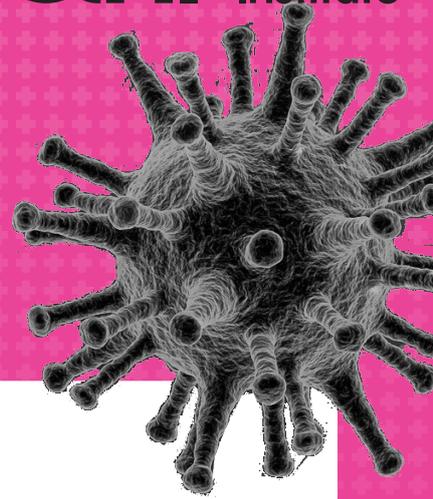


Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

Adapting a Young Person's Sexual Health Service in Newcastle



1/

Personal details

Name: Lesley Anne Flynn

Job title: Nurse Specialist - Sexual Health

Employer: Newcastle Upon Tyne Hospitals
NHS Foundation Trust

2/

Please describe your practice innovation.

We have adapted our young persons' walk in service to enable provision of a Covid-19 secure service. The service provides diagnosis of STIs, a contraception service, pregnancy testing and all forms of emergency contraception and is staffed via a multi-disciplinary medical and nursing team, experienced youth workers and administration staff. Alternative sexual health services throughout the region are not offering this type of service for young people currently. We have noted an increase in safeguarding concerns and issues relating to domestic abuse throughout the first part of the lockdown so it was felt that this was one of the services that was extremely important to reintroduce, to support young people through the covid-19 pandemic and safeguarding them from sexual exploitation. There were changes needed to provide a Covid-19 secure young person drop in service, to protect the young people and the multi-disciplinary sexual health team. A risk assessment of the premises was carried out with a focus on the patient flow through the clinic, with a reduced number of patients able to attend the service to ensure social distancing was maintained. We reduced the age of eligible attendees from aged nineteen and under to eighteen and under.

The entire clinical space is allocated solely for the young people's service every Wednesday afternoon. The young people are greeted at the main entrance of the clinic by youth workers who establish that there are no Covid-19 infection concerns that would prevent the young person accessing the service. On the rare occasion that a young person couldn't be seen on the clinic premises an alternative means of engaging with the service was offered, for instance, a telephone consultation.

The triage form which had been developed to aid the young persons' drop in clinic prior to Covid-19 was re-adapted including the use of 'DIY' STI screening kits. This had not previously been offered, as every young person had required a face-to-face consultation. Part of the triage form was amended to highlight current contraception use for female patients. This enabled us to consider if there was an opportunity for us to offer a more reliable form of contraception; especially important if the young person had not requested to be seen in a face-to-face consultation. Every opportunity was taken to maximise engagement with young people and offer the optimum sexual health and safeguarding service, establishing where there may be unmet needs.

The ground floor clinic would offer a self-administered sexual transmitted infection asymptomatic screening service after an under-eighteen safeguarding assessment by a member of the clinical team. The DIY STI kit to take away to do at home was provided or the young person was assisted in the clinic by a youth worker to complete the necessary screening samples if this was the preferred choice. The first floor clinic provided face-to-face consultation provision with a clinical member of staff offering full STI and contraception service within the Covid-19 infection control guidance and full personal protection equipment.

3/

How has this enabled you to treat/support patients / residents/families/carers more effectively and safely?

Identifying the most vulnerable aged young people i.e. under eighteens and being able to continue to offer a 'drop in' service which is the preferred way that young people engage with sexual health services rather than via a pre-booked appointment.

4/

How has this enabled you to work more effectively with colleagues/partner organisations?

Experienced youth workers from a local youth project 'Streetwise' are now working in the clinic during the young persons' sessions to meet and greet the young person on entering the service. They explain and support the young people in engaging with the sexual health service to ensure we maintain a safe environment, regarding Covid-19, for all attendees and the multidisciplinary sexual health team. The young person becomes aware of the youth project and is made aware of this source of support for future reference.

5/

Do you see this new way of working as a temporary adaptation to current conditions, or a permanent/evolving change?

This is a temporary adaptation due to Covid-19, which will be in place as long as current social distancing guidance for the UK remains. We expect the service provision to evolve as time goes on to ensure we are meeting the needs of young people in the best means possible.

6/

Please describe any particular challenges you had to overcome.

Any cessation of a service has an adverse effect, for example, young people not knowing where to go to access the care that they require. We have had to ensure that we advertise the revised service in places that young people will see the information and make the young people aware they are welcome to return by still continuing to offer a drop-in service.

7/

Please describe any continuing challenges you would like to address.

Re-establishment of similar levels of contact by young people to engage with the service to pre-Covid levels. Protecting the young people and the staff with regard to covid-19 infection control through guidelines and standards.

8/

Please list any websites, online platforms or apps that have helped you.

Newcastle upon Tyne Hospitals NHS Trust website, 'Streetwise' - charity organisation, Newcastle upon Tyne Local Authority advertising, Face book. Posters in venues young people access.

9/

What are the main pieces of IT or other equipment you need (e.g. digital camera, phone, laptop, iPad).

We use a computer and screen for consultations.

10/

Please give any individual examples, quotes or other information.

These are some comments from one of our most recent sessions:

- 'I don't go to GP because I don't like them.'
- 'I wouldn't go anywhere else.'
- 'I'm just glad it's open here.'
- 'Me sister brought us, she comes here and says it's the best.'
- 'I don't go to the doctors, coz urgh nah!' (said with a shudder).

One young girl arrived with her mum, mum stated that they had tried their GP but they wouldn't see her daughter so she brought her to New Croft. This young girl was also very nervous and at first didn't want to come in without mum, once I had explained why mum wasn't able to come in (mum was more than happy with this) and fully supported this young girl with her forms and had a good chat with her to prepare for what the appointment would entail etc., she was fine and happily sat in the waiting room on her own.

A Social Worker also supported a young girl to attend and stated she wouldn't even think of taking any of her clients anywhere else for sexual health support. This young girl said she was happy to come here because her Social Worker had said it was the best place to come.

We have a lot of returning patients, we have patients who recommend the Young Persons clinic to their friends as well as bringing them along with them which speaks volumes as young people vote with their feet and if they didn't have a positive experience they wouldn't return as readily as they do.

Patient comment: 'I could not have my coil fitted in the clinic near where I live, Thank God! Newcastle clinic was seeing women for coil fitting.'

Patient comment: 'I was so relieved that I could access my pill from New Croft Clinic, as my GP is not seeing patients and the receptionist told me I was low priority to be seen. This is quite worrying, as I do not want to be pregnant during the pandemic.'

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Staff feedback

