COUNTESS OF CHESTER GENITO-URINARY MEDICINE / SEXUAL HEALTH SERVICE

PLANS TO IMPROVE THE SERVICE AND ACHIEVE TARGETS USING NEW ALLOCATIONS FROM THE DEPARTMENT OF HEALTH FROM APRIL 2006

INTRODUCTION
The white paper funding recurrent allocations for Sexual Health indicates that approximately £92,000 will come to Cheshire West and £50,000 to Ellesmere Port & Neston, specifically to improve access to GU Medicine. There are other streams of funding earmarked for contraception service and improving access to abortion, and for co-ordination and performance management. See attached table of grade of staff and costings.

(There is also £25million in 2006, another £25million in 2007 specifically for capital, and this GU) (Medicine clinic will be applying for a new build in the hope of acquiring some of this capital money)

CURRENT SITUATION
The GU Medicine clinic at Chester currently sees about 6000 new patients a year, and has a HIV cohort of about 84 patients. The new to follow-up ratio in this clinic is 1 to 0.5 and this was borne out by a recent 6 Sigma review of UK clinics. The clinic has also embraced new technology using first catch urines as a fast screening process for asymptomatic patients and this has significantly increased throughput, but there is still a problem achieving the 48 hour access for patients who want it. The following proposals for use of recurrent money will achieve the 48 hour access target and build increased capacity for the future.

1. RECEPTION
Inadequate reception staffing is a major bottle neck in the process, as patients are constantly phoning up for appointments or phoning in with a DNA and often can't get through or just get the answerphone machine because reception staff are still busy with the current ongoing clinic work load. A recent "call" report on the main clinic extension number revealed a dire situation with almost 4000 calls in October 2005, of which almost 2000 received a "busy" outcome, almost 1000 got no answer and almost "1000" got connected. This is despite us having set up a results line (363099) six months ago to help alleviate phone calls for appointments. Current reception staffing is 3 receptionists doing 68 hours between them.

2. MLSO/BMS COVER FOR CLINICS
Despite increasing the number of clinics, we couldn't increase the MLSO cover, so embarrassingly there are some GU Medicine clinics functioning with no microscopy or laboratory facilities available to the staff. The number of clinics has increased and will increase further and a second MLSO/BMS is needed to provide cover for all current and future proposed clinics.

3. MEDICAL
Currently there is only one full time medical consultant in this GU Medicine service and that is Dr O'Mahony. The 2nd Consultant post is shared with the Royal Liverpool University Hospital and there is a part-time Associate Specialist, and part-time Staff Grade post.

Proposal
♦ Regrade current 5 session Staff Grade to 5 session Associate Specialist
♦ Increase 2nd Consultant from 10 sessions to 11 session post, so it will take account of late clinics and on call commitment.
♦ 4 New Clinical Assistant sessions to ensure adequate medical staffing at each clinic. An alternative would be to employ a part time Staff Grade Doctor.
4. **NURSING**  
The advent of new technology means nurses can do asymptomatic screening and many patients only require this. This use of nursing skill needs to increase dramatically to allow easy access for patients who actually have serious disease to get into a Doctor led clinic.

Although space and facilities are a big limiting factor, using innovative working practices, ie. shift working, more patients could be put through the system for asymptomatic screening if the nursing complement was increased.

**Proposal**  
2 x full time Band 6 nurses for asymptomatic screening clinics  
2 x half time Band 3 nurses

Some of these staff would also be instrumental in developing asymptomatic screening in other locations, particularly Ellesmere Port. This would be a logical extension of the chlamydia screening programme and they could help set up a separate / satellite unit in Ellesmere Port, particularly for asymptomatic screening. This will eventually have to be developed to allow treatment of acute disease as well, but a new location of facilities would be needed in Ellesmere Port to allow this to happen.

5. **HIV PATIENTS**  
HIV patients attending greatly detract from the ability of the clinic to run 'open access' as these patients often have prolonged consultations and they are unpredictable. Improvement in management of HIV using support from the Infectious Disease Unit from the Royal Liverpool Hospital would help ensure that practice in the Countess of Chester is up to standard with that of the regional centre. The proposal is to purchase 1.5 sessions of ID Consultant from the Royal Liverpool. The ID Consultant would attend the weekly HIV clinic here at the Countess.

6. **HEALTH PROMOTION WORK**  
This clinic had an enviable reputation in working with schools and recently that work has had to be stopped totally because of the increased pressures on the clinic. It seems a shame as the Government has recognised that education about sex and relationships is critical in the battle against teenage pregnancy and STDs, and we would really like to reinstate this work. More health adviser time is also needed in the clinic to deal with the big STD increases and HIV. Health Adviser - Band 7 part time.

7. **SECRETARIAL SUPPORT**  
Since the addition of a 2nd Consultant no secretarial support was possible for this post and it has proved difficult with one secretary providing secretarial duties for clinic staff of 23, work can get delayed. There is also no cover when the secretary is off, so the proposal to address this would currently be an extra part-time (probably full time within the next 5 years). It would be of great help with all the administration duties our secretary does, ie. eProcurement.  
Medical Secretary Grade A&C 3/4