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**Subject:** Review of Integrated Sexual Health Service Contract

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## **1. Purpose and Background**

Under the terms of the Health and Social Care Act 2012, local authorities are responsible for the commissioning of:

- comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception
- sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing
- specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies.

In 2015 contraception, sexually transmitted infection (STI) testing and treatment, and genitourinary medicine was brought together into one, integrated service. The contract is with Leeds Community Healthcare NHS Trust (LCH) for a period of 5 years, with provision for extensions of up to a total of 33 months. The initial contract period expires at the end of June 2020. The value of the contract is £5,851,315 per annum.

This review provides an overview of the work and progress of the Integrated Sexual Health Service and considers whether to recommend extending the existing contract.

## **2. Performance**

The service has performed well overall across the first four years of the contract, meeting the majority of targets, and this has improved further over the last year. The shading in the following tables indicates:

- Green – exceeded target
- Amber – close to meeting target
- Red – below target

## Access

During 2018/19 the service saw 26,688 people, through 50,196 attendances. This was successfully managed through:

	2018/19
Patients seen within 2 working days of contacting the service	88%
Patients attending walk-in clinics being seen within 60 minutes	86%
Patients seen within 30 minutes of their appointment time	94%
Face to face contacts leaving the clinic without any STI diagnosis or contraception intervention	2.8%
Appointments for IU/implantable contraception available within 10 working days	77%

Some performance has been affected by an increase in demand. A capacity and demand audit was carried out, following which changes were made to clinic arrangements and appointment management. As a result, the last year has seen improvements in the rates of walk-outs, DNAs and complaints, which are most typically about appointments and waiting times.

The number of sex workers has increased each year from an average of 80 per quarter in 2015/16 to an average of 146 per quarter in 2018/19. This exceeds the target of 100.

## Testing and Diagnosis

All targets in this category were met:

	2018/19
Chlamydia and Gonorrhoea repeat infections rate	7%
Chlamydia screening positivity rate for face-to-face contacts in 15-24 age group	11%
% diagnosed with chlamydia for all ages	10%
Service should diagnose 85% towards the chlamydia diagnosis rate in 15-24 year olds: 2967 per annum	3,925
% of chlamydia and gonorrhoea results received by service user within 10 working days	11%
HIV testing uptake on first appointment in MSM with unknown status	87%
MSM undertaking sexual health screen	2,928

## Contraception

All targets in this category were met:

	2018/19
People accessing EHC and leaving with a form of contraception	67.4%
% of females accepting LARC method	44%
% of LARC fitted by service subsequently removed	5%

### 3. Quality

Leeds Community Healthcare NHS Trust was inspected in May 2019 and the sexual health service was rated Outstanding:



This is a considerable upgrade from the last inspection in 2017, when it was rated Requires Improvement. The arrows in the graphic illustrate the changes in rating overall and for each domain, whether the same, improved by one rating or improved by two ratings.

#### Report Summary

The inspectors found that:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided a holistic patient centred approach to planning and delivering care and treatment, proving high quality care. All staff were actively engaged in monitoring the effectiveness of the service to improve quality and outcomes for patients. Innovative and evidence-based techniques were used to improve the service. Staff development was a priority for the service and there was evidence of strong collaborative working.
- Staff consistently treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. Staff recognised the importance of providing emotional support, health and relationship advice and this was routinely offered to patients, families and carers.
- The service had the individual needs of patients central to the planning and delivery of care. Services were flexible and used innovative approaches to ensure the services met the needs of people needing them. There was active engagement with other agencies to support those most vulnerable to access services at the right time and there was a proactive approach to understanding the needs of those using the service. Significant work had been done and was ongoing to ensure people could access services in a timely way.
- Leaders were passionate about the service, this was reflected in the highly motivated staff we spoke with. Staff were proud of the service they provided and felt valued and supported. There was a focus on staff development and continuous improvement. The service was clearly focused on the needs of patients using the service, feedback was proactively sought and used to inform service development. The service engaged well with patients and there was strong evidence of collaborative working with other teams and agencies.

## Outstanding Practice

The following examples were highlighted:

- A final year Specialty Registrar was also leading a piece of work on developing Leeds Sexual Health guidelines to produce the first in-house guidelines for the integrated service based on BASHH and FSRH national guidelines.
- The service was an early implementer of online self-testing STI kits.
- From patient feedback the service had developed the text results service to provide a brief or detailed response dependent on patient preference.
- There was a strong focus on staff education within the service, 72% of nursing and medical staff had nationally recognised competencies in sexual health and contraception. An in-house nursing development programme had also been written and was being piloted.
- Additional training had been provided for health care support workers. They were able to see patients who were asymptomatic and administer second and third vaccines.
- In 2018 the service had increased Community Sexual Reproductive Health (CSRH) training numbers from one to two training posts following discussions with School of Obstetrics and Gynaecology. Currently they were the only training posts within Yorkshire and Humber.
- The service ran a number of specialist services, for example, in-house genital dermatology and transvaginal ultrasound.
- The outreach team had strong links with a number of services and voluntary agencies to support high risk and vulnerable individuals. This included working with police prostitution and trafficking officers.
- The service was involved in a number of research projects including a comparison of two treatments for bacterial vaginosis and the European Active Surveillance (EURAS) for the safety of Coils. The service was recognised for the number of participants they managed to recruit.
- The service was working with the local acute trust to support post-natal contraception. This involved, supplying contraception on the post-natal wards via a weekly outreach clinic and working with consultants at the acute trust to fit coils during elective caesarean sections.
- There was quality improvement (QI) work to expand HIV testing to offer self-testing kits and point of care testing for never-testers in high risk groups. The service was also working with information governance staff to look at how they could become present on social media sites used by people arranging to meet up for sex.
- A clinical fellowship year had also been awarded in August 2019 to focus on two further QI projects. Reducing specimen errors through a double-check process change and using electronic forms for express men's night to further improve access and flow.

## Areas for Improvement

Just one area was identified for this service, that it should ensure all staff follow 'arm bare below the elbow' guidance.

The full findings for this service are included below at Annex A.

## **4. Service Development**

LCH is proactive about improving the service offer and responding to challenges, particularly around access and increasing demand. For example:

- *Capacity / demand*
  - In response to increased demand, waiting times and negative client feedback, an audit of capacity and demand was carried out. As a result, walk-in arrangements have been changed so that people are given a time rather than having to wait. This has resulted in a reduction in complaints, with reception staff better able to manage the waiting area and clinicians better able to manage the client flow through the clinic.
  - High demand continues, so there is a triage system whereby symptomatic clients are prioritised against eligibility criteria.
  - Public consultation is underway around the possibility of moving the Reginald Centre clinic to Chapeltown Health Centre. This would increase the space available, provide more clinic hours and make better use of staffing.
- *Outreach*

The service has a dedicated outreach team for those who find it hard to access care in the usual way, whether through chaotic lifestyles or not wishing to disclose their sexual behaviour for fear of judgement or outing. This includes sex workers, men who have sex with men, Black African communities, those who are trans or non-binary, and young people. The outreach is largely carried out in partnership with services who are already working with, and are trusted by, these groups.
- *Pre-Exposure Prophylaxis (PrEP) Trial*

Funding from the Elton John Aids Foundation has enabled the clinic to increase the PrEP trial places by an additional 180, to 302.
- *Ideas being explored*
  - Moving to supplying 12 months of hormonal contraception
  - Moving to use Sayana Press which can be self-administered
  - Looking at repeat attenders and reason for attendance
  - Working with primary care colleagues and MSD to explore the use of pharmacy for repeat pills and improved pathways for LARC.

- *Other work*
  - Fitters forums are running successfully with GPs around fitting LARCs.
  - There is involvement in a wide range of research projects.

## **5. Conclusions**

This is a service which is performing well and shown by the recent CQC inspection to be of outstanding quality. The provider also demonstrates a commitment to improvement, as shown by the CQC inspection ratings, changes made in response to client feedback and number of ideas being explored. It is therefore proposed that the contract be extended for the full period available.

# Community health sexual health services

Outstanding   

## Key facts and figures

The sexual health service became an integrated service for contraception, sexually transmitted infection (STI) and genitourinary medicine, in 2015. The service is consultant led and provides health clinics across the city of Leeds. The service provides testing, treatment and prevention for sexually transmitted infections and all methods of contraception.

The five clinics offer appointments and walk in sessions in different areas within the city. The outreach team supported the sexual health of high-risk groups who would not normally access mainstream sexual health services, offering STI screening and education. The service also supports pharmacies that are providing free emergency hormonal contraception and GPs providing long acting reversible contraception (LARC).

Our inspection was announced at short notice to enable us to observe routine activity. At the last inspection the safe and responsive domain were rated requires improvement. The domains of effective, caring and well led were rated good. We re-inspected all five key questions during this inspection.

During this inspection we visited the main hub and the four 'spoke' sites. We spoke with 21 patients and 29 members of staff. We observed staff delivering care and looked at seven patient records. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

## Summary of this service

Our rating of this service improved. We rated it as outstanding because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided a holistic patient centred approach to planning and delivering care and treatment, proving high quality care. All staff were actively engaged in monitoring the effectiveness of the service to improve quality and outcomes for patients. Innovative and evidence-based techniques were used to improve the service. Staff development was a priority for the service and there was evidence of strong collaborative working.
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- Leaders were passionate about the service, this was reflected in the highly motivated staff we spoke with. Staff were proud of the service they provided and felt valued and supported. There was a focus on staff development and continuous improvement. The service was clearly focused on the needs of patients using the service, feedback was proactively sought and used to inform service development. The service engaged well with patients and there was strong evidence of collaborative working with other teams and agencies.

## Is the service safe?

Good ● ↑

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training compliance had improved since the last inspection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. There were robust procedures and multidisciplinary meetings in place for sharing information. Staff had training on how to recognise and report safeguarding concerns including abuse, and they knew how to apply it. Staff were appropriately training in safeguarding with high levels of training compliance.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. There was appropriate management of clinical waste and sharps disposal.
- Staff completed and updated risk assessments for each patient. There was a triage system in place which enabled the level of risk to be quickly identified and for further assessment to be undertaken.
- The service had enough medical, nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix to meet the needs of the service.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learnt with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- We observed a small number of staff who were not compliant with 'arms bare below the elbow' guidance.
- At the Reginald centre there were no panic alarms for staff to summon immediate assistance.

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## Is the service effective?

**Outstanding** ☆ ↑

Our rating of effective improved. We rated it as outstanding because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff were continually looking at ways to improve patient care and treatment. The safe use of innovative and pioneering approaches to care and how it was delivered were actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care, such as the provision of online testing and a 'live chat' advice line.
- Staff monitored the effectiveness of care and treatment. The service actively engaged in activities to monitor and improve quality and outcomes. This was evident from the comprehensive programme of National and local audit. Data showed sustained good outcomes for patients with targets often being exceeded. For example, there had been a sustained decline in patients with chlamydia and gonorrhoea getting a repeat infection. The percentage had reduced from 14% to 4% between April 2018 and March 2019. Opportunities to participate in benchmarking and research were proactively pursued by the service.
- The service made sure staff were competent for their roles. From discussions with staff and managers it was evident that training and development was a key priority for the service. Staff were proactively supported to learn and develop their skills and reported training opportunities made them feel valued and empowered. A structured programme of clinical supervision for staff was in place and a high percentage of nursing and medical staff had undertaken competency training in sexual health.
- All those responsible for delivering care worked together as a team to benefit patients. The sexual health service was committed to working collaboratively with other services including the voluntary sector. There was a holistic approach to the assessing, planning and implementation of care using innovative and efficient ways to deliver it.
- Staff gave patients practical support and advice to lead healthier lives. Health promotion was common practice for staff across the service who saw this as an important part of their role
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. Consent practices and records were actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment. Consent was always sought and this was documented clearly on all the records we reviewed.

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff consistently treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. All staff were aware of the need for patient confidentiality and ensured this was maintained at all times.
- Staff provided emotional support to patients, families and carers to minimise their distress and quickly identified when this was required. They understood patients' personal, cultural and religious needs and used this information to inform care planning.

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- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Health and relationship advice was routinely offered to provide holistic care to patient's.

## Is the service responsive?

**Outstanding**   

Our rating of responsive improved. We rated it as outstanding because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. People's individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care. Other organisations and the local community were integral to the planning of services to ensure their needs were met. There was also a strong focus on the public health agenda which fed into service provision.
- The service was inclusive and took account of patients' individual needs and preferences. The service was focused on meeting the individual needs of their patients. There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. This included an understanding of people's cultural beliefs, younger adults and those who were in vulnerable circumstances or who had complex needs. Systems had been put in place such as the 'red umbrella' scheme for sex workers to ensure they had quick access to services.
- People could access the service when they needed it and received the right care in a timely way. Several issues had been identified at the previous inspection in relation to accessing services. All areas of concerns had been addressed and significantly improved. A new system had been implemented for managing walk in appointments. Data from April 2018 to March 2019 showed that the service had consistently exceeded the KPI of 75% of walk in patients being seen within 60 minutes. The improvements were evident in trust performance data and key performance indicators where national standards were met or exceeded. For example, the percentage of 'did not attend's' from August 2018 to March 2019 was between 6% and 7%, this was significantly below (better than) the National average of 15% for Sexual Health services.
- It was easy for people to give feedback and raise concerns about care received. The service actively reviewed complaints and improvements were made in response to these. Complaints were investigated, and lessons learnt were shared with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Outstanding**  

Our rating of well-led improved. We rated it as outstanding because:

- Leaders had an inspiring shared purpose and the integrity, skills and abilities to run the service. The management team and leaders within the service were passionate about the service and clearly focused on continuous improvement. They were proactive in looking at ways of improving services. Staff at all levels were included with a significant focus on training to support a sustainable and knowledgeable workforce.

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- The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. The service had a clear vision for what it wanted to achieve supported by a highly motivated management team. There was shared purpose between managers and staff to look at innovative ways to keep developing the service. There were strong collaborative relationships with a wide range of agencies and services with a common focus on improving the quality of care for the local communities.
- The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. Staff felt respected, supported and valued. There was a clear focus on the needs of patients receiving care. We found high levels of staff engagement and subsequent high levels of staff moral within the units we visited. Staff were proud to work for the service and there was an open and inclusive culture where concerns could be raised.
- Leaders operated effective governance processes which were proactively reviewed both locally and at trust level. We found evidence of oversight and ownership and staff at all levels were clear about their roles and responsibilities.
- Leaders and teams used systems to manage performance effectively. The service collected, analysed, managed information well. Performance data was used to drive improvement and evidence the use of best practice.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. The service was proactive in engaging with patient groups and used their feedback to improve and develop services. There were high levels of staff engagement.
- All staff were committed to continually learning and improving services. We were provided with several examples of innovative working. There was a strong focus on research and continuous improvement. Key to this was the supportive development of staff.

## Outstanding practice

We found areas of outstanding practice in this service. See the outstanding evidence section above.

## Areas for improvement

We found areas for improvement in this area. See the areas for improvement section above.