

What do Sexual Health Advisers do Behind Closed Doors.....?

:The development of local and national codes for complex patient interventions by Sexual Health Advisers

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- In 2010, three Sexual Health Adviser (SHA) teams at Chelsea and Westminster started using a locally devised coding system designed to recognise the complex patient interventions carried out by SHAs not captured by existing coding
- New local coding was developed covering commonly seen interventions such as herpes, sexual assault, drug/alcohol use, safeguarding and risk reduction
- Coding a complex intervention was to be used when the SHA felt that the session had gone over and above the usual consultation
- Following support from SSHA and BASHH, in 2018 we began to promote our system to UK SHA teams, encouraging use of this tool with the aim of enabling future national SHA audit
- Since January 2018, SHA teams in 12 clinics across England/Ireland have started using the coding

Complex Codes

Currently 13 codes (HA01 – HA13) including:

- Mental health/psychological issues
- Herpes
- Drugs/chemicals/alcohol
- Child/adult safeguarding
- Sexual assault/exploitation/trafficking
- Under 18s
- Risk reduction
- Health anxiety
- “Other”

The experience of the 12 SHA teams setting up/using the local codes was evaluated.

Questions were asked about:

- ease of setting up the technical side
- negative/positive comments from other staff groups
- negative/positive comments from the SHA team
- Suggestions for improvements to coding

Results

All SHA teams in the 12 participating clinics completed the survey

- 10/12 (83.33%) reported no difficulties/some difficulties in setting up the technical side of the coding*
- 11/12 (91.67%) had no negative comments from other staff groups*
- 12/12 (100%) said their SHA team had been supportive of the codes being set up and 100% of respondents said that the SHA team were still supportive of the continuing coding use

Any problems?

- “It's not a negative comment but we have found that the codes are subjective and we have found discrepancies between how frequently different team members apply them”*
- “Our computer system only allows us to record so many codes per episode, so SHA complex codes may be missing for some complex cases”

Would you like to see anything added to the Complex Coding?

- New Hepatitis B/C diagnosis and psychological management
- Complicated PN*
- Codes could be refined - sometimes too many options within one code
- The possibility of recording work done over the phone, in particular lengthy herpes discussions when we are giving results, information and support by phone

Wider Implications of Implementing Complex Coding

- Has **helped managers/commissioners** fully understand our contribution to client care.
- We feel that it **captures breadth and depth of work** and being able to **easily pull reports** means we can **show valuable/essential interventions to the service**
- It has enabled us to **assess the complexity of our work** and **provide feedback to management** about the type and number of patients we are seeing.
- We have **used the data from it as part of HA presentations to the MDT** and for complex case discussion
- Great for **audits**
- The coding is great and it is **helping us in terms of planning for tender and compiling quarterly reports**
- The **senior management team, consultants, health advisers and the local sexual health network steering group** thought that the coding system **helps to** further understand the role of health advising and **review current pathways and workload of the clinic service**

Implications for SHA team

- The coding has increased visibility of Health Adviser role, and encouraged a more cohesive team
- SHAs really find the coding positive - feels like a validation of the complex work that we do that is often not seen/acknowledged in the clinic
- It really helps to provide some extra definition for the work that we do, but was not previously being measured
- The SHA team feels it validates and evidences the work that they do. Generally positive interest and feedback from staff - found that nurses and doctors wanted to use it too when they saw complex patients!
- The complex coding system has helped to place a value on the work of SHAs. It has provided a sense of presence which has made staff feel more supported and recognised for the work they do within the service

Conclusions

- The coding of complex interventions has been integrated easily and well within the 12 SHA teams and their clinics
- All staff groups in the MDT have been supportive, and the coding has been welcomed, particularly by SHAs, who believe that being able to code complex interventions enhances their work and enables their work to be more auditable and recognised inside and outside the clinic environment
- The coding categories will be reviewed and refined as per feedback
- We hope that the positive experience of the 12 clinics will enable a further roll out of SHA coding to other clinics and lead to a national audit of SHA complex interventions in 2019/20

Please contact me if you would like your Sexual Health Adviser Team to start using the complex coding

Thankyou.....

- **Society of Sexual Health Advisers (SSHA)**
- **BASHH**
- **Chelsea and Westminster Sexual Health Services, London**
- **St Albans and Watford, Sexual Health Hertfordshire**
- **Taunton and Somerset (Somerset Wide Integrated Sexual Health)**
- **Birmingham University Hospitals Sexual Health Service**
- **Royal Hallamshire Hospital Sexual Health Services, Sheffield**
- **Belfast Health and Social Care Trust Sexual Health and Reproductive Services**
- **Brighton Sexual Health and Contraception Service**
- **Royal Berkshire NHS Foundation Trust Sexual Health Service**
- **Newcastle Upon Tyne Sexual Health Services**
- **Royal Bournemouth and Christchurch Hospital Sexual Health Service**



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