

Sexual and Reproductive Health Services in GP practices

Update from Public Health for Health in Hackney Scrutiny Committee - 4 November 2019

Background

Sexual and reproductive health is a broad term covering multiple and often interlinking topics (see Appendix A). The World Health Organisation has identified eight overarching themes:

- Antenatal, intrapartum and postnatal care
- Comprehensive education and information
- Contraception counselling and provision
- Gender-based violence prevention, support and care
- Fertility care
- Prevention and control of HIV and other sexually transmissible infections (STIs)
- Safe abortion care
- Sexual function and psychosexual counselling

The provision of sexual and reproductive health is complex and falls under the responsibilities of local authorities, Clinical Commissioning Groups (CCGs) and NHS England (NHSE).

Local authorities must, by law ([Health and Social Care Act 2012](#)), provide open-access sexual health services for everyone in their area, to control and prevent outbreaks of sexually-transmitted infections and reduce unwanted pregnancies. They are responsible for commissioning:

- Comprehensive sexual health services, including most contraceptive services (excluding GP additionally-provided contraception under the General Medical Service (GMS) contract)
- STI testing and treatment (including HIV testing but not treatment)
- Specialist services, including young people's sexual health, HIV prevention and sexual health promotion

Sexual and reproductive health services in Hackney

Hackney Council is part of the London Sexual Health programme, which is a partnership of 29 London local authorities. Through this programme, a new commissioning model has been implemented, transforming the way sexual health services are provided in London. In addition to integrated (covering both sexual and reproductive health services) local clinics, residents from most London local authorities are now able to access an online service called [Sexual Health London](#) (SHL) to order test kits for STI and HIV testing. In 2018/19, over 8,500 Hackney residents were registered on SHL and 99% rated the service as 3+ stars (out of 5). London wide figures have also shown that around 20% of SHL users had never visited a sexual health clinic, which indicates SHL is increasing access and take-up of STI testing.

In addition to SHL, Hackney Council commissions the following sexual and reproductive health services:

- [Homerton Sexual Health Services](#) – providing open access integrated sexual and reproductive health services. There are three clinics based within Hackney.
- [Condom Distribution Scheme](#) (provider: [Brook](#)) – provides sexual health information and free condoms to targets groups (such as under 25 year olds).
- HIV prevention and support services (providers: [Positive East](#); [Body and Soul](#)) – supporting people, and their families who are affected by HIV
- Sexual and reproductive health provision in GP practices (see below)
- Community pharmacy sexual and reproductive health provision – provides access to advice, free condoms, emergency hormonal contraception and chlamydia screening.
- [Sex workers support](#) (provider: [Open Doors](#)) – provides clinical and non-clinical case management and outreach service for sex workers.
- [City and Hackney Young People’s Services Plus](#) (provider: Homerton), known as CHYPS Plus – providing clinical health and wellbeing services to young people, including one-to-one sexual and reproductive services
- [Young Hackney Health and Wellbeing Service](#) (provider: London Borough of Hackney) – providing Personal, Social and Health Education (PSHE) drop-ins sessions in schools, youth hubs and other settings. They cover a range of health and wellbeing issues, including those related to sexual and reproductive health.

Sexual and reproductive health services in GP practices

When statutory sexual health functions transferred to local authorities in 2013¹, Hackney Council inherited individual contracts with GP practices, which included sexual and reproductive health services. Although some GP practices were committed to providing a range of services, activity has remained stagnant and, in some cases, had decreased. T

he rate of GP prescribed long-acting reversible contraception (LARC) has been in decline over the past five years and is significantly lower than both the national and London rates. This contrasts with total LARC prescribed rate (combining GP and Sexual and Reproductive Health LARC activity) which has increased and is higher than the London rate, but still lower than the England rate. This indicates a need to improve availability of LARC within GP practices, to enable better and consistent access for residents across Hackney.

Since April 2019, Hackney Council has commissioned the City and Hackney GP Confederation to implement and manage sexual and reproductive health services delivered by City and Hackney GP practices. This arrangement replaces the need for individual contracts with GP practices and enables a more coordinated approach to manage activity.

¹ <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

The vision for this provision is to:

“complement the existing integrated sexual health services in the City of London and Hackney by offering confidential, non-judgemental and accessible sexual and reproductive health services within local GP practices, to help increase long acting reversible contraception (LARC) uptake and improve service health outcomes”

The service objectives are to:

- Ensure sexual and reproductive health services are accessible to City and Hackney GP patients, particularly for those who are at a higher risk of unplanned pregnancies and poorer sexual health outcomes,
- Provide a LARC service that is widely promoted and easily accessible, providing convenient and timely appointments to encourage take-up,
- Provides services for the prevention, detection and management of STIs,
- Provide Chlamydia screening in line with the National Chlamydia Screening Programme.

The service contributes to the following outcomes:

- improved patients’ knowledge of sexual and reproductive health,
- increase the availability of local sexual and reproductive health services in City and Hackney,
- increase the uptake of LARC,
- increase the uptake of HIV testing,
- increase the proportion of young people screened for Chlamydia,
- reduce the prevalence of STIs in City and Hackney,
- reduce the number of unplanned pregnancies.

Links to Corporate Priorities

This GP-led sexual and reproductive health provision fits the Mayor of Hackney’s priorities of:

- ***‘a campaigning Council that speaks up for Hackney and actively intervenes to protect and promote the well-being of the borough and its citizens’*** and
- ***‘connecting with Hackney’s communities; a visible engaging, and listening Council, working in partnership with local people to shape services, and promoting community cohesion’***.

It also fits within the Council’s Community Strategy theme of ***‘a borough with healthy, active and independent residents’***.

Concerns highlighted by the LMC

In responding to a request from the Health in Hackney Scrutiny Committee for work programme items, City and Hackney Local Medical Committee (LMC) have raised concerns regarding this GP Sexual Health Services contract for non-GMS services, as follows:

“In the context of City & Hackney’s highly transient and diverse population, the expectations of the contract appear unrealistic. There is a feeling that the contract is underfunded for the large amount of work required and that the Key Performance Indicators (KPIs) are set too high.”

Specific KPIs and other issues causing concern to the LMC were listed and these will be addressed individually:

LMC concern: “75% of all new registrants must accept an HIV test”;

KPI: % of newly registered patients, aged between 15-59 years, offered and accept an HIV test within three months of their registration (target – offered 95%, accepted: 75%)

The rationale behind this KPI is in line with [NICE Quality Standard \(QS157\) HIV testing: encouraging uptake](#), which recommends that young people and adults in areas of high and extremely high HIV prevalence are offered an HIV test by their GP practice when registering. In addition, as there is still a stigma associated with HIV, the provision of universal testing for newly registered patients could help to address this stigma and normalise HIV testing as part of improving a person’s sexual health and wellbeing.

LMC concern: “95% of all women 16-49yrs must be offered Long Acting Reversible Contraception (e.g. coils), and these must be fitted within five days of a request”;

KPI: % of 16 to 49 year old women offered and accepting a LARC method (target – offered 95%, accepted: to be baselined in year 1) & % of patients choosing LARC methods offered an appointment within 5 working days of choice or at next eligible point in cycle (target: 95%)

The rationale behind these KPIs is in line with [NICE Clinical Guidance \(CG30\)](#), which states that the uptake of LARC is low but expert opinion is that such methods may have a wider role in contraception and their increased uptake could help to reduce unintended pregnancies. This guidance also recommends for contraceptive service providers who do not provide LARC within their own practice to have an agreed mechanism in place for referring women for LARC.

LMC concern: “that 95% of all women must be offered STI testing and that 90% of positive STI test results must be notified to patients within 10 days of the test date”;

KPI: % of all STI results notified to the patients within 10 working days from the test date (target 90%)

There is no target for ‘95% of all women being offered STI testing’, although increasing the availability of testing for STIs is to be encouraged and there is a KPI to measure the percentage of 15 to 59 year old patients who are offered and accept a STI test. This is in line with [NICE Quality Standard \(QS178\) Sexual Health](#), which highlights the need to discuss prevention and testing for people who are at risk of STIs.

With regards to the KPI on notifying patients of their results, it is accepted that timely diagnosis and reporting of results can help prevent patients passing on STIs. The equivalent KPI for Homerton Sexual Services is that 80% of positive test results must be notified to patients within 2 days and 95% within 5 days.

LMC concern: “that moves to online requesting for self-tests may prejudice opportunities for individual counselling of patients potentially at risk (e.g. sexual assault, safeguarding and relationship issues)”;

The online service has been set up to reduce unnecessary clinic or primary care attendances by focusing on asymptomatic patients requiring testing only. Should a person have symptoms or another reason for attending a clinical appointment, this is the correct pathway to follow. In terms of sexual assault or potential exploitation, the online system includes various triggers to identify potential safeguarding issues, with call back from the clinical team as appropriate (see [SHL FAQ](#)).

LMC concern: “that responsibility for contact tracing is delegated to GPs via an app”;

A consistent contact tracing or partner notification system is an essential element of any sexual health service, reducing transmission, and new diagnoses, of STIs. Such procedures should be in place to provide support to contact, test and treat partners of patients diagnosed with an STI, with support being tailored to meet the patient’s needs. The SXT tool (<https://sxt.org.uk/pn/about>) is designed to support primary care in fulfilling this element of their contract service specification but is not the only possible approach. Partner notification should be carried out when a patient is informed of their positive diagnosis, preferably in a face to face consultation. If there are issues with the online tools or other notification system, these should be discussed with commissioners.

LMC concern: “the time required for effective Sexual Health consultations is not available in General Practice. Typically, in secondary care and community clinics, patients have 20-30 minute appointments for consultation, testing, and counselling patients.”

Whilst recognising that pressures within health services are a real issue, it is important to note that general practices are not being asked to undertake the same role as that fulfilled within a specialist sexual and reproductive health clinic, where there is a broader range of sexual health services available.

LMC concern: “It is also unclear how the GP SH service contract is planned to fit in the wider provision of SH services across the Borough. The degree of shift of SH from secondary care and community services onto GPs is unclear. We do not know if this SH contract is intended to permit closure or downgrading of existing SH services and clinics provided elsewhere.”

The service delivered by GP practices complements the existing integrated sexual and reproductive health services, as highlighted in the Background section of this report. As part of the contract, the GP Confederation is required to participate in the City and Hackney Sexual Health forum meetings, which are facilitated by Homerton Sexual Health Services.

As is the case for any topic or diagnosis-based pathway, each element of the system is important, as is the need for each element of the system to understand its role, those of other parts of the system and how and when patients move through the pathway. It is equally important for patients to be informed about how to access appropriate services.

There have been no closures of sexual health clinics in Hackney and none are planned. The contract with Homerton covers a five-year period (plus the option of extensions thereafter).

LMC concern: “LMC would welcome some enquiry as to the overview of SH service provision envisaged, and whether the budget allocations, contract demands and KPI requirements are appropriate for the demands of the contract on GPs.”

As part of the contract with the GP Confederation, regular monitoring of activity and financial expenditure is required. During the implementation phase, the GP Confederation has been engaging with GP practices and at date 37 GP practices have signed up to deliver one or more of the key sexual and reproductive services. A training needs audit is currently being conducted and the condom distribution scheme is being phased into the 29 practices that have signed up to provide this service, via a co-designed workshop with Brook.

One of the key objectives of this contract is to improve LARC activity and the tariffs for the fitting of coils and implant have been increased. Data for Quarter 1 19/20 has already shown an increase in LARC activity when compared to the same period in 18/19. The City and Hackney Public Health Team will continue to monitor activity and spend through routine contract monitoring procedures and the KPIs will be reviewed after year one of the contract.

Appendix A

Framework for operationalising sexual health and its linkages to reproductive health



Source: ([World Health Organisation, 2017, p5](#))