Sexual and Reproductive Health Commissioning Intentions: Consultation Feedback

Introduction

Local councils have a duty to provide integrated sexual health services (ISHS) for their local population. In Bristol, North Somerset, and South Gloucestershire (BNSSG) this includes free and confidential services such as contraception, condom distribution, testing and treatment of sexually transmitted infections (STIs) such as chlamydia and gonorrhoea, and HIV prevention and testing.

ISHS are co-commissioned by the three BNSSG local authorities, Bath and North East Somerset Council, who jointly commission chlamydia screening services, and the Integrated Care Board (ICB), who jointly commission abortion services, with Bristol City Council taking the lead. University Hospitals Bristol and Weston Trust (UHBW) is currently contracted to provide these services, which it delivers through Unity – a partnership of several subcontracted providers including the British Pregnancy Advisory Service (BPAS), MSI Reproductive Choices, Brook, Terrence Higgins Trust (THT), Eddystone Trust and North Bristol NHS Trust (NBT). We plan to commission new services from April 2025. These will no longer include abortion services, which will be commissioned separately by the ICB.

From 4 December 2023 to 28 January 2024, BNSSG local authorities consulted on the Draft Sexual and Reproductive Health Commissioning Intentions to find out from the public and partners if they agree with our proposals, and to help identify and address problems or gaps in our plans. The consultation was available on Bristol City Council's Consultation and Engagement Hub (www.ask.bristol.gov.uk) including a link to an online Easy Read version. Information about the consultation was shared across a wide range of channels, reaching as broad a range of audiences as possible across BNSSG to maximise response rates. Views from identified at-risk and underserved groups were proactively sought including:

- Children and young people (Aged 13-25)
- Looked after children
- Older people (Aged 65 and over)
- Gypsy, Roma & Traveller
- People in contact with the health and justice system
- Asylum seekers & refugees
- LGBTQIA+ people
- GBMSM
- People living with HIV
- Minorities religious groups
- Minorities ethnic groups
- People living in areas of high deprivation
- People living with a disability (Including learning difficulties, memory deficits, sight and hearing deficits, mobility impairments and neurodivergent people.)
- Vulnerable women such as those at risk of domestic abuse or sexual violence
- Commercial sex workers

- People in contact with substance misuse services
- Rough sleepers / people who are homeless

The views of service providers who have contact with at-risk and underserved groups were also sought, including:

- Family Nurse Partnership (Specialist Health Visiting service for teenage parents)
- Education settings e.g. schools, public health nursing, higher education & universities
- Looked after children services
- Youth service providers
- Supported housing providers
- Providers supporting people with learning difficulties
- Substance misuse services
- Providers supporting LGBTQIA+ people
- Primary care
- Secondary care
- Integrated sexual health providers

We asked

The consultation asked respondents how they rate the following elements of the draft commissioning intentions on a scale from ‘strongly agree’ to ‘strongly disagree’:

- **Our proposed vision** to procure comprehensive and integrated services that champion prevention, inclusivity, and equitable access. They will place service users at the heart of care, empowering them to make informed choices about their sexual and reproductive health. Services will provide seamless pathways of care and will be in an ongoing conversation with communities to ensure local voices are being heard and responded to.
- **Our proposal to improve how people can access sexual and reproductive health services via online (digital) routes** including being able to access a wide range of services and advice online (digitally), such as ordering self-sampling kits for common sexually transmitted infections or booking a clinic appointment.
- **Our proposal to provide in-person clinics in the community** that are welcoming to everyone regardless of age, ethnicity, or background in addition to digital services. These would provide alternative access for those that are unable to use online services and will include walk-in and booked appointments.
- **Our proposal for the new service to have a strong focus on prevention activities** that encourage healthy behaviours and prevent sexually transmitted infections and unplanned pregnancies, as well as providing treatment. Prevention activities may include campaigns and use of social media, training and education, and outreach to communities.

Respondents were invited to provide additional comments on each of the four key elements of the draft commissioning intentions.

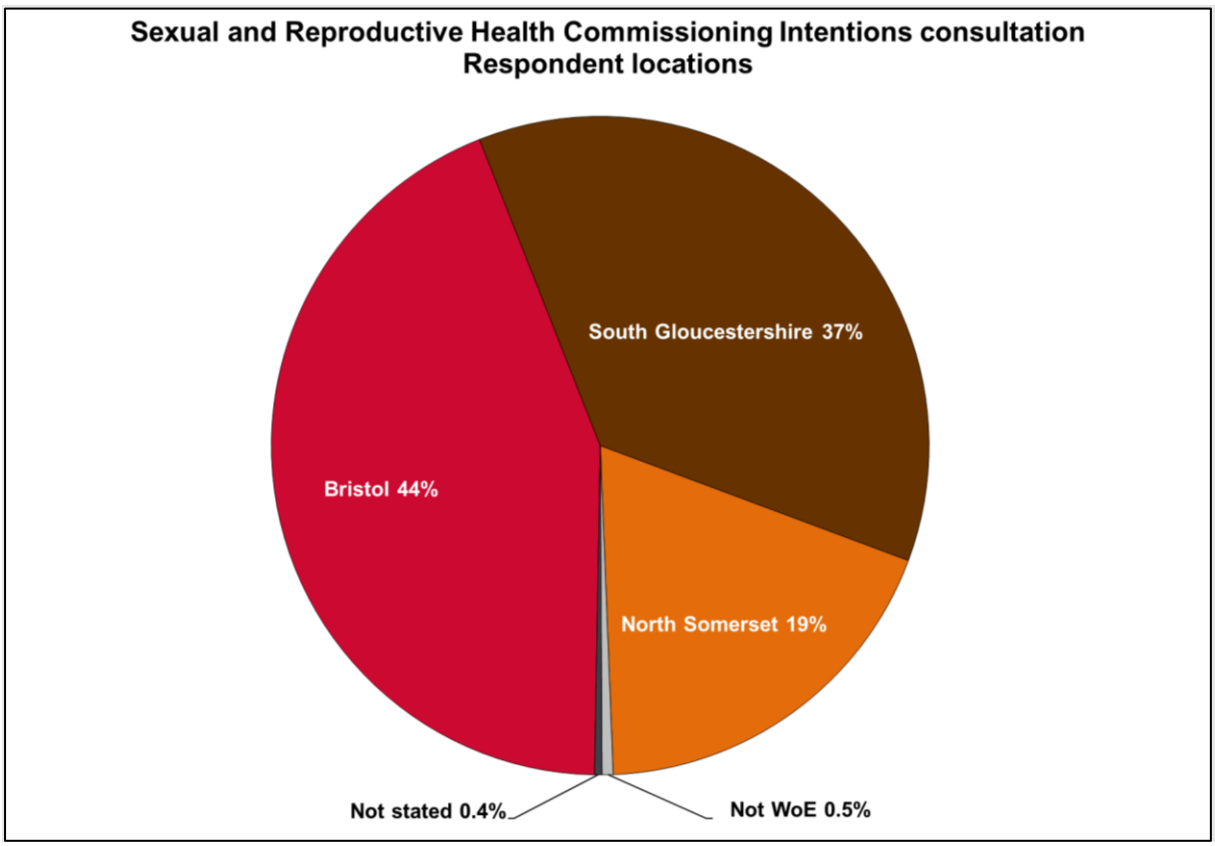
An ‘About you’ section requested information which helps to understand if the responses are representative of people across BNSSG who may have different needs.

Summary of respondents

The Sexual and Reproductive Health Commissioning Intentions consultation survey received 551 responses, of which 547 were via the online survey and four used the paper survey. Of the 547 online responses, seven were completed via the online Easy Read version.

Of the 551 respondents to the survey, 546 were based in the three BNSSG authority areas:

- 241 (44%) responses were received from the Bristol City Council area
- 202 (37%) responses were from South Gloucestershire
- 103 (19%) responses were from North Somerset.



The following groups were under-represented in the responses:

- People aged 65 and older
- People of Asian or Asian British backgrounds and Mixed or multiple ethnic groups
- Males
- Heterosexual citizens

The following groups responded in higher numbers than their proportion in the population:

- People aged 25-64 years
- Disabled people
- Black, African, Caribbean or Black British citizens; Gypsy, Roma and Travellers; White British citizens; and Other White citizens
- Females
- Transgender people
- Bi, Gay, Lesbian and people who use another term to describe their sexual orientation

Summary of Responses

1. Proposed vision – 91% either strongly agreed or agreed with the vision, 3% disagreed or strongly disagreed and 6% neither agreed nor disagreed.
2. Proposal to improve online (digital) access – 91% strongly agreed or agreed, 4% disagreed or strongly disagreed and 4% neither agreed nor disagreed.
3. Proposal for in-person sexual health services – 95% either strongly agreed or agreed, 3% disagreed or strongly disagreed and 2% neither agreed nor disagreed.
4. Proposal for prevention activities – 93% strongly agreed or agreed, 2% disagreed or strongly disagreed and 5% neither agreed nor disagreed.

You Said, We Did

A number of overarching themes were raised by respondents in response to the questions asked. The following "You Said, We Did" table provides an overview of these themes and how we have responded in our service developments.

You Said	**We Did**
Risks to service provision	
Some respondents were concerned about the availability of resources.	The new proposals acknowledge financial pressures across the system and have been designed to streamline and reconfigure services to maximise efficient use of resources and offer value for money. For example, the increase in provision of digital services will support patients to self-manage aspects of their sexual health, helping to free up clinic capacity for those that need to be seen in person.
Some respondents were concerned that the proposals could lead to fragmentation of services i.e. break up services rather than provide a seamless approach.	We have included a requirement in the new service contract for all providers and partners to work together in a collaborative, open and honest way to provide integrated and joined up services for the population. Currently sexual health services are commissioned from one provider who sub-contracts elements of the service to other providers. The new proposed commissioning arrangements will provide the opportunity for the commissioners to develop and monitor critical elements of a successful integrated sexual health service such as digital access and health promotion while also expecting providers to work collaboratively to establish effective pathways of care.
Some respondents were concerned about a potential reduction or loss of current abortion services.	Since going out to consultation commissioning arrangements have changed so that abortion services will now be procured separately by the BNSSG ICB. Feedback regarding these services has been passed on to the ICB

	to help inform their commissioning decisions.
Language	
You said that the word *"timely"* was missing from the vision in terms of access.	The vision has now been updated to incorporate provision of "seamless and *timely* pathways of care…"
Some respondents highlighted the need for information to be more accessible to all, noting service user diversity.	There is a service requirement to provide information in a range of languages and be accessible to all users including those with visual impairments and learning difficulties. Language and images used will be sensitive and inclusive of the diverse population across BNSSG including but not limited to minoritized ethnic groups, disabled people, lesbian, gay, bisexual and transgender and queer/questioning (LGBTQ+) people.
Access to services	
You said that while online services could improve access, these should complement rather than replace in-person services.	Services will be made available to service users via a range of routes including online, telephone, face to face appointments and walk-in access. Increase in provision of digital services is expected to help free up clinic capacity for service users that need to be seen in person. The specialist sexual health service will work collaboratively with partners from the digital service to improve access and establish integrated pathways of care.
You suggested that online services should recognise the risk of excluding some groups e.g. homeless and rough sleepers, those with less digital literacy or access, those at risk of domestic abuse and those whose first language isn't English.	The development of integrated sexual health services is underpinned by the vision to champion inclusivity and equitable access. We recognise the need for multiple routes for service users to engage with sexual health services and have incorporated this into service developments. Service users will be able to access services via online, telephone, face-to-face and walk-in appointments to cover the

	diverse needs of the BNSSG population. We have included performance requirements in the contract to monitor attendance by more vulnerable groups in the community. In addition, the specialist sexual health service and health promotion service will have a requirement to deliver outreach services where data shows that a client group at high risk is not accessing mainstream services.
You highlighted that the location of in-person services is important and in particular should be located near those currently underserved.	Community clinics for all ages and dedicated young people's clinics will be offered across BNSSG according to local authority size and need. Each local authority has a requirement to provide these services in areas of greatest need. Recommended areas for the location of clinics across BNSSG have been included in the service specifications based on local data and understanding of sexual and reproductive health need. A specialist clinic will be provided in each of the three local authorities and will be located within easy reach of public transport links.
You highlighted the need for more inclusive services to go to where they are needed to support specific groups such as homeless and rough sleepers, sex workers and the Gypsy, Roma and Traveller community.	The specialist sexual health service will be required to deliver clinical outreach services developed in conjunction with the health promotion service. Partnership with organisations that have credibility with vulnerable groups will form an essential part of this work and specific requirements will be tailored to the needs of the population.
You highlighted the importance of dedicated services, particularly for young people.	The service is required to provide dedicated young people's services which will be established within easy reach of public transport links and located in areas of greatest need and higher concentration of young people under 25. These will include walk-in

	sessions which are essential for this population. They will also include access to free condoms (C-Card scheme) within youth friendly community venues and via an online digital offer.
Some respondents highlighted the benefits of offering appointments beyond office hours to evenings and weekends.	The service will be required to provide weekend (Saturday and Sunday 9am-5pm) and evening appointments (5pm-8pm).
Functionality of digital services	
You highlighted the range of services you would like to see available online which included booking in-person appointments, birth control options, women's health, blood tests in reference to insufficient samples via postal kits and access to results.	The digital service has been developed to provide: - An online booking facility for appointments - Rapid postal or collection of STI sampling kits - Test results within 4 working days of the sample date according to the patient's chosen method of contact - Automatically resending a self-sample kit following an invalid result - Remote HIV pre-exposure prophylaxis (PrEP) continuation appointments - Prescribe emergency hormonal contraception (EHC) with a bridging offer of progesterone only pill (POP) and referral for ongoing birth control options This list is not exhaustive, and the full range of services provided are listed in the service specification.
Some respondents had concerns that digital services could be obstructive either through a) capping on number of postal kits, or b) being unable to provide	Where a maximum number of test kits to be issued is stipulated, the provider will be required to send an alert to the commissioner when activity reaches 90% to enable oversight and further management.

individualised advice and, c) missing health promotion opportunities.	The digital service has been designed to incorporate access to clinical expertise by phone from the specialist sexual health service if required. A key requirement of the digital service will be to provide clear and comprehensive health promotion information / messaging and self-help advice. Whilst we recognise this advice may not be as personalised as can be offered through a face to face appointment, the digital service will be supported by access to clinical expertise when needed.
Some respondents had concerns about safeguarding practices, particularly for young people.	In managing service users under the age of 16, the provider will be required to adhere to the FSRH/BASHH Standards for Online and Remote Providers of Sexual and Reproductive Health Services. This will include a requirement for service users under the age of 16 to have contact with a health care professional (either by telephone or face to face). Any safeguarding alerts will require referral to the specialist sexual health service for contact, follow up and advice, or to the police if there is an immediate risk of danger.
Communication / Education	
You highlighted the importance of public campaigns and greater social media presence for better health promotion.	We agree, and the new service has a much greater focus on health promotion. Communications and marketing has been incorporated as a key requirement of the health promotion service. This will include a dedicated communications and marketing lead with significant experience in a broad range of communications approaches. They will lead on the development of a multi-media communication strategy and implementation of an annual health promotion plan working with key partners to ensure a co-ordinated approach.

	There will also be a requirement to provide HIV specific outreach and awareness raising.
Some respondents requested communication that connects with communities, particularly marginalised and underserved groups and a call for a co-production approach.	We recognise the importance of working directly alongside communities and this is reflected in the priority that the new service has given to engagement and outreach. A dedicated communications lead will have responsibility for co-production with different communities and developing information and campaigns that are accessible to all protected characteristic groups taking account of the diversity of needs across BNSSG. There will also be a requirement to co-produce and co-deliver initiatives with specific vulnerable communities at risk and in a range of settings.
Working with community partners	
You said that working with community partners and adopting an outreach approach was important, particularly with education settings.	Community engagement and outreach with vulnerable groups has been incorporated as a requirement of the dedicated health promotion service. Outreach services will be designed to improve awareness of healthy relationships and break down barriers to testing and treatment by taking services closer to communities most at risk and tailored to individuals who need them. One objective of the health promotion service will be to offer a support package to BNSSG schools that aligns with the Relationships and Sex Education (RSE) curriculum. This could include attending assemblies or providing group / one-to-one support to young people. Provision of free or low cost training to other professionals including school leaders, school nurses and youth

	workers has also been included as a requirement.
Service user involvement	
Some respondents asked how service users would be able to provide feedback and how we will capture the voice of the diverse population.	We agree this is another very important area. Co-ordination of Patient and Public engagement has been incorporated as a requirement of the dedicated health promotion service, and there is an expectation that multiple methods will be used to seek views of service users. There is a requirement to develop and deliver a patient and public engagement plan in partnership with the digital and specialist sexual health service providers and will include a service user advisory group. There is a requirement for targeted community engagement to ensure the views of vulnerable groups are captured. At least one user experience survey will be required to be undertaken every year.
Prevention vs. Treatment	
Some respondents thought more focus should be placed on better access to testing and treatment and less on prevention and health promotion.	Local authorities are mandated to commission comprehensive open access sexual health services, ranging from testing and treatment for STIs to advice on preventing unplanned pregnancy. We believe we have a responsibility to invest in services that promote good sexual and reproductive health for the whole population and help to reduce inequalities. Good sexual and reproductive health isn't just about preventing disease and infection, it also means promoting healthy relationships and sexual rights. We are committed to taking a wider view to addressing need to tackle the causes rather than just the symptoms and make a real difference to the health of our local population. The proposed plans for integrated sexual health services take a holistic approach to improving sexual health for

	the BNSSG population and will allocate resources proportionately to testing, treatment and health promotion.
Neglected & poorly understood areas	
Some respondents highlighted specific areas they felt were neglected including psychosexual services, women's health, and support following a miscarriage.	Specific feedback and comments have been passed on to the relevant services and will inform future development of services e.g. Women's Health Hubs.