Written evidence from the Imperial College Healthcare NHS Trust

Jefferiss Wing submission for the Health and Social Care Inquiry into Sexual Health
Oct 2018

The Jefferiss Wing welcomes the Health and Social Care Committee inquiry call for evidence on the current state of sexual health services. The perspective given below summerises the experiences of the clinical team at Jefferiss Wing Centre for Sexual Health, St Mary’s Hospital, Imperial College Healthcare NHS Trust [ICH]. The Jefferiss Wing is a Level 3 integrated Genitourinary Medicine [GUM] and Sexual Reproductive Health [SRH], co-located and integrated with the Wharfside HIV service in inner North West London [INWL] serving a diverse local population. The commissioning arrangements for the Jefferiss Wing services fall across the Local Authority [LA], NHS England and local Clinical Commissioning group. The Jefferiss Wing has fully engaged in the London Sexual Health Transformation Project consultation processes and has representation on the London Sexual Health Providers Group.

As a central London open access walk-in Sexual Health service, the increase in UK STI trends are replicated within our service, particularly for syphilis, gonorrhoea and chlamydia infections. As a result of the channel shift of asymptomatic patients to the Sexual Health London [SHL] e-services, reduced clinical access due to London clinic closures and the reconfiguration of remaining sexual services such as reduced opening hours and services operating out of new premises, the complexity of patient care has increased, along with more vulnerable patient groups and late presentations for care.

The patient demand for the Jefferiss Wing sexual health service has fluctuated over the last few years. As an open access walk in service, particularly sensitive to changes in the local sexual health economy, the de-stabilisation of the London sexual health economy as a result of clinic closures and the roll-out of SHL e-services, has had a significant impact on the remaining London sexual services and made workforce planning challenging. As with other London sexual health services, predicting future workforce needs has been compounded by significant delays in the INWL LA GUM and SRH procurement process. Locally, the reconfiguration of community SRH services to a nurse led model of care has lead to the loss of experienced senior SRH colleagues in INWL and a subsequent increase in FSRH training and up skill of the Jefferiss Wing medical and nursing workforce to operate as a GUM / SRH Level 3 service to meet patient demand for complex contraception, including long acting reversible contraception [LARC].

The Jefferiss Wing is on of the few remaining an open access central London walk-in service, however within this financial year our service has reduced opening times in line with reducing our workforce and closed a valuable young peoples community sexual health service to reduce expenditure in line with reductions in funding. In addition, our GUM preventions income has been cut and our outreach prevention services supporting vulnerable patient groups such as the homeless in hostels and sex worker in brothels have been moved to another provider as part of INWL service reconfigurations, with a resulted in the lost of expertise in the delivery of prevention services to vulnerable groups. The Jefferiss Wing has been in a sub-contracting arrangement with Chelsea and Westminster NHS Foundation Trust (CWFT) for GUM and SRH services in Inner North West London since April 1st 2018. With the new contract, payment has changed from a local PBR tariff arrangement to the Integrated Sexual Health Trust [ISHT], where the
service receives income based on clinical coding. Challenging contractual and subcontractual arrangements with an expected reduction in income, are unsustainable for an acute NHS Trust with their reduced budgets, without a major transformation of GUM clinical services. Our experience is being replicated across London. Reduced LA funding is compounded by capped activity targets with marginal rates and an urgent need to revise to the ISHT, where there are significant tariff pathway gaps in care provided and the costs associated. The London wide service specification for sexual health now excludes “non-STI care, which provides a holistic model of sexual care for patients. As part of GUM transformations as a result of reduced funding many services do not provide patient care not funded by their LA contracts / service specification and patients are now directed to primary care. Despite having excellent engagement with the rollout of SHL e-services STI kits in clinics to date, the payment processes to recoup the income associated with clinics giving out e-service STI kits remains unclear. On the horizon, the logistics of capturing income from out of London sexual health service through cross charging arrangements and meeting targets for repatriating patients back to their local sexual health networks are additional concerns. Forward strategic business planning for sexual health to incorporate service quality improvements and workforce planning, remain challenging in the current climate.

The majority of sexual health services including the Jefferiss Wing have not been able to implement new STI testing platforms for Trichomoniasis vaginalis and Mycoplasma genitalium as recommended by national BASHH guidance given the increased costs associated with the rollout out these new standards of care. Given the year on year reductions in GUM income since 2014, investment to modernise IT systems to support quality care improvements and efficiencies have been protracted. Both GUM IT investment and reduced GUM funding / income remain a high priority on our Trust risk registers. The monthly GUM contract reports which include monitoring requirements and key performance indicators [KPIs] are lengthy, with unclear definitions, open to interpretation and therefore not useful for bench marking services. They are difficult to collate from existing IT systems platforms and there is duplication in the information required for PHE GUMCAD and SRHAD mandatory reports. Some of the monitoring requirements are manpower intensive requiring clinical notes review or audits, in an already stretched workforce. Public health screening for domestic abuse, drugs and alcohol misuse, female genital mutilation and the safeguarding of children and young people with a particular emphasis on child sexual exploitation, plus the safeguarding of vulnerable adults CSE, have placed extra demands on clinical services, without any additional LA funding or ISHT pathways.

As a co-commissioned service, the fragmented commissioning process has complex funding arrangements, which needs to be tracked by a central finance team to ensure payment. The Jefferiss Wing services operates on an economies of scale, with GUM and HIV services featuring in the same budget lines, given their co-located and shared infrastructure and workforce. The London reconfiguration of HIV services is a particular and concern for GUM consultants and StRs and risks destabilising the Jefferiss Wing workforce and training requirements for junior medical and nursing staff.

The decommissioning of non-core services, traditionally provided by specialist GUM services has been partially discussed above. In particular, the Jefferiss Wing has had to apply to the CCG for funding for sexual function, with incomplete resolution of the funding stream for vulval services. Services provided by GUM such as wart hyfrecation and genital skin biopsy are under significant threat and gaps in service provision for patient care as a
result of lack of joined up commissioning processes across LA / CCG / NHSE are having a detrimental effect on patient care pathways.

The governance implications for providing the contractual obligations in the GUM service specification for training primary care colleagues and maintaining standards in the sexual health network through local guidance to provide equitable patient care and standards are an additional resource, and place an additional demands on sexual health services across London.

From a workforce perspective, the changes imposed by the LSHTP have resulted in uncertainty about the future of sexual health services. Low staff morale, high staff turnover, high vacancy rates and unfilled posts, are the result of the protracted procurement process and reconfiguration of London Sexual Health service.

As with all acute NHS Trusts, the financial sustainability of Jefferiss Wing Sexual Health services is under scrutiny. Urgent action is needed from all stakeholders [government, NHS England, Public Health England and local authorities] both at a national and local level to improve the funding of sexual health and sexual health services. A national public health assessment to measure and evaluate the unmet need as a result of the LSHTP service reconfigurations, needs to be performed jointly by all stakeholders. A joined up approach to effective sustainable commissioning which supports quality patient care and results in right choice, right time and right for the person is urgently needed and should follow the excellent PHE guidance Making it work; a guide to whole system commissioning for Sexual Health, Reproductive Health and HIV [2014].

Dr Dawn Wilkinson, Head of Specialty, Sexual Health
Dr Linda Greene, Clinical Director Sexual Health, HIV and Infections

October 2018