

APPENDIX A

SERVICE SPECIFICATION

Service	Integrated Sexual Health Service
Authority Lead	Wendy Burke, Acting Director of Public Health
Provider Lead	
Period	1st October, 2015 – 31st March, 2019
Date of Review	Annually and more frequently if required by the Authority following completion of implementation plan and subject to any national guidance changes

Summary of Specification

This Specification outlines the requirements for the delivery of the Service.

The Service will deliver a range of sexual health interventions from a variety of locations in the Borough of North Tyneside aimed at promoting positive sexual health, preventing and treating infections, providing good quality contraception and preventing unwanted pregnancy.

The Service will be provided for young people (aged 24 and under) and adults with a specific focus on target groups, e.g. young people, Black and Minority Ethnic Groups (BME), Men who have sex with men (MSM) etc.

The Service will deliver and co-ordinate the National Chlamydia Screening Programme (NCSP) in North Tyneside.

This Service does not extend to the provision of any sexual health services outlined in the General Medical Service Contracts with general practices, or in any NHS England agreements with pharmacies.

It also does not cover the provision of HIV treatment and care services or Sexual Assault Referral Centres (currently commissioned by NHS England), termination of pregnancy services, and sterilisation and vasectomy services (currently commissioned by Clinical Commissioning Groups).

Furthermore, this specification does not cover any non North Tyneside resident attendance at the Service for the purpose of Genito-urinary Medicine (GUM). The Provider is expected to recharge the appropriate Local Authority for such attendances in accordance with national guidance

Teenage pregnancy co-ordination and support is not part of this Specification.

1. Population Needs

1.1 National context and evidence base

The Government has set out its ambitions for improving sexual health over an individual's life course in its publication - A Framework for Sexual Health Improvement in England (2013) ('the Framework'). The Framework identifies the differing needs of men and women and of different groups in society. These should be considered when planning the Service and the interventions within it.

Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions, with the highest burden borne by women, MSM, teenagers, young adults, sex workers and BME. Similarly, HIV infection in the UK disproportionately affects MSM and Black Africans. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

An integrated and innovative sexual health service model aims to improve sexual health by providing easy access to services through open access to 'one stop shops', where the majority of sexual health and contraceptive needs can be met at one site, usually by one health professional, in services with extended opening hours and accessible locations that meet the needs of the population. Specialist services can be provided from one or more locations. The type of services available at each location should reflect the need of the communities and populations that use them.

The provision of integrated sexual health services is supported by current accredited training programmes and guidance from relevant professional bodies including the Faculty of Sexual and Reproductive Healthcare (FSRH), British Association for Sexual Health and HIV (BASHH), British HIV Association (BHIV), Medical Foundation for HIV and Sexual Health (MEDFASH), Royal College of Obstetrics and Gynaecology (RCOG) and the National Institute for Clinical Excellence (NICE), and relevant national policy and guidance issued by the Department of Health (DoH) and Public Health England (PHE). Providers must ensure that commissioned services are in accordance with this evidence base.

The Public Health White Paper Healthy Lives, Healthy People: Our Strategy for Public Health in England (2010) highlights a commitment to work towards an integrated model of service delivery to allow easy access to confidential, non-judgemental sexual health services (including for STIs, contraception, abortion, health promotion and prevention).

From the 1st April 2013, local authorities have been mandated to commission comprehensive, open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception) and the Department of Health has produced guidance to assist local authorities to commission these and other sexual health interventions.

It is recognised that with these latest NHS reforms, providers of integrated sexual health services will need to work collaboratively across a number of organisations responsible for commissioning different elements of care – local authority, NHS England and CCGs. All of the commissioning bodies (including local authorities in the exercise of their public health functions), will be required by law to have regard to the

NHS Constitution in their decisions and actions, including those in relation to sexual health services.

2. Key Service Outcomes

2.1 Service Outcomes

The Service will support delivery against the three main sexual health Public Health Outcome Framework measures:

- Under 18 conceptions
- Chlamydia diagnoses (15-24 year olds)
- People presenting with HIV at a late stage of infection

The Public Health Outcome Framework tool will help to understand trends and progress over time in relation to the three overarching indicators. The tool can be accessed at <http://www.phoutcomes.info/>

3. Scope

3.1 Aims of Service

The overall aim of the Service is to improve and maximise the sexual health and wellbeing of the residents of the Borough of North Tyneside, by providing them with an integrated sexual health service.

The Service will coordinate and support the delivery of sexual health care across the Borough of North Tyneside through expert clinical advice, clinical governance and clinical networks, acting as the local sexual health service leader.

The Service will have a focus on prevention and in particular of STIs and unwanted pregnancy, and will provide a holistic, sex-positive approach to sexual health which will enable Service Users to address issues of sexual health and wellbeing, including free access to a full range of contraception and testing for STIs (this includes the provision of the NCSP locally) and pregnancy testing where appropriate, as part of a sexual and reproductive health assessment.

Advice, testing and treatment will be delivered through a holistic sexual health assessment, delivered by an appropriate practitioner. STI screening or diagnosis, contraceptive advice and treatment and pregnancy testing will be offered.

There will be access for Service Users via one telephone number (which should be free or charged at local call rates only) and online booking available for consultations, with walk-in appointments also available. All appointments will be easily and quickly accessible.

3.2 Objectives of Service

The following quality objectives are grouped into themes which outline the requirements of the Service. These themes are also used to group the Quality Outcome Indicators in Appendix C.

The Service will work to improve sexual health within the Borough of North Tyneside by:

3.2.1 Access

The Provider will ensure that:

- all elements of the Service are provided free of charge at a number of suitable locations which are easily accessible, particularly to populations with high needs or where access is difficult. The Service should be located in areas where there is parking and good public transport links. The Provider will ensure that the Service works alongside GPs and pharmacies, and provides well advertised outreach services where appropriate.
- services are accessible from locations in addition to a main hub
- there is an even geographic spread of access points.
- all elements of the Service are welcoming, there is good communication and waiting rooms are comfortable.
- available services are widely promoted and advertised in a range of settings, for example GP surgeries, online, through the use of social media and in newsletters.
- walk-in and same day appointment clinics are available, including at evenings and weekends. Service opening times should be convenient for Service Users.
- there is a single point of access for Service User enquiries, triage and booking by telephone (with appropriate queuing systems built in, and free or charged at local call rates only) and online, using a range of innovative IT solutions. There should be a separate telephone number for professionals.
- waiting times for drop-in clinics do not exceed two hours. The Provider will minimise waiting times in all clinics, including drop-ins. Waiting times will be regularly audited and ways of reducing them explored and implemented appropriately. Service Users will be informed of the estimated waiting time upon arrival.
- online requests for Chlamydia tests are available to Service Users, and a means for providing online consultations will be developed within an agreed timescale on award of Contract.
- the Service is acceptable and accessible to people disproportionately affected by unwanted pregnancy and sexual ill health based on up to date sexual health needs assessment. The Provider will work with the Authority and make data and information easily and rapidly accessible to assist with the identification of

population need.

- the delivery of the Service is equitable to all residents of North Tyneside regardless of their race, religion, age, gender, economic status, physical or mental ability, or sexuality. The Service will be provided to those accessing it regardless of their place of residence within the Borough of North Tyneside or their GP registration. The Service will be aimed at both young and older people.
- interpreting services for Service Users whose first language is not English, and for those with hearing and visual impairment are available, as well as written information in appropriately translated formats. The provider will absorb the costs of this element of the Service.
- the Service works proactively (through service design and outreach work) to reduce sexual health inequalities amongst vulnerable groups including MSM, BME, recent migrants etc.
- bespoke and specific services are provided for MSM – these must be based in appropriate and accessible locations.
- the Service meets and exceeds expected quality standards e.g. You're Welcome standards and NICE guidance regarding contraceptive services for young people <http://guidance.nice.org.uk/PH51>

3.2.2 Health Promotion

The Provider will:

- take a lead role in North Tyneside in promoting positive sexual health through the provision of up-to-date language-appropriate information and advice to Service Users and the public, aiming to reduce STIs, HIV and unwanted pregnancy, and the associated stigma around these. This will be provided using traditional and innovative methods (including online and through social media), with a view to reducing sexual ill-health and promoting early diagnosis, especially in high-need communities. Information will be, if necessary, in a range of formats and mediums to meet varying language and literacy needs of Service Users.
- deliver HIV preventative interventions targeting those most in need e.g. gay and bisexual men who are most affected by HIV.
- target sexual health promotion at vulnerable groups (including young people, homeless people, MSM, LGBT, BME, those living with HIV, sex workers, survivors of sexual abuse and domestic violence, those whose first language is not English, those with learning and physical disabilities, and those who have chronic medical conditions requiring complex contraceptive advice). Clear and understandable information leaflets must be available for these specific

vulnerable groups, and their support networks.

- support other key stakeholders in North Tyneside in promoting good sexual health, for example school nurses, health visitors, youth services, staff in children's centres etc. (this list is not exhaustive).
- encourage sexual health promotion in schools by working closely with school nurses including promoting the uptake of Human Papilloma Virus (HPV) vaccines and good quality sexual and reproductive education.
- engage in wider health promotion work and provide a range of services that are more integrated and take a holistic approach to general health and wellbeing including risk taking behaviour including alcohol, drug misuse, smoking, obesity, sexual violence and mental health and well-being.

3.2.3 Sexually Transmitted Infections and HIV

The Provider will:

- provide rapid and easy access to services for the prevention, detection and management (treatment and partner notification) of STIs to reduce prevalence and transmission.
- provide increased diagnosis and effective management of STIs in North Tyneside including partner notification and treatment.
- ensure health professionals have contact details for a designated health advisor who will undertake effective partner notification with the Service User's consent.
- diagnose and treat non-STI conditions such as candida, bacterial vaginosis, urinary tract infections, molluscum contagiosum, balanitis, vulval skin conditions etc.
- contribute to a reduction in the prevalence of Chlamydia trachomatis and Neisseria gonorrhoea by providing, co-ordinating and promoting routine and targeted dual screening, as part of their lead role in the delivery of the National Chlamydia Screening Programme (NCSP) for young people aged 15-24 years. Remote testing for vulnerable and hard to reach groups (e.g. men in 15-24 year age group) will be available via mail outs and kits can be requested over the phone or online. The Provider will ensure patient information leaflets provide additional information regarding gonorrhoea and the website will clearly indicate that a test for both Chlamydia and gonorrhoea will be carried out as part of the NCSP. (See Schedule 6 for details of the National Chlamydia Screening Programme)
- increase the uptake of HIV testing and early diagnosis in all communities, but in particular those communities from high risk countries and MSM, with particular emphasis on first time Service Users, with repeat testing of those who remain at risk. This includes supporting increased access and uptake of HIV testing within primary care, in community settings and acute

providers, and development of effective efficient referral pathways between all services that test for HIV including primary and secondary care.

- deliver integrated care pathways between sexual health and HIV treatment services.
- ensure that the Service makes rapid referrals (within one working day) to HIV specialised services in line with agreed regional practices through the North East & Cumbria HIV Network following diagnosis, with timely initiation of treatment when clinically indicated.
- improve the sexual health of people living with HIV.
- increase access to testing and vaccination for at-risk groups e.g. Hepatitis A/B/C.
- provide and co-ordinate a 'Post-Exposure Prophylaxis following Sexual Exposure' to HIV (PEPSE) programme, in accordance with national guidelines (drug treatment costs for this are paid for by NHS England).
- work closely with both the Authority and PHE in the case of any outbreaks of STIs in order to respond appropriately and prevent escalation.

3.2.4 Contraception and Reproductive Health

The Provider will:

- maintain and increase uptake of effective methods of reversible and non-reversible contraception, including rapid access to the full range of contraceptive methods including LARC, oral hormonal contraception, emergency contraception, and condoms, to enable women to take control to plan the number and spacing of children.
- act as the lead agency in coordinating the delivery of the condom card scheme (C-card) in North Tyneside for young people aged 14-25 years. The Provider will ensure the delivery of the C-card programme is in line with the C-card guidelines produced by PHE and Brook, 2014 (as amended from time to time). The C-card outlets will be situated in areas of greatest need in North Tyneside, in line with the conception and STI data and venues that are accessible for young people.
- ensure that free emergency contraception is easily accessible from a range of different locations including community pharmacies.
- raise public awareness of the full range of contraceptive methods.
- promote the use of LARC to reduce the risk of unwanted pregnancy.
- support women to make choices about pregnancy decision through a free pregnancy options and advice service.

- provide free pregnancy testing and appropriate onward referral to NHS funded abortion services or maternity care via healthcare practitioners or self referral pathways.
- ensure referral pathways are in place to meet the contraceptive needs of HIV positive women.
- provide domiciliary visits for young women who require urgent access to contraception who cannot attend sexual health services. Women should be able to access all forms of contraception excluding intra-uterine contraception, and also be provided with sexual health advice and testing. It is anticipated that it will be young women at high risk of sexual ill-health who will be referred for this element of the Service, for example teenage mothers following delivery, following termination of pregnancy if contraception hasn't been accepted from the abortion provider etc.
- offer referral to specialist services (including counselling) to those who may need it. For example young people who misuse drugs or alcohol, and those who may have been sexually exploited or trafficked and may need a referral to a specialist service.
- establish a post natal contraception pathway for all mothers, working alongside maternity services and early years services.
- offer cervical screening as part of the NSCP. Women can choose to attend their GP practice or a sexual health service in order to have a cervical sample taken. The Provider will ensure that cervical screening is carried out in line with the requirements set out by the NCSP (these are detailed in the National Specification
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192976/25_Cervical_Screening_programme_service_specification_VARIATION_130415_new_template_-_NA.pdf
- report all incidents in relation cervical screening to NHS England.
- ensure all sample takers are trained to the required national standard and hold a valid sample taker number.

3.2.5 Support for Vulnerable Groups

The Provider will:

- provide support, advice and outreach services for locally identified at risk populations, in particular:
 - LGBT individuals
 - MSM
 - Asylum Seekers
 - Sex workers
 - BME groups
 - Those with learning disabilities
 - Vulnerable young people

- work in collaboration with key stakeholders locally in order to engage with vulnerable groups.
- provide clear accessible and up to date information about services for those at highest risk of sexual ill health e.g. sex workers and, MSM.
- ensure that the Service is developed to meet the needs of vulnerable groups in line with the evidence base and according to need.
- ensure staff are familiar with best practice guidance on how to give young people aged under 16 years contraceptive advice and support and ensure staff are familiar with local and national guidance on working with vulnerable young people.
- involve young people in the design, implementation, promotion and review of on-site and outreach services in and near schools, colleges and other education settings.
- ensure protocols are in place to identify and appropriately manage vulnerable groups such as sex workers and those who are at risk or who are victims of sexual exploitation, sexual violence, domestic violence, as well as those who misuse drugs and alcohol, including appropriate safeguarding referral pathways

3.2.6 Training and Education

With regard to Staff directly employed by the Provider, the Provider will:

- ensure that all directly employed staff within the Service are competent to fulfil their roles. It is the responsibility of the Provider to monitor, manage and develop the performance of the workforce.
- ensure they comply with FSRH Service Standard on Training. http://www.fsrh.org/pdfs/All_Service_standards_January_2013.pdf. This states all doctors, nurses and other health professionals working in contraception should be trained to the competencies and training programmes jointly agreed by all their educational bodies including:
 - Royal College of General Practitioners (RCGP),
 - RCOG
 - FSRH
 - BASHH

- Society of Sexual Health Advisors
- Royal College of Nursing (RCN)
- Royal Pharmaceutical Society of Great Britain (RPSGB)

and supported by user representatives such as the Family Planning Association (FPA)

- ensure the Service is staffed by those who have an understanding of adolescent development and have experience of working with young people.
- provide training on how to recognise the signs of sexual abuse, sexual exploitation, sexual violence, domestic violence, drug and alcohol misuse, and how to manage other vulnerable groups such as sex workers, and any other related safeguarding issues.
- deliver the full range of BASHH and FSRH accredited postgraduate training including specialist training programmes if required.
- maintain a record of the dates and types of training given to all Staff working within the Service and wider sexual health service. All such records should be immediately available to the Authority on request for audit purposes.
- ensure that training requirements and competencies are monitored through regular assessment and staff appraisal and that Staff are enabled to progress through supported learning.
- ensure that Staff are able to demonstrate that they have participated in organisational mandatory and update training, for example infection control, manual handling, risk assessment etc. as required.

With regard to Staff working in an element of the Service which the Provider sub-contracts (in accordance with the terms of this Contract), the Provider will:

- ensure that any Staff are competent to meet the necessary standards which are outlined in Section 4.1. of the Specification
- deliver appropriate training which may include supporting practitioners undertaking:
 - Diploma of the Faculty of Sexual and Reproductive Health (DFSRH) training including letters of competencies for fitting and removing LARC;
 - Clinical placements for clinicians training for cervical smear taking;
 - Emergency hormonal contraception provision;
 - Sexual health information, advice and prevention including STI testing and treatments and partner notification;
 - Chlamydia screening;
 - Knowledge and awareness raising of issues relating to SRH, such

- as HIV and how/when to test; and
 - C-card training which as a minimum will include training staff on how to use the C-card system to provide condoms, condom demonstration, information on sexual health and related health issues and signposting to other services e.g. drug and alcohol service.
- maintain a record of the dates and types of training provided. All such records should be immediately available to the Authority on request for audit purposes.
- Specifically for Primary Care Staff the Provider will:
 - provide annual update training in relation to any sub-contracted services
 - provide training for Staff who wish to obtain or renew their competency for fitting LARCs
- Specifically for Community Pharmacy the Provider will:
 - provide annual update training in relation to any sub-contracted services
 - provide training for qualified pharmacists who wish to become competent in issuing emergency hormonal contraception under a PGD

In addition, the Provider will support the delivery of:

- undergraduate training to Newcastle and Northumbria Universities where health care training is undertaken, including offer of placements for medical and nursing and other healthcare students.
- multidisciplinary training, including to primary and secondary care professionals, and relevant specialty registrars (in line with the latest General Medical Council (GMC) curricula) and other healthcare workers.

3.2.7 Clinical Governance

The Provider will:

- coordinate and support the delivery of sexual health care across the Borough of North Tyneside through expert clinical advice, clinical governance and clinical networks, acting as the local sexual health service leader. A nominated clinical senior lead professional for quality and clinical governance is a requirement.
- demonstrate that they are working in line with national quality requirements in particular those of the Care Quality Commission (CQC), The NHS Trust Development Authority, The National Institute for Health and Care Excellence (NICE), the GMC, the Nursing and Midwifery Council, NHS England, PHE and the DoH.
- demonstrate that it meets the quality standards for the provision of the Service, as outlined in Section 4 of the specification.
- ensure robust clinical governance arrangements for elements of the Service it delivers itself and elements of the Service it subcontracts (in accordance with the terms of this Contract), as well as supporting effective clinical

governance systems for integrated sexual health across the Borough. This includes providing clinical leadership and guidance, as well as training and accreditation to national standards, to all involved in delivering Chlamydia screening, and for the sexual health services provided by GPs and pharmacists.

- ensure clinical governance arrangements include a focus on:
 - training and professional development of the specialist and wider sexual health network;
 - mechanisms for the assessment of clinical competence;
 - the maintenance of nationally set standards of care e.g. http://www.fsrh.org/pdfs/All_Service_standards_January_2013.pdf
 - the reporting and management of clinical incidents, safeguarding incidents, late HIV diagnoses and outbreaks;
 - infection control – the Provider’s policies should be consistent with http://www.nhsprofessionals.nhs.uk/Download/comms/CG1_NHSP_Standard_Infection_Control_Precautions_v3.pdf
 - developing and monitoring the agreements relating to elements of the Service which the Provider sub-contracts (in accordance with the terms of this Contract), to include clinical governance arrangements;
 - working to improve outcomes related to sexual health service provision in primary care and support further development of services in primary care;
 - developing and managing PGDs for the Service (including those elements of which the Provider subcontracts (in accordance with the terms of this Contract));
 - increased evidence-based and standardised practice where appropriate. This will include participation in audit, as well as conducting service evaluation and research and development as agreed with the Authority;
 - Information Governance – the Provider must comply with NHS Information Governance standards <http://www.igt.hscic.gov.uk> ; and
 - welfare of staff – Staff surveys to be conducted annually.

3.2.8 Sub-contracting Arrangements

The Provider will:

- establish a sub-contractual arrangement with GPs and Community Pharmacists. As a minimum the Provider is expected to subcontract for the following:
 - Community Pharmacists - Chlamydia screening; emergency hormonal contraception provision; pregnancy testing;
 - GPs – LARC services
(See Schedules 1 and 2 of this Specification and Supporting Documents 2-6 for further information related to these elements of the Service).
- will ensure an even geographic spread of access points.
- be responsible for any Patient Group Directions (PGDs) under these

subcontracting arrangements.

- share performance data related to activity in primary care with the Authority on a quarterly basis as part of the key performance framework. (See Appendix J).

The Provider may:

- establish other sub-contractual arrangements with a laboratory/laboratories for dual NCSP. (See Schedule 3 of this Specification and Supporting Document 7 for further information related to this element of the Service).
- establish other sub-contractual arrangements with third sector organisations for the sexual health services they provide

3.3 Service Description/Pathway

The Provider will:

- work with a wide range of partners (see Section 3.8 of the Specification) to provide effective and innovative sexual health services and holistic care to patients.
- work closely with commissioners of HIV treatment and care to ensure fragmentation of care of patients with HIV does not occur. The Provider will be expected to attend regional HIV treatment and care meetings.
- provide sexual health system leadership, including participation in clinical networks and leadership of a local sexual health network.
- ensure that care pathways and referral routes to the network of sexual health services across the area, and related service providers are developed, including in relation to all risky behaviour and lifestyle services and other secondary care services, to minimise harm and address potential root cause of sexual ill health. This should include referral pathways to the local Sexual Assault Referral Centre (SARC)
- ensure that protocols are in place to identify and appropriately manage vulnerable groups such as sex workers and those who are at risk of or are victims of sexual abuse, sexual exploitation, sexual violence, domestic violence, drug and alcohol misuse including appropriate safeguarding referral pathways.

3.3.1 Service Levels

The Provider will use a hub and spoke model to deliver the three levels of sexual health provision specified nationally.

The hub will deliver all aspects of the Service (levels 1, 2 and 3) which includes both contraception and GUM.

The spokes within the Borough of North Tyneside will deliver levels 1 and 2 which includes access to contraception and STI screening, as well as targeted prevention and early identification interventions for those most at risk of STIs and HIV.

The hub will be delivered from an accessible building located within North Tyneside.

The hub will have good public transport links and accessible parking.

The spoke or outreach centres shall be delivered from a number of satellite locations throughout the Borough of North Tyneside selected by the Provider and best placed to meet local need (e.g. in primary care). The spokes should include provision for young people. These satellite locations should be based in appropriate settings e.g. children's centres, colleges, schools, GP surgeries and pharmacies to meet the needs of the residents of North Tyneside.

The services offered by the hub and spokes will include walk-in and booked appointments.

The Provider will ensure that the specialist level 3 provision element of the Service is led by appropriately trained leaders to ensure quality of service provision, development, training and clinical standard.

It is envisaged that both GUM and contraception and sexual health services (CASH) should be consultant led.

Those under the age of 16 must be seen by a worker trained to assess competence to receive sexual health advice and interventions in the absence of a parent or guardian and to ensure that safeguarding issues are identified and appropriately referred on.

Level 1 and 2 - Basic and Intermediate Care

The Provider will provide the following:

- information and referral onto other sexual health services, as well as other lifestyle services (e.g. substance misuse, domestic/sexual violence, smoking cessation etc.), ensuring care pathways and referral pathways are in place and are used effectively by Staff.
- identification in consultations of a range of lifestyle risks and the promotion of healthy behaviour (e.g. substance misuse, mental health, smoking, healthy eating, breastfeeding etc.)
- full sexual history and risk assessment (all practitioners).
- pregnancy testing.
- supply of male and female condoms and lubricant.
- the offer of C-card registration and distribution of condoms for young people attending services.

- all methods of oral emergency contraception and the intrauterine device for emergency contraception, supporting effective use.
- first prescription and continuing supply of combined hormonal contraception (combined and progestogen only) including oral, transdermal, transvaginal methods of delivery and a choice of products within each category where these exist.
- first prescription and continuing supply of injectable contraception.
- IUD and IUD uncomplicated insertion, follow up and removal.
- diaphragm fitting and follow up.
- uncomplicated contraceptive implant insertion, follow up and removal including management of side effects to support continuation.
- assessment and referral for difficult implant removal.
- information and advice about natural family planning.
- cervical cytology.
- direct referral for antenatal care (including teenage parent midwifery services).
- direct referral for abortion care and to support self-referral.
- advice and support for pregnancy planning and pre-conception care for young mothers.
- access to quick pregnancy testing and non judgemental unplanned pregnancy counselling.
- access to a dedicated teenage pregnancy options advisor to support young women to make an informed choice about their pregnancy, with ongoing contraceptive advice and referral to appropriate services. It is expected that there will be close collaborative working and continued development of referral pathways between relevant providers e.g. maternity and abortion services.
- counselling and direct referral for male and female sterilisation.
- screening for all Service Users for domestic abuse/sexual violence and sexual exploitation with onward referral where appropriate (all practitioners).
- assessment and referral for psychosexual issues to Counselling in Level 3 services.
- assessment and appropriate referral for Brief Alcohol Interventions (BAIs).
- referrals for Female Genital Mutilation (FGM) specialist advice and care.

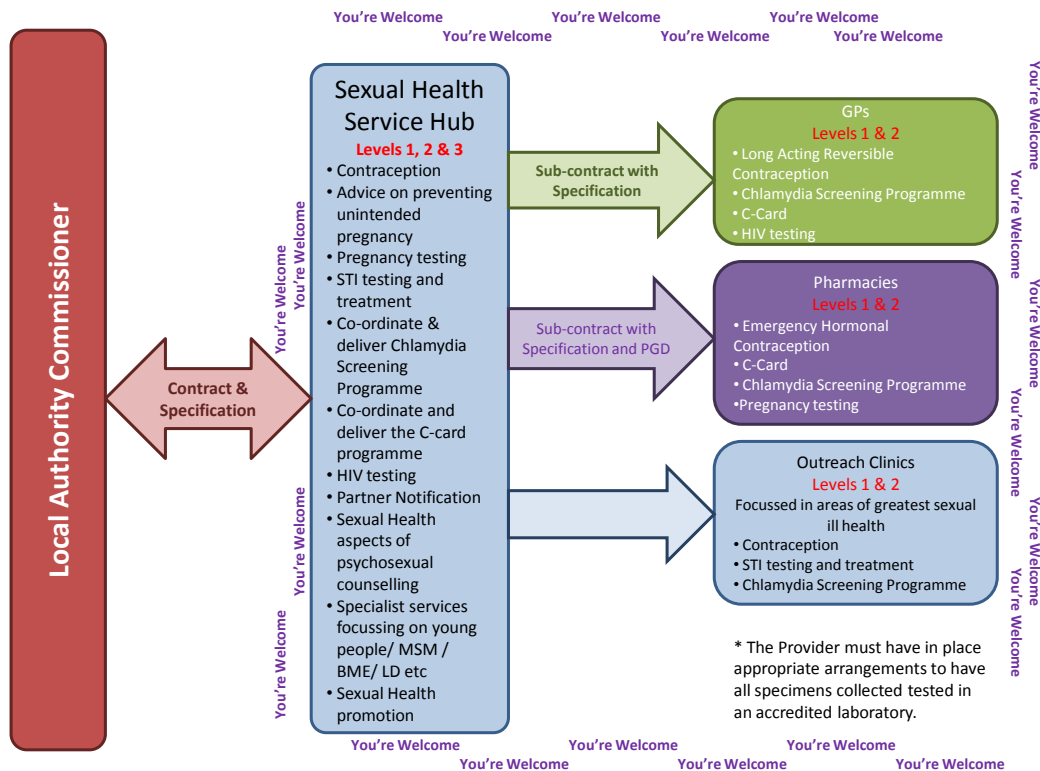
- STI testing and treatment of symptomatic but uncomplicated infections in men (except MSM) and women excluding:
 - men with dysuria and/or genital discharge.
 - symptoms at extra-genital sites e.g. rectal or pharyngeal
 - pregnant women (except women with uncomplicated infections requesting abortion)
 - genital ulceration other than uncomplicated genital herpes
- Chlamydia/ gonorrhoea dual screening for sexually active under 25 year olds, according to NCSP requirements.
- case management of uncomplicated Chlamydia.
- HIV and syphilis testing and pre and post-test discussions (with referral pathways in place).
- promotion and delivery of Hepatitis A and B vaccination, with a particular focus on key target groups.
- the offer of Hepatitis B/C testing for those at high risk of these infections (with referral pathways in place).
- prompt notification to PHE of all cases of notifiable diseases in line with the Public Protection (Notification) Regulations 2010.
- Hepatitis B vaccinations for those at risk (including household and sexual contacts of confirmed cases).
- uncomplicated contact tracing/partner notification.
- management of first episode of uncomplicated vaginal discharge (low risk).
- management of contacts of gonorrhoea and Trichomonas Vaginalis (TV) (excluding symptomatic men and MSM) – this will mean there will be a requirement to have a stock of appropriate drugs on all sites and all Staff should be trained and able to give injectable drugs.
- assessment and treatment of genital ulceration with appropriate referral pathways for those at high risk of syphilis/Lymphogranuloma Venereum (LGV).
- assessment and referral of sexual assault cases (with referral pathways in place). (See Schedule 4).
- holistic sexual health care for young people including child protection / safeguarding assessment.
- outreach services for STI prevention and contraception (in line with hot spot and targeted locality areas). The Provider will promote these elements of the Service and will monitor them for effectiveness.
- management of problems with choice of contraceptive methods.

- management of problems with hormonal contraceptives e.g. side effects.
- urgent and routine referral pathways to and from related specialties (general practice, urology, Accident & Emergency (A&E) , gynaecology, SARC, abortion services) should be clearly defined. These may include general medicine/infectious diseases for inpatient HIV care.
- urgent and routine referral pathways to and from social care.
- regular audit against national guidelines.

Level 3 - Complex Service Provision in Addition to Levels 1 and 2

- management of:
 - complex contraceptive problems including the use of UK Medical Eligibility Criteria (UKMEC);
 - complicated/recurrent STIs (including tropical STIs) with or without symptoms;
 - STIs in pregnant women (except women with uncomplicated infections requesting abortion);
 - HIV partner notification.
 - sexual health aspects of psychosexual counselling/dysfunction (see Schedule 5);
 - organic sexual dysfunction.
- coordination of outreach clinical services for high risk groups. These services need to be promoted and monitored for effectiveness.
- interface with specialised HIV services as commissioned by NHS England.
- assessment, initiation and ongoing management for Post Exposure Prophylaxis (PEP).
- management or referral for specialist contraception services e.g. IUD/IUS problem clinics, difficult implant removal etc. with appropriate diagnostic services (e.g. ultrasound) to support this.
- provision and follow up of Post Exposure Prophylaxis following Sexual Exposure (PEPSE) (excluding any drug costs as these are paid for by NHS England).
- Coordination, oversight and support of contraceptive and STI care across a network (including GP and pharmacy schemes) including:
 - clinical leadership, training, advice and support for contraceptive provision and STI testing and management across the Borough;
 - leadership related to clinical governance;
 - training in Sexual and Reproductive Health and GUM;
 - pathways across clinical services;
 - partner notification for STIs and HIV.
- STI testing for people living with HIV including routine screening.

3.3.2 The Proposed Service Model



3.4 Information Technology and Information Management

The Provider will:

- provide an electronic patient record which links all main services – GUM, CASH, NCSP.
- work with the Authority and any previous Providers of the service to ensure that the data confidentiality and individual Service User privacy is not compromised during transition from existing systems.
- ensure that the case management system (and any other electronic record management system used) complies with the relevant security and data protection standards and those records are regularly backed up.
- provide an efficient means of ensuring that individuals are booked into the most convenient and closest clinic.
- provide an efficient means of registering the arrival of patients in clinics.
- provide an efficient means of reminding patients about appointments and giving results, for example text messages.
- have a clear confidentiality and data handling policy, which is understood by all members of staff. The policy should be presented and clearly explained to Service Users before assessment for treatment begins.
- ensure effective data monitoring mechanisms and systems are in place to demonstrate the identified outcomes, to include all nationally mandated data systems, and locally agreed Quality Outcome Indicators, both of which will need to be reported directly to the Authority at the end of each quarter.
- have an efficient way of coding laboratory test results, and results must be

linked with the patient management system.

- have policies in place to manage any loss of data, accidental or otherwise. The Provider must notify the Authority of any information security incidents relating to Service Users within 24 hours of such an incident occurring.
- demonstrate that they have information governance policies in place to ensure that records are held securely and Staff are appropriately trained in how to handle and store records.
- develop a comprehensive service user online resource which will provide a wide range of information including available services, opening times and how to access them, online appointment system, responding to patient experience surveys, ordering Chlamydia tests. The Provider will consider making a Phone App (this will be discussed with the Authority within six months of the award of Contract).

3.5 Population covered

The Service is an open access service and will be made available to North Tyneside residents.

In line with national requirements for out of area charges, it is expected that the Provider will invoice the relevant Service User's local authority of residence for non North Tyneside residents who have attended the Service. The Provider will follow the Department of Health principles of cross charging as outlined in:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226325/Sexual_Health_Key_Principles_for_cross_charging.pdf

For the avoidance of doubt, the Authority will not pay for those Service Users attending at the Service who are resident outside of the Borough of North Tyneside, and it will be the sole responsibility of the Provider to seek payment from the Service User's resident local authority for the services delivered.

3.6. Any acceptance and exclusion criteria and thresholds

This specification does not cover any sexual health services outlined in the General Medical Service contracts with general practices, or in any NHS England agreements with pharmacies. It also does not cover HIV treatment and care services or SARC (currently commissioned by NHS England), termination of pregnancy services, and sterilisation and vasectomy services (currently commissioned by CCGs).

In addition it does not cover out of area GUM or teenage pregnancy co-ordination and support

The Provider has the right to refuse the provision of the Service to Service Users who:

- are unsuitable for treatment under this Contract.
- have not validly consented to receiving treatment provided as part of the Service.
- present with unreasonable behaviour unacceptable to the Provider, its Staff, or the named person clinically responsible for the management of the care of such Service User.

3.7. Accommodation and equipment

Buildings and areas from which the Provider delivers all elements of the Service need to demonstrate appropriate clinical quality standards and be fit for purpose. The Provider will specify what type of services they will provide and in which locations (including what levels of service will be provided in each location) in agreement with the Authority.

The Provider must inform the Authority in writing of any change in premises during the term of the Contract.

Premises from which the Services is delivered must be registered appropriately with the CQC and comply with their standards i.e. Outcome 10 Safety and Sustainability of Premises. Premises and facilities must also comply with DoH guidance regarding Sexual and Reproductive Health clinics https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142892/HBN_12-01_SuppA_DSSA.pdf

The Provider will be responsible for providing loose furniture, appliances and their own operational equipment etc. which are necessary to deliver the Service from the locations the Provider selects. The Charges will include all costs associated with providing the Service including the cost for provision of premises and all other related overheads.

3.8. Interdependencies with other services

The Service will maintain efficient working relationships with allied services, agencies and stakeholders to enhance the quality of care delivered and ensure the holistic nature of the Service. Specifically, linkages will be maintained with the NHS Commissioning Board, CCGs, GPs, Pharmacies, wider Local Authority services, lifestyle services, and other sexual health and secondary health service providers.

The Service cannot work in isolation and is required to work with partners to address the needs of service users and increase the opportunity for service users to achieve optimum sexual health outcomes. Partners will include some of the following services and programmes; however this list is not exhaustive of all potential partners (key working relationships are marked with *):

- Abortion Providers
- Antenatal and post natal services
- Cervical Screening Programme (CSP)
- Child and adolescent mental health services
- Community pharmacies *
- Criminal Justice agencies
- Domestic Violence services
- Drug and alcohol services *
- Family Nurse Partnership (FNP)
- General practice *
- Gynaecology

- HIV testing, treatment and care services (and fs)
- Infectious diseases services
- Male and female sterilisation services
- North Tyneside Public Health
- Pathology and laboratory services
- Psychological services
- Public Health England (PHE)
- School and education services
- School Nursing Service *
- Sexual Assault Referral Centre (SARC)
- Social Care (children and adults) *
- Youth services

The Provider is expected to actively participate in local, regional and national clinical networks, relevant trials, training, and research and audit programmes where applicable. The Service should deliver brief interventions on alcohol, drugs and other relevant cross cutting issues to patients and collect data on these brief interventions as agreed with the Authority. Service Users should be referred as appropriate to other services in relation to cross cutting issues such as substance misuse and mental health and wellbeing.

3.9. Any activity planning assumptions

Nationally a 3% annual increase of volume of Service Users is anticipated year on year, which will need to be absorbed. Any increase above this will be negotiated with the Authority.

4. Applicable Service Standards

4.1. Applicable national standards

The service is underpinned by the following:

- Service Standards for Sexual and Reproductive Healthcare (FSRH, 2013)
- Research Governance Framework for Health and Social Care (Department of Health, 2008)
- Quality Standard for Contraceptive Services (FSRH, 2014)
- CG30 Long-acting reversible contraception (NICE, 2014)
- Clinical Guidance – Emergency Contraception (FSRH, 2012)
- PH51 Contraceptive services with a focus on young people up to the age of 25 (NICE, 2014)
- Male and Female Sterilisation (FSRH, 2014)
- The Care of Women Requesting Induced Abortion, Evidence-based Clinical Guideline Number 7 (RCOG, 2011)
- Standards for the Management of STIs (BASHH & Medfash, 2014)
- UK National Guidelines on Safer Sex Advice (BASHH & BHIVA, 2012)
- National Chlamydia Screening Programme Standards (6th Edition, 2012)
- BASHH Statement on Partner Notification for Sexually Transmissible Infections (2012)
- PH3 Prevention of sexually transmitted infections and under 18 conceptions (NICE, 2007)

- Hepatitis B and C: Ways to promote and offer testing to people at increased risk of infection. NICE Public Health Guidance 43 (NICE, 2012)
- British HIV Association Standards of Care for People Living with HIV (BHIVA, 2013)
- Standards for psychological support for adults living with HIV (British Psychological Society, BHIVA & MEDFASH, 2011)
- UK Guidelines for the use of Post-Exposure Prophylaxis for HIV following Sexual Exposure (BASHH, 2011)
- PH34 Increasing the uptake of HIV testing among men who have sex with men (NICE, 2011)
- PH33 Increasing the uptake of HIV testing among black Africans in England (NICE, 2011)
- UK National Guidelines for HIV Testing (BHIVA, 2008)
- Chlamydia Testing Activity Dataset (CTAD): Commissioning guidance, 2013 update (Public Health England, 2013)
- Public health services contract 2015 to 2016 (Public Health England 2015)
- Clinical Pathology Accreditation (UKAS)
<http://www.cancerscreening.nhs.uk/cervical/quality-assurance.html>

Relevant UK clinical guidance covering the specialities of Sexual & Reproductive Healthcare and Genitourinary Medicine can be found at www.fsrh.org and www.bashh.org The Provider must ensure that all elements of the Service reflect updates in guidelines and recommendations as and when produced.

The Provider should aim to use the DoH's *You're Welcome* quality criteria and local resources where available, as guiding principles when planning and implementing changes and improvements, in order for the Service to become 'young people friendly', where appropriate.

Service planning and improvement should always include consultation with Service Users and local populations.

4.2 Applicable local standards

The Provider will comply with and ensure all Staff are trained in the local safeguarding policies and procedures, as discussed in Appendix F: Safeguarding policies.

5. Days/Hours of Operation

The Provider will operate the Service a minimum of six days per week, with out-of-school and working hours access to the Service. The hub should be open as a minimum Monday to Friday 09:00-19:30 and Saturday morning 10:30-13:30.

Spoke clinics should offer a range of different opening times including evening access.

The Provider will be expected to provide outreach services that are accessible and meet the needs of target groups (as outlined in this Specification) in North Tyneside. It is likely that there will be a demand for the delivery of the outreach service to be

outside the operating hours stated above.

Access to a comprehensive website, online booking and self assessment triage facility should be available for 24 hours, every day of the year. Work should be undertaken to develop online consultations out of hours – the timeline for the implementation, the monitoring and delivery of the same is to be agreed with the Authority and recorded in writing.

Both walk-in and booked appointments should be available across the Service.

6. Implementation Planning and Exit Planning

Plans to include:

- Timescales of set up of services and milestones to be monitored against.
- Detailed risk assessment and mitigation plan as part of the overall transition plan.
- Detailed description of any transition team (including an organisation chart detailing staffing levels, specific skills of the transition team and project methodology).
- Premises secured and operational including office and clinical facilities that will meet clinical guidelines and standards for integrated sexual health practice and infection control measures, applicable to hub and spoke sites.
- All equipment is procured and ready to use including all clinical equipment.
- Timeline for a phased approach for implementation of IT innovations and developments.
- Phased approaches to clinical developments and pathways and restructuring/ remodeling of delivery.
- Information management system, which is compliant with GUMCADv2, CTAD, HARS, SRHAD procured in place and all existing Service User data is transferred including from the outgoing provider to the incoming provider.
- A communication plan to inform the wider workforce and key stakeholders of any changes in service delivery, access i.e. contact numbers, referral procedures and referral criteria.
- CQC registration in place.
- Laboratory arrangements in place meeting relevant standards e.g. high quality laboratory testing which includes both conventional and nucleic acid techniques. The Laboratory/laboratories must be fully accredited by a national authority.

- An organisation structure chart clearly outlining staffing levels i.e. number of part time/full time posts, roles/responsibilities, reporting relationships and lines of accountability, including essential qualifications for each role and experience.
- Suitably qualified and experienced employees are in post and all required staff security and safeguarding clearance completed, including up to date registrations.
- Establish information governance and clinical governance systems and ensure they are in place in advance of the start date, ensuring all policies and procedures are ratified and in place.

7. Medicines

All prescribers employed directly by the Service or working in an element of the Service which the Provider sub-contracts (in accordance with the terms of this contract) must:

- adhere to both legal and good practice guidance on prescribing and medicines management in line with the Medicines Act 1968 and all associated legislation and regulations.
- engage in quality and cost effective prescribing in the context of overall use of NHS resources.

Prescribed contraceptives will be provided free at the point of access to the Service Users.

Medicines supplied for treatment of STIs through a GUM service are provided free of charge to the Service User.

The Provider must work to its own specific formulary to ensure that all drug prescribing is cost effective.

The Provider will:

- ensure that an impact assessment is performed in relation to prescribing costs and procurement of medicines.
- ensure that medicines procured for the purpose of supply to Service Users is purchased from a provider with the necessary Medicines and Health Care Products Regulatory Agency (MHRA) authorisation, labelled and supplied in accordance with the European Labelling and Leaflet Directive 92/27,2001/83/EC Directive and the Medicines Act.
- ensure that prescribers comply with all the statutory regulatory requirements for the safe and secure management of controlled drugs.

- ensure that prescribers employed directly by the Service or sub-contracted by the Service complete an annual declaration on whether or not the organisation keeps stocks of controlled drugs. Those that do hold stocks of controlled drugs will be required to complete a self assessment of their management of controlled drugs.
- ensure that prescribers employed directly by the Service or sub-contracted by the Service implement National Patient Safety Alerts and Drug Alerts within the time frame specified in the alerts.
- ensure that prescribers comply with the Health Care Commission Standards for Better Health Core Standard C4(d); medicines are handled safely and securely; and C4(e); the prevention, segregation, handling, transport and disposal of medicines is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.
- ensure that PDGs are authorised for use and comply with the Provider's PGD Policy and the Health Service Circular (HSC) 2000/026.

The circumstances in which PGD's can be used and the healthcare professionals, who are allowed to administer medicines under PGD, are set out in legislation. The Medicines and Healthcare Products Regulatory Agency (MHRA) offers a guide to the legislation at:

<http://www.mhra.gov.uk/Howweregulate/Medicines/Availabilityprescribing-selling-and-supplying-of-medicines/ExemptionsfromMedicinesActrestrictions/PatientGroupDirectionsintheNHS/index.htm>

The Provider must comply with the NICE guidance for individual and organisations developing PGDs. The NICE guidance recommends that governance arrangements should include the process for reporting patient safety incidents relating to PGD use, such as medication errors, near misses and suspected adverse events. These arrangements should be included in existing local processes, but not replace national patient safety reporting systems, including the yellow card scheme.

<http://www.nice.org.uk/Guidance/MPG2>

8. Social Value

The Authority is committed to sustainable procurement whereby the monies it spends through contracts contribute to the social, economic and environmental wellbeing of its citizens.

The Social Value Act came into force on 31st January 2013 and places a duty on public bodies to consider Social Value before procuring services. Public bodies must consider how the service being procured can help improve the economic, social and environmental well being of the area.

The definition of Social Value is 'a concept which seeks to maximise the additional

benefit that can be created by procuring or commissioning goods and services, above and beyond the benefit of merely the goods and services themselves.'

9. Additional Reading relevant to Sexual Health Service Specification

British Association of Sexual Health and HIV Guidelines:

- BASHH & MEDFASH (2014). *Standards for the Management of Sexually Transmitted Infections*. (<http://www.bashh.org/documents/Standards%20for%20the%20management%20of%20STIs%202014%20FINAL%20WEB.pdf>)
- BASHH (2012). *UK National Guidelines on safer sex advice*. (<http://www.bashh.org/documents/4452.pdf>)
- BASHH (2014). *Spotting the Signs – A National Proforma*. (<http://www.bashh.org/documents/Spotting-the-signs-CSE-%20a%20national%20proforma%20April%202014%20online.pdf>)
- BASHH (2012). *Statement on partner notification for sexually transmittable infections*. (<http://www.bashh.org/documents/2012%20Partner%20Notification%20Statement.pdf>)
- BASHH (2011). *UK guideline for the use of post-exposure prophylaxis for HIV following sexual exposure*. (<http://www.bashh.org/documents/58/58.pdf>)

British HIV Association Guidelines:

- BHIVA (2013). *Standards of Care for People Living with HIV*. (<http://www.bhiva.org/documents/Standards-of-care/BHIVASTandardsA4.pdf>)
- BHIVA (2008). *UK National Guidelines for HIV Testing 2008*. (www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf)
- BHIVA; British Psychological Society; MEDFASH (2011). *Standards for psychological support for adults living with HIV*. (<http://www.bhiva.org/StandardsForPsychologicalSupport.aspx>)

Brook Guidelines:

- C-Card Distribution Schemes. (<http://www.brook.org.uk/index.php/information/c-card-guidance>)

Department of Health Guidelines:

- Department of Health (2013). *A Framework for Sexual Health Improvement in England*. (<http://www.dh.gov.uk/health/2013/03/sex-health-framework/>)
- Department of Health (2010). *Healthy Lives, Healthy People: Our Strategy for Public Health in England*. (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf)
- Department of Health (2008). *Research governance framework for health and social care: second edition*. (<https://www.gov.uk/government/publications/research-governance-framework-for-health-and-social-care-second-edition>)
- Department of Health (2013). *Commissioning Sexual Health Services and Interventions: Best Practice Guidance for Local Authorities*. (<https://www.gov.uk/government/publications/commissioning-sexual-health-services-and-interventions-best-practice-guidance-for-local-authorities>)

- Department of Health (2001). *The National Strategy for Sexual Health and HIV* (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003133)
- Department of Health (2011). *You're Welcome Quality Criteria: Making Health Services Young People Friendly*. (<https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>)
- Department of Health. *The NHS Constitution*. (<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>)
- Department of Health. *Integrated Sexual Health Services: National Service Specification*. (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210726/Service_Specification_with_covering_note.pdf)
- Department of Health (2013). *Guidance: local authority charging for public health activity*. (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/217032/local-authority-charging-for-public-health-activity.pdf)
- Department of Health (2011). *Safeguarding adults: the role of health service managers and their board*. (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215713/dh_125035.pdf)
- Department of Health (2013). *Sexual Health: Clinical Governance*. (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252975/Sexual_Health_Clinical_Governance_final.pdf)

Faculty of Sexual and Reproductive Healthcare Guidelines:

- FSRH (2012). *Emergency Contraception*. (<http://www.fsrh.org/pdfs/CEUGuidanceEmergencyContraception11.pdf>)
- FSRH (2009). *The UK Medical Eligibility Criteria for Contraceptive Use*. (<http://www.fsrh.org/pdfs/UKMEC2009.pdf>)
- FSRH (2010). *Contraceptive choices for young people*. (<http://www.fsrh.org/pdfs/ceuGuidanceYoungPeople2010.pdf>)
- FSRH (2014). *Male and Female Sterilisation*. (<http://www.fsrh.org/pdfs/MaleFemaleSterilisation.pdf>)
- FSRH. Clinical Standards. Available: http://www.fsrh.org/pages/clinical_standards.asp
 - *Supporting doctors' appraisal and revalidation in sexual and reproductive healthcare*
 - *Quality standards for contraceptive services*
 - *Service standards for record keeping*
 - *Service standards for risk management*
 - *Service standards for medicine management*
 - *Service standards for workload*
 - *Service standards for resuscitation*
 - *Service standards on obtaining valid consent in sexual health services*
 - *Service standards on confidentiality*
- FSRH (2013). *Service Standards for Sexual and Reproductive Healthcare*. (http://www.fsrh.org/pdfs/All_Service_standards_January_2013.pdf)
- FSRH. Training requirements. Available: <http://www.fsrh.org/pages/Training.asp>

Family Planning Association Guidelines:

- FPA. *Decision-making support within the integrated care pathway for women considering or seeking abortion.* (<http://www.fpa.org.uk/sites/default/files/decision-making-support-abortion.pdf>)
- FPA. *Specialist sexual health services for people with learning disabilities.* (<http://www.fpa.org.uk/what-we-do/specialist-sexual-health-services-people-learning-disabilities>)

National AIDS Trust (2012). *HIV Partner Notification: A Missed Opportunity?* (<http://www.bhiva.org/documents/Publications/May-2012-HIV-Partner-Notification.pdf>)

National Chlamydia Screening Programme. Guidance available at: <http://www.chlamydia-screening.nhs.uk/>

National Institute for Health and Care Excellence Guidelines:

- NICE (2014). *Contraceptive services with a focus on young people up to the age of 25.* (<http://publications.nice.org.uk/contraceptive-services-with-a-focus-on-young-people-up-to-the-age-of-25-ph51>)
- NICE (2014). *Behaviour change: individual approaches.* (<http://www.nice.org.uk/guidance/PH49/chapter/what-is-this-guidance-about>)
- NICE (2011). *Increasing the uptake of HIV testing among men who have sex with men.* (<http://www.nice.org.uk/guidance/PH34>)
- NICE (2011). *Increasing the uptake of HIV testing among black Africans in England.* (<http://www.nice.org.uk/guidance/PH33>)
- NICE (2014). *Long acting reversible contraception.* (<http://www.nice.org.uk/guidance/cg30>)
- NICE (2007). *Prevention of sexually transmitted infections and under 18 conceptions.* (<http://www.nice.org.uk/guidance/ph3>)
- NICE (2012). *Hepatitis B and C: Ways to promote and offer testing to people at increased risk of infection.* (<http://www.nice.org.uk/guidance/ph43>)

Public Health England Guidelines:

- PHE (2015) *PHE Action Plan: Promoting the health and wellbeing of gay, bisexual and other men who have sex with men, 2015 to 2016.* (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401005/PHEMSMAActionPlan.pdf)
- PHE (2014) *Making it work: a guide to whole system commissioning for sexual and reproductive health and HIV.* (<https://www.gov.uk/government/consultations/making-it-work-a-guide-to-whole-system-commissioning-for-sexual-and-reproductive-health-and-hiv>)
- Public Health England. *UK Standards for Microbiology Investigations (SMI): quality and consistency in clinical laboratories.* (<http://www.hpa.org.uk/ProductsServices/MicrobiologyPathology/UKStandardsForMicrobiologyInvestigations/TermsOfUseForSMIs/AccessToUKSMIs/>)
- PHE (2014). *HIV: Surveillance, data and management.* (<https://www.gov.uk/government/collections/hiv-surveillance-data-and-management>)

Royal College of Obstetrics and Gynaecology (2011). *The care of women requesting induced abortion.* (https://www.rcog.org.uk/globalassets/documents/guidelines/abortion-guideline_web_1.pdf)

Sexual Offences Act (2003). (<http://www.legislation.gov.uk/ukpga/2003/42/contents>)

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012.

(<http://www.legislation.gov.uk/ukdsi/2012/9780111531679/contents>)

The Royal College of Pathologists (2004). *Guidelines on Point of Care Testing*.

(<http://www.rcpath.org/Resources/RCPATH/Migrated%20Resources/Documents/P/Point-of-CareTesting-updatedOct04.pdf>)

Schedule 1 – Provider Support to GP Practices

The sub-contracted services provided within GP Practices across North Tyneside form an integral part of the local sexual health pathway.

It is expected that the sub-contracted service will include as a minimum the fitting of LARCs (IUCD for the purposes of contraception only and Contraceptive Implant) and provision of evidence based sexual health materials.

The Provider will be expected to provide assessment, training and support to GP's and practice nurses to ensure they can provide the sub-contracted services.

Training should be provided as per FSRH guidelines to assist as many practices as possible to offer LARC.

The Provider will continue to support sexual health workforce development in primary care and will provide:

- Clinical training and supervision to support Primary care staff in maintaining their competencies to deliver these services (this does not include funding backfill for time out of Practice).
- Resources to embed dual screening as part of the NCSP in General Practice primary care.
- Free condoms (C-card programme) and dual screening kits for those aged 15 to 24 years as part of the NCSP.
- Support to General Practice to reduce rates of late diagnosis of HIV with improved HIV testing in Primary Care e.g. awareness of indicator conditions where HIV testing should be considered.
- A named local clinical sexual health lead from the hub service that will respond to any queries and provide advice related to the delivery of sexual health services from General Practice.

The Provider will manage all costs associated with the sub-contracting arrangements including the reimbursement for fitting and removal as well as the cost of all products. The Provider is expected to have a suitable mechanism in place to manage this.

Schedule 2 - Provider Support to Pharmacies

The sub-contracted services provided within Community Pharmacies across North Tyneside form an integral part of the local sexual health pathway.

It is expected that the sub-contracted service will include as a minimum:

- free EHC as per PDGs for Levonelle and EllaOne
- free dual testing kits for 15-24 years olds as part of the NCSP.
- free condoms to 15-24 year olds (C-card scheme).
- pregnancy testing.
- provision of evidence based sexual health materials.

The Provider will be expected to provide assessment, training and support to pharmacists to ensure they can provide the sub-contracted services

The Provider will provide clinical leadership to pharmacies and the following:

- training and supervision to support them in maintaining their competencies to deliver these services (this does not include backfill for time out of pharmacy).
- free condoms (C-card) and dual screening kits for those aged 15 to 24 as part of the NCSP.
- a named local clinical sexual health lead who will respond to any queries related to the delivery of sexual health services.
- provision of evidence based sexual health materials.
- development and implementation of PGDs under which the pharmacy operates.

The Provider will manage all costs associated with reimbursing Community Pharmacists for providing this sub contracted service The Provider is expected to have a suitable mechanism in place to manage this e.g. Pharmoutcomes

Schedule 3 – Provider Requirements to Laboratory Services

The provision of laboratory services is an integral part of the local sexual health pathway.

There should be arrangements in place for the use of named laboratory/laboratories for the purpose of STI testing.

There should be arrangements in place for the use of a named laboratory/laboratories for the purpose of dual testing for Chlamydia and gonorrhoea as part of the NCSP.

Laboratory/laboratories must be accredited with the CPA(UKAS).

The completion of the Chlamydia Testing Activity Dataset (CTAD) is mandatory for all NHS and NHS-commissioned Chlamydia testing carried out in England. CTAD is submitted by laboratories and enables unified, comprehensive reporting of all Chlamydia data, to effectively monitor the impact of the NCSP through measurement of population screening coverage, proportion of all tests that are positive and diagnosis rates.

The Provider will ensure that they have a mechanism agreed with the laboratory/laboratories in relation to the laboratory/laboratories reporting any SUI to them.

Schedule 4 – Sexual Assault Referral Centre

Sexual Assault Referral Centres (SARC) are commissioned by NHS England. It is vital that sexual health services have a good working relationship with SARC. The SARC in North Tyneside is currently provided by REACH, Rhona Cross Street, New Croft Street, Newcastle Upon Tyne, NE1 6NP.

There should be a clear pathway in place to facilitate referrals to the local SARC. Training should be provided to all staff regarding what actions are necessary should an individual disclose a sexual assault.

Schedule 5 – Psychosexual Counselling

The remit of a psychosexual service is to provide help for service users presenting with problems of sexual dysfunction.

The management of psychosexual dysfunction can be complex and this service will seek to address this area of care by providing both a range of expertise and a variety of interventions to ensure a comprehensive and flexible approach. Assessment and treatment strategies for this group of disorders should consider all elements of psychodynamic, cognitive behavioural and systemic approaches as well as psychosexual medicine and sex therapy counselling within the service.

A Psychosexual Counselling service should be available on referral by a clinician and by appointment only in the hub. The service will be in line with complex level 3 functions outlined in Section 3.3.1. and will include the provision of:

- management of sexual health aspects of psychosexual dysfunction
- management of organic sexual dysfunction

The Provider will ensure that the Psychosexual Counselling aspect of the integrated sexual health service is provided by a qualified Counsellor in line with the British Association for Counselling and Psychotherapy (BACP) and the Institute of Psychosexual Medicine (IPM). The Provider will ensure that professional competencies and standards are maintained and adhered to.

It will be expected that physical causes for problems will have been excluded prior to a referral being made. Where it is thought that the presenting sexual dysfunction is a symptom of disease (e.g. genitourinary infection, depression) and where it is felt that the problem could be reasonably expected to resolve following treatment of the underlying pathology, clients will be referred to the appropriate service within the NHS.

Schedule 6 – National Chlamydia Screening Programme

The NCSP in North Tyneside will be led and managed by the integrated sexual health service in accordance with the National Chlamydia Screening Programme (NSCP) Core requirements (2010). The Provider is required to support and provide Chlamydia testing (this should include a dual test for both Chlamydia and gonorrhoea). The Provider should:

- act as the lead provider and coordinator for opportunistic Chlamydia screening (dual), results management, partner management, treatment, data reporting and quality assurance in North Tyneside.
- facilitate wider development of the programme through the provision of training, advice and support and pathway development to the integrated sexual health service.
- undertake implementation and governance of the screening programme and undertake clinical management of positive service users and their contacts in line with national guidance.
- lead the development and implementation of care pathways to ensure Service Users accessing the programme have effective access to on-going advice, treatment and support with their sexual health.
- treat Service Users and their sexual partners free of charge in accordance with published clinical guidelines and standards for dual screen as part of the NCSP.
- use CPS(UKAS) accredited laboratory/laboratories.
- ensure they are compliant with CTAD standards and requirements.
- be responsible for achieving the Chlamydia diagnosis rate >2,300 per 100,000 and ensure minimum of a 5% Chlamydia positivity rate.
- ensure that amongst those tested, the percentage infected should be maintained in the range of 5% to 12% (all venues combined).
- ensure targeted outreach by trained and appropriate community advisors to vulnerable groups e.g. young people leaving care.
- ensure remote testing kits are sent to appropriate venues and will co-ordinate the return and partner notification system.
- develop local media to promote dual testing in line with the regional Chlamydia screening/dual screening programme
- work with partners such as PHE regarding any enhanced surveillance work.
- ensure appropriate PGDs are in place if required. Authorised names of health professionals working within the PGD should be recorded.
- ensure that all condom outlets are providing dual screening.
- ensure that all young people registering with the C-Card scheme are offered and encouraged to accept opportunistic screening.
- work with GP's and pharmacists to support dual screening in practice.
- provide an effective results management service in line with NCSP standards.
- ensure Service Users who have other STI symptoms receive advice, screening and treatment as appropriate.
- advise Service Users not to perform a test of cure until 6 weeks post treatment.
- ensure the full costs of the dual screening programme laboratory costs are included in the current contract costs.
- be responsible for maintaining staff competence through training assessment and delivery.

Schedule 7 – Condom Card Outlets

The C-card scheme will be available to all young people aged 14-24 who live in North Tyneside. The Provider should target groups at high risk of sexual ill-health, for example young men, young people with learning disabilities, young people from BME communities, young people in public care, LGBT young people, young people living in socially disadvantaged areas and young people in rural areas. The C-card outlets will include GP Practices, Community Pharmacies, Children Centres, Looked after Children services, Youth Offending Teams, youth and community education settings, schools, sport and leisure services etc.

The Provider should:

- Ensure the C-card scheme is delivered in line with “You’re Welcome”
- Ensure local C-card schemes offer and provide opportunistic dual Chlamydia/ gonorrhoea screening on registration and at regular intervals thereafter.
- Monitor up take of Chlamydia screening within C-card outlets.
- In order to perform effective monitoring, data should be collected at all C-card outlets electronically where possible, and information gathered should be integrated with other data systems. Each outlet should record relevant information after an agreed period – such as weekly or monthly – and return the data to the coordinator when completed. Data which should be collected for monitoring purposes is outlined in the Brook document on the C-card scheme ([http://www.brook.org.uk/attachments/C-Card_condom_distribution_schemes - What why and how - July 2014.pdf](http://www.brook.org.uk/attachments/C-Card_condom_distribution_schemes_-_What_why_and_how_-_July_2014.pdf))