Sexual Health for the Homeless : A Review of Sexual Health Provision at Coastline Homeless Day Centre, Cornwall

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Background and Objectives

Coastline is a drop-in centre for homeless individuals based in an area of deprivation in West Cornwall, in walking distance from one of Cornwall's few hostels for the homeless. Within the Coastline service people can access services including specialist Health-for-the Homeless (HfH) GP practice, housing and welfare advice, Addaction (drug and alcohol services), access to training and employment advice, social activities, access to shower, laundry and toilets and a space for storage of belongings.

In 2013 an outreach sexual health clinic was piloted within the centre, run by staff from Royal Cornwall Hospitals NHS Trust (RCHT) Level 3 Sexual Health Services. The pilot was assessed as being a valuable service for those using the centre and has continued on a fortnightly basis.

With threats of substantial to sexual health budgets locally, the Coastline Sexual Health clinic (along with other community based and outreach clinics), may be vulnerable, especially when commissioners and NHS managers are judging the cost-effectiveness of relatively low volume clinics in a climate of dwindling resources. This review of clinic usage may help to inform decisions around future service delivery.

Description of clinic

The clinic runs twice monthly from 2-4pm. It is 'drop-in' only and currently staffed by a Band 6 Genitourinary Specialist Nurse and Band 2 Healthcare Assistant (no receptionist). Clients are booked onto Lillie Electronic Patient Record system and coded using the Public Health England SHHAPT codes. Signed permission is gained from all clients on registration for results to be shared with the HfH GP service, as a fail-safe for results management. The service largely provides STI testing and treatment, vaccination for Hepatitis B, sexual health advice and information, condom provision and cervical cytology.

Results

During 2015 and 2016:

- 22 clinics ran over this 24 month period
- 92 clinic attendances (male 69; female 23)
- Ratio of attendances (Coastline) M 0.75 : F 0.25 compared with GU M 0.43 : F 0.57
- Average 4.2 clients per clinic
- **61 individuals seen (male 45; female 16)**

Of the 61 clients seen, 45 (73%) have presented solely to the Coastline Service - not seen in other RCHT Sexual Health Services

Age range
Males 19-65y; mean 36years (GU mean = 48y)
Females 19-50 y; mean age 31y (GU mean = 46y)

Of those offered examination, 32% accepted - self-sampling was preferable for most clients

	No. of individuals seen 2015/2016	Clients having at least one 'T4' screen HIV/STIs/CT/NG	Clients tested for Hepatitis B/C on at least one occasion	Clients Identified as active injecting drug users	Vaccinated for Hepatitis B (minimum of 2 injections given)	Cervical cytology	Sex work	MSM
M	45	39 (87% of males) (a further 5 (11%) had CT/NG tests only)	26 (58%)	9 (20%)	4 (9%)		2 (4.5%) (one hetero, one MSM)	2 (4.5%)
F	16	12 (75% of females) (a further 2 (12.5%) had CT/NG test only)	8 (50%)	5 (31%)	2 (12.4%)	4 (25%)		

Male diagnoses (% of total individuals)	Female diagnoses (% of total individuals)
1 - urethral chlamydia (1.6%)	1 - cervical gonorrhoea (1.6%)
2 - genital warts (3.3%)	
1 - Molluscum contagiosum (1.6%)	

Conclusions

- This is an extremely vulnerable population, with the majority of individuals not accessing mainstream GU services. Male clients predominate.
- Most clients required screening for STIs and blood-borne viruses. Of those individuals offered examination only 32% accepted and most genital screens utilised self-taken sampling. Genital examination may be challenging for people with poor access to washing facilities (ref. 1)
- Coastline clients appear to have a much lower rate of STIs than overall GU attendees in Cornwall (local coding and chlamydia screening data)
- Useful interventions such as Hepatitis B vaccination and cervical cytology were accepted by some clients, complementing work done by the HfH GP Service and resident drug and alcohol services
- This is a low-volume clinic so relatively expensive to run; cost-effectiveness has been maximised by the B6/B2 staffing model and shared-care arrangements, with no room hire or receptionist costs.
- Shared-care including sharing of both negative and positive results with the HfH GP service is acceptable to clients and provides a fail-safe for communicating results
- In order to increase numbers of service users and add value to the service for clients, dual training of staff and provision of a full range of contraception including long acting methods is planned.