

Contraception and Sexual Health (CASH) service Equality Impact
Assessment report
March 2009

Bath and North East Somerset (BANES) Primary Care Trust is fully committed to the active promotion of equal opportunity in its employment practices and in the provision of its services.

CASH provides a contraception and sexual health service to the community, including community gynaecology and treatment for Level 1 -2 Genito-Urinary Medicine. This involves specialist treatment advice delivered to patients in an unbiased and non-judgemental manner. The service also provides training for Doctors and Nurses.

93.5% of CASH users are female, 6.5% male (this figure is increasing) with no information at present on those of transgender orientation. All CASH staff are female over 35 years of age of white/white other race. Throughout BANES over 89% of nursing staff are women. The Royal College of Nursing Sexual Health Forum states 48% of their members are male, but no figures are available for how many of these hold a specific Family Planning/Contraceptive qualification.

BANES PCT has a recruitment and selection process that ensures candidates and potential candidates are treated fairly and consistently throughout the process, but there are no positive action policies to specifically recruit male workers to the service. The issue is to encourage under-represented groups of staff to apply for positions within the NHS. Statistics show there is generally an under-representation of male workers in the NHS nationwide. Concerns over confidentiality and mistrust of professionals have been reduced in sexual health projects employing male workers. CASH is aware of this issue that by increasing male workers to the service, male users may feel more comfortable at accessing the service. **This aspect needs to be continually reviewed and closer working is needed with GUM services which have a higher percentage of male workers. In the meantime CASH staff needs to be assured of adequate training in all aspects of male sexual health. Further training is scheduled for March 2009.**

CASH ethnic minority users are in line with those of BANES population with 94% of CASH users being white/white other race. BANES has a relatively low ethnic minority population but language problems can prove to be a barrier as there is no interpreter in clinic.

Effective communication skills assist this equality strand. Language Line is due to be available to BANES staff from April 2009. **The organisation need to ensure this system is in place as arranged.**

21% of CASH users are under 25 years of age. The majority of these access specific Young Persons' clinics. Times of clinics have been thoroughly researched previously and the appropriate instituted after consultation. It is considered that there is no need to alter these times. Young Persons' clinics are generally staffed by trained CASH staff with specific skills in teenage health and school nursing. Teenage pregnancies within BANES have decreased by 8.1% since baseline figures started but have shown an increase in recent years. Discussion with the Teenage Pregnancy Group state timing of clinics is not generally the problem but accessing them and initial administration/reception response to the teenagers' enquiry can be a barrier. Some state lack of privacy in waiting rooms can be a concern.

9% of female users request/use Long Acting Reversible Contraceptive (LARC) methods, in line with the national average of around 8% of women. In order to reduce the level of unwanted pregnancies healthcare professionals should encourage increased uptake in these methods. Not all CASH staff are able to administer common LARC methods and this training would help reduce unwanted pregnancies particularly in the teenage group of users. **CASH staff should be adequately trained in LARC methods and their cost-effectiveness, thereby helping women make informed choices of the available methods. Appraisals of staff are due to be undertaken and training days are set.**

Mandatory training for CASH staff is in the process of being evaluated and updated. Attendance at regular updates is expected for clinical staff to maintain skills. Appraisals are being undertaken of all nursing staff within the next 3 months. There has been an increase in training provision over the past few years and PDP will ensure that the training and development needs of individual staff are recognised. Doctors need to hold the Diploma of the Faculty of Sexual and Reproductive Health and it is their responsibility to be re-certificated every 5 years, having undertaken a mandatory amount of training and audit.

Nurses from the University of the West of England undertake placements within the CASH service as part of their "Practice of Contraception and Sexual Health" course.

I have identified that CASH is not remunerated for undertaking this training and their presence is an added pressure to the staff with no extra timing allocated for this work. If their placements are to be suspended there is potential for a gap in knowledge for future CASH staff. **The organisation needs to consider extra staffing when a student is present and that access to training and development opportunities are fair and equitable across all staff groups. Funding from UWE should perhaps be considered for undertaking this work.**

Communication is key to the service and with the receptionist being the first point of contact they need to be adaptable and approachable. Confidentiality and flexibility can be a barrier in some clinics. Telephone answering has been identified as a problem- if the phone is not answered within a certain time a message may be run suggesting that the service is not available. Customer service skills for reception staff need to be updated to prevent barriers becoming an issue for users. It has been identified that some of the receptionists can be less than accommodating and not the representatives of the service that they might be. Reception staff work independently but training issues within the reception team have been identified. **Senior management would benefit from working with reception to unify the work. Administration and reception staff need to undergo the appraisal process also. The organisation needs to ensure receptionists are updated and appraised in these skills.**

Prior to 2009 information on sexual orientation was not collected in CASH. In line with the current national drive to raise awareness of this equality strand, information collecting has begun. National figures for this group are limited. There are concerns within CASH that government targets relating to this data collection may risk introducing further barriers to clients accessing the service, particularly with reference to confidentiality. **CASH will evaluate the registration form and consider altering it to indicate confidentiality is assured, offering the chance to leave this information blank.**

Consultation to complete this assessment was undertaken with the Learning Disability group manager. Health Promotion within BANES is due to assist with funding to recruit and train CASH nurses to deliver "Sex in a Box" to this group. Negotiation with health promotion is being undertaken to train additional care workers to understand the sexual health needs of this equality strand. **The organisation needs to ensure this is undertaken within the next financial year.**

The Sensory-Impairment team felt the sexual health of their clients was of limited concern and they had no particular issues with the CASH service. They have previously purchased specific services of a counsellor, an independent practitioner, to deal with specific concerns. **CASH have been supplied with details of interpreters for the deaf available locally, and these contact details will be made available to CASH staff for future reference.** CASH venues generally provide good wheelchair access and premises are satisfactory. However, some clinics have fixed couches that are not suitable for all clients. **Some facilities need to be upgraded by the organisation to ensure suitable provision for this equality strand.**

Clinics in Wiltshire are in need of upgrading to bring them in line with those at Riverside, for all users. Lighting, storage facilities, safety, confidentiality and space in some clinics need to be reviewed. **The organisation needs to look at facilities.**

The National Chlamydia Screening programme was established in 2003 with the objective of detecting undiagnosed asymptomatic Chlamydia. Prevalence is highest in young sexually active, particularly under 25yrs of age. CASH works closely with Avon and Wiltshire Chlamydia screening programmes within clinics providing testing kits, treatment and partner notification. CASH provides greatest percentage of kits. The facility to enable clients to pick up the self testing kits has been shown to be a better resource compared to GP surgeries. The target is still below this year's 17%- which is due to rise to 25% in 2009/2010. The majority of those tested are female. (As mentioned, male workers have been proven to increase male users). **Further education to users and providers, advertising and the opportunity to see male staff may help to achieve target figures and prevent the onward disease transmission. Staff should be encouraged to give testing kits to clients and the partners.**

Complaints to the service have been audited and only one received on discussion with PALS. This has been addressed and replied and the service feels that no further action needs to be taken on this occasion. **The organisation needs to constantly review complaints.**

Data collection was somewhat difficult to obtain throughout the consultation period. The IT system within CASH makes ease of collection ponderous and time consuming. There are no computer facilities for data collection available to CASH other than the manual input of data onto an Excel spreadsheet. There is concern as to the accuracy of figures with collection differences occurring at some clinics.

Figures should be interpreted with caution. IT resources should be fully audited to ensure accuracy and confidentiality to users. The organisation should review the IT system of CASH to facilitate both data inputting and audit.

Patients' results are not available to all clinic staff in a reliable and robust way as there is no on-line link to laboratories from outlying clinics. Clinical staff has highlighted their concerns over the present system. Management are aware of the difficulties of accessing information and results at clinics and between clinics but this issue needs to be addressed urgently for patient safety and confidentiality.

In summary this report outlines specific areas that need to be looked at by the organisation. I hope to have made some suggestions to develop the service further.

