**London Sexual Health Transformation Programme**

Update July 2016

Welcome to the July briefing from the London Sexual Health Transformation Programme.

A lot of detailed work is now going on to deliver the three main outcomes of the programme:

* Developing and procuring the new e-services model to better signpost patients and provide home testing kits where clinically justified, and developing a strategy to encourage appropriate channel shift
* Agreeing a new pricing mechanism that supports flexibility and planning and ensures services are paid for fairly
* Supporting the sub regions as they commission face to face services.

**The Case for Change**

The programme continues to be focused on the key drivers that were behind the establishment of the programme 18 months ago. Decisions and actions are continually checked against these:

The key drivers for change are:

* The need for sexual health services in London is significantly higher than the rest of the country, and continues to increase
* There are noticeable variations in access and activity across boroughs, with residents from across London accessing services in central London
* There are significant advantages in London boroughs working together to transform and commission services given the complex pattern of open access provision
* The importance of maintaining and improving strong clinical governance, safeguarding and quality assurance arrangements for commissioning open access services
* The need to respond to current and future financial challenges, and make the best use of resources available.

**Frequently Asked Questions**

We would welcome your comments on the frequently asked questions on the LSHTP website. This is a developing document that we want to have as a resource to inform and engage. Please let us have your questions or comments by contacting one of those named at the end of this briefing. The FAQ is available on the website [HERE](http://www.westlondonalliance.org/wla/wlanew.nsf/Files/WLF-96/$file/LSHTP+FAQ.pdf). We are also reviewing the website which is hosted on the West London Alliance site. We would welcome any views you might have on how the site can be most useful to you, what information you would like to see on it and how easy it is to navigate and search.

**Integrated Sexual Health Tariff and Pricing Strategy**

After considerable review and due diligence work the majority of London councils are now intending to implement the Integrated Sexual Health Tariff as the preferred payment mechanism for services. The final set of tariff prices will be issued via the LSHTP webpage on the WLA website ([HERE](http://www.westlondonalliance.org/wla/wlanew.nsf/Files/WLF-99/$file/160727+Integrated+Sexual+Health+Tariff+currencies+1617.pdf)) and the pathways and updates will follow via the Pathway Analytics website ([HERE](http://www.pathwayanalytics.com/)).

Boroughs are working sub regionally to develop implementation plans for the introduction of tariff as part of their procurement or negotiation processes. A sub group of the LSHTP Board, the Systems Redesign Group will ensure that implementation plans are co-ordinated and further information and updates on this will be provided over the coming months.

**E-services procurement**

The specification for the e-services is now complete. The Corporation of City of London have agreed to be the lead authority for this and will manage the contract on behalf of the participating councils. Camden council procurement team are managing the procurement process and the OJEU for the e-services will be published on 4th August 2016. The procurement route is competition with negotiation and interested parties will be required to submit a Pre-Qualification Questionnaire (PQQ) by 5th September. Providers who have responded to our previous PINs will be contacted by email when the OJEU is published.

**Channel Shift Group**

The channel shift group presented a paper at the Programme Board last week. After a full discussion the following recommendations from the group were agreed:

* that sexual health service providers are required to have an option for patients to be triaged by the e-service in the short- to medium-term, with a longer-term vision of all patients to be triaged by the e-service
* that the Programme Board procures a specialist behaviour change agency to design and implement targeted communications.

It was noted that there is potential to absorb any costs necessary to resource this work arising out of underspends or the contingency available within the current programme budget. The Channel Shift group will now develop an implementation plan, consider resources required and the appropriate timeline.

**Sub Regional Updates**

*Inner North West London*

Work continues to develop a communication strategy with both the LSHTP and sub regional PH communication teams.

The service specification, contract, pricing strategy and access agreements have all been signed off by the Local Authority.   In addition, the sub region has agreed ceiling tariffs based on the LSHTP London tariff principles but with efficiencies built in.

We are preparing for evaluation and moderation in August and will be making recommendations to councils to progress to award.    This will include final amendments to the contract and specification once the successful tenderer has been confirmed as per “open tender” process.

*Outer North West London*

The PQQ has now been developed and the 3 boroughs have agreed to align the scope of the integrated service. Discussions and analysis are continuing to understand the impact of implementing the tariff.

Each of the boroughs in the sub region has a communications plan and regularly engages with the market via partnership forums. A sub regional communications plan is regularly updated. A sub regional market engagement event took place on 16th June with forty delegates attending.

Actions for the next period include: agree pricing options, schedule, and evaluation for ITT; develop ITT pack and localise the service spec. The OJEU notice is expected to be issued by the end of August.

*North Central*

The existing communications plan will be updated in August to reflect the move into the Tender phase of the process. Following the “Meet the Buyer” event held on the 9th June and completion of the Integrated Sexual Health Tariff, the sub-region is finalising its specification and accompanying procurement documentation, and will be issuing its OJEU notice in the week of 15 August 2016.

*North East London*

10 focus groups have been held and about 1800 waiting room surveys carried out in GUM and CaSH.

The sub region is considering a consultation across the 4 boroughs on the proposed service model.  In addition the sub region is finalising an approach to satellites and additional services.

The initial engagement report has been completed, appropriate estates identified, initial capacity projections developed and providers notified.

The next steps include briefing lead political members, finalising ISHT and capacity requirements, establishing the ‘additional services’ to be added to the spec and procurement approach and preparing the suite of consultation documents.

*South West London*

SWL (and Hounslow) are committed to working together as a sub region where this makes sense for the seven boroughs. However, there are no plans for an overall SWL sub region procurement due to the unique position of some of the boroughs. Several boroughs are now proceeding with the e-services procurement. Wandsworth, Richmond and Merton will make a decision on whether they will be working together to jointly procure an integrated sexual health service.

*South East London*

The sub regional planis now complete and the public consultation on public health savings was completed in June. This showed a high rate of acceptance for extending online services.

Further consultations are ongoing on the new service model and site reduction with extended opening hours at remaining sites. In addition, there are communication exercises underway publicising the change to the service model for Greenwich and Bexley residents, stakeholders and other partners.

Kings has started to pilot access to clinics via triaging online and a “Click and Collect” service is being piloted in GSTT and KCH. The plan is to have self-sampling and access via online in place by Oct 1st for all patients.

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Please pass this briefing on to anyone who might be interested, and have a look at our website [HERE](http://www.wla.london/wla/wlanew.nsf/pages/WLA-385) or contact those named below if you have any specific questions.

The next briefing will be issued towards the end of August. If there are subjects you would like to see covered, or have any comments about the briefing, please let us know.

For further details on the Programme please contact

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