

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 4 September 2017 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 9 November 2017.

(* present)

Elected Members:

- * Mr Ben Carasco
- * Mr Bill Chapman
- * Mr Nick Darby
- Mr Graham Ellwood
- Mrs Angela Goodwin
- * Mr Ken Gulati
- Mr Saj Hussain
- * Mr David Mansfield
- Mrs Sinead Mooney
- * Mr Mark Nuti
- * Mr John O'Reilly
- * Mrs Victoria Young

Co-opted Members:

- * Borough Councillor Darryl Ratiram
- * Borough Councillor Mrs Rachel Turner
- * Borough Councillor David Wright

Substitute Members:

- * Mrs Fiona White

8/17 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Angela Goodwin, Graham Ellwood and Sinead Mooney. Angela Goodwin was substituted by Fiona White.

9/17 MINUTES OF THE PREVIOUS MEETING: 14 JULY 2017 [Item 2]

The minutes of the previous meeting were approved as a true and accurate record of proceedings.

10/17 DECLARATIONS OF INTEREST [Item 3]

David Mansfield informed the Committee that he worked for Central and North West London NHS Foundation Trust in a non-clinical role. He withdrew from the room.

11/17 QUESTIONS AND PETITIONS [Item 4]

There were five questions submitted to the Committee for response. The questions and their response are attached to the minutes as **Annex 1**.

There were four supplementary questions asked.

- 1) We are now being told that patients at the Blanche Heriot Unit with genital skin conditions and genital pain fall outside of the integrated Surrey contract for sexual health & HIV services and that these services will continue to be provided by Ashford & St Peter's Hospitals NHS Trust. These patients, which I understand to be around 3,000 in number, have always been treated by the Blanche Heriot Unit as part of its specialist genitourinary medicine service and funded, since responsibility and funding for commissioning GUM transferred with Public Health to local authorities in 2013, by Surrey County Council. Will Surrey County Council transfer funds, presumably from the integrated sexual health & HIV services contract, to enable the North West Surrey Clinical Commissioning Group to fund these services at St Peter's Hospital going forward?

asked by Sheila Boon

- 2) Michael Devine noted his disappointment at the answer, and expressed the view that there appeared to be a lack of detailed capacity planning for the transfer of services from the BHU and surrounding clinics to the Buryfields clinic. He asked whether an environmental impact analysis and capacity planning for expected attendances had been undertaken, and whether the commissioners were prepared to share this information including number of daily attendances expected, number of consulting rooms, seating capacity of waiting area and the maximum occupancy insurance limit?

asked by Michael Devine

- 3) One of the great strengths of the Blanche Heriot Unit is its very experienced clinical team who provide responsive, thorough and valuable support to GPs allowing direct interaction with a leading specialist. GPs are very concerned about the break-up of this team and the loss of expertise. What steps are the Council and NHS England, as the co-commissioner of the sexual health & HIV services contract, taking to ensure that GPs will continue to have direct access to such expertise and be able to refer patients direct to a specialist level 3 service?

asked by Nigel Glynn

- 4) Steven Fryett praised the staff and the experience at the Blanche Herriot Unit, and asked how he could be expected to go online to access advice and support when the new provider had no knowledge of his specific needs.

asked by Steven Fryett

The supplementary questions were responded to in full prior to the meeting. The responses are attached in full as **Annex 2**.

12/17 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]

There were no responses issued from Cabinet.

13/17 REFERRAL BY HEALTHWATCH [Item 6]

It was decided, with the approval of the Adults and Health Select Committee, to consider items 7 and 8 together.

14/17 SURREY INTEGRATED SEXUAL HEALTH SERVICES [Item 7]

Witnesses:

Members

Helyn Clack, Cabinet Member for Health

Speakers

Matthew Parris, Deputy Chief Executive Healthwatch
Stephen Fash, Resident and representative of the Blanche Heriot Group
Cliff Bush, Co-Chair - Surrey Coalition of Disabled People

Commissioners

Helen Atkinson, Strategic Director for Adult Social Care and Public Health
Ruth Hutchinson, Deputy Director - Public Health
Lisa Andrews, Senior Public Health Lead

Steve Emerton, Delivery Director South East, NHS England
Fiona Mackison, Service Specialist, Specialised Commissioning, NHS England

Providers

Stephen Tucker, Deputy Service Director, Central and North West London NHS Foundation Trust
Simon Edwards, Clinical Director, Sexual Health and HIV Services, Central and North West London NHS Foundation Trust

Ashford and St Peter's Hospital

Tom Smerdon, Director of Operations, Ashford and St Peter's Hospitals NHS Foundation Trust

Declarations of Interest:

David Mansfield informed the Committee that he worked for Central and North West London NHS Foundation Trust in a non-clinical role. He withdrew from

the room.

Key points raised during the discussion:

1. The Committee heard representation from the Deputy Director of Healthwatch, Surrey. It was noted that representatives of Healthwatch had attended several feedback events regarding the change in service offered by Central and North West London (CNWL) NHS Foundation Trust. They expressed the opinion that there was a lack of explanation of the services being offered by the new provider. Healthwatch also felt that there was inadequate consultation work with regard to the changes undertaken by the commissioners and providers. Healthwatch noted that, since the referral has been made, there has been more evidence of consultation made available. Healthwatch questioned whether the communication and consultation undertaken was wide enough and whether patients with chronic disabilities would still be able to adequately access services.
2. The Committee heard representation from a member of the Blanche Heriot Unit Group (BHUG). He expressed the opinion that patient support needs were significant for the services. He stressed that the Blanche Heriot Unit (BHU) serviced a large population in North West Surrey and that there was a higher than average demand for the services. It was also noted that the unit was used as a training resource for staff working with sexual health issues. The representative of the BHUG suggested that BHU patients were not sufficiently involved in consultation during the re-commissioning of services. He noted that the commissioners decision to reduce the overall spend of the provision for sexual health services was a primary reason for the former provider being unwilling to bid to provide the service and that this limited competition. There were also concerns raised regarding CNWL's ability to provide the service, noting that the provider was running at a budget deficit and that they could become overstretched and unable to provide services effectively in Surrey.
3. Representatives questioned the quality of CNWL's current offer of Sexual Health Services, noting that there were some concerns regarding the emphasis on phone and email contact, rather than face to face services currently offered. The phone services were also deemed by "Mystery Shoppers" commissioned by the BHUG to be slow and unresponsive. Concerns were also raised regarding how the new service was proposed to be delivered, noting that the BHU was significantly larger than the Level 3 Genito-Urinary Medicine (GUM), HIV and Contraception services proposed in Buryfields, Guildford, and that this could cause capacity issues. The BHUG proposed that the service extend the contract for a further six months to the previous provider, in addition to the current six months that have been added, to allow for a more effective transfer of services.
4. The Co-Chair of the Surrey Coalition of Disabled People noted that he considered the levels of consultation to be inadequate, highlighting that the Surrey Coalition of Disabled People were not aware of the consultation regarding the recommissioning for a significant period of

time. It was also suggested that the Surrey Coalition of Disabled People were not provided with an impact assessment by Surrey County Council regarding the impact on patients. The Co-Chair commented that the commissioner had not undertaken sufficient consultation with those with hearing or visual impairments, young people, or those with mental health issues. It was also noted that the Buryfields, Guildford and Earnsdale, Redhill proposed sites were difficult to access for those with disabilities and chronic needs.

5. The Cabinet Member for Health explained to the Committee that Surrey County Council faced significant financial pressures, highlighting the need to make cost reductions of £104 million in the financial year 2017/18 as determined in the Medium Term Financial Plan. It was also noted that government grants had been lower than expected, and that the ring-fenced Public Health funding was coming to an end. The Cabinet Member recognised the need for cost reductions, the quality of service would be closely monitored by Surrey County Council (Public Health) and NHS England.
6. The Cabinet Member for Health noted that the recommissioning of sexual health services was a positive development and that the service welcomed the saving options that it provided. The Cabinet Member stressed that the new model of a “hub and spoke” method of delivery was cost effective and could effectively deliver the services required across the entire county; stressing that the re-commissioning of services should be taken in the county context, rather than only considering the BHU.
7. Officers noted that the recommissioning of sexual health services and the budget in Public Health had been brought to the Committee’s predecessor for scrutiny.
8. Officers highlighted that they had observed national guidance, other service’s methods of delivering treatment for sexual health issues and implemented instances of best practice.
9. The service noted that they were conducting follow-up engagement with service users, and that the Equalities and Impact Assessment for the changes was part of the Cabinet papers in September 2016, and available to the public on the Surrey County Council web site.
10. Officers noted that the current service provision at ASPH (Ashford St Peters Hospital NHS Trust) were being retained for a period of six months until October 1st 2017 in order that current service users are adequately provided for, particularly being mindful of those with chronic conditions, and ensure that the service is able to cater for patients during the transition.
11. It was stressed by officers that any additional extension of the contract to the current provider for a further six months, to the six months currently in place, would result in the service making double payments to two providers. This was highlighted by officers as being an

unnecessary use of public funding, stressing that both the commissioners and providers considered that they were prepared for the safe transfer of services.

12. The new model of service delivery, particularly in the case of its HIV services, was in line with the King's Fund guidance. However, the new provider noted that there was a need for better co-ordination of care.
13. The new provider explained to the Committee that the main site for service delivery would be in Guildford, but that there would also be support available via email and telephone. It was also noted that, in cases of chronic illness, that medication could be delivered to patient's homes in the case that they were unable to reach their area of service delivery.
14. The new provider would be offering online booking in conjunction with use of a mobile app and the telephone to book appointments for sexual health services, which was targeted at young people who require these services. Members stressed that young people must be considered during the recommissioning of services, highlighting the requirement for accessibility for young people.
15. Officers explained that there had been, as part of the recommissioning process, a sexual needs assessment which included focus groups undertaken to consult with patients on the changes to the recommissioned services. It was also noted that paper and online surveys had been distributed to services users to gather their feedback, including an anonymous survey. There was an opportunity highlighted to provide feedback at a workshop event in early 2016. It was stressed that there would be continued discussion and engagement with patients and staff regarding how to manage the changes with providers and patients.
16. The representative from NHS England explained that they had worked closely with Surrey County Council. It was noted that national service specifications were used for the NHS England element of the recommissioning of sexual health services.
17. Members questioned how many service user responses had been received when gathering feedback. It was noted by officers that there had been 300 responses to the initial survey and that there were a number of meeting sessions which were well attended. Members noted with concern that the total number of service users across Surrey was significantly higher and that consultation should reach a wider audience.
18. The Committee queried what the focus and purpose of further consultation with patient groups would be in future. Officers noted that the process would ensure that patient groups were involved in the forward planning process and mobilisation process.

19. Officers noted that the CNWL NHS Trust was one of the largest providers of sexual health services in England and that they had recently received a result of Outstanding in the 19 June 2015 Care Quality Commission (CQC) inspection of sexual health services.
20. Members requested that the new providers improve dialogue with service users in response to the concern that there was a low level of consultation. Officers and providers stressed that this improved dialogue with patients was in place and that the provider had evidenced changes to their proposed offer in response to user feedback.
21. Officers noted that the performance of the provider would be monitored by Surrey County Council and NHS England. It was also noted that Public Health in Surrey was monitoring outcomes of a performance comparison with comparable local authorities. The provider responded to concerns raised by Members and stressed that they would provide the Committee with the provider's performance compared to national performance indicators.
22. The provider noted that Sexual Health and HIV services would be delivered within requirements set by Surrey County Council and NHS England.
23. The Committee noted that it would like explore the consultation undertaken by the service with regard to the recommissioning of sexual health services and determine whether there was scope for improvement in future.
24. The Committee suggested that the mobilisation of services should be monitored, with a follow up report suggested to be presented to the Committee in spring 2018.

Recommendations:

The Committee notes the concerns of patients, and thanks people for their evidence. It recommends:

1. That the performance of the sexual health and HIV service contracts are reviewed in 9 months' time.
2. That the Committee establish a task group to review the implementation phase, consultation process and lessons to be learned from the commissioning of sexual health and HIV services, with a view to informing future commissioning of services.

15/17 SUSSEX AND EAST SURREY SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP CLINICALLY EFFECTIVE COMMISSIONING [Item 8]

Witnesses:

Samantha Stanbridge, Director of Commissioning, East Surrey CCG

Declarations of Interest:

None

Key points raised during the discussion:

David Mansfield left the meeting at 11.36am

1. Witnesses explained that the Commissioning plan was intended to set common criteria across Sussex and East Surrey for treatments, including clinical procedures and the prescription of drugs.
2. Witnesses noted that the East Surrey commissioning was reviewed alongside other Surrey CCGs to ensure there were a common Surrey-wide criteria for treatments. There was not expected to be any changes to these as a result of the work being undertaken regarding the Sussex and East Surrey Sustainability and Transformation Partnership (STP). It was highlighted that Sussex would be subject to significant change in line with the desire to ensure greater consistency in treatment across Surrey.
3. Members queried to what extent the commissioning plan would reduce waste and release resources. Witnesses commented that East Surrey CCG was performing well in this area, and expressed the view that there were not significant efficiencies to be identified in this area.
4. Witnesses stressed that the STP needed to maintain a uniform approach to commissioning. It was highlighted that there could not be differing thresholds for Sussex and East Surrey and that Sussex CCGs would need to establish the extent of this through a gap analysis.

Resolved:

1. That the Committee notes the Clinically Effective Commissioning plan proposed by the Surrey and East Sussex STP.

16/17 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

The Committee noted the recommendations tracker and forward works programme. It also noted the membership of the proposed Task and Finish groups.

The Surrey Heartlands Task and Finish Group was agreed with the following membership:

- Ken Gulati
- Bill Chapman
- Sinead Mooney
- John O'Reilly

The South East Coast Ambulance Task and Finish Group was agreed with the following membership:

- Sinead Mooney
- David Mansfield

17/17 DATE OF THE NEXT MEETING [Item 10]

The Committee noted that its next meeting would be held on 9 November 2017 at County Hall.

Meeting ended at: 12.11 pm

Chairman

Public questions to Adult and Health Select Committee – 4 September 2017

1. We are now being told that patients at the Blanche Heriot Unit with genital skin conditions and genital pain fall outside of the integrated Surrey contract for sexual health & HIV services and that these services will continue to be provided by Ashford & St Peter's Hospitals NHS Trust. These patients, which I understand to be around 3,000 in number, have always been treated by the Blanche Heriot Unit as part of its specialist genitourinary medicine service and funded, since responsibility and funding for commissioning GUM transferred with Public Health to local authorities in 2013, by Surrey County Council. Will Surrey County Council transfer funds, presumably from the integrated sexual health & HIV services contract, to enable the North West Surrey Clinical Commissioning Group to fund these services at St Peter's Hospital going forward?

Submitted by Sheila Boon

Response

The Adults and Health Select Committee has asked commissioners to respond to the concerns and have received the following response from SCC:

“During the mobilisation process it has become clear that there are a number of other services, in addition to GUM and HIV treatment and care, delivered by BHU, specifically pelvic pain and genital dermatology. These will continue to be provided by the Hospital Trust. Ashford and St Peter's recognises its duty in continuing to provide the best care for patients needing these services and is working with both Surrey Council and its principal commissioners, North West Surrey CCG, to ensure these services continue to be provided in line with best practice, national clinical guidance and commissioning responsibilities.”

2. There was a dearth of activity data in the Invitation to Tender Document for the Integrated Sexual Health Services and HIV Treatment and Care Services for Surrey. I have seen the reported GUMCAD figures from January 2014 – September 2016. These show an average monthly attendance at Blanche Heriot of 1,551 which equates to 18,612 per annum. The figures for Buryfields Clinic, Guildford show an average monthly attendance of 1,274, which equates to 15,288 per annum. The GUM Clinic at Frimley Park Hospital had a monthly attendance of 1,068, equating to 12,816 per annum. The Frimley Park Clinic closed in June 2017.

Please can you address the following question? I am extremely concerned that Buryfields has the capacity necessary to provide a suitable, safe service to the additional number of patients listed above;

How many of these patients have transferred to Buryfields Clinic and what verifiable evidence does Central & North West London NHS Trust, who now operate the Buryfields clinic, have to demonstrate that Buryfields can accommodate a further 18,000 attendances a year from the Blanche Heriot Unit as well as the other 12,000 from Frimley?

Submitted by Michael Devine

Response

The Adults and Health Select Committee has asked commissioners to respond to the concerns and have received the following response from SCC:

“The new model of care is reducing the need for face to face consultations where appropriate. It is important to note that GUMCAD also includes activity delivered to non-Surrey residents. The current BHU service is not a singular service. In simple terms there would appear to be three distinct cohort of patients:

Sexual health – covered by the tender with CNWL

HIV – covered by the tender with CNWL

Multiple issues covering vulval pain, oncology, dermatology, multi-speciality services - not covered by the tender with CNWL and will continue to be provided at Ashford and St Peter’s.

Not all the services covered by the tenders with CNWL will simply be transferred to Buryfields. The new provider will be delivering the service from three clinical hubs, clinical outreach services in four locations, an outreach programme and a programme of self-testing.

Frimley Park Hospital saw residents from both Surrey and Hampshire as well as Berkshire residents. Hampshire residents and some Surrey residents are accessing GUM provision from Aldershot Centre for Health as per the open access requirements for sexual health services.

Public Health also commission additional sexual health services within GP and pharmacy settings. These include long acting reversible contraception (coils and implants), emergency contraception (for under 25’s) and chlamydia and gonorrhoea testing and treatment for 15-24 year olds.

For the reasons given above, we expect any increase in attendances to be significantly less than suggested, and that we believe Buryfields will be able to accommodate the increase.”

3. The Council’s decision to cut the budget for sexual health services by over a third and award the contract to a Central London service provider with no knowledge of the geography or public transport arrangements in Surrey will result in the closure of the long established hospital-based level 3 clinic at St Peter’s, Chertsey. This will leave only the Buryfields Clinic in the outskirts of Guildford as a level 3 facility serving the whole of West Surrey with a late concession that some, as yet, undefined low level satellite clinics will be held. Within the Blanche Heriot Unit catchment area there are a significant number of patients with complex sexual health problems and problems pertaining to young people who may struggle, or be unwilling, to travel to Guildford. How does the Council propose to meet its obligations under the Equality Act 2010 to ensure that under 18yr olds, disabled and frail patients, and those on a low income, continue to have access to the care they need without having to travel across the county of Surrey?

Submitted by Nygel Glynn

Response

The Adults and Health Select Committee has asked commissioners to respond to the concerns and have received the following response from SCC:

“As part of the TUPE transfer the new provider has taken on the management of local staff from Virgin Care and Frimley Health in phases one and two of the transfer. The team are implementing the new model with these staff that have a wealth of local knowledge. The new provider also delivers physical health services in Surrey prisons.

The new provider will be delivering the service from three clinical hubs, clinical outreach services in four locations (two in the North West of Surrey), a clinical outreach programme and a programme of self-testing.

Services available through Clinical Outreach

The services delivered for residents in community settings are not the same as the services available from the CNWL Hub and Spoke Clinics. However, the development of modern clinical testing technology and electronic communication means we can now offer an extensive range of

services and support, without the need for people to attend a clinical site (although those with more complex needs may need to attend a clinic).

‘Clinic in a Box’, is the phrase we use for the sexual health resources that are placed in a mobile container (often a suitcase on wheels) which are transported sexual health resources into community settings). These resources mean that the following services and support can be available:

- Health Promotion, including advice information and support around reducing risk, unplanned pregnancy and self-care
- Onward referral for issues related to mental health, smoking, drugs and alcohol
- Full STI and HIV testing
- Chlamydia and Gonorrhoea testing targeted and tailored for under-25s
- Condoms and lube, including the Condom Distribution scheme for young people
- Rapid pathways to the CNWL HUB clinics for GUM and contraception including LARC (long acting reversible contraception - coils and implants)
- Targeted support to reduce teenage conceptions, including pregnancy testing
- Support, advice and referral relating to:
 - Safeguarding
 - Child sexual exploitation
 - Harmful Traditional Practices, including: Female Genital Mutilation, Forced Marriage and Honour based violence
 - Domestic Abuse
 - Gangs and associated sexual health violence/exploitation
- Education sessions, advice, information and support for professionals in general practice, pharmacies, Young People’s Services, school nursing, Family Nurse Partnership team, Youth Centres, Looked After Children, youth offending, schools and colleges.
- Comments cards, quarterly surveys and focus groups to gather patient feedback

The service can be contacted:

- In person at the three main Hub Clinics (see contact details below)
- Telephone 01483 783340 (staffed Monday to Friday 9am until 5pm)
- Website at www.sexualhealth.cnwl.nhs.uk
- E mail sexualhealth.cnwl@nhs.net
- From October residents will be able to book appointments online

All three clinical hubs (Redhill, Guildford and Woking) are accessible to wheelchair users:

- Woking has onsite parking including disabled parking. The service is located on the ground floor with ramp access to the building.

- Earnsdale (Redhill). The service is on the ground floor with a lift providing access from the lower ground floor to wheelchair users. Assistance from staff will be required to access and use the lift. A disabled car parking space is available by the lower ground entrance. Additional disabled car parking spaces are located nearby.
- Buryfields (Guildford). There is ramp access into the building and a lift to the 2nd floor where the service is located. Disabled on street car parking is available outside of the building.

Hearing loops will soon be installed in all clinical hubs.

In addition to this, virtual and telephone appointments will be available as well as continuation of home delivery for HIV drugs. Transition clinics will be held on the ASPH site to make sure that more complex HIV patients' needs can be planned for with individual patients over the next few months.

Public Health also commission additional sexual health services within GP and pharmacy settings. These include long acting reversible contraception (coils and implants), emergency contraception (for under 25's) and chlamydia and gonorrhoea testing and treatment for 15-24 year olds."

4. Is the Committee aware of the All-Party Parliamentary Group on HIV/AIDS report 'The HIV puzzle - Piecing together HIV care since the Health and Social Care Act'? This was published in December 2016, after the contract was awarded to CNWL but before the due implementation date. The report refers to the significant upheaval to HIV and sexual health services since the Health & Social Care Act 2012 was implemented and the fragmentation of the service as evidenced by the following quotes:

"The result of tendering of the GU and HIV services has been disastrous for the patients. Our Trust did not wish to bid for the service as there was no money in it."

"There are no GU or HIV physicians now at the Hospital in the event that a patient is admitted. There is no agreement for their "ex HIV Physicians" to see such patients despite pleading from these physicians for such an agreement in advance of leaving the Trust."

What steps are the commissioners taking to ensure that St Peter's Hospital continues to have direct cover from a GU/HIV physician when HIV patients require acute admission?

Submitted by Steven Fryett

Response

The Adults and Health Select Committee has asked commissioners to respond to the concerns and have received the following response from NHS England:

“CNWL, the new provider of the integrated sexual health and HIV service will provide telephone advice from a consultant specialising in HIV to assist with any clinical queries from acute hospitals in Surrey.

It is clear that clinical practice and support for patients with HIV admitted to acute hospitals in Surrey has varied from trust to trust. NHS England is working with CNWL to develop a pilot project to understand the level of specialised HIV inpatient support for clinicians that is required across all acute trusts in Surrey. This pilot will inform future commissioning plans.”

5. The Family Planning Association Report, ‘Unprotected Nation’ (2015) calculates that every £1 considered a "saving" in sexual and reproductive health could actually cost £86 due to the cost of unintended pregnancies and extra sexually transmitted infections.

What steps are Surrey County Council as the commissioner of sexual and reproductive services taking to monitor the impact, in terms of increased teenage pregnancies and increased incidence of sexually transmitted infections, of the decision of CNWL to close over 30 contraception and sexual health screening clinics, reducing the number of locations from 17 to just 3 for the whole of the County?

Submitted by Jennifer Fash

Response

The Adults and Health Select Committee has asked commissioners to respond to the concerns and have received the following response from SCC:

“Young people are a priority group within the new service specification. Public Health at Surrey County Council has responsibility for reducing unintended teenage conceptions which is monitored via the public health outcomes framework. The new provider will be subject to quarterly monitoring against detailed KPIs in the contract.

Public Health lead a Surrey wide Sexual Health Operational Group. This network includes representatives from school nursing, the youth service and the family nurse partnership who are most in contact with more at risk

young people. The network also helps us to ensure that relationship and sex education messages are consistent and that best practice guidance is followed county wide.

Work continues with the CCGs who are the commissioners of termination services on contraception pathway. The new provider will be delivering the service from three clinical hubs, clinical outreach services in four locations, a clinical outreach programme and a programme of self-testing.

Services available through Clinical Outreach

The services delivered for residents in community settings are not the same as the services available from the CNWL Hub and Spoke Clinics. However, the development of modern clinical testing technology and electronic communication means we can now offer an extensive range of services and support, without the need for people to attend a clinical site (although those with more complex needs may need to attend a clinic).

‘Clinic in a Box’, is the phrase we use for the sexual health resources that are placed in a mobile container (often a suitcase on wheels) which are transported sexual health resources into community settings). These resources mean that the following services and support can be available:

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- Support, advice and referral relating to:
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 - Harmful Traditional Practices; including Female Genital Mutilation, Forced Marriage and Honour based violence
 - Domestic Abuse
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- Education sessions, advice, information and support for Professionals in General Practice, Pharmacies, Young People’s Services, School Nursing, Family Nurse Partnership Team, Youth Centres, Looked After Children, Youth Offending, Schools and Colleges.

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Public Health also commission additional sexual health services within GP and pharmacy settings. These include long acting reversible contraception (coils and implants) and emergency contraception (for under 25's)."

Ken Gulati
Chairman – Adult and Health Select Committee

1. *Response to supplementary submitted by Sheila Boon:*

Surrey County Council and North West Surrey Clinical Commissioning Group (CCG) have had two operational meetings and this will be included in the CCGs commissioning intentions as per the wording above.

2. *Response to supplementary submitted by Michael Devine:*

- There is capacity for 25,000 attendances per year
- There are 9 Consultation/Examination Rooms
- The waiting areas can seat 24 patients
- CNWL maintains appropriate insurance for the use of the premises

3. *Response to supplementary submitted by Nygel Glynn:*

Any health professional requiring urgent sexual health advice can contact the on call consultant via the following email address and telephone numbers:

HIV referrals: HIV-referralsandadvice.CNWL@nhs.net (non-urgent)

For urgent queries call 020 3317 5077 during clinic hours (09:00-19:00 Monday to Thursday, 09:00-16:00 Friday)

4. *Response to supplementary submitted by Stephen Fryett:*

The service has noted the concerns of individual patients and will be providing a transition clinic at St Peter's hospital for 6-9 months. This is to discuss the specific clinical needs of patients and to address any individual concerns with the changes in service delivery.

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