




**SEXUAL HEALTH IMPROVEMENT PROJECT: GOOD PRACTICE AND KEY ISSUES**

CRITERIA	GOOD PRACTICE EXAMPLES	SUPPORTING DOCUMENTS	PAN LONDON ISSUES
<b>1. STRONG LEADERSHIP AND ROBUST GOVERNANCE</b>			
<p>a The PCT has sufficient and identified resources for sexual health which are explicit in the PCT Operational plan.</p>	<ul style="list-style-type: none"> <li>Sexual health work streams and defined budget identified within operating plan <b>Camden, Islington, Haringey, Croydon, City and Hackney, Ealing, Waltham Forest, Newham, Redbridge, LSL</b></li> <li>Sexual Health is a priority in CSP and OP with significant investment in services to enable integrated services to develop and to increase capacity – <b>Tower Hamlets.</b></li> </ul>		<ul style="list-style-type: none"> <li>Sexual and Reproductive Health and HIV Resources are often not made explicit in PCT annual planning.</li> </ul>
<p>b The PCT has a clearly defined sexual health strategy that aims to provide a comprehensive and open access integrated sexual and reproductive health service that promotes the full range of contraceptive choice.</p>	<ul style="list-style-type: none"> <li>Robust sexual health strategy with defined vision for sexual health locally and measurable aims and objectives – <b>Camden, Tower Hamlets.</b></li> <li>SH strategy based on needs assessment and driven by SH steering group which is accountable to the Professional Executive Committee – <b>Ealing, Newham, Tower Hamlets</b></li> <li>Accountability for sexual health sits with both NHS and LA to reflect the need to promote health and wellbeing across health and social care organisations – <b>Camden.</b></li> <li>Sexual Health strategy being reviewed in 2011 and refreshed in early 2012, and will be an opportunity to fully embed actions around the sexual health actions plan.- <b>City and Hackney</b></li> <li>The leadership, commissioning and performance management of Sexual Health services is via a managed clinical network funded by the PCT. The service specification* requires integrated service provision <b>Kingston</b></li> <li></li> </ul>	 Adobe Acrobat Document Camden Sexual Health Strategy	<ul style="list-style-type: none"> <li>Not all boroughs have a Sexual and Reproductive Health and HIV strategy in place and an explicit vision which is shared by all partners.</li> <li>There is an opportunity to embed action plans when strategies are refreshed.</li> </ul>
<p>c The PCT's sexual health strategy has formal governance, organisational and accountability arrangements in place to include a single Director who is responsible for sexual health outcomes.</p>		 Newham Sexual Health Commissioning	<ul style="list-style-type: none"> <li>Sexual and Reproductive Health and HIV reporting to LA partners is often limited to the young people's agenda. Opportunities should be sought to widen LA understanding of the sexual health needs of the wider population and secure buy-in for the wider agenda.</li> </ul>
<p>d The PCT either individually, with neighbouring PCTs or on a sector basis has a lead person or persons responsible for partnership working, managing, commissioning (including joint commissioning) and performance managing improvements in sexual health outcomes .</p>	<ul style="list-style-type: none"> <li>A lead commissioner has been appointed for sexual health across a number of PCTs combining limited resources and ensuring a coordinated approach to sexual health – <b>LSL, Redbridge, Havering and Barking and Dagenham.</b></li> <li>Identified LA councillors with an interest in sexual health and sexual health strategy progress is reported to the council health scrutiny committee – <b>Camden</b></li> <li><b>Camden and Islington</b> commission provider services jointly.</li> <li>Responsible Senior Commissioning Manager and designated Public Health Associate Director for sexual health – <b>Haringey</b></li> <li>The London sexual health networks provide a forum for sharing good practice and joint working. They also support training needs.</li> <li>Contraceptive services needs assessment conducted – <b>Sutton and Merton</b></li> <li>On a sector basis SWAGNET provides a forum for partnership working and managing commissioning. Performance management for the improvement in Sexual Health outcomes is at a PCT Level. SWAGNET on a sector level is responsible for bringing people / organisations together for partnership working. SWAGNET has offered to provide a sector wide approach for Teenage Pregnancy since the funding for the regional Teenage Pregnancy Co-ordinator for London has been terminated. This will follow the similar models that exist for HIV, GUM and SRH services.</li> <li>Integrated commissioning has been in place across Lambeth and Southwark PCTs for many years. This is being extended to Lewisham – currently TOP services, HIV prevention services and HIV Care and Support provision is</li> </ul>		<ul style="list-style-type: none"> <li>Commissioning of Sexual and Reproductive Health and HIV services tends to be the responsibility of a number of commissioners with no formal process for coordination.</li> <li>Limited coordination across PCTs and sectors, this is increasingly important to retain knowledge and experience and realise efficiencies.</li> <li>Joint working with local authority tends to be focused on young people; this is a key area for expansion so that LA's understand the entire sexual health agenda.</li> <li>Where Networks are in place and active there is a greater sharing of ideas and therefore networks should be encouraged and supported.</li> </ul>


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e	<p>The PCT can provide assurance that appropriate clinical governance and risk management arrangements are in place to support the delivery of safe, effective, patient-focused care and services.</p> <ul style="list-style-type: none"> <li>Commissioned providers have contractual responsibility for clinical governance and risk management which is reported and discussed at contract management meetings – <b>Haringey, Camden and Islington</b></li> <li>SWAGNET provide excellent resources for clinical governance <a href="http://www.swagnet.nhs.uk">www.swagnet.nhs.uk</a></li> <li>Quality audits are undertaken as per audit cycle - <b>Hillingdon</b></li> </ul>		<ul style="list-style-type: none"> <li>Clinical governance arrangements are not always clear and not always explicit in contracts and do not form part of performance management and reporting to commissioners. This is particularly pertinent where services are provided in non-clinical settings.</li> </ul>
f	<p>There is an established system for monitoring progress and a defined route for reporting to the PCT board on a quarterly basis.</p> <ul style="list-style-type: none"> <li>Board level and Commissioning Executive Committee accountability for sexual health, regular reporting via Project Delivery office on a number of sexual health indicators – <b>Hounslow</b></li> <li>Young People Sexual Health Board is chaired by a local Councillor and is accountable to the Children's Trust Board – <b>Ealing</b></li> <li>Sexual Health strategy updates reported to PEC annually – <b>Lambeth and Southwark</b></li> </ul>		<p>Progress monitoring is sometimes sporadic with no defined route for accountability.</p>
<b>2. COMMISSIONING FOR OUTCOMES, EFFICIENCY AND QUALITY</b>			
a	<p>The PCT understands the sexual health needs of their local population and uses this to identify priorities and vulnerable groups which are reflected in their strategy, commissioning plans, service configuration and resource allocation.</p> <ul style="list-style-type: none"> <li>In depth template for the sexual health needs assessment is integral to the JSNA and is therefore refreshed regularly as part of the JSNA process. JSNA informs commissioning strategy – <b>Westminster</b>.</li> <li>High prevalence of STI and TP locally led to development of LES for GP and pharmacists for STI and LARC* – <b>City and Hackney</b></li> </ul>	 Westminster JSNA - Sexual Health.pdf	<ul style="list-style-type: none"> <li>Needs assessments date very quickly and therefore need to be refreshed regularly. There needs to be an agreed system for updating the needs assessment regularly to ensure commissioning is informed by accurate information. Localities with robust needs assessments have good links with the public health and health intelligence departments and an agreed template that data can be systematically assimilated into.</li> </ul>
b	<p>The PCT understand the strengths and challenges of current service configuration and provision in terms of providing open access integrated sexual and reproductive health services, and has clearly defined plans to improve areas where issues have been identified.</p> <ul style="list-style-type: none"> <li>Sexual Health Modernisation plan (2007) resulted in a shift of sexual health services from acute to community settings. The acute provider was commissioned to deliver these services – <b>Hounslow</b>.</li> <li>Sexual health modernisation resulted in an integrated sexual health service Lambeth, Southwark and Kings Acute Trust</li> <li>Demand and capacity review undertaken to define needs of population and capability to meet these needs – <b>Haringey</b></li> <li>Monthly meeting set up to drive forward integrated health service provision through GP's, community pharmacy, CASH, Gum, school nursing and youth support.- <b>Croydon</b></li> <li>Recognised the unique opportunity of the 2012 Olympics for sexual health promotion and improvement of sexual health services in the area. Also recognise challenges to services if the level of utilisation increase during the games or if delivery routes and patient access is altered by the games that are being actively planned for – <b>City and Hackney, Tower Hamlets and Newham</b></li> <li>Conducted benchmarking review of activity vs cost and financially modelled the impact of the new service configuration. <b>Tower Hamlets</b></li> </ul>		<ul style="list-style-type: none"> <li>Often the perceptions of the local population who are not currently engaged with services are not incorporated into needs assessments, this is important to ensure services are inclusive and accessible to all who are affected by sexual ill health.</li> </ul>


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c There is evidence of formal clinical engagement arrangements to ensure clinical involvement in setting the strategic direction, formulating commissioning decisions, identifying areas for improvement and performance managing providers.	<p>The PCTs mentioned here are examples selected from discussions during the Sexual health Challenge meetings and taken from the Sexual health action plans. This is not representative of all PCTs. This is a live document and therefore, those PCTs who have not yet completed their action plans their examples of good practice will be included in subsequent versions. Similarly, if commissioners or providers have further example that would benefit others please send details to London Sexual Health Programme: <a href="mailto:simon.mercer@londonscg.nhs.uk">simon.mercer@londonscg.nhs.uk</a></p> <ul style="list-style-type: none"> <li>• Consultant led integrated sexual health service – <b>Hounslow</b></li> <li>• Dedicated GP sexual health and LARC lead – <b>Camden, Tower Hamlets</b></li> <li>• Clinical engagement in contract management meetings and development of GP and Pharmacy LES's – <b>Camden and Islington</b></li> <li>• Designated GP Lead to support development of sexual health services in primary care - <b>LSL</b></li> <li>• GP and lead clinician engagement in sexual health steering group. 4 sexual health GP Leads. Regular communication to primary care – <b>Haringey</b></li> <li>• GP lead for sexual health who sits on the PEC and the SH strategy group – <b>Islington</b></li> <li>• The Sexual Health Partnership Board has representation from the LPC lead and a dedicated GP lead who also attends the community sexual health subgroup. A bi-monthly newsletter from the Consultant in Sexual and Reproductive Health goes out to GP's, gynaecologists and pharmacists for clinical updates. An update day is organised for GPs once a year to review performance and clinical practice. – <b>Croydon</b></li> <li>• Lead GP for sexual health across all the clinical networks - <b>Newham</b></li> </ul>		<ul style="list-style-type: none"> <li>• GPs engagement in commissioning of sexual health services across London is patchy– GP engagement increasingly important to ensure continuity of sexual health commissioning in new structure. It is recommended that existing and emerging GP commissioning structures are briefed on the sexual health agenda and key areas for development.</li> </ul>
d The PCT has appraised the options for delivery of services and the commissioning process shows evidence of commissioning a comprehensive range of sexual and reproductive health services that deliver improved health and wellbeing outcomes, meet individual needs and demonstrate quality and value for money.	<ul style="list-style-type: none"> <li>• Cross practice LARC referral process – <b>Camden, Tower Hamlets</b></li> <li>• SRH services commissioned from multiple locations matched to need: acute and community settings; as well as targeted services for young people such as CHYPS Plus (informed by a consultation with young people and CHYPS Plus voices); School based health huts; FE colleges; young offenders teams; primary care practices, community pharmacies, condom easy access points in youth centres, social services and voluntary organisations; MSM; postal and internet Chlamydia screening program; Open Doors service for sex workers in flats and on the street, HIV Programme outreach and in the home; and services close to patients in other community settings (churches, community centres, mobile unit) <b>City and Hackney</b></li> <li>• Sexual and Reproductive health service commissioned through a competitive process – <b>Redbridge</b>.</li> <li>• A comprehensive pathway of services commissioned including pharmacy, GP, out of hours LES service in primary care, third sector, community sexual health services and GUM services – <b>Lambeth and Southwark</b></li> </ul>		<ul style="list-style-type: none"> <li>• Fragmented commissioning is a London-wide issue which impacts on localities abilities to develop services in line with the needs of their local population.</li> </ul>
e The PCT makes use of appropriate and efficient incentives to promote high quality sexual and reproductive health services that offer the patient fully informed choice and ensure timely and complete data collection and reporting and compliance with clearly defined quality standards.	<ul style="list-style-type: none"> <li>• 3 tier GP LES to include Chlamydia screening, HIV screening and management of STIs – <b>Camden</b></li> <li>• Robust service specifications which include incentives for the set-up and delivery of effective services for under 25 male access, LARC uptake, HIV test uptake and contraception training activity. –<b>Haringey</b></li> <li>• CQuIN for Croydon University Hospital GUM service regarding HIV patients – <b>Croydon</b></li> <li>• Quality performance indicators included in service specification for contraceptive service to include uptake of LARC and LARC removals – <b>Croydon</b></li> <li>• LES in primary care for STI screens and treatment and LARC. <b>City and Hackney</b></li> <li>• LES for pharmacy EHC and Chlamydia screening and treatment incentivise local community pharmacies. <b>City and Hackney</b></li> <li>• Pharmacies are part of the FREEDOM Condom Scheme and contribute to signposting <b>City and Hackney</b></li> <li>• Local premium on PBR tariff*. <b>City and Hackney and Camden</b></li> <li>• Bonus payments for exceeding practice Chlamydia target – <b>Richmond</b></li> </ul>		<ul style="list-style-type: none"> <li>• Sexual Health services in acute settings often form part of block contract and service specifications are not always in place detailing expected quality and outcomes of services.</li> </ul>

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f	<ul style="list-style-type: none"> <li>Service quality indicators are used to promote sexual health activity including 100% of referrals to TOP to receive full contraceptive consultation, 100% of TOPs to be followed up, 60% of TOPs to leave with contraception - <b>LSL</b></li> </ul>		
g	<ul style="list-style-type: none"> <li>Target in service specifications to increase LARC uptake by 2% - <b>Haringey</b></li> <li>TOP pilot to increase uptake of LARC, STI testing and rapid access to terminations* – <b>Haringey</b></li> <li>Quick start access to LARC for women who access EHC* – <b>Haringey</b></li> <li>10% increase in LARC prescribing target included in all service specifications in line with London NHS Sexual Health Framework. Other KPIs include signposting, onward referral and SH promotion – <b>Camden and Islington</b></li> <li>EHC LES is being reviewed to include SH promotion and LARC education and consultation as well as options for Chlamydia screening – <b>Islington</b></li> <li>Payment for community pharmacy are based on number of EHC consultations delivered linked with a target number of Chlamydia screens delivered* - <b>Croydon</b></li> <li>LARC promotion is included in EHC Pharmacy LES and leaflets are distributed with Chlamydia screening kits – <b>Ealing</b></li> <li>Contraception is promoted in maternity settings – <b>Ealing</b></li> <li>LARC promotion included in pharmacy contracts and mailed out in Chlamydia screening packs - <b>LSL</b></li> </ul>		
<b>3. EQUALITY OF ACCESS AND ACCEPTABILITY</b>			
a	<ul style="list-style-type: none"> <li>Commissioners adopt the pan-London sexual health tariff and associated data collection systems to provide consistency across London.</li> <li>Strategy for integration aligned with tariff implementation – <b>Islington</b></li> <li>IT development needs to enable collection of tariff dataset included in service specification – <b>Croydon</b></li> <li>Piloting oral contraception provision in pharmacy setting – <b>City and Hackney</b></li> <li>Free-Dom (c-card) training includes details on Chlamydia screening and the range of contraceptive options and information about EHC - <b>City and Hackney</b></li> <li>HIV testing offered in community settings as part of the NHS health Checks initiative for Black African community members. <b>City and Hackney</b></li> <li>Dedicated worker targets pregnant teenagers undergoing a termination to help prevent second conceptions <b>City and Hackney</b></li> <li></li> <li></li> </ul>		<ul style="list-style-type: none"> <li>Good understanding of the needs of young people exist but understanding of the sexual and reproductive health needs of the adult population is less researched.</li> </ul>

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<p>b . Commissioners ensure that comprehensive sexual and reproductive health services are well publicised, are open access and are made available in the right place, close to where people live, work, study or socialise at the right time and ensure ease of access by vulnerable groups.</p>	<p>The PCTs mentioned here are examples selected from discussions during the Sexual health Challenge meetings and taken from the Sexual health action plans. This is not representative of all PCTs. This is a live document and therefore, those PCTs who have not yet completed their action plans their examples of good practice will be included in subsequent versions. Similarly, if commissioners or providers have further example that would benefit others please send details to London Sexual Health Programme: <a href="mailto:simon.mercer@londonscg.nhs.uk">simon.mercer@londonscg.nhs.uk</a></p> <ul style="list-style-type: none"> <li>• UrLife Directory for young people provides details of services with travel routes <a href="http://www.urlife.org.uk">www.urlife.org.uk</a> – <b>Camden and Islington</b></li> <li>• Practices are required to include information on the sexual health services they provide on NHS choices website. <b>City and Hackney</b></li> <li>• <a href="http://www.SHO-me.nhs.uk">www.SHO-me.nhs.uk</a> - <b>NELNET</b></li> <li>• SWAGNET has commissioned a generic sector wide sexual health website – <a href="http://www.swish.nhs.uk">www.swish.nhs.uk</a> to compliment the young persons 'getting it on' website. This will provide appropriate signposting for all sexual health services provided across the sector including a wide range of providers and links to relevant websites. SWAGNET is responsible for the maintaining the SWISH website.</li> </ul>		<ul style="list-style-type: none"> <li>• Opening times can be confusing</li> <li>• Not all services are provided in accessible and community locations</li> </ul>
<p>c . Commissioners ensure that high quality information on sexual and reproductive health services, including contraceptive choices is provided in a range of settings and in a range of formats, tone and types appropriate for particular segments of the population and actively promotes informed choice.</p>	<ul style="list-style-type: none"> <li>• Sexual Health Education Team (SHET) provide contraception and STI information in schools and students visit clinics and provide feedback to peers* – <b>Camden and Islington</b></li> </ul>		<ul style="list-style-type: none"> <li>• There is often no clear guidance to ensure consistency of the quality and style of information produced on SH services.</li> <li>• There is often no means of systematically assessing the readability of SH information.</li> <li>• There are some excellent resources targeted specifically at young people.</li> </ul>
<p>d . PCTs ensure that sexual Health services address the range of sexual health needs relating to both contraception and STI care in one place, but with speedy referral pathways into services for more complex needs.</p>	<ul style="list-style-type: none"> <li>• Services are fully integrated and staff in community and acute settings work collaboratively. Some posts have been developed across settings to ensure a high degree of integration and adequate referrals pathways and communication. <b>City and Hackney</b></li> </ul>		<ul style="list-style-type: none"> <li>• Services for young people are largely integrated across London, however services for adults in most cases are not yet fully integrated although most PCTs have plans to move towards this.</li> <li>• Referral systems are sometimes informal rather than having clear formal pathways in place to encompass all sexual health needs.</li> </ul>
<p>e . Arrangements are in place for actively managing patients and contacting contraception and STI treatment defaulters.</p>	<ul style="list-style-type: none"> <li>• Partner notification CQuIN* – <b>Camden</b></li> <li>• Active management of STI treatment defaulters with follow-up by a health adviser – <b>Camden</b></li> <li>• CaSH texts (with consent) patients on depo provera to remind them to make an appointment – <b>Haringey</b></li> <li>• 4 Young people's outreach nurses follow-up all under 18's following TOP to support ongoing contraceptive choice – <b>Haringey</b></li> <li>• All untreated infections are flagged up for follow-up and partner notification. Health advisers undertake home visits where required – <b>Croydon</b></li> <li>• Dedicated health advisors proactively contact STI treatment defaulters – <b>City and Hackney</b></li> </ul>		
<b>4. CLIENT FOCUS AND COMMUNITY ENGAGEMENT</b>			
<p>a . Patient and Public Involvement is a formal part of the overall governance and commissioning process from the outset. Views are sought from patients and the wider public to ensure the accessibility and acceptability of the design, delivery and quality of sexual and reproductive health services.</p>	<ul style="list-style-type: none"> <li>• Annual young people's user satisfaction survey – <b>Hounslow</b></li> <li>• Patient representative on Sexual health strategy group – <b>Hounslow</b></li> <li>• Use of LINK networks and Health trainers to gauge adult views of sexual health – <b>Hounslow</b></li> <li>• Full public consultation on Sexual health service modernisation – <b>Hounslow</b></li> <li>• User involvement in planning, commissioning and decision making is an integral part of sexual health strategy – <b>Camden and Tower Hamlets</b></li> <li>• PET questions are agreed between providers and commissioners at performance meetings and adjusted accordingly – <b>Islington</b></li> <li>• Quarterly experience reports including SH are reported to the Board quarterly - <b>Islington</b></li> </ul>		<ul style="list-style-type: none"> <li>• Limited engagement with potential adult users to inform service provision.</li> </ul>


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<p>b The PCT makes use of complaints data, qualitative and quantitative user data to measure the effectiveness, appropriateness and acceptability of services and uses this to inform improvements.</p>	<p>The PCTs mentioned here are examples selected from discussions during the Sexual health Challenge meetings and taken from the Sexual health action plans. This is not representative of all PCTs. This is a live document and therefore, those PCTs who have not yet completed their action plans their examples of good practice will be included in subsequent versions. Similarly, if commissioners or providers have further example that would benefit others please send details to London Sexual Health Programme: <a href="mailto:simon.mercer@londonscg.nhs.uk">simon.mercer@londonscg.nhs.uk</a></p> <ul style="list-style-type: none"> <li>• PALS have initiated a project to look at options for encouraging user engagement and feedback from HIV service users* – <b>Islington</b></li> <li>• CASH service required to undertake 3 service improvements annually based on results from patient satisfaction – <b>Croydon</b></li> <li>• Complaints discussed at contract monitoring meetings and providers are expected to have improvement plans in place – <b>Tower Hamlets</b></li> <li>• A task group has been set up in a teenage pregnancy hotspot to engage with YP to identify interventions to address this – <b>Ealing</b></li> <li>• The PCT has used Experian Customer profiling tool to generate a view of unmet need, particularly in disadvantaged sub groups – <b>Barking and Dagenham</b></li> <li>•</li> </ul>		<ul style="list-style-type: none"> <li>• Pharmacy LES differ by borough both in terms of scope and payments. A London or sector wide approach would support pharmacist migration across boroughs and pharmacists with multiple branches.</li> </ul>
<p>c The PCT works collaboratively with community partners to optimise their involvement in sexual health (for example, representing the views of local people to inform responsive commissioning, promote and refer to services and implementing prevention activities that address the wider determinants of health).</p>	<ul style="list-style-type: none"> <li>• Plan developed for the introduction of smoking cessation service with HIV consultations and support* – <b>Islington</b></li> <li>• Dedicated post to support community engagement in sexual health and HIV promotion <b>Croydon</b></li> <li>•</li> </ul>		
<p><b>5. A DYNAMIC AND CAPABLE WORKFORCE MATCHED TO THE NEEDS OF THE POPULATION</b></p>			
<p>a The PCT together with provider and other networks has reviewed current and future demand and capacity and has a workforce strategy in place to ensure providers are able to deliver fully integrated sexual health services.</p>	<ul style="list-style-type: none"> <li>• “Dual trained” (contraception/GUM) staff in contraceptive/GUM services – <b>Haringey, LSL, Tower Hamlets, Wandsworth, City and Hackney, Croydon,</b></li> <li>• Nurses skilled up to provide LARC methods – <b>H&amp;F, K&amp;C, Westminster, LSL</b></li> <li>• Use of Healthcare assistants for triaging in SH services – Kings, Imperial</li> <li>• LSL investigating workforce planning for the future –<b>LSL/SE London</b></li> <li>• Workforce training needs assessment undertaken to enable integrated service provision – <b>Croydon</b></li> <li>• The CSHS service model was reviewed and redesigned in 2008 to ensure that the workforce has the skills, competence and capacity to deliver integrated sexual and reproductive health services. In particular specific sub competencies were developed for all staff working with sex workers and men. <b>City and Hackney</b></li> <li>• Training assessments have been undertaken in primary care, and a training programme is in place. <b>City and Hackney</b></li> <li>• <b>LSL</b> African Health Forum brings voluntary and community sector providers together to share best practice on community development approaches to HIV prevention.</li> <li>• <b>Lambeth and Southwark</b> has developed a training strategy for staff working with men who have sex with men.</li> <li>•</li> </ul>		<ul style="list-style-type: none"> <li>• Reviews of workforce capacity and skills are not routinely undertaken to assess requirements of an integrated approach.</li> </ul>
<p>b Primary care staff (including pharmacists) is trained in contraceptive information, signposting and provision to ensure comprehensive coverage and accessibility of services.</p>	<ul style="list-style-type: none"> <li>• Rapid review of Level 1 and 2 provision in all GP practices – <b>Haringey</b></li> <li>• Pharmacists attend refresher training each year – <b>Islington, Croydon, Bromley, Wandsworth, Tower Hamlets</b></li> <li>• Additional LARC training for doctors- <b>Camden, Waltham Forest, Croydon, Wandsworth</b></li> <li>• Training for community pharmacies on Chlamydia screening, partner notification and condom use. To ensure continuity of service provision, additional pharmacists have been trained in existing pharmacy providers. The accreditation process involves an online training programme incorporating training videos of</li> </ul>		<ul style="list-style-type: none"> <li>• Need for a clearer understanding about who is training in LARC</li> <li>• Need to train more trainers as a priority, both doctors and nurses as the blockage lies with capacity levels of current trainers</li> <li>• Need for Pan London approach to training for pharmacists</li> <li>• and annual update.</li> </ul>

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<p><b>6. THE PCT COMMISSIONS A COMPREHENSIVE NETWORK OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES TO MEET THE NEEDS OF THE LOCAL POPULATION</b></p>			
<p>a The PCT commissions an integrated network of sexual and reproductive health services which is matched to local need and ensure that residents have a choice of providers.</p>	<ul style="list-style-type: none"> <li>• local experts. – <b>Croydon</b></li> <li>• Training for community pharmacies to deliver oral contraception through Kings College* - <b>Croydon</b></li> <li>• LARC training for GP via Independent provider- <b>Redbridge</b></li> <li>• Pharmacy counter staff are trained as part of the Free-dom C-card to distribute condoms, to discuss basic contraceptive information and signpost to clinical services. <b>City and Hackney</b></li> <li>• Pharmacy in Southwark providing oral contraceptives</li> <li>• Pharmacists in Lewisham providing progesterone only pills (POP)</li> <li>• Text for test Chlamydia screening programme – <b>Ealing</b></li> <li>• Pathways have been developed for all commissioned services with referral criteria – <b>Camden and Islington</b></li> <li>• Integrated services are provided on a hub and spoke model which are open access and delivered in a range of settings- <b>Redbridge, Barking and Dagenham and Havering</b></li> <li>• Integrated and open access services provided – <b>LSL</b></li> <li>• Modernisation Initiative – In Lambeth and Southwark. Programme of service improvement and redesign. More information available about early stages (process mapping, demand and capacity mapping, developing a new service model, change management) and evaluation reports setting out longer term impact and learning from Gary Alessio. Service model is embedded in L&amp;S SH Strategies and has been developed in Streatham Hill, Vauxhall, Walworth and Bermondsey. GSTT Lydia clinic at St Thomas’ hospital is moving to new premises in a community setting.</li> <li>• Lewisham SRH services have consolidated on 4 sites with long, consistent opening hours providing integrated STI and contraception services. All patients are offered point of care HIV testing as part of STI screening. There is a website <a href="http://www.kisp.org.uk">www.kisp.org.uk</a> which provides up to date information about where to access sexual health advice (including EHC) opening hours and locations, as well as more general sexual health advice.</li> <li>• LSL and Greenwich have service specifications for integrated sexual health services and experience of developing integrated services both from commissioner and provider perspective.</li> <li>• HIV testing in general practice – successful projects in Lambeth and Lewisham demonstrating the implementation of National HIV testing guidance (BHIVA). Lewisham has 16 practices carrying out point of care HIV testing during the new patient check as part of level 1 sexual health service provision (i.e. without additional payment). In the first 9 months of implementation an additional 19 HIV patients were diagnosed through HIV screening at the new patient check. Lambeth started with 5 practices offering HIV /blood borne virus screening to all new patient registrations with average uptake of 45% . Gilead Fellowship funding is supporting the expansion of HIV testing across general practice in Lambeth and Southwark. <b>LSL</b></li> <li>• The <b>SEL HIV and SH Network</b> operates across SEL to: <ul style="list-style-type: none"> <li>• Support emerging commissioning structures and ensure continuity</li> <li>• Implement a workforce transformation project to increase productivity by agreeing the sexual health and HIV workforce we will need in the next 5-10 years in specialist, community and primary care settings and commission the</li> </ul> </li> </ul>	 <p>specification_for_Pharmacysexual_health</p>	<ul style="list-style-type: none"> <li>• All PCTs commission a variety of providers to deliver sexual health, however, this is sometimes confusing for the client to understand which services can be accessed within each setting, especially for walk in access and in absence of a central booking system for appointment</li> <li>• As sexual health is contained within a number of larger contracts there are difficulties in shifting funding and activity to other providers, this will be addressed through the introduction of the tariff..</li> </ul>

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b	<p>People requiring contraception can access information and advice on the full range of methods available and are supplied with their chosen method in a range of settings.</p> <ul style="list-style-type: none"> <li>Postal condom and lubricant scheme – <b>Hounslow</b></li> <li>Contraception is available in primary and community services, acute settings, TOP services and outreach – <b>Camden and Islington</b></li> <li>EHC distributed via YP outreach clinics - <b>Haringey</b></li> <li>Contraceptive pill provision is being piloted in pharmacies – <b>LSL</b></li> <li>Sexual health service provided in FE colleges (pilot) <b>LSL</b></li> </ul>		
c	<p>All General Practices are able to offer contraceptive advice on all methods and provide as a minimum oral and injectable contraceptives, emergency contraception and condoms distribution and signposting for other long acting methods.</p> <ul style="list-style-type: none"> <li>A LARC strategy group is in place to improve access in primary care focusing on training needs is in place to increase the number of trained implant and coil fitters.- <b>Tower Hamlets</b></li> <li>General practice – basic services available in all practices including contraceptive pill and injectables. LES for more complex needs – including out of hours open access to Sexual Health provision and LARC for non-registered patients. Lambeth and Lewisham both have primary care sexual health facilitators working with GP practices. <b>LSL</b></li> <li><b>Bromley</b> has developed three levels of SH LES in general practice with 21 practices offering a Level 1 Plus service to registered patients, 9 practices offering Level 2 services to registered and unregistered patients and one practice is offering Level 1 Plus and Level 2 services to registered patients only. Two GP Champions provide training and provide significant levels of peer support to their GP colleagues. They have developed leaflets on referrals to support both GPs and patients</li> </ul>		<ul style="list-style-type: none"> <li>Primary care sexual health services are hugely variable across London and there is not always a robust strategy to develop services in primary care</li> </ul>
d	<p>Commissioners have appraised the options around the availability and accessibility of EHC in terms of outlets, walk in access and free provision and have implemented evidence based and cost effective solutions that best meet the needs of the local population.</p> <ul style="list-style-type: none"> <li>EHC provided free in pharmacy setting to all age groups – <b>Hounslow</b></li> <li>EHC provision reviewed as part of pharmaceutical needs assessment – <b>Camden and Islington</b></li> <li>Community pharmacies chosen for EHC provision based on access, user friendliness and opening hours - <b>Islington</b></li> <li>EHC provision reviewed as part of pharmacy needs assessment – <b>Haringey</b></li> <li>Pharmacy EHC scheme for under 21's however, pharmacists can use their professional discretion to supply to customers over 21. <b>Croydon</b></li> <li>Pharmacy EHC scheme is being expanded to include oral contraception in 2011/12. An on –line database system is in place to monitor pharmacy activity, including qualitative information on why patients refuse uptake of particular services e.g. Chlamydia screening. – <b>Croydon</b></li> <li>EHC coordinator responsible for training, supporting and monitoring the scheme – <b>Enfield and Haringey</b></li> <li>EHC provision in pharmacies forms part of overall sexual health LES which includes Chlamydia screening, pregnancy testing and condom distribution – <b>Waltham Forest</b></li> <li>A combined sexual health LES (Combining EHC, condom distribution and Chlamydia testing) for community pharmacies is in place and has demonstrated a remarkable improvement in the yield of Chlamydia screening. This also supports</li> </ul>	 <p>SEXUAL HEALTH LES COMMUNITY PHARM/</p>	<ul style="list-style-type: none"> <li>Some boroughs have recognised the opportunity to provide EHC as part of a wider Sexual health LES which includes Chlamydia screening, contraceptive consultation and condom distribution.</li> </ul>

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f	<p>Providers of EHC provide information, advice and referral on the full range of contraceptive methods available.</p>	<p>the provision of a more holistic approach to sexual health provision <b>Redbridge</b>.</p>	
g	<p>Young people friendly services are available which provide access to the full range of sexual and reproductive health care</p>	<ul style="list-style-type: none"> <li>• Patient packs for women accessing EHC in pharmacy include information on emergency contraception, methods of ongoing contraception (including LARC), a directory of local sexual health services that young people can access, condoms and lubricant – <b>Camden and Islington</b>.</li> </ul>	
h	<p>There are clearly defined referral pathways which are actively promoted to support clinicians and relevant partners to refer people for all sexual and reproductive health needs including more complex needs.</p>	<ul style="list-style-type: none"> <li>• KISS clinics aimed at Young People – <b>Hounslow</b></li> <li>• SHINE Clinics aimed at Young People - <b>Newham</b></li> <li>• Asymptomatic clinic at Southall College being piloted – <b>Ealing</b></li> <li>• Development of LA youth Hubs to provide universal and targeted support to vulnerable young people – <b>Islington</b></li> <li>• St George's GUM set up The Point Clinics in SWL and SWAGNET clinics working across the sector to ensure that The Point became the generic term for all the Young Person's clinics with the same logo and shared protocols/guidelines and pathways. <b>SWAGNET</b></li> <li>• Mystery shopping takes place in specialist and primary care services and is a useful quality improvement tool. Mystery Shopping toolkit available. <b>LSL</b></li> <li>• Sexual health outreach teams work in schools and youth centres and the Lambeth. Young People's SH Strategy sets out an appropriate model of service delivery in outreach settings. <b>LSL</b></li> <li>• <b>Lewisham SRH</b> are involved in a FESHnet project at Lewisham College to provide sexual health services on the college site.</li> <li>•</li> <li>•</li> </ul>	
i	<p>Specialist services are provided with the focus and expertise to provide care for those with more complex sexual and reproductive health needs.</p>	<ul style="list-style-type: none"> <li>• Young People's sexual health pathway guide developed for use by front line staff – <b>Ealing</b></li> <li>• RU Ready training for front line staff to enable identification of sexual health and teenage pregnancy risk factors and intervene appropriately – <b>Ealing</b></li> <li>• Pilot of self-referral to BPAS – <b>Haringey</b></li> <li>• Domiciliary contraceptive service established with referral routes from TOP, maternity services and services working with young people 'at risk' of teenage pregnancy – <b>Croydon</b></li> </ul>	
	<ul style="list-style-type: none"> <li>• Specific FGM services provided – <b>Ealing and Waltham Forest</b></li> <li>• Specialist Gynaecology provided in <b>Waltham Forest</b></li> <li>• Specialist SH services provided in both community and acute settings including psychology service, sexual dysfunction, clinical services for sex workers, sexual assault services, genital dermatology service, learning disability service and HIV outpatients service - <b>Haringey</b></li> </ul>		

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<p>j There is a mechanism to ensure that all women who have had an abortion as a result of unintended pregnancy are offered, supplied/fitted the full range of reversible contraceptive methods in addition to condoms and are offered a follow-up consultation within 4 weeks.</p>	<p>The PCTs mentioned here are examples selected from discussions during the Sexual health Challenge meetings and taken from the Sexual health action plans. This is not representative of all PCTs. This is a live document and therefore, those PCTs who have not yet completed their action plans their examples of good practice will be included in subsequent versions. Similarly, if commissioners or providers have further example that would benefit others please send details to London Sexual Health Programme: <a href="mailto:simon.mercer@londonscg.nhs.uk">simon.mercer@londonscg.nhs.uk</a></p> <ul style="list-style-type: none"> <li>• CaSH contract includes commitment to undertake 4 week follow-up contraception consultation for women who have undergone an abortion, including a post ToP outreach service for vulnerable groups. – <b>Haringey</b></li> <li>• Young people having a ToP are followed up by a specialist outreach nurse or the referring service – <b>Islington</b></li> <li>• Domiciliary contraceptive service established with referral routes from TOP, maternity services and services working with young people ‘at risk’ of teenage pregnancy – <b>Croydon</b></li> <li>• Contraception and STI screening (including HIV testing) is offered pre-termination and at termination. LARC target for women undergoing termination (70%). CHYPS Plus have a dedicated assertive outreach nurse who targets teenagers in order to reduce second conceptions – <b>City and Hackney</b></li> <li>• TOP – commissioned across LSL. All providers work to the DH mandated service specification. 60% contraception uptake on discharge and HIV testing in place across all providers. Follow up provision post TOPs at providers being piloted for under 19s and LSL RCT Research project on TOPs follow up is about to start, managed by Kings. Gold standard follow-up pathway under development.</li> </ul>		
<p><b>7. ROBUST MONITORING OF PERFORMANCE TO ENSURE QUALITY AS WELL AS OUTCOMES</b></p>			
<p>a The PCT has a clear and implemented performance management framework for monitoring and evaluating the full range of service provision, outcomes, value for money, quality and access.</p>	<ul style="list-style-type: none"> <li>• NELNET have developed a sexual health and HIV score card which incorporates a range of KPIs and has been adopted by PCTs in the network*. – <b>NELNET</b></li> <li>• Providers performance is measured against a number of clinical and non clinical KPIs. Providers report monthly to commissioners detailing progress against targets, service outcomes and quality standards. These are discussed at Board meetings. – <b>Redbridge, Havering and Barking and Dagenham</b></li> </ul>	<p>Integrated Performance scorecard</p>	<ul style="list-style-type: none"> <li>• Performance management of sexual health services is often the responsibility of a range of commissioners with limited consistency. A performance management framework with clear standards for the quality of services and a lead SH commissioners would enable services to be provided consistently and for comparisons between providers to be made.</li> </ul>
<p>b Data from performance management and clinical governance arrangements is analysed and used to inform future commissioning and hold providers to account for continually improving the quality of services.</p>	<ul style="list-style-type: none"> <li>• Performance management matrix agreed for all services – <b>Camden and Islington</b></li> <li>• Public Health and commissioning work closely to collect, analyse and report sexual health performance data which is scrutinised at contract management meetings and used to develop services, for example data informed shift in clinic locations and development of clinics for MSM- <b>Haringey</b></li> <li>• GPs encouraged to identify actions to improve uptake/performance* - <b>Croydon</b></li> <li>• Lambeth and Southwark has a sexual health commissioning dataset collected by all providers (including Brook) used to understand attendances, performance and trends. There are plans to extend this to Lewisham. Sexual Health LES practice data and TOP provider activity is collected through bespoke datasets. A commissioning report is presented 6 monthly to the Sexual Health Programme Board</li> <li>• Sexual &amp; Reproductive Health KPIs: 48 hours access, 30% LARC provision, 80% uptake HIV testing. (Lambeth and Southwark)</li> </ul>		<ul style="list-style-type: none"> <li>• Clinical governance arrangements are often unclear</li> </ul>
<p>c The PCT uses benchmarking of sexual health outcomes against local, regional and national averages and understands reasons for variation and actions to address.</p>	<ul style="list-style-type: none"> <li>• Bench marking for Chlamydia, HIV and TP, commissioning and public health work together to understand variations. - <b>Islington</b></li> </ul>		<ul style="list-style-type: none"> <li>• There are often limited set local targets to improve sexual health performance identified in the sexual health strategy and translated into individual contracts or service specifications.</li> </ul>

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d	Processes are in place to monitor provider compliance with national guidance and standards e.g. Nice guidance on LARC, MedFASH, BASHH and Faculty of Sexual and Reproductive Health Care (FSRH) standards for Sexual Health Services.		<ul style="list-style-type: none"> <li>Difficult to establish if an IUS was fitted for contraceptive or bleeding problems in some areas.</li> </ul>
<b>8. INFORMATION MANAGEMENT</b>			
a	The PCT has clear information governance arrangements in place to ensure the timely and accurate collection and reporting of the tariff data set, that data is quality assured prior to payment, and that confidentiality and data protection is maintained.	<ul style="list-style-type: none"> <li>Pharmacy online database ensures completeness of data through use of mandatory fields. Data is also triangulated using data reported to Chlamydia screening office - <b>Croydon</b></li> </ul>	
b	All relevant contracts specify monthly/quarterly data reporting arrangements to enable effective performance management of providers and assessment of local sexual health outcomes including equality data.		
c	The PCT has arrangements in place to regularly and systematically audit and validate data quality.	The PCT's Information and a Performance & Productivity Teams both undertake provider data quality audits. Providers are required to provide evidence to substantiate that claims are valid <b>Hillingdon</b> .	
d	Information systems are in place to ensure fraudulent provider activity claims are prevented and identified.		
<b>9. A FOCUS ON PREVENTION AND INFORMED CHOICE</b>			
a	The Sexual Health strategy includes a range of prevention and health promotion interventions which aim to improve sexual health outcomes in the general population and to reduce inequalities in sexual health.	 <p>Sexual Health Peer Education Project Rej</p>	<ul style="list-style-type: none"> <li>Peer education programme for sexual health issues aimed at Bangladeshi and Somali communities and led by the voluntary sector* – <b>Camden</b></li> <li>Young person's sexual health outreach coordinator commissioned by LA to support vulnerable young people's (Looked after children, teenage parents, young people in supported housing or alternative education) sexual health – <b>Camden</b></li> <li>Sexual Health is linked into substance misuse and alcohol programmes* – <b>Camden</b></li> <li>Web-based booking and remote sexual history taking for GU access* – <b>Camden and Islington</b></li> <li>Freedoms shop for sex workers to enable sexual health self management* – <b>Camden</b></li> <li>Pilot for HIV point of care testing underway* – <b>Haringey and Newham</b></li> <li>Vaccination programmes for sex workers and at-risk clients* – <b>Haringey</b></li> <li>Chlamydia pilot in pregnancy testing services* – <b>Haringey</b></li> <li>Early identification programme 'ASPIRE' targets high risk young people with multiple needs for preventing unplanned pregnancy, raising self-esteem and aspiration etc.* <b>Tower Hamlets</b></li> <li>Prevention activities include- oral HIV testing in community settings, SRE in</li> </ul>

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b	<p>The PCT seeks out opportunities to work with partners to promote the full range of sexual and reproductive health services including contraceptive choices through commissioned health promotion efforts (for example Sexual and relationship education, community and individual relationship skills and self-esteem activities, condom distribution efforts, sexual health outreach, peer education programmes, screening and testing and opportunistic brief interventions when accessing emergency contraception or pregnancy testing).</p>	<ul style="list-style-type: none"> <li>schools, early intervention worker for young people at risk of pregnancy – <b>LSL</b></li> <li>The SWAGNET Sexual Health Promotion Subgroup and HIV Testing Taskforce review prevention and health promotion interventions and promote early HIV Testing. SWAGNET has produced a Primary Care Indicator Diseases Tool-kit to support HIV Testing and to reduce late diagnosis.</li> <li>Currently piloting a primary school model of SRE to be put forward as a model of good practice – <b>Hillingdon</b></li> <li>In Lewisham the Looked After Children’s nurse provides a drop in health clinic which provides sexual health (and other health) advice and can sign post to sexual health services for more complex sexual health needs.</li> </ul>	
<b>10. MARKETING AND COMMUNICATIONS SUPPORT THE PUBLIC TO ACCESS AND USE SEXUAL REPRODUCTIVE HEALTH SERVICES AND ARE BASED ON KNOWLEDGE OF THE LOCAL POPULATION.</b>			
a	<p>The PCT utilises insight gained from the target group to market services to ensure they are perceived as welcoming, non threatening and attractive.</p>	<ul style="list-style-type: none"> <li>Chlamydia screening programme informed by qualitative research with target group to understand motivations and barriers and to inform segmentation. This informed service modifications and promotional activities* – <b>Islington</b></li> <li>Mosaic breakdown of service users provides insight into those accessing and not accessing services* - <b>Islington</b></li> </ul>	
b	<p>The PCT’s Sexual Health Strategy includes actions to market the full range sexual health services available and the full range of contraceptive choices available to include specific efforts to encourage condom use in men.</p>	<ul style="list-style-type: none"> <li>Media and marketing subgroup of sexual health steering group responsible for developing actions to market services – <b>Ealing, Tower Hamlets</b></li> <li>Joint SH communication plan with local authority and SH providers* - <b>Haringey</b></li> <li>SWISH (South West London Information on Sexual Health) <a href="http://www.swish.nhs.uk">www.swish.nhs.uk</a> has been developed by SWAGNET to provide an effective internet gateway to the diverse range of Sexual Health services available in South West London. The website signposts potential service users with a simple format that is easy to search and provides essential service information that is accurate &amp; easily updated</li> <li>LARC campaign being run through life channel screens at GPs and Health Centres <b>Hillingdon</b></li> <li>Southwark has an annual sexual health campaign in pharmacy.</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Marketing of services is often ad-hoc and uncoordinated with each provider responsible for developing their own materials. A London wide branding and guidelines could be considered to standardise and ensure to quality of information on sexual health.</li> <li>There are a huge mass of sexual health websites in London. Websites are challenging to keep up to date and fresh and therefore consideration should be given to a London-wide sexual health website that is funded by local public health departments.</li> </ul>

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c	<p>The Sexual Health lead has effective reviewing arrangements in place to ensure the public has access to factually accurate, relevant, appropriate and consistent information about sexual health from services.</p>		
<b>11. EVALUATION</b>			
a	<p>The PCTs mentioned here are examples selected from discussions during the Sexual health Challenge meetings and taken from the Sexual health action plans. This is not representative of all PCTs. This is a live document and therefore, those PCTs who have not yet completed their action plans their examples of good practice will be included in subsequent versions. Similarly, if commissioners or providers have further example that would benefit others please send details to London Sexual Health Programme: <a href="mailto:simon.mercer@londonscg.nhs.uk">simon.mercer@londonscg.nhs.uk</a></p>		
b	<ul style="list-style-type: none"> <li>An information and promotions needs assessment was conducted to identify gaps, areas for duplication and information needs of different populations to inform recommendations for action - <b>Islington</b></li> </ul>		
a	<p>Structures and processes are established to provide ongoing evaluation of service provision in terms of both outcomes and quality and including the views of the users and audits of patient journeys to inform commissioning</p>		
b	<ul style="list-style-type: none"> <li>Pilots are evaluated and discussed at strategy steering group and contract monitoring meetings. – <b>Camden and Islington</b></li> <li>Links with Public health to ensure pilot programmes have robust evaluation frameworks in place – <b>Islington</b></li> <li>Pilot initiatives reviewed monthly at SHMG and submit a formal annual report. Many pilot interventions evaluations are submitted for publication in peer reviewed journals or presented at national conferences <b>City and Hackney</b></li> </ul>		