

## **London Sexual Health Transformation Programme**

*Update March 2016*

Welcome to the March briefing note which we hope will keep you up to date on the latest developments in the LSH transformation programme.

Although there is not a lot of newly completed projects to report on, there is a huge amount of work going on behind the scenes to progress key elements of the programme. For example, the work on developing the clinical specification and understanding the impact of an integrated tariff are reaching key points and we hope to report on them in more detail next month.

Please do pass this briefing on to anyone who might be interested, and have a look at our website at [www.wla.london/wla/wlanew.nsf/pages/WLA-385](http://www.wla.london/wla/wlanew.nsf/pages/WLA-385) or contact those named at the end of this briefing if you have any specific questions.

### **The Case for Change**

With the increasing demands on everyone's time it is possible to miss the wood for the trees in a complex fast moving programme such as this one. And so we make no apologies for coming back again to the reasons why the programme was originally set up. The LSHTP was designed to work in partnership with local authorities across London to deliver a new commissioning model for open access sexual health services. This includes Genito-Urinary Medicine (GUM), services for the screening and treatment of Sexually Transmitted infections (STIs) and Sexual and Reproductive Health Services (SRH) (community contraceptive services).

With the continued pressure on public sector finances, and the reduction of public health budgets, it was felt that there was a compelling case to review how we best provide these vital services. The aim of the Transformation Programme is to design, agree and procure a system that will deliver measurably improved and cost effective public health outcomes, meet increasing demand and deliver better value.

So the five key drivers for change are:

1. The need for sexual health services in London is significantly higher than the England average, and has risen significantly in recent years.
2. There are noticeable variations in access and activity across London boroughs, with high numbers of residents from across London accessing services in central London.
3. Given London's complex pattern of open access services, there are important advantages for London boroughs to transform and commission services together

4. We must continue to ensure strong clinical governance, safeguarding and quality assurance arrangements are in place for commissioning open access services
5. We want to respond to current and future financial challenges, and ensure we are making the best use of resources available

### **LSHTP in 2016/17**

22 Boroughs have now confirmed that they wish to proceed with the continuation of the programme to establish a new service model (including the introduction of e-services). The full list is: Barnet, Brent, Camden, City of London, Ealing, Enfield, Hackney, Hammersmith and Fulham, Haringey, Harrow, Havering, Islington, Kensington and Chelsea, Kingston, Merton, Newham, Redbridge, Richmond, Tower Hamlets, Waltham Forest, Wandsworth and Westminster.

In addition all 32 boroughs have agreed to proceed with the work to develop an integrated tariff.

In 2016/17 the programme will move into a phase of procurement and system redesign. In light of this we are reviewing the current governance structure and discussions on revised governance arrangements were held at the Programme Board this week. A summary of the governance arrangements for 16/17 will be included in the April briefing.

### **Survey Monkey**

We have kept the survey monkey survey open for longer than originally planned as responses keep coming in. However we will be closing it at the end of March. Thank you to everyone who has publicised and contributed to the survey that has now had over 1500 responses. This survey is not comprehensive or a replacement for other insight gathering and evidence analysis but will help us to frame our more detailed meeting and discussions with providers and others. The survey can be accessed [here](#) or at

<https://www.surveymonkey.co.uk/r/T3QSC9N?>

### **PIN Notice and Plan**

The Prior Information Notice (PIN) issued last month has had a very healthy response. We are currently analysing the submissions. We will undertake follow up 1:1 meetings where required with providers, potential providers and others over the next few weeks. If you have not had a chance to read the PIN it is available by clicking [here](#) or going to

[https://uk.eu-supply.com/app/rfq/publicpurchase\\_frameset.asp?PID=14727&B=UK&PS=1&PP=ctm/Supplier/publictenders](https://uk.eu-supply.com/app/rfq/publicpurchase_frameset.asp?PID=14727&B=UK&PS=1&PP=ctm/Supplier/publictenders)

## **Integrated Tariff**

Commissioners and providers have been working hard to collate the data to enable the programme team to undertake an assessment of the impact of the introduction of ISHT in London.

We held a very successful clinical event on the 9th March to review the clinical pathways that sit underneath the Integrated Sexual Health Tariff. GUM, SRH and Integrated clinicians attended from the six London sub regions.

Volunteers from the event are now re-visiting some of the clinical pathways that were highlighted at the event updating where appropriate. It is envisaged this work will be completed by the middle of April. Following this the programme will make recommendations on the use of ISHT for future pricing in London.

## **Specification Development**

Work is well advanced on developing specifications for the e-services and for integrated Level 3 services. The clinical sub group will consider the work to date on the specifications and the feedback received from the recent PIN responses on the 21<sup>st</sup> March and will agree the likely date for sign off of the specifications.

The next briefing will be issued around the 12<sup>th</sup> April. If there are subjects you would like to see covered, or have any comments about the briefing, please let us know.

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