GP Locally Commissioned Service (LCS)
Sexual Health Specification

Service	**Sexual Health Locally Commissioned Service**
Service Specification No.	**1**
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Period	**1st April 2021 – 31st March 2022**
Date of Review	**March 2021**

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.

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 Provision of STI and hepatitis testing, and of condoms, as appropriate

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

An overview of the evidence to support delivery of this service is included as Appendix 1.

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.

- Screening under-25s for Chlamydia. 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. **NOTE**: National Chlamydia Screening Programme guidance is currently under review (as at January 2020). Any change in guidance will be communicated to practices delivering this service.

- 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 to very 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/.

4.2 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.

4.3 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.

4.4 Audit:

- Undertake the required biennial monitoring audit.

5. Eligibility criteria

All patients registered at the practice.

6. Exclusion criteria

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 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

New positive diagnosis for following STIs:		
Chlamydia	£250 for each new positive diagnosis	Quarterly in arrears.
Gonorrhoea	£250 for each new positive diagnosis	
Syphilis	£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
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.

***Payment will only be made upon verification that extracted figures relate to new diagnoses found via tests organised by the practice, and not for example, from newly registered patients disclosing their historic infection status.**

Practices will have a two-week period from receiving the quarterly extracted figures for HIV, Hepatitis B and Hepatitis C in which verify and respond.

Practices will have two quarters in which to respond to the verification request, after which no payment will be made. For example, for data sent following Q1, practices will have a second and final reminder sent with the Q2 data in which to respond, but will not be able to claim for Q1 data with Q3 data.

9. Reporting Requirements

See appendix 1 for the full list of codes to be used and the basis for payment.

By delivering this LCS, practices agree to have aggregated data remotely extracted by North East London Commissioning Support Unit on a quarterly basis for payment and monitoring purposes. Data will be extracted only on the Snomed codes (Read codes included for reference) set out in appendix 1, in aggregated and anonymous form, and will be used exclusively for payment and performance monitoring purposes.

11. Useful Guidance

- Appendix 1: Snomed codes (Read codes included for reference) 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

12. Acceptance of Terms

Service Specification for 2020/21.
General Practice Sexual Health Locally Commissioned service (LCS)

Practice Code:…**F**…… 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……

Appendix 1

*More detailed codes will be provided in a supplementary Appendix in April 2020

STI Diagnosis	Relevant LCS Code(s) and conditions that fulfil payment being due	Read Codes searched for to see if diagnosis is new or historical (where relevant) included for reference	SNOMED Codes searched for to see if diagnosis is new or historical (where relevant)
HIV	**165816005** (43C3) – HIV positive Condition of LCS payment: The above code is recorded on patient record after GP Practice organised HIV test within the quarter in question PLUS there is no history of any of the codes in the column on the right having been recorded on patient record at any time previously.	• **43C3** - HIV positive • **A788%** (plus all sub-codes) - Acquired immune deficiency syndrome* • **A789%** (plus all sub-codes) - Human immunodef virus resulting in other disease • **ZV01A** - [V]Asymptomatic human immunodeficiency virus infection status • **L179** - Human immunodeficiency [HIV] disease complicating pregnancy, childbirth and the puerperium • **Eu024** - [X]Dementia in human immunodef virus [HIV] disease • **AyuC%** (plus all sub-codes) - [X]Human immunodeficiency virus disease* • **9kl** - Human immunodeficiency virus	• **165816005** • **86406008** • **81000119104** • **427921000000108** • **198609003** • **421529006** • **86406008** • **504931000000103**
Hepatitis B	**165806002** (43B4) - Hepatitis B surface antig +ve Condition of LCS payment: The above code is recorded on patient record after GP Practice organised Hepatitis B test within the quarter in question PLUS there is no history of any of the codes in the column on the right having been recorded on patient record at any time previously	• **43B4** - Hepatitis B surface antig +ve • **A7070** - Chronic viral hepatitis B with delta-agent • **A7071** - Chronic viral hepatitis B without delta-agent • **A7073** - Chronic viral hepatitis B • **A702%** (plus all sub-codes) - Viral hepatitis B with coma* • **A703%** (plus all sub-codes) - Viral (serum) hepatitis B* • **A7051** - Acute delta-(super)infection of hepatitis B carrier • **ZV02B** - [V]Hepatitis B carrier • **Q4091** - Congenital hepatitis B infection	• **165806002** • **235869004** • **186639003** • **61977001** • **26206000** • **66071002** • **235865005** • **235871004** • **60498001**

Hepatitis C	**760421000000100** (4JQD) - Hepatitis C viral ribonucleic acid polymerase chain reaction positive **812181000000106** (4JQF) - Hepatitis C antigen positive <u>Condition of LCS payment:</u> One of the above codes is recorded on the patient's record within the quarter in question PLUS there is no history of any of the codes in the column on the right having been previously recorded within the same LCS year period or the previous LCS year period. However, if the last time an infection was recorded was at a time prior to the previous LCS period then payment can be given. Two examples to illustrate: Patient A found to be positive for Hep C RNA or Hep C antigen in April 2015, but also found to be previously positive for Hep C antibody in June 2014: then payment is NOT due. Patient B found to be positive for Hep C RNA or Hep C antigen in April 2015, but also found to be previously positive for Hep C RNA in January	• **4JQD** - Hepatitis C viral ribonucleic acid polymerase chain reaction positive • **4JQF** - Hepatitis C antigen positive • **A7040** – Viral hepatitis C with coma • **A7050** – Viral hepatitis C without mention of hepatic coma • **A7072** – Chronic viral hepatitis C • **A70A** - Hepatitis C genotype 1 • **A70B** - Hepatitis C genotype 2 • **A70C** - Hepatitis C genotype 3 • **A70D** - Hepatitis C genotype 4 • **A70E** - Hepatitis C genotype 5 • **A70F** - Hepatitis C genotype 6 • **A70G** - Acute hepatitis C • **A70z0** - Hepatitis C • **ZV02C** – [V]Hepatitis C carrier • **43X3** – Hepatitis C antibody test positive • **9kV** - Hepatitis C screening positive - enhanced services administration	• **760421000000100** • **812181000000106** • **186628001** • **50711007** • **128302006** • **824841000000105** • **824851000000108** • **824871000000104** • **824881000000102** • **824891000000100** • **824901000000104** • **235866006** • **50711007** • **235872006** • **314706002** • **362751000000101**

Chlamydia	**201441000000107** (43U8) - Chlamydia test positive **314527009** (43U1) - Chlamydia antigen ELISA positive **413079006** (43U4) - Chlamydia PCR positive **415798001**(46H6) - Urine chlamydia trachomatis test positive <u>Condition of LCS payment</u>: Payment enacted in given quarter if any one of above codes are recorded on a patient's record. The same patient can trigger further payment in the same LCS year if tests organised by practice find that the patient is positive again at least		
Gonorrhoea	**247411000000106** (4JQA) - Gonorrhoea test positive <u>Condition of LCS payment</u>: Payment enacted in given quarter if the above code is recorded on a patient's record. The same patient can trigger further payment in the same LCS year if tests organised by practice find that the patient is positive again at least 3 months after the		

Syphilis	**165781001** (4382) - Syphilis titre test positive **390880002** (438B) - Treponema pallidum ELISA positive <u>Condition of LCS payment:</u> The above code is recorded on patient record after GP Practice organised Syphilis test within the quarter in question PLUS there is no history of any of the codes in the column on the right having been record on patient record at any time previously.	• **4382** - Syphilis titre test positive • **438B** - Treponema pallidum ELISA positive • **L170%** - Maternal syphilis during pregnancy, childbirth and the puerperium* • **AA40** - Nonvenereal endemic syphilis • **F4A54** - Keratitis due to syphilis • **H57y5** - Lung disease with syphilis • **J6321** - Hepatitis in late syphilis • **J6322** – Hepatitis in secondary syphilis • **F0074** - Meningitis due to congenital syphilis • **F0075** - Meningitis due to secondary syphilis • **N0381** - Postinfective arthropathy in syphilis • **A90%** (Plus all sub-code groups) - Congenital syphilis* • **A91%** (Plus all sub-code groups) - Early symptomatic syphilis* • **A92%** (Plus all sub-code groups) - Latent early syphilis* • **A93%** (Plus all sub-code groups) - Cardiovascular syphilis* • **A94%** (Plus all sub-code groups) – Neurosyphilis* • **A95%** (Plus all sub-code groups) - Other forms of late syphilis with symptoms* • **A96%** (Plus all sub-code groups) - Late latent syphilis* • **A97%** (Plus all sub-code groups) - Other and unspecified syphilis* • **N2227** – Syphilitic bursitis • **G767** - Aortitis - syphilitic • **J5501** - Peritonitis - syphilitic • **J615F** - Syphilitic portal cirrhosis	• **165781001** • **390880002** • **199154009** • **271426000** • **193786000** • **8555001** • **197347003** • **197348008** • **6267005** • **192647003** • **201738001** • **35742006** • **186846005** • **186867005** • **83883001** • **26039008** • **72083004** • **186903006** • **72083004** • **202933002** • **20735004** • **34964002** • **197305002** • **12232008** • **194947001** • **194907008** • **198175009** • **4359001**