BASIC CLINICAL INFORMATION FOR SANDYFORD INDUCTION

What does Sandyford do?

Sandyford provides NHS Greater Glasgow and Clyde's specialist sexual, reproductive and emotional health service across the board area. Sandyford Central provides a core, integrated specialist centre; nine Sandyford hubs operate as integrated sexual and reproductive health units providing a broad range of sexual and reproductive health services in a variety of community settings targeted at specific populations; access to more generic sexual and reproductive health services, information and onward referral is provided in local satellite services. This tiered model of service ensures that inequalities focussed services are provided to meet the needs of local populations.

Throughout Sandyford, services have been developed for men, women and young people, and made more accessible through expanding service delivery and extensive partnership working. Robust leadership, role development and skills building of staff, and multi-disciplinary team working have also contributed to this. Alongside integrated sexual health and complex contraception and GU services, services such as menopause, gynaecology, colposcopy, sexual problems medicine, ultrasound scanning, termination of pregnancy counselling and referral, and counselling services are also provided. There are also specialist services provided for men who have sex with men, young people, homeless people, the transgender population, and women and men involved in prostitution. For more details of the Sandyford ethos see the induction pack.

How do clients get seen at Sandyford Central Clinics?

Clients are encouraged to contact Sandyford by telephone (0141 211 8130) to arrange an appointment. Symptomatic clients who telephone or present in person are triaged by a senior nurse (see appendices for list of clients to be prioritised for urgent care). The nurse allocates an urgent care slot or a scheduled appointment, or directs the client to an appropriate service. Evening appointments are available, as are consultant GUM and SRH appointments. Clients requiring routine contraception or cervical cytology are encouraged to attend general practice but can be seen in Sandyford if they prefer, or if they are not registered with a GP.

Some patients are formally referred by letter, usually by SCI Gateway. Referrals are vetted by one of the consultants and appointments issued by the secretaries. Patients requiring rapid review are allocated an urgent care clinic slot. Others are sent an appointment for the next available 20 minute appointment or specific consultant clinic. All clients with appointments will be texted a reminder two days before their appointment if they have provided contact details and appropriate permissions.Within Sandyford all clinicians work as practitioners within an integrated multidisciplinary team. We aim to see the cases most appropriate to our skills. Each clinician is responsible for the care pathway of patients, including taking blood, information giving, administering medication and onward referral as required.

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Clients with more than one request (e.g. cervical smear and implant) should be given separate appointments, or a double appointment if appropriate. If it is not possible to offer all that a patient wishes at their first contact with the service, give a clear explanation of the management plan and follow up arrangements.

All requests for **interpreters** are handled by reception/switchboard. If requesting interpreting services for a client please ensure you give reception staff all the details required to organise a booking: client's name or clinic number, language, appointment date and time, preference for male/female interpreter, etc. They should be seen at the allocated appointment time where possible, as the interpreters have strict time slots and may then have to leave before the consultation is complete.

Language identification cards are held in the clinic base and with reception. These cards can be shown to clients attending the clinic in order to establish which language they understand. The Sandyford website has a 'Google translate' facility. Language line can be used in an emergency via 0141 347 8811 if an interpreter is not available.

Getting seen at Sandyford Hubs and satellites

A large number of clients attend the Sandyford Hubs and satellites with a range of issues. The **hubs** are open from 1-5 days per week and can offer symptomatic screening and a full range of contraceptive methods along with some specialist services which will vary from hub to hub depending on local priorities. The hubs also operate an appointment service. The **satellites** are usually open one day a week to provide a narrower range of services including most contraception and asymptomatic screening, treatment for some STIs and uncomplicated partner notification. Most satellites are nurse-led and they do not have the facilities to offer full symptomatic STI testing, vaccination, cryotherapy or IUD insertion. Clients who require a service the satellite cannot provide will be referred back to their local hub or Sandyford Central.

How does the ground floor clinic run at Sandyford Central?

Clients present to the information desk in the ground floor waiting area and are allocated a numbered card. If they have an appointment they are registered at the reception desk and directed to the appropriate waiting room. If they need to be triaged patients are issued with a white card and will be triaged by the floor nurse.

Each morning the floor nurse for the day will allocate rooms to clinicians and supervise the running of the clinic. The floor nurse is responsible for the prioritisation of clients. Clinicians should generally take the next client's paperwork from the main basket, unless there is someone waiting for senior review (their paperwork will be in the review basket), or unless asked to see a specific client by the floor nurse.

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Call the patient from the waiting room by first name or whatever client has indicated as their preference. Before moving through to a clinical room, introduce yourself by name and role, and confirm their identity with first name, surname and date of birth. At that time, check that any labels that have been printed match the demographic details given.

Clinical support and advice

If you have specific learning needs or your skill set does not match the likely needs of a client please discuss that with the floor nurse. It may be that there is opportunity for you to see the client with supervision, as a learning opportunity.

The floor nurse should be the first call for help and advice and will know who to approach if they cannot answer your question. There is always a consultant available for senior advice and support, who will not always be in the building and may have other duties, but should be able to answer queries and facilitate patient care. If you phone the consultant of the day and are put through to voice mail, please leave your name and contact number so that the consultant can return your call as soon as they are able. Sandyford telephone numbers appear as '0800' numbers on the recipients screen and do not accept incoming calls, so if you do not do this the consultant has no way to get back to you.

Sandyford protocols and other sources of information

Sandyford uses a range of clinical and non-clinical protocols to ensure that practice is as evidence-based and consistent with current national guidelines as possible. There are protocols covering most commonly seen conditions presenting at Sandyford and all methods of contraception. These protocols can be accessed via Sandyford Team Site (icon on desktop).

The Clinical Effectiveness Group meets quarterly to update clinical protocols and information about changes are publicised in the e-bulletin and from time to time at internal teaching.

It is your responsibility to be aware of current Sandyford protocols and to document any reasons for variation in practice. The non-clinical protocols that you must be aware of are detailed in your induction pack.

More detailed information may be available at

www.bashh.org – British Association of Sexual Health and HIV

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www.fsrh.org – Faculty of Sexual and reproductive Health

www.rcog.org – Royal College of Obstetrics and Gynaecology

www.bhiva.org – British HIV Association

www.hiv-druginteractions.org – Useful site to ensure planned treatment will not interfere with a client's HIV medication

www.patient.co.uk - useful source of client-centred information (the librarians will also be able to help with information for clients)

Taking a History and offering an Examination

The consultation should be patient-centred and should ideally take place in a one-to-one setting, unless explicit permission is obtained from the patient. Clients should be made aware that our history taking may involve sensitive issues but that we will be responsive to their wishes with regard to communication.

Prior to bringing a student or observer into the room seek explicit permission from the client to have them present during the consultation and/or examination.

Consider the need for PreP and HPV vaccination in the appropriate groups (see individual protocols).

Men who have been holding urine for some time may appreciate being examined and tested early in the consultation and a more detailed discussion deferred until after they have urinated.

Anogenital or breast examination (if needed):

must be preceded by an explanation of why it is necessary and the nature of the examination.

must only be done with the explicit consent of the patient.

must be done only after offering a chaperone.

must take place in a closed room, in a curtained-off area, without interruptions.

Patients should be able to undress in privacy and be provided with a cover for the relevant part of the body. Throughout the examination, the clinician should watch for verbal or non-verbal indications of distress from the patient.

Offer chaperones to all clients irrespective of their gender and the gender of the healthcare worker performing examination or treatment. All male staff MUST be accompanied by a chaperone when carrying out intimate examinations on female patients.

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Record in NaSH (on the examination page) who was present at the examination or that a chaperone was declined.

After the examination, the patient should be allowed privacy to redress *before* discussing the examination findings.

Samples must be taken directly from the examination room to the specimen collection point in the 'prep room' next to room 4 and not via a clerical area. On the first floor, samples can be taken directly to the laboratory.

Encourage patients to read and take relevant patient information leaflets.

Investigations

As part of your induction, training in genital examination and STI testing will be provided. Further information can be found in the e-learning modules in SRH and sexual health and HIV at www.e-lfh.org. You will receive a log-book that you should work through and fill in as you gain competence to provide a record of this.

All patients should be offered a comprehensive sexual health screen (except where outlined below). Patients should be aware that a comprehensive screen does not exclude asymptomatic infection with HPV or HSV.

Testing for HIV should be specifically recommended to all patients as part of our standard check up.

Consider the relevance of other tests performed and if in doubt consult Sandyford protocols or a senior colleague (e.g. do not perform unnecessary blood screens such as gonadotrophins for women on the COC).

The person taking the tests from the patient:
is responsible for checking that the labels on the specimen refer to the patient by checking the date of birth.
must ensure that all specimens are labelled, including slides and temporary urine containers for urinalysis. Slides should only be labelled with a pencil.
must ensure that all sample containers are within expiry date.
must ensure that all tests taken are entered correctly onto NaSH using
patient order so that results can be entered and missing results chased (see NASH user guide in public folders).

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Examination is NOT required for routine asymptomatic screening but can be offered for reassurance if patients wish.

Basic sexual health screening includes the following:

Asymptomatic Men

- First passed urine sent for combined chlamydia (Ct) and gonorrhoea (GC) testing in a NAAT container. Decant urine from universal container/foil bowl into NAAT vial, filling up to the square window.
- Blood sample in a 9ml EDTA (purple top) tube for syphilis and HIV (unless they opt out).
- As history indicates (e.g. sex with men, sex overseas): throat and/or blind swab for rectal Ct/GC NAAT; Hepatitis B/C markers.

NB:

- There is no evidence that proctoscopy increases yield for gonorrhoea in asymptomatic patients. Thus rectal swabs can be taken blind if no symptoms: use a cotton-tipped 'charcoal pack' or dry swab for GC plating (if needed) and cotton tipped dry swab for Ct/GC NAAT.

Do not use the Abbott Ct/GC kit swabs for blind rectal sampling – risk of swab breaking off. Dip the cotton tip swab in the NAAT container then discard the swab.

Symptomatic Men

Those with symptoms which might indicate urethritis: e.g. urethral discomfort, discharge or dysuria

As above PLUS urethral swab for gram stain and GC culture:

- At Sandyford Central there is access to on-site microscopy and the gram stain can be read by a biomedical scientist (BMS) or trained clinician.
- At hubs it will be necessary to arrange to courier these samples to the local laboratory.
- If the client has passed urine within the last 2 hours sensitivity of these tests may be reduced. Discuss with the client and offer either to do the test now and accept possible reduced sensitivity or wait for up to 2 hours if time allows.

- Use a plastic loop with a drop of saline (if direct plating at Sandyford Central) or a saline moistened thin swab. If there is visible discharge, take this. Otherwise insert the loop or swab ~1cm into the urethra.
- Wipe some of the sample onto a microscope slide and leave to dry on a hot plate
- If access to direct plating at Sandyford Central, inoculate one edge of a non-selective then a selective plate; the plates will be streaked in the laboratory. Otherwise courier the swab in the charcoal medium.

Those with symptoms of rectal discharge or proctitis:

- As above but add immediate microscopy on rectal gram stain and GC culture.

Those with symptoms of genital ulceration: please see genital ulcer protocol at:
http://teams.staffnet.ggc.scot.nhs.uk/teams/Partnerships/GGCServ/Sandyford/Sandyford%20Protocols/Clinical/STIs/GENITAL%20ULCERS%20CEG%20DEC%202014.pdf

Asymptomatic Women

Free from abnormal vaginal or urethral discharge, dysuria, dyspareunia or genital ulceration

Not in recent contact with gonorrhoea

- Self (or clinician)-taken vulvovaginal swab for combined Ct/GC NAAT. (***This is our preferred sample for testing.*** *Urine sample can be offered if client is aware this offers lower sensitivity for gonorrhoea detection. Endocervical swab should not be offered as cervical site CT/GC NAAT testing has been discontinued.*
- Blood sample in a 9ml EDTA (purple top) tube for syphilis and HIV unless they opt out
- **If history indicates:** Hepatitis B/C markers, cervical cytology.
- **Only offer cytology as part of the screening programme.** Please record in the comments box in SCCRS where the woman would prefer to attend for colposcopy if she has an abnormal cytology result. Clients must provide an appropriate contact address and consent for correspondence to this address. Colposcopy referral is arranged centrally by the SCCRS team once the result is available

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Symptomatic Women (please also refer to Vaginal Discharge protocol)

Any women not meeting above criteria may also require

- Wet mount of posterior vaginal fluid examined under x 400 phase contrast to exclude Trichomonas Vaginalis (TV)
- Gram stain of lateral vaginal wall specimen, endocervix +/- urethra* laid out thus:

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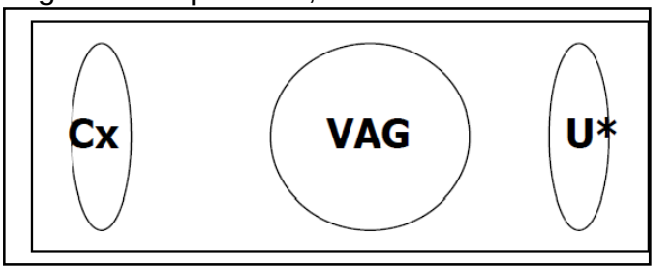

Name,

NaSH number

- pH of secretions from lateral fornices if discharge is a symptom
- Endocervical specimen for GC culture
- Vulvovaginal swab for Ct/GC NAAT

- If recurrent vaginal discharge and no cause found on microscopy: consider high vaginal charcoal swab
- *If urethral discharge present: urethral GC microscopy and plate
- If the client declines to be examined ask them to take their own vulvovaginal swab for Ct/GC NAAT.
- Sabaraud plate of vaginal swab only if recurrent thrush for speciation and sensitivity; You must record on the request form that you wish “SAB PLATE FOR SPECIATION” or the sample will only be tested for the presence or otherwise of Candida, not the species or sensitivities. In centres without plating use a charcoal swab and again indicate clearly that this is for ‘SAB PLATE FOR SPECIATION’

- Ensure that vulvovaginal swabs are on the system as this, not HVS and not cervical
- There is no optimal order in which to take cervical samples from women, especially when cytology is required. The clinician must determine the test with highest priority. Defer cytology if the endocervical swabs have caused bleeding or there is profuse discharge or cervical inflammation.

- Menstruation does not make STI testing impossible but measuring vaginal pH then is not helpful. Some menstruating women may prefer to re-attend for tests when their period has finished: this should be clearly documented. Cervical cytology samples should not usually be taken during menstruation.
- Rectal gram stain + culture and rectal Ct/GC NAAT and/or throat Ct/GC NAAT if indicated by history (e.g. receptive anal or oral sex with partner with gonorrhoea)

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HIV Testing

HIV testing is considered part of a routine sexual health screen and is recommended for all patients as part of an opt-out system. We use a modern dual test (sometimes called Duo) that looks for antigen and antibody. BASHH guidance is clear that a negative Duo test 28 days after a specified risk is highly reassuring. However, patients should be advised to re-attend for a final test at 8 weeks.

Clients who have read the clinic information booklet regarding tests do not need additional detailed pre-test information, but check they have understood the text. Risk reduction must also be discussed.

Those who are thought to be at high risk (e.g. unprotected anal sex, unsafe sex in high prevalence area etc.) should be seen by a sexual health advisor who will then arrange for them to return for their results.

Other lab tests

Please use the standard CHI number if you are sending tests that may need to be viewed by other practitioners (e.g. you are taking a blood count on someone you want to admit), and for histology. You will need to request CHI labels from reception. These results will then be visible to the GP and hospital team, as well as ourselves on Clinical Portal.

Situations where a 'full' screen may be inappropriate

Tests done elsewhere

Where tests for STIs have been carried out elsewhere it is the clinician's responsibility to verify the results of these. Clinical Portal is now a good way of finding tests taken by GPs or in hospital for NHSGGC residents. Chlamydia tests etc are in Virology under 'MID specimen'. Definite positive tests (e.g. *Chlamydia trachomatis* by NAAT) need not be repeated, but repeat testing for gonorrhoea (and TV in women) may need to be considered, especially culture-sensitivity testing of GC NAAT positive cases.

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Antibiotics

If the patient has taken **any antibiotics in the previous two weeks** there is no benefit in taking tests for bacterial STIs such as gonorrhoea if the main reason for a screen is to get an 'all-clear'. However, for individuals with symptoms it is reasonable to offer testing, with the proviso that negative tests should be repeated two weeks after completing antibiotics.

Serology and HSV PCR tests should not be affected by antibiotics and should still be done.

Patients treated elsewhere for chlamydia or gonorrhoea should be offered full STI testing at follow up.

Fear of tests

Some patients are unwilling to undergo invasive tests such as speculum examination or urethral swabbing. For men, after discussion of the limitations of this, urine testing for Ct/GC NAAT should be offered.

For women, non-invasive testing for chlamydia and gonorrhoea may be offered in this situation by asking the client to take their own vulvovaginal swab. A urine test could also be taken BUT is the second choice non invasive sample as it provides unacceptably low sensitivity for the detection of gonorrhoea on PCR. Consider also the option of supporting the client to introduce her own speculum if this may enable her to undergo testing.

Patients who have a lack of time

Wherever possible encourage patients to have BBV testing at the first visit.

Some patients prefer to defer blood tests, but it is important that syphilis and HIV tests are re-offered at their subsequent attendance. In all these situations, the reason for conducting limited tests should be clearly recorded.

Audit shows few patients who defer tests ever reattend for them.

Testing in the hubs:

If patients are asymptomatic they should be offered testing as outlined above except that GC swabs if taken should be placed into charcoal transport medium rather than directly plated.

Men that are symptomatic with a urethral discharge or women who have been in contact with a partner with GC should have a sample taken for microscopy. This should be air dried and transported to the local lab for interpretation (discuss local arrangements for transport and follow up with the hub nurse).

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Patients may present with symptoms that would be ideally managed in the specialist service (e.g. a possible chancre). If this happens discuss the case with a senior clinician and arrange an appropriate time to attend and a follow up plan.

Other symptoms or SRH concerns should be managed within the hub setting with support available from the floor nurse at Sandyford Central and if necessary with the on call GUM/ SRH consultant, who can be contacted via the senior advice rota available on Sandyford public folders.

Using the Computer System and the Minimum Data Set

All clinicians need to be familiar with NaSH. The IT department will arrange computer training as part of the induction process. The NaSH user manual is available at Public Folders / NaSH User Guides. There is an agreed minimum data set to be asked at routine sexual health visits (see the NaSH guide folder)

If the computer system fails temporarily use the NaSH breakdown proforma to record the clinical consultation including the essential information such as tests taken and drugs prescribed (see NASH breakdown protocol in public folders).

Use Clinical Notes to document presenting features (if more than a one-liner), context and management plan as well as information given.

Details of any examination should be recorded on the specific examination Special Form, including type of consent and whether a chaperone was offered and who it was.

It is important that a comprehensive sexual history is recorded for patients presenting with genito-urinary problems to allow partner notification to take place. This should include the number of sexual contacts in the last 12 months and also the details of the last 3 sexual contacts.

Giving Immediate Microscopy Results

Most of the time the BMS (Biomedical scientist) will read the slide and issue an immediate result into the NaSH record. You do not need go to the laboratory yourself to get this result processed, but feel free to discuss interesting cases and ask if you can look at controversial slides yourself. In hubs, slides are read in either Sandyford Central or the local lab with results entered into NaSH directly. The notes should be placed in the ‘microscopy’ basket and the result will be communicated to the patient by the floor nurse. This allows you to move on to the next patient to be seen.

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Important points:

- Emphasise that immediate microscopy gives a **provisional result** and that a confirmed diagnosis will follow where possible. This may reveal an unexpected problem and it is best to avoid sex where there is any concern.
- '1+ WBC' in a male urethral specimen is a normal finding
- BV or yeasts in a vaginal Gram stain do not usually require treatment if asymptomatic

Prescribing

Prescribing and administration of drugs should be recorded in the prescriptions history in NASH (see Sandyford prescribing protocols & http://www.rpharms.com/prescribingframework).

Follow-up

Check preferred contact permissions before the client leaves the clinic. Patients may collect results by phoning the telephonetics results hotline. Give all patients tested a green telephonetics card with their clinic number on it and ask them to telephone in 10 days, although they can be told that results may be available sooner than that.

Turn around time is as little as 72 hours for negative results imported by computer but can be longer if positive. The message clearly states if tests are awaited.

Follow-up appointments are extremely limited. We only review patients where this is essential. Please discuss with the floor nurse which clinic is most appropriate for the patient.

An SRH complex clinic is available at SC and at several hubs for clients with medical conditions which may make their contraceptive choices more problematic. GUM Complex clinics are available at SC and some hubs for clients with complex or chronic conditions. Please make an internal referral.

Follow up of vulnerable young people, vulnerable adults and those with learning disabilities can be arranged with the appropriate teams.

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Defaults

All records of patients defaulting for follow up of an **acute STI** (chlamydia, gonorrhoea, syphilis, tropical ulcer disease) will be followed up by the health advisors by the use of their virtual diary.

All records of patients who default from specialist appointments should be checked by the clinical staff team at the end of the clinic. It is wise to check for outstanding results on NaSH.

Typical **doctor-initiated recall** includes failure to collect significant biopsy or radiology results, abnormal blood tests, review of clinically important conditions such as PID or testicular lumps. Where recall is clinically essential either phone the client or dictate a letter to the client for the appropriate secretary to type and send out. The secretaries have standard letters for clients who do not attend after GP referral or for cytology, if requested.

CHECK what contact permissions are in place before contacting clients or dictating letters. If you have concerns discuss the case with a consultant colleague. Contact arrangements should be clear under demographics on NaSH.

GP Letters, internal and external and referrals

GP referral letters are scanned into NaSH under the media items section. Doctors are encouraged to write to GPs or other colleagues where this would be helpful for the ongoing care of the patient and only if the patient has consented to this. Please ensure that patient gives consent for GP communication even if they have been referred by the General Practitioner. If the client has been referred by the general practitioner it is standard practice to send a letter back to the GP unless the client declines permission to do this. All clients who are commenced on a new method of contraception and who have given permission for GP notification should have a standard letter sent to the GP. If permission has been given to write to the GP, a standard letter will be automatically generated when a patient has a contraceptive procedure such as coil or implant insertion.

Within Sandyford we commonly cross-refer to medical gynaecology, sexual problems service, and colposcopy and SCaSS. Use the Sandyford internal-referral system.

Outside Sandyford we commonly refer patients on to acute gynaecology, urology and colorectal surgery and sometimes to rheumatology. Usually we choose the unit nearest to the patient. Referrals should be copied to the GP where possible.

Please discuss any referrals with a senior staff member in case the issue can be dealt with in house. During most clinics at Sandyford Central there is a senior

member of staff available for advice and this may reduce the need for referrals and repeat attendances.

All letters should be dictated using the digital dictation system. A log in code can be obtained from the IT department.

Dealing With Results

All general results, including STI testing, haematology, biochemistry, and pathology are dealt with via the results team. Please see Notification of Results Protocol.

CYTOLOGY RESULTS
Women are notified of their result via SCCRS..

ALL OTHER NON-NEGATIVE RESULTS These are reviewed by appropriately identified clinicians on a regular basis.
Nurses handle many results that fit specific protocols.
Review all e-records with results and document any action in Clinical Notes, ask the result to be scanned if essential.
Standard clinic letters are under 'correspondences' section of NaSH
Remember you can leave alerts on NaSH for staff to see when the patient attends and send internal messages requesting action to other staff members.

It is the responsibility of the clinician who is taking the test to ensure it is clinically appropriate and correctly entered into the system. It is also important that a follow up plan is clearly entered into clinical notes and communicated to the client. Results will be handled centrally as outlined above to ensure fail-safes and audit trails are in place. Consult the NaSH user guide for details of making patient lists and other ways of reminding yourself to check client outcomes, and how to run standard PRISM reports for audit and appraisal purposes, or get advice from the IT team.

Critical incident reporting and Datix forms

Things go wrong from time to time in a busy service. The department has a 'no-blame' approach to these events. We encourage all staff to note any error that might have affected patient care, no matter how small, on the Datix system. Typical areas include: labelling errors, missing samples, wrong results given out, samples not taken, inadvertent breach of confidentiality, significant clinic overrun or inappropriate skill mix in

the clinic. Critical incident reports are reviewed regularly by the operational group, practice points raised in the e-bulletin and at the multidisciplinary clinical governance updates and a summary published annually.

Datix forms must be completed electronically as soon as possible. All staff should have training on how to enter Datix forms as part of their induction.
Datix can be accessed via staff net by clicking on the internet explorer icon on your PC. Once the staff net page appears click on APPLICATIONS and a drop down box will appear. Click on Datix.
Further guidance on completing a Datix form can be found using the file path: Folder 2 Operations and Governance\Adverse Events, Complaints & IR1\Datix information.
Remember as Sandyford is a confidential service that client names are not included in Datix reports; rather the unique NaSH number is to be used as the patient identifier.
Further information can be obtained from your line manager.

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APPENDICES

Clients to be Prioritised for Urgent Care

HIS Standard Priority Conditions

Individuals with symptoms suggestive of an acute sexually transmitted infection (eg genital pain or ulceration, genital discharge or systemic symptoms suggestive of a sexually transmitted infection or HIV seroconversion)

Individuals who have been diagnosed with an acute sexually transmitted infection

Individuals who have had sexual contact with a person known to have been diagnosed with an acute sexually transmitted infection

Requests for emergency contraception or termination or pregnancy

Women who have run out of hormonal contraceptive supplies or who are late for a contraceptive injection

Recent sexual assault

Individuals aged less than 16 years

Recent HIV or hepatitis B exposure

Additional Sandyford Priority Groups – these clients should be fast tracked after triage to the urgent care clinic but may be booked to an appointment if that would be more appropriate to their care and their wishes. Every effort should be made to offer people from these client groups flexibility of service access.

Young people under the age of 18 and those from aged 18-21 who are care leavers (when that is known)

People living with disabilities including physical and learning disabilities

People who would struggle to access services due to cultural or language barriers or because they are seeking asylum

LGBTI individuals

People living with alcohol/drug addictions

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People living with mental health problems

People experiencing gender based violence

People involved in prostitution

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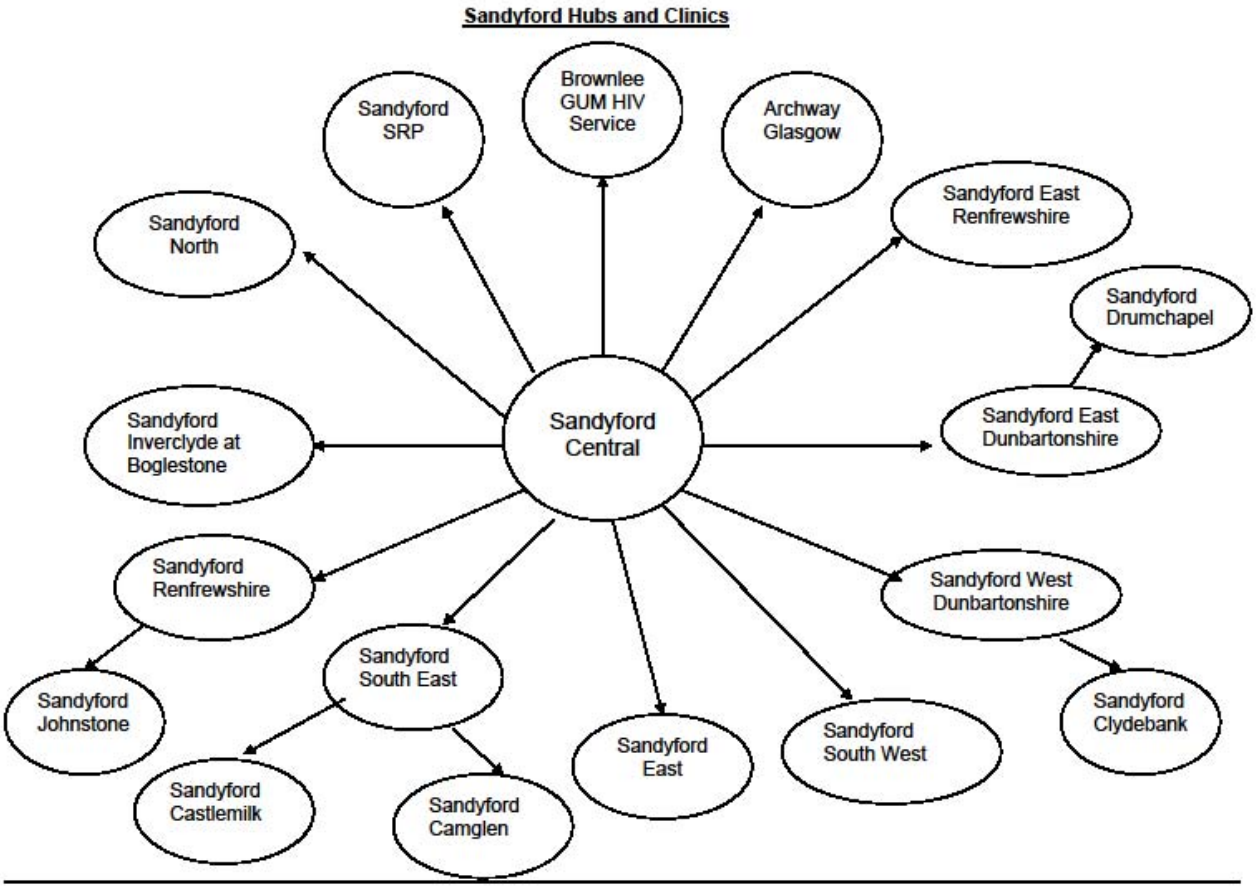
Sandyford Hubs and Clinics



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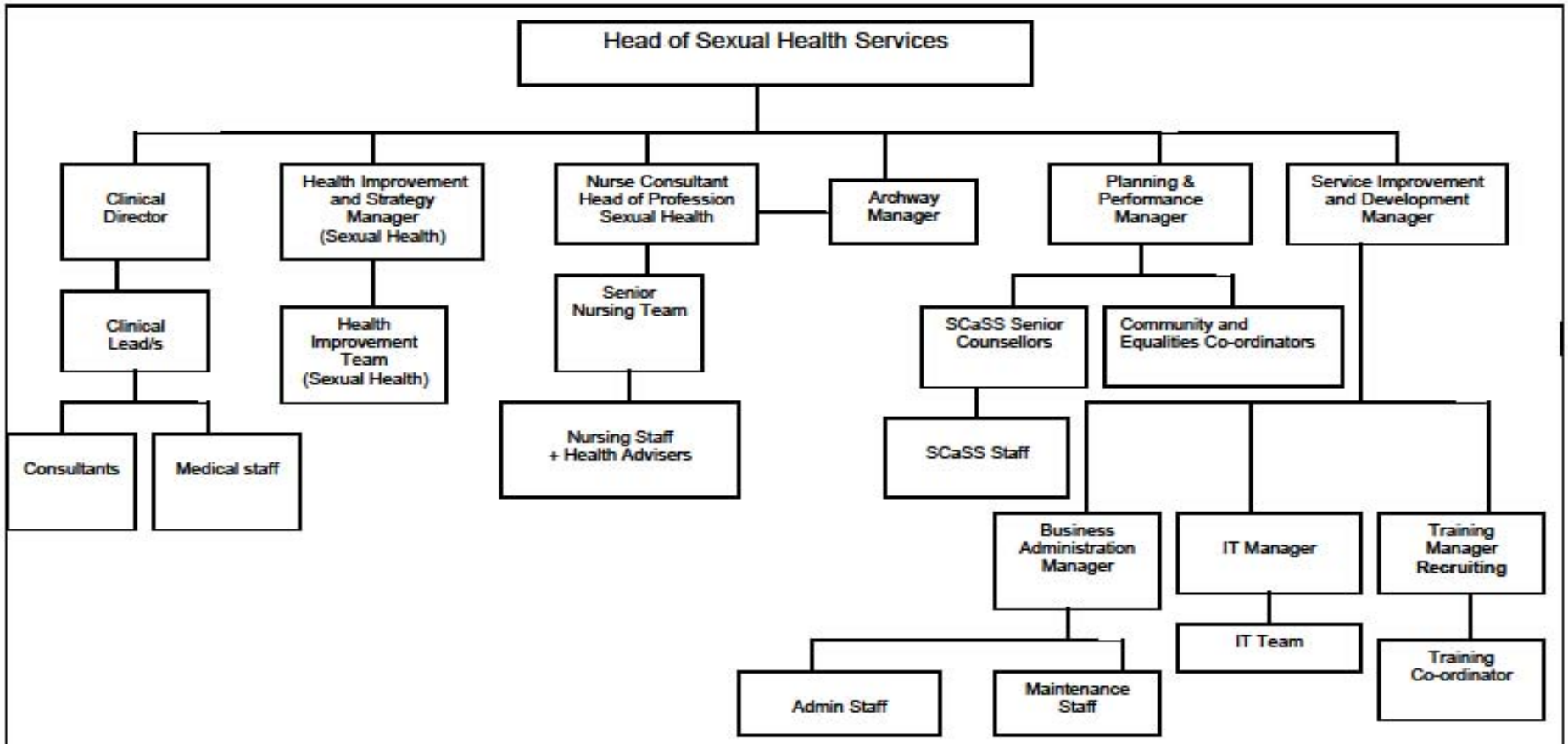
Sandyford Management Team

Sandyford Management



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SANDYFORD SEXUAL HEALTH MINIMUM DATA SET

Episode	• Main Reason • Symptoms Presence • Priority presentationYes/No	
Medical and Family History	• Allergies and Sensitivities • Other Medication (Contraception via GP) • Medical Conditions (prev STIs, UKMEC) • Procedures • Family History (Contraception only)	
Lifetime Sexual History	• Lifetime Sexually Active Status • Gender Previous Sexual Partners • Sex Overseas National • Sex Without Consent	Under 16? • Age at first Contact • Number of Partners
Recent Sexual History	• Current Sexually Active • New partner in 12m • No. of partners in 12m • Gender of partners in 12m • Date of last LSI	
BBV	• IDU status • HIV Test Status	MSM or IDU?
Repro Health	• Date LMP • Pregnancy status • Pregnancy history • Smear history • Contraception History	• Hep B test • Hep C Test • Hep B vaccine

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