

# Nurse-Led Clinics in Sexual Health – Impacts on Aboriginal and Torres Strait Islander People

Penny Kenchington  
Nurse Practitioner  
Townsville Sexual Health Services  
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## Nurse – Led Clinical Services

(‘with-a-doctor-sometimes’ model of service delivery)

- Ongoing professional development
- Collaboration
- Collegial trust/support
- Autonomy
- Guidelines
- Peer support
- Regulatory compliance
- Health service alignment with strategies
- Political will (prescribing, provider numbers...)
- Nursing leadership
- Nursing Research

• Dellagiacoma T., 2007 ANJ; Gardner, G., et al 2013 JCN; Gallagher L., 2006 NET

## QLD sexual health nurses – autonomy (for some)...

- QLD only
- Sexual Health Programmes only
- Determined by law – Health (Drugs and Poisons) Regulation 1996 – section 175
  - Drug therapy protocol (included drug formulary)
    - Health management protocol – guideline and directions
    - Local Health Service “authorise” the Nurse to be able to supply medicines
    - Ongoing issues with obtaining the ‘authorisation’ to practice independently with the HMP
    - Reviewed every 2 years

## Townsville HHS

Townsville Hospital and Health Service

### **HEALTH MANAGEMENT PROTOCOL AND CLINICAL GUIDELINES**

**for Sexual and Reproductive Health  
Program Nurses**

**Registered Nurses Authorised To Practise  
Under The**

**Drug Therapy Protocol Sexual  
Health Program Nurse  
(Including Reproductive Health)**

Endorsed: August 2017  
Due for Review before: August 2019



## Some of the Townsville Team



## Townsville sexual health – clinical positions

- 1 x NUM – 50% clinical
- 1 x NP
- 1 x CNC – contact tracing support
- 1 x CNC – youth screening
- 5 x CN (positions)
- 4 x AHW (positions)
- 1 x Consultant – looks after 3 other clinics, PNG clinics and ASHM Pacific work
- 1 x Intern (some of the time) – 5 week elective placements
- 1 x Registrar (some of the time – 6 month placement) – looks after north west (Mt Isa) and Palm Island
- 1x visiting GP one day per week
- Monthly or 3 monthly visits by specialists –ID, Dermatology and Endocrinology
- Psychologist part time (2 days per week)

## Townsville Sexual and Reproductive Health

- Hepatitis C and B management
- HIV – management, PEP and PrEP
- Sexual function – men and women
- Sexual pain – men and women
- Genital dermatology
- Contraception - (with Mirena clinics)
- MTOP
- Gynaecology – menopause, contraception, referrals from GPs
- Trans care
- STI – assessment, management, follow-up, contact tracing
- Education (professional and lay people)
- Health Promotion, support for prison health and training of prison nurses
- Screening (youth), TAFE visitors (PNG), ATSI communities

## Forensic Nurses - CFMU Townsville



## Forensic team

- 4 x CNC (2 x job-share and 2 x part time)  
(I moonlight as CNC on call )
- No MO in Townsville – MO support in Brisbane per phone consults
  - Sexual Assault assessment
  - Expert witness to court
  - Watchouse nursing – a lot of addiction medicine, general health, wound management etc.
  - Injury interpretation
  - Offender assessment (intimate test orders)
  - Disease test orders
  - Sexual assault response teams
  - Etc....

## Townsville FNE

- Work with ‘Standing Orders’ to manage patients assessed for following sexual assault
- Townsville Hospital and Health Service Endorsed by the Medication Management Committee
- Reviewed every 2 years

# Going to work – the village of Palm Island



## Palm Island Team



## Palm Island Sexual Health

- 1 CN
- 2 x visiting NP (women's health, sexual health)
- 2 x AHW full time
- 1 x visiting AHW – women's health
- GPs in the Palm Island Hospital
- Visiting Registrar (sometimes) from Townsville sexual health services
- Consultant sexual health (ad hoc advice and client consults per phone)



### Sexual Health and HIV in Aboriginal and Torres Strait Islander Communities

- Rare to have stand alone sexual health clinics in Aboriginal or Islander communities
- Strength –
  - Trust in confidentiality of the service
  - Prefer to see non-indigenous clinicians for examinations
  - Stability of staff essential
  - One-stop-shop (supply of medications, tests in the clinic, in-house referral for complex health issues)
  - Reputation of the visiting clinician/s (good or bad)
  - Clinician's relationship with consultant services in Townsville (ease of referral or opinion)



## opportunities

- Ad hoc and formal training for other clinical staff
- Recruitment to the service directly from the community for Health Workers
- Recruitment of Indigenous peers for projects e.g. youth screening
- Flexible arrangements to work in the community after hours (when the young people come out to play)
- Consultation with councils for projects

## Some of the Islands in the Palm Island Group



## Barriers to accessing services

- Stigma – staff are known to the community– shameful being approached
- “SHAME” (scared/embarrassed to be seen in the clinic area)
- Sexual Health staff have/are abused doing their work
- Mobility of clients – trying to find people in or from other communities
- Burden of Diseases - relentless work, clients won't wait and will put up with genital symptoms
- Poverty, over crowding, sexual and domestic violence
- Difficult to get men to come into the service
- Illiteracy – general and health
- Nature of disease – clients don't feel unwell Other social determinants of health

## impact?

- No research to understand the community impact of sexual health services.
- Minimal research in the public arena about the sexuality and sexual norms/behaviours
- Little impact on epidemiology – infection numbers continue to rise
- Little impact on stigma (Shame)
- Little impact on other Health Workers (too embarrassing, not my job etc)

## Opportunities

- New nurse to Palm Island will help direct some of the public health aspects of the sexual health services
- The new community health centre may improve sexual health with increased community control over the health service. (5 year handover plan)
- Possible development of a different model of sexual health care

Going home from another day at the office

