Sexual health services – Proposed model of delivery

1.0 Explanation of model

The model proposed is to provide an integrated service which offers a range of sexual health services in one location, alongside where possible, other services that sexual health service users may need such as drug and alcohol services. The location will be defined as a hub, super spoke or spoke depending on the range of services available.

There will be one hub, super spoke or spoke in each district of the Kent County Council boundary. From these there will be a range of outreach services. Outreach will be substantial and flexible. Outreach will be in terms of: working from other service sites; working with and through other service providers; geographical place; population group; spaces where larger volumes of people are engaged in activity; promotional activity and health need for example. The sites for the locations and opening times for aspects of this provision are not specified here. The emphasis will be on proactive engagement, community involvement and education which should result in improved service take up.

It is proposed that there will be two hubs in Maidstone and Canterbury. These will have the full range of sexual health services and be located with other services.

It is proposed that there will be two super spokes in Gravesham district and Margate in Thanet district. These will have a wide range of services in response to the needs of the population.

It is proposed that there will be a spoke in the remaining districts of Ashford; Dartford; Dover; Sevenoaks; Shepway; Swale; Tonbridge and Malling and Tunbridge Wells.

The proposed placement of services across Kent districts is based on a combination of demographic analysis and epidemiology, supported by stakeholder consultation conducted since February 2013.

2.0 Sexual health services considered within this tendering process are:

- Genito-Urinary Medicine (GUM)
- Chlamydia screening programme for 15 – 24 year olds
- Emergency hormonal contraception via community pharmacies
- Young people services
- Condom programme – currently available to under 19’s
- Contraception and sexual health (CASH) services
- Psychosexual services

3.0 How we have got to the model

A review of sexual health services commenced in February 2013 whilst the responsibility for commissioning sexual health services was in the primary care trust. This work has included: review of services and activity; audit of emergency hormonal contraception service; consultation through telephone interview, focus groups, stakeholder events and surveys with service users and stakeholders.
This identified that an integrated model of care, delivered through a hub and spoke approach, would give service users improved access to sexual health services and enable service providers to develop clear and seamless pathways for patients. These would be “One Stop Shops” where all sexual health and contraceptive needs can be met at one site, over extended opening times and in accessible locations.

4.0 How we have got to the decision about what services are needed in each district

All districts will have contraception and sexual health services (CASH); young people’s services; GUM level 2 services; chlamydia screening programme; emergency contraception and condoms for under 19’s. These will be open for the same duration five days a week Monday – Friday (8am – 6pm) and will have opening hours on Saturday. This will be the universal provision.

Targeted services in these districts will vary to respond to population needs. The need for psychosexual services is transient and this will be reflected through the locations.

In addition, four districts (Canterbury, Gravesham, Maidstone and Thanet) will have level 3 GUM services. The super spokes in Gravesham and Thanet districts will be open Monday – Friday (8am – 7pm) and will have opening hours on Saturday. The hubs (Canterbury and Maidstone) will be open Monday – Friday (8am – 8pm) and will have opening hours on Saturday. The hubs will have a pharmacy on site.

It is proposed that all hubs, super spokes and spokes, co-locate where possible with other service providers such as drug and alcohol services or at the least have space for other providers to provide their services from.

Understanding the health of the populations’ sexual health is measured through the rates of: sexually transmitted infections; termination of pregnancy; teenage pregnancy; uptake of services alongside intelligence from service providers.

4.1 Locations within each district

These will reflect the sexual health needs of the district population. Access to public transport will be a significant consideration. Suitable location and environments will be key factor at the tendering stage where potential providers will to chosen to meet the needs of the new model.

5.0 Improved access to sexual health services

The model proposed will include the creation of one website for all sexual health services. This will be an integral part of service development. It will increase access to information on services and sexual health. It will increase accessibility to services with facility to book appointments. In addition will be the introduction of a single telephone number for all sexual health services.

The ‘one stop shops’ will provide increased opening times. The co-location/integration of sexual health services on one site in every district and easier access to ‘other’ services will
improve user pathways. The establishment of population specific services should encourage greater access by more vulnerable groups.

---

\[1\] MBARC  Working Towards Improved Sexual Health Services in West Kent - September 2013
\[2\] PHAST Models of Care - July 2013
\[3\] http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1201094610372