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"Healthy Alliances?"—other sexual health services and their views of genitourinary medicine

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Abstract

***Objective*—To assess health professionals' views of genitourinary medicine (GUM) services in a large UK city and to determine potential intervention measures for change.**

***Methods*—A postal questionnaire was sent to 205 service providers in a range of sexual health services in Glasgow, including GUM specialist doctors, nurses and health advisers. The questionnaire included structured questions about organisation and use of GUM services, assessment of profile and stigma, and asked about factors most likely to influence future service development.**

***Results*—128 questionnaires were returned from areas throughout the city. Non-GUM health professionals had poor factual knowledge about the organisation of GUM services. GUM had a poor profile compared with other sexual health services and stigma was thought to exist about the service. Most non-GUM service providers continue traditionally to regard GUM mainly as a referral centre for a few specific sexually transmitted infections and not as a centre for holistic sexual health care. Genital chlamydial infection and pelvic inflammatory disease were considered low priority for GUM referral by some groups of service providers. These views contrasted with those working in the speciality. There was generally poor professional contact between GUM and other service providers involved in sexual health. Most indicated that greater levels of information and publicity, increased professional contact, and a broader range of services within GUM were important for future service development.**

***Conclusions*—The response to the questionnaire strongly indicates that there is poor awareness of and consequently suboptimal use of the full range of services offered by GUM. Potential interventions to address this need include increased cross-speciality collaboration and targeting of specific groups of service providers involved in sexual health care. Important groups include hospital-based specialists and voluntary agencies as well as general practitioners. There is a clear need to project the broad range of sexual health services offered by GUM, and to emphasise the role of GUM in managing specific sexual health problems including several sexually transmitted infections.**

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Background and aims

The WHO policy *Health for all by the year 2000*[1] emphasises the need for "effective collaboration" between services in health care. This ideal has been further developed in the UK in the Government White Paper, *The Health of the Nation*,[2] which stressed the importance of developing "Healthy Alliances" between the various agencies who are able to influence health. One author has discussed future developments in genitourinary medicine (GUM) in the light of *The Health of the Nation* and emphasises the wide ranging nature of sexual health and the importance of health professionals working together.[3]

The *Monks Report*[4] of workloads in GUM clinics in England underlined the need for urgent revision of GUM resource provision in the context of sexually transmitted infections (STIs) including HIV disease, and more recently the Policy Studies Institute's report[5] on GUM clinics has emphasised the broader role of sexual health care services including health promotion. GUM clinics have the expertise to deal with a wide range of sexual health problems, and a recent survey reported a positive attitude of staff in a GUM clinic to providing a more comprehensive sexual health service.[6]

Most patients are seen at GUM clinics through an open access system and two consumer studies, carried out after the Monks Report, have explored consumer preference for services offered in quite distinct ways.[7,8] Referral by other service providers is an important source of patient input (in 1993 35% of new patients seen at GUM clinics in Glasgow were referred by other service providers). In planning GUM service provision, it is essential to consider referral networks and relationships as well as the views obtained in the increasingly popular consumer surveys. At the present time, however, few such studies exist. The aim of this study was to assess the views of groups of service providers towards GUM services in Glasgow, and to determine potential intervention measures for change.

Methods

(a) Non-GUM service providers

195 questionnaires were posted to a range of non-GUM service providers involved in various aspects of sexual health care (table 1). A representative sample of General Practitioners (GPs) was taken from each post code within the city from the GP Register. All Family Planning service providers based at the city's central unit (medical officers and nurse specialists) were given questionnaires. The following medical personnel were also sent questionnaires: all consultants and trainees in gynaecology and all consultants and trainees, along with staff grades in one unit, in Accident and Emergency (A and E) units in Glasgow's five major teaching hospitals; all consultants and trainees in the HIV and Addictions Resource Centre; consultant dermatologists and urologists in two major teaching hospitals; student health doctors in two of Glasgow's Universities, and a small range of other professionals (table 1). Service providers were asked to specify the type of service provided, their professional rôle and site of service provision, but otherwise the questionnaire was anonymous. A postal reminder was sent to non-GUM service providers.

The questionnaire was composed of structured questions in three categories: (a) factual knowledge of GUM services in Glasgow, where five questions about knowledge of service provision (number of clinics, provision of evening, weekend clinics and on-call service, and necessity of an appointment) were asked, and the variance-ratio test (F test) applied to determine any difference in the number of correct answers returned by individual groups; service providers were also asked to rank between excellent and poor the amount of information they felt was available to people in Glasgow about different services offering various forms of sexual health care (GUM, family planning, gynaecology, pregnancy counselling clinics, services for gay groups, psychosexual counselling, colposcopy and the HIV and Addictions Resource Centre); (b) working relationship with GUM by asking about the type of working contact with GUM services (table 2), whether referral to GUM had been made in the previous six months, and management of 17 specific sexual health problems in terms of self management, referral to GUM or to other services, and likelihood of referring different groups of patients; (c) enquiry was made about whether stigma was felt to exist about GUM services and the importance of specific factors in future service development (i.e. more information about GUM services, more contact between service providers involved in sexual health care, more referrals to GUM services, more gay and lesbian sexual health care, broader range of services and change of speciality name).

Table 1 Characteristics of the service provider responders and non-responders

Service	Responders (No. of consultants)	Non-responders (No. of consultants)	Percentage response
GP	31	25	55
Gynaecology	29 (17)	23 (5)	56
Family Planning	19*	16	54
A & E	17 (5)	8 (1)	68
Urology	4 (4)	3 (3)	57
HIV and Addictions Resource Centre	5 (3)	1 (0)	83
Dermatology	5 (5)	1 (1)	83
Student health	3	0	100
Switchboards†	2	0	100
Drug Projects‡	2	0	100
Drop-in Centre	1	0	100
Total	118 (34)	77 (10)	60·5

*Number composed of 7 Medical Officers, 7 Nurse Specialists and 5 not stated.
†National AIDS Helpline and Gay and Lesbian Switchboard.
‡The Drug Project Drop-in Centre is an evening open-access city centre health service for street prostitutes in Glasgow.

Table 2 Closeness of working relationship with GUM (NA = not answered)

Contact	Yes	No	NA
Referral of patients to GUM	100	17	1
Referrals received from GUM	41	76	1
GUM staff secondment to other departments	27	90	1
Attending GUM presentations	19	98	1
Other meetings	16	98	4
Committee/Board meeting with GUM staff	4	113	1
Secondment to GUM	2	115	1
Regular contact with GUM	26	90	2

(b) GUM professionals

10 GUM professionals (3 consultant physicians, 3 trainees, 2 nurses and 2 health advisers) in Glasgow anonymously completed part of the same questionnaire to determine views towards management of the same specific sexual health problems, availability of information about GUM services compared with other services, stigma about GUM services and the importance of the same specific factors in future service development.

The results were analysed using the chi square test for comparing observed frequencies within groups (goodness-of-fit test) and for comparisons between groups where appropriate.

Results

Non-GUM service providers

(a) Response One hundred and eighteen questionnaires were returned (60% response rate). Responses were obtained from GPs from areas throughout the city and from all of the hospital sites to which questionnaires were sent. The number of consultants sampled were over-represented in the responses obtained. The skill mix of service providers responding is outlined in table 1.

(b) Knowledge of organisation of GUM services in Glasgow Overall there was poor knowledge about GUM services. Forty-four (37%) correctly answered 3 for the number of GUM clinics; 35 (29·7%) stated either 2 or 4 for the number of clinics and 35 (29·7%) did not know the number of clinics. Only 27 (23%) answered correctly that a weekend GUM clinic was not provided and only 57 (48%) were aware of evening clinics. Only 25 (21%) were aware of the on-call GUM service. Most, 95 (80%), correctly answered that an appointment is not mandatory. There was no significant difference in the number of correct answers given by individual groups of service providers.

(c) Ranking of information available about sexual health services The information available about family planning and gynaecology services was more likely to be ranked as good rather than as poor ($p < 0.05$ in each case), but that available about GUM services, pregnancy counselling services, services for gay groups and psychosexual counselling was more likely to be ranked as poor rather than as good ($p < 0.05$ in each case). Comparing different services showed that GUM was poorly ranked when compared with family planning services, gynaecology services, the HIV and Addictions Resource Centre, colposcopy and pregnancy counselling services ($p < 0.05$); GUM was better ranked when compared with psychosexual counselling services ($p < 0.05$), and there was no significant difference in the ranking between GUM and services for gay groups.

(d) Working relationship with and referral to GUM Most interactions with GUM took the form of referral of patients to and from GUM, rather than more direct forms of contact such as meetings (table 2). Overall, 65 (55%), indicated they had referred patients within the previous 6 months to GUM clinics; those indicating the most referrals were family planning service providers (84%), the HIV and Addictions Resource Centre physicians (80%), dermatologists (80%), with fewer referrals from GPs (55%), urologists (50%), gynaecologists (48%) and A and E physicians (24%). None of the service providers from the drug projects or drop-in centre had referred patients to GUM within the previous 6 months. Overall only 26 (22%) had regular contact with GUM services; all the HIV and Addictions Resource Centre physicians, 3 out of 5 dermatologists, 3 out of 4 urologists and the service provider in the Drop-in Centre, but only 7 out of 29 gynaecologists, 4 out of 19 Family Planning service providers, 3 out of 31 GPs and none of the service providers in A and E, Student Health and the Drug Project indicated regular contact with GUM.

(e) Management of specific problems Overall, of the 17 specific sexual care problems specified (table 3) service providers were more likely to involve GUM in the management of the following problems: syphilis, gonorrhoea, partner participation, "non-specific urethritis," genital herpes and genital warts than to self-manage or refer these problems to another service ($p < 0.05$). However, service providers were more likely to self-manage or refer to another service cases of pelvic inflammatory disease, recurrent genital candidiasis, bacterial vaginosis, HIV counselling and testing, hepatitis B advice and vaccination, safe sex information and advice, sexual health issues for gay men and lesbians and advice/support about other sexual health matters than to refer these problems to GUM ($p < 0.05$); there was no significant difference in management preference for genital chlamydial infection, genital rashes and advice/support about STIs. The management options indicated by the four largest groups of service providers are shown in table 3. The overall pattern emerging was one of referral of traditional STIs to GUM whilst non-infective sexual health problems or issues surrounding health promotion did not result in referral to GUM. This pattern was observed in both the overall analysis, and in these four main groups.

(f) Referral of various groups of patients Table 4 shows the likelihood of referral to GUM of various patient groups by service providers. Comparison of patient groups showed that service providers were significantly more likely to refer patients aged less than 20 years compared with those aged over 40, male patients than female patients, gay men compared with lesbians, and single compared with both married patients and with patients in a relationship ($p < 0.05$). There was no significant difference in referral of patients aged less than 20 compared with those aged 20–40.

(g) Stigma 101 (86%) of service providers stated that stigma is associated with GUM services.

Table 3 Percentage referral of specific sexual health problems to genitourinary medicine (GUM) or self management and/or referral to another service (S/O)

	GPs (n = 31)		*Gynaecology (n = 29)*		*Family Planning (n = 19)*		*A&E (n = 17)*	
	GUM	*S/O*	*GUM*	*S/O*	*GUM*	*S/O*	*GUM*	*S/O*
Sexually transmitted infection								
Syphilis	97*	3	93*	0	100*	0	94*	0
Gonorrhoea	94*	6	90*	10	100*	0	100*	0
Partner notification	84*	16	86*	7	79*	10	70*	18
NSU	64	36	55	28	79*	21	76*	8
Genital warts	58	36	14	86*	95*	5	70*	24
Genital chlamydia infection	32	68*	10	90*	32	68	76*	24
Genital herpes	61	36	66	34	63	37	94*	6
PID	0	100*	3	96*	5	95*	6	94*
Advice/support for other STIs	48	52	76*	24	5	95*	88*	12
Other sexual health problems								
Recurrent genital candidiasis	13	87*	0	100*	21	79*	47	53
Bacterial vaginosis	0	100*	0	96*	16	79*	35	59
Genital rashes	32	61	45	52	53	42	70	30
Safe sex information	3	90*	34	55	0	100*	35	53
HIV counselling and testing	10	90*	21	79*	5	95*	41	53
Hepatitis B advice and vaccination	0	100*	17	83*	5	89*	12	88*
Sexual health issues for gay men and lesbians	16	71*	52	34	5	84*	41	35
Advice/support other sexual health issues	6	94*	34	66	0	100*	53	47

In some cases service providers did not make a choice.
*A significant difference in choosing between GUM and S/O ($p < 0.05$).
NSU = non specific urethritis.
PID = pelvic inflammatory disease.
STD = sexually transmitted disease.
HIV = human immunodeficiency virus.

Table 4 Referral of various groups to GUM. N = 118 Graded 1–4 . . . 1 = likely, 4 = less likely, NA = not answered.

Groups	*1 & 2*	*3 & 4*	*NA*	*p value*
Gay man	81	15	22	< 0·05
Male	79	17	22	< 0·05
20–40	73	23	22	< 0·05
< 20	73	23	22	< 0·05
Lesbian	64	34	20	< 0·05
Female	62	43	13	ns
Single	59	38	21	< 0·05
Relationship	50	46	22	ns
Married	49	47	22	ns
> 40	34	61	23	< 0·05

p > 0·05 was considered to be not significant (ns).

(h) Suggestions for future service development
The majority (97%) felt that greater availability of information about GUM services, increased contact between GUM and other sexual health care providers (91%), more referrals from non-GUM professionals (81%), more gay and lesbian sexual health care (72%) and a broader range of services (61%) were important for future service development ($p < 0·05$ in each case). Most (61%) were not in favour of change in speciality name ($p < 0·05$).

Views of GUM professionals
Responses were obtained from all 10 GUM professionals sampled in Glasgow. The majority (8) advocated GUM referral for all the sexual health problems listed in table 3. The majority (9) felt that the amount of information available to people about GUM services was poor in comparison to other services. All thought that stigma existed about GUM services. With regard to future service development, all favoured greater availability of information about GUM services; all identified a need for increased contact between GUM and other sexual health care providers and for more referrals from non-GUM professionals; the majority (9) favoured more gay men and lesbian sexual health care and (8) a broader range of services; only 4 were in favour of a change in speciality name.

Discussion

This survey describes the views towards GUM services in Glasgow of service providers involved in sexual health care. The 60% response rate from non-GUM professionals in this study is similar to that obtained by other recently published postal surveys. GPs, gynaecologists and family planning service providers accounted for 67% of respondents and this is in keeping with the proportion of other service providers actually referring to GUM services in Glasgow. The anonymity of the questionnaires excluded detailed analysis of non-respondents, but there was a greater than 50% response from all of the groups sampled and good representation of the decision-makers from hospital-based sites.

The assessment of views of groups of non-GUM service providers involved in various aspects of sexual health care clearly indicates that GUM is viewed in a traditional light as one that deals mainly with STIs such as gonorrhoea, syphilis and contact tracing. GUM is not viewed as a service managing a wide range of sexual health problems. This contrasts with the views of GUM professionals. It was of particular concern that some specific STIs such as genital chlamydial infection and PID, as well as sexual health problems such as recurrent candidiasis and bacterial vaginosis, counselling and sexual health education, are not ranked as important problems for referral to GUM, even though many service providers are in favour of a broader range of services.

The survey suggests that there is a need for increased contact between GUM and other service providers together with increased awareness and information about the range of GUM services. Provision of up-to-date information for other service providers in the form of posters and information leaflets about GUM services may increase information and awareness. Increased direct contact between GUM and non-GUM sexual health service providers such as clinical meetings, workshops, inter-departmental secondments, joint clinical services and policy meetings at senior managerial levels are additional strategies to improve communication and collaboration. It may be important to project specific services to specifically targeted provider groups, such as GUM referral following diagnosis of genital chlamydial infection in family planning clinics. Feedback from other sexual health service providers about GUM services, such as that obtained by this questionnaire, is of demonstrable value.

It is possible that some service providers involved in sexual health may have reservations about referral of certain groups of patients, although more research needs to be directed at exploring attitudes of other service providers to making a GUM referral. Increased awareness and information about GUM services and increased contact with other service providers involved in sexual health may reduce stigma and improve the use of GUM services.

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