



# PDSA PROPOSAL

## Sexual Health in General Practice Sydney Local Health District

**NATIONALLY:** Chlamydia was the most frequently reported notifiable condition in Australia, with 79,833 new notifications for persons aged 15 years and over (435 cases per 100,000 persons) in 2011. This rate has more than tripled over the past decade. It is most prevalent among men and women aged between 15 and 29 years who accounted for 82% of diagnoses for the whole population.

<http://www.ausstats.abs.gov.au/ausstats/nrpmans.nsf/NEW+GmapPages/national+regional+profile#> (ABS 2012)

Sydney Local Health District (SLHD) has the second highest rate of diagnosed gonorrhoea, third highest

rate of Hepatitis B Virus and the sixth highest rate of Hepatitis C Virus in NSW. <http://www.healthstats.nsw.gov.au/>

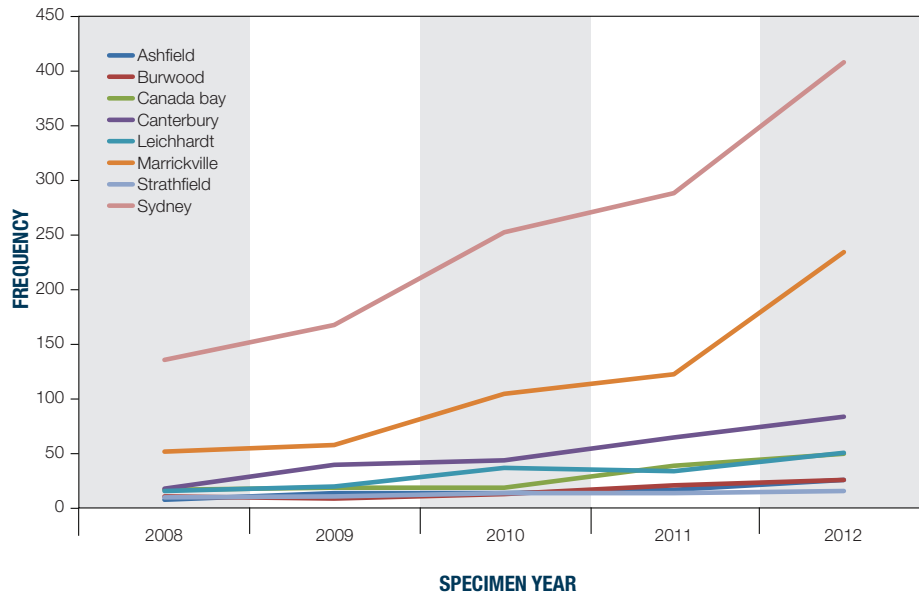
Within Sydney Local Health District, notifications of gonorrhoea have increased by 50% in 2012 with the highest increases occurring in throat and rectal gonorrhoea notifications. 89% of notifications were in males with the greatest increase of gonorrhoea notifications occurring in Marrickville (91% increase since 2011). Notifications for chlamydia continue to increase, with a 6% increase in 2012. (Reference: NSW Notifiable Conditions Information Management System (NCIMS) by SLHD Public Health Unit)

## Gonorrhoea Notifications

Notifications of gonorrhoea have continued to increase in Sydney LHD. In 2011 there were 594 cases of gonorrhoea notified, increasing by 295 to 889 cases in 2012. In 2012, notifications have increased by 55% in females and 49% in males. Throat notifications for gonorrhoea increased by 121% and rectal notifications increased by 83% between 2011 and 2012.

The figure below outlines the increases in gonorrhoea notifications by Local Government Areas between 2008 and 2012, with the largest increase in the Sydney and Marrickville LGAs.

**Figure 1: Gonorrhoea notifications by LGA and year, SLHD, 2008-2012**

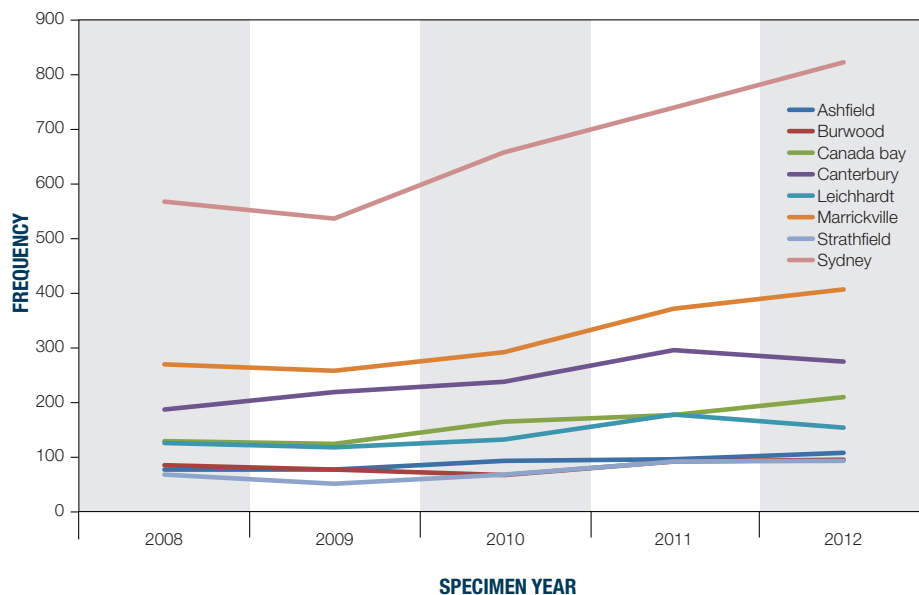


## Chlamydia Notifications

Chlamydia notifications continue to increase each year in Sydney LHD. In 2011 there were 2035 cases of chlamydia notified, increasing by 122 to 2157 cases in 2012. In 2012, notifications have increased 0.7% in females and 11% in males.

The figure below outlines the increase in chlamydia notifications by Local Government Areas between 2008 and 2012, with the largest increase in the Sydney and Marrickville LGAs.

**Figure 2: Chlamydia notifications by LGA and year, SLHD, 2008-2012**



“Up to 80% of chlamydia infections are asymptomatic; therefore screening is the only effective way to detect the majority of cases and to provide treatment. The greater the screening coverage, the more beneficial the intervention will be”, (Regan et al 2008).

General practice is the main provider of primary care in NSW, including sexual health. Fifty-five percent of Australians diagnosed with an STI or blood borne virus accessed treatment during the previous year through general practice while eight percent accessed treatment through publicly funded sexual health services, (Grulich, *et al* 2003).

## Barriers to testing for STIs in General Practice

- GP time
- GP concern for unfounded patient embarrassment
- Financial incentive
- Limitations of PN current role
- Unspoken and unrecognised priority for area

For further information on STIs and the role of General Practice, refer to RACGP *Guidelines for preventive activities in general practice 8th Edition* (Red Book), page 37-39

<http://www.racgp.org.au/download/Documents/Guidelines/Redbook8/redbook8.pdf>

## Plan-Do-Study-Act cycle:

RACGP QI&CPD Program identifies the Plan-Do-Study-Act cycle as a program to implement systematic change in general practice. It encourages the practice team to implement a planned improvement by breaking down change into manageable chunks, and testing each small change to make sure improvements are worthwhile and no effort is wasted. The program emphasises starting on a small scale and reflecting and building on learning. Can test improvements based on existing ideas and/or research.

Practice PDSA cycles focus on improving the capacity of the practice to deliver quality patient care, (improving quality, safety and performance of the practice). Three cycles must be undertaken in three months.

A whole of practice approach is encouraged and attracts 40 Category 1 RACGP QI&CPD points.

## Steps:

1. Select leader /facilitator and decide who will be in the group (maximum of 10 participants)
2. Discuss:
  - a. What the practice is trying to accomplish
  - b. How improvements (through change) will be identified
  - c. The changes to be made that can lead to an improvement
3. Select a topic
4. Start first rapid PDSA cycle:
  - a. Plan-who, what, where, when, how, predictions and data to be collected
  - b. Do-implement the plan and record data
  - c. Study-review and reflect on results
  - d. Act-identify what action will be taken
5. Develop second cycle
6. Develop third cycle
7. At completion of the third cycle describe what mechanisms have been put in place to promote reliable use of the improvements
8. Complete QI&CPD notification or application

## Strategies for implementation:

- Promote opportunity with IWML GP practices (preferably with practice nurses)
- Identify GP practices to work with
- Develop & implement / PDSA cycle
- Evaluate
- Report / Publish/ Newsletters

## References

Australasian Society for HIV Medicine (2012) HIV, STIs, Hepatitis B (HBV) and Hepatitis C (HCV): Issues for Medicare Locals <http://www.ashm.org.au/images/PDFS/ASHM-NSW-Issues-For-Medicare-Locals.pdf> accessed 24th September 2012

Australian Bureau of Statistics <http://www.ausstats.abs.gov.au/ausstats/nrpmmaps.nsf/NEW+GmapPages/national+regional+profile#> accessed 24th September 2012.

Gulich A, Visser R, Smith A, Rissel C, Richters J (2003), Sexually transmissible disease and blood borne virus history in a representative sample of adults, *Aust N Z J Public Health* 2003;27(2):234-241.

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RACGP *Guidelines for preventive activities in general practice 8th Edition* (Red Book), page 37-39 <http://www.racgp.org.au/download/Documents/Guidelines/Redbook8/redbook8.pdf>

Regan DG, Wilson DP, Hocking JS (2008), Coverage Is the Key for Effective Screening of Chlamydia trachomatis in Australia, *Journal of Infectious Disease* 2008:198:349



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