



## Patient Experience and Engagement Group

<b>Document Title:</b>	<b>Integrated Sexual Health Services response to Healthwatch Derby 2019 Report</b>		
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<b>Contents of Paper were previously discussed by:</b>	Integrated Sexual Health Senior Management Meeting by Sean McVeigh		
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<b>Date of Meeting:</b>	29th October 2019	<b>Agenda Item No:</b> 95/19	<b>No of pages inc. this one:</b> 10
<b>Has an Equality Impact Assessment been undertaken</b>		<b>Yes</b>	<b>No</b> x
<b>Document is for:</b> (more than one box can be ticked)	<b>Information</b>	<b>Decision</b>	<b>Assurance</b> x

<b>Purpose of Paper</b>
<p>This paper is intended to provide a detailed response to the report published by Healthwatch Derby in 2019 and will address each of the key findings. It will respond to the points that the Integrated Sexual Health Services (ISHS) within Derbyshire Community Health Services NHS Foundation Trust (DCHS) was asked to consider, and outline the progress against the actions ISHS has taken to date to improve and resolve the issues identified.</p>
<b>Recommendations</b>
<p>It is recommended that PEEG:</p> <ul style="list-style-type: none"> <li>receive the report for assurance and support the recommendations for learning and improvement</li> <li>consider if the service improvements made could be replicated within other services across DCHS through the <i>lessons learnt</i> process.</li> </ul>
<b>Board Assurance Framework Risk Reference</b>
<p>1.3/19 there is a risk patient care due to a lack of consistent deployment of the Trust's patient quality improvement and assurance framework resulting in care that is less safe and effective</p> <p>1.4/19 there is a risk to patient care due to a failure to apply evidenced based practice, learn from clinical governance processes and implement change resulting from audit and feedback resulting in the provision of less effective care</p> <p>1.7/19 there is a risk to patients due to DCHS not consistently considering principles of equality, diversity and inclusion resulting in the way we plan and deliver our services being at odds with what matters to individuals/ service users/ carers</p>



## Financial Impact

None identified

## Further Information and Appendices

The report from Healthwatch Derby 2019 is attached as Appendix 1.

The following are the key findings taken from this report with each point responded to by Integrated Sexual Health Services (ISHS).

### Key finding 1:

*Accessibility is the biggest issue for patients, finding it the biggest barrier to accessing sexual health services in Derby.*

Integrated Sexual Health Services (ISHS) is aware that this is the biggest barrier to being able to access sexual health services in Derby. ISHS has initiated various improvements to reduce barriers to access, these being:

1. Supporting Derbyshire patients seeking service in their own area of residence by increasing appointments available across Derbyshire County ISHS, since commencing the new delivery model of ISHS across Derbyshire County, there has been a 67% increase in appointments across Derbyshire County peripheral clinics. This enables more Derbyshire patients to access a clinic near their place of residence, with the benefit being more appointments available within Derby City.
2. ISHS has made significant developments into providing online services for people across Derbyshire County and Derby City. In February 2018 we commenced online testing for residence across Derbyshire, and then introduced postal chlamydia treatment, oral contraception and Hep B/C screening. In June 2019 we commenced online testing, chlamydia treatment and repeat prescriptions for oral contraception in Derby City.

This has enabled patients to be screened and informed of their STI test results without the need to attend a clinic. Those with positive results will either be invited to attend the ISHS clinics, or if they are positive for Chlamydia (which represents approx. 95% of presentations for the online service), they can request treatment to be sent to a location convenient for them, negating the need to attend a clinic and freeing up appointments for patients who do need to be seen face-to-face.

Patients are also able to request oral contraception be sent to a place convenient for them, reducing barriers to access contraception.

Online service enables more access to appointment slots for those who need to be seen or want to be seen in a clinic setting.



3. Patients are encouraged to book their appointments online, at a clinic convenient for them through ISHS's dedicated *Your Sexual Health Matters* (YSHM) website. This helps reduce the psychological barriers that some people face when making an appointment in sexual health.
4. The YSHM website has a clinic finder, as well as a service finder, to support patients in accessing services convenient for them, be it to attend a clinic with a Sexual Health concern or attend a Pharmacy or General Practice for emergency contraception or Long Acting Reversible Contraception (LARC) such as implants, coils and depots, reducing barriers to access.
5. The YSHM website also has links to *how to find us and what to expect* YouTube videos, e.g. [https://www.yoursexualhealthmatters.org.uk/contraception/larc/larc-finder/peartree\\_clinic/](https://www.yoursexualhealthmatters.org.uk/contraception/larc/larc-finder/peartree_clinic/), which support patients with information and helps reduce psychological barriers relating to accessing sexual health services.
6. On the YSHM website there is dedicated patient information about sexual health concerns, and prevention messages, to reduce the barriers to accessing services by helping people make informed choices. The public's use of our YSHM website has massively increased from approximately 60,000 unique page views per year to almost 300,000 unique page views. We anticipate the YSHM website to continue to have more people access its contents to make informed choices as to where to attend.
7. When people contact the ISHS Central Booking Line (CBL), a dedicated telephone line, call handlers initially offer appointments from clinics closest to where the person lives, thereby supporting patients to access a clinic that is most convenient to where they live.
8. The CBL also has a voicemail function with messages reviewed and replied to throughout the working day, and an answerphone for out of hours with the ability for people to leave a voice-message; this supports patients in accessing service as well as being signposted to other services when the clinics are closed.
9. Reducing the Did Not Attend (DNA) rate has been a focus as this means appointments are maximised by releasing capacity, supporting an accessible service. In 2018, to reduce the DNA rate ISHS began sending SMS text reminders at 48 hours and on the day of their appointment to patients with pre-booked appointments, with links to the "how to find us and what to expect" videos. The service has also recently introduced a process of telephoning patients to confirm attendance. The DNA rate has been reduced from approx. 20% to 13% as a result of these actions.
10. ISHS has introduced standard operating practices for the administration team if a patient attends as a walk-in before their booked appointment, to ensure the later booked appointment is cancelled and made available to be booked into by another patient.
11. ISHS is introducing 2-way texting imminently to enable patients to be reminded of their



appointment, and also to cancel their appointment, via SMS text, which will then automatically make the appointment available with the ISHS Patient Administration System, further supporting the access to appointments.

12. From April 2019, ISHS in London Road Community Hospital began seeing follow up appointments for non-complex cases in shorter nurse treatment appointments, this freed up appointments for patients to be seen as follow ups sooner thereby making more bookable and walk-in appointments accessible for patients with new sexual health concerns.

### **Key finding 2:**

*The main areas patients want to see improvements in are:*

#### *a) Waiting times*

The required standards for waiting times are set out by both the British Association for Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Health (FSRH). Waiting times are split into getting an appointment and the waiting time whilst attending an appointment. These set out the following:

- The percentage of people with needs relating to STIs who are offered to be seen or assessed with an appointment within two working days of first contacting the service. A walk-in option within two working days may be offered to provide choice where available. Standard 98%
- The percentage of people with needs relating to STIs who are seen or assessed by a healthcare professional within two working days of first contacting the service. Standard 80%
- Coil fitting appointment available to all clients requesting one which is within 2 weeks of them contacting the service (Yes / No)
- Implant appointments available to all clients requesting one which is within 2 weeks of them contacting the service (Yes / No)

ISHS monitors the above as key performance indicators within a weekly dashboard of key service metrics.

From 01 April 2019 to week commencing 28 August 2019, performance\* across Derby City ISHS are as follows:

- 98% of people with needs relating to STIs are offered to be seen or assessed with an appointment within two working days of first contacting the service. (ISHS meets the 98% standard)
- 80% of people with needs relating to STIs are seen or assessed by a healthcare professional within two working days of first contacting the service. (ISHS meets the 80% standard)
- We are able to offer a coil fitting appointment to all clients requesting one which is within 2 weeks of them contacting the service (Yes 13 out of 21 weeks / No 8 out of 21 weeks). ISHS met the target 62% of the time
- We are able to offer an implant appointment to all clients requesting one which is within 2



weeks of them contacting the service (Yes 17 out of 21 weeks / No 4 out of 21 weeks). ISHS met the target 81% of the time

\*In June 2019 ISHS in Derby City began offering online services. This activity is not included in the above percentages. All online activity provides 100% compliance with the standard for offer and seen within 2 working days.

Our focus, based on this performance information, is on increasing the access for coils and implants, which we are addressing by increasing the number of clinicians who are trained to fit both implants and coils. We have a rolling training programme and have 5 nurses being trained which will increase our trained cohort from 8 to 13 clinicians by April 2020, across Derby ISHS, at which time we will be able to offer women an appointment within two weeks for coils and implants, in line with FSRH standards.

Clinic waiting time targets are as follows:

- 80% of walk in clients within 2 hours of their arrival in the clinic
- 95% of clients attending for a booked appointment within 30 mins of their appointment time (less than 5 mins late)

From 01 April 2019 to week commencing 28 August 2019, performance across Derby City ISHS are as follows:

- 94% of walk in clients were seen within 2 hours of their arrival in the clinic
- 86% of clients attending for a booked appointment within 30 mins of their appointment time (less than 5 mins late)

As of July 2019 we introduced an increase in the length of the consultation from 25 minutes to 30 minutes. This gave the clinician more time with each patient. This has resulted in an improvement in seeing patients within 30 minutes of their appointment. Before July 2019 we saw 84% of patients within 30 minutes of their appointment time, from July this increased to 90%. We continue to monitor this to help see more patients on time.

#### *b) Availability of appointments*

As detailed above, we have implemented many improvements to increase the availability of appointments, online screening being the most significant advancement, which we believe is also meeting previously unmet demand.

Our analysis since we started the online service in June 2019 shows approximately 27.5% of the online patient cohort had not previously accessed a sexual health service. Over a 6 week period from mid-June 2019 to end of July 2019, there have been 561 tests requested with 13% or returned tests being positive. Of the 31 people testing positive for Chlamydia, 24 had treatment posted to them without any need to attend a clinic. We anticipate take up of online testing to gradually increase further over the forthcoming months.

Online testing and treatment compliments the average of 440 attendances per week across Derby





City. We monitor activity to manage our capacity against demand, utilising our colleagues across Derby City as appropriate to support patients being seen as soon as possible. In August 2019, it was identified that the SPACE connexions clinic for under 25s had unused capacity, specifically fewer female patients accessing the service as walk-ins. We are planning to promote the use of SPACE during September and October at schools and university sites across Derby city to support better uptake and use of our available capacity. The above action will support improvements in appointment availability.

### *c) Staffing levels*

Delivery of ISHS is dependent on having the appropriately skilled staff to deliver sexual health services. Nationally ISHS has been a *difficult to recruit to service* due to the limited number of specialist clinicians available. The service has therefore initiated the following to address staffing levels, minimise vacancies and provide resilience to deliver ISHS:

1. Bespoke training programmes to support the recruitment of non-specialised nursing staff to be trained and become specialists within 18 months.
2. We have developed our workforce to have 95% of the eligible clinical staff trained in both Genitourinary Medicine and Contraception, which provides us with a flexible workforce with the right skills to be able to meet the needs of people who present in ISHS.
3. Developed a bank of specialist nurses who can support unplanned absences and short term planned absences.
4. Developed a bank of specialist doctors supporting safe staffing levels
5. Developed a bank of non-clinical staff to support the ability to see patients with the correct availability of chaperones and administration staff to run clinics.
6. We have worked with the teams to manage retention, and now have maintained low staff turnover in 2018/19 at 6.06% a significant improvement from 33% in 2016/17.
7. In October 2018 DCHS awarded ISHS as the Clinical Team of the Year, thanks to the team always going the extra mile
8. Our ISHS staff engagement survey (Pulse Check) for quarter 1 of 2019/20 showed the following highlights:
  - i. 93% of respondents would recommend DCHS to friends and family if they needed care or treatment.
  - ii. 86% said care of patients / service users is my organisation's top priority.
  - iii. 79% said there are frequent opportunities for me to show initiative in my role.
  - iv. 93% are enthusiastic about my job.

These results support evidence of good morale and motivation which is directly linked to good staff satisfaction and stable retention of staff, which helps to support the appropriate staffing levels to support ISHS being available for patients.

### **Key finding 3:**

*Overall people are happy with the service; both staff and the service were praised.*

We appreciate this positive feedback, which has is well received and evidenced by both Friends



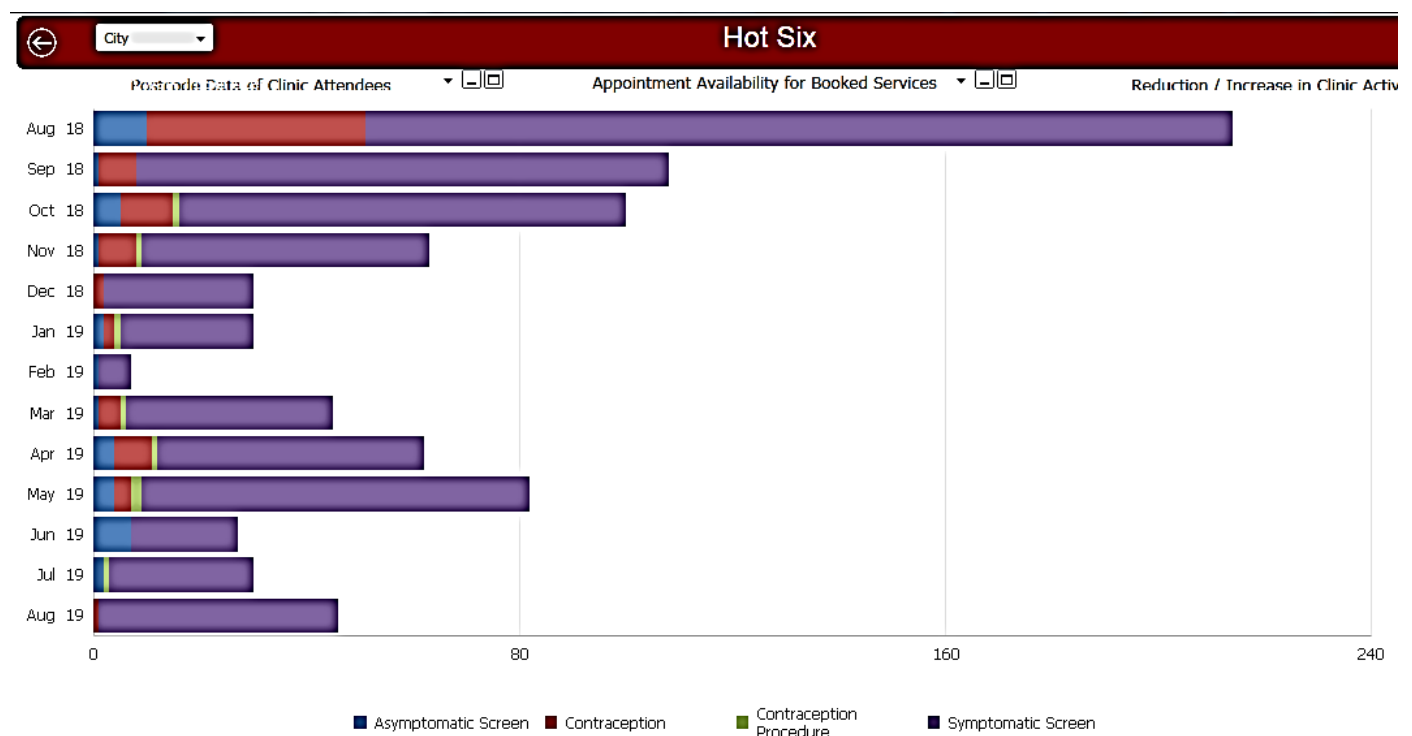
and Family Test Scores (97% positive) and the staff engagement feedback.

#### Key finding 4:

*The service is in high demand and the majority of this demand is being met. Roughly around 10% of people accessing are “turned away”. This would need to be looked in to in more detail to conclude the reason/s for them being turned away.*

During the assessed period there were 147 cases of people being turned away. This is a new measure recommended by BASHH and is one of the KPIs within the BASHH *Hot Six*. ISHS implemented monitoring of the *hot six* in mid-August.

ISHS has rolled out a process to measure and reduce the number of patients being turned away and this is now embedded within ISHS. The significant improvement is shown in the graph below, which shows a decline of patients turned away within Derby City from approximately 210 in August 2018 to 20 in June 2019. The table below shows the number of patients turned away across Derby City by month and according to their stated reason for attending. Before any patient is turned away we will assess the urgency of their need (patients who are vulnerable or who meet our emergency criteria will always be seen), offer another bookable appointment, explain when the next walk in clinics are or we will signpost them to other services as appropriate.



The improvement has been sustained, with an average of 30 a month against approximately 1600 attendances per month, i.e. approximately 1.9% of patients are turned away due to an inability to give them an appointment on the day.

#### Key finding 5:



*It provides services for people mainly from its commissioned demographic and provides the services in the style, times and days that suit most people.*

We acknowledge this and our analysis confirms that patients accessing our service appropriately represent the population demographics of Derby City.

We are introducing initiatives with organisations, charities and faith groups who support Black Minority Ethnic groups, with a focus on Black Africans, as to date this population has been hard to reach and have higher risk factors associated to sexual health. We will then be able to better engage with this population and support both sexual health promotion and an increase in the use of ISHS.

**Key finding 6:**

*1/3 of people had accessed another health service prior to accessing the service, of which half had tried to access their own GP – this could be looked into in more detail to determine the reason/s why.*

Patients accessing another health service prior to accessing this service may be the most appropriate choice for the individual, e.g. the convenience of a pharmacy, or the familiarity of their GP, and the service vision is for patients who are able to, to access via online, GP or pharmacy settings, which will release capacity for the most vulnerable patients, or those most in need, to be able to access appointments with us at a time and location that is appropriate for them.

ISHS is working with its commissioner Derby City Council to see if we can expand our partnership working with our GP colleagues as well as pharmacies within Derby City. ISHS has a well-developed accredited provider model across Derbyshire, from which we may be able to use some learning within Derby City.

ISHS will also work with the DCHS Care Co-ordinators who work within Derby City GP practices, to better engage our GP colleagues to support the best pathway of care for patients.

**Other observations:**

*8% of people didn't like the mixed sex waiting areas.*

Mixed waiting rooms are now the norm across the country. Creating single sex waiting areas can cause its own problems such as those who are transsexual, or who do not identify as male or female.

ISHS has met with Women's Work, a charity set up supporting vulnerable women. Following discussions with them we have trialled and implemented setting up female only clinics taking place on Women's Work premises. We have successfully delivered these clinics and continue to run these on a monthly basis delivered by female Nursing and Health Care Assistant staff.

ISHS will continue to listen to and respect the comments of our patients, which at present the majority of patients found the set-up of the waiting areas to be positive.





*People said they felt there was not enough space and/or seats & people didn't like the look of the area.*

The space we have for our waiting areas is limited. We are further constrained by being in a basement, with a lack of natural lighting and a long administration corridor that must be traversed before the waiting areas and reception are reached, none of which is ideal.

Recently ISHS has improved the presentation of information in the waiting rooms, and has altered the layout of the seating to make it more relaxing.

ISHS has been in discussion with the wider DCHS team to seek support on how to make the waiting environment more patient-friendly. We are liaising with other ISHS providers to view their waiting rooms and see if we can do anything differently that makes it better for patients. We are also seeking patient feedback as to how they would like us to further improve the layout of the waiting areas. This may include investing in new seating, furniture and wall displays.

ISHS will act upon this information and make the environment more appealing, comfortable and welcoming. We are planning to make changes and improvements by 31st March 2020.

## **Conclusion**

ISHS has given assurance that we have heard, and acted upon, the points raised within the published report by Healthwatch Derby.

We are closely monitoring the impact of the recent actions and are confident that once the changes are fully embedded all our clients will have a better experience of using the sexual health services within Derby City.

The service will continually seek and act upon feedback from our service users and act on it in order to improve service delivery.

## **Appendix 1**



Healthwatch Derby  
Report 2019

Monitoring Information	Brief Summary
What are the Governor Involvement implications?	Governors play a key role in quality governance, including patient experience, through their input into PEEG and Council of Governors.
What are the Equality, Diversity and Inclusion implications?	The independent review by Healthwatch Derby allows us to understand how the experience of our patients with an identified protected characteristic differs from the experience of



	other patients.
What are the Patient, Public, Staff, Member and Stakeholder Involvement implications?	DCHS welcomes all feedback from patients. Reports are used to make service improvements and are one way for patients to be involved. Patient interviews by independent organisations is one way in which we invite every patient to be involved in the work of the Trust.

Risk Register			
Is the issue on the current Risk Register?	No	If yes, what is the Risk Number?	N/A
Does this update recommend a change in the current risk score? (If so, please provide your rationale below)			N/A