



March 2013

PSNC Briefing 029/13: Sexual Health Services

This briefing provides a summary of two documents on sexual health services - *A Framework for Sexual Health Improvement in England* and *Commissioning Sexual Health services and interventions*. LPCs will need an awareness of these documents when discussing the commissioning of sexual health services with local authorities.

A Framework for Sexual Health Improvement in England (March 2013)

Good sexual health is a key public health issue, and the Government's ambition is to improve the sexual health and wellbeing of the whole population. Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs - including HIV) and abortion. Provision of sexual health services is complex and there is a wide range of providers, including general practice, community services, acute hospitals, pharmacies and the voluntary, charitable and independent sector.

This Framework sets out the evidence base for sexual health and HIV improvement and provides information and support tools to enable collaborative working locally resulting in accessible services and interventions.

From April 2013, most sexual health services will be commissioned by Local Authorities (LAs), but Clinical Commissioning Groups (CCGs) and NHS England will also commission some services. Effective commissioning is key to improving outcomes, and it is vital that commissioners work together to provide seamless care. Key principles include:

- Prioritising the prevention of poor sexual health;
- Strong leadership and joined up working;
- Focusing on outcomes;
- Addressing the wider determinants of sexual health;
- Commissioning high quality services, with clarity about accountability;
- Meeting the needs of more vulnerable groups; and
- Good quality intelligence about services and outcomes for monitoring purposes.

Section 1: Why good sexual health matters

Good sexual health is important to individuals and society and all involved in sexual health will need to work collaboratively to ensure accessible, high quality services and interventions are available.

How commissioners take forward work at local level will be influenced by Health and Wellbeing Boards (HWB), their Joint Strategic Needs Assessment (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). LAs will be mandated to commission comprehensive open access STI testing and treatment services and contraception advice and services to meet the needs of their local population and reduce inequalities. These services will be open access, confidential, free to the user and not restricted by place of residency or age.

The importance of improving sexual health is highlighted in the three indicators in the Public Health Outcomes Framework:

- Under 18 conceptions;

- Chlamydia diagnosis for 15-24s; and
- Late diagnosis of HIV.

Whilst significant progress has been made in improving sexual health, there is work to be done on:

- Unplanned pregnancies;
- HIV prevalence and late diagnosis;
- Increased rates of infectious syphilis;
- Resistance to antibiotics resulting in difficulty in treating gonorrhoea;
- Abortion rates; and
- Decreasing use of condoms.

Section 2: Sexual health across the life course

Different information, services and interventions are needed according to age, and the Government's sexual health ambitions for different age groups include:

- Up to age 16 – build knowledge and resilience among young people;
- Young people aged 16-24 – improve sexual health outcomes for young adults;
- People aged 25-49 – all adults have access to high quality services and information;
- Older people aged over 50 – People remain healthy as they age.

Section 3: Sexual health influences and prevention

Attitudes, beliefs and behaviours may also influence sexual behaviour and preventative interventions that focus on behavioural change have been effective in promoting sexual health. Other factors that may have impact include the use of drugs and alcohol, additional long term conditions and vulnerability (e.g. homeless or learning difficulties). Prevention is a priority.

Section 4: Priority areas for sexual health improvement

Priority areas for sexual health improvement are:

- Reduce the rate of sexually transmitted infections (STIs) among people of all ages;
- Reduce onward transmission of and avoidable deaths from HIV;
- Reduce unwanted pregnancies among all women of fertile age;
- All women requesting an abortion should be offered the opportunity to discuss their options and choices with a trained counsellor; and
- Continue to reduce the rate of under-16 and under-18 conceptions.

Examples of pharmacy services that can target these priorities include:

1. The best way for sexually active people of any age to avoid an STI is to use a condom when they have sex. Many local areas have already developed 'C-Card' schemes allowing C-Card holders to obtain free condoms from a range of outlets such as pharmacies, as well as more traditional providers such as GPs and clinics. Broader advice on sexual health is also offered as part of these schemes.
2. The National Chlamydia Screening Programme has raised awareness of chlamydia among young adults, engaged young men in protecting their sexual health and that of their partners and led the way for STI testing in the community, including in general practices and pharmacies. Gonorrhoea and syphilis testing has also been carried out in some pharmacies.
3. Increasing the number of tests in non-specialist healthcare settings in line with good practice will play a key role in tackling HIV, particularly in areas of high prevalence. HIV testing has been carried out in pharmacies on the Isle of Wight.
4. Women should be encouraged and supported to use regular methods of contraception and LARC and the contraceptive pill have been provided through a locally commissioned service by some pharmacies. Emergency contraception is a safe and effective way of preventing unwanted pregnancy when regular methods have failed or have not been used. Emergency contraception can be purchased in pharmacies or supplied free of charge on prescription or through a PGD.

Details of current locally commissioned sexual health services can be found at www.psn.org.uk/database

Section 5: Improving outcomes through effective commissioning

Evidence shows that spending on sexual health services and interventions is cost effective:

- For every £1 spent on contraception £11 is saved in other healthcare costs;
- Increase in the use of LARC would produce cost savings;
- Early HIV testing and diagnosis reduces treatment costs and HIV transmission to an uninfected person; and
- Improvement in the rate of partner detection results in reduced cost per detected chlamydia infection.

Further work will be done to assess the impact that improving sexual health, in particular reducing unwanted pregnancies and HIV transmission, can have on wider LA and other budgets.

From April 2013, LAs will commission comprehensive sexual health services including:

- Contraception and all prescribing costs apart from additional services provided under the GP contract;
- STI testing and treatment, chlamydia screening as part of the National Chlamydia Screening Programme, and HIV testing;
- Sexual health aspects of psychosexual counselling; and
- Any sexual health specialist services, sexual health promotion and services in schools, colleges and pharmacies.

CCGs will commission:

- Most abortion services;
- Sterilisation and vasectomy;
- Gynaecology; and
- Non sexual health aspects of psychosexual services.

NHS England will commission:

- Contraceptive services provided as an additional service under the GP contract;
- HIV treatment and care;
- Promotion of opportunistic STI testing and treatment and patient requested testing by GPs;
- Cervical screening;
- Sexual health elements of prison health services;
- Sexual assault referral centres; and
- Specialist foetal medicine services.

It is therefore vital that commissioners work closely together to ensure that care is not fragmented and high quality care is received. Six key principles for best practice in commissioning have been identified:

- Prevention is prioritised;
- Leadership and joined up working;
- Focus on outcomes;
- Wider determinants of health are addressed;
- High quality commissioning of services; and
- The needs of more vulnerable are met.

Local services will be commissioned by LAs using an LA contract and a standard public health contract has been published, but this is non-mandatory. Best practice guidance for LAs on commissioning sexual health services and interventions is also available and summarised below. A model sexual health service specification and clinical governance guidance are due soon.

Public Health England (PHE) will play a key role in improving public health at both national and local level and provide specific advice to local commissioners of public health services, take the lead in workforce development, and lead on health protection issues.

Sexual health service development over the years has shown that integrated services improves outcomes for patients and is more cost effective. General practice is the largest provider of sexual health services and pharmacies are also offering a wider range of provision. Services are also being set up in non-traditional locations such as schools, colleges

and youth clubs to bring more vulnerable groups into contact with the services, and new developments such as smart phone apps will be available in the future.

Surveillance data will be used to identify emerging challenges, target high risk groups, and monitor and evaluate services. Tariffs developed by the NHS will not be mandatory for LAs, but could be used if wanted, and further work will be undertaken on a system of tariff payments.

The sexual health workforce is diverse and includes specialists and generalists with pharmacists and their teams coming under the latter. Local areas should know all the professions that form their sexual health workforce, ensure that their skills are used to best effect and arrange for appropriate training and development.

This framework sets out the evidence base for improving sexual health and reducing inequalities and should be read in conjunction with *Commissioning Sexual Health services and interventions – best practice guidance for local authorities*.

Commissioning Sexual Health Services and Interventions (March 2013)

Local Authorities (LAs) will be responsible for commissioning most sexual health services and interventions as part of their wider public health responsibilities, with costs met from their ring-fenced public health grant. This best practice guidance for LAs on commissioning sexual health services and interventions includes guidance on the legislative requirements.

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 require LAs to arrange for the provision of open access sexual health services for everyone present in their area covering:

- Free sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons; and
- Free contraception, and reasonable access to all methods of contraception.

There are no requirements on how the services should be provided or how many – these will be determined locally and each LA's performance will be benchmarked against the three specific Public Health Outcomes Framework sexual health indicators:

- Under 18 conceptions;
- Chlamydia diagnosis for 15-24s; and
- Late diagnosis of HIV.

GP practices and community pharmacies are key local providers of sexual health care, including some aspects of contraception and Sexually Transmitted Infection (STI) testing and treatment. About 90 per cent of people's contact with the NHS is with these services.

As the overall service offering must be open access and not restricted to people who can prove they live in the area or are registered with a local GP, work is being done to develop a system of 'cross charging' where services are provided to other LA residents. However, the use of cross-charging arrangements and tariff prices will not be mandatory for local authorities. LAs can provide services targeting specific groups e.g. under 25s and provision of all services should be made against a robust assessment of local need. Service specifications will be determined locally based on best practice, the model specification currently under development and local needs.

STI testing and treatment

The requirement covers the provision of testing for all STIs including HIV, and the provision of free treatment for all STIs except HIV. LAs are required to provide chlamydia testing, but are not explicitly required to participate in the NCSP. However evidence has shown that the Programme has been successful in reducing prevalence in young people and this is one of the public health outcomes framework indicators LAs will be benchmarked against.

Testing for HIV can be offered in other settings in primary care, such as pharmacies, and expansion of this service would increase access, which is important in reducing late diagnosis and onward transmission of the infection. It is essential that LAs, NHS England and CCGs work together to offer a seamless service.

Partner notification is an essential component of STI management and control and can be a difficult task. Resources are available to assist in the development of a quality partner notification service.

Contraception

LAs are required to arrange for the provision of reasonable access to a broad range of contraception services (including regular and emergency contraception) and advice on preventing unintended pregnancies. Whilst service provision is determined locally, there is evidence that it may be better for patient outcomes and cost effectiveness to provide unrestricted access, and emergency contraception should be available easily and from a wide range of outlets to ensure it can be taken as soon as possible after unprotected sex. NICE guidance noted that LARC is more cost effective and use is increasing.

Wider Issues

The regulations do not cover the entirety of sexual health care, including:

- Preventive interventions such as education. Increasing knowledge and skills would prevent poor sexual health and thus reduce demand for sexual health services;
- Post exposure prophylaxis after sexual exposure is a key preventive intervention for people who may have been exposed to HIV and should be available from a range of outlets; and
- Some prevention programmes are run by DH or voluntary organisation on behalf of the DH e.g. HIV Prevention England which is run by the Terence Higgins Trust. LAs can work with these organisations to align their local prevention work with the national programme.

Working Together

The sexual health commissioning responsibilities from April 2013 are set out under Section 5 of the Framework and include LAs, CCGs and NHS England. Joined up commissioning, seamless care pathways and integrated working with other sexual health commissioners and providers across all sexual health services are crucial to improve outcomes and health. Local areas will make their own arrangements and there are no prescribed arrangements for the strategic overview of sexual health services.

Pharmacies are a feature of most local communities, and can provide a range of sexual health services, including offering chlamydia testing as part of the National Chlamydia Screening Programme, participation in condom schemes and the provision of emergency contraception. Some pharmacies are keen to expand their sexual health role, and have taken part in pilots of other services, including the provision of regular oral contraception. As with GPs, this type of provision used to be arranged through Local Enhanced Service arrangements, and local authorities will need to put their own contracting arrangements in place to cover this type of provision.

References

Public Health Outcomes Framework

<https://www.gov.uk/government/publications/public-health-outcomes-framework-update>

The National Chlamydia Screening Programme – from April 2013 will be part of Public Health England

<http://www.chlamydia-screening.nhs.uk/ps/>

Commissioning Sexual Health services and interventions

<https://www.gov.uk/government/publications/commissioning-sexual-health-services-and-interventions-best-practice-guidance-for-local-authorities>

A Framework for Sexual Health Improvement in England

<https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>

Sexual Health Commissioning – FAQs

http://www.local.gov.uk/c/document_library/get_file?uuid=4905f0d4-8fad-4c3a-b53c-b49478b42a49&groupId=10171

Public Health Services non-mandatory contracts and guidance

<https://www.gov.uk/government/publications/public-health-services-non-mandatory-contracts-and-guidance-published>