

**Minutes of the BASHH South West Regional Clinical Network/
Service Improvement and Audit Meeting**

**Held on Thursday 23rd April 2009 at the Peninsular Medical School
(Wonford Campus), Exeter**

Present: Dr A de Burgh-Thomas (Chair) Ad BT
Dr E Claydon (Secretary) EC
Dr L Harryman (Trainee Rep) L.Har
Dr L Haddon LH
Dr K Horne KH
Dr F Keane FK
Dr M Fitzgerald MF
Dr P Kell PK
Dr R Challenor RC
Dr G Rooney GR
Dr Z Sulaiman ZS
Mr M Clarke (HA Rep) MC
Dr A Fernandes AF
Ms M Bailey (Nurse Rep) MB
Ms B Snart (Nurse Rep) BS
Mr P Greenhouse PG

Apologies: Dr Abdullah
Ms R Wallace
Dr I Alexander
Dr J Berry
Dr P Horner
Dr Z Warwick
Dr A Leung

09/01 The minutes of the meeting held on 6/11/08 were approved subject to amendments, **08/25 para 5, He** to be replaced by **MF, 08/26, para 2** should read **Appendix 3 and 4.**

09/02 **Matters Arising**

Centralised booking for GU Clinics.

MF reported that whilst he had seen on-line centralised booking systems demonstrated in the USA, no suitable systems were yet available in the UK. Several clinics (including Bristol and Torbay) are using single point of access phone booking systems in conjunction with contraceptive services.

Revalidation Measures

MF reported that a series of working parties have been set up by the Royal College of Physicians, several of which he attends. A general framework for revalidation measures has been drafted and sent to the Academies of the Royal Colleges for their views. It is acknowledged that measuring quality of individuals work is very difficult. 360° feedback and patient satisfaction surveys were possible methods. Making quality measurement speciality specific is also difficult. Examples of maintaining confidentiality and care of the under 16's were cited. BASHH Committee members were invited to contact MF for further information/discussion.

Quality Measures for GUM

MF explained that developing quality measures for GUM had arisen from the Darzi review. RC reported that in Plymouth a variety of quality measures were being used, and agreed to share this information with the group, with a view to possibly forming the basis of some regional audit work.

Action: RC

MF emphasized the need to have patient and user input into development of quality measures. BASHH are developing ideas for patient/user involvement centrally. FK emphasized the need to develop quality control for procedures in GU laboratories (e.g. microscopy). AdeBT suggested that we could consider a working group to implement this in the south west.

FK agreed to forward the microscopy competency/quality control tool to EC for circulation to this committee.

Action: FK

09/03

BASHH National Items

Feedback from Clinical Governance Committee

- **48 Hour Access**
Minutes from the Clinical Governance Committee and changes in the expectation of 48 hour access target have previously been circulated.
- **Feedback from CEG**
MF reported that 7 guidelines are being revised currently, including the guideline on safer sex. 20 guidelines have recently completed revision. The PID guideline was highlighted as an exception and it was noted that the 2008 RCOG guideline authored by J. Ross provided a useful update. PG agreed to e mail the guideline to EC for circulation to the committee.

Action: PG

09/04

BASHH SW Regional Items

BASHH SW Website

EC reported that AL was unable to attend the meeting but that he hoped to have the regional website operational by June 09.

Action: AL

Confidentiality in Integrated Sexual Health Services

EC outlined a problem she was encountering with maintaining the confidentiality of existing GU patients in the context of integrating GU with Contraceptive Services. A discussion followed about confidentiality in new models of service.

EC agreed to e mail AdBT with a summary of the issues and concerns for discussion with Dr Ahmed and/or the Clinical Governance Committee.

Action: EC

New Codes and Changes for Procedures in GU Medicine

FK reported that she is being asked to collect information on procedures and treatments with a view to allocation of HRG codes for which the Trust could then claim. It was explained that the tariff for new and follow up GU attendances had been calculated to already incorporate these costs, and unless it could be shown that the case mix was markedly different to normal, there would be no advantage in collecting this information. If GU attendances were claimed for using HRG codes, the full tariff for a GU attendance could not be claimed as well. Use of HRG codes in GU may also cause the PCT to review how appropriate it is to carry out procedures in GU instead of forming part of its contracts with other specialties.

FK will e mail AdeBT for a response to her concerns.

Action: FK/AdeBT

Dr Isobel Oliver (SHA Lead for Sexual Health) joined the group for discussion. She outlined the SHA priorities for Sexual Health. These included:-

- **Chlamydia Screening**

Coverage is increasing in the south west. PCTs are considering writing to all patients. Web based access to chlamydia screening in Devon is being developed.

The group discussed the administrative difficulties of screening eligible populations, such as attendees at the Glastonbury Festival and holiday makers in Devon & Cornwall, caused by the inflexibility of PCT-based organisation of funding.

- **48 Hour Access Targets**

It was confirmed that Andrea Duncan at the DOH has proposed that the 48 hour 'seen' target at 85% is "aspirational", but that this has not yet been officially confirmed. IO emphasized that the SHA would like to see **prompt** access to services, and that the PCTs need to be working in the spirit of the target. PCTs need to understand the needs of their local populations and hence why the attendance targets are not being fulfilled in some cases.

- **"7 Day" a Week Access to GUM**

RC explained the Plymouth experience of Saturday am clinics. The finding that attendees on Saturday am had more symptoms and a higher rate of STI may suggest that they are a slightly different population of patients.

- **GUMCAD**

Unfortunately GUMCAD has not been implemented in some areas of the region.

- **Serological Testing Algorithm for Recent HIV Seroconversion**

This service, which will be able to distinguish between established and more recent HIV infections, is being rolled out currently. Communication is being done via laboratories and the service should be in Bristol this financial year. IO will e mail details.

Action: IO

The group thanked IO for her attendance.

- **Feedback from Regional Sexual Health Task Force**

FK outlined the role of the Regional Sexual Health Task Force. This meets quarterly and provides guidance to clinicians and commissioners around Sexual Health. The group includes representatives from Public Health,

STI services/CT screening and Teenage Pregnancy. Information from the Task Force is on the HPA website. FK agreed to forward the link to the Guidance.

Action: FK

The committee asked if it was possible to clarify the accountability, membership and remit of the Sexual Health Task Force and FK agreed to pursue this.

Action: FK

Training and Appraisal for Non-GU Doctors Working in Sexual Health

The committee discussed the possibilities of providing adequate training and appraisal for non-GU doctors working in Sexual Health. Attempts to provide comprehensive training and appraisal are costly and can compromise patient flow. A more formal analysis is contained in the STIF competency document. (**Appendix A**). Further guidance is available on the BASHH website. GR suggested that competencies can be divided into smaller packages e.g. HPV treatment, which can then be delivered much more easily.

Amended PEP Guidelines

Cheltenham & Gloucester Clinic are continuing to use Combivir and Kaletra as first line PEP due to the difficulties of obtaining small packs of Truvada.

HSV Suppression

MF reported that the current practise in the Taunton service is not to prescribe long term Aciclovir suppression from the clinic, but that he was considering doing so. The committee members confirmed that it was standard practise in all other GU Clinics in the south west to make Aciclovir suppression available if clinically indicated.

Training Programme for LES

It was considered that this topic had been covered under Training & Appraisal for non-GU doctors working in Sexual Health.

Future BASHH Meetings, including Mandatory Attendance at Committee Meetings

EC outlined some of the difficulties encountered in organisation of this meeting and the Educational meeting.

The following points were agreed:-

- 1) To consider the timing of the next meetings to optimise the availability of low cost venues (i.e. September after schools return, but before university term starts). EC/AdBT will liaise over venues and timing of next meeting.

Action: EC/AF/AdeBT

- 2) To uncouple RITAs from the committee meetings as we now have more trainees.

- 3) To rename the Educational Meeting 'a Study Day' as this may facilitate nurse/HA attendance.

- 4) To identify one person in each clinic to act as contact point for the clinic. Their role will be to distribute information within their clinic about the BASHH Study Days, to identify attendees and to ensure that the organisers

are informed of attendees in a timely way and ensure attendance fees are submitted.

It was suggested that MB and BS will liaise with EC to establish 'a virtual network' of GU nurses and that the lead nurses in each clinic would be a good point of contact.

Action: MB/BS

It was agreed that the next meeting would be a Wednesday pm/Thursday, probably in September 09, and would be arranged by the North Sub-Committee. One session would be available for the nurses and one for HA to arrange.

RC reported that Dr Ian Alexander and Dr J Willcox are signatories to a reserve fund of £4,600 which can be made available if necessary. RC will replace JW as signatory in future.

It was reported that Dr Gabriel Scally had raised concerns about the mismatch between the clinics involved in BASHH SW and those covered by the SHA boundary. AdBT will contact the GU physicians in Wessex. To canvass their opinions on reforming a single group.

Action: AdeBT

09/05 Nurse/HA Items

- Mary-Anne Bailey and Berni Snart were welcomed as new Nurse Representatives.
- Review additional applications. MC asked for clarification of the nurse/HA representation on the committee. As RW was not present it was agreed to defer discussion regarding re-election of HA reps until the next meeting, but to invite Ros Chown to become a member of the committee as the SHAA rep for the south west.

Action: EC

09/06 Feedback from Individual Clinics

- **Truro:** Recruitment of a fourth consultant has been agreed.
- **Swindon:** A third consultant (P/T), Dr Sophie Forsyth, has been appointed.
- **Bristol:** Consultant hours are vacant due to maternity leave.
- **Weston**
Numbers continue to increase, necessitating expansion of the clinical facility. A lack of medical cover is leading to governance concerns.

09/07 National and Regional Audit

AF circulated the consultation satisfaction survey as a basis for the next Regional Audit. He agreed to e mail further details to the committee members in due course.

Action: AF

09/08 Training & Education Update

KH agreed to circulate the minutes of the Education & Training Committee

Action: KH

GR reported that the SW Deanery has funding available for GP VTS schemes if clinics wish to construct programmes incorporating a GU Medicine element.

09/09 Reports from Educational Meetings

Nil received.

09/10 Any Other Business

GR informed the committee that the Mentoring Scheme for GU Consultants is now being rolled out nationally. It is mainly aimed at new consultants. Each region has one or two mentors who can be approached for advice. GR and FK are the designated mentors for the south west. PG has agreed to provide advice to those setting up integrated services.

PK asked the committee to consider reappointing an NCCG representative now that RC has been appointed to a consultant post. EC agreed to take this forward.

Action: EC

Current and proposed research will be a standing agenda item in future.

Action: EC

The meeting ended at approx 6.10 pm.

