Sandyford
Sexual Health Services for Greater Glasgow & Clyde

NHS Greater Glasgow and Clyde

INTRODUCTION TO CLINICAL WORK AT SANDYFORD

Individuals will have different work patterns as agreed with your line manager or Educational/Clinical Supervisor. This document focusses on working in the Urgent Care/nurse return clinics at Sandyford Central. Much of the advice is relevant to all clinical areas but if you are covering other areas in your job plan, you should clarify what induction arrangements have been made for that clinic. You will be given a monthly rota, but sometimes changes to your work schedule will be necessary depending on the needs of the service. This induction document is designed to be used in conjunction with your induction checklist.

Section 1 - WORKING IN URGENT CARE

The huddle takes place at 8.30am every morning. Please be on time for this. Room allocations for the day and service updates will be provided by senior medical and nursing staff at this.

There is a floor nurse who will oversee the running of the clinic, including the prioritisation of clients. They will usually be in ground floor staff base. There is both an SRH and GUM 'Doctor of the day' who provide senior medical support for the clinic from 8.30am – 4.30pm. If not available in the clinic, they can be contacted by telephone. If you have any specific training needs, let the floor nurse and/or doctor of the day know so these can be fulfilled if possible.

There is an "Urgent Care Nurse" clinic and an "Urgent Care Complex" clinic. Please see Appendix 1 for which presentations are seen in each.

Client information sheets will be added to the "Urgent Care" baskets in staff base when they have arrived and are ready to be seen. Review clients in the order they appear in the basket unless otherwise directed by the floor nurse. If your skill set does not match the likely needs of the client, please discuss that with the floor nurse. **Once you have collected the client's paperwork**, mark the patient as "In consultation" on NASH. You may wish to briefly read the clients notes before calling them in.

Call the client from the waiting room by first name (or whatever the client has indicated as their preference). Introduce yourself by name and role, and confirm their identity with first name, surname and date of birth once out of the waiting room. If you have a student or

observer present, ensure you seek the client's permission before entering the consultation room.

If the client is transgender, then ask what pronouns they prefer you to address them with.

Section 2.1 - TAKING A HISTORY

- You will learn how to take a sexual history from colleagues during your induction period. eLFH modules are also available (Appendix 6). A non-judgemental approach is paramount.
- If a client is attending with a partner or friend you should explain that you will see the client alone, at least at first, other than in exceptional circumstances.
- Clients should be made aware that our history taking may involve sensitive issues and reminded of our confidentiality policy.
- Prior to bringing a student or observer into the room seek explicit permission from the client to have them present during the consultation and/or examination.
- If required, additional clinical information such as medication and previous results can be found on Clinical Portal with patient consent.
- Routine enquiry around gender-based violence should be updated regularly
- Consider opportunistic testing and vaccinations for at risk groups or those who may struggle to attend mainstream services
- Individuals who have been holding urine for some time may appreciate being examined and tested early in the consultation and a more detailed discussion deferred until after they have provided a urine sample.

Section 2.2 - INTIMATE EXAMINATION

- Provide an explanation of why the examination is advised and the nature of the examination.
- Explicit verbal consent must be obtained and documented.
- A chaperone must be offered and documented for all clients. This applies whether or not you are the same gender as the client. Clients may decline a chaperone. If you don't want to go ahead without a chaperone present but the client has said no to having one, you must explain clearly why you want a chaperone present. In this case, you may wish to consider asking a colleague to see the client. Discussion about chaperones and their details should be documented in clinical notes.
- The examination must take place in a closed room, in a curtained-off area, without interruptions.

- Patients should be able to undress in privacy and be provided with a sheet of hygiene paper bed roll as a cover for the relevant part of the body.
- After the examination, the patient should be allowed privacy to dress before discussing the examination findings.

Section 2.3 - SENDING INVESTIGATIONS

The need for an up to date comprehensive sexual health screen, including HIV, should be considered for all clients. If any of the tests are offered but declined by the client, the reason should be documented in the notes.

The types of investigations commonly sent are as follows. Be sure to familiarise yourself with these and how to take them during your induction.

- Nucleic acid amplification tests (NAAT) for Chlamydia (CT) and Gonorrhea (GC)
    - See the Gonorrhoea protocol for further tests (e.g. SpeeDx) done on these samples by the lab and how to interpret them
- Gonorrhoea Culture
- Syphilis and HIV serology (in a 9mL EDTA purple top bottle)
- Direct microscopy or urethral or vaginal swabs

Other tests done in specific circumstances are:

- Mycoplasma Genitalium (same NAAT sample as CT/GC)
- Viral PCR test for HSV/syphilis
- Hepatitis serology (9mL EDTA)
- Biochemistry e.g. U+Es, LFT, CRP, uPCR (yellow-top bottle for serology, and white topped container for urine)
- Haematology (4mL/small EDTA)
- Sabouraud Culture
- Point of Care Tests (POCT) for HIV and syphilis
- Pregnancy tests
- Smear tests

When sending samples you are responsible for:

- Printing client labels from NaSH (label printers are in all clinic rooms) with anonymised client NaSH number (starts with AN) and DOB.

  - No identifiable details (other than DOB) including CHI numbers should be on the label unless specifically indicated and client permission given. Only use the CHI number if you are sending tests that may need to be viewed by other practitioners (e.g. a FBC on someone you want to admit), for pathology specimens and abortion care patients.
- Checking they are for the correct client.
- Ensuring that all specimens **and** request forms are labelled and completed correctly.
- Inputting ordered investigations onto NaSH
- Providing a way of the patient getting the result (see "follow up" section below)

Section 3 - TESTS FOR COMMON CLINICAL PRESENTATIONS AND PATIENT GROUPS

The following have been categorised into cis-gender (those identifying as the gender they were born as) groups. There is a specific section on caring for transgender clients.

There is a list of eLFH modules we suggest you complete before or within two weeks of starting at Sandyford (Appendix 6). These cover the common presentations you will be seeing at Sandyford.

Confirmed STIs

In addition to eLFH modules, please see relevant protocols for treatment of confirmed STIs and presenting conditions. These can be found on the Sandyford Intranet Teamsite (shortcut on all Sandyford computer desktops) or on the Sandyford website (in the "Professionals" section). You will usually be allocated time at the start of your placement to review these. A suggested selection to start with are as follows:

- NGU
- Vaginal discharge
- Abnormal vaginal bleeding
- Pelvic pain in women
- Epididymo-orchitis
- PEPSE
- BV
- Candidiasis
- Anogenital herpes
- Chlamydia
- Gonorrhoea

Contacts of STIs

Sexual contacts of STIs will usually require updated testing +/- epidemiological treatment. See the relevant protocol on each infection for epidemiological treatments. Contacts of gonorrhea being treated epimediologically may need additional sites tested for NAAT and culture depending on the site of sexual contact. Those with symptoms should be managed based on these symptoms as a first step. For those out-with the testing window period and no symptoms, asymptomatic testing may be all that is indicated.

Asymptomatic Men seeking STI testing

1. First pass urine for chlamydia (CT) and gonorrhoea (GC) in a NAAT container (orange top). Pipette the urine from universal container into NAAT vial, filling up to half way in the square window. Ensure that the square window on any NAAT vial containing urine is not obscured by placement of the label.
2. Additional sites for NAAT testing as history indicates (e.g. sex with men, sex overseas): throat and/or blind swab for rectal Ct/GC NAAT. Sampling instructions for patients can be found at https://www.sandyford.scot/sexual-health-services/testing/
3. Blood sample in a 9ml EDTA (purple top) tube for syphilis and HIV (if they opt out the reason should be documented) and Hepatitis B/C markers if indicated.

Symptomatic Men

1. Symptoms of urethritis: e.g. urethral discomfort, discharge or dysuria, with or without testicular pain

   - urethral swab for gram stain and GC culture, which should be done **prior to voiding urine**∗.
     - Use a plastic loop (with a drop of saline if the meatus is dry). If there is visible discharge coming from the meatus, take this without inserting the loop. Otherwise insert the loop or swab ~1cm into the urethra.
     - Wipe some of the sample onto a microscope slide
       - Once examination is complete, leave to dry on a hot plate in the prep room.
     - With the same loop, **inoculate one lateral third** of a culture plate

- investigations as above for asymptomatic men
- Mycoplasma genitalium testing is also indicated in certain situations – see the relevant protocol for details

∗**If the client has passed urine within the last 2 hours, sensitivity of these tests may be reduced.** Discuss with the client and offer either to do the test now and accept possible reduced sensitivity or wait for up to 2 hours if time allows.

2. Symptoms proctitis (e.g. rectal pain, rectal discharge):
   - Refer to the most recent MPox SOP.

   - investigations as above for asymptomatic men PLUS
   - Proctoscopy should be performed **by those who are appropriately trained**
   - Rectal gram stain samples for microscopy should be taken during proctoscopy. If patient declines proctoscopy these can be obtained blind but this yields lower sensitivity.
   - GC culture, NAAT testing and a sample for HSV/syphilis PCR (viral medium) are also recommended.

3. Testicular pain without symptoms of urethritis

   - once examined, if epididymo-orchitis is felt to be clinically likely, clients should additionally have investigations as per those with urethritis symptoms
   - investigations as above for asymptomatic men

Asymptomatic Women

- Self-taken vulvovaginal swab for combined CT/GC NAAT.
- Blood sample in a 9ml EDTA (purple top) tube for syphilis and HIV (unless they opt out, in which case the reason should be documented) and hepatitis B/C markers if indicated

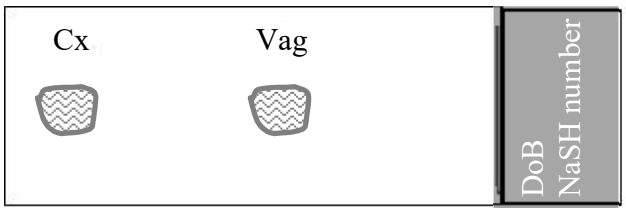
Symptomatic Women

Unless they decline, most women with symptoms will require speculum and/or bimanual pelvic examination. **Use eLFH and your induction to familiarise yourself with how to do this.** Please also refer to Vaginal Discharge and Pelvic Pain in Women protocols.

1. Women with symptoms of discharge will require:

   - pH of secretions from lateral vaginal wall
   - Two slides for direct microscopy (one wet prep/wet mount, one gram stain) with NaSH and DOB written in pencil on the slide label
     i. Wet mount of posterior vaginal fluid: Add a drop of saline (A) to the slide (B). Using a plastic loop, take a sample of discharge (C) form the posterior/lateral fornices and put onto the saline. Put a cover slip (D) on top of the saline/sample. Do NOT put this sample on the hotplate

ii. Using a second dry slide (no saline): specimen of discharge from lateral vaginal wall and endocervix (Cx) using the plastic loop laid out thus (endocervix sample at the top of the slide, vaginal in the middle), and placed on hotplate:



   - Endocervical specimen for GC culture using plastic loop (you can directly inoculate this using the loop used for your dry slide)

2. Women with acute pelvic pain with or without change in discharge
    - Pregnancy must be excluded
    - Urinalysis
    - As per vaginal discharge investigations PLUS
    - Bimanual examination

There is no optimal order in which to take cervical samples from women, especially when cytology is required. The clinician must determine the test with highest priority. Consider deferring cytology if the endocervical swabs have caused bleeding, there is profuse discharge or menstrual bleeding

A Sabouraud plate may be indicated if there is a history of recurrent thrush. Discuss this with a senior if you are not sure. You must record on the request form that you wish "SAB PLATE FOR SPECIATION" or the sample will only be tested for the presence or otherwise of Candida.

Trans and non-binary clients

See BASHH guidance for trans and non-binary people attending sexual health service.

General advice:

- Ask clients how they identify their gender and what pronouns they use.
- Not all trans clients have had genital surgery or hormonal treatments - if discussing this, ask clients their preferred language when talking about their genitals. Avoid assumptions about their anatomy and how they have sex.
- Take tests as per sexual practices and risk. For trans-women with vaginas, a vaginal swab AND urine NAAT are recommended.
- Work within your competence, ask for support from senior colleagues or those working within the gender service if required.

Sexual assault

Clients of any gender may access care through Archway Sexual Assault Referral Centre (SARC) but some may instead opt to access care through Urgent Care. Site of samples and how these samples are handled may be different for sexual assaults – please refer to specific protocol for more information.

Tests done out with Sandyford

It is the clinician's responsibility to verify the results of these where possible. Clinical Portal can be checked (with client's consent) and gives results for tests taken by GPs or in hospital for NHSGGC residents. Regional Portal gives access to results across West and North of Scotland. Chlamydia/Gonorrhoea tests are in the Virology section in GGC Portal. Definite positive tests (e.g. Chlamydia trachomatis by NAAT) need not be repeated but extra testing may be indicated for certain circumstances such as culture-sensitivity testing of GC NAAT positive cases, or TV tests in women prior to treatment.
Many people will now also use online providers – if this is via Sandyford (e.g. SH24). Other providers are best discussed with a senior.

Vaccinations

Vaccination clinics are paused during COVID, but we continue to offer opportunistic vaccinations to clients. See Appendix 2 for more information on this.

Section 4 - MICROSCOPY

The Biomedical scientist (BMS) will read the slide and issue an immediate result into the NaSH record. You do not need go to the laboratory yourself to get this result processed, but feel free to discuss interesting cases and ask if you can look at controversial slides yourself.
For routine cases, if there are patients waiting to be seen, place the client information sheet in the 'microscopy' basket at staff base while samples are being reviewed and the floor nurse notified - the result can then be communicated to the patient by someone else. **This allows you to move on to the next patient to be seen.**

Important points:

- Emphasise that immediate microscopy gives a *provisional* result and that a confirmed diagnosis will follow where possible. It is best to avoid sex until results are available where there is any concern.
- '+ WBC' (1-5 WBCs/hpf) in a male urethral specimen is a normal finding.
- ++ or more in a urethral specimen treat as NGU and send test for Mgen and put the urine naat in box C and enter the Mgen test into the clinical details box on the naat form.
- BV or yeasts in a vaginal Gram stain do not usually require treatment if asymptomatic

Section 5 - PrEP

You are likely to be asked to work in the PrEP service at Sandyford. You can expect specific induction and a period of supervision if you will be covering this clinic.

Section 6.1 - FOLLOW-UP

It is important that a follow up plan and how clients will get results is clearly communicated to the client and documented in the clinical notes. Check preferred contact details and permissions before the client leaves the clinic.
Clients can access most results by phoning the *automated telephone results* line. Give all patients tested a green results card with their clinic number on it and ask them to follow the instructions. This service clearly states if tests are awaited.

Booked follow-up appointments in urgent care are rarely indicated – if you think this is required discuss with the floor nurse or a senior clinician to see if there is an alternative.

It is not always possible to manage all aspects of a person's care in one appointment. Use Urgent Care appointments to deal with the most pressing issue(s) and use relevant follow-up mechanisms for less pressing issues.

Follow up of vulnerable adults and young people and those with learning disabilities can be arranged with the appropriate Inclusion Teams, via an internal referral.

People attending after sexual assault will often have follow-up already in place.

Where appropriate, encourage patients to read relevant patient information leaflets (PILs). These can be texted to the patient via the SMS facility on NaSH Special Forms. A list of all relevant PILs can be found on the Sandyford Teamsite, in Shared documents.

Section 6.2 - GP LETTERS AND REFERRALS

Referral letters from GPs and other specialties into Sandyford are scanned into NaSH under the media items section.

Doctors are encouraged to write to GPs or other colleagues where this would be helpful for the ongoing care but only if the patient has consented to this.

If a referral to acute services is required, a letter is dictated (see IT to have this set up) and the secretaries will send referral via SCI Gateway. Referrals should be copied to the GP if consent is given. Please discuss any referrals with a senior staff member.

Section 7 - CRITICAL INCIDENT REPORTING AND DATIX FORMS

Things go wrong from time to time in a busy service. The department has a 'no-blame' approach to these events. We encourage all staff to note any error that might have affected patient care, no matter how small, on the Datix system. How to access this will form part of your induction and LearnPro modules.

Remember as Sandyford is a confidential service that client names are not included in Datix reports; rather the unique NaSH number is to be used as the patient identifier.

Appendix 1
Clients to be Prioritised for Urgent Care

HIS Standard Priority Conditions

If identified at initial triage, clients in these groups or with these presentations can be booked into the urgent care clinic to allow early initial assessment, but may be booked to an appointment elsewhere in some situations, where the presentation is not time-sensitive. Please note that many of these clients can now be managed virtually. Every effort should be made to offer people from these client groups flexibility of service access.

- Individuals with symptoms suggestive of an acute sexually transmitted infection (e.g. genital pain, new anogenital ulceration, anogenital discharge or systemic symptoms suggestive of a sexually transmitted infection or HIV seroconversion)
- Individuals who have been diagnosed with an acute sexually transmitted infection
- Individuals who have had sexual contact with a person known to have been diagnosed with an acute sexually transmitted infection (if cannot be managed virtually)
- Requests for emergency contraception
- Women who have run out of hormonal contraceptive supplies or who are late for a contraceptive injection who cannot access via primary care or pharmacy
- Recent sexual assault, unless accessing a Sexual Assault Referral Centre
- Individuals aged less than 16 years, unless accessing the Young Persons clinic
- Recent HIV or hepatitis B exposure, without appropriate protection

Additional Sandyford Priority Groups

- Young people under the age of 18 and those from aged 18-21 who are care leavers (when that is known)
- People living with disabilities including physical and learning disabilities
- People who would struggle to access services due to cultural or language barriers or because they are seeking asylum
- People living with alcohol/drug addictions
- People living with mental health problems that limit their access to care
- People experiencing gender-based violence
- People involved in sex work

SC Urgent Care Nurse clinic eligibility criteria

- Males with penile discharge/dysuria
- Asymptomatic clients who are contact of infection (GC and syphilis) AND need IM injection
- Females with significant post-coital or intermenstrual bleeding AND STI risk
- STI requiring IM injection (e.g: Ceftriaxone or 2nd/3rd benzathine)
- PEPSE
- Acute genital ulcers suggestive of HSV
- Oral EC unable to be obtained from community pharmacy
- Lost coil threads with risk of pregnancy
- Vulnerable clients from priority groups (if no specialist YP or SIT appointments available)

The following patients should NOT be booked in to SC UC Nurse:

- Males with testicular pain **(book into SC UC Complex)**
- Males who may require proctoscopy **(book into SC UC Complex)**
- Females with pelvic pain **(book into SC UC Complex)**
- IUD for emergency contraception **(book into SC UC Complex)**
- Urgent follow-up vaccination for MSM (not accessing PrEP) and vulnerable clients **(book into SC Nurse)**
    - These appointments are only opened up 1 month in advance. Advice patients to phone to book when next vaccination is due.
- Coil removal **(book into SC Nurse)**
- Injectable contraception **(book into SC Nurse)**

Appendix 2
Vaccinations during COVID

Due to staff shortages and service pressures during the COVID-19 pandemic, Sandyford have made some changes to vaccination programmes provided at Sandyford.

HPV Vaccinations:

Commencing routine HPV vaccination schedules should be deferred until service pressures resolve, unless attending for another reason. Those attending the service for another reason, can have HPV vaccination schedules given opportunistically (if appointment type and staffing allows). **HPV vaccination schedules do not need restarted in those who have had their doses delayed, regardless of time since most recent dose.**

Hepatitis B Vaccinations:

Those requiring time-dependent or urgent Hepatitis B vaccinations should have these ASAP as per recommended schedule. If appointment dates allow, these can be given opportunistically in clinics with trained staff. Otherwise additional appointments can be made to complete these as per schedule. The most frequent indications for this are:
 those known to have been recently exposed to a sexual partner with positive HBsAg
 ongoing sexual exposure to a partner with positive HBsAg
 people who have been sexually assaulted

The following priority groups should continue to have (first or continuation dose) hepatitis B vaccination opportunistically, but do not need to have dedicated appointments made to complete these:
 men who have sex with men (give in conjunction with hepatitis A if not already vaccinated)
 people who have been sexually assaulted
 commercial sex workers
 people who inject drugs
 Those resident or those having sex with those resident in areas with indeterminate or higher prevalence of Hepatitis B (>2%)
 Sexual partners of people at high risk of HBV infection including people having transactional sex

HBV vaccination schedules do not need restarted in those who have had their doses delayed, regardless of time since most recent dose

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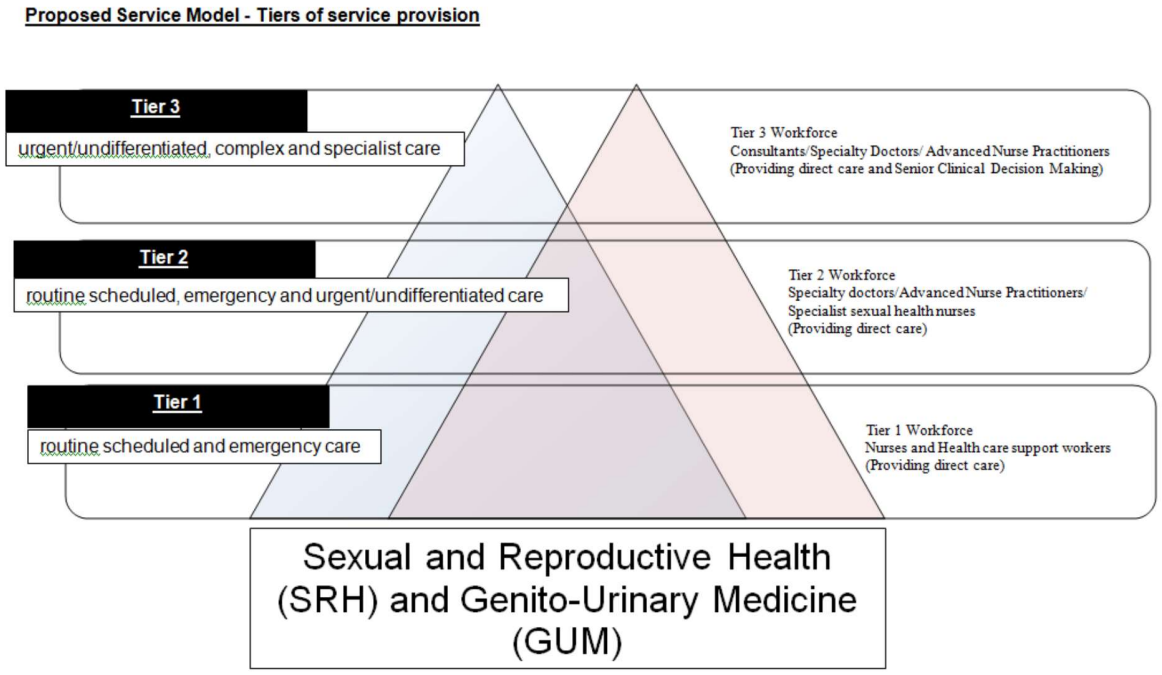
Appendix 3
Proposed Sandyford Service Model

Sandyford has recently undergone service review, and will operate under the proposed model below once implemented.



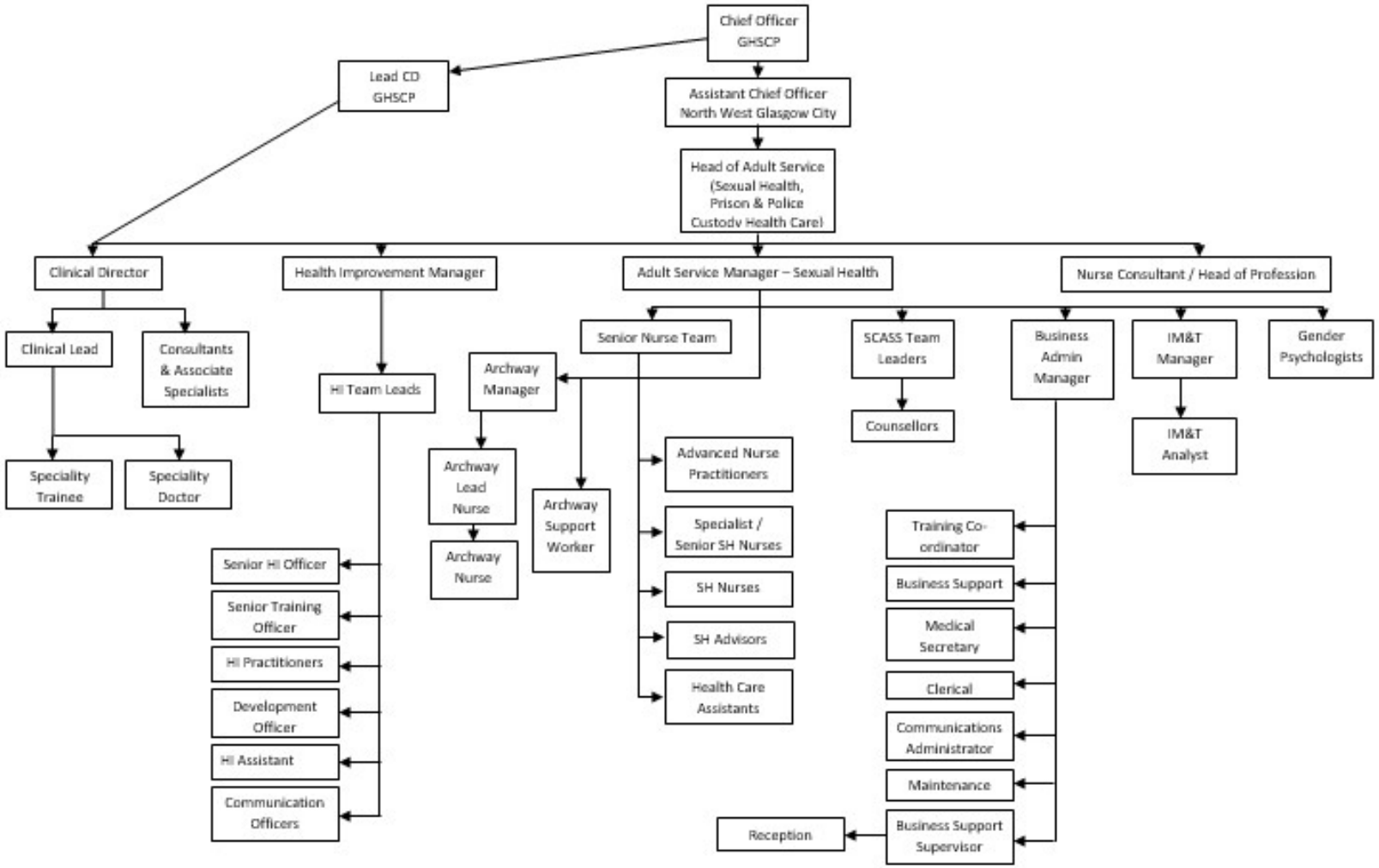
Tier 3 Sandyford Central
A central specialist service (currently located on Sandyford Place) where the Medical staff will be based and deal with complex Urgent Care issues as well as specialist GUM and SRH. The Specialist services will run from here also including SRP, Vasectomy, TOPAR and Gender. Although this will be the base for all the medics significant nurse support will also be based here.

Tier 2 Connects
4 Connect services which will be open 5 days per week and be nurse led. These Clinics are proposed to be based in the Northwest, East, South and Renfrewshire. These services will offer Urgent Care facilities, able to treat symptomatic patients as well as offering booked clinics for Contraception and routine issues. There will also be specialist Young People clinics based at these sites.

Tier 1 Services

Between 6 and 9 local services which will operate 2 days per week offering appointments for Contraception as well as Sexual health tests/ advice and Test Express service. These sites are proposed to be Greenock, West Dunbartonshire (1 Site), East Renfrewshire and East Dunbartonshire with others to be determined.

Appendix 4 - Sandyford Management Team



Appendix 5

Sandyford Sexual Health Minimum Data Set

Note:
This defines the expected minimum history taking for clinical sexual health services, excluding counselling and operative list work such as vasectomy. Additional items may be indicated by clinical history and setting. It is often not necessary to complete all the data set if someone has already done this during triage or if the client has very recently attended the service.

(Please see next 2 pages)

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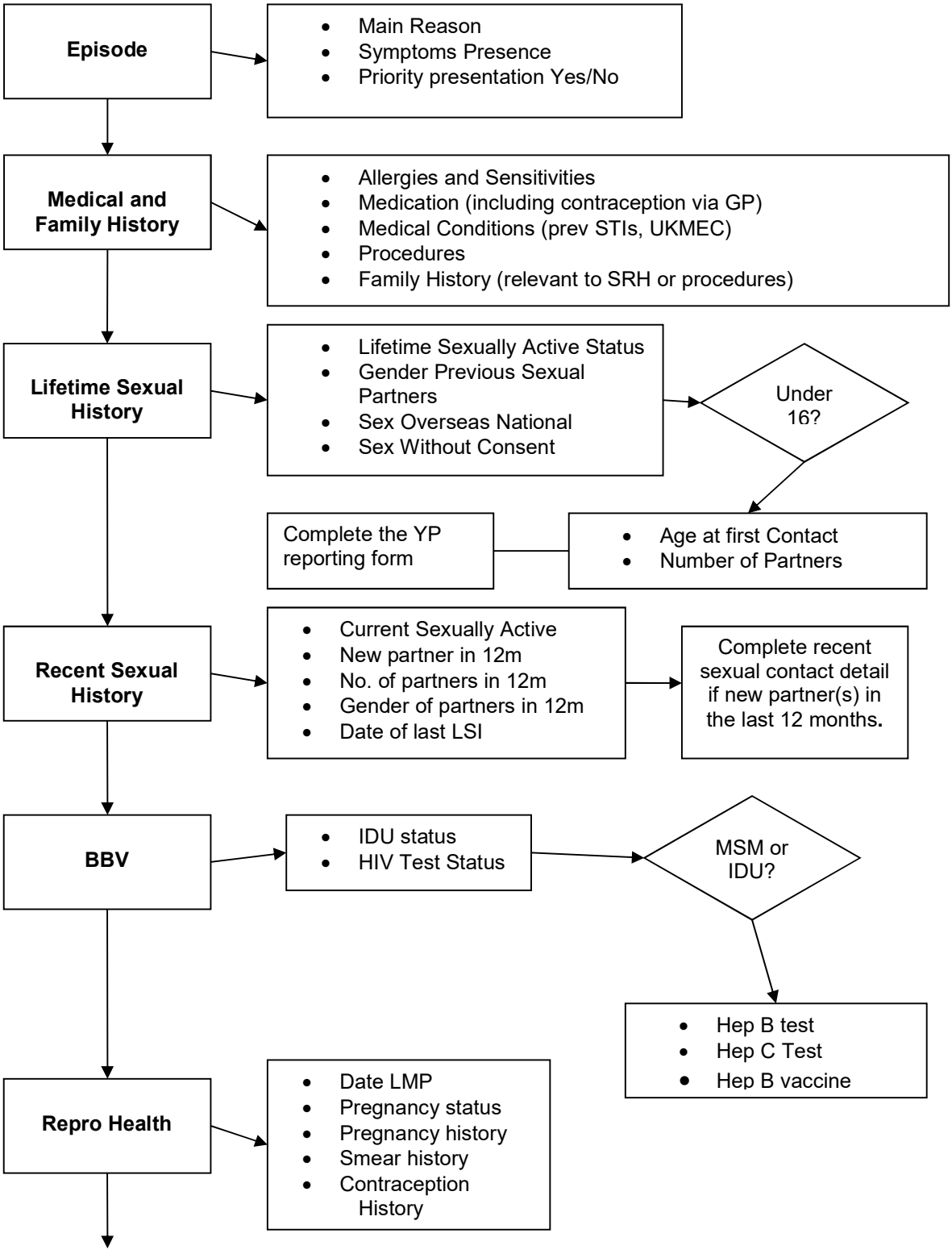

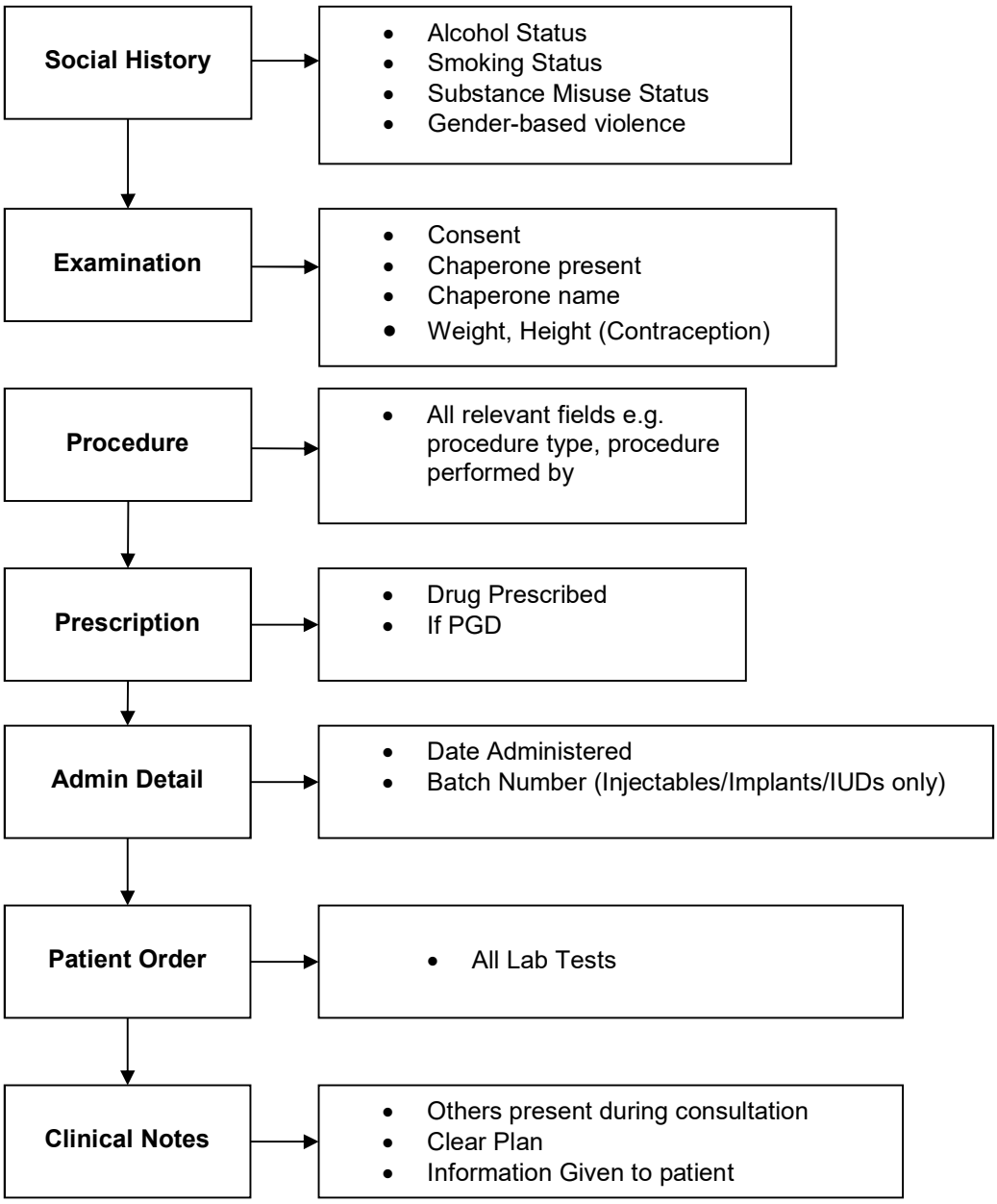
Social History
Alcohol Status
Smoking Status
Substance Misuse Status
Gender-based violence
Examination
Consent
Chaperone present
Chaperone name
Weight, Height (Contraception)
Procedure
All relevant fields e.g. procedure type, procedure performed by
Prescription
Drug Prescribed
If PGD
Admin Detail
Date Administered
Batch Number (Injectables/Implants/IUDs only)
Patient Order
All Lab Tests
Clinical Notes
Others present during consultation
Clear Plan
Information Given to patient

Appendix 6 – Recommended e-LFH modules

HIV and STs

01_02	Sexual History
01_08	Male genital examination
01_09	Female genital examination
01_11	Clinical signs in GU medicine
03_01	Male urethritis: diagnosis and management
03_07	Epididymitis
03_10	PID: overview
04_01	Genital ulceration: causes and investigations
04_02	Early infectious syphilis
04_09	Initial and recurrent episode HSV
10_01	Vaginal discharge
11_01	HIV testing
11_02	Screening asymptomatic patients
11_06	PEPSE
11_07	PrEP

e-SRH

3	Contraceptive choices
4	Emergency contraception
5	Contraception- managing side effects & complications
11	Adult & Young People Safeguarding