Key Clinical Indicator 9 – Sexual Health Service Access

‘Mystery Shopper’ Study 2007
A study of service access for acute STIs in Scotland

Executive Summary

“Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health” highlighted the need to monitor sexual health service development both nationally and at an NHS Board level. A set of five key clinical indicators (KCIs) has been developed, for which the data were published in February 2006 and will be updated annually. Key clinical indicator nine is part of the second phase of indicators, currently in development.

The British Association for Sexual Health and HIV (BASHH) recommend a waiting time of no longer than 48 hours for access to GUM clinics. Although this guidance has not been implemented in Scotland, this was used as a benchmark with which to monitor service access for those individuals requiring urgent appointments.

Key clinical indicator (KCI) 9 assesses ‘service access for individuals with symptoms suggestive of an acute STI’. The rationale for KCI9 is to ensure that a priority group of people have prompt access to services, both to reduce the distress and anxiety associated with symptoms as well as reducing potential onward transmission.

At present, there is no data collection system available to quantify or assess the performance of NHS Boards on service access. Therefore, a ‘Mystery Shopper’ methodology, healthy people masquerading as individuals with symptoms suggestive of an acute STI, has been used to collect this information.

The main study took place over 20, 21 and 22 March, and was preceded by a pilot on 22 February. Two volunteers made calls to the clinics from 10am – 4pm.

The main study examined both GUM (21 clinics) and family planning clinics (14 clinics).

GUM Clinics
The results of the study showed that nationally, a high percentage of clinics were able to see the caller within 48 hours.

The female ‘shopper’ contacted the clinics with symptoms of either chlamydia or genital ulcers. 12 out of the 17 clinics (71%) were able to see the caller with possible chlamydia within 48 hours and 13 out of the 17 clinics (76%) were able to see the caller regarding genital ulcers within 48 hours.

The male ‘shopper’ contacted the clinics with symptoms of either genital ulcers or urethral discharge. 12 out of the 17 clinics (71%) were able to see the caller with symptoms of genital ulcers, and 13 out of the 17 clinics (76%) were able to see the caller with urethral discharge within 48 hours.
Family Planning Clinics
This part of the study was limited to the female caller only, as family planning colleagues advised that male callers would be referred directly to GUM.

When contacted regarding suspected chlamydia, six out of the 14 clinics (43%) contacted could see the caller within 48 hours. Two clinics advised the caller to contact GUM and one to contact their GP. Dean Terrace in Lothian also offered the patient a postal testing kit (PTK).

Four out of the 14 clinics (29%) contacted regarding genital ulcers were able to see the caller within 48 hours. This is to be expected as although many family planning clinics test for chlamydia, few will test for STIs other than HIV. One clinic referred the caller to their GP and five referred to GUM.

Key Messages

Drop In Clinics
The results of the study showed that those offering drop in clinics were able to see the patient more rapidly.

Contacting clinics
The study showed that initial telephone contact with clinics could be difficult with a number of calls required in some cases before contact could be made.
- Better and more accessible information on contact details, location and opening hours of clinics would facilitate contact to be made at an appropriate time and to the appropriate service
- When clinics are closed it is often not possible to book an appointment or find out about other local sexual and reproductive health services. It cannot be assumed that persons can or will call back during opening hours and the facility to book appointments ‘out of hours’ or information on nearby clinics would be helpful.
- There were a number of engaged or unanswered calls. Where clinic telephones are frequently engaged or unanswered, service access is restricted. Not only does this prevent the booking of appointments but may discourage people from calling back, which leaves the infection untreated and could result in its onward spread.

Conclusion
The mystery shopper method proved to be effective in assessing service access in both GUM and Family Planning clinics for those with symptoms of an acute STI. Contact was made with almost all clinics for the various clinical scenarios and the shoppers reported a positive experience in nearly all cases. Although clinics are busy and often operating at full capacity, the high percentages of GUM clinics able to offer callers an appointment within 48 hours illustrates a good level of service access nationally.

It should be noted that the small number of clinics involved, 21 for GUM and 14 for Family Planning, mean that the results are indicative and may not be completely representative of the service as a whole.

References