

**Digital solutions transform
UK sexual health services:
innovative solutions for
new challenges**

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Introduction

Sexual health is an important part of physical and mental health, as well as ensuring emotional and social well-being.

The UK has a strong track record in the provision of services for contraception, sexually transmitted infections (STI) testing and treatment, HIV care, and support for teenage parents. But sexual health services are now facing the dual challenges of a rise in demand and significant cutbacks in public health funding.

This paper looks at recent developments affecting sexual and reproductive healthcare services, and explains how technology can help them respond to the new challenges.

The state of sexual health: changes and challenges

Sexually transmitted diseases go back a long way. Syphilis first became widely reported in Europe during the late fifteenth century, while gonorrhoea as a disease was first described about 3,500 years ago. With the development of antibiotics in the 1940s, the rates of sexually transmitted diseases fell dramatically. More recently, new drugs have revolutionised the treatment of people living with HIV, and PrEP (pre-exposure prophylaxis) has dramatically reduced the risk of contracting the virus after exposure.

At the same time, the modern birth control movement, which began in the late 19th century, has made great progress, reducing the incidence of maternal mortality and morbidity. Improved access to contraception and developments in sexual and reproductive health education in schools have addressed the issue of teenage pregnancies, although the under-18 conception rate in the UK remains higher than that of comparable European countries.

Today, sexual health services are facing new challenges. Worldwide, the instances of STIs are rising. In the UK, rates of STIs have been climbing during the past decade. Figures from [Public Health England](#) show that the number of gonorrhoea diagnoses in 2022 was the largest annual number reported since records began, while the number of syphilis diagnoses was the largest annual number reported since 1948. While this increase is partially explained by the rebound in service provision at sexual health services following the COVID-19 pandemic, the numbers of diagnoses of both gonorrhoea and syphilis exceed those reported in 2019.

And while certain groups, such as young people aged 15 to 24 years and people of Black Caribbean ethnicity, have disproportionately higher rates of certain STIs, there is [evidence](#) that STI infections among older people are rising substantially.

In the United States, rates of chlamydia, gonorrhoea, and syphilis among adults aged 55 and older have more than doubled over the past 10 years. In England, there was an 18% increase in STI rates in over 45s between 2015 and 2019. The causes of these changes are [not yet clear](#). What is certain is that sexual health services will need to consider how to engage more older people and adapt their health promotion tactics to reflect evolving needs and demand.

Rising rates, growing demands and funding challenges

The resurgence of STIs is even more worrying because of a growing gap between the demand for and the availability of sexual health services.

In England, sexual health clinic attendances **increased** by a third, from 1.6 million to 2.1 million, between 2011 and 2015, with some local authorities reporting 6% increases a year. In addition, there has been **growing demand** for PrEP as an effective protection against HIV.

The global COVID-19 pandemic triggered lockdowns that prevented people accessing sexual health services. However, people did not stop engaging in sexual activity during the pandemic, and when services resumed, clinics were faced with further demands for prevention and treatment. In 2024, the House of Commons Women and Equalities Committee **reported** that around 4.5 million consultations were carried out in 2022, a third more than in 2013.

In 2023, the Terence Higgins Trust (THT) published a **report** highlighting the difficulties in accessing sexual health services. Using a 'mystery shopper' methodology, THT contacted 57 clinics to schedule a face-to-face appointment for a woman in her mid-twenties with no obvious STI symptoms. The results showed limited access and long waits for face-to-face appointments, difficulties in booking appointments online and significant national and regional differences in access to postal STI testing.

Recent developments, such as the outbreak of Mpox infection and the emergence of multi-drug resistant strains of sexual infections have put further pressure on sexual health services, who now face increased demands and the impacts of government cuts to local authority public health budgets.

The difficulties facing sexual health services in the UK are not confined to England. Scotland's sexual health services have been **described** as "at breaking point", while in Wales, sexual health services are also **struggling to meet demand** because of a sharp rise in positive STI tests.

Figures from the Local Government Association (LGA) show that local authorities in England invest millions of pounds on sexual, reproductive and HIV services, amounting to the third biggest area of public health spending. However, the public health grant used by local councils to fund sexual health services experienced a cut of almost a quarter between 2015/16 and 2020/21. The LGA has underlined the positive impacts sexual health services can have, not only for individuals, but for the wider health system. Even so, some of the biggest public health spending cutbacks have been imposed on sexual health services, putting them under significant financial and operational pressure.

In its March 2024 **report**, the House of Commons Women and Equalities Committee called on the UK government to radically increase the public health grant to local authorities "to a level that allows sexual health services to operate effectively and meet local need."



Responding to the challenges

The practical implications of operating sexual and reproductive health services with less funding, fewer staff and growing incidences of STIs are already becoming clear. In February 2024, The Guardian reported a rise in hospital admissions for STIs that could have easily been treated by sexual health services.

Dr Claire Dewsnap, a genitourinary medicine (GUM) consultant in Sheffield and the outgoing president of the British Association for Sexual Health and HIV (BASHH), told the paper:

"The fact is that it is quite ineffective to be spending money on treating people who have had to be admitted to hospital because they've got gonorrhoea joint infections when they could have got into their service really cheaply and treated really quickly."

Before the pandemic, some sexual health services had **reduced their operating hours**, others were **turning patients away**, and in London, several clinics had already **closed**.

In addition, there are concerns about recruitment and training levels for sexual health services. The Scottish Chair of the British Association for Sexual Health and HIV (BASHH), Dr Bridie Howe told Holyrood magazine:

"When we see a wave of retirees in five years' time, there's not going to be people to fill those because there's nobody starting the training now."

But there are also examples of innovative responses to the challenges facing sexual health services, such as changes to commissioning and contracting arrangements and new staffing models.

In 2023, **a submission by BASSH** to a House of Lords inquiry on the integration of primary and community care included examples of successful joined up collaboration between sexual health services and primary care services.

Turning to technology

One of the most striking findings to demonstrate the pressures facing sexual health services is the **report** that reductions in staff are forcing clinicians to spend significant amounts of time on administrative tasks.

Effective record-keeping is an understated, but fundamentally important element of sexual health services. Until recently, clinics were dependent on paper-based systems to handle consultations, test results, referrals, correspondence, prescribed medication and statutory reporting. But increasingly, sexual health clinics are turning to electronic systems to maintain records, improve services and deliver cost savings.

Lilie is a clinical management software system specifically designed for sexual health services. Its electronic patient record (EPR) system provides fast access to patient information and greatly reduces administrative functions. And although the process changes from place to place, the Lilie software is flexible enough to accommodate different staffing, budgets and lab speeds.

Lilie's modular system provides sexual health services with a range of options, including:

- an online booking solution enabling patients to search for a clinic and book an appointment;
- patient communication via SMS;
- modules for contraceptive and reproductive health, chlamydia screening, HIV, and prescribing services;
- laboratory test results automatically received and entered into the EPR.

By offering online bookings and effective triaging early on, clinics can allocate the right resources, to the right patient, at the right time, increasing their output, irrespective of fewer funds.

From a clinic perspective, delivering appropriate test results and treatment quickly – plus having automated appointment reminders sent straight to patient phones – results in fewer Did Not Attends (DNAs), limits wasted clinician time and reduces the likelihood of any onward spread that has a longer term impact on resources.

Lilie: the benefits in action

Northumbria Healthcare NHS Foundation Trust, one of the best performing trusts in the NHS, provides an integrated sexual health service. More than 37,000 patients use this service each year. For several years, the service has been using Lilie to store and manage patient information.

Mandi Devine, Senior Specialist Nurse is in no doubt about the benefits of the system:

“Lilie has opened up the patient record completely. In one consultation you have access to results, previous consultations, written correspondence from referrals, and you can see other external practitioners’ records and involvement with that client in one record.”

The savings in time and productivity benefits have been dramatic. SMS texting, which reminds patients of their appointments, reduced the rate of non-attendance by 60% in the first four years of using Lilie. The system has also enabled the service to match appointments to capacity of staffing and resources available. Significantly, given the continuing reductions in the sexual health workforce, Northumbria has found that using Lilie means fewer administrative staff are needed to pull notes, prepare them and store them.

Jan Meechan: HIV Specialist Nurse says that the system has made the service more efficient and more productive.

“Lilie enhances the patient experience because we can deal with patients very quickly, particularly for telephone queries. We don’t have to source a set of notes Before we had Lilie it could take possibly half-an-hour to an hour to locate a patient’s records. If the records were offsite, it could take days before we received them.”

During the pandemic, the NHS proved its ability to quickly adapt to new ways of working and rapidly implement new technologies. An example of this can be seen at Chelsea & Westminster Hospital NHS Foundation Trust. The trust partnered with Idox to pioneer an online booking system for COVID-19 testing of frontline workers. Operational in under a week, the system is based on Idox’s sexual health solution already in use by the Trust and enables frontline workers to book appointments online and receive test results via text message.





Conclusion

Given the changes in society and technology, gone are the days where traditional forms of clinic testing are sufficient. Clinics need to have the tools to be able to bring sexual health screening to the streets – and while there has been some progress on this including testing in nightclubs, on university campuses, in local pharmacies and on the high street – there is a greater need than ever for more mobile and postal testing to curb the rise in STIs.

Like many other sectors and industries, the ability to mobilise workforces and respond to changing public needs and expectations for effective service delivery is key. In order to achieve this kind of 21st century sexual health service, clinics must have the right technology in place to enhance routes to sexual health and enable them to access patient records, triage, order tests and administer medication at any time, from anywhere.

As the House of Commons Women and Equalities Committee has underlined, STIs are not trivial infections. Left untreated they may cause complications and long term health problems. Good sexual health can bring many benefits, including reducing health inequalities, and improving the overall health of people of all ages.

Ensuring that those benefits continue presents enormous challenges for sexual health services in the UK. New approaches are needed, and technologies such as Lilie can play an important part in ensuring that sexual health services staff spend less time on administration and more on supporting the needs of their patients.

Call us now on 0333 011 1200 or email marketing@idoxgroup.com for further information about our sexual health management solutions.

Idox Software Ltd
Unit 5, Woking 8
Forsyth Road, Woking
Surrey GU21 5SB

T: +44 (0) 333 011 1200
E: marketing@idoxgroup.com

www.idoxgroup.com

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