

**Joint City & County Health Scrutiny Committee Meeting
15th November 2011**

**Integrating Sexual Health Services across Nottingham City and
Nottinghamshire County (South)**

1. Introduction

- 1.1 This paper provides an update on the progress made to change the delivery model for sexual health services that transferred to Nottingham University Hospitals (NUH) NHS Trust via the Transforming Community Services (TCS) process. It introduces a proposal for an integrated sexual health service model combining Genito-Urinary Medicine (GUM) Services and Contraception and Sexual Health Services (CASH) across Nottingham City and Nottinghamshire County (South).

2. Background and Context

- 2.1 As part of the TCS process a robust procurement exercise took place for community sexual health services. This culminated with the transfer of services to NUH on 1 April 2011. Appendix 1 denotes the bundle of sexual health services transferred from the local PCTs to NUH with descriptions and locations of each service. When the contract was awarded, NUH committed to delivering added value through better integration of community and hospital-based sexual health services, streamlining governance arrangements, integrated staff training/deployment and developing a single IT system.

NUH has been consulting with commissioners, NUH staff and engaging with current patients to develop a proposal for a fully integrated sexual health service model. Due to the complexity and scale of the services the integration of the model has been split into two phases. Phase one will concentrate on core services and phase two will look at specialist targeted services (See Appendix 1).

3. Purpose

- 3.1.1 The main purpose of an integrated sexual health and contraception service is to improve the sexual and reproductive health of the people in Greater Nottingham, reduce the incidence of, and harm caused by, sexually transmitted infections (STI) and reduce the numbers of teenage and unwanted conceptions.
- 3.1.2 Bringing together sexual health services in Nottingham City and Nottinghamshire South will:
- ensure that seamless sexual health care pathways will lead to better patient outcomes
 - extend the provision of advice on and prescription of contraception to all patients accessing sexually transmitted disease services
 - extend the provision of STI testing to those accessing contraception services
 - facilitate a “one stop shop,” holistic model service with a centralised booking system for patients whose needs can be addressed in one visit
 - develop specialist hubs within the service model providing immediate advice, support and facilities for onward referrals
 - develop robust clinical governance frameworks with a single performance management framework

4. New Integrated Sexual Health Model

- 4.1 The proposed integrated sexual health service model will incorporate a unified management structure and provide specialist services at both the City Hospital Campus hub and the Victoria Health Centre hub (Appendix 2 indicates the national definition of sexual health services). Key community hubs have been identified primarily in LIFT joint service buildings (Local Improvement Finance Trust) and where these are not available an alternative community network model will be considered. In addition to the community hubs and networks, bespoke clinics and federated groups of GP practices will offer sexual health services (Appendix 3 details diagrammatic representation of the new proposed integrated model).
- 4.2 To deliver the new model, current services will developed and/or rationalised to reflect both sexual health needs(as illustrated by public health data on sexually transmitted infections rates and teenage conception/termination) and current patient demand from the local population.
- 4.3 Current service levels will be maintained however service delivery may be re-designed for example or changes made to location, days of the week, and timings as appropriate to needs. Services will be realigned using demographic data and the best available evidence on need and demand for these services to target for those currently not accessing sexual health services and making the most efficient use of current resources. Appendix four demonstrates some of the information being used to map provision with teenage pregnancy rates within the proposed clinic locations. There will be emphasis throughout on the efficiency of the services provided, so that the limited resources can be used to bring about the greatest improvements to sexual and reproductive health. Any such changes will only be made after due engagement and consultation with the local population.

5 Current Service User Engagement

- 5.1 As part of developing the new sexual health integrated model patients were consulted via a patient survey to ascertain current service users' views on the service provision. The findings from the survey concluded that current users would welcome integrated GUM and CASH services in one place. In relation to location of services, whether patients preferred appointments or drop in and timing of clinics, there was no clear preference, and those surveyed liked the current mixture provided. Appendix five demonstrates results from the NUH patient survey.
- 5.2 In addition, a review of formal complaints from the last 12 months from all elements of the service was undertaken which showed no major themes or areas of concern but numbers were minimal with only 4 complaints received.

6. Next Steps

- 6.1.1 Nottinghamshire County Clinical Commissioning Groups (South), Nottingham City Clinical Commissioning Group (CCG) and NUH plan have developed an engagement plan to consult on the integration of sexual health services (Appendix 6.). The engagement plan will ensure that the views of current service users' and people who have needs but are not accessing services contribute to a transparent decision making process on developing a new model and configuring services locally.

7. Recommendations

The joint health scrutiny committee is asked to:

- Support the proposal to integrate sexual health services in Nottingham City and Nottinghamshire County (South) for the reasons stated in 3.1.
- Consider the draft engagement plan and support the proposed engagement model that will enable the service improvements implementation to be based on patient's needs and wants.

Lead officer contact details:-

<p>NHS Nottingham City</p> <p>Deborah Hooton Head of Joint Commissioning Children and Families Nottingham City GP Consortia deborah.hooton@nottinghamcity.nhs.uk Direct Line: 0115 883 39501</p>	<p>NHS Nottinghamshire County</p> <p>Tracy Burton Senior Public Health Manager NHS Nottinghamshire County tracy.burton@nottspct.nhs.uk Direct line: 01623 673143</p>
<p>Nottingham University Hospitals NHS Trust</p> <p>Sally Forster Assistant General Manager Sexual Health Services and Infectious Diseases DIRC Directorate Sally.Forster@nuh.nhs.uk Tel No. 0115 9691169 Ext 55324</p>	<p>Nottingham University Hospitals NHS Trust</p> <p>Immy Ahmed Head of Service, Sexual Health and Infectious Diseases. Nottingham University Hospitals, City Hospital Campus I.Ahmed@nuh.nhs.uk Tel: 0115 9627951</p>

Appendix 1 – Bundle of Sexual Health Services transferred

Service Name:	Service Description:	Service Location:	Funding Source and Phase
CASH (Core Service) Nottingham City	Contraception , sexual health and community gynaecology services for advice screening and treatment for patients registered with GPs in NHS Nottingham City	Victoria Health Centre and a number of local peripheral Clinics e.g. Bulwell, Mary Potter, Clifton, Strelley, Radford Health Centres.	Nottingham City PCT Phase 1
CASH (Core Service) Nottinghamshire County	Contraception , sexual health and community gynaecology services for advice screening and treatment for patients registered with GPs in NHS Nottingham City and South County	Victoria Health Centre and a number of local peripheral Clinics e.g. Arnold, Beeston, Eastwood, Kimberley, West Bridgford Health Centres	Nottinghamshire County PCT Phase 1
Young Peoples Outreach Service	Integrated contraception and sexual health services within community and primary care settings focussing on services that are accessible to young people (14 to 24yrs) most at risk of poor sexual health who are registered with GPs in NHS Nottingham City	Sites across Nottingham City linked to teenage pregnancy hot spot wards which are accessible to young people e.g. Bilborough College, New College Nottingham sites, Youth Offending Team	Nottingham City PCT Phase 2
Sexual Health Outreach (SHOT)	Information on contraception, asymptomatic health screening, appropriate symptomatic screening and management of STIs and referrals/signposting to other sexual health services for high risk and vulnerable groups (15 to 24 yrs) who are registered with GPs in NHS Nottingham City	Multiple sites across Nottingham City plus additional clinics delivering to Prostitute Outreach Workers, Women's refuge, Health Gay Nottingham and other high risk target groups.	Nottingham City PCT Phase 2
C Card Condom Service	Service provision to increase the availability, accessibility and acceptability of condoms to patients registered with GPs in NHS Nottingham City aged 13-24 years	Multiple sites across Nottingham City linked to teenage pregnancy hot spot wards which are accessible to young people	Nottingham City PCT Phase 2
Chlamydia Screening Office	To co-ordinate the Nottingham City Chlamydia screening and prevention programme and ensure that an accessible community based programme is provided for patients registered with GP in NHS Nottingham City.	A range of suitable community venues with acceptable access times for the target client groups	Nottingham City PCT Phase 1
Base 51 Medical Service (prescribing Nurse and health Information	To improve health services provided to vulnerable young people aged 12-25yrs, who are marginalised as a result of being e.g. In/leaving care; homeless; teenage parents etc, and	Base 51	Nottingham City PCT Phase 2

Advisor)

are resident or registered with a Nottingham City GP.

Healthy Gay Nottingham

To improve and promote the health of gay and bisexual men, focusing on HIV prevention and STIs and homophobic bullying patients registered with GPs in NHS Nottingham City and South County

Appropriate sites across Nottingham City to include clinic sessions and outreach provision targeting this group.

Nottingham City PCT and Nottinghamshire County PCT

Phase 2

Appendix 2 National Strategy Definitions for Universal, Specialist and Highly Specialist Sexual Health Services

Universal:

- Sexual history-taking and risk assessment
- Asymptomatic STI screening and treatment of asymptomatic infections (excluding syphilis) in men (excluding MSM) and women
- Simple Partner notification of STIs or onward referral for partner notification
- HIV testing
- Point of care HIV testing (where available)
- Pregnancy testing and referral
- Referral for termination of pregnancy
- Contraceptive information and provision, including combined hormonal contraception, progestogen only pill, Depo Provera, male and female barrier methods
- Contraception information
- Condom distribution
- Sexual health promotion
- Screening and vaccination for hepatitis B (when refrigeration available)
- Assessment and referral for psychosexual problems
- Cervical cytology and referral
- Emergency contraception (including the option of emergency contraception for women who have been sexually assaulted, prior to referral to Level 3)
- PEPSE assessment
- Sign posting to appropriate sexual health services
- Chlamydia screening for men and women under 25 years

Specialist:

Incorporates universal plus:

- Provision of intrauterine device insertion, including IUDs and IUSs
- Contraceptive implant insertion and removal
- Provision of training for Level 1 contraceptive and sexual health services
- 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, pharyngeal
 - Pregnant women (except those attending TOP services)
- Genital ulceration other than uncomplicated genital herpes (including herpes in pregnancy – for immediate treatment then referral to Level 3)

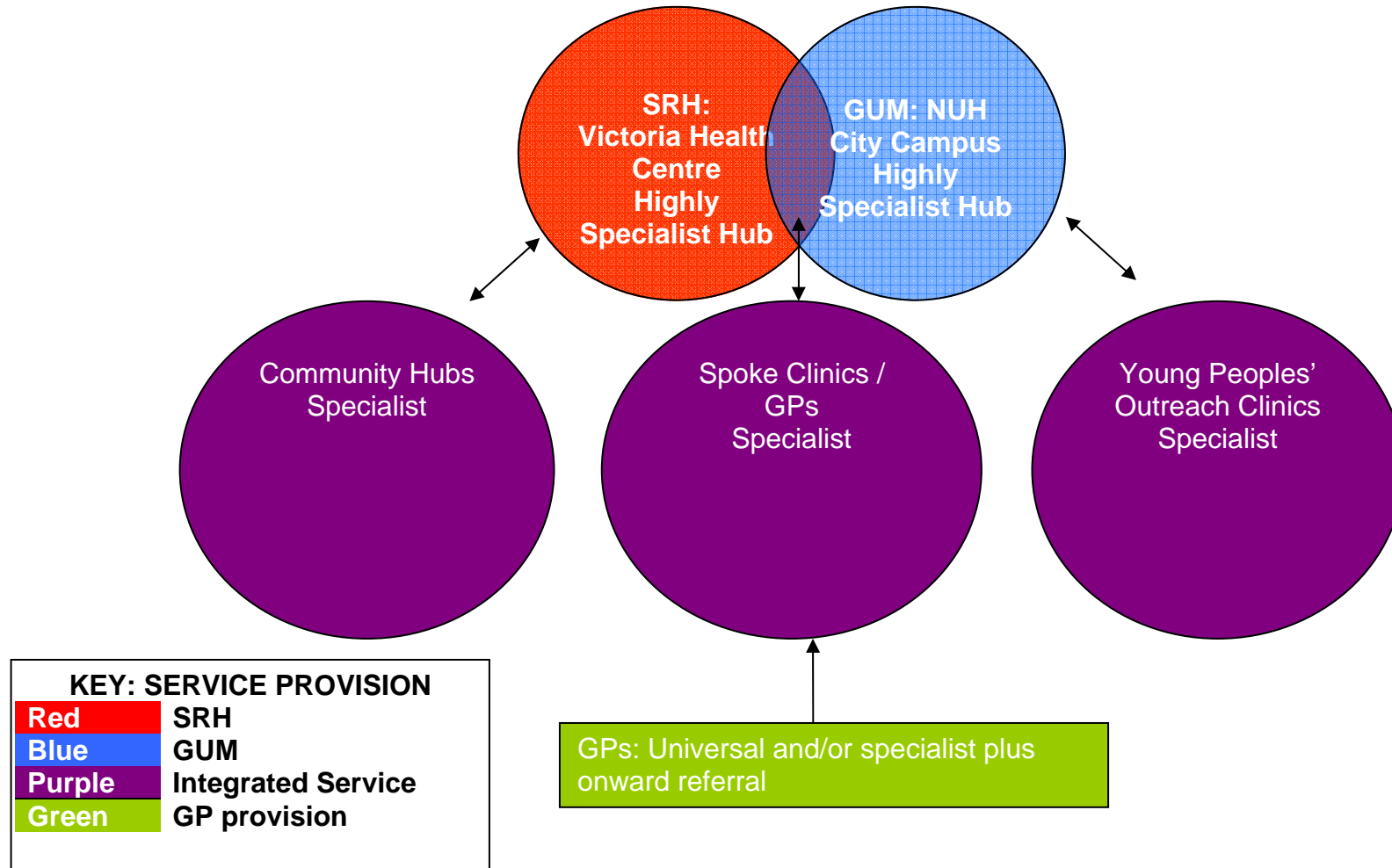
*PID in women may be assessed and treated if sufficiently trained (i.e. staff experienced in bimanual palpation) staff present on the day.

Highly Specialist:

Incorporates universal and specialist plus:

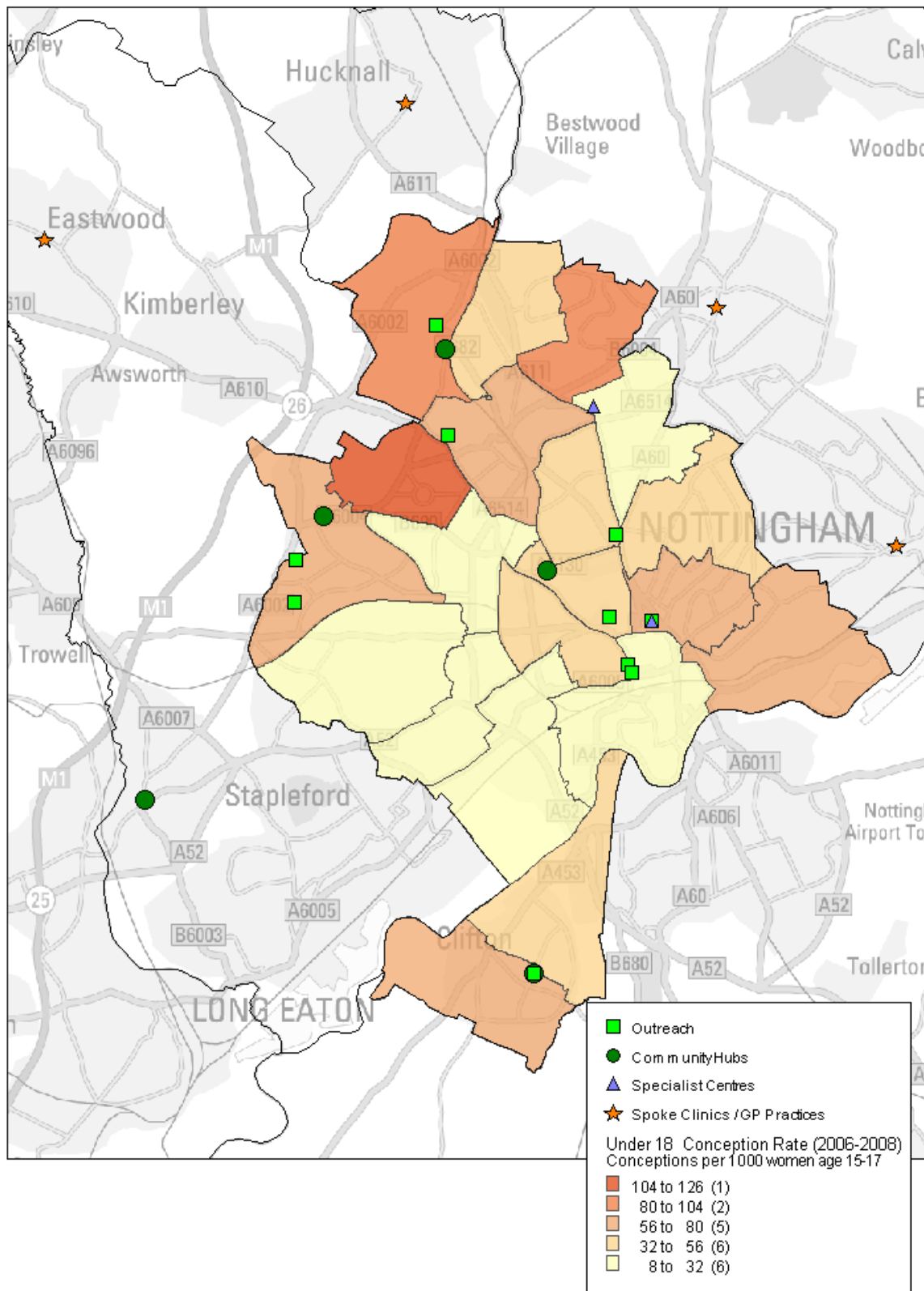
- Specialist level; responsible for supporting provider quality, teaching and training and clinical governance (e.g. Support for GPs and pharmacists via networks).
- STI outreach
- Contraception outreach
- STI testing and treatment of MSM
- STI testing and treatment of men with dysuria and genital discharge
- Testing and treatment of STIs at extra-genital sites
- STIs with complications, with or without symptoms
- STIs in pregnant women
- Recurrent or recalcitrant conditions (inc BV, candida, herpes, some genital dermatological conditions etc)
- Management of Syphilis
- Treatment and Care of HIV
- Tropical STIs
- PEPSE provision and follow up
- Complex Contraception and Gynaecological assessment and management (including lost IUDs, deep implant removals and TOP service)
- Training for Level 1, 2 and 3 Sexual health, Contraception and HIV care.

Appendix 3 Integrated Model - (Phase 1)



Appendix 4

Map of proposed Integrated Sexual Health Services with ward level teenage pregnancy rates



Appendix 5 NUH Sexual Health Review Pre-change patient survey August 2011
Author: Alison Cargill, Matron

Introduction

In line with changes brought about by Transforming Community Services (ref), the 1st April 2011 saw a move to bring together GU Medicine and CASH services together under the management of Nottingham University Hospitals NHS Trust. This means for the first time we are able to look, as one, across the health community at the best and most effective way to provide sexual health services. In light of these changes a review was commissioned by the Nottingham City and Nottinghamshire commissioners, resulting in a proposal outlining how these services will be provided in the future.

With this in mind the Sexual Health review steering group commissioned a survey to look at what our current service users currently value in relation to their choice of service.

The survey

Responses

81 questionnaires were returned. Of those:

40.7% completed by attendees of CASH/Young Peoples Services (Base 51, CASH Saturday clinic, KISS and Club One)

24.6% completed by attendees of GU Medicine, City Campus

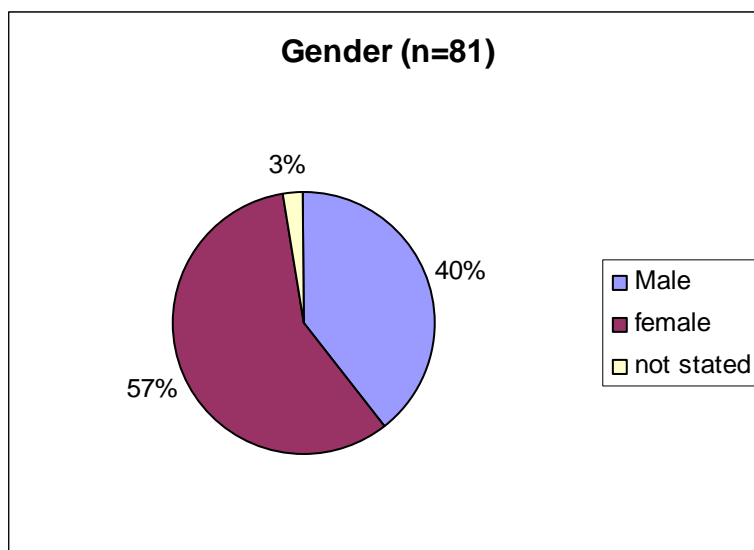
13.5% completed by attendees of SHOT

12.4% completed by attendees of GU Medicine community clinics

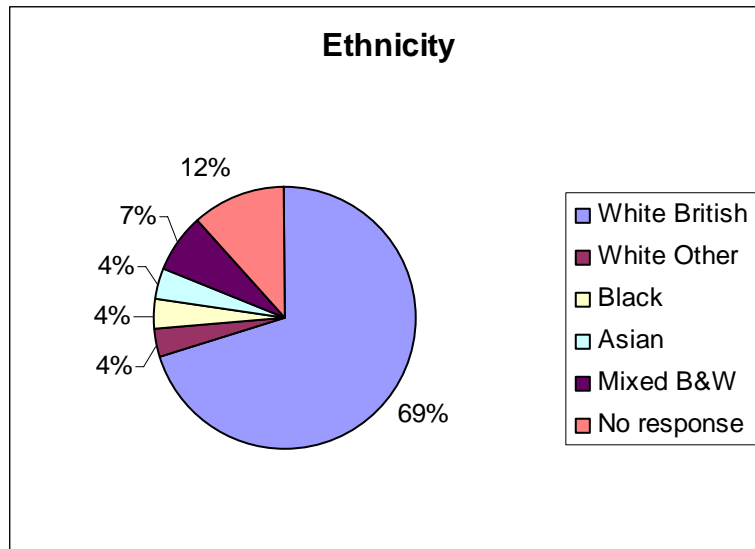
8.6% completed by attendees of HGN

Demographics:

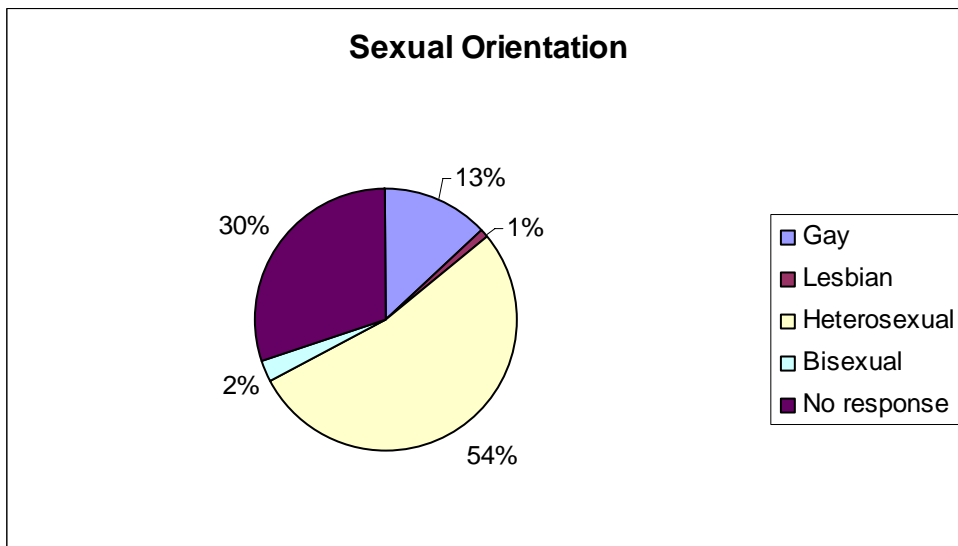
Gender



Ethnicity

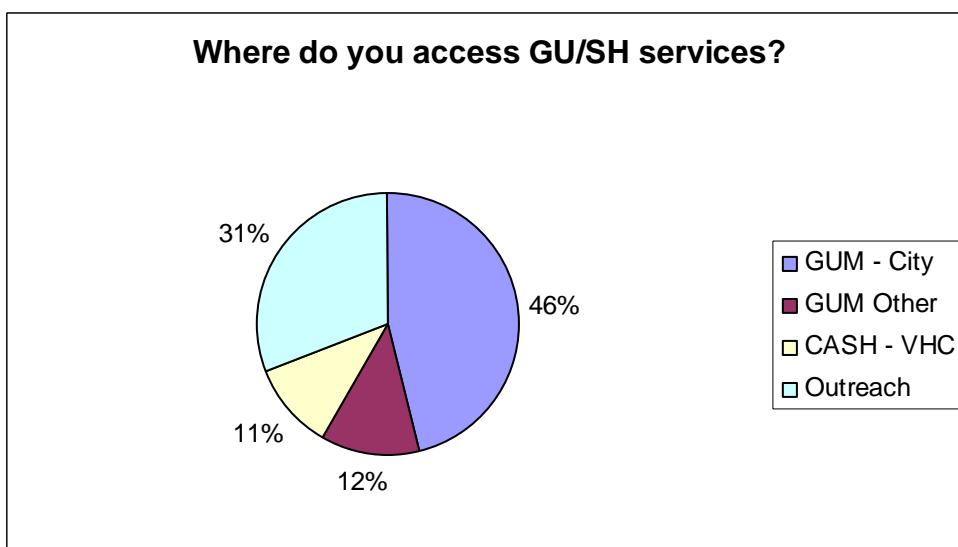


Sexual Orientation

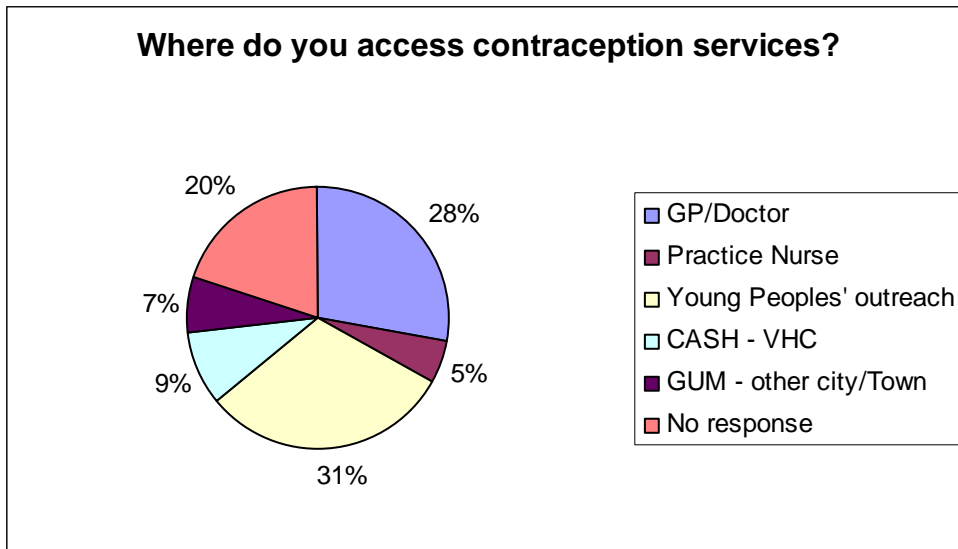


About the Services Patients Currently Use...

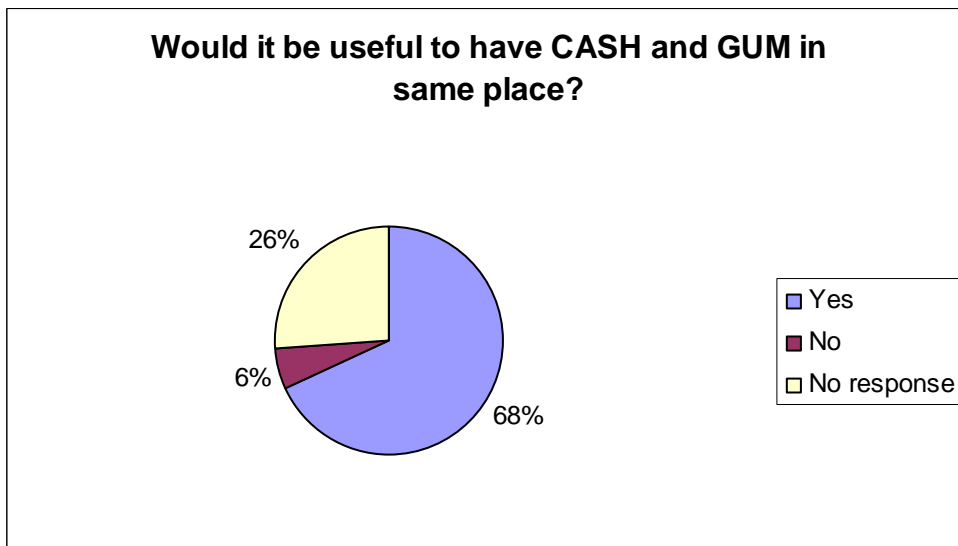
1. Where do you currently access GUM services?



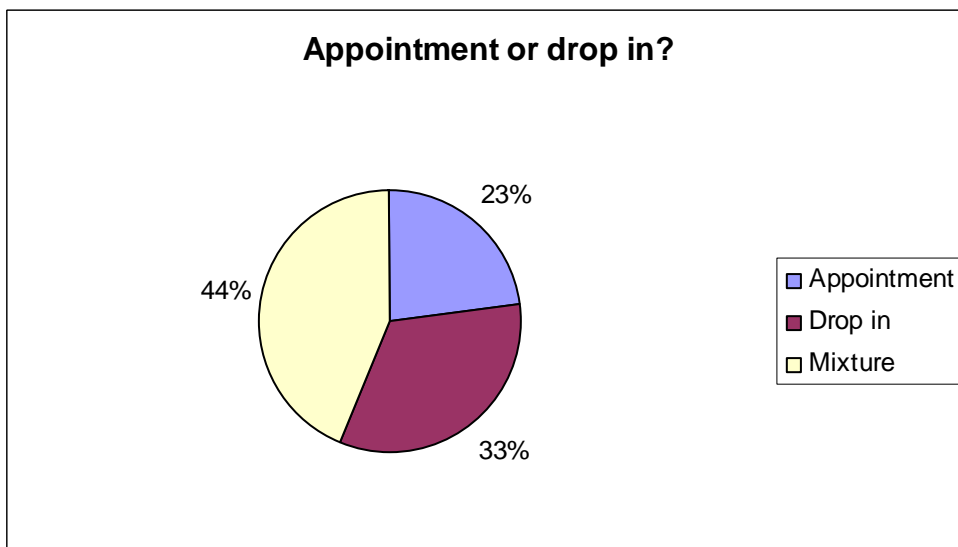
2. Where do you currently go to access Contraception Services?



3. Would it be useful to have both GUM and CASH services in the same place?

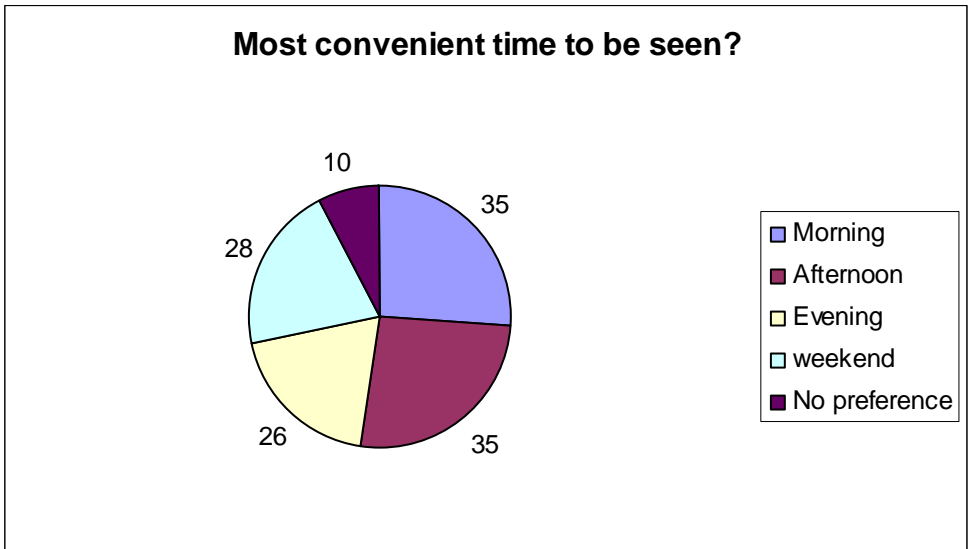


4. Would you prefer to have a booked appointment or a 'drop-in/walk-in service'?

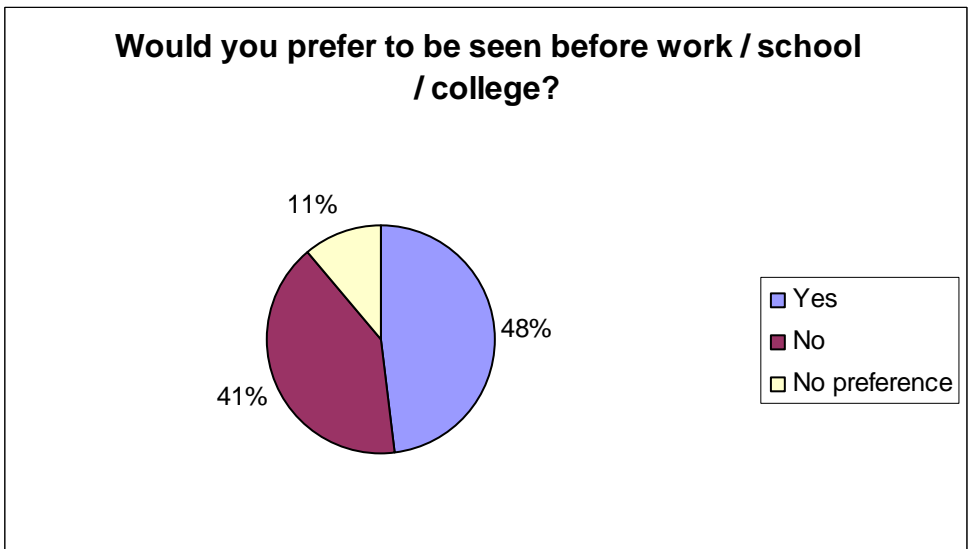


5. Which times are the most convenient for access to these services?

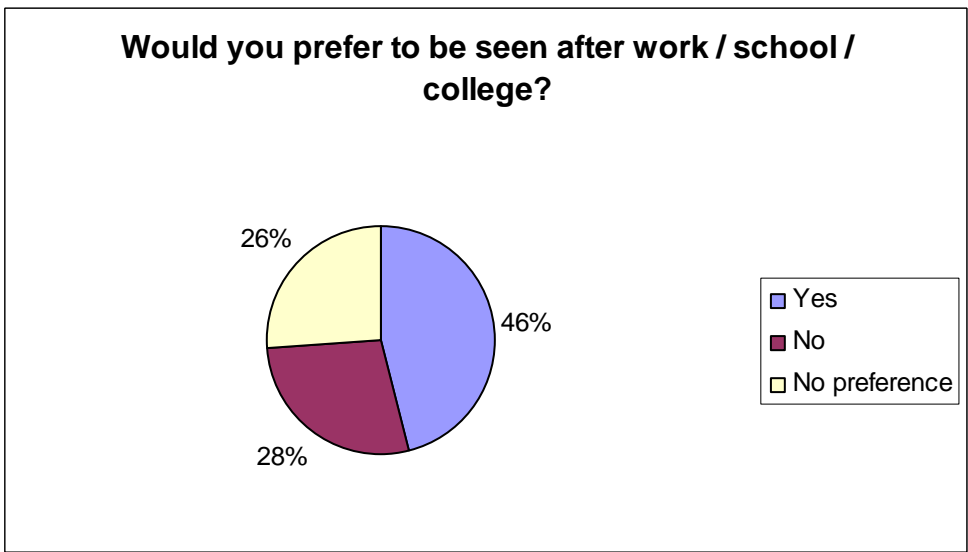
(Respondents gave more than one answer)



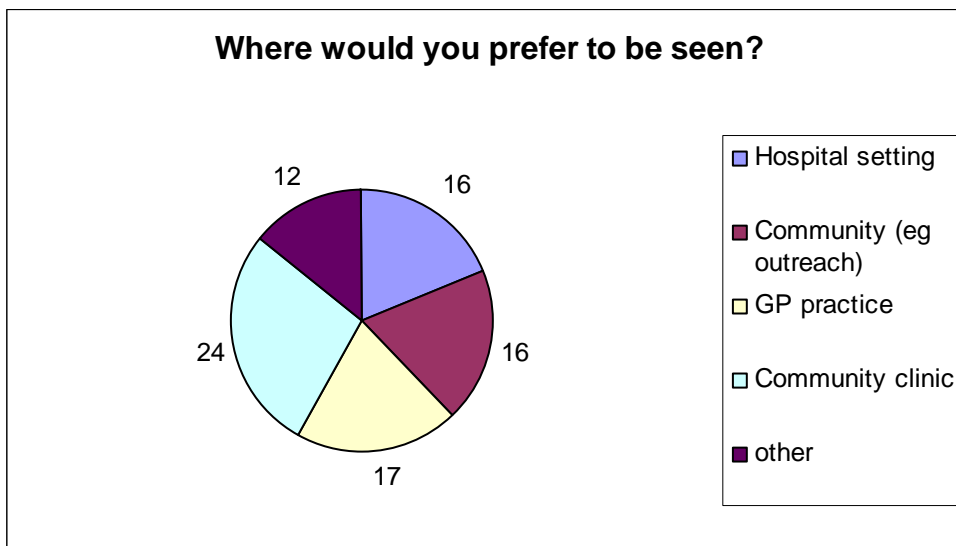
6. Would you prefer to be seen before work / school / college?



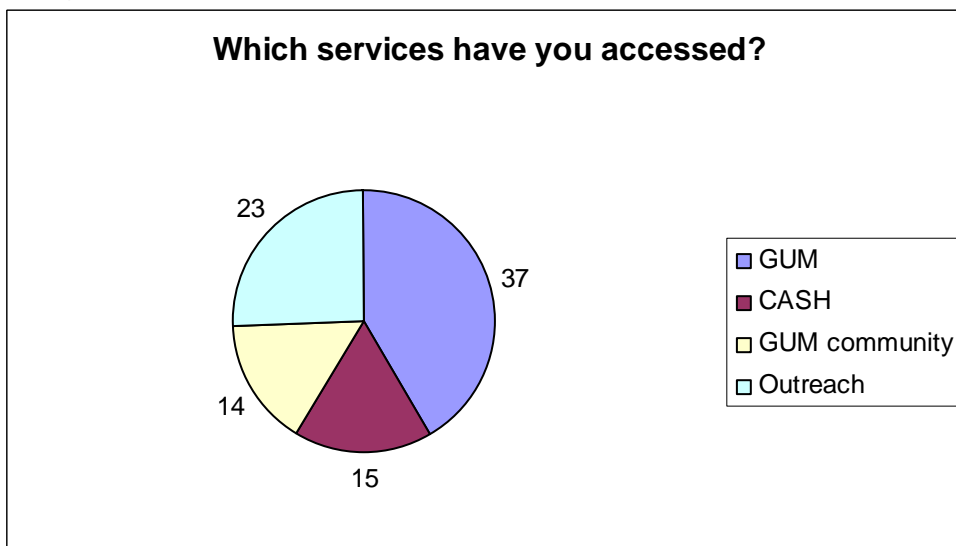
7. Would you prefer to be seen after work / school / college?



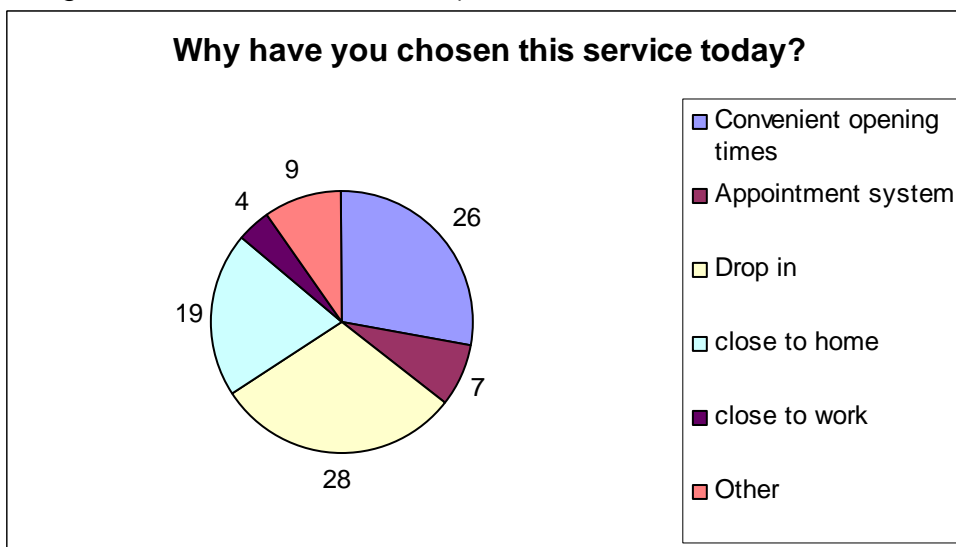
8. In what location would you prefer to be seen?
 (Respondents gave more than one answer)



9. Which of the services have you accessed?
 (Respondents gave more than one answer)



10. Why have you chosen this particular service today?
 (Respondents gave more than one answer)



Comments.....

- I like Base 51 because they offer a friendly, confidential service and I can see other workers at the same time” (Base 51 attendee)
- The service was very good, but they do need to answer the phone for an appointment service
- It was scary going to GUM – I didn’t go when I was supposed to (Young Peoples’ clinic attendee)
- I have been told that GUM is the best place to go for accurate information, and I was pleased with the help, the procedures and advice” (GUM attendee)
- I would really support GUM and CASH to be combined! (Young peoples’ clinic attendee)
- As I live in Clifton, this community clinic is fab” (GUM Community clinic attendee)
- I like coming as I know the staff and it is exclusive for gay men
- It’s easier to get to the city centre and no one knows what I am going in for, GUM is too hard to get an appointment, the times aren’t convenient for me, and everyone knows what you are going for” (SHOT attendee)
- It’s the first time I have attended a GUM community clinic and I found it to be most satisfactory with pleasant staff who were able to put me at ease” (GUM community attendee)

**NHS Nottingham City, NHS Nottinghamshire County and
Nottingham University Hospitals Trust**

**Sexual Health Service Review:
Engagement on Proposed Integrated Model**

Document Version Control:

Version	Date amended	Amended by:
V1	Created 26/10/11	Created by Tracie Baker, Engagement Co-ordinator, NHS Nottingham City CCG
	31/10/11	Reviewed and approved by NHS Nottingham City, NHS Nottinghamshire County and Nottingham University hospitals

November 2011

Background

In line with the transforming Community Services (TCS) process, a robust procurement exercise took place for community sexual health services, which were transferred to Nottingham University Hospital (NUH) on 1 April 2011. At this time, the provider committed to delivering added value through better integration of community and hospital based health services, streamlining governance arrangement, integrated staff training / deployment and developing a single IT system.

The provider, NUH, has been working with commissioners and engaging with current patients to develop initial proposal for a fully integrated sexual health service model. Due to the complexity and scale of the services, the integration of the model has been split in two. Phase one will focus on core services, and phase two will focus on specialised targeted services.

Aim

To ensure the integrated sexual health model is fit for purpose delivering services in locations, venues and times appropriate to patients needs.

Key Objective

The key objective of this engagement plan is to seek the views of current service users, non service users and other stakeholders in relation to services times and locations to inform the development of the integrated sexual health model.

Stakeholders

- Clinical Commissioning Groups (Nottingham City, Nottingham West, Principia Partners in Health and Nottingham North & East)
- Patients and carers
 - Current
 - Potential / future
 - Targeted
- Joint Health Scrutiny Committee
- Nottingham City Patient Panel (Citizens' Health Panel / Patient Experience Group)
- Nottinghamshire County Patient Panel (Take a Healthy Interest)
- Nottingham University Hospitals Patient Panel (Foundation Trust Membership)
- General Practitioners
- Pharmacists
- Public Health Teams
- City / County Councils (Health & Social Care)

- Other community healthcare professionals (e.g. health visitors)

Communications

There is to be continual communication throughout the engagement process to all public, stakeholder and key target groups. This communication will take place in numerous formats:

Internal

Regular articles are to be produced for inclusion in:

- Internal staff newsletters
- Internet / intranet
- Partner agency newsletters

External

Regular articles, key messages and promotion of the activity are to be produced and promoted via:

- Media (including local newspaper features, local radio, and other relevant public relations mechanisms)
- E-communications (including all involved party's websites, and web-links sent out as wide as possible to encourage on-line feedback)
- Events (at least three events are to be planned with availability to attend and present at meetings as and when required)

Engagement Planner

- The engagement process will take place over a 3 month period commencing in January and the final report being completed and submitted in March 2011 (this is to take into consideration planning and development of the document and the holiday period).
- All comments / feedback received via the engagement documents, meetings and focus groups will also be used to influence phase two of the process if applicable. This will especially be the case in relation to sexual orientation, age, homeless, and other high risk/vulnerable groups.

Date	Task	Responsibility	Notes	Progress
Oct / Nov	Presentation of the proposed model to all relevant executive committees			Completed
15/11/11	Present to the Joint Health Scrutiny Committee (including an outline paper and draft engagement plan)		Audience: Nottingham City and County Councillors	

Date	Task	Responsibility	Notes	Progress
November 2011	Develop an engagement document and get final sign off from all parties			
December 2011	Establish an engagement sub-group to co-ordinate all engagement activity and produce the final report. Initial meeting to take place in December.		Membership to include representatives from all parties; representative from the sexual health service	
December 2011	Develop and circulate stakeholder briefing		Include information to go on the website; details of internal communication bulletins; information to be sent out to patient panels; press releases	
January 2011	Upload engagement information onto the websites of each stakeholder			
January 2011	Press release to go out to all relevant media			
January 2011	Briefing to be forward to all relevant parties for inclusion in newsletters (including Self Help Nottingham, Left Lion, etc)			
January 2011	Circulate the engagement document to patients, carers and third sector organisations.		<p>The circulation will include:</p> <ul style="list-style-type: none"> • Future / potential service users • Seldom heard groups • Targeted areas (including sex workers, homeless, young people [especially men and those not in education], young mums/teenage parents, refugee and asylum seekers, substance misuse) • Equality protected characteristics (ethnicity, age, sexual orientation, disability [learning / physical], religion) 	

Date	Task	Responsibility	Notes	Progress
			These groups will vary within the areas and demographic information will be used to assist in the process.	
January 2011	<p>Organise and attend 4 meetings in each area (Nottingham City, Nottingham West, Nottingham North and East and Principia Partners in Health) to enable face-to-face discussion on the proposed model.</p> <p>Invitations will be sent out to patients, carers and third sector representatives.</p> <p>Facilitation of the meeting will be discussed and agreed by the engagement sub-group.</p>			
January 2011	The engagement document be sent out to members of all patient panels within each stakeholder organisation.		An opportunity to attend the above event will be included.	
January 2011	Offer of focus groups to be made if required with targeted groups (including HIV/AIDS, sex workers, etc)			
February 2011	Focused engagement to be carried out in areas of potential clinic relocation or rationalisation (these areas are yet to be decided)		NUH to review clinic uptake and inform all stakeholders of potential clinic relocation / rationalisation	
February 2011	Focus group to be undertaken with Nottingham Trent University and Nottingham University students			

Date	Task	Responsibility	Notes	Progress
March 2011	Engagement sub-group to meet to discuss the outcomes of the activity and to agree the format of the report.		Report to include the engagement that took place, and the revised proposed model (amended following the engagement if appropriate)	
March 2011	Report to be presented at all stakeholder executive committees for sign off.			
April 2011	Report to be presented at Joint Health Scrutiny Committee			