London Sexual Health Transformation Project

Frequently Asked Questions

Where are we now with implementation of the integrated sexual health tariff?

*We are looking to commission on the basis of an integrated sexual health tariff. However, commissioners will be looking for competition on quality and on price.*

Is there a danger in expecting price competition that we risk losing open access?

*Open access to clinics and services is a statutory obligation and we will be maintaining it.*

How do we merge block contracts and tariff?

*This is one of the issues being considered by the councils. The decision will be driven by the service model adopted in each area and by affordability. We do recognise the problems caused by having different funding systems in place and in particular the imbalance that has been created between GU and SRH by having GU funded using a tariff system while SRH is largely funded via block contracts.*

*This area will require close working and transparency about costs and demand between providers and commissioners to ensure that services are fairly funded, accessible to those who need them and in a way that recognises the need to councils to stay within budget.*

Are GPs in discussions about future models?

*There has been a workshop discussion with primary care and our regular monthly briefing is being sent to LMCs and the CCGs. We will be bringing in primary care expertise to help develop the service specification.*

How do we control access to, and so the costs of, online testing?

*This is one of the issues we will want to consider carefully when developing the specifications and that will require further discussion during procurement. We want to ensure that different service elements in the new model are most appropriately targeted to the different patient groups based on excellent triage and risk profiling.*

*We are likely to require that potential providers of online services put in place a model whereby commissioners only pay for correctly returned tests and have systems in place to identify patients who may be accessing services inappropriately and can redirect them.*

How many level 3 GUM services will there be in the inner and outer regions?

*This is being discussed in the sub regional planning groups*

Is the profession going to suffer as a result of all of this change?
Inevitably there will be changes as the service changes, but this does not mean the professions will "suffer". We are in regular discussions with the Faculty and BASSH to discuss the changes and implications. The fact is that these services are very important to patients and are essential to ensure the good health and wellbeing of the population. The aim of the work is to ensure that high quality services are available to London residents and that these are delivered in a way that is sustainable in the long term.

Will there be job losses?

Reducing posts is not the purpose of the programme although we cannot rule anything out at this stage. As we develop services and embrace innovations there may be changes but it is too early to say. It is likely that new models of service delivery will require changes in the workforce mix and in the skill mix and training of different health professionals.

How will cross charging work?

Cross charging will continue and the details of how this will work are being discussed.

What will primary care be expected to pick up?

The full service specification is being developed and will set this out clearly. IN addition the sub regional groups will have a view on how it applies in their areas.

Will GUM and SRH be integrated?

This is our aim, but it will only happen if the local circumstances are right and the need and desire for integration is evidenced locally.

How can we integrate HIV services?

This programme is not about integration with HIV. However we are in discussion with HIV service commissioners to consider opportunities. Most importantly we want to ensure that any changes we make in GUM and SRH are carefully evaluated in terms of their potential impact on the delivery of HIV services and to ensure that we jointly manage any risks that may arise from this.

What will happen to training?

We recognise that training must be a strong component of the new system. We are in discussions with the faculty, BASHH, Health Education England and NHS England about this.

How will you continue to engage with ongoing challenges?

We are very grateful that 10 clinicians form the last meeting have volunteered to help us develop the specification. We will also continue to have meetings and workshops with providers and commissioners and expand our communications to other stakeholders and interested parties. Another meeting with providers has been scheduled for 17th November.
What is the modelling assumption of reduced attendances?

Having reviewed the available evidence and considered the views of different stakeholders we consider that as a minimum there is the potential to divert 15% of current attendances at GUM services to alternative services, but there may be greater scope to divert a higher proportion of patients and we will wish to look at this further.

Will there be a double running period when the new system starts?

No decision has been made but there are cost implications to this. We will be developing a detailed implementation plan and providing a long run in to the service start in April 2017.

What safeguards are being put in place to stop people hacking into a new London wide online system?

Secure IT is of paramount importance in this service. We will be taking the best advice available and adopting best practice to ensure information is secure.

What form will the procurement take?

We are proposing using a “competitive process with negotiation”. This is a process designed for use in complex situations that where solutions cannot be found without adaptation of readily-available solutions and where the needs of the authority include design or innovative solutions. However we are aware that some councils may want to take a different approach.

Are we engaging with patients and the public?

We have engaged with people who use the services and are now in the process of preparing further engagement with groups in boroughs. We are also wanting to include local Healthwatch in this to maximise involvement.

Did you listen to previous engagement on the tariff?

Yes we did and the contributions people made were vital in developing that. We consider that the currencies developed as part of that work offer the best basis for future tariffs.

Is there a danger that with reduced investment health inequalities will increase?

The programme is designed to reduce health inequalities by utilising greater intelligence and being far more effective at targeting the most at risk populations.

How can we engage with pharmacies?

We are in contact with the LPC and will be sending them a regular briefing.

What about psycho sexual issues?
We recognise the importance of access to psycho sexual health services for our residents. The specifications of new services will be clear about the need for psycho sexual services and future delivery of these.

Will there be a rationalisation of commissioning?

The partnership and collaboration is producing efficiencies and we are looking to rationalise the contract management, commissioning and procurement processes wherever we can.