

Enhancing Women's Sexual and Reproductive Health Enquiry and Service Access at the Ritson Clinic, an Inpatient Addictions Psychiatry Service.

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Introduction

In the UK there is a gender gap with many women receiving poorer health care than men [1]. Women consider sexual health to be an important aspect of their overall health [2]. The sexual and reproductive health needs of women with mental health illness are currently unmet [3]. In March 2023 an on-site Sexual Health Clinic was introduced within the Royal Edinburgh Hospital (REH) offering potential for quick and easy access to sexual health services from the Ritson Clinic. Despite this, sexual health has not routinely been explored with female patients on admission to the Ritson Clinic.

Aims and Hypothesis

This quality improvement project aimed to increase enquiry into sexual health matters and referral to the on-site Sexual Health Clinic for female patients admitted to the Ritson Clinic, aligning with recommendations set out in NHS Scotland's Women's Health Plan 2021-24 [4]. We hypothesized that taking a sexual and reproductive health history during medical clerking would increase sexual health enquiry and clinic referrals.

Method

An MDT was held to discuss potential change ideas, develop a driver diagram and chose the most suitable intervention for an initial PDSA cycle. The combined assessment form, used by both medical and nursing staff on patient admission, was edited to include questions on cervical screening, contraception and sexually transmitted infections (STIs). Clinical notes for female patients admitted to the Ritson Clinic before and after the intervention were retrospectively reviewed on TRAK to identify the rate of enquiry into sexual health topics and both signposting to and attendance at the Sexual Health Clinic.

References

- [1] Winchester, N. (2021) *Women's health outcomes: Is there a gender gap?* House of Lords Library, 1 July. Available at: <https://lordslibrary.parliament.uk/womens-health-outcomes-is-there-a-gender-gap/> (Accessed: 15/01/26). [2] Kingsberg, S.A., Iglesia, C.B., Kellogg, S. & Krychman, M.L. (n.d.) *Handbook on female sexual health and wellness*. Association of Reproductive Health Professionals & American College of Obstetricians and Gynecologists. Available at: https://www.arhp.org/uploadDocs/ARHP_ACOG_SexualityHandbook.pdf (Accessed: 15/01/26). [3] Hope, H., Pierce, M., Johnstone, E.D., Myers, J. & Abel, K.M., 2022. *The sexual and reproductive health of women with mental illness: A primary care registry study*. Archives of Women's Mental Health, 25(3), pp.585-593. Available at: <https://doi.org/10.1007/s00737-022-01214-y>. [4] Scottish Government (2021) *Women's Health Plan 2021-2024*. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/08/womens-health-plan/documents/womens-health-plan-2021-2024/womens-health-plan-2021-2024/govscot:document/womens-health-plan-2021-2024.pdf> (Accessed: 15/01/26).

Results

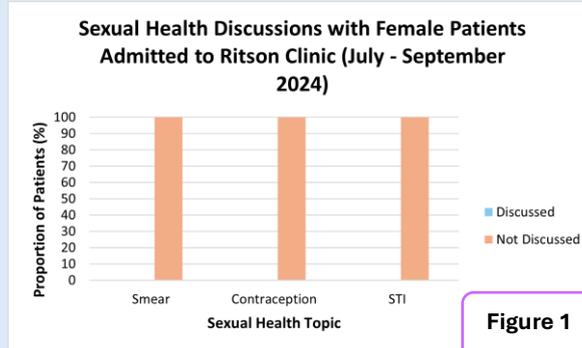


Figure 1

Across 32 female patient admissions prior to the intervention, no sexual and reproductive health matters were discussed with patients (figure 1).

For 30 female patients admitted following intervention, enquiry into sexual health topics including cervical screening, contraception and sexually transmitted infections (STIs) ranged from 43.3-56.7%.

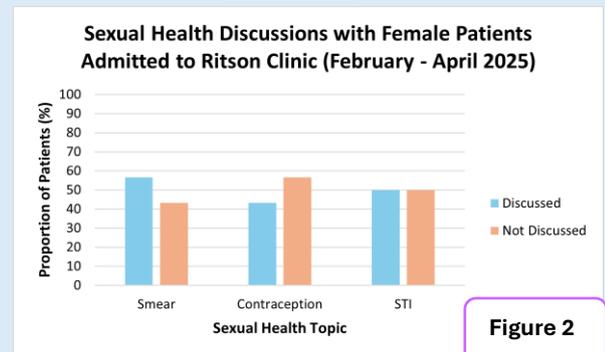


Figure 2

Prior to the intervention no patients were signposted to the Sexual Health Clinic (Figure 3). Following the intervention (represented by the solid arrow in Figure 3) 12 (40%) patients were offered referral to the on-site Sexual Health Clinic (Figure 3).

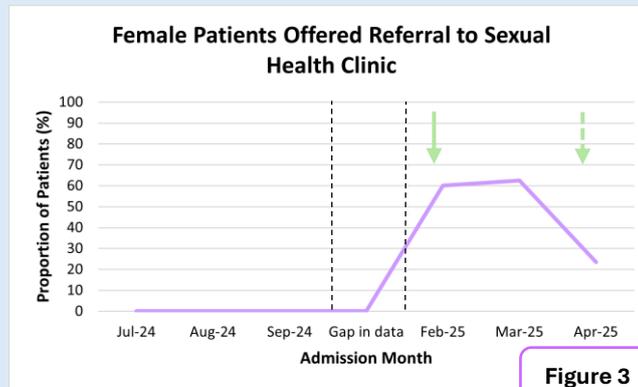


Figure 3

Following resident doctor changeover (represented by the green dotted arrow in Figure 3) there was a fall in signposting to the Sexual Health Clinic.

Following intervention a total of 2 (6.67%) patients attended the sexual health clinic.

Conclusions

Including sexual health topics in the combined assessment document improved enquiry and lead to higher rates of signposting to the Sexual Health Clinic however patient attendance remained relatively low. Engagement with the MDT was fundamental to the improvements made. Future PDSA cycles should implement changes focused on improving Sexual Health Clinic attendance and ensuring improvements are sustained following resident doctor changeover.