Letters

Service standards for sexual health

Madam

We fail to understand why Dr Stephen Searle1 feels that implementing the Family’s Service Standards should be a level of client care. If a service has a clear chaperone policy or protocol then the amount of actual documentation required is minimal. In the case notes ‘chaperone declined’ or ‘chaperone: Nurse Smith’ should suffice to indicate adherence with the policy.

In Abacus Clinics in Liverpool we established a chaperone policy in 2001 in response to guidance from the General Medical Council4 and the Royal College of Obstetricians and Gynaecologists.5 This followed a lengthy in-house discussion and required a significant ‘culture change’ for a predominantly female staff who previously viewed the offer of a chaperone as a privacy issue, especially with medico-legal implications. Some felt that the offer of a chaperone would alarm clients and make them suspicious of the clinician. There were concerns about the chaos that would ensue in busy clinics if all clients wanted a chaperone. In the event, these fears were unfounded. A review of staff perspectives on the policy a year after its introduction showed that the majority of staff felt that less than 5% of clients accepted a chaperone when offered. It was felt that the reason for requesting a chaperone had more to do with relieving the client’s anxiety about the examination rather than being about unprofessional behaviour by the clinician. Whilst only 18% of staff members stated that they always offered a chaperone, up to 80% usually or sometimes did so. The staff stated that for not offering a chaperone was that they simply forgot to do so because it was a change to their previous routine practice. Those who did offer documented the offer on most occasions. There was no evidence to suggest that implementing the policy had a significant detrimental effect on clinic times or workload.

Having no documented evidence relating to practical procedures, e.g. fitting an intrauterine device (IUD), may be more time consuming but it is important to ensure good clinical care and risk management. Perhaps the devil is in the detail. It is up to us as clinicians to decide what is and what is not essential documentation. Following an audit6 of relevant case notes within our service, carried out in 2000, we established minimum standards for documentation relating to IUD insertion acceptable to all our clinicians. In our experience staff have been happy to implement these standards, accepting them as a useful aid to maintaining good clinical care.

Staff discussions should serve to protect both client and clinician.

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References

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Madam

I would like to respond to the letter by Stephen Searle in the April 2004 issue of the Journal on behalf of the FFPRHC Clinical Standards Committee of Faculty.1 The reason d’etre of the National Health Service, and for all who work in it, is to provide high-quality, continuously improving, patient-centred care. A relevant short space of time for clinical governance has become a pre-eminent tool in enabling this to happen.

Whilst the research publications on this subject is almost overwhelming, the basic principles applied to clinical practice should ensure the delivery of good care. The service standards are always set by the object of interpreting national guidance and directives and incorporating these with core clinical governance principles to provide specialty-specific standards. They are intended to aid clinicians in patient care. Clear record keeping is fundamental to, and an integral part of, patient care. To view it as reactive bureaucracy, which is only necessary to protect in cases of legal action for poor practice, is surely to miss the point. Rather, good record keeping is a fundamental part of each episode of patient care.

Clearly formalisation of standards is a rapidly developing area. The documents produced by the Clinical Standards Committee have short review cycles so that views can be included commensurate with this progression. Further, the Committee are always welcome to comments and suggestions. It is to be hoped that these will inform the refinement of the standards at review thus maximising their usefulness.

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References