

INTEGRATED OPEN ACCESS SEXUAL & REPRODUCTIVE HEALTH SERVICES

A REPORT FOR THE SOCIAL SERVICES, HOUSING & PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

Contact Officers:

Steve Hajioff – Director of Public Health
Sharon Daye Consultant in Public Health
Telephone: 01895 556286

1.0 REASON FOR ITEM

The Committee is asked to note the report on the tender for the new open access Integrated Sexual and Reproductive Health Service – including HIV Prevention and Support Services.

2.0 INFORMATION

Background and Context

- 2.1 Sexual health is a major public health issue. If sexually transmitted Infections (STIs) are left undetected and untreated they may result in serious complications in later life, not only in terms of the individual's reproductive health (ie. pelvic inflammatory disease, which can cause ectopic pregnancies and infertility; cancer eg. cervical cancer), but also in relation to the following:
- Premature delivery of the new born and still births
 - Hepatitis, chronic liver disease and liver cancer
 - Unintended pregnancies and abortions
 - Psychological consequences of sexual coercion and abuse, poor educational, social and economic outcomes for teenage mothers and their children
 - Reduced life expectancy
- 2.2 Investment in sexual and reproductive health services can deliver healthcare savings through preventing unplanned pregnancies and reducing the transmission of STIs, including HIV.
- 2.3 As part of the Health and Social Care Act 2012, responsibility for commissioning sexual and reproductive health services (including genitourinary medicine (GUM), Contraception and HIV prevention and support) that meet residents needs and reduce health inequalities, transferred to Local Government on 1st April 2013.

The contracts for these services were held with three main providers: The Hillingdon Hospital - for the provision of GUM services; Central and North West London Trust - for the provision of contraception and sexual health services (CaSH) and HART (Hillingdon AIDS Response Trust) - for the provision of prevention and support services for residents living with HIV and AIDS.

- 2.4 Overall, the trend for the incidence of sexually transmitted infections (STIs) in Hillingdon is upwards. This, coupled with demographic growth, will lead to an increasing demand for (and therefore cost of) services under current arrangements.
- 2.5 The competitive tender exercise was undertaken because existing contracts for these commissioned sexual and reproductive Health and HIV support services are due to expire on 30th April 2017. In addition, whilst there are adequate sexual health services in Hillingdon, going forward it was recognised that in order to effectively meet the current and future sexual health needs of residents - without year on year cost inflation - services need to be transformed.
- 2.6 Assessment of Need: A sexual and reproductive health needs assessment was undertaken in early 2016. The outputs from the needs assessment have been used to inform the development of a transformed service model for the provision of integrated open access, clinical and non-clinical sexual and reproductive health services (including HIV prevention and support).
- 2.7 Running parallel to the needs assessment, a number of scoping meetings were held with BID¹ to agree a sexual and reproductive health pathway. Other meetings were held with external stakeholders in order to map treatment journeys, to consider the core values for the service, and to agree deliverables and outcomes.
- 2.8 A survey of GUM and CaSH service users was undertaken as part of the needs assessment process, and a limited number of small focus group discussions were held with women attending Children's Centres. The outputs from the surveys and the focus groups were also used to inform the design of the new sexual and reproductive health pathway.
- 2.9 Key Challenges: The key issues and challenges identified for the Council in delivering an integrated, open-access clinical and non-clinical sexual and reproductive service (including HIV prevention and support) were as follows:
- a) **High Risk Groups** – Increasing uptake of early intervention and prevention services amongst high risk groups such as under 18s; adults at risk of STIs and HIV infection, or Black African men and women); Women in their twenties and thirties having abortions and repeat abortions; users of sexual health services who experience repeat STI infections.
 - b) **Vulnerable Groups** – Early identification of individuals who may be vulnerable because of the setting or circumstances in which they live, or because of risks related to behaviour.

¹ BID – Business Improvement Delivery.

- c) **Unreached Groups and Communities** - Some groups find accessing services more difficult because of concerns regarding stigma or other service limitations (e.g. LGBT groups), or may be at additional risk of exploitation because of life circumstances (e.g. people with mental health difficulties, learning difficulties, people with learning disabilities, victims of sexual assault or domestic violence and/or trafficking).
- d) **Discontinuation of Long Acting Reversible Contraception** – Clearer understanding of the duration, variable uptake, removal rates of Long Acting Reversible Contraception (LARC) across the Borough.
- e) **Early targeted prevention and intervention** - Early intervention and prevention is key to reducing the number of high need interventions, repeat attendances to GUM clinics and repeat abortions, which will help to prevent high risk groups from developing more complex problems:
 - Targeting 'unreached communities' and those adopting 'risky' behaviours/ making 'risky' lifestyle choices;
 - Improving approaches to harm reduction (i.e. in relation to the use of New Psychoactive Substances (NPS) also referred to as club drugs, legal highs).
- f) **Male service users** - The existing community sexual health service is predominantly used by women, and so is perceived to be a service for women. Evidence suggests that young men are unlikely to actively seek out information or advice on sex. This needs to be addressed.

2.10 Stakeholder Event: A stakeholder event was held for local partners. The event included a presentation on the sexual and reproductive health needs assessment and commissioning intentions for sexual and reproductive health services, including HIV prevention and support. Stakeholders were informed of the BID work undertaken with internal and external partners, as well as consultations with service users / residents and what they were saying about the services. Comments and views from the event were considered and incorporated into the tender documentation.

2.11 Market Warming Event: A 'market warming' event for providers was held in June 2016. Both current and prospective service providers participated and officers presented the sexual and reproductive health needs assessment, commissioning intentions, aspirations, principles, values and challenges. The discussion focused on proposed service models, outcomes and payment structures.

2.12 Equalities Impact (EIA) and Health Impact Assessments (HIA): An EIA and HIA was undertaken on the specification for the new service model. A limited number of potential negative impacts were identified, but mitigation was identified to address the issues raised.

3.0 TENDER PROCESS

- 3.1 The competitive tender exercise commenced in September 2016. Although the market for the provision of these services remains relatively undeveloped, a number of expressions of interest were received and finally two service providers completed and submitted tender responses. The first was from Central and North West London NHS Foundation Trust (CNWL). The other was from London North West Health Care NHS Trust (LNWH). Both providers had adopted a 'prime provider' model.
- 3.2 The evaluation of the tender responses was carried out by the methodology given within the tender documents. Tenders were assessed on suitability, compliance, capacity, quality and value. The weighting ratios for the evaluation were Quality - 40% and Value - 60%.
- 3.3 London North West Healthcare, has been awarded the contract for the provision of the new open access 'Integrated Clinical & Non-clinical Sexual and Reproductive Health Service – including HIV prevention and support'. The contract will be for seven years (ie. Four years with an option to extend for a further three years)

4.0 COMMISSIONING INTENTIONS

- 4.1 The new model of service will offer rapid access to confidential, open-access, integrated sexual health services in a range of settings, accessible at convenient times, as well as providing improved quality and best value. In addition, the service will:
- (a) Be expected to provide an HIV prevention and advice, supporting positive health and employment outcomes, including adherence to medication, disclosure of status and safer sex, all of which are key secondary prevention interventions which benefit public health and reduce onward transmission.
 - (b) Be expected to work to build a sexual health and wellbeing culture across the local health and care economy that prioritises prevention and supports behaviour change.²
- 4.2 Principles of prevention and early intervention are at the heart of the new model of service. The model is intended to reduce the level of abortions and repeat abortions, reduce the rate of late diagnosis of HIV amongst at risk groups and communities, reduce re-infection rates for sexually transmitted infections (STIs) in particular among young people, and to increase the uptake of long acting reversible contraception.
- 4.3 The new model of service will deliver routine, intermediate and specialist services as defined by the Department of Health.

² (DH 2013 – A Framework for Sexual Health Improvement in England).

- 4.4 Services will be delivered on a 'hub and spoke' basis with a central point of contact and triage. Clinics will be provided in the north, centre and south of the borough. Routine and intermediate services (Levels 1 and 2) will be delivered from all locations (hub and spoke clinics) and specialist treatment and care (Level 3) will be delivered from the hub clinic(s).
- 4.5 Integrating sexual and reproductive health provision will allow our residents to obtain a comprehensive offer within a single appointment, minimising duplication of effort and the overall number of patient attendances. This holistic approach will allow patients to obtain the appropriate service to address their needs regardless of the initial reason for presentation.
- 4.6 The service provider will deliver HIV prevention, advice and support services for residents and families living with HIV. This will support positive health and employment outcomes, adherence to medication, disclosure of status, and safer sex, all of which, are key secondary prevention interventions that benefit public health and reduce onward transmission.³
- 4.7 London North West Healthcare, as the 'prime provider', will sub-contract services with other appropriate providers, including GPs and the third / private sectors. However, the Council retains the right to approve of any sub-contracting arrangements.
- 4.8 To maximise the benefits of early intervention it is important that access to intrauterine contraceptive device (IUCD) fitting services is straightforward and convenient. It is likely that the service provider will work with GP practices currently commissioned by the Council to deliver IUCD fitting services (for contraceptive purposes only) to ensure ease of access across all parts of the borough.
- 4.9 The new service model will enable online and other remote digitally based access to services including:
- a) Information, advice and guidance to support residents to 'self-manage' their sexual and reproductive health.
 - b) Facilities for service users to 'self-triage' via 'user friendly' care pathway selection processes – to include options for 'home sampling' for STIs and HIV, receiving test results.
 - c) Options to book appointments.
- 4.10 The new provider will be required to fulfil an invoice validation and payment service for out of area GUM/CaSH activity, from both London and out of London GUM/CaSH providers.

³ The Commissioning of Birmingham Sexual Health Services Consultation Evidence from National AIDS Trust
http://www.nat.org.uk/media/Files/Policy/2014/NAT_Submission_to_Birmingham_Sexual_Health_Commissioning_Consultation_Dec13.pdf

5.0 INTERDEPENDENCIES

- 5.1 HIV Treatment and care services: NHS England is responsible for commissioning and funding HIV inpatient and outpatient treatment and care services. The provider of the new service model will be required to establish and maintain links with inpatient and outpatient HIV treatment services within the London Borough of Hillingdon.
- 5.2 Post Exposure Prophylaxis after Sexual Exposure (PEPse): Drug costs are not within the scope of the new service model. In line with national arrangements, PEPse drug costs are funded by NHS England. As such the new service model providers will be expected to bill NHS England for drug costs associated with the provision of PEPse.
- 5.3 Pre-exposure prophylaxis (PrEP): The Court of Appeal has ruled in favour of the National AIDS Trust in a judgment that confirms an earlier High Court judgment that NHS England can legally fund the HIV prevention drug PrEP. This decision means that NHS England is obliged to give due consideration to commissioning PrEP.

In light of the Court of Appeal ruling, NHS England has stated that it will:

- formally consider whether to fund PrEP;
- discuss with local authorities how NHS-funded PrEP medication could be administered by the sexual health teams they commission;
- immediately ask the drug manufacturer to reconsider its currently proposed excessively high pricing;
- explore options for using generics.

A timescale for these actions has not been provided by NHS England and it remains unclear whether they will fund PrEP going forward.

- 5.4 The new integrated sexual and reproductive health service provider will not be commissioned by the London Borough of Hillingdon to provide PrEP.
- 5.5 Cervical Screening: NHS England is responsible for commissioning the National Cervical Screening Programme for women aged 25-64 years in England. Women aged 25-49 years receive an invitation for screening every three years. Women aged 50-64 receive an invitation every five years. Routine, opportunistic and overdue cervical screens are all exempt from the new service model. These are the responsibility of General Practice to provide and to be commissioned by NHS England. Opportunistic offers and testing of women living with HIV will be acceptable under this agreement.
- 5.6 Abortion Services: Clinical Commissioning Groups (CCGs) are responsible for commissioning and funding of abortion services. The new service model will be required to develop and maintain links with local providers to ensure the prompt referral of patients requesting abortion counselling.
- 5.7 Gynaecological Services: CCGs are responsible for commissioning and funding gynaecology and menopause services. The new service model will be required to

develop and maintain links with local providers to ensure the prompt referral of patients requiring this provision.

5.8 Psychology Services: CCGs are responsible for commissioning and funding the provision of psychosexual services as a result of:

- Sexual practices which would be the subject of action under the criminal justice system;
- Some sexual addictions and paraphilia requiring psychiatric input;
- Service required as a result of dysfunctions organic in origin – ie. non- sexual health aspects of psychosexual counselling;
- Service required for the assessment and management of gender dysphoria, but will facilitate appropriate referral.

The new service model will be required to develop and maintain links with providers to ensure the prompt referral of patients requesting this provision.

5.9 Sterilisation Services: Clinical Commissioning Groups are responsible for commissioning and funding sterilisation services. The new service model provider will be required to develop and maintain links with providers to ensure the prompt referral of patients requesting this provision.

5.10 Sexual Assault Referral Centres: NHS England is responsible for commissioning and funding Adult and Paediatric Sexual Assault Referral Centre services.

6.0 CONCLUSION

6.1 It is anticipated that the new open access 'Integrated Clinical & Non-clinical Sexual and Reproductive Health Service – including HIV prevention and support', will not only provide greater flexibility to ensure the provision of a robust service that meets the needs of residents, but additionally will serve to improve the experience of residents using the services, drive value, improve quality, improve access through a better geographical spread of services and opening hours and offer more efficient and effective services through improved early intervention and prevention.