

Minutes of the BASHH South West Network/Service Improvement & Audit Meeting

held on 23rd September 2009 in the Queens Building, University of Exeter

Present: Dr A De Burgh-Thomas (Chair) A de BT
Dr E Claydon (secretary EC
Dr R Amherst RA
Dr R Challenor RC
Dr Z Sulaiman ZS
Dr F Keane FK
Ms R Wallace RW
Dr K Horne KH

Apologies: Dr M FitzGerald Dr P Kell
Dr A Fernandes Ms B Snart
Dr J Berry Ms M A Bailey
Mr M Clarke Dr Z Warwick
Dr P Horner Dr L Haddon
Dr I Alexander

09/11 The Minutes of the meeting held on 23rd April 09 were approved.

09/12

Matters Arising

Quality Measures for GUM

RC described how the GUM/HIV quality measures being used in Plymouth had been developed. The initial list of quality measures was devised by a multidisciplinary team. Public and patient input was then sought by direct patient interviews. A meeting to which patients and public were invited was held. Patients fed back that they felt their involvement in this area of work was important, and that patients wanted to be informed of their results whether positive or negative, if possible within 14 days, i.e. that 'no news is good news' is not considered satisfactory for many patients.

The public meeting was attended by three members of the public, but no patients. This underscored the difficulty of involving our patient group in this way.

Information from these sources was then used to finalise the quality indicators.

Appendix A summarises the GUM Service Quality Indicators developed in Plymouth. If any clinics audit against these measures RC has requested that they share their outcomes with her to allow Regional Benchmarks to be developed.

(Appendix A – GUM/STI Service Quality Indicators).

A regional audit has been developed from this work (see 09/17 National and Regional Audit below).

Serological Testing Algorithm for Recent Seroconversion

Isobel Oliver had fed back to EC that the testing is now underway in Colindale. It has been renamed Recent Infection Testing Algorithm (RITA). IO mentioned she was aware of two testing sites in SW (BRI and Gloucester). However, the SW BASHH group are aware that testing is happening elsewhere, e.g. Exeter, and that each unit needs to work with their local laboratory to set up the service.

RA agreed to send set-up details to A de BT for distribution to committee members.

Action RA
A de BT

09/13

BASHH National Items

Feedback from the Clinical Governance Committee (CGC)

A de BT fed back that FK and Jonathan Ross are trialling new ways of involving patients in Sexual Health Services with the aim of developing an electronic tool. FK has an HIV Service Users Group that is run by the HIV CNS and Clinic Manager in Truro.

The SW prison service specification document is being released for general use.

- The existence of the “non face to face” consultation tariff was discussed. This can be used, for example, for telephone consultations. This attracts a payment of £28. It is suggested that clinics collect information on this work and then negotiate payment with PCTs. It was discussed that simple giving of results, without any associated consultation, would not qualify for this payment.
- The CGC has suggested that medical staff wishing to gain basic knowledge of GU need a minimum of 8-12 clinical sessions. A charge of £280 per session has been suggested as a reflection of the cost to the clinic.
- 48 Hour Access Target Clarification
Information from MF is contained in **Appendix B**.
- Feedback from CEG
None discussed.
- Health Select Committee Enquiry into Commissioning
Feedback from SW members was discussed. The experience of individual clinical services in respect of commissioning appears to be extremely variable, and this was reflected in the responses.

09/14

BASHH South West Regional Items

- **BASHH SW Website**

Dr Andrew Leung confirmed that he had been granted administrative rights to edit and upload files to the South West Region area within the BASHH website. He intends to upload information including forthcoming meetings, recent minutes and audit results. It was agreed that he should be asked to add the designated contact details for each clinic and that the minutes will be sent for posting after they have been approved by the committee. Historic minutes will not be put onto the website.

**Action EC
AL**

- **Appointment of an NCCG Representative**

EC tabled a proposed mechanism for election of a replacement SAS representative on the BASHH Committee. It was agreed to approach Sue Pinsent, as the current deputy representative in the first instance, and if she is willing to take on the role, to seek a new deputy SAS representative.

Discussion followed regarding the SpR representation.

It was agreed that a deputy SpR representative should also be nominated to ensure adequate representation at each committee meeting.

Discussion followed about the constitution of the committee, which EC agreed to investigate.

Action EC

- **Charges for Procedures in GU Medicine**

The group discussed applying HRG Charges for Procedures in GU Medicine. Some clinics continued to record procedures such as cryotherapy for discussion with the PCT as to whether they will attract a procedure fee or follow-up payment. Safeguards will be in place to avoid double counting.

- **Feedback on Regional Sexual Health Taskforce**

FK circulated The Terms of Reference and Membership of the Sexual Health Task Group for the South West Region which had been supplied by Isobel Oliver. **Appendix C**. BASHH SW had been asked to nominate a representative when the group was set up some years ago, but it was unclear whether this had ever been actioned. FK volunteered to attend in the absence of any other clinical representative.

FK described the format and content of the meetings. The group is responsible to Dr Gabriel Scally, Regional Director of Public Health. The agenda tends to be rather high level and eclectic, for example, a recent meeting had included:-

- A presentation on the link between teenage pregnancy and drugs and alcohol.
- The need to engage with the specialist commissioners about

HIV service commissioning was highlighted as a priority for the next meeting.

- A world class commissioning document for contraceptive services was tabled. FK agreed to forward this for distribution to committee members.

Action FK

- Dr Gabriel Scally has applied for funds to establish a Regional Sexual Health office for the south west.
- The NST is to visit all SARC projects over the next six months.

FK will ask IO if it is possible to share the Task Group Minutes with BASHH/SW committee members.

Action FK

- Training of new GU Doctors/Competency Sign Offs for FP Observers
MF had forwarded correspondence with Cecilia Priestley re signing off FP trainees as 'competent' in GU Medicine after they have sat in on clinics. It was agreed that such trainees could be signed off as having 'attended and observed', but not that they were 'competent'. This needs to be made clear with the local contraceptive service, and the trainee, in advance.

- Future BASHH SW Meetings

It was agreed that 1½ days was still the most appropriate format and that a 3.00 pm – 7.00 pm Business Meeting on Thursday followed by All Day Study Day on Friday had proved the most popular.

EC will start arrangements for the next meeting in March/April 2010.

It was agreed to organise a slot for a drug representative to present half way through the Business Meeting agenda, rather than at the beginning or end.

Action EC

- Working with Wessex

A de BT confirmed that colleagues in Wessex felt it was impractical to meet SW BASHH on a regular basis because of geographical considerations. However, it was acknowledged that Dr Gabriel Scally was keen for us to have at least one annual joint meeting. A de BT agreed to approach Isobel Oliver about organising such a meeting between Wessex and BASHH SW (? to include Swindon) and to invite Dr Scally.

Action A de BT

09/15

Nurse/Health Adviser Issues

- **Guidance on Treatment of Unconfirmed STIs**

RW presented a request from Ros Chown in Torbay for any protocols which are available regarding the treatment of “chlamydia contacts” who present without any definite confirmation of the diagnosis of the index case. The committee was not aware of the existence of any such guidelines, although it was generally felt that there should be a low threshold for giving treatment to most “contacts” that presented. It was acknowledged that some PGD’s specify that the index case diagnosis must be confirmed in order for nurses to prescribe.

- **Nurse Issues**

None received.

- **Health Adviser Issues**

RW outlined the difficulties posed for Health Advisers in maintaining high levels of verified contact tracing by the Chlamydia Screening Programme and treatment for chlamydia being given in multiple different venues. RW agreed to share Plymouth’s HA Competency Document.

Action RW

- **Re-Election of HA Representatives**

EC reported that Ros Chown from Torbay had agreed to join the committee as the SSHA representative for the SW.

It was agreed to recirculate applications for health adviser representatives prior to the next committee meeting.

Action EC

09/16

Feedback from Individual Clinics

Goucester

- Service doing well in new clinic premises.

Cheltenham

- A service review is taking place. There have been some senior staff losses yet to be replaced.

Truro

EPR has been introduced. Complex GU cases are difficult to accommodate initially.

New build is progressing well.

4th Consultant advertised. No applicants, therefore to be readvertised.

NST visited service.

- **Plymouth**

Derriford has financial crisis which is translating to withdrawal of study leave support and freeze on vacancies.

Alvin Ding, new SpR started in August.

- Exeter
Devon PCT has severe financial problems.
Consultant appointment was suspended.
Band 6 nurses replaced by Band 5 in face of marked increase in activity and increase in HIV numbers.
New Staff Grade in post.
- Bath
Frustration reported over lack of progress.
- N Devon
Increase in HIV activity.
Poorly functioning facilities, both on base site and at peripheral clinics.
Little interest from North Devon Acute Trust in the service.
- Bristol
Nicola Lomax appointed to consultant post in Cardiff.

09/17 **National and Regional Audit**

- Regional National Audit Links
See below
- Next Regional Audit
AF would like to stand down as Audit Lead. It was suggested that ZW may be willing to take over as BASHH SW Audit Lead.

Action AF

A paper on SW BASHH – Regional Audit was tabled (**Appendix D**).
After discussion it was agreed that the following Regional Audits would be taken forward.

- 1) Contact Tracing
- 2) Proforma for Under 16's
- 3) Resistance Testing and HLA – B5701 Testing in HIV.

**Action AF
All**

09/18 **Current and Proposed Research**

- FK introduced the Microscopy Training and Competency log book which will be on the BASHH website when it is finalised.
- There is a proposal for a regional research project on sex and alcohol. Details available from FK.

09/19 **Training and Education Update**

KH reported:-

- Monique Andersson has been granted a CCT.

- Laura Cunningham has transferred into the region as a Flexible Trainee (Year 3).
- Alvin Ding has joined as a Peninsular SpR in Plymouth.
- It was proposed that the next Regional Training Committee be held in Bristol to facilitate attendance of the Bristol consultants.
- LH/KH are to attend the SAC on behalf of the SW as IA has stood down.
- It seems likely that HIV training outlined in the new curriculum will pose a challenge for many training centres who will see insufficient case numbers of inpatients.
- The new curriculum includes Public Health medicine and Contraception.
- All trainees should have a mentor in the region.
- All Educational Supervisors should receive training. This will be organised at Trust level.
- All panel members for ARCP committees need to have specific ARCP training.
- The next RITA/PYA is to be held on 18/3/10.

It was agreed that the Training and Education update will move up the agenda at the next meeting.

Action EC

09/20 **Reports from Educational Meetings**

None.

09/21 **Any Other Business**

- KH requested that GUMCAD be an agenda item at the next meeting.

Action EC

The meeting closed at approximately 5.40 pm.

Table 1. Local genitourinary medicine (GUM) / sexually transmitted infection (STI) service quality indicators (SQI) after patient and public involvement

GUM / STI SQIs
<ul style="list-style-type: none"> • At least 70% of patients with Chlamydia and Gonorrhoea to be managed appropriately (satisfactory completion of treatment) within 4 weeks* • At least 0.6 partners of patients with Chlamydia and Gonorrhoea and Syphilis to be screened and / or treated* • To undertake a patient satisfaction survey at least once a year and show evidence that comments have been taken note of / acted upon** • At least 95% of patients should be given confirmation of their results, whether positive or negative within 14 days (unless they prefer no news is good news)** • 100% of new and rebook patients to have an HIV (human immunodeficiency virus) /STI risk assessment recorded in the notes; the uptake or offer and decline of the HIV test should be recorded in the notes for 100% • At least 75% of those deemed to be at high risk (HIV or STI) should see a health adviser† • At least 90% of under 18s (i.e.17 and under) to be seen by a health adviser† or someone trained in motivational interviewing • 60% of new patients to take up the offer of an HIV test (national target 2007) • 90% of new men who have sex with men (MSM) to take up the offer of an HIV test • 90% of unvaccinated MSM according to history – not hepatitis B serology to have the first dose of vaccine at the first visit • At least 95% of men who have gonorrhoea diagnosed at the first visit should be treated by the first antibiotic given to the patient • At least 90% of patients with a first episode of genital warts should be cleared of their original warts by 3 months*** • 100% of patients with a diagnosis of genital herpes should be offered counselling, support and written information***

* National outcome standards for outside London/large city¹¹

** Developed from local patient consultation⁹

† Health advisers' role includes partner notification/contact tracing, sexual health promotion and counselling

*** Added by public from BASHH guidelines – auditable outcome standards¹³

Sexual Health operating standards (March 2009):

Part 2: GUM

Background

NATIONAL TARGET

Between 2005/6 - 2007/8 there was a national Local Delivery Plan (LDP) target that all first attendees at GUM clinics should be offered an appointment to be seen within 48 hours of contacting the service by March 2008. In March 2008 the data were as follows:

99 % of patients were offered an appointment to be seen within 48 hours;

86% of patients were seen within 48 hours.

This target has now been delivered and was included in both Operating Frameworks for 08/09 and 09/10 as an Existing Standard to be maintained.

CURRENT POSITION

The latest data for January 2009 shows that the target, on the whole, is being sustained (December data shows 99.8% offered and 87.8% seen). There has been continuous improvement on both the 'offered' and 'seen' indicators over recent months.

Confirmation of an Operating Standard on GUM access

'Offered'

As an existing standard, GUM was, and continues to be, a Healthcare Commission indicator for both PCTs and Acute Trusts. Now the target has been delivered it is time to agree an appropriate operational standard and share this with the service.

An 'operational standard' has been agreed of "98% of patients to be offered an appointment within 48 hours". DH Performance Delivery Team will performance manage organisations against these operating standards, for instance, highlighting organisations with SHAs whose performance is below 98% on offered.

This tolerance of 98% allows services a small amount of legitimate flexibility while maintaining a challenging target.

'Seen'

In order to support good practice around offering appointments, there was a supporting measure of the percentage of patients seen within 48 hours.

Whilst there is no operating standard for this element of the target, we suggest that a suitable performance level on 'seen' should be 85%. The 'seen' element of GUM access performance is not an existing standard nor an aspect of the GUM indicator that is measured by the Healthcare Commission / CQC. As such, we cannot dictate a minimum level on the 'seen' element of the target. However, good practice and experience of the National Support Teams indicates that this is a suitable performance level to work towards in order to ensure efficient throughput of service users. Evidence shows that this is a realistic guide for PCTs to work towards.

SHAs are asked to note the 98% operational standard for the 'offered' aspect of the GUM indicator and to encourage organisations to also strive towards an 85% performance level for the 'seen' element of the indicator.

A copy of the latest GUM data for January 2009 is attached at Annex C for information. We hope to place this on Unify in due course so organisations can view their data more easily.

SEXUAL HEALTH TASK GROUP FOR THE SOUTH WEST REGION

The South West sexual health task group has been established on behalf of the Regional Director of Public Health to bring together a range of health professionals, managers and representatives of service users in the South West Region to improve sexual health in the region and support professionals working in this area.

TERMS OF REFERENCE

Information

- Ensure the provision of timely information on the scale and recent trends of sexually transmitted infections, including HIV, teenage pregnancy and other sexual health related issues in the South West.
- Highlight groups and areas in need of further investigation and/or intervention – Groups at particular risk or vulnerability
- Ensure that the experiences of service users are surveyed and publicised by service providers and commissioners
- Examine the provision of sexual health services across the Region to identify and highlight inequity of access and quality of services to the Strategic Health Authority
- Publish a quarterly bulletin to communicate priorities, share best practice and report progress.

Governance and support

- Interpret national policy, new evidence and interventions relevant to sexual health in the context of the South West Region
- Provide a source of expert advice and standards of service for those commissioning or providing sexual health services in the Region
- Foster good relationships across the public and voluntary sectors through effective partnerships
- Propose actions for improving sexual health and promote best practice
- Encourage good governance, provide advice on governance structures and promote quality and training standards for local services

- Provide advocacy and support to people working in the areas of sexual health
- Review progress towards national sexual health targets and the implementation of recommendations of the British Association for Sexual Health and HIV, the Department of Health, DfES, Medical Foundation for AIDS and Sexual Health and the Department of Health National Support Team visits.
- Host an annual regional sexual health voluntary and user group forum.

Reporting and accountability

- The group is accountable to the RDPH and through him to the board of SHA and the Government Office for the Region. The RDPH will appoint the chair
- Produce an annual report for the board of the SHA to consider

Membership

Dr Hugh Annett, Bristol PCT DPH (chair)
 Dr Isabel Oliver, Regional Epidemiologist (secretary)
 SHA sexual health lead
 Dr Frances Keane, SW BASHH group representative
 Dr Cecilia Priestley, Wessex BASHH group representative
 Dr Julia Verne, Director SW Public Health Observatory
 Debbie Harvey, PCT commissioner
 Dr Karen Kirkham, GP
 Dr Charles Irish, CCDC
 Dr David Dance, Regional Microbiologist
 Dr Cliodna McNulty, Primary Care Evaluation Unit, Academic Representative
 Adrienne Hegarty, Regional Chlamydia screening facilitator
 PCT DPH – *vacant*
 Dr Paddy Horner, Academic Representative, Bristol University
 Representative from the Voluntary and user group forum
 Joanne Ferry, Teenage Pregnancy co-coordinator
 Health promotion specialist – *vacant*
 School nurse – *vacant*

Meetings

The task group will meet quarterly. The work programme will be achieved through task specific sub-groups and commissioning of specific projects.

Representatives of the task group will meet annually with the voluntary and user group forum.

SW BASHH – Regional Audit

We have on numerous occasions in the past discussed the need for being more pro-active with regards to regional audit. The National audit group is keen on this, too.

It would be nice if we could have a rolling programme for audit, with a view to auditing every year, specific items that may serve as GUM quality measures and patient recorded outcome measures. This was discussed at the last meeting at Exeter and Rachel provided us with her list of service quality indicators.

This will involve some additional work-load which will need to be shared, although a significant proportion of this relates to information that we already collate. Ideally one Consultant per unit would adopt an audit and distribute instructions deadlines and collate responses. It will be a rolling programme until we have hammered the matter into submission. We can then move to other pressing matters

The aim would be for the actual process within the unit to be effortless (or relatively so).

The following have been selected as potentials that we could start with.

- (1) **Patient satisfaction survey:** – once a year and demonstrate that any comments have been acted upon. (Arnold Fernandes)
- (2) **Contacts:** At least 0.6 partners per patients with Chlamydia, Gonorrhoea or Syphilis to be screened and / or treated* (based on national outcome standard for Hospitals outside London/big cities) (Sophie Forsyth)
- (3) **Hepatitis B:** 100% of non-immune MSM to be offered Hepatitis B vaccination at their first visit and 90% of un-vaccinated or non-immune MSM to have the first dose of Hepatitis B vaccination at their first visit.
- (4) **HIV testing:** 100% of new and re-book patients to have an HIV/STI risk-assessment recorded in the notes; The uptake or offer and decline of an HIV test should be recorded in the notes for 100% (Andrew de Burgh-Thomas)
- (5) **Proforma for Under 16s:** Under 16's seen at GUM should have pro-forma linked to Gillick competence but can include other issues completed at their visit.
- (6) **Resistance testing and HLA-B5701 testing:** 100% of HIV positive patients should have a B5701 and Resistance test (if VL >50) at baseline

FOR DISCUSSION

- 1) Which should be first and others we wish to include
- 2) Proposed number per quarter 2.