**Appendix A3 – Service Specification**

(Lot 3 - GP Asymptomatic SH Screening)

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| **Service** | Locally Commissioned Public Health Service for **Asymptomatic Sexual Health Screening -** for both registered and non-registered patients with GP Practices |
| **Authority Lead** | Uzmah Bhatti: Senior Public Health Insight Manager  Robert Fenton: Contract Officer |
| **Period** | 1st April 2022 – 31st March 2031 (3+3+3 with annual review) |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**   **National Context**  Sexually transmitted infections (STIs) remain one of the most important causes of illness due to infectious disease among young people (aged between 16 and 24 years old). The presence of untreated STIs including HIV can lead to long-term health problems as well as increases the risk of transmission to uninfected partners. Prompt treatment for STIs is essential and reduces the risk of further infection and transmission. Not everyone with an STI will have signs and symptoms of the condition. (Department of Health 2013a).  The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in men who have sex with men (MSM) as well as some people from BAME communities. The most commonly diagnosed STI continues to be chlamydia. The number of gonorrhoea diagnoses has continued to increase since 2012. Reducing gonorrhoea transmission, and ensuring treatment resistant strains of gonorrhoea do not persist and spread remains a public health priority (PHE, 2014b). Large increases in STI diagnoses are being seen in MSM. Although partly due to increased testing in this population, ongoing high levels of unsafe sexual behaviour probably contributed to this rise (PHE, 2014b).  **Nottingham**  In 2020 only 17% of 15-24 years olds in Nottingham were screened for chlamydia, this has decreased almost year on year since 2012. The chlamydia diagnostic rate in Nottingham in 2020 was 559 per 100,000 compared to the national rate of 286 per 100,000. The gonorrhoea diagnostic rate in Nottingham in 202 was 190 per 100,000 compared to a national rate of 101 per 100,000. This was the highest rate amongst comparators. All new STI diagnosis rate in Nottingham for the same period was 928 per 100,000 compared to the national rate of 562 per 100,000 and higher than all but one comparator. In the three-year period from 2018 to 2020 35% of HIV diagnoses in Nottingham were classed at ‘late’, this has been improving and need to continue to fall. |
| **2. Key Service Outcomes** |
| This Locally Commissioned Public Health Service (LCPHS) specification defines an optional service beyond essential and additional services which General Practice are contracted to provide to all of their patients. No part of this specification is intended to alter, define or redefine essential or additional services covered elsewhere.  This document sets out the specification for STI testing (including Chlamydia Screening and Treatment) through this LCPHS. This service may be provided to both registered and non-registered patients.  The service is aimed at males and females aged 15-24 years of age as clinically appropriate.  The provision of this service is designed to meet the sexual health needs of residents of Nottingham City; and address the increasing prevalence of STIs amongst the local population, including those infected or at risk of HIV. Efforts are required to focus on addressing the City’s high HIV prevalence (2.29 per 1,000 population), and late diagnosis (35% of new cases) (PHE 2020) and this includes increasing HIV testing within general practice. |
| **3. Scope** |
| **3.1 Aims and objectives of service**  **3.1.1 Aim**  To reduce the prevalence and onward transmission of undiagnosed sexually transmitted infections (STIs) including HIV*(A Framework for Sexual Health Improvement in England 2013);* which will contribute to the improvement of health, sexual health including increased STI diagnosis; wellbeing and a reduction in inequalities in sexual health.  **3.1.2 Objectives**  The key objectives of the service are:   1. To provide a comprehensive STI testing service via accessible local service provision 2. To improve access and offer choice for asymptomatic clients requiring a comprehensive STI screen 3. To provide health promotion, testing, diagnosis, (and treatment for Chlamydia only) and onward referral (HIV, gonorrhoea and syphilis) to appropriate services for the target population that may be at risk of contracting sexually transmitted infections.   **3.2 Service description/pathway**  **Service Description**  The General Practice providing this service (i.e. the Provider) will provide opportune, one to one consultations, advice and support to young people aged 15-24 years old on the management of their sexual health including:   * Provision of STI screening (Chlamydia, Syphilis, Gonorrhoea and HIV) * Advice and support about other sexually transmitted infections (STIs) * Promoting safe sex, including the use of and access to condoms * Signpost to enable uptake of other sexual health services and health and social care professionals, as appropriate * Offer a user-friendly, non-judgmental, non-discriminating, client-centred and confidential service.   The service will be delivered by the GP practice in liaison with Nottingham University Hospital’s (NUH) Integrated Sexual Health Services.  The Provider will:   1. Advertise and actively promote STI screening to under 25’s by raising general awareness of sexually transmitted infections. This should include the General Practice designating specific wall space providing information on STI testing. 2. Keep a register of all people accessing screening for the four key infections, i.e. Chlamydia, HIV, Gonorrhoea and Syphilis. 3. For non-registered patients, the Provider must ensure that the patient’s registered practice is given all appropriate clinical details for inclusion into the patient’s notes; after obtaining explicit consent from the patient. 4. Complete any documentation required to inform the National Chlamydia Screening Programme (NCSP) and enable the Results Management Team at NUH undertake all necessary partner notifications where relevant. 5. Explain the process that will then occur for both positive and negative results. 6. Inform patients of positive test results. 7. Refer to sexual health services or manage treatment, contact tracing and partner notification for those with positive results. 8. Ensure correct completion of paperwork to enable follow up of positive results and partner notification where appropriate. 9. Liaise with Nottingham Integrated Sexual Health Service (ISHS) regarding any complications of treatment and patient follow up. 10. Use the practice’s own (i.e. the Provider’s) resources for taking bloods, urine samples and/or swabs. 11. Give advice on sexual health and practising safe sex to prevent re-infection and onward transmission of STIs, signposting into specialist services as necessary. Include raising awareness of condoms use and access to free condoms via sexual health services. 12. Give advice on, and offer contraception as per GMS contract and PMS agreements to prevent unplanned pregnancy. 13. Ensure that appropriate verbal and written information is available to the patient as per training. 14. Providers (ie General Practice) must issue FP10 prescriptions for collection by Chlamydia positive patients if this is the patients preferred treatment pathway. 15. Offer counselling and refer onto Nottingham Integrated Sexual Health Service (ISHS) those testing positive for gonorrhoea, HIV and syphilis, for treatment & care. 16. Liaise with Nottingham Integrated Sexual Health Service regarding any complications of treatment and patient follow up. 17. Keep a record in the patient’s notes of the advice, counselling and treatment received. 18. Complete the BASHH STIF course: <http://www.stif.org.uk/> 19. Undertake regular continual professional development (CPD) provided by Nottingham Integrated Sexual Health Service team to ensure appropriate skills are maintained 20. Ensure practices are as young person friendly as possible. Minimum training requirements are *‘You’re Welcome’* training. Details can be found at [www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services](http://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services). 21. **Consent**. Informed consent should be given by the patient prior to insertion and recorded in the notes. For patients under 16 years old, [Fraser Guidelines](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-8-gillick-competency-fraser-guidelines) must be used to ensure the patient has competence to consent. 22. Carry out a patient satisfaction questionnaire on a sample of 25 patients per annum. 23. Supply data electronically, as per template to Nottingham City Council for every quarter.. 24. Provide Nottingham City Council Contracts Team with such information as it may reasonably request for the purpose of monitoring performance and the contractors obligations under the plan. 25. Ensure there are adequate backup / contingency plans in place for the continued provision of the service in the event of breakdown of equipment, key staff absence or supply chain problems.   **3.3 Evaluation**  The Provider shall ensure that the service is evaluated on an on-going basis, to ensure it is operating effectively. This ongoing evaluation must cover all aspects of the service. The Provider will be expected to plan a full programme of evaluation, including feedback from service users and partner agencies.  The Provider shall also work with the Commissioner, if requested, to agree an evaluation framework and timetable. The Provider must make all evaluation data available to the Commissioner if requested within an agreed timeframe. The Provider is responsible for ensuring that appropriate information governance procedures are followed in respect to any service user data.  **3.4 Population covered, eligibility and exclusion criteria, target groups**   * Males and females aged 15-24 years of age as clinically appropriate and as per scope set out in the National Chlamydia Screening Programme in 2021. <https://www.gov.uk/government/publications/changes-to-the-national-chlamydia-screening-programme-ncsp> * The service may be provided to both registered patients and patients registered with other City practices. For non-registered patients, the GP Provider must ensure that the patient’s registered practice is given all appropriate clinical details for inclusion into the patient’s notes; after obtaining explicit consent from the patient.   **3.5 Access and referral sources (include self-referrals if relevant, and marketing)**  Self-referral to a General Practice. |
| **4. Applicable Service Standards** |
| 4.1 Applicable national standards e.g. NICE   * This service reflects guidance for the FSRH, NICE, BASHH and UKHSA. * Providers should ensure the service is continuously reviewed and updated to reflect new and emerging standards of practice, as appropriate. * The service must ensure that appropriate professional standards are maintained, updated and validated through clinical supervision and provision of relevant training to support reflective practice and CPD.   **National Standards Include:**  British Association for Sexual Health and HIV (BASHH) [Guidelines on sexual history taking, STI testing and specific groups](https://www.bashhguidelines.org/current-guidelines/sexual-history-taking-sti-testing-and-specific-groups/), these include guidelines on **:**   * Sexual History Taking 2019 * Safer Sex Advice 2012 * Guidance on STI Testing * Sexual Assault 2012 * STI and Related Conditions in Children and Young People * Sexual Health care of MSM 2016   <https://www.bashhguidelines.org/current-guidelines/sexual-history-taking-sti-testing-and-specific-groups/>  Relevant Standards and Guidance set out by The Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians & Gynaecologists (FSRH) <https://www.fsrh.org/standards-and-guidance/>  Standards for providers and commissioners chlamydia screening, part of National Chlamydia Screening Programme (NCSP) Updated June2021  <https://www.gov.uk/government/publications/ncsp-standards>  PHE Guidance for the detection of gonorrhoea in England (Updated 2021) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/972388/Guidance\_for\_the\_detection\_of\_gonorrhoea\_in\_England\_2021.pdf  National Institute for Health and Care Excellence (NICE) Quality Standard 178 (2019) Sexual Health <https://www.nice.org.uk/guidance/qs178>  One to one interventions to reduce the transmission of sexually transmitted infections and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups (PH3) (2007)  <http://guidance.nice.org.uk/PH3>  NICE advice [LGB21] on HIV testing  <http://www.nice.org.uk/advice/lgb21/chapter/Introduction>  NICE NG60 (Dec 2016) HIV testing: increasing uptake among people who may have undiagnosed HIV <https://www.nice.org.uk/guidance/ng60>  4.2 Applicable local standards  **Accreditation**  Accreditation must be approved by Nottingham City Council before the named practitioner can provide the service. All relevant staff engaged in the undertaking of these services are (where applicable) appropriately accredited and Enhanced DBS (formally CRB) cleared to the requirements of this service specification and conditions of this contract. As part of the contract management / audit process, evidence and/or assurance of this may be requested.   * Professionals must update, maintain and develop their competencies and ensure they remain fully aware of the Competencies required for providing more specialised sexually transmitted infection services within Primary Care. * Providers must identify their own training requirements to maintain the competencies to deliver this service. * Providers must take up any other appropriate training as deemed to be required by the Commissioner. * Doctors must hold and maintain a valid GMC registration. * Nurses must hold and maintain a valid NMC registration. * Doctors, Nurses and other health care professionals providing the service are required to have * Attended a BASHH STIF course – including date and level. * Evidence of 5 CPD points in areas pertaining to sexual health.1 * Have undertaken some training (or equivalent training) on Chlamydia Infection   Providers must identify their own training requirements to maintain the competencies to deliver this service.  Evidence for revalidation of a level 1 certificate can be found here:  <http://www.bashh.org/documents/3283/3283.pdf>  Evidence for revalidation of an intermediate level certificate can be found at: <http://www.bashh.org/documents/3283/3283.pdf>  The Provider must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with the relevant outcomes from the Care Quality Commission’s “Essential Standards of Quality and Safety”.  Further information about the outcomes can be found at the CQC website:  <http://www.cqc.org.uk/sites/default/files/documents/guidance_about_compliance_summary.pdf>  The Practice will ensure that the health professional has received training on communicating with young people and adhere to Local Young People Friendly Guidance which is referred to as *‘You’re Welcome’*; which sets out the principles to help both commissioners and service providers to improve the suitability of NHS and non-NHS health services for young people. Details can be found at [www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services](http://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services)  Wherever possible, Doctors, Nurses and other health care professionals providing the service will be expected to have undertaken STI prevention training and promote awareness of and access to free condoms via sexual health services.  The Provider will also ensure that a health professional has received training on communicating with young people and Local Young People Friendly Guidance which is referred to*‘You’re Welcome’* which sets out the principles to help both commissioners and service providers to improve the suitability of NHS and non-NHS health services for young people. Details can be found at:[www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services](http://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services)  **Safeguarding**  Local guidance on protection of vulnerable adults is available at:  <https://www.nottinghamcity.gov.uk/ncaspb>  National guidance on child protection ‘DfE (2015) Working together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. HM Government’. Is available at: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>  There is further national guidance from RCPCH (2014) Safeguarding Children and Young People: roles and competencies for health care staff (2014). Intercollegiate document. Royal College of Paediatricians and Child Health. Available at <https://www.rcpch.ac.uk/sites/default/files/Safeguarding_Children_-_Roles_and_Competences_for_Healthcare_Staff._Third_Edition_March_2014.pdf>  Local guidance on child protection is available at:  <http://www.nottinghamcity.gov.uk/children-and-families/are-you-worried-about-a-childs-well-being/>  Local safeguarding children procedures. Available at <https://www.nottinghamcity.gov.uk/ncscp>  **Professionals with a child safeguarding concern – Nottingham City**  Children and Families Direct is the single point of access for support and safeguarding services within Nottingham City.  Telephone: 0115 876 4800 Email: [candf.direct@nottinghamcity.gcsx.gov.uk](mailto:candf.direct@nottinghamcity.gcsx.gov.uk) Fax: 0115 876 2927  Children and Families Direct is operational Monday to Friday 8:30am to 5:00pm.  **Outside of these hours the telephone number should be used for emergency safeguarding enquiries only.**  **To make a Child Safeguarding Referral:**  A Multi-Agency Referral form is available for professionals wanting to make a referral to Nottingham City Council Children's Services. Please find a copy of the template on the [website](http://nottinghamshirescb.proceduresonline.com/files/multi_agency_referral_form.docx) (<http://nottinghamshirescb.proceduresonline.com/files/multi_agency_referral_form.docx>)  Once completed send by secure email to: [candf.direct@nottinghamcity.gcsx.gov.uk](mailto:candf.direct@nottinghamcity.gcsx.gov.uk)  **Note: Where there are concerns regarding a young person**, there is always a Safeguarding / Paediatric Consultant on call at Nottingham University Hospitals (NUH) who can offer advice with regard to safeguarding issues. During office hours of 9-5, telephone 0115 875 4595. Outside of standard office hours, please telephone the main QMC switchboard on 0115 924 9924 and ask to speak with the on-call Safeguarding / Paediatric Consultant.    Providers may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for permission of the client to share the information.  **Serious Untoward Incidents (SUIs)**.  The Provider is required to have a robust incident reporting and investigation procedure in place for all  clinical and non-clinical incidents, including those detailed in the terms and conditions of the Contract.  All SUIs must be recorded and reported to the Contracts Team at Nottingham City Council as set out in Appendix E and also to NHS England in line with your GP contract.  **Safety Alerts**  The Provider must ensure that they are aware of any safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), Estates, and National Patient Safety Agency (NPSA) that apply to any equipment or patient safety concerns associated with this LCPHS and that these are acted upon. Details of action taken must be reported back to Nottingham City Council.  Safety alerts are emailed to general practices and details can also be found at <http://www.mhra.gov.uk/index.htm> and [http://www.npsa.nhs.uk/](http://www.npsa.nhs.uk/%20)  **Infection Control and Hygiene**  In March 2013 GP practices were asked to register with the Care Quality Commission in terms of their compliance with the Health and Social Care Act (2008): *Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance.*  It is vital that all staff working within General Practice demonstrate good Infection Prevention and Control in accordance with the Act. In order to register successfully with the Care Quality Commission and meet the requirements of this specification, practices will need to have in place the following:   * Systems to manage and monitor the prevention and control of infection. * Systems to provide and maintain clean and appropriate environments. * Information available for patients and relatives concerning infections. * Training for all staff in the prevention and control of infections. * Policies and procedures in accordance with those listed in the Health and Social Care Act (2008).   In order to facilitate successful registration and continue to provide this service, practices should participate in the annual infection control audit process which will involve a formal audit of the environment and practice every 2 years. The practice will be responsible for developing a plan to address the actions raised by the audit and for monitoring progress against these actions. This service will not be commissioned from practices that do not meet the minimum standards for infection control.  **Service Audit**  Nottingham City Council may request an audit of activity for this LCPHS to substantiate the Providers’ claims. This audit will assess whether information recorded in the quarterly claim form (see appendix G) can be appropriately validated. The Provider must design their data collection to reflect these requirements as they may be asked to provide supporting evidence to Nottingham City Council’s Contracts team.  In addition it is the responsibility of the Provider to:   * Continually improve the quality of service delivery, for example, in response to audit (undertaking and completing the audit cycle), user and staff feedback (complaints, compliments, suggestions) and incidents. * Continually review and be aware of relevant new and emerging guidance and recommendations and take the appropriate steps to assess and improve services to achieve current best practice. * Ensure that appropriate professional standards are maintained, updated and validated through clinical supervision and provision of relevant training to support reflective practice and CPD. * During the term of this specification fully co-operate in reviewing and improving/re-designing services at the request of the Commissioner, to include improving quality and performance monitoring.   **Training**  It is the responsibility of the individual practitioner to source appropriate training  **Equality and Diversity**  Nottingham City Council is committed to promoting equality, valuing diversity and addressing inequalities. It is the responsibility of the provider to ensure they undertake activity which values equality and diversity.  **Monitoring Data (Demographics)**  The Provider must record the patient’s age (as grouped below) and the council ward in which the patient resides. This information must be submit to the City Council on the quarterly ‘Claim Form’. This information will be used for evaluation purposes and to inform future commissioning.  **Age Groups**:  13-15 years  15-17 years  18-24 years  25 -44 years  45 and over  **Ethnicity**  The Provider must record the patient’s ethnicity). This information must be submit to the City Council on the quarterly ‘Claim Form’. This information will be used for evaluation purposes and to inform future commissioning.  **Social Value**  Nottingham City Council is focussed on reducing disadvantage and poverty by ensuring local residents are supported in accessing local employment and training opportunities and has created an Employer Hub in partnership with the DWP to help facilitate this.  Providers who are part of Nottingham City Council’s accreditation list to provide Locally Commissioned Public Health Services have access to all the Employer Hub recruitment and training services for **free** and they can be contacted on 0115 8762907. Further details of the Hub’s services are outlined in Appendix 5. |
| **5. Location of Provider Premises** |
| **The Provider’s Premises are located at:**  The service will be delivered from General Practices premises located within Nottingham City Council geographic boundary, who have completed and signed the service specification for this service. Address as stated in the Services Contract. |
| **6. Required Insurances** |
| **Insurances and levels of cover required**  The Provider will have an appropriate level of Employers’ Liability Insurance, Public Liability Insurance, Professional Indemnity Insurance and Product Liability Insurance as set out in contract terms. |
| **7. Performance Monitoring & Information Recording** |
| The Provider shall supply information on the performance and delivery of services to Nottingham City Council as detailed in the table below:   |  |  |  |  | | --- | --- | --- | --- | | **Performance Indicator** | **Method of Measurement Reporting Method** | **Annual Target** | **Frequency of Reporting** | | Demographic data to include   * Ethnicity * Residency – Ward * Age | Details to be reported on a standard claim form (Appendix G) | N/A | Quarterly | | Number of (full) Asymptomatic Sexual Health screens (inc. Chlamydia) offered and accepted by clients in the 15-24 target group | | Number of treatments following a positive chlamydia screen | | Serious Untoward Incidents | Serious Incident reporting form (Appendix E – SI(1)) | N/A | Immediately to:  [contracts@nottinghamcity.gov.uk](mailto:lcphs@nottinghamcity.gov.uk) |   Monitoring will also include quality and safety information required under the terms and conditions of the contract and should evidence that appropriate local delivery protocols are in place.  It is important to continually monitor the service provision and actively report any unresolved issues to Nottingham City Council. Adverse incident reports and unresolved complaints must be brought to the attention of Nottingham City Council and this may involve discussion between the Local Authority and the service provider. |
| **8. Charges** |
| This agreement is to cover the period from 1 April 2022 – 31 March 2031 (3+3+3 with annual review)   |  |  | | --- | --- | | **ASYMPTOMATIC STI SCREENING SERVICE** | **PAYMENT** | | Number of screens offered and accepted by clients in the 15-24 target group | £10 per screen | | Number of treatments following a positive CHLAMYDIA screen in above group, as per specification | £5 per treatment |   The Provider must complete in full a quarterly claim form (see Appendix G) detailing the number of services delivered and returned within agreed timescales. Full auditable records must be kept in the Practice of any claims made. The commissioning body may perform monitoring visits to practices and reserves the right to reclaim any amounts paid that are not fully evidenced. Please note that these records may be examined for verification purposes either as part of the annual review or at any other notified time.  Nottingham City Council reserves the right to cap payments or activity if the budget for this Locally Commissioned Public Health Service (LCPHS) is exceeded at any point during the year. |