From Frying pan to Fire?
Have cuts in sexual health services affected A&E?

Dr Rupinder Chana
FY2 Nottingham University Hospital
Background

• Pre 2015:
  – Walk in Service in parallel with appointment system
  • 20 -25,000 ‘walk-in’ patients per annum

• October 2015
  – Discontinued walk-in appointments for adults over the age of 18
Background

• Post 2015
  – Nurse-delivered triage to identify those needing emergency appointments (PEPSE, Sexual assault, HSV, emergency contraception and under 18s)
  – Otherwise ‘walk-ins’ discouraged.
  – Patient are asked to make an appointment or can ring in for ‘on the day’ appointments.
Questions:

1) Did A+E see an increase in attendances following the change in sexual health services?

1) Are patients who attend A&E for sexual health problems managed appropriately?
Methods

• Retrospective review of all A&E attendees aged >14 years coded with Sexual health related code
  – November 2014-2015
  – November 2017-2018

• Single sexual health clinician reviewed A&E EPR and removed:
  – Incorrectly coded patients
  – Patients attending with genuine ‘accident/emergency’ (e.g. testicular torsion, trauma)
  – Patients who required admission
Methods

• A&E EPR reviewed for 3 key factors:
  – 1) Was a sexual history taken?
  – 2) Was STI screening of any sort undertaken?
  – 3) Was the patient referred formally or informally to Sexual health?

• Sexual Health EPR reviewed
  – 1) Did they attend sexual health for that same episode?
Common codes in A+E

- Vaginal infection
- Sexually transmitted disease
- PEPSE
- Sexual assault
- Genital warts
- Genital herpes
- Thrush
- Epididymorchitis
- Chlamydia
- Gonorrhea
Question:

1) Did A+E see an increase in attendances following the change in sexual health services?
Results

• 599 episodes in total coded with a sexual health related code
Numbers of patients presenting to A&E with sexual health related episodes

- 2014/15: 179 case notes with possible SH code, 69 sexual health problem
- 2017/18: 420 case notes with possible SH code, 131 sexual health problem
Numbers of patients presenting to A&E with sexual health related episodes

- 90% increase in SH attendances
- 6% increase in total A&E attendances
Demographics

### 2014/15
- 25% seen in hours
- 13% females, 87% males
- Mean age 30
- Age range 16-62

### 2017/18
- 27% seen in hours
- 18% females, 82% males
- Mean age 30
- Age range 16-66
Question:

2) Are patients who attend A&E for sexual health problems managed appropriately?
Proportion of ‘true’ sexual health attendees having sexual health interventions

2014/15
- Sexual History taken: 46.4%
- Basic STI screen done: 27.5%
- Referred to SH: 52.6%

2017/18
- Sexual History taken: 58.3%
- Basic STI screen done: 9.1%
- Referred to SH: 45.4%
Does it matter if they referred to SH anyway?

2014/15

- Referred and attended: 1%
- Referred and not attended: 26%
- Not referred and attended: 25%
- Not referred and not attended: 48%

2017/18

- Referred and attended: 7%
- Referred and not attended: 22%
- Not referred and attended: 47%
- Not referred and not attended: 24%
Can we draw any conclusions?

- There has been an increase in sexual health attendances in A&E
  - Can’t infer trends with only two time points
  - Went back and analyzed 2016/17 data:
    - 304 total coded attendances
    - 104 were ‘true’ sexual health attendances
A&E attendances with sexual health problems

- 2014/15: 69
- 2016/2017: 104
- 2017/18: 179
Why has this happened?

• Next steps:
  – Survey in A&E
    • Short questionnaire
    • Completion rate extremely low
    • Combined it with a referral pathway
Please complete the questionnaire below and return to A&E staff:

In order to help us improve our services please tell us why you attended A&E today:
(Circle all that apply)

1. I called the Sexual health service but they could not offer me an appointment when I wanted to be seen.

2. I called the Sexual Health service but they were closed/could not get through.

1. I did not think my problem could be dealt with at the sexual health service

2. My symptoms were so severe that I felt I needed immediate attention

3. Other: Please explain:
**Genito-Urinary Conditions in A&E**

**For Patients:**
The Nottingham University Hospital Sexual Health Service may be able to help you with the problem you have presented with today.

**How to find us:**

<table>
<thead>
<tr>
<th>Dept Sexual Health</th>
<th>Dept Sexual Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gate 2 - Nottingham City Hospital</td>
<td>Victoria Health Centre</td>
</tr>
<tr>
<td>Hucknall Road</td>
<td>Glasshouse Street</td>
</tr>
<tr>
<td>Nottingham</td>
<td>Nottingham</td>
</tr>
<tr>
<td>NG5 1PB</td>
<td>NG1 3LW</td>
</tr>
<tr>
<td>Tel: <a href="">0115 962 7627</a></td>
<td>Tel: <a href="">0115 962 7627</a></td>
</tr>
<tr>
<td>Lines open: 8.30am-7.00pm, Monday-Friday</td>
<td>Lines open: 8.30am-7.00pm, Monday-Friday</td>
</tr>
</tbody>
</table>

**Clinic Open**

| Monday 9am-7pm | Mondays, Tuesdays & Fridays 9am-5pm |
| Tuesday & Wednesday 9am-5pm | Wednesday 9am-7pm |
| Thursday 1-7pm | Thursdays 1-5pm |
| Friday 9am-1pm | Saturday 10am-2pm |

Or book online: [https://www.nuh.nhs.uk/sexual-health-services](https://www.nuh.nhs.uk/sexual-health-services)
For A&E staff:
Conditions where you would consider GU Medicine ("Sexual Health") referral:
Outcome:

1) Referred to Sexual health to be seen urgently: Please ring GUM ON call via switchboard

2) Referred to Sexual health non-urgently (within 3 weeks): Patient to phone Sexual Health

3) Referral not required. Patient managed fully in A&E

4) Referral to Speciality other than Sexual Health (Please state department)
Conclusions

• There has been an increase in sexual health attendances in Nottingham’s A+E

• There *may be* a correlation in A&E attendances with a reduction in walk-in attendances to SHS following service re-design post tender.
  
  – Access to GP services may be a confounding factor
  
  – Reflects an increase in sexual health related attendances per se?
  
  – Coding inaccuracies?
Conclusions

• This matters
  – Cost of A&E attendances
  – Impact on waiting times in already stretched services
  – Sexual health care in A&E currently falls below recommended national standards
  – Teaching and training session planned for A+E staff and work ongoing to improve referral pathways
Acknowledgements

• My Supervisor Dr Ashini Fox
• My A+E Collaborators: Dr Umar Khan and Dr Asif Malik and the A+E staff distributing our survey
• Data managers Mr Howard Gees and Kosma Szychowski-Nowak
• All my colleagues at Nottingham ISHS
• All the patients taking part in our survey