Review of the Sexual Health and Reproductive Health Primary Care Provision – through the Network Enhanced Service
Tower Hamlets

Sukhjit Sanghera
Public Health programme lead for Young Adults

Sexual and reproductive health NIS provision in primary care

To offer choice and high-quality provision of sexual health services in primary care to complement and add value to the work of the hospital and community based sexual health and contraceptive services.

External review

- There was a need to review sexual health and reproductive health provision within primary care as there is a large variability in LARC and sexual health provision received by residents across the borough
- PHAST was commissioned to evaluate the Primary Care Sexual Health and Reproductive Health Services in 2018/19

Validation

- Review of findings & recommendations shared with key stakeholders (primary care leads, the GP care group and representatives from specialist integrated sexual health service) to explore how the provision could be improved

Planning & Implementation

- Review findings were shared with the LMC who agreed that it was important for Tower Hamlets residents to achieve the best sexual and reproductive health outcomes
- Oversight group (LMC representative and primary care providers) started to plan & review changes including implementation of pilot activity

Review methods

The following methods were used to inform the review on the SRH service provision and performance in primary care.

Review of evidence, national guidance and best practice based on expert interviews

Insights into commissioning, performance and process of local SRH services through semi-structured interviews with key stakeholders

Visits to a representative sample of GP practices randomly chosen

Online GP practice survey

Analysis of SRH service data as provided by CEG and published by Public Health England

Key Findings - Review of the evidence and national guidance on primary care sexual health interventions

- There are a number of studies on the effectiveness of primary care-based SRH services
  - added value
  - can be more accessible to particular groups
  - can help to reduce inequalities in SRH outcomes

- Primary care-based SRH services should be able to work to and achieve the appropriate standards for SRH services which also apply to other settings.

- There is no information about whether primary care-based services which achieve the recommended standards would be any more or less effective than SRH services working to the same standards in other settings.

Key Findings
Evidence review of good practice provision of SRH services in primary care

Success factors for primary care-based SRH services

- The need for consistent approaches and seamless services with clear onward referral pathways
- Ensuring confidentiality and reducing stigma
- Flexibility in provision
- Clear arrangements for monitoring and performance management
- High quality training and support for professionals including clarity on responsibility for resourcing training
- Ensuring SRH services take users' views into account
- Integrating SRH services with other provision, proactively in order to reach high-risk groups.
- Views were mixed on the appropriateness of primary care as a setting for targeting vulnerable and high-risk groups.

Key Findings
Review of good practice provision of SRH services in primary care

Challenges and Barriers

- Maintaining staff competence and confidence
- The perception that service users do not want SRH services in primary care
- Limited resources available insufficient to cover costs
- The lack of integration across the commissioners of different elements of SRH services was considered an important barrier
- Lack of close links between primary care and specialist services

Insights from GP visits

Good Practice for STI screening

- Screening and testing integrated into new patient checks
- Flags on computer systems works well for opportunistic screening of vulnerable populations.

Population factors

- The younger working population in their 20s and 30s having professional or office- based work are proactive in asking for STI testing
- Younger educated patients (in particular women) from the Bangladeshi community are more engaged and do take up tests
- Older married women (in their 50s) are less likely to take up tests as they consider themselves not at risk because of stable relationship.

Insights from GP Practice Visits

Inequalities due to variations within practices process

- Variation in information and leaflets on SRH in reception areas with some having no information
- Variation in SRH audits and discussions

Suggestions for improvement

- Provide monthly or quarterly sexual health performance to practices
- Support and training for SRH audit across the pathway
- Sexual health promotion should be improved starting from schools, university/colleges and workplace

Good practice in primary care STI screening

- The findings from the practice visits concurred with findings from literature. Offering the STI screens new patient registration and flags on computer, how the offer is made are two important practices for improving uptake among all communities.

Sexual & Reproductive Health Survey for GP Practices

- Each practice was asked to complete the survey once.
- Staff completing the survey included Practice managers, GPs and practice nurses.
- In total 33 out of 36 (92%) GP practices in Tower Hamlets responded to the survey, with 28 practices fully completing the survey and with an average completion rate of 92%.

Insights from GP Practices Survey

Target patients opportunistically at health checks including

- New registrations
- Over 16 checks and NHS Health checks
- Cervical screening
- Blood tests for other reasons
- Long term condition checks
- Annual learning disability reviews

Target young people

- Offer at the teenage clinic
- Young person friendly area with access to self-testing
- Offer free condoms at the GP practice
- Offer opportunistic screening in unrelated consultations.
- Promote remote testing eg self-swabbing and self-urine packs.

Target people with relevant protected characteristics

- Incorporate SRH teaching as standard within annual learning disability reviews
- Identify patients with relevant protected characteristics & invite them for a health check
- Target LGBT communities.

STI screening and testing in Primary Care

Chlamydia

- About 1 in 5 of chlamydia in Tower Hamlets in 15-24 age group and 1 in 10 for all age groups were detected in primary care.

HIV

- About 1 in 4 HIV cases detected in Tower Hamlets was detected in primary care.
- Tower Hamlets has low late detection rate for HIV which may be partly due to the early detection in primary care.

Syphilis

- About 15% of syphilis cases were detected in primary care.

Gonorrhoea

- The gonorrhoea detection rate was low in primary care.
- In the last 3 years the % of the practice population screened for Gonorrhoea has remained the same, the testing positivity rate has decreased from 1.9 to 1.6 and the diagnosis rate has decreased from 8.0 to 6.8.

Hepatitis C

- The Hepatitis C detection in primary care as a proportion of total Hepatitis detection in Tower Hamlets was low.

Percentage of total screens from each network – 2017/18

Network	Hepatitis B	Hepatitis C	HIV	Syphilis	Chlamydia (15-24 Years)	Chlamydia & Gonorrhea
The One Network	12%	9%	12%	12%	20%	13%
East End Health Network	20%	23%	20%	20%	20%	19%
Stepney and Whitechapel Network	16%	25%	16%	16%	9%	10%
The Highway Network	11%	9%	11%	11%	10%	10%
Bow Health Network	8%	4%	8%	8%	9%	9%
Mile End East and Bromley By Bow Network	14%	11%	14%	14%	10%	12%
Poplar and Limehouse Network	13%	13%	13%	13%	11%	12%
Healthy Island Network	7%	6%	7%	7%	10%	13%
Tower Hamlets Total	10895	2895	10917	10803	3372	13513

Percentage of Total diagnoses from each network – 2017/18

Network	Hepatitis B	Hepatitis C	HIV	Syphilis	Chlamydia (15-24)	Chlamydia	Gonorrhea	Genital Herpes	Genital Warts
The One Network	10%	0%	5%	6%	19%	13%	9%	12%	12%
East End Health Network	8%	80%	16%	17%	15%	21%	27%	18%	24%
Stepney and Whitechapel Network	21%	20%	11%	25%	10%	9%	5%	8%	11%
The Highway Network	8%	0%	16%	17%	8%	7%	23%	12%	7%
Bow Health Network	13%	0%	11%	6%	5%	8%	9%	13%	9%
Mile End East and Bromley By Bow Network	19%	0%	11%	17%	10%	15%	14%	6%	9%
Poplar and Limehouse Network	4%	0%	26%	6%	15%	13%	0%	12%	11%
Healthy Island Network	17%	0%	5%	8%	17%	15%	14%	19%	16%
Tower Hamlets Total	48	5	19	36	155	344	22	77	74

Conclusions & Recommendations – STI Recommendations

- STI screening & Chlamydia screening in primary care is contributing to finding cases early at a reasonable cost per screen and case detection.

- An audit of the fail-safe systems across the pathway should be undertaken to ensure treatment, partner notification and follow up is done in a timely manner across the system.

Conclusions & Recommendations - SRH Recommendations

Commission future SRH Network models that have fully defined in the service specification clear protocols for the following

- SRH referral and communication pathways
- Data recording to optimise SRH monitoring/demographic/inequalities analyses
- Identifying at risk patients /groups with relevant protected characteristics
- New patient checks / annual check to include SRH screening and information
- Screen alerts to prompt primary care clinicians to address SRH
- Appropriate screening questions to be asked at registration /annual checks
- Quality SRH training & support for professionals
- Clarity on responsibility for resourcing training
- High quality arrangements for monitoring and performance management

Conclusions & Recommendations - Consider commissioning the following initiatives

- Joined up commissioning of all SRH services
- Include new technologies
- Work in collaboration with other health and social care commissioners to deliver more targeted support to priority groups and vulnerable populations
- A Women's Centre – staffed by primary care and by specialist care offering integrated women's healthcare that includes comprehensive contraceptive care, the screening and management of STI's and vaginal infections that are not STIs, ante-natal care, the management of dysmenorrhea/menorrhagia/ menopause. Many people need an anonymous clinic to go to that is not their GP or an STI clinic.
- Pharmacists to deliver more SRH screening and care

Conclusions & Recommendations - LARC Recommendations

- Commissioners should address ways to improve access to LARC in Tower Hamlets. This may involve improving the provision of LARC from the GP Networks or seeking alternative ways to provide LARC from community settings.
- Commissioners should consider a payment structure that will incentivise GP practices to offer more LARC methods and target populations with relevant protected characteristics in order to improve access to LARC.
- Commissioners should consider offering onsite training in LARC methods to promote a whole practice approach to LARC.
- Commissioners should target post-partum contraception, especially to high-risk groups
- Ensure the LARC data recorded includes
  - Reason for LARC removal
  - Type of IUD/IUS /implant inserted
  - Date IUD/IUS /implant/should be removed

Sexual and reproductive health in primary care review

Challenges and barriers in primary care
Maintaining staff competence was a issue. The importance of cover in primary care combined with the service pressures and staffing levels were all identified as factors impacting service provision of LARCs in primary care
Some perceptions that service users do not want SRH services in primary care
The lack of integration across the different elements of SRH services was considered an important barrier
Difficulty targeting high risk group e.g. MSM and refugees as their status is not known to GP Practices
Processes for identification of high risk groups to be screened for STIs, management & treatment & recording varied in practices

Recommendations for consideration
Robust data recording process to ensure a targeted approach to screening high risk people. The following categories should be included: age, disability, gender reassignment, pregnancy and maternity, ethnicity, religion sex identity& sexual orientation
Identifying at risk patients /groups with relevant protected characteristics
New patient checks / annual check to include SRH screening and information
With the introduction of on-line registration ensure appropriate screening questions are asked at registration & annual checks are undertaken
An review of the fail-safe systems across the pathway should be undertaken to ensure treatment, partner notification and follow up is done in a timely manner across the system
Uptake of SRH training & support
Identify a better process of inter-practice referral
Extend LARC provision in GP hubs & support staff competency

Proposed changes to the NIS 2020/21 TBC

1.	Robust data recording process to ensure a targeted approach to screening high risk people. The following categories should be included: age, disability, gender reassignment, pregnancy and maternity, ethnicity, religion sex identity& sexual orientation
2.	Work with networks to facilitate case audits of partner notification and recording of high risk
3.	There will no longer be a payment hepatitis C screening
4.	Diagnosis and management of genital herpes simplex or warts payment
5.	At least 1 trained nurse per network to be competent to fit sub dermal implants
6.	Referral to the LARC GP hubs where service is not accessible