SERVICE SPECIFICATION(S)

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| Service:- | **Screening, assessment and treatment of sexually transmitted infection (STI) in primary care:-****Lot 2 : Screening and treatment of asymptomatic STI (level 1)****Lot 3 : Assessment and treatment of symptomatic STI (level 2)** |
| Implementation date:- | **1st October 2018** |

**Service Overview**

Sexual health is an important and wide ranging area of public health. Most of the adult population of England are sexually active, and having the correct sexual health interventions and services in place can have a positive effect on both individuals’ and population health and wellbeing.

Timely access to testing and treatment services can reduce the risk of onward transmission of sexually transmitted infections (STIs), as well as support people to stay healthy and to protect themselves.

**Context**

Since April 2013, Local Authorities have been mandated to provide open access sexual health services.

Given the geographical challenges of Cumbria, provision of sexual health services through primary care enables better access for service users. Furthermore, a large proportion of asymptomatic STI cases can be effectively and efficiently treated in primary care without the need for onward referral to specialist services.

The importance of primary care in an enhanced sexual health strategy is further demonstrated by the facts that:

1. About 75-80% of contraception is provided in primary care
2. More than a third of women found to have chlamydia (the most common bacterial STI in the UK) were diagnosed in primary care

(iii) Primary care is highly accessible to all people including young women, and primary care is well accessed by many who may be at risk of HIV (and does not have the perceived stigma of sexual health/GUM clinic attendances)

The British Association for Sexual Health and HIV (BASHH)[[1]](#footnote-1) identifies three levels of sexual health service aimed at providing support for asymptomatic, symptomatic and complex STIs, comprising:

* **Level 1** – screening and management of asymptomatic STIs within the primary care setting.
* **Level 2** – assessment and treatment of *both* asymptomatic and symptomatic cases to their own and neighbouring practice populations.
* **Level 3** – Specialist Integrated Sexual Health Services(incorporating GUM and contraception), providing support for dealing with more complex reproductive and sexual health issues.

**Service Description**

Level 1: Screening and assessment of asymptomatic STI is open to all GP practices based in Cumbria. Participating practices are only expected to provide the service to their registered practice population.

Level 2: Assessment and treatment of symptomatic STI is open to GP practices in Cumbria that meet the competency requirements outlined later in this specification. Participating practices may choose to provide this service to patients registered with neighbouring practices.

**All practices providing Level 1 or Level 2 services should provide the following:-**

**1. To raise or respond to the issue of sexual health**

 i. Raise the issue of sexual health sensitively, whether in response to a relevant presentation or opportunistic intervention

 ii. Use consultation skills to recognise the symptoms of STIs and related conditions

 iii. Be knowledgeable about different aspects of sexual behaviour

**2. To undertake sexual history taking and risk assessment**

 i. Assess the risk of pregnancy and identify the need for emergency contraception

 ii. Be aware of religious, cultural and social factors and how these may influence presentation and management

 iii. Identify safeguarding issues in under 18s and vulnerable adults, with referral as appropriate

 iv. Identify the need for HIV post-exposure prophylaxis following sexual exposure (PEPSE)

 v. Identify sexual assault, including female genital mutilation, with referral as appropriate

**3. To opportunistically promote “safer sex” with all clients**

 i. Give clear information to clients regarding safer sex practices, including condom use

 ii. Advise on appropriate changes to sexual behaviour to reduce risk

**4. To provide a full screen for asymptomatic STIs**

 i. Take an appropriate and adequate sample of urine (or a self-taken low vaginal swab) to test for chlamydia and gonorrhoea and a sample of blood to test for syphilis and HIV

1. Screening for hepatitis B and hepatitis C where appropriate
2. Consideration of hepatitis B vaccination for at risk groups
3. To ensure that clients are aware of the infections that they are being screened for
4. To arrange how the client will be informed of their results e.g. phone, text, or letter
5. To ensure that the client is aware that positive results for certain infections (e.g. gonorrhoea, syphilis,HIV) will require referral to the specialist Level 3 service for treatment and contact tracing

**5. To manage positive results**

1. To inform the client of their results using the agreed means of communication
2. For a positive **chlamydia** result\*:
	1. First line treatment is Azithromycin 1g single dose
	2. Partner notification should be carried out in house, or
	3. Patients may, with their agreement, be referred to the specialist Level 3 service for partner notification
3. For a positive **Gonorrhoea,** **Syphilis or HIV** result:-
	1. All patients should be referred to the specialist Level 3 service for treatment and partner notification

**6. To ensure STI treatment is provided free of charge**

 i. Provide local treatment free of charge, using the local voucher scheme if the patient is not already exempt from prescription charges

**7. Screening for HIV**

 i. To offer an HIV test as part of a full sexual health screen

 ii. To discuss HIV testing, including issues specific to pregnant women

 iii. To identify high risk clients who may need referral for pre-test discussion

 iv. To provide referral points for support and treatment of positive clients

 v. To explain the diagnosis and referral for management of HIV infection, demonstrating knowledge of the medico-legal and ethical issues relevant to HIV/AIDS, including partner notification

**8. Screening of men who have sex with men (MSM)**

 i. It is recommended that MSM (including those who are asymptomatic) are referred to the specialist Level 3 service for assessment and treatment.

**9. Opportunistic screening for genital chlamydia of asymptomatic 15 to 24 year olds**

 i. To increase testing of sexually active men and women aged 15-24 attending general practices

 ii. To increase understanding and awareness of the importance of chlamydia and other STIs

 iii. To reach sexually active young men and women who are not accessing specialist sexual health services

 iv. To increase opportunistic testing of asymptomatic patients consulting for unrelated conditions in general practice

 v. To increase early detection and treatment of chlamydia and therefore reduce transmission and complications associated with it

 vi. To raise awareness among all practice staff to increase coverage

1. To collect the specimen, complete the form and forward the sample to the lab

**Practices providing Level 2 services should provide the following, in addition to the above:-**

**10. To undertake genital examination of men and women**

 i. Explain procedure to patient

 ii. Elicit physical signs with minimal discomfort to patient

 iii. Be aware of patient dignity and ensure chaperone is offered

 iv. Demonstrate skilful use of instruments

**11. To diagnose and manage genital tract infections**

 i. Take appropriate and adequate specimens

 ii Correctly interpret test results

 iii Clearly explain the diagnosis and management to the patient, referring to or liaising

 with other colleagues as appropriate

**12. To manage designated complicated genital tract infections, urinary tract infections and genital ulcer disease**

 i. Correctly diagnose and manage genital herpes simplex infections

 ii. Clearly explain the diagnosis and management to the patient

 iii. Refer cases of syphilis and gonorrhoea to specialist Level 3 service

 iv. Refer to / liaise with other specialties for other genital conditions as appropriate

**13. To manage genital human papillomavirus infection and associated conditions**

 i. Correctly diagnose and manage genital human papilloma virus infection and associated conditions

 ii. Competently perform cervical smears using liquid based cytology

 iii. Clearly explain the diagnosis and management to the patient

 iv. Refer to / liaise with other specialties as appropriate

**14. To diagnose and manage viral hepatitis**

 i. Demonstrate knowledge of hepatitis A, B and C, the indications for screening for

 infection, immunisation, dosing schedules and follow up

 ii. Correctly diagnose viral hepatitis and refer to other specialties as appropriate

1. Clearly explain the diagnosis to the patient

**15. To diagnose and manage genital infestations**

 i. Correctly diagnose and manage scabies and pediculosis pubis

 ii. Clearly explain the diagnosis and management to the patient

**16. To manage adults who have been sexually assaulted**

 i. Demonstrate the ability to recognise sexual assault including female genital mutilation

 ii. Refer for expert investigation and management to police / specialist Level 3 service

 iii. Provide or refer for counselling and support

1. Offer STI testing and post-coital contraception as appropriate

**17. To manage genital infections in pregnant women and children**

 i. Correctly diagnose and manage genital infections in pregnant women

 ii. Clearly explain the diagnosis and management to the patient

 iii. Refer to / liaise with other specialties as appropriate

**18. To manage vulvovaginitis and balanitis**

 i. Correctly diagnose and manage vulvovaginitis and balanitis

 ii. Clearly explain the diagnosis and management to the patient

 iii. Refer to specialist Level 3 service or dermatology as appropriate

**19. To undertake partner notification (PN) and contact tracing in line with national guidelines**

 i. Explain clearly to patients the reasons for PN and contact tracing to reduce risk of re-

 infection and onward transmission

 ii Liaise with specialist Level 3 service for PN outside of area and for complex cases

 iii. Accurately record uptake from partner notification and regularly audit

**Interdependencies with other services**

Providers are expected to work closely with:

-Specialist Level 3 Integrated Sexual Health Service (incorporates GUM and Contraceptive Services)

-Specialist HIV services

**Level 3 Service** contact details (for clinical advice):

Workington:   01900 705050

Carlisle:   01228 814814

Kendal:   01539 716706

Barrow-in-Furness:  01229 404464

**Safeguarding Teams**:

**Children’s**

Web:  <http://www.cumbrialscb.com/professionals/default.asp>

Tel:  **0333 240 1727**Email: countytriage.fax@cumbria.gov.uk

**Adults:**

Web: <http://www.cumbria.gov.uk/healthandsocialcare/adultsocialcare/safe/default.asp>

* Child Protection Leads (Designated/Named Nurse Child Protection), Cumbria Partnership NHS Foundation Trust
* County triage service for Children’s Services, (to raise concerns about a child in Cumbria who could be in danger of being harmed) Tel: 0333 240 1727, Fax 01228 221572,

Email:countytriage.fax@cumbria.gov.uk

**Competence Requirements**

People at risk of STIs should have their care managed by an appropriately skilled health professional. All healthcare professionals have a responsibility to maintain their own clinical competence. Practices are required to ensure that members of clinical staff are appropriately qualified and competent to practise.

Level 1: screening and treatment of asymptomatic STI

Practice staff providing this service are not required to have specific qualifications. It is recommended that at least one member of staff delivering the service should have attended a BASHH accredited STIF knowledge course. Continuing professional development in the form of practice representation at a local training event provided by the Level 3 provider, or similar, is recommended.

Level 2: assessment and treatment of symptomatic STI

The lead practitioner in the practice should hold a Level 1 STIF qualification and have completed, or be undertaking, an additional programme of training to treat genital warts and herpes.

The lead practitioner should make use of supervision opportunities provided by the Level 3 provider, for assurance and networking purposes.

**Quality Standards**

Level 1 STI services should meet the minimum national Standards for the Management of Sexually Transmitted Infections revised and updated by BASHH (2014).

Effective prevention and control of Health Care Associated Infection (HCAI) should be embedded into everyday practice and applied consistently by everyone. The General Practitioner must ensure that patients, staff and other persons are protected against the risk of acquiring a HCAI, through the provision of appropriate care, in suitable facilities, consistent with good practice.

Staff undertaking care of under-18s should follow local and national guidance on safeguarding children. All under-16 year olds should be assessed for competency according to Fraser Guidelines.

The Mental Capacity Act should be followed for Adults (and young people age 16-17 years) with learning difficulties or where there is impairment of decision making.

48 Hour Access

The National Standards recommend that patients accessing STI services in primary care should, wherever possible, be offered an appointment within 48 hours, or signposted to a local service which is able to meet these requirements.

Clinic Times and Locations

Providers may choose to provide sexual health screening within general surgery or within dedicated clinics. Dedicated and/or ‘walk-in’ services may improve access for some patient groups, e.g., young people. Premises in which STI services are provided should comply with relevant national guidance and local infection control standards.

Treatment Costs

Current legislation dictates that STI treatment is free in specialist GUM settings; however, other NHS settings are exempt. The commissioner acknowledges that expecting patients accessing services in primary care to pay for their treatment is inequitable. Patients requiring prescriptions for antibiotics following screening should be provided with these free of charge using the local voucher scheme, unless the patient is already exempt from charges.

Monitoring and Data

All primary care providers of Level 1 services outlined in this specification are expected to record appropriate READ/SNOMED Codes for completion of chlamydia and gonorrhoea tests and completion / refusal of syphilis and HIV tests for each patient.

Due to the public health implications of STIs as communicable diseases Level 2 providers are required to provide data on diagnosed STI to the national GUMCAD database, in addition to local entry on the patient record.

Confidentiality

People seeking care for a suspected STI should have the right to confidentiality in their consultation with a health professional. Services should be able to provide clear information about confidentiality. Patients should be made aware that in the case of a positive test result for certain infections (e.g. gonorrhoea, syphilis and HIV), treatment and partner notification will require a referral to Specialist/Level 3 sexual health services.

**Payment**

Level 1:-

For each patient receiving a full STI screen the practice will receive £15.06

For each patient provided with in house treatment and partner notification the practice will receive £15.06\*

\* This payment will not be available for those positive clients referred directly to specialist sexual health services/GUM for treatment and partner notification.

A full STI screen incorporates urine test (or self-taken swab) for chlamydia and gonorrhoea, blood test for syphilis and HIV. (Clients offered but declining syphilis or HIV test will be valid if entered onto records using suggested coding.) Payment for Level 1 STI services will be based on the presence of one code for each of the 4 components (Chlamydia, Gonorrhoea, Syphilis, HIV) being recorded within 14 days

Level 2:-

For each new Level 2 patient the practice will receive £108

For each follow up\* patient the practice will receive £66.00

\* Provision of follow up should be guided by clinical protocols.

PRIMIS will provide practices with lists of claimable READ/SNOMED codes prior to the 1st October 2018.These codes should not be used for asymptomatic (Level 1) patients.

The Council will undertake audit of respective claims for Level 1 and 2 services provided.

Payment for both Level 1 and Level 2 services will be paid on the basis of quarterly data extracted from the patient record by PRIMIS.

Payment will be made by BACS

**Documentation**

PRIMIS will supply practices with updated lists of appropriate READ/SNOMED codes for all Public Health services, including Level 1 and 2 STI, before 1st October 2018.

Payment for both Level 1 and 2 STI services will be dependent upon use of the correct coding on the patient record. The Council cannot guarantee to make retrospective payments claimed due to miscoding.

Level 2 providers are required to submit data on STI diagnosis to GUMCADD.

**APPENDIX 1: Level 1 Sexual Health Screen In Primary Care**

 Sexual Health Screen in Primary Care

* Urine sample/swab for chlamydia/ gonorrhoea
* Bloods for syphilis/HIV
* Test for Hep B/C if appropriate.

Clinician to establish how patient wishes to receive results: phone, text, letter etc.

Clinician to ensure that patient is aware that a positive result for certain conditions may require referral to a specialist service

**Symptomatic, complex cases and men who have sex with men (MSM) should be referred to specialist Level 3 Service**

**(Screening (and HEP B vaccination) prior to referral)**

Samples sent to Laboratory

Practice informs patient

Normal result

Results returned to GP surgery

Abnormal result

Practice provide treatment

(Azithromycin 1g

 single dose)

Positive for Chlamydia

**Either:** Practice provides partner notification.

Practice refers to specialist Level 3 service for treatment and partner notification

(48 hour access).

**Or**: With patient’s agreement, practice refers patient to specialist Level 3 service for partner notification

Practice informs patient

Positive for

Gonorrhoea,

Syphilis or HIV

**APPENDIX 2: Level 2 referral pathway for STI infection**

Patient presents:

Sexual history taken

Symptomatic

Gonorrhoea, syphilis, HIV:

**Refer to GUM**

Sexual Assault

Physical examination and tests as appropriate

**Refer to GUM**

Screen for:

* chlamydia,
* gonorrhoea,
* syphilis,
* HIV
* Provide EHC/STI testing if required
* Encourage patient to report to police for access to SARC

or

* Refer to GUM

and/or

* Signpost to third sector e.g. Rape Crisis

Asymptomatic

Complex Case

Chlamydia:

Treat and provide PN

Chlamydia, herpes, warts, UTI, infestations:

Treat and provide PN

Complex Case

1. BASHH (2014) Standards for the Management of Sexually Transmitted Infections (STIs)

(<http://www.bashh.org/documents/Standards%20for%20the%20management%20of%20STIs%202014%20FINAL%20WEB.pdf>) [↑](#footnote-ref-1)