

Sexual Health and Contraceptive Clinics

Primary Authors - Jan Wake

General Practitioner and GPwSi in sexual health

Leicester Primary Care Group- Locality group

Other Authors - Dr A Wilkinson and Dr D Shepherd

The RCGP recognises that there is a risk to patient choice of provider in sexual health services as provision in General Practice is eroded by funding reductions and by commissioners losing emphasis on holistic provision. The reduction in choice of provider and location and the loss of training and expertise in sexual health care has the potential to stigmatise sexual health patients.

SHACC started in 2008 with a group of GP practices within Leicester City providing an integrated sexual health service with access through a single phone number and a website (www.shacc.co.uk) providing information for professionals and patients.

Appointments are offered throughout the week, including some evenings, at the practice locations delivering a level one and two sexual health service. This provides greater choice of provider, improved anonymity (addressing stigmatisation concerns) and a fully integrated service (contraception and genitourinary services in one appointment) which can be accessed by anyone living in Leicester, Leicestershire and Rutland.

The clinicians offering appointments are appropriately trained and there is a clinical lead who has extensive experience in genitourinary medicine, contraception, women's health, sexual health and gynaecological / early pregnancy ultrasound.

Two of the GPs are faculty registered trainers in sexual health. The clinical lead is a recognised trainer in gynaecological ultrasound. We work closely with our secondary care colleagues and have quarterly joint meetings with an educational component.

Our bespoke IT system derives invoice, audit and management data (including SRHAD and GUMCAD submissions) directly from our monthly Miquet extractions from GP clinical systems, providing full, scalable IT integration.

In 2013 when the local health authority began commissioning the service, rather than lose the community based service, we worked with the successful provider to ensure that SHACC continued in the community alongside services provided by the genitourinary and contraceptive services.