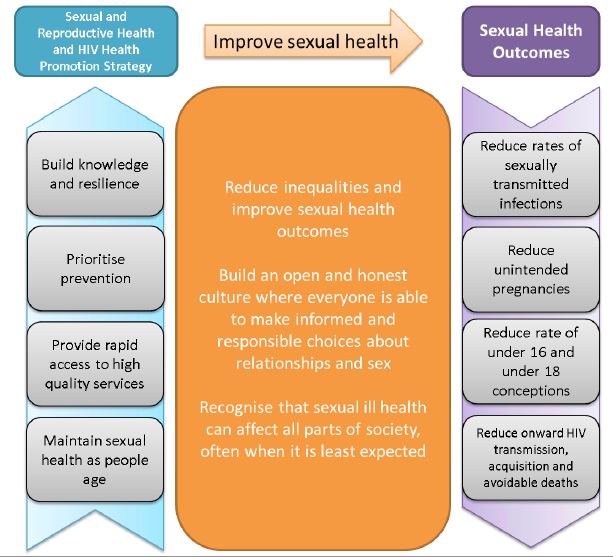
**Integrated sexual and reproductive health service specification**

1. **National and local context**

The national strategic approach to sexual health improvement is set out in the DH publication ‘*A Framework for Sexual Health Improvement in England’,* while the *Public Health Outcomes Framework* provides the key set of indicators against which progress is tracked.

**Figure 1: Key objectives and ambitions to improve sexual health in England**



Source: [*Public Health England*](https://whitehall-admin.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/488090/SRHandHIVStrategicPlan_211215.pdf)*, 2015*

The PHE strategic action plan *Health Promotion for Sexual and Reproductive Health and HIV* *2016-19*, sets out four key objectives:

* Reverse the observed increase in sexually transmitted infections
* Reduce the burden of HIV infection
* Minimise the proportion of pregnancies that are unplanned
* Reduce the rates of under 18 and under 16 conceptions
  1. **Overview of sexual and reproductive health in Berkshire East[[1]](#footnote-2)**
     1. **STIs**

Rates of STIs tend to be highest in the more deprived areas. Over recent years there has been no significant change in rate of all new STI diagnoses in Bracknell Forest or the Royal Borough of Windsor and Maidenhead (RBWM) though this may be in part due to numbers been historically low. However in Slough rates are decreasing. In 2016 rates in all three local authorities were lower than regional and national rates.

Chlamydia is the most common STI and rates are considerably higher in young adults, across Berkshire in 2016, 64.3% of chlamydia diagnoses were in this age group.

Although nationally rates have decreased over recent years, rates in the South East have remained flat. As chlamydia is often asymptomatic there is a drive to increase the chlamydia detection rate among young people and the diagnostic rate per 1,000 15-24 year olds is included in the Public Health Outcomes Framework (3.02) with an aspirational target of 2,300 chlamydia diagnoses per 100,000. Since 2012, detection rates are decreasing with a significant decrease observed in Slough. Detection rates in Berkshire East are significantly lower than national and regional averages.

Rates of diagnosis of syphilis and gonorrhoea are increasing in England and across the South East. Although there has been no significant change in the rate of syphilis seen in Berkshire East, data suggests that there is an increasing trend across the three local authorities in the East of Berkshire. Rates of diagnosis in all Berkshire local authorities were either the same or lower than national and regional averages in 2016.

Gonorrhoea diagnosis rates in Bracknell Forest (30 per 100,000) and RBWM (41 per 100,000) during 2016 were comparable to regional averages and lower than national averages, with a decrease in Bracknell Forest and RBWM between 2015 and 2016 being observed.

Men who have sex with men (MSM), younger adults and some BAME communities are over-represented among new STIs compared with other groups. In Berkshire diagnosis of STIs is more common amongst males (despite a lower rate of attendance in sexual health services) and there are observable gender differences in type of diagnosis, with more warts, syphilis and gonorrhoea diagnosed in males and more chlamydia and herpes in females. Diagnosis of STIs is highest in 20 to 34 year olds.

Gay and bisexual men and people from ‘Black’ and ‘Other’ ethnic backgrounds are over-represented in STI diagnosis figures given their relative population sizes. Although these groups are also over-represented in the data showing first attendance for STI related care they are proportionally less likely to receive an STI test at this first attendance.

* + 1. **HIV**

The prevalence of HIV in Bracknell and RBWM is significantly below the national rate of 2.31 per 100,000. HIV prevalence in Slough is significantly higher at 3.34 per 100,000. The groups predominantly affected are gay, bisexual men, MSM and heterosexual men and women from African communities, with the former accounting for the greater part of diagnosed infections in Bracknell Forest and RBWM, and the latter group in Slough.

Rates of new HIV diagnoses have shown no significant change in Berkshire East, noting that significant changes are harder to detect at a more localised level due to smaller numbers. Although not significant, rates of diagnosis have shown a downward trend in Slough and where rates have been historically high. The rate of new HIV diagnoses in 2016 was 11.5 per 100,000 in Bracknell Forest, 7.5 in RBWM and 10.0 in Slough.

Late diagnosis of HIV is the most important predictor of morbidity and mortality among those with HIV infection. Rates in Berkshire East are not significantly different to national and regional averages with the exception of Bracknell Forest where rates are significantly higher, however this should be interpreted with caution due to the very low numbers of new HIV diagnoses. Rates of late diagnosis have decreased in RBWM but the increase is too small to be statistically significant.

* + 1. **Abortion**

Abortion rates in Berkshire East vary from 14 per 1,000 female population aged 15-44 in Bracknell Forest to 21.5 in Slough. The rate in Bracknell Forest and RBWM is significantly lower than England but is significantly higher than England in Slough. The proportion of women having abortions who had had a previous abortion among women aged under 25 is in line with the England figure of 26.7% across all three localities.

* + 1. **Long acting reversible contraceptives** (**LARC)**

LARC are the most effective methods of preventing pregnancy. In Berkshire East the total prescribed LARC rate per 1,000 women of reproductive age is lower than the England and South East rate in all areas with the exception of RBWM where it is similar. In Slough the rate for LARC prescribed in general practice is 12.2 per 1,000, less than half the national rate, with a Sexual Reproductive Health (SRH) clinic prescribed rate of 20.7 which is significantly higher than the national figure. In Bracknell Forest and RBWM the opposite is observed with lower rates of SRH prescribed LARC and higher rates of GP prescribed LARC.

* + 1. **Teenage conceptions**

Nationally under 18 conception rates have been falling over the last decade and this is observed in Berkshire East**.** Under 18 conception rates in 2015 as reported in the Public Health Outcomes Framework are statistically lower than the national average in Bracknell Forest and RBWM, and the similar to the national rate in Slough.

* + 1. **Emergency Contraception Use**

Emergency Hormonal Contraception (EHC) is provided free of charge via GP Practices and Sexual Health Clinics across England and free of charge via pharmacies for women aged 13 to 25 years in Berkshire Local Authorities. Older women can pay over the counter for EHC from pharmacies.

The average rate of provision of EHC provided by SRH services in Berkshire East is comparable to the average for the South East Region. Within Berkshire East, rates of EHC provision are highest in Slough.

**Table 1: Selected sexual and reproductive health indicators**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **England** | **South East** | **Bracknell Forest** | **Slough** | **RBWM** |
| All new STI diagnoses (excluding chlamydia <25) – rate/100,000 (2016) | 795 | 648 | 527 | 723 | 593 |
| Chlamydia detection - rate per 100,000 <25 (2016) | 1882 | 1500 | 1082 | 1042 | 1097 |
| Chlamydia proportion aged 15-24 screened (%) (2016) | 20.7 | 19.2 | 13.1 | 15.0 | 14.5 |
| HIV testing coverage, total (%) (2016) | 67.7 | 71.5 | 76.0 | 83.1 | 82.2 |
| New HIV diagnosis rate / 100,000 aged 15+ (2016) | 10.3 | 7.7 | 11.5 | 10.8 | 7.5 |
| HIV late diagnosis (%)  (2014-2016) | 40.1 | 43.4 | 60.0 | 53.7 | 41.4 |
| HIV diagnosed prevalence - rate per 100,000 aged 15-59 (2016) | 2.31 | 1.76 | 1.54 | 3.34 | 1.57 |
| Total prescribed LARC excluding injections rate/1000 (2016) | 46.4 | 54.0 | 40.8 | 32.9 | 48.7 |
| GP prescribed LARC excluding injections rate/1000 (2016) | 28.8 | 37.5 | 32.4 | 12.2 | 37.0 |
| SRH services prescribed LARC excluding injections/1000 (2016) | 17.6 | 16.4 | 8.4 | 20.7 | 11.7 |
| Abortion rate – crude rate per 1,000 women aged 15-44 (2016) | 16.7 | 15.0 | 14.0 | 21.5 | 14.1 |
| Repeat abortions under 25s (%) (2016) | 26.7 | 25.2 | 23.7 | 29.9 | 21.9 |
| Under 18 conception - rate per 100,000 (2015) | 20.8 | 17.1 | 7.4 | 22.2 | 9.1 |
| Under 18 conceptions leading to abortion (%) (2015) | 51.2 | 53.7 | 70.6 | 60.3 | 62.5 |

Source: [PHE Sexual and Reproductive Health Profiles](https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0) (accessed January 2018)

1. **Service Aims and Objectives**
   1. **Overarching aims**

To improve sexual health outcomes, improve Service User experience and provide cost effective delivery of high quality services in Bracknell Forest, Slough and RBWM through the operation of an accessible, confidential, integrated sexual health service which is responsive to the needs of local populations, promotes self-care, utilises digital technology appropriately and is well linked with other relevant services

* 1. **Objectives**
* To prevent and ensure timely treatment and follow up of new STIs
* To prevent, and reduce late diagnosis of HIV
* To improve access to choice of contraception and reduce unwanted pregnancies by promoting and increasing the proportion of the most effective and reliable forms of long term contraception (LARC) among women accessing contraception
* To help reduce inequalities in sexual and reproductive health
* To increase access to sexual health through use of digital technology
* Help promote better health and wellbeing by linking with other services, such as drug and alcohol services and domestic violence services
* Help address the wider social determinants of sexual ill health
  1. **Outcomes**
* Early diagnosis of asymptomatic STIs
* Timely results and follow-up for all STIs and improved immunisation to help to reduce the risk of onward infections
* Increase the uptake of HIV testing, reducing late HIV diagnoses and preventing new infections
* Increase uptake of LARC, including for disadvantaged or under-served communities
* Offer and uptake of screening and brief interventions in line with Making Every Contact Count principles, with onward signposting or referral to other community services as needed
* Ensure screening/identification and interventions for health and social risks such as domestic violence, child sexual exploitation, Female Genital Mutilation (FGM), and child and adult safeguarding, as part of local arrangements for pathways of care and support
* Improve sexual health promotion, HIV prevention and uptake of sexual health interventions including LARC in key and vulnerable[[2]](#footnote-3) groups through targeted interventions, promotion and innovation
* Monitor and improve the quality and experience of services for all users, including annual Service User engagement plans.

1. **Service Model**
   1. **Overview**

The Service will include a mix of specialist (level 3) clinics offering fully comprehensive sexual and complex reproductive health services and clinics providing less complex care (non-specialist, level 2 care), in accordance with local need. They will provide high quality, confidential, patient-focussed services delivered using the most effective skill mix, triaging and ICT solutions to make best use of finite resources. All clinics within the network will share a common core of standards and requirements including:

* ensuring people get the appropriate level of care to meet their needs: the right level of service, in the right place, at the right time, in order to make the most effective use of resources to meet Service Users’ needs – this includes offering an online service for full sexual health screening (including HIV), with robust treatment and follow up procedures and safeguarding
* localised or community-based clinics delivering core (level 1) or non-specialist (level 2) elements of the service
* specialist (level 3) clinical services, which have good transport links and are able to serve population needs for specialist services
* working across a network of wider health and social care services, with links and referral pathways in place between services, so that wider sexual health and/or other identified needs can be addressed
* promoting sexual and reproductive health and providing information, advice and support through means such as online booking, a telephone line accessible by the public, and contributing proactively to the Safe Sex Berkshire website.

The Service will aim to optimise the sexual health of individuals and their sexual partners, through the provision of appropriate services and through key sexual health messages, within a clinic environment, promoting self-management and care and targeting high risk client groups who are least able to access care.

The Service will contribute to reducing rates of STIs and HIV through the provision of rapid user-focused services (including online STI testing) for bacterial and viral STI screening, diagnosis and treatment, and the provision of targeted sexual health promotion and partner notification.

The Service will promote choice of contraceptive methods, ensuring that Service Users have access to comprehensive information and access to a range of contraceptive methods so that they are able to access the type of contraception that will most effectively address their needs from the most appropriate place at a time that is convenient. The Service Users will be advised to obtain repeat contraception from their GP wherever possible.

The Service will be customer-focussed and well-signposted, with availability of appointments and ease of access and hours to suit local need. Services will be conveniently located with good transport connections, and networked with other local services. Hours of service availability will include early morning, lunchtime and evening clinics, as well as weekend clinics.

The Provider shall have in place mechanisms to engage with and collect Service User feedback, including an annual Service User engagement plan, to contribute to service improvement and planning, delivery and evaluation in discussion with the Commissioners.

The Service will maximise effectiveness and best use of finite resources by ensuring that clients receive the appropriate level of service for their need, including people with lower levels of need seeing appropriately graded and qualified staff.

The Service will work to ensure an effective skill mix of staff and take part in the sharing of good practice. This will include continuously reviewing workforce skills mix ensuring a range of relevant competencies; and developing services, in agreement with Commissioners, in line with local needs assessments with the input/support of referral and partner agencies.

The Service will use data collection and analysis proactively to drive improvement, insight and innovation. There should be routine collection and monitoring of demographic data, including of protected characteristics, in terms of service access and patterns of service use, risk and outcomes, identifying any gaps or trends in needs between different groups in order to support better targeting of interventions and meeting need. This should include an annual review of the effectiveness of the geographic distribution and operation of clinic locations and services in reaching key local groups and promoting uptake of key interventions.

The Service will link effectively with HIV treatment and care services commissioned by NHSE Specialised Commissioning to enable seamless patient experience through the HIV pathway and contributing to achieving the 90 90 90 objectives.

The Service will link effectively with other key services including local Hepatology and Infectious Disease services, the New Entrant Screening service, and Drug and Alcohol services in Slough, RBWM and Bracknell Forest.

Although this document sets out the general requirements of what will be provided, Commissioners are open to negotiation for innovative service models that give added value within this framework to optimise outcomes, address needs, improve Service User experience and make the most effective use of financial and clinical resources. Innovation (added value) areas include, among others:

* Organisation and delivery of specialist (level 3) and non-specialist (level 2) services, to achieve objectives and improve outcomes for under-served, disadvantaged or higher-risk groups
* Use of clinic data, or other techniques, to better target and address needs and risks
* In addition to online STI testing, innovative use of technology, e.g. online booking, online chat messaging service or electronic partner notification initiatives is strongly encouraged
  1. **Local priorities**

The above sections describe the way the service will be expected to operate in all three areas, the following section sets out key local priorities and how the Service will be expected to respond to these.

* + 1. **Bracknell Forest**

Community-based services in Bracknell Forest will provide core (level 1) and non-specialist (level 2) services in a location within Bracknell town centre with good public transport links providing good access to the general community and focus also on reaching under-served, disadvantaged or high risk groups. Any location would require agreement from the Bracknell Forest Commissioner.

The Service in Bracknell Forest will operate for at least 14 hours a week over at least two days with at least 2 hours of that time being used to run a young people’s drop-in clinic. The Service must provide evening opening hours on at least one evening a week as part of the total clinic time.

Bracknell Forest residents will have access to specialist services at the Level 3 Centre in Slough (to be provided at least 29.5 hours per week) and may also access the open access services in RBWM and Slough.

Key objectives:

* Access to online HIV and STI testing for all adult residents of Berkshire East
* Improving self-care for low-level sexual and reproductive health needs
* Increasing uptake of HIV testing in high risk groups and working to reduce the proportion of HIV infections that are diagnosed late.
  + - 1. **Targeted Outreach Nurse Service**

An Outreach Nurse service delivering an intensive, responsive contraceptive and sexual health service will operate in Bracknell Forest. The nurse service will operate for 3 days per week or equivalent.

This service will target women who have already had a child or children removed from their care, those who have been identified by Children’s Social Care (CSC) as being at high risk of losing a child from their care or those in “at risk” groups who are pregnant or at risk of an unwanted pregnancy.

* The Outreach Nurse will work across the Bracknell Forest area in a range of community settings as an expert practitioner in contraceptive sexual health to deliver services to women in identified priority groups. Women must meet the above definition to receive a service. Acceptance criteria is per the priority group table below:

|  |  |
| --- | --- |
| **Priority Group** | **Definition** |
| Priority 1 | Women who have already had a child or children removed from their care |
| Priority 2 | Women identified by CSC as being at high risk of losing a child from their care |
| Priority 3 | Women referred from ‘at risk’ group who are pregnant or at risk of an unwanted pregnancy (e.g. those with substance misuse issues/ mental health issues/ learning disabilities/living with domestic violence/ on probation/ complex social needs, etc. |
| Priority 4 | Preventative referrals where there is lower risk |

* Through discussion and support, the outreach nurse will work to increase uptake of LARC methods above other methods of contraception.
* The Outreach Nurse will engage with women through a flexible and responsive service that seeks to empower women to make healthy lifestyle choices. The service is person focused and where possible, delivers care in settings of their choice where they feel comfortable, at a time that suits them.
* The health needs of the woman, in particular their contraceptive and sexual health needs, are the priority for this service. However, if specific health needs of a child in the family are identified, the service will take appropriate action, e.g., by alerting relevant professionals or signposting to relevant specialist services.
* The service will also aim to provide holistic healthy lifestyle advice and support to women, making referrals to specialist services as required, with their informed consent.
* The Outreach Nurse will develop and maintain relationships with all relevant partner agencies to ensure appropriate referral to the service.
* The Outreach Nurse will keep records on health records (Rio or equivalent NHS-approved electronic patient record system) and Local Authority data base (cloud). The Head of Service, Safeguarding will record on children’s social care records (Fwi) that a referral has been made if applicable (on child’s file).
* Women will not be excluded but if other health problems (such as mental health) are preventing her engaging effectively with the service she must be referred to an appropriate agency before further Outreach Nurse appointments are offered.

The Provider will develop and maintain close links with both Public Health and Children Young People and Learning in Bracknell Forest, the responsibilities of each partner are set out below:

**Children, Young People & Learning Directorate (CYPL)**

* CYPL will nominate a lead person to act as first point of contact for the service Provider for discussion of any operational issues.

### CYPL will need to have systems and processes put in place to ensure there are robust referral pathways into the new service from Childrens Social Care and the Family Focus Programme.

* CYPL and the Provider will need to work closely together to provide day-to-day co-ordination of workload, based on local needs and unexpected demands, in order to provide a flexible and responsive service.
* CYPL will provide a desk with access to the Bracknell Forest IT network as a local base if required.

**Public Health (PH) Directorate**

* The PH Sexual Health Lead will act as point of contact for the service Provider for issues directly related to the contract itself.
* The PH Sexual Health Lead will carry out regular contract monitoring and review, alongside the named lead in CYPL.
* The PH Sexual Health Lead will provide professional public health and health improvement advice and guidance (e.g. around evidence-informed weight management, smoking, physical activity)

**The Provider**

* The Provider will be responsible for delivery of the service, line management of staff, including all back office support functions and provision of equipment.
* The Provider will be responsible for ensuring all relevant policies and procedures for clinical governance, information governance and safeguarding are followed at all times.

Data requirements for the Targeted Outreach Service are laid out in Appendix 1

* + 1. **Slough**

The Provider will provide an open access integrated sexual health service covering the core (level 1), non-specialist (level 2) and specialist (level 3) services in a location within Slough town centre. The service will have good public transport links and be easily accessible for local residents, residents of the other Berkshire East boroughs and others who may be present in the area. Any location would require agreement from the Slough Commissioner.

Key objectives:

* Access to online HIV and STI testing for all adult residents of Berkshire East
* Improving self-care for low-level sexual and reproductive health needs
* Increasing uptake of HIV testing in high risk groups

The specialist service in Slough will operate for at least 29.5 hours per week, for at least six days per week including weekend and evening opening times. The service will offer a mix of walk-in and booked appointments and will offer specific clinics for young-people and for men. Using an appropriate proportion of clinic time to provide other targeted clinics for people at increased risk of sexual ill health such as for sex-workers, Lesbian, Gay, Bisexual, Trans, Questioning/Queer or people learning disabilities is encouraged.

Slough residents will also have access to the open access non-specialist (level 2) services in Bracknell Forest and RBWM.

* + 1. **RBWM**

Open access core (level1) and non-specialist (level 2) reproductive and sexual health services will be provided through a community-based nurse-led service in RBWM. The service will operate on a community outreach basis, using clinically appropriate premises at locations across the borough, including but not restricted to premises in Maidenhead, Windsor and Ascot. The service will have access to clinically appropriate RBWM buildings and some GP practices. Any location would require agreement from the RBWM Commissioner.

This service will offer an intensive, responsive contraceptive and sexual health service and will have good access to the general community and focus also on reaching vulnerable groups who may have complex needs that impact on their risk of sexual ill health, under-served, disadvantaged or hard to reach groups and others at risk of sexual ill health including young people, BAME groups and MSM.

The service will operate for at least 37 hours a week on a flexible basis including some evening and Saturdays.

RBWM residents will have access to services at the Specialist (level 3) Centre in Slough (to be provided at least 29.5 hours per week) and may also access the open access non-specialist (level 2) services in Bracknell Forest.

Key objectives:

* Access to online HIV and STI testing for all adult residents of Berkshire East
* Improving self-care for low-level sexual and reproductive health needs
* Increasing uptake of HIV testing in high risk groups and working to reduce the proportion of HIV infections that are diagnosed late.

1. **Organisation of service model**
   1. **Core Service (level 1)**
      1. **Sexual and reproductive health information and advice**

The following should be available on-site as a part of both health practitioner-led and self-care pathways:

* All pathways and episodes of care will include health education/promotion and offer and supply of condoms and lubricant
* Information and advice on sexual and reproductive health will include health promotion, fertility awareness, pre-conceptual care, safer sex, contraception and abortion, immunisation and screening
* Information on other services provided by locally commissioned sexual and reproductive health providers including the voluntary sector
* Information about and access to SafeSex Berkshire including how to order STI self-sampling kits online.
  + 1. **Referrals and risk assessment**
* Full sexual history taking and risk assessment (all practitioners), with appropriate onward referral to other services where indicated (e.g. as regards safeguarding, domestic violence, healthy lifestyle services, and other sexual health services). Where indicated through the risk assessment, Service Users should be offered access to and/or on-site use of self-sampling kits.
* Motivational Interviewing and other behaviour change approaches/interventions should be provided as part of routine care for those at elevated risk of STIs, HIV and unplanned pregnancy
* Assessment for FGM and reporting in accordance with statutory requirements; referral to specialist advice, care and local safeguarding pathways.
* Assessment for vulnerable adults and child protection issues including sexual exploitation and reporting in accordance with statutory requirements; referral to specialist advice, care and local safeguarding pathways
* Holistic assessment of young people’s sexual and reproductive health needs and competence with appropriate referral to other services where indicated. All healthcare staff must be trained and able to assess the competence of young people under the age of 16 to receive sexual health and reproductive advice and interventions where a parent or guardian is absent.
* Safeguarding issues should always be assessed, with appropriate support and onward referral for identified safeguarding issues or concerns
* Use the principles of Making Every Contact Count when carrying out full assessments that would ensure a holistic health approach (e.g. opportunistic advice and signposting to smoking cessation, weight management, mental health and other life style services)
* Identify and support clients involved in chemsex to access relevant local services (e.g. AfterParty)
* Agree and establish referral pathways (both to and from the Service) with other local services (providing information for Service Users; facilitating self-referral; and making direct or urgent referrals for Service Users as indicated or where there are vulnerabilities). As part of this Agreement, the Service will ensure and demonstrate that pathways of care (e.g. referral pathways) into the wider health economy are formally agreed and in place prior to the date this Agreement commences, and are kept up-to-date. These include:
* General Practice
* Pharmacies
* Online sexual health services
* Establishing and managing robust user-focused referral pathways into HIV treatment and care services and psycho-social services following confirmed diagnosis for timely initiation of treatment and support
* The service should have in place arrangements with local HIV treatment and care services to support pathways of care for people with HIV for sexual health screening and contraception
* Appropriate referral into Sexual Assault Referral Centres (SARCs) where indicated, recognising that Service Users may prefer not to be referred and instead receive care and support locally, and that follow up care may also need to be provided locally
* Gynaecology
* Accident and Emergency
* Urology
* Cervical screening service
* Abortion services
* Sterilisation services
* Maternity Care
* Pre-conceptual care
* Counselling, psychology and psychiatry services
* HIV support via relevant providers (e.g. Thames Valley Positive Support)
* Young people’s sexual health services
* Young people’s health and wellbeing services
* Drug and Alcohol services
* Substance misuse services, including for needs related to chemsex
* Other appropriate health and social care services
  + 1. **Self-care**

As a primary prevention initiative to improve the overall sexual health of the community, access to generic information on pregnancy, the range of contraceptive methods available, STIs including HIV, and safer sex advice should be made available to Service Users and the public beyond consultations with a health practitioner, through the Safe Sex Berkshire website and other communications channels.

In clinic-based services, users of all ages should be encouraged to self-manage, without the need for a healthcare practitioner wherever appropriate -although clinical support must be on hand if needed.

The service will offer online STI testing / self-sampling services as part of the self-care pathway. Other services which enable Service Users to access services through use of digital technology are strongly encouraged, this includes online appointment booking, online or text chat function for sexual and reproductive health queries, ordering of repeat contraception and simple antibiotic treatment online.

Examples of other self-managed healthcare services are use of condom distribution schemes (where available); collection point for condoms, dams and lubricants; use of pregnancy testing kits as part of pathways of care; collection point and / or on-site self-sampling for STIs and HIV, linked to the online STI testing and HIV self-sampling service(s).

Innovations such as postal treatment for uncomplicated genital infections may also be considered where clinically indicated.

Innovation to support Service Users to access repeat contraception without the need to attend clinic in person is also strongly encouraged.

* 1. **Non-Specialist Services (level 2)**
     1. **Routine contraception and reproductive health services**

The following services shall be provided for contraception:

* Timely provision of a range of emergency (IUD and oral) and routine contraceptive methods for the prevention of unplanned pregnancy. Assessment of reproductive health needs should promote the most effective form(s) of contraception to meet needs and circumstances of Service Users. There should be an emphasis on more reliable and effective methods including the most effective LARC, where appropriate, delivered alongside safe sex messages.
* For women seeking emergency contraception, the service should ensure the opportunity to review contraceptive use and choice and, where indicated, promote uptake of more reliable and effective forms of contraception, including LARC.
* Pathways for rapid referral (as well as for follow up) should be in place with services providing oral emergency contraception only so that Service Users can access emergency IUD as an option where ever possible
* First prescription and supply of user-dependent contraceptive methods. The quantity of an initial supply of chosen method should be determined as part of an initial assessment of contraceptive needs.

Service Users with uncomplicated contraceptive needs who could be seen in general practice should be encouraged to obtain continuing supplies from GP practices.

* The Service will carry out a regular audit of use of sexual health services for user-dependent methods, including during the first 12 months, and over the lifetime of the contract, the Service will work towards becoming more focused on complex needs
* Appropriate follow up for diaphragm and LARC where clinically indicated as a part of continued care
* Management of uncomplicated problems with chosen contraceptive methods
* Removal of contraceptive implants and IUDs/IUSs, which can be referred to the specialist service where there are complications
* Diagnosis and treatment of simple genital dermatoses, including punch biopsy as indicated, with appropriate onward referral to primary care or specialist services when further investigation and treatment of the more complex is required.
  + 1. **Routine management of sexually transmitted infections (STIs) services**

The following services shall be provided for STIs as part of routine non-specialist (level 2) care, including but not limited to:

* Timely screening and STI testing, through face to face and online services, results notification[[3]](#footnote-4), diagnosis and treatment for STIs and testing and diagnosis of HIV, with an emphasis on rapid access for vulnerable groups, those at increased risk and people presenting with urgent priority conditions, including those with a positive test result from commissioned online self-sampling service(s).
* Routine offer of chlamydia and gonorrhoea testing, accessible through self-care and self-sampling pathways.
* Routine offer of HIV and/or syphilis testing where at risk, and testing where clinically indicated or requested.
* HIV testing should be recommended to all first time attendees of the service, and in particular for individuals or members of groups where assessment shows increased risk. For individuals or members of groups where there is increased risk, HIV testing should also be strongly recommended as part of future episodes of care. Point of care testing is acceptable where CE marked and licensed for use, providing there is access to support from a clinically competent practitioner.
* Testing for viral hepatitis B and C for high risk groups (with referral to local pathways of care, according to patient choice as set out in the Berkshire BBV Pathway. Further testing for other infections according to clinical risk and where considered clinically indicated.
* Immediate treatment of uncomplicated infections in index patients and their contactable contacts. This includes treating diagnoses confirmed by external services/providers. Confirmatory testing must occur in the event of an initial diagnosis. However, repeating a test within the recommended window period of an initial diagnosis must only occur where clinically indicated.
* Initial diagnosis and treatment of genital warts, and provide initial swabs of lesions for probable herpes with appropriate treatment, referring uncertain, complex or refractory cases to specialist services, with appropriate onward referral to primary care for ongoing management and treatment of uncomplicated genital warts and herpes where appropriate.
* Rapid and confidential contact tracing/partner notification where an infection has been diagnosed or confirmed by the Service or by its sub-contracted, or externally commissioned providers of online STI testing and chlamydia screening as agreed with local Commissioners; ensuring that Service Users with a diagnosed infection understand its importance and fully engage.
* Promotion and delivery of vaccination, including for hepatitis B and A, in accordance with the most recent national guidance on immunisation in GUM service settings and in line with the Berkshire BBV Pathway.
  1. **Specialist Services (level 3)**

Services should be designed to provide the right level of service, in the right place, at the right time, according to the identified needs of the Service User. Specialised services offered within the fully comprehensive service will be focused on complex needs, rather than needs that can be met through the general or routine contraceptive and STI levels of service described above. There should be rapid or seamless movement between service levels for Service Users, depending on the identification of their needs.

Specialist (level 3) Services under this Agreement must have access to immediate on-site (near patient) testing facilities including microscopy and ultrasound services to rapidly:

* Manage acute problems with chosen contraceptive methods including issues with IUD/IUS devices, difficult implant removal and side effects or complications of hormonal contraceptives
* Manage contraceptive problems in persons with co-morbidities including those identified in UK Medical Eligibility Criteria (UKMEC)
* Diagnose and treat genital dermatosis, including punch biopsy as clinically indicated, with appropriate onward referral to specialist dermatology services for more complex cases where required
* Assess, diagnose and treat genital ulcerations
* Manage complicated, recurrent and tropical STIs with or without symptoms
* Manage acute lower abdominal pain in women that may be associated with contraceptive use or STI
* Manage Service Users with penile discharge, genital pain, anal or rectal symptoms such as pain, discharge or bleeding that may be associated with an STI, and/or systemic symptoms suggestive of STI infection or HIV seroconversion
* Manage STIs in pregnant women
* Provide post-exposure prophylaxis (PEPse) where recent exposure to HIV is suspected with on-going monitoring and management, in accordance with national policy, noting that drug costs are not met within the scope of this agreement
* Initiate and carry out partner notification, as described above
* Appropriate referral to primary care or other medical specialities where outside of the scope of this Service
* Management of the sexual and reproductive health aspects of psychosexual dysfunction caused by the risks of or presence or perceived presence of an STI, unplanned pregnancy, fertility concerns; support for dyspareunia,all forms of sexual exploitation, gender violence and sexual assault; and ensure clear pathways and interventions are available
* Refer to appropriate services for the management of other aspects of psychosexual dysfunction

Commissioners will want to review the model and outcomes following the first year of operation to assess how it is contributing to the objectives of the Service.

1. **Education and Training, Advice and Guidance**

The Service will develop a sexual and reproductive health workforce through a range of FSRH and BASHH accredited postgraduate training relevant to the Service expectations set out in this Agreement. Clinical competencies across the whole skill-mix within the Service will be maintained through continuous professional development as well as undergraduate and postgraduate medical and nurse training in line with the latest General Medical Council (GMC) and Nursing and Midwifery Council (NMC) curricula, appropriate to the Service delivered under this Agreement.

The Provider will offer training to local GPs and practice nurses to support the delivery of LARC in primary care. The Provider will offer training to local pharmacy staff to support the delivery of the EHC service for young women.

The Provider is expected to work with Health Education England to assess current training placements in the context of the new service model, as well as planning future training commitments. Senior Staff will supervise and deliver training appropriate to their level of seniority and the educational commitments referenced in their professional objectives.

The Service will meet the requirements for trainees on the Thames Valley deanery programme for speciality trainees in GUM and SRH and train and provide placements for nursing and medical practitioners from external medical specialities, and deliver undergraduate and postgraduate training to primary and secondary care. The training provided must be befitting of this Service and in accordance with what has been agreed with local Commissioners.

Where the Service agrees to train or provide placements for nursing and medical practitioners from external medical specialities, or deliver undergraduate and postgraduate training to primary and secondary care, the training provided must be befitting of this Service and be in accordance with what has been agreed with local Commissioners.

The Provider will be expected to deliver accredited and/or other training to GPs, practice nurses, pharmacists and other clinical staff in regards to sexual health assessment and screening, testing, contraception (including, but not only, LARC), awareness of FGM and other related issues

The Service will provide a telephone and online advice and guidance service for local GPs and Practice Nurses, and other health and social care professionals working within Berkshire East, concerning diagnosis and management, and where indicated, referral for STIs, HIV testing and contraception.

1. **Access**

The Service will provide equitable access to all members of the population, including (but not only) people: with physical, mental health, sensory and learning disabilities; with various levels of literacy; with varying levels of IT literacy and access; and people who require interpretation services.

As described above, digital access to a range of sexual and reproductive health services is expected. At a minimum the Provider with ensure STI testing, appointment booking, results and sexual health advice are available online, engaging with Commissioners to ensure that access via digital methods does not disadvantage specific individuals and groups, such as those outlined above.

Services should be available through a mix of advance appointments and walk-in attendance through the week, including at weekends. Appointments at the Service should usually be offered to the clinic site(s) nearest to the person’s residence, according to need.

Self-referrals, as well as direct referrals from GPs or other health services within Berkshire East, will be accepted. Appointments will be available allowing 48 hour access (i.e. access within two working days), with same day or next day access for people with urgent needs.

Users of the non-specialist (level 2)clinics who require referral to the specialist service should be able to be seen same day or next working day. Appointments for tertiary (complex) contraception will be after assessment by a health care professional, and will therefore usually be via internal referral within the service or via direct GP (or other health professional) referral, and appointments will be available within 48 hours (or two working days).

GPs, or other health professionals, who make a formal referral to the Service should receive a discharge communication from the Service on the outcome of the referral following attendance and completion of the episode of care, with the agreement of the Service User. All Service Users, whether referred or self-referred, should be given the opportunity for a discharge communication for their episode of care to be shared with their registered GP. The advantages of sharing communication with the registered GP about care should be discussed with all Service Users and particularly highlighted for people with a positive diagnostic result, who are prescribed contraception and/or have vulnerabilities.

1. **Service information, promotion and marketing**

The Provider is required to:

* Proactively contribute to the content, design and marketing of the Safe Sex Berkshire website, ensuring clinic details are kept up to date
* Ensure the information provided to the public includes reference to other key agencies e.g. e-services providers and local support services
* By agreement with the Commissioners, link with/support national and local initiatives to promote awareness of and better sexual health, e.g. HIV Testing Week, World AIDS Day, World Hepatitis Day, the Halve It campaign, or FPA Sexual Health Week.

1. **Service Improvements and Developments**

The Service is expected to look for ways to continuously improve operational efficiency in line with local priorities and opportunities (e.g. changes to ICT).

Where the Service has intentions to undertake changes to the Service such as establishing new sites, outreach, additional promotional work, or marketing, or any other innovative developments that may result in changes in activity or charges, the Provider must first seek the agreement of the Commissioners, this includes developments to digital services.

1. **Service Exclusions**

Patients requiring gynaecology services ONLY are NOT eligible for this service and should be referred to the relevant service for according to clinical needs.

Non-Bracknell Forest residents are excluded from the Bracknell Forest specialist nurse outreach service; this is an additional service on top of the open access non-specialist (level 2) clinic.

The service does NOT include non-sexual-health elements of psychosexual health services.

1. **Population Covered**

Clinic-based services (GUM and SRH) will be provided as an open access service to all residents of Bracknell Forest, Slough and RBWM and for others who may be present within the local area, as set out in the requirements for mandated public health services.

Services will be provided to residents of Berkshire West (Reading, West Berkshire and Wokingham) Local Authorities in the same way as for Bracknell Forest, Slough and RBWM residents.

Online services will be provided to residents of Bracknell Forest, Slough and RBWM who are eligible based on their age and / or risk profile following online triage.

As an integrated sexual health service, the Service must provide open access services accessible to all patients eligible for free NHS treatment, irrespective of council of residence. The service is expected to request and collect postcode of residence from all users of the service, with a target of <0.5% of missing, incomplete or non-attributable postcodes (exclusive of overseas visitors who do not have a usual place of UK residence) and charge the council of residence accordingly, save for those services which are host funded on a block basis.

**The service is responsible for raising and recouping charges for use of open access sexual health services by out of area residents through cross-charging to other councils.**

Visitors from abroad will be eligible for free treatment for services, in line with guidance for eligibility for free NHS treatments by the service for overseas visitors as set out in The National Health Service (Charges to Overseas Visitors) Regulations 2015. This includes exemptions for charges for any overseas visitor for: the diagnosis and treatment of sexually transmitted diseases; testing and diagnosis of HIV; and contraceptive services. The full regulation is available at: <http://www.legislation.gov.uk/uksi/2015/238/made>

The Provider has the right to refuse Service provisions to persons:

* Who are unsuitable for treatment or care under the conditions of this Service specification;
* Who have not validly consented to the treatment provided under the Services; and
* For any unreasonable behaviour unacceptable to the Provider, it’s Staff, the Consultant or the named professional clinically responsible for the management of the care of such persons.

1. **Key population groups of need – service priorities**

Improving the sexual and reproductive health of the population is a key goal, including addressing inequalities in sexual health by providing information and advice, evidence based behaviour change interventions, access to the most effective forms of contraception to meet needs, and timely access to testing, treatment and follow-up for STIs and HIV, including partner notification. Those groups who are at risk of poorer sexual health outcomes or access include men and women from some black and minority ethnic (BAME) groups; gay, bisexual men and other men who have sex with men (MSM); young people; and people selling sex, among others. Across all groups, deprivation is a major risk factor for poorer sexual health outcomes. Other high risk populations may emerge, reflecting demographic and behaviour changes within the population.

The needs of the following Service Users are deemed to be Service priorities considering they are often the most vulnerable in terms of access and/or at greatest risk of poor sexual health outcomes; across all groups, deprivation increases the risks of poorer sexual health outcomes:

* Gay, bisexual men and other men who have sex with men
* Young people
* People living with HIV
* People who are homeless
* People who inject drugs
* People who misuse alcohol and/or substances
* People from BAME communities
* People from communities seeking asylum
* People who are transsexual
* People with learning disabilities
* Sex workers of any gender

1. **Research**

The Provider is expected and encouraged to actively participate in local, regional and national clinical networks, relevant trials, training, research, pilots and audit programmes where applicable. Programmes or initiatives that may have an impact on commissioned service delivery, activity or charges, need to be discussed and agreed with Commissioners in advance.

The Provider must have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied when either leading or participating in research.

The Provider is expected to continue with existing research activities and/or seek new sources of research funding to ensure Service Users have continued access to participation in research studies, and future users are able to benefit from improved services and health and wellbeing from the outcomes of research.

1. **Care Standards**

The service will be delivered in line with the latest national guidelines and standards as published by NICE, PHE, UK National Screening Committee, FSRH, BASHH and BHIVA (This is not exhaustive).

1. **Multi-disciplinary working and links with other services**

The Service exists as part of a wider sexual health service and is expected to work with other providers to deliver optimal sexual health outcomes.

The 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. Specifically, linkages will be maintained with GPs, wider Local Authority services, Health Promotion, other sexual health and secondary health service providers and other health and social care services for use as relevant.

The Service cannot work in isolation and is required to work with partners to address the needs of Service Users and increase the opportunity for Service Users to achieve optimum sexual health outcomes. Partners may include:

* Abortion services
* Antenatal and postnatal services
* Pre-conceptual care
* Cervical Screening Programme
* Young people’s services
* Child and adolescent mental health services
* Community pharmacy
* Drug and alcohol services
* Public health lifestyle services, e.g. weight management or stop smoking
* Public Health England (PHE)
* General practice
* Gynaecology
* HIV treatment and care services
* Male and female sterilisation services
* Mental health services
* Other healthcare service areas including voluntary and third sector services
* Pathology and laboratory services including recognised reference laboratories for additional analyses (e.g. quantification of HBV DNA and core avidity testing)
* Prisons and youth offenders institutions
* School and education services
* Sexual Assault Referral Centres
* Adult’s and Children’s Social care
* Local Authority youth services

1. **Public Health**

The Provider is required to promote, protect and improve the health of the community served and help address health inequalities by:

* Co-operating with other sexual health services, the NHS, local authorities and other organisations;
* Ensuring that local needs assessments such as the JSNA or Annual Public Health Report inform their policies and practices; and
* Making an appropriate and effective contribution to local partnership arrangements relating to or including sexual health services.

The Provider is required to provide patients in their clinics with a systematic and managed disease prevention and health promotion programme.

The Provider is required to:

* Help identify and act upon significant public health problems and health inequality issues, with Local Authorities taking the leading role
* Implement effective programmes to improve health and reduce health inequalities including specific information, health promotion interventions and services targeting at risk groups
* Take fully into account current and emerging policies and knowledge on public health issues in the development and provision of their public health programmes, health promotion and prevention services for the public.
  1. **Health Protection**

The Provider is required to:

* Work with organisations such as Public Health England (PHE), for the purposes of health protection and epidemiological monitoring. This includes reporting and cooperation on STI outbreaks and to ensure people with HBV or HCV infections or other notifiable infections receive and follow public health advice on the treatment and management of their infections, and risk assessment and advice on avoiding further transmission to household, workplace or other contacts as appropriate.
* Communicate with PHE and affected Commissioners, around any existing or emerging infections and related public health risks, including outbreaks of sexually transmitted infections or other communicable diseases.

1. **Data reporting requirements**
   1. **National data requirements**

The Service, including the supporting laboratory service(s), is required to meet national data reporting requirements as set out below

Sexual and Reproductive Health Activity Dataset (SRHAD) (and HIV and AIDS Reporting System (HARS) for HIV treatment services), together with Genitourinary Medicine Clinic Activity Dataset (GUMCAD) and Chlamydia Surveillance System (CTAD) form the basis for a standardised national sexual health dataset collected from sexual health services. All data analysed by PHE informs national, regional and local monitoring of trends in sexual health, and contributes to commissioning and service delivery.

The accomplishment of outcomes and objectives will be evidenced by indicators provided by government bodies including PHE and the Health and Social Care Information Centre (HSCIC).

The Provider is required to adhere to all current national reporting guidelines and to be able to respond to any amendments to the datasets including additions of new modules, such as introduction of GUMCADv3, in line with nationally agreed lead-in times.

The Service must have electronic information systems to support data reporting for national, as well as local, reporting requirements.

It is the Service’s responsibility to ensure that every chlamydia test it sends to laboratories for testing includes all the necessary information required to allow the laboratories to complete and fulfil CTAD data requirements. This may include completion of a valid postcode of residence, ODS codes and testing service type.

* 1. **Local data requirements**

As part of accurate data reporting, attention should be paid to report infections diagnosed elsewhere (but treated locally) as such in all GUMCAD submissions through the use of relevant suffix codes.

The Service is required to report progress against all Key Performance Indicators on a quarterly or annual basis as specified in Section 17 and to provide service information as set out in Section 17. The format of these reports is to be agreed with local Commissioners prior to service delivery. The service is expected to participate with Commissioners in the ongoing review of reports to ensure they are fit for purpose.

The Provider is expected to share key local attendance and outcome indicators as part of the Berkshire East Sexual Health Network Dashboard.

On an annual basis the service is required to provide an Equal Opportunities Monitoring Report detailing all clinic attendances and use of online or telephone services by groups with each of the protected characteristics (age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity) as per the Equality Act 2010.

On a quarterly basis, the service is required to report the number of new chlamydia, gonorrhoea, syphilis and HIV diagnoses (using SHAPPT codes as per GUMCAD requirements) for residents of each Local Authority**.**

Data reporting requirements for locally agreed variations to the service are listed as follows:

* Appendix 1 (Bracknell Forest Targeted Outreach Nurse)

1. **KPIs**

Note that information items should be provided by Local Authority of residence unless otherwise stated.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Indicator** | | **Threshold** | **Frequency /  Method of Measurement** | | |
| **Clinical Management** | | | | | | |
| **1** | Number and percentage of users who are triaged within 30 minutes. | | 98% | Quarterly | | |
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| **2** | % of people with needs relating to STIs and/or contraception contacting a service who are offered to be seen or assessed with an appointment or as a ‘walk-in’ within two working days of first contacting the service | | 98% | Quarterly | | |
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|
| **3** | Percentage of clients waiting longer than 2 working days from booking to appointment when clinically indicated | | < 20% | Quarterly | | |
| **Uptake and offer of testing** | | | | | | |
| **4** | Percentage of all under 25 year olds accessing the service for the first time offered and tested for chlamydia (excluding those who are chlamydia testing inappropriate) | | 100% offer  >75% uptake for new attendances | | | Quarterly |
| **5** | Percentage of people with needs related to sexual health who are offered and tested for HIV at all new episodes (excluding known HIV positive and P1C i.e. test inappropriate) | | 100% offer  80% uptake | | | Quarterly |
| **6** | Percentage of people having STI tests whose results were made available to them (both + or -) within 10 working days of the date of the sample (excluding those requiring supplementary tests) | | 95% | | | Quarterly |
| **7** | 7a. Proportion of all STI (T4) tests that were carried out through the online service  7b. Proportion of all HIV tests that were carried out through the online service  7c. Percentage of under 25 year old chlamydia and gonorrhoea tests that were undertaken through online testing service | | Review at end of Q1 | | | Quarterly |
| **8** | Percentage of online test kits returned | | 65% by end of Q1 | | | Quarterly |
| **9** | Percentage of returned online testing kits which were positive for;  9a. at least one infection  9b. HIV | | 10% by end of Q1  Review at end of Q1 | | | Quarterly |
| **Partner Notification and follow up** | | | | | | |
| **10** | Documented evidence within clinical records that PN has been discussed with people living with HIV within 4 weeks of receiving a positive HIV diagnosis and within 1 week of identifying subsequent partners at risk | | 90% | | | Annual Clinical Audit, by Provider |
| **11** | Documented PN outcomes or a progress update at 12 weeks after the start of the process with a person receiving a positive HIV diagnosis | | 90% | | | Quarterly |
| **12** | New HIV diagnosis:   * Ratio of contacts\* tested per index case.   *(contacts is defined as \* status-known contacts + number of contactable status-unknown contacts)*   * Proportion (%) of contactable partners tested\*\*   *(\*\*status-known contacts + contactable status-unknown contacts tested / total number of status-known contacts and contactable status-unknown contacts)*   * Proportion of index cases with documented PEP assessment at time of diagnosis for at risk contacts within previous 72 hours. | | 0.8 (by 3 months)  85% (by 3 months)  97% (newly diagnosed within the service) | | | Quarterly |
| **13** | Partner notification for syphilis, hepatitis B and hepatitis C:   * Number of contactable contacts, by infection * Number of contactable contacts contacted, by infection * Number of contactable contacts contacted known or reported to have used a service for testing and follow up, by infection, within 4 weeks of PN discussion. | | (Year 1 – baseline)  Improvement plan and trajectory for subsequent years | | | Annually |
| **14** | Ratio of contacts of chlamydia index cases who attended a service commissioned to manage STIs within four weeks of the date of the first PN discussion | | **0.6** | | | Quarterly |
| **15** | Ratio of contacts per gonorrhoea index case, who attended a service commissioned to manage STIs within four weeks of the date of the first PN discussion | | **0.4** | | | Quarterly |
| **Contraception** | | | | | | |
| **16** | Percentage of LARC prescribed as a proportion of all contraceptives by age (<20, 20+ years of age) | | <20 years: 30%  Over 20 years: 38% | | | Quarterly |
| **17** | Proportion (number) of women seeking emergency contraception accepting offer of:   * LARC, including IUDs fitted as the emergency contraception option; * EHC | | Target to be agreed after review of Q1 | | | Quarterly |
| **18** | Percentage of women who have access to urgent contraceptive advice and services (including emergency contraception) within 2 hours of accessing the Service | | 95% | | | Quarterly |
| **Workforce** | | | | | | |
| **19** | Percentage of staff delivering contraceptive and STI services who have successfully completed nationally accredited training, according to their scope of practice, and fulfilled relevant update requirements | | 100% | | | Annually |
| **20** | Percentage of nurses dual trained to deliver contraceptive and GUM services | | 90% | | | Annually |
| **Service User Experience** | | | | | | |
| **21** | Evidence of at least one Service User experience survey annually in addition to Friends and Family. | | 100% | | Annually | |
| **22** | Percentage of Service User feedback on surveys that rates satisfaction as good or excellent | | 90%  (<70% indicates poor service delivery) | | Annually | |
| **23** | Evidence of innovative ways of user and public involvement.  Demonstrable evidence of improvements / changes made to service delivery in response to negative feedback as appropriate | | Demonstrable evidence | | Annually | |
| **Reducing inequalities** | | | | | | |
| **24** | Increase in the number and proportion of men accessing services, including online STI testing services. | Incremental year on year increase from baseline | | Annually | | |
| **25** | Increase in the number and proportion of BAME clients accessing services, including online STI testing. | Incremental year on year increase from baseline | | Annually | | |
| **26** | Provider to demonstrate that all functions and policies are assessed against protected characteristics as set out in Appendix 2. | Agreed plan to achieve compliance | | Annually | | |
| **System-wide working** | | | | | | |
| **27** | Care pathways with all other / relevant organisations to include partner notification and/or linked services and for referral in/out (e.g. SARC, HIV, Termination of Pregnancy, Substance Misuse Mental Health, Youth Offending Teams, etc.) are clearly defined and documented to Commissioners | Establish a transparent and integrated care pathway(s) | | | Care pathways should be documented at end of Q1 and further developed in-year  Annually | |
| **28** | Percentage of specialist SRH referrals from general practice seen within 18 weeks of referral | 97% | | | Quarterly | |

1. **Information provision for the Service**

Note that information items should be provided by Local Authority of residence unless otherwise stated.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Indicator** | **Rationale** | **Frequency of provision** |
| **1** | Proportion (and number) of booked appointments where the Service User did not attend, by clinic location / type (general or targeted clinic) and LA of residence | Service use information, support action to manage demand | Quarterly |
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|  |  |  |  |
| --- | --- | --- | --- |
| **2** | Percentage of users who are walk-ins (i.e. without a booked appointment) experience waiting times in clinics of:  < 60 minutes  < 90 minutes  < 120 minutes | >85%  >95%  100% | Quarterly |
| **3** | Number of Service Users with **more than** four episodes of care over the previous 12 months for STI/HIV risk | Support action to reduce risks and improve outcomes. | Annually |
| **4** | Number of Service Users with **two or more** attendances for emergency contraception over the previous 12 months | Support action to reduce risks and improve outcomes | Annually |
| **5** | Number (percentage) of online STI kit users who used other services at the Service during the episode of care | Service use information, support action to manage demand | Quarterly |
| **6** | Percentage (and number) of eligible people in risk groups   * assessed for Hepatitis B immunisation status * offered Hepatitis B test * accepting Hepatitis B test * diagnosed with Hepatitis B (numbers <5 suppressed) * accepting 1/2/3 doses of Hepatitis B vaccine where appropriate | Support action to reduce risks and improve outcomes | Annually |
| **7** | Percentage (and number) of eligible people in risk groups   * offered Hepatitis C test * accepting Hepatitis C test * diagnosed with Hepatitis C (numbers <5 suppressed) | Support action to reduce risks and improve outcomes | Annually |
| **8** | Number of new, chlamydia, gonorrhoea, syphilis and HIV diagnoses (using SHAPPT codes as per GUMCAD requirements) .  **Numbers of diagnoses <5 should be suppressed in reports to prevent deductive disclosure** | Support action to reduce risks and improve outcomes | Quarterly |
| **9** | Breakdown of number of contraceptive methods supplied, by type – new, maintained and change as (using codes as per SRHAD requirements). | Service use information, support action to manage demand | Quarterly |
| **10** | Number of clients referred for LARC by GPs where reason for referral is stated as due to GP capacity, by GP practice | Service use information, support action to manage demand | Quarterly |
| **11** | Number of clients accessing services broken down by each of the protected characteristics; | Service use information, support action to reduce inequalities | Annually |
| **12** | Number of Service Users making formal complaints about the service (verbal or written).  Provider to notify Commissioner in accordance with Incidents Requiring Reporting Procedure Section | Governance information, support action to improve quality and safety | Quarterly |
| **13** | Number of Service Users complimenting the service | Governance information, support action to improve quality and safety | Quarterly |

**Laboratory performance**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | Percentage of routine STI laboratory reports of results (or preliminary reports) which are received by clinicians within 7 working days of a specimen being taken | 100% | Provider to notify Commissioners if targets are not being reached |
| **2** | Percentage of people who are NAAT positive for *N. gonorrhoea* who have a culture performed | 90% |
| **3** | Percentage of *N. gonorrhoea* cultures that have sensitivity tests performed | 90% |
| **4** | Percentage of final reports on supplementary testing or following referral to the reference laboratory, which are issued by the lab within 10 working days of the specimen being received by the lab | 90% |

**Appendix 1:**

**Bracknell Forest Targeted Outreach Nurse – reporting requirements**

**KPIs**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Indicator** | **Threshold** | **Frequency /  Method of Measurement** |
| **1** | Proportion of women who have been referred to the service waiting more than 1 week to receive initial contact from the service. | <5% | Quarterly |
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|
| **2** | Proportion of women who are satisfied with the service (measured 6 monthly and annually) | 70% | 6 monthly |
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|

**Performance Data**

With the exception of Data Reference D, E, F and G, all data should be broken down by priority group as defined in 2.2.1.1.

| **Data**  **Ref.** | **Information Required** | **Quarter** | **Year-to-Date**  **20\*\*/20\*\*** | **Comments** |
| --- | --- | --- | --- | --- |
| Ai) | No. of women who have had 1:1 engagement with the service (regardless of no. of contacts each) |  |  |  |
| Aii) | Average no. of contacts with women |  |  |  |
| Aiii) | No. of women unable to be contacted by service after 4 attempts (with reason, if known) |  |  |  |
| Bi) | No. of women who have had a LARC method fitted (by type) |  |  |  |
| Bii) | No. of women who are awaiting LARC fit. Interim contraception initiated, as appropriate. |  |  |  |
| Biii) | No. of women where LARC removed or discontinued (and reason) |  |  |  |
| Biv) | No. of women where contraception, other than condoms, was initiated (by type). LARC was declined at this time. |  |  |  |
| Bv) | No. of women with newly reported pregnancy following completion of LARC assessment by service. |  |  |  |
| Ci) | No. of women referred to Slimming World. |  |  |  |
| Cii) | No. of women referred to the Bracknell Forest Stop Smoking Service. |  |  |  |
| Ciii) | No. of women referred to other specialist services (e.g. substance misuse, Berkshire Women’s Aid, BPAS etc). |  |  |  |
| D) | Overall no. of complaints received |  |  |  |
| E) | Overall no. of complaints responded to within 48 hrs |  |  |  |
| F) | Overall no. of safeguarding referrals |  |  |  |
| G) | Sources of referral to the service |  |  |  |

**Appendix 2**

**Equalities monitoring information**

We require annual reporting of the following equalities monitoring data, to be reported separately for the integrated sexual health service and the Bracknell Forest specialist outreach nurse service. This is to be provided during the first week of September each year.

* Age
* Sex
* Gender Assignment
* Race/ethnicity
* Disability
* Pregnancy/maternity
* Marriage/civil partnership
* Religion/belief
* Sexual orientation

1. Berkshire East is defined as the areas of Bracknell Forest Council, The Royal Borough of Windsor and Maidenhead and Slough Borough Council [↑](#footnote-ref-2)
2. In the context of sexual and reproductive health services, vulnerabilities include but are not limited to, substance misuse, having had a child taken into care, mental illness or learning disability, physical disability, currently or previously having been in care, having been in the armed forces, having been in custody, fleeing violence or threats of violence or some other special reason. [↑](#footnote-ref-3)
3. Through the Service User’s preferred method of contact including SMS text and/or email [↑](#footnote-ref-4)