

PROGRESS UPDATE ON THE CAMBRIDGESHIRE INTEGRATED SEXUAL HEALTH SERVICE

To: **Health Committee**

Meeting Date: **3rd September 2015**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Not applicable** *Key decision:* **No**

Purpose: **The purpose of this report is to present an update on the progress against the objectives and performance of the new Cambridgeshire Integrated Sexual Health Service which was, following a procurement, launched in September 2014**

Recommendation: **The Committee is asked to:**

- a) Review the progress of the Cambridgeshire Integrated Sexual Health Service against its objectives**
- b) Consider the issues raised and the mitigating factors that have been implemented.**

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1. BACKGROUND

- 1.1 Following a procurement process the contract for a new Cambridgeshire Integrated Sexual Health Service was awarded to Cambridgeshire Community Services (CCS). The new Service commenced in September 2014. The services affected by the procurement were the sexual health services provided by Cambridgeshire Community Services which included the Chlamydia Screening Programme, and those of Cambridge University Hospital Foundation Trust (CUHFT).
- 1.2 The overall aims of the Service are to contribute, within the existing resources, to the improvement of sexual health and decrease sexual health inequalities in Cambridgeshire. The specific objectives are as follows.
- Improve the equity of sexual health services across the county and reduce health inequalities between the north and south of the county.
 - Increase the access to integrated services for service users to enable patients to have both their contraceptive and sexual health needs addressed in one location.
 - Modernise the service delivery model in line with models of good practice.

2. MAIN ISSUES

2.1 Service Inequity

Central to the new service model is the transfer of sexual health clinics out of CUHFT into the community and the improvement of provision in East Cambridgeshire and Fenland, which have been historically underserved.

Sexual Health Services are divided into three Tiers. Tier 3 offers the full range of services, is led by a medical consultant and able to diagnose and treat more complex sexual infections and provide the full range of contraception services. Tiers 1 and 2 can be nurse led and provide less complex services. Previously there were Tier 3 Services at CUHFT and a CCS Service in Huntingdon. In addition there was in Cambridge City a Tier 2/3 service where patients could be seen by senior experienced medical staff. There were no Tier 3 clinics in the north of the county and a very limited Tier 2 service in Wisbech and Ely. A Tier 1 service was provided intermittently in March.

The new Service has introduced a countywide hub and spoke model which ensures that all areas have access to a hub or Tier 3 service which are located in Cambridge City, Huntingdon and Wisbech. The Wisbech Service is a brand new bespoke facility that improves access to the Fenland population that currently travels to Kings Lynn and Peterborough to access services. The existing Tier 2 services have been developed and expanded throughout the county. They are located in St Neots, Ramsey, St Ives, 2 GP practices in North Cambridge, the GP Clinic based in the “Boots” store at Petty Currie in central Cambridge and in March. Efforts are continuing to be made to find a location for a clinic in Chatteris.

Tier 1 services are provided in a number of secondary schools and offer limited contraception, pregnancy testing, chlamydia screening, advice and signposting to services.

The Chlamydia Screening Programme is targeted at 15 to 24 year olds. It is provided in a number of locations that includes GP practices, sexual health services, social venues and colleges. CCS subcontracted part of this work to the Terence Higgins Trust (THT) to work specifically in the Fenland area. THT has a national record of providing effective outreach services and general prevention work.

The Health and Social Care Act of 2012 gave Local Authorities the mandated responsibility for providing sexual health services but that did not include HIV treatment services, only prevention. HIV treatment services are commissioned by NHS England. There were concerns, echoed by service users that the vulnerable groups receiving ongoing care from the community HIV service embedded into the CCS Sexual Health Service, would find the centralised HIV service located at CUHFT challenging to access. Consequently joint commissioning arrangements with NHS England for community HIV services has meant that the CCS HIV clinics are embedded into the new Service.

2.2 Integration of Contraception and Sexual Health Services

National Guidance advice is that contraception and sexual health services should be fully integrated. The key objective is to enable patients to have both their contraceptive and sexual health needs addressed in one location. This not only improves the patient experience but also is a more effective use of resources. CCS has undertaken a staff training needs assessment and embarked on an ongoing training programme to ensure that staff are trained to provide both contraceptive and sexual health services. Currently an integrated service is provided at the Cambridge, Huntingdon and Wisbech hubs along with Tier 2 services located at GP practices in North Cambridge and Sawston

2.3 Modernisation of Services

The modernisation of services includes a number of key elements that the new Service is required to provide that focus on accessibility and skills.

A central triage and appointment booking system has been established. Patients can now call one telephone number to make an appointment and chose a clinic location of their choice

Nurse led services are a key element of a modern sexual health service. They are considered to be an indicator of a cost effective service. The number of new nurse led services has been increased and they are now provided at all the Tier 2 services. In addition nurses provide the school based services based in Hinchbrook School (Huntingdon), Thomas Clarkson School (Wisbech) and the Isle College (Wisbech). Upskilling its nursing workforce to provide nurse led services is central to the CCS staff training programme.

The traditional model of 09.00 to 17.00 hours opening times does not provide easy access especially for the working population and those attending schools and colleges. CCS has increased the number of clinics that are provided in the evening and on Saturday mornings. In addition the THT Outreach Service is available to large degree out of the traditional clinic times.

2.4 Performance

The service is performance managed through a wide range of indicators that address activity, access and quality. Overall the majority of the performance

indicators have been met but a small number, have required close monitoring and action by CCS. A high performance against these particular indicators is considered to be essential for an effective Service. Table 1 captures the quarterly performance of these indicators between October 2014 and June 2015.

Table 1: Key Performance Indicators 1& 2 – Clients offered appointments & Clients accessing services within 48 hours from referral

2014/15 Indicator/ KPI 1 & 2 (Access to services) Monitored on monthly basis	Threshold	Oct-14	Dec 14/ end of Q1	Mar 15/ end of Q2	Jun-15
Percentage of people offered an appointment or walk-in, within 48 hours of contacting a provider	98%	66.0%	59.0%	88.0%	99.2%
Percentage of clients accessing service to be seen within 48 hours of contacting the service	80%	61.9%	54.9%	86.3%	85.4%

2014/15 Indicator/ KPI 5 (Clinical Management/ HIV testing) Monitored on monthly basis	Threshold	Oct-14	Dec 14/ end of Q1	Mar 15/ end of Q2	Jun-15
Percentage of first time service use (of clinical based services) offered an HIV test	100%	100.0%	100.0%	100.0%	100.0%
Percentage of first time service use (of clinical based services) offered and accepting an HIV test	97%	87.0%	84.0%	83.0%	81.4%

An HIV test is offered as routine practice to all patients attending for a sexual health screen. Throughout the period the expected percentage of patients has not been achieved. It has been identified that this lower uptake is associated with patients accessing contraception through sexual health services. The Service is currently reviewing the data to secure an improved understanding and performance in this part of the Service. Further training is being provided to staff to help them address the barriers to uptake of this HIV test.

2014/15 Indicator/ KPI 7 (Quality Outcomes/ Access to LARC) Monitored on quarterly basis	Threshold	Quarter 3 - Oct 14 - Dec 14	Quarter 4 - Jan 15 - Mar 15	Quarter 1 - Apr 15 - May 15
Percentage of women who have access to LARC method of choice within 5 working days of contacting service	90%	100.0%	100.0%	72.0%

There has been a reduction in Long Acting Reversible Contraception (LARC) due to annual leave, resignation of two staff and staff sickness. New staff members have now been recruited who are trained to provide LARCs and several staff are now completing the LARC training. LARCSs are an effective form of contraception particularly with high risk populations and are also the most cost effective form of contraception.

One of key objectives of establishing more services in Fenland, particularly Wisbech, is to decrease the number of patients who travel to the Queen Elizabeth Hospital (QEH) in Kings Lynn and to the Peterborough Service. In 2014/15 there was on average 76 clinic attendances per month at QEH. There has been a slow decrease in this activity since October 2014 with the latest and lowest data indicating that there were 35 attendances in April. The new Wisbech Clinic opened in January 2015 due to the renovation and refurbishment of a brand new clinic. The former clinic saw between April and December 2014 an average of 50 patients per month. This has increased to 55 between January and June 2015.

A rapid shift of activity from QEH was not anticipated but the 10% increase in activity is less than expected. This reflects in part the diversion of staff to address the CUHFT “e Hospital” and Care Quality Commission issues described below. The Wisbech Clinic was launched with good press coverage and opened by the local MP Stephen Barclay. There is a large range of information resources that are widely distributed throughout Wisbech and the rest of Fenland. Specific emails have been sent to stakeholders to encourage them to promote the clinics. Students from the Isle College have been invited to design a mural for the clinic wall. This promotion needs to be maintained however the “word of mouth” element is an important factor in patients accessing new clinics.

At the Peterborough service there was in 2014/15 an average figure of 85 attendances. There has not been any noticeable change in this figure since the new Service commenced in Wisbech. However it is anticipated that patients from Whittlesey and some patients from March will find it easier to access services in Peterborough than in Wisbech.

2.5 Issues and Mitigating Factors

The new Service has met most of its developmental objectives and its performance has improved over the year. However the potential for the Service has been undermined by two issues that necessitated CCS to divert resources to ensure that these were fully addressed

The new Service has been negatively affected by the introduction of the “e Hospital” system at CUHFT. This new electronic data system was introduced just prior to the establishment of the new Service. It did and to a much lesser degree currently, experience considerable implementation problems which had an adverse impact upon the new Service. Sexual health services are highly dependent on efficient and robust laboratory services. The new electronic reporting system was unable to deliver timely and high quality reports. Consequently CCS clinical as well as administrative staff were diverted into securing reports that were significantly late and chasing them for accuracy. This created an acute public health issue as patients diagnosed with an infection require swift treatment to reduce the risk of onward transmission.

CCS responded quickly and redeployed staff to track patients and ensure they were treated as quickly as possible. However due to lack of improvement CCS severed its contract with the laboratories at CUHFT in January and a new provider was secured. This has greatly improved services and performance on the key indicators has improved.

The Laurels Hub Clinic is located close to the Grafton Centre in Cambridge City. This provides excellent accessibility and is particularly popular with young people. However the building is old and not fit for purpose in terms of disability access and being able to provide a modern clinic environment. CCS acknowledges this and has tried to find alternative accommodation but this is difficult and costly in Cambridge City.

In February the Care Quality Commission (CQC) visited the Laurels Clinic and concluded that the clinic should be closed as it was not fit for purpose. It requested improvements to the building or securing an alternative location to avoid closing the clinic. The improvements would be difficult in such an old building and CCS requested support for the transfer of the clinic to the Brookfields Hospital site at the south end of Mill Road. As this proposal was a service change, in line with mandatory requirements CCS undertook a patient engagement exercise to gauge support for the move to the Brookfields site. This included a patient survey, focus groups with at risk groups and an online survey. The consultation indicated that there was general support for the move to the Brookfields site and no substantive negative opinions were expressed in the engagement exercise. However the exercise did indicate areas which users thought could be improved.

The Health Committee Spokes were informed of the CQC visit and its demands in March and supported the planned patient engagement exercise. The results of the patient engagement exercise were shared with the Chair and Vice Chair of the Health Committee at the end of June. No significant concerns were raised, and CCS is currently preparing the site for the transfer of the Service.

2.6 Future Developments.

There is the potential for ongoing development of the Service with key areas being as follows.

- Increase the promotion of the Wisbech Hub service to attract patients who access services in Kings Lynn and Peterborough.
- Accelerate the staff training programme to further develop and expand the nurse led services and the provision of integrated contraceptive and sexual health services.
- Review and increase the provision of evening and Saturday morning clinics in line with the information secured from patients who took part in the engagement exercise for the transfer of services from the Laurels to the Brookfields site.
- Develop targeted services for high risk groups such as Looked After Children and People with Disabilities.

3. **ALIGNMENT WITH CORPORATE PRIORITIES**

3.1 **Developing the local economy for the benefit of all**

There are no significant implications

3.2 Helping people live healthy and independent lives

The new service model has improved the accessibility of integrated sexual health services to users, and improved equity of service throughout the county.

3.3 Supporting and protecting vulnerable people

Joint commissioning with NHS England of HIV services ensures that services for this patient group remain integrated.

The Service has responsibility to target high risk vulnerable groups with prevention messages and service information

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

All costs of the contract are covered within the pre-existing sexual health service budget. No additional resources were used to fund the Service.

4.2 Statutory, Risk and Legal Implications

A competitive procurement process was followed, with advice from LGSS legal, finance and procurement teams.

The CQC conclusion on the Cambridge City Service has been addressed to ensure that Services will be maintained.

4.3 Equality and Diversity Implications

The new model of service has increased accessibility of services and equity throughout the county. An equality impact assessment and community impact assessment was completed as part of procurement and in line with the Local Authority requirements

4.4 Engagement and Consultation Implications

The new service model was consulted on at the start of the procurement process (initially started when the service was commissioned by the former Primary Care Trust) in summer 2012, with further consultation during 2013.

There is requirement that the Service regularly consults with existing and potential Service users to identify any areas for development and improvement.

4.5 Localism and Local Member Involvement

The service is delivered across the County.

4.6 Public Health Implications

There is evidence that good access to sexual health clinic services and effective treatment of sexually transmitted infections results in reduced spread of infection in the community and improved public health.

Source Documents	Location
<p>Integrated Sexual Health Service Contract and Service Specification</p> <p>Consultation Documents 2012 and 13</p> <p>Community Impact Assessment</p> <p>Department of Health (2001).The National Strategy for Sexual Health and HIV</p> <p>Department of Health. Improving outcomes and supporting transparency 2013-16. 2013. A public health outcomes framework for England</p> <p>Department of Health (2013). <i>A Framework for Sexual Health Improvement in England.</i></p> <p>Department of Health (2013), Commissioning Sexual Health Services and Interventions</p> <p>British HIV Association Standards of Care for People Living with HIV (2013)</p> <p>Department of Health (2004). Best Practice Guidance for Doctors and other Health Professionals on the Provision of Advice and Treatment to Young People Under 16 on Contraception, Sexual and Reproductive Health</p> <p>Department of Health (2011).You're Welcome: Quality Criteria for Young People Friendly Health Services</p>	<p>Public Health Directorate, 3B Castle Court, Shire Hall, Castle Hill, Cambridge CB3 0AP</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003133</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263658/2901502 PHOF Improving Outcomes PT1A v1 1.pdf</p> <p>http://www.dh.gov.uk/health/2013/03/s-ex-health-framework/</p> <p>http://www.dh.gov.uk/health/2013/03/s-exual-health-services/</p> <p>http://www.bhiva.org/standards-of-care-2012.aspx</p> <p>http://www.dh.gov.uk/en/Publicationandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086960</p> <p>http://www.dh.gov.uk/en/Publicationandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126813</p>