



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

## Local Enhanced Service Specialised Sexual Health Services

### 1. Introduction

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. The enhanced service specification outlines the more specialised services to be provided. The specification of the Local Enhanced Service (LES) for the more specialised sexual health services is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

### 2. Background

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

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

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

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

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

- (i) About 75-80 per cent of contraception is provided in primary care;

- (ii) More than a third of women found to have chlamydia (the most common bacterial STI in the UK) were diagnosed in primary care;
- (iii) Primary care is highly accessible to all people including young women, and primary care is well accessed by many who may be at risk of HIV.

### 3. Service Outline

This LES is **NOT** a national screening programme and should not be viewed as such.

- a. **Sexual History and Risk Assessment.**
- b. **A service for HIV testing, including pre and post test counselling.**
- c. **STI screening of men and women** using the most reliable testing methods available. The use of the term “screening” in this context does not imply the invitation of asymptomatic individuals to undergo testing.
- d. **Treatment of STIs in both men and women.**
- e. **The practice to act as a resource** to colleagues in sexual health care in primary care.
- f. **The training of GPs and GP registrars, practice nurses and other relevant staff** (such as health advisors) who are employed/attached to the contracted practice.
- g. **Effective liaison with local sexual health services and cytology and microbiology laboratory support and other statutory or non-statutory services where relevant** (such as young people’s services).
- h. **Additional training and continuing professional development for clinicians** commensurate with the level of service provision expected of a clinician in line with any national or local guidance to meet the requirements of appraisal and revalidation.
- i. **Records kept on the advice, counselling and treatment received by patients.** It is the clinician’s responsibility in conjunction with the patient to agree what to enter in the lifelong patient medical record.
- j. **A register** of all patients being treated under the enhanced service.
- k. **Appropriate arrangements for review.**
- l. **Costs of condoms**, sufficient for initial education in condom use (but not an ongoing supply), and other consumables required for the service, specifically excluding costs of pathology tests which will be funded through existing Health Board (HB) arrangements with Ceredigion & Mid Wales NHS Trust.
- m. **Treatment of STIs without prescription charge.** The Health Board will put in place alternative arrangements which will not have a negative impact on the practice.
- n. **Effective communication with all young people** including young men, gay lesbian people, and ethnic minorities.
- o. **A holistic approach to assessment of risk of STI, HIV and/or unplanned pregnancy**, including consideration of other relevant health problems such as drug misuse or mental health problems.
- p. **The provision of information on testing and treatment for all STIs** (excluding in the case of testing and treatment HIV infection, syphilis, Hepatitis B and C or treatment-resistant infections).

- q. **The assurance of partner notification** of relevant infections by adherence to agreed guidance.
- r. **A sound understanding of the role of different professional groups** in the shared care of HIV positive patients, and those at risk of HIV.
- s. **Suitable training for all staff.** All clinical and non-clinical staff must be provided with appropriate accredited training in line with individual competencies and clinical governance. This should include training and regular updates in contraception, STIs, sexuality, communication skills and inclusive practice to enable staff to provide accurate impartial and confidential advice and treatment to all patients.

#### 4. Review

All practices undertaking this service will be subject to an annual review which could include an audit of:

- (i) The number of patients seen for specific interventions;
- (ii) The number of patients tested as having a high clinical index of suspicion;
- (iii) The number of people screened and treated effectively;
- (iv) The number of at-risk individuals tested and immunised according to local guidance for blood-borne viruses;
- (v) Age, gender, sexuality and ethnicity of patients to ensure that those most at risk from poor sexual health are accessing the practice;
- (vi) Numbers of patients seen who are not registered patients of the practice.

#### 5. Accreditation

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

Practitioners should be able to demonstrate satisfactory completion of recognized training, or evidence of prior learning and experience. The lead clinician should have attended the STIF (Sexually Transmitted Infection Foundation) course (or equivalent), or hold the DFFP (post 2003 syllabus, or equivalent).

Clinicians will also be expected to be actively involved in agreed sexual health networks, for example with an on-going clinical link or attachment to the local GU clinic. All practitioners will be expected to maintain his/her competencies through continued professional development and education (meetings, courses, journals)

All doctors directly involved in the provision of the service should be required to identify that responsibility within their CPD plans and discuss the related professional development with their appraiser.

They need to assure the Medical Director of the Health Board that this has been done and the appraisal signed off.

A similar model will apply to any practice nursing staff providing the enhanced service.

Accreditation to provide the service will be assessed by the Health Board's Medical Director and the Health Board reserve the right to decide on commissioning arrangements

Please register your Practice's intention to provide this LES via the Annual Return.

## 6. Levels of Service

In line with the 2001 Department of Health strategy for sexual health and HIV which defined three levels of service in order to facilitate a systematic approach to service provision, the Health Board wishes to commission the two levels of service which are appropriate for primary care. These two levels represent in general terms the level of infrastructure, training and support appropriately required to deliver the components of that level. For equity, the HB Specialised Sexual Health Service LES will fund the services which fall into the following categories, with practices providing each aspect of the service.

	Local Enhanced Service will fund:	Specifics
	History and Assessment	Sexual History and Risk Assessment
	a service for HIV testing, including pre and post test counselling	HIV testing and counselling (with referral pathways)
	<p>STI screening and treatment using the most reliable testing methods available</p> <p>The provision of information on, testing and treatment for all STIs (excluding in the case of testing and treatment HIV infection, syphilis, Hepatitis B and C or treatment-resistant infections)</p> <p>Costs of condoms, pregnancy testing kits and other additional resources or referral costs</p>	<ul style="list-style-type: none"> <li>• Hepatitis B screening and immunisation of "at risk" patients</li> <li>• Appropriate testing of asymptomatic and symptomatic men and women for STIs</li> <li>• Treating STIs men and women</li> <li>• Treatment of first episode herpes</li> <li>• Management of recurrent herpes and initiation of suppressive treatment</li> <li>• Treatment of genital warts</li> <li>• Hepatitis C testing and counselling (with referral pathways)</li> </ul>
	<p>Effective liaison with local sexual health services and cytology and microbiology laboratory support and other statutory or non-statutory services where relevant (such as young people's services).</p> <p>A sound understanding of the role of different professional groups in the shared care of HIV positive patients, and those at risk of HIV</p>	<ul style="list-style-type: none"> <li>• Recognition, assessment and onward referral as appropriate</li> <li>• Awareness of local voluntary sector sexual health providers, referrals</li> <li>• Information re local GU provision</li> </ul>
	Records kept on the advice, counselling and treatment received by patients. It is the clinician's responsibility in conjunction with the patient to agree what to enter in the lifelong patient medical records	Sexual history taking
	A holistic approach to assessment of risk of STI, HIV and/or unplanned pregnancy, including consideration of other relevant health problems such as drug misuse or mental health problems.	Generic information for STI prevention/safer sex advice

	Local Enhanced Service will fund:	Specifics
	Effective communication with all young people including young men, gay lesbian people, and ethnic minorities	<ul style="list-style-type: none"> <li>• Information about the full range of contraceptive methods and where these are available</li> <li>• Generic information for STI prevention/safer sex advice</li> <li>• Recognition, assessment and onward referral as appropriate</li> <li>• Awareness of local voluntary sector sexual health providers, referrals</li> <li>• Information re local GU provision</li> </ul>
	The assurance of partner notification of relevant infections by adherence to agreed guidance	<ul style="list-style-type: none"> <li>• Contact tracing/partner notification</li> </ul>
	Ongoing review, including monitoring and evaluation of the service	<ul style="list-style-type: none"> <li>• As per appendix</li> </ul>

## 7. Performance Monitoring

A data collection system will be implemented to enable activity and capacity to be reported on an Annual basis, as specified by LES requirements.

## 8. Pricing

Each practice contracted to provide this service will receive an annual retainer of [REDACTED] paid monthly ([REDACTED] per month). In addition, there will be an additional annual payment of [REDACTED] per HIV positive patient, and [REDACTED] per other patient included in the LES. Only one claim to be made per year for each patient.

Those “at risk” patients screened for Hepatitis B, and found to require immunisation will attract an additional payment of [REDACTED] for each HepB vaccination given.

Payment for pregnancy tests carried out as an integral part of this service will be reimbursed at cost to the practice on receipt of a monthly claim.