

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.

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Ken Gulati
Chairman – Adult and Health Select Committee