

**GP Locally Commissioned Service (LCS)
Sexual Health Specification**

Service	Sexual Health Locally Commissioned Services
Service Specification No.	1
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Period	1st April 2020 – 31st March 2023
Date of Review	20th February 2020

1. Purpose

Sexually Transmitted Infections (STIs) are a major public health concern. If left undiagnosed and untreated, common STIs can cause a range of complications and long-term health problems, from adverse pregnancy outcomes to neonatal and infant infections, and cardiovascular and neurological damage.

London continues to record the highest rates of STIs. The diagnosis rates of STIs remains greatest in young heterosexuals aged 15 to 24 years, black minority ethnic (BME) populations, men who have sex with men (MSM), and people residing in the most deprived areas.

Sexual health service provision in general practice is essential to ensure good sexual health and improve STI testing coverage within the community. General practice play a fundamental role in identifying people who may not present to sexual health services, are asymptomatic, or may not realise their risk.

2. Key Service Aims and Outcomes

Overall aims:

The overall aims of this service are to provide high quality sexual healthcare to practice patients, to:

- Offer testing and diagnosis of sexually transmitted infections including screening for Chlamydia and HIV, with an emphasis on identifying those at highest risk.
- Ensure high quality management and follow up of those found to have STIs.
- Ensure that practice staff attend primary care sexual health training, which will support and enable delivery of this service.
- Ensure that practices engage in service evaluation, through audit, and attend the related audit/partnership event, for the purposes of shared learning and evaluation.

Key outcomes:

- Increase in the number of positive diagnoses of sexually transmitted infections, including blood-borne viruses.
- Increase the number of people receiving timely access to appropriate treatment.
- Increase in Chlamydia diagnoses in young people (under 25 years old).
- Decrease in late diagnosis of HIV infection.
- Increase in number of GP practice staff that have attended primary care sexual health training.
- Increase in number of GP practice staff engaging with service evaluation through audit and related events.

3. Duration

This LCS is available to providers until further notice but will be subject to revisions. Furthermore, Public Health reserves the right to amend this LCS from time-to-time to reflect changes to national guidance and priorities and any changes to the Public Health Grant and/or commissioning responsibilities.

This includes the removal of additional payments under Chlamydia screening from 1 April 2021, as set out under section 8 below.

4. Service to be provided under the LCS

Practices shall provide a confidential service sensitive to the needs of users of this service, particularly young people. All practices should endeavour to provide an accessible and non-judgemental service for all patients.

No part of the specification by commission, omission or implication defines or redefines essential or additional services, as set out in core GP contracts.

4.1 Chlamydia screening

Providers are expected to encourage opportunistic screening for Chlamydia for men and women aged under 25 years who have ever been sexually active. This should include a discussion about sexual health and an assessment of the young person's needs, through sexual history-taking, including possible need for contraception, sexual health promotion, condoms or other STI tests.

Testing should be limited to once a year where there has been no change of partner but can be carried out more frequently where there have been new partner/s or in the event of an equivocal or inhibitory result in which case a repeat test is required. Practices will use existing microbiology request forms. The green and white forms should NOT be used as they will not be processed.

NOTE: National Chlamydia Screening Programme guidance is currently under review (as at February 2020). Any change in guidance will be communicated to practices delivering this service.

4.2 HIV testing among new patients

Providers will be expected to offer an HIV test to all men and women over the age of 16 registering in General Practice at the time of registration. Tests conducted on patients who have registered with the practice after the practice is commissioned to provide this LCS and who are within 12 months of registration are eligible for payment under the terms of this LCS.

HIV testing will be from a venous sample. The patient will be counselled by a member of staff with appropriate skills on the benefits of testing to the individual and details of how the results will be given. In the case of positive results, patients shall be fast-tracked to a sexual health service for further confirmatory testing. Patients with confirmed HIV positive results will receive their continuing HIV care and treatment from specialist services, including antiretroviral prescribing.

The payment for positive diagnosis will only be made for patients diagnosed with HIV via tests organised by the practice, and not, for example, from newly registered patients disclosing their historic infection status and having their diagnosis coded on the date of presentation rather than the date of the original diagnosis, which could have been many years before.

4.3 Opportunistic and symptomatic STI and HIV testing

STI and hepatitis testing should be provided by the practice in a range of circumstances:

- At patient request
- For those identified, through opportunistic rapid risk assessment, to be at risk
- As diagnostic tests for those with relevant symptoms

In addition:

- All nurses with relevant clinical roles, and all GPs, to offer and provide testing for STIs and hepatitis, particularly including Chlamydia, gonorrhoea, syphilis, HIV, Hepatitis B and C - according to clinical assessment and risk factors for each.
- Make clear to patients that these tests are available, and may well be offered. It should also be clear to patients that tests for blood borne virus such as HIV are not done 'automatically' when blood is taken for other reasons, and are not done without discussion with patients.
- All patients found to have an STI (including Trichomonas Vaginalis, genital warts, genital herpes and pubic lice) to be offered tests for HIV and Chlamydia.
- Patients should understand which infections are being tested for, the benefits of diagnosis and treatment, and how they will get the results.
- Clinical staff should understand the benefits and limitations of the STI tests provided by their hospital laboratory, and the shift to less invasive testing supported by new technologies.
- Clinical staff should be aware that it is not possible to 'decouple' gonorrhoea tests from being done on chlamydia samples. However, gonorrhoea has a poor positive predictive value in low risk populations: please treat positives for gonorrhoea with caution as possible false positives, particularly if the patient was chlamydia negative. Gonorrhoea is more closely associated with high risk behaviours than chlamydia.
- Provision of condoms and pregnancy tests, as guided by clinical assessment. Practices currently have access to condoms via the Public Health contract with the Freedoms Shop. <https://www.freedoms-shop.com/>.

4.4 Quality of care: clinical assessment, management and referral:

- All practice nurses with relevant clinical roles, and all GPs, should be able to discuss sexual health with patients and conduct a rapid sexual health risk assessment when relevant.
- Clinical staff should take a holistic approach to sexual health, including consideration of other relevant health problems such as drug misuse or mental health problems
- There should be appropriate referral on for specialist care for all patients found to have HIV, syphilis, or Hepatitis B - or who are Hepatitis C RNA positive.
- Partner notification should be conducted when diagnoses are made of Chlamydia, Gonorrhoea (if not referred to clinic for further investigation, treatment and follow up), pelvic inflammatory disease or nonspecific urethritis. Clinical staff should support 'partner notification, by 'patient referral' with adherence to agreed guidelines and with active follow up.
- Practices should maintain effective liaison with local sexual health services and cytology and microbiology laboratory support and other statutory or non-statutory services where relevant (such as young people's services).
- GPs should demonstrate a sound understanding of the role of different professional groups in the shared care of HIV positive patients, and those at risk of HIV.
- Practices should ensure timely referral-on and follow-up of patients seeking abortions, as reflects the wishes of individual patients.

4.5 Confidentiality:

- The practice should have a written confidentiality policy, and ensure all staff (including new staff) understand those aspects that relate to their role. This policy should include specific reference to confidential care for young people in line with Fraser Guidance.
- The practice should advertise to its patients the existence (and importance) of the confidentiality policy and its availability for review by patients who ask.

4.6 Audit:

- Undertake the required biennial monitoring audit.

5. Eligibility criteria

4.1 All patients registered within the practice, with the exception of the criteria listed under section 6 below.

6. Exclusion criteria

6.1 Chlamydia screening

Payment will **not** be made if the client:

- Is aged 25 years and over
- Has used an expired swab

6.2 HIV testing among new patients

Payment will **not** be made if the client:

- Registered more than a year before the date the practice was commissioned to provide this LCS.
- Has been registered with the practice for more than 12 months at the time the test was conducted
- The positive diagnosis payment will only be made where this diagnosis has been found via tests organised by the practice, and not, for example, from newly registered patients disclosing their historic infection status and have their diagnosis coded on the date of presentation rather than the date of the original diagnosis, which could have been many years before.

6.3 Opportunistic and symptomatic STI and HIV testing

- None

7. Practice requirements

In order to be commissioned to deliver this service, practices must meet the following criteria:

- Have a clinical lead who has attended an appropriate BASHH accredited course (e.g. SHIP or STIF) and is able to demonstrate the clinical competencies to deliver the service and to assess their own training needs and those of other staff involved. This clinical lead will be the named practice lead to provide a point of contact for Public Health and take responsibility for the clinical activities.
- Have a nominated clinical governance lead with responsibility for overseeing the clinical quality of the service delivered and establishment of robust links with the local GUM clinic (may be same person as above.)
- Have clinical management guidelines used for Chlamydia and Gonorrhoea, ensuring up to date prescribing arrangements as detailed in BASHH guidance.
- Have a protocol on HIV pre and post-test discussion and onward referral.
- Have a protocol for giving results of STI screening (If not available upon commissioning, this must be submitted within the first three months of delivery).
- Have a protocol for partner notification/contact tracing process (If not available upon commissioning, this must be submitted within the first three months of delivery).
- All practices should ensure that clinical staff maintain up-to-date knowledge and training in Safeguarding/Child Protection principles when promoting and encouraging young people to manage their own sexual health.

There is a free local training offer coordinated by CNWL, which includes SHIP, please contact Ceri.Gifford@nhs.net for more information.

8. Key performance indicators and payment

Activity/outcome	Payment	Frequency of payment
Chlamydia testing		
Chlamydia test completed among under 25s	£10 base payment for each Chlamydia test completed.	Quarterly, in arrears.
<u>For 2020/21 only (1 April 2020 to 31 March 2021)</u> , additional payment will be made for practices achieving the following screening coverage, based on the proportion of young people aged 16 – 24 receiving a chlamydia test within the year:		
(1) 5% <15%	An extra £2.50 for each test completed (a total of £12.50 per test).	Following the end of the financial year.
(2) ≥15%	An extra £5.00 for each test completed (a total of £15.00 per test).	
New positive chlamydia diagnosis	£250 for each new positive Chlamydia diagnosis	Quarterly, in arrears.
HIV testing among new patient registrations		
HIV test performed among newly registered patient over the age of 16 ¹ .	£12 for each test completed.	Quarterly in arrears.
New positive HIV diagnosis following new patient registration testing.	£600 for each new positive HIV diagnosis	Quarterly in arrears.
Opportunistic and symptomatic STI and HIV testing		
New positive diagnosis for following STIs:		
Chlamydia (above 25 years)	£250 for each new positive diagnosis	Quarterly in arrears.
Gonorrhoea,	£250 for each new positive diagnosis	
Trichomoniasis,	£250 for each new positive diagnosis	
Syphilis	£250 for each new positive diagnosis	
Herpes	£250 for each new positive diagnosis	
Hepatitis B	£600 for each new positive diagnosis	
Hepatitis C	£600 for each new positive diagnosis	
HIV	£600 for each new positive diagnosis	
Training		
Attendance for one GP and one practice nurse at Primary Care Sexual Health Training (two half day sessions).	£300 per GP and £111 per nurse, per session.	Quarterly, following attendance.
Audit		
Completion of a biennial sexual health annual audit	£300 per completed return	Biennial requirement, quarter following submission

^{1 1} For the purposes of this LCS “newly registered” is defined as within 12 months of registration.

Attendance at biennial audit feedback and reflection session including clinical practice update.	£300 per GP and £111 per nurse	Biennial requirement, quarter following audit event.
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9. Reporting and monitoring requirements

Practices will need to ensure that all activity has been coded appropriately, using the codes listed under appendix 1.

By delivering this LCS, practices agree to have aggregated data remotely extracted by Camden CCG IT team on a quarterly basis for payment and monitoring purposes. Data will be extracted only on the Read/Snomed codes set out in appendix 1, in aggregated and anonymous form, and will be used exclusively for payment and performance monitoring purposes.

10. Useful Guidance

- Appendix 1: Read/Snomed codes for monitoring and payment under this LCS.
- NICE guidance [NG60] HIV testing: increasing uptake among people who may have undiagnosed HIV. Available at: <https://www.nice.org.uk/guidance/ng60>

11. Acceptance of Terms

Service Specification for 2020/23
General Practice Sexual Health Locally Commissioned service (LCS)

Practice Code:..... Name of Practice:.....

By signing this document, the practice agrees to provide the LCS according to the specification and has both met the training criteria described in section 6 and provided the evidence to the commissioner to support this. This document will become part of the contract documentation between Public Health [Commissioner] and General Practice [Provider] to provide the Sexual Health LCS.

**I hereby confirm my acceptance of the terms of this service.
(Please sign and date below to confirm acceptance):**

Signed on behalf of [Provider].....

Print name..... Date.....

Signed on behalf of [Commissioner].....

Print name..... Date.....

Appendices

Appendix 1 - Codes for Monitoring of Sexual Health LCS:

All of the codes listed in this Appendix are subject to possible changes as monitoring arrangements are finalised and refined.

Code to Indicate that a patient has had the Sexual Health LCS Delivered:

166491000000109 (9kF0) – Sexual Health Enhanced Service Completed

This code has to be present during the relevant month for a patient to be counted in “Activity” figures for that month. Patients with the code in the year prior to the month in question will be excluded from activity figures in order to avoid double-counting of patients.

Eligible Codes for Diagnosis of Relevant STDs

(Chlamydia, HIV, Hepatitis B, Hepatitis C, Gonorrhoea, Trichomoniasis, Syphilis, Herpes):

Chlamydia:

SNOMED code	Read code	Description
312099009	A78A5	Chlamydia Infection of Genital Organs NEC
415798001	46H6	Urine chlamydia trachomatis test positive
237084006	K4209	Chlamydia Cervicitis
197172005	J5504	Chlamydial Peritonitis
198176005	K40y1	Female Chlamydial PID
236767000	K2416	Chlamydial epididymitis
186729003	A78A0	Chlamydial infection of lower genitourinary tract
186731007	A78A2	Chlamydial infection of anus and rectum
312099009	A78A3	Chlamydial inf of pelvipерitoneum or other genitourinary organs
312099009	A78AX	Chlamydial infection of genitourinary tract, unspecified
312099009	Ayu4K	[X]Chlamydial infection of genitourinary tract, unspecified
314527009	43U1	Chlamydia antigen ELISA positive
413079006	43U4	Chlamydia PCR positive
105629000	Ayu6	[X]Other diseases caused by chlamydiae
105629000	A78A%	Chlamydial infection

Gonorrhoea:

SNOMED code	Read code	Description
198242009	K44	Female gonococcal pelvic inflammatory disease
54825009	A980%	Acute gonorrhoea of lower genitourinary tract
50970007	A981%	Acute gonorrhoea of upper genitourinary tract
186915005	A982%	Chronic gonorrhoea lower genitourinary tract
80388004	A983%	Chronic gonorrhoea of upper genitourinary tract
42746002	A987%	Gonococcal proctitis
15628003	A98z	Gonococcal infections NOS
197967000	K2144	Prostatitis + gonorrhea
197848003	K1545	Cystitis + gonorrhoea
170490008	65Q8	Gonorrhoea carrier
170490008	ZV027	[V]Gonorrhoea carrier
247411000000106	4JQA	Gonorrhoea test positive
15628003	A98	Gonococcal infections

Trichomonas:

SNOMED code	Read code	Description
168417005	4K33	Cervical smear – trichomonas
168348003	4JK22	HVS- trichomonas vaginalis
35089004	AD10%	Urogenital trichomonas
71590000	K2146	Prostatitis + trichomoniasis
197850006	K1547	Cystitis + trichomoniasis
56335008	AD1%	Trichomoniasis - trichomonas

Genital Herpes:

SNOMED code	Read code	Description
33839006	A541%	Genital herpes simplex

Syphilis:

SNOMED code	Read code	Description
197966009	K2142	Prostatitis + syphilis
186846005	A91%	Early symptomatic syphilis
186867005	A92%	Latent early syphilis
186847001	A910	Primary Genital Syphilis
31015008	A911	Primary Anal Syphilis
72083004	A95z	Late Symptomatic Syphilis NOS
76272004	A97z	Syphilis NOS
198175009	K40y0	Female Syphilitic PID

HIV:

SNOMED code	Read code	Description
86406008	A788%	human immunodeficiency virus infection
81000119104	A789%	human immunodeficiency virus resulting in other diseases
165815009	43C2	HIV antibody negative
165816005	43C3	HIV positive
86406008	AyuC%	[X]HIV disease

Hepatitis B:

SNOMED code	Read code	Description
66071002	A703%	viral Hepatitis B
26206000	A702%	Viral hepatitis B with coma
235871004	ZV02B	Hep B Carrier
235869004	A7070	Chronic viral hepatitis B with delta-agent
186639003	A7071	viral hepatitis B without delta-agent

Hepatitis C:

SNOMED code	Read code	Description
128302006	A7072	chronic viral hepatitis C
50711007	A70z0	Hepatitis C
235872006	ZV02C	Hep C Carrier
186628001	A7040	Hepatitis C with coma
50711007	A7050	Viral hepatitis C - no coma

Eligible Codes for Contact Tracing / Partner Notification:

Eligible codes for Offering of HIV Test:

HIV screening offered 1103711000000100 (9Op0)
HIV screening declined 122371000119100 (8l3p)

Codes for Chlamydia Screening (for Screening Programme):

Chlamydia test offered 200591000000105 (9Oq0)
Urine screen for Chlamydia 412761009 (68K7)
Endocervical chlamydia swab 390784004 (4JK9)
Urethral chlamydia swab 390785003 (4JKA)