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| Service Specification Lot 1 |
| Open Access (all age) Reproductive and Sexual Health Service level 1-3Executive Summary |
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| Wellbeing and Public Health Service/ Public Health |
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# Service Specification

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## Population needs

### 1.1 National/local context and evidence base

An integrated sexual health service provides patients with open access to confidential, non-judgemental services including STI and BBV testing, treatment and management; the full range of contraceptive provision; health promotion and prevention.

Sexual health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions. The highest burden is borne by women, MSM, the trans community, teenagers, young adults, and BAME groups.

The provision of integrated sexual health services is supported by current accredited training programmes and guidance from relevant professional bodies.

The 2013 Framework for Sexual Health Improvement in England highlights a commitment to work towards an integrated model of service delivery.

The Cornwall Sexual Health Strategy 2016-2023 outlines Cornwall’s priorities in improving the sexual health and wellbeing of the population.

Key priorities from this strategy applicable to this service are:

1. Reduce rates of STIs among people of all ages
2. Reduce unwanted pregnancies amongst all women of fertile age
3. Reduce onward transmission of, and avoidable deaths from HIV
4. To promote relationships, sexual health and sexuality as an important aspect of health and wellbeing
5. Using innovation and collaboration to deliver financially sustainable models that deliver high quality outcomes

1.2 Local needs in Cornwall

Cornwall is the second largest local authority area in the South West region. The population is growing, with more than half a million residents living in the county (561,349).

Of these, 20% are under 18, 56% aged 19-64 and 24% are 65 or over. Cornwall is a rural and coastal county with over 40% of the population living in settlements with fewer than 3,000 people.

Maintaining accessible services among the population, despite the challenges rurality brings, is key to improving sexual health.

Cornwall as a whole is not deprived but there are areas which rank amongst the top 20% most deprived areas in England.

In 2017

* Overall 2,872 new sexually transmitted infections (STIs) were diagnosed in residents of Cornwall, a rate of 517.4 per 100,000 residents (compared to 743 per 100,000 in England).
* 60% of diagnoses of new STIs in Cornwall were in young people aged 15-24 years (compared to 50% in England).
* The chlamydia detection rate per 100,000 young people aged 15-24 years in Cornwall was 1,712 (compared to 1,882 per 100,000 in England).
* The rate of gonorrhoea diagnoses per 100,000 in this local authority was 20.2 (compared to 78.8 per 100,000 in England).
* Among specialist SHS patients from Cornwall who were eligible to be tested for HIV, 76.5% were tested compared to 65.7% in England (HIV testing coverage).
* The diagnosed HIV prevalence was 0.8 per 1,000 population aged 15-59 years in people being seen for HIV care resident in Cornwall (compared to 2.3 per 1,000 in England).
* In Cornwall, between 2015 and 2017, 48.3% of HIV diagnoses were made at a late stage of infection (CD4 count =<350 cells/mm³ within 3 months of diagnosis) compared to 41.1% in England.
* In 2016, the conception rate for under-18s in Cornwall was 16.1 per 1,000 females aged 15-17 years, while in England the rate was 18.8

## Key service outcomes

### Locally agreed aims, objectives and outcomes

1. Under 18 conceptions
2. Chlamydia detection (15-24 year olds)
3. People presenting with HIV at a late stage of infection

Sexual and reproductive health (SRH) services:

1. Clear accessible and up-to-date information about services providing contraception
2. Increased uptake of effective methods of contraception, including LARC for all age groups
3. A reduction in unplanned pregnancies in all ages

Sexually transmitted infection (STI) services:

1. Improved access to services amongst those at highest risk of sexual ill health
2. Reduced sexual health inequalities amongst young people and young adults
3. Increased timely diagnosis and effective management of STIs and BBVs
4. Repeat and frequent testing of those who remain at risk
5. Increased uptake of HIV testing with particular emphasis on first-time service users and repeat testing of those who remain at risk
6. Monitor rate of late diagnosis and partner notification
7. Increase availability of condoms and information on safer sex practices
	1. Cornwall sexual health delivery model

The Lot 1 provider will lead the creation of the sexual health system digital front door, which will require collaboration with the providers of Lot 2 and Lot 3 as well as the commissioners.

The system digital front door will offer risk assessment and triage, directing service users to either their local service, a young people’s service or to online STI self-sampling, whilst also enabling access to their preferred service.

Those contacting face-to-face services can be given the option to access online services for routine care such as repeat and routine asymptomatic STI tests.

The Lot 1 provider will also provide leadership within the sexual health network sharing intelligence about sexual health risk, inequalities and trends.

Prevention will be delivered at every level of service ensuring residents are supported to reduce risk-taking behaviour, and improve and manage their sexual health. Making every contact count, opportunities to understand and address other factors that impact on the sexual health and wellbeing of individuals will be embedded.

Targeted prevention will be tailored for groups most at risk of poor sexual health

2.3 Principles of service delivery

Core values for service delivery are set out in the Cornwall Sexual Health Strategy 2016-23.

1. Prioritise the prevention of poor sexual health, with a systematic and coordinated approach to provision of information, education and advice
2. Support behaviour change to reduce risk and empower individuals
3. Increase and promote self-management
4. Service-user centred, with a strong participative approach taken to the design
5. Responsive and adaptive services that recognise changes in technology
6. Outcomes focused, with the ambition to continuously improve
7. Evidence based, with decisions based on intelligence and high quality research and literature
8. Increased visibility of services through effective communication
9. Equitable, timely and accessible services
10. A cohesive sexual health system, where providers and partners work together
11. High quality and cost-effective services
12. Strong clinical leadership across the system
13. Outward facing, reaching beyond the sexual health system for workforce training
14. Non-judgemental, supportive and empathetic services

2.4 Current service provision in Cornwall

Open Access (all age) Reproductive and Sexual Health Service level 1-3

Currently, the open access, all age reproductive and sexual health services are provided across 13 locations:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bodmin | Helston | Liskeard | Penzance | Truro |
| Bude | Hayle | Newquay | Redruth |
| Falmouth | Launceston | Penryn | St Austell |

2.5 Sexual health network in Cornwall

Strong links will be developed with other organisations that also have a role in improving sexual health outcomes, together forming a sexual health network. This will be supported by the Cornwall Sexual Health Partnership Group

*Diagram 2*

2.6 Priority groups

The sexual health system will be designed to ensure the needs of these groups are prioritised and met, with the aim of reducing health inequalities, and maximising the impact of finite resources.

Priority groups include:

* Young people under the age of 25
* Homeless
* Looked after children
* Young people in care and care leavers
* Teenage parents
* People with learning disabilities
* Commercial sex workers
* People who use drugs or alcohol
* Lesbian, gay, bisexual and transgender individuals
* MSM who do not identify as gay or bisexual
* Transgender women or men who have sex with men
* Black Africans and groups from HIV-endemic countries
* People living in deprived areas
* Those experiencing or at high risk of sexual exploitation, coercion or violence.
* People living with HIV
* People over the age of 50 with changing sexual health needs

Groups or individuals with concurrent or overlapping sexual partnersProviders have a duty to ensure they meet the requirements set out in the Equality Act (2010) and Public Sector Equality Duty (2011). Therefore steps should be taken to ensure all aspects of the service are accessible to all, culturally sensitive and tailored to meet the needs of differing groups.

## Scope

###  Aims and objectives of service

1. Support prevention, behaviour change, health promotion and increased self-management
2. Provide rapid, easy and equitable access
3. Support increased self-management through the online digital service
4. Contributing to, providing advice and input to communications, RSE in schools
5. Support the sexual health workforce
6. Support delivery of evidence based health promotion to groups at risk
7. Meet the chlamydia detection rate target
8. Support young people to access services
9. Maintain easy access to GU services within 48 hours, including Saturday and evening clinics.
10. Deliver rapid and easy access to the full range of contraceptive services (including LARC)
11. To increase the knowledge of people in the non-specialist workforce
12. Ensure effective access to emergency contraception
13. Reduce late diagnoses of HIV by a programme of education in both primary and secondary care
14. Increase awareness and uptake of HIV testing
15. Ensure continuous service improvement through audit, evaluation
16. Use accredited pathology services that utilise the most accurate diagnostic methods in their class, and meet national quality standards
17. Provide accredited training to medical and nursing students, doctors, including GUM specialist trainees, F2 doctors and GP specialist trainees, gynaecology specialist trainees, and GPs, nurses and other practitioners

3.2 Service leadership

The Open Access (all age) Reproductive and Sexual Health Service level 1-3 will provide strong clinical leadership in the sexual health network and will be responsible for leading the development of referral pathways.

Service overarching objectives include:

3.2.1 STI services

1. Provide opportunities for people who choose to manage their own sexual health either independently or with support
2. Provision of chlamydia screening and treatment as part of the National Chlamydia Screening Programme (NCSP)
3. All diagnostic samples should be processed by laboratories in as specified in order that results can be conveyed and acted upon quickly
4. Increase the uptake of HIV testing
5. Monitor HIV late diagnoses and partner notification
6. Rapid referral to treatment and care services following diagnosis, to allow timely initiation of treatment
	* 1. Sexual and reproductive health services
7. Provide sexual health information
8. Access for all age groups to a complete range and choice of contraception
9. Access to free pregnancy tests and appropriate onward referral
10. Promote access and reduce waiting times to abortion services and maternity care
	* 1. Training
11. Develop the sexual health workforce ensuring staff have access to the full range of nationally accredited postgraduate training including specialist training programmes
12. Deliver undergraduate training linked to a university that trains health care professionals
13. Coordinate and support the delivery of sexual health care across a locality through expert clinical advice, clinical governance and clinical networks
14. Provide specialist expert advice to other service providers and organisations, including training of nursing and medical sexual health experts
15. Deliver multidisciplinary postgraduate training, including to primary and secondary care; and may include delivering undergraduate training and postgraduate training, including placements
16. Deliver training for medical and nursing students in line with requirements of the relevant regulator (GMC or NMC), and training and education for specialty medical trainees in line with GMC requirements and relevant curricula
17. Ensure that healthcare professionals undertake accredited transferable qualifications that are kept up to date

### 3.3 Service description/pathway

The service will provide open access, cost-effective, high quality provision for contraception and prevention, diagnosis and management of sexually transmitted infections, including HIV testing

The service will provide:

1. An integrated online sexual health service, which will act as a digital front door to all sexual health services in Cornwall
2. Simplified access to services which is clearly defined and communicated and delivered through the online sexual health services
3. Compatible IT systems enabling patient records to be available regardless of point of entry
4. A single brand for sexual health services across the sexual health system
5. Young people friendly, with all organisations delivering sexual health services having achieved or actively working towards full Savvy (or updated equivalent) accreditation
6. As a specialist genitourinary medicine service, the service will also manage conditions of the genital area which are non-STI related and provide evidence-based and expert care and support for people with difficulties around sexuality in a more holistic context
7. The service will provide a weekly multidisciplinary genital dermatosis clinic to manage patients with skin problems
8. The service will also manage patients with complex genital pain syndromes and will maintain the excellent pathways with the pain clinic, psychology and physiotherapy services
9. Demand for specialist psychosexual care is increasing and the service will manage conditions such as erectile dysfunction, loss of libido and vaginismus
10. Increasingly contraception methods are being used for non-contraceptive purposes such as menorrhagia, management of the peri-menopause and management of polycystic ovary syndrome and the service will continue to support this approach

3.3.1 Local coordination of the National Chlamydia Screening Programme

The provider of the Cornwall open access (all age) Reproductive and Sexual Health Service level 1-3 will lead and provide the local delivery of the NCSP which will include:

1. Delivery of the chlamydia screening programme for 15-24 year olds adhering to the NCSP standards
2. Provision will include, but not be limited to self-sampling kits, laboratory services, results management, partner notification and treatment; to meet or exceed the NCSP standards
3. Implement and manage contracts for primary care and pharmacy services to deliver chlamydia testing and develop their capacity of chlamydia testing for young people who present opportunistically with identified risk factors
4. Demonstrating continual development, implementation and monitoring of the chlamydia detection rate action plan
5. Integrate chlamydia screening into young person’s services

3.3.2 Core components of service delivery:

1. Information and education - A communications plan will be developed for the sexual health system, through a communications working group. The provider will ensure availability of sexual health services is well publicised through websites and social media
2. Structured brief interventions and behaviour change- This will draw on the principles developed by the Make Every Contact Count (MECC) programme. The provider will develop a plan to establish MECC within its service
3. Targeted health promotion that is intelligence led- The Sexual Health Partnership Group will provide a forum to ensure consistent communication across the network and shared learning
4. Testing, repeat testing and partner notification - Testing, effective treatment and repeat testing are essential for the control and management of STIs, and in reducing overall prevalence. Partner notification is an important tool in preventing onward spread of infection, reinfection, identification and treatment of STIs, and improving public health
5. Increased self-management- A proactive approach to self-management is required to empower individuals to improve their sexual health

### Service levels

The service will provide a range of interventions to meet the needs of local populations. The integrated sexual health service will be delivered in broad accordance with the level 1, 2 and 3 service models.



1. Population covered

The local authority is mandated to commission open access confidential services. As an integrated sexual and reproductive health service, the provider will operate an open access policy for both contraception and STI services, regardless of residence of the patient, in line with regulations.

5.0 Interdependencies and referrals to other services

The integrated sexual health service will maintain efficient working relationships with allied services, agencies and stakeholders to enhance the quality of care delivered, and ensure the holistic nature of the service.

###  Any activity planning assumptions

Services will be planned and operated based on findings from local needs assessments that include an understanding of the differing needs of different communities within the local population.

The service will be delivered at times and locations that are acceptable and accessible to the local population

The provider will provide an online sexual health service which will help to migrate low-risk and asymptomatic services users to online self-sampling provision.

Current activity in 2016/17

* Contraception: 7,304 attendances
* Genitourinary medicine: 17,343 unique patients
* Chlamydia screening: 3,778 tests in 2016

7.0 Mobilisation and implementation

The provider will produce a mobilisation and implementation plan for the new service model. The mobilisation plan will set out the key resources, deliverables and milestones required for successful implementation of the new service model clearly showing how the service will implement and ensure the integration of the online sexual health service.

The plan should be fully costed and give full detail of how the successful implementation of the new model will be achieved, within the timescale, and in line with funding requirements.

##  Location of provider premises

Location of premises will need to be agreed with the commissioner, based on a local health needs assessment and understanding of public transport routes. A mixture of walk-in and appointment clinics will be available, established in response to locally identified need and service user/public consultation, including evenings and Saturdays.

The provider will ensure that all clinics are clearly advertised so patients can clearly understand by whom, when and where they can be seen, and the full range of services available to them across the sexual health system.

Clinic hours will be distributed fairly and consistently across clinic locations, and held as a minimum on a weekly basis at the same time each week in each location to support clear, simple and equitable access for service users.

Complex integrated level 3 service clinics will be delivered in at least six key locations as specified below, and will support equitable access across Cornwall.

Level 2 integrated contraceptive and sexual health clinics as specified below will be held in key locations to support breadth of access for the majority of residents, with clear pathways and support in place for referral to level 3.

Based on the analysis in the JSNA to provide equality of access the provider will deliver an integrated reproductive and sexual health service at the specified levels below in the following locations:

1. An integrated level 3 clinic in the Truro area from 9.00am - 7.30pm for at least two days a week with an integrated level 3 clinic every Saturday for a minimum of 4 hours
2. An integrated level 3 clinic in Penzance from 12.00 - 7.30pm for one day a week with an integrated level 3 clinic every Saturday for a minimum of 4 hours
3. An integrated level 3 clinic in the Falmouth or Penryn area from 12.00 - 7.30pm for one day a week with an integrated level 3 clinic every Saturday for a minimum of 4 hours
4. An integrated level 3 clinic in Liskeard from for one day a week 12.00 - 7.30pm with an integrated level 3 clinic every Saturday for a minimum of 4 hours
5. An integrated level 3 clinic in Bodmin from 12.00 - 7.30pm for one day a week
6. An integrated level 3 clinic in Newquay from 12.00 - 7.30pm for one day a week
7. An integrated level 2 clinic in Bude from 12.00 - 7.30pm for one day a week
8. An integrated level 2 clinic in Saltash from 12.00 - 7.30pm for one day a week
9. An integrated level 2 clinic for Redruth/Camborne from 12.00 - 7.30pm for one day a week
10. An integrated level 2 clinic in St Austell from 12.00 - 7.30pm for one day a week

Where a day clinic is specified 9.00am - 7.30pm the clinic should offer a full integrated clinical for the specified hours including the early morning and evening sessions.

## Service user surveys

The provider will gather and reflect feedback from engagement with patient/service users and key stakeholders and provide a clear plan and process for working with and engaging service users on a regular basis including options for immediate feedback on service received.

The provider will identify communities and groups that may be most excluded and disadvantaged as part of this user engagement.

## Safeguarding policies

The provider will ensure it has in place an up-to-date safeguarding children and vulnerable adult policy and will provide assurance about this to the commissioners.

11.0 Online sexual health service and telephone support and advice

The provider of the Open Access (all age) Reproductive and Sexual Health Service level 1-3 will design (or subcontract), host and manage a secure and accessible online interface that acts as a digital front door to all Cornwall sexual health services.

All of these services need to be compliant with the BASHH standards 2.53-2.57 (2014) and include a self-completed pro-forma, assessment of risk for BBVs, PEPSE, and drug and alcohol use.

The service will offer patients the opportunity to triage and self-sample at the clinic, at home or on a mobile device, and routine STI test results must be available electronically to patients within 72 hours.

Patients who are diagnosed with an STI will be offered an appointment within 24 hours or fast tracked, if available to a walk-in service.

Examples of online services that will be offered are

1. Condom distribution
2. Remote chlamydia screening
3. Digital self-triage to appropriate services
4. STI self-sampling kits for self-declaring asymptomatic residents
5. HIV self-sampling
6. Online self-care information to support residents to understand and manage their sexual health without the need to attend a clinic.
7. Ability to book appointments online
8. Results by text message and/or online remote access
9. Digital partner notification that patients can complete remotely
10. Opportunities to obtain advice and information via phone, instant messaging (web chat) and/or video consultations
11. Opportunities for self-managed treatment, including antibiotics and wart treatments, by post or via GPs and community pharmacies
12. Robust follow-up of all positive/reactive results to ensure confirmation of diagnosis, access to treatment and completion, and/or partner notification

## 11.1 Information through the digital platform

1. Undertake marketing activities as agreed with the commissioner
2. This service will be in line with regionally and locally commissioned campaigns
3. The user needs to be able to opt in and out of any information and notifications that are received
4. A variety of support systems must be available to those using the service that have questions or would like to speak to someone including telephone support, web chat and FAQ

## 11.2 The ability to search for a user’s local service/ clinic and provide the required information

This must provide a user with a choice of clinics based on geographic location with the order being determined by distance and type of service request.

Signpost individuals residing outside of the commissioning area will be signposted to appropriate alternative sexual health and contraceptive services.

## 11.3 The ability for the user to self-triage to ensure that they use the appropriate available service

1. A user needs to be able to provide information around their current symptoms and their sexual health history. Based on this information the user needs to be signposted to the correct area/the correct next steps
2. The user’s sexual health history needs to be taken into consideration when a self-sampling kit is supplied
3. If an appropriate self-sampling kit cannot be provided, based on a user’s sexual health history then an appropriate care pathway must be in place and signposted to the user
4. If an alternative pathway is signposted to the user, one of those alternatives must be an appointment with a clinician
	1. The appointment needs to be the next available appointment at the nearest clinic/ preferred clinic to the user
	2. The appointment must be within 72 hours

## 11.4 The ability to book an appointment with a clinician

* 1. A user needs to be able to book an appropriate appointment with a clinician if required, at the user’s preferred location
	2. This booking system needs to be online. The user can only book an appointment once they have undertaken the online triage

## 11.5 The provision of self-sampling kits

1. This functionality needs to be available 24 hours a day at the required volume. This needs to be available 365 days of the year
2. The service must be able to provide self-sampling kits for the following asymptomatic STI testing: chlamydia test, chlamydia and gonorrhoea duel test, syphilis, hepatitis B, HIV, and hepatitis C, dependent on identified clinical need, risk assessment and in line with applicable service standards
3. Each self-sampling kit must include the following elements: in-date consumables; easy-to-read instructions; sexual health promotion messaging and service information leaflets;branded microbiology form and a prepaid postage return envelope (1st class)
4. When a user requests a self-sampling kit the user needs to be provided with the following information: what the test will test for, when and how they can expect to receive their results
5. A user needs to be able to request for a self-sampling kit to be sent to an address of their choice
6. When requesting a self-sampling kit the user must provide the following information: name, address, telephone number, date of birth, gender at birth and current gender
7. A user must be 16 years old or over to be able to order a self-sampling kit
8. If the user is younger than 16 then a message needs to be displayed to the user advising that they are unable to order through the website. If a user is under 16 and attempts to order a self-sampling kit then the user must be provided with an option to book an appointment at their nearest clinic/preferred clinic that can provide the requested self-sampling kit
9. When ordering a self-sampling kit and the user states they are 16 or over, then the user will need to verify their age. This needs to be electronically, and must not be by providing a paper document
10. When a user has requested a self-sampling kit to be provided, then the user needs to be authenticated to ensure that the information we hold is accurate. This authentication must not be by post

## 11.6 The provision of condoms through the online portal

This functionality needs to be available 24 hours a day for users 16-24 years of age to be able to access the condom distribution scheme.

If condoms are requested by any user 16 to 24 years then this will be free of charge to a user registered on the C-Card scheme. The open access service will be a part of the C-Card scheme and facilitate orders for condoms once young people are registered with any C-Card registered provider. The portal will signpost to C-Card provider services.

## 11.7 The processing of self-sampling kits and providing the results of the kits

1. All of the STI results must be available to the user electronically within 72 hours of receipt by the service
2. Results must be provided either via text message or by the established system for return. This method needs to be appropriate and in a secure manner appropriate for sensitive personal information
3. For instances of a negative result, the relevant information needs to be provided to the user. This is the following: the result of the test, signposting or referral as necessary for other services in relation to sexual health improvement such as C-Card, behaviour change or where other risk factors are identified
4. There must be an established system for the provision of reactive results
5. The provider must have the ability to maintain and comply with standard operating procedures for issues that may arise when informing users of their results
6. If a positive result is identified, then the user must be provided with an appointment at their nearest clinic/preferred clinic that can provide the required care. This appointment must be within 48 hours or fast tracked if clinically indicated

## 11.8 Provide data analysis around the users that use the online sexual health service platform

1. The service will provide the following analytics:
	1. Patterns and trends regarding sexual health risk in the local population accessing the service whilst ensuring confidentiality is protected and maintained at all times
	2. Patterns and trends around STI-sampling, pathology, positive and negative results notification, recall and repeat testing
	3. Patterns and trends around information around any complaints
2. The online service provider will be required to actively participate in the audit and evaluation of collated data
3. Data to support evaluations and intelligence will be made available to the commissioner on a monthly basis, ensuring that information governance frameworks have been followed

## 11.9 Design, look and accessibility

1. Cornwall Council branding needs to be included in some element of the digital platform
2. System shall supply AA compliancy for any online front end; Web Content Accessibility Guidelines (WCAG). It must be accessible to all users including those with visual impairments, learning difficulties and those with a preference for information in languages other than English
3. All systems will render content for mobile or smart devices. This may be through responsive technology or separate templates

## 11.10 Analytics and data retention

1. Any user facing templates must allow for Google Analytics code to be embedded
2. In the event that the online system uses cookies to store any data then in line with the EU legislation on cookies, any citizen/user will have the option to opt in for their usage.  This option will not deter from the fundamental usage of the online front end
3. Data will be stored outside of the Cornwall Council network. The service provider will be jointly responsible for GDPR compliance
4. Service users will be provided with clear information about the use of their data for service improvement in accordance with best practice. An opt-in model of consent to use information will be necessary
5. The data needs to be stored within the EU but preferably within the UK

## 11.11 Security

The provider will be required at all times to ensure data security. This information about data security will be provided by the provider as part of the tender evaluation process.

## 11.12 Integration

There will be no data integration with the Cornwall Council network.

## 12.0 Education and training for the integrated open access sexual health service

The provider will work in partnership with those responsible for education and training to develop new and existing staff in the field within the local health economy. This will entail specifically working with Health Education England, CCGs and NHSE.

NHSE and CCGs should facilitate access to training for general practitioners (both established and those in training), practice nurses, and other groups for specialist contraceptive services such as LARC.

## Workforce and leadership

The integrated sexual and reproductive health services will have appropriately trained leadership to ensure quality of service provision, development, training and clinical governance.

## Health Education England

Health Education England (HEE) is responsible for the education and training of the healthcare workforce in England. It was established as a special health authority in 2012 and, from 1 April 2015, became a non-departmental public body (NDPB) under the Provisions of the Care Act (2014).

Where applicable under section 1(F) (1) of the NHS Act (2006), providers must cooperate with and provide support to HEE to help them secure an effective system for the planning and delivery of education and training. This may include postgraduate medical education, undergraduate medical education and training of other professional groups as required.

All education and training activity is funded a[t standard tariffs](https://www.gov.uk/government/publications/healthcare-education-and-training-tariff-2017-to-2018) with different tariffs for different professions. This is normally undertaken through a formal contract with HEE.

Activity will include:

* Working with acute providers to ensure that undergraduate medical training funding flows to any newly commissioned sexual health services providing student placements as appropriate
* Providing training locations (in discussion with the Postgraduate Dean) for postgraduate medical trainees in community sexual and reproductive health (CSRH) and in GUM, foundation training, core medicine and GP trainees, but may also include those wishing to gain experience in the field
* Funding the non-tariff salary component and any out-of-hours or on-call payments recognising that trainees make a contribution to the service whilst in training
* Ensuring that those providing educational and clinical supervision meet required standards
* Ensuring that trainers have time allocated to train within their job plans and have protected time recognised within their supporting professional activities (SPA) time
* Where appropriate, working with HEE to ensure that the provider is recognised by the GMC for training
* Where necessary for their training, allowing trainees to be released on secondment to undertake specialist experience outside the provider, such as HIV inpatient experience, abortion services and so forth
* Providing training locations for nurses and allied health professionals on standard placement tariff rates
* Supporting postgraduate medical trainees to attend external mandatory training courses outside the provider unit and allowing them access to study leave to do so
* Working with other providers of services and training (for example if GUM trainees work in another provider to gain HIV inpatient competencies) to resolve potential financial issues around the tariff for the trainee for that period and for out-of-hours work in an acute trust on call

Key principles on the impact of educational opportunities within the commissioning process can be found in the [guidance document](https://healtheducationengland.sharepoint.com/Comms/Digital/Shared%20Documents/Forms/AllItems.aspx?id=%2FComms%2FDigital%2FShared%20Documents%2Fhee%2Enhs%2Euk%20documents%2FWebsite%20files%2FCommissioning%20for%20quality%2FImpact%20of%20Tendering%20on%20educational%20opportunities%20%2D%20key%20principles%2Epdf&amp;parent=%2FComms%2FDigital%2FShared%20Documents%2Fhee%2Enhs%2Euk%20documents%2FWebsite%20files%2FCommissioning%20for%20quality&amp;p=true&amp;slrid=3a964e9e-103c-5000-5475-fb2c185c6af5) and the accompanying [flow chart](https://healtheducationengland.sharepoint.com/Comms/Digital/Shared%20Documents/Forms/AllItems.aspx?id=%2FComms%2FDigital%2FShared%20Documents%2Fhee%2Enhs%2Euk%20documents%2FWebsite%20files%2FCommissioning%20for%20quality%2FFlow%20Chart%20%2D%20impact%20of%20tendering%2Epdf&amp;parent=%2FComms%2FDigital%2FShared%20Documents%2Fhee%2Enhs%2Euk%20documents%2FWebsite%20files%2FCommissioning%20for%20quality&amp;p=true&amp;slrid=41964e9e-407d-5000-590d-40cd3b9abc2b).

The Local Government Association (LGA) has develope[d ‘Standards for employers of public](https://www.local.gov.uk/sites/default/files/documents/11.88%20Standards%20for%20Employers%20of%20Public%20Health%20Staff_v04_web.pdf) [health teams in England’](https://www.local.gov.uk/sites/default/files/documents/11.88%20Standards%20for%20Employers%20of%20Public%20Health%20Staff_v04_web.pdf) for all employers of people working in public health and commissioners of services. The standards outline employer responsibilities in the following areas:

* Partnerships and accountability
* Effective workforce planning
* Continuing professional development
* Professional registration
* Education and training

Cornwall Council commissions sexual health and reproductive health services under local public health contracts. Level 1 contraception in general practice is provided under an “additional services” contract funded by NHS England.

The provider will enable the education and training needs of those working in general practice to be met through a training hub. Training hubs have been established to:

* Provide support for workforce planning and development in general practice to respond to local needs and enable the redesign of services within primary care
* Improve education capability and capacity in primary and community settings through the development of multi-professional educators and the creation of additional learner placements
* Improve education quality and governance and act as a local coordinator of education and training for primary and community care to support general practice

## Clinical governance

The provider shall have in place, and be able to evidence appropriate and workable clinical governance arrangements that are in accordance with the [DH Sexual Health Clinical](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252975/Sexual_Health_Clinical_Governance_final.pdf)  [Governance Principles](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252975/Sexual_Health_Clinical_Governance_final.pdf).

14 Information governance

The provider must ensure robust information governance standards are adhered to in line with legislation and guidance.

15 Laboratory and diagnostics

The provider will ensure that all laboratories commissioned to perform STI diagnostic testing are appropriately accredited and deliver optimal standards of laboratory services, including specimen turnaround times. They should be United Kingdom Accreditation Services (UKAS) accredited, and have evidence of external quality assessment (EQA), internal quality control (IQC) and internal quality assurance (IQA).

The provider is expected to meet all laboratory costs within the agreed budget.

## 16 Immunisation, including hepatitis

Immunisation against hepatitis A (HAV) and hepatitis B (HBV) is recommended for people who may be at increased risk of infection; in the context of sexual health the Green Book on Immunisation (Chapters 17 and 18) recommends that MSM with multiple sexual partners are offered vaccination against HAV and HBV.

## Human papilloma virus (HPV) vaccination and the cervical screening programme

Providers are required to support national efforts to vaccinate target groups against HPV in line with national guidance and policy, such as is set out in the Green Book.

Local arrangements will be agreed between provider, NHSE and the local authority for cervical cytology screening in SRH services, especially in opportunistic screening, e.g. those considered high risk. Where those local agreements have been reached, all partners should support their continuation.

NHS England will seek to negotiate with the preferred bidder to offer the following services:

HPV vaccinations for men who have sex with men (HPV-MSM).

To offer a full course of HPV vaccination to men who have sex with men (MSM) up to and including the age of 45 years who attend specialist sexual health services (SSHS), according to the Joint Committee for Vaccination and Immunisation (JCVI) that the HPV vaccine should be offered to MSM in this age group who attend these services.

## 17.0 Applicable national standards

* The ISHSS is underpinned by, and the provider will ensure it adheres to the following minimum standards:
* [BASHH: Standards for the management of Sexually Transmitted Infections 2014](https://www.bashh.org/about-bashh/publications/standards-for-the-management-of-stis/)
* [BASHH Standards for Sexual History Taking 2013](https://www.bashhguidelines.org/media/1078/sexual-history-taking-guideline-2013-2.pdf)
* [BASHH Statement on Partner Notification for Sexually Transmissible Infections (BASHH](https://www.bashh.org/documents/4445.pdf) [2012)](https://www.bashh.org/documents/4445.pdf)
* [BASHH/Brook (April 2014) Spotting the Signs. A national proforma for identifying risk of child](https://www.bashh.org/documents/Spotting-the-signs-A%20national%20proforma%20Apr2014.pdf) [sexual exploitation in sexual health services](https://www.bashh.org/documents/Spotting-the-signs-A%20national%20proforma%20Apr2014.pdf)
* [BHIVA HIV testing guidance](https://www.bhiva.org/HIV-testing-guidelines)
* [BHIVA: Guidelines for the Sexual and Reproductive Health of people living with HIV;](http://www.bhiva.org/SRH-guidelines-consultation.aspx)  [Current out for consultation 2017](http://www.bhiva.org/SRH-guidelines-consultation.aspx)
* [DH; Sexual Health Key Principles for Cross Charging 2013](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226325/Sexual_Health_Key_Principles_for_cross_charging.pdf)
* [FSRH Service Standards for Risk Management 2017](https://www.fsrh.org/standards-and-guidance/documents/fsrh-service-standards-for-risk-management-in-sexual-and/)
* [FSRH Service Standards for Sexual and Reproductive Health care 2016](https://www.fsrh.org/news/updated-service-standards-for-sexual-and-reproductive/)
* [Information Commissioners Office; Guide to the General Data Protection Regulations](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/)
* [National Chlamydia Screening Programme Standards (7th Edition 2014)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/574351/NCSP_Standards_7th_edition.pdf) updated 2016
* All relevant NICE and Green Book guidance

Relevant UK clinical guidance covering the specialties of sexual and reproductive healthcare, and genitourinary medicine can be found a[t http://www.fsrh.org](http://www.fsrh.org/) and [www.bashh.org](http://www.bashh.org/). The provider must ensure services reflect updates in guidance and recommendations as and when produced. For psychosexual assessment and counselling, providers should follow relevant guidance from the College of Sexual and Relationship Therapists (COSRT) and the Institute of Psychosexual Medicine (IPM).

Providers must ensure services reflect updates in guidance and recommendations as and when produced.

The service should use the DHSC’s [You're Welcome quality criteria](https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services) and local resources where available, as guiding principles when planning and implementing changes and improvements, in order for the service to be young people friendly where appropriate.