Follow-up National Syphilis Audit 2017

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BASHH Syphilis Audit – catchup

**Policy**
- Availability of diagnostics
- Clinic policy on repeat HIV testing
- Clinic policy on followup

**Practice**
- Treatment
- Policy – syphilis in pregnancy, document unlicensed medication use, consent to inform GP
- Written patient information, availability of PN
BASHH Syphilis Audit 2017 - Outcomes

Standards met

- 97% Adherence to recommended treatment (standard 97%)
- 0.9 Contacts seen and tested within 4 weeks (standard 0.6)

Standards not met

- 74% had documented action in relation to informing sexual contacts (standard 97%)
- 95% documented pre-treatment serology (standard 97%)

Clinics with formal policy on HIV testing after a syphilis diagnosis were twice likely to provide HIV test after the window period
Follow-up

Email survey sent via all Regional audit leads between January and March 2018

43/161 clinics responded (27% response rate)
Follow-up survey

PRESENTATION OF AUDIT FINDINGS IN CLINICS

AWARENESS OF PN OUTCOMES FALLING SHORT OF STANDARDS

WHETHER THIS WAS DISCUSSED WITHIN SERVICE TO MAKE CHANGES

HAS PN PERFORMANCE BEEN AFFECTED BY A DECLINE IN HEALTH ADVISOR NUMBERS

ANY CHANGES MADE TO ENSURE AN AGREED CONTACT ACTION OR DECISION NOT TO CONTACT IS DOCUMENTED

ANY CHANGES MADE TO CLINIC POLICIES/PROCEDURES REGARDING REPEAT HIV TESTING FOR HIV NEGATIVE INDIVIDUALS
Survey Findings

**Presentation**
- 35/43 presented their findings to staff
- 5 scheduled to present, 3 communicated via email

**Awareness of PN outcomes**
- 35/43 aware of falling PN standards
- 5 clinics mentioned they met standards

**Making changes**
- 33/43 discussed to make changes
- 3 clinics planning to discuss
Changes made by clinics

- Added to governance dashboard to monitor regularly
- Retrain all staff to document PN in new software
- Local PN policy being developed
- Staff training
PN performance affected by decline in HA numbers?

Yes, 17, 40%
No, 24, 56%
Difficult to say, 1, 2%
Not answered, 1, 2%

- No dedicated HA
- Falling of HA numbers
- HA sessions reduced
- HA do results management
- HA admin time reduced
- HA doing more clinical work and less PN work
## Making changes in PN documentation

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<td>6</td>
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- Modification of clinic templates
- Ensure all patients see HA
- New PN proforma
- Using 'Task Viewer’ in electronic records
- Introduction of PN proforma and robust DNA pathway
- Retraining all staff
- Local reaudit
Repeat testing in HIV

• 35/43 made changes
• Changes:
  • Recall procedures
  • Text reminders for patients with early STS to repeat HIV/RPR at 1 month after treatment
  • Guideline for recalling at risk/defaulted patients
  • Staff education
  • Changes in follow-up forms
Challenges for effective PN

- HA roles are amalgamated into clinical roles
- ‘Smart world’ issues – online sites, multiple partners - whereabouts not known
- Chemsex, sex parties
- Highlight/prioritise - importance/HA role on PN with commissioners, service specifications
Acknowledgements

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