

## Local Enhanced Service for Primary Care-Based Sexual Health Services

Reference: LES25

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### 1. Financial Details

This agreement is for the financial year 2009/10.

On agreeing to provide the service, practices will receive a £20.35 fee per item for the following:

- Treating patients with positive tests undertaken by other providers (e.g. GUM, Community Reproductive & Sexual Health)
- Provision of Post-termination of pregnancy care
- Chlamydia testing and urethral swab testing for STI \* (except where initiated as part of IUD insertion)
- Individual consultations specifically for HIV pre-test counselling (incorporating any subsequent liaison with HIV specialist services)

**\* Practices will not be able to use this LES to claim for screenings for under 25s once the Local Enhanced Service for Opportunistic Chlamydia Screening 15-24 year olds comes into place.**

### 2. Service Aims

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided, which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

The aim of the service specification is to reward the provision of a specialised level of sexual health service and, by so doing, capture the level of demand for sexual health services in primary care.

The PCT is also looking to develop the following pieces of work:

- A mapping exercise in primary care, including a gap analysis of training and support requirements
- To develop a methodology for moving the current sexual health clinical pathways from the current, established position to the model envisaged in the MedFASH national standards
- To engage service users in redesigning sexual health services

## **Background**

The past decade has seen substantial increases in high-risk sexual behaviours in the UK population. During the 1980s and early 1990s, new diagnoses of sexually transmitted infections (STIs) declined, but since 1995 STIs including HIV have risen and diagnoses of chlamydia, gonorrhoea and syphilis have doubled in the past five years. Teenage pregnancy rates in the UK are the highest in Western Europe.

Data are also available from the National Survey of Sexual Attitudes and Lifestyles (Natsal 2000)\*\* which can be compared with information from a similar survey undertaken in 1990. This shows that between the two surveys there had been an increase in behaviours associated with increased risk of HIV and STI transmission, including increases in numbers of partners and concurrent partnerships. In particular, there were considerably higher rates of new partner acquisition among those younger than 25 years and this is reflected in the substantially higher incidence of STIs in this age group.

Sexual ill health has great human and economic costs. The Department of Health document 'Effective commissioning of sexual health and HIV services' (January 2003) provides the following data:

- chlamydia causes pelvic inflammatory disease, infertility and ectopic pregnancies
- HIV is a chronic, life-threatening condition costing an average of between £135,000 and £181,000 to treat over a lifetime
- teenage pregnancy can compound social inequalities faced by the mothers and their children
- open access contraceptive and GUM services are in place, but are greatly overstretched and much need is currently unmet.

The importance of primary care in an enhanced sexual health strategy is demonstrated by the facts that:

- about 75-80 per cent of contraception is provided in primary care
- more than a third of women found to have chlamydia (the most common bacterial STI in the UK) were diagnosed in primary care
- primary care is highly accessible to all people including young women, and primary care is well accessed by many who may be at risk of HIV.

## **3. Service Criteria**

This Locally Enhanced Service will cover the following broad areas:

- Service Provision
- Liaison and Data Collection
- Service Infrastructure
- Communication

### Service Provision

- Treating patients with positive tests undertaken by other providers (e.g. GUM, Community Reproductive & Sexual Health)
- Provision of Post-termination of pregnancy care
- Chlamydia testing and urethral swab testing for STI\* (except where initiated as part of IUD insertion which is included in the cost of that service)
- HIV pre-test counselling and liaison with HIV specialist services

\* Practices will not be able to use this LES to claim for screenings for under 25s once the Local Enhanced Service for Opportunistic Chlamydia Screening 15-24 year olds comes into place.

### Liaison and Data Collection

- Effective liaison with local sexual health services and cytology and microbiology laboratory support and other statutory or non-statutory services where relevant (such as young people's services)
- Records kept on the advice, counselling and treatment received by patients (nb it is the clinician's responsibility in conjunction with the patient to agree what to enter in the lifelong patient notes)
- A holistic approach to assessment of risk of STI, HIV and/or unplanned pregnancy, including consideration of other relevant health problems such as drug misuse or mental health problems

### Service Infrastructure

- Costs of condoms, pregnancy testing kits and other additional resources or referral costs
- treatment of STIs to be included in fee and, therefore, are without prescription charge

### Communication

- Effective communication with all young people, regardless of sexual orientation, gender or ethnicity
- The provision of information on, testing and treatment for all STIs (excluding in the case of testing and treatment HIV infection, syphilis, Hepatitis B and C or treatment-resistant infections)
- The assurance of partner notification of relevant infections, in collaboration with specialist sexual health services and by adherence to agreed guidance
- A sound understanding of the role of different professional groups in the shared care of HIV positive patients, and those at risk of HIV

## **4. Ongoing Measurement & Evaluation**

Those doctors who have previously provided services similar to the proposed enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

Practices undertaking this service may subject to a review which could include an audit of:

- (a) the number of patients seen for specific interventions
- (b) the number of people screened and treated effectively
- (c) attendance rates for each service offered

- (d) gestation at abortion and follow-up contraception rates
- (e) the number of at-risk individuals tested and immunised according to local guidance for blood-borne viruses

The practice is required to complete monitoring forms that report summarised activity for the specified service deliverables. This information will then be submitted to the PCT on a quarterly basis for payment in the month following the end of the quarter. In exceptional circumstances, the PCT may require post-payment verification of activity carried out under this service specification.

## 5. Signature Sheet

This document constitutes the agreement between the practice and the PCT in regards to this nationally directed enhanced service.

### Practice Stamp

#### Signature on behalf of the Practice:

Signature	Name	Date

#### Signature on behalf of the PCT:

Signature	Name	Date