

Improving Access to Sexual Health Services in General Practice Using a Hub-and-Spoke Model: A Mixed-Methods Evaluation

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Background:

Improving access to sexual health services is critical in light of rising sexually transmitted infections (STIs). We evaluated a hub-and-spoke model for improving access to sexual health services in three general practices in Victoria, Australia.

Methods:

We created a hub-and-spoke model where a network with a central facility (Melbourne Sexual Health Centre) that provided a full array of sexual health primary and specialist services (“the hub”) supporting geographically dispersed secondary services (“the spokes”), which provides primary but more limited specialist service. Using a mixed-methods approach, we evaluated the impact on HIV and STI (chlamydia, gonorrhoea, syphilis) testing. Segmented linear regression analysis was conducted to examine the trends in the total HIV/STI tests pre- (from January 2019 to June 2020) and post-implementation (from July 2020 to July 2021). We evaluated the feasibility and acceptability of integrating this model into the general practices using semi-structured individual interviews.

Results:

There was a statistically significant rise in testing for HIV and STIs in all general practices: post-implementation, there was an increase of an average of 11.2 chlamydia tests per month ($p = 0.026$), 10.5 gonorrhoea tests per month ($p = 0.001$), 4.3 syphilis tests per month ($p = 0.010$), and 5.6 HIV tests per month ($p = 0.010$). Participants reported increases in knowledge level and confidence in offering STI testing and managing a greater variety of sexual health cases.

Conclusion:

This study demonstrates the feasibility of implementing a hub-and-spoke model to enable general practitioners to deliver sexual health care with support from a sexual health specialist service.

Disclosure Of Interest Statement:

All authors declare they do not have any conflicts of interest.