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## Original Research

# Supporting general practices to provide sexual and reproductive health services: protocol for the 3Cs & HIV programme



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## ABSTRACT

**Objectives:** Sexually transmitted infections, HIV and unplanned pregnancies continue to be a major public health problem in England, especially in young adults. Strengthening the provision of free condoms, HIV testing, chlamydia screening and contraception within primary care will contribute to reducing poor sexual and reproductive health outcomes. Recent research demonstrated the benefit for general practices of educational support visits based on behaviour change theory. Public Health England (PHE) has piloted an educational training programme to improve the delivery of sexual health services and HIV testing within general practice.

**Study design & methods:** The 3Cs & HIV programme used practice based workshops to improve staffs' awareness and skills in order to increase opportunistic offers of chlamydia testing, provision of contraceptive service information and free condoms (the '3Cs') to 15–24 year olds and HIV testing according to national guidelines. The programme was based on the theory of planned behaviour and has been implemented using a stepped wedge design. Process evaluation, testing and diagnosis data, plus qualitative interviews were all used in the evaluation. The primary outcome measures were chlamydia testing and diagnosis rates. Secondary outcome measures were HIV testing and diagnoses rates within each practice and rates of consultations where long acting reversible contraceptives had been discussed.

**Conclusion:** A key strength of the 3Cs & HIV programme has been the evidence base underpinning the development of the resources and the formal process evaluation of its implementation. The programme was designed to encourage sustainable relationships between general practice staff and local sexual health services as well as the knowledge, awareness and behaviours cultivated during the programme.

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## Background

Sexually transmitted infections (STIs) continue to be a major public health problem in England with 450,000 new STI diagnoses in 2013 and 100,000 people living with HIV.<sup>1,2</sup> Young adults are at particular risk of poor sexual health; most chlamydia diagnoses and unplanned pregnancies are in 15–24 year olds.<sup>2,3</sup> To drive improvements in population sexual and reproductive health the UK Department of Health (DH) have included three indicators in their Public Health Outcomes Framework (PHOF).<sup>4</sup> The PHOF is a list of metrics which enable local commissioners to monitor the health of their population. These indicators include chlamydia detection rates, under-18 conceptions and late HIV diagnoses.

The universal delivery of sexual and reproductive health services within primary care is essential to improving these key outcomes. National guidelines currently recommend general practices provide chlamydia screening to all sexually active 15–24 year olds however surveillance data suggest that testing varies widely by practice.<sup>5,6</sup> The British HIV Association Guidelines recommend that in a high prevalence area all new patient registrants be tested for HIV (high prevalence is defined as more than two HIV diagnoses per 1000 population) and patients who present to their general practice with HIV clinical indicator conditions are also tested.<sup>7</sup> Similarly to chlamydia testing, HIV tests are still not routinely offered in general practices.<sup>8,9</sup>

Educational outreach visits have been used to develop the skills and confidence of general practice staff for many different health care concerns, including sexual health.<sup>10–12</sup> Several pilot training programmes have found chlamydia screening and HIV testing in the general practice setting to be achievable and acceptable to staff and patients.<sup>13–18</sup> The Chlamydia Intervention Randomised Trial (CIRT) significantly increased chlamydia screening in English general practices by implementing interactive workshops that were based on the theory of planned behaviour (TPB).<sup>10</sup> TPB is based on identifying and influencing an individual's personal attitudes, subjective norms and perceived behavioural controls that relate to the intention to engage in a particular behaviour (in this case the intention to offer chlamydia screening tests to as many young people as possible attending the general practice).<sup>19</sup>

Public Health England (PHE) is piloting an educational training programme based on the TPB to support general practice staff to routinely offer chlamydia testing, information about the provision of contraceptive services and free condoms (the '3Cs') to all 15–24 year olds regardless of the type of consultation. In addition this programme aims to improve HIV testing in line with national guidelines.<sup>7</sup>

PHE is implementing this programme across England and is conducting a service evaluation of the pilot using a stepped wedge design,<sup>20</sup> which is a pragmatic study design increasingly being used in evaluation of service delivery interventions and is particularly suited to evaluations that do not rely on individual patient recruitment. The objectives of the pilot are to evaluate the uptake of an educational training

programme outside of trial conditions, and assess the impact the programme has on rates of chlamydia screening, HIV testing and consultations where long acting reversible contraceptives (LARC) are discussed within general practice.

This paper outlines the development and content of the educational training workshops and describes the protocol for trainer and practice recruitment, workshop delivery, data collection and analysis plan.

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## Methods

### *Educational materials and workshop development*

The 3Cs & HIV programme consists of two educational workshops delivered by local sexual health service providers within a six month period; the first on the '3Cs' and the second on HIV testing. An optional third contact from the trainer either in person or on the phone was offered three months after the second visit. Each workshop took up to an hour depending on general practice staff availability.

The 3Cs & HIV programme was developed by PHE in consultation with a primary care led advisory group comprising of general practitioners and practice nurses. Resources from CIRT were used as a baseline and altered in response to qualitative interviews with general practice staff, patients and stakeholders. Once additions were made the materials were sent for expert review and test sessions with general practice staff. This informed further changes and the final product was agreed upon by the project and advisory groups.

### *Qualitative research*

Interviews with general practice staff, patients, trainers and stakeholders were used to inform how the CIRT resources could be broadened to include the whole 3Cs & HIV approach. Interviewees were asked about their views on chlamydia screening in general practice and the possibility of offering opportunistic contraception and condom advice alongside this; current knowledge and practices relating to HIV testing in general practice were also explored. Interviewees were given the opportunity to comment on draft materials including posters and invitation cards. Detailed results of the identified personal attitudes, subjective norms and barriers to implementing the 3Cs & HIV approach in general practice will be presented elsewhere.

### *Workshops and educational materials*

The workshops and educational materials were designed to change general practice staff behaviours by using the TPB.<sup>19</sup> Both sessions aimed to influence the three key components of TPB (personal attitudes, subjective norms and perceived behavioural controls) by presenting the evidence of the high burden of infection and the value of increasing provision of these services within their own practice; inviting all staff members to attend the workshops and using posters to remind staff and patients that the practice offered chlamydia

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