

ACCESS TO GENITOURINARY MEDICINE CLINICS IN THE UK

IS 48 HOUR ACCESS STILL A REALITY?



Spring Conference
2015

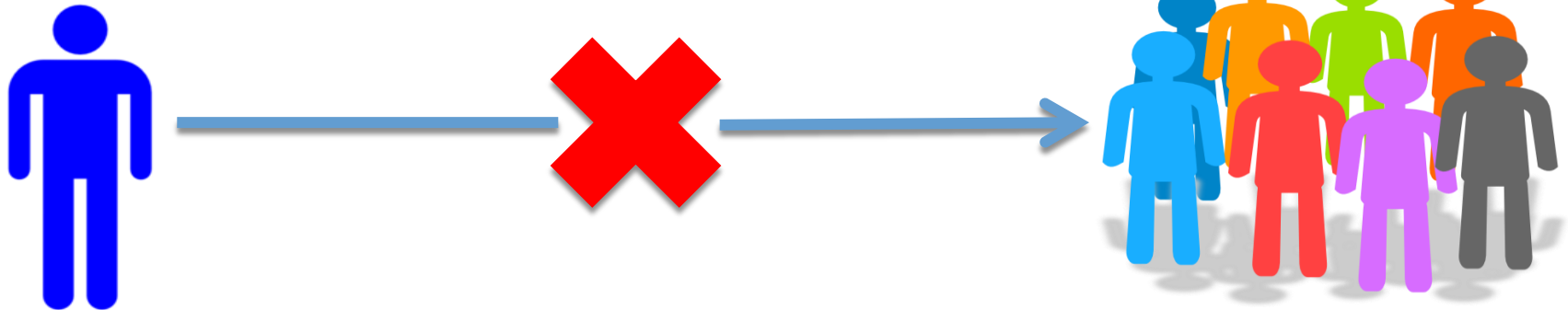


1st June 2015

Tim Prescott & Vanessa Hayden - University of Southampton

Background

- Access to a GUM clinic should be **fast, free and open to all people**
- To prevent the onward transmission of sexually transmitted infections



Background

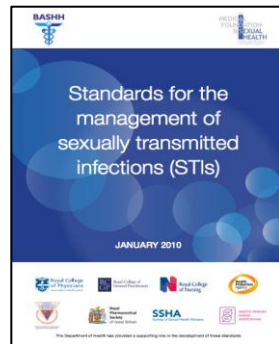


- **2004** the department of health introduced a mandatory target for **100%** of all patients to be offered appointments *within 48 hours by 2008*

Background



- May 2010 – new government elected
- **Key NHS targets were removed**, including the GUM 48 hour target
- Replaced by **performance indicators**
- Supported by BASHH standards outlined in *Standards for the Management of Sexually Transmitted Infections*
- Recommends 48 hour access to **98%** of patients as of January 2014



Background

- **2012** – Health and Social Care Act changed the provision of sexual health services
- **April 2013** – Local authorities commissioned all GUM clinics



Aims

- To measure the access to sexual health services across the UK
- To determine whether changes to health services commissioning have affected clinic access
- To compare lead clinicians expectations with reality
- To compare advertised walk in clinic availability with reality

Methodology

Phone Calls



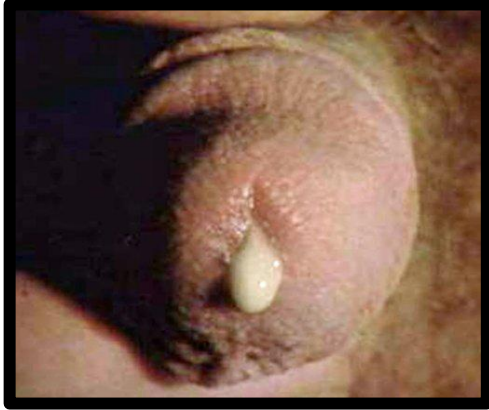
Questionnaire



Clinic Visits



Phone Calls – Symptomatic



Male – ***Symptomatic Urethritis***

- Dysuria
- Discharge



Female – ***Primary Herpes Infection***

- Painful blisters
- Dysuria
- Fever
- Malaise

Phone Calls – Asymptomatic



Is a booked appointment available?

Questionnaire

- In association with **BASHH** and **Public Health England**
- Consisting of 19 questions
- Sent to all lead clinicians



“Has your service recently been tendered?”

“In the last quarter, what percentage of your patients were offered an appointment within 48 hours?”

Clinic Visits

57 clinics

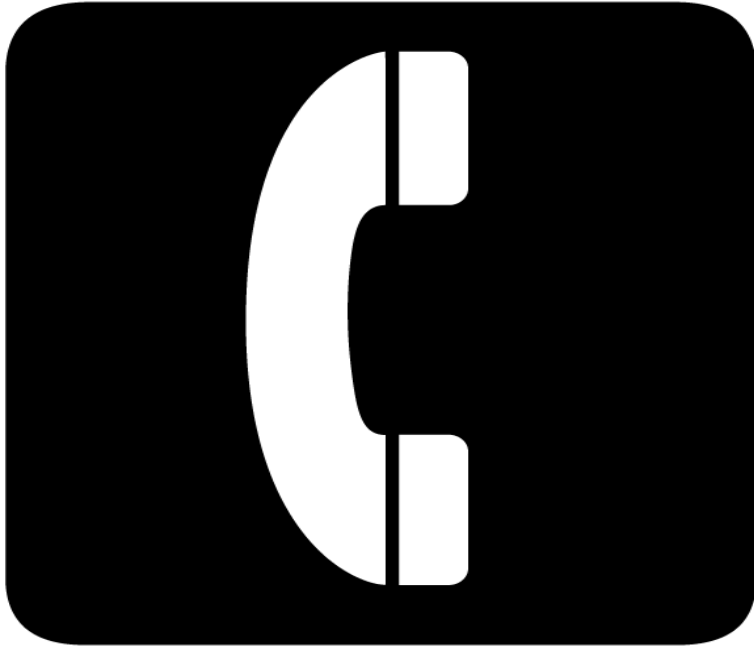


Clinic Visits

- Attend a walk in clinic as a symptomatic patient
- Measure:
 - 1. If we can be seen**
 - 2. The true waiting time**
- Once called, researchers would identify themselves and leave immediately



Contacting the Clinic



- Mean time to speak to human **61 seconds**
- Mean number of attempts before successful contact **1.2**
- **6%** of all patients failed to contact the clinic

48 Hour Appointment Provision

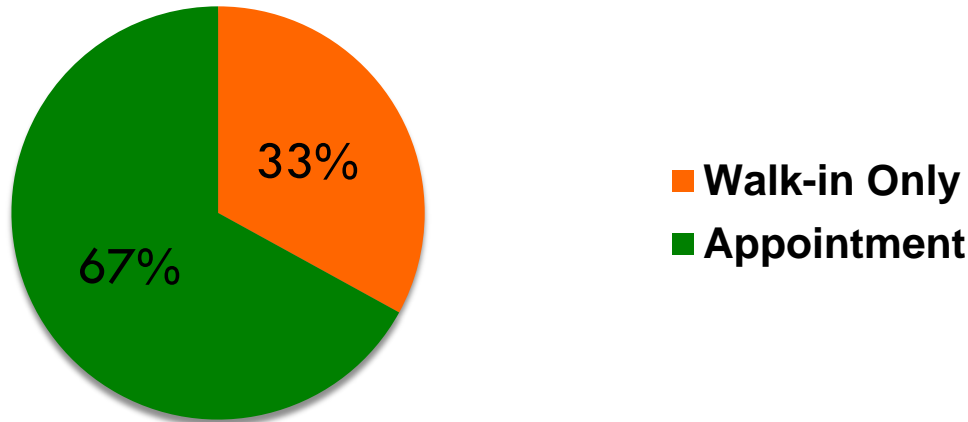


91% of **symptomatic patients** *that successful contacted the clinic* were offered to be seen within 48 hours

Maximum time until a symptomatic patient could be seen was *14 days*

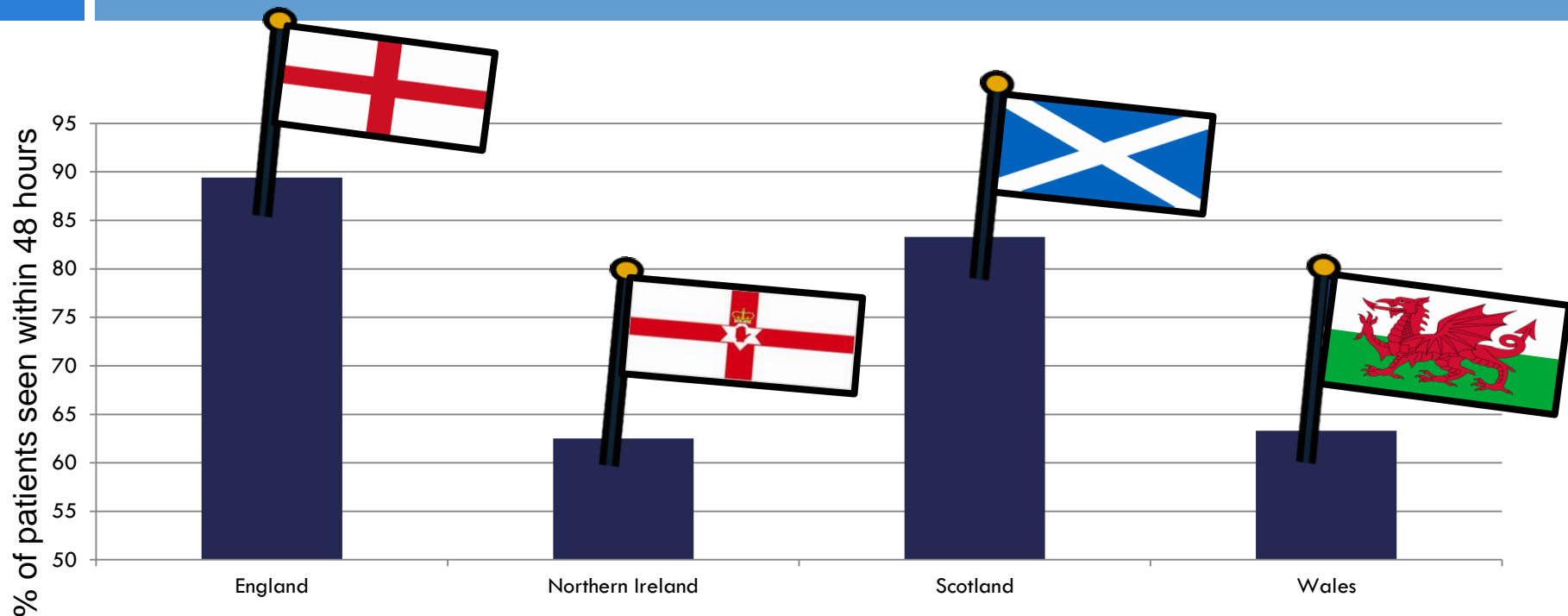
How Were Symptomatic Patients Accommodated?

Type of Appointment Offered for
Symptomatic Patients Seen Within 48
hours



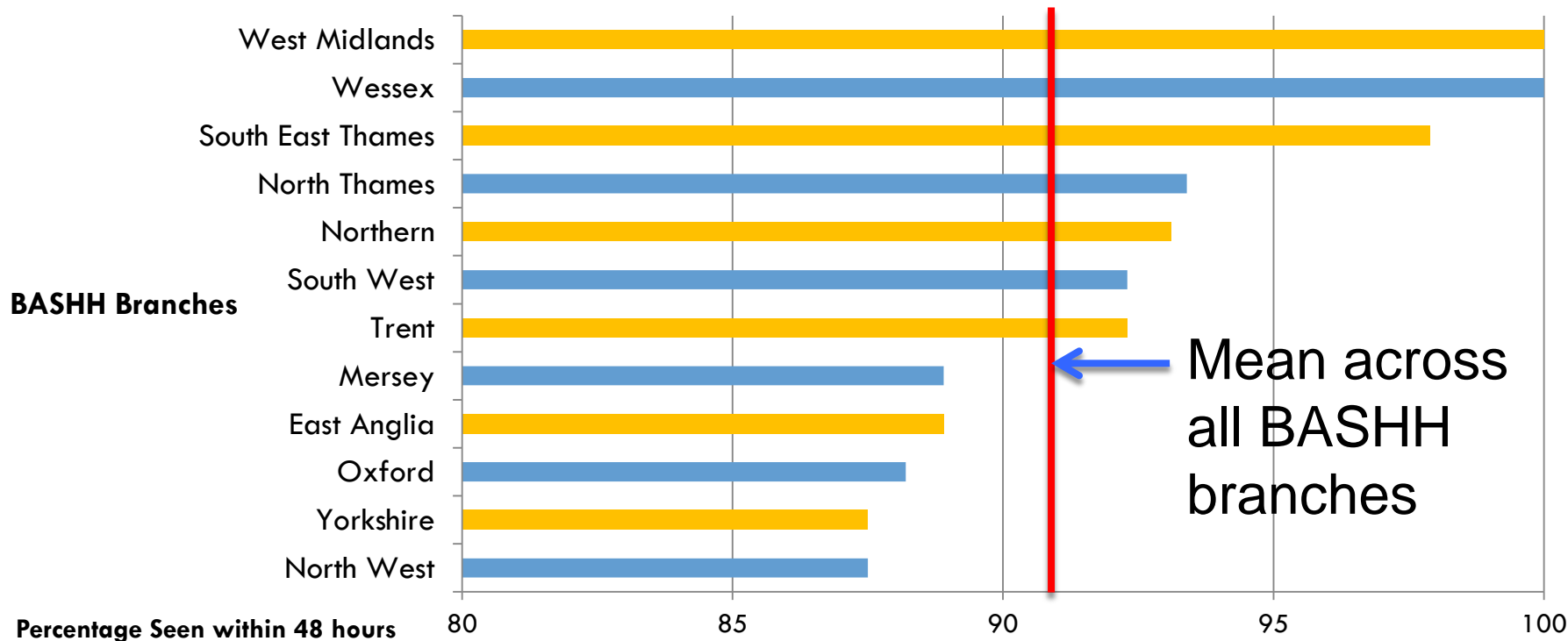
33% of all
successful
symptomatic
calls offered to be
seen within 48
hours were on a
walk in basis only

Devolved Nations Comparison



Significant difference found between devolved nations for female symptomatic patient ($p=0.001$)

BASHH Branch Access Comparison



No significant difference between BASHH regions within England (Male $p=0.265$, Female $p=0.429$)

Booking an Asymptomatic Appointment

➡ Could asymptomatic patients book an appointment?

82% of asymptomatic patients could book an appointment

44% of those appointments were within 48 hours

Maximum time until an asymptomatic patient could be seen was 43 days

True Walk-in Clinic Waiting Times

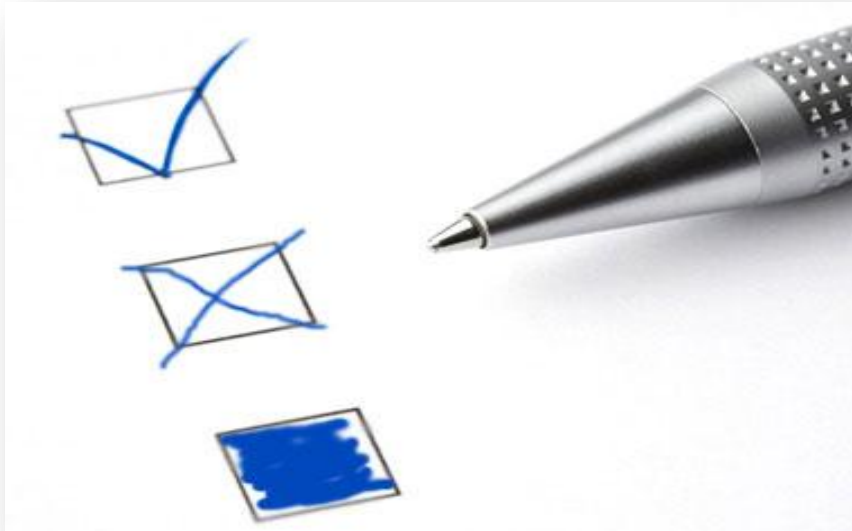
- **5%** of clinics could not see the patient on the day
- Mean waiting time of **59**

minutes

*(range 2 – 3 hours
54 minutes)*



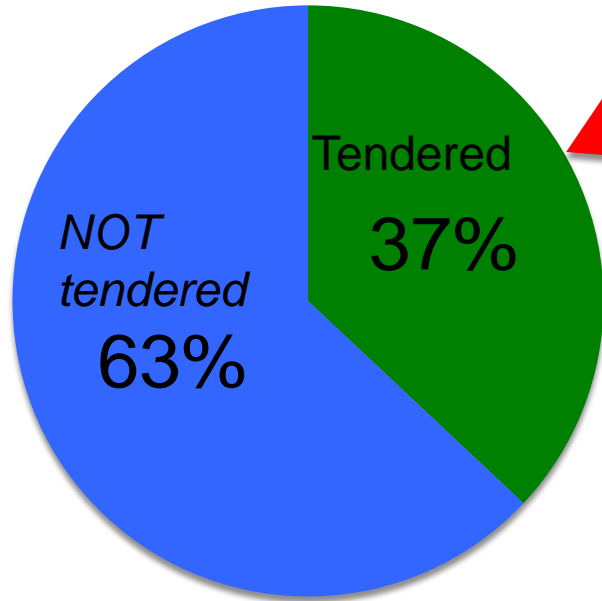
Lead clinician questionnaire



Response rate of

48%

Clinic Tender Status



37% of clinics have been tendered within the last 5 years

48% of clinics who have not been tendered expect to be tendered in the next year

There was no significant difference between tender status and the provision of a 48 hour appointment (male $p=0.587$ female $p=0.406$)

Expectation Vs. Reality

Expectation: **96%** of clinics predicted that they could successfully see a *symptomatic patient within 48 hours*

Reality: **91%**

4% of clinics underestimated the true walk-in waiting time.

37% overestimated the true walk-in waiting time.

Conclusion

- The level of access has declined from **95%** found in 2014 to **91%** this year.
- For those urgent patient not offered an appointment within 48 hours, there are waiting times up to **14 days**.
- For **18%** of asymptomatic patients it was impossible to book an appointment for an asymptomatic screen.

Conclusion

- When patients attend walk-in 95% can be seen, showing that clinicians are doing their utmost to accommodate urgent symptomatic patients.
- Walk-in times are thought to be bad but are generally better than people think with the average being 59 minutes.
- There is currently *no association between tendering and 48 hour appointment provision*

Acknowledgments

We would like to thank:

- Public Health England and BASHH (in particular Dr Gwenda Hughes) for their support in producing the clinician questionnaire and for providing an educational grant
- All participating GUM clinics
- Dr Patel, Dr Clarke and our supervisor Dr Foley for their continued support