

Integrated Sexual Health Service

Current performance and selected key performance indicators: Quarter 4 2020/21

The Covid-19 pandemic has impacted on some areas of service delivery with clinical staff re-deployment and some restrictions on face-to-face appointments. The post-Covid 19 re-set of the service is almost complete. Staff have been re-patriated back from other wards/services in the hospital. The number of sessions now offered is the same as before lock -down.

The numbers using the integrated sexual health service have continued to increase since Q1 2020/21 and the first lockdown period. Q4 2020/21 activity data exceeds Q4 2019/20 activity for both all attendees (11,183 v 8,020) and Brighton and Hove residents only (10,067 v 7,086). These data include the provision of home sampling kits.

Key Performance Indicator	Threshold	Performance Q4 2020/21
Percentage of patients experiencing a maximum waiting time of 2 hours or longer in a walk-in clinic	<5%	0%
Reducing DNA rates	9%	5%
Percentage of patients accessing the service for STI testing and treatment who are offered an appointment or walk-in within 48 hours of contacting the service	98%	100%
Percentage of individuals accessing services who have sexual history and STI/HIV risk assessment undertaken at first appointment	100%	100%
Percentage of routine STI laboratory test results received by patients within 10 working days of specimen being taken. Percentage of those requiring supplementary tests received by patients within 14 working days of specimen being taken	100%	Hospital lab = 99% External lab = 100%
Percentage of service users offered an HIV test	100%	95%
Patients diagnosed within the integrated service referred and received by HIV treatment service within 2 working days	100%	100%
Ratio of contacts per gonorrhoea index case, such that the attendance of these contacts at a sexual health service was documented as reported by the index case, or by a health care worker, within four weeks of the date of the first PN discussion (within 12 weeks for HIV)	At least 0.4 contacts per index case	0.76
Proportion of unique patients aged <25 screened for chlamydia	75%	81%
Ratio of contacts per chlamydia index such that the attendance of these contacts at a sexual health service was documented as reported by the index case or by a health care worker within four weeks of the date of the first PN discussion	At least 0.6 contacts per index case	0.7
Monitor percentage of long-acting reversible contraceptive (LARC) methods prescribed as a proportion of all contraception by age (all)	At least 25% of patients seeking contraception are fitted with LARC	52%
Percentage of women who have access to LARC method of choice within 10 working days of contacting the service where pregnancy and infection have been excluded	90%	100% (Excluding cap and diaphragm methods which have

		been limited during covid but v low demand for these methods)
Monitor percentage of LARC prescribed by age (≤ 19)	At least 20% of <19 yo seeking contraception fitted with LARC	24.3%
Duration of retention of LARC	Retention is good with more than half retained to end of life span and a further 30% removed between 1 and 3 years – which is cost effective. Only a relatively small proportion are removed within one year	

Patient Voice

The most recent patient survey (~150 respondents) returned the following average satisfaction scores:

How likely are you to recommend the service to friends and family = 4.91/5

Were you treated with dignity and respect = 4.93/5

Did you receive sufficient information about your care/treatment = 4.82/5

Were you involved as much as you wanted to be in your treatment/care = 4.82/5

How easy was it to get through on the phone = 4.35/5

Satisfaction with phone consultation = 4.80/5

Satisfaction with face-to-face consultation = 4.91/5