

New Developments in Service Delivery. Are GP led Sexual Health Clinics Acceptable and Satisfactory for Patients Attending?

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Abstract

Worldwide, sexually transmitted infections (STIs) are among the most common causes of disease. The aim of this study was to evaluate why people attend a community based sexual health clinic and the benefits and satisfaction levels of providing this service to them. Phase I of the study was a cross sectional survey. Phase II was a retrospective review. Phase 1: N = 80 (41 F, 39 M - mean age 24.8 (SD 6.49)), 45 (56.3%) requested a general sexual health screen. Phase 2: N = 273, (139 F, 134 M - mean age 23.7 (SD 5.87)) 47 (15.5%) reported use of condoms, 126 (41.6%) do not use condoms ever, while 73 (24.1%) reported using condoms sometimes. 47 individuals (17%) tested positive for chlamydia. Attendees to the clinic expressed a high level of satisfaction overall with the services provided. The low use of condoms amongst a subgroup of patients with several sexual partners and the high level of chlamydia are causes for concern.

Introduction

The World Health Organisation (WHO) estimates that there are some 340 million new cases of syphilis, gonorrhoea, chlamydia and trichomoniasis in men and women aged 15 - 49 years worldwide each year¹. In Ireland, rising sexually transmitted infections (STI) rates have increased the level of concern in this area among health professionals, the government and the public². The most recent national statistics on sexually transmitted diseases provided by the Health Protection Surveillance Centre 2006 reflect a trebling in the number of Irish STI notified cases between 1995 and 2006³. Sexual ill health is not equally distributed amongst the population. The highest prevalence of STIs is experienced by women, gay men, teenagers, young adults and minority ethnic groups^{4,5}. The surveillance of STIs in Ireland is largely based on notifications to departments of public health from STI clinics and to a lesser extent from laboratories and general practitioners (GPs). During 2006, three STIs accounted for 89% of all notifications: Ano-genital warts (35%); Chlamydia (32%); Non specific urethritis (22%)⁶. The 2008 report - Health Status of the Population of Ireland suggests that the level of STIs can be linked to considerable risk taking behaviour².

Disease prevention is a primary objective in the control of STI prevention at population level and there is considerable scope for improvement in the provision of services for both STI diagnosis and prevention in Ireland². Access to appropriate services for the population at risk is recognised as being of key importance in safeguarding health^{6,7}. In this context, the role of the GP with a Special Interest (GPwSI) is well recognised and established, particularly in the NHS/UK^{6,7}. This paper describes the establishment of a GPwSI service in the area of STI treatment in North Dublin. The purpose of this study was to evaluate why people attend a community based sexual health clinic. To assess patients' opinions on the clinic being based within the local community and the benefits & satisfaction levels of providing this service to them. The study provides descriptive data on caseload.

Methods

Phase I of the study was a cross sectional, anonymous, questionnaire survey. It was undertaken using a consecutive sample of attenders to determine why people attended a community based sexual health clinic, and to determine their level of satisfaction with it. This was conducted over a four month period between August 2009 and November 2009. Phase II was a retrospective chart analysis to determine the sexual health profile of patients attending the clinic. The sexual health clinic population for the period between 1st July 2008 and 30th June 2009 was examined. Ethical approval was granted by the TCD/HSE Specialist Training Scheme in General Practice Ethics Committee. The study was carried out at an urban community based sexual health clinic attached to a group of General Practices in an area of North Dublin with high levels of socio economic disadvantage.

Results

Phase I

The survey included a series of closed questions, with opportunity for respondents' comments.

Reasons for Attendance

The majority of respondents 45 (56.3%) attended for a general sexual health screen. The second most common reason for attending the clinic was following an episode of unprotected sexual intercourse 28 (35%). Eleven (13.8%) live between six and twenty miles from the clinic.

Referral Route

Twenty-two (27.5%) had been referred by their own GP. Thirty three (46.3%) are patients of the General Practice group (population 8000) while 43 (53.8%) are not patients of the practice. A clear majority i.e. 73 (91.3%) attendees to the clinic have a GP.

Satisfaction Rating

The majority of respondents were very satisfied with the clinic. A 98% satisfaction level was noted for service received, information given, staff approach and consultation style. When asked an open question on the best aspects of the clinic, value was placed on the positive attributes of staff and how comfortable they felt discussing their sexual health with them.

â I felt comfortable talking to the doctorsâ

â Doctors & nurses were really nice and friendly and tell you whatâ s going onâ

In terms of the least pleasing aspects of the clinic, privacy and embarrassment about attending the clinic were the main issues as well as accessibility.

â Only open 1 night a weekâ

â People I know also attendingâ

Phase II

Two hundred and seventy three individuals were seen at the sexual health clinic during the 12 month period analysed. (N = 273). One hundred and thirty four (50.9%) were male, age range 14 - 43 years (mean 23.77 (SD 5.87)).

Sexual Orientation

Of the 134 males - 117 indicated a preference for sex with women. Eight identified as homosexual, no one in this group identified as bisexual while 9 were not asked their sexual preference. Of the 139 females - 125 indicated a preference for sex with men, 3 identified themselves as homosexual, with one patient identifying themselves as bisexual. Ten were not asked their sexual preference.

Figure 1: Frequency of Condom Use

Sexual Practices

In terms of condom use, 80% of the sample never or, only sometimes use condoms (Figure 1). One hundred and fifty four (56.4%) indicated that they had one sexual partner in the previous three months. Seventy-one (26%) indicated that they had between two and four sexual partners while 23 (8.4%) reported between five and ten sexual partners within the last three months (Figure 2). Of the 134 males, 22 (16.4%) who indicated that they do not use condoms had engaged in sexual intercourse with between two and ten sexual partners in the last three months.

STI Screening Results

Forty seven (17.2%) tested positive for Chlamydia while 12 (4.4%) were diagnosed with HPV (genital warts). There were no other newly diagnosed sexual transmitted infections in the 12 month period. Thirty three (12.08%) non STIâ s were diagnosed including 19 (.06%) cases of Bacterial vaginosis and 11 (.04%) cases of Candida albicans. Of the 139 females, who indicated they do not use condoms or use condoms sometimes, 17 (12.2%) tested positive for chlamydia.

Figure 2: Number of Sexual Partners in the last 3 months

Discussion

Sexually transmitted infections (STIâ s) present a serious public concern and are a major cause of acute illness, infertility, long term disability and death. The low use of condoms in general and among those with several sexual partners is a worrying finding. Education and promotion of safe sex is essential, especially to young males as they represent a significant subgroup engaged in high risk activity, both to themselves and their sexual contacts. The findings of the study are consistent with previously published reports in terms of high diagnosis rates of chlamydia

and ano - genital warts². The high level of chlamydia amongst females is a cause for concern. The Irish Study of Sexual Health and Relationships (ISSHR) 2004 - 2005 survey found that individuals with lower levels of education and/or from lower socio economic groups are less likely to have received sex education and women were associated with a lower likelihood of using condoms⁸. This is reflected by the fact that this study has been conducted in a area with high levels of socio economic disadvantage. Lower levels of education amongst both men and women were associated with a lower likelihood of using condoms. The population attending the clinic clearly include a significant proportion who are not regular patients of the practice. The high number of inter referrals between GP's is significant and is indicative of an emerging inter referral process in keeping with Irish College of General Practitioners (ICGP) policy. The high levels of satisfaction and acceptability is encouraging.

Many patients initially attend GP services for STIs and primary care is therefore already an important setting with potential for STI control. There is a strong public health argument to increase access to diagnosis and treatment of STIs: the longer the wait to be seen, the longer the infectious period. As many people with symptoms of STIs see their GP's before attending genito urinary medicine (GUM) clinics it would appear very reasonable to suggest that not treating STIs in primary care is a missed opportunity, for diagnosis and treatment^{11,12}. This study demonstrates that this GP led sexual health clinic is indeed acceptable and satisfactory for patients attending, and that such clinics can identify STIs in keeping with results which are seen in larger epidemiological studies.

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