

## TAKING THE SERVICE TO THE YOUNG PEOPLE

A Study and Analysis of a Clinic specifically set up for the provision of HPV vaccination in Darlington College.

### INTRODUCTION

In July 2007, an enquiry was made to Darlington PCT by Denmark Street Surgery for help in setting up a Family Planning Clinic in an area of town where there was no such provision.

Simultaneously there had been movement within the Teenage Pregnancy Strategy to provide some kind of Sexual Health Care within Darlington College of Technology.

We therefore seized this opportunity to amalgamate ideas and make plans which could make a difference to the Health of Young People at the College.

A weekly clinic, supplying not only Sexual Health (Full range of contraceptive methods, Pregnancy tests, Chlamydia screening, Condom distribution, Swab and Blood tests) but also General Health (Weight, Gender, Abuse, Smoking, Alcohol-related, Pregnancy, Urinary infection and Post-traumatic Stress Issues.... to mention a few!) was incredibly set up within 8 weeks at the college.

It has proved to be increasingly popular with the Students (and accepted by them from the very start) and Service User Experience questionnaires have given extremely positive feedback reinforcing our beliefs.

Often very challenging, the workload spiralled out of the expected numbers over the last two years.

It is recognised that Young People of today have often very different beliefs, attitudes and expectations to those most of 'us' had in our teenage years. They require different ways now of accessing Health Services. It is time for revamping our current clinics for the provision of Sexual Health and Contraception.

The General Clinic is recognised locally to be 'Years before its time' and we are very lucky in Darlington College to have such a provision and opportunity.

We have achieved Gold Standard Awards each year in Chlamydia Screening at the clinic and also have been nominated for a Genesis Award.

## IDENTIFYING THE NEED

A need for the provision of the Cervical Cancer Vaccination was observed at the weekly clinic at Darlington College from January 2009.

Many girls accessed our service for the first time, purely to request the HPV vaccine.

Most students were neither aware of the vaccine's purpose nor of how to obtain the immunisation.

Even fewer knew that three separate injections were required.

They reported that they were unable to attend their own G.P.'s Surgeries during the week.

Many admitted that they wanted to enter the programme, whatever disease the vaccine protected against, in light of the media coverage of a popular reality television star's illness and later, death.

This meant a considerable amount of time had to be spent on Education and Awareness before starting the vaccine programme.

Approximately 700 female students were reported to be attending Darlington College at the end of February 2009.

Exactly how many of these girls had already accessed the immunisation from their own Doctor's Surgery was unknown.

From mid-January, letters had been sent to girls aged 17-18yrs from their G.P. inviting them to attend for the vaccine programme as per the Regional Protocol.

The uptake was reported to be poor, less than 40% in the first months in some areas, despite reminder letters being sent after 4 weeks.

## FUNDING

Money had been made available to the College from the PCT in February 2009 for the promotion of Sexual Health in Educational Establishments and primarily to raise awareness of the HPV vaccination.

We felt that it would be a very positive example of a Public Health Promotion, highlighting potential collaboration opportunities, between many previously disparate Partners, to set up a clinic specifically for administration of the vaccine over the 8 weeks prior to the end of Summer- term.

## THE TEAM

The Clinic would be run by a Doctor and Nurse, but other Health Professionals were invited and given the opportunity to be involved and further their work.

As such, the Organisation had to be of 'Military Precision' as there were only 9 weeks left before the College closed.

In the weeks prior to the first session, contact was made with the G.U.M. and Chlamydia Services in Darlington, inviting attendance to support the clinic and heighten awareness of both of their services within the College.

Our smoking cessation colleague was asked to attend. We also requested the help and enthusiasm of our Sexual Health Workers who normally try to attend our Friday morning Clinic in the building.

## AIM

The aim was to offer vaccination to at least 40% of the female students in the 14-18yr (incl.) age group.

Therefore 70 appointments were made available in each of the 4.5 hour sessions, although later this number had to be extended in four of the eight clinics due to demand. Students were encouraged to use the appointment, rather than walk-in system, to avoid any administrative burden and lessen waiting times.

The College organised publicity through a power point display in the reception area of the college and tutors were emailed to promote the vaccine and clinic. A ground floor room was allocated as clinical area, which provided easy access from the desk in the foyer where the girls were greeted and supported by our team members. The vaccines were ordered through the Public Health Department.

## DOCUMENTATION

A form was devised which clearly showed the date of vaccination, client's name/address/date of birth/contact details where possible and G.P.'s Surgery.

The vaccination details included batch number, injection site and expiry date.

Each vaccine given to any individual was recorded on the same document. Extra information for analysis was recorded, including main contraceptive method (if applicable), smoking history and whether or not a Chlamydia test had previously been taken.

The girls were happy to provide this information and 100% of forms were filled in completely.... Surely a miracle and a reflection on the Clinic and the positive attitudes and respect felt between the Clients and Clinic Staff. (Even such detail as that one girl had not yet registered with a G.P. having recently moved to the area)

This data was forwarded to the appropriate G.P. Surgery as soon as possible in order that patient records could be updated and re-calls could be organised as was necessary for future vaccines.

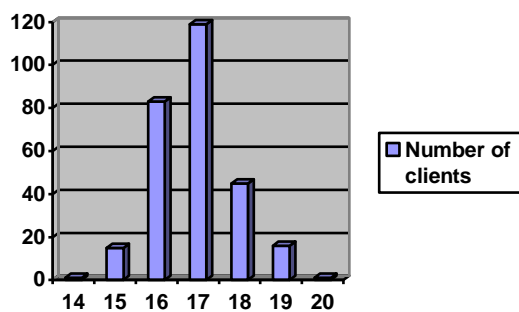
Any extra detail for the G.P. was handwritten by the Clinic Doctor to highlight that further action was necessary. For example, smoking cessation or need for encouraging contraception.

## THE CLIENTS

### AGE

The age range of 14-18yrs inclusive (See GRAPH 1) was adhered to unless there were exceptional circumstances.

For example, in 'travelling' communities, or if there was a history of cervical cancer in a first degree relative. Those girls under 16yrs were assessed to be Fraser competent and verbal consent was obtained from them and recorded on their G.P report.



Client age(yrs)	14	15	16	17	18	19	20
Total number	1	15	83	119	45	16	1
% of Total	0.4	5.4	29.6	42.5	16	5.7	0.4

GRAPH 1

## ATTENDANCE

We made contact with 280 girls in total and therefore hoped to administer 560 vaccines. However once data had been altered to take into account those girls (24) who only required one vaccine from our Clinic (See TABLE 1), a total of 536 vaccinations were possible.

Reason for one vaccine	Action taken
Pregnancy after 1 <sup>st</sup> vaccine (2)	Referred to G.P. for 2 <sup>nd</sup> and 3 <sup>rd</sup> vaccinations after delivery. G.P. informed.
'Travellers' (2)	Written and verbal information given as to when and where to get 2 <sup>nd</sup> and 3 <sup>rd</sup> vaccines.
1 <sup>st</sup> vaccine at G.P. Surgery (5)	Client found it easier to have 2 <sup>nd</sup> vaccine at College. G.P. informed.
Attended for 1st vaccine late in term (15)	Details of 1 <sup>st</sup> vaccine sent to G.P. with reminder that 2 <sup>nd</sup> and 3 <sup>rd</sup> still require recall. Letter to client as to when and how to obtain 2 <sup>nd</sup> and 3 <sup>rd</sup> vaccinations.

TABLE 1

Only 26 of these appointments were unattended. This gives a DNA rate of 4.8% which is a very positive enforcement that a service can be successful when taken to the Young People in a location such as the College.

The figures are particularly interesting when compared to such a low uptake in the General Practice setting.

## FOLLOW-UP

After the first vaccination, each student received an appointment card with a follow-up date and time for the second vaccine at the College.

After the second vaccine, four weeks later, the girls were given information as to when and where to obtain the third vaccine. (G.P. Surgery or at the College if a second vaccination promotion is organised, in five months)

Computer systems at the G.P. Surgeries will initiate recall notification in due course to the clients for follow up vaccines once our data had been entered.

When a Vaccine Clinic appointment was missed, a text reminder or telephone call was done and this resulted in a positive response (74%) to another attendance. (See FIGURE 1)

It has therefore been shown that text/phone-call reminders to Young People can be extremely effective. Mobile phone numbers should be updated at each contact.

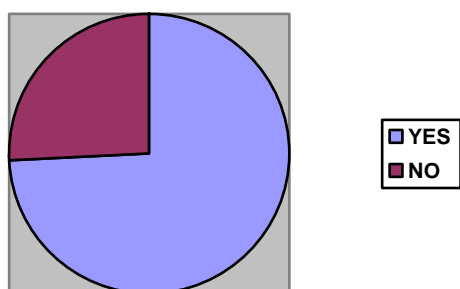


FIGURE 1

Of the 26 non-attendees, 12 did not have a working mobile phone number, or our DNA rate could have been even lower. (1.3%)

To facilitate follow up vaccines at the Doctor's Surgeries, a letter has been sent to all girls who have not attended College for the second vaccine, and to those who have had the vaccination too late in our programme to have the second immunisation whilst the College was still in term-time.

The document sent to G.P.'s also has this information.

## ANALYSIS

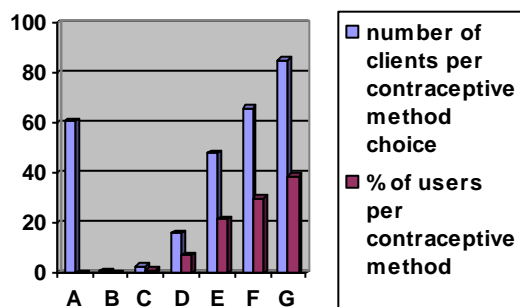
### CONTRACEPTION

A wide range of contraceptive methods was demonstrated. (See GRAPH 2)

Long-acting reversible contraceptives (LARCs) were popular in 23.1%. We have found the sub-dermal contraceptive implant to be the most popular method used in the weekly Young Person's Health Clinic at the College.

Oral contraceptive pills still remain the most popular overall at 30.4%. (Mostly via G.P. surgery) We did not differentiate between the COC and POP pills.

21.8% of our clients were not yet sexually active. Opportunistic signposting to our Friday morning Clinic was done where necessary and sex and relationship education (SRE) observed.



	A	B	C	D	E	F	G
Contraceptive choice	Not s/a	Coil	Patch	Depo	Implant	Condoms	Pill
Total number	61	1	3	16	48	66	85
% per method used	0	0.5	1.4	7.3	21.9	30.1	38.8

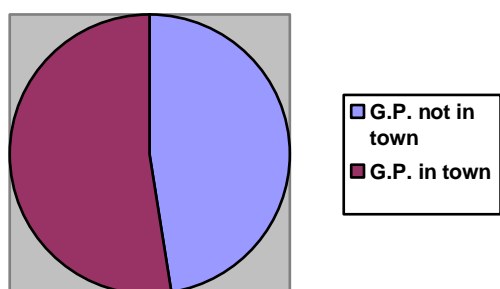
GRAPH 2

#### G.P. IN DARLINGTON

Students travel from many areas out-with Darlington to the College on a daily basis. Our study showed widespread G.P localities.

47.5% of girls were registered at a Surgery out of town which they reported to cause difficulties for access during the working week. (See FIGURE 2)

This may be relevant when considering services for Young People in the future.



G.P. Location	Total number clients	Percentage of total
G.P. not in town	133	47.5
G.P. in town	147	52.5

FIGURE 2

## SMOKING

Unfortunately we discovered a high rate of smokers in our young ladies.

46.4% of clients admitted to smoking, with a low rate (8%) wishing smoking cessation help.

Although no member of the Smoking Cessation Team was able to attend our Vaccine Clinics to support and encourage such essential lifestyle change, we were able to pass the names of students who did request help to our Friday clinic services representative.

## HEALTH AND SAFETY

A Health and Safety check was carried out by a Senior Clinical Nurse prior to the first Clinic session, in keeping with that done for our Friday Clinic.

Very few of the girls had previously obtained information about the vaccine or what exactly the programme entailed.

Many of them were afraid of needles and immunisations, but came along with their friends, to provide moral support and be supported themselves.

100% of girls entering the clinical room, despite varying degrees of hysteria, left having been successfully vaccinated. Some girls recognised our faces which they found reassuring but the majority had never met with us before their first vaccination.

We have no significant events to report. We had neither to use our examination couch, for 'fainting' episodes, nor any of our resuscitation equipment. (Anaphylaxis pack, Oxygen cylinder)

## CHLAMYDIA

Chlamydia screening was offered in each clinic session at the reception table to all college students.

74 tests were taken over the first two sessions, and approximately 7-10 tests taken at each vaccination clinic after that.



Interestingly, 48% of our clients reported that they had taken a test previously. This is a reflection of the high standard of Sexual Health Services provided at Darlington College.

Impressive data from the Chlamydia Screening Test Sites confirms this observation. (70 tests taken Sept-Dec incl. 2008)

## PREGNANCY TESTING

Opportunistically, over the latter four week sessions, 7 of the attendees asked for a pregnancy test also to be done.

This resulted in one positive test for a client with whom we had no previous contact. She received counselling from the Doctor and was referred to and seen by one of our Sexual Health Workers that day for support and further management.

## SERVICE USER QUESTIONNAIRE

A random 100 girls who attended the clinic were asked about the service provision of vaccination within the college.

100% felt that the clinic was a good idea. (Good/okay/bad/don't know)

100% found it much easier to attend than at their own Doctor's Surgery.  
(Much easier/slightly easier/the same/don't know)

Only 10% reported receiving a letter from their own registered surgery.

There were several answers to our question as to whether the client would eventually have gone to be vaccinated at their G.P.'s Surgery. (See TABLE 2)

Possible answers	Total numbers	Percentage of total
Yes, absolutely!	8	8
Eventually, maybe!	34	34
No!	42	42
Don't know!	16	16

TABLE 2

## CONCLUSION

Our study shows that taking a service to Young People can be very successful if it perceived to be a useful provision by them.

We have more evidence of this from the data we have collected at our Young Person's General and Sexual Health Clinic at Darlington College.

The students in such a 'hotspot' of activities are very receptive and grateful for such a service to have been brought to them in such a user-friendly and accessible way.

In general, they attended on time, apologised if appointments were missed and thanked the team for providing the vaccinations.

Needle phobic girls were treated sensitively and received their vaccines as soon as was possible, which was universally accepted by others in the queue.

It was reported by one student that her friends, who were of the same age, could not access the vaccine easily, as they were at school. Such an inequality of Health Care in Young People could be met by setting up a clinic such as ours in secondary schools or other educational establishments.

Sexual Health Clinics could extend into Secondary Schools and College or Prison settings to provide and encourage the usage of LARCs and Chlamydia testing, which might help to tackle some of the Health Issues recognised in our localities.

I would certainly be happy to provide or help plan such a provision with my colleagues, for such a positive Health Promotion exercise.

Many thanks to all the Team – to those at the College and Public Health Department who helped it to happen, to the Nurses and the Health Advisors from G.U.M. and Chlamydia services and the very enthusiastic Sexual Health Workers, all of whom have been invaluable.

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(G.P. Partner, Denmark Street Surgery, Darlington and Clinic Doctor for the Young People's Health Clinic at Darlington College of Technology) 26.06.09