Blueprint

A New Sexual Health Service For Gateshead Primary Care Trust

Design Options

This document was produced by Design Options in partnership with Gateshead Primary Care Trust.

Design Options is a new programme of Options Consultancy Services Ltd, the technical assistance arm of Marie Stopes International. Options has worked for over 15 years providing technical expertise in sexual and reproductive health internationally. Design Options was launched in early 2006 to provide technical expertise to service providers, policy makers and commissioners in the UK.

With expertise in sexual health, adolescent health, service design, monitoring and evaluation, policy and practice and user consultation the multidisciplinary Design Options team provide fresh, innovative and practical advice, support and solutions to providers and commissioners of adolescent and sexual health care services. We draw heavily on service design expertise when approaching any service delivery challenge, hence Design Options. Service designers use methods which are user centred to address service challenges and we combine these with expertise in social science research and consultation to provide effective and practical solutions to meet the needs of users within the capacity of the service.

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DESIGN
OPTIONS

Dott 07

This project was funded as a Designs of the time 2007 (Dott 07) public commission.

Dott 07 is a year of community projects that explore how design can make a positive difference to our daily lives.

An initiative of the Design Council and the regional development agency, One NorthEast, Dott 07 enables communities and individuals in North East England to collaborate with designers in real-life situations. These projects are small but important examples of what life in a sustainable region might be like.

Dott 07 projects set out to improve six aspects of daily life in practical ways. They deal with health & wellbeing issues, food & nutrition, school & community, energy & environment, sustainable tourism, and mobility & access.

Inspired by the question, 'Who designs your life?', Dott 07 focuses on grass roots community projects; but there are also projects involving more than eighty schools, plus exhibitions and events in museums, galleries and rural sites. All events explore how design can benefit our lives in meaningful ways.

The year culminates in a twelve day Festival in NewcastleGateshead in October 2007. The Dott 07 Festival will bring together the results of projects and enable all the people involved to share experiences. The Festival will be an opportunity not only to celebrate their achievements but, more importantly, for many more people to find out how to do similar projects for themselves.

Dott 07 is led by programme director John Thackara and executive producer Robert O'Dowd.

Acknowledgements

The design phase of service development was funded by Designs of the time (Dott) - a Design Council initiative.

The design team would like to thank all of the professionals and members of the public who took part in the consultation process.

We would also like to thank the members of the co-design team who we enjoyed working with enormously. (see annex 1 for biographies).

Final thanks go to the members of the Advisory and Steering Groups for their support and advice on this project and for their comments during the drafting of this document, often required within very tight deadlines. A full list of members is at annex 2.

Project Background

This project, lead by Design Options in collaboration with Gateshead PCT and the Centre for Design Research, Northumbria University was commissioned by Design of the Times (DOTT) to use the best service design techniques to develop a sexual health service for the town, where people are seen within 48 hours of first contact, the treatment pathway is clear and the service best meets the needs, preferences and circumstances of all users. DOTT is a Design Council programme which aspires to demonstrate the benefits that design can bring to improving the effectiveness and efficiency of services (see www.dott07.com).

Development of a genito-urinary medicine (GUM) service in Gateshead had already been highlighted as a priority, based on the area's population size, level of existing deprivation and health inequality, barriers to access and pressures placed on other GUM services. As such, additional funding was identified to assist Gateshead PCT to provide a GUM service. Capital funding was identified via the Strategic Health Authority, and revenue via the Choosing Health allocations made to Primary Care Trusts (PCTs).

Work undertaken locally suggests that a Gateshead GUM clinic, without a local chlamydia screening programme could result in:

- 5,250 new attendees in 2006, rising to 5,900 in 2007;
- Total attendances (including follow-up and rebook appointments) of 12,900 in 2006 and 14,400 in 2007;
- An average of 250 appointments per week in 2006, rising to 280 in 2007

With a chlamydia screening programme in place:

- 6,000 new attendees in 2006, rising to 6,550 in 2007;
- Total attendances (including follow-up and rebook appointments) of 13,600 in 2006 and 15,100 in 2007.
- An average of 260 appointments per week in 2006, rising to 290 in 2007

The importance of ensuring that service users rapidly seek services on their own initiative if they suspect they have been exposed to an STI (even if asymptomatic) and the need to reduce stigma associated with accessing such services meant that the use of design principles was particularly appropriate to developing this service.

This ensures services are created from a service-user perspective to ensure they are accessible, user-friendly and de-stigmatised. They must also be efficient, cost effective and meet local and national targets. This can only be achieved through a rigorous service planning process.

The Process

Creating a user-centred service that appeals to users as consumers means:
- Providing a choice of easily accessible services in order to increase uptake;
- Focusing services on local needs through effective commissioning;
- Integrating services where appropriate; and
- Improving facilities to decrease stigma and effective signposting so that care pathways are completed.

This represented a major design challenge and our aim was to provide design solutions that were imaginative and responsive to need, that transformed the delivery and take-up of sexual health services, but that were also sustainable and provided options that were efficient and economically deliverable.

To ensure the new service meets the needs of the users, we involved the people of Gateshead, both members of the public and health and community professionals, in an extensive consultation and innovative service design process that aimed to inform the design of an integrated sexual health service, structured around the daily lives and circumstances of its users. The Design Options team worked alongside strategic and operational staff from Gateshead PCT to design a service that was feasible and realistic for them to deliver and that prioritised and responded to the needs of Gateshead residents and other users from neighbouring areas.

A multidisciplinary Steering Group provided strategic direction for this project with a further Advisory Group with representatives from the National Health Service, the Department of Health (England), Regional Teenage Pregnancy Coordinator; the FPA (Family Planning Association), the Centre for Sexual Health Research, University of Southampton and experts in service design providing technical expertise (see annex 2 for membership of both groups)

This process and the resulting blueprint are intended to provide an inspirational model of community and service provider engagement in public service provision, illustrating the potential for full integration of design expertise into service design and planning across public sector services.

The purpose of this blue print is:

1. To provide service commissioners and service providers with evidence based recommendations and actions to support the design and implementation of a local sexual health service.

2. To demonstrate that a user focused approach to service design is efficient for both providers and users and can pave the way for services that will ultimately improve the sexual health of local people, and

3. To provide a model illustrating how the co-design input of sexual health service practitioners can provide design solutions that are sustainable, locally appropriate and deliverable within existing organisational capacity

Contents

'The Service Experience' - A full service user experience report is available from

Also a full description of the research methodology and findings that informed this service design are contained in a supplementary findings report, available from the same place.

1. Introduction

Genito-urinary medicine (GUM) services are primarily concerned with the screening, diagnosis and management of sexually transmitted infections (STIs), including Human Immunodeficiency Virus (HIV) and related genital conditions. Integrating GUM services with related reproductive health services, such as those for the provision of contraception, provide a more holistic service for users and this integrated 'sexual health' approach is promoted throughout this document.

The benefits of early diagnosis and treatment of sexual 'ill-health' obviously include better health for the user, and a decreased risk of sexually transmitted infection. There is evidence and consensus that investment in sexual health interventions is good value for money and in many cases cost-saving (Health economics of sexual health. A guide for commissioning and planning. Department of Health. September 2005). Comprehensive and accessible services with prompt treatment of STIs, and effective partner notification are key elements of cost-effective prevention interventions. Additionally, accessible contraceptive services which reflect user's preferences and in particular the long-acting reversible contraception (LARC) methods are also cost saving.

Gateshead Primary Care Trust (PCT) is responsible for commissioning sexual health services that meet local population needs. In doing so, service commissioners and service providers need to be mindful of national performance targets and ensure that local services are designed to be responsive to future developments that positively contribute to improving the sexual health of the local population.

This blueprint document has been developed in partnership with Gateshead PCT, to provide a discussion focus for service commissioners and service providers on the strategic and operational elements necessary for the provision of sexual health services. Following consultation with a wide range of users, professionals and other stakeholders together with a review of national policy, guidance and best practice, this blueprint makes recommendations and actions to take the development of the new sexual health service in Gateshead, due to commence in April 2007, forward. This document is not intended to replace or duplicate national documents already in circulation, but rather to complement them.

This document also presents recommendations and actions, based on national and local evidence, to most effectively integrate the GUM element of service provision within the existing service network and to create a service which is effective and efficient and meets the needs and preferences of users. While the final blueprint must describe a service that is responsive to the needs to all users in Gateshead, the development of this blueprint focused particularly on priority (high risk) users of sexual health services, including young people, looked after children, men who have sex with men (MSM) and sex workers.

In annex 3 we have provided a list of key resources and further reading. Particular attention is drawn to the recommendations for core service provision in GUM produced by the British Association for Sexual Health and HIV (BASHH). That document includes notes for commissioners and clinical governance leads and highlights the essential service features of choice of clinical sites, staffing and training needs, along with practical issues for consideration such as storage of notes, chaperones, clinical equipment and on-site laboratory needs.
http://www.bashh.org/committees/cgc/servicespec/core_services_provision_1205_final_approved.pdf

2. Policy Context

The first ever National Strategy for Sexual Health and HIV for England was published in 2001. The 10 year strategy aims to:

- reduce the transmission of HIV and STIs;
- reduce the prevalence of undiagnosed HIV and STIs;
- reduce unintended pregnancy rates;
- improve health and social care for people living with HIV; and
- reduce the stigma associated with HIV and STIs

Building upon the national strategy, the Government published its white paper Choosing Health: Making healthy choices easier (2004), in which it gave a commitment to further transform sexual health services by accelerating implementation of the national screening programme for chlamydia to cover the whole of England and, the introduction of a national target to improve fast access to high quality GUM services – so that by 2008 everyone referred to a GUM clinic should be offered an appointment within 48 hours (including self-referrals).

Access to reproductive health services has also been included for the first time in the Healthcare Commission's (HC) annual health check for 2006/07. This is a two-part composite indicator for access to reproductive health services using a process indicator for access to contraceptive services, and an outcome indicator on the number of NHS funded abortions undertaken at, up to, and including nine completed weeks gestation.

Together these three areas (the percentage of the population aged 15-24 accepting a test / screen for chlamydia; access to GUM within 48 hours and access to reproductive health services) link into the Public Service Agreement (PSA) to reduce the under-18 conception rate by 50% by 2010, as part of a broader strategy to improve sexual health. PCTs will be assessed against these targets by HC.

Priority was given to sexual health in the NHS operating framework for 2006/07, which included access to sexual health services within 48 hours as one of six top priorities for the NHS. The Department of Health recently published the NHS Operating Framework for 2007/08. While GUM access is no longer a top-priority, it states:

> *" While progress has been made to improve access to sexual health services, more needs to be done, in particular to deliver 48-hour access to genito-urinary medicine (GUM) clinics. Quick access to services means fast diagnosis and treatment for individuals who have a sexually transmitted infection (STI). It reduces the risk of STIs being passed to others. The Sexual Health National Support Team is providing intensive support to the areas that are most challenged".*

The Department of Health National Support team, along with the Medical Foundation for Sexual Health and HIV (MedFASH) recently published guidance for PCTs, service commissioners and service providers on meeting the 48 hour access target. '10 High Impact Changes for Genitourinary Medicine 48-hour Access (Dec 2006)' is an essential reference document for Gateshead PCT in developing local services. A summary of the 10 high impact changes is available in annex 4.
The full document is available at: ***http://www.medfash.org.uk/publications/documents/10_High_Impact_Changes_for_GUM_48hour_%20Access.pdf***

3. Design and Sexual Health

Redesign and restructuring care delivery around individuals needs is a priority for NHS bodies, in line with the 2004 National Health Improvement Plan, however the service planning process to achieve this is often time consuming, obstacle ridden and lacks innovation. While user consultation is essential to ensure service plans meet genuine patient need, there is often difficulty in engaging the service users in this process. Creating a user-centred service that appeals to individuals as consumers will mean:

- Providing a choice of easily accessible services in order to increase uptake;
- Focusing services on local needs through effective commissioning;
- Integrating services where appropriate;
- Improving facilities to decrease stigma; and
- Effective signposting so that care pathways are completed.

This represents a major design challenge: not only must design solutions be imaginative and responsive to need, transforming the delivery and take-up of sexual health services, but they need to be sustainable and provide the public sector with options that are efficient and economically deliverable.

The design phase of service development was funded by Design of the Times (DoTT) - a Design Council initiative. Their interest is to demonstrate the value that innovative, service-user lead service and systems design can bring to the delivery of public services. Service and system design is a discipline employed frequently by the private sector as businesses seek to understand their users and create demand and deliver services effectively and efficiently. Social marketing techniques are used to capture information about the lives and lifestyles of users who use the service – and can equally well be applied to users and patients of health services[1], in this case, the sexually active population of Gateshead, with a particular focus on hard to reach and high risk groups and young people.

This knowledge informs the design of services that will be demanded by, and be accessible to these groups. The process as used in Gateshead involved users or potential users contributing ideas and commenting on concepts and feeding back on implementation and improvement of the service.

This represents a major design challenge: not only must design solutions be imaginative and responsive to need, transforming the delivery and take-up of sexual health services, but they need to be sustainable and provide the public sector with options that are efficient and economically deliverable. This is a process that will need to continue to ensure that services are responsive and continue to meet the needs of users.

How did we engage the public, service users, health professionals and other stakeholders?

The Design Options team worked collaboratively with commissioners and the sexual health team within Gateshead PCT (the 'co-design' team) to design and implement consultation methods that best suited the population of Gateshead and effectively captured the views and preferences of key high risk and hard to reach groups. Together we mapped existing services and stakeholders, identified a range of methods and approaches, designed consultation tools, undertook the consultation and analysed and interpreted the findings. The methods we used included a random sample survey of 500 residents of Gateshead; one to one interviews; workshops to explore pathways of care; cultural probes; 'a day in the life of' questionnaires; review of literature; clinic visits; photo mapping and stakeholder interviews.

In this document we have synthesised what we discovered from the above activities to arrive at the recommendations and action plans that you will find in the following section. We identified 7 key themes:

1. *Structure And Contents Of The Service*
2. *Managed Sexual Health Networks*
3. *Clinical Leadership*
4. *Workforce Development*
5. *Information Management*
6. *Accessibility Of The Service And User Experience*
7. *Monitoring And On-Going Development Of The Service*

1 National Consumer Council, It's our health! Realising the potential of effective social marketing. June 2006.
2 NHS improvement plan: Putting people at the heart of public services, June 2004

4. Key Recommendations and Actions

4.1 Structure and Content of the Service

An integrated sexual health service:

A 'hub and spoke' model for sexual health service provision is proposed for Gateshead PCT. The hub will offer a dedicated sexual health service, operating level 3 service provision. The hub will have a number of spokes – or sexual health satellite clinics across the PCT patch, providing a range of Level 1-3 services.

A New Model of Working (The National Strategy for Sexual Health and HIV)

Level 1 sexual health services:

- sexual history and risk assessment
- contraceptive information and services
- STI testing for women
- assessment and referral of men with STI symptoms
- HIV testing and counselling
- cervical cytology screening and referral
- pregnancy testing and referral – hepatitis B immunisation

Level 2 sexual health services:

- intrauterine device insertion (IUD)
- contraceptive implant insertion
- testing and treating sexually transmitted infections
- partner notification
- vasectomy
- invasive sexually transmitted infection
- testing for men (until non-invasive tests are available)

Level 3 sexual health services:
Level three clinician teams will take responsibility for sexual health services needs assessment, for supporting provider quality, for clinical governance requirements at all levels, and for providing specialist services. Services could include:

- outreach for sexually transmitted infection prevention
- outreach contraception services
- specialised infections management, including co-ordination of partner notification
- highly specialised contraception
- specialised HIV treatment and care

Recommendations:

The Gateshead-hub should provide direct access to sexual and reproductive health services for the provision of:

- the diagnosis, treatment and management of sexually transmitted infections (STIs) and genital medical conditions
- services for men and women who have been sexually assaulted (distinct from forensic services)
- over arching sexual health promotion and the provision of training to alternative service providers at 'spoke level', such as contraception services and primary care
- access to contraceptive services and to the full range of methods, including the more cost-effective long acting reversible contraception (LARC) methods
- onward referral to abortion service providers
- psychosexual counselling
- peri-menopausal services

- Signposting of the hub service should be clear and all shared satellite facilities should offer an appropriate level of privacy for users.

- While not providing direct access to, or integrating with non-sexual health services, the hub and all satellite clinics should be able to provide signposting to services such as continence care, drug and alcohol services and those providing social or mental health support.

- All services must work within national evidence-based clinical effectiveness guidelines as developed by the British Association for Sexual Health and HIV (BASHH), the British HIV Association (BHIVA), the Faculty of Family Planning and Reproductive Health Care (FFPRHC) and within service guidance such as the Department of Health (DH) endorsed recommended standards for sexual health services.

HIV testing, management and treatment of HIV positive individuals:

GUM units usually include an outpatient HIV service and always offer HIV testing and advice. However, the provision of monitoring and treatment for HIV positive individuals is a highly specialist, complex, and resource intensive service requiring a wide multidisciplinary team approach. These services are currently provided at Newcastle GUM clinic. To ensure that HIV positive people continue to get dedicated and skilled care we propose improving access locally to HIV testing through the hub and spoke model but refer those who are diagnosed HIV positive for treatment to a specialist centre.

Recommendations:

- It is recommended that provision of specialist HIV services remain within the current set-up as provided by a specialist centre.

- That all individuals accessing sexual health services are offered HIV testing as per national policy. Service users should be advised that HIV testing is routinely offered and that they may 'opt-out' should they wish to.

- A wide range of healthcare workers are well positioned to offer information on testing and pre-test discussion. It is generally accepted that HIV testing should be normalised and the use of counselling for the vast majority of individuals is not necessary. Leaflets can provide much of

both pre and post-test discussion information needed by individuals to give informed consent..

- Clinical sessions, including those in community settings should be explored for HIV testing purposes only.

Actions:

PCT commissioners and service providers should ensure that referral pathways and commissioning processes are in place that support patient movement from Gateshead PCT to specialist HIV services.

Partner Notification:

All methods of partner notification will be appropriate for the hub. The sexual health adviser team from the hub should provide training to community staff to skill and support them to undertake partner notification activities and utilise community contact slips to do this. They should also develop referral pathways to the hub to allow the sexual health advisers to conduct provider referral through their local/national networks. Further details on these activities are available in the Manual for Sexual Health Advisers.

Recommendations:

- That a range of partner notification options are available to meet individual cases both within the hub and satellite clinics.

- Regular audit and monitoring of partner notification activities should be carried out across all clinic venues.

Satellite clinics ('the spokes') and a mobile laboratory:

Gateshead already excels in sexual health outreach services. We propose that this model is fully incorporated into the new service and expanded to help improve access to services. This includes exploring further opportunities for partnership delivery with the community and voluntary sector and local authority provided services.

The diagnosis of STIs and other GU conditions is often multifactoral, requiring all, or a combination of sexual history taking, genital examination, genital specimen collection, rapid near-patient diagnostic microscopy and access to full pathology testing services. To support satellite clinics in the delivery of expanded sexual health services, we propose the use a mobile laboratory as opposed to an identifiable, 'mobile-clinic' as the latter may raise concerns of confidentiality for those entering / using such a service.

Recommendations:

- That satellite clinics are operated from established healthcare settings as this brings benefit in terms of capital resources and established confidentiality.

- The use of a mobile laboratory as a 'bolt-on' to established healthcare settings offers the ability to provide on-site diagnostic microscopy of the most common STIs. The laboratory facility will

enable the delivery of full GU testing and diagnosis in locations that would not ordinarily be able to offer GU testing services. This means improved access, rapid diagnosis and immediate treatment. This fulfils the important public health role the satellite clinics have in terms of preventing onward transmission of STIs.

- The skills and experience of staff operating the mobile laboratory are assessed using competency based assessments and that their skills are audited regularly and maintained with ongoing experience and professional development.

Actions:

In addition to identified satellite clinics, service commissioners and providers should explore the feasibility of offering opportunistic screening for chlamydia in alternative venues – such as those provided in the national chlamydia screening programme (pharmacy venues, youth services). High-volume testing is essential to the future turn-around in positivity rates and is one of the Healthcare Commissions future performance targets. Local screening should complement local chlamydia screening programme implementation, including partner notification protocols and data collection requirements.

Service commissioners and service providers will need to be mindful of vehicle maintenance and security issues. The mobile laboratory will require storage for sensitive specimens (refrigeration) and arrangements will need to be made for specimen transfer to a central pathology department e.g. incubation / carbon dioxide environment of gonorrhoea inoculated plates particularly when operating out of hours outreach services.

Utilisation of primary care and general practice:

National research and our own local research confirm that a large proportion of people in Gateshead perceive their local general practice (GPs, practice nurse) as a critical first point of contact for their health needs, even if this means being referred on to specialist services. General practice can clearly play an important role in increasing access to sexual health information and services. Flexible primary medical care contracting routes and Enhanced Services provide an ideal opportunity for PCTs to be creative in their engagement with general practice and other primary care providers to deliver sexual health services specifically designed to meet local needs. The Department of Health has produced further information on integrating the National Strategy for Sexual Health and HIV within Primary Medical Care Contracting (see further reading).

The pharmacy contract introduced in 2005 also offers new opportunities for pharmacists and significantly increases their public health role. Pharmacists in Gateshead already provide sexual health services in terms of the provision of emergency hormonal contraception (EHC) and advice. Pharmacy venues also offer opportunities for the provision of chlamydia screening kits, signposting to sexual health services and use by sexual health specialists to provide services where environment / venues are appropriate (STI screening, contraception).

Recommendation:

- That service commissioners and service providers explore commissioning of Enhanced Services for the provision of sexual health services in both general practices and pharmacies that can utilise skills and resources in terms of staff and premises.

4. Key Recommendations and Actions

4.2 Managed Sexual Health Networks

The new sexual health service for Gateshead will not sit alone. It will be part of a broader network of clinical services that users can chose from when deciding to access sexual health information, testing and treatment. Providers of sexual health services across Gateshead PCT and the region will need to work together effectively to coordinate service delivery, to avoid duplication, and ensure all providers are working to agreed standards and service quality.

A number of groups already exist within the Gateshead PCT region with a sexual health focus. These include: the sexual health strategy group for Gateshead that reports to the Public Health Partnership; a regional meeting of sexual health leads; the Northern sexual health trainers forum; regional meeting of practitioners specifically addressing the sexual health needs of men who have sex with men (MSM) and three levels of teenage pregnancy networks (executive board, partnership board and practitioner forum).

The formation of a strategic network (a managed sexual health network) would provide a key forum to bring together complementary expertise from general practice, pharmacy, relevant acute and community services, the private sector and voluntary providers. Other relevant partner organizations such as social services and education have an important contribution and would need to be engaged with such a network. The balance between regional and local interests will be critical. Certain solutions will require a regional perspective (e.g. exploring a regional call centre) whilst others will be locally driven (e.g. effective outreach to local at risk groups).

Until now, Gateshead has looked North of the Tyne to Newcastle for strategic partners in sexual health. The Gateshead and North of Tyne clinical GUM network (GANOT) has already been reviewed by the Department of Health National Support Team during their visit to Newcastle in October 2006. It reported:

> *"The existing clinical network 'GANOT 'provides an excellent foundation to develop a more holistic sexual health network across the whole economy, including general practice. This can be the vehicle to improve communication and drive the development of appropriate patient pathways between services and organisations. We also recommend that the network develops a shared governance framework to ensure consistent standards are maintained for patients regardless of where they receive a service."*

An issue that Gateshead PCT will need to address is related to the redrawing of PCT boundaries and how this relates to regional decision making and who will be included in the network to provide the regional context.

Recommendations:

- A local mapping exercise is undertaken to establish all groups currently in existence that incorporate sexual health service delivery to identify any duplication in groups and streamline coordination of services.
- A managed sexual health network for Gateshead is established to provide strategic direction and to oversee the implementation, governance, monitoring and evaluation and ongoing provision of the service.

- The network should have strong representation from key local groups and represent both user and provider interests and priorities. The network would be made up of a core group of standing members (including Gateshead PCT, Gateshead LA (education and social care), Children and Young Persons Trust, General Practice Forum and user representative).

- The network should be the focus for ensuring that robust clinical governance structures are in place across all sexual health services, including the creation of processes and standards across the network e.g. for recall, partner notification, ensuring consistency in quality of care and user monitoring and evaluation.

- This forum should develop user-friendly protocols for clear referral pathways and develop a locally owned sexual health strategy that is responsive to national policy. The forum should assume responsibility for strategy implementation and monitoring.

- Specialists within the network can also be a resource for advice and support to other providers within the network and a clear process for accessing this support could be developed by network members.

4. Key Recommendations and Actions

4.3 Clinical Leadership

Individuals accessing sexual health services in Gateshead PCT have the right to a high quality, evidence-based service. All members of the multidisciplinary team should be appropriately trained and undertake their duties in a professional manner while being aware of the barriers (both real and perceived) that impact on individuals accessing services.

Strong clinical leadership will be essential to overseeing this, as well as for the coordination of both the strategic and operational components that will be integral to the implementation and ongoing development of the sexual health service.

The hub and spoke model proposed lends itself to the need for a high-profile clinical lead. The post holder will be the focus of the service for both internal and external partnerships, will ensure a patient-focused approach for the service and will increase political awareness of the sexual health arena within the PCT and Strategic Health Authority).

Recommendation:

- The managed sexual health network will provide strategic direction and ensure clinical governance and quality assurance mechanisms apply to the chosen clinical model.
- That a nominated clinical lead is appointed, who will be the focus of the service. A Senior Nurse or, Nurse Consultant level post is proposed for this role.
- Clinical supervision / advice should be available from an experienced medical-consultant in sexual health.
- Local arrangements will be required to ensure provision of out of hours cover.
- Gateshead PCT should make links to neighbouring PCTs / GUM services to ensure consistent operating and clinical standards and to provide clinical leadership support.
- Ultimately, Gateshead PCT must identify the level of medical input required for the service and ensure this forms part of the commissioning process.

4. Key Recommendations and Actions

4.4 Workforce Development

The actual number of staff required will depend upon the service size, the opening hours and user demand on the service. It may be appropriate for staff to work across a number of sites when satellite clinics are held at different times.

A flexible workforce will need to be developed to ensure user pathways and clinical sessions are managed by a multidisciplinary team approach, working across a skills-ability continuum. Administration and clerical staff, healthcare assistants, nursing and health advising and medical staffing will all be required to ensure the delivery of a high quality sexual health service.

This approach utilises resources in terms of staff skills – ensuring the most appropriate staff member undertakes roles most appropriate to their training and ability. Agenda for Change grading should reflect levels of responsibility of roles.

Nurse-led services are a valuable resource that can positively impact on GUM waiting times. With the development of patient group directions (PGDs) and nurse prescribing, nursing staff will be able to undertake complete episodes of care from sexual history taking, examination, diagnosis and treatment to discharge. Please refer to Department of Health National Support team guidance High Impact Change 3 – analyse and improve utilization of the multidisciplinary teams in GUM. Service commissioners and service providers must be aware that Health Advisers who are not currently Registered Nurses cannot legally work within PGDs.
The British Association for Sexual Health and HIV (BASHH) has produced recommendations for core service provision in GUM which includes the minimum qualification of staff. This provides a useful basis for Gateshead PCT in developing a workforce able to provide local sexual health services.

Recommendations:

- Service commissioners and service providers should undertake a local needs assessment of training needs, benchmarking these against BASHH minimum qualification recommendations (annex 3).

- To 'skill up' primary care and contraception staff in the delivery of sexual health services we recommend the Sexually Transmitted Infection Foundation (STIF) course is provided locally. This provides multidisciplinary training in the attitudes, skills, and knowledge required for the prevention and management of STIs.

- Ongoing staff supervision and appraisal systems should be integral to workforce development.

4. Key Recommendations and Actions

4.5 Information Management

It is beyond the scope of this document to make a full service specification recommendation for an information management system. In procuring information systems, Gateshead PCT should consider the following points:

Recommendations:

- A centralised booking system across all clinics will maximise the available capacity of clinics and ensure service-users are offered the next available appointment within the region. All services will be required to collect and report data on GUM waiting times as part of the Department of Health target that all individuals requesting a GUM appointment are offered one within 48 hours.

- A master patient index system is preferable when operating services across several sites. This allows individuals to access any satellite clinics where their clinical details can be accessed electronically.

- Information management and data collection will be an essential component of the sexual health service. There is a statutory requirement for GUM services to collect KC60 data and for contraceptive services to collect KT31 data and for these collections to be sent to the Department of Health (Health Protection Agency for KC60 data).

- Electronic management and communication between service systems and pathology departments will ensure timely reporting of results.

Actions:

Service commissioners and service providers should explore integrated sexual health information management systems to ensure consistency in data collection for both local and national monitoring and reporting.

Gateshead PCT will need to be mindful of future developments in this area, including the introduction of the sexual health common data set and forthcoming NHS electronic record requirements and ensure information systems can adapt to these requirements.

4. Key Recommendations and Actions

4.6 Accessibility of the Service and User Experience

Please see supplementary report 'The Service Experience: Design recommendations for a person centred sexual health service in Gateshead' for our detailed recommendations on this theme. In summary the main recommendations are:

Core Service Structure

- A hub and satellite model for service delivery supported by increased laboratory capacity via a mobile laboratory.
- Sessional provision options - provided through walk-in sessions available across the hub and satellite locations and throughout the week, building upon the successful delivery of the current CaSH and young people's services. Sessions should be available after 5pm on several weekdays and throughout the day on Saturdays.
- Themed and general sessions - the majority of sessions the service provides should not be 'themed', or restricted to any particular group of users. Two single-sex sessions for service users wishing to access them should be considered.
- Appointments - a limited appointment system is retained and provision made for some appointments to be available concurrently with walk-in sessions in order to meet Government GUM 48 hour access target.
- Gateshead PCT must remain mindful of the requirement to meet the national 48 hour target which may be adversely affected by 'specialist clinics' or limiting walk-in only ability. It is recommended that a daily reservoir of appointments is available.

Service Promotion and Raising Awareness

- Visibility of the Service - a website and a telephone system are viewed as integral components of the new Gateshead sexual health service. These 'touchpoints' are core in terms of raising public awareness about the new service and how people can access it.
- Visual identity of the service - that Gateshead's new sexual health service has a recognisable and memorable public identity or branding, recognisable to all groups in Gateshead, as this will help with health promotion activities and service access.
- Targeted social marketing and sub-branding - tailoring of branding and social marketing, particularly in respect of people in high risk groups.
- Sexual Health promotions - General awareness campaigns need to be supplemented by campaigns targeting specific groups and these should always complement existing national sexual health promotion campaigns.

Service Gateways

There are four main gateways through which service users and potential users will initially access or be signposted to the Gateshead SH and GU service.

- Website gateway - is a key gateway and so attention should be given to ensuring it is technically robust and visually well designed and useable. It should have the following general features: General information and advice; Clinic walkthroughs and "who you might meet"; Advice on clinic attendance; Online appointments.

- Telephone gateway - that a single freephone telephone number is the main portal for telephone contact for both the hub and satellite clinics and for all GU and contraception service information, advice, appointment booking and results.

- Third party gateways - individuals should be able to make an appointment for someone else on their behalf, for example a partner.

- Referral through other services - Key staff at selected other agencies (NHS or otherwise) should have the ability to 'fast track' people if they feel it clinically necessary.

- Other gateways - In person, By SMS or Texting, by iPlus and similar mechanisms

Clinic Overview

A degree of control over the central clinic or hub environment is possible that will not be possible in the satellite or outreach spaces maintained by a third party. However, it is still important that the satellite clinics should, where possible, follow the design and recommendations made for the hub space and maintain the consistency in branding.

- The Sexual Health Hub/Central clinic space needs to be located in central Gateshead, within easy walking distance of major transport links, ideally at Gateshead Interchange.

- Integration with other services – as discussed in section 1

- Chlamydia screening - in line with the national screening programme will be opportunistic for asymptomatic people under 25 years and will be incorporated into the wider SH service All venues providing screening will be required to meet the programme data collection elements.

- Feedback on the service - Service user experience feedback is an important element of the proposed new SH service and will provide the foundations for future service development and improvement.

- Service User flow through the clinic - Two core principles guide the design recommendations for the service users' pathway through the hub clinic:
  - The experience of the service user should be the central consideration, and
  - The service user should always be aware of where they are in the care pathway.

Clinic Environments

It is important that the clinic interiors of both the central hub clinic space and where possible the satellite clinics should reflect the new SH service desire to move towards a less medical look and feel for the whole service. Our recommendations are for a more informal look and feel similar to a hair salon, café or other comfortable, low-key space.

4. Key Recommendations and Actions

4.7 Monitoring and On-Going Development of the Service

On-going monitoring of the new service to ensure it is meeting both national and local targets and aspirations is crucial. An effective monitoring and evaluation strategy also operates as an early warning system for service improvement and maintenance of standards. To do this, monitoring has to be carried out at regular intervals that are sufficiently frequent to pick-up on impacts that result from changes as and when they have been implemented.

Service user feedback is vital to understanding how the new service is being received and operating and whether it meets service users' needs. There are a range of methods for gathering this information and thought should be given to utilising existing service user panels and user representative groups. However, it is unlikely that these will include the range and variety of service users whose views need to be included in service review. It is essential that 'at risk' and hard to reach people are given the opportunity to input into service review and also that consultation moves beyond involvement solely from the 'usual suspects'. All of this means that on-going and effective consultation plans must be included in the overall communications strategy and all outreach work should seek to engage people in current and future service review. Consideration needs to be given to using innovative methods and appropriate methods beyond exit surveys or written questionnaires, although these should be part of the menu of methods available.

For service user feedback to effectively measure changes in satisfaction, standard questions need to be developed and it is advised that these are agreed across the Managed Sexual Health network and in consultation with partner agencies. This should enable streamlining of this type of survey and consultation.

It is also vital that any service user satisfaction material and overall communications strategy, of which this is part, are developed with input from users.

There must also be mechanism for service users to feed into service review at a time that suits them, normally soon after or during their care pathway exposure. Users need to be able to compliment and complain effectively and in a timely way so a variety of opportunities for them to do so need to be established.

Recommendations:

- A full service review to be carried out one year after the core service re-configuration. A yearly review of all major operational changes should also be factored into implementation programmes for changes.

- Evaluation of services in line with 'you're welcome' criteria, including use of 'mystery shoppers' by young people should be incorporated

- In collaboration with partners and service user feedback a range of methods need to be developed and agreed for gathering service user views both as part of programmed reviews and for ad hoc comments.

- Use a wide range of methods and settings for service user feedback as the more opportunities that exist, the more likely a diverse range of users will feel comfortable in having 'their say'.

- Service design and social marketing techniques should be considered to keep service review innovative and refined enough to capture different users needs and views.

- Regularly provide feedback to users detailing what changes have been made to the service in response to their comments, suggestions and requests.

Actions:

- Review existing service user feedback materials and strategies and identify whether these are sufficient for the review of the interim service and whether they need to be amended for the new service.

- Ensure service review is factored into budgets and that individuals are identified to be responsible for collation and dissemination of feedback and review results.

- Develop or build upon existing service review strategies to ensure they are flexible for future service change monitoring and to include a wide range of methods for user feedback and input, particular emphasis should be placed on hard to reach service user consultation.

- Identify avenues for feeding back recommendations and results from service user feedback to the public: the website and existing community newsletters should be core to this.

5. Implementation Action Plan:

The plan for implementation reflects the key local issues facing Gateshead PCT, service commissioners and service providers in the development and implementation of a SH service. Gateshead PCT should review this action plan, deciding upon who will lead each action and by when (tick and where necessary specify agreed lead).

Action	Details	SHA	PCT	Provider	Other	By When?
An integrated sexual health service: A 'hub and spoke' model for sexual health service provision is proposed for Gateshead PCT area. The hub will offer a dedicated sexual health service, operating level 3 service provision. The hub will have a number of spokes – or sexual health satellite clinics across the PCT patch, providing a range of Level 1-3 services. Mobile laboratory as a 'bolt-on' to established healthcare settings.	• Identification of a central 'hub' location. • Identification of 'spoke' satellite venues. • To scope feasibility and costings of mobile laboratory; to include health and safety issues, vehicle security; specimens storage (refrigeration); specimen transfer to a central pathology department. • Identify training needs of staff in diagnostic microscopy skills: liaison with pathology department to devise training and monitoring of diagnostic skills.					
HIV testing, management and treatment of HIV positive individuals: Gateshead PCT will not seek to provide specialist HIV services. All satellite venues offer HIV testing.	• Referral pathways and commissioning processes in place that supports patient movement from Gateshead PCT to specialist HIV services. • Work within current guidance on provision of specialist HIV services. • Clinical sessions, including those in community settings for HIV testing purposes only.					
Partner Notification: All methods of partner notification should be available;	• Training to community staff to skill and support them to undertake partner notification activities. • Regular audit and monitoring of partner notification activities should be carried out across all clinic venues.					

Action	Details	SHA	PCT	Provider	Other	By When?
Chlamydia Screening: High-volume testing is essential to the future turn-around in positivity rates and is one of the Healthcare Commissions future performance targets.	• Offer opportunistic screening for chlamydia in alternative venues – such as those provided in the national chlamydia screening programme (pharmacy venues, youth services).					
Primary Care provision of sexual health services:	• Identify general practices and pharmacy's to utilise skills and resources of staff and premises. • Explore commissioning of Enhanced Services for the provision of sexual health services in both.					
Managed Sexual Health Networks: The network should have strong representation from key local groups and represent both user and provider interests and priorities. The network would be made up of a core group of standing members (including Gateshead PCT, Gateshead LA (education and social care), Children and Young Persons Trust, General Practice Forum and User Representative).	*Gateshead PCT will need to address new PCT boundaries, regional decision making and who will be included in the network to provide the regional context.* • Local mapping exercise of current groups incorporating sexual health service delivery; to identify any duplication in groups and streamline coordination of services. • Establish a managed sexual health network to oversee the implementation, governance, monitoring and evaluation and ongoing provision of the service. • Ensure robust clinical governance structures are in place across all sexual health services. • Develop protocols for clear referral pathways. • Develop a local sexual health strategy.					

Action	Details	SHA	PCT	Provider	Other	By When?
Accessibility of the Service, and User Experience: The objective of this project has been to create a GUM / sexual health service for Gateshead, where people are seen within 48 hours of first contact, and to design it so that the treatment path is clear and suits the user's needs.	• Review recommendations made in the supplementary service user experience report. • Services should be developed in line with national recommendations, such as those produced by the British Association for Sexual Health and HIV (BASHH) and the Department of Health National Support Team 10 High-impact changes for GUM 48 hour access.					
Clinical Leadership: A high-profile clinical lead is needed; a focus for internal and external partnerships; ensure a patient-focused approach; increase political awareness within the PCT and Strategic Health Authority (SHA). **Workforce Development:** A flexible workforce will need to be developed to ensure user pathways and clinical sessions are managed by a multidisciplinary team approach, working across a skills-ability continuum. Administration and clerical staff, healthcare assistants, nursing and health advising and medical staffing will all be required to ensure the delivery of a high quality sexual health service.	• Gateshead PCT to identify the level of medical input required for the service and ensures this forms part of the commissioning process. • Links made to neighbouring PCTs and SH / GUM services to provide support to the Clinical Lead. • Identify workforce numbers required to provide full multidisciplinary team coverage of both 'hub and spoke' services • Undertake mapping exercise of current workforce skills and abilities; identify locally available training opportunities and develop training strategy. • Development of Patient Group Directions (PGDs). • Scope local provision of the Sexually Transmitted Infection Foundation (STIF) Module with neighbour PCTs.					

Action	Details	SHA	PCT	Provider	Other	By When?
Information Management:	• Explore integrated sexual health information management systems to ensure consistency in data collection for both local and national monitoring and reporting. • Centralised booking system across all clinics will maximise the available capacity of clinics in meeting GUM-48 hour target. • A master patient index system that allows individuals to access any satellite services. • Electronic management and communication between service systems and pathology departments.					
Monitoring and on-going development of the service: On-going monitoring of the new service to ensure it is meeting both national and local targets and aspirations is crucial. An effective monitoring and evaluation strategy also operates as an early warning system for service improvement and maintenance of standards.	• Review existing service user feedback materials and strategies; identify whether sufficient; amend as needed. • Ensure service review is factored into budgets; individuals identified to be responsible for collation, dissemination of feedback and review results. • Develop / build upon existing service review strategies; ensure flexibility for future service change monitoring; include a wide range of methods for user feedback and input with emphasis on hard to reach service user consultation. • Identify avenues for feeding back recommendations / results from service user feedback to the public.					

Annexes

Dr Louise Hulton, PhD. Senior Producer

Louise is the Director of Design Options. Educated at Cambridge University; the London School of Economics and Harvard University has over 15 years experience working in national and international health systems to improve the delivery of health services; her focus has been on reproductive and sexual health with an emphasis on maternal health. As a demographer and former Head of Research and Consultation she brings technical expertise in participation and consultation. She is currently a non-executive director of a local Primary Care Trust in the UK; and was previously Chair of a local Maternity Services Liaison Committee. Dr Hulton lead has been involved in needs assessments and gap analysis of Children's and Young People's Trusts and in supporting performance management for newly emerging Local Area Agreements. Louise has worked closely with the Primary Care Trust Directors of Public Health, Health Commissioners and local teenage pregnancy coordinators to review the quality of local sexual health information and use this to help design service interventions. Louise is currently a Research Fellow at the Department of Social Statistics, the University of Southampton.

Design Options was established by Louise Hulton in 2005 as a programme of Options Consultancy with a view to building on and sharing best practice from both national and international experience. Options Ltd, the technical assistance arm of Marie Stopes international has worked in the field of health for 18 years.

Dr Gwendolyn Brandon, Expert Advisor Social Science Research and Consultation

Gwendolyn is Head of Programmes at Design Options. Gwendolyn gained her doctorate at Imperial College and spent five years as a researcher on multi-disciplinary research at Bath University. She has 15 years' research experience and has worked extensively in the public sector and with the community and voluntary sector. She was a research manager at the Home Office before taking on responsibility for developing a recognised best practice research governance system for a local authority. Recent work has focussed on developing public sector consultation partnerships with socially excluded and 'hard to reach communities'.

Dr Brandon has extensive experience of working within the public sector on project evaluation; performance monitoring and service user consultation. She has been an adviser on a number of executive bodies in participation and consultation and the broader equalities agenda. She has developed and delivered equalities training and capacity building in research methods to a range of public sector practitioners.

Jenna Singleton, Expert Advisor

Jenna is Senior Designer at Design Options. She has been working as a designer and design researcher for the past 3 years, specialising in Service Design. She is also a part time lecturer on the Design for Industry programme at Northumbria University.

Jenna was awarded the RSA national design award for a service design project, worked with leading design research organisation Seymour Powell Foresight in 2003, and designed a national-award-winning product that is still in production.

Jenna has conducted extensive research into service design processes and methods. This research focused specifically on effective methods of user-centred design thinking and co-design approaches, methods that empower users to engage in the design of solutions to the problems that affect them. She was author of 'SexLife: an agenda for a new sexual health landscape' (published under her maiden name of Jenna Mattinson). She specialises in taking a patient-centred and service user approach to improving care pathways, via design research and service design techniques.

She has worked alongside leading service design practitioners LiveWork as well as with the fpa (family planning association), The Centre for Sexual Health Research and John Snow International.

Benedict Singleton, Lead Designer

Benedict has a background in psychology, graduating with First Class Honours in the subject from Newcastle University in 2001. He worked as an academic psychologist at several institutions prior to joining the Centre for Design Research as an interaction design researcher in July 2005. There, he explored how work in disciplines ranging from neuroscience to cultural theory could inform and direct the design of future products and services.

Most recently, he has been involved with Designs of the Time 2007 as lead designer on the DaSH project with Design Options, and a team leader on the Mapping the Necklace design showcase, with Cornerstone. He is currently pursuing a practice-based PhD at Northumbria University's Design School, using design as a medium to explore unusual relationships people can have with the services they use.

Mike Smart, Designer

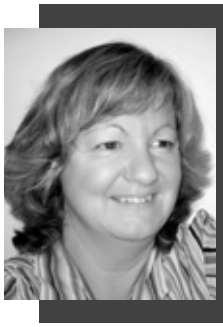
Michael is an award winning designer currently studying Industrial Design at Northumbria University. He has been working for Design Options as part of his degree course training. Michael has previously worked for organizations involved with product design, design strategy, and horizon scanning.

Lindsay Hillyard, Designer

Lindsay Graduated from Northumbria University with a first class degree in Design for Industry. Before joining Design Options as a service designer she worked for design consultancies specialising in product design and design research. Whilst at Design Options Lindsay has been involved in the creation and visualisation of the proposed concepts and strategies for Design and Sexual Health.

The Co-design Team:

Sue Shilling, Head of Public Health Operations, Gateshead PCT
Sue has worked in health for twenty four years, for most of that time within an acute setting. She has been with Gateshead PCT Public Health Directorate for 2 and half years where her role consists of business and performance management of the public health agenda, along with commissioning, particularly of sexual health and stop smoking services.



Sheron Robson, Manager Sexual Health Services, Gateshead PCT.
Sheron has an extensive background in sexual health training and group work and has worked in health promotion, voluntary projects and the corporate sector both in the UK and overseas.

Pam Douglas, Young Person's Service Co-ordinator, Sexual Health Promotions Team, Gateshead PCT
Pam is a Sexual Health Promotion Worker with responsibility for Young People's Services, including the C card condom distribution scheme. Pam comes from a Youth Work background and has worked with young people for over thirty years.'

Angela Star, Nurse Team Leader for Contraception and Sexual Health, Gates-head PCT
Angela is the Nurse Team leader for the Contraception Service. Her work has always been predominantly with women, having trained as a nurse and then Midwife. Her work has included the running of a dedicated service for pregnant teenagers and working in partnership with multi agencies and young women to ensure that all needs are met safely.

One of her key success areas has been in the flexible approach of venue and informality of consultations and Angela was recognised for her work in this area when awarded the NANCSH/Durbin Sexual Health Nurse of the Year Award (2005). Her priorities are now firmly rooted in sexual health and taking forward the integrated model for sexual health services.

Heather McAdam, Sex Education Nurse - vulnerable and hard-to-reach young people, Gateshead PCT
Heather works as Sex Education Nurse in the Sexual Health Promotion Team. She has worked for many years in the field of sexual health in both educational and clinical settings throughout the UK with different client groups including sex workers, young offenders and young people.

Mark Oddy, Health Promotion Spe-cialist (Gay & Bisexual Men), Sexual Health Promotions Team, Gateshead PCT
Mark is a sexual health promotion specialist with 4 years NHS experience working primarily with men who have sex with men. He has worked in training, education and development for over 15 years in the UK and Latin America..

Annex 2: Membership of the Advisory Group and the Steering Group

Steering Group:

Louise Hulton, Senior Producer & Director of Design Options
Professor Robert Young, Director of the Northumbria University Centre for Design Research
Sue Shilling, Head of Public Health Operations, Gateshead PCT
Sheron Robinson, Manager Sexual Health Services, Gateshead PCT
Avril Rhodes, North East Strategic Health Authority
Lisa Dodds, Joint Commissioning Group, Children and Young Persons Trust
Robert O'Dowd, Executive Producer, DOTT 07

Advisory Group:

Louise Hulton, Senior Producer & Director of Design Options
Robert Young, Director of the Northumbria University Centre for Design Research
Dr Richard Pattman, Consultant Physician, Newcastle
Sue Shilling, Head of Public Health Operations, Gateshead PCT
Sheron Robinson, Manager Sexual Health Services, Gateshead PCT
Jennie Winhall, Design Strategy and Service Design Expert
Catherine Dennison, Department of Health, Head of Research, Children and Young People
Peter Carter, Department of Health, Sexual Health and HIV
Anne Graney, Regional Teenage Pregnancy Co-ordinator
Nicole Stone, Centre for Sexual Health Research, University of Southampton
Shabina Sadiq, Speakeasy Project Officer, fpa
John Thackara, Programme Director, DOTT 07

Annex 3: Key Documents & References

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Annex 4: Summary of High Impact Changes for GUM 48 hour Access

Theme: Identify how much capacity you need to meet the access target

High Impact Change 1: *Measure demand and capacity across the local health economy.* By understanding the gap between demand and capacity, services can then plan how to address it through implementing the other High Impact Changes.

Theme: Maximise use of existing resources to increase capacity

High Impact Change 2: *Begin a process improvement project to inform service redesign.* Optimising patient flow through service bottlenecks, through service redesign, can deliver shorter patient journeys, release existing resources and increase capacity.

High Impact Change 3: *Analyse and improve utilisation of the multidisciplinary teams in GUM.* In many cases multidisciplinary team roles, particularly nursing, have been extended to increase capacity to see new patients, but there is scope to take this work further.

High Impact Change 4: *Develop a separate pathway to manage screening of patients at low risk for STIs.* Change from triage to streaming, so lower risk patients can be seen quickly by more junior staff, while more senior members of the multidisciplinary team see complex cases and higher risk patients.

High Impact Change 5: *Review current access system and make it easier for patients to access the service.* Centralised booking systems make better use of capacity across an area and enable patients to make an appointment through one phone call, which is particularly useful for satellite or part-time services.

High Impact Change 6: *Reorganise clinic opening hours to improve access.* Matching the timing of services and staffing levels to the times when people want to be seen should ensure that capacity is fully utilised.

High Impact Change 7: *Reorganise the physical environment to maximise the space available for seeing Patients.* Identify any times when existing space is under-utilised and adapt patient journeys to minimise these bottlenecks.

Theme: Improve effciency (and eliminate waste)

High Impact Change 8: *Reduce unnecessary clinical activity to increase capacity for new patients.* Reviewing traditional practice and reducing unnecessary clinical activity such as follow-up patient attendances, sending results by text, and changing the type and volume of tasks traditionally undertaken by staff, can free up capacity to see more new patients.

Theme: Ensure effective commissioning and contracting

High Impact Change 9: *Assess the state of readiness of service providers outside GUM, and prioritise developments that will help meet and sustain the GUM access target.* Other local sexual services can enhance and supplement current GUM capacity and provide more choice for patients.

High Impact Change 10: *Make costs of GUM services transparent and develop appropriate commissioning consortia which reflect patient flows.* HIV outpatients represent low volume but high cost for GUM services, and they do not attract Payment by Results (PbR) at present. Separate commissioning arrangements will ensure that adequate services are provided for HIV patients without compromising care for other STI patients.

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