THE SEXUAL HEALTH NETWORK GREATER MANCHESTER

2013

The Transformation of Sexual Health Services in Greater Manchester

THE SEXUAL HEALTH NETWORK GREATER MANCHESTER

Celebrating 10 years of success

NHS Greater Manchester

What is Se

Sexual relationships are an important part of people's lives and good sexual health can be defined as the enjoyment of sexuality of choice without causing or suffering physical or mental harm. However, certain population groups experience disproportionately poorer sexual health than others. This includes young people, men who have sex with men, black Africans, prisoners, sex workers, refugees and asylum seekers. This makes it an important health inequality issue.

Good sexual health is an issue for all age groups. Current evidence shows an increase in genito-urinary medicine (GUM) attendances and a vast increase in sexually transmitted infection diagnoses among those aged 45 and over.

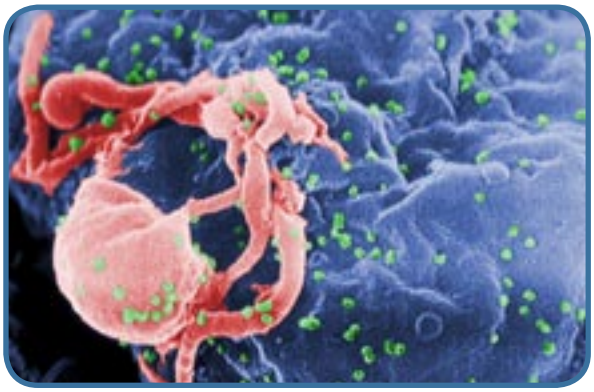
- **Teenage conceptions:** after a concerted effort and focus on teenage conceptions since 1998 the rate amongst 15-19 years has declined and by 2010 had fallen by 16%. Under 18 conception rates are now at their lowest level for over 40 years. Across Greater Manchester some localities have had a much greater drop in under 18 conceptions than others. Despite encouraging declining rates the teenage conception rate in England remains the highest in Western Europe. There is, however, widespread agreement that relationships and sex education together with access to contraception are beneficial.

- **Contraception:** availability of community contraceptive services continues to vary and access to the more reliable long-acting reversible forms of contraception (LARCs) is not universal across England. Evidence demonstrates that any additional costs incurred in providing LARCs is offset by the cost savings in relation to abortion and live births. Repeat abortions represent unplanned conceptions which suggests some people are not receiving the contraception they require either by lack of access or lack of availability.

- **Abortion services:** the network has supported commissioners and providers to work collaboratively to develop clearer pathways between services, provide better choice of services and to develop a standard service specification. Waiting times have decreased and more early abortions are carried out. The earlier an abortion procedure takes place reduces the risk of complications. All Greater Manchester areas are now exceeding national guidelines and standards relating to abortion services.

  Access to early abortion has increased across Greater Manchester. In general, avoiding a late abortion means that women face less distress during what is already a very difficult time.

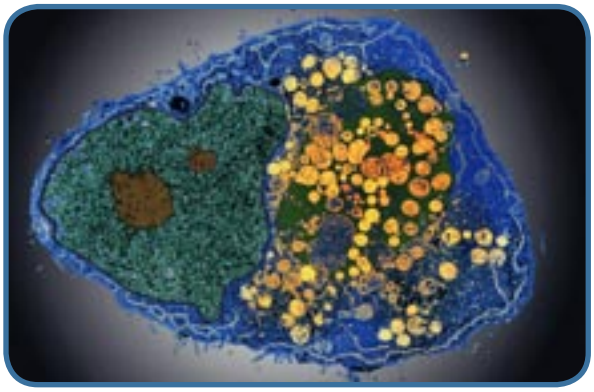
- **HIV (Human Immunodeficiency Virus):** a virus which attacks the immune system and if left untreated leads to the inability to fight off infections. AIDS (Acquired Immune Deficiency Syndrome) refers to the period when a person has a very suppressed immune response or has specific serious infections or illnesses. HIV is passed on through infected bodily fluids. Since 1995 the uptake of Highly Active Antiretroviral Therapy (HAART) in the United Kingdom has resulted in a two-thirds reduction of death from AIDS. However, the spread of HIV has significantly changed with an increase in heterosexual diagnoses (in general acquired abroad) and newly acquired infections in gay men. People are often diagnosed late which in turn increases the chances of ongoing transmission, avoidable illness and possible death.



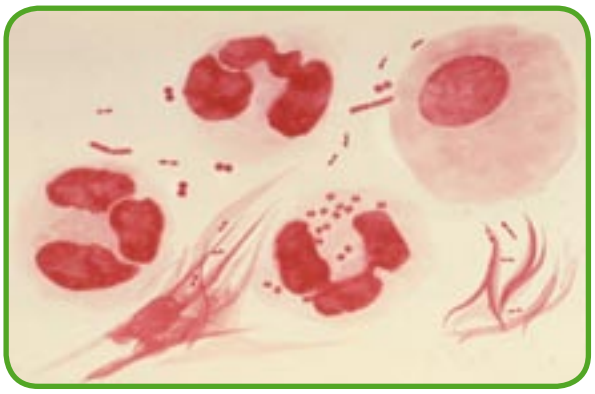
exual Health?

- **Sexually Transmitted Infections (STIs) - there are numerous STIs including:**

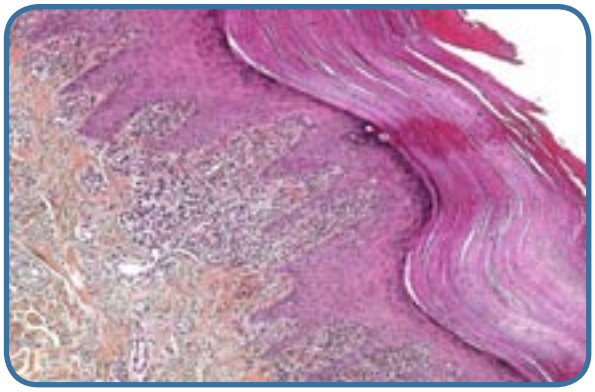
Chlamydia: the most common STI in the UK, with highest rates in the under 25s. Risk factors for infection include age under 25, new sexual partner in the last 3 months or more than one partner in the last 12 months. Condom use provides some protection against transmission. Chlamydia frequently has no noticeable symptoms in both men and women. If left untreated 10-40% of infected women will develop PID, which can result in infertility, ectopic pregnancy and chronic pelvic pain.



Gonorrhoea: a highly contagious bacterium which affects mucous membranes which if left untreated can result in serious medical complications such as PID, infertility, ectopic pregnancy, chronic pelvic pain in women and prostatitis in men. The disease affects people of all ages, races, and socioeconomic levels, but some individuals are more at-risk than others. Adolescents and young adults are the highest risk group, with more than 80% of the reported cases each year occurring in the 15-29 age group. Gonorrhoea can also be transmitted from an infected mother to her infant during delivery.



Syphilis: a bacterial infection which may be acquired congenitally or through sexual contact, including oral sex. It has both acute and chronic forms that produce a wide variety of symptoms affecting most of the body's organ systems. Prevalence of syphilis in the NW region is increasing due to changes in sexual practices and increasing drug use. This increase affects both sexes, all races and all age groups, including adults over 60. Pregnant women can transmit syphilis to their unborn children. A significant majority of people to have acquired syphilis in Greater Manchester are men who have sex with men (MSM).



Some STIs can facilitate the transmission of HIV if present. It is important that STIs are treated early. STI screening is provided in a variety of settings across Greater Manchester including CaSH and GUM services, pharmacies, schools and colleges, youth offending institutes, prisons, a number of voluntary sector organisations and GP practices.

Clinic locations can be accessed through: www.sexualhealthnetwork.co.uk

Sexual Health
Greater Manchest

In 2011 62,404 Chlamydia screens were undertaken in under 25s with 4,827 (7.7%) positive results

Almost 100 clinicians have been trained to fit sub-dermal contraceptive implants since the Network training programme began in 2009

In 2011 4,000 GM residents living with HIV

Greater Manchester

In 2011 there were 10,806 abortions in GM

The Black Health Agency (BHA) has worked with over 4,000 people from Black and minority ethnic communities including newly arrived populations and distributes over 39,000 condoms

During 2011 there were over 75,000 attendances at GU clinics

15,498 long acting reversible contraceptives (LARCs) fitted in 2009/10 to GM residents

Syphilis rates increased by 600% from 1997 - 2009

443 GM residents entered HIV treatment in 2011

During 2010/11 there were over 165,000 attendances at Contraceptive & Sexual Health (CaSH) and Brook clinics

n Services in ter and Key Facts

Late diagnosis of HIV costs the NHS £180,000 per patient in life treatment and care

In 2010 179 GM residents were treated for syphilis

13,925 postal Chlamydia & gonorrhoea test kits were sent out during 2011/12

r Areas and Sectors

It is estimated that prevention of one unplanned pregnancy saves the NHS £1,235 p/a

1,167 GM residents were treated for gonorrhoea in 2010

George House Trust's (GHT) 2012-13 end of year forecast is to have reached 2,023 service users of which 1,859 are living with HIV

RUclear Chlamydia Screening Programme had over 30,000 hits on their website during 2011/12

Under 18 abortion numbers 2010 for Greater Manchester was 946

The Lesbian & Gay Foundation (LGF) reach over 40,000 lesbian, gay and bisexual people each year

Greater Manchester

Mission Statement

The aim of the Greater Manchester Sexual Health Network is to facilitate – by collaboration with all stakeholders – a greater profile and presence for all prevention, treatment and care services by improving clinical outcomes, patient experience and equality of access to all sexual health services. It was established to support the implementation of the National Strategy for Sexual Health & HIV (2001).

Purpose

- The Greater Manchester Sexual Health Network is the UK's first comprehensive Sexual Health Network and includes amongst others HIV, genito-urinary medicine, contraception, conception, teenage pregnancy and abortion services provided by the statutory, community and voluntary sectors. The Network has been acknowledged and recognised nationally as best practice as evidenced in the recommended standards for sexual health services (DH, 2005).

- The Network serves a population of 3 million, including 10 Local Councils, 12 Clinical Commissioning Groups (CCGs) and 8 Acute Trusts. It is currently funded by the PCTs in Greater Manchester. The core management team for this clinically led network is made up of a Chair: David Regan, Clinical Director: Ashish Sukthankar, Network Director: Neil Jenkinson, Deputy Director: Sarah Doran, Programme Manager: Sarah Stephenson and Network Co-ordinator: Wendy Alam.

Sexual Health Network

Below sets out what the Network was established to achieve. However, it is well recognised we will need to respond flexibly to the needs of new and future stakeholders

Strategy and Service delivery

- Develop, in accordance with national policies and guidance, a long-term strategy for sexual health services across Greater Manchester – taking cognisance of local area needs
- Introduce structures and mechanisms, through clinical and managerial engagement and leadership that ensure a coordinated and integrated approach to commissioning and providing sexual health
- Ensure providers deliver high quality, equitable sexual health services that are designed around patient pathways and improve the health and well-being of the population
- Establish a system to oversee collective commissioning and service development arrangements

Clinical Governance and Quality Assurance

- Develop and implement systems to monitor services and ensure they are appropriate and founded on current evidence-based practice – and are clinically safe

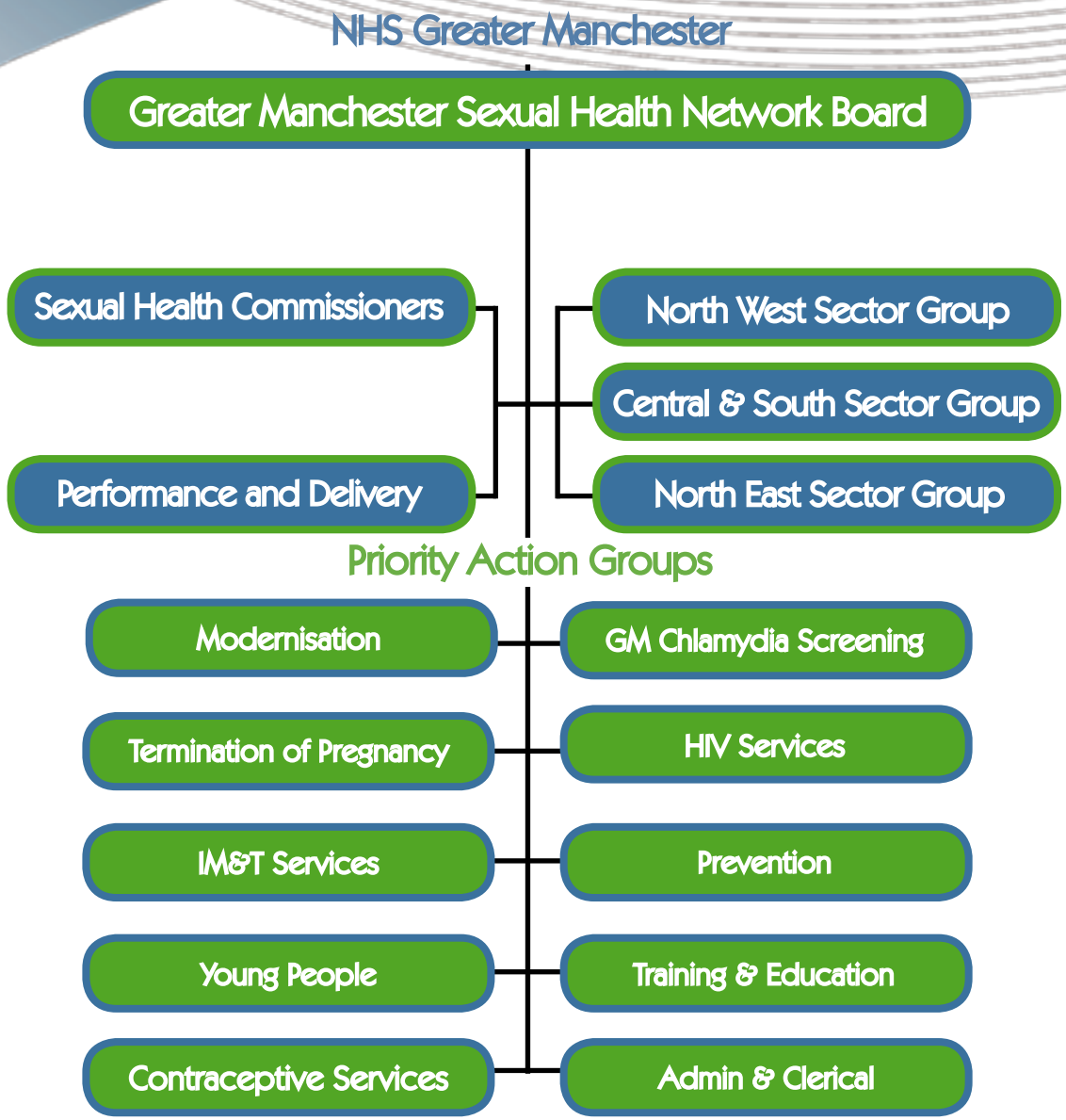
Workforce Development and Education

- Evolve a dynamic, innovative and creative culture that embraces the views and expert knowledge of service users, carers and support organisations
- Create an environment of continuous service improvement through active research, training, teaching, learning and education, workforce development and the dissemination of good practice

Multi-Agency Working

- Attract and secure national investment for sexual health services in Greater Manchester
- Work with our local partners, influencing their priorities, service delivery plans and performance
- Support commissioners and providers to work together to share good practice and lessons learnt

Structure



- The Network has a Board made up of key stakeholders from PCTs, Acute Trusts, Local Authority, NHS North, HPA, Community and Voluntary Sector and local Universities. It is accountable to NHS Greater Manchester. It reports six monthly to the Chief Executives, Directors of Finance and Commissioning, Directors of Public Health and Association of Greater Manchester Authorities (AGMA).

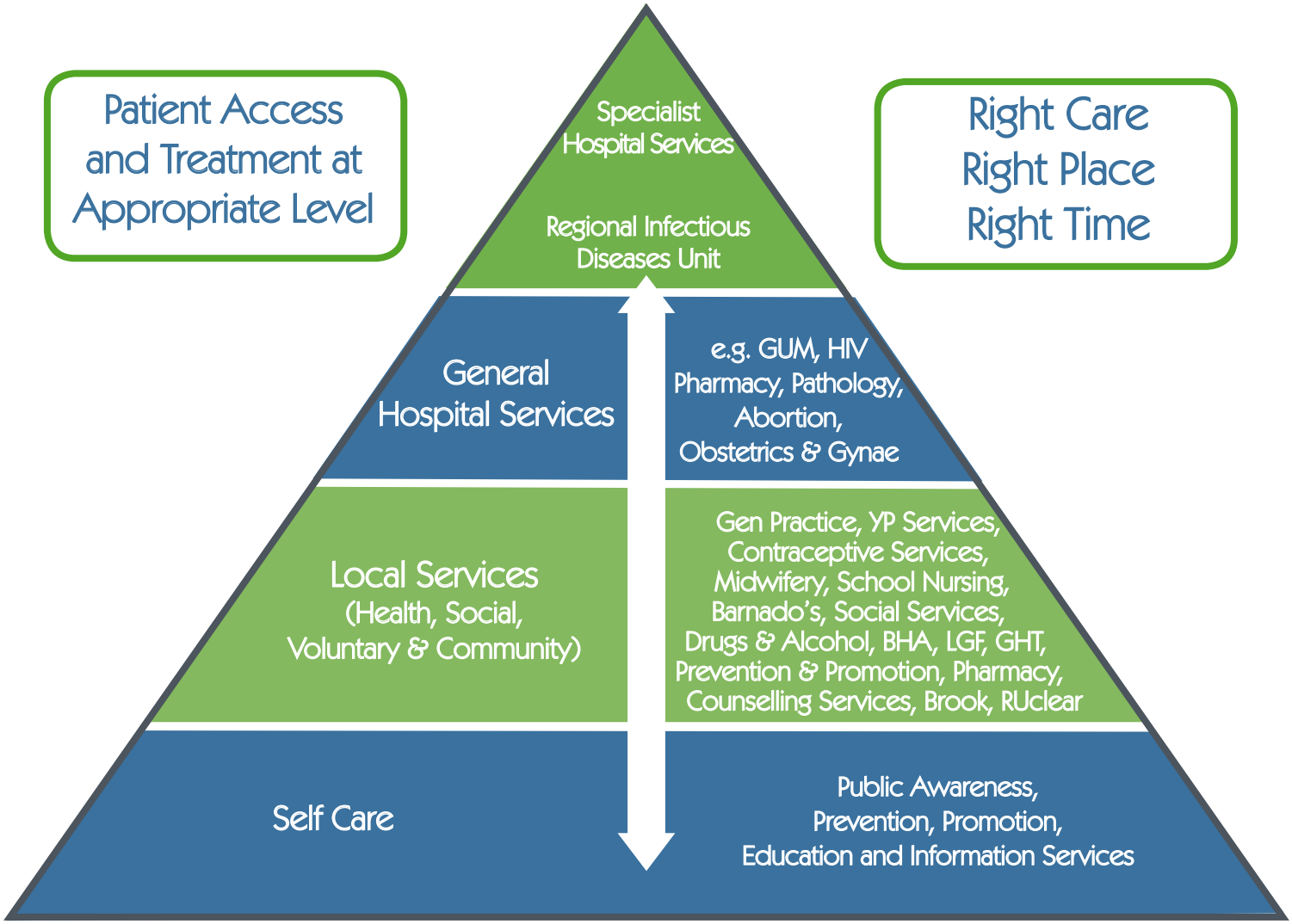
- The Network Board is supported by a GM SH Commissioning Leads Group. GM is split in to 3 sectors (NW, NE and C&S) for communication purposes. Each area has a Local Implementation Group. The Board originally identified 10 key work streams to meet national targets. These include amongst others, modernisation, IM&T, prevention, HIV, Young People and training & education. The Network agreed a strategic vision for future services in 2005 and all task groups operate with clear terms of reference and action plans.

and Vision

The vision for services is the Good Health Model

Patient Access and Treatment at Appropriate Level

Right Care
Right Place
Right Time



Quotes

" … harmonising working practices so patients do not have to shop around the system …"

Consultant

" … a conduit between national/regional policy, CEO's and local services …"

Commissioner

" … multi-disciplinary team working to provide high standards and consistency of STI treatment in community clinics …"

Consultant

"… cross-PCT sharing of information, local intelligence, experience and expertise …"

Commissioner

" … meeting the 48 hour DH access target would not have been possible without the pressure exerted by the Network …"

Consultant

" … dissemination of good, evidence-based and/or innovative practice …"

Commissioner

Key Achi

The Network has proven a powerful way of organising services and creating change, enabling barriers to be broken down between care sectors and focusing solutions on patient care pathways rather than organisations

> " … instrumental in raising the profile of sexual health … attracting fresh investment to the region and speciality …"
>
> Consultant

- Achieved and maintained the Department of Health target of 100% of patients offered an appointment in GUM within 48 hours (from 20% in 2004 to 100% in 2012)
- Number of patients seen has reached 90% in 2012 from 18% in 2004
- New patient to follow-up patient ratio is down to 1:0.4 from 1:2 through modernisation of practice
- Better use of skill mix means patients are seeing the right clinician at the right time and that clinics across GM have absorbed the significant HIV cohort so that patient are seen more promptly and closer to home
- Since 2004 GUM clinics have seen 25% more patients seen with greater access to services in the evening and at weekends with the same staffing resource
- DNAs have reduced from 32% (2004) to 5% (2012)
- All services now have IMT system and results services
- Establishment of a £1.5m National Chlamydia Screening Programme, the Greater Manchester Chlamydia and Gonorrhoea Service (RUClear?).

> " … the development of the Greater Manchester Chlamydia screening programme has to be one of the most significant pieces of work achieved … bringing all 10 PCTs in to a co-ordinated programme …"
>
> Public Health Specialist

- Centralised Booking Service for prompt access to termination services with a choice of statutory or private providers increasing access from 45%(2004) to 70% (2012).

evements

- TP conception rate decreased since 2004
- Re-design of TOP pathways to reduce the cost of uncomplicated TOPs and to negotiate competitive prices from expensive providers, saving approximately £4.5m
- Co-ordination of GM-wide training programme for Long-Acting Reversible Contraception (LARC) methods as they are more effective and more cost-effective. Over 75 now trained
- Developed HIV pathways and tariff

"I remember a time when visiting a clinic was very dark and most staff did nothing to alleviate anxiety – there could not have been a more radical difference to the experience I had yesterday"
Service User

- Lead for home delivery contracts for HIV drugs saving around £3m a year
- Sperm washing protocols to prevent HIV transmission in HIV couples trying to conceive, reducing risk-taking behaviour and providing care closer to home
- Agreement of GM clinical policies to improve clinical safety and equity across GM:
    - sperm washing protocols for HIV, Hepatitis B and Hepatitis C
    - implementation of post-exposure prophylaxis after sexual exposure (PEPSE)
    - maternity and neonatal HIV policy
    - robust clinical management of HIV positive women during pregnancy and breastfeeding
    - cessation of primary care prescribing in secondary care HIV clinics
- Participation in DH-sponsored adult HIV outpatient PbR tariff project
- Addressing procedures in GM maternity units
- Collaboration with NW colleagues to explore the value of an HIV formulary
- Collaboration with NW colleagues to review and agree regional pricing for HIV drugs

" … I would definitely recommend this service to anyone who needs to get a test. It's quick, hassle free and re-assuring"
Same day HIV testing Service User

The Challenge

The Network is proposing that commissioners in Greater Manchester continue to adopt and accelerate commissioning sexual health services in line with the national strategy. The model allows for the commissioning of contraceptive and sexual health services in an integrated model along the care pathway, ensuring patients are seen at the most appropriate level, leading to fairer, effective and best value provision.

This was re-iterated in Healthy Lives, Healthy People White Paper (2010) paragraph 3.43 – "we will work towards an integrated model of service delivery to allow easy access to confidential, non-judgemental sexual health services (including sexually transmitted infections, contraception, abortion, health promotion and prevention)".

The conundrum for the Network is how we make it easier for people with less complicated needs to access services closer to their home or work by optimising the use of primary care and access to more appropriate community settings; whilst ensuring future services are sustainable in terms of staffing (numbers and grades) to maintain clinical quality, governance and training that are prerequisites of a modern 21st century health service.

It is well understood by the Network Board that current arrangements cannot remain the same, as we work though the implications of Transforming Community Services, the White Papers, QIPP reform and the unprecedented financial pressures on public sector funding.

for the Network

The Network will continue to promote modern, locally delivered, integrated sexual health services with multi-trained staff, operating to shared care pathways and a governance framework across Greater Manchester.

Aims and Objectives

With consideration of the need for continuous improvement and current economic climate the Network Board has set the following challenges to the system:

a) improve measurable quality by 20%

b) reduce expenditure in services by 20%

c) sustain sexual health services in Greater Manchester

d) safe transition in to future commissioning arrangements

These need to be achieved whilst meeting the new Public Health Outcome Framework (PHOF) Indicators:

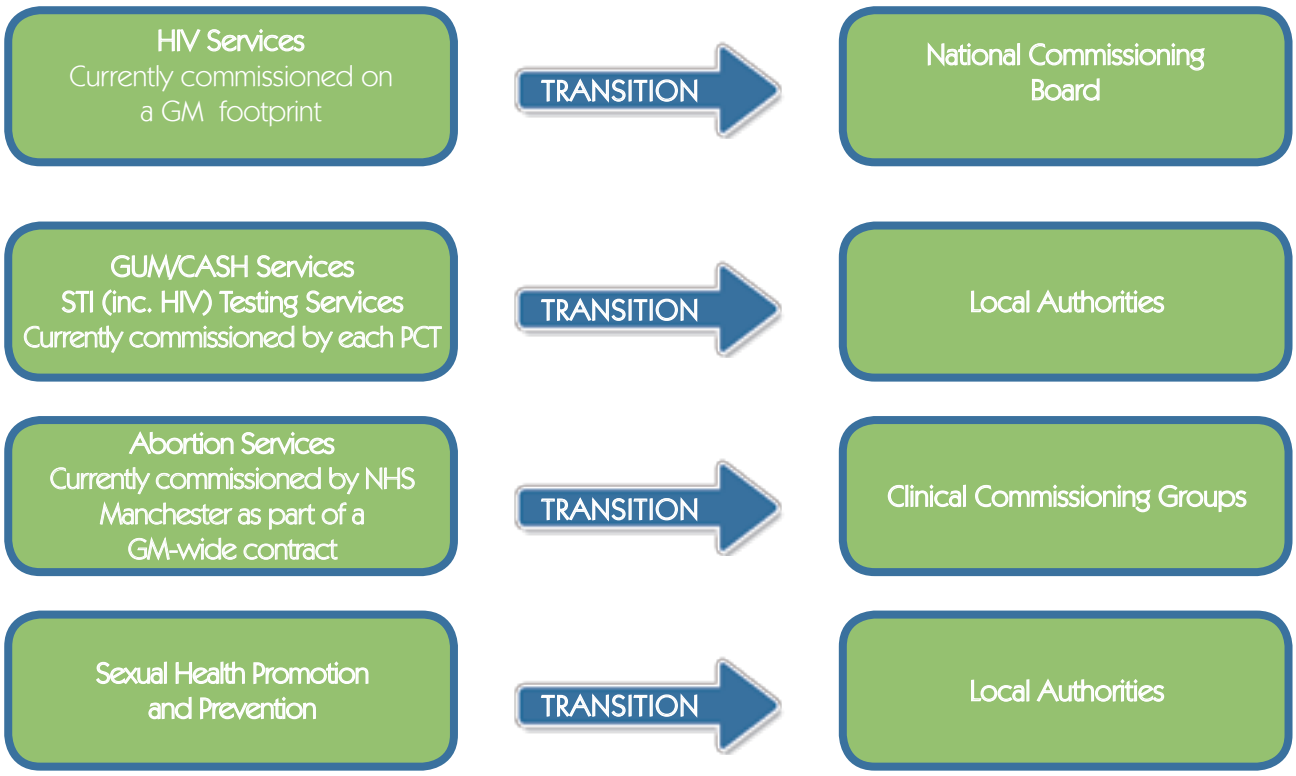
- To reduce late diagnoses of HIV (PHOF health protection target)
- To achieve Chlamydia screening targets for the 15-24 year old population- a diagnostic rate of 2.4% (PHOF health protection target)
- To bring the under-18 conception rate reduction on trajectory to meet 2010 PSA target (PHOF health improvement target)
- To reduce STI rates, including HIV
- To achieve and maintain 48-hour access to GUM services
- To improve access to and choice of abortion services across Greater Manchester with 60% being seen under 10 weeks
- Ensure services, accommodation and IM&T are fit for purpose and make best use of capital resources

Transitio

Since its inception, the GM Sexual Health Network, the first of its kind in the country, has played a fundamental role in designing and shaping GM sexual health service provision to improve clinical outcomes, patient experience and equality of access to all. The Network provides invaluable performance management, strategic leadership and communications support, fostering collaborative working and a 'do once' approach across the localities.

Under the Health and Social Care Act, which gained royal assent in March this year, responsibility for the commissioning of sexual health services will transition from NHS PCTs to designated receiver organisations by April 2013.

Under the new architecture the current commissioning of HIV treatment services will transition to the National Commissioning Board (NCB); GUM, CASH and other STI testing to Local Authorities (LAs); and Abortion & Vasectomy services will transition to Clinical Commissioning Groups (CCGs).

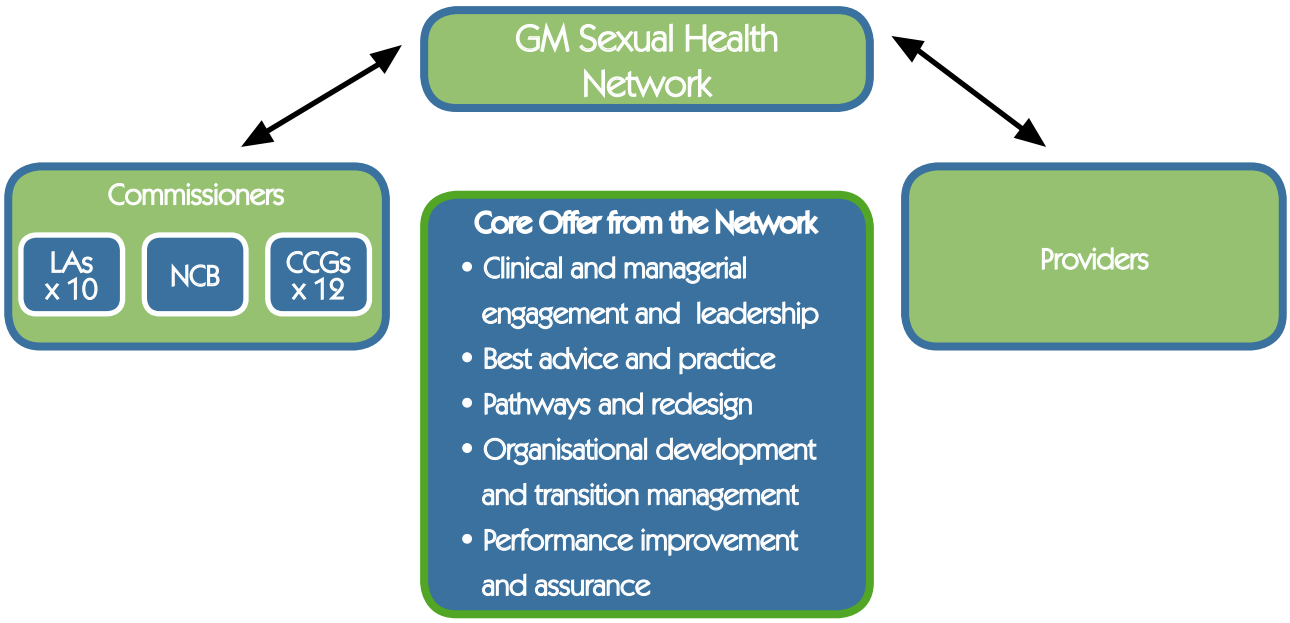


n Issues

Keeping Strategic Overview of Sexual Health Services

As the commissioning of sexual health services transitions to multiple destinations, it will be become increasingly difficult to 'performance manage' sexual health commissioning, and the role of the Network will become ever more important in retaining a GM whole system approach; ensuring quality assurance and alignment with the National Sexual Health Strategy.

It is proposed that the Sexual Health Network will work under the umbrella of the GM Public Health Network. It will transition 'As Is' and operate alongside other GM public health work programmes, sharing valuable resources and best practice. The new hosting arrangements will ensure the Network can continue to discharge its functions effectively and maintain a joined up approach to the commissioning of sexual health services across GM.



Collaborative commissioning will ensure:

- ✓ All relevant contracts and robust service specifications are in place across localities
- ✓ Vital clinical knowledge and expertise is utilised for the benefit of all
- ✓ Commissioning resource capacity is shared across the GM footprint
- ✓ A 'do once' approach to commissioning is developed, minimising duplication and workload for localities

Work Programme for 2012 to 2014

Aim

To provide quality, value and safe and sustainable sexual health services to patients in Greater Manchester

Objectives

Commissioning Framework:

1. To develop a specification of Integrated Sexual Health Services (strategic intent) — Completed
2. To develop a Greater Manchester-wide specification for the Termination of Pregnancy (TOP) Services — Completed
3. To develop a Young People's specification for Greater Manchester (including teenage pregnancy) — Completed
4. To develop a prevention and promotion strategy for Greater Manchester
5. To develop a training strategy/plan to support integrated service development
6. To consider the implications and options for the future commissioning arrangements of Greater Manchester sexual health services
7. To provide support and advise commissioners considering the procurement of sexual health services

8. To consider the implications and options for the future provider arrangements of Greater Manchester sexual health services, in context, with Healthier Together
9. To develop an engagement and communications strategy with Local Authorities (AGMA), Health & Well Being Boards, Public Health England, National Commissioning Board and Clinical Commissioning Groups
10. To review the Greater Manchester Chlamydia & Gonorrhoea Screening Programme (RUclear) in line with national directives
11. To road-test the sexual health tariff and HIV tariff and consider implementation in Greater Manchester
12. To ensure the Network supports all public health outcome targets and links to work on troubled families, safeguarding, drug and alcohol, mental health services and Child Sexual Exploitation (see opposite page)
13. To facilitate the co-ordination of CSE work across Greater Manchester with key partners including current stakeholders and Greater Manchester Police
14. To review the constitution and terms of the reference of the Network in context with the reform agenda
15. To support the development of national sexual and HIV networks

Engagement with Stakeholders

September 2011

The Network held an 'Emerging Vision Event' to consider the financial and organisational challenges faced by all services in the emerging climate following the implementation of Transforming Community Services and QIPP and the implications of the impending Health & Social Care Bill. Network members recognise that sexual health services will not be immune from this change and how important it is that we clearly articulate our vision for locally delivered, integrated sexual health services provided by multi-trained staff, working to shared care pathways and a common governance framework together with the need for collective engagement and strength to prevent regression to less optimal services.

The role of the Network was to develop a robust and credible way forward for services that patients, future commissioners and providers agree would deliver against these challenges.

The context was the economic and organisational challenges faced at both a national and local level namely the configuration of acute services, shifting from secondary to primary care, managing demand and treatment thresholds, decreasing variation and improving prevention and early intervention. The efficiency and productivity gain required and optimum level at which this could be achieved was outlined.

Achievements since the inception of the Network were highlighted and how these had improved the quality and environment for patients.

October 2012

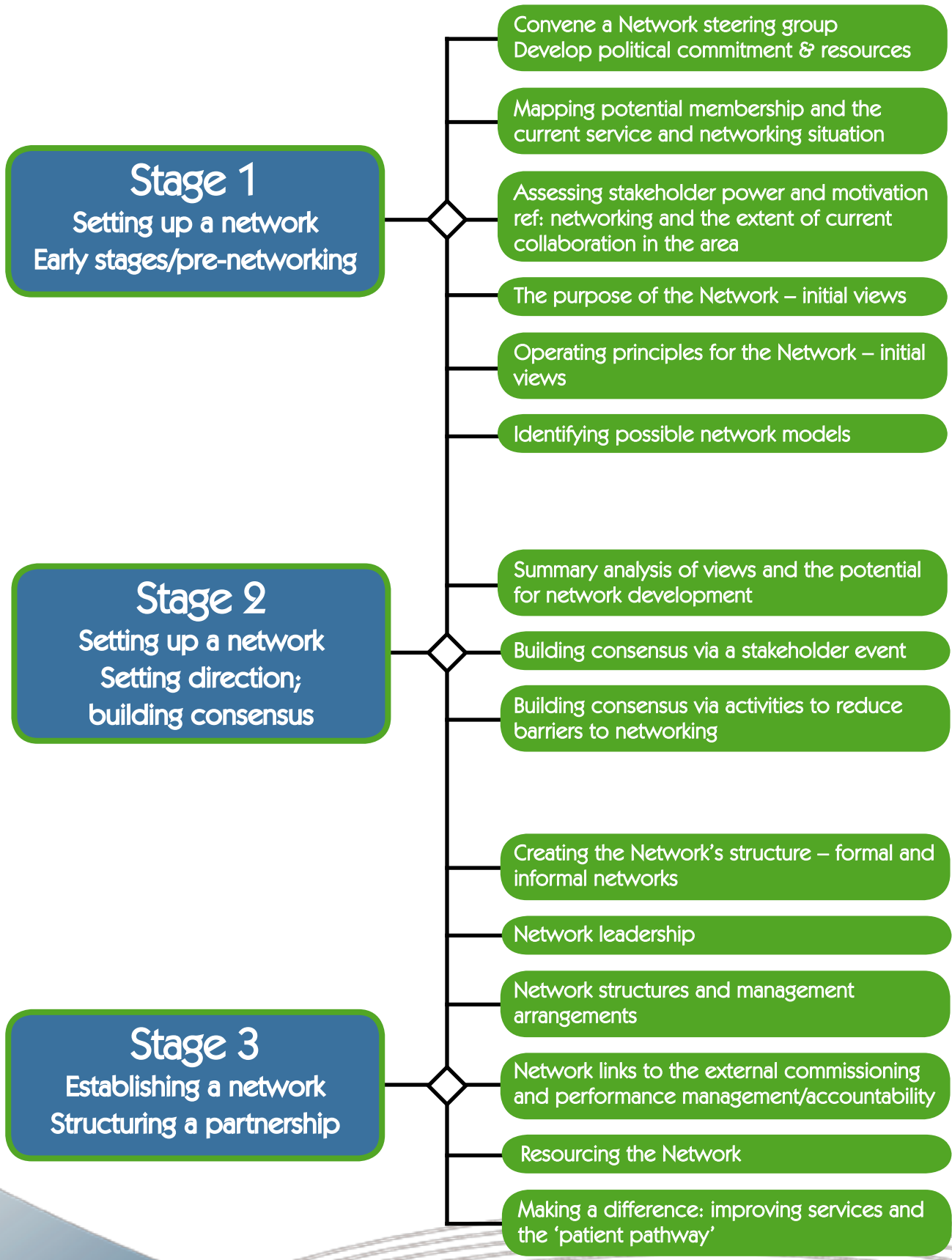
Following the recent highly publicised Greater Manchester court case the Network facilitated a 'Child Sexual Exploitation' (CSE) Workshop for staff working in the sexual health services to improve recognition of CSE and implement a GM pathway for onward referral. The invitation was also extended to other professionals involved in CSE work.

The aim of the workshop was to gain a better understanding of how individual services and how services can work collaboratively to tackle CSE. The topics covered included:

- Information about the GM Safeguarding Partnership
- Findings about work on CSE in sexual health services in the UK
- How do GM sexual health services currently identify risks of CSE?
- What action do GM sexual health services take if CSE is suspected?
- If a young person is being exploited what happens to the young person and to the information?
- CSE legislation and guidance
- Identifying actions that need to be taken

One of the outcomes from the workshop was that a GM CSE Steering Group is to be convened to further discuss current good practice and to work collectively to develop a CSE pathway for sexual health and allied services within the Greater Manchester area.

How to establish a Network



Sexual Health Network Board 2012

Andrew Turner	Consultant Virologist	Central Manchester University Hospital FT
Asha Kasliwal	CaSH Consultant	Central Manchester University Hospital FT
Ashish Sukthankar	GU Consultant	Central Manchester University Hospital FT
Benjamin Goorney	GU Consultant	Salford Royal Hospital FT
Bridget Hughes	Public Health Manager	Manchester Mental Health Trust
David Regan	Director of Public Health	Manchester City Council
David Armitage	Commissioner	NHS Tameside & Glossop
Debra Malone	Commissioner	NHS Bolton
Diane Cordwell	Programme Lead	RUclear, Chlamydia Screening
Ed Wilkins	HIV Consultant	Regional Infectious Diseases Unit
Elaine Michel	Interim Director of Public Health	NHS Tameside & Glossop
Eleanor Mansell	Strategic & Commissioning Lead for Sexual Health/Teenage Pregnancy	Wigan Council
Eleanor Roaf	Consultant in Public Health	NHS Manchester
Ellen Cooper	Public Health Specialist	NHS Stockport
Emile Morgan	Clinical Director	NHS Ashton, Leigh & Wigan/Bolton
Geoff Holliday	Head of Sexual Health	NHS Salford
Gill Tonge	NWE Faculty RCGP Course Director Sexual Health	PCME Pennine GP Education
Helen Hodgson	Matron, GU	University Hospital of South Manchester
Jeni Hirst	Director of Sexual Health	Black Health Agency
Jayne Littler	Commissioning Manager – Public Health	NHS Bolton
Jon Dunn	Public Health Manager	Manchester City Council
Katie Dee	Assistant Director of Public Health	NHS North of England
Lynda Shentall	Director of Services	George House Trust (GHT)
Neil Jenkinson	Director	Greater Manchester Sexual Health Network
Orla McQuillan	GU Consultant	Central Manchester FT / Trafford
Ranjana Rani	GU Consultant	Tameside & Glossop PCT / Stockport FT
Renata Hewart	Head of Service	NHS Ashton, Leigh & Wigan/Bolton
Rob Cookson	Director of Services	Lesbian & Gay Foundation (LGF)
Rosie Robinson	Chief Executive	George House Trust (GHT)
Sameena Ahmad	GU Consultant	University Hospital of South Manchester
Sara Rowbotham	Crisis Intervention Team Co-Ord/ Sexual Health Improvement Specialist	Pennine Care NHS FT
Sarah Doran	Depity Director	Greater Manchester Sexual Health Network
Sarah Stephenson	Programme Manager, HIV & Sexual Health	Greater Manchester Sexual Health Network
Tim Weedall	Head of Personalised Care	NHS Trafford
Vinay Bothra	Consultant (Health Protection)	GM Health Protection Unit
Wendy Alam	Network Co-ordinator	Greater Manchester Sexual Health Network

Greater Manchester Sexual Health Network Team

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