



axess



Liverpool University Hospitals  
NHS Foundation Trust

# Annual report 23/24

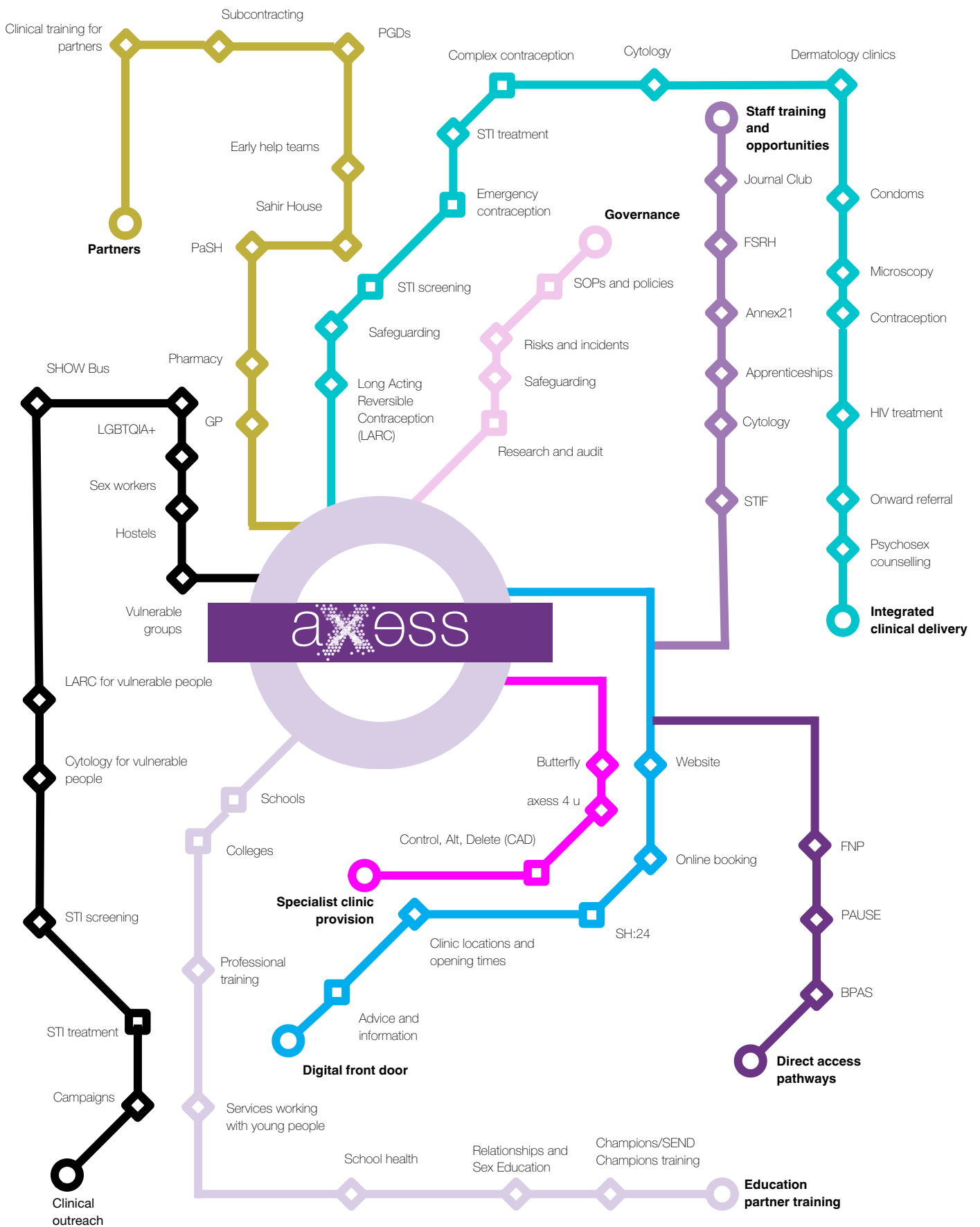
## Halton



Axess sexual health, Widnes  
Health Care Resource Centre



Axess sexual health, Halton  
General Hospital, Runcorn



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# Executive summary

The 23/24 annual report for axess underscores a year marked by significant achievements, unwavering commitment, and exceptional resilience amidst the challenges faced by the NHS. We, the leads of the service, are immensely proud of our dedicated staff across Halton, Warrington, Cheshire East, Liverpool, Knowsley and Wirral who have worked tirelessly to provide exemplary sexual health and HIV services, adapting to evolving needs and ensuring access for all communities.

This year, axess Halton facilitated 11,455 patient interactions, demonstrating our extensive reach and commitment to the community. Notably, 6,169 face-to-face attendances and 625 outreach interactions were recorded, highlighting the proactive efforts of our staff to engage and support individuals beyond traditional clinical settings. The introduction of the SHOW (Sexual Health On Wheels) Bus has been a ground-breaking initiative, enabling us to bring vital sexual health services directly to underserved and hard-to-reach areas. This mobile clinic helps the service to overcome barriers to access and ensure that comprehensive care is available to all.

In addition, the provision of 1,695 online STI kits through SH:24, 823 pharmacy attendances and 412 GP attendances further demonstrate our commitment to accessible and convenient sexual health services for all. These options have empowered individuals to take control of their sexual health in a manner that suits their needs and lifestyles.

Our outreach team has been recognised for their outstanding contributions, receiving accolades at the LCR Pride Awards. Initiatives like the [Butterfly Clinic](#), which supports the LGBTQIA+ community, exemplify our dedication to inclusivity and specialised care.

In February 2024, the sexual health nurse consultant was runner-up for the Apprenticeship Workplace Support of the Year at the LJMU Faculty of Health Degree Apprenticeship Award. She was nominated for the clinical, academic and personal support she provided to apprentice ACPs.

The publication of [a blog by the Faculty of Sexual and Reproductive Healthcare \(FSRH\)](#) written by our nurse consultant has spotlighted the structured training program we developed for clinical staff. The blog also included a testimonial from an axess trainee advanced clinical practitioner, who discussed how the training program benefited her skills and knowledge. This focus on workforce development ensures that our team remains at the forefront of sexual health care, equipped with the latest knowledge and skills to provide exceptional service.

Additionally, significant efforts have been directed towards providing comprehensive contraception services for women, by working with a variety of primary care networks (PCNs) and pharmacies, across the city. Our dedicated team has ensured that women have access to a wide range of contraceptive options, in multiple locations, with the necessary support to make informed decisions about their reproductive health. This work is vital in promoting overall well-being and preventing unintended pregnancies, and our team's dedication in this area has been exemplary.

Our successes in [HIV care](#) this year have also been notable. Through early diagnosis, effective treatment protocols, and continuous patient support, we have achieved significant milestones in managing and reducing the impact of HIV within our communities. Our comprehensive care approach, including education, medication adherence support, and routine monitoring, has ensured that those living with HIV receive the best possible care. These efforts have contributed to improved health outcomes and quality of life for our patients, highlighting the crucial role our service plays in combating HIV.

Research has been another area where we have seen considerable success. Our participation in various clinical trials and studies has not only contributed to the advancement of sexual health knowledge but has also directly benefited our patients through access to cutting-edge treatments and therapies. The collaborative efforts with academic institutions and research organisations have strengthened our service's reputation as a leader in sexual health research, further enhancing the quality of care we provide.

The achievements of this year are a testament to the hard work and resilience of our staff. In a

period of significant change and difficulty for the NHS, our team has remained steadfast in their dedication to delivering high-quality care. Their ability to adapt, innovate, and persevere has been the cornerstone of our success.

In December 2023, the Regional ACP Team at axess were given a commendation for ACP Team of the Year at the inaugural Cheshire and Merseyside Advanced Practice Awards. The team were commended on their collaborative work to produce a structured training programme which enables development of staff at all levels and provides opportunities for career progression.

Looking ahead, axess is committed to further expanding our services and enhancing accessibility. Our focus will remain on sustainability and social value, ensuring that we continue to meet the needs of our communities in a responsible and impactful manner. We extend our deepest gratitude to all our staff for their unwavering dedication and to the communities we serve for their trust and support. Together, we will continue to advance sexual health services, overcoming challenges and making a lasting positive impact.



Dr Martyn Wood



Dr Sunidhi  
Vitharana



Martina Sheelan



Luke Byrne

## Total overall patient interactions in 23/24



11,455

### Axess remote attendances



1,731

### Axess f2f attendances



6,169

### Axess outreach interactions



625

### SH:24 online kits



1,695

### Total pharmacy attendances



823

### Total GP attendances



412

# Service overview

Axess sexual health is one of the largest sexual health services in the UK. It is comprised of sexually transmitted infections (STI) and sexual reproductive health (SRH) in Halton, Warrington, Liverpool, Knowsley, and Cheshire East making it the most extensive sexual health service based on geographical area. Axess also provide HIV care in Halton, Warrington, Liverpool, Cheshire East and Wirral. The service works from 11 clinical sites and a mobile clinical unit, with additional service level agreements to provide resources and care to Wirral Sexual Health, and HIV services in Chester.



Members of the axess Halton Team

Axess is committed to providing an integrated approach to sexual health care, offering a seamless, all-inclusive service to patients. This involves a focus on innovative provision, encouraging access to regular testing, and facilitating early intervention for reduced ill health and onward transmission, in addition to ready access to contraception to meet the outcomes of the Public Health Framework.

This holistic approach combines the respective strengths of axess expertise in contraception and reproductive health, STIs and HIV, system leadership, digital health and postal testing, and health promotion.

The following outlines the key highlights and successes within the service in the financial year 23/24:

## **National Chlamydia Screening Programme**

The service worked closely with Liverpool Clinical Laboratories (LCL) developing an ordering protocol and process for the receipt and communication of chlamydia screening results for general practitioners (GPs) providing testing for patients who fit the required criteria under the National Chlamydia Screening Programme (NCSP).



Utilising the Labreach IT system, GPs will soon be able to order chlamydia and gonorrhoea tests direct to LCL. Results will be automatically texted to the patient, with all results sent to the axess Appointments and Results Admin Team for management and communication to patients. Patients can access chlamydia treatment from pharmacies.

Any results which do not fit the criteria for the national program will be directed back to the GP for management. A pilot involving three Liverpool GPs began in the winter of 2023, with roll-out planned for mid-2024. In addition to this, axess are planning to implement this innovative process throughout their other regional areas before Autumn 2024. Work is currently underway to have this in place.

### **axess 4 u**

In April 2023, the service delivered a campaign to increase recognition and awareness of sexual health services for young people provided by axess sexual health under axess 4 u branding. This included communication across the region with GPs, pharmacies, ICBs, local authorities, sexual health services in adjoining areas, and partner agencies of our education and outreach services.



Coupled with this, the service delivered an intensive social media campaign including text, graphic and video content. The campaign included links to maps to enable location of individual clinic sites in each area by service users.

Further to this work, the service has created a working group to look at ongoing steps the service can take to improve uptake of services by young people.

### **GP services**

There are 11 GP practices now sub-contracted by axess in the Halton region for the provision of LARCs and chlamydia testing, with an additional three waiting to sign up to the SLA.

The aim of this service is to improve access and availability of sexual health services for residents of Halton. By enhancing the availability of services in this way we hope to achieve our objectives of reducing the number of unwanted pregnancies, controlling the transmission of chlamydia. We are currently working with commissioners and GP practices for the development of women's health hubs in 24/25.

## Pharmacy services

Axess sub-contract over 163 pharmacies to provide emergency contraception, condoms, and chlamydia screening across our footprint. We have taken 'Quick Start' contraception out of our contracts as this is included in the national pharmacy contraception scheme as of 23/24 year. We provide patient group directions (PGDs) for all pharmacy provision and training across axess areas, as well as PGDs for St Helen's, Sefton and Cheshire West and Chester. In addition, Liverpool sub-contract 12 pharmacies with an SLA to provide tier 2 treatment for chlamydia and Depo.

We continue to work closely with local pharmaceutical committees (LPCs) across the region to ensure pharmacies are fully supported.

## SHOW Bus

This year, the service launched the SHOW (Sexual Health On Wheels) Bus. This is a mobile clinic unit that can be adapted for use in health promotion and community events. The SHOW Bus facilitates clinical outreach targeting underserved communities, providing sexual health and contraception services in locations that best suit their needs.



## Social value

As planned in the previous year, the service has further developed workstreams to support the provision of social value with a particular focus on sustainability and health and well-being. More information on these work streams can be found in section 19 of this document.

## Centralised results management

To support patient flow, we expanded centralised results management across all service areas, including Halton, where management of negative and non-complex positive results are managed by our specialist Appointments and Results Centre Administrative Team.

This has released clinical staff to spend more time in clinic support patients attending appointments and walk-in clinics and focusing on management of patients with more complex needs or diagnoses.



Sue Dillon, Clinical Coordinator

## Psychosexual services

Following retirement of a previous consultant in psychosexual medicine, the service recruited a psychosexual therapist to work in the Halton and Warrington services to maintain this essential clinical delivery.

The service was lucky to recruit a candidate who is both a COSRT (College of Sexual & Relationship Therapy) accredited therapist but also is a member of the Institute of Psychosexual Medicine. Consequently, they are able to provide both therapeutic and clinical support to psychosexual clinical service patients continuing the high quality of service provision that was previously provided in those areas.



Members of the Halton Senior Practitioner Team

## Clinic coordinator

In 23/24 the services in Halton, Warrington, Knowsley and Macclesfield recruited a clinic coordinator to support management of patient flow and capacity day-to-day. With services providing a mixture of walk-in, appointments, and remote care, all with varying demand, this role ensures each service remains responsive and accessible, with appropriate skill mix and staffing levels in place, and with safe, high-quality provision maintained.

# Clinical activity

## Accessibility

Axess Halton have seen an increase in the number of women under 18 years of age, who have requested and received IUD, IUS Implant, Depo and Sayana within two weeks of their contraception assessment, exceeding the KPI of >90%.

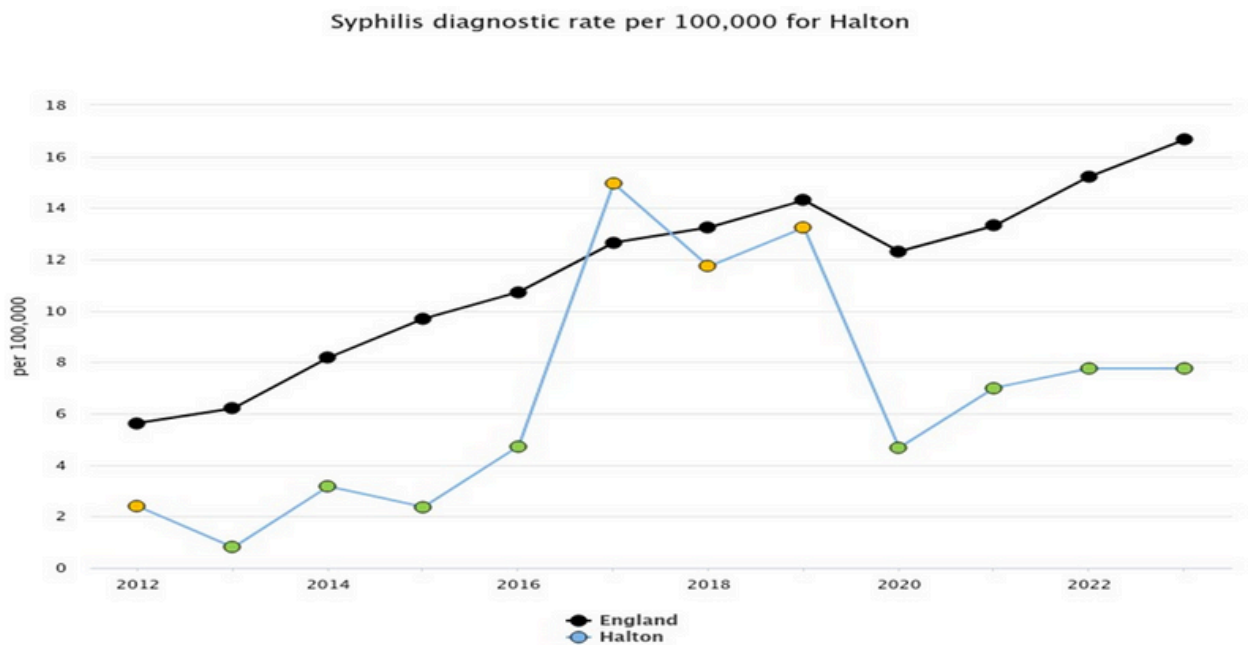
		22/23	23/24
Proportion of under 18 women who have their long acting reversible contraception (LARC) method (IUD, IUS or implant) fitted within two weeks of contraception assessment	Numerator: the number of under 18-year-olds with IUC or implants fitted within two weeks of contraceptive assessment	31	72
	Denominator: total number of IUC or implants fitted for under 18-year-old women	31	72
	% of LARC fitted within two weeks of assessment for under 18-year-olds	100.00%	100.00%
Proportion of under 18 women who have Depo/Sayana issued within two weeks of contraception assessment	Numerator: the number of under 18-year-olds with Depo/Sayana issued within two weeks of contraceptive assessment	17	37
	Denominator: total number of Depo/Sayana injection issued for under 18-year-old women	17	37
	% of Depo/Sayana issued within two weeks of assessment for under 18-year-olds	100.00%	100.00%

## Diagnostics

The number of reports issued by the lab within five working days of the specimen being received has seen a significant increase. In total, axess issued 8119 more reports than the previous year whilst still meeting the KPIs. This is an impressive 158% increase on the previous year and is a result of the improved laboratory processes implemented.

	22/23	23/24
Numerator: number of reports issued by the lab within 5 working days of receiving sample	5107	13226
Denominator: number of reports issued by the lab	5281	13503
% lab results within five working days	96.71%	97.95%

England is seeing the highest rates of Syphilis recorded since the 1940s, with rates at 15.4 per 100,000 as of 2022, with upward trend since 2020.



Our positivity rate in Halton has risen steadily through 23/24. We have seen a 15% increase in both syphilis and HIV testing.

	22/23	23/24
Numerator: number of Syphilis tests done	1664	1921
Denominator: number of HIV tests done	1692	1950
Syphilis positivity rate	0.48%	0.78%

Axess Halton have again ensured 100% of patients with needs relating to STIs, were offered an HIV test at first attendance of new episode of care.

In addition, during 23/24, we saw an increase in the number of MSM patients who accepted HIV test at first attendance increase, enabling the service to further exceed the KPI of 85%.

	22/23	23/24
Numerator: number of men who have sex with men (MSM) accepting a HIV test at first attendance of new episode of care	274	315
Denominator: total number of eligible new men who have sex with men (MSM) attendees seen at clinic who are suitable for a HIV test	308	337
% MSM accepting a HIV test	88.96%	93.47%

Axess Halton have also seen an increase in the number of ethnic minority patients who were offered an HIV test at first attendance of new episode of care, while they have also seen a 5% rise in the number of those patients accepting an HIV test.

	22/23	23/24
Numerator: number of ethnic minority attendees offered a HIV test at first attendance of new episode of care	28	198
Denominator: total number of eligible ethnic minority attendees seen at clinic who are suitable for a HIV test	28	198
% Ethnic minority community attendees offered a HIV test	100%	100%
Denominator: number of ethnic minority attendees accepting a HIV test at first attendance of new episode of care	22	166
% Ethnic minority attendees accepting a HIV test	78.57%	83.84%

## Contraception

During 23/24 axess Halton saw a 125% rise in the number of patients under 18 who had an IUC, implant, Depo or Sayana Press fitted by the service for contraception purposes. This is in part due to the progression of training within the service, and the subsequent improved competence in offering long-acting reversible contraception (LARC) methods at every opportunity. All of these patients have the opportunity for a fully informed discussion around the benefits of LARC as their method of contraception. Prior to fitting, all patients have a fully informed discussion around the benefits of LARC as their method of contraception.

	22/23	23/24
Numerator: number of IUC, implants & Depo/Sayana injections by the service for contraception purposes for under 18s	48	108
Denominator: total number of under 18 women provided with methods of contraception by the service	150	376
% service users under 18 issued with LARC (including DEPO)	32.00%	28.72%

The number of patients who started treatment in axess Halton within three weeks of a positive STI diagnosis has increased by 13.65% in 23/24. In addition, 100% of in-clinic index cases, and subsequent cases, had the outcome of an agreed action, or the decision not to communicate with all contacts following a partner notification discussion, which continues to exceed the KPI. This follows internal improvements within the electronic partner notification templates during 23/24 and highlights the progressed training and core skills within the service related to partner notification.

	22/23	23/24
Numerator: number of service users seen in a clinic who started treatment within three weeks of positive STI diagnosis	315	358
Denominator: the total number of service users who received a positive STI diagnosis who came back for treatment	336	372
% service users treated	93.75%	96.24%

## Pre-exposure prophylaxis

100% of axess Halton patients, whose were at risk of HIV (and therefore eligible for PrEP) were appropriately assessed during consultation for eligibility to access PrEP, and despite a 7.5% rise in attendees during 23/24, all those eligible for PrEP accepted the offer.

	22/23	23/24
Numerator: total number of attendees at L3 service who were assessed for eligibility to access PrEP	2468	2654
Denominator: total number of attendees at L3 service	2468	2654
% patients assessed for PrEP eligibility	100%	100%
Numerator: total number of eligible attendees accepting the offer of PrEP	67	72
Denominator: total number of eligible attendees offered PrEP following an assessment	67	72
% patients offered PrEP accepting	100%	100%

## Clinical activity

During 22/23, 38.13% of our patients waited over 30 minutes for their booked appointment. In 12 months, there was a marked reduction to 9.78%. We continue to review and monitor waiting times daily, while ensuring vulnerable patients and urgent cases have their needs met using the robust triage model. Furthermore, the well-versed skill mix allows us to accommodate unexpected and unscheduled urgent patients, whilst continuing to maintain the booked appointments. During 22/23, 11.35% of patients attending our Halton clinics waited longer



Admin Coordinator Helen Deegan with some of the Administrative Team



than two hours at walk-in sessions, but with improved triage processes, and returning clinical staff from absences, there were zero waits over two hours. The clinical staff strive to minimise waiting times during walk-in clinics with vital support from the front facing reception team, who manage queries and challenging patients wanting to be seen in these busy sessions.



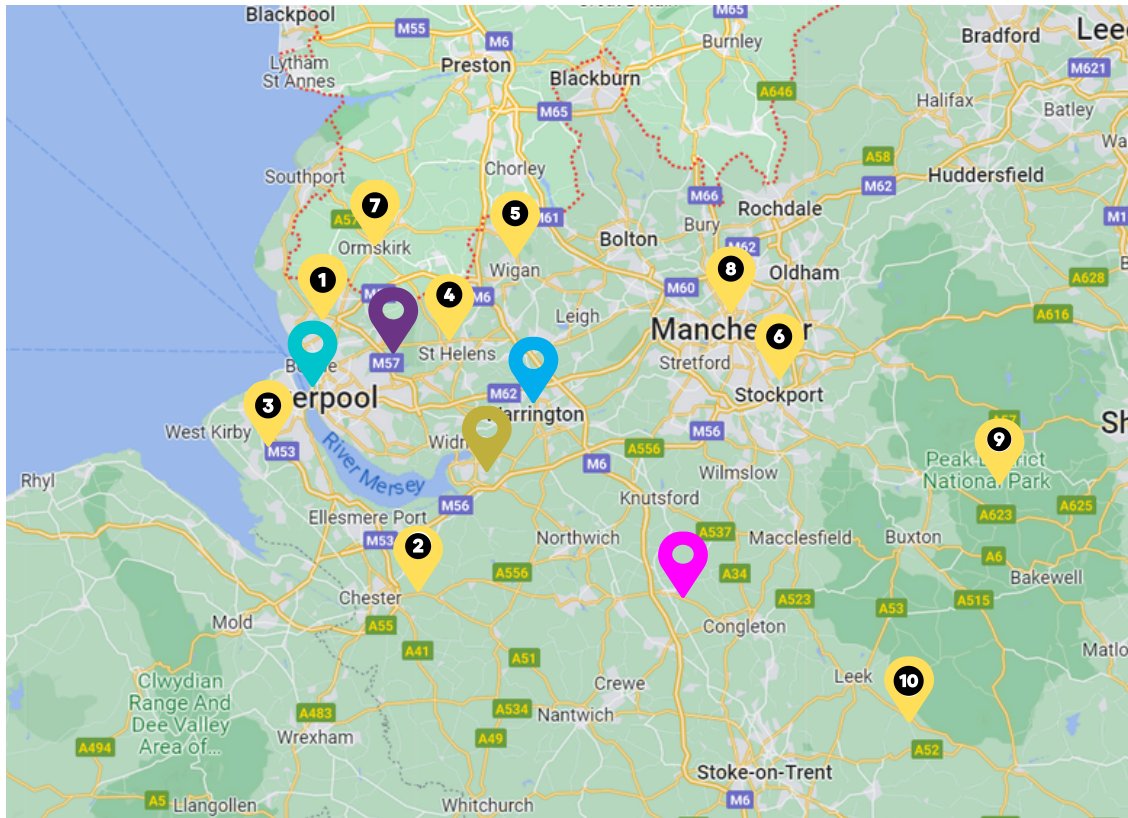
Band 4 Assistant Practitioner Rasa Argent



Band 4 Assistant Practitioner Lucy Conley

# Service reach

Map of out-of-area (OOA) locations with the highest number of patient visits to axess



## Main axess boroughs

- Liverpool
- Halton
- Knowsley
- Cheshire East
- Warrington

## OOA service boroughs

- 1 Sefton
- 4 St. Helens
- 7 West Lancashire
- 10 Staffordshire Moorlands
- 2 Cheshire West & Chester
- 5 Wigan
- 8 Manchester
- 3 Wirral
- 6 Stockport
- 9 High Peak

## Out of area (OOA)


13.71% of axess Halton patients were from outside the commissioned area in 23/24, which is a slight increase from 11.48% in 22/23. The top three OOA boroughs for Halton in 23/24 were Liverpool, Cheshire West & Chester and Knowsley.

# Workforce

## Regional staffing

<b>Regional Service Lead - Sexual Health and HIV</b> Band 8b	<b>ADD of Nursing - Sexual Health and HIV</b> Band 8c	<b>Regional Clinical Director</b>	<b>Admin (Central Finance Support)</b> Band 5/Band 3	<b>Appointment and Results Team</b> Band 3
<b>Biomedical Scientist Associate Practitioner</b> Band 4	<b>Communications Team</b> Band 5/Band 4	<b>Deputy Regional Lead Nurse (Matron)</b> Band 8a	<b>Education Team</b> Band 6/Band 5	<b>Informatics Data Analysts</b> Band 5
<b>Informatics Manager</b> Band 7	<b>Nurse Consultant - HIV</b> Band 8b	<b>Nurse Consultant - Sexual Health</b> Band 8b	<b>Outreach Practitioners</b> Band 7	<b>Outreach Team</b> Band 6/Band 5/Band 4
<b>Regional Operational Managers</b> Band 7	<b>Regional Service Manager - SH</b> Band 8a	<b>Research Assistant Practitioner</b> Band 4	<b>Research Nurse</b> Band 6	<b>Specialist Biomedical Scientist</b> Band 6
<b>Safeguarding Practitioner</b> Band 6	<b>Senior Biomedical Scientist</b> Band 7			

# Halton staffing

<b>Advanced Clinical Practitioner Band 8a</b>	<b>Assistant Practitioners Band 4</b>	<b>Clerks Band 2</b>	<b>Clinical Coordinator Band 7</b>	<b>Clinical Manager Band 7</b>
<b>Clinical Support and Results Clerks Band 3</b>	<b>Consultants</b>	<b>Healthcare Assistants Band 3</b>	<b>Locum Consultant</b>	<b>Psychosexual Therapist</b>
<b>Reception Team Leader Band 3</b>	<b>Salaried GP</b>	<b>Senior Clinical Practitioners Band 7</b>	<b>Service Coordinator (part) Band 5</b>	<b>Sexual Health Clinical Practitioners Band 6</b>
<b>Speciality Doctor</b>				

# Outreach service

The axess sexual health Outreach Team provides free and confidential sexual health services to a range of groups that for multiple, and often complex reasons, do not access in-house clinical services. These groups include:

- Commercial sex workers
- Men who have sex with men (MSM)
- Street homeless and hostel residents
- Ethnic minority groups including asylum seekers and refugees
- Drug and alcohol users who are at higher risk of STI/HIV infection and unwanted/unplanned pregnancy
- Trans and non-binary folk
- College and university students.

While this list is not exhaustive, it gives the main focus of our target outreach groups.

The team works across the whole axess footprint, covering: Halton, Warrington, Liverpool, Knowsley and Cheshire East. The team adapt their sessional content offer dependent on the local demographic and need. At the beginning of 2024, a working week framework was introduced to the Outreach Team which ensures that clinical outreach sessions are being delivered across the whole axess footprint on a weekly basis.

This has seen a significant increase in the number of clinical session hours offered which in-turn has increased the number of tests and treatments delivered in the community to previously underserved groups.



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We offer sessions in a variety of settings and in areas where we are most likely to find members of the target groups. The following are examples of sessions from across the region are:

- Hostels
- Student halls of residence
- Sex worker drop-in centres
- Sex on premises venues
- Refugee hotels
- Barber shops
- Youth groups
- Drug and alcohol services
- Probation service offices
- Domestic abuse services

Offering a range of health promotion interventions including one-to-one support, informal counselling, signposting and referral to relevant support agencies, group workshops, and training to staff and other professionals, all members of our Outreach Team are given training to offer full asymptomatic sexual health screening.

Since the team are now able to offer screening out in the community, we record each intervention and consultation on our electronic patient records system, Lillie, which means we have direct management over results, treatments, and further ongoing support should it be required. This has been invaluable in enabling us to provide treatment to more transient patients, as we have been able to deliver medication, in person, to hostels, day centres, and drop-ins.

The team continues to offer various health promotion workshops, covering topics related to trans and nonbinary awareness, HIV updates, contraception and women's sexual health needs, an introduction to sexual health care for young people and some LGBTQ+ focused sessions.

Throughout the year there are numerous events and campaigns that are prominent in the Outreach calendar: World AIDS Day, National HIV Testing Week, Black History Month, LGBT

History Month, Pride events and freshers' fairs, to name a few.

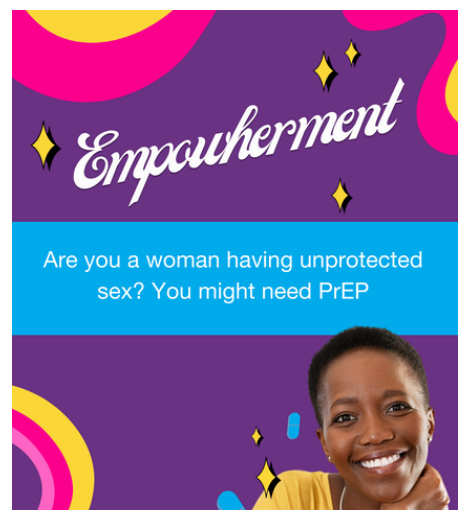
May 2023 saw Liverpool as the host of the Eurovision Song Contest. The Outreach Team were at the very heart of the celebrations for the two weeks preceding the event as well as being the only health provider promoting condom use and STI screening at a Grand Final viewing held at Liverpool's Saint George's Hall, with nearly 2000 attendees. Staff from across axess' service areas came to celebrate the event and offer outreach support.

We were able to attend more PRIDE events than ever this year and held stalls at Warrington, Macclesfield, Crewe, Liverpool and Chester Pride; additionally, we have already booked to have a presence at future PRIDE events including Halton and Huyton.

Since March 2024, the Outreach Team has been running the Empowerment campaign, which highlights the eligibility of women to access to PrEP. The campaign has been run in conjunction with a pilot PrEP for women clinic, which is weekly and is based at the Linda McCartney Centre.

The Outreach Team runs three specialist, in-house clinics. Butterfly offers support to trans and nonbinary people. Control, Alt, Delete (CAD) offers support to patients that disclose problematic issues with drug or alcohol use (most especially if these issues increase risk of STI or HIV transmission).

PrEP Express provides quick and easy access to repeat PrEP medication for registered PrEP users.



Outreach work is always evolving, and our aim is to be a team that evolves with it. Whilst we continue to try new and innovative ways to engage with our target groups, we also retain those elements of our work that are evidence based and give qualitative results, based on collective years of experience that has the needs of our patients at heart.

### Members of the axess sexual health Outreach Team





## HIV testing week event/campaign report

Event/campaign name	National HIV Testing Week 2024
Event/campaign date	5-11 February 2024
Lead	Outreach Team
Venue(s) attended	The Salvation Army, James Lee House, Room at The Inn, Y Project Warrington, Halton Lodge, Yates Court, SHAP, CCSW Crewe, University of Buckingham, YMCA Crewe, University of Liverpool, Liverpool John Moores University, Reaseheath College, GYRO, Speke House Veterans
Target group	Anyone within the Outreach Team's footprint who wants to test
Type of campaign	In-person INSTI point-of-care tests (POCT), online promotion on social media of campaign, to encourage testing
Supporting resources	THT National Testing Week leaflets, INSTI tests, improved POCT forms, THT posters, It Starts With Me condom packs
Resources distributed to	Partner organisations, patients, clinic managers
Evaluation	<ul style="list-style-type: none"> <li>• Increased patient participation in POCT testing</li> <li>• New sessions booked to change demographic of those we test</li> <li>• People developed a better understanding of HIV testing</li> <li>• Had many patients test for the first time ever</li> <li>• Breaking down stigma and barriers for future testing</li> <li>• Updated the POCT form from World AIDS Day so that all necessary demographic questions were asked</li> </ul>

## World AIDS Day communications campaign

### Know your status: it's not complicated

Ahead of World AIDS Day, we encouraged our followers to find out their status by emphasising the simplicity and easiness of testing. We invited staff members to feature on our social platforms explaining why it's important to get tested, how quick and simple testing is, and why World AIDS Day is important.



### Collaborative work with BHA for Equality

Though the campaign largely involved informing people how simple and easy HIV testing is, we wanted to acknowledge the barriers that exist to testing for some communities.

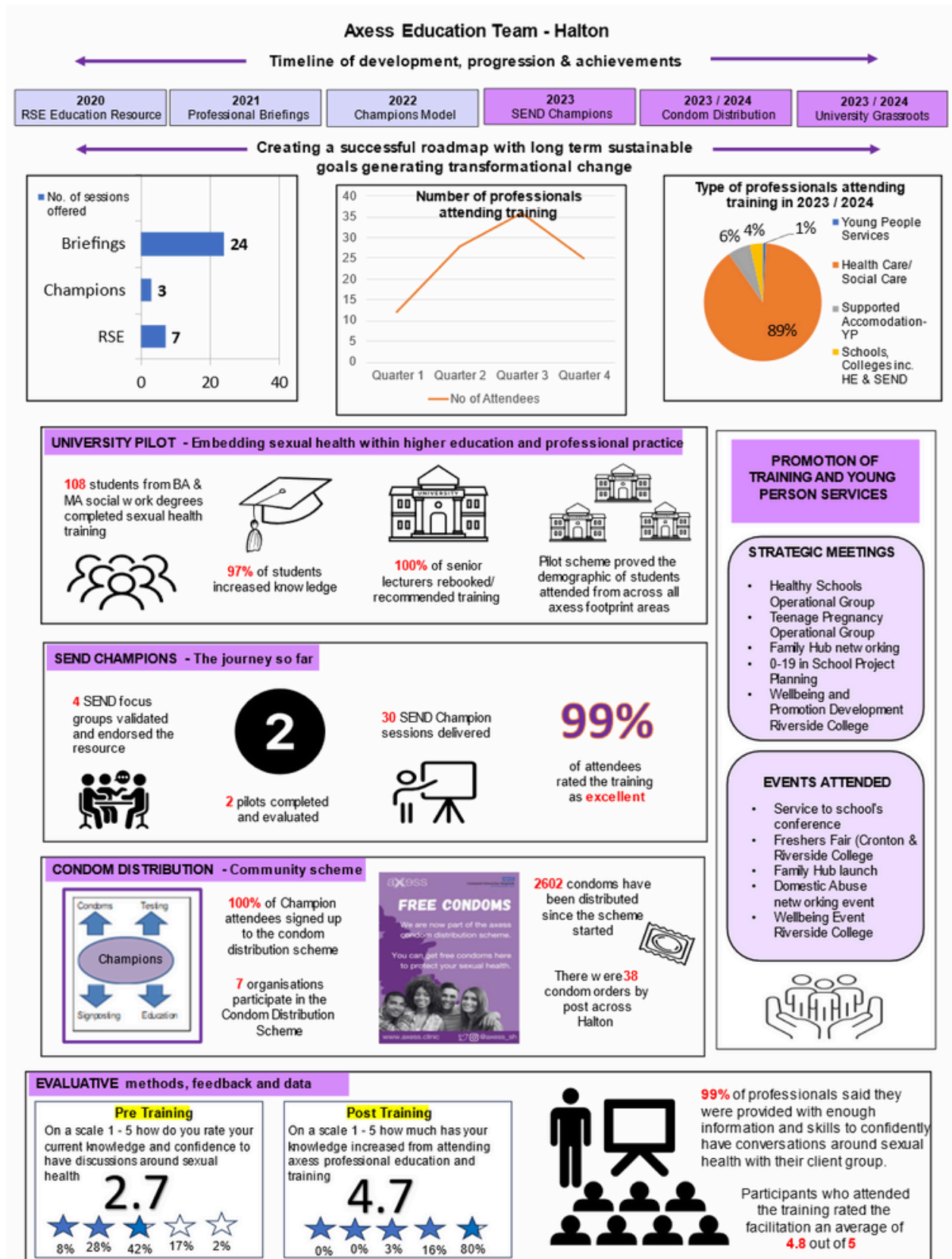
We collaborated with BHA for Equality on a post titled 'Barriers to HIV testing for Black and ethnic minority communities.' The post included thoughts from BHA on the barriers which currently exist, with a reminder to healthcare staff to reflect on how they can be tackling obstacles to healthcare for minoritised communities.



### Staff photos on social media

A key aspect of axess' social media strategy is featuring staff faces and personalities on social media where possible. This played a role in our World AIDS Day campaign. We shared photos of axess staff wearing red ribbons to raise awareness of World AIDS Day and support those currently living with HIV. Additionally, we posted photos of our Outreach Team attending testing events wearing their World AIDS Day red uniform.

# Education services



The axess Education Team describe their working method as “building expertise in the workforce through education and training.” Below are some important aspects of the Education Team’s service offer.

### Professional briefings

Professional briefings focusing on a variety of sexual health topics are frequently delivered and are well attended across all axess areas. Professional briefings play a role in creating long-term transformational change for issues including: reduction of teenage pregnancy, reduction in STI transmissions, early diagnosis, screening and treatment of STIs, and promoting healthy consensual relationships. Promoting positive sexual health, upskilling, and building expertise in the professional workforce is an important part of a whole system approach to sexual wellbeing in Halton.



Kathy White, Education Practitioner and  
Karen Hampson, Specialist Education  
Practitioner



Hayley Tooley and Kelly Cartwright,  
Specialist Education Practitioners

### University pilot - embedding sexual health within higher education and professional practice

Through liaison with the University of Chester (Warrington campus), a significant gap in training was identified in relation to sexual health and wellbeing. Subsequently, we developed and delivered a pilot programme of training covering all aspects of sexual health.

Findings gathered through evaluations and feedback from BA and MA Social Work programme leads, senior lecturers, students and the Warrington commissioner were positive. This innovative project has the potential of becoming an influential programme which builds sustainable change.

Next year we aim to further progress this aspect of development across universities and campuses within the axess footprint concentrating on social work, nursing and teacher training degrees. We very much look forward to continuing to develop the links with local universities.

## SEND Champions - the journey so far

A revised sexual health champions training offer was created for young people with special education needs and disabilities (SEND). This was implemented due to requests from professionals who supported SEND young people; they were seeking suitable sexual health resources and training to meet the needs of their client group.

The SEND Champions training was developed in collaboration with Active CES SEND College Knowsley, Liverpool Disability Team and SEND young people. Further analysis came from two pilot training sessions delivered with professionals, leading to an axess Advanced Clinical Practitioner endorsing the information and data.

Feedback from education events has been consistently positive with comments from participants expressing:



"I work in programme management and have had extensive training on sexual health and thought this training would not benefit me. However, the team member delivering the session was excellent in her delivery, she was able to provide training packs and went through how to deliver to learners. This will be extremely beneficial to me and my learners, who are entry level learners. Really enjoyed the training. Thank you."

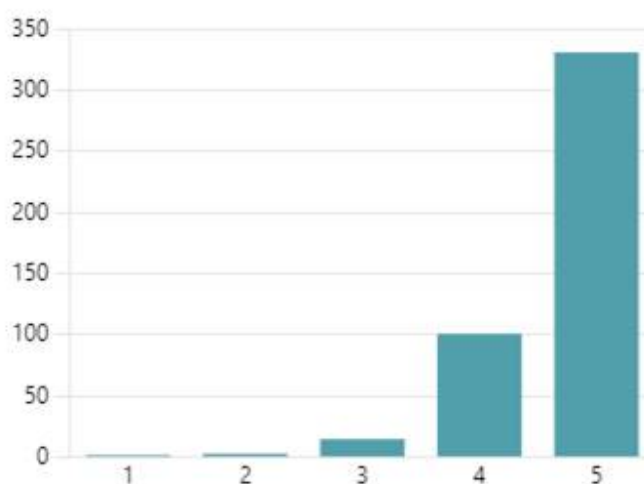
"Thank you for a very good, informative training session which was delivered in a relaxed way and encouraged questions and discussion. This training has helped my confidence to have open conversations with the young people I see in my role as a child in care nurse."

"Well facilitated... very knowledgeable speakers, informative and valuable session. Ongoing training would be beneficial."

### Feedback data

The graph below displays responses to the question: On a scale of 1-5 do you feel we have provided you with enough information, skills and/or resources to confidently have conversations around sexual health with the client group you work with?

**4.67**  
Average Rating



In addition there have been multiple comments regarding the excellent delivery from the trainers. This feedback emphasises the knowledge and commitment from the education team, to continue instilling behavioural and cultural skills and learning to our partners, and other healthcare professionals.

### **Condom distribution - community scheme**

The axess condom distribution scheme provides easy access to free condoms and sexual health advice for young people. We have enhanced our process to ensure regular contact with young persons' services across axess regional areas, to further develop and maintain the condom scheme.

The Education Team also ensure frequent contact with participants to inform and update them on axess training opportunities, promotional materials, and up-to-date information on axess services.

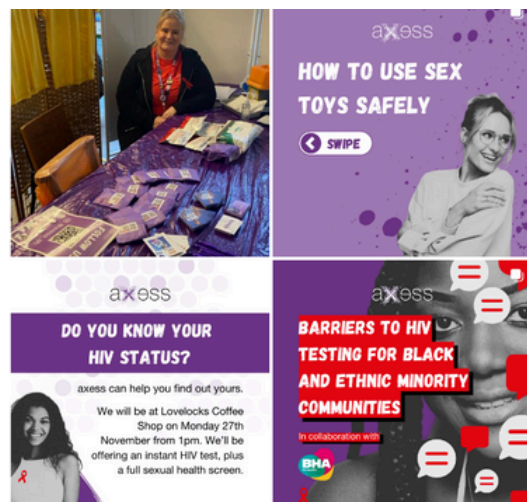
### **Evaluative methods, feedback, and data**

A new evaluation tool has been implemented in the professional training and education model of delivery. Previously, in online training the return rate of evaluation forms by participants was low, and time consuming to follow up. As a result, feedback and qualitative analysis opportunities were missed.

The introduction of QR codes in course material now provides each participant with a digital pre- and post-course evaluation form to capture intelligence-based data insights about participants' views on knowledge, skills, confidence, resources, and facilitation. This tool provides both qualitative and quantitative data that can be analysed to ensure future training meets current needs and supports professionals in delivering impactful sexual health education and interventions.

# Communications and social media

The past year has seen a renewed and focused approach to sexual health communications from the axess team. Across our varied channels of communications output (social media, website, print materials, press releases) our driving impetus has been to create personable, informative content that encourages sexual health and wellbeing without shame. Our delivery of this has involved a simplified redesign of aspects of our website and our social media graphics, an increased number of staff appearances on social media, collaboration with other sexual health organisations across our service areas, and a focus on content which addresses issues that service users may find embarrassing or difficult to talk about.



Examples of 23/24 social media content

The achievement of this approach has been buoyed by the creation of a website and social media content plan, which ensures deadlines are met, the Outreach and Communications Governance SOP is adhered to, and a steady flow of information is prepared and disseminated on our channels regularly.

Also, monthly multi-disciplinary team meetings allow the Communications Team to share upcoming content and receive and implement any feedback ahead of publication. Having a well-organised, multifaceted approach to content creation allows us the capacity and time to be more reactive to new and urgent sexual health issues. For instance, we published a statement



in support of our trans and nonbinary service users in October 2023, as a reaction to a rising “climate of misinformation about trans healthcare.”

The Communications Team have also frequently worked in tandem with the Outreach Team to create impactful sexual health campaigns, attempting to reach unrepresented groups and key demographics. For instance, our collaboration on the Freshers’ Week “I ♥ SAFE SEX” Campaign ensured our comms materials were delivered in-person to students when the Outreach team attended Freshers’ events.

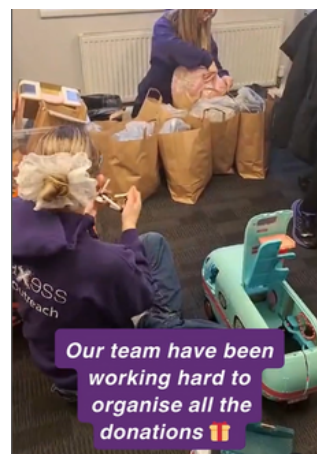


Photos of 2023 Freshers' events

### Examples of collaborative work between Communications and Outreach Teams

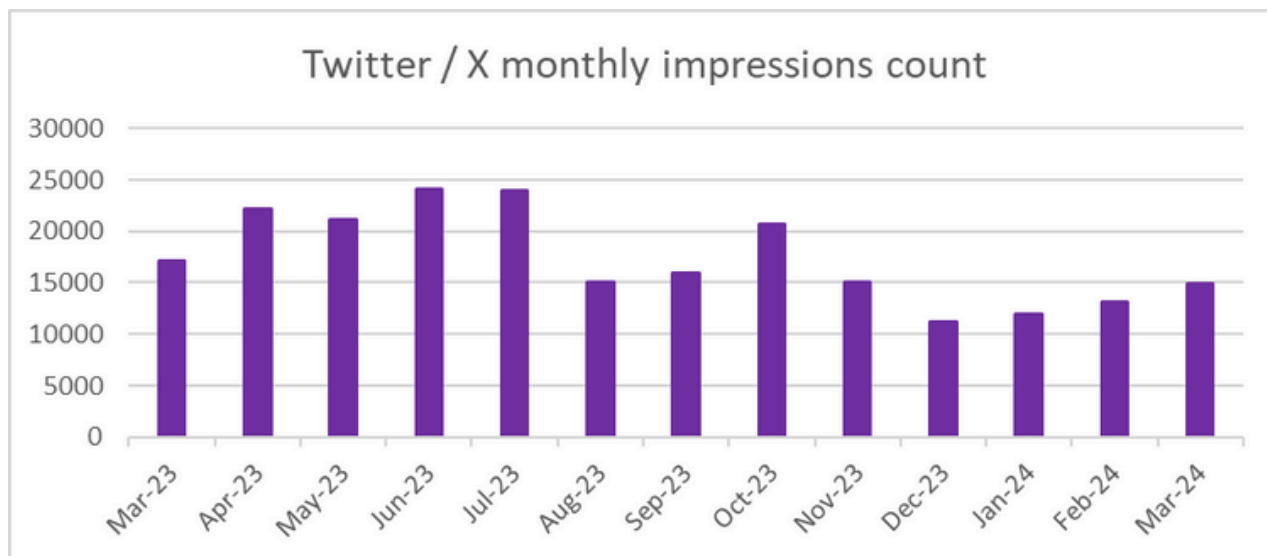


A social media post promoting the Outreach Team’s World AIDS Day “Know Your Status” campaign

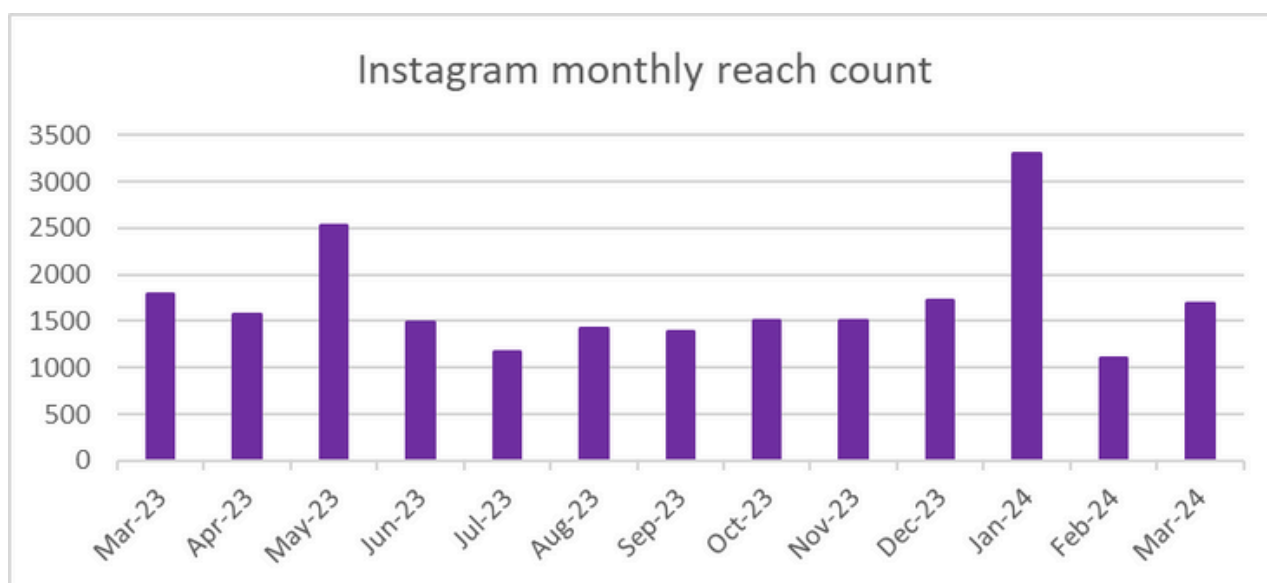


A social media reel video showing the Outreach Team collecting donations for vulnerable service users at Christmas

Social media statistics



Twitter/X impressions denote the number of times a post has been seen by users on the platform. Axess has steadily received over 10,000 impressions on Twitter / X each month over the past year, with this figure varying usually in accordance with our major campaigns, or significant, relevant events occurring in our service areas. For instance, June 2023 saw us receive 24,000 impressions, our highest recorded figure to date, largely thanks to our Pride Icons campaign, which saw us celebrating artists and celebrities who have made history in sexual health and for LGBT+ communities. One of these posts received 4,752 impressions, our highest impressions count that month.

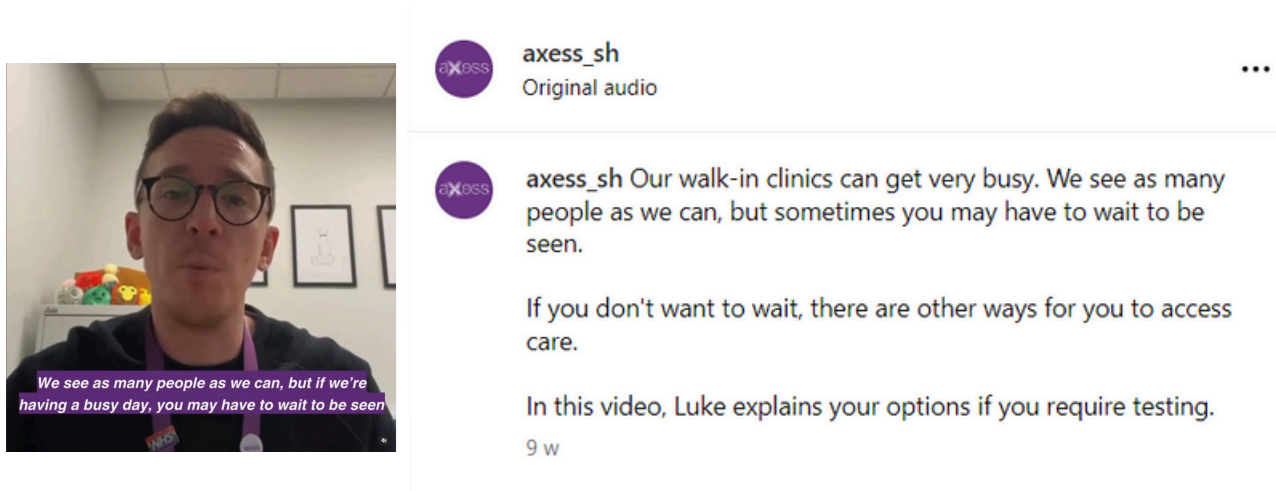


Instagram reach denotes the number of people who have seen our content in the Discover tab, feed, tagged posts, location, or hashtag search. Axess' Instagram content has comfortably reached over 1,000 users each month. Our most successful month of the past year has been January 2024. Instagram users responded very positively to our Cervical Cancer Prevention Week posts, wherein we recorded videos of axess team members explaining different aspects of cervical screenings and how they can be accessed. Three of these videos received our highest reach count of the month, with 1,500 users, 1,200 users and 669 users reached respectively. These videos are emblematic of our new, staff-focused approach to social media output over the previous year, and the positive reaction towards them highlights the success of this approach.

### Challenges and lessons learned

One major challenge of 23/24 has been reaching service users with information on our clinic opening times, changes, and ways to access care. With 11 total clinic locations, it can be difficult to accurately disseminate the specific and complex information of each clinic in a way that satisfies our service users.

We've recently launched a campaign which intends to build on the success of our staff-focused video content, that explains in simple and digestible ways the different options our service users can access care if they don't want to wait at our walk-in on busy days. These videos have been shared on our social media channels and have so far received a positive response.



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For example, [a video](#) posted in March explaining how to access sexual health testing received 724 plays, 30 likes and reached 378 total accounts (as of May 2024). In the near future, it will be important to monitor the impact that these videos are having on genuine patient experience of our services. The Communications Team will speak with clinical staff and monitor patient feedback on Google and social media to assess whether people feel they are clearly aware of all the ways they can access sexual health care, and whether they feel these are suitable alternatives to waiting at our walk-in on busy days.

# Sexual problems service

Axess sexual problems clinic is based in Warrington axess service in Bath Street and Halton axess sexual health at Halton hospital. It consists of a part time two days per week band 7 psychosexual therapist who is dual trained College of Sex and Relationship Therapists, COSRT and a Member of the Institute of psychosexual medicine (IPM).



The service was previously run by an SRH consultant and psychosexual doctor who retired from practice in May 2024. The current psychosexual therapist took her post in September 2024.

The service is supported by an administrator who manages the psychosexual clinics and patients' referrals. The administrator was invaluable during the period of absent clinical capacity, by ensuring the new post holder was supported through her induction and meeting the demands of the gap in the service.

## Activity

There were 76 referrals into the service between 23/24. Most referrals come from GPs, and secondary care specialities including urology and obstetrics and gynaecology. There is a small number of referrals from within the axess service.

There was a hiatus in the service between the previous consultant retiring and the new post holder coming into post in September 2024, but during this time, patients were offered alternative appointments to be seen in axess Knowsley, although few patients were willing to travel.

The waiting list has been significantly reduced over the period since the new post holder started

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and the waiting time is now 4-6 weeks depending on patient's availability.

Approximately 41 patients are active to the caseload at any one time. Patients will often be seen more regularly to start with and then have less regular review as things progress.

### **Demographics and diagnosis**

Slightly more referrals are received for cis female patients than cis male. Broken down by diagnosis, of those diagnoses recorded, most male patients present with erectile dysfunction. Most female patients present with vaginismus or dyspareunia.

Patients are seen from all backgrounds with the help of interpreters for non-English speaking patients and patients who are deaf and use English sign language.

### **Service development and education**

A monthly team meeting takes place across the wider axess area with the whole Psychosexual Team which enables sharing of learning as well as support with case discussion. Service developments related to patient information and education are facilitated by the team through this forum.

Axess Halton's psychosexual therapist is actively involved in education and asked to speak at local and national events as well as within axess service.

Progress has been made locally to network with the local referrers to ensure referrals are appropriate and patients expectations are managed. Through this networking education sessions are offered to teams to support their awareness of sexual problems.

# Staff training

Training and development of staff is key to growing and maintaining a specialist workforce. Providing opportunities for career development for our staff and for colleagues based in other areas of the health service is fundamental to equipping the workforce to deliver integrated services.

We provide all our staff with regular informal education sessions delivered remotely known as Journal Club. These are weekly one hour presentations delivered on key issues related to sexual and reproductive health, via a combination of internal and external speakers.

Nursing staff Banded 8a and above and all medical staff are required to deliver at least one Journal club presentation every six months, while staff from other roles are strongly encouraged to volunteer to present in these sessions as well. 50 Journal Club sessions were delivered in 23/24. Additionally, there are longer education and governance sessions provided quarterly in addition to Journal Club.

In addition to their core training competencies, the matron and clinical managers in axess require enhanced operational and management skills, to oversee and maintain essential governance standards and mandatory requirements of their staff and local services. All are adept in managing challenging policies, including wellbeing & sickness, and recruitment, all essential for the safe and efficient care of patients and staff. In 2023, the matron commenced the Chartered Leader degree which includes the accreditation of Mary Seacole course. The forward plan is to commence all clinical managers in axess on a Mary Seacole course in late 2024 to further develop their leadership and management skills.



Caroline Cody, Clinical Manager  
Warrington and Halton

## Nursing/midwifery training

### Training pathway

Axess has developed a robust regional training pathway for all nurses and midwives at every level working within the service. There are three key roles in the team: trainee clinical practitioner, clinical practitioner and senior/advanced clinical practitioner. Trainee clinical practitioners are appointed using the 'Annex 21' section of the NHS Terms and Conditions of Service. Annex 21 outlines a percentage pay structure for those recruited to training posts between one and four years. A structured one to two year training programme is provided and, on successful completion, the trainee becomes a clinical practitioner. This approach enables the recruitment of newly qualified nurses or midwives, or those seeking a change in career who may have no experience in sexual and reproductive healthcare (SRH). It also supports recruitment based on the values and behaviours essential for SRH. Clinical practitioners who undertake further development such as non-medical prescribing may become senior or advanced clinical practitioners (ACPs).



Jane Spencer, Advanced Clinical Practitioner

The structured training programme includes 'core training' which ensures each practitioner has the necessary skills and competencies to provide high-quality integrated SRH. Our approach to training and development offers structured and achievable career progression and supports succession planning within an ageing workforce. Core training incorporates nationally recognised training programmes from the Faculty of Sexual and Reproductive Healthcare (FSRH) and the Sexually Transmitted Infection Foundation (STIF). This supports the development of standardised competencies within each role to ensure consistent service delivery.

Core training for each role can be seen in Table 1 on the following page. We also offer additional training opportunities to those team members interested in more specialised care such as menopause and psychosexual medicine (Table 2).



**Table 1: Core training**

Core training		
Trainee clinical practitioner	Clinical practitioner	Senior/advanced clinical practitioner
FSRH essentials contraception	STIF intermediate	STIF advanced
Vaccination and immunisation	FSRH diploma	In-house bimanual and proctoscopy training
STIF foundation	FSRH letter of competence in subdermal implant insertion and removal (SDI)	FSRH letter of competence in intrauterine techniques (IUT)
Smear-taker training		Non-medical prescribing

**Table 2**

Additional training opportunities (all clinical practitioners)		
FSRH essentials menopause	Introduction to psychosexual medicine	Cytology mentorship
FSRH registered trainer		

**Progress**

The table below shows the workforce establishment and progress with training Warrington and Halton as this is a shared workforce.

Staff group	Current job title	WTE	Training completed	Training progressing
Medical	Consultant Lead	1.0	CCST, LARC fitter both coil and implants, HIV speciality clinics	Updates and CPD
	Consultant	60		
	Locum Consultant x1 fixed term contract	(0.85)	CCST smear training	Implant/IUC training
	Speciality Doctor	(0.20)	LARC fitter both coil & implants	GUM specialism

Nursing	Advanced Nurse Practitioner Band 8A WTE 1.0	(1.0)	Cytology & mentor, venepuncture, cryotherapy, microscopy, DFSRH, STIF intermediate, STIF advanced, LoC SDI, LoC IUDs, faculty registered trainer, Bashh/STIF trainer, GCP research module, imms and vaccinations, bimanual examinations, NMP (non-medical prescriber)	As required ongoing updates, core training 100% complete
	Clinic Manager Band 7 WTE 1.0	(1.0)	Cytology, venepuncture, cryotherapy, DFSRH, LoC SDI, GCP research module, imms and vaccinations, PGDs, core management programme	Progressing: NMP
	Senior Clinical Practitioner Band 7 WTE 3.65	(1.0)	Cytology and mentor, venepuncture, cryotherapy, microscopy, DFSRH, STIF intermediate, LoC SDI, LoC IUDs, GCP research module, imms and vaccinations, bimanual examinations, NMP	STIF advanced, BASHH/STIF trainer, FSRH trainer

Nursing		(1.0)	Cytology, venepuncture, cryotherapy, microscopy, DFSRH, STIF intermediate, LoC SDI, LoC IUDs, GCP research module, imms and vaccinations, bimanual examinations	NMP, STIF advanced, BASHH/STIF trainer, FSRH trainer
		(1.0)	Cytology, venepuncture, cryotherapy, microscopy, DFSRH, LoC SDI, LoC IUDs, GCP research module, imms and vaccinations, bimanual examinations	STIF advanced, BASHH/STIF trainer
		(0.65)	Cytology and mentor, venepuncture, cryotherapy, DFSRH, STIF intermediate, LoC SDI, LoC IUDs, GCP research module, imms and vaccinations, bimanual examinations	

Nursing	Specialist Practitioner Band 6 WTE 3.21	(0.29)	Cytology and mentor, venepuncture, cryotherapy, DFSRH, STIF intermediate, LoC SDI, GCSP research module, imms and vaccinations	Core training 100% complete
		(0.53)	Cytology, venepuncture, Cryotherapy, DFSRH, STIF intermediate, LoC SDI, GCP research module, imms and vaccinations	Microscopy Core training 100% complete
		(0.59)	Cytology & mentor, venepuncture, cryotherapy, DFSRH, STIF intermediate, LoC SDI, GCP research module, imms and vaccinations, NMP	Microscopy Core training 100% complete
		(1.0)	Cytology, venepuncture, cryotherapy, microscopy, DFSRH, STIF intermediate, LoC SDI, GCP research module, imms and vaccinations, NMP	Core training 100% complete

Nursing	Assistant Practitioner Band 4 WTE 3.0	(0.8)	(Annexe 21) Venepuncture, cryotherapy, GCP research module, imms and vaccinations	Progressing: Cytology, In-house workbooks including male and female examinations
		(1.0)	SRH essentials course, STIF foundation, PSD training, imms and vaccinations foundation course, cryotherapy, Assistant Practitioner in Healthcare level 5	Commencing Nurse training Pathway June 2024 – and will return as registered practitioner in 2026  Core training 100% complete
		(1.0)	SRH essentials course, STIF foundation, PSD training, imms and vaccinations foundation course, cryotherapy, Assistant Practitioner in Healthcare level 5	Progressing: Assistant Practitioner in Healthcare Maintain competencies and updates
		(1.0)	SRH essentials course, STIF foundation, PSD training, imms and vaccinations foundation course, cryotherapy, Assistant Practitioner in Healthcare level 5	Core training 100% complete

Nursing	Assistant Practitioner Band 4 WTE 3.0	(0.8)	(Annexe 21) Venepuncture, cryotherapy, GCP research module, imms and vaccinations	Progressing: Cytology, In-house workbooks including male and female examinations
		(1.0)	SRH essentials course, STIF foundation, PSD training, imms and vaccinations foundation course, cryotherapy, Assistant Practitioner in Healthcare level 5	Commencing Nurse training Pathway June 2024 – and will return as registered practitioner in 2026  Core training 100% complete
		(1.0)	SRH essentials course, STIF foundation, PSD training, imms and vaccinations foundation course, cryotherapy, Assistant Practitioner in Healthcare level 5	Progressing: Assistant Practitioner in Healthcare Maintain competencies and updates
		(1.0)	SRH essentials course, STIF foundation, PSD training, imms and vaccinations foundation course, cryotherapy, Assistant Practitioner in Healthcare level 5	Core training 100% complete

Nursing	Healthcare Assistant Band 3 WTE 2.39	(0.8)	Venepuncture, microscopy, care certificate, HCA workbook competencies	Maintaining competencies and MT updates  Core training 100% complete
		(1.0)	Venepuncture	Microscopy training
		(0.59) Vacant post		

### Outreach staff

The service is also committed to ensuring our teams with a mix of clinical and non-clinical staff are well trained and highly skilled. This means we have a team of outreach staff equipped to deliver quality clinical services and interventions in the community to individuals from the most underserved cohorts of patients. Over the past 12 months the outreach team members have all undergone intensive retraining, and training in new skills which has included:

- All staff have now undertaken STIF foundation course, with the exception of one member who is on maternity leave
- All Staff are to complete, or have completed, ELFH sexual and reproductive health modules
- All Staff venepuncture trained
- All Staff trained in INSTI HIV testing
- All Staff trained to provide asymptomatic screening
- Staff supported to attend/booked to attend LUFHT in house training workshops i.e., coaching masterclass, assertive training
- PSD training for assistant practitioners to administer medication
- Microscopy training for assistant practitioners
- Staff attended education morning with CMAGIC nurses around trans GIC services
- Assistant practitioners undertaking Foundation degree in health
- Assistant practitioners attended vaccination training
- Staff undertaking/experienced clinic exposure
- Staff attended fundamentals of contraception education training

- Safeguarding supervision
- Staff attended Staff Network HIV awareness/education Forum
- Staff attended HIT workshop (drug/alcohol awareness training)
- Staff attended disabled mothers charter training
- Cytology training for nurse associate
- STIF advanced started for lead outreach nurse
- SDI training for band 6 outreach nurse
- Two members of the team undertaking Inspiring Managers Course
- PSD training pending for band 6 sexual health outreach practitioner.

### Axess biannual STI Foundation theory course

Education and training are paramount to the axess mission, with dedication to equipping healthcare professionals with the necessary skills and knowledge to effectively manage and prevent sexually transmitted infections (STIs). In line with this commitment, axess delivers a biannual two-day nationally accredited STI Foundation theory course, which has garnered exceptional feedback from participants.



This theory course, accredited by BASHH Sexually Transmitted Infections Foundation (STIF), caters for 40 participants per session, which includes nurse and midwifery practitioners, general practitioners (GPs), and doctors in training. The course is delivered over two days, supplemented by e-learning modules, and ensures a multidisciplinary approach to training, emphasizing the attitudes, skills, and knowledge required for the effective prevention and management of STIs. Participants also learn the critical decision-making skills necessary to determine when and how to refer patients for specialist care.

Our faculty is composed of esteemed specialists in various fields, including dermatology, syphilis, and HIV, who bring a wealth of knowledge and practical expertise, ensuring a high quality of course content and relevance to current clinical practice. This expertise is a



cornerstone of the course's success, providing participants with invaluable insights and guidance.

The STIF events held so far, have generated groups of delegates from within the UK and internationally. Apart from our own clinical teams, participants have travelled from major cities and regions to attend, such as London, Birmingham, Nottingham, and Winchester. Additionally, we have welcomed candidates from various parts of Wales, including Llandridod Wells and Bodelwyddan, as well as international locations like Ireland, Gibraltar, Kowloon, and Hong Kong. This diversity enriches the learning experience, fostering a broad exchange of perspectives and practices.

Feedback from course participants has been consistently excellent, with delegates expressing high levels of satisfaction with the course content, the expertise of the faculty, and the overall organisation of the program. The positive feedback underscores the course's effectiveness in enhancing participants' competencies in STI management and prevention, and reinforces our dedication to ongoing professional development in this critical field, particularly at a time of record levels of STIs.

Axess's biannual STI Foundation theory course stands as a testament to our commitment to education and training in sexual healthcare. By providing high-quality, accredited training to a diverse group of healthcare professionals, we contribute to the broader effort of improving STI management and prevention.

### **Nursing in Practice Conference**

Three axess staff members (a nurse consultant, a senior clinical outreach practitioner and senior sexual health outreach practitioner) delivered training at the 2023 Nursing in Practice Conference on "Testing for and managing sexually transmitted infections" and "Encouraging good sexual health in those who are vulnerable." An article was subsequently published by the

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nurse consultant involved titled "[Mycoplasma genitalium – an emerging global health threat.](#)"

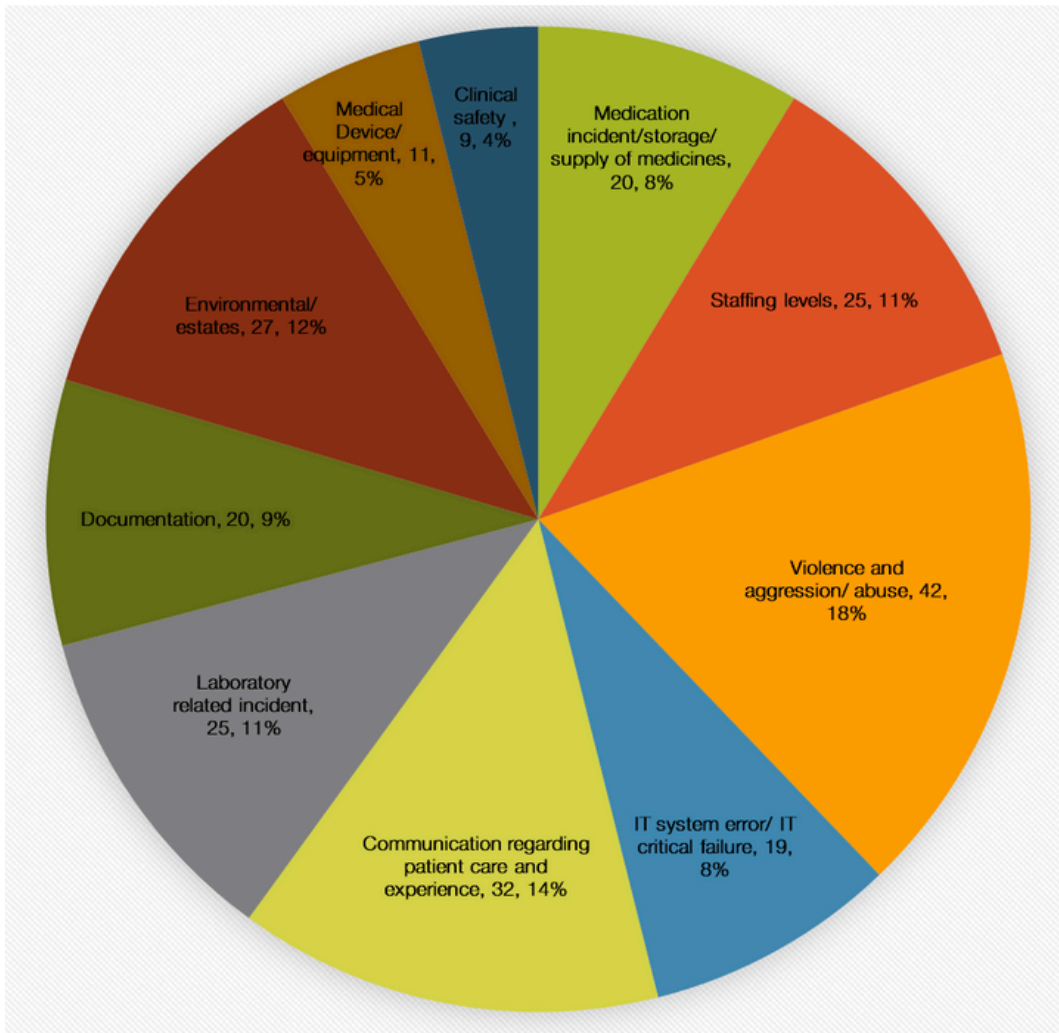
The training was delivered at the Nursing in Practice Conference on 14 September 2023 in Liverpool Arena and Conference Centre. This is an annual conference which is free to attend for all primary care and community nurses. Nursing in Practice has over 17 years precedence in providing high-quality continuing professional development to nursing staff.

### **FSRH Essentials Menopause Training**

In 2023, the sexual health nurse consultant and an ACP began delivering the Essentials of Menopause Care Course on behalf of the FSRH. This is a course aimed specifically at those providing menopause care in primary care settings. It provides an interactive half-day with scenario-based learning and is relevant for menopause care providers who need an introduction and provides a useful update for more experienced staff. To date, over 40 axess clinicians regionally have attended this training which has enhanced the care and support that we provide to our patients.

# Governance

## Risks and incidents in axess



During April 23-March 24, axess staff reported a total of 267 incidents on the Trust Datix system, showing their continuous awareness of safety and risk in the service. Towards the end of this period the Trust Safety and Risk Group recognised axess service as one of the highest performing services in regard to incident reporting.

Incidents spanned across 22 categories with the top ten shown above. Violence and aggression reports scored highest. Most of these events related to patients being verbally abusive to staff during walk-in clinics or over the telephone.

The service has implemented a process to initiate a first warning via text message to these patients, and a caution is added to their EPR profile to alert staff for future attendances. Trust security teams are responsive and supportive in these situations and all clinics have zero tolerance posters displayed in all patient areas.

Second highest reports related to patient care and experience. The service is reactive to patient feedback and staff work consistently to provide a positive experience for everyone. Most of these incidents related to lost laboratory samples and errors in text messaging, which impacted on patients due to delayed results and the need to return for repeat testing. Staff are open and honest to ensure explanations and apologies are given. Robust training on the EPR system is given to admin staff on induction, but this is repeated where errors occur, to support ongoing and effective operations.

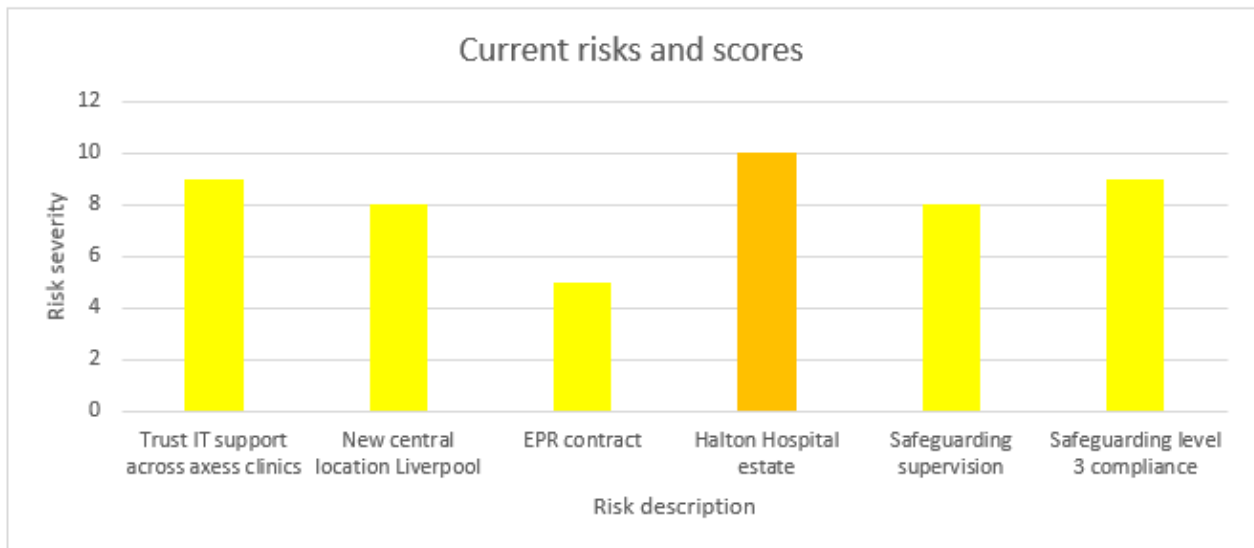
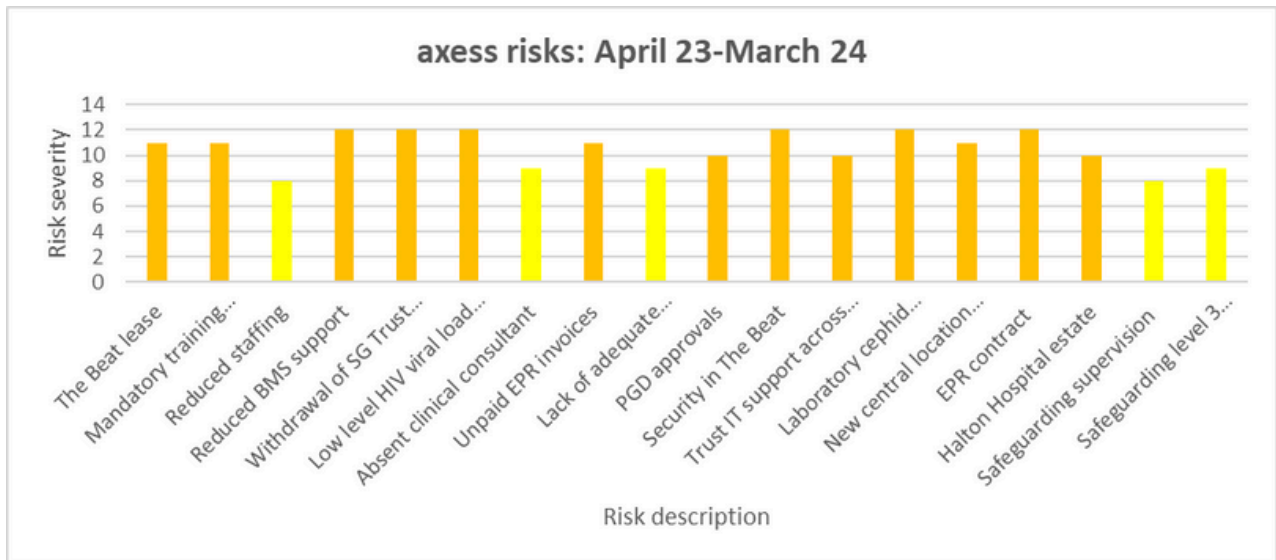
LUHFT produced an annual Datix incident report in April showing trends across the whole Trust. axess trends aligned with most of the Trust data.

		Impact →				
		Negligible	Minor	Moderate	Significant	Severe
Likelihood ↑	Very Likely	Low Med	Medium	Med Hi	High	High
	Likely	Low	Low Med	Medium	Med Hi	High
	Possible	Low	Low Med	Medium	Med Hi	Med Hi
	Unlikely	Low	Low Med	Low Med	Medium	Med Hi
	Very Unlikely	Low	Low	Low Med	Medium	Medium

Risk matrix 5x5

The total number of risks held on the Trust risk register during the reporting year numbered 18. The chart on the following page gives their initial risk scores according to severity and likelihood on a 5x5 Matrix (above) and all were medium to high risk.

The axess Safety Quality Governance Group, made up of service leads and managers, meets monthly to review incidents and risks. Risks of 10 or more held on the Trust register are escalated and presented at the monthly divisional quality, safety and effectiveness meeting. Due to this robust process, and ongoing communications with other Trust services and departmental leads, the number of risks was reduced to 7 by the end of March 2024.

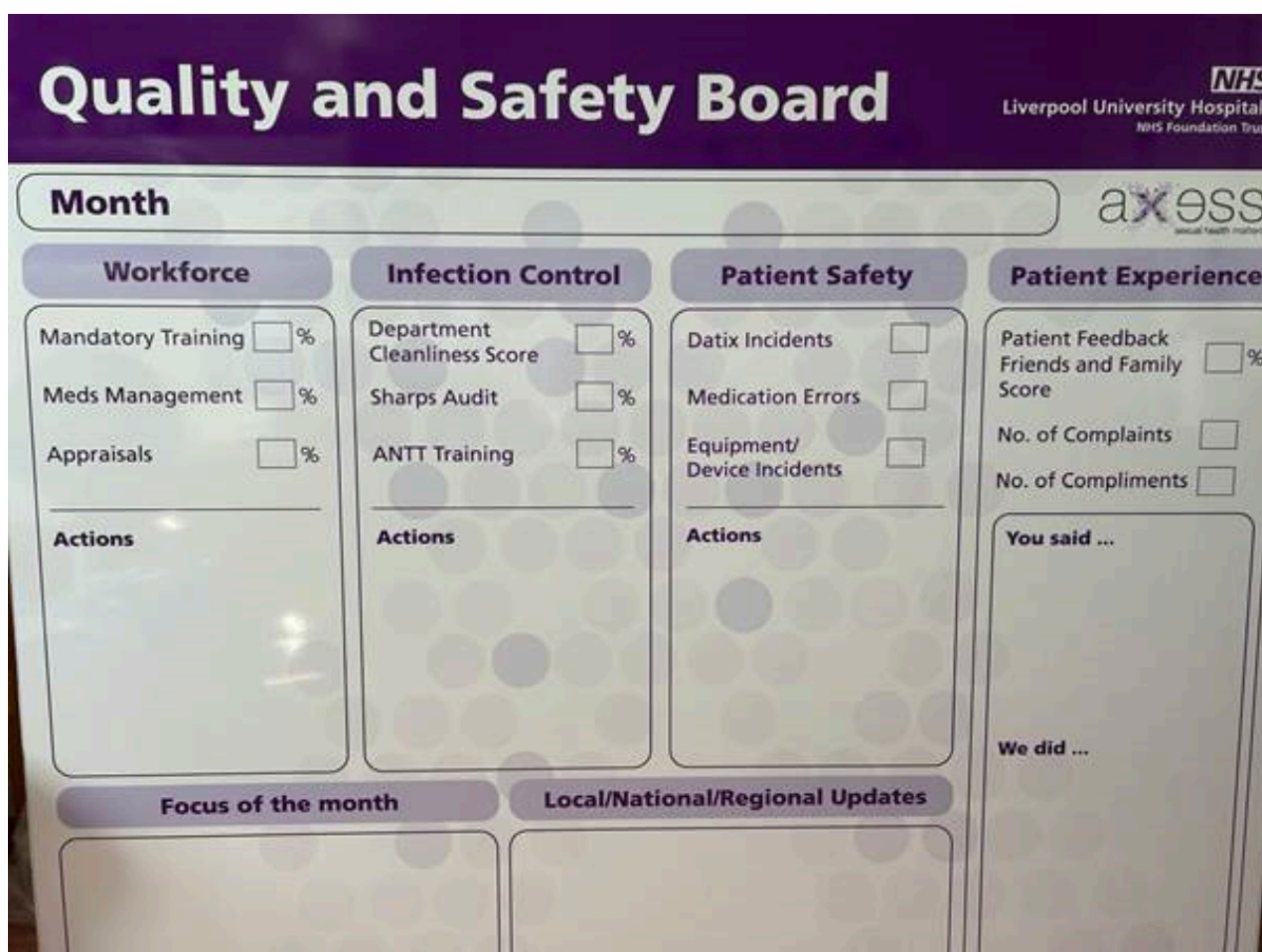


Of the 6 remaining risks, 5 have lowered to medium risk from high, and the safeguarding risk has now been separated to enable workstreams to take place for implementing supervision and level 3 compliance.

To improve the reporting and transparency of governance within axess services, the matron designed and erected quality and safety boards, which are now displayed in each of the axess departments across the region.

The boards provide real-time feedback and information about patient experience, safety, and clinical effectiveness, all within CQC domains.

The boards also serve to highlight events, health awareness, and facts or good news about the local teams or services, so are a great innovative addition to axess.



# Safeguarding

Ensuring patients who access our services are safe and free from harm is paramount in axess service delivery and the service acknowledges the duty of care to safeguarding and protecting patients.



Axess Safeguarding Team

As everyone continues to adjust, especially younger patients, to life following a pandemic, a cost-of-living crisis, along with ongoing concerns around internet safety, it is essential thorough consultations are undertaken. Often, this will involve asking difficult and sensitive questions to ensure patients' health and wellbeing is protected and they are able to live free from harm and abuse. Asking sensitive questions can lead to concerns being identified and axess have a robust safeguarding process in place.

As part of the Liverpool University NHS Foundation Trust (LUHFT), we have safeguarding children and young people and safeguarding adults policies for guidance and to support decision making. All staff who are required to assess and undertake consultations received safeguarding training to level 3, with admin teams to attend safeguarding awareness sessions.

These sessions discuss the valuable part a receptionist can have in spotting possible signs of concern while patients are waiting to be seen. We acknowledge how important it is that staff feel confident and able to raise concerns.

We also acknowledge how important it is to capture complete and concise information to enable onward referral, made by the Safeguarding team, meet the required level and support for the patient can be implemented. Therefore, we have introduced a Safeguarding Induction which is a step-by-step guide for new staff joining the service. The induction introduces new staff to axess processes for raising and completing a safeguarding referral.

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We have safeguarding champions in each service, these champions meet bimonthly with axess safeguarding practitioners. Local information is shared by the Safeguarding Team for champions to cascade to staff in their service. The champions also support staff in service on a day-to-day basis.

At axess, we appreciate at times it can be difficult for our staff to hear a distressing disclosure. In these circumstances staff are aware they can reach out to the Safeguarding Team who will offer one-to-one support. On receiving a referral, often the Safeguarding Team will check with the staff member to offer support. Also, staff receive quarterly safeguarding supervision, delivered in a group session, with local cases to the service being discussed. There is an opportunity to raise concerns or ask questions as part of the group or in private following the session.

When the Safeguarding Team receive a referral, they are triaged and actioned within 24 hours. Actions and plans are clearly documented on the safeguarding referral and when all actions are completed, the proforma is closed. Staff raising the concern can review the actions and outcomes of all referrals. In addition to this, in the case a safeguarding concern requires immediate disclosure, either mandatory reporting, or if a patient is not safe to leave clinic, a referral would be made by axess staff member with the support of the Safeguarding team.

The below is a detailed break down of the referrals and cause for concerns identified in Knowsley.

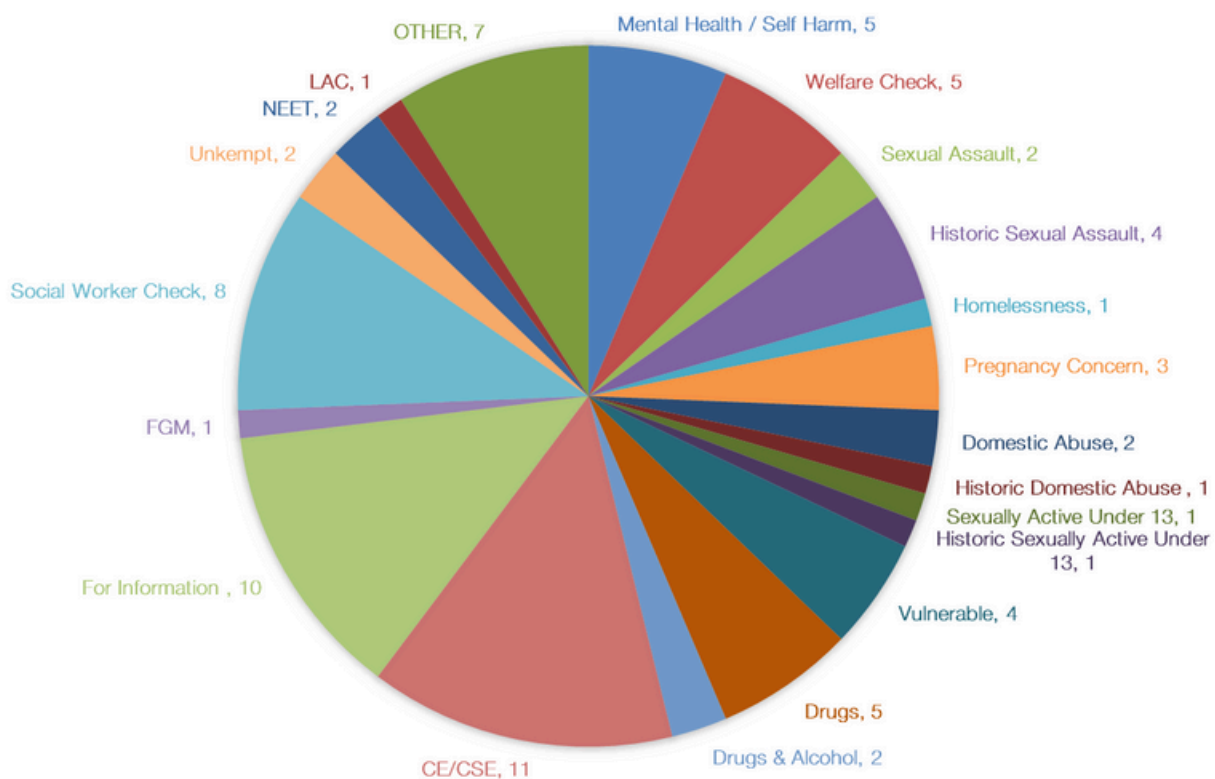
From April 2023 to the 31st of March 2024 the safeguarding team received a total of 68 safeguarding proformas:

- 32 were from Runcorn services
- 36 were from Widnes services
- 43 of these proformas were in relation to children under 18
- 25 of these proformas were in relation to adults



Number of patients who had more than 1 referral in this period: 5. Please note that some patients fall into one or more category.

April 2023	1
May 2023	7
June 2023	3
July 2023	6
August 2023	8
September 2023	7
October 2023	5
November 2023	7
December 2023	9
January 2024	5
February 2024	3
March 2024	7

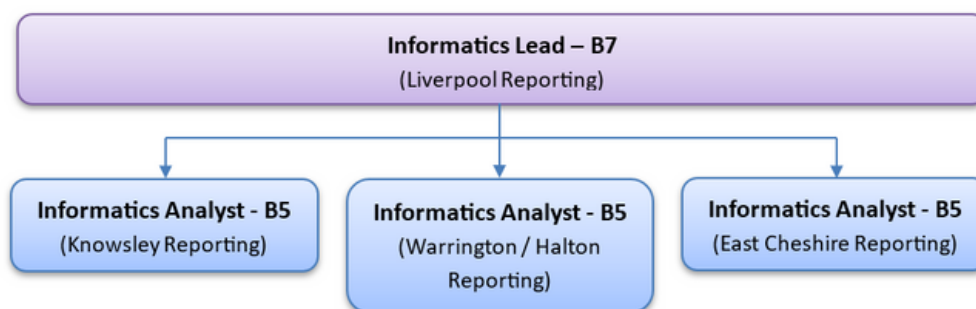


From the proformas received in 23/24, the safeguarding team:

- 2 referrals were made into social care
- 42 were shared information or discussed concerns with social care/social worker
- Contacted the police to discuss 2 of the proformas
- Contacted school/education for 1 of the proformas
- Completed 1 L.A.D.O.
- Contacted The Rainbow Centre for 1 of the proformas

# Informatics

## Team structure



The axess Informatics Team are a dedicated regional team of data analysts/system support officers. The team work independently to the Trust's IT department and are physically located within various axess clinics. The team work closely with the clinic managers and leads. Although the whole team is regional, KPI reports are assigned to a specific team member who is local to that service.

The informatics lead has worked with all our commissioners over the past two years, to bring the various KPI report templates together into a single workbook. This enables easy comparisons and monitoring across the regional services, providing stability with the report schedule and allowing the lead to develop standardised processes now in use across all services. It also provides contingency during leave/absence to ensure deadlines are met.

The main tasks of the Informatics Team are:

- Management and user support of the axess electronic patient record system EPR (Lilie)



Glyn McCarthy, Informatics Lead

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and the bespoke Microsoft Access database used for HIV services across axess (HIV database)

- Data auditing of Lilie/HIV database to ensure that our GUMCAD, SRHAD and HARS coding is accurate. The team will also identify issues with coding and arrange training sessions with target staff groups. This also includes external audits requested of the system
- Performance (KPI) reports for our commissioners
- Internal reports for the axess senior management team including:
  - Monthly capacity reports around patient activity in all services
  - Monthly finance report around out of area costs
  - Monthly overview dashboard for the senior management team meeting.
  - Any ad hoc reports needs for audits/research projects
- Submission of GUMCAD/SRHAD/HARS national reports
- Submissions of monthly cytology and HPV reports to NHS England
- Training of staff on Lilie and the HIV Database
- Picking up subject access request/freedom of information requests from the Trust Subject Access Request team and processing them to provide the data according to Trust guidelines
- Working with colleagues across axess to develop any local databases needed for teams to record their activity. We have around five databases at the moment which are all used to fill in sections of our KPI reports.

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# Cervical cytology

Throughout 2023 the axess matron has worked closely with the North West (NW) Screening and Immunisation Team from NHS England, to help address the reduced uptake of cervical screening across the region.

Insight work was commissioned by NHS England for the North West population between July and October. The findings were collated in early 2024.

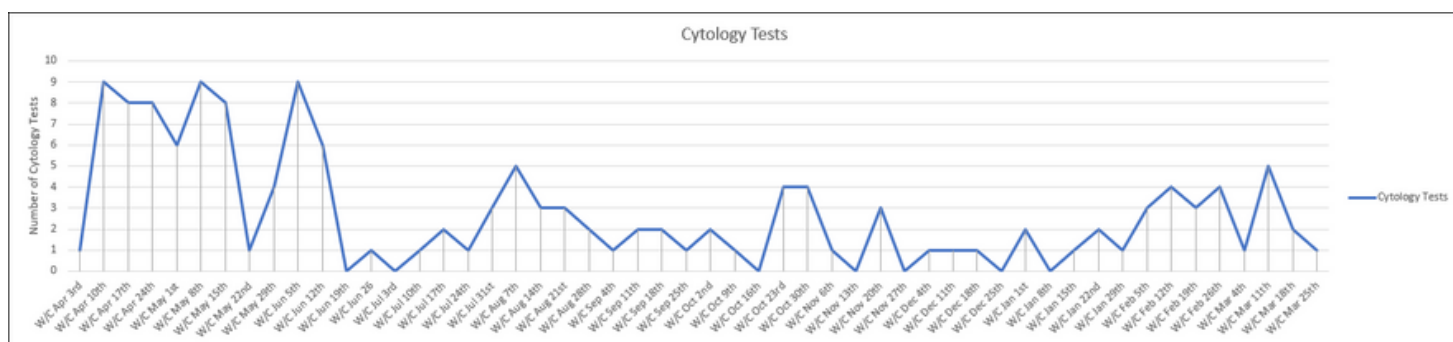
Common themes presented as reasons why women were not attending for smears included: evening appointments, online booking and having a female clinician or nurse to perform the procedure. Although axess were able to confirm online and evening appointments were already in place across all their clinics, we will continue to address other concerns highlighted in the findings of the report, which will include an axess-led campaign in the Trust for all eligible staff to attend any of our sites for their smear, in and around working hours. It is hoped that by providing easier access for Trust staff, we can increase uptake. The plans will include some mobile unit drop-in sessions in the summer.

The NHS England NW commissioning team are planning four Task and Finish Groups in 2024 following the insight work, to develop pilots to improve cervical screening. The axess matron has been asked to join the Oversight Group with commissioners, to assess pilot proposals put forward by the T&F groups, and to decide which ones can progress to development and be implemented.

Additional work has also been taking place to prepare for switchover to the new cervical screening management system (CSMS) across the axess services. This will replace the current Open Exeter system. Work has involved whole-team setup for access via smart-cards and updating training requirements to ensure access is available for our large teams of sample takers.

To coincide with Cervical Cancer Prevention Week, axess ran a campaign on social media from 22-28 January. Staff in at the service were involved in filming videos and talking about what testing involves, with the aim of destigmatising testing. Alongside, this the service produced a FAQs for further information and guidance.

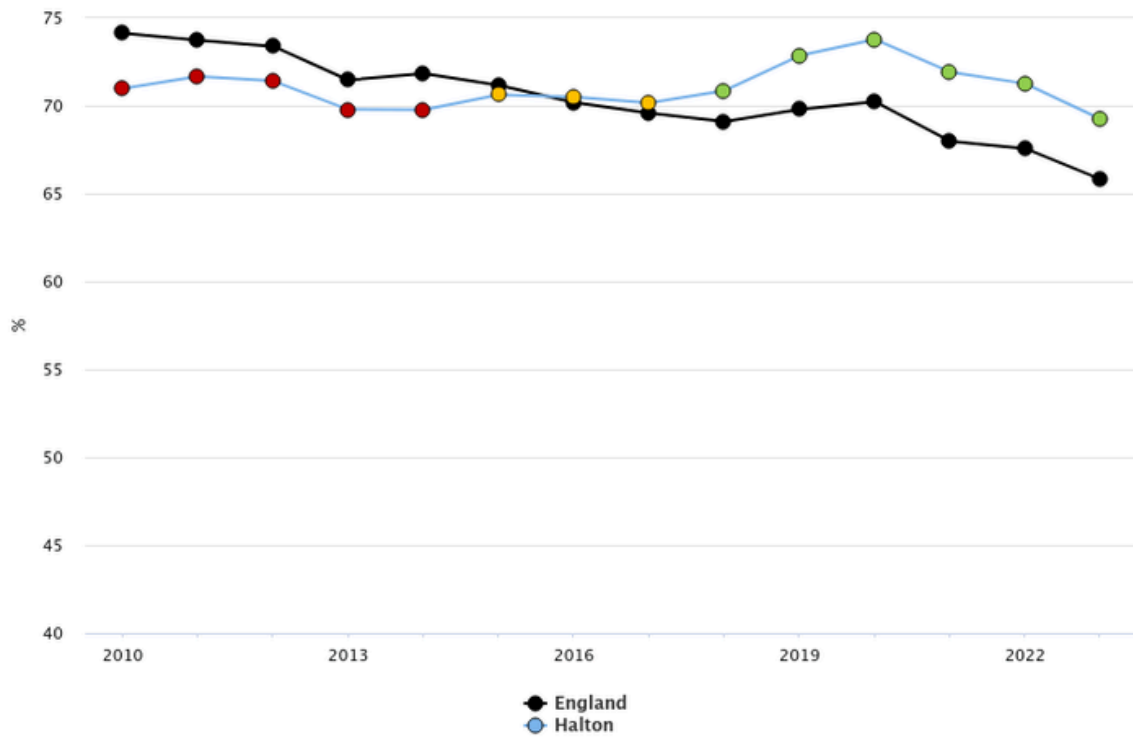
Following this campaign, the service evidenced an increase in the number of tests undertaken by the service.



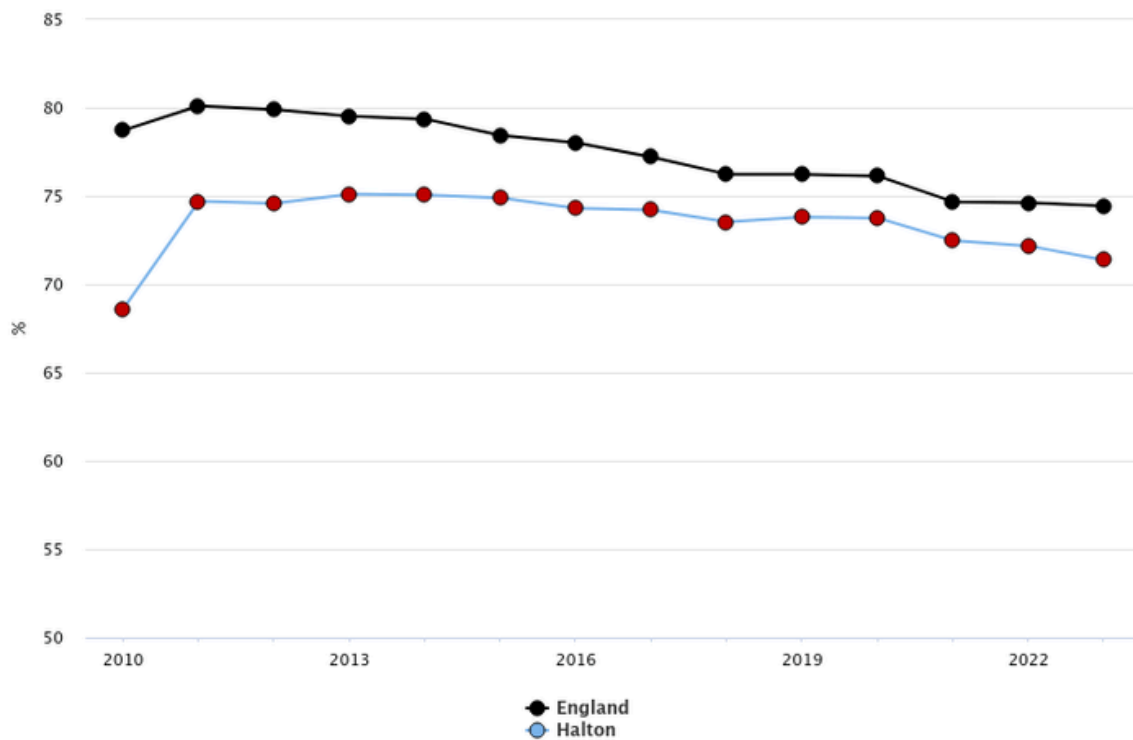
It is planned during Cervical Cancer Awareness Week, 17-23 June, we will again raise awareness via our social media. We also plan to distribute posters to GP services which will signpost patients to the axess website for further information.

On the following page are the details of national screening figures across England and Halton for 2010-2024.

Cancer screening coverage: cervical cancer (aged 25 to 49 years old) for Halton



Cancer screening coverage: cervical cancer (aged 50 to 64 years old) for Halton



# Patient experience

Feedback from service users is important for any service. In axess, all patients who attend the service receive a text message with a link to an online questionnaire enabling them to rate the service they receive and provide more general feedback on their experience of the service.

The service is working with the Trust to produce a means of feedback tailored to patients aged 13-17 to support the Voice of the Child following a joint OFSTED and CQC inspection this year.

The table below presents the data provided by our patients via our online survey in 23/24.

Location	How would you rate the service? (Good & very good)	Would you recommend the service? (Yes)	Were you treated with dignity and respect? (Yes)	Total responses to survey
Halton	96.3%	95.6%	96.9%	930
Liverpool	95.4%	94.7%	95.8%	3897
Cheshire East	95.9%	95.4%	97.1%	961
Knowsley	98.0%	97.7%	97.7%	1073
Warrington	96.1%	95.4%	95.9%	1258
Whole service	96.3%	95.8%	96.7%	8119

## Halton patient feedback

“Nurse was very friendly understood my anxiety explained everything to me as we went along that put me at ease, she respected my choices and made no assumptions the appointment was on time, and I felt listened to. Also, there was no long wait time when i booked the appointment which was helpful due to anxiety.”



"The two ladies who saw me in Runcorn cgl were absolutely fantastic.... they treated me with care, furthermore I felt my well-being and dignity were the epicentre of the entire procedure, I was very impressed with the care taken and the respect shown throughout the entire test."

"I went to get the IUD. The nurse was VERY informative and helpful. I ended up getting the IUS because she had gave me better advice than I had seen from the NHS website. The nurse made me feel SO comfortable and spoke to me the whole time. There was another nurse with her who was AMAZING. They are both perfect examples of nurses."

"I would like to thank the Runcorn clinic. I have always been really shy and felt embarrassed to access this service on the feeling I may be judge. The nurses make you feel so comfortable and have you at ease. They always promote safe sex and explain in great detail with their fantastic knowledge. I would recommend this service and it has changed the way I think about being tested. Being tested isn't something to be ashamed about and it should be promoted more because it keeps you safe. Thank you, ladies you do a wonderful Job!"

"Attended the evening walk in service on Tuesday 10/10/23. I was expecting a long wait but was seen very quickly. Front of house reception was very polite and welcoming. The nurse was lovely and informative. I only needed the mini pill which I used to use Bridgwater during the pandemic. Unfortunately, they advised me to go to GPs. My GP needed me to make an appointment to access the progesterone only pill and I was finding it very hard to get an appointment. This service is a godsend - thank you."

## Complaints

The service receives compliments and complaints via Trust PACT team. The tables below show the themes of the complaints received in that time. Each complaint is addressed and resolved individually.

Where themes are apparent, they most frequently reflect the challenges of delivering services that have fixed capacity and high demand. The service has monthly patient flow and capacity meetings to review patient data and identify where issues exist or may arise, and management is both responsive and proactive with contributions from clinical and operational teams.

Complaints type	Whole service 23/24	Knowsley 23/24
Overall service	19	N/A
Phones	8	2
Staff conduct	4	N/A
Procedure	3	3
Total	34	5

# Patient case studies

## Case study: polycystic ovary syndrome

### Summary description of need/reason for involvement in service

A patient attended requesting replacement Subdermal Implant (SDI) but had been advised that she may have Polycystic Ovary Syndrome (PCOS) after recently having an ultrasound scan at a private gynaecology clinic in Poland.

The patient was worried about the potential impact on her fertility, health, and risks for Endometrial cancer. The patient was currently living with her parents and was concerned that she did not want to conceive whilst there. not currently planning to conceive

The patient had a BMI of 31 and was struggling to lose or maintain her weight despite reporting good healthy diet and regular exercise. The patient had mild acne which she was unhappy with.

The patient was hoping to begin trying to conceive in 12 months' time and did not wish to try any other method of contraception.

### Actions taken/support offered

The practitioner reviewed the Clinical Knowledge Summary Guidance on the NIHC website including causes and aetiology, implications and investigations needed to diagnose PCOS.

Following there was further discussion about the available for contraception including risks, benefits, and the impact on PCOS and PCOS symptoms with information for the FSRH website. The patient was advised that Combined Oral contraception in particular may help symptoms of PCOS and that this may be a viable alternative for her given her short-term plans for conception.

### What you did that worked well?

The patient was provided with a comprehensive range of information to enable her to make a well-informed decision to benefit her health, and enable to control her present and future fertility

### Impact on patient - issues with access to service/GP/health inequalities/vulnerability

The patient had been finding it difficult to get a GP appointment and to find relevant information about PCOS. The patient left with detailed information about her condition and how to manage her most immediate needs. She was aware that she would need a referral from GP to Gynaecology/endocrinology to investigate further.

## Results and outcome

The patient was advised that SDI would alter blood hormone levels so it may be difficult to have realistic investigations on whilst on that method. She was made aware that with PCOS infertility can be an issue but was aware how to access information and resources to gain support to investigate this and how to access treatment. She was further advised about the importance weigh control with PCOS symptoms and metabolic disorders, discussed dietary information and resources. The patient made the decision to renew SDI, as she was happiest with that method to control fertility for now.

## Links to related pathways/SOPs/protocols/national guidance

NICE CKS Management | Polycystic ovary syndrome | CKS | NICE  
FSRH Clinical Guideline: Progestogen-only Implant (February 2021, Amended July 2023) - Faculty of Sexual and Reproductive Healthcare  
FSRH Clinical Guideline: Overweight, Obesity and Contraception (April 2019) - Faculty of Sexual and Reproductive Healthcare  
Verity - The UK PCOS Charity - Verity PCOS UK ([verity-pcos.org.uk](http://verity-pcos.org.uk))

## What can we learn from this piece of work or how can we build on this to inform future practice?

Important to be aware of helpful resources, national guidance, support groups, re. common conditions, especially those related to contraceptive and fertility decisions

### Case study: young person and erectile dysfunction

#### Summary description of need/reason for involvement with service

16yr old male LAC looked after child attended an axess4U clinic, worried because he could not get an erection, and noticing 9 out of 10 of them were not as strong/stiff as usual.

This first occurred when he was aged 14, and although still a virgin, his anxiety had increased as he thought it may continue when he decided to start having sex.

Through an effective safeguarding assessment and subsequent sexual health assessment, the young male was able to disclose he was abused from the age of 14. He stated his mother, and her partner would grab and squeeze his genitals, even punching and kicking him in that area. He related the start of his erectile dysfunction with this period in his life.

He had a regular girlfriend of 6 years – but they had not engaged in any form of sex because he was worried about not being able to get/maintain a proper erection.

#### What did you do that worked well?

The practitioner took the time to engage in a long discussion regarding the erectile dysfunction and previous abuse. He was offered and then accepted an internal referral to psychosexual services within axess, and to the safeguarding team due to his social worker still being out of area.

In addition, he was seen by an axess education practitioner on the day to have a condom demonstration and discussion around all aspects of sexual health.

#### Impact on patient - issues with access to service/GP/health inequalities/vulnerability

The young inexperienced male was provided with a large amount of information at his visit, but he stated he felt much more supported when he left the clinic. He was previously unaware of psychosexual services, safeguarding referrals and all the inclusive support given from axess before his visit,

#### Results and outcome

He was seen in Psychosex a month after his initial visit and for one second appointment. The case was also reviewed and closed by our safeguarding department.

#### Links to related pathways/SOPs/protocols/national guidance

STI and Related Conditions in Children and Young People (BASHH 2021)

[STI and Related Conditions in Children and Young People 2021 | BASHH](#)

<https://www.axess.clinic/sexual-problems-service-patient-contract/>

NICE – erectile dysfunction 2024

What can we learn from this piece of work or how can we build on this to inform future practice?

The case demonstrates the benefit of a Young Person's clinic and psychosexual services within the same service – to build trust with young people and facilitate quick and effective referrals where necessary and appropriate.

### Case study: dignity and respect

#### Summary description of need/reason for involvement in service

A male patient attended reception during a busy afternoon with appointment clinics wearing a face mask, hat and scarf. He was distraught and pleaded with staff to let him have an appointment as he was a contact of gonorrhoea.

He was triaged by the clerk verbally in private and an HCA then attended to ask further questions to ascertain if he could be seen by the band 4 assistant practitioner instead of a clinician.

On asking his full name the HCA realised he was her best friend's older brother who had just divorced. The HCA immediately introduced herself to ensure he recognised her; and then proceeded to ask if he wanted someone else to finish the questionnaire with him.

He declined the offer, removed his face mask and stated he trusted the HCA and was just glad to be seen at that time.

#### Actions taken/support offered

The HCA had taken him into a private room as he began to cry whilst still in the waiting room, and she wanted to protect his dignity rather than have him sit among other patients still crying.

He stated he felt ashamed, but the HCA reassured him that the service was there to help him and, though he may have found it challenging knowing her through family, knowledge of his attendance would remain confidential.

#### What did you do that worked well?

The HCA listened without judgement and showed him deep empathy. This encouraged the patient to place his trust in her which led him to disclose that he had had contact with men he had met on a dating app involving unsafe sex.

The HCA's sensitive and professional manner mitigated barriers the patient may have perceived to accessing support in the service

## Impact on patient - issues with access to service/GP/health inequalities/vulnerability

The patient had attempted to make appointments and calls to his GP since symptoms had appeared, but this had been really difficult with no answers or call-backs in the previous month. As a last resort, he had finally looked online to find the axess website and that was how his journey began.

He had been married for 30 years with no previous partners before his wife, so this was an overwhelming period of time for him as he had met 3-4 men in the last few weeks and had unprotected sex. He was not aware of the associated risks, and this made him vulnerable.

## Results and outcome

The patient was examined and had painful discharge with swollen lymph nodes, so it was clear he had an infection. He tested positive for gonorrhoea and was successfully treated.

The patient has overcome his embarrassment and is now a regular patient at axess services which has reduced his vulnerabilities and is now considering using PrEP.

## Links to related pathways/SOPs/protocols/national guidance

NICE guideline Published: 15 June 2022 [www.nice.org.uk/guidance/ng221](http://www.nice.org.uk/guidance/ng221)

2018 UK national guideline for the management of infection with Neisseria gonorrhoeae

## What can we learn from this piece of work or how can we build on this to inform future practice?

HCA's are staff who make the first or early face to face contact with patients before any clinicians. This is an important time to establish rapport and to reassure patients so they are able to continue their care in the clinic despite severe anxieties.

A consistent warm and non-judgemental manner of those staff is paramount to promote engagement with the service for those patients with ongoing needs.

# Biomedical science

## Overview

Medical research has reported that 70% of all diagnoses are attributed to the work of biomedical scientists, commonly described as the 70% claim.

The axess sexual health service wide clinic is supported robustly by a team of committed, enthusiastic and well-trained biomedical scientists (BMS) who perform the day-to-day running of the axess laboratory based in Halton, Warrington, Liverpool (Linda McCartney Centre), Knowsley (The Arch) and Cheshire East. These scientists oversee the operations of the axess local laboratory regionally, as well as ensure that good laboratory practices are upheld across the axess service wide region.

At the time of writing this report, three biomedical scientists (three full-time BMS) currently provide axess' laboratory service/clinical support service. Two full-time BMS resumed their roles in December 2022 and January 2023, respectively, and the team has seen a further recruitment of a BMS associate practitioner, who joined the team in January 2024.

## The Biomedical Science Team



Ekemini Etim Essen, Senior Biomedical Scientist



Elaine Pennell, Specialist Biomedical Scientist



Marvellous Chisom Okoro, Biomedical Scientist Associate Practitioner



Summary of the roles of BMS staff		
S/N	Basis	Details
1	Quality assessment	BMS set up and ensure service-wide compliance with pre-set quality control and quality assurance processes, set up standardised and user-friendly SOPs and training guides, conduct laboratory audits and quality inspections, evaluate new methodologies and working practices, oversee laboratory health and safety, update senior management team and clinical governance committee.
2	Laboratory set-up	Organise and supervise existing laboratories providing on-site clinical support to local axess service sites along with taking on planning, feasibility studies, design, and implementation of new laboratories.
3	Diagnostic role	Provide a comprehensive range of scientific services as an aid/basis for clinical diagnosis, including but not limited to microscopic isolation and identification of endemic and pandemic virulent sexually transmitted infection (STI) pathogens and point of care testing for HIV1/HIV2 and P24 antigens. In addition to designing, developing, and implementing an excellent quality management system (QMS) that addresses personnel training and competency, risk assessment, quality assessment (IQC and EQA) and incidence reports (DATIX) in compliance with current clinical laboratory standards.

4	Clinical governance	Others including participating in research and development initiatives where possible, stock checking and laboratory procurement audit, and using the incidence report data from Governance meeting to identify areas for improvement and implementation of improvement measures.
5	Staff training	In addition to the aforementioned, the axess Biomedical Science Team organise and facilitate staff microscopy training across the axess regional service and support sessions for medical staff undergoing trainings, rotational posting and undertaking any examination. This training helps clinical staff acquire new skills and knowledge relevant to outstanding healthcare delivery, thus, improving staff capacity and skill mix as well as demonstrate that axess values the growth and development of staff members.

**Synopsis of remarkable progress**

**Quality control (IQC) and quality assurance (EQA)**

An evaluative analysis of overall service-wide compliance and performance with laboratory quality assessment (IQC, EQA) between Q2, 2023 (April- June 2023) and Q1, 2024 (January-March 2024) has shown a 4.08% increase in whole service average, with an all-time high of 80.85%. Halton, Warrington and Cheshire East recorded the highest performance in Q1 and Q2, respectively. As seen in Q1 and Q2 axess Regional QA Assessment summary below.

**Datix and laboratory risk**

Frequent, preventable diagnostic errors have been cited to adversely affect patient safety and quality as well as leading to wasted resources. Within the past 12 months, owing to the robust quality management system designed and implemented by the axess central BMS team, over 85% reduction in Laboratory associated reported incidence on the regional incidence database

has been observed and corresponding significant decrease of laboratory risk on the regional risk register.

### **Health and safety**

Health and safety, which refers to the practices, policies, procedures, and laws designed to protect workers from potential hazards in their workplaces considers the physical, mental, emotional, social, environmental and financial factors that may impact employee health or cause injury or illness. It also includes both short-term risks such as slips or falls during a shift as well as long-term risks associated with repetitive tasks or hazardous substances. Until recently, there has not been an active health and safety documentation governing the scope of the service provided by axess. However, within the last 12 months, 90 risk assessments have been published on SEVRON database and safety data sheets for every potentially hazardous substance (consumables and medications) have been made available at all axess sites.

### **Laboratory audit**

There has been a 98% completion of regional laboratory audit and quality inspection across axess service-wide clinics in Halton, Warrington, Crewe, Macclesfield and Knowsley. This internal audit is measured against pre-defined quality performance measures, ensuring that effective immediate and follow up actions are taken. To facilitate this, internal audit reports are presented at capacity flow and governance meetings, providing a useful guide for innovation and consistent improvement of the quality of patient-centred diagnostic service to all users.

### **BMS team expansion/team structure**

To further support the provision of outstanding healthcare through precise and accurate diagnosis across the axess regional clinics, within the last 12 months, the biomedical science team have recruited a BMS associate practitioner to join the team. This recent addition to the team has supported the overall clinical support available from the team and enhanced staff training.

## Microscopy training and support

There has been adequate microscopy training support across the region. A recent evaluative report by BMS shows that 52 staff are currently receiving microscopy support from central BMS team, with 19 (36.5%) currently enrolled for training. 9 (47.37%) out of those enrolled are undergoing training and 10 (52.63%) have successfully been trained at the time of writing this report. This reflects that a great percentage of staff requiring training have been enrolled and signed off.



## SOP design and implementation

To further promote quality service delivery, ensure accuracy, consistency, and reproducibility of laboratory processes, and prioritize health and safety across axess service wide sites, BMS team have designed 8 New Standard Operating Procedures (SOPs) and continued to improve existing SOPs. SOPs harmonises laboratory practices, reduces user errors and/or risk of harm and ensure compliance to good laboratory practices.

The table below outline the SOPs that have been developed.

Approved by clinical governance team	Awaiting approval	Design completed, but in development
SOP for Alere Determine HIV-1/2 Ag/Ab (Abbott)		SOP for gram staining technique
SOP for Insti HIV-1/HIV-2 Ab		SOP for use of centrifuge in axess sexual health
SOP for siemens Multistix 8 sg urinalysis		SOP for use and care of microscopes in axess sexual health
SOP for axess sexual health laboratory		Health and safety SOP
SOP for one step hCG pregnancy test		Axess Laboratory New Starter SOP
SOP for Clinitek status + using Siemen's Multistix 8 sg		

## Laboratory results turnaround time

Laboratory results turnaround time (TAT) acts as a quality indicator to evaluate the effectiveness and efficiency of a test process and the satisfaction of clinicians. It reflects the time from when samples are received at the laboratory to the time when reports are finalised, verified, and released. In recent times, the central BMS Team working in conjunction with the Liverpool Clinical Laboratory (LCL) Team have actively reviewed laboratory processes, including laboratory test request pathway, sample booking, storage, and transport culminating in improved turnaround time (TAT). The impact of this can be seen in the table on the following page.

Table: Laboratory result TAT showing approximately 92.86% improvement in the last nine months	
Chronological time frame	Laboratory result turnaround time for test request referred to LCL
November 2022	Approximately two weeks
March 2023	Less than two weeks
June 2023	Less than 72 hours
July 2023	Within 48 hours for CT/GC NAATS test
April 2024	Within 24 hours for CT/GC NAATS test

From the table above, we see a cutdown of over 12 days from the time a service user is expected to wait for their CT/GC results, signifying an approximated 85.71% improvement in Laboratory result TAT.

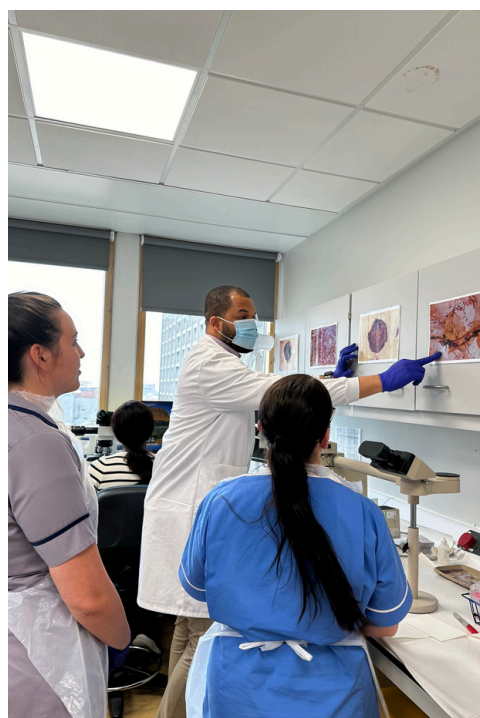
Table: Microscopy result TAT showing an approximated average of 91.7% improvement in the last seven months			
Service site	Before December 2022	By July 2023	By April 2024
Liverpool	Within 24 hours	Within 30 minutes, while the patient is in clinic	Less than (<) 30 minutes, while the patient is in clinic

## Innovation and change

Laboratory medicine has witnessed a remarkable wave of innovation that has transformed the field from a peripheral to central player in healthcare delivery. These advances have enabled the introduction and performance of new tests on a large scale, some in decentralised setting, in an accurate and precise manner, thus leading to better diagnosis, more accurate prediction of disease prognosis, and improved patient management. One area that constantly reflects this paradigm shift is point-of-care testing (POCT). In 2023, central BMS facilitated a regional wide switch over from the ALERE DETERMINE (ABBOTT) HIV-1/2 AG/AB TEST to INSTI HIV-1/HIV-2 AB TEST. The latter serves the same purpose as the former with an advantage of faster TAT. Insti results are obtained after 60 seconds compared to Alere that take up to 20 minutes (1200 seconds), signifying a 95% improvement in TAT and quicker diagnosis in both clinical and primary care (outreach) setting. Worthy of mention is that central BMS team in partnership with Pasante Healthcare have completed 98% of staff training on the use of INSTI across the axess service wide region.

## Training and education

BMS staff are a major part of day-to-day running of axess clinics, and this means continuous professional development must be followed through tenaciously. BMS have been involved in axess quarterly education meeting, clinical governance meetings, weekly journal clubs, external conferences, and events. BMS presence at these forums creates the much-needed opportunity to update clinicians on any recent changes to laboratory process and further implement key ideas from research and innovation.



## Conclusion

Overall, axess clinical support/laboratory service has recorded more positives than negatives in the past 12 months with new BMS taking up the responsibility of standardising regional

laboratory processes, implementing and sustaining quality assurance and quality control across axess regional service sites. As BMS team expands, there will be room for monthly meetings and CPD forum that will enable BMS staff consolidate on progress made while recognizing potential areas for improvement building up to innovative diagnostic service.

# Research

23/24 has been another productive year for research at axess. We regard research as a critical part of our clinical offer and part of the day-to-day care we provide to patients.

## Long-acting injectable antiretroviral therapy (LA-ART) for people living with HIV

Following the success of the SOLAR trial which enabled us to offer access to long-acting injectable antiretroviral therapy to patients one year before NHS rollout, we delivered the ILANA trial: Implementing Long-Acting Novel Antiretrovirals (target 18, recruited 25). This implementation trial supported us to set up our NHS injectable service, including leading the regional MDT and providing support on complex cases to colleagues working within and outside of Cheshire and Merseyside. Our community HIV nursing team have worked collaboratively with us on this trial for the first time, increasing the research experience of our staff team.



In 23/24, the axess research lead delivered national presentations at British HIV Association meetings and regional presentations on LA-ART and in 24/25, we are continuing to develop our research programme by undertaking the CORAL implementation trial (Cabotegravir and Rilpivirine Real World Experience).

## Early phase trials

In 23/24, axess offered early phase trials for the first time, expanding our research offer into medications at an earlier stage of development. We delivered CINNAMON (novel capsid inhibitor for treatment naïve people living with HIV) for which the axess research lead is UK CI with axess Liverpool as the lead UK site. This is the first time that axess have been UK lead for a commercial study.



We were also one of only three UK sites (and the only site in the North) to deliver HSV REC-003 (herpes vaccine for people with recurrent HSV-2). We were the top UK recruiter for this study, with patients travelling from across the North of England to access the trial.

### **Trials across a broad range of disease areas**

In order to be able to offer research opportunities to as many patients as possible, we have offered a broad range of research trials including in the field of HIV, EYEWITNESS (treatment switch study in people over 50 years of age living with HIV), MSD MK-8591A (switch study to a novel combination of Doravirine/Islatravir, and the first time we have worked with MSD) and Positive Voices (HIV quality of life survey). Within genitourinary medicine, we offered EAGLE-1 (novel gonorrhoea treatment study), DEVA (novel bacterial vaginosis treatment study), HSV EPI-006 (herpes epidemiology study), and HIS-UK (study of an educational programme to promote condom use). In the field of sexual and reproductive health we have offered the VERSO BIOSENSE trial (monitoring of intrauterine temperature and oxygenation).

### **Mycoplasma genitalium grant**

The axess research lead was awarded a grant (Wellcome and University of Liverpool) in collaboration with colleagues at the University of Liverpool to undertake the design and development of a pragmatic clinical trial protocol exploring treatment options for macrolide resistant mycoplasma genitalium. A PPI event attended by 10 patients and members of the public was held on 21/09/2023, and a systematic review is underway (registered on PROSPERO).

### **Development of skills within the axess research team**

Our consultant and research lead has continued in her roles as co-Deputy Clinical Director of Research for LUHFT and NIHR Northwest Coast (NWC) Clinical Research Network (CRN) STI Research Champion and Associate Clinical Director of the Research Scholars Programme. In her research role with LUHFT she has focused on using her experience with the axess research team who have delivered high levels of recruitment of groups who are traditionally under-represented in research, to review the diversity of recruitment across LUHFT.

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Our senior research nurse has undertaken Masters level training in clinical examination through Liverpool John Moores University. A research and clinical fellow was appointed in January 2024 on a one-year contract to support the ongoing research programme. All axess research champions joined the new LUHFT research champion programme which provides enhanced training and support. We have research champions active at all our clinic sites and at all staff grades. We have offer research supervision for an Academic Clinical Fellow in collaboration with the Liverpool School of Tropical Medicine (LSTM), PhD students at the University of Liverpool (UoL) and LSTM, and final year medical students from the UoL on six-week student selected placements across axess clinics.

### **Research dissemination**

Our academic clinical fellow was awarded a grant to hold a patient and public engagement event introducing the axess research programme on 31/07/2023. This was attended by 17 patients and members of the public and 11 stakeholders and presented the research work of axess and our upcoming plans. This is the engagement event which the axess research team has held.

The HEPMARC trial which axess undertook was published in the peer reviewed literature (Bradshaw D, Abramowicz I, Bremner S, Verma S, Gilleece Y, Kirk S, Nelson M, Housman R, Miras H, Orkin C, Fox A, Curnock M, Jennings L, Gompels M, Clarke E, Robinson R, Lambert P, Chadwick D, Perry N. Hepmarc: A 96 week randomised controlled feasibility trial of add-on maraviroc in people with HIV and non-alcoholic fatty liver disease. PLoS One. 2023 Jul 14;18(7):e0288598. PMID: 37450478). axess staff presented multiple posters at national conferences, including 5 at the British Association for Sexual Health and HIV (BASHH) annual conference in Llandudno, 26-28/10/2023.

### **24/25 plan**

The main challenge of 23/24 was that the amount of research we were offering became a capacity challenge for our very small research team. In order to address this, a research fellow was appointed, and we plan to increase her skills by delivering Associate PI training to her through the upcoming PEARLS trial.

Axess has a number of trials in set up which will commence in this coming year including continuing to build our research experience in long-acting injectable ART with the CORAL implementation trial (Cabotegravir and Rilpivirine Real World Experience). We are also undertaking our first trial in genital dermatology with the PEARLS trial (lichen sclerosus). Other upcoming trials include INITIAL (vaccination uptake in men-who-have-sex-with-men), PURPOSE-5 (long-acting injectable PrEP, and our first trial with Gilead), and Sequence Digital (online management of chlamydia).

We will be contributing to a city-wide research collaborative in sexual health (currently being set up) to continue to build on our wider engagement work.

### **Key stats for 23/24**

- Research opportunities offered to patients across a wide spectrum of healthcare issues (including HIV, STIs, contraception, and women's health with upcoming trials expanding into genital dermatology), at all our axess sites and for our community HIV cohort
- First early-phase trials at axess offering access to patients to novel treatments for HIV and to vaccination for disease management for people with genital herpes
- First major patient and public engagement work for axess research with two Wellcome-University of Liverpool grant funded events
- New research collaborations with MSD, Gilead and the University of Liverpool.

# Social value

The service has committed to delivering social value as part of its contracts and in 23/24 worked to expand the range of activities it undertakes to support this under two key themes: sustainability and health and wellbeing.



## Sustainability

This year, the service formed a sustainability working group to support efforts to minimise the impact of the service on the environment. Led by the operational support manager and a consultant in genitourinary medicine and HIV, as well as sustainability champions who were recruited from across the service.

The group met regularly to identify priorities and what actions were to be taken. With open invites to the meetings attendance grew with representation from all geographical areas with both senior and more junior staff participating.

Since the group formed, the Trust instituted a “Gloves Off” campaign, started in the Trust to reduce unnecessary use of disposable gloves and aprons. Evidence shows that where staff are provided with guidance of when gloves are necessary and encouraged to move away from universal use of gloves infection control incidents decrease as this influences staff to increase the frequency and quality of hand washing.

**NHS**  
Liverpool University Hospitals  
NHS Foundation Trust

## Gloves off at LUHFT

**Before you reach for gloves, stop and ask 'Am I at Risk?'**

The risks requiring you to wear gloves are:

- If direct contact with blood, bodily fluids, mucous membranes, or non-intact skin is likely.
- If contact with chemical hazards or harmful drugs is likely.
- If caring for a patient requiring specific IPC transmission-based precautions.

For most other tasks, gloves are not necessary and can result in more harm. Scan the QR code to find out more.

Look after yourself and your patients:

- The most effective way to prevent infection is to observe the WHO five moments of hand hygiene.
- Wearing gloves when not necessary can result in higher rates of transmission of infection.

Aprons are worn to protect your uniform from similar hazards - stop and think. 'Am I at risk?'

SCAN ME!

Participation by sexual health was limited due to frequent exposure to bodily fluids and lack of specific guidance appropriate to the context.

However, the campaign prompted discussion about the habitual disposal of unused gloves and aprons provided in packs for use in coil appointments. Clinicians identified that only part of the contents of the packs were used and unused contents discarded into clinical waste bins.

Consequently, the service stopped use of Coil Packs and moved to supply all components separately to allow better stock management and prevent unnecessary waste. The service has continued to explore how the principles of the “Gloves Off” campaign can be adopted in the service with a sexual health-specific SOP in development.

Further to managing waste and excess consumption, the sexual health matron and clinical managers identified and supported the redistribution, reuse and recycling of equipment and resources across the different regions of the service including:

- Office and DSE equipment
- Excess supply of uniforms
- Clinic room equipment including phlebotomy chairs, drug cupboards, examination lamps
- Laboratory equipment including a centrifuge and furniture.

The matron also reviewed stock control processes including communication between sites to enable sharing of stock, medicines and consumables and prevent over-ordering.

There has been a review of the use of plastic speculums, with the aim of replacing these with sustainable alternatives. Speculums made from plant-based materials proved too costly. Autoclaved reusable metal speculums were identified as the next most environmentally alternative and use of these is encouraged where possible. Where plastic remains in use the service is looking to standardise the types stocked to reduce cost.

The service BMS has been undertaking work to move to a ‘green lab’ model in service. Initial steps have been taken in management of test samples, reducing paper waste associated with

sample checking, and a move from use of plastic bags to transport samples to laboratory services to direct racking of samples.

### Health and wellbeing

Led by an operational support manager and the associate project manager from axess Communications

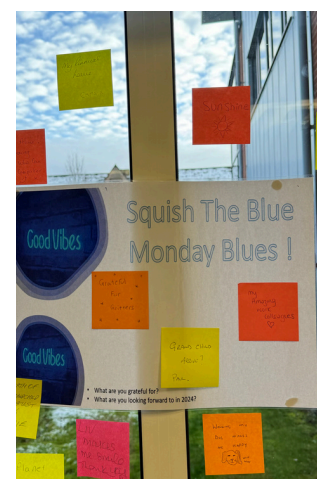
Team, a Health and Wellbeing Group was formed, consisting of eight champions representing each of the axess services. Being a region-wide and community service, many Trust health and wellbeing initiatives are inaccessible to axess staff. The group was formed to address the gap and ensure staff health and wellbeing is actively promoted in house.



Trust initiatives are accessible the group aims to promote these and encourage local engagement from staff. This included:

Activity	Participating staff no.	Participating areas
NHS park run	7	Liverpool, Knowsley
Promoting Trust "Kindness: Values into Action" Workshops	All staff	Halton, Warrington, Liverpool, Knowsley, Cheshire East
Promoting uptake of seasonal flu and COVID vaccines	All staff	Halton, Warrington, Knowsley, Liverpool, Cheshire East
Northwest NHS Games: Mersey to Paris step challenge	8	Liverpool

In-service promotions centred around improving relationships and staff cohesion. These promotions included a tea talk team build themed day, where staff were asked to choose an object from a tray of assorted items that sparked an interest, memory or a feeling for them, they were then encouraged to share with the group and supporting positive mental health and wellbeing with a Blue Monday gratitude & positivity promotion. The initiatives were taken up by sites across all the regions with staff responding really positively.



Another was a Blue Monday event, in which staff were asked to think of something positive to share with the team, written on a post-it note. These were popped up in communal areas, for staff to contribute to and read at their leisure, aiming to bring a smile to staff faces.



A group of staff members also completed a step challenge as part of the NHS North West Games.

Members of the team at axess were challenged to cover the distance between the River Mersey and Paris (507 miles, which is just over one million steps) by adding up a daily step count and entering it on an online log. Eight colleagues took part in the activity. The team managed a total of 1,945,156 steps, completing the walk to Paris, and walking enough distance to return to Stoke.

### Health and wellbeing staff feedback

I thought the session was a good idea, just to get away from your desk for a bit and it was interesting to hear people's stories, even though I didn't share my own!

When I went back to work, I definitely felt like I'd had a proper break, unlike when you're on your lunch and get interrupted or asked work-related things 😊 Thanks for doing this.

It was really lovely to have an unexpected moment of time out in the day and relax a bit! Things are very intense in the team at the moment due to loads of deadlines in November so I really needed it!

# Service partners

With thanks to all those colleagues and partners who have collaborated with and supported the work of the service:

Brennan Lodge Homeless Hostel	North Liverpool Network
CGL	Northwest breast cancer specialist nurses
Daresbury Asylum Hotel	Organon
Glow Group LGBT	PaSH
Halton Borough Council Public Health Team	Pause Team Halton
Halton Community Pharmacies	Pause Team Liverpool
Halton FNP	Picton Primary Care Network
Halton Lodge Homeless Hostel	Regional staff
HMP Liverpool	Riverside College Widnes
ICB – Women’s Health Hubs & GPs across the regions	Sahir House
iCPC Primary Care Network	SARC
Idox	Sexual Health Cheshire West and Chester
Knowsley Metropolitan Borough Council Public Health team	Sexual Health Wirral
Lancaster Medical School	SHAP DV Refuge
LGBT Foundation	Shield Knowsley
Liverpool City Council Public Health team	SWAGGA Primary Care Network
Liverpool Clinical Laboratories	SXT
Liverpool Community Pharmacies	UKHSA
Liverpool Family Nurse Partnership	Warrington Borough Council Public Health team
Liverpool Women’s NHS Trust	Warrington Family Nurse Partnership
Mersey Care NHS Foundation Trust	Wirral Metropolitan Borough Council Public Health team
National Museums Liverpool	Wirral University Hospital Trust
NHS England	Women’s Centre Halton



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# Looking forward

## GPs

In 24/25, axess will continue to work with commissioners and providers to improve local care pathways and increase women's access to LARC through the introduction of Women's Health Hubs. Work will also continue with axess Communications Team to update the website to clearly show which GP practices/PCNs have LARC fitting services available. A dedicated training offer will be developed to enable GPs and practice staff to understand and fulfil their roles and responsibilities.

## Pharmacy

Axess will continue to work closely with local pharmaceutical committees (LPCs) to ensure a seamless service is provided between the locally subcontracted emergency hormonal contraception (EHC) scheme and the nationally commissioned contraception service.

Dedicated training will be provided to include all contraception methods and on-ward referral to sexual health services.

Mechanisms to better align pharmacy and GP provision will also be developed. We will continue to update the website with pharmacy information alongside that of GPs to empower patients in understanding the plethora of provision available and thus take control of their sexual health and wellbeing.

## Website development

Work is ongoing to make the axess website more user-friendly and interactive. A new, revamped site map is being developed which will clearly layout sexual health services (axess clinics, pharmacies, GPs) available in each of our service areas with use of a postcode locator. In addition to this, we will also be adding additional features identified as part of our UX

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commissioned review of the website, such as more engaging imagery, enhanced navigation and language features and, an interactive element to the contraception information on our allowing people to select filters for their personal health needs or desires, after which appropriate contraception will be highlighted to the user.

Furthermore, it is envisioned that the News page on our website will be revamped into a regularly updated blog site with engaging, helpful information on sexual health and wellbeing, contraception and axess updates.

The work has been split into two phases, with phase 1 launched on the website by July 2024 and phase 2 later in the 2024 year.

### **Cervical screening**

During 2023 our regional Matron worked with public health colleagues from NHS England to support their insight work into cervical cytology screening.

Early in 2024, the findings from that insight work were collated and presented to partners from across the North West. The axess matron has been invited to be part of a time limited North West Cervical Oversight Board. There have been four theme-based cervical Task and Finish groups implemented, with the first meeting planned June 24.

This meeting will discuss ideas for pilots based on the findings from insight work, which will improve the uptake of cervical screening. These ideas will be put forward for consideration by the Oversight Board and it will be the Board's role to review and approve which pilot proposals can progress to development/implementation based on appropriateness and likelihood of successful outcomes.

### **Accessibility**

In response to feedback from our patients, the service will be reviewing and developing accessibility standards to meet the needs of patients with disabilities more effectively, with a

particular focus on those with non-visible disabilities. Additionally, we will consider how the service provides an environment and adapts to meet the needs of neurodivergent patients. Part of this work and change will be fed into phase two of the website update.

### **Social value**

We hope to further expand access to health and wellbeing initiatives for in the coming year. To this end we are advocating for the Trust to develop partnerships with local NHS providers in the regions to allow our staff to access local initiatives with a view to providing a reciprocal arrangement for their staff. This should increase access to and support health and wellbeing for a greater number of NHS staff across Cheshire Merseyside. The service will explore working towards the Social Value Quality Mark to embed social value service wide.

### **Psychosex**

The database will be developed so that we can capture more information about the patient group which will give us more insight into how we can better tailor our services. We are looking at working with the Psychosex Team across the axess footprint to share patient information in the form of leaflets and videos for patients to access.

The waiting list will continue to be monitored as with the significant rise in referrals taking place, there is clearly a risk that this could become unmanageable with the current staffing levels.

### **Future prospects for axess regional laboratory services**

#### **Laboratory team expansion**

To meet the dynamic demand of providing efficient and effective diagnostic service across the main axess service sites, there is need for expanding the axess Laboratory Team. With the possibility of more BMS staff employed and upskilled, resulting in continuous laboratory and BMS support and presence across axess service wide sites.

#### **Procurement of laboratory equipment/complex analysers**

Laboratory analysers are specified to deliver high quality diagnostic services across a

comprehensive and often predetermined range of analytes.

The greatest advantage of the use of auto-analysers has been a significant improvement of result turnaround time. It is hoped that with the use of axess owned analysers (Cepheid GeneXpert), chlamydia and gonorrhoea nucleic acid amplification test (NAATs) results can be verified and released in 90 minutes (99.5% improvement from previous two weeks waiting time and 94.08% improvement when compared to 48 hours waiting time).

### **Possible UKAS ISO 15189 accreditations**

ISO 15189 accreditation underpins confidence in the quality of medical laboratories through a process that verifies their integrity, impartiality, and competence. As axess continues to uphold good laboratory practices, chances are excellent that UKAS accreditation can be achieved (should the opportunity arise).

### **Ideas for future communications output**

In 2024/25, the Communications Team would like to continue creating content tailored to communities which are often underserved by health services. One project the team hopes to complete in the upcoming year will be to create easy-read leaflets in print and digital format for disabled people, explaining subjects such as contraception, sexually transmitted infections, and accessing testing and treatment.

The Communications Team are also working with an axess registered practitioner to develop a survey titled 'Listen Up.' The survey aims to capture the thoughts and experiences of ethnic minority communities attending sexual health services. Social media promotional content been created prior to the launch, including a video in which axess clinical and laboratory staff playfully spread the word of the survey launching through whispering. It is expected the survey will launch in July 2024.



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## Safeguarding

As the level of concern and number of safeguarding proformas continue to rise across all services, safeguarding will be recruiting an additional practitioner who will support all sites offering guidance and supervision and will continue to update the teams on local and national changes. Axess current safeguarding practitioner will undertake level 4 and safeguarding supervision training. We also plan to introduce a specific safeguarding induction, which will ensure all new starters are aware of important site specific and service wide requirements. This along with mandatory safeguarding training will help equip them with the knowledge and confidence to complete a safeguarding referral. The team will also introduce a safeguarding audit which will audit our processes and ensure we keep our patients safe and free from harm.

## Wirral

Axess is supporting Wirral Community NHS FT (WCT) with their re-commissioned sexual health services in Wirral from 1st April 2024, under SLA contract. The Wirral service is a new contract between WCT and Wirral Metropolitan Council Public Health team. The SLA and enhanced support from axess comprise of, the provision of biomedical science team support, consultant staffing, quality management/assurance systems and supervision of training, and full use of Lillie (axess EPR system). Full and detailed provision is in the sub-contract agreed by WCT & LUHFT. This ensures that the sexual health clinics in the Wirral can receive the necessary support to meet clinic capacity and meet the expectation of the integrated sexual health contract with significant impact on young and vulnerable people within Wirral, Merseyside.

Consequently, two on-site laboratories have been set-up at both clinic sites in the Wirral.

# Appendix

## List of useful abbreviations and acronyms

Term	What it means
ACP	Advanced clinical practitioner
Appt.	Appointment
BASHH	British Association for Sexual Health and HIV
BBV	Blood borne viruses
BHA	BHA for Equality (formerly Black Health Agency)
BPAS	British Pregnancy Advisory Service
CPD	Continued professional development
DFSRH	Diploma of Faculty of Sexual and Reproductive Health
Dr	Doctor
EC	Emergency contraception
EPR	Electronic patient record
FSRH	Faculty of Sexual and Reproductive Health
GP	General practitioner
GUMCAD	Genitourinary Medicine Clinic Activity Dataset
HARS	HIV and AIDS Reporting System
HCA	Healthcare assistant
HCP	Healthcare professional
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
ICB	Integrated care board
INSTI	Integrase strand transfer inhibitor
IUC	Intrauterine contraception
IUD	Intrauterine device

Term	What it means
KPI	Key performance indicator
LARC	Long acting reversible contraception
MSM	Men who have sex with men
PGD	Patient group direction
Out of area	Referring to service users who live beyond our service areas of Liverpool, Knowsley, Warrington, Halton and East Cheshire
NCSP	National Chlamydia Screening Programme
NHS	National Health Service
PCN	Primary Care Network
PrEP	Pre-exposure prophylaxis
SARC	Sexual Assault Referral Centre
SLA	Service level agreement
SEND	Special education needs and disability
SOP	Standard operating procedure
SRHAD	Sexual and Reproductive Health Activity Data Set
STI	Sexually transmitted infection
UKAS	United Kingdom Accreditation Service

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