consultants to input to local services

The provision of a local service in the South Eastern Trust was found to have facilitated the development of service innovation, including a pilot of enhanced provision in primary care.

RQIA found that there were examples of service development in those trusts receiving consultant input from Belfast. These had been taken forward by local service champions with the support of the outreach consultants.

The review team was advised that there was not an agreed set of regional priorities to guide services as to which patients should be fast tracked to be seen at clinics. Priority lists did exist, but these were not standardised across services.

Links to Other Services in Secondary Care

The review team found that SRH services have arrangements in place for referral to consultant gynaecology and maternity services in trusts. There are examples of SRH clinics being provided in maternity hospitals, such as the Royal Maternity Hospital, which can facilitate cross-specialty working.

All obstetric antenatal HIV cases are transferred to Royal Jubilee Maternity Hospital, Belfast, to facilitate integrated care with HIV service.

GUM services have established links with other related clinical specialties, for example, infectious diseases.

The review team found that there were good working relationships between GUM consultants and laboratory based specialties, including virology and microbiology. Joint protocols are in place for laboratory testing of samples from GUM services.

Laboratory services are coming under increasing pressures related to the increased number of diagnoses of sexually transmitted infections, and increased testing for chlamydia and HIV.

The review team found that there is not a clear strategy in place for future models of laboratory provision to support specialist sexual health services. There are differences in opinion, and competing pressures, as to whether it would be preferable to centralise analysis of particular investigations, or to provide these locally.

The review team was advised that there is limited provision in Northern Ireland for specialist psychosexual counselling, which is an identified gap.

The review team met with trust-based pharmacists who raised a number of issues with regard to pharmacy provision to support sexual health services:

- There is a specific pharmacist (0.5 whole time equivalent (WTE)) to provide support for HIV services across Northern Ireland. With growing numbers of patients, this service was considered to be stretched.

- Pharmacy services outside Belfast wished to explore the possibility of arranging for drugs for HIV patients to be dispensed locally, to avoid stable patients requiring to travel to Belfast.

- There was a general lack of availability of data across organisations to compare prescribing practice, for example for LARC.

Links to Primary Care

Two trusts have established initiatives to enhance the role of primary care in relation to sexual health services.

In the South Eastern Trust, a pilot project to provide comprehensive STIs testing has been set up in the North Down area. This has included the development of a resource pack, patient information leaflets, training for GPs and practice nurses. A community health advisor monitors and helps with the treatment and partner notification for positive chlamydia cases. This pilot is currently subject to a formal evaluation.

In the Southern Trust, a primary care resource pack has been implemented for chlamydia management. In the Armagh and Dungannon area, a community sexual health advisory service has been established, which provides support to primary care. This is now being rolled out to other parts of the trust.

In the Southern Trust, a community sexual health advice service (CSHAS) is provided by two part-time community sexual health advisors. The service provides support to professionals testing for STIs in general practice and CASH clinics. It currently supports practitioners from 50 GP practices and four CASH clinics across the Craigavon and Banbridge and Armagh and Dungannon areas. In addition, there are 27 GP practices and two CASH clinics in the Newry and Mourne area.

The purpose of this service is to ensure that all patients who test positive for chlamydia and other STIs are managed correctly and consistently by the testing professional, with the support of their local community sexual health advisor, and are referred to more specialist GUM services if deemed clinically necessary. This means that patients can be managed appropriately in the community setting where they have been tested and are afforded the same high quality care that they would receive if tested in more specialist GUM settings. A primary care resource pack for the management of chlamydia infection has been developed for clinicians supported by this service and the community sexual health advisors also provide sexual health in primary care training to GP practices. An external evaluation of this service has just been undertaken to inform its future development.

The review team was advised that, in the past, a number of GPs had developed a special interest in the provision of sexual health services. They would have provided sessions at local clinics which enhanced levels of provision. However, since the establishment of the revised GP contract, the number of GPs providing such services had diminished.

The review team was advised that in some locations, there were GPs who had developed a special interest in the provision of LARC. GP colleagues would refer patients to them, rather than providing it in their own practice.

4.4 Staffing

Sexual and Reproductive Health Services

Staffing in SRH services is set out at figure 9. The following issues were identified in relation to staffing of services.

(a) Medical

Trusts advised that there are two particular issues relating to the medical staffing of SRH services:

- absence of consultants in the specialty across Northern Ireland to provide leadership for the delivery and development of the services and to enable locations to be established for specialty training

- the age profile of the specialty doctors who work in the service is likely to lead to staffing difficulties through retirements in the near future

(b) Nursing

Specific issues relating to nurse staffing in SRH services were:

- a general absence of a career progression pathway for nurses in this discipline

- until recently there has been a lack of an appropriate local training course for nurses in Northern Ireland who wish to train for this role

- lack of development of initiatives such as patient group directions to enable trained nurses to fully utilise the skills for which they have received training

Figure 9: Staffing in Sexual and Reproductive Health Services (February 2013)

HSC Trusts	Medical staff	Nursing staff
Belfast Trust and South Eastern Trust	Lead Associate Specialist (0.82 WTE)	Nurse team leader
	Other associate specialists (3.04 WTE)	Other nursing staff (6.48 WTE)
	Staff grade doctors (2.85 WTE)	
Northern Trust	Speciality doctors (1.85 WTE)	Family Planning lead nurse (0.7WTE) Nurse prescriber (0.5 WTE) Family planning nurses (1.8WTE)
Southern Trust	Associate specialist (0.6 WTE) GP with special interest in family planning (0.3 WTE)	Clinical nurse specialist (0.61 WTE) Other nurses (1.60 WTE)
Western Trust	Associate Specialist (0.92 WTE) Staff grades (0.25 WTE) other associate specialist (0.3 WTE) speciality doctors (0.25 WTE)	Band 7 nurse Other nurses (1.93 WTE)
Brook Clinic	Non Consultant Lead (0.25 WTE) 2 doctors (0.2 WTE)	Senior nurse band 7 (0.2 WTE) 5 nurses band 6 (0.1 WTE)

Genitourinary Medicine Services

Staffing in GUM services is set out in figure 10.

(a) Medical

The current number of consultants working in the specialty of GUM in Northern Ireland includes four, primarily based in the Belfast Trust, and one (0.5 WTE), based in the South Eastern Trust.

Two of the four Belfast-based consultants provide outreach clinics in the Northern, Southern and Western trusts.

A recurrent issue raised by trusts was that the current establishment of consultants in GUM is insufficient to provide the desired input to services, at regional and local level.

(b) Nursing

The review team found that there were differences in the levels of nurse staffing across trusts. There were also differences in the availability of health advisors who provide an important input into contact tracing, after cases of sexually transmitted infections are identified.

Workforce Planning

The review team was advised by trusts that there has been no recent workforce plan, for medical or nursing staff in specialist sexual health services.

Issues were raised by all organisations about the levels of staff available to meet the rising demands for services. There is a limited pool of trained applicants in the event that vacancies do occur and several permanent posts were vacant at the time of the review.

Figure 10: Medical and Nursing Staff in Genitourinary Medicine Services (Feb 2013)

HSC Trusts	Medical staff	Nursing and administrative staff
Belfast Trust	4 GUM Consultants* 1 specialist trainee 1 core medical trainee staff grade doctors (1.4 WTE) *6.5PAs are collectively within SHSCT, NHSCT, WHSCT. This leaves 3.45 WTE consultant time in BHSCT with .55 WTE in other areas.	Band 7 Sister (1 WTE) Deputy Sister (1 WTE) Band 7 Specialist Nurses (2WTE) Band 6 specialist Nurse (2.5 WTE) Band 7 Health Advisor (1 WTE) Band 6 Nurse supporting the Health Advisor (0.38 WTE) Band 6 Health Advisors (2.08 WTE) Band 3 health advisor administrative Support (0.8 WTE) Band 5 Nurses (2.74 WTE) Band 3 Health Care Support Workers (2.46)
South Eastern Trust	**Recurrent funded posts** 1 GUM consultant (0.5WTE) **Non-recurrent funded posts** 1 specialist sexual health doctor (0.2 WTE)	Band 8B Nurse Consultant who provides (1 WTE) with 0.2 WTE based at Queen's University Belfast Band 3 Health Care Assistant (0.5 WTE) Youth Health Advice Nurse (0.2 WTE) Band 5 Nurse funded non-recurrently (0.2 WTE) Clerical Staff (1.0 WTE)

Figure 10: Medical and Nursing Staff in Genitourinary Medicine Services (Feb 2013) (Continued)

HSC Trusts	Medical staff	Nursing and administrative staff
GUM Services		
Northern Trust	Specialty doctor time (0.2 WTE) GPs with a special interest in GUM services (0.4 WTE)	Band 8 Lead Nurse (1 WTE) Band 6 Nurse (0.3 WTE)
Southern Trust	Staff grade time (0.3 WTE) GP with a special interest in GUM services (0.1 WTE)	Band 7 Nurse (1 WTE) Band 5 Nurse (0.4 WTE) Band 3 Health Care Support Worker (1.5 WTE) Band 7 Health Advisor (0.5 WTE) Band 6 Health Advisors (0.57 WTE) Band 6 Nurse to input into community services (0.48 WTE)
Western Trust	Hospital practitioner grade doctors (0.9 WTE)	Band 7 Nurses (2 WTE) Band 6 (0.87 WTE) Band 3 (0.68 WTE) Clerical officer (1.0 WTE)

4.5 Specialist Sexual Health Services Review Workshop

Introduction

To inform the RQIA review, a workshop was organised to bring together members of the Sexual Health Improvement Network (SHIN), set up by the PHA. Members of the network include representatives, from across the statutory, voluntary and community sectors who have a particular interest in improving sexual health.

The purpose of the workshop was to gain insights from members of the network on how they consider specialist sexual health services could be developed to better meet the needs of patients and clients.

During the workshop, a range of issues were discussed.

The context for the Provision of Sexual Health Services

Attendees discussed the context for the provision of sexual health services in Northern Ireland and how this impacts on the delivery of services and prioritisation of service development. Some of the challenges identified were:

- sexual health is considered to suffer from a general lack of political support compared to other health and social care issues

- the provision and development of services needs to be considered with regard to the religious and cultural influences in society in Northern Ireland

- the utilisation of sexual health services is impacted by a lack of awareness of what they provide and by stigma and taboo about attending them

It was agreed that the whole area of sexual health needed to be seen within a wider context, with more recognition of its links to physical and emotional health. There was a recognised need for much more research about the public perception of sexual health services.

Strategy

There was widespread support for taking a regional approach to designing approaches to service delivery. This should include the development of a sexual health strategy or regional service framework. The development of a set of service standards was supported, with identified outcomes that could be easily measured.

IT Systems

It was widely acknowledged that there was a lack of investment within the IT system for sexual health services and that this had a bearing on how the existing IT infrastructure was being managed. It was felt that there needed to be a regional approach to the provision of IT systems.

Specifically, there was a request to enable sharing of records across HSC trusts. There was a wish for more standardisation, and improvements in the arrangements to enable patients to access test results. In addition, attendees wanted more integration of patient information across primary and secondary care.

Information for patients and practitioners

There was a recognised need among participants for a readily accessible and clear directory of available services.

Some emphasised a need for more information about access to sexual health services to be readily available for young people. The use of IT to share information using phone applications needs to be explored further. Information about access to services needed to cover both the use of contraception and possible concerns about sexually transmitted infections.

Information about services needs to include targeted information for particular client groups. It was highlighted that within the voluntary sector there were no interpretation facilities available for people who access services.

Attendees felt there was good information available about sexual health issues in terms of data collection, surveillance reports and epidemiology although this needed to be used more effectively to influence service provision.

Attendees indicated the need for greater clarity around issues concerning termination of pregnancy in Northern Ireland. The workshop was held before a consultation was initiated by the health minister on draft guidance on this issue[48].

Staffing

Attendees spoke of the high calibre of staff and professional standards within the services. Their skills were recognised as being a valuable resource. Their commitment to delivering services for patients was not always widely acknowledged.

Attendees considered that staff provided a high standard of individualised care to patients who access services. There was also a good rapport and level of communication between staff across trusts and other providers. This was thought to be due in part to there being small numbers of staff within the system and the fact that generally they all knew each other.

There was a widespread view that the numbers of staff were inadequate to meet the challenges of demand for services. Some attendees felt that there was a need for more equitable staffing between trusts both in the level of staffing and the services provided. For example, within the South Eastern, Northern and Western trusts there is no dedicated health advisor provision, which was considered to be an essential component of the service.

Attendees highlighted the need for improved career pathways for staff. Specifically this related to:

- better utilisation of nursing staff and their competencies as per BASHH guidance
- the need for consultant leadership for SRH services

There was widespread agreement on the need for future workforce and succession planning. Although the service was managing at the moment, there appeared to be no long-term succession plans for the future staffing of the service.

[48] Written Statement to the NI Assembly by Health Minister Edwin Poots - http://www.dhsspsni.gov.uk/termination-statement

Future Provision of Specialist Sexual Health Services

Attendees recognised that the current terminology for describing different aspects of specialist sexual health services was confusing. They identified the need for greater clarification between the terms sexual and reproductive health (SRH) and genitourinary medicine (GUM). From a service user perspective, neither term gave a clear picture of what the service was designed to provide.

There was a wish to have more time to be able to plan and develop services. Currently it was perceived that too much was expected within a short period of time. It was felt that services were often fire fighting, and that the service tended to be very reactive and fragmented.

Attendees considered that there was a need to address a *"*silo mentality*"* operating between different aspects of the service. However, there were examples of good collaboration and local initiatives within the service which had been achieved through formal and informal networking.

Attendees felt that there was a need to provide patients and clients with access to more integrated services. It was considered, for example, that patients attending GUM services should have access to contraceptive advice and that those attending sexual and reproductive health services should be able to have testing for sexually transmitted infections, if required.
There were differences in views expressed as to the nature of provision of integrated models of sexual health services but a consensus that clear pathways should be in place to ensure that patients can easily identify and access the services they require.

Patient Access

Challenges were identified in relation to access for patients to clinics. There were differences in perception as to where it was more difficult to access services.

Access was recognised as more difficult in rural areas as compared to urban areas. However, service pressures have limited access in some urban settings. Difficulties in getting through to book appointments by telephone was a challenge for some services.

A particular issue identified for young people was in relation to the provision of transport. It was also seen as a challenge to the service to be able to involve young people in service development plans.

It was highlighted that there was an overall increase in sexually transmitted disease and in risk taking behaviour. These factors have led to increasing numbers using services which has led to added pressures.

Attendees identified some particular groups where more tailored services were required to enhance access for patients.

These included:

- black and minority ethnic groups
- socially deprived groups
- traveller women
- looked after children this group was seen as a high risk group in terms of young girls becoming pregnant and being at significant risk of contracting sexually transmitted infections

Some services were recognised for their strengths in enhancing access to services in Northern Ireland for particular groups, including:

- young people's services, provided by Brook clinics
- outreach services for MSM
- services for young people, provided in partnership with colleges of further education
- services provided for the care and management of patients with HIV
- services for men with erectile dysfunction

Areas for Improvement

Attendees at the workshop identified a range of areas for improvement in the planning and provision of specialist sexual health services. These included:

Planning and Commissioning

- agreeing a regional framework for the development of services, and a common set of standards for service delivery
- integrating the commissioning arrangements for sexual health services, to include GUM services and SRH services, within a joint commissioning plan
- establishing a managed clinical network for specialist sexual health services
- examining opportunities for enhanced collaboration between GUM and SRH services, to provide more integrated approaches to service delivery

Improving access

- reviewing the names and terminology used for different types of services to avoid confusion for patients and clients

- improving the availability of information about services and exploring the use of new methods to communicate this, for example through mobile phone appointments

- ensuring that access to services is equitable across Northern Ireland and that services are responsive to the needs of vulnerable groups

- reviewing the locations and opening times of sexual health clinics to ensure that they are readily accessible

- exploring further opportunities for statutory and voluntary services to work together to promote and deliver sexual health services

- enhancing the availability of services provided at centres for higher education, building on the experience of current initiatives

Delivering services

- ensuring that the buildings and facilities where sexual health services are provided are appropriate to the needs of the services

- reviewing the information technology arrangements for services in relation to: providing results to patients; links to laboratory systems; systems to support SRH services; and sharing appropriate information between services

- reviewing the availability of staff trained in partner notification to ensure that this can be routinely provided through all services

- amending the arrangements for prescribing drugs for erectile dysfunction to reduce the number of patients who require to be seen by a consultant, before prescriptions can be issued

Staffing

- establishing consultant posts within SRH services to provide clinical leadership

- developing a workforce plan for sexual health services to include:

    - succession planning in view of the small number of staff who provide the services

    - career development pathways for nurses

    - enhanced availability of GUM consultants to enable clinical workloads to be managed across Northern Ireland .and provide time for clinical leadership and input into planning and network arrangements

- reviewing the provision of administrative support for services

5. Conclusions

Indicators of sexual health in Northern Ireland show concerning rises in numbers of sexually transmitted infections, including HIV. More positively, there have been reductions in the numbers of births to teenage mothers from the high rates previously experienced.

Development of Standards for Services

The Northern Ireland Sexual Health Promotion Strategy and Action Plan refers to the importance of access to sexual health services, although does not consider the development of services in detail.

Northern Ireland does not have a specific set of agreed standards for specialist sexual health services. Sets of standards, developed at United Kingdom level, are being used to inform the development of services here. Generic quality standards for services in Northern Ireland are required.

RQIA has concluded that there is a need for a clear strategic direction to be set for specialist sexual health services and that a set of standards for service delivery should be agreed.

Northern Ireland has an active programme of development and review of service frameworks for particular service areas. Development of a service framework for specialist sexual health services could provide a useful vehicle to build on the work of the regional strategy for sexual health improvement and establish standards for services.

1. **It is recommended that a clear regional strategic direction should be established for specialist sexual health services, together with a set of specific standards for service delivery by all providers. These two objectives could be taken forward through the preparation of a regional service framework.**

Development of a Managed Clinical Network

Following the publication of the regional strategy for sexual health improvement, PHA established a multi-agency sexual health promotion network. RQIA found that this has been a very valuable forum to bring together a wide range of interests to collaborate on action to improve public health. The network does not have a specific focus on the delivery of specialist sexual health services.

There is evidence of collaborative working across trusts to enhance service delivery, for example through the development of regional protocols for GUM services. RQIA has concluded that it would be useful to formalise collaborative arrangements, through the establishment of a formal Managed Clinical Network (MCN) for specialist sexual health services. This could bring together commissioners and providers of services to agree processes for service improvement. Input from primary care and independent sector

providers would be important to ensure clear pathways for patients are in place. The MCN could also support the development of a regional service framework.

2. **It is recommended that a regional managed clinical network is established for specialist sexual health services, bringing together commissioners and providers of services to work collaboratively for service improvement.**

Commissioning Arrangements

The current arrangements for commissioning specialist sexual health services are fragmented with, for example, commissioning of SRH and GUM services coming under the responsibility of different commissioning teams.

In future, models of care for specialist sexual health services should be designed to meet the core principles for all services set out in Transforming Your Care[49]. RQIA has concluded that in order to adhere to these principles there is a need to integrate the commissioning arrangements and to develop a commissioning plan for services.

3. **It is recommended that the commissioning arrangements for different elements of provision of sexual health services should be brought together, to facilitate the development of an integrated commissioning plan.**

Workforce Planning

There are significant pressures on staff providing specialist sexual health services in meeting the demand for services. Current staffing levels are impacting on the ability to provide more locally accessible and integrated services. Staffing levels in all disciplines vary between trusts. In general, staffing levels appear to be lower than for comparative services in other parts of the United Kingdom.

RQIA was advised that there is no regional workforce plan in place for either SRH or GUM services.

4. **It is recommended that a regional workforce plan is developed for specialist sexual health services, which includes consideration of both genitourinary medicine services and sexual and reproductive health services.**

[49] Transforming Your Care Principle are set out in Appendix 5

Consultant Leadership for Sexual and Reproductive Health Services

SRH services do not currently have consultant leadership. SRH is now recognised as a separate medical specialty, with training programmes in place. With the absence of any consultant presence, Northern Ireland cannot provide training places and there is no one with consultant status to participate in discussions about the future development of services.

5. **It is recommended that sexual and reproductive health services should have consultant leadership put in place as a matter of priority.**

Nurse Leadership

The review found differences between trusts in the seniority of nurses who provide leadership for sexual health services. There is a need for strong nursing leadership and for succession planning to maintain the continuous development of services.

6. **It is recommended that the arrangements for nurse leadership for sexual health services are reviewed across Northern Ireland.**

Training

There is no training programme in Northern Ireland at present to train nurses to work in specialist sexual health services. This is a significant barrier to the recruitment of trained staff.

As indicated above, the lack of consultants in SRH services limits the ability to provide specialist medical training in that specialty.

7. **It is recommended that training for sexual health services in Northern Ireland is reviewed to ensure that skilled staff are available to provide the level and models of services required to meet future needs.**

Priority Groups

RQIA found that clinical services have established priority lists of high risk groups to help identify those patients who should be offered immediate access to services. However, this list is not standardised across services in different organisations.

8. **It is recommended that an agreed priority list for high risk groups for service access should be established for all sexual health services across Northern Ireland. Arrangements should be put in place to ensure that patients and clients in high priority groups can access services without delay.**

Provision of Long Acting Reversible Contraception (LARC)

LARC is recognised to be more clinically and cost effective than other methods. During the review, RQIA found that the availability of LARC and the arrangements for providing it differ between trusts.

NICE guidance on the use of LARC was published in 2005, in advance of an agreement for Northern Ireland to formally consider NICE guidance for endorsement. The NICE Guidance is subject for review in 2013 but it is likely to be up to 2 years before any revision to the guidance is published.

In the interim RQIA recommend that the current NICE guidance on LARC should be formally adopted and issued for application in Northern Ireland.

9. **It is recommended that NICE guidance on LARC is formally endorsed for application in Northern Ireland. The availability of LARC should be reviewed to ensure equitable access in all areas.**

Standardisation of Processes for Providing Results

The arrangements to provide patients with test results differ between services. To avoid confusion for patients, there is a need to standardise arrangements. New methods of providing information for patients such as text messages are being used effectively by some services.

10. **It is recommended that the arrangements for providing results to patients should be standardised across Northern Ireland.**

Booking Arrangements

There are differences in the arrangements for making appointments to access services. Difficulties in making appointments by telephone have been a source of frustration for patients, as reported in previous patient experience studies in Northern Ireland.

11. **It is recommended that all services review their processes for booking clinic appointments and that these are clearly set out for patients and clients in information provided about the services.**

Partner Notification

Partner notification is an essential component of an effective sexual health service for early identification of STIs and to provide information to partners to reduce risk of transmission.

The staffing provision to carry out partner notification differs between services and there is a need to review provision in this area.

12. **It is recommended that all services should review their arrangements for partner notification to ensure that there is adequate provision for trained staff to undertake this important role.**

Information About Services

One of the key actions set out in the Regional Sexual Health Promotion Strategy and Action Plan 2008-2013 to improve sexual health was to ensure that information on local services is available and accessible to all those wishing to avail of sexual health services.

There is evidence of action having been taken in this regard, including a very useful regional map of the GUM Clinics across Northern Ireland and information on trust and voluntary sector websites.

RQIA has concluded that there is a need for organisations to work together to provide information. The use of new technology, such as mobile phone apps, provides new vehicles to share relevant information.

The PHA will be working with partners from the Sexual Health Improvement Network to improve the availability and accessibility of information about sexual health services.

13. **It is recommended that all services jointly review their arrangements for providing information about accessing services, in particular for young people.**

Information Technology

All GUM services in Northern Ireland use the same IT system. However, they have entered into separate contracts for this system and each has a stand-alone database. RQIA has concluded that the benefits of this investment could be further enhanced if services reviewed the potential for secure sharing of information between trust information systems.

RQIA was informed that the arrangements to share information between laboratory services IT systems and systems supporting GUM services are not fully developed and recommends that these are reviewed.

SRH services generally do not have the same level of IT investment as GUM services in Northern Ireland. This limits both the organisation of services and the potential for audit and monitoring of services.

14. **It is recommended that information technology (IT) arrangements for specialist sexual health services should be reviewed to ensure that appropriate information can be shared between services. There should be agreed IT arrangements to facilitate access to laboratory results. In particular, IT systems need development for sexual and reproductive health services.**

The review team visited a range of locations where specialist sexual health services are delivered. It was notable how the quality of provision of accommodation differed between services.

Some services are provided from modern, purpose-built accommodation located at strategic places to facilitate access for patients and clients. Others are in old accommodation, with limited space for equipment or storage.

RQIA was advised of particular issues at the RVH where the current building is due to be demolished. At the time of the review visit, staff were unclear as to when they would be relocated and where the new location would be.

15. **It is recommended that the provision of accommodation for sexual health clinics is reviewed to ensure that they are appropriately located and equipped. In particular, the future facilities to re-locate the services provided at the regional GUM service at the Royal Victoria Hospital, Belfast, needs to be determined.**

The development of specialist sexual health services in other parts of the United Kingdom over recent years has been taken forward in the context that there is a need for closer integration between services provided by SRH and GUM services. The design for services is that patients can access seamless care for both contraception and investigation and treatment of sexually transmitted infections, regardless of which service they attend.

RQIA found that there have been initiatives to enhance collaboration of services between SRH and GUM services and schemes to co-locate services in Northern Ireland. However, there is no agreed clear vision to take the process of integrating services forward.

16. **It is recommended that appropriate services and care pathways should be developed to facilitate provision of specialist sexual health services in the future on an integrated basis.**

6. Summary of Recommendations

1. It is recommended that a clear regional strategic direction should be established for specialist sexual health services, together with a set of specific standards for service delivery by all providers. These two objectives could be taken forward through the preparation of a regional service framework.

2. It is recommended that a regional managed clinical network is established for specialist sexual health services, bringing together commissioners and providers of services to work collaboratively for service improvement.

3. It is recommended that the commissioning arrangements for different elements of provision of sexual health services should be brought together, to facilitate the development of an integrated commissioning plan.

4. It is recommended that a regional workforce plan is developed for specialist sexual health services, which includes consideration of both genitourinary medicine services and sexual and reproductive health services.

5. It is recommended that sexual and reproductive health services should have consultant leadership put in place as a matter of priority.

6. It is recommended that the arrangements for nurse leadership for sexual health services are reviewed across Northern Ireland.

7. It is recommended that training for sexual health services in Northern Ireland is reviewed to ensure that skilled staff are available to provide the level and models of services required to meet future needs.

8. It is recommended that an agreed priority list for high risk groups for service access should be established for all sexual health services across Northern Ireland. Arrangements should be put in place to ensure that patients and clients in high priority groups can access services without delay.

9. It is recommended that NICE guidance on LARC is formally endorsed for application in Northern Ireland. The availability of LARC should be reviewed to ensure equitable access in all areas.

10. It is recommended that the arrangements for providing results to patients should be standardised across Northern Ireland.

11. It is recommended that all services review their processes for booking clinic appointments and that these are clearly set out for patients and clients in information provided about the services.

12. It is recommended that all services should review their arrangements for partner notification to ensure that there is adequate provision for trained staff to undertake this important role.

13. It is recommended that all services jointly review their arrangements for providing information about accessing services, in particular for young people.

14. It is recommended that information technology (IT) arrangements for specialist sexual health services should be reviewed to ensure that appropriate information can be shared between services. There should be agreed IT arrangements to facilitate access to laboratory results. In particular, IT systems need development for sexual and reproductive health services.

15. It is recommended that the provision of accommodation for sexual health clinics is reviewed to ensure that they are appropriately located and equipped. In particular, the future facilities to re-locate the services provided at the regional GUM service at the Royal Victoria Hospital, Belfast, needs to be determined.

16. It is recommended that appropriate services and care pathways should be developed to facilitate provision of specialist sexual health services in the future on an integrated basis.

APPENDICES

Appendix 1: Details of Provision of GUM/SRH Sexual Health Clinics

GUM/ Sexual Health Clinics

Western Trust

APPOINTMENT BASED
(Partial booking system 48hrs in advance)

MONDAY	9.30 -11.30am & 4 - 6.30pm
TUESDAY	9.30 -11.30am & 1.30 – 3.30pm
WEDNESDAY	9.30 -11.30am & 1.30 - 3.30pm
THURSDAY	9.30 -11.30am & 1.30 – 3.30pm
FRIDAY	9.30 -11.30am

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Northern Trust

WALK IN
TUESDAY Registration 5pm
FRIDAY Registration 1.30pm

APPOINTMENT BASED Nurse - Led

MONDAY	9.30-12.30
TUESDAY	9.30-12.30
THURSDAY	9.30-12.30
FRIDAY	9.30-12.30

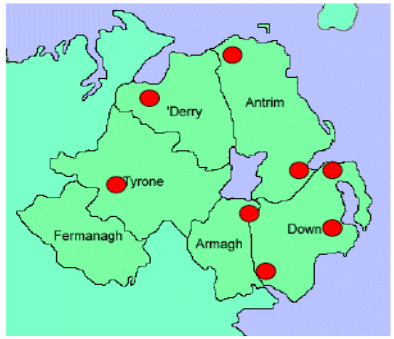
✆ 028 70346028
✆ 028 70347872
Genitourinary Medicine,
Outpatients Department
Causeway Hospital
4 Newbridge Road
Coleraine
BT52 1HS

Western Trust

APPOINTMENT BASED
WEDNESDAY 1- 6pm

✆ 028 82833189
Sexual Health Clinic,
Outpatients Dept,
Tyrone County Hospital,
Omagh.
BT79 0AP

Appointments can also be booked through Altnagelvin GUM on 028 71611269 (Mon – Fri)



Belfast Trust

APPOINTMENT BASED

MONDAY	9am – 12pm
TUESDAY	3pm – 7pm
WEDNESDAY	9am-12pm & 1.30-4.30pm
THURSDAY	9am-12pm & 5-7pm
FRIDAY	9am-12pm & 1.30-4.30pm

✆ 028 9063 4050
🖷 028 90322303
Genitourinary Medicine,
Level 3 Outpatients Department,
Royal Group Hospitals
Grosvenor Road,
Belfast.
BT12 6BA

Southern Trust

BOOKED SLOTS

MONDAY	2 -5.30pm
WEDNESDAY	9am -12.30 pm
FRIDAY	9am -12.30 pm

TUESDAY 9 – 4pm Nurse-Led Clinic
Clinical Zone
Ground Floor
Portadown Health & Care Centre
Tavanagh Avenue, Portadown. BT62 3BE

✆ 02830 834215
Genitourinary Medicine,
John Mitchell Place
Hill Street
Newry
BT34 2BU

gum@southerntrust.hscni.net

South Eastern Trust

APPOINTMENT BASED

MONDAY	9am- 12pm
WEDNESDAY	3.30 - 6.30pm
FRIDAY	8.30 – 12pm

MONDAY 9am – 12pm Nurse-Led
Bangor Community Hospital
✆ 028 44838133

✆ Appointments 028 4483813
✆ Nurse Advice 028 4483839
Sexual Health Clinic,
Outpatients Dept,
Downe Hospital,
2 Struell Wells Road,
Downpatrick
BT30 6RL

Enquiries and update information please email – gum@southerntrust.hscni.net Dec 2

Appendix 2: Genitourinary Medicine (GUM) Services Provided by HSC Trusts

GUM Services	BHSCT	SEHSCT	SHSCT	NHSCT	WHSCT
GUM Clinic location	Level 3 O/P. Royal Hospital.	O/P clinic in Lisburn & Downe Hosp.(consultant led) Nurse-Led clinic Bangor & Downe Hospital.(consultant nurse led)	John –Mitchell Place, Newry. Nurse led clinic Portadown Health and Care Centre.	Causeway Hosp. O/P. Four nurse led GUM clinics per week	GUM clinic Altnagelvin. Erectile Dysfunction Clinic Altnagelvin Nurse-led GUM clinic Omagh
GUM provision (All clinics)	• Range of STIs screening including HIV, Hepatitis A , B, C, Syphilis, Chlamydia, Gonorrhoea • Sexual history/Risk assessment • Cryrotherapy for Genital HPV • Management of genital dermatoses • Emergency hormonal contraception • Diagnosis and assessment of new HIV cases • Erectile Dysfunction Treatment*			• Syphilis Treatment & Management • Hepatitis A&B Vaccination • Pregnancy Testing • Post Exposure Prophalaxis For HIV (PEPSE) • Sexual Health Education & Advice • Non-forensic management of sexual assault • Contact Tracing • Referral & Signposting To other Agencies & Specialities • Provision of contraception; free condoms, lube & dams* • NB lube & dams*- not provided in SHSCT	
Patient access	Operate appointment system only which can be made using Self- referral: via telephone, walk in or Clinician referral:	Operate appointment system only Self-referral/ GP referral /walk-in Mixed appointment / emergency slot system.	Operate appointment system only, with limited telephone access. Patients can make appoint using self-referral, walk-in; phone, email or in person, or via GP/ Specialist.	Mixture of walk in and appointment system via self-referral, phone, email or GP/specialist referral. Nurse led appoint only. Ltd. phone access	• Mixture of walk-in service (Mon – Fri am) and appoint system. • Self-referral by patients, GP

Appendix 2: Genitourinary Medicine (GUM) Services Provided by HSC Trusts (continued)

GUM Services	BHSCT	SEHSCT	SHSCT	NHSCT	WHSCT
Regional services provision	Regional HIV Service Regional Sexual dysfunction Affiliated to GUM paediatrics HIV. Regional antenatal HIV Specialist clinics offer menopause counselling.	HIV positive clients are referred (with their consent) to the Regional HIV Social work team at RVH for support. Once monthly psychosexual clinic in the Downe Hospital.	New HIV patients referred to GUM in RVH New Hepatitis B & C patients referred to Hepatology Dep. RVH. * In SHSCT there is limited erectile dysfunction service through andrology clinic.	Referral pathway for all new Hepatitis B & C patients to Hepatology Department, RVH. * In NHSCT there are no erectile dysfunction clinics. All referrals made directly to BHSCT GUM clinic.	New HIV patients referred to GUM in RVH New Hepatitis B & C patients referred to Hepatology Dep. RVH.
Other	GUM patient Outreach clinics in BHSCT facilitated by Rainbow in Belfast.	Youth health advice service in South Eastern Regional College (Lisburn campus).	"Love for Life" voluntary organisation delivers Relationship and Sexual health Education (RSE) to young people. Health Clinic provided in 4 FE college settings in Southern area. Community Sexual Health Advice Service for GPs in Armagh, Dungannon, Craigavon and Banbridge	One stop shop sexual health clinic for GUM in regional College.	Link with relevant outside organisations e.g. Rainbow, HIV support.

Appendix 3: Sexual and Reproductive Services in HSC Trusts

SRH Services	BHSCT SEHSCT	SHSCT	NHSCT	WHSCT
SRH Clinic location	Large number of community and acute sites across both trusts.	Six contraception and sexual health clincs in Newry, Portadown, Kilkeel, Lurgan and Banbridge, Dungannon.	10 geographical locations with 20 clinics per week	Derry, Limavady, Strabane Omagh, Enniskillen
Service provision (All clinics)	• Pregnancy testing • Pre/post crisis pregnancy counselling & referral to FPA • Oral emergency contraception • Oral hormonal contraception methods • Counselling and fitting of emergency IUD		• Referral to GUM where clinically indicated • General Health Promotion/Education • Testing symptomatic patients for CT/GC including partner notification • Supply of Depo-Provera as part of full LARC provision • Sexual Health Risk Assessment	
Patient access	Open access -walk-in –appoint via phone; GP referral; specialist referral	Open referral process from patients and health profs. Pre-booked appoints. Answering machine at clinic where no admin cover.	Open access/self-referral	Appoint system with telephone answering
Other	• Centralised colposcopy service (consultant and nurse led 5 days per week) • Two sessions of colposcopy per week in SEHSCT. • Medical S&RH expertise helps support sexual health services for the homeless and commercial sex workers project.	Centralised IUD fittings for Craigavon and Banbridge areas to Portadown Health Centre	Integrated young person's contraceptive & GUM clinic in FE colleges	Brae clinic in WHSCT is the regional centre for deep contraceptive implant removal

Appendix 4: Brook Clinics-Profile of Services

Clinic locations	Belfast and Coleraine
Age group	Young men aged under 25 and young women aged 19
Services provision	An integrated service is provided including: • STIs testing and treatment; • Pregnancy tests and provision of folic acid; • All forms of contraception • Counselling service • Outreach programmes • Psychosexual medicine
Patient access	Self -referral mainly. Referrals also from parents, GPs, GUM staff and social services Referrals from other voluntary organisations including Rainbow and HYPE Drop in sessions: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday Section 3, Sunday.
Answering service/advice line	The answering machine has the details of the opening times and the capacity to take messages.
Referrals	Referral letter to GUM if appropriate Referral letters to GPs Coleraine clinic works closely with the GUM service in the Causeway Hospital Refer clients on to the statutory service when they reach age 20 for females and age 25 for males. Informal referral to other organisations such as Rainbow.

Appendix 5: Major Principles Set Out in Transforming Your Care[50]

Transforming Your Care identified twelve major principles for change, which should underpin the shape of the future model proposed for health and social care in Northern Ireland.

1. Placing the individual at the centre of any model by promoting a better outcome for the service user, carer and their family.

2. Using outcomes and quality evidence to shape services.

3. Providing the right care in the right place at the right time.

4. Population-based planning of services.

5. A focus on prevention and tackling inequalities.

6. Integrated care – working together.

7. Promoting independence and personalisation of care.

8. Safeguarding the most vulnerable

9. Ensuring sustainability of service provision.

10. Realising value for money.

11. Maximising the use of technology.

12. Incentivising innovation at a local level.

[50] Transforming Your Care: A Review of Health and Social Care in Northern Ireland (December 2011) Page 5

Appendix 6: Definitions of conditions treated in GUM Clinics

New STIs diagnoses
Chlamydial infection (uncomplicated and complicated)
Gonorrhoea (uncomplicated and complicated)
Infectious and early latent syphilis
Genital herpes simplex (first episode)
Genital warts (first episode)
New HIV diagnosis
Non-specific genital infection (uncomplicated and complicated)
Chancroid/lymphogranuloma venereum (LGV)/donovanosis
Molluscum contagiosum
Trichomoniasis
Scabies
Pediculus pubis
Other STIs diagnoses
Congenital and other acquired syphilis
Recurrent genital herpes simplex
Recurrent and re-registered genital warts
Subsequent HIV presentations (including AIDS)
Ophthalmia neonatorum (chlamydial or gonococcal)
Epidemiological treatment of suspected STIs (syphilis, chlamydia, gonorrhoea, non-specific genital infection)
Other diagnoses made at GUM clinics
Viral hepatitis B and C
Vaginosis and balanitis (including epidemiological treatment)
Anogenital candidiasis (including epidemiological treatment)
Urinary tract infection
Cervical abnormalities
Other conditions requiring treatment at a GUM clinic

The **Regulation** and **Quality Improvement** Authority

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ISBN 978-1-908660-29-9