

UK sexual health (GUM) clinic access has worsened over past few years

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Prompt access to UK sexual health clinics, particularly for those in urgent need, has worsened over the past few years, falling below recommended standards, reveals research published online in the journal *Sexually Transmitted Infections*.

Furthermore, women are less likely to be offered an appointment than men. And although clinics in Wales and Northern Ireland are the worst offenders for overall access, the sharpest decline has occurred in clinics in England, the findings show.

In light of increasing demand, and in the absence of mandatory targets since 2010, the researchers wanted to know if access to [sexual health](#) (GUM) clinics met UK standards, set out by the British Association of Sexual Health and HIV (BASHH) in 2010.

These recommend that 98% of [patients](#) should be offered an appointment within 48 hours of making contact with the service.

So in January 2014 the researchers sent postal questionnaires to the lead clinicians of all 248 GUM clinics in the UK, asking about appointment times and the tendering history of the service (2015 only).

The following month, researchers posing as patients (mystery shoppers) with urgent and non-urgent needs rang 220 of the clinics that were contactable by phone and open for two or more days a week, requesting an appointment.

The entire process was repeated in 2015, but with the addition of mystery shopper visits to a random sample of clinics (1 in 4) to check on waiting times and same day appointment availability.

The survey responses showed that the proportion of clinicians who said that all their patients were offered an appointment within 48 hours fell from just over 76% in 2014 to just over 67% in 2015 (response rates 51% in 2014 and just under 48% in 2015).

Yet most clinicians (more than 96% in both years) expected patients with symptoms to be offered an appointment within 48 hours of making contact.

In 2014 the total number of attempted calls required to make contact with the clinics was 1025; in 2015 the equivalent figure was 1056.

Analysis of the data showed that in 2014, 95.5% of clinics offered 'patients' with symptoms an appointment within 48 hours of making phone contact—below the recommended standard set by BASHH.

But by 2015, this had fallen to just under 91%, and was greatest among women, falling from 96% in 2014 to just over 90%, and for clinics in England, falling from just over 96% in 2014 to just under 91% in 2015.

The proportion of 'patients' without symptoms who were offered an appointment within 48 hours rose from just under 51% in 2014 to 74.5% in 2015.

But half of these appointments were not fixed, and were instead an invitation to attend the walk-in service. And nearly one in four (18%) patients were unable to book any fixed appointment.

And while the proportion of symptomless men offered an appointment

increased from just over 58% to just under 91% in 2015, the increase was significantly smaller among women, rising from 49% in 2014 to 59.6% in 2015.

Few patients were turned away for same day appointments, with 95% offered an appointment, with an average waiting time of an hour.

In 2015, services had been put out to competitive tendering in nearly half the clinics, almost two thirds of which (63%) had been tendered within the past year. But there was no significant difference in 48 hour access between services that had and hadn't been tendered.

The researchers point out that while the study evaluates 1600 clinic contacts, it only provides a snapshot in time for each of the years, so the results may not be generalisable. But the use of mystery shoppers provides some insight into the difficulties that real patients may face, they say.

"The study shows that, while the majority of UK clinics can offer a consultation within two working days, there has been a significant decline in access for patients presenting with urgent symptoms," write the researchers.

"Of particular concern, and in contrast to clinicians' perceptions, women have greater difficulties accessing services than men, which is surprising given that many GUM services are integrated with contraceptive services which traditionally see mainly women," they add.

It is essential that clinics remain freely accessible, when needed, to reduce rates of [sexually transmitted infections](#), emphasise the [researchers](#). Consideration should be given to the reintroduction of access targets to ensure this happens, they say.

More information: Inequalities in access to genitourinary medicine clinics in the UK: results from a mystery shopper survey, [DOI: 10.1136/sextrans-2016-052882](https://doi.org/10.1136/sextrans-2016-052882)

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