

London Sexual Health Transformation project

Update October 2015

Background

Councils took on the responsibility for commissioning many sexual health services in April 2013, as part of changes under the Health and Social Care Act 2013. The London Sexual Health Services Transformation Programme has brought together 22 London¹ boroughs to deliver a new collaborative commissioning model for open access sexual health services across much of the capital, including Genito-Urinary Medicine (GUM) (services for the screening and treatment of Sexually Transmitted infections (STIs) and Sexual and Reproductive Health Services (SRH) (community contraceptive services). The aim is to lead the transformation of the service model to deliver measurably improved and cost effective public health outcomes, meet the increasing demand and deliver better value.

The Case for Change

There are five main reasons why this project is necessary:

1. The need for sexual health services in London is significantly higher than the England average, and has risen significantly in recent years.
2. There are noticeable variations in access and activity across London boroughs, with high numbers of residents from across London accessing services in central London.
3. Given London's complex pattern of open access services, there are important advantages for London boroughs to transform and commission services together
4. We must continue to ensure strong clinical governance, safeguarding and quality assurance arrangements are in place for commissioning open access services
5. We want to respond to current and future financial challenges, and ensure we are making the best use of resources available

The Vision for sexual health services in London

The Business Case sets out a vision for how services could be delivered in the new model.

The front door into services will be web based, a single platform providing patients with information about sexual health, on line triage, signposting to the most appropriate service for their needs and the ability to order self-sampling tests. There will be fewer major

¹ The London boroughs signed up to the programme are Barnet, Brent, Camden, City of London, Ealing, Enfield, Hackney, Hammersmith and Fulham, Haringey, Harrow, Islington, Kensington and Chelsea, Lambeth, Lewisham, Merton, Newham, Redbridge, Southwark, Tower Hamlets, Waltham Forest, Wandsworth and Westminster

centres for people with more complex sexual health needs, but the services that are commissioned will be open longer hours and will be properly linked with a network of integrated one stop shops at local level which will be able to meet many people's needs. They will also work closely with primary care. Transport links will be a critical element of determining locations for clinics. There will also be improved data to help better identify and address need for prevention and specialist services, including new and emerging trends

All major clinics will offer patients the opportunity to triage and self-sample on site and all services will be required to ensure that routine STI screen results are available electronically to patients within 72 hours. Patients who are diagnosed with an STI will be offered a fast track appointment, ideally within 24 hours or will be fast tracked if they present to a walk in service. Improved systems for identifying and notifying contacts of patients with an STI will ensure that resources are targeted at the highest need groups.

The whole system will be designed to ensure that evidence about best practice drives changes, and resources will be focused on groups with the highest risk.

Current Activity

Council approval

Councils in the Programme will be seeking approval over the next 2-3 months to proceed with implementing plans for the transformation of sexual health services. The Programme is finalising a cabinet paper and business case, with local teams now working on the relevant details of their local plans. Papers will be taken to council cabinets, asking for

- Approval to take part in a joint procurement process organised on a sub-regional basis to commission sexual health GUM services
- Approval to join a pan London procurement of a web based system to include a front end portal for advice, guidance and access to services including access to home/self-sampling kits for sexually transmitted infections
- Approval to join a pan London procurement of a confidential partner notification system

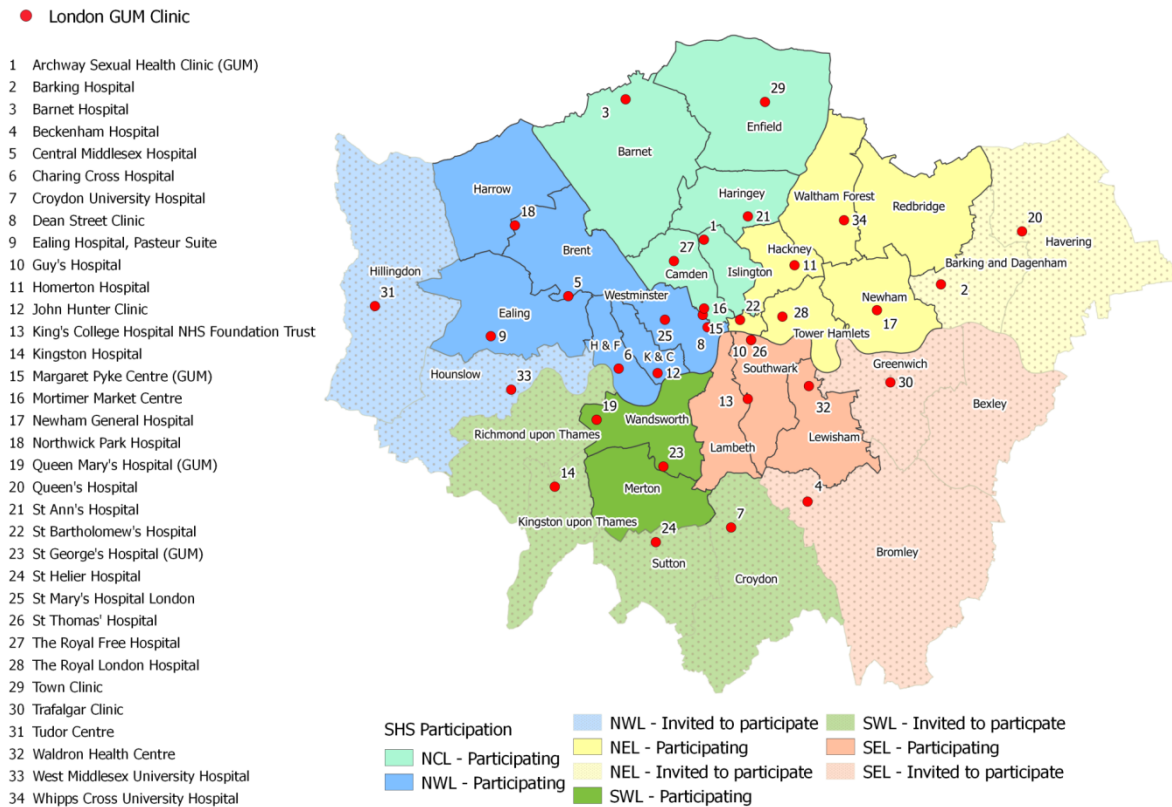
Service specification

Commissioners are now working together to agree the details of the service specifications. Clinical expertise from a range of relevant professional bodies and from Public Health England has been identified to support this work.

Planning in Sub Regions

Given the size and complexity of London's sexual health services, and the differing needs of local populations, councils are working together in sub regions to develop and implement

local plans, within an overall London transformation model and specification. The map below shows the participating boroughs, organised by Sub Region.



Clinical Engagement

A further half day workshop for clinicians was held in September to report on activity since the last meeting in May and continue discussions about priorities. The following themes were reported on or raised from the floor at the meeting.

Integration of Genito-Urinary Medicine (GUM) and Sexual and Reproductive Health (SRH) services

The Programme will support integration of services wherever it is practical and locally supported.

Integration with HIV services

This has been discussed in meetings with clinicians and services as part of the development of the programme. Patients benefit from this, and we need to align planning with NHS England who are responsible for commissioning HIV treatment services. We are aware that re-commissioning GUM and SRH services may have different implications for smaller clinics, where separation of these services from the provision of HIV services is not straightforward,

and we will work to ensure that there are clear and safe pathways between services for patients as part of the transformation programme

Management of asymptomatic patients

Alternatives to GUM clinic attendance for people who do not have any symptoms of sexually transmitted infections are acceptable to a lot of patients, and there is room for considerable innovation in providing other forms of access, such as ordering home sampling/testing kits on-line. It will be important to ensure that providing alternatives do not lead to increased demand among people with no apparent risk of STIs, but it also offers the opportunity to reach people in high risk groups who may not be accessing current GUM services.

Changes in behaviour and how to respond

Sexual behaviour is changing and some high risk patients do not access clinic based services. We will be looking to specialist services to create innovative solutions to access these populations and meet emerging needs due to changes in sexual behaviour.

Training, workforce planning and development

We recognise the concern of some that changes in pathways may impact on medical training. Specifications must be clear about the need to support and facilitate training.

Delivery of partner notification

Despite the potential challenges of delivering a London wide partner notification service, given the importance of ensuring that partners are followed up and the number of different services in London, we believe the benefits make this a worthwhile exercise.

Procurement

The team feel that a competitive procedure with negotiation, which allows for some dialogue would be best suited to this project. This recognises the complexity of the programme, the fact that some adaptation to existing solutions may well be necessary and some innovation through design will be likely to benefit both sides. However, it is recognised that the final decision on the procurement strategy will be taken by the local councils involved.

Changing how services are funded

It was clarified that the LSHPT is recommending the use of an integrated tariff, which brings together GUM and SRH services into a single tariff scheme, and would expect to see competition on both price and quality of services.

Engagement

Ten clinicians have volunteered to help with developing the service specification; further meetings are planned for commissioners and providers and a broader communications plan is now in place, with monthly briefings being circulated to stakeholders.

There are also plans in place to assist local authorities to engage with their public and potential patients. We are writing to Healthwatch to ask for their assistance and we are working with a number of relevant third sector organisations and agencies to see if we can use their networks and expertise as well.

Timeline

The business case and papers seeking cabinet support from boroughs will go to cabinet meetings between now and January 2016. This would allow for the formal procurement to commence in February 2016 with the contract(s) awarded by the end of the year to allow for an April 2017 start.

For further details on the project please contact

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