

SHOULD SPECIALIST SEXUAL HEALTH SERVICES STILL SEE SELF-REFERRALS?

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Introduction:

There is an international trend in the re-development of specialist sexual health services as referral only services or with a reduced self-referral component. This study evaluates the potential value of retaining a self-referral component to service provision at a specialist sexual health service.

Background:

MidCentral Health DHB (district health board) serves a population of around 165 000 in the central lower North Island of New Zealand, half of whom live in the city of Palmerston North. The specialist sexual health service runs clinics from 3 different sites. The majority of self – referrals are seen by nurses working under standing orders to administer medications. GPs and other primary providers including youth health have access to funding for sexual health consultations to under 25 year olds.

Methods:

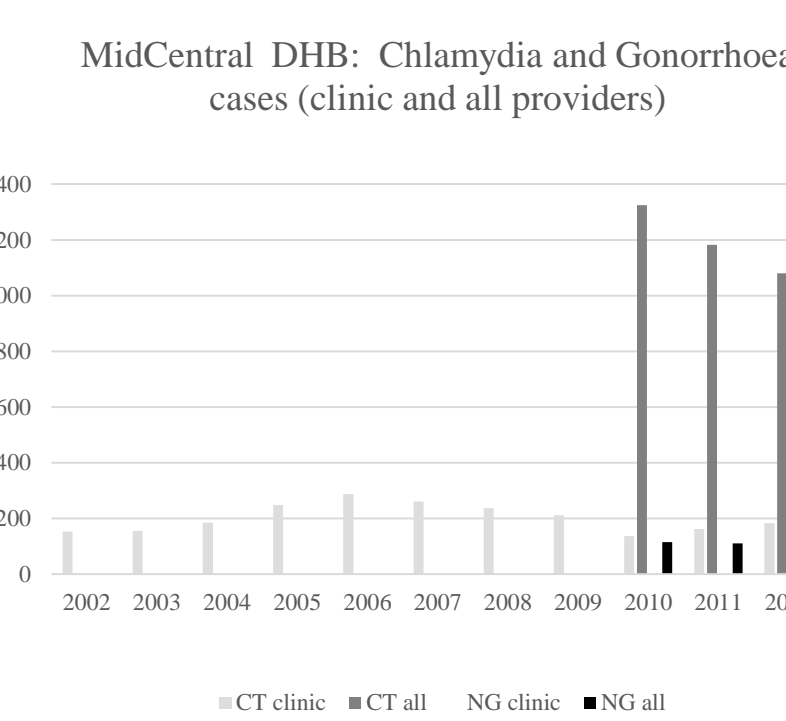
Data was obtained from epidemiological surveillance reports, clinical notes audits and administrative data. The following data is presented:
Trends in chlamydia and gonorrhoea diagnosis by year (2002-2013) for the specialist clinic and for all providers (2010-2013). (ESR)
The percentage of total DHB chlamydia and gonorrhoea cases by age and gender treated at the specialist sexual health service in 2012 and 2013 (National STI surveillance reports (ESR) and administrative data)
An analysis of reasons for attendance for 354 randomly selected episodes of care over a 12 month period 2012-2013 (case notes audit)(Summer Student Project**)
The percentage of treatments (medications and cryotherapy) administered by nurses under standing orders to clinic attendees in 2010 and 2015 (audit of 500 clinic day book entries for each year)

(The Institute of Environmental Science and Research Ltd, <https://surv.esr.cri.nz/surveillance/surveillance.php>)

Results

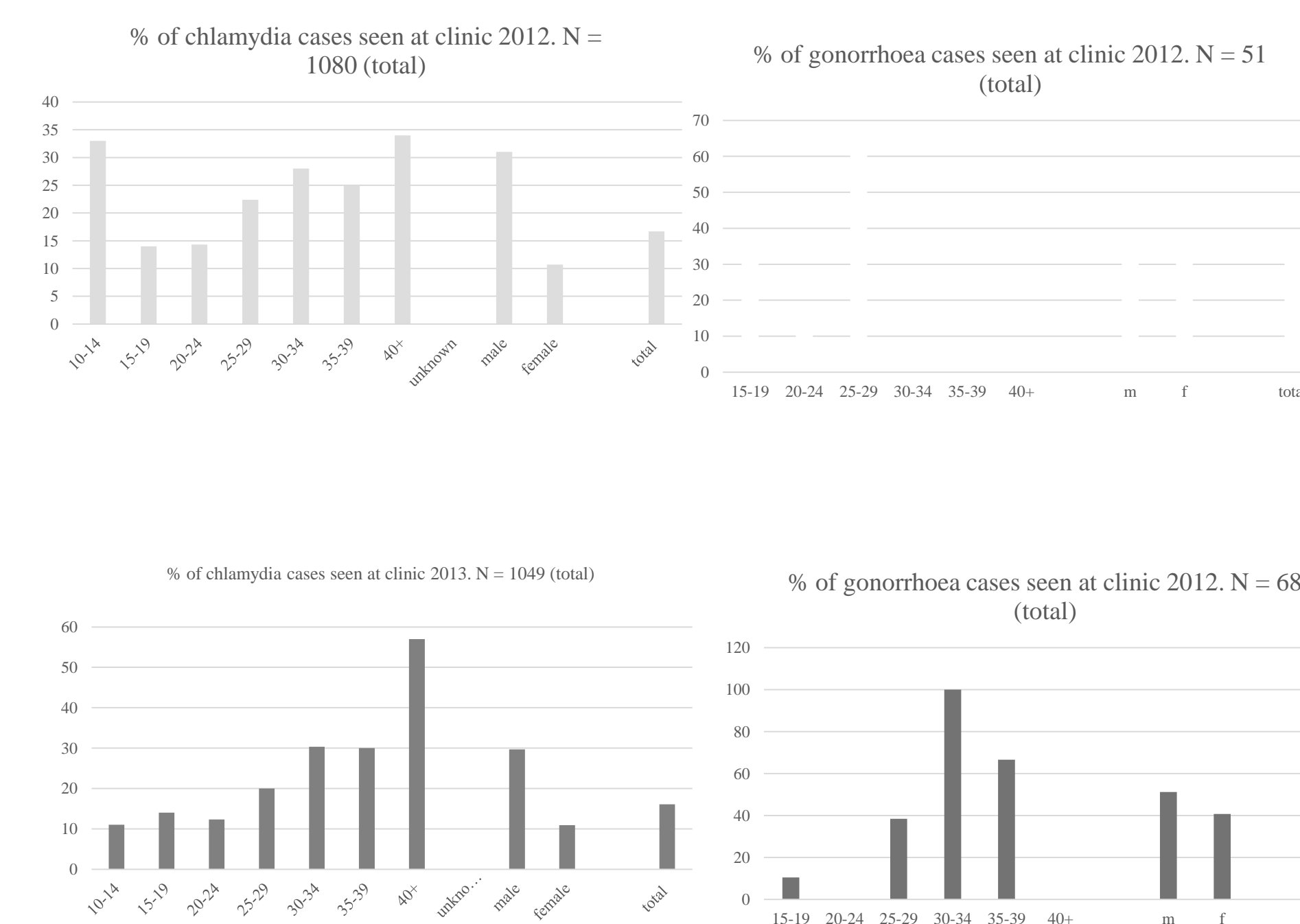
Trends in chlamydia and gonorrhoea diagnosis by year (2002-2013) for the MidCentral Health Sexual Health Service and the total for MidCentral DHB 2010-2013

The majority of chlamydia and gonorrhoea cases are diagnosed outside the specialist sexual health service. The DHB wide data includes other hospital (e.g ED and gynae/urology) as well as primary providers including youth health services. Non-clinic data has only been collected since 2010. The apparent reduction in case diagnoses may be the result of data cleaning (reducing duplicate results) rather than a reduction in incidence.



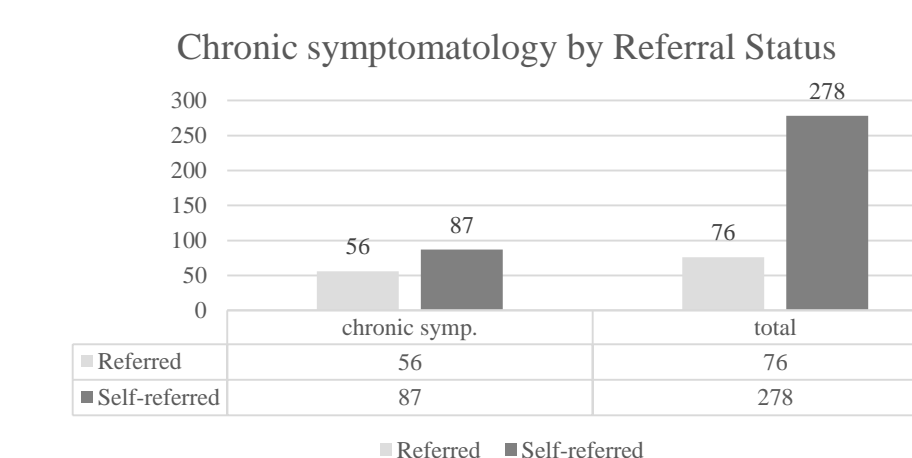
The percentage of total DHB chlamydia and gonorrhoea cases by age and gender treated at the specialist sexual health service in 2012 and 2013

In 2012 and 2013 16% of chlamydia cases and 47% (2012) and 37% (2013) of gonorrhoea cases were managed through the specialist sexual health service. A higher percentage (30%) of males and those > 25 attend the specialist service for chlamydia management.



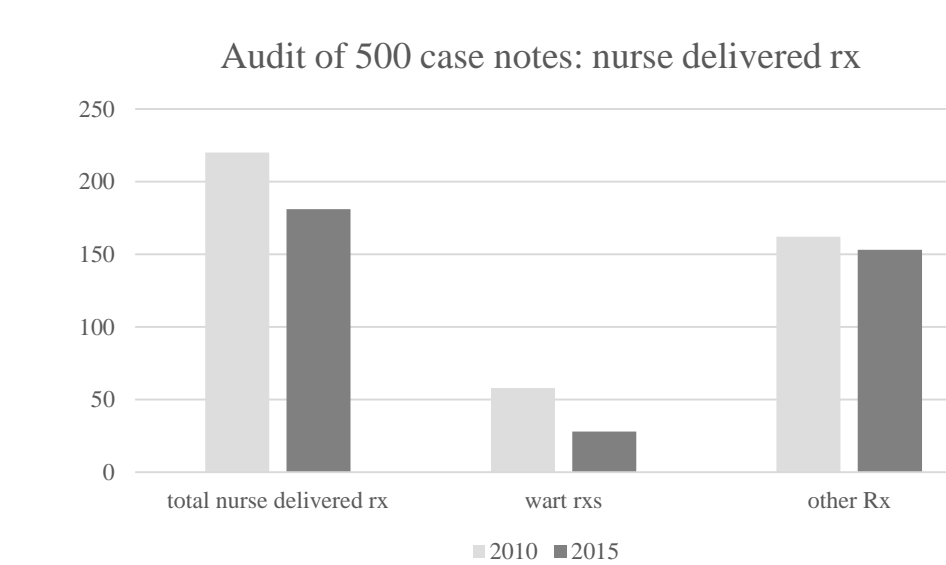
Reasons for attendance of patients to the specialist sexual health service:

- 35% of self-referrals attended because of confidentiality and this was a more frequent reason for attendance than cost at 29%
- 21% were formally referred
- 56% of all patients were symptomatic
- 31% of self-referred and 74% of referred patients had chronic symptomatology



Audit of nurse administered treatments from analysis of clinic day book entries in 2010 and 2015 (500 cases each year)

44% of patients in 2010 were administered treatments under standing orders in 2010 compared to 36% in 2015. The difference was explained by a reduction in wart treatments



Conclusion:

The provision of funding and education to primary care and youth providers enables the majority of bacterial STI cases to be managed outside a specialist sexual health service, particularly women. 16% of the total chlamydia cases in the MidCentral region in 2012 and 2013 were managed in the specialist clinic. The rates for specialist clinic management were higher for men and those over 30 at about 30%. The rates of gonorrhoea cases managed through the specialist clinic in 2012 and 2013 were 47% and 37%.

Self-referral attendees at a specialist sexual health service are more likely to attend because of a desire for a higher level of confidentiality rather than cost. 31% of self-referrals attend a specialist service because of chronic or recurrent symptomatology. Over a third of self-referred patients require medications administered via standing orders although the number of wart treatments is decreasing.

Discussion

- Although the majority of bacterial STIs are diagnosed outside a specialist sexual health service setting over a third of those with gonorrhoea and over 30% of those with chlamydia who are male or over 30 attend a specialist service.
- There is an ongoing need for a higher level of confidentiality for some attendees attending a specialist service. With an increased trend to shared record keeping to improve coordination of care there is likely to be increased pressure to retain an option for anonymous testing for STIs
- Having a self-referred component of patients attending a specialist service provides opportunities for training. The service already has more requests from both trainees and qualified health professionals seeking clinical exposure than can be accommodated
- The high percentage of patients with chronic symptomatology attending as self-referrals has implications for the professional development and up-skilling of nursing staff who see this group of patients.
- The availability of both the quadrivalent HPV vaccine and the funding of imiquimod for treatment appears to have had an impact on the number of wart treatments required.

Limitations

The specialist service uses a paper based notes system. An electronic medical record system is planned and this will provide opportunities to develop indicators to monitor how the service is being accessed and the impact of the implementation of clinical pathways.

Disclosure of Interest Statement:

The work of Alex Carswell was sponsored by the Palmerston North Undergraduate Medical Education Trust. No pharmaceutical grants were received in the development of this study.

** The case notes evaluation of reasons for attendance has previously been presented as a poster at the NZSHS Conference, 2014, Why do People attend A Specialist Sexual Health Service? (Carswell A, Robertson A, Hunter I, Allen K)