



**To: All NHS Chief Executives (NHS Foundation Trusts for information only)
Strategic Health Authority Directors of Performance
Strategic Health Authority/ PCT Sexual Health Leads
Consultants in Genito-Urinary Medicine
Directors of Performance**

Gateway Reference: 8930

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GENITO-URINARY MEDICINE CLINICS AND THE 48 HOUR ACCESS TARGET

The Operating Frameworks for the NHS in England identified 48-hour access to Genito-Urinary Medicine Clinics as priority in 2006/7 and 2007/8. The target is that: 100% of patients attending GUM services are offered an appointment to be seen within 48 hours of contacting a service by March 2008. SHAs were also asked to plan for 95% of patients to be seen within 48 hours by March 2008. The latest data from the genito-urinary medicine access monthly monitoring data (GUMAMM) for August shows 86% of patients were offered an appointment to be seen within 48 hours and that 77% were seen within 48 hours. The gap between percentage offered and percentage seen is therefore 9% (range 2-16% within Strategic Health Authorities) across England. Great progress has been made towards achieving the GUM target and ensuring that patients are seen quickly within services. However, there is still considerable work to be done in many areas to increase the number of patients seen within 48 hours. This statement has been jointly developed by DH and the British Association for Sexual Health and HIV, the professional body representing health professionals working in GUM clinics, to provide guidance on how this can be achieved.

Where this level of service is not being provided, it is important for relevant information to be sought and scrutinised locally to understand why individuals are not being seen within 48 hours. Local clinical audits can be undertaken to examine the reasons for the gap and to enable commissioners and providers to work to understand it. We should also see swift implementation of phase 2/3 (enhanced) GUMAMM data which will provide better information on why patients are not accepting appointments within 48 hours. Approval to roll this out is currently being considered by the Information Standard Board, but can be returned on a voluntary basis by services from this month. Once available, data can be shared in a constructive dialogue between GUM clinicians in provider units and expert sexual health commissioners to formulate appropriate plans to improve the number of patients "seen" within 48 hr figure.

In formulating plans, consideration should be given to:

- the improved use of resources to enable clinics to be run in the evenings and at weekends,

- ensuring choice of access by offering a choice of both walk-in and appointment
- promoting “informed choice” to balance the public health risks of delayed attendance, with patient choice, by encouraging patients to attend sooner rather than later if possible
- and, making use of outreach facilities to reduce the traveling time or barriers to attending which are experienced in specific communities.

There are a number of PCTs and providers who have implemented these measures and achieved over 90% offered and significantly reduced the gap between offered and seen to around 5%. DH are currently gathering good practice examples which will be published.

It is important to ensure that there are no unintended adverse consequences of hitting targets by reducing access, for example, by reverting to only walk-in models of service. A mixed economy of service provision through a range of opening hours is most appropriate to meeting patients’ needs and the appropriate delivery of a service across a sexual health network.

Dr. Simon Barton

Andrea Duncan

A handwritten signature in black ink, appearing to read 'Simon Barton', with a long horizontal line extending to the right.A handwritten signature in black ink, appearing to read 'Andrea Duncan', with a small flourish at the end.

President : British Association for
Sexual Health and HIV

Programme Manager, Sexual Health
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