Service Specification
Health Hawke’s Bay Ltd – Coordinated Primary Options
Sexual Health Service

1 Purpose
For eligible patients to receive timely access to sexual and reproductive health services; delivered in the community by Contracted Practices with the appropriate staff free of charge to the patient.

2 Service Objectives
- Provide assessment, and treatment for sexual and reproductive health in a timely manner.
- Improve Maori and Pacific Peoples sexual and/or reproductive health status
- Reduce Sexual Transmitted Infections (STI)s including HIV
- Reduce unplanned and unwanted pregnancies
- Improve awareness of STI’s and contraception use (including Jadelle Contraceptive Implants)
- Reduce sexual health related repeat infection rates

3 Service Users
Eligible patients are:
- Domiciled within the Hawke’s Bay region
And
- Up to 20 years; OR
- Up to 24 years (for practices based in the Wairoa district)
Eligibility age criteria for the service is to be prioritised based on availability of resources by Health Hawke’s Bay in communication and agreement by the HBDHB Women, Children & Youth Service Redesign Manager

3.1 Entry
Referral from any source including self-referral.

3.2 Exit
The patient will exit the service when:
- STI treatment and follow up as per guidelines have been completed
- Contraception provision and follow up as per medical guidelines and/or standing orders have been completed
- Patient elects to self-discharge or relocates out of the district

3.3 Nurse Education
- Nurses from General Practice and other organisations that provide sexual health services to patients under 25 years of age.

3.4 Service Providers
Will be selected and approved by the contracted provider.

4 Service funding and co-payments
Eligible patients will not be liable for any co-payments.
There will be no claw-backs charged by GP’s to other GPs through the PHO Capitation mechanism when treating casual patients and a CPO claim is made.

4.1 Pharmaceuticals
An established relationship will be developed between HBDHB Sexual Health Service and providers with whom you contract for the provision and delivery of treatment(s)/pharmaceuticals. This will be provided to patients at no cost. These supplies are only for eligible patients use.
5 Service Exclusions

- Any service for which alternative funding sources are specifically provided are excluded from the scope of this service.
- This service is not available to those domiciled outside Hawke’s Bay.
- This service is not available to those contraception patients that are funded through the Ministry of Social Development.
- The following services are not included in the scope of this service:
  - Specialist sexual Health Services
  - Sexual Abuse and assault services (including forensic, non forensic, historical and paediatric services)
  - Termination of pregnancy counselling services
  - Primary medical consultations outside of this service
  - School based nursing and GP services
- Ineligible patients may be advised they are ineligible and directed to more appropriate alternative services.

6 Service Components

6.1 Access to Services

The service will be delivered by a variety of Contracted Practices and Youth Providers by the appropriate General Practitioners and Registered Nurses located geographically around the Hawke’s Bay region to ensure appropriate coverage. Access should be prioritised within funding available.

Patients will be offered their first appointment within a reasonable time of request.

Where clinically appropriate, patients will receive a follow up contact, these may be in person visiting the practice or as a telephone call.

The service will be provided in primary health care setting suitable for the purpose. Clinic hours should facilitate easy access to a free, confidential consultation for prevention, diagnosis and follow up.

General Practice providers may refer casual patients to the Sexual Health Specialist service for primary presentations.

6.2 Clinical Assessment

Medical and sexual history

All people presenting with concerns or symptoms suggestive of an STI should be offered a risk assessment for STIs, HIV and blood borne viruses. For younger adolescents, documenting the acknowledgement of patients ability to make a sensible decision is required.

For women requesting contraception a detailed medical, family and sexual history should be taken. This should be assessed as per the HBDHB Sexual and Reproductive Health Clinical Guidelines and Standards.

Interpreters (non-family) should be used where necessary.

Specimen collection and examination

All people should be offered a genital examination for STI testing. Asymptomatic men and women can be offered self-collected testing if an examination is declined or if testing in non-clinical settings.

All people should be offered serology at the time of initial assessment and annually if on-going at risk behaviour.

Specimens should be collected and stored as per laboratory instructions.

STI Testing

Minimum STI testing includes screening for Chlamydia, gonorrhoea, syphilis, Hepatitis B and HIV (and for women, trichomoniasis). Men who have sex with men should be offered Hepatitis A testing. Specimen sites sampled should take into account the sexual history and should include pharyngeal and rectal swabs where indicated.

All people tested for STIs should be informed of what infections they have been tested for and the limitations of testing, taking into account incubation periods. They should know when and how results are to be obtained. Pre-and post-test information for people requesting an HIV test is to be provided.
6.3  Clinical Management

Empirical treatment of STIs

Syndromic management without testing is sub-optimal clinical care and should not be used. Empirical use of antibiotics for those with acute symptoms or contacts of STIs should be dispensed in accordance with the NZSHS best practice guides and take into consideration local antibiotic sensitivities for gonorrhoea. These will be provided to GP’s by HBDHB.

STI Test Results

STI test results should be communicated within 14 days. If staff are unable to interpret results or undertake supplementary testing, expert advice should be obtained. Each service requires a fail safe mechanism for checking and acting on positive results.

STI Treatment

Patients diagnosed with a STI should be treated as per the NZSHS Best Practice guidelines and free treatment dispensed.

All those diagnosed with an STI should be given education on condom use, and advice on individualised behavioural interventions, including appropriate support and referral for those with a diagnosis of HIV/AIDS.

Partner Notification

Partner notification should be discussed with patients (where appropriate) with a diagnosed STI in accordance with the NZSHS Best Practice Guidelines and Australasian Contact Tracing Manual. It should be noted that there is variation in recommendations between guidelines, but the patient’s sexual history needs to be taken into consideration when assessing which partners should be notified.

Discussion of partner notification should be documented. The outcome of partner notification should be documented following follow-up visit or phone call.

Where appropriate referral for contact tracing should be made.

6.4  Referral for Additional Services (if and as required)

Refer to specialist/secondary care centres for treatment of chronic or complex conditions.

Refer to community counselling, welfare and support agencies as needed.

6.5  Links to other services

Contracted practices will follow the agreed clinical pathways as defined by the Sexual Health Clinical Governance Group. Providers should have knowledge of other providers in the community and facilitate referrals to other providers where indicated.

6.6  Clinical Governance

The Sexual Health Clinical Governance Group will provide leadership and clinical expertise in the management of sexual and reproductive health in the region. Information technology should be used to support clinical governance through linking of laboratory data and demographic information.

HBDHB in partnership with HHB will jointly plan Sexual Health education and training for contracted practices.

HHB will participate when required in the development of the Sexual Health Annual Report prepared by HBDHB.

6.7  Community Awareness

HBDHB will consult with HHB on any proposed promotional activities.

6.8  Nurse Education

Places will be made available for nurse education when required. Nurses will be offered opportunities to undertake education on a basis prioritised by the provider with the objective of maximising the utilisation of the training. The training will be subcontracted to the Family Planning Service or an appropriate deliverer of the education.
7 Quality requirements

Empathy and expertise are two vital qualities for staff working with young people. The Service will ensure that all persons in contact with the patients in this Service are competent to practice with this group.

The service is required to comply with the following specific quality requirements:

- Contracted Practices will claim for sexual and reproductive health. This includes the provisions of consultation and follow up visits (including consumables).
- The service must be delivered in accordance with the HBDHB Sexual and Reproductive Health Clinical Guidelines and Standards. You are to ensure that you utilise the most up to date versions and that you make these available electronically.
- Treatment for sexually transmitted infections should be provided in accordance with the New Zealand Sexual Health Society best practice guides.
- You must comply with the current insertion recommendations for contraceptive implant procedures as produced by the Pharmaceutical Supplier.

7.1 General Practitioners

All GP’s delivering this service will:

- Undertake regular professional training and updates to ensure all competencies in delivering services are maintained. This will include Sexual and Reproductive Health education and updates.
- hold a current annual practicing certificate
- be given recognition for previous learning and experience in Sexual Health

7.2 Registered Nurses

All nursing staff delivering this service shall be a Registered Nurse, who holds a current annual practicing certificate.

The Registered Nurse(s) delivering this service will:

- Successfully completed Delegate Level Family Planning training and the Clinical Governance Group approved Sexual Health training within the first six months of delivering the service
- Undertake regular professional training and updates to ensure their Sexual and Reproductive Health and other competencies in delivering services are maintained. This includes attending the annual HBDHB Sexual Health training updates.
- Meet Family Planning Association and legislative requirements for working under standing orders

7.3 Acceptability

Contracted Practices must be aware of all related legalisation including:

- New Zealand Health and Disability Strategy
- Sexual Abuse Assessment and Treatment Service (SAATS) pathway

8 Purchase Units

The following purchase units apply to this service. Purchase units are defined in the Ministry of Health Data Dictionary.

<table>
<thead>
<tr>
<th>PU Code</th>
<th>PU Description</th>
<th>PU Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHO1006</td>
<td>Free Sexual and Reproductive Health Service - Jadelle</td>
<td>Provision of information and advice on sexual and reproductive health including contraception and diagnosis and treatment of sexually transmitted diseases. Specifically this will include the insertion and removal of Jadelle devices.</td>
</tr>
</tbody>
</table>

9 Quarterly Reporting

Complete and submit the Ministry of Health Performance Monitoring Return that will be supplied to you for the reporting timeframes below. The following Data and narrative reporting will be required. Failure to report by the due dates may result in payments being withheld until the report(s) are received.
### Quarterly Reporting

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Reports Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 July to 30 September</td>
<td>20 October</td>
</tr>
<tr>
<td>1 October to 31 December</td>
<td>20 January</td>
</tr>
<tr>
<td>1 January to 30 March</td>
<td>20 April</td>
</tr>
<tr>
<td>1 April to 30 June</td>
<td>20 July</td>
</tr>
</tbody>
</table>

**Quarterly Reporting**

- Number of Practices delivering the service
- Number of new Registered Nurses delivering the service
- Number of new General Practitioners delivering the service
- Number of Registered Nurses removed from delivering the service
- Number of General Practitioners removed from delivering the service
- Number of Registered Nurses delivering the service at the end of the quarter
- Number of General Practitioners delivering the service at the end of the quarter
- Number of First Assessment Contacts
- Number of Follow Up Contacts in person
- Number of Follow Up Contacts by phone
- Number of Jadelles inserted
- Number of Jadelles inserted by ethnicity (Maori)
- Number of Jadelles inserted by ethnicity (Pacific Island)
- Number of Jadelles inserted by ethnicity (NZ European)
- Number of Jadelles inserted by ethnicity (Others/Unknown)
- Number of Jadelles inserted by age (17 years and under)
- Number of Jadelles inserted by age (18 – 24 years)
- Number of simple Jadelles removals
- Number of complex Jadelle removals
- Number of referrals for management of complications for Jadelles inserted under this service
- Number of training sessions held
- Number of primary care nurses trained in the education sessions held
- Number of community care nurses trained in the education sessions held
- Number of General Practitioners trained in the education session held
- Number of nurses booked to attend who did not attend the training

**Quarterly Narrative Reporting for the Service (to include but not limited to):**

Issues outside of business as usual

The number of the nurses, by the organisation that employs them that were booked and did not attend the three day family planning standing order training for practice nurses. Include comment on the reason for not attending (if known) and whether in the providers view this explanation is reasonable.
To ensure consistency in reporting:

<table>
<thead>
<tr>
<th>Data</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Practices delivering the service</td>
<td>Count of Practices delivering the service during the quarter</td>
</tr>
<tr>
<td>Number of new Registered Nurses / General Practitioners delivering the service</td>
<td>Count of Registered Nurses / General Practitioners that have started this quarter to deliver the service</td>
</tr>
<tr>
<td>Number of education session delivered</td>
<td>Count of all Sexual Health education session delivered during the quarter that was available to sexual health service providers</td>
</tr>
<tr>
<td>Number Registered Nurses / General Practitioners attending training sessions</td>
<td>Count of all attendees to all Sexual Health education session delivered during the quarter</td>
</tr>
<tr>
<td>Number of Registered Nurses removed from delivering the services</td>
<td>Count of RN’s that HHB has removed from delivering the services during the quarter after not meeting the required training competences</td>
</tr>
</tbody>
</table>

Performance Monitoring Returns are sent to:
 Agreement Reporting
 Ministry of Health
 Healthpac_m@moh.govt.nz

10 Monthly Sexual Health Indicators Data

The Sexual Health Indicators in Appendix A are jointly agreed by HBDHB and HHB. Data is to be collected per patient for each consultation, minor changes as required are to be jointly agreed between HBDHB and HHB before changes are implemented. HHB will capture the required sexual health indicator data electronically and send it as directed by HBDHB.

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Data available to the HBDHB</th>
</tr>
</thead>
<tbody>
<tr>
<td>First day to the last day of the month</td>
<td>5th working day of the following month</td>
</tr>
</tbody>
</table>
## Appendix A – Sexual Health Clinical Indicators Data

**Group 1. Anonymised clinical data to be reported by all contracted sexual health providers for every consultation.**

<table>
<thead>
<tr>
<th>Consultation (face-to-face or phone)</th>
<th>Priority</th>
<th>Data item</th>
<th>Data entry options</th>
<th>To be reported by</th>
<th>Method of reporting</th>
<th>Frequency of reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>H</td>
<td>Patient age</td>
<td>Age in years.</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Initial</td>
<td>H</td>
<td>Patient gender</td>
<td>M/F</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Initial</td>
<td>H</td>
<td>Patient ethnicity</td>
<td>Need standardised categories to be used by all providers.</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Initial</td>
<td>H</td>
<td>Provider type</td>
<td>Doctor/Nurse</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Initial</td>
<td>H</td>
<td>Reason for consultation</td>
<td>Symptomatic STI Asymptomatic STI Contraception Contraception + STI Contact of an STI Other</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Initial</td>
<td>H</td>
<td>Are you enrolled with the provider you are seeing for this consultation?</td>
<td>Y/N</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>History and assessment</td>
<td>M</td>
<td>Have you had an STI in the past</td>
<td>Y/N/Don’t know</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>History and assessment</td>
<td>M</td>
<td>Diagnostic testing offered</td>
<td>Self-swab Genital exam Bloods No test</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Follow-up of Results and Treatment</td>
<td>H</td>
<td>Was test positive?</td>
<td>Y/N/NA</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Consultation (face-to-face or phone)</td>
<td>Priority</td>
<td>Data item</td>
<td>Data entry options</td>
<td>To be reported by</td>
<td>Method of reporting</td>
<td>Frequency of reporting</td>
</tr>
<tr>
<td>-------------------------------------</td>
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<td>-----------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>---------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Follow-up of Results and Treatment</td>
<td>H</td>
<td>If positive, was partner management discussed?</td>
<td>Y/N/NA</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Follow-up of treatment compliance and partner notification (visit or phone call)</td>
<td>H</td>
<td>Did patient advise partners to consult a health professional?</td>
<td>Y/N/NA</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Follow-up of treatment compliance and partner notification (visit or phone call)</td>
<td>H</td>
<td>Was patient compliant with treatment?</td>
<td>Y/N/U</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Follow-up of treatment compliance and partner notification (visit or phone call)</td>
<td>M</td>
<td>Referral</td>
<td>Admitted to hospital/managed in primary care/referred to secondary care.</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Contraceptive treatment</td>
<td>H</td>
<td>Contraception prescribed.</td>
<td>ECP/Condoms/OC/Depo/IUCD/Jadelle/Mirena</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Outcome</td>
<td>H</td>
<td>For STIs, patient diagnosis and anatomical site.</td>
<td>See case definitions and anatomical sites below</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Outcome</td>
<td>H</td>
<td>Was contact tracing completed?</td>
<td>Y/N/NA/Referred</td>
<td>All service providers</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>
### Group 2. ADDITIONAL DATA to be supplied by the HBDHB secondary care service

<table>
<thead>
<tr>
<th>Consultation (face-to-face or phone)</th>
<th>Data item</th>
<th>Data entry options</th>
<th>To be reported by</th>
<th>Method of reporting</th>
<th>Frequency of reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>Interval in days between date of patient referral and date of first consultation.</td>
<td>Number of days</td>
<td>All secondary care consultations</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Initial</td>
<td>STI complications</td>
<td>PID/epididymo-orchitis/NA</td>
<td>All secondary care consultations</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Initial</td>
<td>Gender of partners</td>
<td>No of M No of F</td>
<td>All secondary care consultations</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

### Group 3. Data to be supplied by the HBDHB contact tracing service

<table>
<thead>
<tr>
<th>Consultation (face-to-face or phone)</th>
<th>Data item</th>
<th>Data entry options</th>
<th>To be reported by</th>
<th>Method of reporting</th>
<th>Frequency of reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>Patient age</td>
<td>Age in years.</td>
<td>Contact tracing service</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Initial</td>
<td>Patient gender</td>
<td>M/F</td>
<td>Contact tracing service</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Initial</td>
<td>Patient ethnicity</td>
<td>Need standardised set to be used by all providers</td>
<td>Contact tracing service</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Outcome</td>
<td>Was the contact traced?</td>
<td>Y/N</td>
<td>Contact tracing service</td>
<td>Computer form</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>
### Group 4. Epidemiological data

<table>
<thead>
<tr>
<th>Data item</th>
<th>To be reported by</th>
<th>Method of reporting</th>
<th>Frequency of reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of chlamydia tests requested by age, gender and F/M ratio</td>
<td>Community and hospital labs</td>
<td>Spreadsheet</td>
<td>Annually</td>
</tr>
<tr>
<td>Number of positive chlamydia tests by age, gender, F/M ratio and specimen/site.</td>
<td>Community and hospital labs</td>
<td>Spreadsheet</td>
<td>Annually</td>
</tr>
<tr>
<td>Number of gonorrhoea tests requested age, gender and F/M ratio</td>
<td>Community and hospital labs</td>
<td>Spreadsheet</td>
<td>Annually</td>
</tr>
<tr>
<td>Number of positive gonorrhoea tests by age, gender, F/M ratio and specimen/site.</td>
<td>Community and hospital labs</td>
<td>Spreadsheet</td>
<td>Annually</td>
</tr>
<tr>
<td>Number of HIV tests requested by age and gender</td>
<td>Community and hospital labs</td>
<td>Spreadsheet</td>
<td>Annually</td>
</tr>
<tr>
<td>Numbers and rates of livebirths by age, ethnicity and domicile</td>
<td>Health intelligence</td>
<td>Report</td>
<td>Annually</td>
</tr>
<tr>
<td>Numbers and rates of terminations of pregnancy by age, ethnicity and domicile</td>
<td>Health intelligence</td>
<td>Report</td>
<td>Annually</td>
</tr>
</tbody>
</table>
Case definitions

Chlamydia
- confirmed laboratory testing

Gonorrhoea
- confirmed laboratory testing

Nonspecific urethritis
- Urethral discharge in a sexually active male with laboratory exclusion of gonorrhoea and chlamydia, who does not meet the definition of a case of gonorrhoea or Chlamydia confirmed

Genital herpes
First episode
- First clinical episode of typical ulceration in the anogenital or buttock area OR
- Confirmed laboratory testing from clinical lesion and no previous history of genital herpes OR
- First clinical episode of different type (type 1 or 2) from that experienced previously

Recurrent episodes
- Recurrent clinical episode where there is a previous history of genital herpes

Genital warts
First episode
- First clinical episode of anogenital warts

Recurrent episode
- Clinical episode of genital warts where there has been remission of symptoms following previous episode

Trichomoniasis
- Confirmed laboratory diagnosis

COMPLICATIONS

Epididymo-orchitis
- A clinical syndrome of acute pain, swelling and inflammation of the epididymis +/- testis of less than 6 weeks duration and torsion of the testis has been excluded

Pelvic inflammatory disease
- A clinical syndrome of pelvic pain with (singly or in combination):
  - Cervical motion tenderness OR
  - Uterine tenderness OR
  - Adnexal tenderness

in a woman who is at risk of sexually transmitted infections and in whom no other cause for her symptoms can be identified.

ANATOMIC SITE

Urogenital
Anorectal
Pharyngeal
Eye
Other