

'Sex in the City': Birmingham's take on sexual health delivery

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Why was the change needed?

Birmingham is a multicultural city in the UK with a vibrant and dynamic population. Adults and young people wanted a service with easy access, anonymity and high acceptability. Birmingham city centre already had a National Health Service (NHS) walk-in centre located on the ground floor of Boots the Chemist, situated in the centre of the main shopping area. The presence of the chlamydia screening team and the NHS walk-in centre made Boots an ideal location for delivery of sexual health services. These services were well attended by clients often seeking emergency contraception as well as needing general contraceptive advice and sexual health screening, which was not always a priority for the centre. The location, as well as the diversity of population that could access these services, was seen as an incentive by the Heart of Birmingham Teaching PCT to collaborate with Boots to deliver comprehensive sexual health services alongside other necessary services. Accessibility to services was one of the nine key elements to the 'You're Welcome Quality Criteria'.¹ It provided an opportunity to expand the delivery of long-acting reversible contraception (LARC)² and young peoples' services with the goal of reducing the teenage pregnancy rate in the city.³

Who was involved in the development?

The team consisted of Birmingham Reproductive and Sexual Health services (BRASH),⁴ genitourinary medicine and chlamydia screening. Other services that form part of the Boots project are a general practice surgery, dental services, pharmacy, opticians and the NHS walk-in centre, soon to be called the Birmingham Healthcare Partnership (BHCP). The aim was to keep the contraception and sexual health service open 7 days a week, from 8.00 am to 7.00 pm on weekdays and for shorter times on Saturdays and Sundays, manned by doctors and nurses providing a comprehensive sexual health service (including contraception, LARC and sexual health screening/testing and treatment).

What did this project involve?

An initial needs assessment of sexual health requirements in the city was carried out under the lead of the Director for Public Health⁵ in keeping with Lord Darzi's vision⁶ for patient-focused service delivery. BRASH studied 13 focus groups of young people from different backgrounds within Birmingham.⁷ The results of these studies drove the need to

develop parallel services in a shared area, delivering a 'one-stop shop' for contraception and sexual health. The project had five key criteria: a city centre location, accessibility, anonymity, confidentiality and young-person centred. The project group consisted of a specialist project lead from all the services that were to form BHCP. This group met fortnightly to go through every detail of the project from construction to signage and the final image. It was important to discuss these needs with the management at Boots to help a corporate high street retail business understand the complexity of delivering sexual health services. Key issues included signage to the service and ensuring that the NHS logo was prominent on the high street fascia. The project leaders were keen to make sure that the public were aware that services would be free as opposed to attracting the standard charges levied by the chemist for services such as emergency contraception. The BRASH team also publicised services on MySpace™ and Facebook™ in keeping with the focus on young people. BRASH staff were encouraged to participate in discussions about how the service would be delivered. The nominated specialist project lead was responsible for networking and feedback to managers about care pathways and service provision. Referral pathways from Boots and between the BHCP were developed so that clients received a complete contraception and sexual health service. Stakeholders were identified and possible barriers to implementing the service and solutions were worked through with staff and managers. The ongoing audit demonstrated the success of the project with over 500 patients seen each week by the contraception and sexual health services during the period July–December 2008, this number far exceeding expectations. This has led to additional funding being provided to double the client space, expansion of the current services and employment of additional staff to deliver the services.

What does the future hold?

The success of the contraception and sexual health project at Boots has heralded a new approach to delivering services in Birmingham city centre. Delivery of similar services in other high street chemist stores is underway. It provides opportunities to see more clients, raise the profile amongst young people and provide opportunities for training doctors and nurses in delivering similar comprehensive services. The Boots project is now considered a model for 'best practice' by the Department of Health.

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Funding and competing interests

Funding None identified.

Competing interests None identified.

References

- 1 Department of Health. *You're Welcome Quality Criteria: Making Health Services Young People Friendly*. 2007. <http://www.everychildmatters.gov.uk/health/teenagepregnancy/about> [Accessed 8 January 2009].
- 2 National Institute for Health and Clinical Excellence (NICE).

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- Long-Acting Reversible Contraception (Clinical Guidance CG30). October 2005. <http://www.nice.org.uk/Guidance/CG30/Guidance/pdf/English> [Accessed 8 January 2009].
- 3 Every Child Matters: Change for Children. *Teenage Pregnancy: Accelerating the Strategy to 2010* (DFES-03905-2006). 2006. <http://www.everychildmatters.gov.uk/health/teenagepregnancy/about/> [Accessed 8 January 2009].
 - 4 Heart of Birmingham Teaching PCT. BRASH: Birmingham Reproductive and Sexual Health Service website. <http://www.brash.nhs.uk> [Accessed 8 January 2009].
 - 5 Chambers J. Sexual health needs assessment. *Sex in the City Report: Commissioning and Redesign of Pan Birmingham Sexual Health Services*. 2008. <http://www.hobtpct.nhs.uk/docs/board/pec/2008/200806> [Accessed 8 January 2009].
 - 6 Professor the Lord Darzi of Denham. *High Quality Care For All. NHS Next Stage Review: Final Report*. <http://www.nhs.uk/ourhns> [Accessed 8 January 2009].
 - 7 Davis A, Hill C, Rosewarne L. *SANA: Sex And New Attitudes: Results of 13 Focus Group Reviews*. Birmingham Reproductive and Sexual Health (BRASH), 2009 (unpublished data).

ORGANISATION FACTFILE

British Menopause Society

What service do you offer?

Information on all aspects of post-reproductive health: as simple as that. This is so woefully lacking – or contradictory – that there is a real need for accurate interpretation of data and reports; good, informative fact sheets, via our own website (www.thebms.org.uk) and comprehensive education via meetings, seminars and conferences.

How are you organised?

The British Menopause Society (BMS) is based in Marlow in Buckinghamshire, but serves the whole of the UK. We were established in 1989 and currently have almost 900 members. The charity is run by three part-time members of staff: a chief executive officer, a membership and conferences manager and an administrator.

What's been your biggest triumph over the years?

Consistently providing authentic, accurate information to those who need it. Our meetings are consistently rated as 'very good' or 'excellent' and despite several years in decline, our membership numbers have now gradually started to climb again.

What's been your biggest problem?

Income! As always! We need to maintain and grow membership and increase attendance at our regional women's health meetings and annual symposium in order to generate income for the BMS. Our 900 members value the service we provide but with 45 000 general practitioners (GPs) alone out there, we need to capture the interest of more of you!

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FURTHER INFORMATION

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+44 (0) 1628 474042 (fax)

E-mail: admin@thebms.org.uk

Website: www.thebms.org.uk

Describe a typical client/user

Typically our members were largely made up of obstetrics and gynaecology consultants and GPs. However, there has been a marked increase in nurse members as GPs pass menopausal issues on. We are attracting more members now from other health care professions including nutritionists, physiotherapists, and psychiatrists – even a medical librarian.

We take many calls from women, often asking advice prior to visiting their GP. We pass these to our sister charity, Women's Health Concern (www.womens-health-concern.org), who operate a telephone and e-mail helpline and an excellent easy-to-navigate website.

What are the top three problems clients present?

Confusion! Confusion! Confusion! What to advise? So many women are told when presenting with symptoms: "Put up with it. Menopause won't kill you, but HRT will". That's slightly unfair, but with reports racing around about increased risks of breast cancer, stroke and endometrial cancer, to name but three, patients and doctors alike are at best confused and at worst aggressively anti-HRT.

But menopause isn't just about HRT. Menopause heralds the changes in the body that increase the risks of women developing all sorts of conditions. And with increasing life expectancy, Western women can now expect to live a third of their lives – or half their adult life – post-menopausal.

How do you get clients?

We recruit new members at regional women's health meetings, special skills meetings and at our annual symposium. This year we are targeting overseas members as the BMS is hosting the European Menopause and Andropause Society (EMAS) Congress. This takes place on 16–20 May 2009 at the ExCel Centre in London's Docklands. The EMAS scientific planning committee has put together an excellent and comprehensive programme and there are special BMS members' registration rates (see www.emasonline.org).

Do you give comments to the press? What are the key issues you comment on?

Yes, on a very regular basis. Often new 'Shock! Horror!' articles regarding the side effects of HRT, but increasingly general questions about post-reproductive health, which is encouraging. The Daily Telegraph produced a 16-page supplement in conjunction with the BMS – it was hugely satisfying to see accurate copy in a national newspaper!

What are your most exciting plans/biggest hopes for the future?

EMAS – we are expecting more than 1500 delegates over 4 days from the UK and all over Europe.

What's the biggest worry for your organisation?

Survival. With the economic climate we're currently operating in, all charities are going to feel the pinch over the next year or so and the BMS covers an area of health that doesn't really capture people's hearts and minds. Menopause is, sadly, just not as emotive as cancer and heart disease!

Editor's note

This is the third of a series of occasional articles on key health organisations worldwide. The Journal would be pleased to hear from other organisations, particularly those based outside the UK, which would like to be similarly profiled.