The Leeds Sexual Health Commissioning Strategy 2010 - 2012

Overview

Sexual health is a significant public health priority in the United Kingdom (UK), and against a backdrop of rising incidences of sexually transmitted infections (STIs) and Human Immunodeficiency Virus (HIV), there is a strong national policy imperative in driving change in sexual health services. Sexual health is influenced by a complex web of factors ranging from sexual behaviour, attitudes and societal factors. The consequences of poor sexual health can be serious. Unintended pregnancies and STIs can have a long lasting impact on people's lives.

Sexual ill health represents a significant health inequality in Leeds, with disproportionate rates of STIs and unintended pregnancies occurring in certain groups and in people living in deprived areas of Leeds. The incidence of STIs rising is in part due to young people becoming sexually active earlier. Sexually active people today are more likely to have multiple sex partners during their lives and are potentially at risk of developing STIs. Nationally, the peak age for an STI in women is between 19 and 20 years and in men, between 20 and 23 years. Of all the 15-24 year olds diagnosed with an STI last year around one in ten of these will become re-infected within a year. Many studies have shown that the UK's young adults are more likely than over 25's to have unsafe sex and often they lack the skills and confidence to negotiate safer sex.

Although the incidence of STIs continues to rise, substantial progress has been made in service development in Leeds. There have been improvements in access to Genito-Urinary Medicine (GUM) services in terms of the number of people accessing services over recent years, the Contraception & Sexual Health service (CASH), have continued to deliver quality services particularly for young people, recently gaining the 'You're Welcome' national accreditation for services for young people, the voluntary sector have continued to engage with the hardest to reach sections of our population and more people are coming forward for Chlamydia screening than ever before. This means more people are being tested and therefore having infection detected. After extensive promotion and awareness of sexual health issues, more people are gaining the information, tests and advice they need.

Sexual Health provision in Leeds is characterised by services in Level 1 GP settings, pharmacies and the voluntary sector, and Level 2 and 3 services provided in the main by Leeds Community Healthcare (LCH) and Leeds Teaching Hospitals Trust (LTHT), these services provide confidential care with open access and self referral into either STI testing or contraception provision. A limited number of GP practices are commissioned to provide elements of sexual health provision to a level 2 standard.

In the current economic climate, patient outcomes and value for money are the key drivers for evaluation and change. Ensuring patients are treated efficiently and effectively with prevention as a key element at the front end of the pathway is paramount. Patient care and individual choice of care directly contributes to positive outcomes, reducing missed opportunities to treat at both the prevention and symptom ends of the pathway. Motivation of both patients and staff is impacted upon by reducing or removing the need for onward referral not only saving resources but also delivering a better outcome for the patient. Putting the needs of the patient first supports the need for thorough analysis of current service provision and elements of change to ensure that services which operate in silos are reduced or removed, moving towards a holistic pathway approach which caters not only for prevention and treatment in isolation, but an integrated model of both.

There are currently two main Sexual Health Services in Leeds. The GUM service (LTHT) provides STI/HIV testing and treatment but no contraception provision and the Contraception and Sexual Health service (LCH) provides contraception methods with limited STI provision. With a combined number of service visits near 50,000 per year, a level of duplication and repeated visits for patients provides a complex pathway and potential for modernisation. In order to modernise sexual health services in line with the national direction, the merger of service provision to full integrate both service functions will provide benefits to the patient as well as expected longer term cost savings.

The expected outcomes of an integrated service for the Leeds population include:

- Earlier access to community testing and treatment services
- Improved access to choice of contraceptive methods
- Increased choice of providers and locations for both STI and contraception provision
- Increased one to one support for key target groups
- Reduction in the number of handovers and periods of waiting
- Reduction in inappropriate referrals to services
- Improvement in patient experience
- Referral and management processes documented and streamlined
- Improved quality of care with the development of skills mix of professionals.

Where are we now

In 2008, the Yorkshire and Humber Public Health Observatory carried out a Sexual Health Needs Assessment (HNA) for Leeds. This HNA collated and analysed a wealth of data related to sexual health diagnosed infections, service use and feedback on the populations needs from consultations with professionals. The document provides a picture of areas of need in the city, baseline data to measure progress and accounts of existing and emerging target groups. The HNA for Leeds mirrors the national picture of rising STIs and teenage conception rates. A copy of the report can be found at this link\HNA\Final HNA report\Draft Report-121208.doc

The findings suggested that overall, Leeds has extensive, high quality sexual health services, although there are some gaps in provision and data. The main challenges however, are that these services are not integrated and patients have to attend several different services to have their sexual health needs met.

Services have continued to develop following national targets NST involvement and health care commission direction. However there is now a clear mandate to review services and pathways in light of political and strategic conditions supporting the need for change. An Integrated Service model, promoting self care and providing contraception, STI diagnosis and treatment, psychosexual support and HIV testing, will give an opportunity for the optimum sharing of skills and resources whilst ensuring clinical governance across the system – a detailed service specification for an integrated sexual health service will outline the appropriate levels of care for each element of an integrated service, including the level of clinical intervention required. This model will ensure we appropriately reconfigure and rationalise future contraceptive and sexual health services across Leeds by facilitating improved access to the appropriate level of service.

The Vision

Sexual health services in Leeds will be built upon the belief that all people have the right to good sexual health.

Sexual health is not only concerned with disease or infection but with promoting good sexual health in a wider context in line with the following WHO definition. *Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.*

The overall aim of the sexual health commissioning strategy is:

To minimise the impact of poor sexual health by ensuring timely access to appropriate services and to reduce the sexual health inequalities between the general population and vulnerable groups through high quality effective sexual health promotion programmes.

Outcomes:

- An established and accessible integrated service (including open access where applicable and appropriate), providing self care, education, partner notification, contraception and HIV and STI testing and treatment and clinical leadership for all providers of sexual health services
- Refocused sexual health promotion and disease prevention interventions to deliver clearer outcomes for target groups i.e. Services targeted on Gay men / young people
- Reduced number of under-18 conceptions
- Reduced number of unintended conceptions in all ages (i.e. abortions)
- Reduced transmission of HIV and sexually transmitted infections

- Reduced prevalence (total number of infections in a given population) of undiagnosed HIV and sexually transmitted infections
- To reduce the time between infection and diagnosis of HIV / STIs.

Scope

This strategy covers the following areas;

- Community contraception and sexual health services
- Genitourinary Medicine clinics
- Abortion services
- Chlamydia screening
- HIV testing
- Primary Care including Pharmacy Enhanced Services
- Sexual health promotion including HIV prevention and support services

The strategy complements but does not aim to repeat the existing Teenage Pregnancy and Parenthood Strategy. The key aims in both strategies are the improvement in access to contraception and services and the education and skills development of young people.

This strategy does not outline the strategic plans for the following areas as these are addressed by other work streams. There will be further work to ensure robust referral pathways are in place from commissioned sexual health service providers into the following services:

- **HIV Specialist Treatment Centre**: NHS Leeds is represented at the specialist commissioning group who lead on this work at regional level.
- **Sexual assault**: The SARC (sexual assault referral centre) is not commissioned by NHS Leeds. There will however, be links with partners via the wider sexual health system (including police links, social services, etc) to ensure that men and women who have experienced sexual assault receive appropriate support and counselling and where necessary treatment in sexual health services.
- **Psychosexual services**: Currently provided by LPFT and commissioned by the Priority Groups Integrated commissioning team at NHS Leeds.
- **Fertility problems**: NHS Leeds is represented at the specialist commissioning group who lead on this work at regional level.
- **Sperm washing**: Assessed on an individual case by case basis by NHS Leeds for HIV sero-discordant couples

Priority groups of the Leeds Community

The strategy will prioritise work with the following groups to reduce sexual health inequalities. These groups have been highlighted because of high rates of sexually transmitted infections and unintended conceptions. The priority groups are:

- Young people
- Gay / Bisexual men and men who have sex with men (but who may not self-classify as gay or bisexual)
- African and African Caribbean communities.

Identifying the most appropriate means of access to services will be prioritised for these particular groups, promoting ease of access and maximum uptake of service and prevention.

Cost effectiveness

Given the present economic climate and pressures on public service finances, it is imperative that contraception, abortion and sexual health services, including sexual health promotion and disease prevention programmes, are cost effective and deliver measurable outcomes. NHS Leeds will review priorities and service provision in order to maximise value for money.

We intend to work with partners to plan the commissioning of sexual health services, to avoid duplication, to better meet client needs, and to achieve value for money. It is recognised that investing in sexual health services can deliver cost savings for the NHS through preventing unintended conceptions (and the costs associated with maternity and abortion services) and reducing the prevalence of complications associated to sexually transmitted infections. The greatest savings are to be made by successfully delivering a prevention programme maximising the use of level 1 and 2 service provision in community settings, and reducing asymptomatic referrals to hospital settings.

HIV / STIs

- HIV and other sexually transmitted infections put a significant burden on NHS resources. In 2003 it was calculated that the average lifetime treatment cost for an HIV positive individual was in the region of £135,000 - £185,000, though this figure is now higher due to increased drug costs and longer life expectancy and is probably closer to £276,000. Preventing each onward transmission of HIV could save up to £1million in terms of associated health and treatment costs. The direct cost to the NHS of treating other STIs is at least £170million per annum (not including the costs of managing complications).

Contraception

- The average cost to the NHS of contraceptive failure is at least £1800 including costs of maternity (live births and miscarriages) and abortion. Contraception services save the NHS at least £2.5 billion per annum. For every £1 invested in contraception services there is an £11 saving. There are wider cost's to our partners of an unplanned pregnancy i.e. Children Leeds and to young people themselves.

Sexual health promotion and disease prevention

- Interventions that are evidence-based and result in behaviour change, such as encouraging individuals from high-risk populations to adopt safer-sex practices are the most cost-effective. Good quality education and sex and relationship support is essential to awareness and skills development to negotiate sexual relationships. In addition, building on the positive impact of partner notification as an element of the prevention agenda should be an integral element of the service specification and is directly linked to contraception and safe sex advice.

Appendix 1

Commissioning intentions

1. **To commission an Integrated Sexual Health service**.

   This three-tiered model allows for the holistic commissioning of contraception and sexual health services in an integrated manner along the care pathway. Commissioning services at the most appropriate level will lead to fair, effective and best value provision. A strong element of self-care and secondary prevention will feature as a core part of the consultation within the integrated service.

   The proposed direction of travel is that the current 'hub and spoke' model (diagram 1) will be further developed to increase the proportion of level 1 and level 2 services provided in primary care and community settings with some level 3 support at community clinics where there is an indentified need. This will allow specialist providers to focus on providing level 3 services and taking a lead role in training, clinical governance and support across the sexual health pathway. This approach will maximise the potential of available resources and ensure that the right provision is provided to the right people in the right place at the right time. This model allows for both the development of nurse-led services with appropriate medical support, and for the maximisation of specialist skills. In rolling out the integration of services it may be appropriate for level 3 clinicians to have a more advisory roll across services, pulling back from the more hands on service, which could be provided at lower level, hence still delivering within the same or a lower cost envelope. Level 3 experts would hence focus on the clinical governance, support and training of the lower levels of care, in addition to their deliver of level 3 services.

   There is evidence that integration can improve efficiency and cost effectiveness in the longer term by reducing duplication of services. Increasing contraception and sexual health provision in primary and community settings, making it easier for people with uncomplicated needs to access services closer to their home or work, will have an impact on specialist providers in the medium and longer terms. We expect the overall quality of services will improve and the use of services to be appropriate for the level of need.

2. **To further develop care pathways to ensure that patients are directed to the most appropriate services to meet their needs**

   As part of the integrated service model a single point of access for all sexual health needs will be in place. This will ensure all pathways between services are effective, preventing service duplication and unnecessary referrals. The system will ensure swift access to services for the individual. An element of open access will be retained to support access for all. It is recognised that a single point of access needs to be managed by experts who are fully aware of the system of care and consideration will be given to the access point being an element of the current contracts with service providers.

3. **To provide opportunities for public and patient involvement (PPI) in the commissioning and provision of sexual health services**

   Patient and public involvement describes a wide range of activities and has a variety of purposes. It has an essential role in the commissioning cycle and improves public confidence in the services delivered. There will be a series of PPI consultations going beyond traditional consultation mechanisms to reach a representative view of vulnerable groups to help shape the Integrated Service.

4. **To increase access to contraception with an emphasis on LARC to prevent unintended pregnancy**

   Additional funding from the Strategic Health Authority has allowed more resources to be invested into improving access to contraception. The focus will be on Long Acting Reversible Contraception (LARC), training the workforce across the sectors, improving the knowledge of young people and engaging boys and young men.

5. **To set minimum standards and waiting times for accessing appointments in line with 48 hour access**

   Any change in services would deliver on the above target to ensure people are seen quickly and therefore minimise any potential onward transmission.

6. **To ensure that all sexual health services are You're Welcome accredited**

   You're Welcome quality criteria sets out principles that will help health services (including non-NHS provision) become young people friendly. Specific clinics within the integrated provision will be available for young people. This will include some out of hour's provision.

7. **Ensure the Chlamydia programme is prevalence focused and delivered through core services**

   We will continue to provide screening to those most at risk by working with both statutory and community organisations. The programme will be reviewed in line with national and local evidence. Commissioning in 2010/11 refocused on prevalence and resulted in positivity rates of 10%, whilst removing tests with a very low positivity rate.

8. **To ensure that women who need to access a termination of pregnancy service, do so quickly, locally and have their wider sexual health needs met.**

   We will implement the new national service specification for abortion services to ensure the full range of support, including contraception and STI testing services are available.

9. **To ensure that sexual health promotion and prevention interventions are evidence based, cost effective and designed to meet local needs.**

   Prevention programmes will be aimed at those most at risk of STIs/HIV and delivered by organisations skilled within this field. We will focus on risk encompassing alcohol, sex and drugs and promote individuals to have control of their lives. All sexual health voluntary sector contracts will be re-

viewed and re-focused with a priority to deliver quality, evidenced based sexual health prevention programmes, skills development to negotiate relationships and to support access into HIV/STI and contraception services.

10. **To reduce the late diagnosis of HIV alongside a reduction of undiagnosed HIV.**

    Initiatives to expand HIV testing in clinical and community settings will continue to be promoted. These will be formally evaluated, and results disseminated to inform best practice. Prevention messages will be reinforced and regular HIV testing promoted especially amongst at risk populations.

To deliver this strategy we must build on the knowledge and examples of best practice that exist within organisations working in Leeds. We must also encourage new ways of working and innovative ideas to tackle some of our greatest challenges. Given the present economic climate and current and potential pressures on public service finances, it is imperative that contraception, abortion and sexual health services, including sexual health promotion and disease prevention programmes, are cost effective and deliver measurable outcomes. NHS Leeds will work in partnership with the organisations that are part of the Sexual Health Modernisation group, along with others, to develop an action plan based on the priority areas within the strategy.

Next Steps

- To review this strategy in line with the national sexual health strategy due later this year.
- To develop an action plan to support the strategy which outlines specific activities and named leads necessary to achieve the outcomes. This plan will be owned by the Sexual Health Modernisation team and have strong links to the Teenage Pregnancy and Parenthood Strategy.
- Engagement with PBC consortiums to gain the views and sign up of GPs to the process.
- Provide opportunities for patients and the public to be involved in decisions regarding any service change.

Current commissioning arrangements

The sexual health commissioning lead for NHS Leeds sits within the Integrated Commissioning Team for Staying Healthy. Commissioning decisions will be developed with support of the Sexual Health Modernisation team. The coordination of the Teenage Pregnancy and Parenthood strategy is led on behalf of Children Leeds within the Local Authority. NHS Leeds and the Local Authority will work closely together to ensure that the commissioning process is informed by local intelligence, public health process and identified health priorities.

Example Integrated Service Model

Diagram 1
Integrated Service Model