

Association for Genitourinary Medicine

Service standards in Genitourinary Medicine Advisory document for purchasers/clinical governance leads

Genitourinary medicine deals with communicable diseases, some of which are potentially life limiting (hepatitis B, HIV) and/or acutely painful (first attack genital herpes, pelvic inflammatory disease). Many patients see these sexually transmitted infections (STI), or the threat of such, as life crises requiring prompt attention.

At a population level, case finding by screening vulnerable groups and the identification of sexual partners of persons with STI are necessary components of control of spread of infection.

The interval from infection to treatment is a crucial factor in determining spread of infection within a community, so timely access to therapeutic services is necessary.

Specialist services in GU Medicine provide primary level STI management, particularly in urban areas and to those without easy access to health services. They also provide secondary and tertiary level referral and reference service to other primary level care providers (Family planning, general practice) and training facilities for healthcare workers. Their functions depend upon accessible, confidential services staffed by multidisciplinary healthcare teams with appropriate training.

This document offers standards for GU Medicine provision in United Kingdom medical practice; national variations may be appended. Sexual health and GU medicine clinic services should conform to these standards.

Fundamental Service principles

- Open access without need of referral
- Free treatment at point of access
- Confidential service
- On-site diagnosis of common conditions.
- Partner notification and health education available to all attenders

Access to services

- Genitourinary medical services should be provided at a level so that any person asking to be seen should be seen on that day or on the next occasion the clinic is open.
- The interval between clinic sessions should be no longer than **four days**
- Appointment systems may be developed to offer service users access to convenient clinic visits after initial consultations.
- Triage systems to determine level of need for immediate consultation may overlook significant psychological distress and miss asymptomatic carriage of important infections.

- Appointment systems should offer patients options to see a doctor of the gender of their choice at a time of their choice.
- Appointment systems should **not** be applied simply to control patient access. Immediate access for patients presenting without appointments should be maintained.
- Review or return systems can include timed appointments, and should be organised so that times are available in clinically relevant intervals to the patient (e.g. review at two weeks)

Confidentiality

All staff involved in service provision are subject to the National Health Service (Venereal Diseases) Regulation 1974 and the NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000

- Patient confidentiality must be maintained in accordance with these and other statutory requirements and the common law.

Staffing and clinical leadership

- Each GU medicine/Sexual Health service providing diagnostic and therapeutic services for STI and HIV should be led by specialist consultants in Genitourinary Medicine (CSST holders in GU Medicine).
- As a multidisciplinary team, the day to day management leadership should devolve to a lead GU Medicine consultant; s/he would have a managerial relationship to the general management structure of the provider Trust.
- The staffing level of the clinic should be such as to provide **as a minimum**
 - 1 consultant per 80,000 population served
 - At least three days clinic sessions per working week
 - At least one session out of normal working hours
- The staff profile for each clinic session should conform to national standards, as detailed in AGUM Basic Considerations document. These would also apply to outreach and sexual health clinics providing combined family planning/GU Medicine services.

Specialist services

Outside the basic provision of Genitourinary Medicine, a range of specialist services has been attached to clinics. Examples of such services include erectile dysfunction clinics, colposcopy clinics and vulval disease clinics. These have reflected the local demand, and perhaps the individual skills of healthcare practitioners. Standards for these could include:

- Regular formal review of local provision of such services, with continued support for these services dependent on proof of local need
- Evidence of practice within national guidelines
- Re-validation/re-certification procedures to be followed by all practitioners

Inpatient services

A range of related specialties may require access to medical opinion from GU Medicine specialists; who may, in turn require inpatient access for the management of complex infections, including HIV related complications.

- GU consultant physicians should be available to give opinion on the wards to fellow consultants and to other healthcare providers on request.
- Those GU physicians who act as sole consultant for an inpatient should have current, demonstrable knowledge of HIV/AIDS medicine to an acceptable level.
- Levels of junior medical staffing should be sufficient to support GU medicine admissions.
- Access to GU Med/HIV opinion out of hours should be available to every clinical unit in an acute Trust, and to primary care services. In acute units served by satellite clinics supervised by single consultants, out of hours service cover should be negotiated with the clinical team providing satellite services. Such cover arrangements such be explicit to all acute units in the Trust.

Links to other Providers

Access to emergency contraception, pregnancy counselling, drug treatment and psychiatric services are examples of cross referral from GU Medicine to other providers.

- Providers of GU Medicine services should ensure that service level agreements for related services outside their Trust are in place and reviewed regularly.

Indicators

A range of indicators are available to measure service delivery; indirect measures of sexual health provision as well as data from the clinic should be considered;

Service activity	KH09
Diagnoses	KC60
Colposcopy	KC65
HIV/AIDS workload	Aids Control Act report
HIV positive residents	SOPHID
Complications	ICD/Read coding
Infections	Laboratory records

See Also : Basic Considerations for the Provision of GU Medicine Clinics : AGUM 2001 on www.agum.org.uk

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