Feedback from Meeting with DH Sexual Health Team and NST – 10 April 2008

Present: Dr Immy Ahmed, Dr Simon Barton, members of the DH National support Team, Representative from the RSU and Members of DH Sexual Health team

1. This meeting was convened to enable BASHH to convey the concerns from clinicians in GUM regarding the interpretation of the GUM access targets across England.

2. The group were informed by AD that the performance data showed that by the end of March 2008, most PCTs had achieved the GUM access target on offer of appointment. Final measurement is a matter for the Healthcare Commission but those present congratulated all the clinicians in the specialty for their sterling efforts and commitment to their patients.

3. SB shared results of published data from 2 GUM centres which suggested that the 95% seen target was not achievable because of expressed patient choice and questioned the ability to close this gap without the use of restrictive booking or similar measures.

4. The group agreed that the principle behind having a ‘seen’ target was to ensure there were no perverse practices and indeed data to date had showed that most centres had achieved very significant improvements to the % seen. DH also highlighted that the seen element has had a major impact on making sure that offers of appointments that are being made are reasonable and has enabled us to "hit the target but not miss the point". DH accepted that 95% has been very challenging. For 2008/9 the focus now needs to be on maintaining and sustaining the target.

5. Those present agreed that the recent joint DH/BASHH statement supporting the need to focus on the number of people seen in GUM clinics (as a result of increasing capacity) and to work towards minimising the gap between offered and seen should provide the framework for partnership working between PCTs and provider services.

6. There was also agreement that a mixed economy of bookable appointments as well as the facility for patients to be seen as ‘walk-ins’ so as to optimise capacity was the best model of care.

7. There was a general acknowledgement that in considering the performance of individual clinics in terms of % seen, a vital consideration was whether the service provided walk-in only services, appointment only or a mixed economy of appointments. It was felt that in the future it may be more appropriate for ‘seen’ targets to be agreed locally between commissioners and provides using the GUMAM phase 2/3 data that was starting to be collected. DH would need to confirm this position however.

8. DH/NST informed BASHH that for 2008/9 the GUM access target was highlighted in the Operating Framework as a “standard to be maintained” and the offered element is still included within the HCC’s performance targets. BASHH welcomed this move.

9. DH highlighted that it was planned to issue a further short guidance to PCTs and SHA’s on sustaining and maintaining the target together with the Capacity and Demand Toolkit and Guidance on Cross Charging, subject to agreement within the Department.

10. GUM clinicians are requested to share the contents of this feedback with their local commissioners and to request them to seek clarification from members of the NST/DH sexual health team whilst we are all awaiting an official announcement.

Immy Ahmed
President
07 July 2008