



PDSA PROPOSAL

- Sexual Health in General Practice

NATIONALLY: In 2011, 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). 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.abs.gov.au/AUS-STATS/abs@.nsf/Lookup/.0Mai n+Features10Jun+2012

SOUTH EASTERN SYDNEY:

On an annual basis for the past ten years, South Eastern Sydney LHD (SESLHD) has accounted for approximately one third of HIV diagnosis. SESLHD has the highest rate of diagnosed chlamydia, the 3rd highest rate of HCV and the 4th highest rate of HBV in NSW.

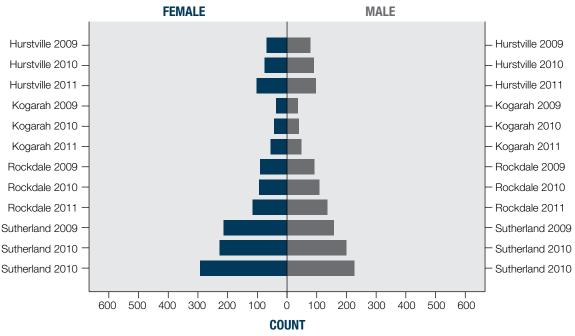
http://www.ashm.org.au/images/PDFS/ASHM-NSW-Issues-For-Medicare-Locals.pdf

Within the South Eastern Sydney Local Health District, notifications for chlamydia increased by 12% in 2011, (18% in women and 7% in men) with 56% of notifications for chlamydia in 2011 were in the 20-29 year age group with the greatest increase of chlamydia notifications occurring among females in Kogarah (244% increase in the last 5 years). Notifications for gonorrhoea continue to increase, with a 14% increase in 2011.

http://www.seslhd.health.nsw.gov.au/Public_Health/surveil-lance/docs/HARP/harp_re-port_2012_02.pdf

The figure below indicates the increases in the number of male and female chlamydia notifications by Hurstville, Kogarah, Rockdale and Sutherland Local Government Areas between 2009 and 2011.

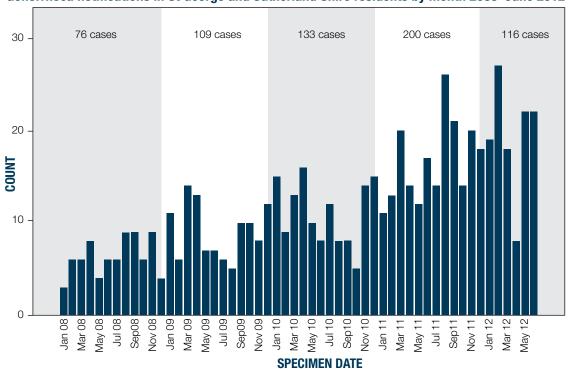
Chlamydia notifications by LGA and sex: 2009, 2010 and 2011



Excluding congenital chlamydia and transgender populations

The figure below indicates the rise in gonnorhoea notifications in the St George and Sutherland areas between 2008 and 2012. Between January 2009 and December 2009 there were 109 gonnorhoea notifications, compared to 200 notifications between January 2011 and December 2011.

Gonorrhoea notifications in St George and Sutherland Shire residents by month 2088–June 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. Evidence suggests that for any population affect screening of approximately thirty percent of 15 to 24 year olds, annually, will reduce chlamydia prevalence among women by approximately seventy percent. The greater the 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:

- 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
- 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 SESML 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/nrpmaps.nsf/ NEW+GmapPages/ national+regional+profile# accessed 24th September 2012.

Grulich 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.

Public Health Unit South Eastern Sydney Local Health District (2012) Notifiable Diseases Report Chlamydia, Gonorrhoea and Syphilis in South Eastern Sydney and Illawarra Shoalhaven Local Health Districts 2007-2011 End of Year Report http://www.seslhd.health.nsw.gov.au/Public_Health/surveillance/docs/HARP/harp_report_2012_02.pdf Accessed 9th October 2012.

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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