

**CHESHIRE EAST COUNCIL**

**SERVICE SPECIFICATION**

**SEXUAL HEALTH SERVICE**

**Part of the Cheshire East Integrated Lifestyle and Wellness Service**

All service specifications are made up of two parts:

**Part A -** ‘Overarching Service Specification for the Integrated Lifestyle and Wellness Service’ forms part of this service specification. The overarching specification provides the requirements that are common to all services.

**Part B –** Sexual Health Service Specification

**This service specification should be read in conjunction with:**

* Provider Plus Service Specification
* Cheshire East Council Place Based Target and Resources Profile
* Cheshire East Council Provider Monitoring Framework

**Needs Analysis**

**Sexual health needs of Cheshire East population**

As a whole, national comparisons, for sexual health indicators are favourable for the Borough, however, the authority’s Joint Strategic Needs Assessment sets out some areas of high level need as follows:

There are **high levels of teenage pregnancy in some areas** of the Borough, predominantly in Crewe;

Access to contraception services and sexual health are needed in all areas but consideration should be given to **service delivery in some rural areas** and to ensure that services are timely and accessible;

There is a **need to increase the number of young people under the age of 25 who are screened for chlamydia** in order to improve diagnostic rates;

While rates of STIs are lower than neighbouring local authorities’ **rates of STI diagnoses are increasing among the 15 to 24 year age groups.**

There is a need to **increase the number of men accessing Sexual Health services.**

For further information see the Cheshire East Joint Strategic Needs Assessment[**http://www.cheshireeast.gov.uk/social\_care\_and\_health/jsna/starting\_and\_developing\_well.aspx#SexualHealth**](http://www.cheshireeast.gov.uk/social_care_and_health/jsna/starting_and_developing_well.aspx#SexualHealth)

**Scope of services**

**Service aims and objectives**

The aims of this service are to increase access and availability to sexual health services for residents of Cheshire East. It is anticipated that this will be achieved through an increase in the number of delivery locations throughout the Borough and extending the days and times when services are available.

We are particularly interested to hear from providers who are able to deliver services in areas where there is currently limited service availability, who are able to offer services outside of traditional clinic times and/or who have expertise in working with service users who may find it difficult to access traditional sexual health services.

By enhancing the availability of services in this way we hope to achieve our objectives of reducing the number of unwanted pregnancies, controlling the transmission of chlamydia and to contribute to the following indicators in the Public Health Outcomes Framework:

* Under 18 conceptions;
* Chlamydia diagnoses (15-24 year olds).

**Scope of services**

Informed by a consultation exercise with stakeholders we have identified that the following services are capable of delivery within the Integrated Lifestyle and Wellness Support System (ILWSS). These are:

* Provision of intra-uterine contraceptive devices (IUCD) including insertion and removal;
* Provision of hormonal contraceptive implants;
* Provision of emergency hormonal contraception (EHC) under a Patient Group Direction (see eligibility for application below);
* Provision of free starter packs for women to start on oral contraception under a Patient Group Direction (see eligibility for application below);
* Provision of chlamydia screening services for young people aged 15 to 24.

The service delivery expectations for each of these services are set out later in this specification.

**Who can apply?**

The purpose of this tender is to enhance current Sexual Health service provision in Cheshire East. Consequently providers who are already commissioned either by the Council or another organisation to provide any of the services in the Borough are ineligible to apply to deliver those services unless they can demonstrate that their proposals enhance existing provision.

Subject to the statement above providers who meet the minimum criteria can opt to deliver one or more of the services listed below:

|  |
| --- |
| Provision of IUCD |
| Provision of hormonal contraceptive implants |
| Provision of emergency contraceptive implants |
| Provision of free starter packs for oral contraception |
| Provision of chlamydia screening service for people aged 15 to 24:  Option 1 – Postal kit provision only  Option 2 – Testing and treatment service |

**Relationship with the Integrated Sexual Health Service**

In October 2015 the Council commissioned East Cheshire NHS Trust to deliver a new Integrated Sexual Health Service for the Borough incorporating community contraception services, genito-urinary medicine and sexual health promotion. The Service will provide system wide leadership for Sexual Health provision in Cheshire East. In the context of the ILWSS sexual health service elements the Integrated Sexual Health Service will act as “Provider Plus” by providing training and support for providers of sexual health services. This includes:

* Delivery of training for insertion and removal of IUCD and hormonal contraceptive implants;
* Provision of free condoms to support delivery of EHC and chlamydia screening services;
* Commissioning of a pathology service to support delivery of chlamydia screening services;
* Development of Patient Group Directions for oral contraception starter packs and chlamydia treatment;
* Provision of expert advice to support all elements of the service;
* Sexual Health Service leadership and co-ordination.

The Integrated Sexual Health service also co-ordinates the provision of a c-card condom distribution scheme which may be provided in conjunction with the ILWSS sexual health services. Providers who are interested in delivering c-card should contact:

East Cheshire Centre for Sexual Health,

New Alderley House,

Macclesfield District General Hospital,

Victoria Road,

Macclesfield,

Cheshire

SK10 3BL

It is a condition of the service contract that providers work in partnership with the Integrated Sexual Health Service as the system wide lead for sexual health services in the Borough.**Guidance**

**National Context**

Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to high quality sexual health services improves the health and wellbeing of both individuals and populations. Government set out its ambitions for improving sexual health in its publication *A Framework for Sexual Health Improvement in England.[[1]](#footnote-1)*

Local authority Public Health Departments have a major role to play in commissioning sexual health services, particularly around the provision of sexual health advice, contraception and the identification and treatment of sexually transmitted infections. Commissioning responsibilities of local authorities, clinical commissioning groups and NHS England are set out in *Making It Work: A Guide to Whole System Commissioning for sexual health, reproductive health and HIV.[[2]](#footnote-2)*

**Key Service Standards**

The service models contained in this specification are evidence based and refer to current guidance and information available from:

• Faculty of Sexual and Reproductive Healthcare Clinical Effectiveness Unit

• NICE Guidance-PH3 ‘Prevention of sexually transmitted infections and under 18 conceptions’

• Royal Pharmaceutical Society of Great Britain – advice and guidance on EHC

• NHS Health Education North West and Manchester University Centre for Pharmacy Postgraduate Education (CPPE)- Guidance for the Commissioning of Enhanced and Public Health Services from Community Pharmacies and Competency Assessment

• NICE Guidance – PH51 “Contraceptive Services with a focus on young people up to the age of 25’

• Care Quality Commission’s Essential standards of quality and safety <http://www.cqc.org.uk/sites/default/files/documents/gac_-_dec_2011_update.pdf>

* National Chlamydia Screening Programme [www.chlamydiascreening.nhs.uk](http://www.chlamydiascreening.nhs.uk)
* Standards for the Management of STIs [www.medfash.org.uk](http://www.medfash.org.uk)
* The Manual for Sexual Health Advisors [www.ssha.info/public/manual/index.asp](http://www.ssha.info/public/manual/index.asp)

**Local Strategic Outcomes**

It is a requirement of Public Health commissioned services that they are community or neighbourhood based and where possible make use of community asset buildings.

**Minimum Service Requirements**

In order to deliver the services detailed in this specification providers must be able to satisfy the following minimum requirements.

**Accommodation requirements**

The service must be provided in a locality within the boundary of the Cheshire East local authority administrative area. However, in accordance with the provisions of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 the services within this specification are open access and available to all eligible persons who are present in the area regardless of area of residence or area of GP registration.

With the exception of chlamydia screening Options A and B all services must be delivered in a private consultation room which affords a sufficient level of privacy for the service user. For chlamydia screening Options A and B (see page 15) the service should be delivered in an area which affords privacy and enables the service user and practitioner delivering the service to speak freely without being overheard by other service users.

**Equipment requirements**

The provider is responsible for obtaining all equipment and medicines necessary for the delivery of the service. Condoms will, however, be distributed by the Integrated Sexual Health service to support the delivery of the EHC and chlamydia screening programme.

**Safeguarding requirements**

With the exception of chlamydia screening Options A and B (see page 15), all staff involved in the delivery of services must have a valid DBS check and it is the responsibility of the provider to keep a central log of DBS and ensure that staff delivering the service maintain certification.

It is also the responsibility of the provider to ensure that all staff delivering services in this specification are aware of Cheshire East Council’s Safeguarding Procedures (see Appendix A) and are confident in reporting any concerns they have about the welfare of service users.

**Fraser guidelines**

It is the responsibility of the provider to ensure that all staff delivering the services are aware of Fraser Guidelines set out at Appendix B in respect of service users under the age of 16 and are confident in carrying out this assessment.

**Staff competence**

It is the responsibility of the provider to ensure that staff delivering these services are competent to do so, have received the necessary training and where appropriate maintain clinical competence and accreditation. As a minimum staff delivering these services must:

* Have undertaken training that enables them to identify potential cases of abuse, neglect and/or exploitation;
* If delivering services under a PGD, satisfy the competencies set out in the NICE Competency Framework for Healthcare professionals using Patient Group Directions. The Framework and associated assessment tools are available at <https://www.nice.org.uk/guidance/mpg2/resources>
* Have undertaken service specific training. For the delivery of IUCD, hormonal implants and chlamydia screening this will be provided by the Cheshire East Integrated Sexual Health Service. Providers of EHC and oral contraception will be working under a PGD, however, it is expected that staff delivering the service will have received an appropriate level of training in contraception provision from a recognised body e.g. Faculty of Sexual and Reproductive Healthcare (FSRH), Centre for Pharmaceutical Postgraduate Education (cppe), Family Planning Association (FPA) etc (this list is not exhaustive).

In addition it is expected that staff delivering the services will maintain their continuous professional development through attending refresher courses and keeping abreast of developments in the relevant field as appropriate.

It is the provider’s responsibility to keep a central log of training and competency levels of staff delivering the services which should be made available for inspection by the Council on request.

**Record keeping**

It is the responsibility of the provider to ensure that appropriate records are kept in line with prevailing guidelines and are stored securely and that it complies with all requests from the Council for non patient identifiable information in relation to levels of service delivery.

**Data Protection**

It is the responsibility of the provider to ensure that all staff are aware of the provisions of the Data Protection Act and maintain the confidentiality of service users at all times, except as is necessary to report safeguarding concerns in which case the service user should be advised accordingly.

**Promotion**

Providers will be expected to promote the availability of services within their setting including prominently displaying promotional material made available by the Council and/or Integrated Sexual Health service. If appropriate information on specific clinic times should also be publicised.

**Working with others**

Providers are expected to work in partnership with the Integrated Sexual Health Service, the Council and where appropriate other key stakeholders in relation to the delivery of sexual health services in the Borough. This may include attending meetings, complying with requests for face to face visits and service audits and/or responding to emails. In particular we would expect providers of services described by this specification to engage with the Integrated Sexual Health Service in respect of becoming a distribution and/or registration outlet for the C-card condom distribution scheme.**Service Descriptions**

**A General note on referrals**

While these services form part of the ILWSS **service users do not have to have a Lifestyle and Wellness assessment to access the services**. Some referrals may come via this route, however, it is expected that in the majority of cases service users will self refer or be referred by another service provider e.g. maternity or termination of pregnancy services.

**Provision of IUCDs**

*Service aims*

The aim of the service is to reduce the number of unwanted pregnancies through provision of a safe and effective method of long acting reversible contraception.

*Inclusion criteria*

The service is available to women of child bearing age who are present in the Cheshire East area. The service relates to provision of IUCD for contraception purposes only.

*Exclusion criteria*

This service does not apply to the provision of LNG-IUS (Mirena) coils for the purposes of managing symptoms of menorrhagia since this is a separate service that is commissioned by Clinical Commissioning Groups / NHSE. Service users requesting the service for this purpose should be referred to their local GP.

Before fitting an IUCD the practitioner must be satisfied that the service user is not pregnant. Pregnancy may be reasonably excluded if the service user:

* Has not had intercourse since last normal menses;
* Has correctly and consistently used a reliable method of contraception;
* Is in day 1-7 of the menstrual cycle;
* Is day 1-7 following termination or miscarriage (although ideally the IUCD would be inserted within 48 hours);
* Is fully breastfeeding, amenorrhoeic and within 6 months of delivery.

*Choice of device*

This service specification includes the insertion of both copper-containing IUCDs and LNG-IUS (Mirena) coils for contraceptive purposes which are licensed for use in the UK. Both devices can be inserted at any time in the menstrual cycle provided pregnancy can be excluded. The practitioner should discuss the pros and cons of each device and allow the service user to choose which device she wants to be inserted.

*Consultation*

The consultation shall take place in a private consultation room by a fully trained and qualified healthcare professional (HCP) and sufficient time shall be set aside for the consultation.

The HCP should take a clinical history of the service user to ensure that none of the excluding criteria as listed on the product information leaflet are present.

If the service user is under 16 the HCP must ensure that the service user is Fraser compliant (see Appendix B) before undertaking the procedure.

The consultation shall include a brief sexual history to determine whether the service user is at risk of sexually transmitted infections. If appropriate and commissioned to do so the HCP shall offer a chlamydia test and/or make a referral/signpost to the local Sexual Health service for testing and onward treatment of any identified STIs.

*Insertion and removal*

The service user should be made as comfortable as possible while the procedure is carried out.

Service users can choose to be chaperoned if they so wish.

Following insertion the service user should be advised of aftercare procedures and of the expiry date of the product.

Although there is no longer a requirement for routine follow up visits, service users should be encouraged to return if they have any concerns and if appropriate the practitioner should conduct a check to ensure that the device is still in place.

Service users should be encouraged to remain in a waiting area for up to 30 minutes after the procedure to allow for any after effects to wear off.

*Fees for providing the service*

The fee for providing the service is as follows:

|  |  |
| --- | --- |
| **Criteria** | **Amount** |
| IUCD fitting including all care, aftercare and removal | £81.64 |
| Reimbursement of the actual cost of clinically indicated and cost effective IUCD\* | Within recommended guidelines |

*\* This cost is reimbursed by the Council to the relevant Clinical Commissioning Group following receipt of an invoice and supporting information*

**Provision of hormonal contraceptive implants**

*Service aims*

The aim of the service is to reduce the number of unwanted pregnancies through provision of a safe and effective method of long acting reversible contraception.

*Inclusion criteria*

The service is available to women of child bearing age who are present in the Cheshire East area. The service relates to provision of hormonal implants for contraception purposes only.

*Exclusion criteria*

This service does not apply to the provision of hormonal implants for the purposes of managing symptoms of menorrhagia since this is a separate service that is commissioned by Clinical Commissioning Groups / NHSE. Service users requesting the service for this purpose should be referred to their local GP.

Before fitting an implant the practitioner must be satisfied that the service user is not pregnant. Pregnancy may be reasonably excluded if the service user:

* Has not had intercourse since last normal menses;
* Has correctly and consistently used a reliable method of contraception;
* Is in day 1-7 of the menstrual cycle;
* Is day 1-7 following termination or miscarriage (although ideally the IUCD would be inserted within 48 hours);
* Is fully breastfeeding, amenorrhoeic and within 6 months of delivery.

*Consultation*

The consultation shall take place in a private consultation room by a fully trained and qualified healthcare professional (HCP) and sufficient time shall be set aside for the consultation.

The HCP should take a clinical history of the service user to ensure that none of the contra-indications as listed on the product information leaflet are present.

If the service user is under 16 the HCP must ensure that the service user is Fraser compliant (see Appendix B) before undertaking the procedure.

The consultation shall include a brief sexual history to determine whether the service user is at risk of sexually transmitted infections. If appropriate and commissioned to do so the HCP shall offer a chlamydia test and/or make a referral/signpost to the local Sexual Health service for testing and onward treatment of any identified STIs.

*Insertion and removal*

The service user should be made as comfortable as possible while the procedure is carried out.

Service users can choose to be chaperoned if they so wish.

Following insertion the service user should be advised of aftercare procedures and of the expiry date of the product.

Service users should be encouraged to return if they have any concerns and if appropriate the practitioner should conduct a check to ensure that the device is still in place.

*Fees for providing the service*

The fee for providing the service is as follows:

|  |  |
| --- | --- |
| **Criteria** | **Amount** |
| Implant fitting including all care and aftercare | £43.54 |
| Implant removal including all care and aftercare | £70.00 |
| Reimbursement of the actual cost of clinically and cost effective Hormonal Contraceptive Implants | Within recommended guidelines |

**Provision of Emergency Hormonal Contraception (EHC) under a Patient Group Direction (PGD)**

*Service aim*

The aim of the service is to improve access to and availability of EHC to reduce the number of unwanted pregnancies and the number of terminations.

*Products*

Two types of EHC are available under this scheme:

* Levonorgestrel (product name Levonelle) – effective for up to 72 hours following Unprotected Sexual Intercourse (UPSI);
* Ulipistral Acetate (product name EllaOne) – effective for up to 120 hours following UPSI.

*Inclusion and exclusion criteria*

The inclusion and exclusion criteria for the products are detailed in the relevant PGDs. PGDs for Levonorgestrel and Ulipistral Acetate have been developed in accordance with guidance on developing PGDs by the Cheshire and Merseyside Public Health collaborative service champs on behalf of local authorities in the area. These are due for review in December 2015 with an implementation date for revised PGDs of 1st April 2016.

Providers of this service have a responsibility to ensure that the service is provided in accordance with the PGDs for Levonorgestrel and Ulipistral Acetate.

All providers must sign and return a copy of the PGDs before the service can be provided.

*Consultation*

On referral service users will receive a consultation with an accredited practitioner who meets the requirements set out in this specification. This should be in a private consultation room in which both practitioner and service user can speak in normal speaking volumes without being overheard.

If the service user is under 16 the practitioner shall assess the suitability of the young person to receive advice and treatment without parental consent using Fraser Guidelines (see Appendix A).

The purpose of the consultation is to assess the need and suitability of the client to receive EHC in accordance with the appropriate PGD using the pro forma provided. This pro forma should be signed by the practitioner and the service user.

If clinically indicated the practitioner should provide a pregnancy testing kit to the service user and not supply EHC until such time as a negative result has been obtained.

Inclusion and exclusion criteria detailed in the PGD will be applied to the provision of the service. Where appropriate EHC will be provided as follows:

* Levonorgestrel will be offered to service users who have had UPSI within the last 72 hours;
* Ulipistral Acetate will be offered to service users who have had UPSI more than 72 hours ago but less than 120 hours ago;

Service users who have had UPSI more than 120 hours ago or who are excluded from the PGD criteria for any other reason will be referred to and provided information on accessing other local services with all due haste.

In all cases where EHC is suitable, practitioners are required to discuss the option of copper intrauterine device (IUD) as an alternative to EHC. If this method is preferred and suitable, practitioners should provide EHC as normal and refer the service user to their local GP or Sexual Health clinic to have the device fitted or if the provider is also commissioned to provide IUCD the copper IUD can be fitted as a form of emergency contraception without the need for EHC.

The consultation should also include:

Verbal and written advice on the avoidance of STIs and the use of regular contraceptive methods. This may include a referral to local GP or sexual health clinic for ongoing contraceptive needs, provision of a starter pack of oral contraception with referral to GP or sexual health clinic for ongoing provision and/or registration on the C-card scheme.

In all cases the service user will be provided with three free condoms and given advice and/or a demonstration as necessary on how to use these. Condoms will be supplied by the Integrated Sexual Health service.

Service users aged 15 to 24 should be advised of the rise in chlamydia infections and either offered a chlamydia test, given a postal testing kit or signposted to their GP or local sexual health clinic for a chlamydia test.

Where there are any concerns about the welfare of the service user appropriate and immediate action must be taken in accordance with the Safeguarding procedures set out at Appendix B.

*Fees for the service*

Fees for delivering the service are as follows:

|  |  |
| --- | --- |
| **Criteria** | **Amount** |
| Consultation | £15 |
| Provision of one pack of Levonorgestrel | Drug tariff price plus VAT at 5% |
| Provision of one pack of Ulipistral Acetate | Drug tariff price plus VAT at 5% |
| Pregnancy test (if clinically indicated) | £5.00 |

**Starter packs for oral contraception under a PGD**

*Service aim*

The aim of this element of the service is to offer free starter packs for oral contraception under a PGD as a bridging method with a view to service users obtaining further supplies via in most cases their local GP or from a local sexual health clinic. It is anticipated that in most cases it would be offered in conjunction with the EHC service to encourage women accepting to take a longer term view of their contraceptive needs.

*Product type*

The contraception offered relates to Quick Start Progestogen Only Pill (POP) of the type specified by the PGDs. These will be developed by the Integrated Sexual Health Service on behalf of successful providers. Service users should be offered a choice of products which are suitable for them in accordance with the PGDs.

*Inclusion and exclusion criteria*

Inclusion and exclusion criteria are detailed in the PGDs.

Providers of this service have a responsibility to ensure that the service is provided in accordance with the relevant PGDs.

*Consultation*

The service must only be delivered by a suitably trained practitioner who has received appropriate training in relation to contraception and safeguarding and meets the requirements of the NICE competency framework for delivering services under a PGD.

As with EHC the consultation must take place in a private consultation with a trained practitioner.

Before offering a starter pack of oral contraception the practitioner should discuss the full range of available contraception including long acting reversible contraception methods and signpost the service user to their local GP or sexual health service if an alternative method is preferred.

This will include an assessment of their suitability to receive a starter pack of oral contraception in accordance with the criteria set out in the PGD. If the service user is under 16 the practitioner shall also assess the suitability of the young person to receive advice and treatment without parental consent using Fraser Guidelines (see Appendix B).

If suitable to receive oral contraception the service user will be given a starter pack of the appropriate contraception and advised to contact their local GP or sexual health service for future supplies or alternative follow on contraception.

The practitioner will also give advice on how to use oral contraception including what to do if they miss a pill for whatever reason and explain the side effects as detailed in the PGD and the patient information leaflet for the product.

If not suitable to receive oral contraception the service user should be directed to their local GP or sexual health service for an alternative contraception method.

The practitioner will record the full drug name, dose (if appropriate) and amount given clearly in the prescription sheet and should forward a copy of this to the service user’s GP.

*Fees for providing the service*

|  |  |
| --- | --- |
| **Criteria** | **Amount** |
| Consultation | £15 |
| Per starter pack provided | Drug tariff price plus VAT @5% |

**Provision of a chlamydia screening service for young people aged 15 to 24**

Chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in England. If left untreated it can have serious long-term consequences including infertility and pelvic inflammatory disease in women and epididymitis in men. It often has no symptoms but is very easy to diagnose and treat.

*Service Aims and objectives*

Established in 2003 the National Chlamydia Screening Programme (NCSP) aims to prevent and control chlamydia through early detection, treatment of infection and reduction in onward transmissions in young people between the ages of 15 to 24.

The aims and intended outcomes for this element of the service are:

* To increase access to the NCSP by providing additional locations where people can access testing and treatment for chlamydia;
* To increase access to treatment of asymptomatic young people with chlamydia infection;
* To increase access for young people to sexual health advice and referral on to specialist services where required;
* To increase service user’s knowledge of the risks associated with STIs;
* To strengthen the network of contraceptive and sexual health services to help provide easy and swift access and advice.

*Inclusion criteria*

People aged between 15 and 24 who are present in the Cheshire East area regardless of whether they present with symptoms.

*Exclusion criteria*

People over the age of 24.

*Service delivery options*

There are two options for service delivery. Applicants should indicate which option they would like to deliver.

Option A - Solely distribute postal chlamydia testing kits and offer a posting service for returned kits (with the option that service users can post them themselves if they so wish);

Option B – Provide a chlamydia testing and treatment service but refer to local sexual health services for partner notification and contact tracing for positive diagnoses;

*Service description*

The service will provide chlamydia testing kits to people under the age of 25 with their informed consent either opportunistically in conjunction with the delivery of other services e.g. EHC, c-card etc or as part of awareness raising sessions or events.

The service user will be given advice on how to undertake the test and use the kit, how to return it for testing and what will happen following completion of the test (depending on the preferred service delivery option above). If the young person is under the age of 16 then a confidential assessment of Fraser competencies (see Appendix A) should be undertaken.

If toilet facilities are available service users should be encouraged to use these to take the test for immediate return to the Provider.

If postal kits are offered and they are returned to the Provider for posting, the Provider should ensure that the information on the kit has been correctly completed and should arrange for the test to be posted to the laboratory at the earliest opportunity.

The service will form part of the locally run NCSP. The NCSP core requirements specify that providers of any element of chlamydia testing should:

1. Identify a named chlamydia lead to communicate with the commissioner and other relevant stakeholders;
2. Utilise and prominently display relevant national and local sexual health and chlamydia testing materials;
3. Ensure that staff are appropriately trained to deliver the programme;
4. Offer user friendly, non judgemental, patient centred and confidential services in line with the “You’re Welcome” criteria[[3]](#footnote-3);
5. Provide people testing for chlamydia with an information leaflet as part of the consent process;
6. Adhere to national and local requirements regarding the management of under 18s;
7. Be responsible for ensuring timely onward referral for those people who they are not able to support or manage;
8. Be responsible for providing all mandatory data reporting to the commissioner and relevant stakeholders.

If the practitioner has any concerns with regard to safeguarding or sexual exploitation they must follow local safeguarding procedures set out in Appendix A. It is the responsibility of the Provider to ensure that all staff delivering this service are aware of local safeguarding procedures and feel confident in reporting concerns.

Young people declaring symptoms of sexual ill health should be referred to their GP or local sexual health clinic for testing and treatment.

If the service user is identified as being eligible for testing, the appropriate electronic or paper testing form should be completed.

Contact details should be requested and preferably two methods of contact recorded and verified.

When informing of test results the Provider must have regard to the confidentiality of the service user and the appropriateness of the method used. For example, whether the result is positive or negative, **messages should not be left on landline answerphones as these can be picked up by any member of the household.** **It is also good practice to communicate a positive result in person.** It is also important that the identity of the service user is verified when communicating results.

Further information about the National Chlamydia Screening Programme is available via the link below:

<http://www.chlamydiascreening.nhs.uk/ps/resources/core-requirements/NCSP%20Standards%207th%20edition%20FINAL.pdf>

*Quality indicators*

The following KPIs are considered by the NCSP as being core for services commissioned to provide the relevant elements of the chlamydia pathway.

1. Diagnostic rate of 2,300 per 100,000 15-24 year old population – the service will be monitored on their contribution to this indicator;
2. Turnaround time from the date of the test to notification of results – 90% of results to be notified within 10 days of the test being taken;
3. Percentage of chlamydia positive index cases receiving treatment – 95% of index cases confirmed to have received treatment.

*Fees for delivering the service*

|  |  |
| --- | --- |
| **Criteria** | **Amount** |
| Postal testing kit given only | £2 per postal test given |
| Testing completed | £6 per test completed |
| Treatment of positive diagnoses | £10 per consultation and referral to Sexual Health Services for ongoing management plus Drug tariff price + VAT @5% |

**Addition to Part A service specification**

**Safeguarding Procedures**

**Children and Young People (under 18)**

Anyone who has concerns for the immediate safety of a **child or young person** must phone:

•The Cheshire East Consultation Service (ChECS) on 0300 123 5012

(Monday -Thursday 8.30 am - 5pm or Friday 8.30am - 4.30pm)

•Out of Hours Service (Emergency Duty Team) on 0300 123 5022

**Do not hesitate. Seek support and advice immediately.**

Please refer to the link below for more information about safeguarding children and young people:

<http://www.cheshireeast.gov.uk/children_and_families/early_years_and_childcare/safeguarding_and_welfare/safeguarding_and_welfare.aspx>

**Safeguarding Vulnerable Adults**

A vulnerable adult is any person 18 or over who is or may be in need of community care services by reason of:

•Mental or other disability, age or illness and;

•Who is or may be unable to take care of him/herself; or

•Unable to protect him/herself from significant harm or serious exploitation

To report concerns about vulnerable adults:

[adultsafeguardingunit@cheshireeast.gov.uk](mailto:adultsafeguardingunit@cheshireeast.gov.uk)

phone: 01606 271815

Please refer to the link below for more information about safeguarding vulnerable adults:

<http://www.cheshireeast.gov.uk/care-and-support/vulnerable-adults/vulnerable-adult-abuse.aspx>

**Fraser Guidelines**

Any competent young person in the United Kingdom can consent to medical, surgical or nursing treatment, including contraception and sexual and reproductive health. They are said to be competent if they are capable of fully understanding the nature and possible consequences of the treatment.

Consent from parents is not legally necessary, although the involvement of parents is encouraged. (A parent is someone with legal parental responsibility. This is not always a biological parent.)

Young people are owed the same duties of care and confidentiality as adults. Confidentiality may only be broken when the health, safety or welfare of the young person, or others, would otherwise be at grave risk.

A health professional can give advice or treatment to a person under 16 without parental consent providing they are satisfied that:

* The young person will understand the advice;
* The young person cannot be persuaded to tell his or her parents or allow the doctor to tell them that they are seeking contraceptive advice;
* The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment; and
* The young person's physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment.

In 2004, the Department of Health issued revised guidance for health professionals in England. This covers confidentiality, duty of care, good practice and the Sexual Offences Act 2003. The recommendations include that services should produce an explicit confidentiality policy and advertise that their services are confidential to under-16s.[[4]](#footnote-4)

In England, Wales and Northern Ireland, the laws on sexual offences do not affect the ability of professionals to provide confidential sexual health advice, information or treatment if it is in order to protect the young person from sexually transmitted infections or pregnancy, to protect their physical safety or to promote their emotional well-being.

1. Department of Health (2013). *A Framework for Sexual Health Improvement in England.* <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf> [↑](#footnote-ref-1)
2. Public Health England (2014 revised 2015). Making it Work: A Guide to Whole System Commissioning for sexual health, reproductive health and HIV. <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf> [↑](#footnote-ref-2)
3. <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf> [↑](#footnote-ref-3)
4. 6 Department of Health, Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under16 on contraception, sexual and reproductive health (DH, 2004). [↑](#footnote-ref-4)