

Gay Men's Health in the Sandyford

This chapter brings together available information on gay men's health among clients attending the Sandyford Initiative.

It is only possible to identify a client as gay or bisexual if they have had an episode of care in the Steve Retson Project or the core genitourinary medicine service and have an adequate sexual history recorded. As part of the routine coding of GUM clinic activity for the national STI Scotland Surveillance (STISS) system, clients are given a 'life-time sexual partnership' status. We can then use this to look specifically at attendance of people who have ever had same-sex relationships in other services. In this chapter we have loosely defined 'gay' as coded as ever having a same sex relationship (gay or bisexual), realizing the multiple weaknesses inherent in this. We consider it would be too intrusive and counterproductive for clients to declare sexual orientation at registration, although this would provide far better data about service use by and outcomes for gay and bisexual men.

The Steve Retson Project opened in September 1994 with its first Tuesday evening gay men's clinic at the Glasgow Royal Infirmary, based in the Department of Genitourinary Medicine. The project was founded in the belief that gay men deserved a better service than the one they were able to access, and that gay men should be key stakeholders in the design, delivery and running of such a sexual health service. A full report on the development of the Project to April 2004 was published last year

Unique Features Of Steve Retson Project

- 1. Staff selected in conjunction with members of the gay community.*
- 2. Host helpers who welcome all clients.*
- 3. Same day HIV testing available.*
- 4. Outreach setting in the Glasgow Lesbian, Gay, Bisexual and Transgender Centre.*
- 5. Open access and self referral*
- 6. Open access counselling available with qualified counsellors.*
- 7. Specific gay men's health website (www.steveretsonproject.org.uk)*
- 8. Specific gay men's health training for project staff.*

Over the last three years there has been extensive integration of Project staff into work in the rest of Sandyford and vice versa. Thus staff with Project experience and specific expertise in gay men's health also work in core GUM, nurse practitioner clinics, homelessness service and the young people's service.

1. Attendances

Overall there were 5175 attendances by men known to have had same-sex relationships or experience in 2004/5 across Sandyford. This of course is a major underestimate as only men with coded GUM / SRP episodes can be known to be gay or bisexual. A breakdown is shown in the table. This shows that the SRP accounts for about 60% of all attendance by gay or bisexual men in Sandyford, but that there are many clients also accessing a range of other services.

Service	New	Rebook	Return	Total	% of total attendance
Steve Retson Medical	335	619	1946	2900	56.0
Steve Retson Counselling	21	9	211	241	4.5
GUM	289	323	682	1294	25.0
Health advisers	22	21	470	513	9.9
Corner clinic¹	61	26	6	93	1.8
Specialist clinics²	17	21	67	105	2.0
Others	18	0	11	29	0.6
TOTALS	763	1019	3393	5175	

NB based on clients clearly coded as 'same-sex partnership' on STISS

1. Corner clinic is a walk-in nurse-led asymptomatic screening service

2. Includes consultant referral (n=73), biopsy (n=19), Learning disabled (n=1), THRIVE counselling (n=1), Transgender (n=4), psychosexual (n=3), syphilis fasttrack (n=18) and others

Steve Retson Project

974 individuals attended the Steve Retson Project on one or more occasions in 2004/5. There has been little change in numbers of new, rebook (ie. previously registered reattending with a new problem) or return clients over the last 3 years in the Project. 'Did not attend' rates average about 20% for booked clinics which is lower than for similar booked clinics in core GUM.

Steve Retson Project		
Reporting year	New/rebook episodes	Total attendance
01/02	684	2071
02/03	933	3373
03/04	1045	3502
04/05	1067	3457

2. Sexual Infections excluding HIV

1369 sexual health screens were performed on gay men in 2004/5. A total of 528 acute STIs were diagnosed (40% in the SRP and the remainder in acute core GUM clinics)

These are summarized in the table

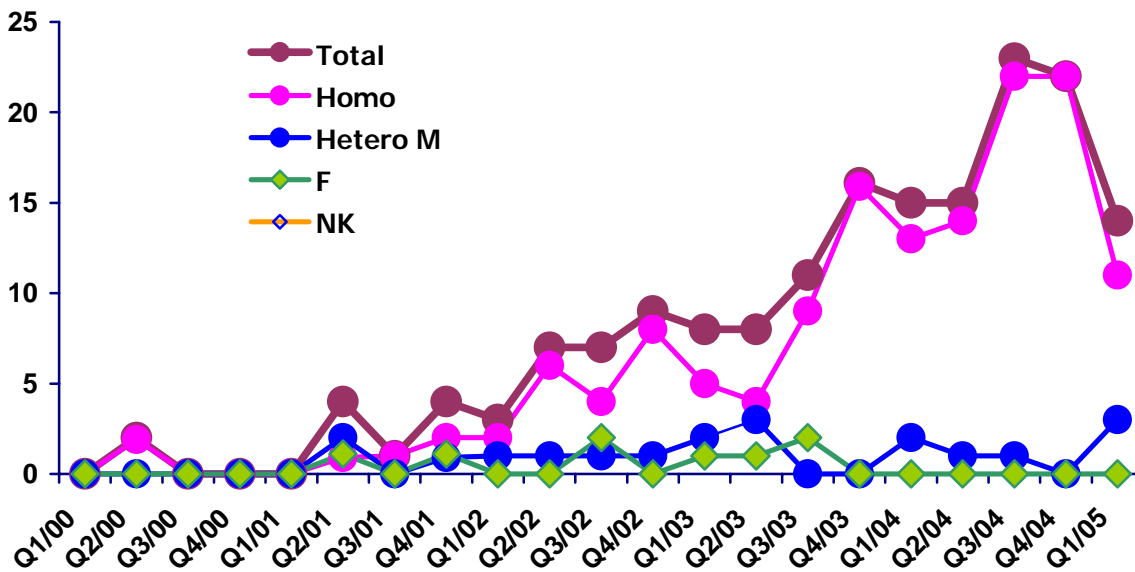
Acute STIs in gay men testing in Sandyford

	n
Infectious syphilis	72
Gonorrhoea	115
<i>Of which rectal</i>	27
Chlamydia	136
<i>Of which rectal</i>	56
Warts (first episode)	109
Genital Herpes (first-episode)	19
Other	77
TOTAL	528

Syphilis

Infectious syphilis remains a considerable problem with 72 MSM presenting in Glasgow in 2004, although there was a fall in new cases in first quarter of 2005. The chart below shows the steep rise in case numbers since 2000. Sandyford personnel participate in a regular Syphilis Outbreak Group at NHS GG. Most cases report anonymous untraceable contacts. Some 25% are HIV co-infected and about 10% are re-infected following re-exposure or have relapsed from earlier episodes.

More data on the Scottish syphilis outbreak are available in the following report: Wallace L, Winter A, Goldberg D. Syphilis in Scotland 2004. HPS Weekly Report 2005;**39**:133-134.



Lymphogranuloma venereum

2004 saw a recrudescence of LGV across Europe in gay men. Up to 31 Mar 2005, 2 cases of lymphogranuloma venereum have been confirmed in Glasgow, both men presenting with painful proctitis. One case had recently seroconverted to HIV and was acutely infected with Hepatitis B. Sandyford participates in a UK-wide surveillance system.

Gonorrhoea

115 cases of gonorrhoea were diagnosed in gay men in the reporting year. Twenty-seven (23%) were rectal isolates. Gay men with gonorrhoea in 2003 were more likely to be co-infected with Chlamydia than heterosexual men (31% vs 24%). Across Scotland in 2003 gay men were less likely to have ciprofloxacin resistant isolates than heterosexual men (10.5% vs 19.5%) although ciprofloxacin resistance remains significant [source: SNGRL extended surveillance]

Chlamydia

Rectal chlamydia accounted for 30% of all cases, which is concerning as this is an indicator of unprotected anal sex.

3. HIV infection, testing and uptake

Of 1056 HIV tests taken in gay men in the reporting year, 23 received a first-ever positive results (13 in SRP and 10 at core GUM).

Uptake of HIV testing in gay men undergoing sexual health screening remains higher than for men in total across the service. Nearly 70% of all SRP clients undergoing a sexual health screen accepted an HIV test.

	SRP	Non-SRP	Overall
Sexual Health Screens	755	614	1369
Episodes of care	1013	797	1810
HIV tests	614	442	1056
HIV uptake in those screened	68.1%	63.0%	65.8%
HIV uptake as proportion of all episodes	60.6%	55.5%	58.3%

Based on STISS coding data

4. Developments and outreach

Key outreach initiatives in year 2004/5 included:

Fast-track syphilis testing

Steve Retson Project in collaboration with Phace Scotland undertook outreach syphilis testing in late 2004 in two community locations: Clone Zone and PHACE Scotland's city-centre offices. Rapid testing was also available on the same low-barrier basis at the Sandyford. Key features of this service were:

- Use of rapid fingerprick blood test with results in 20 minutes
- Low barrier sexual history confined to understanding the test process
- Flexible results obtained by waiting, returning or by mobile phone
- Registration of all participants with a Sandyford number so enabling easier access to sexual health services in future

The service was advertised by outreach workers visiting scene venues, banner advertising on 'gaydar' (a popular internet meeting point for gay men), publicity in the clinics and opportunistic advertising at the testing venues.

From 25 Oct 04 to 18 Jan 2005 a team of two healthcare workers undertook outreach sessions. 28 clients tested in an outreach setting with 1 new positive. 41 clients tested at Sandyford with 10 positives; this was because clinicians frequently used rapid testing to confirm a suspicion of syphilis to start treatment as soon as possible.

Although only one client was diagnosed in an outreach setting the process was well-evaluated and found to be highly acceptable. Clients expressed a wish for wider availability of other sexual health services and we are now developing more formal plans to pilot this.

Sauna outreach work

Joint work with PHACE Scotland was set up to provide health workers once per fortnight in one of the city's main gay saunas.

5. Strategic planning

Over the last 2 years Sandyford Initiative and SRP have been closely involved with development of the Greater Glasgow NHS Board Strategic Framework for Gay Men's Sexual Health. The final strategic framework contains extensive background information on gay men's sexual and emotional health. The implementation plan includes 168 recommendations. {see ref GGH web site}. Sandyford will work to implement the areas identified for services.