

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

Held on Wednesday, 11th June, 2008 at Tiverton Hospital, Tiverton

Present: **Dr A De Burgh-Thomas (Chair) – AdBT**
 Dr E Claydon (Secretary) – EC
 Dr I Alexander – IA
 Dr J Berry – JB
 Dr A Fernandes – AF
 Dr R Amherst – RA
 Dr Z Sulaiman – ZS
 Ms R Ferguson – RF
 Ms R Wallace – RW
 Dr R Challoner – RC
 Dr L Haddon – LH
 Dr M Fitzgerald – MF
 Dr K Horn – KH
 Dr P Greenhouse – PG

Apologies: Dr M Andersson
 Dr P Horner
 Dr G Rooney
 Mr M Clarke
 Dr N Lomax
 Dr A Leung

08/11 The minutes of the meeting held on 7.2.08 were considered and approved.

08/12 Matters Arising

It was noted that discussion of the extended data sets for GUM had not been included on the agenda. However, concerns regarding its implementation had receded.

08/13 BASHH National Items

AdBT had previously circulated minutes from the Clinical Governance Committee. Leaflets on hepatitis are available in several languages from Roche.

Deficiencies in the main BASHH website have been acknowledged. The website is to be managed by an independent company from August 2008.

Dr Andrew Leung is willing to be responsible for the BASHH South West site. It was suggested that the following areas would be the responsibility of the webmaster.

- i) Receive items such as minutes from AdBT and EJC to add to the site.
- ii) Receive relevant items from members of BASHH South West.
- iii) Review the website regularly to ensure that material is accurate and up to date.

This information will be communicated to Dr Leung who will be invited to attend the next BASHH meeting.

Action EC

Motivational Interviewing.

SHAA is setting up training, but there are no specific outcomes as yet. It is possible that motivational interviewing will become a workshop at the STIF course in future.

Competency Frameworks for providing GU/Sexual Health Services.

The group discussed the need for clarification of necessary qualifications and competency frameworks for practitioners providing GU/Sexual Health Services in the south west. Competency frameworks have been developed by BASHH and are on the website, but it is not clear how much training will be needed and how the frameworks will be delivered. It was agreed that PCTs will need to build a clear picture of necessary qualifications and competency into their specifications for locally enhanced services, but it is not clear that they would be prepared to pay for them. It was agreed that:

- i) The competency frameworks on the BASHH website would be reviewed.
- ii) Existing specifications for locally enhanced services (Plymouth/Truro/Exmouth) will be forwarded to EC and circulated for review.

Action: EC

- iii) AdBT will contact Claudia Estcourt re progress on developing competencies.

Action: AdBT

Members commented that they found the evaluation of One-Stop Shops for GU/FP useful. It was noted that combined services raised problems regarding costing of integrated services and raised questions on how to allocate PbR.

The next Clinical Governance committee is on 27.06.08. AdBT will forward minutes when available

Action: AdBT

Feedback from CEG.

MF fed back from the Clinical Effectiveness Group. Guidelines being completed are hepatitis, NGU and syphilis. The last 2 are causing some controversy. Guidelines being worked on are Granuloma Inguinale, SARA, Prostatitis, Balanitis and safer sex.

Dr I Ahmed has resigned from the group and a replacement is being sought.

Notes from the RCP Clinical Effectiveness Forum Data Workshop (19.03.08) are appended. Appendix A.

Feedback from BASHA/ASTDA/GC NAATS/CSP.

MF reported the concerns that had been raised about problems associated with using GC NAATS testing as part of the chlamydia screening programme. More general discussion followed on the concerns about GC NAATS testing. This has also been raised by the Bacterial Special Interest Group. Members of the group have been very strongly advised not to encourage routine uptake of NAATS testing for GC until the method has been further evaluated.

Centralised booking for Clinics.

Centralised booking was discussed. E-Triage is being used at St Stephens clinics allowing patients to book their own appointments online. The problems associated with adopting such systems in more complex geographical areas was debated. It was agreed that the group will maintain awareness of centralised booking as the DOH is pursuing its development, however the problems posed for dispersed populations will need to be highlighted. MF will review the E-Triage website.

Action: MF

Process mapping of work in clinics.

Useful work on process mapping in clinics has recently been presented from Birmingham (LEAN principle). It was agreed to invite a representative from Birmingham to present at the next education meeting on their experiences of the LEAN principle.

Action: EC

Feedback from National Audit Group.

AF noted that the National Audit Group meeting was due to be held in 3 weeks time.

The CT Audit outcomes are to be circulated by AF.

Action: AF

An email has been received from Chris Carne / David Daniels regarding the naming of individual clinics in National Audits. The group agreed that individual clinics should be named in National Audits.

08/14 BASHH South West Regional Items.

Formulation of Standardised Agenda for sub-group meetings.

It was agreed that sub-group meetings would follow the same format as the regional meeting with the addition of clinical case discussions.

Themes for next Educational Meeting.

Suggested topics are:

- Near patient testing for HIV (? To include non-invasive testing)
- LEAN process
- Outreach clinics (Brighton and Bristol experiences)
- Syphilis (case presentations P.Greenhouse. What is new in the guidelines)
- Routine management of HIV in Primary Care (Zoe Warrick)
- CT testing in non-genital sites. Validation of tests
- EPR (How is it working)
- SPR Audit (presentation)
- Female urogynaecology / menopause
- Ethical HIV cases

It was agreed to invite PG to present on the development of the Wish Centre to the next regional meeting.

Potential venues for the next combined meeting were discussed. Taunton/Tiverton/Exeter remain the preferred areas. In spite of the difficulties of administration it was agreed that a small registration charge would be made.

DNA protocol.

This had been circulated with the agenda. Thanks go from the Group to Dr Lomax

08/15 Nurse/Health Advisor Issues.

The Group led by RF discussed the difficulties in testing the children of HIV positive patients. IA suggested that all children with HIV positive parents who decline to have them tested should be passed onto the Child Protection Team. It was agreed that such a case could form the basis of an Ethical Case discussion at the next Education Meeting.

08/16 Review of Regional Access Figures.

EC circulated HPA access figures for the South West (Appendix B) as a basis for discussion on the clinic to clinic variation in meeting the "seen" target. Discussion followed which highlighted differences in clinic booking procedures as well as differences in ways of accommodating outreach clinics and GP referrals into the system. EC commented that an audit in North Devon had identified the distance between home and work and the clinic and travel constraints as major influences on the ability of patients to attend within 48 hours. RC commented that a presentation by Dr Foley at the New York BASHH meeting had demonstrated that patients who chose to delay their appointments beyond 48 hours had no public health consequences. It was agreed that clinicians who had already carried out audits of reasons why patients chose not to come within 48 hours will forward their proformas to AF who will construct a regional audit for the South West Group to complete either week commencing 15/09/08 or 22/09/08. One specific question should be how far do you live/work from the clinic.

**Action: EC
RC
GR
AF**

08/17 Feedback from Individual Clinics.

- Weston – Clinical services continue to expand with increasing through put.
- Plymouth – Recent appointment of 2 new consultants (Rachel Challener and Zoe Weston). SARC in Plymouth due to open 25.06.08.
- Truro – depressing. Lots of management change and Trust in financial crisis. New build monies may have been lost.
- Bath – GP SI's have helped with access targets. PCT have developed draft specification for combined service with CASH which may go out to tender.
- Exeter – 2 new consultant posts have recently been advertised. Dr Aldeen is now apparently employed by the Exeter PCT but not working at present. The GU service has now moved to the Exeter WIC where it is co-located with contraception services.
- Taunton – A second consultant (Dr Rad Abdulla) was appointed in May 2008. A modular extension has been built to the clinic in Taunton.

- Cheltenham & Gloucester – A new full time staff grade (Dr Heather Marshall) has been appointed. A new build for the GU department plus contraception and a SARC is due for completion in October 2008. The clinic was recently visited by Jane Mezzone of the NST.
- Swindon – The nursing team recently received a special award from the Trust.
- Bristol – The new clinic with joint GU Medicine and contraceptive services is due to open on 08.07.08.
- Torbay – One new consultant post has recently been advertised. Part of the clinic has relocated to a town centre site (Castle Circus). The clinic has adopted a paperless computed system.
- North Devon – Interviews for a new full-time speciality doctor are due to be held in July. The GU service is still scheduled for a moved to a town centre site (Barnstaple Health Centre) where it will be co-located with contraceptive services by the end of 2008.

08/18 Regional Audit Topics.

Dr Alison Burgess F2 in GU Medicine in Bath gave an excellent presentation of the South West Regional Audit on Sexual History Taking. Discussion followed and it was agreed that individual clinics will forward their history taking pro-formas to EC for review and discussion at the next meeting. The topic will be re-audited in 12 months.

Action: All

08/19 Implementing NICE Guidance.

MF re-visited the topic of Motivational Interviewing in GU Medicine. It was agreed that although it should be a proper part of the work of GU clinics it is not practical at present given the pressures of 48 hour access. Our pragmatic approach is to refer all those deemed at risk to the Health Advisors for advice. It was agreed that RF will contact SHAA and AdBT will contact BASHH to seek an update.

***Action: RF
AdBT***

08/20 Training and Education Update.

KH reported that IA is stepping down as TPD for the peninsula and LH has agreed to take over this role.

Concerns had been raised about the HIV experience available to the trainees in the South West. Alternatives are being sought by the Training Committee.

Dr Monique Anderson still requires an NTN to complete her GU training. Any members of the Group who become aware of vacant NTN's are encouraged to contact KH as soon as possible.

08/21 Reports from Educational Meeting.

None

08/22 AOB

MF reported that a letter from the CMO asking for suggestions for quality indicators had been sent. He highlighted the importance of the specialty agreeing and recording a range of quality indicators.

RC circulated copies of both the Consultation Satisfaction Survey and the RCP patient survey. Both have been validated and can be used as the basis for regular assessment both for individuals and for sharing within clinics.

ZS asked the Group for information on the risk associated with needle stick injury. Discussion followed.

The meeting closed at approximately 2.45pm.

The next meeting is scheduled to take place on the afternoon of Thursday 6 November 2008 to be followed by the Educational Meeting on Friday 7 November 2008.