Trends in activity and complexity in a tertiary London sexual health clinic: a useful approach for evidence-informed commissioning

Dhanya Gardner on behalf of Public Health Croydon and Croydon Health Services

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Background

• Croydon is an outer South West London borough
• Population of 380,000 of which, one third are under 25
• One level 3 integrated sexual health hub based at local hospital
• Priority areas for the borough are reducing:
  • Teenage pregnancy
  • Repeat terminations
  • STI transmission, and
  • Late diagnosis of HIV
Background

National
• 4% national reduction in spending on STI testing and treatment between 2013/14 and 2015/16\(^1\).
• Increasing new attendances at sexual health clinics with increasing diagnosis rates reported\(^1\).

Local
• Local concern over increasing complexity and number of cases.
• Local transformation of services towards prevention focused work streams, and financial sustainability
• Project to identify evidence to inform commissioning

\(^1\) R. Robertson, The Kings Fund, 2017
Aims

1) To describe the volume and complexity of cases attending our in borough service
2) To explore the potential impact on future services
Methods

• Data downloaded from GUMCAD for May and June 2016, 2017, 2018
• New presentations only
• Combination of local and SHHAPT codes
• Codes were categorized based on:
  • Time required
  • Physical resources e.g. microscopy
  • Level of expertise required
  • Additional human resources required
## Methods: Categories agreed with team

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-Category</th>
<th>Notes</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing</td>
<td></td>
<td>Any testing code</td>
<td>STI rapid point of care test, Syphilis and HIV test, Chlamydia</td>
</tr>
<tr>
<td>Simple</td>
<td>Clinical</td>
<td>Nurse/senior nurse led</td>
<td>Hep B vaccine, chlamydia, UTI, candidiasis, Herpes</td>
</tr>
<tr>
<td></td>
<td>Non-clinical</td>
<td>Could be undertaken by non clinical staff e.g. HCA</td>
<td>Smoking, alcohol advice, condoms</td>
</tr>
<tr>
<td>Complex</td>
<td>Clinical</td>
<td>Need for doctor/nurse specialist, extensive time e.g. clinical counselling or resource such as laboratory test and analysis</td>
<td>Syphilis, Hepatitis, PID, specialist referral, recurrent and recalcitrant conditions, Pep/PreP</td>
</tr>
<tr>
<td></td>
<td>Non clinical</td>
<td>Need in house or external safeguarding expertise (immediate or short term) or counselling or extensive non-clinical time required.</td>
<td>CSE, safeguarding referral, Domestic violence, FGM, ChemSex, crisis counselling, GP letter referral</td>
</tr>
</tbody>
</table>
Results

**Total Seen**

May-June 2016: 1810
May-June 2017: 2000
May-June 2018: 2100

**Count of Services Provided**

- **Total Simple Codes**
  - May-June 2016: 500
  - May-June 2017: 1500
  - May-June 2018: 2500

- **Total Complex**
  - May-June 2016: 0
  - May-June 2017: 1000
  - May-June 2018: 2000

- **Total Testing**
  - May-June 2016: 0
  - May-June 2017: 1000
  - May-June 2018: 2000
Individual case analysis

• Each individual allocated a single category to describe their presentation:
  • Testing = any testing code + no other codes
  • Simple = ≤3 simple codes + no complex codes
  • Complex = >3 simple codes +/- any complex code
### Individual Presentations

<table>
<thead>
<tr>
<th></th>
<th>May – June 2016</th>
<th>May – June 2017</th>
<th>May – June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Simple</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(≤3 simple codes, no complex)</td>
<td>993 (54.3%)</td>
<td>886 (45.7%)</td>
<td>877 (43.8%)</td>
</tr>
<tr>
<td><strong>Complex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(&gt;3 simple codes or any complex)</td>
<td>373 (20.4%)</td>
<td>405 (21.2%)</td>
<td>533 (26.6%)</td>
</tr>
<tr>
<td><strong>Testing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>464 (25.4%)</td>
<td>649 (33.5%)</td>
<td>592 (29.6%)</td>
</tr>
</tbody>
</table>
Cases with Complex presentations: Number of complexities

<table>
<thead>
<tr>
<th>Complexity Level</th>
<th>May – June 2016</th>
<th>May – June 2017</th>
<th>May – June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Complex or &gt;3 simple</td>
<td>332 (87.0%)</td>
<td>323 (83.7%)</td>
<td>409 (77.8%)</td>
</tr>
<tr>
<td>2 Complex</td>
<td>32 (10.1%)</td>
<td>59 (15.6%)</td>
<td>88 (17.6%)</td>
</tr>
<tr>
<td>≥ 3 complex</td>
<td>9 (2.9%)</td>
<td>23 (0.7%)</td>
<td>36 (4.6%)</td>
</tr>
</tbody>
</table>
Cases with Complex Presentations: Cause of complexity

- Proportion Clinical
- Proportion Non Clinical
- Proportion Both

- May-June 2016
- May-June 2017
- May-June 2018
Cause of non-clinical complex presentation

• In 2018 the greatest proportion of non-clinical complexity was counselling (n=112, 63%) which increased from n=49 (50%) in 2017.

• Numbers of other groups are small but increases were seen in:
  • Child sexual exploitation
  • Domestic violence
  • Female genital mutilation
  • Safeguarding
Discussion

Strengths:
• Local data
• Collaborative working with services to coproduce services
• Supporting anecdote with local evidence
• Replicable

Limitations:
• Short period of data
• Small numbers of individual codes
• Vulnerable to changes in clinical practice
Summary

• Increased numbers of patients seen
• Increased number of services provided
• Increased number of complex presentations with increased number of complex issues
• As a result: Increases in counselling referrals, chemsex and domestic violence

Implications
• Identified the need for additional work e.g modelling, e-service
• Informing local commissioning decisions such as how we better target and repatriate
• In the national context – this is likely to be an issue in other local areas and this method could be adapted for local needs.
Questions?