Embracing youth ... GPs and PNs the key to driving down STIs

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The incidence of Sexually Transmissible Infections (STI) in the Hunter Medicare Local area (Urban, RA1, RA2) is one of the highest in NSW. Although all health services and primary care teams work to the best of their current knowledge and experience, the STI rate has continued to increase. It appears that there are service challenges to be overcome in order for STI screening rates to increase. The agencies involved in this area of prevention; Family Planning NSW, NSW STI Programs Unit and the Local Health District's HIV and Related Programs Unit, have collaborated with Hunter Medicare Local to reinforce effort through a project to improve the screening, detection and ultimately treatment of STIs in this diverse geographic region.

Through data analysis and review of current practices in general practice, it has been identified by project participants that 'gaps in screening' are occurring. Within a RA1 and RA2 areas, the general medical practice is one of the few consistently accessible settings for health promotion and screening activities for patients. Capacity building for General Practice in the absence of specialised sexual health satellite services and improved quality systems for service delivery of youth sexual health is the focus of the project.

Hunter Medicare Local is working closely with General Practices and encouraging teamwork in a 'whole practice approach' including reception, pathology providers and clinicians, to increase sexual health screening for patients in the 15-29 years age cohort. The project is supported, documented and endorsed by the Royal Australian College of General Practitioners Quality Improvement Plan-Do-Study-Act (PDSA) program for Sexual Health. This isn't actually a program of the RACGP. They suggest PDSA as a way of meeting the mandatory QI component of CPD and STIPU created the sexual health PDSA resource. To date we have 53 practitioners from 29 practices involved across our Medicare Local.

Qualitative data from youth consumers collected by Family Planning NSW in a rural setting needs analysis, informed the providers of the importance of privacy and confidentiality and the inclusion of a 'youth friendly' self-assessment for General Practice. With an objective to normalise the STI screening process as standard practice through the development of PDSA cycles, progress to date has seen positive changes in STI screening rates in young people attending general practice. A shared focus of the project is for sustainable change in increasing STI screening rates for not only young women but young men as well in the age cohort of 15–29 years.

Through implementing the PDSA cycles in sexual health, Hunter Medicare Local and its key partners are supporting practitioners and their teams to implement sustainable changes increasing STI screening rates and ultimately decreasing STI transmission in young people.