

# DEVELOPING A SEXUAL HEALTH SERVICE FOR STUDENTS

■ This is a summary: the full paper can be accessed at [nursingtimes.net](http://nursingtimes.net)

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**ABSTRACT** Moore, S. (2007) Developing a sexual health service for students.

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This article identifies aspects of sexual health and related health policy that are particularly relevant to the student population. It focuses on how sexual health provision was developed and improved in a student health centre on a university campus.

Sexual health is an area in which health promotion is essential. NICE (2007) guidance on reducing STIs and unplanned pregnancy advises a proactive approach. In 2002 the Department of Health launched *The National Strategy for Sexual Health and HIV*, which encourages a shift towards management of STIs in primary care in England. The strategy describes three levels of service provision. Level 1 is provided by GPs, level 2 involves a partnership between family planning clinics, GUM clinics and GPs, and level 3 is provided by GUM clinicians in the GUM clinic setting.

In addition to this strategy, a national chlamydia screening programme began in England in 2003.

A literature review was carried out on the subject of sexual health and student health – for details see [nursingtimes.net](http://nursingtimes.net).

## NEED FOR A SEXUAL HEALTH SERVICE

The University of Surrey has a high number of international students, many of whom go from living with their extended family to living independently at university. Information from patients attending the student health service suggests that this often gives them the freedom to form sexual relationships for the first time. This group needs to be reached proactively as they are at risk from STIs and have a higher risk than other age groups of having a termination of pregnancy.

Some overseas students arrive in the UK with pre-existing STIs, including HIV. With testing and screening not always so readily available or accessible in their own countries, they may pass on infection unintentionally due to being unaware that they have any infection. Clearly this poses a risk in transmission and without screening will increase the rates of STIs in the UK – HIV infection is already rising fastest in young heterosexuals (HPA, 2006).

## DEVELOPING THE SERVICE

I took up the post of clinical nurse lead in the student health centre in December 2005. The university campus has over 13,000 students, many of whom are away from home for the first time.

At this time the health centre ran a nurse triage service through which patients would be seen by a member of the nursing team

and given an appointment to see a doctor if necessary. Although the nurses worked under patient group directives, these were limited and, while including emergency contraception, they did not include ongoing contraceptive needs. Condoms were available free from reception to all students.

The health centre did not offer a sexual health service and patients were referred elsewhere for screening. This could mean a delay in screening and treatment or that students did not attend for screening at all. This could, potentially, increase the spread of STIs should students continue to be sexually active while waiting for screening. Despite having two family planning-trained nurses who worked independently at other clinics, there was no family planning clinic on campus and students still had to be seen by a doctor.

## Changing the service

One of the first changes I made was to close an out-of-hours nursing service that was costly to run and under-used. This restructuring enabled improvements to be made to the day-time service. Savings made were used to expand the nursing team.

From my experience, I thought that students would be more likely to attend for screening and treatment if a service was provided on campus. This view was reinforced by attendance at other clinics, such as smoking cessation and weight management clinics, which are run on site.

The first step in developing a sexual health service for the student population was to consult with the local genitourinary consultant. The result of this process was the implementation of an outreach service at the student health centre run by the local genitourinary clinic.

The clinic was set up to provide full sexual health advice, prevention and screening for students who were both symptomatic and asymptomatic. The clinic is staffed by practitioners from both the university and the genitourinary medicine clinic (GUM) and is offered once a week. Eight to ten patients

## IMPLICATIONS FOR PRACTICE

- Practice nurses have an important role to play in providing proactive sexual health advice and have the ability to influence lifestyle and health choices.
- Setting up this kind of specialist GUM service within a student health centre leads to the provision of a holistic and proactive sexual health service for students.

- While the new, innovative service has not yet been audited, its success among students is shown by the demand for appointments for both the GUM and the family planning clinic.
- It is important to offer a male-focused clinic – if men do not present for sexual health screening there is an increased risk of the spread of asymptomatic STIs.



## BACKGROUND

- According to Health Protection Agency figures (2006), there were 790,443 new STI diagnoses in the UK in 2005, a 63% increase on 1996 figures. The UK has the highest rate of STIs in western Europe – especially among young people.
- Department of Health statistics (DH, 2007) show that 193,000 terminations of

pregnancy were performed in England and Wales in 2006.

- Risky behaviour such as unsafe sex is more likely when people are intoxicated. Lowe et al (2004) stated that ‘excess alcohol consumption has been implicated in unsafe sex and the spread of sexually transmitted infections’.

## REFERENCES

**Department of Health** (2007) *Statistical Bulletin: Abortion Statistics, England and Wales: 2006*. London: DH.

**Department of Health** (2002) *The National Strategy for Sexual Health and HIV*. London: DH.

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**Lowe P. et al** (2004) The prevalence of excessive alcohol consumption and the acceptability of brief advice in a sexual health clinic. *Sexually Transmitted Infections*; 80: 5, 416–417.

**NICE** (2007) *One to One Intervention to Reduce the Transmission of Sexually Transmitted Infections (STIs) Including HIV, and To Reduce The Rate of Under-18 Conceptions Especially Among Vulnerable and At Risk Groups*. London: NICE.

can be seen during this clinic time. They are seen by a GUM consultant or, in their absence, a GUM nurse specialist. The GUM staff are supported during clinics by one nurse from the student health centre, which provides an opportunity to learn and develop skills. The clinic is run in the health centre in rooms away from the main area in a quiet and student-friendly setting. At times of higher demand, students can also be seen in the GUM clinic nearby.

The service provided at the university health centre during the outreach GUM clinic is level 2, as outlined in *The National Strategy for Sexual Health and HIV* (DH, 2002). All areas of sexual health and contraception are addressed with clients who present for screening and treatment.

By working in collaboration with the GUM specialist team, the practice nurses in the student health centre continue to develop the skills to offer level 1 screening whenever a client presents through the triage system with a sexual health-related problem. This again improves access for the student population to sexual health services.

The government has also identified chlamydia as a new priority area. The health centre is involved in the Surrey Chlamydia Screening Programme and self-testing kits are available for students.

The key issues outlined above clearly highlight the need for a proactive, easily

accessible sexual health service to be provided at the university health centre. There has not yet been an audit of the service but clinics are fully booked two weeks in advance with many patients still being seen at the local GUM clinic if appointments are not available at the university clinic.

## FURTHER DEVELOPMENTS

I have also worked with contraceptive nurses and doctors to develop patient group directives in order for them to offer a family planning clinic. A nurse prescriber has been trained in contraception and a walk-in family planning clinic was developed and is now held every Monday. In the first year of the service the clinic has seen 1,050 patients, 514 more than the previous year.

The student health centre now runs a travel health clinic, which is busy all year round. The clinic is used by students who travel abroad as tourists and on study placements, and by international students travelling home to visit family and friends.

I noticed that men are less likely to attend the health centre for assessment and treatment and usually only attend when they are unwell. This is an area of the service that needs to be developed. When women attend the family planning clinic it provides an opportunity for both the patient and the nurse to discuss all aspects of sexual health. However, there is no specific service on offer in the student health centre in which men are offered the same proactive approach to sexual health.

By providing a male-focused health clinic at the university the team would be able to take a proactive approach to addressing men’s health issues. It is well known that men are reluctant to attend health centres and I am keen to take the following different

approaches to encourage them to attend:

- Offering a weekly clinic for ‘Well Men’ checks;
- Updating the health centre website with a men’s health page;
- Writing a feature article on men’s health for the student newspaper twice a year.

## CONCLUSION

Changes to the service in the student health centre have led to the provision of a holistic and proactive sexual health service. The service uses the expertise of a local GUM clinic to provide level 2 sexual health provision in the primary care setting. It aims to provide advice, screening and treatment for both STIs and unplanned pregnancies.

It takes into account all factors that impact on the spread of STIs and associated health problems, such as cultural beliefs, overseas travel and alcohol use linked to risky behaviour. A key aim in developing the service is to formalise a training programme for university nursing staff, setting out key objectives and learning outcomes. There is also a need to expand the current service. Formalising a training programme for the health centre staff would enable them to make better use of opportunistic screening. ■

● For the full version of this paper, including background to implementation of the project and full reference list, log on to [nursingtimes.net](http://nursingtimes.net), click NT Clinical and Archive and then Clinical Extra