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Information Document



# Sexual Health

## Wolverhampton Sexual Health Consultation

### Information Document

3rd November 2014 - 31st January 2015

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### **Introduction**

In Wolverhampton we are committed to supporting all residents to live a healthy sexual and reproductive life, free of discrimination, regret, coercion and violence.

To achieve this we want a joined-up, integrated, sexual health system which provides good quality services, supports health promotion and prevention and value for money. This proposed new system will support people in making informed, confident choices and will especially focus on those people who are vulnerable.

This document sets out Wolverhampton's Public Health intentions for a local sexual health system. It has been designed so that you understand the reasons why we need something different, what the needs of Wolverhampton are, and a proposed sexual health system which we would like to consult the public and key stakeholders on.

### **Background**

In March 2013, the Department of Health published 'A Framework for Sexual Health Improvement' which set out the national ambition for good sexual health. It provides a comprehensive package of evidence, interventions and actions to improve sexual health outcomes.

Sexual health can affect a person's physical and mental wellbeing. Some consequences of poor sexual health include:

- Un-planned pregnancy, especially teenage parenthood, reduces the life chances of young people, and their children
- Sexual exploitation may lead to life-long mental wellbeing problems
- Sexually transmitted infections (STIs) can cause long term and life threatening complications, including infertility
- Bullying and discrimination can occur on the basis of sexuality
- Late diagnosis of human immunodeficiency virus (HIV) leads to avoidable serious illness and premature death as well as increased infection rates

Sexual health is one of the five key national priority areas for public health. Our strategic vision is informed by the latest national policy and clinical guidelines. The key aims for Government are to improve the sexual health and wellbeing of the whole population by:

- Reducing inequalities and improving sexual health outcomes
- Building an honest, open culture where everyone is able to make informed and healthy choices about relationships and sex
- Recognising that sexual ill-health can affect all parts of society but particularly the most vulnerable

### What local data tells us?

Wolverhampton 2013/14 sexual health review data identified particular needs about our population, these include:

- Wolverhampton's rate of teenage pregnancy is 42 per 1,000 population. Despite this being a significant improvement, rates still remain above the regional (32 per 1,000) and national averages (28 per 1,000)
- The rate of teenage pregnancy varies by more than four times across the city
- Almost 1 in 10 births to young women under 18 years are the result of a repeat pregnancy
- Abortion rates in Wolverhampton are consistently higher than the national average
- Wolverhampton's chlamydia positivity rates are higher than regional and national rates
- The high rate of pelvic inflammatory disease (PID) which can be caused by un-diagnosed chlamydia
- Gonorrhoea infection rates for Wolverhampton are still markedly above the West Midlands and England average
- Almost 60% of HIV diagnosis is considered late
- Attendance at GUM and subsequent chlamydia infection diagnosis suggest over representation of the more deprived population and certain minority ethnic groups
- Activity rates for long acting reversible contraception (LARC) vary amongst GP's suggesting there is no common approach, however, differences could be due to proximity of services
- The highest numbers of emergency hormonal contraception (EHC) were prescribed to 16-24 year olds and young people in the most deprived areas of the city
- Overall, there appears to be an inconsistent offer of sex relationship education (SRE) lesson delivery across primary, secondary and special schools, creating inequalities
- School nursing had 2090 "drop-in clinic" contacts in school with young people regarding sexual health issues which indicates that this is an issue of concern for young people and a high demand on the school nursing service, which it currently struggles to meet
- A post-partum audit conducted on 354 maternity patient notes highlighted 25% were considered to be classed as vulnerable and that additional resources are required to ensure vulnerable women access post-partum contraceptive advice

### Current service provision

- The Royal Wolverhampton NHS Trust provide Contraception and Sexual Health (CaSH) Services which are based in the city centre, with three satellite clinics offered at two college sites and Bilston Health Centre
- The Royal Wolverhampton NHS Trust provide Genito-Urinary Medicine (GUM) based at New Cross Hospital which delivers testing and treatment of STIs and treatment for HIV
- Fifty three GPs have separate contracts that provide inter-uterine device (IUD) and implants, 46 GP's provide IUD and 36 GPs provide implants and 21 GPs provide both
- Emergency Hormonal Contraception (EHC or 'morning after pills') are available at 36 pharmacies out of 64
- HIV prevention for people is offered through the Terrance Higgins Trust, providing point of care testing (POCT) particularly targeting individuals who are vulnerable
- We also have a chlamydia screening programme, (as part of the national programme) which is commissioned in partnership with Sandwell and Dudley and delivered by BROOK

Public Health spends approximately 22% of its budget on sexual health, of which the majority is spent on treatment. The proposed model will aim to address this by developing a sexual health system that focuses on promotion and prevention. It will achieve this by promoting access for earlier diagnosis and reduce repeat treatment episodes for sexually transmitted infections.

## Section 2- New Proposed Model

### New proposed sexual health system

#### Overview:

The planned changes are based on national research, new standards and local need. It is proposed that the services are remodelled into a city-wide 'sexual health system'. The rationale is to increase access to services and make every contact count. Nationally, the steer is for a model of one main hub with spokes in the community where contraception and treatment for sexual infection will be available at any of these sites, at the same time. In the main hub, all contraception and GUM services will be available for all, including people with complex issues, such as having an STI during pregnancy. Spokes will offer more routine services, such as contraception and basic screening and treatment for sexual infection. It will be underpinned through the promotion of sexual health advice and education, by developing a culture that prioritises prevention and supports behaviour change.

To improve access locally meet local demand, additional services are suggested. All GPs will continue to offer routine services, but some GP practices will become specialists in contraception and treatment for sexual infection, leading to more choices and places to go. Previously "clinic in a box" was offered by youth services and voluntary organisations such as Base 25, Changing Lives and other health professionals (health visitors). This will be rejuvenated as an integral part of providing essential contraceptive and sexual health promotion services in the community through a variety of more 'natural settings' where particularly more vulnerable clients can be served. Pharmacists will also expand some services they offer to include chlamydia screening. One lead provider must ensure all aspects of the services described above are delivered. This includes one overarching clinical governance and risk management framework, quality assurance, contract management, consistent training, clearer service branding marketing and communications. The lead provider will ensure services are delivered by GPs, Pharmacies and any other providers such as the voluntary sector.

#### In more detail:

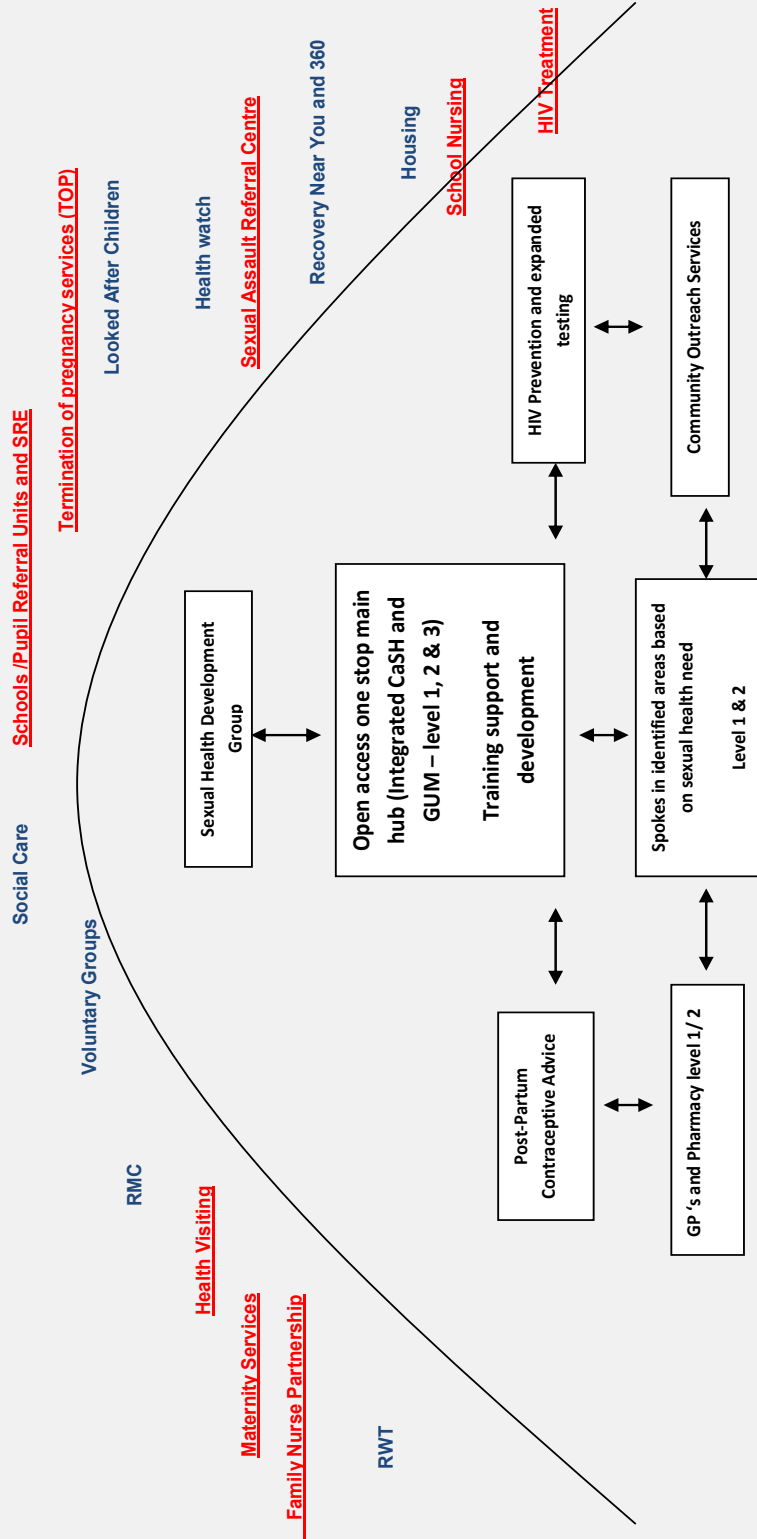
- The model of hub, spokes, GP specialists, community outreach services and expanded Pharmacy services will improve access to sexual health services by providing services in more settings.
- All GPs will still deliver level 1 sexual health services (as part of their General Medical Service (GMS) contract), such as the pill, assessment and referral for (STIs) pregnancy testing and smear tests.
- GP's offering enhanced services will provide long lasting reversible contraception (LARC), HIV testing, Chlamydia screening and treatment, free condoms and lubricant.
- Some pharmacies will also deliver chlamydia screening, condoms and EHC
- One provider will be responsible for all these services which allows for a consistent quality of service through training, standards and governance.
- To develop an approach that supports sexual health promotion and prevention. Information and training will be an essential part of the contract and the lead provider will be responsible for ensuring consistent marketing of all services are communicated through multiple channels.
- More HIV testing in non clinical settings so that people can be treated sooner and their overall health can be improved
- Contraception to be discussed and offered to women following the birth of their child particularly to vulnerable women by midwifery, health visitors and family nurse partnership
- This will be established and supported by a Sexual Health Development Group who will have the responsibility to develop the integrated approach across the sexual health system.

**The location of services** -It will be expected that the main hub and spokes sites will provide integrated sexual health interventions from level 1-3 as defined by the Faculty of Sexual and Reproductive Healthcare (FSRH). The providers will need to map the locations based on local service activity, demand and suitable sites within the finances on offer. The diagram over-leaf explains how the sexual health system will work as a whole. It shows the elements that will be delivered (highlighted above) and the important links with other services.

# Section 2- Proposed sexual health system across the life-course

## The new proposed model

### Proposed sexual health system across the life-course



Service information through various mediums and targeted health promotion

\*Blue services- Are examples of out of scope services but highlights inter-dependencies and information flow links that are required to be developed by the lead provider

\*Red Services- Are examples of direct pathways that will need to be developed by lead provider

## Section 2- Proposed Sexual Health Model

### INTEGRATED CASH AND GUM

- **Level 2&3** interventions as well as complex STI's, HIV, complex contraceptive need, ToP advice & referral, specialist health promotion, psycho-sexual therapy
- Training for all staff delivering sexual health interventions including quality improvement & evaluation
- Integrated pathways with key services (i.e.; maternity, school nursing, SARC) particularly to vulnerable groups

### PRIMARY CARE

#### **LEVEL 2 GPs – Enhanced Services**

Sexual history/risk assessment, testing and treating STI's, IUD/IUS and implant insertion, management & referral of psycho-sexual problems, targeted HIV testing, Condoms and lubricant

#### Level 2 - Pharmacy

EHC, condoms and lubricant, chlamydia screening

#### Level 1 - GPs

(This will continue to be contracted by NHS England- Standard General Medical Service Contract)

Assessment and referral for STI, oral hormonal contraception, information about the range of contraception available, cervical cytology screening, pregnancy testing and advice about sexual health promotion & STI's and EHC

### UNIVERSAL

Advice, information, education support, choice, promoting sexual health confidence through the life course

### Commissioning Intentions

There are practical reasons for remodelling and procuring current services. These are: Wolverhampton is a changing city, our population has changed and we have better information about treatment, technology and good practice. Therefore we have a duty to ensure services reflect these changes.

We have an obligation to ensure that we get a good quality service at a good price from public funds. Retaining the status quo would not be an option because the Council is bound by a number of regulations, not least its own Constitution and EU Procurement Laws. The principles of these ensure that we are seen to be open fair and transparent in all contracts we authorise. It is advised that we test the market (tender) in order to demonstrate this, particularly for a project of this magnitude. Therefore the only option would be to re-tender through a competitive process.

Sexual health costs approximately 3 million pounds a year therefore is well over EU procurement threshold, anything above that requires advertisement as specified through EU Law.

### Desired outcomes

The Public Health Outcomes Framework 'Healthy lives, healthy people: Improving outcomes and supporting transparency', sets out a vision for public health, in terms of desired outcomes and the indicators that will help understand how well public health is being improved and protected. There are three public health outcomes directly related to sexual health, we have also included some of our own local outcomes to help us improve the population's sexual health. These include:

- Reduce individuals presenting with HIV at a late stage
- Reduce number of under 18 conceptions
- Reduce chlamydia diagnosis rate in 15-24 year olds

Local identified outcomes based on sexual health review include:

- Reduce transmission and diagnosis of HIV, STI, and blood borne viruses (BBV)
- Reduce number of initial and repeat abortions
- Promote access for earlier diagnosis and treatment for STI's
- Increased use of effective, good quality contraception
- Reduce number of people repeatedly treated for STI's
- Better access to services for vulnerable groups, including young people
- Increased sexual health awareness by professionals
- Increased targeted sexual health promotion on identified local issues
- Better access to services from high risk groups
- Increase number of vulnerable women receiving a LARC after birth
- Better co-ordinated training so that the workforce is skilled and knowledgeable with significant potential to impact on sexual health outcomes
- The promotion of preventative messages in order to support a culture of positive sexual health and behaviour change

### Next steps – Consultation

As part of the commissioning process a formal consultation will be conducted with the public, service users and key stakeholders because it will help us further plan our approach and service model. We will consider a series of consultation methods and the formal process will commence. Significant work has already been undertaken in relation to service review, user engagement and consultation. These activities form a key part of the annual commissioning cycle required through the national governance framework as well as local planning processes.

The consultation will run from 3rd November 2014 and will continue until the 31st January 2015. Wolverhampton City Council– Public Health department will then collate all the responses that they have received and this will inform the development of the specification. Both the outcome of the consultation and decision will be reported at the relevant board meetings and widely publicised.

The consultation will have a targeted approach to ensure the views and feedback from the current user groups and potential user groups are considered and used to inform the service model. This will include providing a range of opportunities to engage with people who may find it challenging to give feedback.

### Timeline:

Notice of re-commissioning and re-tendering	Commissioning Intentions notified to all current services in October 2014 by Public Health. Notification meeting with providers by Public Health.  Notice will be served in line with contractual requirements and the commissioners will work to minimise any uncertainty about services over the next 12 months.
Consultation	Public, workforce and stakeholder consultation on the proposed model runs from 3rd November 2014 to 31st January 2015
Findings of the Consultation	February 2015  All feedback and views submitted during the consultation will be collated and summarised and fed into the specification. The report will be published and made available to all contributors
Final Service Specification agreed	February - April 2015  The consultation findings will inform the final specification
Information Day	Information Day, PQQ, Invitation to Tender
Post-qualifying questionnaire	PQQ– April-May 2015
Tendering process and contract awarded	April 2015 – December 2015
Start of new Sexual Health Service	April 2016

### Consultation Details:

Visit: [www.wolverhampton.gov.uk/sexualhealth](http://www.wolverhampton.gov.uk/sexualhealth)



## **Section Five: Frequently Asked Questions**

### **What is Public Health?**

Promoting and protecting health and well-being, preventing ill-health and prolonging life for the whole population.

### **Can Local Authorities commission sexual health services?**

From April 2013 LAs are required by regulation to commission the following services; HIV prevention, sexual health promotion, open access GUM and CaSH. This includes services commissioned from GPs and Pharmacies, which are also known as enhanced services.

### **Are Local Authorities responsible for abortion services?**

The Clinical Commissioning Groups (CCG) are responsible for abortion services, however it is important that Local Authority sexual health services link up with abortion services.

### **Do sexual health have to be open access and confidential?**

Yes. Local Authorities are required by legislation to arrange for the provision of confidential, open access, STI testing and treatment contraceptive services. This legislation means that anyone living in or out of Wolverhampton is entitled to use the service.

### **Who is responsible for HIV testing and who has commissioning responsibility?**

LAs are responsible for commissioning population level services to prevent HIV and reduce late diagnosis. This will include all HIV testing programmes in sexual health services and the commissioning of testing in non-clinical settings.

### **Do patients have to be seen within a certain time frame?**

Yes-rapid access to services is important to prevent un-planned pregnancy and swift treatment for people who have an infections or a STI in order to prevent complications and onward transmission.

### **Do Local Authorities have responsibilities for clinical quality and governance in relation to sexual services?**

Yes. The local authority is responsible for ensuring that the services commissioned are safe

### **What can I expect from a sexual health service?**

The new model supports one main provider managing sexual health services from primary care to CaSH and GUM services. The idea is that providers will link together better, providing a better service. This also means that GPs, pharmacies and the Voluntary Sector will be able to offer more, like chlamydia screening, HIV testing and condom distribution in your community. Better information will be provided so you will know who provides what and when. This also means that, given our population needs, people who need extra help will be supported.

### **Does this mean that the current building -THINK at Snowhill will no longer be available?**

Yes-it may mean that building is no longer suitable or big enough to deliver an integrated CaSH and GUM service. Ideally, we would like a centralised location.

### **How will people with additional needs be consulted?**

The consultation will be made available on-line for all groups to access. It will also be distributed to services who work with vulnerable groups. For people from different migrant communities, we will translate posters in the top 6 languages so non English speaking people have the opportunity to be involved.

## Section Six: Glossary

**Abortion** - Termination of pregnancy– the medical process of ending a pregnancy

**AIDS**- Acquired Immune Deficiency Syndrome: the later effects of HIV

**CASH clinic** -Contraception and Sexual Health Clinic: an integrated Family Planning and STI clinic

**Chlamydia**- a sexually transmitted infection (STI) caused by bacteria

**Condom** - A thin latex or plastic sheath placed over the penis (male) or in the vagina (female) to prevent sperm reaching and fertilising the female egg and therefore preventing pregnancy. A condom also prevents the transmission of a STI's

**Contraception**: a range of methods for preventing pregnancy, including use of hormones, surgery and devices

**Commissioning**- is the process by which Local Authorities decide how to spend the money they receive to get the best possible services and outcomes for local people to meet the needs of the community.

**Commissioning Cycle**- is a collective term that describes a range of activities which supports the planning, development, delivery and review of services.

**Emergency Hormonal Contraception** -commonly known as the "morning after" pill. Used to prevent pregnancy after unprotected (without a condom or other form of contraception) sex

**Expanded HIV testing** - to expand HIV testing in clinical and community settings to reduce late diagnosis and undiagnosed HIV infections.

**Family Planning**- term used for managing birth control through contraception or wanting to start a family

**Genital warts** - a viral infection of the genital area

**Genital herpes** - a sexually transmitted viral infection of the genital

**General Medical Service (GMS)** - Services delivered by GPs under the GP contract. This contract is managed through NHS England

**Gonorrhoea** -a sexually transmitted bacterial infection

**GUM**- genitourinary medicine: the diagnosis and treatment of sexually transmitted infections (STIs)

**GUM clinic** -Genitourinary Medicine clinic: also known as sexual health clinic - they provide a range of sexual health services to treat and prevent sexually transmitted infections. Sometimes combined with family planning clinics

**Hepatitis B**– Is a blood borne virus that can be spread by having sex or sharing needles

**HIV**- Human Immunodeficiency Virus: a sexually transmitted virus that attacks the immune system and may lead to AIDS

**Injection (Depo Provera)** - A long acting reversible contraceptive

**IUD: inter uterine device** -T shaped device that is fitted inside the womb to prevent pregnancy

**IUS: inter uterine system** - T shaped device that is fitted inside the womb and releases the hormone progesterone. Used to prevent pregnancy

**LARC: Long Acting Reversible Contraceptives** - A range of "fit and forget" contraceptives which can be used by all women for example implants or depo injection

**Pelvic Inflammatory disease**- (PID) is a term for inflammation of the uterus, fallopian tubes, and/or ovaries as it progresses to scar formation with adhesions to nearby tissues and organs

## Section Six: Glossary

**Point of care testing (POCT)**- These are simple medical blood tests which can be performed in a non-clinical environment

**Post-partum**- is the period beginning immediately after the birth of a child and extending for about six weeks

**Procurement** -is the process of purchasing goods and/or services.

**Screening** - to identify an unrecognised disease in individuals. This can include individuals with pre-symptomatic or unrecognized symptomatic disease. As such, screening tests are somewhat unique in that they are performed on persons apparently in good health.

**Service specification**- is a detailed description of the nature and scope of the service required, the user groups for whom the service, will be provided and the overall purpose and aims of the service.

**Sexual health clinics** - provide a range of sexual health services to treat and prevent sexually transmitted infections. Sometimes combined with family planning clinics-i.e. GUM

**Sexually transmitted infections (STIs)** - infections passed by oral, vaginal and anal sexual contact

**Symptoms**-any feeling of illness, or physical or mental change which is caused by a particular infection or disease

**Syphilis**- bacterial infection that can be passed by sexual contact with an infected person

**Termination of Pregnancy (ToP)**- also known as abortion: the medical process of ending a pregnancy

**Tendering**-is the process of inviting parties to submit an offer to provide goods and/or services by public advertisement, followed by the evaluation of offers and selecting a successful bidder.

**Unprotected sex** - sex without contraception or condom

## **Sexual Health**

**For more information contact:**

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To book on a workshop on either the 3rd or 10th December 2014 contact:

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