Bradford Teaching Hospitals NHS
NHS Foundation Trust

CLINICAL AUDIT REPORT

Implementation of NICE guidelines (PH3) on one to one interventions to reduce the transmission of STI's including HIV, and to reduce the rates of under 18 conceptions, especially among vulnerable and at risk groups

Department of Infectious Diseases and Sexual Health

Speciality Medicine

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Contents

Executive summary

This audit was completed by the staff at the Trinity centre to determine whether the service is implementing, and is in compliance with, the NICE public health

intervention guidance “One to one interventions to reduce the transmission of sexually transmitted infections (STI’s) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups”.
The NICE audit template and criteria have been applied and findings reveal that the recommendations are partially been adhered to and are further explained in the results section of this report. Where standards are below those set by the NICE audit criteria, recommendations have been outlined to implement into future practice.

Background

The National Strategy for Sexual Health and HIV (DoH 2001) set national targets for reducing newly acquired HIV infections, gonorrhoea infections and unwanted pregnancies.

However, diagnosis of sexually transmitted infections continue to increase, most alarmingly among young people, some black and minority ethnic groups, and gay men (DoH 2008). Little is known about changes in behaviour since the publication of the strategy, although indicators of sexual ill-health and recent surveys among different population groups suggest risk behaviour is continuing. One third of young people report inconsistent condom use (ONS 2007) and almost half of gay men report an episode of unprotected anal intercourse in the preceding year (Weatherburn et al 2008). Frequent use of alcohol and other drugs is associated with higher numbers of sexual partners and decreased likelihood of using protection. (Bellis 2007)

In 2001 the National Strategy stated that the evidence base for HIV and STI prevention was still dispersed and unsystematic and effective interventions hadn’t been agreed. Since then the National Institute for Health and Clinical Excellence completed a review of the literature and in 2007 the public health intervention guidance 3 was published. The guidance presents the recommendations on “One to one interventions to reduce the transmission of sexually transmitted infections (STI’s) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups. One to one interventions are an important element of modern sexual health services and should be integral to the routine care provided by both primary care, contraceptive and sexual health services.

Aim of the audit

The aim of the audit is to determine if the Trinity Centre is implementing, and in compliance with the NICE public health intervention guidance "One to one interventions to reduce the transmission of sexually transmitted infections (STI's) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups.

Criteria and standards

Criteria and standards set by NICE public health intervention guidance 3 (April 2007) were used. Please see appendix.

For Partner Notification, outcomes are measured against the current British Association of Sexual Health and HIV (BASHH) guidelines of 0.64 contacts verified as attended and screened per index patient.

Methodology

A retrospective case note review was done for a two and a half month period from June to September 2009. A clinic sheet of all new and reregistered patients attending during this time period was printed off by reception staff and all case notes were reviewed by Health Advising and Nursing staff to audit against the NICE criteria.

Results

- New and reregistered patients n=1969 case notes were reviewed between June and September 2009.
- **Criteria 1 – The percentage of patients that, during an appropriate consultation, have had the risk of an STI assessed by a health professional**. All 1969 patients had completed risk assessment sheets (100%)

- **Criteria 2 – The percentage of individuals, identified as being at high risk of STI's, who have had arrangements made for a one to one structured discussion to take place with a health professional.**

  74 patients were identified to be high risk falling into the following categories as identified by NICE recommendations 1 and 2.

  Men who have sex with men (unprotected)

  Risk behaviour associated with drug and/or alcohol misuse

  People who have come from or who have visited areas of HIV prevalence

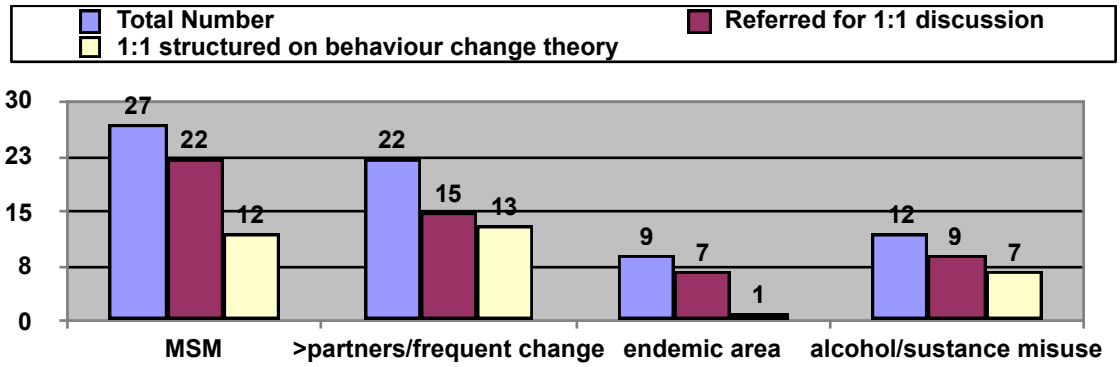
  Early onset of sexual activity

  Unprotected sex and frequent change of and/or multiple sexual partners.

  Outcome - n= 50/74 (68%) patients had arrangements made for one to one structured discussions.

- **Criteria 3 – The percentage of such one to one structured discussions (with individuals at high risk of STI's) that are structured on the basis of behaviour change theories.**

  Outcome = 31/50 (62%) of patients seen.



- **Criteria 4 – The percentage of patients with an STI whose partner(s) have been tested and, where necessary, treated by the health professional or agency making the original diagnosis.**

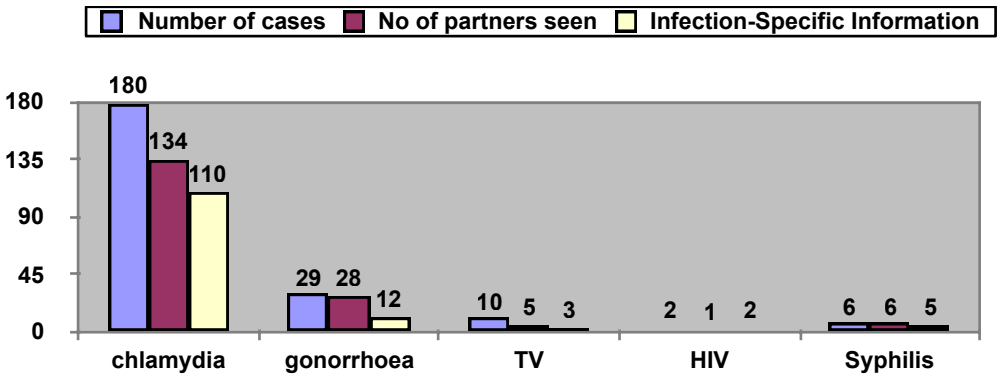
  Outcome – From case note review there were 227 diagnosis of STI's which warranted partner notification. Out of these 174 sexual contacts were confirmed as being screened and treated where necessary - 76%

- **Criteria 5 – The percentage of patients with an STI whose partner(s) have been referred to a specialist with responsibility for partner notification.**

  Outcome – This is not applicable to our service as we have trained Sexual Health Advisers to complete partner notification so no onward referral is necessary.

- **Criteria 6 – The percentage of patients with an STI who have been provided with infection specific information, including advice about possible re-infection, for partners and themselves.**

  Outcome – 132 patients out of 227 had the above standard documented in their client records at case note review – 58%

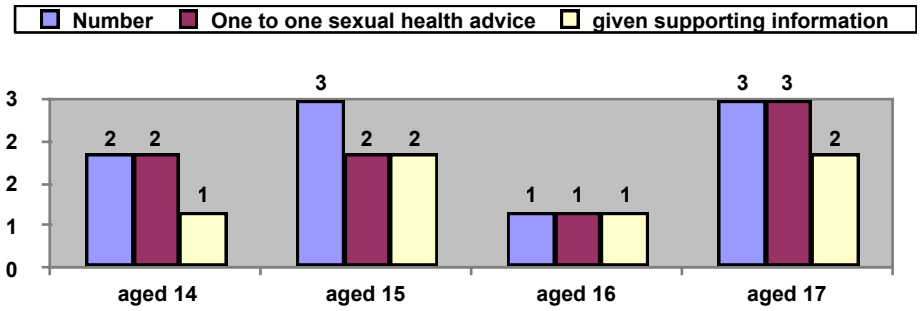


- **Criteria 7 – The percentage of young people aged 18 who, having been identified as vulnerable, have been provided with one to one sexual health advice by a health professional.**

Outcome – 9 young people were identified as vulnerable and 8 of these had been provided with one to one sexual health advice – 89%

- **Criteria 8 – The percentage of young people aged under 18 who, having been identified as vulnerable, have been provided with supporting information on sexual health, in a format accessible to the recipient.**

Outcome –6 out of 9 young people received supporting information – 66%



- **Criteria 9 and 10 were not audited as these are directed towards midwifery services and PCT's.**

Discussion

Criteria 2.

There was no documentation recorded to the reasons why identified high risk clients were not referred for one to one discussions in patient records.

Interestingly, for MSM and patients or sexual contacts from high endemic areas had a higher rate of referral (78%) than for multiple partners and alcohol/substance misuse (55%). This may be because historically MSM and patients from HIV endemic areas are routinely referred to the Health Advisors for pre-test discussions for HIV. In contrast, referral for motivational interviewing for multiple partners and for patients with risk taking behaviour in association with alcohol/drug misuse is relatively new so this may be suggestive of why these referrals were lower.

Criteria 3.

MSM and clients from high endemic areas had documented evidence of one to one interventions based on behaviour change theories in 45% of referrals.

The documentation implies that often these clients have other requirements which become the focus of the consultation as opposed to motivational interviewing. Such requirements were assessment for Post Exposure Prophylaxis (PEP), pre-test discussion around HIV in clients who were contacts or had a particular high risk episode and partner notification.

Where patients were referred for one to one interventions due to alcohol/substance misuse and multiple or frequent change of partners, 84% had discussions based on behaviour change theory. This rate was higher than the previous 2 groups as often condom use was the main focus of the consultation. The remaining 16% of this group had either declined to see another practitioner for further discussion or left without waiting to see another practitioner.

Conclusions

The Trinity Centre implemented the NICE guidelines on One to One interventions to reduce the transmission of sexually transmitted infections including HIV from June 2009.

The audit revealed that 100% of patients attending are having a complete sexual health risk assessment at initial consultation. However, once identified as being high risk, not all patients are currently having arrangements made for a one to one interview based on behaviour change theory.

All patients with a diagnosed STI have had arrangements made for Partner Notification and outcomes exceed the standards set by the British association of sexual health and HIV (BASHH).

All patients under the age of 18 are having a detailed risk assessment in accordance with local safeguarding children guidelines and 8 out of the 9 young people identified had evidence of one to one sexual health advice documented in their records.

Recommendations

As this was the initial audit at the Trinity Centre it has provided a baseline assessment of current practice from which future audits can now be measured.
To assist with this and improve standards the following recommendations are made:

- Introduce a local Motivational Interviewing code for KC60/GUMCAD
- Improve documentation in patient records by Health Advisors by implementing a MI record sheet to record one to one intervention.
- Provide information packs for vulnerable young people with local details around emergency contraception and CASH services and safer sex literature.
- Practitioners using MI skills should have monthly supervision with psychology to ensure good practice and comply with clinical governance.
- Consider further practitioners to complete training in MI skills to improve patient flow in department by reducing onward referral.
- Re-audit in 12 months to be completed.

References

Bellis, M in Independent Advisory group on Sexual health and HIV (2007) *Sex, drugs, alcohol and young people: a review of the impact drugs and alcohol have on young peoples sexual behaviour.* Seminar findings.

Department of Health (2001). *National Strategy for Sexual Health and HIV* DoH 2001.

Department of Health (2008) *Progress and Priorities – Working together for High Quality Sexual health. Review of the National Strategy for Sexual Health and HIV.* DoH 2008

ONS (2007) National Statistics Omnibus Survey *Contraception and Sexual health 2006/7.* Office for National Statistics.

Acknowledgements

Reception staff for printing clinic lists throughout the audit and providing case notes for review.

Nursing staff that assisted with the audit during their coding sessions.

Health Advising Team for their support and input during the audit period.

Appendices

Prevention of sexually transmitted infections and under 18 conceptions NICE public health intervention guidance 3

Audit criteria: These are the audit criteria developed by NICE to support the implementation of this guidance. Users can cut and paste these into their own programmes or they can use this template

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data sources
1	The percentage of patients that, during an appropriate consultation, have had the risk of an STI assessed by a health professional. *[Acute trusts (GUM clinics)/ PCTs]*	None	An appropriate consultation is defined as one: - relating to contraception, pregnancy or abortion - offering an STI test - carrying out a cervical smear test - providing travel immunisation - where routine care can reasonably include a discussion on sexual behaviour. Standard = 100%	Patient records
2	The percentage of individuals, identified as being at high risk of STIs, who have had arrangements made for a one to one structured discussion to take place with a health professional. *[Acute trusts (GUM clinics)/ PCTs]*	Individuals identified as not being at high risk of an STI	'High risk' is defined in the description of the target population in recommendation 1 and 2 of the guidance. The discussion may be arranged either with the health professional identifying the risk (if trained in sexual health), or with a trained practitioner to whom the individual has been referred. Standard = 100%	Patient records

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data sources
3	The percentage of such one to one structured discussions (with individuals at high risk of STIs) that are structured on the basis of behaviour change theories. *[Acute trusts (GUM clinics)/ PCTs]*	Individuals identified as not being at high risk of an STI	'High risk' is defined in the description of the target population in recommendation 1 and 2 of the guidance. Reference to a range of behaviour change theories can be found in 'Predicting health behaviours' (Conner and Norman 2005). Standard = 100%	Patient records, or patient administration systems
4	The percentage of patients with an STI whose partner(s) have been tested **and**, where necessary, treated by the health professional or agency making the original diagnosis. *[Acute trusts (GUM clinics)/ specialist services/PCTs]*	When taken in conjunction with criterion 5, there should be no exceptions	Partner notification includes both testing **and** treatment of partners. It may be necessary to refer the patient to a specialist with responsibility for partner notification (see criterion 5). Standard = X% (total standard for criterion 4 and 5 = 100%)	Patient administration systems
5	The percentage of patients with an STI whose partner(s) have been referred to a specialist with responsibility for partner notification. *[Acute trusts (GUM clinics)/ specialist services/PCTs]*	When taken in conjunction with criterion 4, there should be no exceptions	Partner notification includes both testing **and** treatment of partners. Standard = X% (total standard for criterion 4 and 5 = 100%)	Patient administration systems
6	The percentage of patients with an STI who have been provided with infection specific information, including advice about possible re-infection, for partners and themselves. *[Acute trusts (GUM clinics)/ specialist services/PCTs]*	None	Standard = 100%	Patient records

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data sources
7	The percentage of young people aged under 18 who, having been identified as vulnerable, have been provided with one to one sexual health advice by a health professional. *[Acute trusts (GUM clinics)/ PCTs]*	Adults aged 18 and over. This criterion also excludes young people yet to be identified as 'vulnerable'	See recommendation 5 of the guidance for definitions of 'vulnerable young people' and the range of sexual health advice to be provided. Standard = 100%	Patient records
8	The percentage of young people aged under 18 who, having been identified as vulnerable, have been provided with supporting information on sexual health, in a format accessible to the recipient. *[Acute trusts (GUM clinics)/ PCTs]*	Adults aged 18 and over. This criterion also excludes young people yet to be identified as 'vulnerable'	See recommendation 5 of the guidance for definitions of 'vulnerable young people' and the range of sexual health advice to be provided. Standard = 100%	Patient records
9	The percentage of young women aged under 18 who are pregnant or already mothers and have been identified as vulnerable – have discussed with a health professional: - how to prevent unwanted pregnancies - how to prevent or get tested for STIs. *[Acute trusts (midwifery services)/PCTs]*	Adults aged 18 and over. Young women aged under 18 who are not pregnant and who are not already mothers; this criterion also excludes such young women who are not considered to be 'vulnerable' or have yet to be identified as such	See recommendation 6 of the guidance for definitions of 'vulnerable young women' and more details on the range of sexual health and other advice to be provided. Where appropriate such discussions should take place with the partner of the young woman. (Standard = 100% in each case)	Patient records

Criterion no.	Criterion	Exceptions	Definition of terms and/or general guidance	Data sources
10	The percentage of young women aged under 18 who are pregnant or already mothers and have been identified as vulnerable – have been provided with supporting information on: - how to prevent unwanted pregnancies - how to prevent or get tested for STIs in a format accessible to the recipient. *(Acute trusts (midwifery services)/PCTs)*	Adults aged 18 and over. Young women aged under 18 who are not pregnant and who are not already mothers; this criterion also excludes such young women who are not considered to be 'vulnerable' or have yet to be identified as such	See recommendation 6 of the guidance for definitions of 'vulnerable young women' and more details on the range of sexual health and other advice to be provided. (Standard = 100% in each case)	Patient records
No. of criterion replaced	**Local alternatives to above criteria (to be used where other data addressing the same issue are more readily available)**			