

The role of community pharmacies in sexual health services

Summary

At a time when sexual health services across the country are struggling to cope, [Umbrella Sexual Health](#) is managing increasing demand whilst overseeing year-on-year improvements in public health outcomes, for a significantly lower cost than before Umbrella Sexual Health was introduced.

A central component of the service in Birmingham is the work being undertaken by pharmacy partners. A formally contracted network of 174 community pharmacies provides easy access to a wide range of sexual health and contraception services and is proving increasingly popular with service users.

Background

In 2014, Birmingham City Council tendered for a prime provider model to deliver sexual health services. At the time, it was a fragmented system that was largely hospital-based, with a focus on treatment rather than prevention. It failed to meet the needs of priority groups, and public health outcomes benchmarked poorly against the rest of the country.

University Hospitals Birmingham NHS Trust (UHBFT) provided a plan to move services away from hospitals and into the community:

- reducing stigma
- expanding prevention and self-care
- creating access for groups that were previously excluded

The work with pharmacists was a core element of the Umbrella model, providing community-based services to increase access, whilst reducing pressure on the clinics.

Over the last 4 years, the number of pharmacies in the Umbrella network has increased and the service provision now stands at around 5,000 Umbrella activities, which are delivered by pharmacists every month.

What was involved

Setting up the service was a logistical challenge. Pharmacies were selected on a Ward basis, with the number of required pharmacies identified using demographic and infection risk indicators, including levels of deprivation, ethnic make-up and current prevalence of sexually transmitted infections (STIs).

Pharmacies could bid to provide either Tier 1 (T1) or Tier 2 (T2) services.

T1 is a relatively basic level of service, whilst T2 is more innovative, implementing a more comprehensive level of service provision.

Tier 1 includes:

- emergency hormonal contraception (EHC)
- chlamydia screening (with EHC)
- STI kit “click and collect” service
- condoms

Tier 2 includes:

- emergency hormonal contraception (EHC)
- chlamydia screening (with EHC)
- STI kit “click and collect” service
- condoms
- oral contraception – start up
- oral contraception – continuation
- injectable contraception (Sayana Press)
- STI kit initiation
- chlamydia treatment
- hepatitis B vaccination (2nd/3rd dose)

In the initial tender round, a total of 98 pharmacies were awarded contracts, with 13 of them commissioned to provide T2 services. This has now grown to 174 pharmacies in total with 61 T2 providers.

At the outset of the service, the level of engagement was low, with almost all of the activity being generated by the distribution of emergency hormonal contraception and condoms. However, with a concerted effort to build relationships between Umbrella and the pharmacy providers, along with significant support from the Local Pharmacy Committee (LPC), the profile of activity has changed, with T1 activity starting to level off and T2 service provision increasing significantly.

The success of the Umbrella pharmacy service is due in part to investment in the brand and associated promotional work to raise awareness amongst the public. The service also has a dedicated training programme, to ensure consistency and quality in service provision.

The service has seen consistent and increasingly rapid growth.

Working well

The growth in the pharmacy service provision is a clear illustration of how popular it is with service users, especially young people, who like the anonymity and convenience of attending a pharmacy, rather than a clinic.

There is an increasingly strong and collaborative relationship between the Trust, the LPC and pharmacists. Regular communication helps to identify what can be done to keep growing and improving the service and the success of Umbrella is now being examined, both by other sexual health services and by

health providers on a wider basis, exploring how primary, secondary and tertiary care can support one another.

Next steps

Public acceptance of the service has now reached a level which allows us to take the next key strategic step. Umbrella will be 'upgrading' all T1 pharmacies to T2 to ensure that there is a consistent service in all pharmacies.

Once this has been implemented, Umbrella will reserve clinic attendance for service users who have more complex needs. Anyone who can be seen in a community setting will be directed to a pharmacy or GP provider. This should reduce pressure on clinic-based services whilst enabling Umbrella to maintain an accessible and high-quality service.

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A single contract for sexual health services across Teesside

Summary

Sexual Health Teesside is collaboratively commissioned by the 4 Tees local authorities, 2 clinical commissioning groups and NHS England. The prime provider works to one contract, signed by all 7 commissioners, which has a strong focus on prevention and is supported by a collaborative commissioning agreement.

Background

Teesside first commissioned an integrated sexual health service (SHS) in 2011. In 2013, as a result of the new division of commissioning responsibilities, the primary care trust contract was divided into separate commissioning lines for each of the 7 new commissioners.

Recognising that separate commissioning could result in multiple providers and a fragmented system, and in view of the significant cross-local authority border flow of people using SHSs, the commissioners decided to collaborate to ensure continued delivery of an integrated service across Teesside.

In 2016, the service was re-commissioned and the contract awarded to one prime provider, which in turn subcontracts to primary care and voluntary sector providers.

The prime provider is jointly commissioned and works to one contract signed by all 7 commissioners, supported by a collaborative commissioning agreement between all parties.

The contract has a strong focus on prevention and includes an innovative series of Service Outcome Related Payment (SORP) objectives, which rewards delivery against specific strategic prevention outcomes.

The prime provider delivers SHSs from 4 hubs (one in each borough) and several spoke clinics in the community, as well as through outreach sessions. The prime provider has subcontracts with a number of GP practices, as well as pharmacies across Teesside to deliver some services including:

- chlamydia screening
- emergency hormonal contraception
- a 'C-card' scheme providing free condoms to young people

It also has further subcontracts with voluntary sector organisations.

What was involved

The collaborative re-commissioning of Teesside SHSs had the following objectives:

- to commission a high quality, integrated and seamless SHS across Teesside with better access and more choice for the local population
- to commission collaboratively across the whole system to prioritise prevention, education and training, and services for young people
- to develop a highly trained and flexible sexual health workforce, able to move between boroughs and offer more targeted outreach sessions to different population groups
- to centralise and coordinate contact management, patient records and partner notification across Teesside
- to avoid the need for cross-charging between the 4 boroughs for residents using SHSs across local authority boundaries
- to make a 7.4% efficiency on saving on SHS expenditure

Working well

The commissioning of an integrated service offers a number of benefits to the commissioners.

With large numbers of people using SHSs outside their borough of resident, the 4 local authorities avoid the need for mutual cross-charging, saving administrative costs. Further efficiencies and a better service for the local population are provided by centralised functions such as contact management, patient records and partner notification systems.

The inclusion of SORPs in the contract was an innovation to incentivise preventative work and has enabled a greater focus on improving the sexual health of young people.

Appointing a single contract manager, who worked equally to the requirements of all collaborative partners, was also beneficial as it ensured that communication among and between commissioners and provider is streamlined and consistent.

The new SHS delivers on a vision for the whole population of Teesside. Pathways are designed to be seamless, and users have a choice of appointments or walk-in clinics on an open-access basis across the 4 boroughs.

A full range of services is offered, including STI testing and treatment, and outreach services are delivered in schools, colleges and other settings for young people. Additionally, online services including STI self-sampling kits have recently been introduced.

The Directors of Public Health across Teesside provided strong leadership and governance of the procurement process. Together with the support of a team with a clear mandate and resources to take this forward, effective collaborative commissioning could be carried out.

Jacky Booth, Contract Manager for Public Health South Tees, said:

We wanted to work together with commissioning partners for a whole system approach, where we would look at the population as a whole and the prevention agenda.

Next steps

Working collaboratively, commissioners have managed to procure an integrated SHS for potentially 9 more years.

For further information, contact Jacky_Booth@middlesbrough.gov.uk.

[Accessing sexual health testing online](#)

Background

Sexual Health London (SHL) was developed in London through the London Sexual Health Programme, a partnership of 31 London local authorities, which enables sexual health services (SHSs) to meet the combined challenge of rising demand and fewer resources.

The service makes it simpler and more convenient for people – including those in the groups more at risk of sexually transmitted infections (STIs) – to get tested regularly, encouraging early identification of STIs and avoiding onward transmission.

What was involved

The SHL service was designed after an engagement exercise took place to hear the views of over 5,000 residents, patients and clinicians about SHSs in London. The engagement exercise explored whether people would be interested to use this type of service, and how it would work in practice with an existing network of clinics. Over half of the people consulted said they would consider using an online SHS if it was available.

Close partnership between SHL and clinics is central to ensuring the service enhances options for Londoners, and at the same time complements the workload of busy clinics. The specification for the service was informed by a Clinical Advisory Group, drawing on feedback, and formed part of procurement for a new London online service.

SHL was launched in January 2018 and has already provided sexual health services to around 200,000 people across London. It is funded by local authorities and enables people to order tests and view results online.

How the service works

If people want to order a testing kit, they can access the service directly through the web or via clinic websites. They then create an online account and answer a few simple triaging questions, similar to those used in clinics. Once this is complete, a kit is sent through the post, usually arriving within a couple of days. The kits are also directly available in many of London's clinics, which means that people can choose to collect and sample at home.

The user then returns the samples through Freepost, and results are typically ready in 1 to 2 days.

If follow-up care is needed, such as safeguarding concerns or for a positive or reactive result, there is a dedicated team of health advisors on-hand to support people to access care. SHL is integrated within the majority of London's sexual health clinics, giving clinicians access to the patient's online record. This avoids unnecessary testing.

The service also offers a remote chlamydia treatment service for people with uncomplicated chlamydia, including partner notification. People who are clinically eligible for the service are sent medication through the post – or can attend a participating community pharmacy. They can also choose to attend a clinic.

Working well

Over 200,000 Londoners have chosen to use the SHL service since it launched, giving people the option to manage their sexual health online and to access care in this new way.

The service is aimed at people without any symptoms. It has identified over

12,000 infections since it launched and provided 3,700 chlamydia treatments remotely.

Work focusing on people that might be at higher risk of poorer sexual outcomes has also begun to take place – and this included promoting the service at a recent Black Pride event in London.

Feedback from people using the service has been extremely positive, with 98% saying that they would recommend it to friends and family. The service attracts people who are recent users of services, less regular users and those who are new to SHSs.

In 2019, 20% of new online users reported never having used an SHS before. As the feedback confirms, SHL is becoming an increasingly valued service.

Clinics across London have developed new ways of working, to include SHL as an important part of their offer.

Next steps

SHL will continue to be part of the participating councils' long-term commitment to STI prevention. It remains the ambition to better meet the needs of Londoners by further embedding the service across the Capital.

For more information, contact sexualhealth@cityoflondon.gov.uk.

£9 million announced to get ports and local areas ready for Brexit

- Local areas to receive £9 million to help ensure they are fully prepared for Brexit on 31 October
- Kent will be given over £2.6 million out of the available funding due to its unique circumstances

An extra £9 million will be made available to ensure local areas and major ports are ready for Brexit, Local Government Secretary Rt Hon Robert Jenrick MP announced today (21 August 2019).

A total of £5 million will be given to local councils which either have or are near to a major air, land or sea port to ensure they will continue to operate efficiently when the UK leaves the EU on 31 October.

The remaining £4 million will be shared out to local resilience forums (LRFs), partnerships made up of representatives from local public services, across England to support them in their preparations.

The funding can be used by local areas to support the development of robust Brexit plans for their areas and for continued preparedness activities, including additional staffing costs.

The extra funding follows a £20 million boost for councils announced in August to ramp-up preparations for leaving the EU by appointing a designated Brexit lead.

This brings the total funding allocated by the government to help local areas prepare for Brexit to £77 million to date.

Local Government Secretary Rt Hon Robert Jenrick MP said:

From keeping our supply chains running and ensuring goods continue to flow into the country, to putting robust plans in place for every community, local government is playing a vital role in preparing the country to be fully ready to leave the EU on 31 October.

We have stepped up our preparedness significantly in recent weeks, including by asking every council to appoint a Brexit Lead Officer. Now we are releasing an additional £9 million of additional funding today to help local areas get ready for Brexit, whatever the circumstances.

Local authorities in Kent will receive over £2.6 million in recognition of the county being home to a number of the significant and busiest ports in the area including the Port of Dover, Eurotunnel, Ashford and Ebbsfleet.

Kent County Council will receive £1 million, and £1.6 million will be shared between a further 13 local authorities in the county.

The allocations have been based on a number of factors including the expected impact on the local area, the amount of EU goods received by port areas into the country and the areas wider importance to the UK's trade network.

The local councils to receive extra funding are:

- Dover District Council
- Folkestone and Hythe District Council
- East Riding of Yorkshire Council
- Hull City Council
- North East Lincolnshire Council
- Portsmouth City Council
- Southampton City Council
- Liverpool City Council
- City of Lancaster
- Ashford Borough Council
- Gravesham Borough Council
- Dartford Borough Council
- London Borough of Camden

- Manchester City Council
- North West Leicestershire District Council
- Uttlesford District Council
- London Borough of Hillingdon
- Crawley Borough Council
- Tendring District Council
- East Suffolk Council
- Kent County Council
- Canterbury Borough Council
- Maidstone Borough Council
- Medway Council
- Sevenoaks District Council
- Swale Borough Council
- Thanet District Council
- Tonbridge and Malling District Council
- Tunbridge Wells Borough Council

[Funding allocations for councils](#) (PDF, 111 KB, 1 page)

The major ports of entry within these local areas are:

- Port of Dover
- Eurotunnel
- Goole
- Hull
- Grimsby
- Immingham
- Portsmouth
- Southampton
- Liverpool
- Heysham
- Ashford
- Ebbsfleet
- St Pancras
- East Midlands Airport
- Manchester Airport
- Stanstead Airport
- Heathrow Airport
- Gatwick Airport
- Harwich
- Felixstowe

The local resilience forums (LRFs) to receive additional funding are:

- Essex
- Greater Manchester
- Hampshire and Isle of Wight
- Humber
- Kent
- Lancashire
- Leicestershire
- London

- Merseyside
- Suffolk
- Sussex
- Avon and Somerset
- Bedfordshire
- Cambridgeshire
- Cheshire
- Cleveland
- Cumbria
- Derbyshire
- Devon, Cornwall and Isles of Scilly
- Dorset
- Durham and Darlington
- Gloucestershire
- Hertfordshire
- Lincolnshire
- Norfolk
- North Yorkshire
- Northamptonshire
- Northumbria
- Nottinghamshire
- South Yorkshire
- Staffordshire
- Surrey
- Thames Valley
- Warwickshire
- West Mercia
- West Midlands
- West Yorkshire
- Wiltshire and Swindon

This funding is not for the infrastructure of ports, if required, that comes from the Department for Transport. The £5 million for local councils with, or near to, a major air, land or sea port is for councils to buy in additional staff and specialist expertise where necessary.

Local authorities with ports will be more affected than the majority of councils after we leave the EU, and so will need increased capacity and specialist capacity to put plans in place and manage changes.

The £4 million funding for local resilience forums (LRF) will be used to support LRFs in the development of robust Brexit plans for their areas and supporting their additional staffing costs.

To deal with similar circumstances, devolved administrations in Scotland, Wales and Northern Ireland will receive a total of £1.7 million Barnett consequential as a result of this announcement.

Local resilience forums (LRFs) are partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.

Today's funding announcement forms part of the [£2.1 billion announced by the Treasury](#) in July.

The government is in regular contact with councils about Brexit preparedness and is working closely with organisations like the Local Government Association to share information as well as a network of 9 Chief Executives who represent their regions in planning for Brexit.

On 13 August Local Government Secretary Rt Hon Robert Jenrick MP hosted a briefing with more than 300 council leaders and chief executives on Brexit preparations. This was the first meeting of its kind and was described by Mark Lloyd, Chief Executive of the Local Government Association (LGA) as a "welcome new approach".

The EU Exit Local Government Delivery Board, chaired by the Local Government Secretary, provides a mechanism for council leaders to talk to ministers about domestic Brexit preparations.

Earlier this month, the Local Government Secretary announced [£20 million for councils](#) to prepare for leaving the EU and to appoint a designated Brexit lead.

This funding will be split between unitary, combined, county and district authorities with unitaries receiving £104,984 each, combined authorities receiving £90,909 each, county councils receiving £87,500 each and district councils to receive £17,484 each.

The government has been clear that departments will assess and, if appropriate, fund potential new requirements of councils as part of Brexit work they are undertaking.

[Calling for full respect of international law and dialogue in the Middle East](#)

[unable to retrieve full-text content]Statement by Ambassador Karen Pierce at the Security Council briefing on the situation in the Middle East