NINE YEARS ON:

INCREASING ACCESS FOR MSM TO SEXUAL HEALTH CLINICS IN AN OUTER METROPOLITAN AREA - A CLINICAL PERSPECTIVE.

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BACKGROUND:

The NSW STI Strategy 2016-2020 and the NSW HIV Strategy outlines priorities for STI and HIV prevention, testing and treatment.

The Strategies focus on scale up of testing and treatment of gonorrhoea, syphilis, chlamydia and HIV. Liverpool Sexual Health Clinic is the principal publically funded service for a large and diverse population of almost 900,000 people in South Western Sydney and is located adjacent to the main Hospital campus 30 km from Sydney CBD.

Since 2009 we have been reporting on strategies to increase access for MSMs to testing and treatment. This poster summarises our new strategies and results from 2012 -2015

AIM:

To increase the access of Gay and MSM population to Liverpool Sexual Health Clinic in SWSLHD, in order to enhance the awareness of STI's and to encourage regular screening for STI's.

METHOD:

Since 2012, the clinic has continued to move forward and implement new strategies to assist in increasing access to STI screening for the South West Sydney MSM community. These include, but are not limited to: the introduction of a clinic website (2012), rapid testing for HIV (2013-2014), Grindradvertisements (2014-Ongoing), Xpress Consultations, online appointment requests and next day HIV result SMS (2015-Ongoing). The clinic reviewed the number of new MSM attendees every year including the demographic details and cultural background.

RESULTS:

Since our last presentation in 2012, and with the implementation of the new strategies the clinic has experienced a significant increase in the number of new MSM accessing our service. Liverpool Sexual Health had 141 new MSM clients attend in 2012, during 2013-2015 Liverpool Sexual Health has welcomed 563 new clients with 223 in 2015 alone. This represents an increase of 58% in the amount of new MSM clients attending the clinic per year.

Liverpool Sexual Health has also increased the numbers of <25 MSM from 83 attendants in 2012 to 165 in 2015.

Lastly, Liverpool Sexual Health has increased our CALD MSM attendants from 35% of the total MSM attendants in 2012 to 42% which is reflective of the diversity of the population of SWSLHD. From the CALD MSM clients, the majority were of Asian and Middle Eastern decent, with an encouraging 182% increase since 2012 of Asian MSM.

CONCLUSION:

The results show that strategies implemented at Liverpool Sexual Health clinic have significantly increased access to the service for MSM persons in South Western Sydney.

The continued increase in MSM from CALD and the number of <25 MSM population also demonstrates that the strategies used are effective in reaching this priority population.

FURTHER DIRECTIONS:

In the future, we would like to continue our focus on the current strategies to further increase access of services for MSM, including the access to PrEP which has been made more available in 2016 including at Liverpool SHC. As well as develop strategies to target the increasing Asian and Middle Eastern population in this area.





