

London Sexual Health Transformation Project

1. What are the objectives and expected outcomes of your proposal? Why is it needed? Make sure you highlight any proposed changes.

The proposal is to develop a networked system of Sexual Health services on both a Pan London and sub-regional basis.

An integral component of this networked system will be a Pan London Sexual Health On-Line portal. The 'Front Door' into services will be through a web-based single platform; providing patients with information about sexual health, on-line triage, signposting to the most appropriate service for their needs and the ability to order self-sampling tests. A single database will be developed with the highest levels of confidentiality and security, enabling greater understanding of the patient flows with a focus on prevention and specialist services for those most in need

The Pan-London Online Portal will incorporate the following elements:

- Triage and Information ("Front of House");
- Self-Testing/Self Sampling;
- Partner Notification; and
- Signposting/ Patient Direction and where possible Appointments (Booking system) (dependent on ability to interface with existing clinic systems).

In Brent, there is an expectation that clinical provision will offer patients (particularly those from vulnerable and high risk groups) the opportunity to triage and self-sample on site, in addition all services will be required to ensure that results are available electronically to patients within 72 hours. Patients who are diagnosed with a Sexually Transmitted Infection (STI) will be offered an appointment within 48 working hours or will be fast tracked if they present to a walk in service. Improved systems for notifying contacts of patients (known as partner notification) with an STI will ensure that resources are targeted at the highest need groups.

Centralisation of partner notification data along with the use of a single patient identifier system/technology to ascertain attendance at clinic of those notified of infection would support the programmes objectives of reducing the rates of re-infection and repeat attendance.

The primary aim of this system will be to ensure that high volume, low risk and predominantly asymptomatic activity is controlled and managed where appropriate outside of higher cost clinic environments. By shifting testing of asymptomatic patients away from costly clinical environments through this model, it is estimated that considerable savings will be released.

Locally, the vision is to develop and coordinate an integrated system of sexual health provision linked to a network of pan London and regional services. A lead provider model will be developed to coordinate and manage all elements of the system including clinical services and, where appropriate, primary care and third sector services. The whole system will be designed to ensure that evidence based practice drives changes, and resources will be focused on groups with the highest risk. It is important that the new system is flexible and responsive to changes in demography and local need.

Brent Council has overall responsibility for the commissioning of sexual health services in Brent, as part of the interagency agreement Harrow and Barnet Joint Public Health Services

(HBJPHS) will lead on the sub regional procurement for Outer North West London (which includes Brent). At the time of writing the precise arrangements for the contract management, monitoring of performance and financial governance are in the process of being formally agreed.

2. Who is affected by the proposal? Consider residents, staff and external stakeholders

The proposals relate to a commissioned service and as such will not affect Brent staff directly.

The proposals will affect Brent residents using sexual health services

The following service providers who are commissioned by Brent Council Public Health to provide sexual health services to the residents of Brent will be directly affected:

- London North West Healthcare NHS Trust
- Central North West London NHS Foundation Trust
- Terrence Higgins Trust
- GP Practices and Community Pharmacies
- Other services across London as part of the London Sexual Health Transformation Project.

3.1 Could the proposal impact on people in different ways because of their equality characteristics?

The proposal potentially impacts on the protected characteristics in relation to the following groups;

- Gender reassignment
- Race
- Sexual orientation
- Age
- Marriage and Civil Partnership
- Disability
- Pregnancy and maternity
- sex

3.2 Could the proposal have a disproportionate impact on some equality groups?

Yes the following groups may be disproportionately affected because of their greater sexual health needs;

- young people age 16-25;
- men who have sex with men
- Black Africans, Black Caribbean and Black British ethnic groups.

3.3 Would the proposal change or remove services used by vulnerable groups of people?

The proposal would not remove services used by vulnerable groups of people. It would however change the way in which services are delivered. The change in service delivery should have some positive impacts as it would improve service flexibility. As outlined in question 1 above, these changes follow the recommendations of the London Sexual Health Services Transformation Project which has undertaken a needs assessment, analysis of the patient flow data, interviews with commissioning and public health leads in each Council involved, a review of the legal and policy environment and some exploration of the possible alternatives to the traditional service models. From this work, it is clear that there is a strong case for change.

This change could also have some negative impacts on service users who are not computer literate or do not have ready access to the internet, as well as some patients who may find it difficult to access or to use self sampling kit without support. However, any negative impact would be mitigated by offering them accessible appointments to see a clinical specialist.

3.4 Does the proposal relate to an area with known inequalities?

The proposal aims to ensure that high volume, low risk and predominantly asymptomatic activity is controlled and managed, where appropriate, outside of the higher cost clinic environments. By shifting the testing of asymptomatic patients away from clinical environments considerable savings could be made.

The evidence review and discussions with providers suggests that anything from 15% to 30% of activity could be redirected to lower cost service options in a staged manner. The results of the waiting room survey undertaken as part of the London Sexual Health Transformation Programme (LSHTP) indicated that up to 50% of attendees do not have symptoms. Brent Council like many local authorities is facing unprecedented challenges in having to provide an increasing demand for services set against a backdrop of reducing resources.

In 2015/16 Brent Council Public Health was required to find in year savings of at least 6.2% on the public health grant and it is likely that there will be further on-going reductions for allocations in future years when the findings of the Comprehensive Spending Review are formally announced.

A key issue to consider is that Genitourinary Medicine (GUM) services are open access with activity based contracts. This means that while many Brent residents access services through the local provider, London North West Healthcare NHS Trust many others may access services anywhere in London particularly Central London (and nationally) without referral. The Council is liable for the full cost of this activity, and without change the current approach will become unsustainable.

3.5 Is the proposal likely to be sensitive or important for some people because of their equality characteristics?

Yes – Evidence shows that there are specific groups and protected characteristics that have a higher risk of poor sexual health this includes young people age 16-25; men who have sex with men and Black Africans, Black Caribbean and Black British ethnic groups.

3.6 Does the proposal relate to one of Brent's equality objectives?

Yes – “ensure that our commitment to equality and diversity is integrated into procurement and commissioning processes”.

4. Recommend this EA for full analysis

Yes