Models of SRH care: UK

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Overview

- Drivers for the current models
- Examples of various models
- Advantages and disadvantages
- Standards of care

Lisa, 28
- Wishes Emergency Contraception

Traditional

- Disparate services with variable provision of other services
  - GUM Services
  - Contraceptive Services
  - HIV Services
  - Community Gynaecology Services

- Local contraceptive clinic fits an IUD
- They do an STI screen
- Chlamydia test is positive
- She is referred to the GUM clinic for treatment
- Does she get there?
Only 51.7% of the 112 women with positive or equivocal results had documented evidence of having attended.


A 6-month pilot of a collaborative clinic between genitourinary medicine services and a young persons’ sexual health clinic.


Managing genital infection in community family planning clinics: an alternative approach to holistic sexual health service provision.


Success of a nurse led community based genitourinary medicine clinic for young people in Liverpool: review of the first year.


Drivers for change

Sexual Health Strategy 2001
Pharmacy provision of free emergency contraception 2001 and then STI testing and treatment
National Chlamydia Screening Programme 2003
Health and Social care Act 2012

Levels of care
Level 1: Basic
Level 2: Intermediate
Level 3: Complex

Health and Social care Act 2012
Local authorities responsible for commissioning most sexual health interventions as part of their wider public health responsibilities
Services should be patient-centred and aimed at improving the health of individuals and the wider population
Open access and confidential
No specific service model but can tailor to local needs
Fragmentation of commissioning of various elements

Sexual Health Commissioning Responsibilities from April 2013

Local authorities
- Contraception
- STI screening and treatment
- Psychosocial counselling
- Any specialist sexual health services eg young persons’ services, outreach and health promotion

Clinical Commissioning
- Abortion services
- Sterilisation
- Vasectomy
- Gynaecology including use of contraception for non-contraceptive purposes

NHS Commissioning
- Contraception and STI testing and treatment provided under GP contract
- HIV treatment and care including PEP
- SARCs
- Sexual health in prisons
- Cervical screening
Sexual and Reproductive Health Services

Interdependencies

- Genito-urinary Medicine
- Acute care
- TOP
- Contraception
- HIV
- Pharmacy
- Outreach

Newer Models of Sexual and Reproductive Health Services

- One-stop shop for level 1 to 3
- Supermarket approach
- Community one stop shop with referral for level 3 GUM and HIV
- Different elements of Integrated Care

One stop shop

- Lisa has her emergency IUD fitted
- She has an STI screen
- The same HCP is able to treat chlamydia or gonorrhoea
- If she returns with pain and discharge, the same HCP can manage her

What if the IUD fit was difficult?

One stop shop

**Pros**
- Contraception/STI testing/treatment/HIV by one healthcare professional
- Saves visits
- Dealing with one provider
- All records stay with one provider

**Cons**
- Time consuming
- Possible at Level 1 and 2
- Will need referral for complex cases in GUM and Contraception
- Training issues, difficult to have ‘all round expertise’
- Tensions between converging specialties

Model can support digital offer and professional advice to GPs, pharmacists and other HCPs

Supermarket

- Services provided by HCPs in different rooms but under the same roof/same building
Lisa has her emergency IUD fitted
She has an STI screen
The same HCP is able to treat chlamydia or gonorrhoea
Specialist can review
  ► If she returns with pain and discharge
  ► To do a complex LARC procedure

Supermarket

Pros

- Able to get all services under one roof
- Allows health care professionals to specialise
- Compatible with the two separate specialties and different Consultant training pathway for SRH and GUM
- All records can stay with one provider

Cons

- Also time consuming
- Duplication of effort and records by each HCP

Model can support digital offer and professional advice to GPs, pharmacists and other HCPs

Greenwich Model

- the integrated pathway is split into 4 separately contracted services:
  ► Self-managed care via online access (www.greenwichsexualhealth.org)
  ► Contraception And Sexual Health (CASH) seeing Contraception Level 1 to 3 and GUM Level 1 and 2
  ► GSH clinics (community sexual health clinics based in primary care and a young people’s clinic)
  ► Hospital Genitourinary Medicine (GUM) department (specialist sexual health clinic, by referral only)

Pros

- 75% increase in capacity
- Less fragmented, more convenient care pathway for women
- Efficiencies for the local health economy

Cons

- Patient has to be referred in for Level 3 GUM care
- Contractual arrangements will need to be in place to ensure breadth of training for registrars in both specialties

Model can support digital offer and professional advice to GPs, pharmacists and other HCPs

Greenwich Model

In addition to all the above
Lisa can get community gynae management!
But will need referral if she is HIV positive.

Edinburgh experience

- Emphasised the importance of preparatory staff training and development
- The research literature is equivocal about whether ‘full’ integration is the optimal arrangement for FP and GUM

Higgins M, Chen EZ, Gebbie AE, et al
‘All singing, all dancing’: staff views on the integration of family planning and genitourinary medicine in Lothian, UK
Patient should be seen by right professional in the right place at the right time to get the best outcome

- Multidisciplinary workforce
  - GPs with special interest and practice nurses
  - Nurses in an extended role fitting LARCs and managing HIV, etc
  - Outreach work
  - Pharmacists providing contraception and STI care
  - Midwives providing postpartum contraception
- Consultants providing leadership and managing complex work
- Digital Offer
- Over the counter Offer

Quality Standards

- Open access service
- Free and confidential
- Access to all levels of service from support with self management to complex contraception or complex STI management
- Timely access to the full range of contraception including LARC and complex LARC procedures
- Access to vulnerable groups

Principles of providing safe and effective care

- Access
  - User / Public input
    - The design and review of services should include input from the service users and the public
    - Annual service user/ public engagement plan
  - Competent staff
    - All levels of contraceptive provision are provided by practitioners who are competent and receive appropriate training, support and regular appraisal
    - Clinical leadership is in place to provide support and training
Principles of providing safe and effective care

Governance

- Follow evidence based clinical guidance
- Continually monitor, evaluate and benchmark themselves
- Implement initiatives to maintain and improve outcomes.

Conclusion

- Various models for SRH service delivery exist
- Models should have good clinical leadership integral to it
- The principles of providing safe and effective care remain the same: good access, choice of the full range of methods, involving the users and quality of service
- Important beyond the model is the approach to service delivery of the integrated services-driven by patient-centred care

FSRH update

Launching:
- Free Online contraceptive counselling course
- FSRH’s International Certificate of Knowledge

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