Written evidence from Wandsworth Sexual Health Action Group (WSHAG)

In 2017, Central London community Health (CLCH) with Chelsea and Westminster (C&W) were awarded the contract to provide sexual health following a tendering process in the boroughs of Wandsworth, Richmond and Merton. CLCH were the sole bidder for the service, the incumbent provider St Georges NHS trust di not bid due to the reduced financial envelope which was deemed to be insufficient to meet the service specification in the tender document. We understand other potential bidders did not bid for the same reasons swell as concerns about the lack of availability of suitable estates.

The tender separated sexual HIV from HIV services leading to fragmented pathways and a more complex patient journey. It reduced the ease of access for HIV patients to receive sexual health screening. It fragmented staffing roles and let to a more complex staffing model as this model needs duplication of roles.

It became obvious from very early in the mobilisation period that CLCH did not want to meaningfully engage with the clinical team and lacked even a rudimentary knowledge about sexual health and how to deliver this. They were seemingly uninterested in running a safe service of sufficient quality which could meet patient need.

During mobilisation, they shared their vision for staffing. This staff model was clearly inadequate and unworkable. At a meeting on 15/8/17 between St Georges, CLCH and the commissioners about the staffing model, CLCH acknowledged that the model was inadequate and was withdrawn as it did not meet the complex psychosocial and safeguarding needs of the service. This original model proposed cutting the health adviser team from 6WTE to 2 WTE. It was stated by commissioner Richard Wiles that a revised service model would have at least 4 WTE health advisers.

CLCH had won the contract on the basis that they had secured an adequate site space which would meet the requirements of the service specification. However, after 6 months of mobilisation and approx. 1 month before the service was due to transfer it became clear that they had not secured a site for the clinic and instead proposed that the clinic moved form a purpose-built centre with 20 clinical room into a sharing a space within a GP surgery with 6 clinical rooms available and operating a separate clinic 1 hr bus ride away within a hospital which had 3 clinical rooms available. This lack of planning and securing of appropriate estates resulted in:

The main clinic having to share a waiting area with the GP surgery causing a reduction in young and vulnerable clinic attendees who were unhappy at their confidentiality not being maintained in a shared waiting area.

The clinic at Balham was quickly and shoddily converted into a clinic which resulted in inadequate soundproofing the issue was raised by clinicians with CLCH as soon as the clinic opened, however no remedial action was taken by CLCH until there was a serious which
breach in patient confidentiality, when a service user had both their sexuality and diagnosis overheard by another patient waiting outside the clinic examination room. This resulted in distress and safety concerns for the patient.

The move into the inadequate premises in Balham was publically opposed by clinical team, president of the British association of sexual health and HIV local community groups and 3 local MP’s. Despite this the council and CLCH disregarded these concerns and the service was moved into these premises on 2nd October 2017 with clinics starting to be run on 3rd October.

The first few weeks were characterised by chaos and inefficiency as CLCH scrabbled around to ensure basic supplies were available in the clinic. In the first few weeks we lacked routine medication, patients were sent to pharmacies with FP10 to receive treatment with further risk of breaching confidentiality. Staff had to go to chemists to buy pregnancy tests as none were available. Phone lines to book appointments were inadequate so patients were waiting for hours to speak to someone to book an appointment. There was also an inadequate publicity to advertise the move and explain to the local population how to book to be seen.

Since the tender process and the go live with CLCH there has been a marked reduction in availability of walk in clinics for patients. Before the move the service saw 600 patients who walked in and now this is reduced to 60 per week. Patients have to ring in advance to book an appointment, this has disadvantaged certain groups who find it difficult to call in advance – e.g. young vulnerable groups

There has been a reduction in specialist young people’s clinics in Wandsworth each week.

The move to CLCH has resulted in much higher rates of staff sickness and resignations. 60% of the nursing time have resigned and left the service in the last year.

Whist a new suitable premise has now been located and secured our experience of CLCH means that we do not have faith that they will be able to provide a level 3 sexual health service that can meet the complex needs of patients attending. This is why we have individually tendered our resignations and why we are submitting this data.

Despite a number of delegations to Wandsworth Overview and Scrutiny committee by local community groups there has been little evidence that CLCH is being held to account to delivering the contract as laid out in the service specification. There has been a failure of rigorous systems to ensure that when services go out to tender that successful bidders are held to account to deliver the contract.

In the last 2 months 4 of the consultants working in the service with a total of over 100 years of sexual health experience have all resigned from the service. They had spent most of their careers developing and leading integrated sexual health services in the London borough of Wandsworth. The negative impact of the recent commissioning and tendering
process in Wandsworth has directly led to them resigning from their roles. How CLCH is operating the sexual service since taking over services in October 2017 is at odds with the values that we hold and the principles with which sexual health services have been run for over 100 years.