Key Clinical Indicators (KCI) for Sexual Health
‘Service Access’

Executive Summary

Mystery Shopper Study 2009
A study of GUM service access for acute STIs in Scotland


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

The second study, conducted in April 2008, used the NHS Quality Improvement Scotland (NHSQIS) standard 1.3 which 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. The use of this standard has been continued for 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 17th, 18th and 19th November 2009 - Tuesday, Wednesday and Thursday. Clinics were not specifically called during their opening hours.

The study looked at 20 GUM clinics.

Results
The results of the survey showed that a higher proportion of clinics were able to offer an appointment within two working days than had been able to in the 2007 and 2008 studies.

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 2009 are more than those for previous years 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
- 17 of the 20 clinics (85%) were able to offer the opportunity to be seen within two working days
- For the same scenario in 2008, the figure was 64%
- The majority of these offered a drop in rather than a timed appointment (11:6)
Genital Ulcers (female)
- 19 of the 20 clinics (95%) were able to offer the opportunity to be seen within two working days
- The equivalent figure in 2008 was 59%
- The majority of these offered a drop in rather than a timed appointment (16:3)

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

Genital Ulcers (male)
- 19 of the 20 clinics (95%) were able to offer the opportunity to be seen within two working days
- The equivalent figure in 2008 was 73%
- The majority offered a drop in clinic rather than a timed appointment (16:3)

Urethral Discharge
- 19 of the 20 clinics (95%) were able to offer the opportunity to be seen within two working days
- The equivalent figure in 2008 was 73%
- The majority of these offered a drop in rather than a timed appointment (15:4)

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 in previous years was often centred more on problems of not being able to contact the clinics. 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 for access within two working days were achieved;
- Chlamydia 100% (17 of 17 clinics)
- Genital Ulcers (female) 100% (19 of 19 clinics)
- Genital Ulcers (male) 95% (19 of 20 clinics)
- Urethral Discharge 95% (19 of 20 clinics)

Appointment vs. Drop In
In the previous studies there was little difference in whether a timed appointment or a drop in was offered. However in the 2009 study the results show that drop in clinics are now a more popular method of giving access to a specialist service. From the contacts offering to see the shopper within two working days 78% of these offered a drop in and 22% offered timed appointments.

Male and Female
In previous year’s study there were differences between the results for the female and male shopper, with the male shopper being offered more opportunities to be seen within two working days. In the 2009 study there were no such differences noted between the results.

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.