Appendix 2

SERVICE SPECIFICATION

'INTEGRATED SEXUAL HEALTH SERVICES'
for the people of Leicester, Leicestershire & Rutland

Performance Requirements – Specification, Quality and Productivity

Commissioners: - Leicester City Council
Leicestershire County Council
Rutland County Council
NHS Leicester and NHS Leicestershire and Rutland PCT Cluster (Current Commissioners until 31.3.13)

Details within this Specification may be changed in line with DoH/National Guidance

Contents

Appendices:

The first 4 appendices are included at the back of this document:

Appendix 1 Elements of Care for Sexual Health (page 36)

Appendix 2 Maps of Proposed sites (page 38/39)

Appendix 3 Chlamydia Screening Elements (LPT current) (page 40)

Appendix 4 Sexual Health Aspects of Psychosexual Counselling (page 41)

The following appendices are separate documents and can be found as attachments:-

Appendix 5 Sexual Health Needs Summary in Leicester, Leicestershire and Rutland

Appendix 6 Safer Sex Project Leicester City only

Appendix 7 Leicestershire County and Rutland Sexual Health Services Review (March 2012)

Appendix 8 Leicester City Sexual Health Services Review (February 2012)

Appendix 9 Sexual Health Service Review Engagement Report (23rd August 2012)

These following are separate documents and can be found as attachments:-

Document 11A Historic Activity Data for Leicestershire & Rutland

Document 11B Historic Activity Date for Leicester City

Document 13 St. Peters Costs

Document 14A St. Peters Floor Plan (second floor)

Document 14B St. Peters Floor Plan (third floor)

Document 15 St. Peters Heads of Term (HOTs)

Document 16 TUPE Information

(Other attachments are ITT Procurement Documents)

Introduction

Leicestershire County, Rutland County and Leicester City Councils are commissioning 'Integrated Sexual Health Services'. The definition of integrated sexual health services is as follows:-

- This is a model of sexual health provision meets all the sexual health needs of an individual in one visit
- It integrates STI management and contraceptive provision into one visit
- Integrated sexual health services require that clinicians and in particular nurses are dual trained and able to meet the needs of the individual no matter what concern or condition they present with, this minimises need to see multiple practitioners
- It has multidisciplinary working and utilises the skills of clinicians and non -clinicians in a cost effective and clinically appropriate manner
- The service includes the specialist expertise, clinical governance and training of clinicians

There is a national approach to commissioning integrated sexual health services. The existing service is fragmented with different services provided at different locations and centres, and GUM services provided separately to contraceptive services.

The geographic basis of the different services have evolved over time, with the locations of services not always meeting or changing to meet the needs of the population. The re-commissioning of the services will enable a more strategic planning on the location of the different services.

- Leicester and Leicestershire County and Rutland have different populations and needs
- Leicestershire County and Rutland have low under 18 conception rates, however, small pockets of need - the overall sexually transmitted infection rate is also low
- There are high numbers of young people in specific areas e.g. Loughborough and Wigston
- The rural nature of the counties makes access to services difficult in particular for young people
- Leicester has high under 18 conception rates and similar to other urban areas high rates of STIs
- There is also a high prevalence of HIV (the 7th highest outside of London)
- Leicester is one of the most ethnically diverse cities in England
- Both areas have university populations that boost demand. A Fuller description of need is provided in **Appendix 5**

The purpose of the procurement is to re commission sexual health services in Leicester, Leicestershire and Rutland areas.

The project requires a strategic approach to plan an integrated sexual health services based on a tiered approach to ensure services are provided at the right location at the right time to meet the demands of the population.

This service specification reflects an integrated approach to the service, and will include the pathways/ signposting to and from other sexual health service providers, to ensure a smooth, safe and secure transition for patients. We would encourage providers to engage with Voluntary Sector and other service providers where appropriate.

Equality, Diversity & Human Rights Statement

The provider should aim to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. This policy takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all.

This document has been assessed by the NHS Leicester, Leicestershire and Rutland Integrated Equality team, to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation and vulnerable community groups not specifically covered by legislation, such as socio-economic deprivation, asylum seekers, and refugees.

In carrying out its functions, the provider must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which provider is responsible, including policy development, review and implementation.

We value the diversity and human rights of the local population and have a commitment to promote equality, value diversity and human rights in all our activities.

1. Purpose

1.1 Aims

The aim of the service is to deliver a range of accessible, high-quality, responsive, cost-effective, confidential, Integrated Sexual Health Services to the population of Leicester, Leicestershire and Rutland and to support and provide some elements of delivery of sexual health services in primary care and other community settings through the provision of professional training and co-ordination of a local managed sexual health service network.

The service will aim to achieve the following for the local population in support of national and local strategies for Sexual Health & HIV:

1.2 Objectives

- **To maximise the sexual health of individuals and their sexual partners** by promoting local sexual health services effectively and facilitating convenient and timely access to integrated sexual health care for all residents
- **To reduce inequalities in sexual health** by targeting vulnerable groups and communities with greater sexual health needs and tackling the stigma and discrimination associated with HIV and poor sexual health in partnership with other agencies
- **To improve access to integrated sexual health services** by delivering a 'one stop shop' approach to sexual health service provision, ensuring that patients have access to a range of Sexually transmitted Infections (STI) and contraception & reproductive health services within a single visit where possible, via a greater range of locations. This will keep the number of appointments required to improve the patient's sexual health to a minimum
- **To reduce rates of STIs and HIV** through the provision of integrated services for STI screening, diagnosis and treatment with services for contraception and reproductive health and the provision of targeted sexual health promotion and partner notification - Rates may rise in the interim as diagnosis increases
- **To reduce unintended conceptions and repeat terminations of pregnancy** by improving access to long acting reversible contraception (LARC)
- **To reduce teenage conceptions** by improving access to contraception services (including LARC) and advice and information about relationship and sexual health education for young people across

a broader range of settings, and by ensuring that contraception is available as part of all STI care pathways

- **To improve delivery of the national Chlamydia screening programme** through targeted outreach and improving the uptake of Chlamydia screening for 15-24 year olds in all sexual health and community settings, and ensuring that that there is an evidence based approach to screening locations to maximize diagnosis rate

- **To reduce the prevalence of undiagnosed HIV infection and late diagnosis of people with HIV** through the effective uptake of HIV testing across a broader range of settings, ensuring that that there is an evidence based approach to screening locations to maximize diagnosis rate

- **To develop increasingly user-focused sexual health services** by involving service users, stakeholders and related services in service design, development and evaluation

- **To create more coordinated and sustainable sexual health services** by maximizing existing workforce skills and expertise through the dual training of nurses and primary care staff in Contraception and STI treatment and care. Ensuring that all service providers are supported to deliver high quality care through the development of agreed care pathways and the provision of training and development and through the co-ordination of local sexual health network

- **To ensure maximum effectiveness and the best use of finite resources** by reducing service duplication and sharing good practice, where appropriate, developing services in line with local need with referral and partner agencies

- **To reduce out of area activity for Contraception, STI, HIV and other sexual health services** by promoting and improving access to high quality services within the area while at the same time maintaining patient choice

- **To improve the sexual health of the local population, especially those at risk of poor sexual health** by providing evidence based behaviour change interventions tailored to meet specific needs of target groups/individuals

1.3 Evidence Base

All advice and activities will be based on, or contribute to, evidence based research and will be provided in compliance with relevant guidelines, as well as standards for practice as set out in:

National Policy Drivers:

- Health and Social Care Act 2012
- Health and Social Care Act 2008 (Care Quality Commission registration and Infection Prevention and Control)
- Registration and Compliance with the Care Quality Commission
- Care Quality Commission and Registration (Regulations) 2009 Healthy Lives, Healthy People white paper (2010)
- Caldicott Principles and Guidelines
- Commissioning Sexual Health services and interventions - Best practice guidance for local authorities (DoH 2013)
- The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives (Regulations 2013)
- National Strategy for Sexual Health and HIV (2001)
- Progress and priorities – working together for high quality sexual health. Review of the National Strategy for Sexual Health and HIV (2008)
- Healthy Lives, Healthy People: Our Strategy for Public Health in England (2011)
- Joint BASHH/Med FASH standards for the management of sexually transmitted infections (2010) http://www.medfash.org.uk/publications
- FSRH Service standards for sexual and reproductive healthcare (2012) http://www.fsrh.org/pdfs/ServiceStandardsSexualReproductiveHealthcare.pdf

- National Service Framework for children, young people and maternity services (2004)
- You're Welcome Quality Criteria (2007)
- Faculty of Sexual and Reproductive Healthcare guidance
- Royal College of Obstetricians and Gynaecologists (RCOG) guidance
- Medical Foundation for Sexual Health and HIV (Med FASHH)
- British Association of Sexual Health and HIV (BASHH)
- British HIV Association(BHIVA)
- NICE guidance regarding sexual health and contraception (PH3, 33, 34 and CG30)
- Institute Psychosexual Medicine guidance
- British Association for Sexual & Relationship Therapy guidance
- Patient Choice
- Payment by Results
- Sexual Offences Act (2003)
- Every Child Matters (2004)
- Working together to Safeguard Children and Young People (2010)
- Teenage Pregnancy Strategy (1999)
- Making every contact Count (2012)
- National Chlamydia Screening Programme Core Document Version 5 (2012)
- Public Health Outcomes Framework
- Safe Guarding Adults – No secrets (2000)
- Safeguarding Vulnerable Groups Act (2006)
- Mental Capacity Act (2005) and Fraser Guidelines
- BHIVA Guidelines for HIV (2012)
- Society of Sexual Health Advisers Manual (2004)

The provider is expected to ensure that they are aware of, and comply with, any new National Guidance and /or standards relating to Sexual Health which may be issued.

Local Policy Drivers:

- Teenage pregnancy plans Leicestershire County and Rutland and Leicester City
- Plans for Chlamydia screening across LLR
- Leicester Health and Wellbeing Strategy
- Leicestershire Health and Wellbeing
- Rutland Health and Wellbeing Strategy
- Leicester Children's Plan
- Leicestershire Children and Young Peoples Plan
- East Midlands Serious Incident Report Policy
- Local Safeguarding Children procedures (Safeguarding children and Young people from Child Sexual Exploitation)
- Leicestershire and Rutland Sexual Health Services Review (2012) - **See Appendix 7**
- Leicester City Sexual Health Services Review (2012) - **See Appendix 8**

1.4 General Overview

To improve the sexual health of the local population through:

- The delivery of an open access Consultant-led Level 3 Integrated Sexual Health Service with levels 1, 2 and 3 provision in appropriate locations across LLR

- Supporting the delivery of level 1 and level 2 services in primary care through the co-ordination and delivery of professional training, care pathways and the co-ordination of a local sexual health network

- The delivery of outreach and targeted work to those most at risk

- The delivery of a young people's specific integrated sexual health service (for the under 25s)

- The delivery of the Sexual Health aspects of Psychosexual service.

Elements of care

The proposed model describes three levels of care for the management of Sexually Transmitted Infections (STIs) and contraception and Sexual and Reproductive Health (SRH) - (Levels 1, 2 and 3 as detailed in **Appendix 1**).

These levels are based on those previously described in a number of national documents[1,2.] and indicate the types of services which could be delivered at each level.

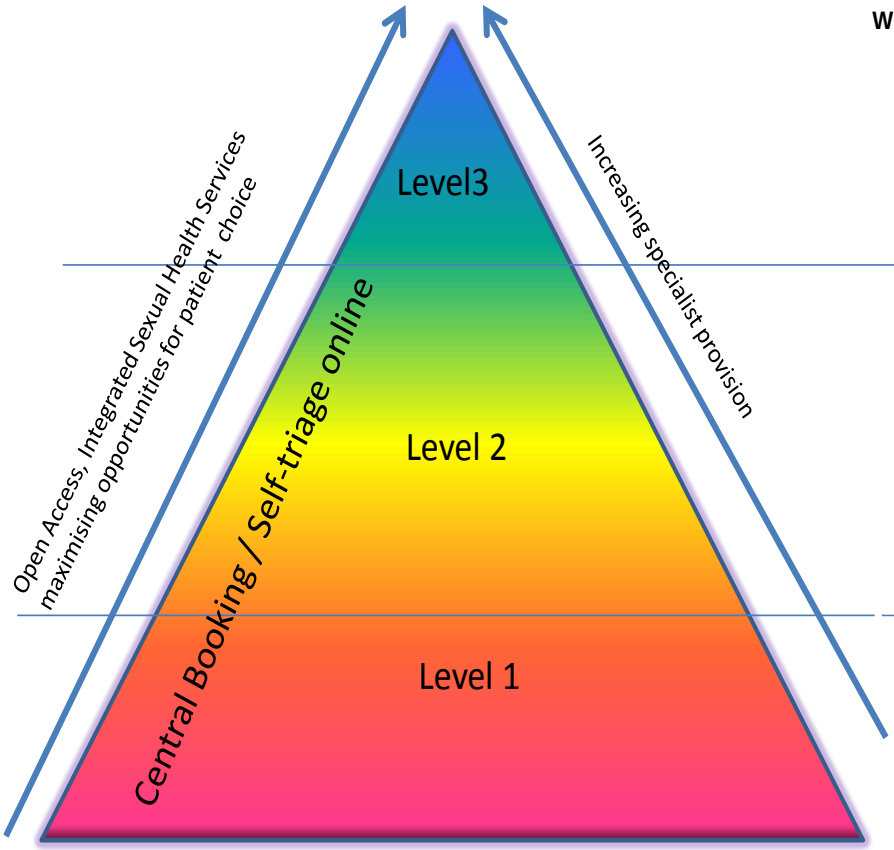
It is important to note that the *only* services led by a person on the specialist register of the General Medical Council (GMC) for either Genitourinary Medicine or Community Sexual and Reproductive Health and which offer a comprehensive range of services spanning all three levels can be defined as specialist (Level 3)[1,3]. It is these specialist services which should have responsibility for providing clinical leadership to all of the services commissioned as part of the integrated model in LLR. Leicester is a high prevalence area for HIV and it would be expected that one of the senior lead clinicians will be an expert in HIV. (This could be a shared post with the local integrated HIV service).

1 Better prevention, better services, better sexual health' - The national strategy for sexual health and HIV Department of Health 27 July 2001

2 'Progress and priorities'– working together for high quality sexual health'. Review of the National strategy for Sexual Health ad HIV. Independent Advisory Group on Sexual Health and HIV, MEDFASH July 2008

3 Standards for the management of sexually transmitted infections (STIs) January 2010 MEDFASH

Diagrammatic representation of the proposed model of Integrated Sexual Health in Leicester, Leicestershire and Rutland.



Who can provide the levels:

LEVEL 3
Specialist Sexual Health Services GUM & Contraception (hubs and possibly some spokes). Potential for some elements of Level 3 to be delivered by other providers with appropriate training and competence eg in 'spokes'

LEVEL 2

Specialist Sexual Health Services GUM & Contraception (hubs and spokes), some General practices

LEVEL 1 and some elements of LEVEL 2

All the above plus SHACC type Practices,, Young People's Sexual Health Services and some General Practices.

LEVEL 1

All of the above plus Young Peoples Sexual Health Services, General Practice, Community Pharmacies, Third sector providers, Safer Sex projects, Chlamydia Screening Programme

- Potential General practice provision
- integrated Level 1 with elements of Level 2 to all patients
- Appointments are booked by central telephone line – slots kept up to 24 hours prior and then released for GP general appoint
- Paid on tariff

Service Model

This is a 'hub' and 'spoke' model of sexual health service provision across Leicester, Leicestershire and Rutland and a young people's sexual health service. See **Appendix 2** for a map of where services are to be provided. It utilises elements of care and divided into 3 levels. The elements of care for each level of sexual health are described in **Appendix 1**.

Level 3 clinical services are the most complex and should be Consultant-led and organised and delivered via a Hub and Spoke model, ensuring that Level 2 services (Spokes) are available in accessible locations within each Local authority and in locations as detailed in section 4.

'Hubs' will offer integrated and co located GUM and SRH services at Levels 1, 2 and 3. In addition they would co-ordinate all partner notification for STIs diagnosed across the integrated services and have responsibility for delivery of the local Chlamydia Screening Programme.

Spokes will offer Level 1 and elements/all level 2 services with the potential for some to deliver elements of Level 3 dependent on need and the support of the Level 3 specialist sexual health providers. See **Appendix 1**. A range of options regarding potential providers of 'spoke' services exists but with the Sexual Health and Contraception Clinic (SHACC) model successfully established in GP practices in Leicester City (offering sexual health services to both their own and other practice populations. The option for GPs to deliver sexual health 'spokes' across LLR could be explored as part of this service model. This type of model could include appointments embedded in primary care services to maximise availability of appointments and use of clinician's skills in line with patient feedback.

Level 3 'hub' and level 1/2 spokes' will be open access and offer a mix of both walk-in and booked appointments. Consideration should be given to providing designated young people's clinics. The required locations of 'hubs' and 'spokes' are identified, along with a brief rationale for their location, in section 4.

The Young Person's service will include:

- the Chlamydia screening programme detailed requirements of the chlamydia screening programme are in **Appendix 3**
- Provision of outreach clinics in young people's settings, as described in 4.1/4.2, and domiciliary services for residents who are unable to access local services
- Safer Sex Project - Leicester City only

Outreach and Health Promotion(this is to be provided at all levels, 1-3):

- The provision and advertising of free condoms and lubricant, including outreach work and in appropriate local venues/settings
- Provision of a domiciliary service. This service will be made available in exceptional circumstances where individuals are not able to access services, as required by request/referral from people with disabilities, those with a severe physical or learning disability, vulnerable young people in care or leaving care, teenage parents
- Provision of information on local integrated sexual health services to increase the uptake of HIV testing by MSM and Black African communities
- Provision of information on local integrated sexual health services to increase the uptake of STI screening and contraception in young people
- Provision of a website and online booking service to promote the sexual health and wellbeing of target populations and to increase awareness of the range of service available to them
- Local leadership and co-ordination of World AIDS Day and other appropriate sexual health promotion campaigns, including condom use and contraception and support community initiatives with HIV and Safer Sex resources

- Targeted outreach support for MSM, and men and women working in the sex industry

- Provision of outreach HIV awareness raising events at local colleges in partnership as part of health promotion

Co-ordination:

- The service will be responsible for the co-ordination and local delivery of the National Chlamydia Screening Programme across the whole area, as well as effective sexual health promotion and HIV prevention activity with vulnerable groups within each locality area

- The service will also be responsible for supporting level 1 and 2 service delivery and practitioners within each area and for ensuring that all sexual health services are advertised, co-ordinated and supported via the co-ordination of a local sexual health network

- Co-ordination and management of provision of training for the free Emergency Hormonal Contraception (EHC) to under 25s via community pharmacies

Publicity:

- The service will provide a well-publicised service with a strong corporate brand to the local community via promotional service literature and an integrated sexual health service website – including online booking service. Providers should work collaboratively with neighbouring providers to identify opportunities for joint corporate branding and advertising. Social marketing and the use of digital and social media should be used to encourage young service users and communities using these methods of communication

Staff Training

- To support undergraduate , postgraduate and other community base training relating to sexual health (ref 2.1.2)

- The ISHS will provide LARC (IUS/D and Subdermal Implants) for all women across LLR when this is not provided by their GP. The ISHS will provide training, updating and keep a competency based register of all clinicians providing LARC methods (described above) across the LLR sexual health network

- The provider will provide training for GPs and Pharmacists in the provision of Chlamydia screening.

Sexual Health Network and wider training

- The service will co-ordinate a local multi-agency and multi-disciplinary Sexual Health Network of level 1, 2 and 3 practitioners and commissioners to:
  - identify, collect and share information on local sexual health needs and concerns
  - share information on local sexual health services, activity and planned service developments
  - identify gaps in local provision and agree priorities for service improvement and development
  - maximise resources and work across organisational boundaries to improve access and deliver hi quality, effective services
  - share and develop good practice and identify opportunities to improve service uptake and user experience
  - develop, agree and promote agreed care pathways for core sexual health services and vulnerable groups
  - support the co-ordination and delivery of local sexual health workforce development and educatio
  - support the implementation of local Teenage Pregnancy and Sexual Health Strategies through th development and implementation of local action plans as required
  - share information on the availability of national and local funding opportunities
  - ensure all services are well advertised
  - the provider will provide training for Pharmacists in the provision and the training of pharmacists in EHC provision

1.5 Expected Outcomes

- The provision of an equitable service to all people who require these services/or the reduction in sexual health inequalities
- Reduction in teenage conceptions within the local population
- Reduction in unintended conceptions and terminations of pregnancy
- Reduction in repeat terminations of pregnancy.
- Reduction in rates of STIs including HIV
- Reduction in the late diagnosis of HIV
- Improved uptake of the national Chlamydia screening programme for 15-24 year olds and achievement of key performance targets
- Improved co-ordination and availability of integrated sexual health services to the local population in response to identified needs
- Reduction in out of area activity
- Increased access to Sexual health services by priority and vulnerable groups (as defined below)
- Reduce the prevalence of undiagnosed STIs
- Increase the uptake of HIV testing by first time service users, particularly in Leicester City
- Increased uptake of effective methods of contraception, specifically LARC (Long Acting Reversible Contraception)
- Improved knowledge of sexual health and sexual health services amongst the population with particular focus on vulnerable groups (as defined below)
- A managed sexual health network

In addition to the above outcomes, the commissioner will also require outcomes/outputs to be developed and reported on in relation to:

- STI re-infection rates
- Partner notification rates (to be benchmarked against BASHH standards)
- Increase engagement of key vulnerable groups (as identified through needs assessment)
    - Young people, particularly men
    - Black and Minority Ethnic groups
    - Men who have sex with men
    - Sex workers
    - Looked after children
    - Men and women with disabilities
- Young people, particularly men
- Black and Minority Ethnic groups
- Men who have sex with men
- Sex workers
- Looked after children
- Men and women with disabilities
- The full range of contraception is available.
- Long acting reversible contraception
    - increasing uptake (against national and regional rates)
    - continuation rates
    - removals (of service fitted and other provider fitted)
- increasing uptake (against national and regional rates)
- continuation rates
- removals (of service fitted and other provider fitted)
- HIV testing
    - percentage offered
    - percentage take-up of offer
    - percentage late diagnosis
- percentage offered
- percentage take-up of offer
- percentage late diagnosis
- Chlamydia Screening (15-24 years)

  - Percentage offered (aim 100%)
  - percentage take-up (70% of first contacts in year)
  - Index cases treated (95%) proportion of partners treated (0.8%)
- Percentage offered (aim 100%)
- percentage take-up (70% of first contacts in year)
- Index cases treated (95%) proportion of partners treated (0.8%)
- Improve client knowledge regarding underlying causes of risk taking behaviour, e.g. excess alcohol/ substance misuse
- Staff trained and competent in dealing effectively with underlying causes of risk taking behaviours leading to poor sexual health
- Improved access to local services and reduced travelling times

1.6 Changes in Priorities

Throughout the life of the contract new priorities and requirements may be identified at both a local and national level. Any new priorities and actions for this service will be fully discussed and agreed between the Commissioners and the service provider.

2. Scope

2.1 Service Description

To provide a range of accessible, high-quality, responsive, cost-effective and open access Integrated Sexual Health Services through a branded hub and spoke model of service provision to the local population and to support the delivery of level 1 and 2 sexual health services in primary care and other community settings through the development and provision of professional training, care pathways and the co-ordination of a local sexual health network.

Service provision to include:

2.1.1 Leadership and standards

The service will provide clinical leadership to level 1 and 2 practitioners and oversee the clinical quality (through effective clinical governance) of sexual health services delivered within each local network area. The service will contribute to the development and delivery of local strategies for sexual health & teenage pregnancy and support the delivery of multi-agency training for the young people's workforce in partnership with Leicester, Leicestershire and Rutland Teenage Pregnancy Partnership Training Programme and Plans.

1. To ensure that local Level 1 and Level 2 providers of sexual health services are supported to deliver effective, high-quality care through the development and delivery of agreed care pathways and guidelines, clinical advice, resources and professional updates & training and the development and co-ordination of a local Sexual Health Network.

2. The service will employ a consultant specialist in HIV to act as service champion for HIV; ensuring pathways are in place and effectively managed from testing, including community testing by other agencies, through to transfer to HIV treatment services.

3. To lead on and provide the chlamydia screening programme across LLR to ensure that the Public Health Outcomes Framework outcome for chlamydia is achieved.

4. The service will provide statistical information on service contacts and service provision and comply with all local and national sexual health dataset requirements (e.g. SOPHID, GUMCAD, SRHAD, CTAD, HARS). All data submitted to the laboratory which contributes to these returns should be appropriately coded to enable allocation of the patient to the Local Authority of residence.

5. The service is expected to discuss nationally collated sexual health data analysis with commissioners on a quarterly basis to enable informed decisions relating to sexual health attendances, activity, STI and conception trends.

6. The service will use the appropriate electronic data collection system to support the collection of the above data and will sign up to the national tariff IT system currently provided by Pathway Analytics - including enabling access to the data by commissioners. In addition, appropriate data systems are required to report activity for elements of the service which are not included in the national tariff IT system. This will be used by commissioners to trigger payments in accordance with Appendix E and Clause B8 of the service contract. Activity must be identified by commissioning Local Authority and in accordance with section 4.2 of this specification.

7. The service will pro-actively target groups and local communities who are at increased risk of poor sexual health[1] i.e. young people (under 25), men who have sex with men, people from certain ethnic minority groups specifically from areas of high HIV prevalence, men and women working in the sex industry.

8. To work toward all patients receiving all the services they require at the time they first attend, to meet their immediate sexual health needs and promote their on-going sexual health.

9. To promote self-efficacy and reduce unnecessary travel to services through the provision of web-based and telephone advice and/or triage, condom distribution, remote testing, text messaging and telephone consultations where appropriate.

10. Active participation in the regional CASH Network and relevant trials, training, research and audit programmes.

11. Active participation in the BASHH Network and relevant trials, training, research and audit programmes.

12. All staff will undertake safeguarding training and should be completed in line with national guidance /legislation and in addition will be able to identify and appropriately refer men and women subject to domestic violence to the correct agency.

2.1.2 Professional Training & Network Management

13. The Service will support undergraduate, postgraduate and specialist training for medical and nursing staff. A charge may be levied for this to cover costs incurred.

14. The service will also work with Post-graduate GP Education to deliver Sexual & Reproductive Health teaching and updating to GPs and GP registrars. A charge may be levied for this to cover costs incurred

15. The Service will provide annual DFSRH theory training for local level 1 and 2 practitioners plus practical training to achieve Letters of Competence in IUDs/IUS, Sub-Dermal Implants of the Faculty of Sexual and Reproductive Healthcare. A charge may be levied for this to cover costs incurred.

16. The service will provide annual BASHH STIF training for local level 1 and 2 practitioners plus practical training to achieve STIF Level 2 competency. A charge may be levied for this to cover costs incurred

17. The service will provide training and support for level 1 and 2 practitioners involved in the delivery of local sexual health services (including local enhanced services) for emergency contraception, Chlamydia screening & treatment, HIV testing, STI screening, condom distribution and pregnancy testing. This training should be in line with the 'You're Welcome' criteria.

18. The service will create and maintain a training register of all courses provided, attendees and pass rates/competencies where appropriate.

1. Better prevention, better services, better sexual health' - The national strategy for sexual health and HIV Department of Health 27 July 2001

19. The service will contribute to the delivery of local RSE and Sexual Health Promotion training, including Teenage Pregnancy Partnership Training Programme.

20. The service will co-ordinate a local multi-agency and multi-disciplinary Sexual Health Network of level 1, 2 and 3 practitioners and commissioners to:
    - identify, collect and share information on local sexual health needs and concerns
    - share information on local sexual health services, activity and planned service developments
    - identify gaps in local provision and agree priorities for service improvement and development
    - maximise resources and work across organisational boundaries to improve access and deliver high quality, effective services
    - share and develop good practice and identify opportunities to improve service uptake and user experience
    - develop, agree and promote agreed care pathways for core sexual health services and vulnerable groups
    - support the co-ordination and delivery of local sexual health workforce development and educatio
    - support the implementation of local Teenage Pregnancy and Sexual Health Strategies through th development and implementation of local action plans as required
    - share information on the availability of national and local funding opportunities
    - ensure all services are well advertised

2.1.3 Integrated Sexual Health Service provision level 1-3 to include:

21. A full medical, family and sexual history, including risk assessment for unintended pregnancy, STIs, HIV and other blood-borne viruses. Routine sensitive enquiry for gender based violence, history of non-consensual sex, child sexual abuse or child sexual exploitation where appropriate and in addition include discussion of smoking, alcohol and substance misuse and the provision of brief interventions and referrals to local services as appropriate.

22. A full sexual health screen, which will include the offer of routine HIV testing to all clinic attendees, and genital examination, when appropriate.

23. Notification of any partners potentially at risk of infection to be encouraged from new diagnoses.

24. Health Advisor Support for partners and other family members including pre-test counselling, support and safer sex information and advice to be offered.

25. To offer same day HIV testing to clients in special circumstances (e.g. those at increased risk and those who are unlikely to wait or return for their result/treatment).

26. Provision of the full range of emergency, reversible and permanent methods of contraception, and information on them (excluding male and female sterilisation).

27. Pregnancy testing and sensitive and expedient referral to unplanned pregnancy services or antenatal care where appropriate.

28. Provision of cervical screening in line with National Screening Programme.

29. Provision of specialist IUD/implant clinics (including removal of deep/impalpable implants).

30. A fast-track referral service for young people identified by local practitioners at high-risk of teenage pregnancy. (Y) Denotes that this is a young person's service.

31. Dispensing of free treatment and health advice/support for the management of infections, the avoidance of re-infection and future safer sex strategy development for all attendees.

32. Client and/or Provider Partner notification where a patient is diagnosed with a sexually transmitted infection.

33. A Community Partner Notification Service for patients diagnosed in primary care.

34. A robust recall system to ensure that all clinic attendees with an STI receive appropriate treatment and follow up.

35. A Hepatitis B vaccination recall programme to ensure completion of the course.

36. Hepatitis screening and vaccination for all men who have sex with men, commercial sex workers, current or ex intra-venous drug users (IVDU's) and their partners, and people from areas where Hepatitis B and C is endemic.

37. Free condoms and lubrication to be offered to all attendees during all consultations, with advice on their use.

38. Assess risk and offer PEP and PEPSE as per UK national Guidelines for HIV (and other BBVs) to clinic attendees.

39. Dedicated Health Advisers to provide structured 121 sessions (in accordance with NICE guidelines) to individuals at high risk of STIs structured on the basis of behaviour change theories, in order to reduce sexual risk-taking and improve self-efficacy and motivation.

40. Chlamydia screening as part of the National Chlamydia Screening Programme for all young people aged 15-24 plus STI testing for all patients identified at risk of STI infection (Y).

41. HIV Pathways to include: Close working with the local integrated HIV service to ensure that patients are provided with a service that reduces need to visit multiple providers and ensures that their treatment is provided locally.

42. Initiation of post exposure prophylaxis for HIV following sexual and occupational exposure in negotiation with integrated HIV service.

43. HIV patients who present for STI or contraceptive services will be seen however HIV treatment and care is provided by the HIV service.

44. Pre and post-test discussion for attendees with disclosed significant risk factors for HIV.

2.1.4 Outreach Contraception & STI services including those provided in Spokes as per model

45. Outreach services should include access to the full range of available contraception methods (including implant fitting), emergency hormonal contraception (and fast track referral for emergency IUD fitting), Chlamydia screening, free condoms, pregnancy testing and fast-track referral to additional level 3 services where required. This should include IUD/S unless in agreement with commissioners.

46. Outreach services should include a comprehensive sexual history and risk assessment and the offer of a full STI screen where possible in addition to Chlamydia screening.

47. Provision of a domiciliary contraception service for those with special needs (e.g. those with a severe physical or learning disability, vulnerable young people in care or leaving care, teenage parents) who are unable to attend a GP practice or sexual health clinic for contraception

advice/treatment. This will be accessed by the website and telephone booking or by referral from other professionals clinical and non-clinical who work with these individuals.

48. Targeted outreach support for men using Public Sex Environments in conjunction and partnership with the Police and other Gay Men's Services including a sexual health service at the PRIDE event or its equivalent.

49. Specialised full clinical service in Male only saunas, to include full screening and treatment for men having sex with men, in partnership with local voluntary sector.

50. Work with local sex industry to promote safer sex practices and provide sexual health outreach to women and men working in the sex industry in flats, brothels on-street work.

2.1.5 Young Peoples specific service

51. Provision of a nurse-delivered outreach service to vulnerable young people* aged under 19 in young people's settings on a regular and ad-hoc/outreach basis.

52. The outreach service will receive referrals from local services working with young people including: Local Authority services for young people, primary care, sexual health promotion, Chlamydia screening, children's centres, local voluntary groups, schools and colleges, midwives, alcohol and substance misuse services, mental health services & teenage parents groups (this is not an exhaustive list).

53. Participation in local Sex & Relationship Education programmes and other sexual health promotion activities in partnership with local sexual health promotion practitioners, in order to develop effective links with local schools, colleges, youth centres and other young people's settings.

54. Participation in the delivery of local multi-agency training for the young people's workforce in partnership with local sexual health promotion practitioners.

55. Chlamydia screening as part of the National Chlamydia Screening Programme for all young people aged 15-24 plus STI testing for all patients identified at risk of STI infection.

56. Work with local pharmacists ensuring that all pharmacist that provide free EHC to the under 25s via Locally Enhanced Specification Scheme for EHC in Leicestershire County & Rutland have provision of leaflets regarding contraception and sexual health service provision and condoms available for each consultation.

57. Leicester only To provide a free condom and pregnancy testing service for under 25's in the community and training for youth and community staff to provide this (**Appendix 6** has details).

*Young people who are considered at increased risk of poor sexual health and teenage pregnancy are: young people who are in and/or leaving local authority care; those involved in the criminal justice system; young people from certain black minority ethnic communities; young people post 16 not in education, employment or training; young people not attending school; lesbian, gay and bisexual young people; homeless young people, teenage parents and those young women who have already had a previous termination of pregnancy or young people with previous STI infections.

2.1.6 Sexual Health Aspects of Psychosexual Counselling – please refer to **Appendix 4**.

2.2 Accessibility/Acceptability/Quality

1. Access to all services, Chlamydia screening and sexual health promotion/HIV prevention services will be open-access (self-referral) and practitioner referral (except Psychosexual Counselling).

2. Access to psychosexual counselling will be via GP referral and internal referral only.

3. Level 3 Services will be provided on an open access basis (i.e. available through self-referral) to all people regardless of where they live, in accordance with legislative requirements.

4. Level 3 services should be provided on both a walk-in and appointment basis.

5. Individuals with urgent problems should expect to receive appropriate advice and/or management on the same day or the next working day.

6. The maximum waiting time for patients attending walk-in clinics to be seen by a health professional will be 2 hours.

7. Patients should be offered a choice of a male or female clinician or chaperone for any intimate examinations. The offer of a chaperone will be documented in the patient's notes and a record will be made of the identity of the chaperone. If the offer of a chaperone is declined this will also be recorded in the patient notes.

8. People with a disability will be offered longer appointments to facilitate their needs and their carers will be accommodated in consultations subject to safeguarding and confidentiality procedures and policies.

9. The needs of people whose first language is not English will be taken into account and appropriate translation or interpretation services will be provided.

10. It is the clinician's responsibility to document and maintain contemporaneous records on all patients, in accordance with GMC & NMC guidance plus locally agreed record keeping policy. All services associated within sexual health are confidential. Care should be taken to ensure that information is not shared without a patient's consent except in exceptional circumstances as detailed in NMC guidance. Clear information should be provided to all patients regarding confidentiality.

11. All patients will be guaranteed that their right to confidentiality will be respected and maintained, except in those exceptional circumstances where public interest is determined to apply in accordance with recommendations from GMC, NMC & other professional bodies e.g. child protection.

12. Where appropriate patients should have an assessment of mental capacity (to link into the Mental Capacity Act (2005) –and referred as appropriate in line with local guidelines.

13. It is the responsibility of all clinical staff to assess that any young person under 16 year of age, is competent to make an informed decision in line with the Mental Capacity Act (2005) and Fraser Competence and respond in accordance with national guidance on providing services to under 16s.

14. Issues of child protection overrule the right to confidentiality; however any person under the age of 18 will be informed if other agencies are to be involved. Clinicians will refer to the appropriate guidance for working with the sexually active under 18's as agreed by their Local Safeguarding Children Board.

15. Young people, under the age of 13 or under 18 where abuse is suspected, must be managed in accordance with local Safeguarding/Child Protection procedures and the Children's Act.

16. Where concerns exist for any adult (a person aged 18 years or over) in relation to abuse, then the Safeguarding Adult Board Procedures should be followed.

17. The service will operate to the local agreed policy for obtaining consent that complies with the requirements of any relevant national/local guidelines.

18. Informed consent is understood in the terms of a patient's ability to understand the choices and consequences, including the nature, purpose and possible risk of any treatment (or non-treatment). In assessing capacity to consent the provider needs to refer to the Department of Health (DOH) Reference Guide to Consent for Examination or Treatment (2001).

19. A lack of capacity to consent does not exclude patients from attending services and clinicians will refer to the relevant local polices to enable these patients to access/receive care.

20. There is a requirement for the service to report against a Quality Schedule developed by Commissioners to demonstrate compliance with patient safety, clinical effectiveness s and patient experience. This includes compliance with core mandatory functions such as infection , prevention and control, safeguarding children and young people and adults, comprehensive complaints process, comprehensive incident and serious incident reporting to identify issues and lessons learnt, improvements in patients experience, equality and diversity and other quality criteria such as Care Quality Commission , professional standards relevant to the service and 'You're Welcome Criteria', in addition to other key quality areas in the schedule at all levels.

21. Within this specification it is intended that the service will achieve the You're Welcome quality criteria, at all of its locations, based on examples of effective local practice working with young people aged under 20. They should be applied in relation to the following domains
    - accessibility
    - publicity
    - confidentiality and consent
    - the environment
    - staff training, skills, attitudes and values
    - joined-up working
    - monitoring and evaluation, and involvement of young people
    - health issues for adolescents

(You're Welcome quality criteria: Making health services young people friendly. Department Of Health 2007)

2.3 Whole System Relationships

1. The service will be responsible for developing and co-ordinating a local network of sexual health services and for developing develop care pathways and guidelines for use in level 1 and level 2 services.

2. The service will also be responsible for providing and co-ordinating sexual health training and clinical governance arrangements within the local network area, to ensure that the service at all levels operates safely and in line with clinical guidance and clinical effectiveness.

3. The service will have clear policies and pathways in place to support referral and signposting to and from other local services. These include general practice, community pharmacy, HIV social care services, drug & alcohol services, psychology services, sexual assault referral centres and other services that can provide on-going support.

4. The service will be compliant with local safeguarding guidance and policies.

5. Services will be delivered and developed in line with local priorities as set out in local sexual health strategies, Local Authority Children & Young People Plans, and local authority Health & Wellbeing Strategies.

6. The Service will participate in local multi-agency strategy and planning groups as required.

7. The service will work closely with other local services including: health visiting and school nursing; young people and community support services; Walk-In Centres; Substance Misuse Services; CAMHS; schools; colleges; social care services; specialist services for children, young people and adults with additional needs e.g. learning disability services; maternity services; gynaecology, rape and sexual abuse services.

8. The service will ensure that all staff are mindful of and consider the need for a multiagency assessment through the Common Assessment Framework.

9. The service will provide information and support to local practitioners working in the field of sexual health including maintaining up to date information on professional pages of a local website

2.4 Interdependencies

The service will maintain effective working relationships with allied services, agencies and stakeholders to enhance the quality of care delivered and ensure the holistic nature of the service. The service cannot work in isolation and is required to work with partners to address the needs of service users and increase the possibility for service users to achieve optimum sexual health outcomes. Partners will include:

- General Practice
- Community Pharmacy
- Health Improvement Specialist Team (Leicestershire Partnership Trust)
- Leicestershire Partnership Trust
- Pathology/Laboratory Services
- Acute Hospital departments
- Cervical Screening Programmes
- CCG's
- Healthwatch
- Voluntary sector HIV/Sexual Health services
- Drug and Alcohol Intervention services
- Local Authority Children & Family Services
- Local Authority Adult Services
- SARC
- Educational establishments
- Community Safer Sex Projects
- Prisons
- Adult and Children's Safeguarding Boards

2.5 Relevant networks and screening programmes

- Sexual Health Strategy Group
- Teenage Pregnancy Partnerships
- Sexual Health Network
- Local Chlamydia Screening Programme Steering Groups

3. Service Delivery

3.1 Care Pathway(s)

Integrated care pathways will need to be developed and agreed with the commissioners before service commencement on the 1st January 2014.

This will include care pathways for HIV, PEPSE, TOP, Vasectomy & Sterilisation, Medical Gynaecology and referral to long term psychological services.

Care pathways will be reviewed and amended as required to reflect changes in service provision and services standards over the duration of the contract period.

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries

Level 3 services should be made available to all residents of Leicester, Leicestershire & Rutland Local Authority areas irrespective of where they live, the location of the service or the primary care practitioner with which they are registered.

In support of our common goal to reduce teenage conceptions, reciprocal arrangements may be put in place with neighbouring CASH services for the provision of contraception (including free condoms and emergency contraception) without recharge, to young people accessing services in local outreach (e.g. FE college) clinics but these agreements will need to be discussed and agreed with all relevant commissioners.

4.2 Residents from outside of area

Residents from outside of Leicester City, Leicestershire & Rutland area will also be seen. Every effort should be made to record the Local Authority of residence. Commissioners will only be responsible for paying for those people who are residents of Leicester City, Leicestershire County and Rutland and those users who have not agreed to provide their details enabling identification of Local Authority of residence. This should be in a small minority of cases.

The provider will be responsible for recharging Local Authorities outside of Leicester City, Leicestershire & Rutland for services to their residents. (National guidance is anticipated).

The service provider will be responsible for recovering charges for non LLR patients from the Local Authority of residence.

4.3 Location(s) of Service Delivery

Level 3 'Hubs'

Two locations have been identified to deliver at Levels 1, 2 and 3:

1 Leicester City – see requirements below (St. Peters)
2 Loughborough - within a mile and a half of Loughborough market place

Both hubs should comply with clinical standards and equalities legislation including the provision of adequate car parking and be accessible by public transport. Also maintain confidentiality and privacy and dignity.

St. Peters – Leicester Clinical ISHS Hub

The commissioners are mandating the use of St. Peters as the Leicester clinical ISHS Hub for a minimum of 3 years.

St. Peters Health Centre, Sparkenhoe Street, Leicester, is a high quality clinical facility purpose built for the provision of Integrated Sexual Health Services. It is based in close proximity to the City centre, and was built following clinical and public consultation. Its costs are based upon a preventative maintenance plan that will ensure that this is a well maintained building that will not be allowed to deteriorate over time

The following information relating to St. Peters can be found in the following documents, contained in the ITT document pack:-

Document Number:	Document name:
13	St. Peters Costs
14A	St. Peters Floor Plan (second floor)
14B	St. Peters Floor Plan (third floor)
15	St. Peters Heads of Terms (HOTs)

Level 1 and 2 'Spokes'

Leicester: Spokes can be provided in many settings and could be embedded as appointments in primary care as described above. They should be provided in all areas with significantly higher rates of under 18 conceptions and positivity for chlamydia, and there should be at least ten spokes in Leicester operating as a network to maximise access.

Leicestershire County and Rutland have been identified five locations in to deliver services at Levels 1 & 2:

1 Hinckley
2 Coalville
3 Melton Mowbray
4 Oakham
5 Market Harborough

The quantity of service provision in each of the five areas should reflect relative need with Coalville & Hinckley highest.

These Services could utilise open access appointments in primary care model described above and/or specialist outreach sessions to best meet local need and improve access.

Specific Young People's Service Locations

The services for young people should include the management and overview of the chlamydia screening programme. This should be embedded in the young people's sexual health services and mainstream services, including the commissioning of services in primary care.

Leicester

We would like the current provision of young people's sexual health services in Leicester to continue. This is provided in FE colleges and some outreach services, this should include, Gateway College, Leicester College (Abbey and Freemans Campus), Regent College, and QE and Wyggeston College, DMU, Leicester University and a city centre venue and outreach in Integrated service hubs should continue. There should be close working with Leicester City Councils commissioned youth services in particular for young people defined as vulnerable which will include work with detached youth workers. It should be nurse led and delivered service. As access remains a key issue for young people, commissioners must ensure that in the new model the specialist (Level 3) providers of GUM and Contraception and SRH offer evening and weekend access to services as identified by young people in the LLR Sexual Health Services Review (2012).

Leicestershire County and Rutland

It is expected that the level 1-3 hub & spokes described above will include sessions specific for young people at appropriate times and venues.

Gaps in provision for young people have been identified with Wigston/South Wigston and Braunstone Town being the highest priority for a young people specific service. In addition to the above there are a number of schools/ educational establishments for post 16 year olds in rural locations away from market towns. Many of these schools have access to the Leicestershire & Rutland safer sex project for delivery of condoms, sexual health advice and signposting, and pregnancy testing, but specialist services are difficult to access. Access to sexual health services in adjacent GP practices may be a cost effective solution. Those currently considered as having highest need in relation to deprivation, serving teenage pregnancy priority areas or STI 'hotspots' are:

1 Wreake Valley (Syston)
2 Hind Leys (Shepshed)
3 William Bradford (Earl Shilton).

The quantity of service provision in these locations above should reflect relative need.
Proposals for these new young people's services will be need to be agreed with Public Health and developed in partnership with key stakeholders before they commence.

4.4 Days/Hours of Operation

We would expect the service provider will assess the hours that best meet the needs of the service users. This could include the possibility that appointments can be booked at suitably trained GP practices.

Hours of operation should be co-ordinated across the local network to ensure that there is comprehensive access to services at all levels within the network from/between 9am to 8pm on weekdays (Monday to Friday) and from/between 10am - 3pm on Saturdays.

Level 3 Services should be available in the working week until 8pm with some access on Saturdays.

Some Level 2 services should be available from 4-8 pm on specific days of the week. Staff in clinics should have access to advice from doctors during clinic opening times.

Young People's City Centre Services is required at hours convenient to young people and in consultation with them, and this should include access on a Saturday.

Outreach services, Chlamydia screening, sexual health promotion and HIV prevention services will be required to work evenings and weekends in order to meet the needs of more vulnerable populations.

Days/Hours of operation and service uptake will be monitored on a regular basis in order to ensure optimum access/coverage and will be reviewed in response to patient and public surveys and feedback.

There will be 24/7 access to Post Exposure Prophylaxis across LLR managed by the ISHS with clear referral criteria to the Integrated HIV Service nearest to the patient's residence or preference. This will require collaboration with Accident & Emergency Services in LLR and development of a referral protocol.

Any change in hours or cancellation of clinics by the provider, must be notified to, and approved by, the Commissioner's before the changes are implemented.

4.5 Referral Criteria &Sources

- Access to level 2 and 3 services will be open-access/self-referral
- Access to psychosexual counselling will be via GP referral and internal referral only
- Rapid access pathways will be established for patients with priority need including SARC referrals, Positive diagnoses via community point of care HIV testing for confirmation and onward referral, access to EHC and PEPSE

4.6 Referral Route

All patients contacting the service should be triaged and signposted to the nearest and most appropriate service (levels 1 to 3) within the local network. Self-triage information should also be made available on service websites and leaflets to help patients identify the most appropriate service for their needs and to reduce unnecessary appointments. Online booking services will be maximised.

Psychosexual services will be referral from GP or internally within the service in line with criteria developed in the local pathway.

The service will have clear referral pathways to services for unintended pregnancy, male and female sterilisation services, medical gynaecology services and HIV treatment and care services. The pathways will be developed as soon as possible and be reviewed regularly.

Children under the age of 12 years should always be referred through to Social Care and the Police (Under the age of 12 - sexual acts constitute statutory Rape) in line with the local safeguarding children's procedures.

4.7 Exclusion Criteria

None, other than:-

- Patients presenting outside Psychosexual guidelines
- HIV treatment and care patients outside local pathway
- Male and female sterilisation, medical gynaecology and Unintended pregnancies outside local pathway

The provider has the right to refuse service provision to the users:

- Who are unsuitable for treatment under the services on clinical grounds;
- Who have not validly consented to the treatment provided under the services; and
- For any unreasonable behaviour unacceptable to the Provider, it's Staff or the Consultant or the named professional clinically responsible for the management of the care of such patient.

4.8 Response Time, Detail and Prioritisation

- 100% of patients contacting the service for contraception and/or STI purposes to be offered an appointment within 48 hours (2 NWDs)

- 85% of these patients should be seen within 48 hours (2 NWDs)

- Priority should be given to patients seeking emergency contraception, PEP, TOP, people with STI symptoms, young patients and patients who present with concerns over pregnancy or securing on-going contraception.

- People who have tested positive for HIV in other services including in voluntary sector point of care services should be seen on the same day, unless this is not feasible.

- Training waiting lists will be kept and LLR clinicians will have priority for training. If the waiting time for training exceeds six months the commissioners will be informed.

- Individuals with urgent problems should expect to receive appropriate advice and/or management on the same day or the next working day.

- The maximum waiting time for patients attending walk-in clinics to be seen by a health professional will be 2 hours.

4.9 Service Environment

- The environment services will are provided in, will be well designed and maintained, easily assessable and have infection control and health and safety policies and procedures in place.

- Confidentiality and dignity and respect along with equality, diversity and human rights policies and processes will be observed at all times. In addition, the requirements of CQC Essential Standard of Quality and Safety and other relevant professional quality standards will be adhered to.

5. Discharge

- The majority of patients will attend the service on a "self-referral basis" however, where an on-going clinical problem is diagnosed (e.g. recurrent herpes etc.) the clinician will seek permission/consent from the patient to inform their GP
- Where patients are formally referred to the service a letter or notification of receipt of referral should be provided to the referrer
- Upon completion of treatment, a brief discharge summary should be sent to the referrer within 2 weeks of discharge
- The service will provide onward referral to primary and secondary care where appropriate in accordance with agreed care pathways
- Sexual Health Aspects of Psychosexual services. See specification **Appendix 4**
- HIV newly diagnosed patients will be referred directly to local Integrated HIV service or suitable alternative service.
- PEPSE patients will be discharged post 1 week to integrated HIV service

6. Prevention, Self-Care, Patient and Carer Information

- The service will provide a range of easily accessible, appropriate information through a range of media (e.g. leaflets, website, condoms) to support people to take responsibility for their own sexual health
- The service will encourage self-care wherever possible, including home treatments, safer sex advice, regular screening and partner notification
- All people tested for STIs should be informed which infections they have been screened for and receive timely results. All patients should be actively informed of their results and should be provided with a choice in how they can receive their results e.g. by phone, text, letter or email.
- MSM should be encouraged to make contact with local Gay Men's Health/HIV Prevention Projects
- Patients with HIV and their partners/carers should be encouraged to access local voluntary sector HIV support services
- The service will be well publicised and use digital media and social marketing techniques
- The service will provide a sexual health website (utilising the site that has already been developed www.leicestersexualhealth.nhs.uk) and leaflet for the public that will include information on:
    - Self-triage, signs and symptoms and online booking
    - The range of sexual health services available within the local sexual health network
    - How to book an appointment
    - Location details and site maps
    - Opening hours
    - What will happen at the visit (i.e. the patient pathway/process)
    - How test results will be provided and when
    - A confidentiality statement
    - How to make comments, compliments and complaints
    - Service contact details including out of hours contact details
    - Young people specific section

7. Continual Service Improvement/Innovation Plan

The ISHS provider must be committed to continual service improvement and innovation, over and above those included in the Service Specification. This should focus on how they will involve stakeholders in the design, development and delivery of the service, the patient experience, the relationship with other sexual health service providers and commissioners etc.

Description of Scheme	***Milestones***	***Expected Benefit***	***Timescales***	***Frequency of Monitoring***
To develop a system to measure reductions in repeat visits	Develop a baseline	Convenience for patients and reduced costs	(January 2014 - 30th June 2014)	Quarterly
	Action plan to reduce repeat visits		1st June - 31st August 2014	Quarterly
Development of late diagnosis HIV as a serious incident – to be investigated across the whole healthcare system.	Set up:-: - steering group - action plan - implementation	Identification of areas where HIV could be earlier diagnosed.	During the first 6 months of the contract (by the 30.6.14)	Bi monthly
Percentage of nurses duel trained to deliver contraceptive (including LARC methods) and GUM services	Baseline established	Convenience for patients and reduced costs	Performance improvement plan from July 2014	Quarterly

8. Baseline Performance Targets – Quality, Performance & Productivity

Performance Indicator		***Threshold***	***Method of Measurement***	***Frequency of Monitoring***
Leadership and Standards				
Annual report of the service including training and standards and future issues that require addressing			Report stating qualifications and training of staff and meetings attended	Annually
GUM CAD and SHRAD data reports submitted on time		None	Reports from HPA	Quarterly
Professional training and network management			Training Calendar and report	Quarterly
Annual DFSRH theory training.		Minimum of 1 per year	Training Register	Annually
Annual STIFF training and STIFF competence training		Minimum of 1 per year	Training Register	Annually
Sexual Health Network		A minimum of two meetings per year and quarterly communications	Report and register of Network members	Annually
Integrated sexual health service				
% of patients offered an appointment within 48 hours		98%	Reports	Monthly
85% of above patients to be seen within 48 hours		85%	Reports	Monthly
Details of activity by age, gender, ethnicity, sexuality, disability, type of service provision, by clinic. Commissioner requires access to Integrated Sexual Health Tariff grouper.		100%	Commissioners grouper report	Monthly (never more than 6 weeks in arrears)
Pathways developed for referrals to associated services including unintended pregnancies, HIV, male and female Sterilisation and medical gynaecology and other linked services (e.g. alcohol, mental health).		100%	Completed and reviewed annually - pathways documented	Annually

In year one first and follow up appointments by age, gender, ethnicity, sexuality, disability and split by local authority of residence		100%	Service Reports	Monthly
Partner notification rate per STI index of case		0.6 contacts per index case	Service Report	Quarterly
% of patients who accept a HIV test as part of an STI screen		100% offer Uptake 70% MSM uptake 90%	GUMCAD Reports	Quarterly
Patients with a positive HIV diagnosis to be referred and received by HIV Treatment and Care Service, within 24 hours (accepting weekends and bank holidays)		100%	Exception report	Monthly
% of new patients who receive their STI results within 7 working days of specimens being collected		100%	Service Report	Quarterly
Hepatitis B vaccination in high risk patients		100% offer 80% uptake in patients without infection and not previously vaccinated	Service Report	Quarterly
Percentage of LARCs (all 4 methods) prescribed as a proportion of all contraceptives (for all age women and women under 20 years)		Establish baseline in year 1 and increase year on year rising to (30% for all women and 20% for under 20s at specialist service)	Service data/report	Quarterly
Removal of LARC by characteristics of woman and subsequent contraception of choice		100%	Service report	
Number of women that access emergency contraception by type or referral to termination of pregnancy by characteristics of woman and LA of residence		100%	Service Report	Quarterly
All women are able to access their contraceptive of choice and these are recorded		100%	Clinical audit	Annually
Maximum 2 hour wait at walk in clinic/s		80%	Exception reporting	Monthly
Outreach Contraception & STI Indicators				
Provision of domiciliary and other outreach service by service / activity provided and service users characteristics service		Service users characteristics and hours that have been accessed - See section 2.1.4 item 46	Report	Annually
Chlamydia Screening Programme Indicators				
% of young people aged 15-24 screened for Chlamydia (including young people screened in level 3 services)		Between 20-30%of all 15-24s (by Local Authority)	NCSP Vital Signs Reports	Annually
Contribution to a year on year increase in the diagnosis rate per 100,000 15-24 year population (for Leicester City, Leicestershire & Rutland)		Annual targets to be agreed based on previous years diagnosis rate.	NCSP reports and service data	Quarterly
Details of activity (both volume and positivity) by age, gender, ethnicity, sexuality, disability, type of service provision, by venue.		100%	Data report	Monthly
60% of all Chlamydia screens to be delivered within core services		60%	NCSP Vital Signs Reports	Quarterly
% uptake of Chlamydia screening by young people aged 15-24 attending level 3 services e.g. integrated level 3 services		100% offer 70% uptake in first attendances in financial year	Service Report	Quarterly

and level 2 spoke services		30% in follow-up attendances within financial year		
Result known by laboratories for 90% of Chlamydia screening samples within 2 days of sample being received in the laboratory from regular screening sites and 5 days from screening events.		90%	HPA Quality Assurance Surveys	Annually
At least 90% of Chlamydia screening results to be notified to the CSO within 7 working days of receipt in the laboratory.		90%	HPA Quality Assurance Surveys	Annually
90% of positive Chlamydia screening results to be notified to patient by the CSP within 2 working days of receiving the result from the laboratory		90%	HPA Quality Assurance Surveys	Annually
90% of Chlamydia screening negative results to be notified to patients within 5 working days of receiving the result from the laboratory		90%	HPA Quality Assurance Surveys	Annually
% of NCSP positive patients treated		95%	HPA reports	Quarterly & Annually
50% of Chlamydia screening positive index cases to be treated within 14 days and 90% within 30 days from the date the specimen is taken from the patient.		50% 14 days 90% 30 days	HPA Quality Assurance Surveys	Annually
50% of partners of Chlamydia screening positive index cases to be contacted and treated by the CSP within 14 days of the index patient's treatment and 75% within 30 days		50% 14 days 75% 30 days	HPA Quality Assurance Surveys	Annually
90% of website postal requests for condoms and Chlamydia screening kits to be responded to within 5 working days		90%	Service Report	Quarterly
Number of contacts per index case who have attended a health care site for testing and epidemiological treatment within 90 days of the first PN discussion		0.4 contacts per index case for conurbation of Leicester City and 0.6 for other areas.	Service Report	Quarterly
LARC Provision				
All clinicians including GP's providing LARC methods are up to date with training and competencies.		Baseline 2014	Training report and competency register	Annual
Percentage of Female fertile population that use LARC methods		Baseline To be developed in 2014	Service Report	Annually
Training for new Pharmacists to provide free EHC to under 24s minimum twice a year and training to update minimum twice a year		Baseline 2014	Training report	Bi Annual
Psychosexual counselling Indicators				
% of patients accepted for psychosexual counselling who are seen within 18 weeks		100%	Service Report	Quarterly
Sexual Health Promotion & HIV Prevention Indicators				
Annual reduction in local authority teenage conception rates		Year on year reduction (baseline 2011)	ONS	Annually
Annual reduction in late diagnosis of HIV		Year on year reduction (baseline 2012)	HPA	Annually
Annual increase in the Chlamydia diagnostic rate amongst 15-24 year olds		Year on year increase (baseline 2012)	HPA	Annually
Other Sexual Health Promotion & HIV Prevention Indicators to be agreed following award of contract			Service Report	Quarterly

Service User Experience				
Annual User Survey & Patient experience Improvement Plan		5% of all service users	Results of survey and annual improvement plan in response to results	Annually
Annual equity audit to be undertaken to demonstrate who is and isn't accessing the service (by age, gender, ethnicity, sexual orientation etc.)		Yearly % increase in attendances by BME, young people under 25, MSM, LAC. Baseline 2012/13.	Equity Audit Report	Annually
All locations to achieve and display You're Welcome Quality Criteria		100% of level 3 & 2 locations 3	Service Report	Quarterly
Reduction in number of people accessing services outside LLR		Baseline 2012/13. 10% reduction	Report	Annually

9. Historic Activity Date

To aid tenderers in compiling their bid, historic activity data has been provided in Documents 11A and 11B in the ITT document pack.

Where possible, activity data has been provided for years 2009/2010, 2010/2011 and 2011/2012 and year to date.

Please note:

- During the life of the contract Commissioners have the discretion to cap activity where appropriate
- Activity figures are provided along with the source of the data

For information:
All activity indicated above relates to contacts attributable to Leicester City, Leicestershire County & Rutland. Information relating to cross boundary flows for GUM services can be found at
http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1201094610372

10. Currency and Prices

Currency and Price (Please see Document 10 – Financial Model Template – in the ITT document pack)
The Financial Model Template/tender the bidder submits must remain open for acceptance until 90 days from the closing date for the receipt of offers.

Prices must be firm (i.e. not subject to variation) for the period of the contract, subject only to any variation provisions contained in the contract documents.

Basis of Contract	Currency	Comments	
Hybrid: Year 1	**Block for Main ISHS (Tariff shadowing) and Tariff for Young Peoples Sexual Health Service**	Providers expected to generate the block price and tariffs	Price/Tariffs will be combined with providers demand projections, to determine the total cost of the contract.
Moving to Tariff: Year 2 Year 3	**Tariff**	Providers expected to generate the tariffs	
Extension to contract term if awarded: Year 4 Year 5	**Tariff**	Providers expected to generate the tariffs	

11. Planning

11.1 Emergency Planning – Including Continuity Plan and Disaster Recovery Plan

The Provider will be required to identify an Emergency Planning Lead and sign up to the Leicester, Leicestershire and Rutland (LLR) Mutual Aid Agreement and Memorandum of Understanding in relation to emergency preparedness. This will include participation in the LLR Health Resilience Partnership's quarterly meetings, training and exercising programme.

In the event of any major emergency or business interruption affecting the local health economy, the Provider will cooperate with the co-ordinating organisation during the response phase.

This is on top of the contractual requirements for business continuity planning. They need to maintain appropriate plans detailing how they will maintain continuity of service provision and those of sub-contractors or consortium partners, in the face of disruption from identified local risks (however caused) and recover the delivery of their key services. This planning should follow the principles of PAS 2015 and BS ISO 22301 and evidence should be provided of the plans being tested on an annual basis.

They should also engage with a LHRP if asked to.

Providers will be required to provide copies of:-

- Continuity Plan (including arrangements for exercising the plan)
- Disaster Recovery Plan

11.2 Resilience and Risk

Providers will need to demonstrate a clear understanding of the potential risks to on-going service delivery, and will need to provide a comprehensive contingency plan, business continuity plan and disaster recovery plan in relation to ISHS.

The provider will need to describe their mechanisms for identifying key risks and mitigating actions managing internal and external risk during the mobilisation/transition of the service and during the term of the Contract, incorporating their approach to managing risks in the implementation.

11.3 Operational Management Plans (OMP)

The Provider will be expected to provide the following:-

Operational Management Structure: The provider will be expected to submit a diagram detailing their proposed operational management structure for the ISHS and provide a description of the key managerial roles and responsibilities, reporting relationships and accountabilities. Should also clearly indicate how the structure supports delivery of a safe, effective and efficient ISHS in line with the requirements of the service specification. If the provider intends to work with other organisations in the delivery of the service, the diagram must show the links between the organisations and the roles, responsibilities and accountabilities of any and all other organisations. The diagram should also include links to the Commissioner's.
links between the

Mobilisation/Transition plan: This should include detail of the key tasks and milestones the ISHS Provider will complete during the period up to the service commencement date, which will be no later than 1st January, 2014, and in order to deliver the service in accordance with the Service Specification and the Contract and to achieve required performance targets.

Exit Plan: This plan should detail the key tasks and milestones the ISHS Provider will complete to transition the service to an alternative provider.

12. Information Systems and Confidentiality

The service will need to record and track referrals and outcomes. As such the service will need to ensure compliance with the Data Protection Act 1998 and the Common Law duty of Confidentiality and Caldicott Principles.

- The processing of patient identifiable data will be secure including the secure transfer of data, secure storage and secure processing. Where it is proposed to store data in a cloud EU guidance must be followed and Service Commissioner approval sought. This will apply to transfer to commissioners, GPs, Laboratory systems (be they the current provider or another provider), Public Health England for safe transfer of mandatory data and possibly with current acute sector to maintain patient pathways for unintended pregnancies and HIV.

- A consent model will be established to obtain and record patient consent to record information and where appropriate share that information. Information will be provided to service users on how their data will be used.

- Service providers will be registered with the Information Commissioner's Office

The Service provider will need to demonstrate provision of a sound Information Governance framework:

- Staff will need to be trained and understand their obligations for Information Governance

- Service providers will be register with the NHS Connecting for Health IG Toolkit with an achievement of level 2 for all requirements or a detailed action plan to achieve level 2 in an acceptable time.

- Recording of NHS number – the NHS number should be used in all correspondence and records.

- Sharing Agreements will be established where appropriate, including identification of data controller/processor roles and responsibilities for Subject Access Requests and Freedom of Information requests.

The Service Provider will need to demonstrate provision of sound patient confidentiality processes and Caldicott Principles

- The commissioning organisation attaches the greatest importance to patient confidentiality and to the confidentiality of personal health data, personal data and other data held and processed by the organisation.

- All data should be treated as confidential and should only be disclosed on a need to know basis. Some data may be especially sensitive and is the subject of a specific organisation policy, including information relating to the diagnosis, treatment and/or care of patients, individual staff records and details of activity, contract prices and terms. In particular all organisations must comply with data standards produced by Information Standards Board for Health & Social Care including standard 1572 which relates to the Human Fertilisation & Embryology Act 1990 statutory restrictions on infertility treatment and other statutory restricts e.g. HIV and Venereal Disease.

- Under no circumstances should any data be divulged or passed on to any third party who is not specifically authorised to receive such data.

- Due to the importance that the organisation attaches to confidentiality action will be taken for any breach of confidentiality. All Service Providers employees are expected to comply with national legislation and local policy in respect of confidentiality and data protection.

- All Service Providers employees should be mindful of the six information management Caldicott principles when dealing with organisational data and person identifiable information:

a. Justify the purposes of using confidential information
b. Only use it when absolutely necessary
c. Use the minimum that is required
d. Access should be on a strict need to know basis
e. Everyone must understand his or her responsibilities
f. Understand and comply with the law

- If there is any doubt whether or not someone has legitimate access to information, always check before you disclose.

Future Proofing

The ISHS provider will need to keep abreast of technical developments as they become available and how they will build innovative solutions into their service model, ensuring compliance at all times, and to maintain delivery of a high quality and responsive service.

The provider must provide plans for hardware replacement and IT upgrades schedules.

Contract Closure

When the contract is terminated the contractor will support the closure of the contract and the secure transfer of the patients and, with their consent there information, to the new provider(s). This will include:

- Continuing storage of data relating to inactive cases

- For active cases informing patients of the transfer of the service and obtaining consent or dissent from the patient re the transfer their data to the new organisation(s).

- Assisting the transfer of active consenting patient's data to the new organisation(s) in line with NHS information security standards and relevant regulations and all other current guidance (Sexually Transmitted Diseases) Directions 2000. The Regulations state that information about anybody diagnosed with a sexually transmitted infection shall not be disclosed except:

  "(a) for the purpose of communicating that information to a medical practitioner, or to a person employed under the direction of a medical practitioner in connection with the treatment of persons suffering from such disease or the prevention of the spread thereof, and

  (b) for the purpose of such treatment and prevention."

13. Human Resources

13.1 Workforce/Staffing

The Service Provider shall have sufficient clinical and non-clinical staff to ensure that the Services are provided in all respects and at all times in accordance with Good Clinical Practice and Good Healthcare Practice. Please provide details of the current staffing positions/roles/skills mix (i.e. clinical/administrative), numbers, band/grade and WTE.

The service provider shall ensure that wherever possible its workforce is based on substantive posts and not dependent on locum staffing. The service provider must also ensure the following:

- All staff involved in the delivery of the Services including locum staff have the experience and qualifications to undertake the procedures (including inclusion on a register of a relevant professional body) and that they are competent to provide those aspects of the Service for which they are responsible.

- The Service Provider must ensure that they are compliant with all statutory employment legislation.
- That all staff including locum staff have relevant and up to date professional registration and that they work within their respective Codes of Professional Conduct at all times.
- All relevant staff including locums have been checked by the Disclosure and Barring Service. Service Providers are required to provide what arrangements your organisation has in place for Disclosure and Barring Service (DBS) checking for staff and how often these are reviewed. Please describe details as to how your organisation would handle a positive disclosure.
- All staff including locum staff have undergone mandatory training to maintain patient safety and demonstrate understanding of all relevant policies including all aspects of infection prevention and can demonstrate competency.
- All staff including locum staff have training and development plans (PDP), including annual appraisal with peer review where appropriate to ensure the continuous professional development of staff.
- All clinical staff must abide by the professional standards of their appropriate Royal College or Professional Association.

The Service Provider must attach a copy of their Training Policy and CPD Policy.

Additionally the Service Provider must:

- Have procedures in place to notify us of any changes in the workforce that may affect the Service provider's ability to deliver the Services being commissioned.
- Have in place HR policies and procedures that comply with all relevant employment legislation applicable in the UK.
- Have in place and enforce suitable disciplinary procedures for resolving any identified breaches in professional conduct by staff and ensure that any issues in relation to personal performance are addressed.
- Inform us with regard to any investigation or disciplinary matter up to and including referral to the relevant authority.
- Share on-going investigations or concerns with other Service Provider organisations that also employ the staff involved as appropriate.
- Ensure their own Equality & Diversity Policy is adhered to by all staff across the organisation at all times.
- Ensure staff have the appropriate indemnity cover to meet in full, claims made against the Service Provider or individual staff members. Proof of indemnity cover of the Service Provider must be presented to us upon request.
- Be compliant with the Clinical Negligence Scheme for Trusts to ensure systems are in place to maintain a high quality of healthcare provision, thereby reducing the scope for clinical negligence claims.
- Be in agreement to sign up to the NHS national contract for acute Services.

The clinical Services must be patient-focused and of a high quality and high patient satisfaction levels, providing a positive patient experience delivered by appropriately qualified clinical staff.

13.2 TUPE

The provisions of the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) and the Cabinet Office Statement on Staff Transfers in the Public Sector (January 2000 (revised November 2007)) and the annex to it, A Fair Deal for Staff Pensions, may apply.

Service Providers must confirm that they will comply with these provisions and acknowledge their responsibilities in relation to TUPE. They must confirm that they understand and accept that the organisation is required to undertake due diligence on transferable staff and confirm that they understand that the organisation is liable for any redundancy costs that may occur due to economic, technical or organisational reasons (and not as a direct result of the transfer).

In the case of a private provider winning this contract, future pension rights for any NHS staff which may transfer must be broadly comparable to those received in their former NHS employment. The private provider must advise on what basis they are able to continue transferring employee's membership of the NHS Pension Scheme. In the alternative, the Bidder should set out details of proposed pension arrangements in its bid and provide a Government Actuary's Department certificate of comparability for the relevant pension scheme(s) to the transferor. In respect of accrued benefits, there shall be a requirement for a bulk transfer agreement under which the relevant pension scheme(s) will provide day for day past service credits (or an equivalent recommended by the Government Actuary's Department as a suitable reflection of differences in benefit structures between the schemes) to such staff choosing to transfer their accrued credits from the NHS Pension Scheme. For the avoidance of doubt, the Bidder shall be required to replicate the redundancy terms of the NHS Pension Scheme Regulations 1995 and NHS (Compensation for Premature Retirement) Regulations 2002 where applicable.

Please note that bulk transfer is currently being discussed and further information will be provided to Bidder's at the Invitation to Tender stage following correspondence with NHS Pensions and GAD (Government Actuary's Department).

14. Glossary

AT	Area Team
BASHH	British Association of Sexual Health and HIV
BBV	Blood borne virus
BHIVA	British HIV Association
BME	Black and Minority Ethnic
BS ISO 22301	The world's first International Standard for Business Continuity Management
CAD	Clinic Activity Dataset
CAMHS	Child and Adolescent Mental Health Services
CaSH/CASH	Contraception and Sexual Health
CCG	Commissioning Collaborative Group
COSRT	College of Sexual Relationship Therapists
CQC	Care Quality Commission
CTAD	Chlamydia Testing Activity Dataset
DFSRH	Diploma of the Faculty of Sexual and Reproductive Healthcare
DOH	Department of Health
EHC	Emergency Hormonal Contraception (EHC) also known as the 'morning after pill'
FEColleges	Further Education College/s
FTE	Full time equivalent
GMC	General Medical Council
GUM	Genito-urinary medicine
GUMCAD	Genitourinary Medicine Clinic Activity Dataset
GUMAMM	Genitourinary Medicine. Access Monthly Monitoring
HARS	HIV and AIDS reporting system
HIV	Human immunodeficiency virus
HPA	Health Protection Agency
IPM	Institute of Psychosexual Medicine
ISHS	Integrated Sexual Health Service
IUD / IUS	Intrauterine device (IUD) / Intrauterine System (IUS) – Contraceptive Coils
LAC	Looked After Children
LARC	Long-acting reversible contraception
LA's	Local Authorities - Leicester City Council, Leicester County Council and Rutland County Council
LCSSG	Local Multi-disciplinary Chlamydia Screening Steering Group
LES	Local Enhanced Service/s
LHRPs	Local health resilience partnerships
LLR	Leicester, Leicestershire and Rutland
LMC	Local Medical Committee
MedFASH	Medical Foundation for Sexual Health and HIV
MSM	Men who have sex with men
NCB	National Commissioning Board
NCSP	National Chlamydia Screening Programme
NICE	National Institute for Clinical Excellence
NMC	Nursing and Midwifery Council
NWD	Normal working day
OFFEROR	Bidder
ONS	Office for National Statistics
PAS 2015	A Publicly Available Specification
PEP	Post-exposure prophylaxis

Glossary continued	
PEPSE	Post-exposure prophylaxis after sexual exposure
PGD's	Patient Group Directions – written directions allowing non-doctors, including pharmacists, to assess patients and supply medicines without prescriptions, subject to exclusions.
RCOG	Royal College of Obstetricians and Gynaecologists
SARC	Sexual Assault Referral Centre
SH	Sexual Health
SHACC	Sexual Health and Contraception Clinic
SHRAD	Sexual and Reproductive Health Activity Dataset
SOPHID	Survey of Prevalent HIV Infections Diagnosed
SRE	Sex and relationships education
SRHAD	Sexual and Reproductive Health Datasets
SRH	Sexual and Reproductive Health
STI's	Sexually Transmitted Infections
STIF	Sexually Transmitted Infection Foundation
TOP	Termination of Pregnancy

Appendix 1

Elements of Care for Sexual Health divided into three levels.

Level 3

Incorporates Levels 1 and 2 plus:

- Provision (24 hours per day) and follow-up of HIV post-exposure prophylaxis (sexual or occupational)
- Genital dermatology and management of STIs with complications
- Management of syphilis (all stages of infection) and blood borne viruses (or referral to other specialist departments)
- Management of recurrent or recalcitrant STIs and related conditions including tropical STIs and STIs in persons living with HIV
- STI screening for victims of sexual assault in collaboration with local SARC
- STI testing and treatment of symptomatic infections in men and women (including men who have sex with men)
- STI testing and treatment of men with dysuria and genital discharge
- Testing and treatment of STIs at extra-genital sites
- Management of STIs in pregnant women
- Co-ordination and delivery of local Chlamydia Screening Programme for 15-24 year olds
- Comprehensive Health Adviser and partner notification service for patients diagnosed with STIs in all service levels (including level 1 and 2 services)
- Contraception services for men and women with specialist or complex needs
- IUD/IUS problem clinics to include :
    - Localisation of IUD or IUS with missing threads and /or suspected displacement
    - Complex IUD or IUS insertion procedures (previous failed attempt and /or insertion under ultrasound guidance)
    - IUD/IUS removal (previous failed attempt or removal with missing threads)
- A deep implant removal service
- Psychosexual counselling services*
- Sexual health promotion and HIV prevention services*
- Specialist outreach (including domiciliary) contraception and STI services targeting high risk groups such as MSM, prisons and sex workers
- Coordination of multi-agency and multi-disciplinary sexual health network for LLR in collaboration with public health teams
- Responsibility for governance of the sexual health network including all level 1 and 2 services
- Co-ordination and delivery of relevant professional training

Development and management of care pathways across the sexual health network.
* These services may be delivered in partnership with another organisation or agency or subcontracted to other providers in consultation and agreement with commissioners.

Level 2 services will primarily be GP or nurse-delivered and will provide integrated level 1 and 2 contraception and sexually transmitted infection services (for those people who do not wish to access these services in primary care) as well as the following specialist level 3services:

Level 2

Incorporates Level 1 plus:

- STI testing and treatment of symptomatic but uncomplicated infections in men (except MSM) and women excluding: men with dysuria and or genital discharge, symptoms at extra genital sites e.g. rectal or pharyngeal, pregnant women, genital ulceration other than uncomplicated genital herpes
- Management of complex contraceptive needs

- Treatment of uncomplicated warts
- IUD/IUS insertion and removal
- Implant insertion and removal
- Emergency IUD insertion
- Support around complex contraceptive decisions including TOP
- Clinically uncomplicated outreach (including domiciliary) contraception and STI services targeting high risk groups, looked after children, people with disabilities
- Provision of supervision and training to others at Level 1 and 2.

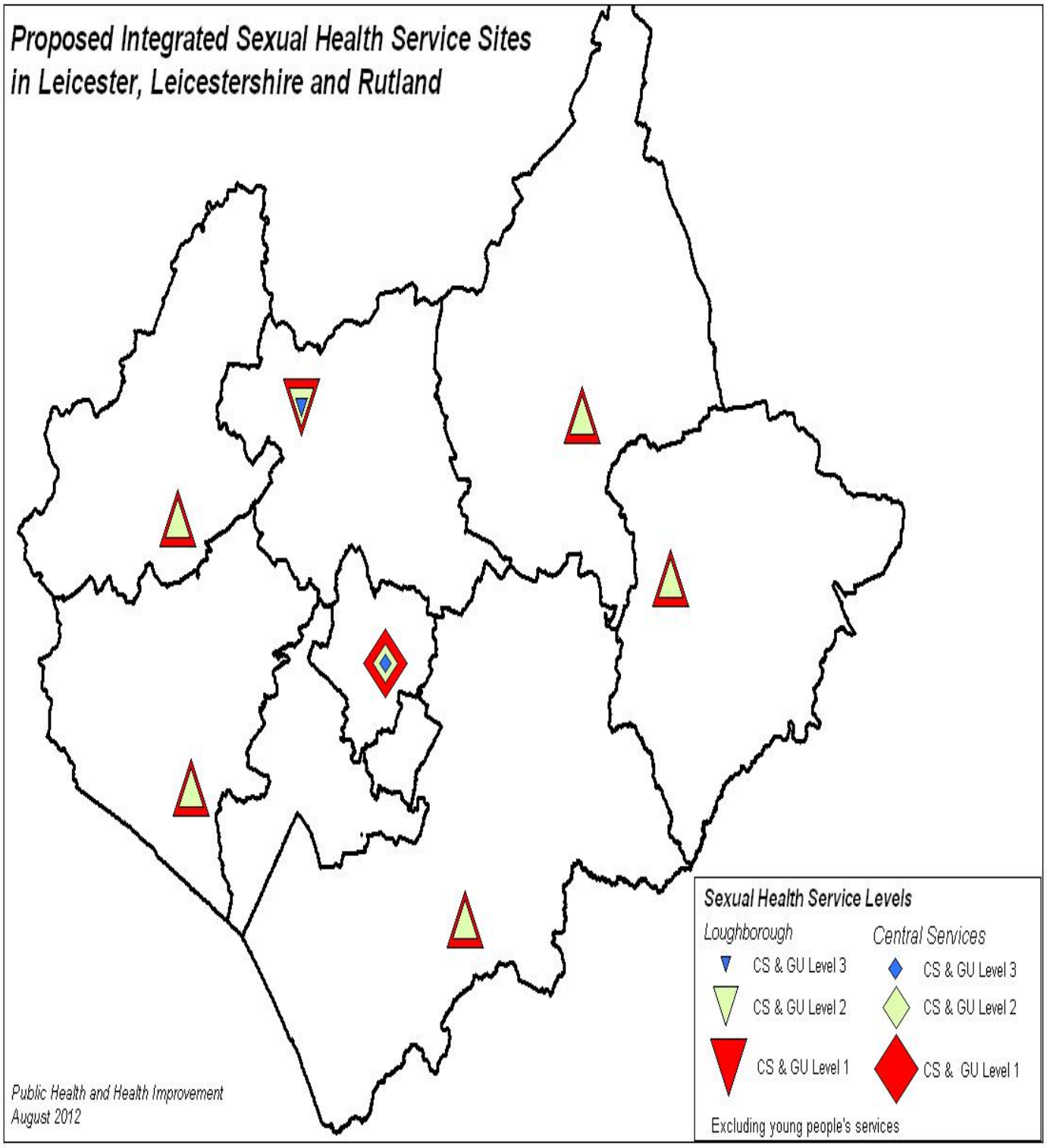
Level 1

- *Provision of verbal and written sexual health promotion information
- *Verbal and written information on the full range of contraceptive methods and where these are available
- *Pregnancy testing, sensitive discussion of results and appropriate onward referral
- *On-going supply of condoms and lubricant for safer sex/contraception
- *Provision of chlamydia and gonorrhoea tests
- *HIV testing, including rapid testing for high risk groups and onward referral
- *Brief intervention for alcohol and substance misuse
- Hepatitis B and C screening and vaccination in at-risk groups
- Comprehensive sexual history taking and risk assessment
- Asymptomatic STI screening and treatment of asymptomatic infections (except treatment for syphilis) in men (excluding MSM) and women
- Opportunistic chlamydia screening & treatment for all under 25s as part of the local screening programme (including partner notification)
- Instigation of partner notification for positive STIs or onward referral for partner notification
- First prescription and continuing supply and management of oral contraception (combined and progesterone only)

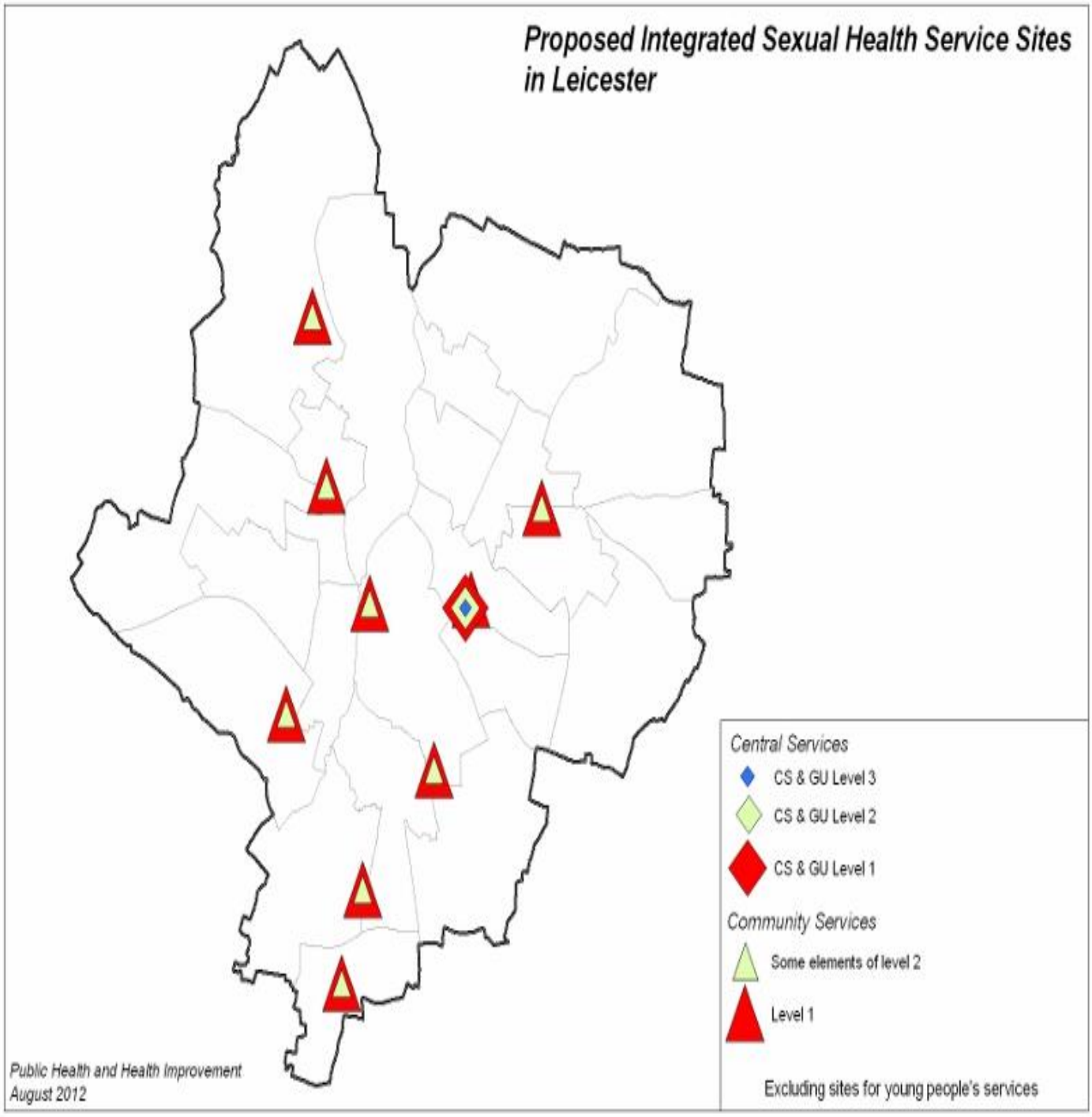
First prescription, fitting if required, continuing supply and management of injectable contraception, vaginal ring, patch and diaphragm

Appendix 2

Maps of Proposed Sites



***Important* - please note that in the 'Key' box on the above map, the word Loughborough should read Leicestershire & Rutland**


Proposed Integrated Sexual Health Service Sites in Leicester
Central Services
CS & GU Level 3
CS & GU Level 2
CS & GU Level 1
Community Services
Some elements of level 2
Level 1
Excluding sites for young people's services
Public Health and Health Improvement
August 2012

Appendix 3

Chlamydia Screening Elements

- To develop, provide, maintain and monitor opportunistic Chlamydia screening of asymptomatic women and men, aged 15-24, in accordance with The National Chlamydia Screening Programme (NCSP) in England Core Requirements (5th Edition June 2010), quality standards and protocols.

- To ensure that all screened people receive their results and to arrange and ensure treatment and partner notification for all Chlamydia screen positives.

- To develop, implement and monitor the delivery of a local Chlamydia Screening Action Plan to achieve agreed targets, in accordance with NCSP requirements

- To recruit, set-up and support a broad range of Chlamydia screening sites and venues within health and young people's settings and establish care pathways for use by all participating sites.

- To develop, implement and monitor the delivery of an annual Chlamydia Screening Marketing/Communications Plan to ensure that young people aged 15-24 are aware of Chlamydia, the local Chlamydia Screening Programme, and the availability and importance of Chlamydia screening

- To provide training and education opportunities for all staff participating in the local Chlamydia Screening Programme in order to ensure that a high quality screening service across a range of settings is maintained.

- To provide training and education on all aspects of the local Chlamydia Screening programme, including awareness of Chlamydia and other Sexually Transmitted Infections (STIs) in the general population to key agencies working with young people within the programme area.

- To co-ordinate a local, multi-disciplinary Chlamydia screening steering group (LCSSG) responsible for devising and implementing the local Screening Action Plan and for monitoring performance and quality against national and local standards, guidelines and performance indicators. (Steering Group to meet at least quarterly and include representation from local contraception services, GUM, Microbiology, Primary Care, Public Health, Health Promotion , Young Peoples Services and local voluntary organisations).

- To manage the allocated budget and arrange service level agreements with local laboratories, IT services and other providers involved in the provision of Chlamydia Screening, as required.

- To ensure that core data, patient management data and partner follow-up data are sent promptly to the HPA and provide other activity, performance and quality assurance reports as requested.

- To work in partnership with service users and local Sexual Health Networks, Teenage Pregnancy Partnerships and voluntary agencies to provide advice, information, education, treatment and support.

- To deliver care and support that respects individuals, values diversity, preserves dignity and promotes recovery and inclusion.

- To provide a service that works in partnership with people, is welcoming, accessible, responsive and safe.

Appendix 4

Sexual Health Aspects of Psychosexual Counselling

(These details may be subject to change if national guidance is developed)

- To provide a specialist psychosexual counselling service for clients aged 16 and over who are referred by their GP for the management of the following psychosexual conditions:
    - Lack/Loss of libido
    - Non-consummation
    - Orgasm problems
    - Vaginismus
    - Dyspareunia
    - Erectile dysfunction, ejaculatory problems and other penile problems such as pain and anxiety

- Psychosexual interventions will be brief and focused and can be provided for a maximum of 8 sessions

- Clients accepted by the service for psychosexual counselling should be seen within 18 weeks of referral

- Both clients and referrers should receive notifications of receipt of referral and acceptance (or non-acceptance) for assessment/counselling highlighting the diagnosis and treatment options offered to the client

- If the needs of individuals are judged to be outside the remit of the service, referring GPs should receive information on the reason for this and be provided with advice on alternative options for the client

- Upon completion of treatment, a brief discharge summary should be sent to the referring GP within 2 weeks of discharge

- The service should be provided in accordance with College of Sexual Relationship Therapists (COSRT) and Institute of Psychosexual Medicine (IPM) recommendations

- All counsellors should be appropriately trained and hold accreditation with the College of Sexual Relationship Therapists (COSRT) or the Institute of Psychosexual Medicine (IPM).

- The service should choose the most appropriate method of assisting clients and their partners by screening all referrals and undertaking subsequent assessments with clients with psychosexual dysfunction where appropriate

- Constructive management of the problem will be agreed in partnership with the client through a comprehensive and flexible approach which achieves lasting behaviour change.

- Communication difficulties, lack of intimacy or trust and power conflicts have all been acknowledged as frequent concomitants of sexual dysfunction. Consequently, integral to the service will be provision for clients to address the relationship issues which are identified as predisposing or maintaining factors in the presenting sexual dysfunction. This will be the case as long as the service practitioners deem that these issues can be dealt within the framework of the relatively brief interventions offered by this service.

- The client group will, in the main, consist of individuals and their partners. However, the absence of a partner or the unwillingness of a partner to become involved does not preclude the individual receiving help.

- The service is offered to individuals and their partners regardless of sexual orientation.
- Where counselling indicates that there may be other problems related to the difficulties being treated, the provider will refer patients back to their General Practitioner for further assessment and treatment.
- It is currently beyond the remit of this service to provide care for sexual addictions, paraphilia and sexual practices which would be the subject of action under the criminal justice system

PLEASE NOTE THAT OTHER APPENDICES CAN BE FOUND AS ATTACHMENTS

Appendix 5 Sexual Health Needs Summary in Leicester, Leicestershire and Rutland
Appendix 6 Safer Sex Project Leicester City only
Appendix 7 Leicestershire County and Rutland Sexual Health Services Review (March 2012)
Appendix 8 Leicester City Sexual Health Services Review (February 2012)
Appendix 9 Sexual Health Service Review Engagement Report (23rd August 2012)