USING STANDARD OPERATING PROCEDURES TO ENHANCE THE ROLE OF SEXUAL HEALTH ADVISERS

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INTRODUCTION – HISTORY OF SEXUAL HEALTH ADVISING

• Contact tracing for infections has been going on since the 1900s

• Colonel L.W. Harrison – the first Adviser in Venereal Disease – would ask his soldiers about the source of their infections

• Sexual Health Advisers were first established in the 1980s after slowly evolving from ‘medical social workers’ who were employed in the 1920s and 1930s
**Sexual Health Advisers Today: The Swiss Army Knife**

- Partner Notification & Infection Management
- Drug & Alcohol Interventions
- Risk Reduction Interventions
- Child & Adult Safeguarding
- Asymptomatic Screens and Phlebotomy
- Sexual Assault Assessments
- PrEP Discussions
- Domestic Abuse Assessments
- Managing new HIV diagnoses
- Health Anxiety Management
- Therapy and Counselling
- PEP Risk Assessments
- Managing new HIV diagnoses
SEXUAL HEALTH ADVISERS TODAY: CAREER BACKGROUNDS

- Nurse
- Social Worker
- Therapist
- Health Promotion
PRESSURES ON SEXUAL HEALTH SERVICES
EXPANDING THE ROLE OF THE SEXUAL HEALTH ADVISER

• In 2009 the Chelsea and Westminster Hospital SHAs pushed for the development of the Azithromycin dispensing SOP for confirmed Chlamydia infections to improve patient experience
• SHAs would undergo training by pharmacy and have a period of observed practice
• After which the SHA could obtain the prescription from a doctor and dispense the medication under patient specific direction
But why do we need SOPs?

- Not all Health Advisers have a nursing background
- PGDs cannot be used by non-nurses
- You can expand the role of existing staff rather than replace them and losing skillsets
Expanding the Role of the Sexual Health Adviser

• Introducing these SoPs has:
  • Improved patient experience by reducing the number of clinicians seen and time spent in the clinic
  • Better Partner Notification outcomes
  • Freed up time for nurses to see patients more suited to their skill set
What more can be done?

• In 2018 the Azithromycin SOP was updated to include Doxycycline and asymptomatic contacts of Chlamydia
• Further developments coming include SHAs:
  • Giving HPV and HBV vaccinations
  • Dispensing PEP medication
  • Dispensing PrEP medication and managing IMPACT patients
  • P070 poster: Health Adviser Model for the Delivery of Pre-Exposure Prophylaxis
WHAT MORE CAN BE DONE?

• These further introductions would:
  • Further improve patient flow and experience in clinic
  • Allow development of existing staff rather than replacing them, potentially saving money
  • Free up general clinic appointments for doctors and nurses to see symptomatic/medically complex patients
  • Allow the integration of risk reduction and safeguarding into the patient’s visit
THANK YOU, ANY QUESTIONS?

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