

Local Enhanced Service Specification

Specialised Sexual Health Services

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1. Introduction

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines more specialised sexual health services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

2. Background

The past decade has seen substantial increases in high-risk sexual behaviours in the UK population. During the 1980s and early 1990s, new diagnoses of sexually transmitted infections (STIs) declined, but since 1995 STIs including HIV have risen and diagnoses of chlamydia, gonorrhoea and syphilis have doubled in the past five years. Teenage pregnancy rates in the UK are the highest in Western Europe.

Greater Manchester

- has the highest rates of Chlamydia in the country
- had in excess of 600 cases of syphilis since 1999
- Detected 725 new cases of HIV (18% increase on previous year) in 2003
- Found that 53% of new HIV cases are contracted through heterosexual sex

The importance of primary care in an enhanced sexual health strategy is demonstrated by the facts that:

- about 75-80 per cent of contraception is provided in primary care.
- more than a third of women found to have chlamydia (the most common bacterial STI in the UK) were diagnosed in primary care
- primary care is highly accessible to all people including young people, and primary care is well accessed by many who may be at risk of HIV

3. Service Context: National and Local Sexual Health Targets & Strategies

The Government has set a target for halving the under 18 conception rate by 2010 (with an interim target of a 15% reduction by 2004). These targets are in the NHS Plan. Manchester's target is to reduce conceptions by 55% by 2010 and the city is unlikely, given current trajectories, to meet the 15% target for 2004 (data issued in arrears and not available at time of writing). Manchester's teenage conception rates are particularly high having increased by 7.7% between 1998-2003.

Research into the factors affecting rates of teenage conceptions, has identified the successful introduction of young peoples contraceptive services as a key feature in those areas with declining rates. Manchester's Sexual Health and HIV Strategy 2002-2005 and Manchester's Teenage Pregnancy annual action plans both site the importance of the improvement of contraceptive, sexual health and advice services in the city.

In addition to the national and local Sexual Health and HIV strategies the government published a new public health white paper in November 2004. This contains significant policy initiatives in areas such as smoking in public places, the promotion of food to children and action to address sexually transmitted infections. It also highlights the importance of the role

of the NHS and partners in central and local government as well as the voluntary and commercial sectors in delivering on this crucial agenda.

The White Paper has set out several targets around sexual health:

- By March 2007 a national programme for screening Chlamydia
- By 2008 patients referred to GUM clinics have appointments within 48 hours.

It is expected that the Greater Manchester Sexual Health Network launched in May 2004 will play a key role in supporting and reaching these targets.

The Health Protection Agency released a report in time for World Aids Day 2004 with a focus on prevention. Dr Kevin Fenton a co-author of the report commented

"...Prevention is the key involving sexual health education, opportunities to screen those with no symptoms and early diagnosis and treatment"

The new GMS Contract provides an opportunity for PCTs to support general practice to meet aspirations around providing specialised and enhanced services. Enhanced sexual health services can now be developed within practice settings complementing existing service provision in settings such as genito-urinary medicine, family planning and young persons clinics.

Central Manchester PCT is working to meet the following sexual health targets:

- The under-18 conception rate defined as the number of conceptions to under-18 year olds in a calendar year per 1000 females (looking for a 55% fall by 2010 from the 1998 baseline)
- The percentage of patients attending genitourinary medicine (GUM) clinics who are offered an appointment to be seen within 48 hours of contacting the service (aiming to reach 100% by 2008)
- The number of new diagnoses of gonorrhoea per 100,000 population (looking for a 25% reduction in new diagnosis by 2008 from baseline in 2002)
- The percentage of sexually active population aged 15-24 accepting screening for Chlamydia (the % of the sexually active population aged 15-24 should increase with time)
- The number of NHS abortions undertaken at up to and including nine completed weeks (9 weeks and 6 days) gestation

4. Aims of the Sexual Health LES

- To deliver high quality enhanced sexual health service within primary care to the resident population of Central Manchester PCT
- To complement and add value to the work of dedicated sexual health services such as GU Medicine and Family Planning
- To contribute to Central Manchester PCT's access and inclusion policy by reaching target groups with safer sex messages, diagnosis and treatment in primary care e.g. gay and bisexual men, black and minority ethnic communities, young people, people with learning disabilities

5. Pathways and Protocols

The provider should work within care pathways and protocols agreed locally with family planning and GU services and the Greater Manchester Sexual Health Network. The provider should also support the implementation of protocols and pathways within primary care in

Central Manchester PCT. Management of an STI should be based on the recommendations in the national clinical effectiveness guidelines produced by BASHH

<http://www.bashh.org/guidelines/ceguidelines.htm>

This service specification will be amended as appropriate when the local structure for the national chlamydia screening programme for <25s has been agreed.

6. Service Model

The PCT is seeking provision of accessible specialised sexual health services for Central Manchester Primary Care Trust's population. Provision is not required to be in dedicated clinics and the choice between these and seamless service provision will be made by each practice. However, dedicated services may encourage some patient groups e.g. young people.

The list below is a summary of what the local enhanced service will fund. For further information about examples of good practice and performance management pertinent to each point see appendix one.

(i) a confidential service for HIV testing. This includes pre and post test counselling, onward referral and signposting for further support e.g. voluntary and community sector organisations. There is an optional fee of £70 for those practices wishing to provide ongoing management of HIV+ patients.

(ii) STI screening and treatment using the most reliable testing methods available

(iii) provision of Hepatitis B vaccinations for gay and bisexual men in line with the National Sexual Health and HIV strategy

(iv) the practice to act as a resource for primary care colleagues

(v) effective liaison with local sexual health services and cytology and microbiology laboratory support and other statutory or non-statutory services where relevant (such as young people's services)

(vi) additional training and continuing professional development for clinicians commensurate with the level of service provision expected of a clinician in line with any national or local guidance to meet the requirements of revalidation

(vii) records kept on the advice, counselling and treatment received by patients. It is the clinician's responsibility in conjunction with the patient to agree what to enter in the lifelong patient notes

(viii) a register of all patients being treated under the enhanced service

(ix) appropriate arrangements for review

(x) costs of condoms, pregnancy testing kits and other additional resources or referral costs

(xi) treatment of chlamydia and gonorrhoea on site and without prescription charge. All other treatments to be provided on FP10

(xii) effective communication with all young people including young men, gay and lesbian people, and ethnic minorities

(xiii) a holistic approach to assessment of risk of STI, HIV and/or unplanned pregnancy, including consideration of other relevant health problems such as drug/alcohol misuse or mental health problems

(xiv) the provision of information on, testing and treatment for all STIs (excluding in the case of treatment for HIV infection, syphilis, Hepatitis B and C or treatment-resistant infections)

(xv) the assurance of partner notification of relevant infections by the use of contact slips and the recording of numbers of partners treated

(xvi) a sound understanding of the role of different professional groups in the shared care of HIV positive patients, and those at risk of HIV

(xvii) suitable training for all staff involved with patients seen for sexual health and HIV-

related conditions

(xviii) review. All practices undertaking this service will be subject to quarterly monitoring and annual review. This is outlined further in section 7 and appendix 1.

7. Activity Monitoring

The practice is required to keep a register of all patients being treated under the enhanced service, and records of the advice, counselling and treatment received by patients (see appendix 1 (vii) & (viii))

The practice is required to submit activity monitoring data to the PCT quarterly. Data should be returned to the PCT within the first 5 working days after the end of each quarter. Payments will be made on the basis of the activity data.

A minimum quarterly dataset is required for releasing fee payment:

Activity	Preferred Read Codes
Total number of patients screened for sexually transmitted infections	9kF.00
Number of patients screened aged under 18 years	N/A
Number of HIV patients	A788.00

Additionally practices should be able to evidence the following annually in a paper report or at a clinical governance visit as determined by the PCT:

- Annual review and update of practice guidelines & procedures including confidentiality arrangements particularly in relation to HIV status
- Completion of at least one sexual health-related audit project such as:
 - a) number of patients seen for specific interventions
 - b) number of people screened and treated effectively
 - c) attendance rates for each service offered
 - d) number of at-risk individuals tested and immunised according to local guidance for blood-borne diseases
 - e) number of Hep B vaccinations given to gay and bisexual men as part of sexual health screen
 - f) age, gender, sexuality and ethnicity of patients to ensure that those most at risk from unplanned pregnancy and poor sexual health are accessing the practice
- Included on register of practices offering sexual health LES
- Percentage of patients attending who are not registered with the practice
- Training profile for the practice – numbers of people trained and type of training undertaken
- A welcoming environment (see appendix 1 (xii))
- Updating undertaken (see appendix 1 (v) & (xvi))
- Implementation of locally agreed patient directives
- Policy for review and follow-up of patients

Activity	Preferred Read Codes
Total number of patients screened for STIs	9kF.00
Number of HIV positive patients on list	A788.00
Number of HIV tests taken	43C..12
Age & gender breakdown of patients tested	N/A
Number of out of practice population patients treated	N/A

Number of patients with each infection:	
1. Chlamydia	1. Ayu4K.00
2. Gonorrhoea	2. A9801/A98z-1
3. Genital warts	3. A7812
4. Herpes	4. A541/A5410
5. Syphilis	5. A97..11
6. Hepatitis B	6. A703
7. Hepatitis C	7. A7050.00
8. NSU	8. A994
9. TV	9. AD1
Number of patients screened aged under 18 years	N/A
Number of patients screened as a result of contact tracing	N/A

Activity relating to insurance/employment/travel is an exception to the above.

8. Accreditation

Practices are responsible for the clinical services they deliver and should ensure that those delivering the service have the appropriate qualifications and experience. Central Manchester PCT will monitor activity to ensure the quality of service provided is to a high standard

Those doctors who have previously provided services similar to the proposed enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced services shall be deemed professionally qualified to do so

At least one nurse supporting delivery of this service should have a family planning qualification. All nurses should be able to work to patient group directions

At least one practice member should have attended the STIF course prior to commencing this service specification. The PCT will fund 1 medical professional per practice to attend a STIF course (or future equivalent at the same cost) every 2 years.

9. Additional Requirements

Good practice indicates that practices should use central sterilising services or single use equipment. However, GPs who decontaminate their own equipment should adhere to the national guidance that is MDA DB2002(06).

Practices providing sexual health services for young people must use the Lord Fraser Guidelines to determine competency of a young person and work according to *Best Practice Guidance for Doctors and Other Health Professionals on the Provision of Advice and Treatment to Young People under 16 on Contraception, Sexual and Reproductive Health* (DH July 2004)

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086960&chk=5FnfJf

Practices will be expected to provide specialised sexual health services to patients outside the practice population. This will be evidenced by a policy for handling out-of-area appointments. The PCT will keep this particular requirement under review.

10. Costs

- Practices will be expected to pay the costs of ongoing training of staff following initial funding outlined above
- Practices will be expected to pay the costs of condoms, pregnancy testing kits and any other additional resources or referral costs.
- STI treatment costs are outlined in 6(xi) above.
- HIV testing & hepatitis vaccinations for insurance, employment and travel purposes are not included in this enhanced specification because these are funded via other sources

11. Fees

In 2005/6 each practice will receive an annual retainer of £2500 plus an annual payment of £150 per young patient under 18 (i.e. 0-17 year olds) and £125 per other patient (paid quarterly in arrears) for offering full sexual health screening and treatment as well as partner notification. A £70 fee is available for practices undertaking ongoing management of HIV+ patients. This is outlined in the service model and appendix 1. The fees will be increased by 3.225 per cent in 2006/7.

	05/06	06/07 (+ 3.225%)
Retainer	£2500	£2580
Young Person aged 0-17	£150	£155
Other patient	£125	£130
Ongoing management of HIV+ patient	£70	£73

12. Eligibility for LES provision

Eligibility to deliver the local enhanced specification outlined above will be judged by Central Manchester PCT based upon:

- The practice supplying relevant information required for the tendering process and agreeing to provide the local enhanced service as outlined in the above specification
- The practice signing a 12-month agreement with effect from 1st January 2006
- The practice agreeing to the PCT reserving the right to review and update the above service specification in line with new guidance e.g. new treatments, development of new vulnerable community

Appendices

Appendix One

Examples of good practice and performance management measures

Specification Point	Service	Further Information
(i)	Confidential HIV testing, including pre and post test counselling and optional ongoing management of HIV+ patients	This can be measured by: <ul style="list-style-type: none"> • Number of HIV tests • Proportion of tests which are positive • Practice guidelines and procedures around confidentiality
(ii) & (xiv)	Provision of information, testing and treatment of all STIs (excluding <i>treatment</i> for HIV, syphilis, Hepatitis B and C) – Use of the most reliable testing methods available for STI screening and treatment	<ul style="list-style-type: none"> • STIs to be tested: chlamydia, gonorrhoea, TV, NSU, syphilis, hepatitis B & C, HIV, warts, herpes • Swabs and urine tests to be used as appropriate <p>This can be measured by:</p> <ul style="list-style-type: none"> • Number of patients being screened • Number of positives
(iii)	Provision of Hepatitis B vaccinations for gay and bisexual men in line with the National Sexual Health and HIV strategy	This can be measured by: <ul style="list-style-type: none"> • Number of vaccinations given
(iv)	The practice to act as a resource for primary care colleagues	Practices can demonstrate commitment to increasing capacity in primary care sexual health services by: <ul style="list-style-type: none"> • Agreeing to be on a register of LES practices so other primary care professionals can seek support and forward patients as required • Numbers of staff trained within the practice and the type of training undertaken
(v) & (xvi)	<p>Effective liaison with local sexual health services and cytology and microbiology laboratory support and other statutory and non-statutory services where relevant (such as young people's services)</p> <p>A sound understanding of the role of different professional groups in the shared care of HIV positive patients, and those at risk of HIV</p>	The practice can demonstrate this through: <ul style="list-style-type: none"> • Implementation of locally agreed patient group directives e.g. STIs, contraception and HIV • displaying other services' publicity materials e.g. Brook • Updating evidence through PDP/appraisal process

		<ul style="list-style-type: none"> • Explicitly defined care pathways
(vi)	Additional training and continuing professional development for clinicians commensurate with the level of service provision expected of a clinician in line with any national or local guidance to meet the requirements of validation	<p>Updating is required to meet this specification point and this can be demonstrated in various ways through the personal development and appraisal process. For example:</p> <ul style="list-style-type: none"> • Developing protocols for nurse prescribing • Attending training events • Carrying out individual research • Reading Faculty guidance materials • Distance learning through FFP/BMJ/Doctorsnet
(vii) & (viii)	<p>Keep adequate records on advice, treatment and counselling received by patients. It is the clinician's responsibility in conjunction with the patient to agree what information is entered in the patient's lifelong notes</p> <p>Keep a register of all patients being treated under the enhanced service</p>	<p>The practice must allocate adequate staff time to provide the administration required for the smooth-running of the service. This can be demonstrated by</p> <ul style="list-style-type: none"> • staffing budget <p>Read code will be 9kF.00</p>
(ix)	Demonstrate appropriate arrangements for patient review and follow-up	This can be demonstrated by development of a policy for review and follow-up of patients
(x) & (xi)	See section 10 in the above spec	
(xii)	Effective communication with young people including young men, gay and lesbian people and ethnic minorities	<p>Practices can create a welcoming environment by:</p> <ul style="list-style-type: none"> • Providing staff training • Displaying posters and literature relevant to practice population in the waiting room • Use of YP toolkit – <i>Getting it Right</i> • Developing a reception Team policy on supporting and handling young people attending the practice • Displaying a "statement of intent" (see appendix two)
(xiii)	A holistic approach to assessment of risk of STI, HIV and/or unplanned pregnancy including consideration of other relevant health problems such as drug misuse or mental health problems	Use tick list template provided (see appendix 3) to demonstrate holistic approach to assessment of risk of sexual health issues including consideration of relevant health problems such as

		substance misuse and mental health.
(xiv)	See (ii)	
(xv)	<p>The assurance of partner notification of relevant infections by adherence to agreed guidance e.g. BASHH guidelines for the treatment and management of sexually transmitted infections in primary care http://www.bashh.org/guidelines/ceguidelines.htm</p> <p>Practices can download partner notification guidance from: http://www.ssha.info/public/manual/index.asp</p>	<p>This can be carried out by issuing of contact slips to patients. CMPCT will provide contact slips.</p>
(xvii)	<p>Suitable training for all staff involved with patients seen for sexual health and HIV-related conditions</p>	<p>This should include reception and administration staff as well as nurses, doctors or health advisors.</p> <p>Training could include:</p> <ul style="list-style-type: none"> • HIV update for all staff – what a diagnosis means in 2005 • ENB 276 for nurses • STIF course • Confidentiality • Employing a non-judgemental attitude • Medical updates <p>Suitable training can be evidenced by:</p> <ul style="list-style-type: none"> • PDP/appraisal process
(xviii)	<p>Review. All practices undertaking this service will be subject to an annual review</p>	<p>Practices will be expected to carry out at least one audit per year. Topic areas are suggested in section 7 of the specification document</p>

Appendix Two

Example “Statement of Intent” for young people’s sexual health services within general practice:

Here to listen, not to tell.

We provide a confidential and non-judgemental service to all patients including those under 16 years old.

We welcome all patients, irrespective of age, race, religion, HIV status or sexual orientation

Appendix Three

Example tick list template for use in assessment of risk in relation to sexual health

- Discuss contraception (including emergency contraception)
- Discuss safer sex
- Discuss STI screening
- Discuss cervical cytology
- Discuss psychosexual issues
- Alcohol
- Smoking
- Problem drug use
- Mood

Glossary

BASHH	- British Association for Sexual Health and HIV
ENB 276	- Nurse Training Course -Caring for people with genitourinary and related conditions.
GMS	- General Medical Services
GU(M)	- Genito–Urinary Medicine
HIV	- Human Immunodeficiency Virus
LES	- Local Enhanced Service
NHS	- National Health Service
NSU	- Non-Specific Urethritis
PCT	- Primary care Trust
PDP	- Personal Development Plan
STIF	- Sexually Transmitted Infections Foundations Course
STIs	- Sexually Transmitted Infections
TV	- Trichomonas Vaginalis
YP	- Young People