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| Service SpecificationLot 2 |
| Young People’s Reproductive and Sexual Health ServicesExecutive Summary |
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| Wellbeing and Public Health Service/Public Health |
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# 1. 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 borne by women, MSM, trans community, teenagers, young adults, and BAME groups.

An integrated sexual health service model where the majority of sexual health and contraceptive needs can be met at one site, often by one health professional

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 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

* Under 18 conceptions,
* Chlamydia detection (15-24 year olds),
* People presenting with HIV at a late stage of infection

Sexual and reproductive health (SRH) services:

* Clear accessible and up-to-date information about services providing contraception
* Increased uptake of effective methods of contraception, including LARC
* A reduction in unplanned pregnancies

Sexually transmitted infection (STI) services:

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

2.2 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.

Principles of service delivery

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

* Prioritise the prevention of poor sexual health
* Support behaviour change to reduce risk and empower individuals
* Increase and promote self-management
* Service-user centred, with a strong participative approach taken to the design
* Responsive and adaptive services that recognise changes in technology
* Outcomes focused, with the ambition to continuously improve
* Evidence based, with decisions based on intelligence and high quality research and literature
* Increased visibility of services through effective communication
* Equitable, timely and accessible services
* A cohesive sexual health system, where providers and partners work together
* High quality and cost-effective services
* Strong clinical leadership across the system
* Outward facing, reaching beyond the sexual health system for workforce training
* Non-judgemental, supportive and empathetic services

2.3 Current service provision in Cornwall

Young people’s service

This service provides reproductive and sexual health services for young people, and education and training.

The young people’s service provides contraceptive and sexual health services targeted for young people under the age of 25, including clinics across the county in six locations.

1. Bude
2. Launceston
3. Newquay
4. Pool
5. St Ives
6. Torpoint

2.4 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*

2.5 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.

# Scope

## 3.1 Aims and objectives of the young people’s reproductive and sexual health service

The young people’s reproductive and sexual health service will be delivered in accordance with the aim, priorities and principles of this specification. In meeting these aims, the provider will:

* Support prevention, behaviour change, health promotion and increased self-management.
* Provide rapid, easy and equitable access
* Support increased self-management through the online digital service
* Contributing to, providing advice and input to communications, RSE in schools
* Support the workforce
* Support delivery of evidence based health promotion to groups at risk
* Meet the chlamydia detection rate target
* Support young people to access services
* Maintain easy access to GU services within 48 hours, including Saturday and evening clinics.
* Deliver rapid and easy access to the full range of contraceptive services (including LARC)
* To increase the knowledge of people in the non-specialist workforce
* Ensure effective access to emergency contraception
* Reduce late diagnoses of HIV by a programme of education in both primary and secondary care
* Increase awareness and uptake of HIV testing
* Ensure continuous service improvement through audit, evaluation
* Use accredited pathology services that utilise the most accurate diagnostic methods in their class, and meet national quality standards.

## 3.2 Service leadership

The young people’s reproductive and sexual health service is expected to work closely with the open access (all age) reproductive and sexual health service level 1-3, and follow systems put in place as adopted and agreed by the Sexual Health Partnership Group and Sexual Health Commissioning Board.

## 3.3 Clinical leadership

The young people’s reproductive and sexual health service will ensure strong clinical leadership is delivered by clinicians employed within the service. There must be a coordinated approach to clinical leadership within the service, with roles and responsibilities clearly communicated to agencies within the sexual health network.

## 3.4 Organisational leadership

Organisational leadership will be required to ensure the young people’s reproductive and sexual health service as part of the sexual health system, works seamlessly for service users and young people to move successfully between services and transition appropriately to adult services.

## 3.5 Service description - young people’s reproductive and sexual health service

The young people’s reproductive and sexual health service will provide open access, cost-effective, high quality provision for contraception and prevention, diagnosis and management of sexually transmitted infections, according to evidence-based protocols, and adapted to the needs of local populations.

The service will have:

* Integration with Cornwall’s online sexual health service which will act as a digital front door to the young people’s reproductive and sexual health service.
* Simple access, with a single telephone number and online system, including social media, for information, booking appointments and receiving advice across all services.
* A one stop shop where possible to improve convenience for service users.
* Compatible IT systems enabling patient records to be available regardless of point of entry, reducing the need for service users to give the same information in different settings and enabling outcomes to be monitored.
* Single brand across all organisations, using multiple organisational logos only in situations where it is advantageous to engaging users.
* Young people friendly, with all organisations delivering sexual health services having achieved or actively working towards full SAVVY (You’re Welcome) accreditation.

### 3.5.1 Core components of service delivery

1. Young people’s participation

Young people’s views and needs will be at the heart of the service. An approach will be taken to service delivery that enables young people from Cornwall and the Isles of Scilly to shape and influence the services delivered to meet their needs.

1. Prevention and self-management

Whilst some primary prevention will be specifically commissioned to target priority groups at higher risk of poor sexual health and wellbeing, prevention, behaviour change and self-management will be integrated into and offered across the whole sexual health system, in every service.

1. Prevention

Embedding prevention across the system will require development of appropriate strategic action plans that are owned and developed by providers and stakeholders in conjunction with Public Health.

1. Structured brief interventions and behaviour change

Structured brief interventions will be embedded across the service addressing lifestyle issues related to sexual health problems and risky behaviours such as smoking, substance misuse, mental health and obesity. This will draw on the principles developed by the MECC programme.

1. Targeted health promotion

Intelligence gathered through sexual health services will be shared with Healthy Cornwall, education and prevention services to allow interventions to be appropriately targeted and tailored to meet need and reduce inequalities. This may include emerging issues, patterns and trends identified, and wider empirical evidence to support reflective and adaptive services in line with local needs.

1. Increased self-management for young people under 25

A proactive approach to self-management is required to empower individuals to improve their sexual health, and supporting the sexual health system to make the most effective use of resources and technology available, by making both services users and non-service users aware of the opportunities for self-management and encouraging them. This will be supported by technology and an online sexual health service as part of the sexual health system. Service users of all ages will be able to access the following without the need to see a healthcare practitioner, although support must be available if needed:

Those under the age of 16 must be seen by a worker trained to assess competence to receive sexual health advice and interventions in the absence of a parent or guardian, and to ensure that safeguarding issues are identified and appropriately referred on.

1. To promote relationships, sexual health and sexuality as an important aspect of health and wellbeing

The young people’s reproductive and sexual health service will provide specialist services to young people under the age of 25. The service will reach in to schools and settings attended by young people, providing education about relationships and sexual health in order to increase skills and efficacy for maintaining health and wellbeing.

1. Information and education

A communications plan will be developed as part of the prevention and behaviour change plan for the sexual health system. It will take account of the range of communication technology available (including websites, apps, social media and the mass media), to raise awareness of the availability of sexual health services and good sexual health, with key messages and activities agreed by stakeholders. All providers of core sexual health services will be required to support and contribute to the communications plan.

1. Relationships and sex education (RSE) offer to schools in Cornwall

The provider will provide universal school-based RSE programmes for all secondary education provision in Cornwall, which will include a programme of age-appropriate RSE sessions ensuring young people gain a wide range of relevant information and skills as they need it. The approach will be flexible, adapting to recent changes in legislation in relation to RSE as appropriate, and in agreement with the commissioner. The provider will work in conjunction with providers of the Healthy Relationships programme that is also commissioned by the local authority to ensure consistent messaging across programmes.

Content of sessions should be developed in partnership with young people, schools, Public Health and practitioners within education and the sexual health network. It should be age appropriate, evidence-based and quality assured with robust mechanisms built in for evaluation. Content of sessions should be agreed with individual schools in line with their internal RSE provision and policies. Provision should be designed and tailored for the following year groups:

• Year 8 -11 provision

The provider should offer universal provision to young people in these cohorts. However, provision should be tailored as appropriate, dependent on the varying needs of young people and schools in differing areas.

• Post-16 education:

The provider will provide sexual health education to school-based sixth form settings in the form of RSE sessions or workshops for students, and delivery of interventions through health and wellbeing days and fresher’s fairs.

• Alternative education provision:

The provider will deliver and support RSE for groups of young people who may not have had adequate access to RSE in mainstream school settings (e.g. SEN, NEET and electively home educated or excluded pupils).

1. Provision of the Speakeasy training programme

The provider will be responsible for the provision of the FPA Speakeasy Cornwall programme across Cornwall, delivery of which is based on the nationally recognised Speakeasy programme. Speakeasy provides an opportunity for parents and carers to explore the best ways to talk with their children, whatever their age, about growing up, body changes, relationships and sexual health. It aims to get parents and carers to feel more confident and relaxed about subjects that can be difficult to discuss using words children and young people understand, and parents and carers are comfortable using.

1. Multi-agency children and young people’s workforce training

Young people’s resilience, knowledge, skills and self-efficacy will also be enhanced through the delivery of a Cornwall children’s and young people’s workforce training programme. This training will be delivered by the provider through a multi-agency programme, building on the assets, expertise, intelligence and resources available through the sexual health network.

l. Provision of the Cornwall condom distribution scheme – C-Card

The provider will be responsible for the provision of the Cornwall condom distribution scheme and will be the provider for C-Card, its effective distribution, and monitoring of take up of service.

The aim of this service is to reduce unplanned teenage pregnancy rates and incidence of sexually transmitted infections.

##  Provision of the Savvy (You’re Welcome) accreditation programme for Cornwall

All young people have the right to receive appropriate healthcare, wherever they access it. The Savvy Kernow toolkit is a set of quality criteria for services to ensure they are working in a young person friendly way. It provides a systematic framework to help improve the suitability, accessibility, quality and safety of health services. The toolkit has been reviewed and updated based on the *You’re Welcome* standards, supported by PHE, DHSC and NHSE. The Savvy Kernow toolkit offers a way to review and develop a health service to ensure it is young person friendly.

## 3.6 Provision of clinical services for young people under 25 years

The service will provide a confidential open access, cost-effective, high quality provision for contraception, diagnosis and management of sexually transmitted infections, according to evidence-based protocols and current national guidance, adapted to the needs of local populations.

The service is characterised by:

1. Providing a confidential integrated sexual and reproductive health service where the majority of sexual health and contraceptive needs can be met on one site, usually within a single consultation.
2. Service provided on an open access basis, without referral, and available to anyone under the age of 25 requiring care, regardless of gender, place of residence or GP registration.
3. Having walk-in and appointment clinics, including evenings and weekends, and offering digital services as an alternative to in-person attendance to improve services.

### 3.6.1 Service levels

The service will provide a range of interventions to meet the needs of local populations. The young people’s sexual health service will be delivered in broad accordance between level 1 and 2 as established for sexual health service provision outlined in The [National Strategy for Sexual Health and HIV](http://antibiotic-action.com/wp-content/uploads/2011/07/DH-National-strategy-for-sexual-health-and-HIV.pdf).

### 3.6.2 Self-managed care

Service users will be able to access the following without the need to see a healthcare practitioner, although support must be available if needed. Those under the age of 16 must be assessed following Fraser competency guidelines. Those under the age of 18 must be assessed for CSE[[1]](#footnote-1)[[2]](#footnote-2)[[3]](#footnote-3)

* Health information
	+ Generic information on pregnancy, STIs and HIV prevention/safer sex, CSE and FGM advice
	+ Information on the full range of contraceptive methods, and where these are available
* Primary prevention initiatives to improve overall sexual health to the community linking to national sexual health campaigns
* Home remote sampling and test kits accessed via online services
* Pregnancy testing kits
* Condoms
* Treatment

Some self-managed services may be accessed digitally.

### 3.6.3 Services to be delivered

### Assessment and prescribing with the use of PGDs where appropriate

Overarching

* Information on services provided by local voluntary sector sexual health providers including referrals and/or signposting.
* Full sexual and social history taking and risk assessment
* Domestic and sexual violence, and CSE screening and referral
* Assessment and referral to the relevant organisation
* Assessment and referral for brief alcohol interventions (BAIs), including weight management, MECC and stop smoking services.
* Referral for FGM specialist advice and care.
* Holistic sexual health care for young people including child protection/safeguarding.
* Assessment and referral of sexual assault cases (including STI testing at appropriate time).
* Outreach services for STI prevention and contraception.
* Urgent and routine referral pathways to and from related specialties (general practice, urology, A&E, gynaecology) should be clearly defined. These may include general medicine/infectious diseases for inpatient HIV care.
* Assessment and referral for psychosexual issues.
* Urgent and routine referral pathways to and from social care.
* Regular audit against national guidelines.

### 3.6.4 STI services

* STI testing and treatment of symptomatic but uncomplicated infections in men and women excluding:
	+ Symptoms at extra-genital sites e.g. rectal or pharyngeal
	+ Genital ulceration other than uncomplicated genital herpes
* Chlamydia screening for sexually active under 25 year olds, including on-line testing.
* Partner notification, including HIV and BBV.
* Case management of uncomplicated chlamydia.
* HIV and syphilis testing and pre- and post-test discussions (with referral pathways in place).
* Hepatitis C testing and discussion (with referral pathways in place).
* Management of first episode of uncomplicated vaginal discharge (low risk).
* Management of contacts of gonorrhoea and Trichomonas vaginalis (TV) (excluding symptomatic men).

### 3.6.5 Contraception services

* Supply of male and female condoms.
* All methods of oral emergency contraception and the intrauterine device for emergency contraception.
* First prescription and continuing supply of combined hormonal contraception (combined and progestogen only) including oral, transdermal, transvaginal methods of delivery, and a choice of products within each category where these exist.
* First prescription and continuing supply of injectable contraception.
* Uncomplicated insertion of IUD and IUS (uncomplicated insertion for contraceptive purposes), follow up and removal.
* Uncomplicated contraceptive implant insertion, follow up and removal.
* Pregnancy testing
* Direct referral for antenatal care.
* Direct referral for abortion care and to support self-referral.
* Provide comprehensive advice and support to people experiencing difficulties with choice of contraceptive methods.
* Management of problems with hormonal contraceptives.

The provider will be responsible for all associated costs including: supplies, consumables, resources, laboratory services, and overheads in delivery of these services.

## 3.7 Audit, evaluation and research

Audit, evaluation and research will be needed to continuously improve the quality, efficiency, effectiveness and cost-effectiveness of interventions. Staff across the sexual health system will be required to actively participate in these activities where applicable. Through clinical leadership, a culture of continuous service improvement based on evidence will be established.

## 3.8 Population covered

Services are provided for young people under the age of 25 from Cornwall and IOS, and for visitors to the county such as holidaymakers, migrant workers and students. As an integrated sexual health service, the service must operate an open access policy, regardless of residence of the patient; however, the provider is expected to make separate arrangements to fund service users from outside the area of residence.

## 3.9 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.

Current activity planning assumptions through the young people’s service: 3,915 service users were seen in clinics in 2016/17.

Targeted young people’s clinics will be provided across seven locations

1. Bude

2. Launceston

3. Newquay

4. Pool/ Redruth/ Camborne

5. St Ives/ Hayle

6. Torpoint

7. Falmouth/ Penryn

All schools are offered RSE and approximately 12,494 pupils received this provision during 2016/17.

## 3.10 Statement of requirements including clinical requirements

The young people’s reproductive and sexual health service will provide specialist services to young people under the age of 25.The service will be delivered at times and locations that are acceptable and accessible to the local population, ensuring access is equitable and supports a reduction in health inequality.

## 3.11 Mobilisation and implementation

The provider will produce a mobilisation and implementation plan in the first year of implementation which will need to be agreed with the commissioner. The plan will set out the key resources, deliverables and milestones required for successful implementation of the new service model, and the service’s successful integration with the online sexual health service and other providers within the sexual health system.

# 4.0 Data requirements

The service is required to generate a quarterly data extract of all patient attendances and associated diagnoses and services at GUM and non-GUM clinics, in accordance with [Public](https://www.gov.uk/guidance/genitourinary-medicine-clinic-activity-dataset-gumcadv2)  [Health England (GUMCAD STI Surveillance System)](https://www.gov.uk/guidance/genitourinary-medicine-clinic-activity-dataset-gumcadv2).

# 5.0 Location of provider premises

##  5.1 The provider’s premises

Location of premises will need to be agreed in consultation with the commissioner, based on a local health needs assessment, other sexual health services available, and understanding of public transport routes. Premises must be accessible by public transport and visible to the public.

## 5.2 Accessibility, availability and clinic locations

The service must support equitable access across the county in order to reduce health inequality. Therefore clinic locations must be established considering the following factors:

* Areas of high need and social inequality including deprivation, poverty, and health inequality.
* Areas with factors associated with sexual health risk and need such as, high rates of drug and alcohol use, teenage pregnancy.
* Accessible public transport and reasonable journey times.
* Other provision in the area.

A mixture of walk-in and appointment clinics should be available, dependent on locally identified need, and service user consultation, including evenings and Saturdays. Clinic hours should be distributed fairly and consistently across clinic locations, held as a minimum at the same times on a weekly basis in each location to support clear, simple and equitable access for service users. Hours are expected to be consistent and equitable for each area across the county but will be monitored closely, and dependent on need and demand, may be adjusted in agreement with the commissioner.

Integrated sexual health services as described above, and suitable for young people, should be delivered in at least seven key areas across the county.

Clinic locations will need to include under 25 clinical services in the following locations:

Bude, Falmouth, Helston, Launceston, Newquay, Pool, Torpoint.

### 5.3 Service user surveys

To ensure continuous service improvement, a quality provision, and a service responsive to the population’s needs, we will expect the provider to use a number of methods to seek the views of patients/service users. This should include working with those most at risk of poor sexual health, and the most vulnerable groups e.g. LGBT, young people, BME populations.

## 6.0 Safeguarding policies

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

7.0 Digital services

## The digital service for Cornwall sexual health services will be provided by and managed by the open access integrated reproductive and sexual health service levels 1-3 (separate specification). Service users will, through the digital service, be provided with information about sexual health, online triage, signposting to the most appropriate services for their needs, and the option of ordering self-sampling kits.

Young people’s clinics will offer service users the opportunity to triage and self-sample at the clinic, and routine STI test results should be available electronically to patients within 72 hours from the digital service provider.

## Education and training

The provider will work in partnership with the open access integrated sexual and reproductive health service regarding its own service education and training, to develop new and existing staff in the field within the local health economy.

9.0 Workforce and leadership

The separately commissioned Open Access (all age) Reproductive and Sexual Health Service level 1-3 will have appropriately trained leadership to ensure quality of service provision, development, training and clinical governance.

## Clinical governance

The separately commissioned Open Access (all age) Reproductive and Sexual Health Service level 1-3 will provide clinical leadership across the sexual health system in Cornwall, which will include local guidance, development of pathways and clinical workforce development, and training opportunities. This is in addition to Cornwall Council’s public health lead for clinical governance.

## 11.0 Information governance

The provider must ensure robust information governance standards are adhered to in line with legislation and guidance such as the Data Protection Act (1998), Records Management Code of Practice for Health and Social Care (2016) and the NHS Trusts and Primary Care Trusts (Sexually Transmitted Disease) Directions (2000)[[4]](#footnote-4)[[5]](#footnote-5) and the Health and Social Care Act (2012). It must be noted that the Primary Care Trusts (Sexually Transmitted Disease) Directions (2000) do not limit the sharing of data for public health purposes, and the Department of Health issued an update statement on the policy in 2015[[6]](#footnote-6)

Records Management Code of Practice for Health and Social Care (2016), including retention schedules for sexual health records can be accessed here: <https://digital.nhs.uk/codes-of-practice-handling-information>

The provider will ensure an appointed Caldicott Guardian, and notify the commissioner of the senior member of staff within this role. They will hold responsibility for the confidentiality of patients and service user information, and appropriate sharing of information. Ideally the Caldicott Guardian will also be the appointed lead for clinical governance.

## 12.0 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).

1. [*Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health*](https://www.scie-socialcareonline.org.uk/best-practice-guidance-for-doctors-and-other-health-professionals-on-the-provision-of-advice-and-treatment-to-young-people-under-16-on-contraception-sexual-and-reproductive-health/r/a11G00000017zrbIAA) [↑](#footnote-ref-1)
2. [Gillick v West Norfolk & Wisbech Area Health Authority [1985] UKHL 7 (17 October 1985)](http://www.bailii.org/uk/cases/UKHL/1985/7.html) [(http://www.bailii.org/uk/cases/UKHL/1985/7.html)](http://www.bailii.org/uk/cases/UKHL/1985/7.html) [↑](#footnote-ref-2)
3. [Sexual Offences Act 2003](https://www.google.co.uk/imgres?imgurl=https://cdn.waterstones.com/bookjackets/large/9781/8999/9781899986866.jpg&imgrefurl=https://www.waterstones.com/book/the-sexual-offences-act-2003/fergus-smith/paul-carr/9781899986866&h=400&w=282&tbnid=um9qmJS2qUjsCM:&q=sexual+offences+act+2003&tbnh=160&tbnw=112&usg=AI4_-kQjg9iAibQiXBd1yXusaYsBKjjeDw&vet=12ahUKEwjnoMrgw7_eAhWMIcAKHb4iASQQ_B0wEnoECAQQEA..i&docid=gkDuxKknTdmJeM&itg=1&sa=X&ved=2ahUKEwjnoMrgw7_eAhWMIcAKHb4iASQQ_B0wEnoECAQQEA) [↑](#footnote-ref-3)
4. [http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH\_4083027](http://webarchive.nationalarchives.gov.uk/%2B/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4083027) [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)
6. <https://www.bhiva.org/guidelines> [↑](#footnote-ref-6)