

Taking the service to the young people: a study and analysis of a clinic specifically set up for HPV vaccination provision

Shelagh Naismith

Background

A weekly sexual health clinic was set up within Darlington College of Technology, Darlington, UK in September 2007. The general clinic is recognised locally to be very successful and we are very lucky at Darlington College to have such a provision and opportunity. We have achieved the Gold Standard Award in Chlamydia Screening and also have been nominated for a Genesis Award.

Identifying the need

A need for the provision of the cervical cancer vaccination was observed at the weekly clinic at Darlington College from January 2009. Many girls accessed our service for the first time, solely to request the human papillomavirus (HPV) vaccine. Several students were neither aware of the vaccine's purpose nor of how to go about getting vaccinated. Even fewer knew that three separate injections were required to provide immunity. Students reported that they were unable to attend their own general practitioner's (GP) surgeries during the week. Many admitted that they wanted to enter the vaccination programme – whatever disease the vaccine protected against – in the light of the recent media coverage of a popular reality television star's illness and subsequent death.

Approximately 700 female students were reported to be attending Darlington College at the end of February 2009. Exactly how many of these girls had already been immunised at their own GP's surgery was not known. From mid-January 2009, letters had been sent to girls aged 17–18 years from their GP inviting them to attend for the vaccine programme. The uptake was reported to be poor; less than 40% in the first months in some areas, despite reminder letters being sent after 4 weeks.

Funding

Money had been made available to the College from the local primary care trust in February 2009 for the promotion of sexual health in educational establishments and primarily to raise awareness about the HPV vaccination. We felt that it would be a very positive example of a public health promotion initiative to set up a clinic specifically for administering the vaccine over the 8-week period prior to the end of summer term.

The team

The clinic would be run by a doctor and nurse. The week prior to the first session, contact was made with the genitourinary medicine (GUM) and chlamydia services in Darlington to heighten awareness of this new service within the College. Our smoking cessation colleague was asked to attend, and we also sought the assistance and enthusiasm of our sexual health workers who attend our weekly clinic.

J Fam Plann Reprod Health Care 2009; **35**(4): 262–263

Denmark Street Surgery, Darlington and Young People's Health Clinic, Darlington College of Technology, Darlington, UK

Shelagh Naismith, MBChB, DFSRH, GP Partner and Clinic Doctor

Correspondence to: Dr Shelagh Naismith, Denmark Street Surgery, Darlington, County Durham DL3 0PD, UK.
E-mail: shelagh.naismith@gp-a83047.nhs.uk

The clinic's aim

The aim was to offer the vaccination to at least 40% of the female students in the 14–18-year (inclusive) age group. Consequently 70 appointments were made available in each of the 4.5-hour sessions, although later this number had to be extended in four of the eight clinics due to demand. Students were encouraged to use the appointment, rather than the walk-in, system so as to avoid any administrative burden and lessen waiting times.

The College organised publicity by means of a Powerpoint™ display in the College reception area and tutors were e-mailed to promote the vaccine and clinic. The vaccines were ordered through the public health department.

Documentation

A form collating vaccination details (i.e. batch number, injection site and expiry date) for each client was devised. Each immunisation given to any individual was recorded on the same form. The resultant data were forwarded to the appropriate GP surgery as soon as possible so that patient records could be updated and recalls could be organised as and when necessary for future vaccinations.

The clients

The age range of 14–18 years was adhered to unless there were exceptional circumstances (e.g. in 'travelling' communities or if there was a history of cervical cancer in a first-degree relative). Girls aged under 16 years were assessed for Fraser competence, and verbal consent was obtained from them and recorded on their GP report.

Attendance

We made contact with 280 girls in total and therefore hoped to administer 560 vaccines. However, once the data had been adjusted to take into account those girls ($n = 24$) who only required one vaccination in our clinic, a total of 536 vaccinations were possible.

Only 26 of these appointments were unattended. This gives a 'did not attend' (DNA) rate of 4.8%, which is a very positive enforcement that a service can be successful when taken to young people in a location such as the College. The figures are particularly interesting when compared to the low uptake observed in the GP setting.

Every girl (i.e. 100%) who entered the clinical room left having been successfully vaccinated. No significant adverse events were reported.

Follow-up

After the first vaccine, each student received an appointment card with a follow-up date and time for the second vaccine at the College 4 weeks later. After the second vaccine, the girls were told when and where to obtain the third vaccine in 5 months (i.e. at their GP surgery or at the College).

When a clinic appointment was missed, a text reminder or telephone call was made and this resulted in a positive response (74%) to another attendance, thus demonstrating that text/phone call reminders to young people can be extremely effective. Contact details should, however, be updated at every opportunity. Of the 26 non-attendees, 12 did not have a working mobile phone number; hence our

DNA rate could have been even lower (i.e. 1.3%). Letters were sent to those who required the second vaccine at their GP surgery.

Service user evaluation

A random sample of 100 girls who attended the clinic was asked to complete a questionnaire about the service provision of vaccination within the College. All the respondents (100%) felt that the clinic was a good idea; 100% found it much easier to attend than at their own GP surgery, and only 10% reported receiving a letter from their own registered surgery. When asked whether an appointment would eventually have been made by the client at a GP surgery, 58% answered 'No' or 'Don't know'.

Concluding remarks

Our study shows that taking a service to young people can be very successful if it is perceived to be useful by the target audience. The students in such a 'hotspot' of activities were very receptive and grateful for such a service to have been brought to them in a user-friendly and accessible way. In general the students attended on time,

apologised if appointments were missed, and thanked the team for providing the vaccinations. Needle-phobic girls were treated sensitively and received their vaccines without delay, a scenario that was universally accepted by others waiting in the queue.

One student commented that her friends of the same age could not access the vaccine easily as they were at school. Such an inequality of health care provision amongst young people could be resolved by setting up a clinic such as the one described here in secondary schools or other educational establishments.

Acknowledgements

The author would like to thank all the team members, namely those at Darlington College of Technology and the public health department who facilitated the project, the nurses and health advisors from GUM and chlamydia services, and the very enthusiastic sexual health workers, all of whom were invaluable to the success of this venture.

Funding and competing interests

Funding Darlington College of Technology received funding for the sexual health clinic from Darlington Primary Care Trust.

Competing interests None identified.



OBITUARY

Dr Judith Anne Murty

MBChB, DRCOG, FFSRH

Dr Judy Murty, former Senior Clinical Medical Officer, Leeds Contraception & Sexual Health service, died on 28 August 2009 in St Leonard's Hospice, York, after a 2-year battle with carcinoma of the colon.

Judy was born in 1949, in Cornwall, the daughter of a vet. She then grew up in Crediton, Devon, and after attending school locally studied Medicine at Manchester University, qualifying in 1973.

In 1974 she married Keith, an RAF officer, and they moved to Scotland where she obtained her DRCOG. As a service wife, there were frequent moves, and consequently Judy worked in her chosen field of "family planning" in many different places including Fife, Gwynedd and Lincolnshire, before settling in Yorkshire in 1987.

Judy was a founder member of the Faculty of Family Planning and one of the first to be awarded a Fellowship. In 2003, following appeal, she was one of a few Faculty members accepted onto the specialist register. Her contributions to the specialty were considerable, both nationally and locally. She was Joint Deanery Advisor for Yorkshire 2000–2006, an examiner for MFFP and a member of the Higher Training Committee. She also served as the Faculty website manager and had many publications to her name.

Judy was a great believer in the power of clinical audit to influence managers and improve patient care. She initiated and ran a highly effective audit programme in Leeds years before it became standard practice. She became the Clinical Director of the Faculty's National Co-ordinating Unit for Clinical Audit in 1994.

A member of the Expert Witness Institute, Judy was keen to extend her knowledge, and in 2003 she achieved a Masters in Medical Ethics and the Law.

Judy was much in demand as a highly respected speaker and trainer. She was also an extremely dedicated and caring doctor: a strong advocate for her frequently challenging patients. They were known to follow her round between clinics to make sure they saw her.

As a skilled needlewoman, early retirement in 2006 gave her more time to devote to her embroidery and doll making. She soon became Secretary of the Local Embroiderers Guild and was Chair-elect at the time of her death. Some photographs of Judy's work can be seen at http://www.yorkdollybirds.co.uk/judy_murty.htm.

Judy was an immensely positive person, whose energy and enthusiasm for everything she did was infectious. Many of us have cause to remember her with great gratitude and affection. Judy is survived by her husband, daughter and son.

A 'Justgiving' web page has been set up for donations to the hospice in her memory at <http://www.justgiving.com/JudyMurty/>.

Submitted by **Dr Anne Bennett**, MRCGP, FFSRH, Associate Specialist, Contraception & Sexual Health, NHS Leeds Community Healthcare, Leeds, UK