

Document Front Sheet

Name and date of meeting: London Sexual Health Commissioning Network, 20th May 2009	
Title of document: Model NHS community contract service specification: contraception and community gynaecology services	Agenda item: 2
	Attachment: C
Aims: This service specification is developed to provide London model contraception and community gynaecology services specification.	
Summary: This service specification is adapted to fit the new community contract format. PCTs are encouraged to use this as the basis of their local service specification under the new NHS contract for community services (scheduled to part one).	
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SERVICE SPECIFICATION

Service	Contraception and Community Gynaecology Services
Commissioner Lead	[Insert relevant commissioning lead here]
Provider Lead	[Insert relevant provider lead here]
Period	1 st April 2009 - 31 st March 2010

1. Purpose

1.1. Aims

1.1.1 The overall aim of NHS XXXX is to [Insert relevant aims here]

[example: to promote and provide a range of high quality, responsive, cost effective health services to service users in order to assist them to attain and maintain their optimum quality of life.]

1.2. Evidence Base

- 1.2.1 Reproductive rights were clarified and endorsed internationally in the Cairo Consensus that emerged from the 1994 International Conference on Population and Development. This constellation of rights, embracing fundamental human rights established by earlier treaties, was reaffirmed at the Beijing Conference and various international and regional agreements since. They include the right to decide the number, timing and spacing of children, the right to voluntarily marry and establish a family. (**ref:** UNFPA)
- 1.2.2 The contribution of contraception to reductions in obstetric mortality and morbidity is universally acknowledged. One major pathway is by reducing the number of unwanted births. (**ref:** "The effects of contraception on obstetric outcomes". WHO, Geneva, 2004)
- 1.2.3 In "Teenage pregnancy and parenthood: a review of reviews evidence briefing" by NHS Health Development Agency (Feb 2003), it was concluded that there are a number of short,

medium and long-term negative health outcomes for young mothers. Furthermore, The Social Exclusion Unit (1999), reviewing analyses of the 1958 UK birth cohort, concluded that teenage mothers were more likely:

- To have no qualifications by age 33
- To be in receipt of benefits
- If employed, to be on lower incomes in their 30s than their peers, and working in semi-skilled or unskilled posts.

1.2.4 A U.S. study found that 86% of the decline in teen pregnancy could be attributed to increased contraception use, while 14% was due to teens' increased abstinence. (*ref: Santelli JS et al. Exploring recent declines in adolescent pregnancy in the United States: the contribution of abstinence and increased contraceptive use. American Journal of Public Health 2007; 97: 150-156.*)

1.2.5 In monetary terms, the prevention of unplanned pregnancy by NHS contraception services has been estimated to save the NHS over £2.5 billion a year. (*ref: "Effective Commissioning of Sexual Health and HIV Services" DH 2003*)

1.2.6 NICE guideline was published in 2005 which highlights that if 7% of women switched from the contraceptive pill to Long Acting Reversible Contraceptive (LARC) methods (defined as the intrauterine device (IUD), hormonal injection, intrauterine system (IUS) and sub-dermal implant (SDI) the NHS could save around £100 million through reducing unintended pregnancies by 73,000 per annum.

1.3. General Overview

1.3.1 This service specification forms a part of the agreement between the NHS XXXX (the host "Commissioner") and XXXX Services, (the "Provider") for the provision of Contraception and Community Gynaecology Services. The specification sets out what is expected of the Provider in terms (of quality and quantity) of provision and the aim of providing the service.

1.3.2 The service shall be provided within the principles developed by the fpa which should underpin all contraceptive services include:

1.3.2.1 skilled and welcoming staff – all clinical and non-clinical staff must be provided with appropriate accredited training in line with individual competencies, and clinical governance. This should include training and regular updates in contraception, Sexually Transmitted Infections (STIs), sexuality, communication skills and inclusive practice to enable staff to provide accurate

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- impartial and confidential advice and treatment to all patients.
- 1.3.2.2 easily accessible, localised services – providers must ensure that services are accessible by all members of the community, e.g. through appropriate opening times and location and provision of services for vulnerable and socially excluded groups. These might include interpreting/translation services, facilities for disabled people, the homeless, and those in remote or inaccessible areas e.g. through developing outreach programmes.
 - 1.3.2.3 confidential advice and treatment – all services providing contraceptive care should have a clear confidentiality policy, which is well advertised and accessible to all.
 - 1.3.2.4 targeted detailed and relevant information – services offering contraceptive care should be well publicised in local telephone directories (e.g. Thompsons and Yellow Pages), local GP practice leaflets and notice boards, and other sexual health providers. The material should include up-to-date, relevant information in a variety of format and in predominant community languages, and service should develop in-year if the materials are not accessible by some of the local populations.

1.4. Objectives

The Service will:

- 1.4.1 provide a high quality, evidence-based service which represents good value and is responsive to local needs and national guidance and policy across **[Insert relevant info here]**;
- 1.4.2 work collaboratively with the acute sector, voluntary sector providers, general practice and other primary care providers;
- 1.4.3 as a recognised training centre prioritise local training needs (see training);
- 1.4.4 work with commissioners to further develop high quality local services;
- 1.4.5 as requested, work with Sector and pan-London Health organisations.

1.5 Expected Outcomes

The Provider must aim to achieve the following general outcomes:

- 1.5.1 All patients can access the full range and choice of methods, maximising effective contraceptive use and help prevent unintended pregnancy.

1.5.2 All patients maintain an optimum level of health and general well-being.

1.5.3 National targets will be expected to be achieved and include:

1.5.3.1 Access to Reproductive Care Target as part of Healthcare Commission's annual health check, that the provider:

- (i) have a strategy in place (sufficiently recent to take account of the 'Recommended standards for sexual health services' document published in March 2005,) to encourage sexual health service uptake, including specific actions to reach population groups who are less well served by, or find it more difficult to access, existing provision.
- (ii) have a process in place to ensure that consistent information about local sexual health service provision is readily available for staff and members of the public, to enable people to access the services they need (ie the most appropriate method of contraception, which could be the pill, condoms, long-acting methods or other methods) [ref 'Recommended standards for sexual health services', standard 4, paragraph 22].
- (iii) have a process in place to ensure that people have access to clear, accurate and up-to-date contraceptive information and advice including:
 - Discussion of evidence for the relative effectiveness of available methods, how they work, how to use them, risks and benefits, any common side-effects, and return to fertility after discontinuing use
 - Clear accurate and up-to-date information leaflets for each method of contraception, to supplement verbal advice
 - A range of leaflet formats, such as written, pictorial and audio, and versions which are culturally appropriate and in relevant languages for the local population[ref 'Recommended standards for sexual health services', standard 7, paragraph 7 and standard 7, paragraph 8]
- (iv) either provide, or signpost where people can access, free condoms.

2. Scope

2.1 Service Description

- 2.1.1 The Service is characterised by:
- 2.1.1.1 being provided on an open access basis, and are available to anyone requiring care, irrespective of their place of residence, without referral,
 - 2.1.1.2 having walk-in and appointment clinics, including evenings and Saturday mornings (see clinic timetable),
 - 2.1.1.3 hub and spoke model of care,
 - 2.1.1.4 multidisciplinary working,
 - 2.1.1.5 provide a range of services (see Services provided),
 - 2.1.1.6 provide services for clients whose first language is not English,
 - 2.1.1.7 provide services to women and men of any age.

2.2 Accessibility/acceptability

- 2.2.1 At all times the Organisation shall provide the Service detailed in this specification and incorporate the following general principles:
- 2.2.1.1 People are individuals and have the right to dignity, privacy and independence.
 - 2.2.1.2 All those involved in providing the Service should acknowledge and respect Service Users gender, sexual orientation, age, race, religion, culture, lifestyle and values.
 - 2.2.1.3 Service Users should be encouraged and enabled to exercise control over the Service they receive.
 - 2.2.1.4 Services should be supportive of Service Users and their Carers.
 - 2.2.1.5 Ensure that Services are able to respond sensitively and flexibly to the Service User's changing needs.

2.3 Whole System Relationships

- 2.3.1 The service is part of the **[Insert relevant info here]**.
- 2.3.2 The Lead Consultant is accountable though the Head of Medical services to the Medical Director.
- 2.3.3 The Senior Nurse Manager is clinically accountable to the Lead Consultant and professionally accountable to the Director of nursing and the Clinical Services Manager.

2.4 Interdependencies

- 2.3.1 The service's internal interdependencies are GUM services and Health Centre management.

2.5 Relevant networks and screening programmes

- 2.4.1 The service shall participate in and is part of NHS XXXX sexual health network, as well as other relevant national, regional and local networks.
- 2.4.2 The service shall contribute to meet NHS XXXX's screening targets, specifically, cervical screening and chlamydia screening.

2.6 Sub-contractors

- 2.5.1 There are no sub-contractors for the provision of this service.
- 2.5.2 The provider shall inform commissioner of any intention to sub-contract part or all of the services provision contracted to deliver outlined within this service specifications.

3. Service Delivery

3.1. Service Model

- 3.1.1 The service is provided -
- 3.1.1.1 on open-access basis,
 - 3.1.1.2 by multidisciplinary team,
 - 3.1.1.3 using appropriate skill mix,
 - 3.1.1.4 during hours suitable for local population's need,
 - 3.1.1.5 at the locations specified in 4.2.1.
- 3.1.2 The Provider and the Commissioner recognise the need to review the service a view to develop a dedicated one-stop-shop model of service provision in [Insert relevant info here]. The review and development process shall be done in conjunction with the Commissioner and all relevant key stakeholders must be consulted appropriately.
- 3.1.3 The provider shall provide service levels as described below:
- 3.1.3.1 Level 1: open access, core sexual and reproductive healthcare, including:
- Contraception advice and access to all methods

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- Diagnosis and management of genital infections and sexually transmitted infections where relevant to contraceptive being provided. With referral to GUM for full STI testing where indicated and/or appropriate.
 - Emergency contraceptive care
 - NHS Cervical Screening Programme: cervical screening and management / referral as appropriate
 - NHS Chlamydia Screening Programme: Chlamydia screening, initiation of partner notification and treatment as appropriate
 - Breast examination and referral
 - Pre-pregnancy advice
 - Early pregnancy assessment & referral
 - Advice on gynaecological conditions
 - Services suitable for young people
 - Telephone advice: provided to existing clients and dedicated line provided for clients after procedures in the event of emergency

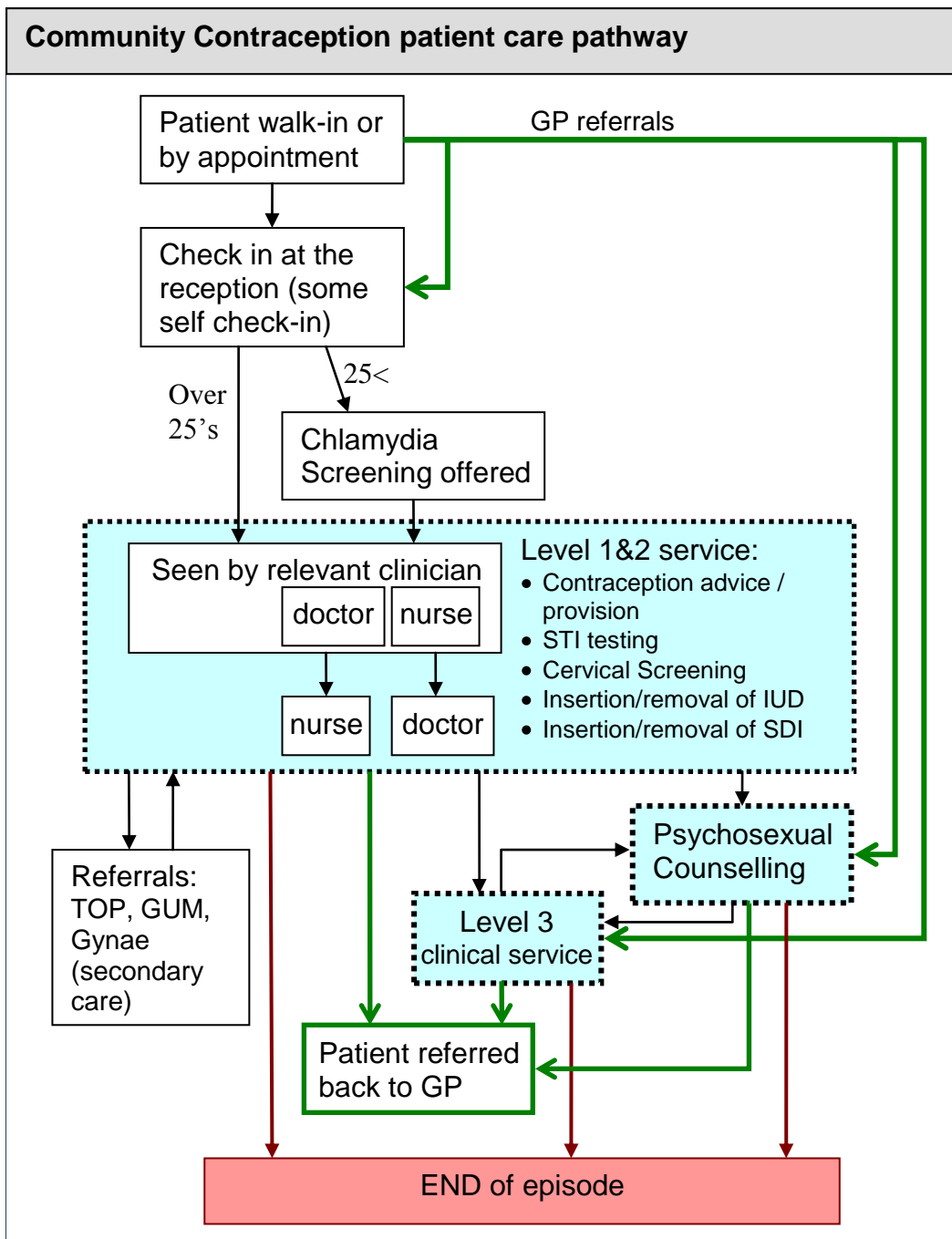
3.1.3.2 Level 2: Long-acting reversible contraception (LARC) services: routine provision of subdermal implants and intrauterine methods, including emergency intrauterine devices.

3.1.3.3 Level 3: Support to other local services including:

- Telephone advice line during the opening hours to other healthcare providers in **[Insert relevant info here]**,
- Clinical governance, CPD and supervision provided to the community based sexual health clinics provided by the voluntary organisations in **[Insert relevant info here]**,
- Advice on aspects of sexual and reproductive healthcare provision in general practice and pharmacies
- Consultant led specialist clinics seeing referrals from Primary and Secondary Care, with complex medical conditions and relevant gynaecological / endocrine conditions including Premenstrual Syndrome (PMS), menopause care, LARC/Implant problems. These clinics include provision of ultrasound when relevant.
- Multidisciplinary Psychosexual Medicine Service,
- The service should be a recognised training centre and provide training for Undergraduate medical training, Royal College of Obstetricians and Gynaecologists (RCOG)/ Faculty of Sexual and Reproductive Healthcare (FSRH) Specialist Training programmes, Diploma and special skills training for doctors, and Postgraduate nursing training in Contraception.
- Research work with to ensure local research included needs in the developing research programme.

3.2. Care Pathways

3.2.1 The service shall be provided according to the following contraception services patient care pathway.



4. Referral, Access and Acceptance Criteria

4.1. Geographic coverage/boundaries

4.1.1. The service is to be provided within [Insert relevant info here].

4.2. Location(s) of Service Delivery

4.2.1 The service is currently provided at the following clinics in:

- [Insert relevant info here]

4.3. Days/Hours of operation

4.3.1 The clinic opening times shall be targeted to the hours most appropriate for local population need.

4.4. Referral criteria & sources

4.4.1 This is an open access service and as such will be accessible for all.

4.4.2 The Commissioner recognises that due to the open access nature of sexual health services they are not limited to use by [Insert relevant info here] residents only. However, patient's responsible NHS organisation data (i.e. GP registration data) or residence post-code data will be collected in order to monitor use as far as reasonably possible and enable cross-charging to be implemented.

4.5. Referral route

4.5.1 The service can be referred to by NHS XXXX primary care practitioners and practice nurses for any level of care provided.

4.5.2 The service shall be clinically expert specialised service for those with complex contraceptive needs in their choice and use of contraception, expert resource for local primary care practitioners.

4.6. Exclusion criteria

4.6.1 The Provider has the right to refuse service provision to the users:

- 4.6.1.1 Who are unsuitable for treatment under the Services on clinical grounds;
- 4.6.1.2 Who are temporary unsuitable for treatment by the Service on clinical grounds for as long, as such unsuitability remains;

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- 4.6.1.3 Who have not validly consented to the treatment provided under the Services; and
 - 4.6.1.4 For any unreasonable behaviour unacceptable to the Provider, it's Staff or the Consultant or the named professional clinically responsible for the management of the care of such Patient.

4.7. Response time & detail and prioritisation

- 4.7.1 The service shall provided on an appointment and walk-in basis which will vary by site. The service should monitor the number of walk-in patients who are turned away because of excess demand.
- 4.7.2 The service shall monitor all secondary referrals to ensure 18 weeks referral target is being met.
- 4.7.3 The service shall ensure that IUD fittings can be provided within two weeks of assessment and STI testing.
- 4.7.4 The service shall prioritise
 - 4.7.4.1 emergency IUD fitted at the time of presentation if clinically appropriate.
 - 4.7.4.2 young vulnerable patients/service users.
 - 4.7.4.3 according to patients' presenting medical needs.

5. Discharge Criteria & Planning

This section is not applicable to the service.

6. Prevention, Self-Care and Patient and Carer Information

- 6.1 The Provider is required to have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing unplanned pregnancy, reducing sexually transmitted infections, promotion cervical screening and smoking cessation.
- 6.2 The Provider must ensure that patients and service users, particularly those with long-term conditions, are helped to contribute to planning of their care and are provided with opportunities and resources to develop competence in self-care.
- 6.3 Health information throughout the centre should be available in the key languages spoken within **NHS XXXX**. The different elements of service

delivery should be clearly advertised in a variety of languages, particularly a clear explanation of the self-management aspects.

6.4 Health Promotion information should be provided to all accessing the service.

7. Quality and Performance Standards

Quality Performance Indicator	Threshold	Method of Measurement	Consequence of Breach	Report Due
Infection Control	[e.g. 1. Infection control manual 2. Pass the audit]	[e.g. 1. Infection control measures in place 2. Regular infection control audit]	[e.g. Clinic shall be closed down till infection control recommendations are implemented]	[e.g. Annually]
Service User Experience	[e.g. 1. 60% of patients complete patient's satisfaction survey]	[e.g. Patients satisfaction survey]	[Insert relevant local agreement here]	
Improving Service Users & Carers Experience	[e.g. 1. Patient's satisfaction results are analysed, reviewed quarterly 2. Results used to improve the service provision (at least 3 improvements a year)]	[e.g. 1. patients satisfaction survey 2. service improvement plan]	[Insert relevant local agreement here]	
Unplanned admissions	N/A	N/A	N/A	N/A
Reducing Inequalities	[Insert relevant local agreement here]	[Insert relevant local agreement here]	[Insert relevant local agreement here]	
Reducing Barriers	[e.g. Meet DH's you're welcome	[e.g. You're Welcome quality criteria: Making health services young people	[Insert relevant local agreement here]	

	quality standards]	friendly http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4121562		
Improving Productivity	[e.g. Clinic numbers will be reviewed and targets for throughput agreed.]	[e.g. Agreed throughput figures attained or exceeded.]	[Insert relevant local agreement here]	
Access	[e.g. At least 20% of the clinic's opening hours]	[e.g. Service open after hours (after 5 p.m.)]	[Insert relevant local agreement here]	
Care Management	N/A	N/A	N/A	N/A
Outcomes	[e.g. Meet NICE guidance - providing 10% of patients populations with LARC]	[e.g. KT-3, percentage of LARC provision of overall contraceptive methods]	[Insert relevant local agreement here]	
Additional Measures for Block Contracts:	[Insert relevant local agreement here]	[Insert relevant local agreement here]	[Insert relevant local agreement here]	
Staff turnover rates	[Insert relevant info here]	Percentage turnover per annum	[Insert relevant local agreement here]	
Sickness levels	[Insert relevant info here]	Percentage sickness per annum	[Insert relevant local agreement here]	
Agency and bank spend	[Insert relevant info here]	Percentage of agency and bank spend of total staff	[Insert relevant local agreement here]	
Contacts per FTE	[Insert relevant info here]	Number of patients/service user contacts per 'average' 1 FTE staff; 'average' FTE staff is all staff involved in delivering the service to the patient (including support and administration staff)	[Insert relevant local agreement here]	

8. Activity

Activity Performance Indicators	Threshold	Method of measurement	Consequence of breach	Report Due
[e.g. Numbers of complaints/incidents]	[Insert relevant local agreement here]	[e.g. Central databases]	[Insert relevant local agreement here]	[e.g. quarterly]
[e.g. Number of patients seen in the service]	[Insert relevant local agreement here]	[e.g. Quarterly activity report]	[Insert relevant local agreement here]	
[e.g. Number of cancelled clinics and reasons for this]	[Insert relevant local agreement here]	[e.g. Report]	[Insert relevant local agreement here]	
[e.g. Waiting time for specialist clinics]	[Insert relevant local agreement here]		[Insert relevant local agreement here]	
[e.g. Total number of those screened who were in Chlamydia screening range and not already screened]	[Insert relevant local agreement here]		[Insert relevant local agreement here]	
Activity Plan				

9. Continual Service Improvement Plan

- 9.1 The Provider will aim to maximise capacity and target the most at risk groups in order to ensure that best value is secured from the Commissioner's investment in the service. In order to realise this aim, the Provider shall develop its own strategy to facilitate service access to those most in need.
- 9.2 The Provider shall produce each year an annual plan detailing the above strategy for service improvement and increasing the number of service users from target groups. The plan should link with the National priorities and sexual health targets, and where applicable, any local strategy, as well as the current identified needs of the local population. The plan shall be made available to the Commissioner upon request.
- 9.3 As a part of an ongoing review and assessment of sexual health services, undertaken by the NHS XXXX's Commissioner, the Provider shall be required to identify and put forward at least two quality improvements which it intends to implement and develop during the course of the following year. These improvements will be discussed and, if a cost is involved, agreed by the Commissioner, prior to the Annual Review.

10. Prices and Costs

10.1. Price

Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value
Block / cost per case	[e.g. Patient contacts]			
Total		£		£

10.2. Cost of service by commissioner

Total cost of service	Co-ordinating PCT total	Associate PCT total	Associate PCT total	Associate PCT total	Total annual expected cost
£	£	£	£	£	£