

12 months into a 24 month psychosexual pilot in Cambridgeshire

INTRODUCTION

Commissioning of 'physical' sexual health services is a standard across the UK. Commissioning of services addressing the 'emotional and mental' aspects of sexual health however, is extremely varied and is not currently provided by the NHS for the population of Cambridgeshire and Peterborough.

Psychosexual therapy services are frequently underfunded or decommissioned from clinical settings within the NHS due to alternative funding demands. As such, many patients' needs, in relation to psychosexual medicine, remain unmet.

METHOD

In January 2023, a pilot funded by public health Cambridge Commissioning Group commenced for patients with a Cambridgeshire post-code, to determine whether demand for this service exists and, if so, if this service could be financially viable to be commissioned in the future.

The key performance indicators for this 24-month pilot were:
 Patients referred to the psychosexual service: >100
 Patients seen by the psychosexual service: 91
 Percentage of psychosexual patients seen within 18 weeks from point of referral: 100%
 Percentage of psychosexual patients satisfied with service at point of discharge: >85%

RESULTS

- 100% of appropriately referred patients (and contactable) were offered an initial appointment within <18 weeks of referral.
- 144 patients have been referred
- 77 patients have been seen by services either face-to-face or via video call
- 154 appointments have been attended
- 10.6% of appointments have been marked as did not attend (DNA).



CONCLUSIONS

The pilot remains on-going and as part of the service development, Cambridge Urology services will be contacted and the service is being re-advertised to ensure local services continue to be aware of the pilot. Costing evaluations and feedback from patients is also continuously being monitored and this is helping to develop the pilot. To ensure that this is a dynamic service; responsive to patient needs, financially viable and one in which patient and staff satisfaction levels are high.

DISCUSSION

The pilot is a hybrid with an online video service once weekly and face-to-face clinic once monthly. Aiming to provide patients with choice and flexibility to try and reduce DNA rates overall (10.6%) and once within the clinic "system" (4.5%).

Measuring data outcomes and evaluating the service has been challenging. As such, a number of methods have been used to demonstrate benefit from these services. Referrers have been asked to record the total number of repeat attendances for the same sexual problem which initiated the referral vs total number of psychosexual appointments attended vs total number of repeat attendances for the same problem in the 12 months following discharge. The average number of appointments attended for the same sexual problem, upon referral, was 2.13 with 3 patients referred having spoken to their referrer 7 times before being able to talk to a psychosexual practitioner.

The clinic is currently using the Sexual function evaluation questionnaire (SFEQ) with permissions from Professor Kirstin Mitchell at the University of Glasgow. Patients complete the SFEQ giving them a score out of 84 prior to their appointment and then again upon discharge. The aim being to reduce their overall score following a brief intervention. This data has been hard to obtain as this is a lengthy questionnaire to complete and was until this January, only available on paper. Co-ordinating the online responses following a digital upload of the forms is also likely to come with it's own difficulties too but will provide numerical evidence of benefit following intervention if scores are reduced.

