

REVIEW OF THE JAMES PAGET HEALTHCARE NHS TRUST'S BURE CLINIC ACTIVITY

Draft

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1 EXECUTIVE SUMMARY

- 1.1 The Bure Clinic provides a range of genito-urinary medicine (GUM) services to the population of Great Yarmouth and Waveney, and surrounding areas. In recent years, the Clinic has seen a continued and significant increase in new attendances, with the prevalence of some infections rising at a greater rate than others.
- 1.2 Despite the rise in workload, on a daily basis, the Bure Clinic's level of activity show a wide level of variation. This means that on some days the clinic can be very busy with a high number of consultant appointments booked, whereas on other days the level of activity is less. The effect on staff workload thus reflects this, and when it is busier the in-clinic waiting time can increase.
- 1.3 In line with other GUM clinics, the Bure Clinic has a higher than average did not attend (DNA) rate when compared to other clinic specialties. Nonetheless the DNA rate for the clinic has dropped in the last few years, which suggests improvements have been made in the clinic to minimise the number of patients not attending without giving prior notice.
- 1.4 The Clinic has been successful in reducing the number of follow up attendances in recent years, and its follow up to new attendance performance compares favourably with other clinics. However, despite a period where around five new attendances resulted in just one follow up, the Clinic's follow up rate has shown a small drop in performance.
- 1.5 The data provided by the Bure Clinic indicates there may be opportunities to increase the utilisation of the nurse-led clinic appointments. On some days, not all appointment slots are booked into, and as such there may be wasted capacity.
- 1.6 Compared to other similar-sized and resourced clinics, the Bure Clinic does not offer appointments or clinic slots which fall outside the normal 'working day'. Information available in the public domain indicates that some trusts are able to offer clinics which run for much of the day or are held in the early evening.

- 1.7 Apart from the review of data and the conclusions drawn from this, a small number of other issues were also apparent, which may warrant more detailed review, such as the impact of over-running clinics, or the increase in the number of patients attending the clinic with HIV or AIDS.

2 INTRODUCTION AND BACKGROUND

- 2.1 In October 2004, the James Paget Healthcare NHS Trust, 'the Trust', approached the Norfolk, Suffolk and Cambridgeshire Strategic Health Authority (NSC SHA) to undertake a review of the Trust's Bure Clinic, 'the Clinic', and specifically a review of the Clinic's clinical activity.
- 2.2 The Bure Clinic provides a range of services including:
- Screening and treatment for sexually transmissible infections
 - Partner notification and provider referral
 - HIV antibody tests with pre and post test counselling, including support for HIV positive patients, family and friends and inpatient care for HIV/AIDS patients
 - Clinical, virological and immunological monitoring of HIV antibody positive/AIDS patients
 - Sexual Health Education
 - Hepatitis B immunisation programme for "at risk patients"
 - Provision of care to patients admitted with sexually transmitted infections in other wards in the hospital
 - Collaborative research with other agencies.
- 2.3 The clinic is staffed by one substantive consultant post, who is currently supported by a further consultant on a fixed-term contract. The clinic also has an establishment of five nursing staff and two health advisors. The Clinic is further supported by secretarial and administrative staff, and other visiting clinical staff.
- 2.4 Acute trusts, and increasingly Primary Care Trusts (PCTs), provide genito-urinary medicine services, which can include diagnosis, treatment, health promotion and screening services. The size and scope of the service is often dictated by the size of the Trust, and not surprisingly, larger acute trusts or teaching hospitals, particularly in London, are able to provide a comprehensive range of services. These often extend beyond the traditional opening hours of other medical or surgical outpatient clinics, in order to accommodate specific groups of patients.
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- 2.5 Nationally, the number of sexually transmitted infections diagnosed continues to rise. Recent data published by the Health Protection Agency (HPA) shows a 2% increase between 2002 and 2003. In particular, syphilis cases and chlamydia cases have risen by 37% and 8% respectively, although gonorrhoea rates dropped by 10% during the same period. The HPA also suggest that the number of people acquiring HIV will continue to increase, particularly for heterosexual people. As the number of heterosexuals living with HIV in the UK grows, it is likely that heterosexual transmission within the country will increase, particularly among ethnic minorities, rather than infections being acquired from abroad as has historically been the case.
- 2.6 In a recent report, the government's Health Select Committee highlighted that access to sexual health clinics must be improved if the rise in infection rates is to be stopped. It indicated that only 38% of people were being seen within the recommended 48 hours of seeking an appointment, with 25% having to wait more than two weeks for an appointment. It has also highlighted that since 1997, demand in STI clinics has doubled which again puts pressure on GUM services.
- 2.7 The Norfolk, Suffolk and Cambridgeshire Strategic Health Authority Health Atlas highlights the growing problem of increased infection rates, with all acute trusts showing large increases between 1999 and 2003. The James Paget Hospital has shown the greatest increase of diagnosed sexually transmitted infections (STIs), with a rise of 51.9%. This compares to 28.3% rise in the same period for the whole strategic health authority.
- 2.8 Clearly, given these increases in demand, GUM services will need to expand in order to ensure that patients continue to be able to access such services in a timely manner. The engagement and support of primary care trusts will therefore be essential in order to ensure that services can be maintained.

3 LOCAL ACTIVITY ANALYSIS

- 3.1 The activity data, which has been used to support this review, has come from the Clinic's stand-alone computerised clinic system. Data provided by the clinic related to the period January 2002 to February 2005 inclusive and included 16,000 individual patient activity records. The data was grouped by the various record types recorded by the Clinic, in order to establish any trends or patterns relating to the Clinic's activity during the period.
- 3.2 Looking at all appointment types, excluding those cancelled or where the patient did not attend without giving prior warning, the number of patients seen in a booked appointment slot each day in clinic shows a high degree of variability. Since June 2003, the average number of patients seen was 18.62, and prior to this date the average was 19.7. Since June 2003, and based on the historical variation, the Clinic could expect to see as many as 45 patients each day. In reality, the actual number of slots and staff capacity available means that the maximum number of patients seen each day in recent months has been no higher than 34. Although the maximum number of booked appointments available for most days is 16 (excluding available capacity for HIV or syphilis patients to receive their results), nonetheless the variability of activity means that some days can be very busy, whilst others can be relatively quiet.
- 3.3 The number of new patients seen each day by the consultant in the Clinic since January 2002 shows a high degree of variation. However, without accurate referral data it is not possible to establish if demand displays a similar level of variation¹. Nonetheless the daily variation in the number of new patients is significant. The average number of new patients seen each clinic day is 6.67, although based on the variation in the historical data and using Statistical Process Control (SPC) methodology², the Clinic could expect to see as few as zero new patients or as many as 17. On three occasions since June 2004, the Clinic saw 19 or more new patients, and on one day the clinic saw 25

¹ Following a visit to the clinic in February 2005, the Clinic now records the referral date as the date the referral is received in the clinic and not the date of first attendance. This will enable the Clinic to better understand daily demand and the length of time between a referral being received and the date seen.

² SPC provides a tool to monitor the variation in a process and establish the likely range of values that could be expected based on the level of variation. The Upper Control Limit (UCL) and Lower Control Limit (LCL) set this range for 99.97% of all observations.

new patients. Recent data suggests that there has been a reduction in the number of new patients seen on a Thursday and, to a lesser extent, on Friday. However, the first three days of the working week have not shown a similar reduction. Since new patients require more administrative set-up and consultation time, this means that the intensity of workload for clinical and secretarial staff may be equally variable, particularly for the earlier part of the week.

- 3.4 The table below summarises the SPC new attendance data for each day of the week. The lower control limit (LCL) indicates the lowest value that could be expected for 99.7% of all observations, and for each day in the period the LCL was zero. The upper control limit (UCL) indicates the highest value that could be expected based on the historical variation. Values which fall outside of the limits may be attributed to “special cause” factors and, assuming a normal distribution of the data, will occur in one in 400 observations (unless this event is planned).

Day	Average new attendances	Upper Control Limit (UCL)	Highest observed value in period above UCL (most recent occurrence)
Monday	6.06	13.34	15 (4/8/03)
Tuesday	5.08	11.67	14 (16/12/03)
Wednesday	6.77	15.24	19 (12/5/04)
Thursday	9.87	21.69	25 (22/7/04)
Friday	5.22	12.14	16 (25/7/03)

- 3.5 High Impact Change number five states that NHS organisations should avoid unnecessary follow up, and instead provide necessary follow ups in the right setting. Throughout 2002, and in the early part of 2003, the Clinic had a low new to follow up ratio, with an average 0.78 follow up attendances for every new and rebook patient. During 2003, the Clinic stopped routine follow-up appointments when it became part of the SIGMA Project led by the Clinical Governance Committee of BASHH

(British Association for Sexual Health and HIV), and the average new to follow up ratio fell further to 0.28. However, a review of the data indicates that after September 2004, the follow up ratio began to increase again. Although the average between September 2004 and February 2005 was 0.46, which is below the 2002 average, it nonetheless shows a decline in performance compared to the good results achieved following the Clinic's participation in the SIGMA Project

- 3.6 In relation to non-consultant activity, between Tuesday and Friday there are currently eight slots available on the template each day for nurse treatments, which prior to October 2004 were recorded as wart treatments, and four slots on a Monday afternoon. However, the average number of attendances between October 2004 and February 2005 for each Monday was 1.92, with the number of median attendances being two. For the same period for the remaining days of the week, the average number of attendances was 2.59. The average utilisation for Mondays and the remaining days of the week was therefore 48% and 32% respectively. The Clinic's data therefore suggests that the nurse treatment clinics are not always being fully utilised.
- 3.7 A number of graphs are detailed in Appendix A that relate to this local activity section. Appendix B contains a table summarising the Clinic's quarterly activity reported nationally which is discussed in more detail in the next section below.

4 NATIONAL ACTIVITY COMPARISONS

- 4.1 All NHS organisations are required to submit to the Department of Health (DoH) on a quarterly basis details of outpatient clinic activity using the QMOP return. The DoH publishes this data on their website for each Trust. However, because all trusts are included on the website, for comparative purposes the Healthcare Commission's cluster groups have been used in order to compare the Trust with similar sized trusts. The James Paget Hospital is categorised as 'Medium Acute' and is in a group of 52 acute English hospitals. A full list of these trusts can be found in Appendix C. However, it should be noted that data is not available for all 52 acute trusts for every quarter.
- 4.2 The data included in the period for comparative is for the April 2002 and March 2005. The data indicates that for the James Paget Hospital, the number of new attendances seen has risen steadily in recent years. During 2002/03, the number of attendances each quarter was around 570, whereas in the last three quarters of available data, the number of first attendances has exceeded 800 in each quarter. However, the rise in new attendances at the Trust is reflected in the average rise in attendances in similar sized trusts, as well as other trusts in England.
- 4.3 During 2002/03, the number of new attendances seen in the Clinic placed it in the lower quartile of the cluster group. However, since April 2003, the Trust has moved to the median quartile group although the number of new patients seen is still below average within the comparator group. The data indicates that compared to other similar-sized clinics, the levels of activity are lower than might be expected in a clinic of the Bure Clinic' size with its resources available. This suggests that the Clinic's level of utilisation, particularly in relation to the number of slots currently within the clinic template and the Clinic's published opening times, could be increased.
- 4.4 The pattern of follow up attendances compared to other trusts is reflected in the low ratio of follow up to new attendances noted in Section 2. Compared to most trusts in the cluster group, the Bure Clinic has some of the lowest numbers of follow up attendances, which indicates good practice and reflects the rationale behind High Impact Change number five.

- 4.5 The specialty-level outpatient data from the DoH indicates that Did Not Attend (DNA) rates are generally higher for Genito-Urinary Medicine (GUM) outpatient services than for other specialties. The DoH data also indicate a wide variation in DNA rates within the comparator group for GUM services (and for all English trusts) and as such the quality of data for some trusts may be questionable. Nonetheless, the Clinic's overall DNA rate has reduced in the last two years to around 21%, compared with 2002/03, when the Clinic's average DNA rate was 25%. The Trust is now close to the average for all medium acute trusts, where the average DNA rate since 2002/03 has been 20%.

5 CLINIC TEMPLATE STRUCTURE

- 5.1 The BASHH website lists all GUM services in England, Wales, Scotland and Ireland. For the purposes of comparison, the list from the website was cross-referenced with the Healthcare Commission's list of Medium acute trusts, so that the Clinic could be compared with other clinics in similar sized trusts. To further assist with the comparison, only those services run with a single consultant have been included, and a list of these services including staffing levels and opening times has been included in Appendix D. It should be noted that this list was last updated in May 2005 and therefore may not be entirely accurate at the time of this report.
- 5.2 The information from the BASHH website for single-handed clinics within medium acute trusts shows a wide variation in the opening times of clinics and when these clinics are provided throughout the week. Where there are only one or two clinics per week, this may indicate that the consultant staff are not full time, or have commitments with other organisations. However, where clinics are held most days of the week and the consultant staff are likely to be full-time, the start and finish times each day for a many clinics are variable. For example, some clinics start later in the afternoon and finish early evening. This indicates these clinics are adopting a flexible approach to reflect the life-styles and social or domestic arrangements of their patients. The Bure Clinic's template indicates that the start and finish times for each clinic are the same for each day they occur, and that for some patients, accessing the clinic may be less convenient if they have full-time jobs, education commitments or other domestic commitments.
- 5.3 Comparisons with other clinics also indicate that some clinics are open for longer than at the Bure Clinic. Although this is undoubtedly due to the way each trust provides its GUM services, including the availability of clinical and nursing staff and Job Plan structures, it nonetheless raises issues in terms of the Bure Clinic's capacity to accommodate all the demand. There may be opportunity to review the current arrangements and access in order to maximise the potential resource availability of the Clinic.

6 GENERAL ISSUES

6.1 As part of the review, a process mapping exercise was undertaken to establish the day-to-day workings of the Clinic, including the arrangements for dealing with different types of patients. Following this process mapping a number of issues became apparent which need to be considered in the light of the issues relating to activity described earlier in this report.

- When patients arrive in the clinic to see a doctor, any late starts of the clinic can have a notable “knock-on” effect on the clinic being able to run to time, and sometimes results in the clinic then over-running past the published finishing time.
- The waiting time in the clinic for a patient is dictated by how soon the doctor or nurse is able to deal with the previous patient. Since all patients are different and have their own needs, such as advice or recovery time following the taking of bloods, this can again impact significantly on the clinic’s ability to run to time.
- If a patient requires an injection, for legal reasons a second nurse will be required. The availability of a second nurse can dictate how quickly the patient can be dealt with and moved on to the next stage of the process.
- Double-running clinics can further exacerbate any bottlenecks in the Clinic system, particularly if the two factors noted above are present, such as a patient fainting during blood taking which can block the phlebotomy room.
- It was noted that appointments occurring later during a clinic could be subject to longer waits to be seen by the doctor.
- For nurse treatments, patients requiring bloods to be taken could be seen by a phlebotomist and this could therefore reduce the workload on the Bure Clinic’s nurses.
- The increasing HIV population and associated demands make three monthly appointments more difficult to adhere to. There is a risk that the time between HIV appointments will increase and patients

may deteriorate in between if they do not access the drop-in facility between appointments.

- 6.2 During visits to the Clinic it became apparent that a number of the clinic's functions were subject to frequent change, particularly in relation to clinic templates and when to contact the clinic. For example during one visit to the Clinic, a patient telephoned the clinic to receive some information regarding their results, only to be told that since their last contact with the clinic, the arrangements for receiving this information had changed, but this had not been communicated to the patient. Clearly, any changes to the way a clinic runs need to have a degree of permanency in order that patients receive a consistent service, and that when changes occur, that these are clearly communicated to patients who may be affected by the change.
- 6.3 One notable area of good practice is the ability for patients to request an outpatient appointment via the Bure Clinic's own website. Patients are able to log on and provide their details in confidence to the clinic. The Clinic's website is also easy to use and provides a range of information to patients and visitors.

RECOMMENDATIONS

Set out below are a number of recommendations, which the Trust may wish to consider.

1. The Clinic should use the date of referral data and date first seen to better understand actual demand and waiting times. This information should then be used to undertake a demand and capacity exercise in order to ensure that appointment variation is reduced.
2. Given the statement underpinning High Impact Change Number Five, review the reasons behind the decline in follow-up performance during the latter part of 2004.
3. Review the utilisation of the nurse treatment clinics with a view to reconfiguring the available slots to better match demand. This may include a review of referral criteria for nurse treatment clinics to extend the types of patients seen by nursing staff.
4. Consider opportunities for providing clinics or appointments to reflect the lifestyles of patients, for example providing evening clinics, or extending the working day to late afternoon.
5. Ensure that where changes are made to clinic templates or processes, patients are made aware of this in order to avoid any confusion in the future.
6. The Clinic should consider how it will be able to achieve the 48-hour appointment recommendation, set out by the Health Select Committee and supported by the Department of Health through pump-priming funding for PCTs during 2005/06.

REFERENCES

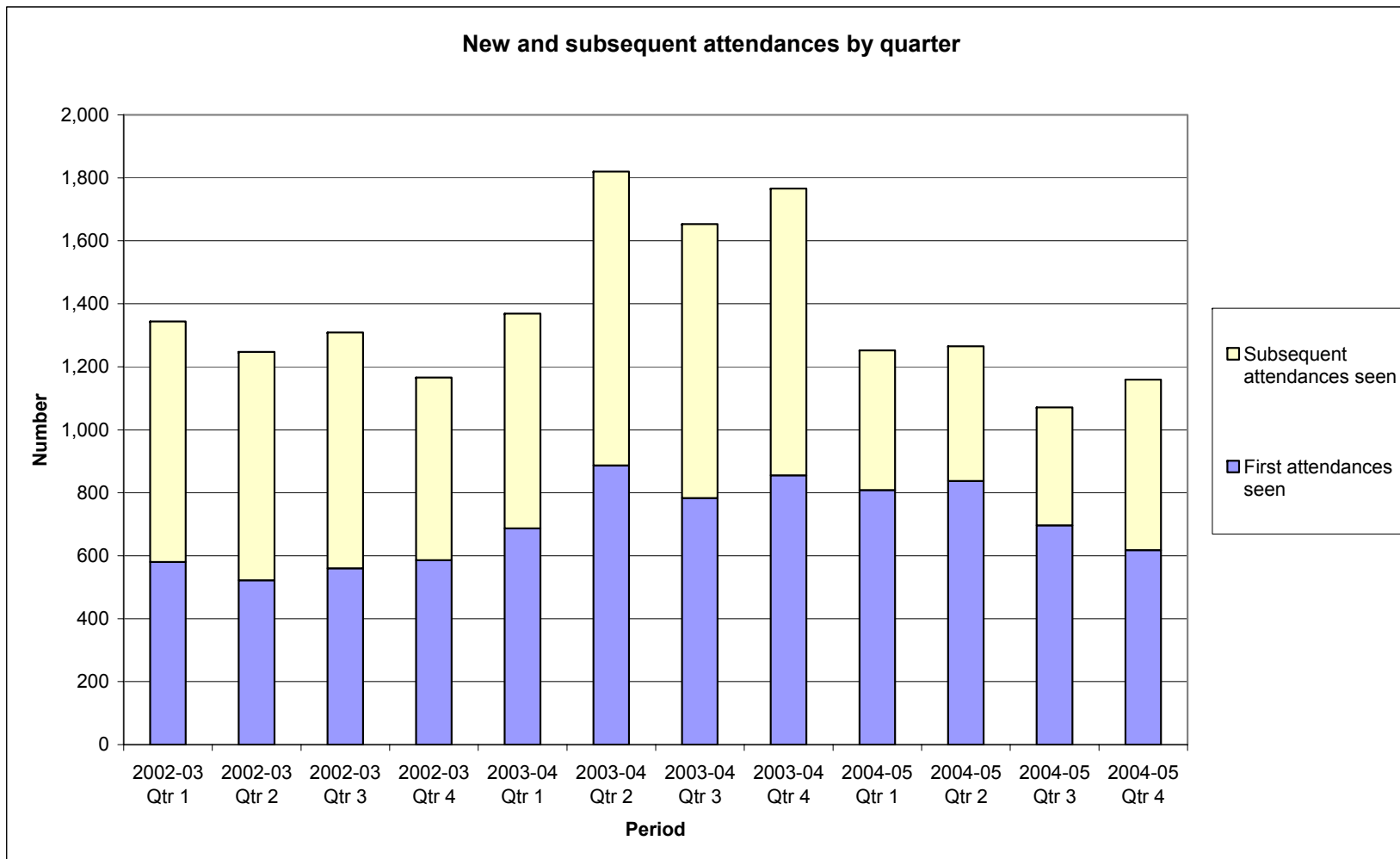
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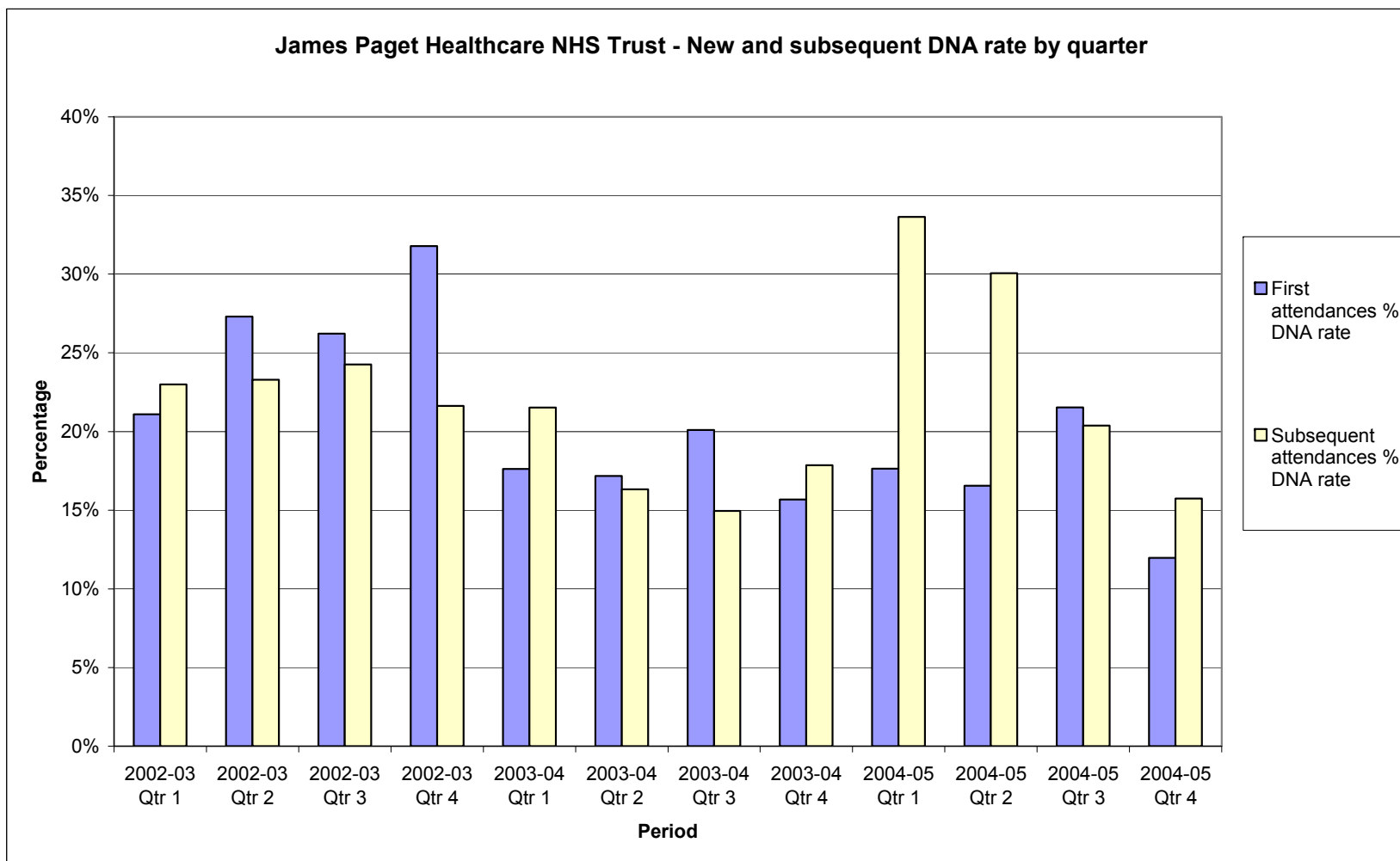
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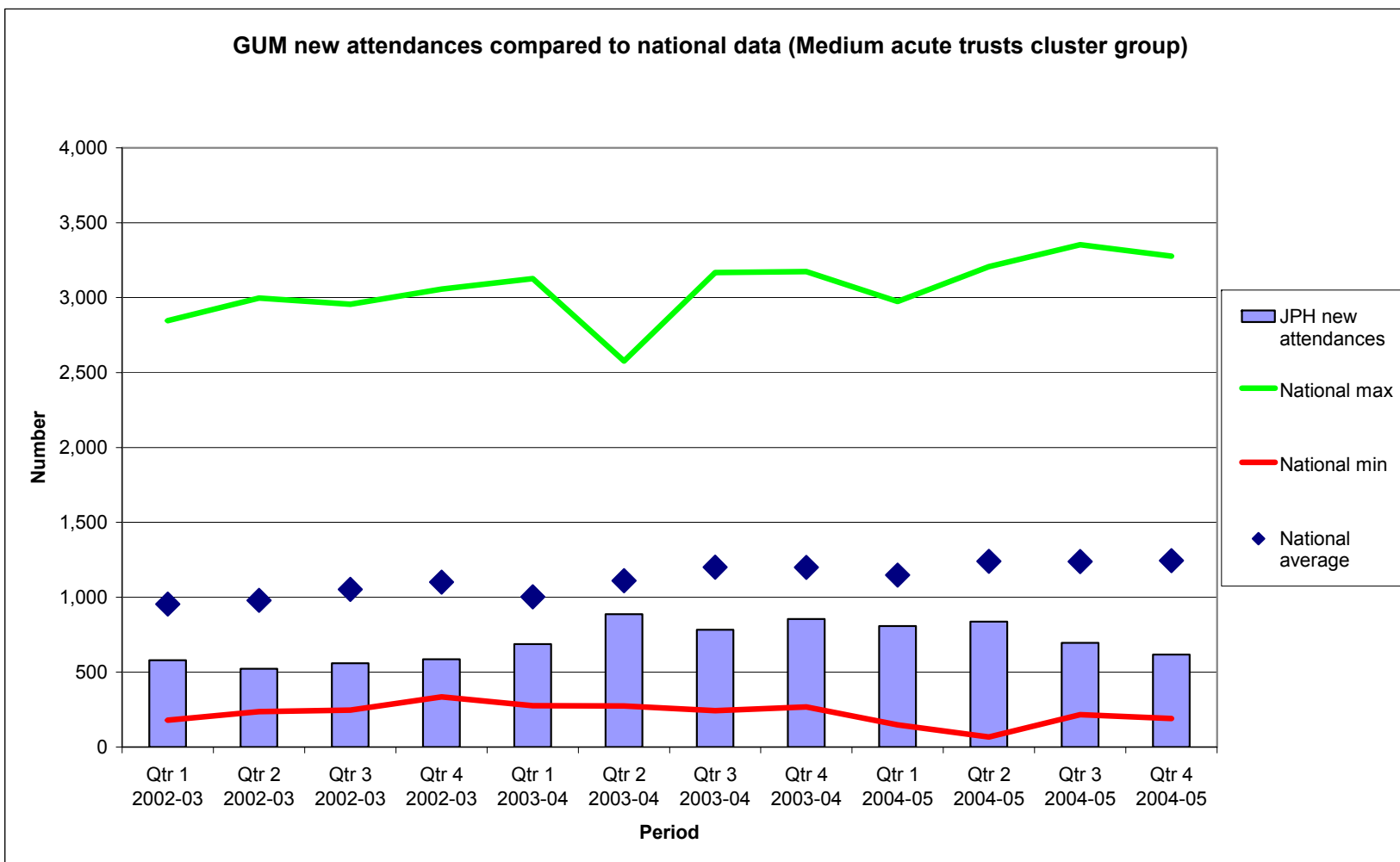
10 High Impact Changes for Service Improvement and Delivery, Modernisation Agency, August 2004

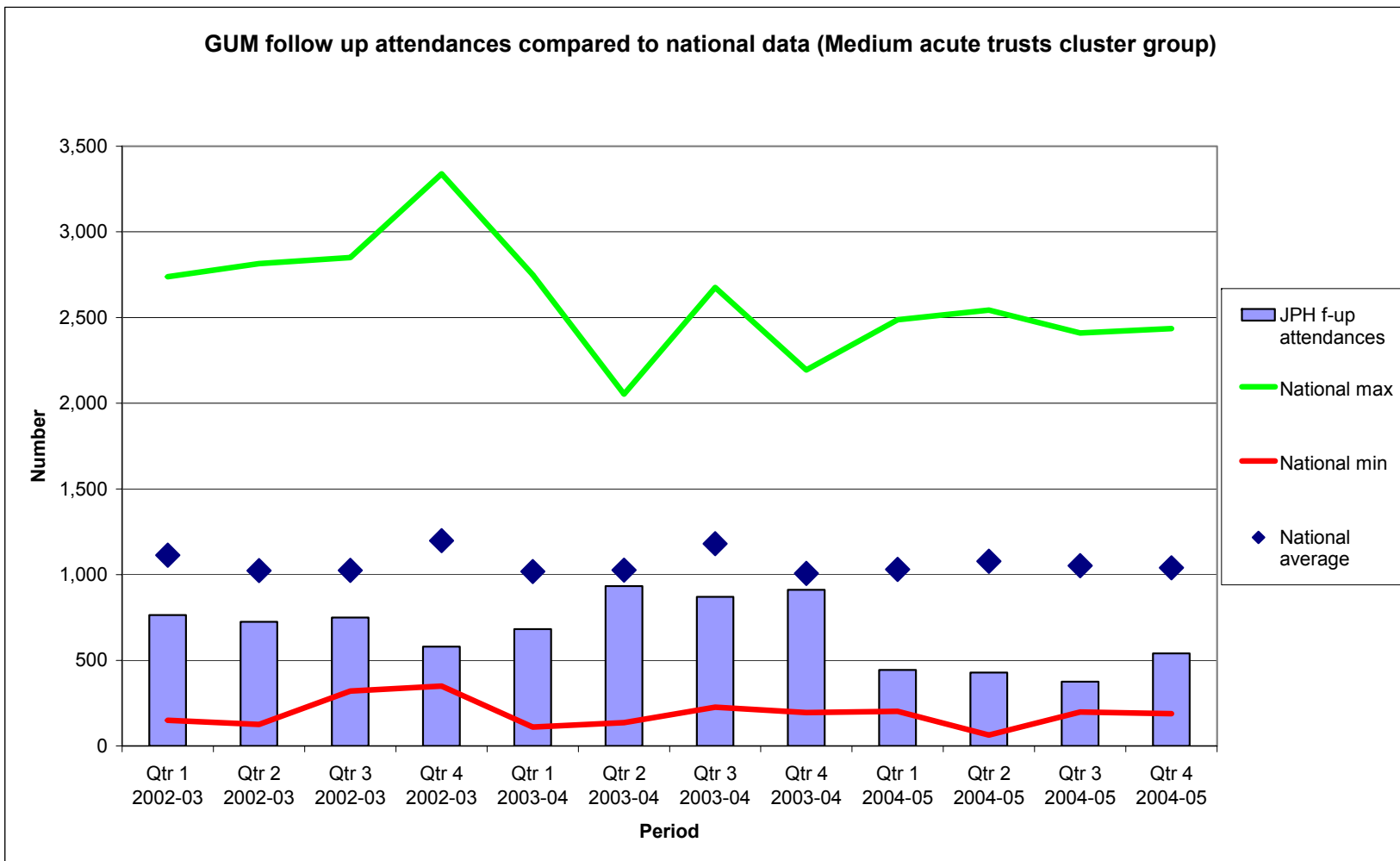
Norfolk, Suffolk and Cambridgeshire Strategic Health Authority Health Atlas, 2005

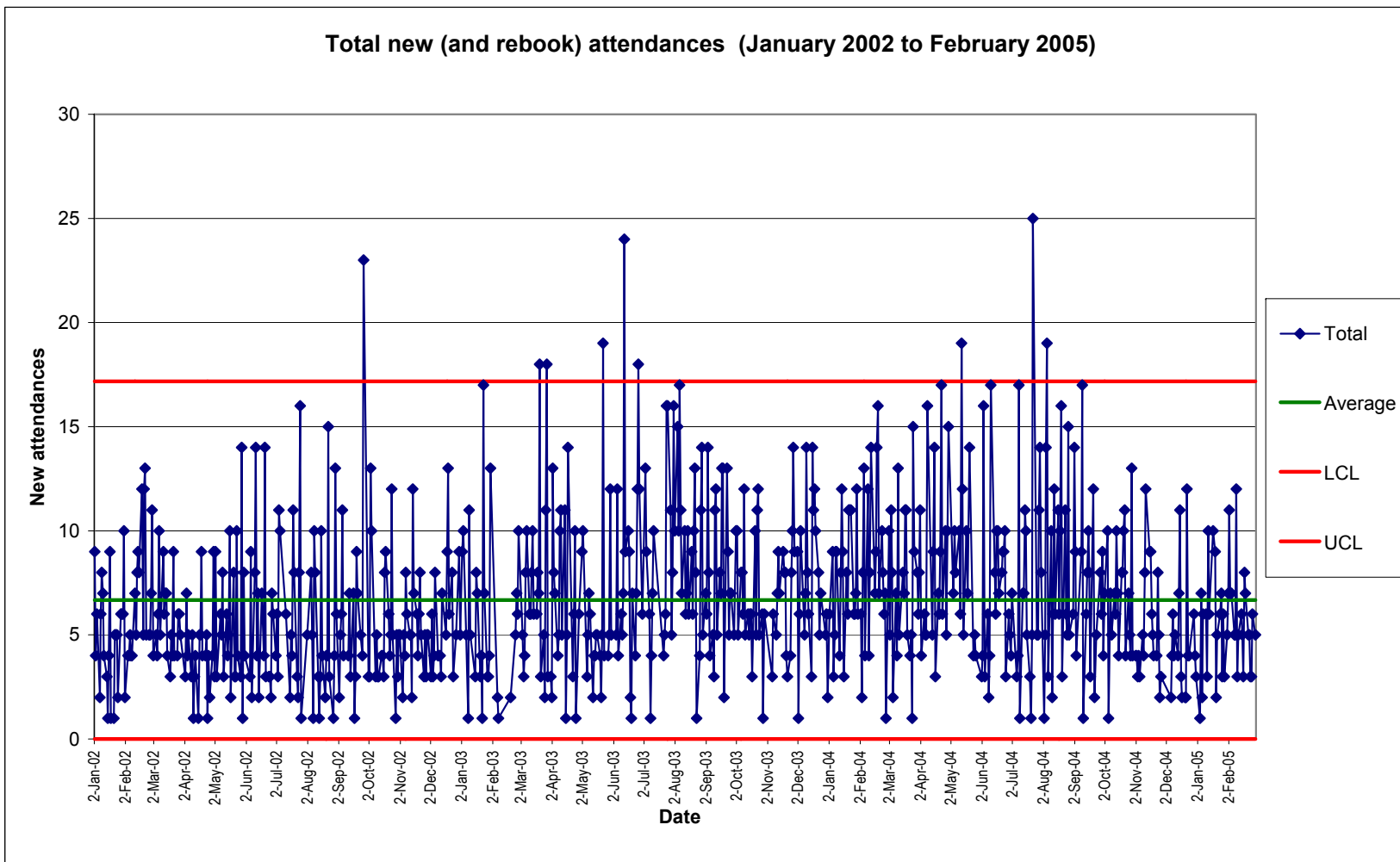
APPENDIX A

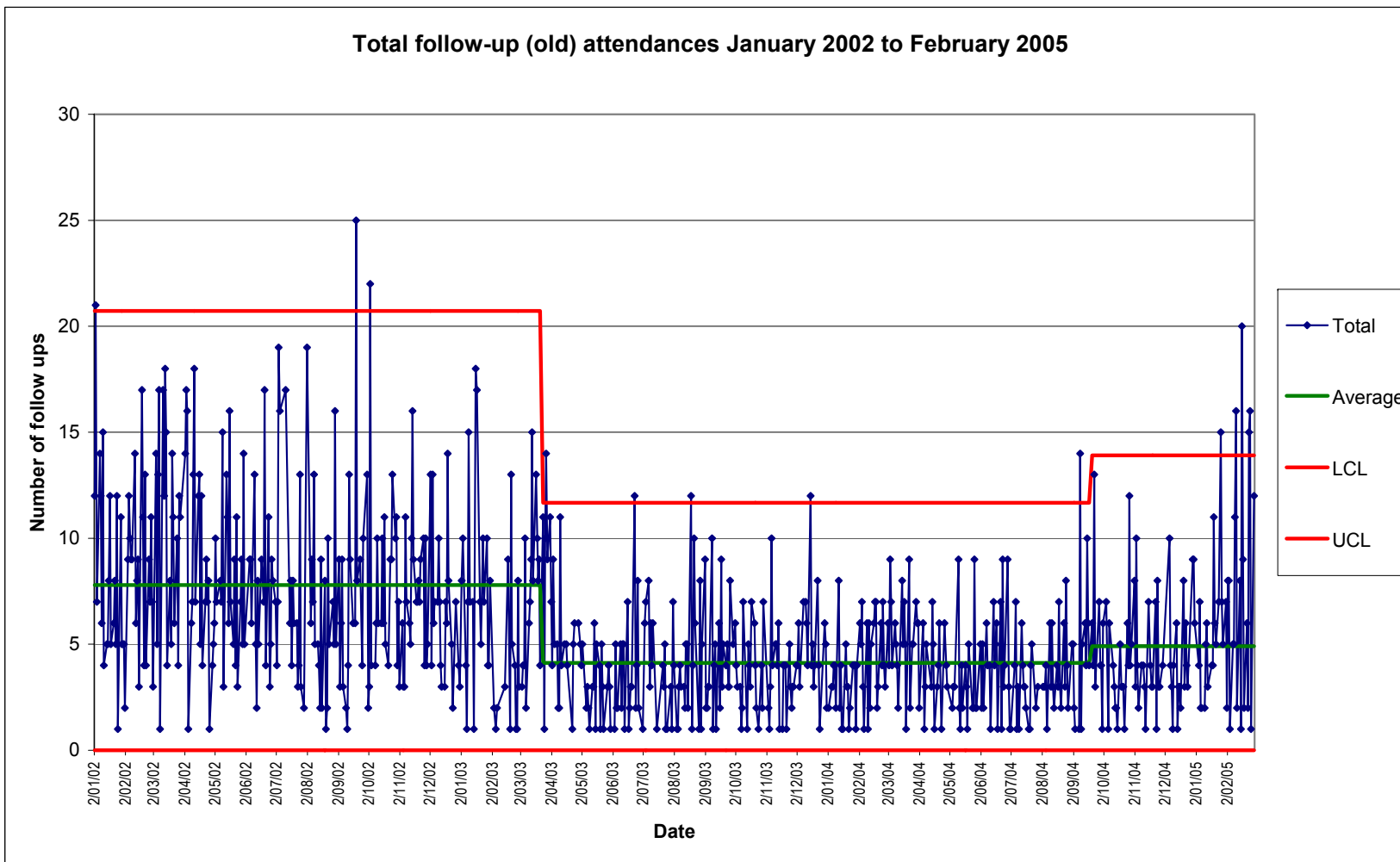


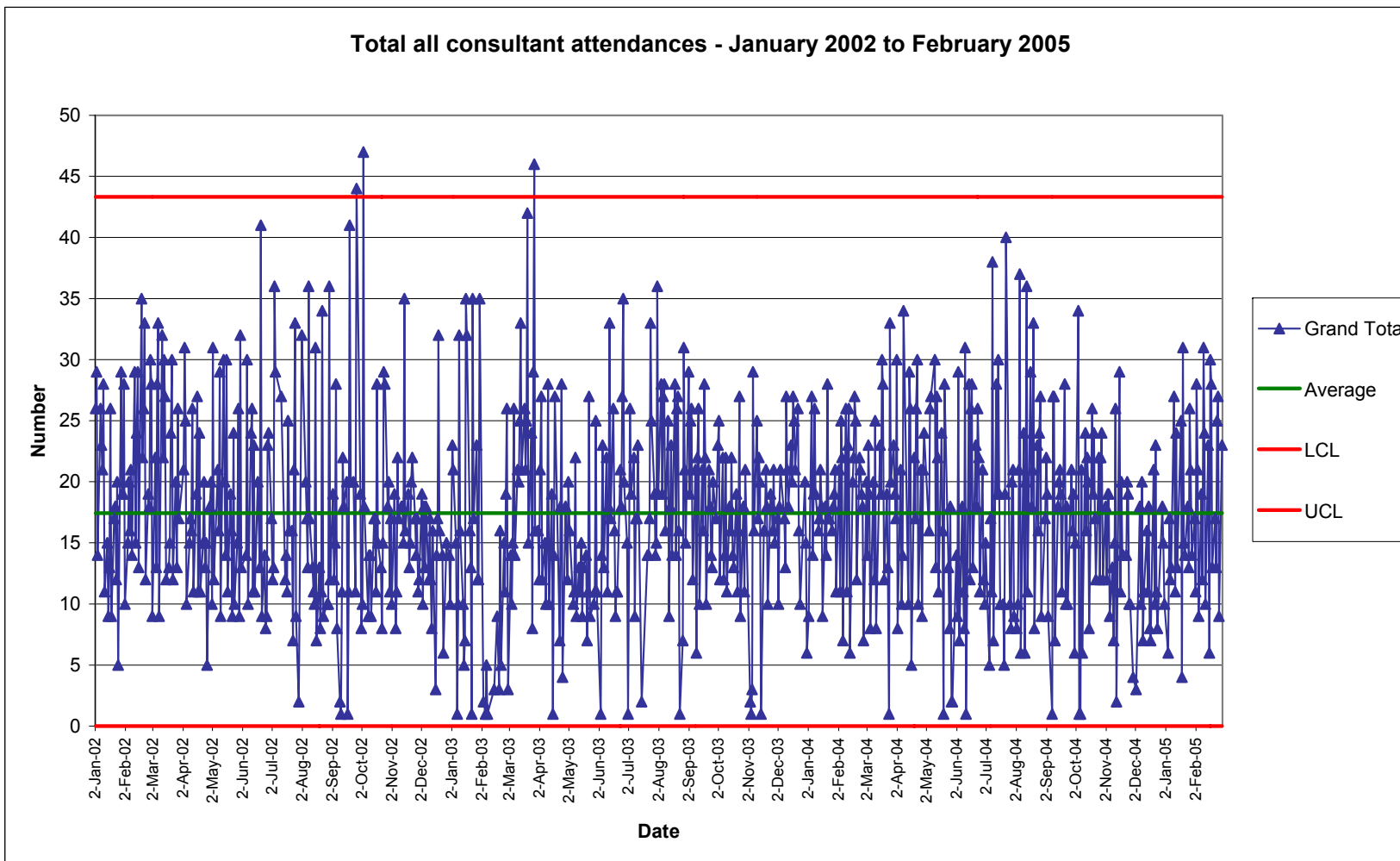


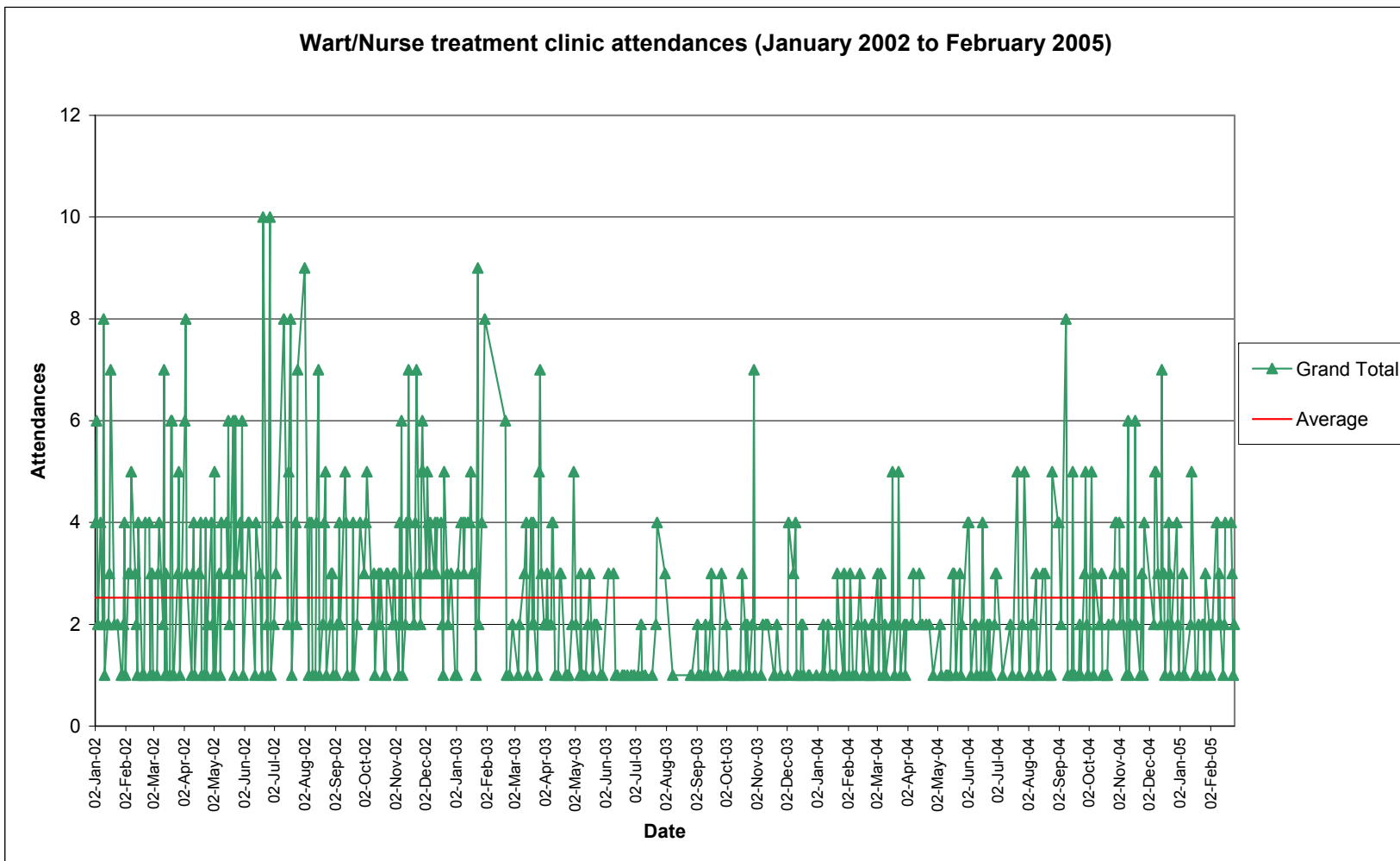












APPENDIX B

This table summarises the Bure Clinic's activity and is taken from the QMOP data published by the Department of Health.

Period	First attendances seen	First attendances DNA	Subsequent attendances seen	Subsequent attendances DNA	First attendances % DNA rate	Subsequent attendances % DNA rate	Total attendances % DNA rate	Average New % DNA Rate	Average F-up % DNA Rate	Total % DNA rate
2002-03 Qtr 1	580	155	764	228	21.09%	22.98%	22.18%	26.60%	23.04%	24.85%
2002-03 Qtr 2	522	196	725	220	27.30%	23.28%	25.02%			
2002-03 Qtr 3	560	199	749	240	26.22%	24.27%	25.11%			
2002-03 Qtr 4	586	273	580	160	31.78%	21.62%	27.08%			
2003-04 Qtr 1	687	147	682	187	17.63%	21.52%	19.61%	17.65%	17.66%	17.66%
2003-04 Qtr 2	887	184	933	182	17.18%	16.32%	16.74%			
2003-04 Qtr 3	783	197	870	153	20.10%	14.96%	17.47%			
2003-04 Qtr 4	855	159	911	198	15.68%	17.85%	16.82%			
2004-05 Qtr 1	808	173	444	225	17.64%	33.63%	24.12%	16.92%	24.95%	20.17%
2004-05 Qtr 2	837	166	428	184	16.55%	30.07%	21.67%			
2004-05 Qtr 3	696	191	375	96	21.53%	20.38%	21.13%			
2004-05 Qtr 4	618	84	541	101	11.97%	15.73%	13.76%			

APPENDIX C

Aintree Hospitals NHS Trust
Ashford and St Peter's Hospitals NHS Trust
Basildon and Thurrock University Hospitals NHS Trust
Bolton Hospitals NHS Trust
Bromley Hospitals NHS Trust
Buckinghamshire Hospitals NHS Trust
Chesterfield and North Derbyshire Royal Hospital NHS Trust
Countess of Chester Hospital NHS Trust
Dudley Group of Hospitals NHS Trust
Essex Rivers Healthcare NHS Trust
Frimley Park Hospital NHS Trust
Gateshead Health NHS Trust
Heatherwood and Wexham Park Hospitals NHS Trust
Ipswich Hospital NHS Trust
James Paget Healthcare NHS Trust
Kingston Hospital NHS Trust
Luton and Dunstable Hospital NHS Trust
Mayday Healthcare NHS Trust
Medway NHS Trust
Mid Essex Hospital Services NHS Trust
Newham Healthcare NHS Trust
North Cheshire Hospitals NHS Trust
North Cumbria Acute Hospitals NHS Trust
North Hampshire Hospitals NHS Trust
North Middlesex University Hospital NHS Trust
North Tees and Hartlepool NHS Trust
Northampton General Hospital NHS Trust
Peterborough Hospitals NHS Trust
Poole Hospitals NHS Trust
Queen Elizabeth Hospital NHS Trust
Rotherham General Hospitals NHS Trust
Royal Bournemouth and Christchurch Hospitals NHS Trust
Royal Surrey County Hospital NHS Trust
Royal United Hospital Bath NHS Trust
Scarborough and North East Yorkshire Health Care NHS Trust
Sherwood Forest Hospitals NHS Trust
South Devon Health Care NHS Trust
Southend Hospital NHS Trust
Southport and Ormskirk Hospital NHS Trust
St Helens and Knowsley Hospitals NHS Trust
Stockport NHS Trust
Surrey and Sussex Healthcare NHS Trust
Swindon and Marlborough NHS Trust
Taunton and Somerset NHS Trust
The Hillingdon Hospital NHS Trust
The Lewisham Hospital NHS Trust
The Princess Alexandra Hospital NHS Trust
The Whittington Hospital NHS Trust
Walsall Hospitals NHS Trust
Whipps Cross University Hospital NHS Trust
Worthing and Southlands Hospitals NHS Trust
York Hospitals NHS Trust

APPENDIX DSource: www.bashh.org**JAMES PAGET HOSPITAL NHS TRUST**Department of Genitourinary Medicine
Bure Clinic**Opening times:**

Mon 9.30am – 12 noon, 2.00pm – 5.00pm

Tue 9.30am – 12 noon

Wed 9.30am – 12 noon, 2.00pm – 5.00pm

Thu 9.30am – 12 noon, 2.00pm – 5.00pm

Fri 9.30am – 12 noon

Appointments required for all clinics

Consultants: Dr Tubonye C Harry**Health Advisors:** Paul Nicoll & Alison Jenning

PETERBOROUGH HOSPITALS NHS TRUST

Department of Genitourinary Medicine

Opening times:

Mon/Wed/Thu all day

Tue 4.00pm – 7.00pm

Fri 9.30am – 12 noon

Consultants: Dr A Palfreeman**Health Advisors:** Margaret Watson

SOUTHPORT & ORMSKIRK NHS TRUST

Department of Genitourinary Medicine

Opening times:

Mon 9.30am - 12.30pm (mixed & ED)

Mon 1.30pm - 4.30pm (mixed)

Tue 9.30am - 12 noon (HIV)

Tue 2.00pm - 8.00pm (mixed)

Wed 9.00am - 12 noon (mixed)

Wed 2.00pm - 5.00pm (psychosexual)

Thu 9.30am - 12.30pm (mixed)

Thu 2.00pm - 4.00pm (Genital dermatology)

Fri 9.00am - 12 noon (mixed)

All clinics - appointments preferred

Consultants: Dr M Abbott

ST HELENS & KNOWSLEY HEALTH NHS TRUST

Department of Genitourinary Medicine

Opening times:

Mon 12.30pm - 7.30pm

Wed 9.00am – 4.00pm

Thu 10.00am – 5.00pm

Fri 9.00am – 4.00pm

Consultants: Dr S Moss**Secretary:** Karen Myers**Health Advisors:** Margaret Storey, Bill Dynes

BOLTON HOSPITALS NHS TRUST

Bolton Centre for Sexual Health

Opening Times:

Mon 9.30am - 6.00pm

Tue 9.30am - 5.00pm

Wed 9.30am - 12 noon

Thu 9.30am - 6.00pm

Fri 9.30am - 12 noon

Consultants: Dr Emile Morgan

STOCKPORT HEALTHCARE NHS TRUST

Department of Genitourinary Medicine

Opening times:

Mon 1.30pm - 3.30pm

Tue 9.30am - 11.30am

Wed 9.30am - 11.30am

Thu 3.30pm - 5.30pm

Appointments required for all clinics

Consultants: Dr Edward Wilkins**Health Advisors:** Janet Ford, Susan Evans

NORTH TEES NHS TRUST

Department of Genitourinary Medicine

Opening times:

Tue 2.30pm - 5.45pm

Wed 1.30pm - 4.00pm

Thu 9.15am - 11.45am

Consultants: Dr P Rajah**Senior Nurse & H/Advisors:** Tanya Lait-Huzzard

SOUTH BUCKINGHAMSHIRE NHS TRUST

Department of Genitourinary Medicine

Opening times:

Mon 1.30pm - 6.00pm

Tue 2.00pm - 6.30pm

Wed 1.30pm - 6.00pm

Thu/Fri 10.00am - 4.00pm

Consultants: Dr G Luzzi**HIV N/Practitioner & H/Advisors:** Andrew Tippet

ROYAL UNITED HOSPITAL BATH NHS TRUST

Department of Genitourinary Medicine

Opening Times:

Mon 9.30am - 5.00pm

Tue 2.00pm - 6.30pm

Wed 9.00am - 12.30 pm (HIV Clinic)

Thurs 11.00am - 2.00pm

Fri 8.30am - 1.00pm

Appointments required for all clinics

Consultants: Dr Kate Horn**Health Advisors:** Lucy Whyatt

SOUTH DEVON HEALTHCARE TRUST

Department of Genitourinary Medicine

Opening times:**Males**

Tue 6.00pm – 7.30pm

Thu 4.00pm – 5.30pm

Female

Tue 4.00pm – 5.30pm

Thu 2.00pm – 3.30pm

Consultants: Dr JR Willcox**Health Advisors** Phil Trayhorne, Karen Knott

SWINDON & MARLBOROUGH NHS TRUST

Sexual Health Department

Opening times:

Mon 9.30am - 4.30pm

Tue 9.30am - 12.30pm, 2.00pm - 7.00pm

Wed 9.30am - 4.30pm

Thu 9.00am - 7.00pm

Fri 9.30am - 1.00pm

Consultant: Dr Guy Rooney**Health Advisors:** Rowan Ferguson, Dawn Mullis, Alison Sabel

TAUNTON & SOMERSET NHS TRUST

Department of Genitourinary Medicine

Opening times:

Mon 9.30am - 12 noon, 4.00pm - 6.40pm

Tue 10.00am - 12 noon (HIV test only)

Wed 9.30am - 12 noon, 2.00pm - 4.10pm

Thu 9.30am - 12 noon

Fri 9.30am - 12 noon

Consultants: Dr Mark FitzGerald**Health Advisors:** Susan Crocker, Carolyn Excell, Jane Currie

ESSEX RIVERS HEALTHCARE NHS TRUST

Department of Genitourinary Medicine & Sexual Health

Opening Times:

Mon 2.00pm - 4.00pm

Consultants: Dr R Jebakumar**Health Advisors:** Katharine Touzel, Susan Finnis, Jo Pickering

FOREST HEALTHCARE NHS TRUST

Whipps Cross Hospital Department Of Sexual Health

Opening times:

Mon 9.00am - 6.00pm

Tue 9.00am - 4.00pm

Wed 2.00pm - 5.00pm

Thu 9.00am - 4.00pm

Fri 10.00am - 4.30pm

Consultant in GUM/HIV: Dr Rex Melville**Health Advisors:** Flavia Basilio, Mary Barnard

MID ESSEX NHS TRUST

Department of Genitourinary Medicine

William Julien Courtauld Hospital**Opening Times:**

Wed 9.45am - 12.15pm

St John's Hospital**Opening Times:**

Mon/Wed 2.30pm - 7.00pm

Tue/Fri 9.30am - 12 noon

St Peter's Hospital**Opening times:**

Tue 1.30pm – 3.30pm

Consultants: Dr Dwight Coelho**Health Advisors:** Gerry Sherriff

SOUTHEND ACUTE SERVICES NHS TRUST

Department of Genitourinary Medicine

Opening times:

Mon 8.30am – 11.30am

Mon 1.00pm – 2.15pm (female)

Mon 1.30pm – 3.30pm (male)

Tue 8.30am – 11.30am

Tue 1.45pm – 2.15 (female)

Tue 10am – 11.00am (male)

Wed 9.30am – 11.30am

Wed 2.00pm – 4.30 (female)

Wed 8.30am – 11.00am

Wed 2.00pm – 4.00pm (male)

Fri 10.00am – 12 noon (female)

Fri 8.30am – 11.00am (male)

HIV testing Mon - Fri, and same day HIV testing on Mon and Tue

Consultants: Dr Robert Spitzer**HIV Counsellors:** Dean Linzey, Frances Osborne

THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST

Department Of Sexual Health

Opening Times:

Mon 8.30am - 11.30am

Tue 8.30am - 11.30am, 1.00pm - 3.30pm (nurse led clinic)

Thu 8.30am – 11.30am, 1.30pm – 3.30pm

Fri 8.30am - 11.30am

Consultants: Dr G Crowe**Health Advisors:** Christine McGarvey

BROMLEY HOSPITALS NHS TRUST

Department of Genitourinary Medicine

Opening times:

Mon 9.00am - 12 noon (GU mixed)
Mon 2.00pm - 4.00pm (GU male)
Tue 1.00pm – 4.00pm (GU mixed)
Tue 4.00pm – 6.00pm (Young Persons)
Wed 9.00am - 12 noon (GU mixed)
Wed 8.00am – 9.00am (Nurse-led wart clinic)
Thu 12.30am – 3.00pm (GU female)
Thu 3.30pm – 6.30pm (GU mixed)
Fri 8.00am - 12 noon (GU mixed)

Consultants: Dr C Dimian**Health Advisors:** Lucy Gardner

THE LEWISHAM HOSPITALS NHS TRUST

Alexis Clinic HIV/Department of Genitourinary Medicine

Opening Times: Ring for times of GU/HIV clinic.**Consultants:** Dr Catherine Rodgers**H/Advisor & HIV Counsellor:** Margaret Johnstone

FRIMLEY PARK HOSPITAL NHS TRUST

Department of Genitourinary Medicine

Opening times:

Mon 8.00am - 12 noon
Tue 2.00pm – 6.00pm
Wed 2.00pm – 5.00pm
Thu 2.00pm – 6.00pm
Fri 2.00pm – 3.30pm

Appointments required for all clinics

Consultants: Dr R Nadarajah**Health Advisors:** Debbie Gordon

SURREY AND SUSSEX HEALTHCARE NHS TRUST

Department of Genitourinary Medicine

Opening times:

Mon/Wed/Fri 2.00pm – 5.00pm
Appointments only except in emergency

Consultants: Dr LF Guinness**Health Advisors:** Allison Scott

WORTHING & SOUTHLANDS HOSPITALS NHS TRUST

Warren Browne Unit

Opening times:

Mon 2.00pm – 5.00pm (Family Planning by appt)

Tue 9.00am – 12 noon* (Open clinic – no appt necessary)

Tue 2.00pm – 5.00pm (Appt only)

Wed 8.45am – 11.30am (Same day HIV testing - appt only)

Wed 4.30pm – 5.30pm (Results of same day tests - appt only)

Thu 5.00pm – 8.00pm* (Open clinic – no appt necessary)

Fri 9.00am – 12 noon* (Open clinic – no appt necessary)

Fri 2.00pm – 5.00pm (Appt only)

*New patients should arrive during the first hour of the 'no appointment' clinics.

Consultants: Dr Andrew Nayagam**Health Advisors:** Richard Williams (plus one vacant post)

ROTHERHAM GENERAL HOSPITALS NHS TRUST

Department of Genitourinary Medicine

Opening times:

Mon 9.00am - 1.00pm, 1.45pm – 4.30pm

Tue 9.00am - 1.00pm, 1.45pm – 6.30pm

Wed 9.00am - 12 noon

Thu 9.00am - 1.00pm, 1.45pm – 4.30pm

Fri 9.00am - 1.00pm, 1.45pm – 4.30pm

Consultants: Dr T Kyi**Health Advisors:** Angela Drewin, Beverley Spencer

NORTH HAMPSHIRE HOSPITALS NHS TRUST

Department of Genitourinary Medicine

Opening Times:

Wed 12.30pm – 3.00pm

Consultants: Dr Kevin Woodcock**Health Advisors:** Julia Peberdy

WALSALL HOSPITALS NHS TRUST

Department of Genitourinary Medicine

Opening times:

Mon 8.30am – 11.45am, 12.30pm – 4.00pm

Tue 10.00am – 11.30am, 1.00pm – 7.00pm

Wed 8.30am – 4.00pm

Thu 9.00am – 12 noon (Special clinics, appointments only)

Fri 8.30am – 12 noon, 1.30pm - 4.15pm

Appointments preferred for routine clinics

Consultants: Dr Joseph Arumainayagam**Health Advisors:** Mary Collins

EAST YORKSHIRE HOSPITALS NHS TRUST

Department of Genitourinary Medicine

Opening Times:

Mon 2.00pm - 5.00pm

Tue 9.00am - 12 noon

Wed morning – 24hr HIV testing by appointment only

Wed 4.30pm - 6.30pm

Fri 9.00am – 12 noon

Consultants: Dr U Joshi

Health Advisors: Pat Haworth

SCARBOROUGH & NORTH EAST YORKSHIRE HEALTHCARE NHS TRUST

Scarborough GUM Clinic

Opening times:

Tue 2.00pm - 4.00pm (Male)

Tue 4.30pm - 6.30pm (Male & Female)

Fri 10.00am – 12 noon (Female)

Fri 1.30pm - 3.30pm (Male & Female)

All clinics by appointment only

Consultants: Dr Ian R Fairley