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| Contract title: | Level 3 Sexual Health Services |
| Contract Number: | EC09/01/2444 |
| Service Provider(s): | Solent NHS Trust |
| Commissioning Organisation: | Southampton City Council |
| Contract start date: | 1 April 2017 |
| Current contract end date: | 31 March 2024 |
| Maximum contract end date: | 31 March 2024 |
| Current financial year value £: | £2,267,574 |

Service Summary

The service is commissioned as a specialist integrated sexual health service through a contract with Solent NHS Trust.

The service is commissioned to ensure that local residents have timely access to high quality services to improve and manage their sexual and reproductive health through the delivery of a fully integrated, cost-effective sexual health (lead provider) service model, accessed by a digital single point of access.

Providing free and open-access to reproductive and sexual health services became a statutory responsibility for Local Authorities in April 2013, under the Health and Social Care Act 2012.

Level 3 Sexual & Reproductive Health Services have been integrated and co-located in Hampshire, Portsmouth and Southampton since 2012 providing a 'one stop shop' approach to the delivery of specialist sexual health services across all three local authority areas via a single point of access.

Local Authority and NHS Commissioners find that this model provides the best outcomes for local residents as well as best value for commissioners and are keen to see the continued integration of local authority commissioned sexual health services with NHS commissioned services for the benefit of local residents.

The integrated service is commissioned to provide the following services:

- Local Authority Commissioned: Integrated GUM and contraception services, chlamydia screening, sexual health promotion/outreach, digital front door and remote testing, psychosexual counselling, system leadership & network management
- ICB Commissioned: Termination of pregnancy and vasectomies

- NHS England: HIV treatment as a separate but integral part of the L3 contract.

The contracts are currently operating through agreed extensions until March 2024.

Contract Performance

All performance is considered through quarterly contract monitoring meetings, alongside quality and other service issues.

Performance information from this contract has been collated for the Sexual Health Needs Assessment (SHNA), which is in the process of being completed and will inform future commissioning intentions from April 2024.

Access to Service

Access to the service is through Solent's Single Point of Access (SPA) which can be challenging at times, and customers report difficulties of either waiting a long time on the call waiting to get a response or fail to get through to the SPA to book appointments.

Solent have recognised this issue and purchased a new SPA system. Changes in working practice, allowing sexual health staff to participate in the SPA response has highlighted how some changes can improve the customer experience. These changes are under discussion with a view to implementing where feasible.

Contraception

Long Acting Reversible Contraception (LARC) uptake for women within the sexual health service (as a % of women given contraception) was consistently above 40% apart from in 2020/21 where COVID impacted on LARC uptake due to the lockdown and staffing challenges. During this period the rate reduced to 33%, but has since resumed to near normal levels.

STI Testing and Interventions

HIV test uptake has been consistently above the threshold for all residents, men having sex with men (MSM) and black African communities (BAC). This uptake has remained above threshold during COVID.

All high-risk Hepatitis B patients were offered a Hep B vaccination in the most recent year. Uptake has also improved with more than 3 out of 4 (76%) having the vaccination in 21/22 compared to 1 out of 3 in 18/19.

STI Indicators

Results management has consistently been above the 95% threshold with 49 out of 50 residents receiving their results back within 7 working days within the last 2 years.

The STI infection rate increased by 4 percentage points (+44%) in 2020/21; one of the reasons for this could be due to the challenges in accessing contraception during COVID period but this has decreased to the same rate as the previous 2 years in 21/22.

Partner Notification

Partner notification (PN) and partner treatment indicators have been consistently above the threshold within both of the last two years.

Chlamydia Screening

There is a low (and decreasing) diagnostic rate but a significant increase in positive tests, with more than 1 in 5 tests being positive in the most recent year. It should be noted that there have been continued concerns around the accuracy of the chlamydia screening data provided by Solent NHS Trust, as the positivity rates and diagnostic rate are significantly different from the reporting on Public Health fingertips tool. The cause of these reporting discrepancies remains unclear despite continued examination at a local and national level. Until this is resolved it is not possible to address the apparent performance issue for this target.

Where the provider is identified to require an increase in activity, this is regularly discussed at quarterly Contract Review Meetings in context of changes emerging through new National Chlamydia screening guidance and other pressures on the service including Monkeypox vaccination and support.

Psychosexual Counselling

The service has accepted between 91-112 referrals per annum.

There have been challenges with access times for psychosexual counselling with performance consistently below threshold for initial assessments, therapy commencement and completed pathways within timescales. Staff shortages have been experienced for a number of years reflecting the pay grade falling below the market standard. Solent have shown budget pressures against this service area as they seek to meet demand with reducing staff. This was further compounded during the pandemic. Solent have now advertised and recruited to posts and improvements in delivery against targets are being seen, however there will be a wider impact on the overall budget and wider service delivery, yet to be reported and fully understood.

Quality Outcomes

Commissioners discuss quality at Contract Review Meetings and Quality forums. This includes ways to improve offer of, and take up of referrals to Stop Smoking services and take up of Chlamydia and STI self-sampling kits.

Financial Data

The contract includes the following financial mechanisms:

- The option to apply a 2% annual efficiency. This was not applied during the Covid period but has been applied in 2022/23.
- a tariff-based approach to the majority of the contract with an upper cap in place

- a fixed payment price for a small element of the contract (2 service areas)

In addition to these financial approaches, the financial value of the contract has been varied over the years to take into account:

- annual Agenda for Change requirements
- new pathways to be adopted following government guidance, with some attracting additional funding (pre-exposure prophylaxis (PrEP)), while others did not (*Mycoplasma genitalium* (MGen))

The service now faces increased pressure to support the delivery of the Monkeypox vaccination and treatment programme.

Operational Issues and Good Practice

Overall, the service continues to deliver against contract and provide a service during difficult and challenging times. More recently this includes the requirement of Sexual Health services to respond to the Monkeypox outbreak.

Coming out of Covid-19 lockdown phases, the provider is just starting to see sickness levels fall below 5%, but they report they are experiencing pressures operationally with increased complexity of clients attending clinics, a result of less complex patients accessing online, remote or other digital offers.

The Provider is engaged with a number of development programmes, including the use of Pathway Analytics, an approach that enables comparison across different LA areas for activity and tariffs. The Provider has also engaged with a process known as System Thinking, in which the Lean thinking theory is applied to aspects of the service. This is proving to be a very informative and helpful exercise, with learning from the process likely to inform future commission intentions.