

The London Sexual Health Programme (LSHP)
Development of Proposed Tariff/s for Sexual Health in London

Contraception Working Group
Terms of Reference

Summary:
All Working Groups for the project: "Development of Proposed Tariff/s for Integrated Sexual Health in London" are required to draw up Terms of Reference which the Steering Group will sign off, to ensure the goals of the project are met by the different workstreams.
Action required:
The Steering Group is to agree and sign off these Terms of Reference
Lead:
Chris Wilkinson
Written by:
Working group
Performance Management (which national/local targets does this report affect)
National target: 48 hour access
Governance and Legality Checks (which statutory responsibilities does this report affect)
Health Inequalities (how does this report support the reduction of health inequalities in NWL)
N/A
Patient and Public Involvement (summary of any patient and public involvement in the issues this report covers)
N/A
Race Equality
N/A

Contraception Working Group Terms of Reference

Title:	The London Sexual Health Programme (LSHP): Development of Proposed Tariff/s for Sexual Health in London																																						
Date approved, approving body:	Target date for sign-off: end-Apr-10 by the LSHP Tariff Steering Group The ToRs will be reviewed in Dec-10 if appropriate																																						
Project Overview:	<p>The overall aim of the project is to a) improve access to contraceptive services and STI screening and treatment and b) improve the population's sexual health through the development of contraception, STI and integrated tariffs/currencies for London that are setting independent and can be used in both community and acute settings across London. The goal is to have them validated, road tested and shadowed for implementation by April 2011. Commissioners can then use them across all contraception and STI services both in community and acute settings. The proposed currencies/tariffs will aim to incorporate the core principles of patient safety, service quality, sustainability, cost-effectiveness, patient choice and open access. They are being developed so as not to destabilise open access contraception or STI services, and to ensure targets of 48 hour access and LARC indicators are achieved.</p>																																						
Membership:	<p>The Contraception Working Group members will propose themselves for inclusion as required to support workshops or pieces of work to help deliver the project. The group will be chaired by Chris Wilkinson and supported by Pathway Analytics who have been commissioned to carry out the work. There will be formal representation from BASHH and FFPRHC. Working Group membership may also include representatives from the LSHP, the Steering Group, other Working Groups, the Department of Health, the Health Protection Agency, Clinical Practitioners in Sexual Health, Service/Business Managers, Network Managers and other representatives from the Pilot Sites as deemed appropriate.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Member</th> <th style="text-align: left;">Role, Organisation</th> </tr> </thead> <tbody> <tr> <td>Chris Wilkinson</td> <td>WG Chair, Lead Consultant, Camden</td> </tr> <tr> <td>Ali Kubba</td> <td>Lead Consultant, Lambeth</td> </tr> <tr> <td>Amrit Bansel</td> <td>IT specialist, Wandsworth</td> </tr> <tr> <td>Carole Gold</td> <td>SRH service co-ordinator, Barking, Havering & Redbridge</td> </tr> <tr> <td>Daniel Vandenberg,</td> <td>Service Manager, Camden</td> </tr> <tr> <td>David Harkness</td> <td>Data Manager, Camden</td> </tr> <tr> <td>Hong Tan</td> <td>Director, LSHP</td> </tr> <tr> <td>Jacqueline Evans</td> <td>Consultant, Lewisham</td> </tr> <tr> <td>Julie Glyn-jones</td> <td>Service Manager, Lambeth</td> </tr> <tr> <td>Kerry Parton</td> <td>Lead Consultant, Wandsworth</td> </tr> <tr> <td>Lesley Bacon</td> <td>Lead Consultant, Lewisham</td> </tr> <tr> <td>Pam Shepherd</td> <td>Data manager, Wandsworth</td> </tr> <tr> <td>Rachel Paxford Jenkins</td> <td>Service Manager, Camberwell/ KCH</td> </tr> <tr> <td>Sally Kelsey</td> <td>Clinician, Barking, Havering & Redbridge</td> </tr> <tr> <td>Sarah Raynor</td> <td>Service Manager, Wandsworth</td> </tr> <tr> <td>Sharmin Obeyesekera</td> <td>Consultant, Barking, Havering & Redbridge</td> </tr> <tr> <td>Raj Modi</td> <td>Facilitator, Pathway Analytics</td> </tr> <tr> <td>Usha Kumar</td> <td>Lead Consultant, Camberwell / KCH</td> </tr> </tbody> </table>	Member	Role, Organisation	Chris Wilkinson	WG Chair, Lead Consultant, Camden	Ali Kubba	Lead Consultant, Lambeth	Amrit Bansel	IT specialist, Wandsworth	Carole Gold	SRH service co-ordinator, Barking, Havering & Redbridge	Daniel Vandenberg,	Service Manager, Camden	David Harkness	Data Manager, Camden	Hong Tan	Director, LSHP	Jacqueline Evans	Consultant, Lewisham	Julie Glyn-jones	Service Manager, Lambeth	Kerry Parton	Lead Consultant, Wandsworth	Lesley Bacon	Lead Consultant, Lewisham	Pam Shepherd	Data manager, Wandsworth	Rachel Paxford Jenkins	Service Manager, Camberwell/ KCH	Sally Kelsey	Clinician, Barking, Havering & Redbridge	Sarah Raynor	Service Manager, Wandsworth	Sharmin Obeyesekera	Consultant, Barking, Havering & Redbridge	Raj Modi	Facilitator, Pathway Analytics	Usha Kumar	Lead Consultant, Camberwell / KCH
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	Vikki Pearce Director, Pathway Analytics
Quorum (for decision-making):	The Project Group seeks to include all members in decision making at all times –but ultimately a quorum requires 75% of the membership to agree. In the event that a member is not present when a decision is required the chair will write out to the absent member(s) clarifying the likely impact/ change and giving a minimum two week turnaround period for comments. If no comments are received within 2 weeks, it will be assumed that the member agrees with the decision of the group.
Frequency of Meetings:	Monthly (or as agreed by the majority of members at meeting)
Attendance at meetings:	Members should attend meetings wherever possible, provide written comments on papers if unable to attend, or may send a substitute.
Remit:	<ol style="list-style-type: none"> 1. The purpose of the Working Group is to support the development of tariff/s for contraception and psycho-sexual care and for associated conditions. 2. To model and develop accurate costings for pathways that deliver high quality clinical care and improve the effectiveness of patient care, this will be done in line with National guidance produced by the FFPSRH & BASHH. 3. To ensure the development of effective tariffs that promote behaviour interventions, recognised training, robust clinical governance alongside clinical pathways that reduce risk of subsequent morbidity. 4. To work with the DH PbR team to ensure that tariffs are applicable nationally and benefit services and commissioning across the NHS. <p>The work will be carried out in workshops, 1 to 1 meetings and other formats.</p>
Timelines:	<p>The Working Group aims to deliver the following milestones:</p> <ul style="list-style-type: none"> • Set up for road test of tariffs sorting out IT and related issues, by early-Apr • Road test the tariffs and carry out impact assessment, by end of May • Impact assessments will inform commissioning intentions, by Oct • Implementation is aimed for April 2011-12 <p>It is acknowledged by the Working Group that these timelines may need some flexibility.</p>
Duties – Responsibilities:	<p>The responsibilities of the Working Group members are as follows:</p> <ul style="list-style-type: none"> ▪ <u>Project Management</u>: to monitor progress by the pilot sites during the data collection and analysis phase; to include pathway mapping and resource use ▪ <u>Pathway Validation</u>: to validate contraception and STI pathways developed during Phase 1, alongside the STI Working Group ▪ <u>Cost Levers</u>: to collect and analyse data from Service Provider's budgets, to feed into a modelled staffing profile; this will include information from Providers' direct and indirect costs of the service ▪ <u>Activity Data Collection</u>: to collect and analyse activity data from SRH clinics in order to explore and validate proposed currencies and tariff/s; this may require preliminary work to understand different IT/data collection systems ▪ <u>Estimating tariff proposals for SRH services</u>: to facilitate testing of pricing and currency proposal inputs, assumption sets and framework for SRH, in collaboration with GUM validation and road testing activities ▪ <u>Address key challenges</u>: to identify and address key risks and challenges to the sexual health tariff development work ▪ <u>Communication</u>: responsibility to communicate Road Test requirements with key stakeholders across services ▪ <u>Timely Supply of Comprehensive Data</u>: to provide comprehensive data sets within a timely manner

The London Sexual Health Programme

Accountability:	The Contraception Working Group is responsible and accountable to the Steering Group which oversees and coordinates the work of three Working Groups.
Governance:	This work is led by commissioners and was commissioned by the London Sexual Health Programme on behalf of PCTs in London. It works in partnership with providers and commissioners in the SRH/ISH, GUM and Commissioning Working Groups that report and advise the Project Steering Group who make recommendations to the London Sexual Health Commissioning Board (LSHCB). The Senior Responsible Officer for Sexual Health who chairs the LSHCB will make recommendations to the London Commissioning Group of PCT CEs and NHS London who will make final decisions on the tariffs.
Reporting responsibilities:	The Working Group will develop a communications plan to be delivered by Pathway Analytics. Communication between the Working Groups will be via the chairs of the groups and to the project Steering Group on a regular basis. External communications will be by Pathway Analytics as appropriate and available from the London Sexual Health Programme website (www.londonsexualhealth.org).
Confidentiality:	Information shared by the Working Group members on budgets, activity and any other 'sensitive' information will be kept confidential within the group. By participating in this work, it is implicit that members will share relevant information with the group from their respective organisations. All information remains confidential until the Working Group Chair has signed off its release.
Review:	These Terms of Reference will be reviewed as needed to ensure the group achieves its objectives as the group has a short-life to April 2011 in the first instance.