

## **DRAFT Service specification: *Web based STI and HIV home sampling, postal emergency hormonal contraception and condom service***

### **1. National and local context**

Sexual health is an important area of public health. Most of the adult population in England are sexually active and access to good quality sexual health services improves the health and wellbeing of both individuals and populations. The Government has set out its ambitions for improving sexual health in its publication, *A Framework for Sexual Health Improvement in England*<sup>1</sup>. Sexual ill-health is not equally distributed within the population. Some groups are at higher risk of poor sexual health and may face stigma and discrimination, which can influence their ability to access services.

East Sussex has a number of coastal and market towns and a large rural area. The effectiveness of providing multiple, small face to face specialist sexual health services across the county is limited when compared to the offer provided by primary care and online services.

East Sussex has an established sexual health system provided by a wide range of partners and organisations. The Specialist Sexual Health Service, commissioned by East Sussex County Council (“ESCC”) includes a Consultant led Genito Urinary Medicine (“GUM”), HIV treatment and care, and specialist contraceptive service delivered by East Sussex NHS Healthcare Trust from two sexual health hubs based in Eastbourne and Hastings. Many GPs and community pharmacies also provide contraception services across the county. Long Acting Reversible Contraception is provided by most GPs and an assertive outreach service works with health and social care system partners to support the sexual health of vulnerable families and individuals.

Home sampling for STIs and HIV has been provided for several years in East Sussex. Like all services, sexual health services have had to adapt during the COVID-19 pandemic. This included increased use of web based sexual health and contraception services. The use of web based and postal services has been widely accepted locally by residents.

A single contractor (the ‘provider’) will be appointed to provide the following to all residents of East Sussex following a clear inclusion and exclusion criteria protocol, in partnership with the Specialist Sexual Health Service:

- An online and easy to use sexual health assessment and triage into face-to-face services where inclusion criteria dictates
- STI and HIV home sampling service using discreet packaging for postal provision
- STI and HIV home sampling kits to be issued by partner services (e.g. youth services and substance mis-use services)
- Treatment for simple asymptomatic chlamydia
- Remote video assessment by local clinician of suspected genitally located warts and herpes simplex
- Postal home treatment of simple recurrent warts and herpes simplex where deemed appropriate by clinical team
- Condom provision branded for the East Sussex ‘C-Card’ scheme for under 25s, which gives access to a ‘C-Card’ or q code to allow face to face pick up of condoms at East Sussex pharmacies, GPs, and youth services.
- Condom provision for those who have accessed services for STI testing (any age)
- Anonymous partner notification for those found to be carrying a sexually transmitted infection and HIV
- Emergency hormonal contraception (EHC) levonelle and ulipristal acetate
- Quick start contraceptive bridging offer of up to three months (only). Offer of three months’ supply of progesterone only pill (POP) or combined oral contraceptive pill for those accessing EHC with a referral to GP

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<sup>1</sup> Department of Health (2013). *A Framework for Sexual Health Improvement in England*. (<http://www.dh.gov.uk/health/2013/03/sex-health-framework/>)

- Information and signposting to services that provide other forms of contraception including Long Acting Reversible Contraception.

It is recognised that the provider will need to work collaboratively across several organisations responsible for both commissioning and delivery of different elements of the sexual health and HIV clinical and non-clinical information and self-help pathway.

Changes to the service specification will be negotiated with the commissioner who will facilitate the working relationship between the provider, Specialist Sexual Health Service and other local partners.

Additional elements of service not covered in this specification will not be added without commissioner (ESCC) agreement.

## East Sussex data

Published in the sexual health fingertips [Sexual and Reproductive Health Profiles - PHE](#)

Indicator	Period	East Sussex		Region England			England		Best/Highest
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	
Syphilis diagnostic rate / 100,000	2020	→	31	5.5	8.5	12.2	147.9		0.0
Gonorrhoea diagnostic rate / 100,000	2020	↑	283	51	54	101	1,024		10
Chlamydia detection rate / 100,000 aged 15 to 24	2020	→	583	1,085	1222	1408	548		3,408
<1900 1900 to <2300 ≥2300									
Chlamydia proportion aged 15 to 24 screened	2020	→	8,733	16.3%	12.5%	14.3%	4.1%		36.5%
New STI diagnoses (exc chlamydia aged <25) / 100,000	2020	→	1,433	442	461	619	3,547		247
HIV testing coverage, total (%)	2020	→	2,680	40.2%	47.3%	46.0%	12.0%		85.8%
HIV late diagnosis (all CD4 less than 350) (%)	2018 - 20	→	16	42.1%	48.0%	42.4%	72.7%		16.7%
<25% 25% to 50% ≥50%									
New HIV diagnosis rate per 100,000 aged 15 years and over	2020	↓	14	3.0	4.6	5.7	27.5		0.0
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2020	→	540	1.89	1.85	2.31	13.09		0.53
<2 2 to 5 ≥5									
Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old) (Female)	2019/20	→	263	10.0%	53.5%	59.2%	0.0%		100%
<80% 80% to 90% ≥90%									
Under 25s repeat abortions (%)	2020	→	144	26.7%	28.7%	29.2%	38.6%		17.9%
Abortions under 10 weeks (%)	2020	↑	1,387	89.9%	89.1%	88.1%	79.9%		93.8%
Total prescribed LARC excluding injections rate / 1,000	2020	→	4,050	47.9	41.9	34.6	5.3		60.9
Under 18s conception rate / 1,000	2019	→	112	13.2	12.7	15.7	37.1		3.9
Under 18s conceptions leading to abortion (%)	2019	→	60	53.6%	58.1%	54.7%	32.5%		91.3%
Violent crime - sexual offences per 1,000 population	2020/21	→	1,192	2.1*	2.3*	2.3*	1.0		4.4

## 2. Key service outcomes

2.1 The provider of the service will support delivery against the following Public Health Outcomes Framework indicators:

- Syphilis diagnostic rate / 100,000
- Gonorrhoea diagnostic rate / 100,000
- Chlamydia diagnostic rate /100,000
  - <24 yrs
  - >24 yrs
- All new STI diagnoses (exc. Chlamydia aged <25) / 100,000
- HIV testing coverage, total (%)
- HIV late diagnosis (%) (PHOF indicator 3.04)
- New HIV diagnosis rate / 100,000 aged 15+
- HIV diagnosed prevalence rate / 1,000 aged 15-59
- HIV late diagnosis/ 1,000 aged 15-59
- Unintended pregnancy rates under 18, under 20 and all ages

2.2 In addition, it will contribute to the delivery of the following outcomes to improve the sexual health in the population as a whole:

### Direct outcomes:

- Improved access to sexual health assessment, STI and HIV sampling and noncomplex chlamydia, recurrent (previously known diagnosis) simple herpes simplex and genitally located wart treatment for those at highest risk of sexual ill health

- Increased uptake of STI and HIV testing
- Reduced number of undiagnosed cases of HIV
- Reduced late diagnoses of HIV
- Increased access to EHC and quick start three-month supply of POP hormonal contraception

#### Indirect outcomes:

- Increased number of those newly diagnosed routinely accessing treatment and care
- Reduced onward transmission of HIV and other STIs
- Reduce unintended pregnancy
- Increased development of evidence-based practice

### 3. Scope

#### 3.1 Aims and objectives of service

The aim of this service is to provide an easy to use, accessible, safe, cost effective, clinically robust STI and HIV home sampling and postal condom, EHC and POP quick start service for sexually active individuals aged 16 years and over. The service will operate at no financial expense to the service user and will run independently from other national STI and HIV home sampling services.

Service objectives include but are not limited to:

- providing a comprehensive online sexual health assessment to identify risk, vulnerabilities, appropriate testing and need for referrals to a different service provider if required
- provision of sampling kits and free home sampling services that allows people to self-sample independently with limited clinical involvement unless considered necessary
- ensure that condoms are offered alongside home sampling kits
- appropriate onward referral for treatment and care following a diagnosis with timely initiation of treatment when clinically indicated<sup>2</sup>
- rapid referral and signposting to services with no cost to the service user at point of and during access, for the prevention, detection, and management (treatment and partner notification) of HIV and other STIs to reduce population prevalence and onward transmission
- provision of online remote assessment and treatment for uncomplicated genitally located warts or recurrent herpes simplex (with previous known positive and 1/2 typed HSV diagnosis)
- provision of online assessed and posted, or community pharmacy collect, EHC and POP quick start services, with signposting to GP's or the Specialist Sexual Health Service for ongoing contraception assessment and provision
- rapid referral for any complex EHC to the local specialist service
- information and signposting to services that provide other forms of contraception including LARC
- the provision of online anonymised partner notifications for all communicable infections which can be followed up by Specialist Sexual Health Service health advising staff
- with agreement of the commissioner, promoting the service and key sexual health awareness messages to the local population, via the use of innovative and appropriate media and marketing techniques tailored to specific audiences, ensuring services are acceptable and accessible to people disproportionately affected by sexual ill-health
- supporting evidence-based practice in sexual health, including participation in audit and service evaluations which may include research.

#### 3.2 Service description/pathway

- The service will be provided exclusively to sexually active individuals aged 16 years and over residing in the localities as specified.
- The service is characterised by the following:

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<sup>2</sup> HIV Standards suggest that people who have a new diagnosis of HIV should be informed of their CD4 count and have the opportunity to discuss management, antiretroviral therapy and opportunistic infection prophylaxis within 2 weeks of this initial assessment (i.e. within 1 month of initial diagnosis) *British HIV Association Standards of Care for People Living with HIV* (2013) <http://www.bhiva.org/standards-of-care-2012.aspx>

## **User interface and access**

- Designing, hosting, and managing a secure and accessible, user-friendly interface that facilitates a comprehensive sexual health assessment, remote STI and HIV home sampling and diagnosis test kit without the need to see a healthcare practitioner that can differentiate requests by origin or promotion activity.
- Signposting service users residing outside of the commissioned localities to alternative sexual health and contraceptive services.
- Providing information in a format designed to inform and support decision making by service users.

## **Kit/EHC/POP order fulfilment**

- Supply to the commissioner, designated services (i.e. substance misuse treatment service, youth services, pharmacies) and STI and HIV home sampling kits containing: in-date fully licensed sampling consumables; easy-to-read sampling instructions; sexual health promotion messaging and service information leaflets; branded microbiology form; prepaid postage return envelope.
- Supply STI and HIV home sampling kit orders (where agreed with the commissioner that this is required) free of charge to the service user testing or services as indicated by the commissioner.
- Collation of adequate service user information, in line with the National Guideline for consultations requiring sexual history, to facilitate remote STI and HIV home sampling, pathology, positive and negative results notification, recall, repeat testing and partner notification.
- Supply of EHC and POP with local pick up at pharmacies: in-date fully licensed consumables; easy-to-read sampling instructions; sexual health promotion messaging and service information leaflets

## **Pathology**

- Screening of returned sample(s) for STI and HIV using a validated NICE gold standard testing technique.

Tests required as part of the STI and HIV full home sampling screen are

- Chlamydia (NAAT)
- Gonorrhoea (NAAT)
- Syphilis (EIA AB/ TPHA)
- HIV (4<sup>th</sup> or 5<sup>th</sup> gen. 1 and 2 AB and p24 antigen)
- Hepatitis B (where indicated)
- Hepatitis C (where indicated)
- Trichomonis vaginalis (following direction of GUM consultant)
- Micoplasma genitalum(following direction of GUM consultant)
- Confirmation of negative and reactive results for infection.

## **Results management**

- Return of service user results to the contracted clinically competent supplier and service user, through agreed methods of communication, in an appropriate manner.
- Provision of non-reactive results via text, email or phone call (depending on service users' preference) with signposting to appropriate local sexual health services at a location of the service user's choice.
- Provision of reactive results (with health promotion advice and referral pathways) to the Specialist Sexual Health Service health advising team who will provide provisional results to the service user and arrange confirmatory testing treatment and ongoing management.
- Standard operating procedures for issues that may arise when informing service users of their results including (but not limited to) child and adult protection and safeguarding, A&E and sexual assault services.
- Online anonymised partner notification for all communicable infections which can be followed up by local Specialist Sexual Health Service health advising staff.

## Management information

- Provision of information and data in accordance with requirements for contract monitoring, invoicing and evaluation of the service.
- Provision of monthly management information at lower-tier local authority level to associate local authorities, to include:
  - Running total of purchased kits stock against used kits
  - Running total of EHC and POP provided
  - Service user demography, age, gender, sexual orientation, and ethnicity
  - Referral/ signposting source
  - Number of STI and HIV samples returned and processed
  - Number of nonreactive samples
  - Number of equivocal samples
  - Number of reactive samples
  - Number of spoilt samples (please state reason)
  - Number of referrals of service users with reactive results or complexity to the Specialist Sexual Health Service
  - Percentage of reactive or complex service users attending Specialist Sexual Health Service, as confirmed by that service
  - Number remote diagnosis and treatment

The service will be delivered in accordance with the quality outcomes indicators stipulated in this specification.

### 3.3 Population Covered

The service will be targeted at all service users aged 16 and over living in East Sussex.

The service will operate at no direct charge to the service user and will run independently from all other STI and HIV home sampling, and EHC/POP remote services with agreed partnership arrangements with the current Specialist Sexual Health Service provider. All service users must reside within the geographical locality stipulated by ESCC.

### 3.4 Dependencies and interdependencies

The provider shall ensure that service users receive consistent and continuous care through the establishment of data and clear care pathways. As depicted in Appendix A, links and pathways will be clearly defined between the ranges of provision within the service. Data and information needs to flow rapidly and seamlessly between the user interface, order fulfilment, pathology services and the results advisory function.

The service will need to interface with Specialist Sexual Health Service, as well as locally driven campaigns and activities.

### 3.5 Communication and engagement

The provider must lead on the marketing, co-ordination, development and implementation of the remote service for sexually active individuals aged 16 years and over. This should include effective search engine optimization to ensure residents can find the service easily online.

The commissioner will promote the service via the following website [www.eastsussexsexualhealth.co.uk](http://www.eastsussexsexualhealth.co.uk) and through local health and care system communications.

The provider is expected to actively participate in local, regional and national networks, relevant trials and training, as well as research and audit programmes where applicable.

### 3.5 Relevant organisations and anticipated usage

The Specialist Sexual Health Service, commissioned by ESCC includes a Consultant led GUM, HIV treatment and care, and specialist contraceptive service delivered by East Sussex NHS Healthcare Trust.

Activity (actual March 2021- April 2022)	
Kit requests	15,621
Kit returns (reported mid month so not full report)	11,295
Condom requests (Estimated. 1/3 sti requests request condoms)	5,500
EHC remote requests	646 (UPA 90%)

	LEV 10% of px)
POP remote requests	151

### 3.6 Acceptance and exclusion criteria and thresholds

Service user exclusion criteria triggering alert to the Specialist Sexual Health Service for follow up include:

- those under the age of 16 years
- those with clear safeguarding/vulnerability or complexity concerns
- those without a valid postcode of residence within the relevant commissioning body area
- those unwilling to provide at least one means of contact for their results
- those contained in the agreed inclusion/exclusion criteria (see Appendix A)

These criteria also apply to stock management of STI and HIV home sampling kits for provision to providers as indicated by the commissioner.

### 3.7 Activity planning assumptions

Service planning and improvement should always include service users commissioners, local service provider and public engagement.

## 4. Applicable service standards

### 4.1 The service is to be underpinned by the following national standards and guidelines:

- [Towards Zero: the HIV Action Plan for England - 2022 to 2025 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/towards-zero-the-hiv-action-plan-for-england-2022-to-2025)
- [Standards for the Management of STIs | British Association for Sexual Health and HIV \(bashh.org\)](https://www.bashh.org/standards-for-the-management-of-stis) April 2019
- [BHIVA/BASHH/BIA Adult HIV Testing guidelines 2020](https://www.fsrh.org/standards-for-sexual-and-reproductive-healthcare)
- [FSRH Service Standards for Sexual and Reproductive Healthcare - September 2016 - Faculty of Sexual and Reproductive Healthcare](https://www.fsrh.org/service-standards-for-sexual-and-reproductive-healthcare)
- [Research Governance Framework for Health and Social Care \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/publications/research-governance-framework-for-health-and-social-care)
- Government Service Design Manual: Digital By Default Service Standard [Welcome to the updated Service Standard - Government Digital Service \(blog.gov.uk\)](https://blog.gov.uk/welcome-to-the-updated-service-standard)
- [NHS England » About NHS England Safeguarding](https://www.nhs.uk/about-nhs-england-safeguarding)
- **Sexual health strategy for England and Wales** due to be published summer 2022

Relevant UK clinical guidance covering the specialities of Sexual & Reproductive Healthcare and Genitourinary Medicine can be found at [www.fsrh.org](https://www.fsrh.org) and [www.bashh.org](https://www.bashh.org) The provider must ensure services reflect updates in legislation, guidance and recommendations as and when produced.

### 4.2 User interface of the service

The service user interface must be fit for purpose and include the following requirements:

- Be able to process high volumes of requests simultaneously, 24 hours a day
- Always comply with security standards and should be registered with the Information Commissioners' Office (ICO)
- Be accessible to all users including those with visual impairments, learning difficulties and those with a preference for information in languages other than English
- Must assure and inform service users of their privacy and confidentiality
- For the provider and/or relevant parties under this contract to be certified members of The Information Standard, NHS England

### 4.3 Remote self-sampling consumables and Pathology

- Licensed diagnostic assay suitable for self-sampling without the need for healthcare practitioner supervision
- Confirmation of negative and reactive results for infection
- External quality assurance (NEQAS) recent data
- The pathology provider must have 24-hour capacity to perform high volume (at least 50 000 tests per year) pathology on specimens
- The pathology provider must be appropriately accredited with a nationally agreed accreditation scheme such as Clinical Pathology Accreditation (UK) Ltd/ UK accreditation

service (UKAS)

- The pathology provider needs to be registered under the Health and Social Care Act (“HSCA”) with the Care Quality Commission (“CQC”) and adhere to its incidence reporting policy

#### **4.4. Results management including clinical advice**

Where the provider is responsible for sample transport services, the triage and medical advice provided remotely also needs to be registered under the HSCA with the CQC and adhere to its incident reporting policy.

All EHC and POP advice is expected to be managed by the provider. Unless the service user triggers the exclusion criteria.

The local Specialist Sexual Health Service will be alerted through a daily report from the provider of all cases that meet the exclusion criteria and require intervention from the local specialist service.

#### **4.5 Service availability**

The advisory function of the service should be accessible to service users (patients) during working hours (9am-5pm) Monday to Friday.

Coordination and management functions of the service should be delivered, as a minimum, during business operating hours 9am-5pm Monday to Friday.

Access to ordering must be continuous with no breaks. Orders must be fulfilled within 24 hrs.

#### **4.6 Applicable local standards**

ESCC will require the provider to operate in accordance with ESCC’s local standards.

#### **4.7 Data requirements**

Provision of data within the service should flow securely in accordance with the Information Governance and Data Protection/Security outlined in the contract.

The provider will ensure data (including service user demography and diagnoses) is provided to ESCC in accordance with this specification for contract monitoring and evaluative purposes.

#### **4.8 Multiple orders from the same service user**

The provider must flag to the Specialist Sexual Health Service provider when a service user who is not expected to test four times a year (MSM...etc, see process charts (Appendix A)) has accessed the service four or more times in a 12-month period and /or has requested EHC more than four times a year. Where this is the case, the Specialist Sexual Health Service is required to intervene and contact the service user, not in order to prevent them using the service, but to facilitate a 1:1 consultation for a service user who appears to be at a very high risk of infection and referral to health advisers at East Sussex specialist sexual health services for risk reduction discussion. This requirement must be made clear within product insert information.

### **5. Location of provider premises**

The location of the provider’s premises (including the location of premises at which any subcontracted components of the Service are provided) is not critical to this contract. It is however essential that regardless of such locations, the service is delivered entirely in accordance with this specification.

### **6. Quality Outcomes Indicators**

To secure maximum effectiveness from the framework in terms of delivering against its overarching objectives, the provider’s performance will be monitored against relevant quality outcomes indicators. The following table sets out various such indicators, based on national standards and guidance. Reporting against these indicators will be as per the requirements of paragraph 9 of this specification.

Quality outcomes indicator	Threshold	Technical guidance reference	Method of measurement	Consequence of breach
<b>Clinical Management</b>				
Total number of STI/HIV self-sampling kits to be distributed to service users per annum	12,264	N/A	Contract monitoring Online report	Remedial action plan
Total number of EHC	1132	N/A	Contract monitoring Online report	Remedial action plan
Total number of POP	150	N/A	Contract monitoring Online report	Remedial action plan
Total number of condoms supplied	6000	N/A	Contract monitoring Online report	Remedial action plan
Monitor service user demographics. Including; age, orientation, gender, ethnicity, and all minimum protected characteristic datasets.	100%	N/A	Contract monitoring Online report	Remedial action plan
Percentage of kits packaged and posted to service user within 2 working days of request.	100%	N/A	Contract monitoring Online report	Remedial action plan
	<95%	N/A		Remedial action plan
Percentage of specimens to be returned to the laboratory by service user for processing within 30 days of receipt	>60%	N/A	Contract monitoring Online report	Remedial action plan
Percentage and number of specimens that could not be processed by the laboratory due to sampling error	<5%	N/A	Contract monitoring Online report	Remedial action plan
Percentage and number of all specimens per annum with a reactive result (state infection) and site of testing	Baseline measure in year one	N/A	Contract monitoring Online report	Remedial action plan
Percentage and number of all specimens per annum with a nonreactive result and site of testing	Baseline measure in year one	N/A	Contract monitoring Online report	Remedial action plan

Quality outcomes indicator	Threshold	Technical guidance reference	Method of measurement	Consequence of breach
Percentage and number of all specimens per annum with an equivocal result and site of testing	<0.19%	N/A	Contract monitoring Online report	Remedial action plan
Percentage of service users receiving sexual health promotion messaging and signposting where to access information for other sexual health services	100%	N/A	Clinical Audit	Remedial action plan
Percentage of non-reactive results communicated to service user through their preferred method of contact within 3 working days of receiving sample	100%		Audit and feedback from Service User	Remedial Action Plan
Percentage and number of service users referred to specialist services and reasons why	100%	N/A	Audit and feedback from Service Users	Financial penalties
Percentage of reactive results communicated to service users within 5 working days of receiving sample.	100%	N/A	Contract monitoring	Financial penalties
Percentage and number of reactive service users with confirmed attendance at chosen sexual health service in less than 10 working days from being informed	>90% clinician confirmed	N/A	Audit	Remedial action plan
Percentage and number of those service users who have tested on two or more occasions within a 12-month period whom the Service Provider has contacted to facilitate a 1:1 consultation.	100%	N/A	Contract monitoring Audit	Remedial action plan
Number of service users testing positive for chlamydia who opt for simple chlamydia treatment pick up at pharmacy	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan

Quality outcomes indicator	Threshold	Technical guidance reference	Method of measurement	Consequence of breach
Number of positive service users who use the online anonymised partner notification service (infection and number using per diagnosis)	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan
Number of users remote diagnosed with genitally located HPV (warts) and treatment given (remote postal or referred through to local provider)	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan
Number of users remote diagnosed with genitally located HPV (warts) and treatment given (remote postal or referred through to local provider)	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan
Number of EHC ordered	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan
Number of EHC referred to specialist services	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan
Number of EHC breaching 48 hr receipt	0	N/A	Online report Contract monitoring	Remedial action plan
Number of EHC also accessing POP	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan
Number of POP referred to specialist services	Baseline measure	N/A	Online report Contract monitoring	Remedial action plan
Number of POP breaching receipt in 48 hrs	0	N/A	Online report Contract monitoring	Remedial action plan

Quality outcomes indicator	Threshold	Technical guidance reference	Method of measurement	Consequence of breach
<b>Improving Productivity</b>				
Percentage of staff delivering services who have successfully completed nationally accredited training, according to their scope of practice, and fulfilled relevant update requirements	100%	BASHH Standard 2	Audit	Remedial action plan
<b>Service User Experience</b>				
Evidence of at least one user experience survey annually	100%	Local requirement	Annual Report	Remedial action plan
Percentage of Service user feedback on surveys that rates satisfaction as good or excellent (see paragraph 10 of this specification)	>70%	Local requirement	Annual report	Remedial action plan
Evidence of improvements made to service because of user feedback	Demonstrable evidence of improvements and changes made to service delivery in response to feedback	BASHH Standard 9	Annual report	Remedial action plan
Where service users state they have heard about the service from	100%	Local requirement	Online report Contract monitoring	Remedial action plan
Service users self-reporting carrying out sex work	baseline	Local requirement	Online report Contract monitoring	Remedial action plan
Number of service users making formal complaints about the service (verbal or written)	Contractor to notify Authority in accordance with <i>ESCC serious incident reporting policy</i>	BASHH Standard 9	Annual report	Remedial action plan
Number of service users complimenting the service	>70%	BASHH Standard 9	Annual report	Remedial action plan

Quality outcomes indicator	Threshold	Technical guidance reference	Method of measurement	Consequence of breach
<b>Reducing Inequalities</b>				
Contractor to demonstrate that all functions and policies are equality impact assessed	Agreed programme to achieve compliance	Locally determined	For local determination	Remedial action plan

## **7. Safeguarding policies**

In dealing with service users under the age of 16, the provider must ensure that they adhere to the [FSRH/BASHH Standards for Online and Remote Providers of Sexual and Reproductive Health Services - January 2019 - Faculty of Sexual and Reproductive Healthcare](#). In the event it is discovered a service user is under the age of 16, practitioners also need to be aware of the specific responsibilities that they have for young people aged 13-15 and for those under the age of 13.

The provider will ensure all staff are aware of and trained to a level appropriate to their role and abide by guidance and legislation on safeguarding (children and adults). All safeguarding alerts will be immediately referred to the health advising team the Specialist Sexual Health Service for contact, follow up and advice.

## **8. Incidents Requiring Reporting Procedure**

The provider will be required to produce a six-monthly summary report providing full details of all complaints and how they were resolved. The provider will have awareness of, and will respond to, infectious diseases, outbreaks and other threats to health. A clinical governance report will be submitted to UK Health Security Agency on an annual basis and full details of any Serious Untoward Incidents (SUIs) will be communicated to the commissioner without delay.

## **9. Information Provision and Contract Monitoring**

On a quarterly basis, the provider will be required to report progress against all the Quality Outcome Indicators detailed under clause 6 above (or as otherwise agreed within the Framework Agreement) to ESCC.

Separately, ad hoc reports may be required by ESCC detailing activity within the areas for which they are each responsible.

Where ESCC has stipulated a maximum level of expenditure or maximum number of test kits to be issued, the provider shall provide a monthly report to ESCC detailing recent and cumulative activity under the framework payment for which ESCC is responsible. Additionally, an alert shall be sent to ESCC when such activity reaches 95% of the specified maximum.

ESCC shall have secure access (controlled by logins and passwords) to an online database so that they may monitor framework usage. Levels of access shall be controlled to limit the data visible (in particular such access shall automatically manage controls required under relevant legislation e.g. as applies to data protection and service user confidentiality).

The provider will meet quarterly with ESCC to review performance, and at least five working days ahead of each such meeting shall send to ESCC a report which includes at least the following information (all performance indicators be provided in an online accessible chart format):

- 1) Where there is an online service provision:
  - Total number of website visitors
  - List of referrers/search engines
- 2) Number of service users being given and returning STI/HIV sampling kits by:
  - Age (Bands)
  - Gender identity including changed gender definition
  - Sexual orientation
  - Ethnicity
  - first four digits of postcode
- 3) Sexual history questions
  - Number and gender of recent sexual partners
  - Self-reported carrying out sex work
  - Number of recent unprotected sexual partners
  - Last time of test
- 4) Number of STI and HIV samples/ EHC and POP processed by the service
- 5) Number of reactive samples

- 6) Number of referrals of service users with reactive results or complexity to sexual health services
- 7) Number of failed samples and reasons
- 8) Percentage of Service users accessing sexual health services as confirmed by the service
- 9) Service user feedback
- 10) Service user survey

The provider will conduct an annual anonymised survey with a sample of service users to assess both service satisfaction and trends in relation to uptake of the service. The survey will assess service user satisfaction with the service ESCC as part of the process of evaluating the service and to inform and reshape this specification and service delivery.

## 11. Prices and costs

Prospective providers are advised that the only costs which ESCC will pay will be the costs per test kit issued, and the costs per returned samples analysed and results managed. No separate payment will be made for any other elements of the service. This includes setting up the necessary infrastructure, creating a website, promotional activity, etc. All costs associated with setting up and providing the entire service, as described in this invitation to tender, must be included within the unit costs tendered.

### Contract value

Test costs vary depending on the service user's decision to take full screen or variants of the testing options costs relating to this are shown in the table below:

#### Kit cost through direct online ordering

Chlamydia and/or gonorrhoea from a single sample site	T1 or T2	£4.25
Chlamydia and/or gonorrhoea from a single sample site and HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Confirmation, Syphilis RPR & Hepatitis B immunity	P1a, T7 or T6	£4.75
Chlamydia and/or gonorrhoea from a single sample site and HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Confirmation, Syphilis RPR & Hepatitis B immunity	T4 or T4/T6	£4.75
Chlamydia and/or gonorrhoea from three sample sites	T2/TT	£4.75
Chlamydia and/or gonorrhoea from three sample sites and HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Confirmation, Syphilis RPR & Hepatitis B immunity*	T4/TT or T4/TT/T6	£4.75
HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Confirmation, Syphilis RPR & Hepatitis B immunity	P1a, T7 or T6	£4.25

#### Kits delivered to providers for dissemination

Chlamydia and/or gonorrhoea from a single sample site	T1 or T2	£4.25
Chlamydia and/or gonorrhoea from a single sample site and HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Confirmation, Syphilis RPR & Hepatitis B immunity	P1a, T7 or T6	£4.75
Chlamydia and/or gonorrhoea from a single sample site and HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Confirmation, Syphilis RPR & Hepatitis B immunity	T4 or T4/T6	£4.75
Chlamydia and/or gonorrhoea from three sample sites	T2/TT	£4.75
Chlamydia and/or gonorrhoea from three sample sites and HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Confirmation, Syphilis RPR & Hepatitis B immunity	T4/TT or T4/TT/T6	£5.25
HIV, Syphilis, Hepatitis B, Hepatitis C, Syphilis TPHA Confirmation, Syphilis RPR & Hepatitis B immunity	P1a, T7 or T6	£4.25

## Diagnostics cost

Chlamydia from a single sample site	T1	£15.50
Chlamydia and gonorrhoea from a single sample site	T2	£16.50
Chlamydia and gonorrhoea test from three sample sites	T2/TT	£36.50
Chlamydia and gonorrhoea from a single sample site with HIV and syphilis	T4	£29.50
Chlamydia and gonorrhoea from three sample site's with HIV and syphilis	T4/TT	£49.50
Chlamydia and gonorrhoea from a single sample site with HIV, syphilis, Hep B and Hep C	T4/T6	£47.50
Chlamydia and gonorrhoea from three sample site's with HIV, syphilis, Hep B and Hep C	T4/T6/TT	£67.50
Syphilis and HIV	T7	£19.50
Chlamydia and gonorrhoea from a single sample site with syphilis	T3	£26.50
HIV	P1a-HIV	£16.50

## Chlamydia treatment

Chlamydia Treatment Cost	£20.30
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Genitally located first or recurrent active Herpes simplex treatment cost remotely managed by local specialist services (local GUM clinician option to treat primary HPV/HSV included)

Herpes - Suppression	Aciclovir	£42.08
Herpes - Single	Aciclovir	£18.70
Herpes - Double	Aciclovir	£23.38
Wart - Primary	Aldara (12ml)	£70.13
Wart - Secondary	Warticon (3ml)	£37.40

## EHC managed by outsourced provider

Ulipristal ellaOne	£28.96
Levonorgestrel	£28.96

POP quick start - three month supply only, managed by outsourced provider

Cerezette (desogestrel 75mcg)	£20.98
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\*Specific tests for men who have sex with men and those who carry out sex work

Maximum total contract value = £756,000

## 12 Service quality performance reports

ESCC, will require the provider to produce and submit reports detailing their performance against the parameters shown below, at the frequency shown in each case. The right is reserved to amend the indicators from time to time to monitor different aspects of the Service and also to undertake verification audits if required.

Indicator		Method of measurement	Threshold	Frequency
Information Governance	Record keeping: Completion of the Care Quality Commission Essential standards of quality and safety 2010 Provider Compliance Assessment tool for Outcome 21 (Records)	Annual notes audit	Meets in full the CQC Provider Compliance Assessment tool for Outcome 21	Annually
	Information governance: Compliance with the requirements of the DH/HSCIC information governance assessment		Meets annually in full the DH information governance assessment tool	Annually
Clinical Governance	Completion of the Care Quality Commission Essential standards of quality and safety 2010 Provider Compliance Assessment tool for: <ul style="list-style-type: none"> <li>• Outcome 4 (Care and welfare of people who use services)</li> <li>• Outcome 15 (Statement of purpose)</li> <li>• Outcome 16 (Assessing and monitoring the quality of service provision)</li> <li>• Outcome 17 (Complaints)</li> <li>• Outcome 20 (Notification of other incidents)</li> <li>• Outcome 21 (Records)</li> </ul>	Organisational compliance, Annual PPI plan and survey reports, quarterly complaints and incidents (and exception reporting), notes audit  SCC quality reviews and visits	Meets in full the CQC Provider Compliance Assessment tool for Outcomes 4, 15, 16, 17, 20 and 21	Annually
	Number of Serious Incidents within services  Evidence of learning resulting from incident review	Provider to notify Commissioner in accordance with ESCC <i>Incidents Requiring Reporting Procedure</i>		Real time/ Monthly review  Quarterly
	Incidences of implementing safeguarding children & vulnerable adults protocols -, plus update on training for staff	Protection incident reports		Monthly

Indicator		Method of measurement	Threshold	Frequency
	Clinical governance structure, updates on changes and improvements			6 Monthly
	Evidence of appropriate Insurance cover	Copies of insurance documentation		Annually
	Evidence of maintaining service risk register	Service clinical risk register	High level risks and mitigation to be discussed  Action plans and on-going monitoring to be shared with commissioners	Quarterly
<b>Appropriately Trained Staff</b>	Competence to deliver services: Completion of the Care Quality Commission Essential standards of quality and safety 20101 Provider Compliance Assessment tool for: <ul style="list-style-type: none"> <li>• Outcome 12 (Requirements relating to workers)</li> <li>• Outcome 13 (Staffing)</li> <li>• Outcome 14 (Supporting workers)</li> </ul>	Organisational compliance and self-assessments. Annual service staff survey. SCC quality reviews and visits	Meets in full the CQC Provider Compliance Assessment tool for Outcomes 12, 13, and 14	Annually
<b>Links to other Services</b>	Care pathways/referral protocols linking all providers of sexual health provision across commissioning Local Authorities	Evidence of documented local care pathways or a sexual health network	Threshold to be agreed	Quarterly
	Completion of the Care Quality Commission Essential standards of quality and safety 2010 Provider Compliance Assessment tool for Outcome 6 (Co-operating with other providers)		Meets in full the CQC Provider Compliance Assessment tool for Outcome 6	Annually

## East Sussex process for GUM access including Online

Adaptations will be organic and instructed by the commissioner in partnership with the local Specialist Sexual health Service and the provider

## GUM pathway and interface with Online provider

Individual accesses website [www.eastsussexsexualhealth.co.uk](http://www.eastsussexsexualhealth.co.uk) for sexual health advice.

For those with no online access or smart phone there remains the sexual health call centre freephone number, email, walk in, with face to face clinic appointment availability if unable to access remote services.

