

Integrated Sexual Health Services (ISHS)

Service Specification

Purpose and Aim

This Specification is a supporting document of the Department of Health and Social Care's (DHSC) *Mandate to Manx Care (the Mandate)*. It sets out the services to be delivered and the targets the service should seek to achieve. All services should be delivered in accordance with the principles set by the Mandate. The specific model of delivery and locations at which services are delivered are at the discretion of Manx Care, so long as they are aligned with the principles of this Specification.

Any part of this service may be sub-contracted to a third party to deliver and in that case, it is the responsibility of Manx Care to ensure the quality of that service and alignment with this specification.

Description of the Service

Integrated sexual health services should be primarily delivered within local communities rather than in a secondary care setting, wherever possible. Service Users should expect to be able to utilise a single point of access for all their contraceptive and sexual health needs. Services should offer open access to all of the sexually active population, promoting good sexual health through primary prevention activity.

Services to be Provided

(Note that the Sexual Assault Referral Centre is covered by a separate specification document)

Where levels are specified, they relate to broad alignment with *the NHS Data Model and Dictionary Definitions*;

- Contraceptive services level 1-3 to all individuals of reproductive age
- Genitourinary medicine services levels 1-3
- HIV care
- Vulval pain and other non-STI genital conditions
- Gender Care to support patients receiving treatment through a tertiary centre *(to be jointly developed during 2023)*;
- Pregnancy termination services delivered locally to 14 weeks gestation (where medically safe) under the Isle of Man Abortion Reform Act 2019;
- Later medical and surgical terminations through an actively managed contract with a provider, in line with the Isle of Man Abortion Reform Act 2019;
- Psychosexual services - brief intervention and counsel
- Outreach sexual health services for high risk groups as informed by Public Health intelligence
- Condom distribution in accordance with Department for Education and Children guidance
- Sexual health training for local professional staff, including training on Long Acting Reversible Contraceptives (LARCs)

- Provision of expertise, in partnership with school nursing, to on school sex and relationship education (“SRE”) on contraception and STI’s
- A point of contact for those accessing Gender Identity Clinics and co-ordination of referral to related or supportive services such as Mental Health
- Rapid response to outbreak management

The service reserves the right to reject referrals for patients requiring services outside the scope of this specification but this should be clearly communicated to the service user and Referrer, with signposting to appropriate services where possible.

Principles

Outreach

Outreach in this area needs to be assertive– this means accommodating patient preference for timing and location of service delivery and provision of advice wherever possible and appropriate. This may be through regular utilisation of wellbeing and primary care hubs in the four geographies of the Isle of Man and domiciliary visits to vulnerable service users. Consideration should also be given to discretion in this particular service, giving patients options for as much anonymity as possible, which may include virtual consultation.

Resource should be made available to work with colleagues in Public Health Isle of Man to identify and target those in high risk groups and areas. This may include providing information and advice to Youth Services, Colleges and Voluntary Agencies in line with national Public Health guidance. Wherever possible, efforts and resources should be directed to services of a preventative nature and encouraging those with symptoms to seek treatment.

Choice

Service users should feel informed and empowered, so as to make decisions around their sexual health and particularly contraceptive needs, through a single consultation wherever appropriate.

Integration

Services and care pathways should be co-ordinated and delivered in such a way that the service user feels treated holistically by a single service.

The service should maximise opportunities to work jointly with other services where there is a relationship with sexual health (such as substance misuse). This should include opportunities for professional development and knowledge sharing where appropriate.

Horizon Scanning

There is a need for this service to work particularly closely with colleagues in Public Health Isle of Man. Clinicians and experts from the service should be afforded time to support ongoing development of any National Sexual health Strategies. Anonymised data from the service should also be shared with Public Health and DHSC to support strategic needs assessment where appropriate.

Service Outcomes

1. Improve the sexual health of the population of the Isle of Man by:-
 - a. Reducing unintended conceptions and pregnancies (from a baseline established during 2024) through education and advice, therefore reducing referrals and specifically repeat referrals to termination services;
 - b. Referral to termination services where appropriate;
 - c. Reducing prevalence of diagnosed and undiagnosed HIV and STIs, including through targeted testing for Chlamydia and Gonorrhoea; and
 - d. Reducing transmission of HIV and STIs through timely treatment, advice and contact tracing;
2. Reduce inequalities of access to advice and treatment for those in socially disadvantaged groups, specifically those most at risk of poor sexual health in the Isle of Man (as defined in conjunction with Public Health Isle of Man), including (but not limited to):-
 - a. Treatment, care and support for those living with HIV and their partners;
 - b. Services, treatment and advice which are consistent and accessible, regardless of any protected characteristic; and
 - c. Providing an approach which is friendly, welcoming and non-judgemental, being mindful of groups who may need adaptations to access or understand advice being given;
3. Contribute to work to increase capacity in General Practice by reducing contraceptive services being delivered by primary care; and
4. Drive a reduction in prescriptions issued for emergency contraception.

Targets and Reporting

The service is asked to work towards the following key performance indicators. It is acknowledged that this will not all be available at the outset and a phased approach may be taken:-

<u>Metric</u>	<u>Target (where appropriate)</u>
Service Activity	
Total caseload numbers per service area	Monitor for baseline and future planning
Number of service users receiving condoms	Monitor
Number of new, rebook and follow-up cases:- <ul style="list-style-type: none"> • GUM • FPC • Pharmacy 	Monitor for baseline and future planning
Number of people provided with contraception/STI treatment and type (by age and gender)	Monitor for baseline and future planning

Number of pregnancy tests and outcomes	Monitor for baseline and future planning
Did not attend (DNA) Rates	<9%
Number of Terminations of Pregnancy carried out, broken down by gestation in nearest whole weeks and by age group	Monitor for baseline and future planning
Numbers of IUD fitted and removed (including those removed within one year)	Average 50/month
Percentage of all appointments coded as contraceptive advice delivered by this service	60%
Prescriptions issued for emergency contraception	Monitor for baseline and future planning
Numbers of positive new diagnoses: <ul style="list-style-type: none"> • Chlamydia • Gonorrhoea • HIV • Syphilis 	Monitor for baseline and future planning
Quality Indicators	
% of service users who receive results within 2 weeks from consultation date	95%
% of new referrals seen within two days of receipt of referral	85%
Percentage of individuals accessing services who have sexual history and STI/HIV risk assessment undertaken at first appointment	100%
Percentage of people with needs relating to STIs who are offered an HIV test at first attendance	97%
Percentage of all under 25-year-olds screened for chlamydia	75%
Percentage of positives receiving treatment within 6 weeks of test	95%
Percentage of patients accessing the service for STI testing and treatment who are offered an appointment or walk-in within 48 hours of contacting the service	98%
Ratio of contacts per gonorrhoea index case, such that the attendance of these contacts at a Level 1, 2 or 3 service was documented as reported by the index case within four weeks of the date of the first PN discussion	At least 0.6 contacts per index case
Percentage of women having access to and availability of the full range of contraceptive method (including choice within products)	100%

Manx Care are asked to respond to this Specification within one month of publication, detailing how it intends to meet the standards set out and the proportion of its total revenue budget intended to be allocated to the services covered by this document.

A report from the service area to the Department should be prepared annually during the month of September and should contain (but not be limited to):-

- To what extent the service has complied with this specification during the year;
- Performance against the above KPIs, specifically any performance exceptions and associated actions plans;
- Key service risks;
- How the service has engaged with its users and used that information to shape future provision; and
- Horizon scanning and intended/desired future service developments.

If there is a periodic concern about the performance of the service, either party may request a meeting at any time during the year to discuss this is a supportive way, resulting in proportionate action and monitoring.

The Department may make periodic requests for data or information to support policy and strategy development and the terms of each request will be considered on their own merit.

Clinical governance is the responsibility of the Service and will be defined by the Lead Clinician for the service and shared with the Department. There is an expectation that the Service works to an agreed framework to provide consistently safe services. The service may be requested to evidence that it has processes and governance in place to support the provision of safe and high quality services, supported by clinical audit.

During the first year of this Specification being implemented, the service is expected to identify and undertake an assessment of the relevant NICE Guidance and Standards, notifying the Department of an areas where it cannot meet these and the reasons why.

External Regulation

In line with the provisions of the Manx Care Act, the Regulation of Care Act and Mandate to Manx Care, this service will be inspected by the Care Quality Commission, or other regulatory body, at least every 3 years.

This service was last inspected in November 2022 by the Care Quality Commission as part of the Acute & Community Report. The next inspection date is not currently confirmed.

References

NHS Dictionary – Level 1 Sexual Health Service

https://www.datadictionary.nhs.uk/nhs_business_definitions/level_1_sexual_health_service.html

NHS Dictionary – Level 2 Sexual Health Service

https://www.datadictionary.nhs.uk/nhs_business_definitions/level_2_sexual_health_service.html

NHS Dictionary – Level 3 Genitourinary Medicine Service

https://www.datadictionary.nhs.uk/nhs_business_definitions/level_3_genitourinary_medicine_service.html

Version Control

Version	Date	Author	Comments
0.1		Head of Mandate Performance	First draft
0.2	12/06/2023	Head of Mandate Performance	Continue drafting – add reference to NICE guidelines
0.3	06/07/2023	Head of Mandate Performance	Add gender care service and revise KPIs, reference to SARC, pregnancy termination
0.4	13/07/2023	Head of Mandate Performance	Include service user engagement and amend wording around accessibility based on feedback from Head of Engagement
0.5	23/08/2023	Head of Mandate	Updates following presentation from SME and Manx care engagement
1.0	31/08/2023	Head of Mandate	First issue for approval at monthly Mandate Framework
1.1	1/12/2023	No changes	Issued to quarterly mandate meeting for ratification