

National Enhanced Service for 'More Specialised Sexual Health Services'

Service Level Agreement

PRACTICE

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1. Financial Details

This agreement is to cover the 12 months commencing 1 April 2005.

On agreeing a service plan with the PCO for the 12 months commencing 1 April 2005 practices will receive:-

In 2005/06 each practice contracted to provide this service will receive an annual retainer of £2,131 plus an annual payment of £213 per HIV positive patient (paid quarterly in arrears) and £106.55 per other patient (paid quarterly in arrears.)

Claims for Payment

All claims for payment should be submitted to the PCO. Payments will be made quarterly in arrears.

Payment Verification

Practices entering into this contract must participate fully in the verification process determined by the PCO and LMC. Practices should ensure that they keep proper records to ensure a full and proper audit trail.

It is anticipated that Practice computer systems will be utilised to enable this condition to be met, and a system is currently being developed/piloted.

Practices must be able and willing to evidence service delivery if required/requested by the PCO.

Annual Review of Contract

This contract will be reviewed annually, and will be in line with the annual review of the GMS Contract set out in the NHS (General Medical Services Contracts)(Scotland) Regulations, or other legislation as appropriate.

Practices will be expected to return to the PCO their end of year evaluation/results, in order to confirm compliance with the contract.

PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THIS SIGNED CONTRACT, INCLUDING DETAILS OF PRACTICE PLANS AS INDICATED

2. Signature Sheet

This document constitutes the agreement between the practice and the PCO in regards to this national enhanced service.

PRACTICE.....

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCO:

Signature	Name	Date

3. Service Aims

The importance of primary care in an enhanced sexual health strategy is demonstrated by the facts that:

- (i) about 75-80 per cent of contraception is provided in primary care
- (ii) more than a third of women found to have chlamydia (the most common bacterial STI in the UK) were diagnosed in primary care
- (iii) primary care is highly accessible to all people including young women, and primary care is well accessed by many who may be at risk of HIV.

Service delivery should be informed by relevant national strategies, such as (in England) the Social Exclusion Unit Teenage Pregnancy Report (June 1999), the *Best Practice Guidance on the Provision of Effective Contraception and Advice Services for Young People*, published as part of the Teenage Pregnancy Strategy in 2000, and the National Strategy for Sexual Health and HIV (July 2001) and the Strategy Implementation Action Plan (June 2002).

Each PCO should consult with all relevant stakeholders, to determine the service models and standards of care appropriate to its local population with respect to minimum standards of prescribing (formulation, dose, drugs of limited value etc), attendance and follow-up rates, hepatitis B testing and immunisation rates, partner notification etc. Care pathways should be agreed with stakeholders, and all should be made aware of these pathways. The pathways should include guidance with respect to other relevant services. These should be used as part of the audit and monitoring criteria for the national enhanced service.

4. Criteria

The National Enhanced Service Specification details the following criteria.

The following pages contain some further guidance from the PCO on expected processes, outcomes and deliverables based on this process. On aspiring to this service practices are required to submit plans under each of these items to the PCO.

1. Direct Service Delivery
2. Data Collection
3. Staffing
4. Liaison/Shared Care
5. Review/Audit

* Please note that these criteria are nationally determined and are not subject to negotiation.

Criteria One : Direct Service Delivery

Details

- a service for HIV testing, including pre and post test counseling
- STI screening and treatment using the most reliable testing methods available
- treatment of STIs without prescription charge
- effective communication with all young people including young men, gay and lesbian people, and ethnic minorities
- a holistic approach to assessment of risk of STI, HIV and/or unplanned pregnancy, including consideration of other relevant health problems such as drug misuse or mental health problems
- the provision of information on, testing and treatment for all STIs (excluding in the case of testing and treatment HIV infection, syphilis, Hepatitis B and C or treatment-resistant infections)
- the assurance of partner notification of relevant infections by adherence to agreed guidance

Practice Plans for Year 05/06

(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results

(at the end of the year please detail below the practice's results for this criteria)

Criteria Two: Data Collection

Details

- records kept on the advice, counselling and treatment received by patients. It is the clinician's responsibility in conjunction with the patient to agree what to enter in the lifelong patient notes
- a register of all patients being treated under the enhanced service

Practice Plans for Year 05/06

(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results

(at the end of the year please detail below the practice's results for this criteria)

Criteria Three: Staffing

Details

- Training programmes to be developed for GPs and GP registrars, practice nurses and other relevant staff (such as health advisors)
- Additional training and continuing professional development for clinicians commensurate with the level of service provision expected of a clinician in line with any national or local guidance to meet the requirements of revalidation
- Suitable training for all staff involved with patients seen for sexual health and HIV-related conditions
- Accreditation - Those doctors who have previously provided services similar to the proposed enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

Practice Plans for Year 05/06

(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results

(at the end of the year please detail below the practice's results for this criteria)

Criteria Four : Liaison/Shared Care

Details

- the practice to act as a resource to colleagues in sexual health care in primary care
- effective liaison with local sexual health services and cytology and microbiology laboratory support and other statutory or non-statutory services where relevant (such as young people's services)
- a sound understanding of the role of different professional groups in the shared care of HIV positive patients, and those at risk of HIV

Practice Plans for Year 05/06

(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results

(at the end of the year please detail below the practice's results for this criteria)

Criteria Five : Review/Audit

Details

All practices undertaking this service will be subject to an annual review which could include an audit of:

- the number of patients seen for specific interventions.
- the number of people screened and treated effectively
- attendance rates for each service offered
- gestation at abortion and follow-up contraception rates
- the number of at-risk individuals tested and immunised according to local guidance for blood-borne viruses
- age, gender, sexuality and ethnicity of patients to ensure that those most at risk from unplanned pregnancy and poor sexual health are accessing the practice.

Practice Plans for Year 05/06

(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results

(at the end of the year please detail below the practice's results for this criteria)

5. Accreditation

Those doctors who have previously provided services similar to the proposed enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

6. Ongoing Measurement & Evaluation

The ongoing measurement is outlined in the various criteria in the previous section.

In addition the practice is required to agree with the PCT this service specification/plan at the start of the year and to submit the completed document at the end of the year for evaluation purposes.

7. Dispute Resolution

Every attempt will be made to resolve any dispute informally between the Practice and the PCO. Failing that, the Dispute Procedure contained within the sections 464 to 474 of the Scottish General Medical Services Contract 2004 will apply.

8. Variation and Termination of Contract

Any variation to the terms and conditions contained herein requires to be agreed between the Practice and the PCO.

Any termination of services, or any part of the services covered by this contract, requires to be agreed between the Practice and the PCO before any termination takes place.