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Copy of response submitted on line to: BASHH draft Standards for the management of sexually transmitted infections (STIs) in outreach settings

Introduction

With a membership of around 430,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in both the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

General Comments

The RCN welcomes the opportunity to respond to this consultation from BASHH which is responding to a recognised need to have some standards for the management of sexually transmitted infections (STIs) in outreach services. As acknowledged there are currently many and varied services operating throughout the UK within both the NHS and the third sector. These services are often essential in targeting hard to reach groups at high risk of infections.

The comments we would like to make are general in the main rather than to the specific standards and relate to the general document:

1. Most sexual health services are now integrated, we do not feel that this is properly reflected in the document. Sexually Transmitted infections (STIs) must be considered alongside other sexual health, contraception services are mentioned but not explicit. This is particularly important considering as sex workers are identified as a target group. Where traditionally hard to engage patient access services all their sexual health needs should be met.
2. It would be good to have young people specifically included as a target group, although services relating to young people in the document such as "You're Welcome" are mentioned there are many established outreach services are aimed at young people.
3. The definition of the outreach services should be made explicit. There needs to be a clarification between spoke/outreach services which are different.

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4. There is a lot of emphasis on referring people in to level 3 services, however, the target groups identified are unlikely to access these and this should be acknowledged.
5. Training expectations for non-clinical staff should be identified in the training matrix. As the document acknowledges many outreach services are run by non-clinical/third sector staff.
6. The governance around drugs and vaccines are notoriously difficult to manage in outreach, particularly in some mentioned such as public sex venues. For example management for drug administration locked storage and cold chain for vaccines. These need to be acknowledged within the guidance.
7. The document needs to be in alignment with other guidance for example the Integrated Service Specification, it is not clear if this is recommending a Level 3 outreach document/screening service.

Standard 2

Under point 2.4.3 regarding contacting users of outreach. From experience most homeless people will not have a minimum of two methods of communication. Some may have a phone, but probably won't have a postcode or somewhere for mail to be sent necessarily. So is this achievable?

Appendix B - Project definitions for elements of STI management at Levels 1, 2 and 3

The definition of the outreach services should be made explicit. There needs to be a clarification between spoke/outreach services which are different.

Appendix C - Education and training matrix

Training expectations for non-clinical staff should be identified in the training matrix. As the document acknowledges many outreach services are run by non-clinical/third sector staff.

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