Making online contact count: Addressing health needs in under 18s attending SRH

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Introduction

The NHS Five Year Forward View, published in 2014, acknowledged the growing burden of preventable disease in the UK and the deep-rooted health inequalities that persist. It called for a focus on hard-hitting public health measures to facilitate action on obesity, smoking, alcohol and other health risks.¹ The Making Every Contact Count statement suggests utilisation of brief healthcare provider interventions in order to enable positive behavioural change.²

The London Sexual Health Transformation Programme was implemented in April 2017 and proposes that asymptomatic patients would access services online rather than attending a clinic. There are concerns that such a shift to online services may reduce opportunities for healthcare professionals to identify and address risk behaviours. In this review we looked at a cohort of young people aged under 18 attending a sexual & reproductive health (SRH) service in order to identify health needs that may be neglected in the move to online service provision.

Methods

In the financial year 2015-16 there were 1975 attendances of 998 individuals aged under 18 at our SRH service. A risk assessment proforma was used in 98.8% (n=505/511) of those 16 or under and 72.9% (n=355/487) of those aged 17. These were collated from electronic reports via GUMCAD and customized Lilie Crystal reports, and analysed using pivot tables.

Results

Smoking, drug and alcohol use in <18s attending SRH

Prevalence of mental health difficulties

Discussion

In our cohort of people aged under 18, levels of smoking and alcohol were particularly high. Use of recreational drugs and alcohol varied between 6-9% among the age groups. Mental health difficulties were common across all ages.

Face-to-face assessment allows healthcare workers to identify risk behaviours and provide brief interventions and referral to specialist services where appropriate. Sexual health staff are skilled in perceiving emotion in verbal and non-verbal communication during face-to-face consultations. The resulting dialogue may contribute to risk assessments and influence outcomes including user satisfaction. The authors feel there is a danger that with a move to online service provision these opportunities may be lost. We would suggest commissioning of a one-stop shop model for under 18s to allow thorough assessment. We recommend that if online services are offered to this vulnerable age group it is essential that implementation includes robust evaluation to ensure safeguarding is not adversely affected and that users are satisfied with the change in modality of the service.

References

- 1 NHS Five Year Forward View (2014). <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> [Accessed on 9th June 2017.]
2. NHS Health Education England. Making Every Contact Count (2016). <http://www.makeeverycontactcount.co.uk/media/1129/mecc-factsheet.pdf> [Accessed on 9th June 2017.]