



Appendix A Specification

CTP686 Provision of Derbyshire Integrated Sexual Health Service

Evaluation Approach

In assessing the answers to the following questions, the Council will be seeking evidence of the Potential Provider's suitability to deliver the requirements of the contract. Responses to the specification will be evaluated in accordance with the Evaluation Approach detailed below. In the event that none of the responses are deemed satisfactory, the Council reserves the right to consider alternative procurement options. The provision of false information will disqualify organisations from further consideration.

Scoring Principles

Scored (0 / 1 / 2 / 3 / 4 / 5)

- **0 Unacceptable** The information is either omitted or fundamentally unacceptable to the Council.
- **1 Poor** The information submitted has some omissions or demonstrates only limited technical, ability and/or capacity.
- **2 Satisfactory** The information submitted just meets the Council's expectations in demonstrating technical experience, ability and/or capacity to deliver the services. There are significant reservations, but not sufficient to warrant rejection
- **3 Good** The information submitted meets the Council's expectations in demonstrating technical experience, ability and/or capacity to deliver the services. There are minor reservations, but not sufficient to warrant rejection
- **4 High Standard** The information submitted meets the Council's expectations and provides strong evidence of technical experience, ability and/or capacity to deliver a quality service.
- **5 Excellent** The information submitted exceeds the Council's expectations and provides evidence of high quality technical experience, ability and/or capacity to deliver a quality service.

Scoring

Section	Scoring	Weighting	Requirements
Part 1 Aims	n/a	n/a	This section is for information only.
Part 2 Outputs	n/a	n/a	This section is for information only.
Part 3 Delivery	n/a	n/a	This section is for information only.
Part 4 Service Interventions	n/a	n/a	This section is for information only.
Part 5 KPI's & Output Measures	n/a	n/a	This section is for information only.
Part 6 Reports and Contract Management	n/a	n/a	This section will not be scored; submission of a bid will confirm agreement to the stated reporting & contract management requirements
Part 7 Budget	n/a	n/a	This section is for information only.
Part 8.1 Vision	0/1/2/3/4/5	6%	The score for this question shall be based on an assessment of the information provided
Part 8.2 Communication and marketing	0/1/2/3/4/5	4%	The score for this question shall be based on an assessment of the information provided
Part 8.3 Visibility and accessibility	0/1/2/3/4/5	11%	The score for this question shall be based on an assessment of the information provided
Part 8.4 Care pathways	0/1/2/3/4/5	9%	The score for this question shall be based on an assessment of the information provided
Part 8.5 Sexual health network	0/1/2/3/4/5	8%	The score for this question shall be based on an assessment of the information provided
Part 8.6 Governance arrangements	0/1/2/3/4/5	11%	The score for this question shall be based on an assessment of the information provided
Part 8.7 Opportunities and challenges of sub-contracting	0/1/2/3/4/5	9%	The score for this question shall be based on an assessment of the information provided
Part 8.8 Data collection	0/1/2/3/4/5	8%	The score for this question shall be based on an assessment of the information provided
Part 8.9 Innovation and development	0/1/2/3/4/5	9%	The score for this question shall be based on an assessment of the information provided

Instructions for Completion

- Responses and comments should be provided in English and should be as accurate and concise as possible
- Proposal documents should be self-contained and supply all information, which is considered necessary for the accurate evaluation of the proposal
- Technical and sales literature may be included as part of the proposal document but only as supporting evidence. Replies to questions shall therefore be complete and not consist of references to such literature
- The Council expressly reserves the right to require a Potential Provider to provide additional information supplementing or clarifying any of the information provided in response to the requests set out in this document.
- Failure to provide the required information within the timescale given may mean that your organisation shall not be considered further
- Failure to provide the required information to fully address the requirements of the specification, or supply documentation referred to in responses within the specified timescale may lead to your tender/ being judged to be non-compliant
- If you have any queries regarding how to complete this document please address them through the questions and answers stage of the tender.

Definitions

BASHH British Association of Sexual Health and HIV
 BHIVA British HIV Association
 CASH Contraception and Sexual Health
 CAYA Children and Young Adults
 C-Card Condom distribution scheme for young people
 CCG Clinical Commissioning Group
 CQC Care Quality Commission
 CSE Child Sexual Exploitation
 CTAD Chlamydia Testing Activity Dataset
 Derbyshire The geographical area of Derbyshire, excluding Derby City
 DFSRH Diploma of the Faculty of Sexual and Reproductive Healthcare
 DH Department of Health
 DBS Disclosure and Barring Service
 FGM Female Genital Mutilation
 GMC General Medical Council
 GP General Practitioner
 GUM Genitourinary medicine
 GUMCAD Genitourinary Medicine Clinic Activity Dataset
 GUMAMM Genitourinary Medicine. Access Monthly Monitoring
 HARS HIV and AIDS reporting system
 HIV Human immunodeficiency virus
 ISHS Integrated Sexual Health Service
 IUD / IUS Intrauterine device (IUD) / Intrauterine System (IUS) – Contraceptive Coils
 LARC Long-acting reversible contraception
 LGBT Lesbian, Gay, Bisexual, Transgender
 MECC Making Every Contact Count
 MedFASH Medical Foundation for Sexual Health and HIV
 MSM Men who have sex with men
 NCSP National Chlamydia Screening Programme
 NHS National Health Service
 NICE National Institute for Clinical Excellence
 NMC Nursing and Midwifery Council
 OEC Oral Emergency Contraception
 PEPSE Post-exposure prophylaxis after sexual exposure
 PGDs Patient Group Directions
 PHE Public Health England
 PLHIV People living with HIV
 SARC Sexual Assault Referral Centre
 SOPHID Survey of Prevalent HIV Infections Diagnosed
 SRE Sex and relationships education
 SRHAD Sexual and Reproductive Health Datasets
 STI Sexually Transmitted Infection
 STIF Sexually Transmitted Infection Foundation
 The Council Derbyshire County Council
 TOP Termination of Pregnancy

Specification

Introduction

The current model of sexual health services commissioned within Derbyshire is delivered by different providers, with Genitourinary medicine (GUM) commissioned and provided separately to Contraception and Sexual Health (CASH) services. While the services have responded to changes in need and the challenges of the previous national strategy for sexual health, there remains significant potential to improve the efficiency and effectiveness of services in meeting the needs of the population.

Derbyshire County Council is commissioning an 'Integrated Sexual Health Service' (ISHS) which shall enable more strategic planning of locations and accessibility of services. The service shall commence April 2015 and shall deliver a managed sexual health service based on a Primary Contractor model and aims to reduce sexual health inequalities by providing an equitable service to Derbyshire residents facilitating prompt access in line with need.

National Context

Responsibility for commissioning sexual health services is now shared between Local Authorities, Clinical Commissioning Groups (CCGs) and National Health Service (NHS) England. These organisations have joint responsibility to ensure sexual health services are effective (based on good evidence) and efficient (providing value for money) and need to work together. Such partnership working also extends to others with a stake in improving sexual health, including Public Health England (PHE) and Health and Wellbeing Boards, as well as service providers and current or potential service users.

Investing in sexual health services has been shown to be cost effective. Investment in the provision of contraception and the reduction of unplanned pregnancies and in the reduction of Human Immunodeficiency Virus (HIV) and the spread of Sexually Transmitted Infections (STIs) results in significant benefits, both for the NHS and for on-going health and social economy, throughout childhood and adulthood. Significant returns on investment are demonstrated in the reduction of costs relating to termination of pregnancy (TOP), maternity care, drug costs and in on-going social welfare, personalised services, housing and education.

Inequalities in sexual health outcomes are an important public health priority. We know that certain groups in society experience greater risk of poor sexual health, and these include men who have sex with men (MSM), teenagers and young adults, especially those in care, certain minority ethnic groups, especially those of Black African origin, injecting drug users, sex workers and those in the criminal justice system.

From April 2013 Local Authorities have been responsible for commissioning most sexual health services and are mandated (The Local Authorities Public Health Functions and Entry to Premises by Local Healthwatch Representatives Regulations 2012) to provide comprehensive open access sexual health services for everyone in their areas covering:

- Free STI testing and treatment and partner notification
- Free contraception and reasonable access to all methods of contraception
- Sexual health aspects of psychosexual counselling

Part 1 Aims

1. The aim of the ISHS is to deliver open access, good-quality, person centred and responsive, cost-effective, confidential sexual health services to improve sexual health and reduce sexual health inequalities across the population of Derbyshire.
2. The ISHS shall:
 - Be a managed, coordinated and quality assured approach to provide a range of sexual health services that are delivered according to need by providers that form part of a local integrated partnership
 - Provide clear accessible and up to date information about services providing sexual health services for the whole population, targeting those at highest risk of poor sexual health
 - Be a model of sexual health provision that is able to consistently respond to both STI management and contraception needs in the same visit
 - Be staffed by clinicians who are dual trained and able to meet the needs of the individual no matter what sexual health concern or condition they present with, minimising the need to see multiple practitioners
 - Use multi-disciplinary teams and utilise the skills of both clinicians and non-clinicians in a cost effective and clinically appropriate manner
 - Include specialist expertise, clinical governance and training for clinicians
 - Focus on meeting the needs of vulnerable groups and communities, specifically:
 - MSM; People living with HIV (PLHIV); young people under 25; vulnerable young people including those at risk of offending or who are excluded from school, homeless young people, teenage parents, lesbian, gay, bisexual and transgender (LGBT) young people, those who are rurally isolated, those not in education, employment or training, those with learning disabilities or mental health problems and children in the care of the local authority
 - Other at risk groups include: injecting drug users; sex workers; vulnerable adults; travellers; offenders; homeless; victims of sexual assault; ethnic minority groups; LGBT; other groups experiencing health inequalities.

Part 2 – Outcomes

3. **Key Outcomes:**

The ISHS shall aim to improve the sexual health in the local population through achieving the following key outcomes:

- Reduce sexual health inequalities in the specified vulnerable groups
- Improve access
- Reduce the rates of STIs and the prevalence of undiagnosed HIV
- Reduce the rates of unplanned pregnancy and repeat terminations
- Increase the percentage of Derbyshire residents electing to attend sexual health services within Derbyshire rather than 'out of area'
- Achieve the PHOF indicators for:
 - Chlamydia diagnoses in 15 – 24 years
 - People presenting with HIV at a late stage of infection
 - Under 18 conceptions.

4. **Accessibility Outcomes:**

- **To improve the sexual health of the local population, especially those at risk of poor sexual health** through the provision of evidence based behaviour change interventions tailored to meet specific needs of target groups and/or individuals
- **To provide services that are welcoming and accessible** and can meet the needs of a diverse range of service users including men and women of all ages and backgrounds
- **To reduce inequalities in sexual health (in partnership with other agencies) by:**
 - Targeting vulnerable groups/communities with greater sexual health needs
 - Tackling the stigma and discrimination associated with HIV and poor sexual health
- **To improve access** by delivering a 'one stop shop' approach to sexual health service provision in a range of locations, ensuring that service users have access to STI testing and treatment, contraception and sexual health promotion within a single visit, where possible and linking to reproductive health services where commissioned by CCGs
- **To maximise the sexual health of individuals and their sexual partners** by promoting local sexual health services effectively, providing sexual health information and advice and facilitating convenient and timely access to integrated sexual health care for all residents.

5. **STI Outcomes**

- **To reduce rates of STIs and HIV** through:
 - The provision of integrated services for STI testing and treatment, including services for contraception, the provision of sexual health promotion, partner notification and post-exposure prophylaxis after sexual exposure (PEPSE)
 - Routine and targeted testing for chlamydia for 15-24 years throughout the ISHS and in community settings
 - An evidence based approach to maximise the chlamydia diagnosis rate (it is acknowledged that STI rates may initially rise as diagnosis rates increase)
- **To reduce the prevalence of undiagnosed HIV and late diagnosis** through the

1. Service Description

Through a Primary Contractor with the responsibility for the delivery of a Hub & Spoke model the ISHS shall provide directly and through sub-contracting arrangements, a good quality, open access, confidential and cost effective service based on evidence. The Hub shall be a fixed base and deliver all elements and levels of the ISHS, specifically Level 3 STI testing and treatment. Hub staff shall have skill mix appropriate and accurate to need.

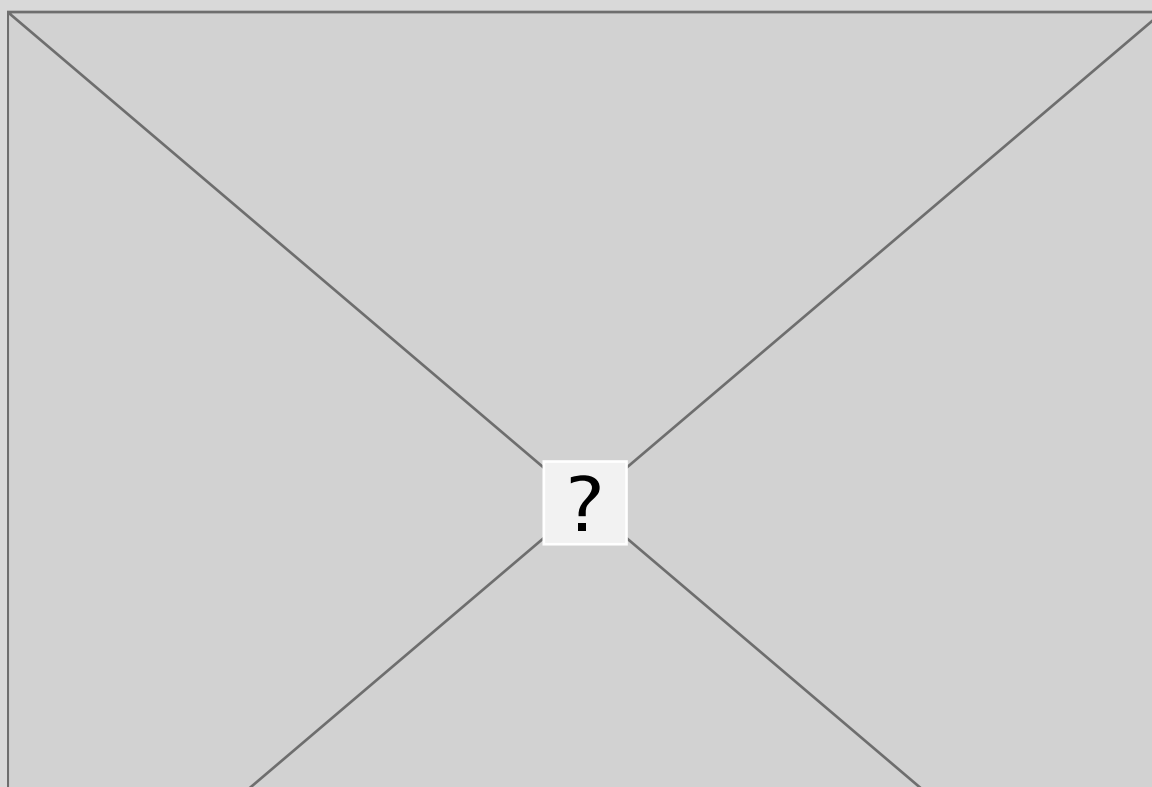
The Hub shall be the central mechanism for coordinating the whole ISHS. The Spokes in the main shall deliver Level 2 STI testing and treatment and Level 3 contraception and all other elements of the ISHS. Spokes shall deliver Level 3 STI testing and treatment in accordance with need and governance. Additional information can be found in section 3.3.4.

The Primary Contractor shall provide and manage all aspects of the ISHS as defined in sections 3.1 – 3.8 at a local level by delivery via: the Primary Contractors own organisation; Accredited Providers; Other Providers. The ISHS shall deliver:

- Level 1 – 3 STI testing and treatment including partner notification and PEPSE
- Level 1 – 3 Contraception (including provision of LARC and Oral Emergency Contraception (OEC))
- Sexual health aspects of psychosexual counselling
- Targeted sexual health promotion and HIV prevention
- Condom distribution
- Prevention and self-care across the whole service.

The evidence base underpinning the minimum requirements and standards for the delivery of the Derbyshire ISHS can be found in Appendix 5.

1.1. Figure One Derbyshire ISHS:



Part 4 – Service Interventions

All elements of the service shall be delivered in accordance with national standards and local requirements. The service shall not be limited to the activities within the descriptors. The service interventions described should be delivered holistically. The service should use innovative and evidence based techniques to best meet the needs of service users and increase efficiency. The Primary Contractor shall ensure sufficient capacity within the ISHS to deliver all service interventions and achieve the delivery requirements and outcomes for the ISHS and PHOF Indicators.

1. Level 1, 2 and 3 STI Testing and Treatment

The delivery of STI testing and treatment across the Hub and Spokes shall be delivered in accordance with Standards for the Management of STIs which are well established for sexual health service provision.

This includes routine testing for chlamydia across the whole ISHS, diagnostic testing and sufficient laboratory provision:

www.medfash.org.uk/uploads/files/p18dtqli8116261rv19i61rh9n2k4.pdf

All people tested for STIs should be informed which infections they have been screened for and receive timely results. All service users should be actively informed of their results and should be provided with a choice in how they can receive their results e.g. by phone, text.

2. Level 1, 2 and 3 Contraception

The delivery of contraception across the Hub and Spokes (including Primary Care) shall be in accordance with standards for sexual and reproductive health which are well established for sexual health service provision:

www.fsrh.org/pdfs/All_Service_standards_January_2013.pdf

www.fsrh.org/pages/Clinical_Standards.asp

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003133

3. Sexual Health Aspects of Psychosexual Counselling

Psychosexual counselling shall be restricted to service users that have undergone a full investigation by their GP or other relevant health professional and have had any physical cause excluded (this shall not be undertaken by the ISHS). A full referral from a GP or other relevant health professional is required. This referral shall confirm that any physical cause has been investigated and discounted. Psychosexual Counselling will be brief and can be provided for a maximum of 6 sessions.

This element of the service should only use evidence based interventions for the specific conditions that have been approved or recommended. These details may be subject to change if national guidance is developed.

4. Targeted Sexual Health Promotion and HIV Prevention

- Provide targeted, community based sexual health promotion and HIV prevention to vulnerable groups and high risk groups as defined in section 1.2. Services targeted towards these key groups shall:
 - Develop the knowledge and skills of frontline staff and other agencies

The Primary Contractor is requested by the Council to submit monitoring data and information through:

- Monthly report including KPI Dashboard (and meeting if required)
- Quarterly performance management meetings and report
- Annual performance management meeting and report
- Clinical audit.

1. Primary Contractor Key Performance Indicators

Table two:

Quality Performance Indicators	Guidance reference	Threshold	Remedy for failure to achieve the threshold
Method of Measurement	Frequency		

Primary Contractor Responsibility

1. Leadership and Contract Management

1.1 Establish sub-contractual arrangements with providers to deliver elements of sexual health services in line with national standards and local systems including systems to collate:

- Performance outcomes

Activity linked payments (refer to section 7.3) Derbyshire Sexual Health Review 2014 Full compliance In line with contractual obligations Performance management meeting and report

Annual audit Quarterly

1.2 Establish and maintain a Sexual Health Network *DH 2013*

Derbyshire Sexual Health Review 2014 A minimum of two meetings per year and quarterly communication

In line with contractual obligations Annual Report Annual

1.3 Demonstrate progress against the EIA (June 2014) and undertake further EIA as agreed with the Council

National expectation Full compliance In line with contractual obligations Bi-Annual EIA report 6 and 12 months

1.4 Management of the ISHS budget in accordance with section 7, maintaining spend within the published financial envelope through the development of innovative and efficient delivery Derbyshire Sexual Health Review 2014 Full compliance In line with contractual obligations Finance reports:

spend and forecast Monthly

2. Leadership and service management

2.1 Achieve full compliance against national standards as stipulated through BASHH, FSRH, NCSP and BHIVA.

Services to be developed and managed in accordance with additional policy and guidance including NICE BASHH

BHIVA

FSRH

NCSP

Full compliance against individual Standard thresholds In line with contractual obligations

Quarterly or annual audit and report as applicable Quarterly / Annual

2.2 Develop a robust Partner Notification system across all service elements delivered through the ISHS in compliance with national standards BASHH Full compliance against individual Standard threshold In line with contractual obligations Report Monthly

2.3 Develop and manage a central booking system accessible to users' needs Derbyshire Sexual Health Review 2014 Full compliance In line with contractual obligations Performance management meeting and report

Audit of users Quarterly

2.4 Develop and manage a central triage system to maximise service efficiency Derbyshire Sexual Health Review 2014 Full compliance In line with contractual obligations Performance management meeting and report

Audit of users Quarterly

2.5 Delivery of sexual health interventions to maximise service efficiency utilising appropriate staff skill mix

The Primary Contractor is responsible and accountable for the ISHS and required to report to the Council against all elements of ISHS. Meetings shall be in accordance with the contract and as set out in this specification. Quarterly meetings with the Council shall take place to discuss service progress and performance against national standards and local requirements. Additional meetings and reporting may be requested by the Council where a need arises. It is the Primary Contractor's responsibility to ensure monitoring and reporting arrangements are in place across the whole service including the agreed sub-contractual arrangements. The Primary Contractor is responsible for the production of short, medium and long term plans to ensure the service delivers against the specification and commissioner's requirements from service commencement.

The Primary Contractor is responsible for meeting national reporting requirements, as follows:

- Data collection via national datasets GUMCADv2; GUMAMM; SRHAD; CTAD; SOPHID; HARS; NSCP audit (these may be subject to change). The Primary Contractor is required to discuss the analysis from PHE with the Council
- Data collection via the locally agreed dashboard and reporting mechanisms – to be agreed between the Primary Contractor and the Council
- Compliance with the Data Protection Act 1998 and the duty of confidentiality and Caldicott Principles
- The processing of personal identifiable data shall be secure and adhere to confidentiality, data protection and information governance, including the secure transfer of data, secure storage and secure processing. Where it is proposed to store data in an electronic data storage 'cloud' EU guidance shall be followed and Commissioner approval sought. This shall apply to transfer to, GPs, Laboratory systems, PHE for safe transfer of mandatory data and possibly with current acute sector to maintain pathways for unintended pregnancies and HIV
- Be registered with the Information Commissioner's Office
- Demonstrate provision of a sound Information Governance framework, including staff training
- Sharing agreements shall be established where appropriate, including identification of data controller/processor roles and responsibilities for Subject Access Requests and Freedom of Information requests
- All service user data should be treated as confidential and should only be disclosed on a need to know basis. Some data may be especially sensitive and is the subject of a specific organisation policy, including information relating to the diagnosis, treatment and/or care of patients, individual staff records and details of activity, contract prices and terms. In particular all organisations shall comply with data standards produced by Information Standards Board for Health & Social Care including standard 1572 which relates to the Human Fertilisation & Embryology Act 1990 statutory restrictions on infertility treatment and other statutory restricts e.g. HIV and Venereal Disease
- Under no circumstances should any data be divulged or passed on to any third party who is not specifically authorised to receive such data
- All ISHS employees are expected to comply with national legislation and local

Part 7 – Budget and Payment Mechanism

1. Budget

The budget for the ISHS shall be up to £20,400,000 over four (4) years.

This equates to £5,000,000 per annum as per table four and £400,000 over four (4) years as per table five.

Table four:

	Service Element	14/15 Budget					
% value of overall budget	Year 1						
% value of overall budget	Year 2						
% value of overall budget	Year 3						
% value of overall budget	Year 4						
Primary Contractor Functions							
	0 %	6 %	6 %	TBC	TBC		
STI Testing and Treatment* (which includes routine chlamydia screening)	44.8 %	34 %	34 %	TBC	TBC		
Contraception* (which includes LARC not delivered in Primary Care)	39.0 %	30 %	30 %	TBC	TBC		
Contraception in Primary Care* (LARC and OEC)	7.2 %	20 %	20 %	TBC	TBC		
Psychosexual Counselling*	0 %	<0.5 %	<0.5 %	TBC	TBC		
Targeted Sexual Health Promotion and HIV Prevention	8.6 %	8.5 %	8.5 %	TBC	TBC		
Condom Distribution	0.4 %	1 %	1 %	TBC	TBC		

* Indicates tariff based payment on actual activity.

The Primary Contractor shall be responsible for managing the budget. Each element of the service shall be allocated a suitable proportion of the budget and any necessary readjustments made to ensure effective and efficient delivery of prevention and treatment interventions.

The indicative percentage value of the overall budget for each service element has been given to provide an indication of how the Council expects the budget to be apportioned. This is a guide and the Primary Contractor should demonstrate how they plan to allocate the budget, including cost effective tariff prices, and their justification for this in Appendix B Payment Schedule.

The budget for the Derbyshire ISHS is a finite resource; tariff prices should therefore be cost effective using innovative methods to maximise efficiency. The Council requires all ISHS activity to be delivered within the published financial envelope for the service.

The Primary Contractor, in conjunction with the Council shall be required to identify and manage possible over performance per annum. This will require the development of innovative preventative mechanisms such as minimising repeat attenders and follow ups and ensuring the triage of service users includes directing those requiring non-specialist services to routine sexual health in general practice (within the GP contract). The Council reserves the right to introduce a marginal rate which will be paid at 30% of the regular tariff price should activity exceed planned activity and cost savings result elsewhere (i.e. reduction in 'out of area' activity).

2. Reduction in 'out of area' Activity

The ISHS is required to reduce the number of Derbyshire residents seeking a sexual health service outside of Derbyshire (section 3.3.2) and Council spend on 'out of area'

As part of your tender return, please ensure that the document providing your responses to the questions below is clearly identified as the '**Response to Appendix A Specification**'.

Please note:

- Your response should be a maximum of 10,000 words. Any information given beyond 10,000 words may be disregarded for the purpose of marking and could affect the overall score
- Guidance on scoring can be found in the Scoring section (pages 2 – 4 of this specification)
- Questions should be answered in the order they are presented and should clearly indicate which question they relate to
- Your response will be scored on the narrative provided (references or appendices may be disregarded).

1. Describe your vision for the Derbyshire ISHS, what value your organisation would bring and why you consider yourself to be a suitable Primary Contractor?
2. Describe what you consider to be the priorities of the Communication and Marketing Strategy for the ISHS
3. Describe how you will deliver services to ensure they are visible and accessible, please include:
 - a) Proposed service delivery locations and type of premises (Hub and Spokes)
 - b) How you will ensure the service is accessible to all Derbyshire residents, including those at higher risk of poor sexual health outcomes. Please include an example of how your organisation has successfully engaged vulnerable groups.
4. Describe how you will develop both internal and external pathways to ensure seamless care for service users. Which pathways do you consider to be a priority and why?
5. Describe what you consider to be the focus and importance of the sexual health network. Please include a recent example of successful collaborative working led by your organisation.
6. Provide details of how your organisation will implement governance arrangements, (both clinical and information) to ensure it complies with national/local standards. Please ensure your response addresses:
 - a) Patient safety
 - b) Clinical effectiveness (including training and workforce development)
 - c) Patient/Public Experience
 - d) Information governance
7. Describe what you consider to be the opportunities and challenges of sub-contracting

