London Sexual Health Transformation Programme

Frequently Asked Questions

Throughout the engagement activities of the programme we have encouraged patients, clinicians, provider organisations, commissioners and other stakeholders to let us have their questions. These have helped us challenge assumptions and review and revise the plans we have to check that we are progressing towards the aims set.

This document sets out some of the main questions we have received and offers some initial answers.

If you have a question to ask, or have heard something about the programme that you think needs to be clarified, please contact us on DETAIL. This document will be updated at least monthly.

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Is the programme too ambitious?

It is certainly ambitious, but we believe that this is both necessary and achievable. We continue to review progress and make sure that all proposals are challenged and tested. Our aim is to get the balance right between ambition for our patients and the practicalities of delivery for providers.

Is everything you are trying to do legal in terms of contracts etc.?

Yes, we are taking legal advice at every step.

Are there plans for a pilot scheme to test out whether this will work?

The proposed changes for London are based on examples of things that have worked elsewhere; for example the use of on line and home sampling for national programmes such as chlamydia screening or the learning from local initiatives such as Checkurself in Greenwich. Evaluation and review will be built into the contracts to ensure that new systems put in place can be flexible and responsive to emerging learning.

Will the new model restrict access for patients?

No. The plan is to streamline information and access so that people can get the right treatment more quickly. There will be a need to communicate and market access routes for those service users who may want to use the new online provision.

Is this about competition or collaboration?

Collaboration between providers and commissioners has already led to a mature development of idea and proposals. However as we move into the procurement phase there
will inevitably be competition on both quality and price to ensure that we get the very best services for patients within the resources available.

Is this the right time to be proposing such a huge change given the pressure on everyone’s budget?

We take the point but this can be seen both ways. The change is needed exactly because budgets are tight and we cannot carry on as we are. Change is essential to ensure that we can continue to meet the sexual health needs of London residents.

Will the current acute sector providers be willing to support redirecting patients to online services away from their services?

We would anticipate that acute providers would welcome the opportunity to manage their local demand and increase their capacity by ensuring that those patients for whom online testing would be appropriate are redirected as necessary. Contracts for all parts of the system will specify the need to work in a joined up way and we are looking at what arrangements need to be put in place to support effective partnerships.

Is a robust and absolutely secure IT solution available?

From our engagement with the market we are assured that providers can meet this challenge. The specifications for the service will require that the highest standards of information governance and data security apply.

Is there too much reliance on online solutions? Many of our client group are not IT literate or have easy access to getting online?

We do think that there is a future for more online accessing of services; increasing options for accessing services for those happy to do so online. At the same time this will not suit everyone and we will design and deliver a service that does not put anyone off accessing the services they need. However we expect that 30% of service users will be directed to online options with the remaining 70% continuing to access services through clinics and face to face environments.

Is there enough emphasis on prevention?

Prevention has always played a major part in sexual health promotion work and we recognise that there are wider issues influencing some people’s risky sexual behaviour (including the use of drugs and alcohol). We anticipate that appropriate support and information will be encouraged between providers and service users and the new online access point can give helpful messages. The aim is for a more robust approach to prevention across services and promoting prevention messages in a coordinated way.

Is primary care geared up to take this on?
It would be difficult to engage comprehensively with primary care providers on a pan London basis as part of this process, but we are aware that there is much local work currently happening across London to ensure more robust relationships are developed with both GPs and pharmacists. We have been advised that sexual health provision is increasing across many areas with primary care providers through a variety of schemes - e.g. the Healthy Pharmacy initiatives and specific sexual health provision and nurse led services in many GP surgeries. Ensuring that they have sight of future plans for online provision will be essential to ensure patient pathways are coordinated.

Is there enough service user involvement in the process?

We have held a series of focus groups with client groups and carried out a waiting room survey that generated over 1500 responses. We have also published a survey using local authority websites which generated a further 2000 responses. The results are currently being analysed. We are committed to continuing to involve patients, carers and the public in a variety of ways

Can we guarantee patient confidentiality?

Any system we propose must offer complete and reliable confidentiality.