



Intimacy issues

Candesic's **Dr Nisa Aslam** and **Dr Joe Taylor** consider the implications of the paucity of sexual health screening services and the potential for new models of sexual health management

Sexual health is important, both on an individual and a societal level. Incidences of the most common sexually transmitted infections (STIs) are on the rise, many of which have potentially serious health sequelae for the infected individual and profound public health implications. The current system isn't working, but there are alternative models of service provision that can improve sexual health in the UK.

London has the highest STI rate in the UK – 65% higher than the rest of the country. Almost half of these infections are diagnosed in the 15-24 age group. With many young people choosing to live and work in London, pressure on and demand for services is higher than ever.

Not only in the capital, but throughout the UK, NHS sexual health clinics have been closed down. Individuals are faced with the choice of travelling long distances or not getting tested at all. The clinics that remain are unable to cope with demand and can't provide enough appointments. In a bid to accommodate high-risk patient groups, sexual health clinics are trialling different models of care. One clinic in South London will only see under-25s. This leaves older patients in the lurch, as they are left to look elsewhere to meet their health needs.

STI services are an attractive market for private healthcare – independent sexual health clinics have stepped in to fill the gap left in the wake of the NHS's retreat from this clinical need. These services can be better than those the NHS has historically delivered, through the adoption of better models of care, the use of established and emerging technologies and addressing the barriers experienced by patients undergoing STI screening.

The patient journey in sexual health isn't great

There are problems throughout the existing care model (*figure 1*). The current patient's journey begins by booking online or via telephone or 'walking in' to their GP surgery or a dedicated sexual health clinic.

The age old issue of clinical services being available mostly on weekdays between the hours of 9am to 5pm, is a significant barrier to those who are working or indeed caring for a young child and in need of flexible clinic times.

Many people see GP surgeries as a safe place to discuss their sexual health and obtain the necessary tests. However, GP surgeries are limited by lack of testing facilities and the tests they can provide, so the patient is often referred on to a sexual health clinic by the general practitioner (*figure 1*).

Traditional models of care employed by most NHS sexual health clinics involve a fluid pathway where patients are offered clinic slots rather than appointment times. During a particular time slot, a clinician is simultaneously 'processing' multiple patients; consulting with one whilst carrying out lab tests on three others in one appointment slot.

Currently, in an NHS clinic, it can take two to three hours for a patient to be assessed, tested and treated. These appointment slots essentially mean individuals sacrifice an entire morning or afternoon, often sitting in an uncomfortable environment as they wait to be seen. As clinicians, we are embracing the mantra of providing quality care without casting any judgment. Yet by forcing our patients to endure two hours in shabby, cramped clinics with chairs lined up in close proximity to each other, are we practicing what we preach?

Stigma and embarrassment are stopping people getting screened

Candesic has conducted research into the key barriers faced by service users and analysed data from nearly 700 respondents. Our work reveals that embarrassment is a leading issue, above time and financial costs for service users. Other important issues include the booking process, getting a suitable appointment time and the time commitment required.

Online/digital services can be a solution to combat the issues in the current models of care. Our primary research demonstrated that regardless of whether the respondent had actually ever used a sexual health service before, most of them would be open to the idea of using an online testing service.

We found that having to pay is not a key adoption deterrent (*figure 2*), with the majority of respondents willing to pay for online services. When asked, many people commented that online sexual health testing should be provided 'on the NHS'. It is likely that an online solution will be adopted by NHS sexual health services throughout the United Kingdom. We propose the new solution encompasses holistic care and supports the patient throughout their journey, from booking the test to having treatment. Online testing provides the opportunity to create health passports, where patient test results are saved and easy to share at the patient's discretion.

Lack of information resources

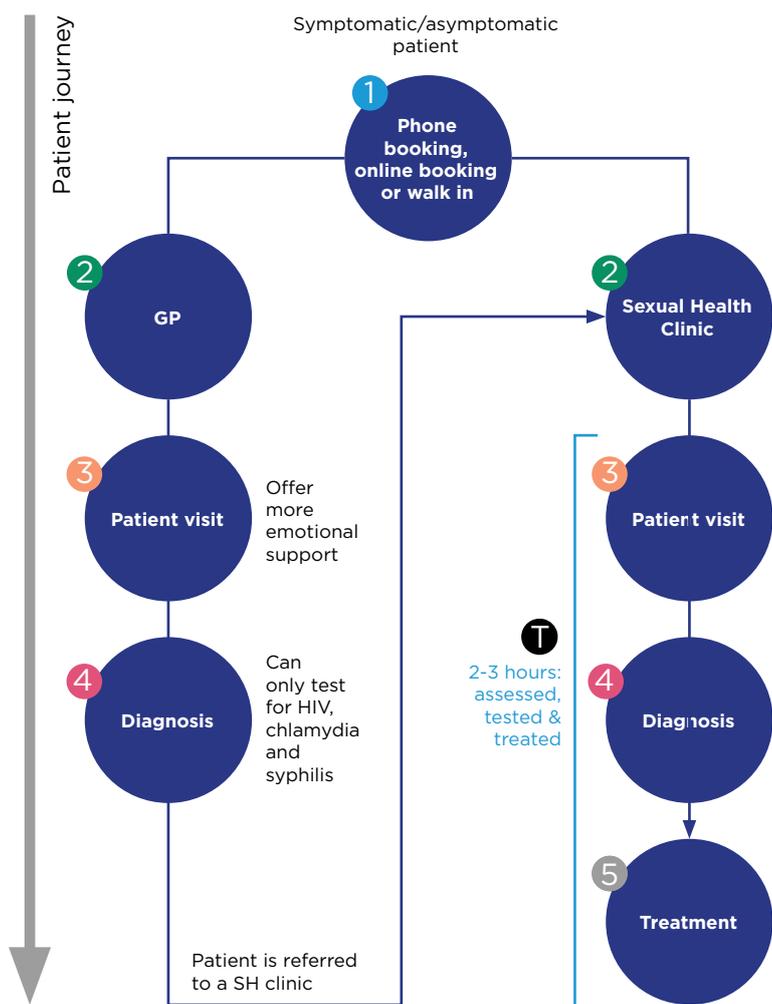
For those wishing to attend a sexual health clinic there is no central comprehensive resource which signposts services or facilitates convenient appointment booking. NHS.uk does list clinic locations, but the information is dense and difficult to sift through, unlike the websites that



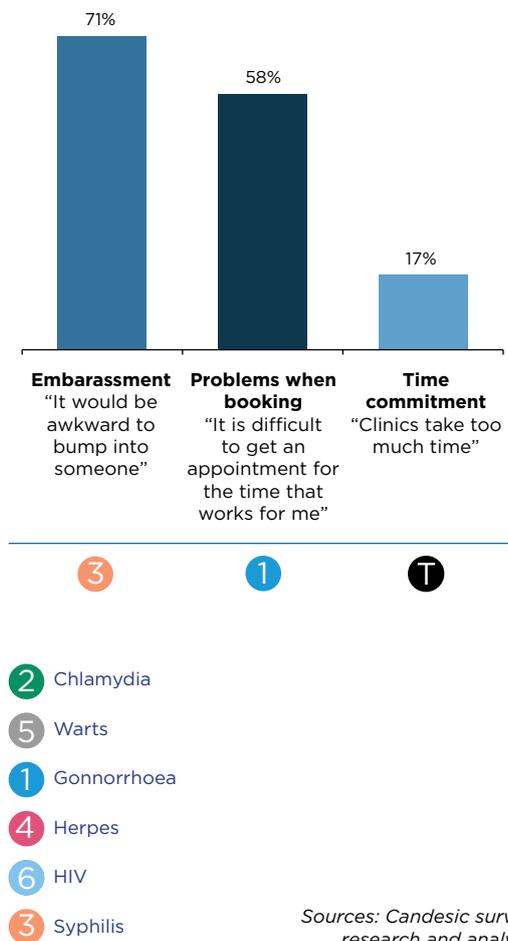
FIGURE 1: KEY ISSUES WITH CURRENT CARE MODEL

Interviewees revealed several issues across the current care model across the entire patient care pathway. Our survey noted that ‘embarrassment’ (71% of interviewees) was perceived as the leading issue in the current care model.

Current care model



Key issues of current sexual health care model
%, survey of 638 respondents of whom 338 had visited a sexual health clinic



those at higher risk – teenagers and young adults – are used to.

For patients wishing to gain a better understanding of STIs before they visit a clinic, good information sources are lacking. There is reliable sexual health information available online – but it is fragmented.

Ideally an online home-testing platform would also serve as a resource to disseminate good quality health information, such as symptom checkers, to patients. An interactive online service would foster better patient-doctor partnerships and allow for pre- and post-test counselling.

The private providers for STI screening have their own issues

Self-pay STI screening is becoming the norm for many young professionals. Private and online providers are on the rise, filling the gap left by NHS services. Though a better service can be obtained in the private sector; this is not a feasible option for most service users given the price. A myriad of online services, mostly private, have popped up recently with the aim of providing discreet and convenient testing.

These too are not without their issues (figure 3). Both clinicians and service users have voiced

concerns regarding the reliability of some of these services. There is a question regarding how the technology utilised by these companies is accredited and validated to maintain national standards. Many of these services do not offer pre-test counselling, which is not good clinical practice. We know that outcomes and patient experience are worse without informed and supportive care wrapped around the biochemistry of testing.

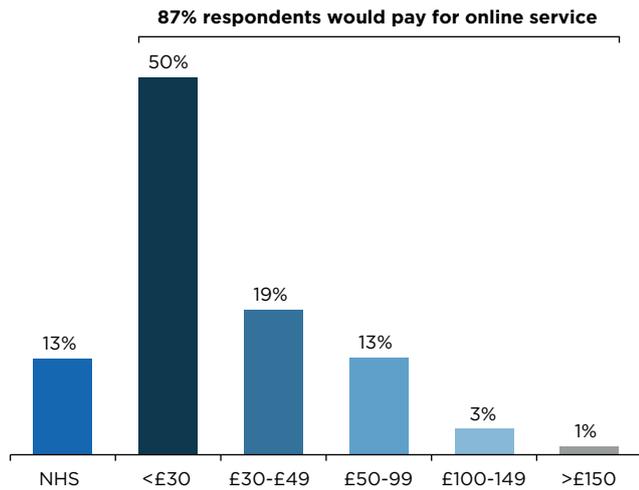
Existing clinics need to be modernised to deliver services on a par with those currently provided at the NHS clinic, ‘Dean Street Express’. This clinic has a reputation for delivering a modern streamlined



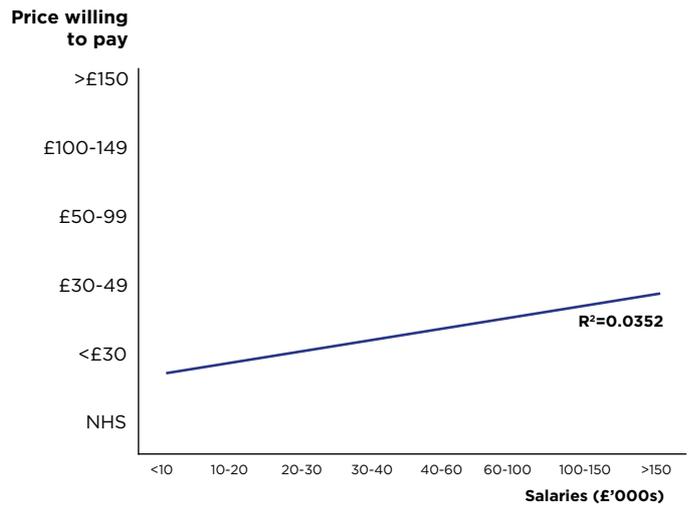
FIGURE 2: PRICE SENSITIVITY TO NEW ONLINE SOLUTION

Pricing is not seen as a key adoption deterrent with the majority of surveyed respondents (87%) willing to pay for online services. The majority of respondents (50%), however, were only ready to pay <£30. No correlation was found between willingness to pay and income.

Correlation between income and willingness to pay
%, n: 638 people



Correlation between income and willingness to pay
From 602 survey responses, 94% of total respondents



Sources: Candesic research and analysis

► and efficient service in comfortable and trendy surroundings. If you're at high risk then you can walk into Dean Street, answer a few questions on the touch screen and move effectively through to urine sample collection and on to the expert nurse practitioners to discuss your risk factors and have bloods taken. Follow-up is via SMS.

Failing sexual health services are bad for public health

Chlamydia is the most commonly diagnosed STI. Current guidelines advise that all patients diagnosed with chlamydia are offered a re-test after three months. However, lots of people don't attend follow-up appointments given the frustrating experiences they have already had. In recent years we have seen that 12% of 15-19 year olds presenting with a new STI at a sexual health clinic become re-infected within 12 months. Current care models are letting down our most vulnerable patients and in doing so, failing to prevent wider public health issues of disease transmission (figure 3).

Partner notification, an important public health issue, is being practiced poorly. It is a crucial measure in breaking the chain of infection. Yet in 2016-17, in Tower Hamlets, partner notification was correctly recorded in less than 50% of the positive diagnoses of chlamydia and

another common sexually transmitted disease, trichomoniasis.

NICE recommends targeted testing for high-risk groups, for example opportunistic HIV testing in those living in an area of high prevalence. In London there is a focus on increasing testing amongst established patients, particularly those at higher risk, such as men who have sex with men (MSM), young people – particularly those in care, people from black and minority ethnic groups, those who frequently change partner, and those with substance misuse. Part of the problem is that young or vulnerable individuals are not always in a position to organise or pay for private sexual health screens, even if they desperately need it.

Pre-paid vouchers for sexual health screens may be a solution to ensuring high-risk groups getting necessary testing. These can be purchased by a carer or a loved one and passed on to the individual who can get tested without the stress of having to organise or pay for a check-up.

Stakeholders value integrated services, which are lacking in the current system

Our own findings mirror those from consultation with 5,000 stakeholders in London who identified key areas in need of improvement: more clinics, evening and weekend appointments and stress-

free booking. They also value services to be delivered in modern and accessible premises.

Sexual health and contraception services go hand-in-hand. LARCs (long-acting reversible contraceptives) are the most efficient form of contraception, yet primary care and sexual health clinics offering fittings are few and far between. Service users prefer integrated clinics, rather than separate genitourinary medicine (GUM), and contraception and sexual health (CaSH) services. For women, the ability to access their contraception needs in a 'one-stop-shop' is a top priority.

Currently sexual health clinics, perhaps in a bid to maintain patient privacy, operate on a fairly fragmented basis. This can be problematic if the patient is complex and has other health needs or co-morbidities such as mental health problems. In such scenarios, integrated care between primary care and sexual health clinics would be invaluable.

NHS data sharing can be centralised and improved. The independent sector can take the lead on using the latest technology to make data sharing efficient and secure. Sexual health needs to be integrated into the overall health of the patients, particularly specialties such as women's health and contraception.

Barts Health NHS Trust has recognized the value of integrating sexual health services with



FIGURE 3: KEY ISSUES WITH CURRENT SERVICE PROVIDERS

Our analysis of interview and survey responses revealed numerous issues with the current service providers, which causes people to shy away from using them.

Issues

NHS services are perceived to fail to fit around peoples schedules:	
NHS E.g. Ambrose King Sexual Health Centre	<ul style="list-style-type: none"> • Phones are not answered at time of booking • Appointment slots are offered rather than actual appointment times • Clinics are closing down and those that are open are difficult to get to • Overbooked clinics and drop-in patients can wait hours to be seen.
Despite a better service offering, the current price model of private providers is not aligned with the frequency people wish to use this service:	
Private E.g. Harley Street Health Centre	<ul style="list-style-type: none"> • Price point for visiting provider stops many people visiting these clinics.
Current service is seen as unprofessional, unreliable, unregulated and lacking in human interaction:	
Online E.g. Confidante (Radox Laboratories)	<ul style="list-style-type: none"> • None of the commonly available online testing provides pre-test counselling • Accreditation and validation of testing labs leads to concerns about testing reliability • Websites look unprofessional.

Patient feedback

“It is difficult to get an appointment for the time I want.”
 “Drop-in clinics involve a massive wait and wastes an entire day.”
 “The clinic is inconvenient to travel to, my preferred clinic has been shut down.”

“A single appointment is £50 and treatment can be £100 for blood and urine. You have to pay even more for medication.”
 “Due to the cost I can only afford to visit once per year even though I should probably be visiting more frequently.”

“Current websites look unprofessional and are difficult to use so I would not trust the test results.”

Sources: Candesic survey, research and analysis

other specialties. It has invested in a centre of innovation and excellence which will be based in Stratford, delivering holistic and integrated care. New models of care will be delivered from this multi-disciplinary centre; redefining consultations and innovating patient journeys. Similar models of care are likely to be well received in other parts of the country and would be a welcome solution to the problems caused by currently fragmented models of care.

Fertility services need to be joined with STI testing services

A sexual health and blood borne virus check-up is mandatory before beginning fertility treatments privately. Currently there is no consistent pathway for pre-conception STI testing. Some clinics offer in-house testing whilst others advise patients to see NHS GPs or attend an NHS STI clinic for the requisite diagnostics. This can lead to added stress and inconvenience to the couples undergoing fertility treatment.

Let’s develop a service with fertility clinics

that will carry out STI tests for their patients. This will ensure woman are at their healthiest pre-conception and have the required results certificate to be eligible for fertility treatment. Ensuring women are infection-free will lead to better fertility outcomes and feed into the success rate for the fertility clinics.

Government targets for sexual health are not being met

General practice is responsible for one third of chlamydia screenings in London for those aged 15-24 years and consequently may be an area to improve access to sexual health screens. Primary care provides perfect opportunities for testing: smear tests, NHS health checks, new patient checks, or any contact with the GP. Software prompts are already in place, advising to offer chlamydia screening to any 15-24 year olds attending the practice.

The government is incentivising STI screening, blood tests for HIV, Hepatitis B and Syphilis as well as uptake of contraception in primary care. There is a renewed drive to

reduce the spread of STIs and the number of unwanted pregnancies. Payments are attached to testing for STIs, treating positive results, partner notification, hepatitis vaccinations and LARC activity. Yet opportunistic testing for STIs takes a back seat when patients present to the general practitioner with another health problem.

We should shift routine sexual health testing into the online arena where possible. High demand for testing coupled with a reduction in services, has led to the NHS moving towards online sexual health tests. The NHS is likely to buy online testing services developed in the private sector.

Innovation for an age old issue

Sexual health affects most of the population at some point in their life. The potential exists to turn failing services on their head, modernising them, taking advantage of new technologies and creating an efficient and stigma free environment for testing. We can empower patients, improve their own health and drive change on a public health level. ■

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