Executive Summary

Mystery Shopper Study 2008
A study of GUM service access for acute STIs in Scotland

“Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health" (www.scotland.gov.uk/Resource/Doc/35596/0012575.pdf) highlighted the need to monitor sexual health service development both nationally and at an NHS board level.

This indicator is one of a set of key clinical indicators (KCIs) for sexual health. This is the second mystery shopper service access study. The first, conducted in March 2007, used the BASHH target of 48 hours as a benchmark with which to monitor service (see www.isdscotland.org/kci).

However, in April 2008 NHS Quality Improvement Scotland (NHSQIS) (http://www.nhshealthquality.org) published their Sexual Health Services standards. Standard 1.3 states that 80% of individuals with priority sexual health conditions should be offered the opportunity to be seen within two working days of initial contact with a specialist sexual health service. Two working days is the standard against which the services are measured in this study.

As there is currently no data collection system available to quantify or assess the performance of NHS boards on service access, a mystery shopper methodology has been implemented - healthy people masquerading as individuals with symptoms suggestive of an acute STI - to collect this information.

The study took place over 8th, 9th and 10th April 2008 - Tuesday, Wednesday and Thursday. Clinics were not specifically called during their opening hours.

The study looked at 22 GUM clinics.

Results

The results of the survey showed that a slightly lower proportion of clinics were able to offer an appointment within two working days than had been able to in the first study in 2007.

It is important to note that any indication of improvement, or lack thereof, in service access will only be evident in the long term.

Although the results for 2008 are slightly less than those for 2007, it is not possible to say that these differences are statistically significant – that is, it cannot be said that they demonstrate a real change in service access.

The female 'shopper' contacted the clinics with symptoms of either chlamydia or genital ulcers.

Chlamydia
- 14 of the 22 clinics (64%) were able to offer the opportunity to be seen within two working days.
- The majority of these offered a drop in rather than an appointment (9:5)
- For the same scenario in 2007, the figure was 71%

Genital Ulcers (female)
13 of the 22 clinics (59%) were able to offer the opportunity to be seen within two working days.
The majority of these clinics offered the caller a formal appointment (7:6)
The equivalent figure in 2007 was 76%

The male ‘shopper’ contacted the clinics with symptoms of either genital ulcers or urethral discharge.

Genital Ulcers (male)
- 16 of the 22 clinics (73%) were able to offer the opportunity to be seen within two working days.
- The majority offered a drop in clinic rather than an appointment (9:7)
- The equivalent figure in 2007 was 71%.

Urethral Discharge
- 16 of the 22 clinics (73%) were able to offer the opportunity to be seen within two working days.
- The majority offered the caller an appointment rather than a drop in clinic (10:6)
- The equivalent figure in 2007 was 76%.

Key Messages

Long-term Changes
Real change in service access will only be truly apparent in the long-term.

Clinic Contact
The difficulties in achieving the standard often centred more on problems of not being able to contact the clinics, as of those who could be contacted only 11% (10 out of 88 clinics) were not able to achieve the standard. It should be noted that the clinics are not contacted specifically during their opening times but at some point over the three day study. This can affect the results but better reflects the patient experience as patients may be less aware of clinic opening days and times.

Of those clinics that could be contacted, the following results were achieved;
Chlamydia 88% (14 of 16 clinics)
Genital Ulcers (female) 87% (13 of 15 clinics)
Genital Ulcers (male) 80% (16 of 20 clinics)
Urethral Discharge 89% (16 of 18 clinics)

Male and Female
In this study there was a distinct difference between the results for the female and the male shopper. Whilst the percentage of clinics able to see the male shopper within two working days was relatively high at 73%, the results for the female shopper were much lower at 64% and 59%. This could be due to different approaches to the study by the volunteers, but the amount of calls made does not show that the male volunteer was any more – or less – persistent than the female.

When calling about urethral discharge, the male shopper received twice as many offers for an appointment than a drop in clinic. This may indicate that clinics want to ensure that this type of patient is seen, and seen quickly.

Conclusion
Although this study does not answer the question posed by the NHSQIS standards about whether 80% of individuals are seen within two working days, the mystery shopper study provides a useful tool with which NHS boards can monitor patient access to their services. It can give a good indication on how easy or difficult it is to contact sexual health services, and the service that is provided.