ePAQ®, an interactive, web-based symptoms assessment system created at Sheffield Teaching Hospitals has been successfully commercialised with the help of Medipex Ltd (the Yorkshire and Humber NHS Innovations hub) and Illuminaries Ltd (a Sheffield software company).

The system is now in routine use in Sheffield as well as several other UK Trusts and enquiries have come from another 40 units, both in the UK and overseas. ePAQ (electronic Personal Assessment Questionnaire) is now being managed by EPAQ Systems Ltd, a newly-formed Sheffield-based NHS spinout technology company.

ePAQ uses “intelligent” computer software to instantly process patient response data and provide a meaningful measure of pelvic floor health in women. It is presently being used in urogynaecology, colorectal surgery and pelvic floor medicine, offering comprehensive assessment in four dimensions: Urinary, Bowel, Vaginal and Sexual symptoms. The simple one-item-per-screen format, help pages and screening questions (with interactive skipping) means that most women are able to use the system in private and without supervision.

• Instant and detailed symptoms and quality of life assessment.
Women attending clinics now routinely complete ePAQ on arrival (prior to their consultation). A report is printed, providing validated scores in 19 clinically meaningful domains (such as overactive bladder, irritable bowel, prolapse and dyspareunia). The software also provides in-built algorithms and information relating to all these scores for clinicians and patients.

• A user-friendly, valid and reliable tool with high patient acceptability.
Results of surveys show that patients rate their experience with ePAQ very highly in a variety of areas: Overall, 96% of patients found it relevant and 92% felt it helped with communication and 64% actually enjoyed using it.

• The ‘Virtual Clinic’ (www.epaq-online.co.uk)
A public access web site now allows patients to complete the questionnaire via the Internet. Increasing numbers of women are now using this web site before coming to clinic and initial surveys of their views are again strongly positive. Information and advice may be provided instead of or in advance of appointments, allowing appropriate triage, providing patients and their clinicians with a detailed and valid assessment of their condition.

Further instruments evaluating other aspects of men and women’s health are already in the pipeline, aiming to provide clinical measures of relevance to clinicians, both in primary and secondary care, enhancing integration and communication, thereby improving quality as well as efficiency in a truly integrated service. For further information, please contact consultant gynaecologist Stephen Radley by email at stephen.radley@sth.nhs.uk or EPAQ Systems Ltd, Sheffield (0114) 2700800.