

TRIGGER TEMPLATE – Guy’s and St Thomas’ sexual health reproductive and community sexual health service

NHS Trust or body & lead officer contacts:	Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:
Guy’s and St Thomas’ NHS Foundation Trust Kings College Hospital NHS Foundation Trust	Southwark Council

Trigger	Please comment as applicable
1 Reasons for the change & scale of change	
What change is being proposed?	<p>Reconfiguration of sexual health services to move more clinic activity online, reduce clinic capacity and expand the pharmacy and primary care offer.</p> <p>As part of our Sexual Health Transformation Programme Guys and St Thomas’ are undertaking a review of clinic sites and opening times with a view to reducing cost, extending opening times at some clinics and offer a 7 day a week service.</p>
Why is this being proposed?	<p>Demand for services is increasing, STI rates are increasing and year on year spend on sexual health is rising against a reduced public health grant. We need to increase access to testing and treatment whilst reducing spend.</p> <p>Approximately 30% of people who attend clinics are asymptomatic and providing a testing at home service will improve access for this cohort whilst releasing clinic time for more complex need.</p>
What is the scale of the change? Please provide a simple budget indicating the size of the current investment in the service, and any anticipated changes to the amount being spent.	<p>20% reduction in place from mid-year (October 2016) . This will equal a £208,241.77 reduction on the block contract value for reproductive sexual health services.</p> <p>Genitourinary Medicine is paid by activity.</p>
How you planning to consult on this? (please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.	There is a parallel consultation in place with Lambeth Council and Guys and St Thomas’ Trust.

2 Are changes proposed to the accessibility to services?	Briefly describe:
Changes in opening times for a service	There may be site rationalisation across GSTT services and changes to opening hours so that they can deliver a 7 day a week service across the borough with extended opening times. GSTT will consult extensively with patients on changes to services.
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	No
Relocating an existing service	No
Changing methods of accessing a service such as the appointment system etc.	No current proposals to change – services will remain open access. Patients will be directed to online as clinically appropriate.
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	<p>Young people, black African and black Caribbean groups and men who have sex with men experience poorer sexual health. Poor sexual health is also positively correlated with deprivation.</p> <p>An EIA has been done and is being reviewed.</p>
3 What patients will be affected? (please provide numerical data)	Briefly describe:
Changes that affect a local or the whole population, or a particular area in the borough.	<p>Around 28,000 Southwark residents use sexual health services each year.</p> <p>Approximately 9100 Southwark residents attend GSTT GUM services each year with approximately 7100 sexual health screens performed. This represents 25% of residents who use GUM clinics and 28% of sexual health screens. Around 11,500 residents use Kings with 7000 sexual health screens performed. This represents 31% of testing.</p> <p>Attendees are split evenly amongst men and women.</p> <p>We model that in the first year approximately 4200 patients who currently use GSTT and Kings for STI testing could self test – either via an online service or via a click and collect service.</p>
Changes that affect a group of patients accessing a specialised service	By redirecting asymptomatic patients who can safely home test from clinics, patients

	<p>with complex needs who require a consultant led service will find it easier to access, with reduced waiting times.</p> <p>Due to the current open access arrangements within services patients are poorly triaged – shifting asymptomatic patients to self testing will make it easier to meet complex need.</p>
Changes that affect particular communities or groups	<p>By sexual orientation men who have sex with men are the largest cohort who use sexual health services and have the highest incidence of infection.</p> <p>By ethnicity, black African and black Caribbean groups have the highest sexual health needs. Services have shown to be good at meeting the sexual health needs of BME populations and in 2012-13 black residents were twice more likely to use the service than other ethnic groups.</p> <p>Thus clinic changes will most impact on MSM and BME groups.</p>
4 Are changes proposed to the methods of service delivery? Briefly describe:	
Moving a service into a community setting rather than being hospital based or vice versa	We want to commission more online/home sampling and less clinic activity. This will result in a reduction of clinic capacity.
Delivering care using new technology	Home testing has been available in Southwark since March 2015. It has shown high acceptability amongst users demonstrated by an average 74% return rate. It is being independently evaluated.
Reorganising services at a strategic level	We are changing our commissioning intentions to commission more home sampling activity and less clinic based activity, which is inline with the London Sexual Health Transformation Programme.
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	Not currently.
5 What impact is foreseeable on the wider community? Briefly describe:	
Impact on other services (e.g. children's / adult social care)	None.
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	This transformation program will protect the financial viability of sexual health services into the future as we move to an effective and affordable delivery model.
6 What are the planned timetables & timescales and how far has the proposal progressed ?	
What is the planned timetable for the decision making	April to September.

What stage is the proposal at?	Launch of consultation
What is the planned timescale for the change(s)	April to September consultation (including GSTT staff and patient consultation). Public consultation to run to mid may and decision process stage to in June.
7 Substantial variation/development	Briefly explain
Do you consider the change a substantial variation / development?	Yes
Have you contacted any other local authority OSCs about this proposal?	The proposed changes were considered at Lambeth OSC on 12 th May.